Discussion

- Awareness of the act varies among physicians. Most are aware of general provisions and may be less likely to meet with MSls at dinner venues or where a potential cause for error or patient misunderstanding.
- Participants noted that physicians are concerned how generic information may give the public the wrong perception of how physicians work with manufacturers. The general public may inappropriately assume dollar values are kickbacks for physicians promoting certain products, and not take into account payments made to physicians for speaker series, clinical research, and educational materials.
- Medical Science Liaisons are concerned that the Act could have a negative impact on research and development of new drugs, and medical devices. Physicians may be less likely to participate in clinical research and clinical trials as a result of the stigma associated with manufacturer dollars in the public domain. Physicians may also be less likely to participate in speaker series for promotional programs. Educational interactions with physicians benefiting patients and patient outcomes may be reduced. Comments from the survey noted that payments made for certain services like conducting a clinical trial should be clearly distinguished from meals or activities promoting a manufacturer’s product.
- MSls anticipate the Act may have less impact on MSL interactions than sole representatives. As access to physicians become increasingly restricted, ‘lunch and learns’ have become a primary vehicle for sales representatives to obtain quality product discussion time with physician customers. Many physicians place a greater value with MSL interactions, so lunches are often not necessary.

Limitations

- In order to maintain anonymity, the survey did not capture participant affiliations with manufacturers.
- The final rule was published during the time the survey was open. Some responses (n=8) recorded before February 1, 2013 were based on perception from the proposed rule. Because the rule was published during the time the survey was distributed, awareness of provisions and company response may have been heightened.
- The survey was designed to capture MSL perception and not actual physician perspective.

Conclusion

- Overall, most Medical Science Liaisons (52%) have agreed that the Physician Payment Sunshine Act will not have an impact on their relationships with physicians. However, some MSls noted that the act could reduce the frequency and quality of interactions and negatively impact the utilization of medical resources.
- The majority of manufacturers have PSA training programs for MSls (81%) and payment caregivers, and educational materials are included in place or planned.

Acknowledgements / Disclosures

- All authors are affiliated with the Rutgers Institute for Pharmaceutical Industry Fellowships. The authors would like to thank MSls involved with the development and distribution of the survey.

Results

- Primary Objective: To assess MSL perception of the Physician Payment Sunshine Act's impact on industry relationships with physicians, and possible barriers to collaboration.
- Secondary Objectives: (a) To assess MSL perception of manufacturer awareness of regulation requirements and current preparedness. (b) To determine if manufacturers have implemented training and payment capture systems.
- An electronic questionnaire was sent via Google survey software from late January 2013 to February 15, 2013 to 103 MSLs from a diverse cross-section of pharmaceutical companies. Of the 103 surveys administered, 90 were completed and returned.
- The survey was distributed through professional networking groups, internal field medical directors of pharmaceutical companies, and alumni of the Rutgers Pharmaceutical Industry Fellowship program for MSLs, and field medical positions.
- The survey was designed to capture MSL perception and not actual physician perspective. The final rule was published during the time the survey was open. Some responses (n=8) recorded before February 1, 2013 were based on perception from the proposed rule. Because the rule was published during the time the survey was distributed, awareness of provisions and company response may have been heightened.
- The survey was designed to capture MSL perception and not actual physician perspective.

Objective

- The Physician Payment Sunshine Act (PPSA) was passed under the Patient Protection and Affordable Care Act in 2010. The Centers for Medicare and Medicaid Services (CMS) issued proposed regulations for the sunshine act provisions in December 2011. Final regulations were published in the Federal Register on February 1, 2013.
- The rule requires manufacturers of devices, drugs, biologics, and medical supplies covered by Medicare, Medicaid, or the military health insurance program to report to CMS payments or other transfers of value made to physicians and teaching hospitals.
- Payments exceeding $10 annually to covered recipients must be reported to CMS. Any item or monetary exchange greater than $10 must also be reported, even if the payments are not related to drug, device, biological, or medical supply.
- Reporting goes into effect August 1, 2013 for covered transactions. All reports must be sent to CMS by March 1, 2014.
- All reported payments must fall within the categories specified in the Act, which includes: consulting fees, compensation for services other than consulting, honoraria, gifts, entertainment, food and beverage, travel and lodging for attending scientific or educational events, research and charitable contributions, royalty or license fees, current or prospective ownership or investment interests, speaking fees, grants, and space rental or facility fees.
- Exempted items include any material used directly by patients such as drug samples and patient education material where the patient is the ultimate user.

Methods

- An electronic questionnaire was sent via Google survey software from late January 2013 to the end of February 2013 to MSls representing more than 40 companies.
- The survey was distributed through professional networking groups, internal field medical directors of pharmaceutical companies, and alumni of the Rutgers Pharmaceutical Industry Fellowship program for MSLs, and field medical positions.
- Participants noted that physicians are concerned how generic information may give the public the wrong perception of how physicians work with manufacturers. The general public may inappropriately assume dollar values are kickbacks for physicians promoting certain products, and not take into account payments made to physicians for speaker series, clinical research, and educational materials.
- Limitations

- Overall, most Medical Science Liaisons (52%) have agreed that the Physician Payment Sunshine Act will not have an impact on their relationships with physicians. However, some MSls noted that the act could reduce the frequency and quality of interactions and negatively impact the utilization of medical resources. The majority of manufacturers have PSA training programs for MSls (81%) and payment caregivers, and educational materials are included in place or planned.
- Conclusion

- Acknowledgements / Disclosures

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Perceived Impact of Physician Payment Sunshine Act on MSL Interactions

Anna Qinze Deng, PharmD; Justin Balint, PharmD; Michael Toscani, PharmD; Joseph Barone, PharmD

Introduction

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Objective

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