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Rx Fact Check

Data Mining: Myths and Rebuttals

The Prescription Project promotes evidence-based prescribing and works to eliminate conflicts of interest in medicine due to pharmaceutical marketing to physicians.

It is promoting policy change by working with

- *State and Federal Policymakers*
- *Academic Medical Centers*
- *Professional Medical Societies*
- *Private Payers*

The Project is led by Community Catalyst in partnership with the Institute on Medicine as a Profession with funding from The Pew Charitable Trusts.

Do data mining laws prohibit legitimate uses of prescriber-identifiable data?

- No.
- The existing statutes in Maine, Vermont and New Hampshire prohibit only marketing uses of prescriber-identifiable prescription data.
- Prescriber-identifiable data in these states is permitted for other purposes including, but not limited to: health care research; formulary compliance and utilization reviews by providers, insurers and pharmacy benefit managers; and law enforcement.

Do health researchers rely on IMS and other health information organizations for this data?

- No.
- Researchers cite numerous alternative sources for useful medication use data, including Medicaid and Medicare; HMOs; Veterans Affairs medical programs; pharmacy benefit managers. According to Jerry Avorn, an internationally recognized health researcher, "These other sources are far more useful for research because they contain more detailed data about patients' diagnoses and use of clinical services."¹
- Data sets sold by health information organizations are cost prohibitive for researchers and there has been very limited use of them for non-marketing purposes.
- IMS Health, the world's largest aggregator of prescription data, clarifies, "Sales to the pharmaceutical industry accounted for

¹ Avorn, J., Kesselheim, A. *Testimony in support of LD 838: An Act Protecting the Confidentiality of Prescription Information*. Maine Legislature Joint Standing Committee on Health & Human Services. March 28, 2007.

substantially all our revenue in 2006, 2005 and 2004."² 2006 revenue was \$1.96 billion.

Do restrictions on data mining compromise patient safety?

- No.
- The sale of prescriber-identifiable data does not have a role in an effective drug safety alert system.
- The FDA Center for Drug Evaluation and Research distributes drug safety notices widely and physicians can subscribe to their email alert service.
- It is ineffective for drug manufacturers to use prescriber-identifiable data to target alerts on safety issues because:
 1. Prescriber-identifiable information purchased from companies like IMS Health is incomplete and does not identify all prescribers of a certain medication.³
 2. Each physician is a potential prescriber of every drug and should be made aware of *all* alerts.
- Pharmacies have the most comprehensive information on which patients are taking which medications and are the most appropriate party contact people regarding safety concerns.
- Controlled Substances: the Drug Enforcement Agency (DEA) is responsible for monitoring the prescribing and use of controlled substances.
 1. Drug companies should not be relied upon to monitor the prescribing and use of controlled substances.
 2. In federal court Purdue Pharma was found to have intentionally misled doctors about the safety of the powerful narcotic Oxycontin, all the while in possession of physicians' prescribing data.⁴

Does the American Medical Association's Prescription Data Restriction Program (PDRP) solve the problem?

- No.
- The PDRP is a weak program. Physicians can enroll if they do not want their prescribing information to be used for marketing

² IMS Health. *2006 Annual Report*. 2007. Available at: <http://ir.imshealth.com/phoenix.zhtml?c=67124&p=irol-reportsAnnual> Accessed August 25, 2007.

³ Steinbrook, R. For Sale: Physicians' Prescribing Data. *New England Journal of Medicine*. 2006: 2745-2747.

⁴ .Meier, B. Narcotic maker guilty of deceit over marketing. *New York Times*. May 10, 2007.

purposes by pharmaceutical companies.

- However, even after physicians enroll in the PDRP, the AMA continues to provide their information to data mining companies.
- The PDRP relies on pharmaceutical companies to check an updated “opt-out” list quarterly and voluntarily halt the release of enrolled physicians’ prescribing info to their sales representatives.⁵ However, marketing executives may still use the information to create individual prescriber profiles to develop marketing strategies or reward sales representatives.
- While only “about one in three doctors are AMA members, roughly 244,500 of the estimated 850,000 physicians practicing in the USA,” the AMA Masterfile lists all MDs and over 93% of doctors of osteopathic medicine in the United States.^{6, 7}
- The PDRP does not offer any increased privacy to non-physician prescribers, including physicians assistants, nurse practitioners or pharmacists. The profiles of these prescribers are not included in the Physician Masterfile and pharmaceutical companies can simply obtain their information elsewhere. This is indicative of a greater problem: even if the AMA discontinues the sale of its Physician Masterfile, prescriber profiles can be legally obtained elsewhere.
- The PDRP has been poorly publicized and underutilized; less than 25% of physicians are even aware of the program.⁸ About two-thirds of physicians indicated in an AMA Gallup poll that they are opposed to their prescribing records being used for drug industry marketing,⁹ yet less than 2% of all physicians have opted out using the AMA’s internet-based system.
- It is not reasonable to expect the AMA to voluntarily establish and maintain an effective physician opt-out system if it makes their Masterfile a less useful tool for pharmaceutical marketing purposes. The AMA received 16% of its 2005 revenue, \$44.5 million, from

⁵ American Medical Association. PDRP: The choice is yours. 2007. Available at: http://www.ama-assn.org/ama1/pub/upload/mm/432/pdrp_brochure.pdf

⁶ Boddiger, D. AMA Hopes streamlined agenda will boost membership. *The Lancet*. 2005; 366: 971-972.

⁷ American Medical Association. Description of AMA Physician Masterfile Data Elements. 2004. Available at: https://profiles.ama-assn.org/amaprofiles/info/pdf/mfile_elements.pdf Accessed: August 25, 2007.

⁸ Greene, J.A. Pharmaceutical marketing research and the prescribing physician. *Annals of Internal Medicine*. 2007; 146: 742: 748.

⁹ Grande, D. Prescriber Profiling: Time to call it quits. *Annals of Internal Medicine*. 2007; 146: 751-752.

sales of its Masterfile to health information organizations.¹⁰

**For more information and the complete tool kit, visit the
Prescription Project website: www.PrescriptionProject.org**

¹⁰ *ibid.*