

Here Comes the Sunshine: Industry's Payments to Cardiothoracic Surgeons

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Background. The Physician Payment Sunshine Act was implemented to provide transparency to financial transactions between industry and physicians. Under this law, the Open Payments Program (OPP) was created to publicly disclose all transactions and inform patients of potential conflicts of interest. Collaboration between industry and cardiothoracic surgeon-scientists is essential in developing new approaches to treating patients with cardiac disease. The objective of this study is to characterize industry payments to cardiothoracic surgeons as reported by the OPP.

Methods. We used the first wave of Physician Payment Sunshine Act data (August 2013 to December 2013) to assess industry payments made to cardiothoracic surgeons.

Results. Cardiothoracic surgeons (n = 2,495) received a total of \$4,417,545 during a 5-month period. Cardiothoracic surgeons comprised 0.5% of all persons in the OPP and received 0.9% of total disclosed industry funding. Among cardiothoracic surgeons receiving funding, 34% received payments less than \$100, 43% received payments

of \$100 to \$999, 19% received payments of \$1,000 to \$9,999, 4% received payments of \$10,000 to \$99,999, and 0.2% received payments of more than \$100,000. The median was \$181 (interquartile range [IQR]: \$60 to \$843) and the mean \pm standard deviation was \$1,771 \pm \$7,664. The largest payment to an individual surgeon was \$159,444. The three largest median payments made to cardiothoracic surgeons by expense category were royalty fees \$8,398 (IQR: \$536 to \$12,316), speaker fees \$3,600 (IQR: \$1,500 to \$8,000), and honoraria \$3,344 (IQR: \$1,563 to \$7,350).

Conclusions. Among cardiothoracic surgeons who are listed as recipients of nonresearch industry payments, 50% of cardiothoracic surgeons received less than \$181. Awareness of the OPP data is critical for cardiothoracic surgeons, as it provides a means to prevent potential public misconceptions about industry payments within the specialty that may affect patient trust.

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Under the Affordable Care Act of 2010, the Physician Payments Sunshine Act (PPSA) was implemented to provide transparency regarding the financial relationships between physicians and the biomedical industry [1]. As of August 1, 2012, manufacturers of drugs, biologic agents, medical devices, and supplies are now mandated to submit payment records and other "transfers of value" made to physicians and teaching hospitals [2, 3]. This legislation was intended to provide patients with a resource that would inform them of potential conflicts of interest (COI) between medical providers and industry, thus enabling them to make fully informed decisions when choosing a health care provider [2]. The Centers for Medicare and Medicaid Services was tasked to oversee

this process, and created the Open Payments Program (OPP) database to make the national payment data available to the general public. Before the public release, individuals and institutions are given an opportunity to review and dispute the data [3].

In a 2004 nationwide survey of 3,167 physicians, 83% of US physicians reported receiving gifts, and 28% reported receiving payments for consulting, lecturing, or enrolling patients in trials [4]. Subsequent data have demonstrated that more than half of patients would trust their physician less if the physician accepted gifts or payments from

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industry [5]. Market research has revealed that US pharmaceutical companies spend as much as \$57.5 billion, or 24.4% of their revenue, on marketing and product promotion [6]. However, before the OPP database, the amount industry paid directly to physicians was never published on a national level [3].

Collaborations between physicians and industry, including those that involve financial disbursements, have the potential to drive significant advances in patient care. Within the field of cardiac surgery, for example, development of the left ventricular assist device was the result of a combined effort between cardiothoracic surgeons and industry [7]. In recognition of the importance of these relationships, the American Association for Thoracic Surgery and The Society of Thoracic Surgeons have both published codes of ethics in an effort to promote appropriate collaborative efforts between cardiothoracic surgeons and industry that will maximize clinical benefit and potential innovation without compromising the professional integrity of involved parties [8].

Despite these important initiatives, little is known about current financial ties between cardiothoracic surgeons and industry. Given that potential COI can undermine research findings and clinical decisions [9–11], it is essential to quantify and describe the nature of these relationships, especially now that these data are publicly available to any interested party. In this study, we characterize the national distribution of industry payments to cardiothoracic surgeons using the newly available OPP database.

Patients and Methods

Study Population

The study population represented the subset of all the US allopathic and osteopathic physicians who received at least one nonresearch payment as cardiothoracic surgeon during the 5-month period of August 1, 2013, to December 31, 2013, in the OPP.

Data Sources

Payments made to cardiothoracic surgeons between August 1, 2013, and December 31, 2013, were obtained from the OPP dataset, available on the Centers for Medicare and Medicaid Services website (<http://www.cms.gov/openpayments>). Physician-level payments were aggregated using a unique physician identification number. In the OPP data, the paying company reports a physician's specialty and a physician is given the opportunity to verify the description of their specialty. As a result, if a physician was trained in a subspecialty or has multiple specializations, he or she could have been reported as either specialty. For example, if a physician was trained as general surgeon and also completed a cardiothoracic fellowship, he or she could have been listed as either a general surgeon or a cardiothoracic surgeon. For the purposes of this study, the largest payment that an individual received in a particular specialty determined their specialty.

Payments Made to All Health Care Providers and Cardiothoracic Surgery

The OPP dataset was used to ascertain the total amount of payments made by industry to all health care providers. Health care providers consisted of physicians, dentists, podiatrists, technicians, and nurse practitioners. This total was then compared to the total amount of payments made to cardiothoracic surgeons.

Distributions of Payments Made to Cardiothoracic Surgeons

The total amount of money each cardiothoracic surgeon received was presented as a box-and-whisker plot to depict graphically the median, interquartile range, and overall range of values. The amount received was categorized as follows: less than \$100, \$100 to \$999, \$1,000 to \$9,999, and more than \$10,000 and presented as bar graphs. All companies and their sum of payments made to cardiothoracic surgeons were identified (Appendix). Payments of the 10 highest paying companies and their distribution by amount categories were shown. Heat maps were used to show the geographic distribution of industry payments and the average payments per cardiothoracic surgeon by state.

Payment Categories

The OPP payments were reported under the following categories: consulting fees; food and beverage; honoraria; education; travel and lodging; entertainment; gifts; non-research training grants; services other than consulting, including speaking at a venue other than a continuing education program (CEP [abbreviated as "speaker non-CEP"]); and speaking for a nonaccredited and noncertified continuing education program (abbreviated as "speaker CEP"). The number of cardiothoracic surgeons who received payments for each payment category was quantified. Payments for speakers at accredited CEP events were not included in this analysis, as this payment category is not reported in the OPP database.

Statistical Analysis

Analyses were performed with Stata 12.0/MP for Linux (StataCorp, College Station, TX). The methods of Louis and Zeger [12] were used to report 95% confidence intervals.

Results

Payments Made to All Physicians

During this first OPP reporting period, industry made payments totaling \$476,021,752 to 475,975 health care providers. The median payment for a health care provider was \$67 (interquartile range [IQR]: \$22 to \$179), with a mean of \$1,000. During the 5-month OPP study, the four highest paid health care providers each received a total of \$7,356,276, \$3,994,022, \$3,921,410 and \$3,849,711.

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