

Wide variations among medical practices in generic prescribing

THE LATEST ISSUE of the Community Checkup report from the Puget Sound Health Alliance shows wide variation in the care that patients receive in the Puget Sound region—the widest variation in the prescribing of generic drugs.

The report, published in July, includes results for 76 medical groups and nearly 240 clinics of four or more clinicians as well as 30 hospitals in King, Kitsap, Pierce, Snohomish and Thurston counties. It covers screenings, appropriate use of antibiotics and care for patients with diabetes, heart disease, depression and asthma, as well as generic prescribing.

The report covers generic prescribing in four classes of drugs—statins, proton pump inhibitors, antidepressants and non-steroidal anti-inflammatories. In each of these classes, there are generics that are equally as effective as brand-name drugs.

Some medical practices prescribe generics in these classes 85% of the time, yet others have only 5% of prescriptions filled with a generic drug.

The Alliance estimates that for every 1% increase in the “generic fill rate” in lieu of brand-name drugs, more than \$2.5 million can be saved in this region.

A WSMA-commissioned poll of 502 people in 2007 found that 80% of the respondents said they strongly or mildly support promoting greater use of generic drugs.

The wide variation in the use of these generics has been attributed to a number of factors: patients asking for brand-name drugs; physicians believing that generics are not equally effective; drug company reps leaving samples at the office. In addition, in some instances, the brand-name drug proves to be more effective clinically for a particular patient.

The Alliance recommends that medical groups ban pharmaceutical representatives from patient care settings and refrain from giving brand-name samples to patients in an effort to help them out. Alliance officials argue that when patients are prescribed generics from the start, their out-of-pocket costs are actually less over time because most generics are cheaper than the brand-name drugs.

The Puget Sound Health Alliance, started in 2004, is a non-profit, non-partisan regional collaborative working to improve health care quality and affordability. WSMA is a member of the Alliance.

To see the Community Checkup report, go to www.wacommunitycheckup.org/?p=report_info and click on “Print version from July 2009 report.” To see data on individual groups and hospitals, click on “report data.” ♣

WSMA position statement on prescribing

THE WSMA BOARD OF TRUSTEES ISSUED THE FOLLOWING STATEMENT ON PRESCRIBING IN 2006:

The Washington State Medical Association supports evidence-based care, best practices and technology assessment, and the need for data-driven discussions on these issues by both the WSMA and other organizations such as the Puget Sound Health Alliance.

The WSMA supports use of generics and therapeutic substitution, provided the physician still has the right to specify “dispense as written” when that is optimal/ideal/necessary for patient care.

Financial incentives to individual physicians to prescribe the lower cost generic drug creates a moral hazard (as does financial/gift pressures from pharmaceutical representatives to prescribe high cost brand name drugs).

The decision to restrict or prohibit pharmaceutical sales reps from visiting the physician’s office should ultimately rest with the physician, (with due deliberations regarding “moral hazards” but including all issues, including patient needs).

The use of samples can play a positive role in determining the best medication, and distribution of samples should be left to the discretion of the medical practice.

The WSMA will educate its members about the influence of pharmaceutical manufacturers’ marketing activities, including the distribution of samples (or more specific inducements) on physicians’ prescribing patterns and how to consider limiting marketing activities in the practice.

The WSMA will educate or provide guidance to members about when it may be appropriate to use samples. ♣

A look to the future • *continued from page 1*

health care informatics. All provide Category I CME credit.

The reference committees convene on Saturday morning, where any member of the WSMA may speak, followed by the House of Delegates session on Sunday, Oct. 4. The House sets the broad policy course for the WSMA.

The WSMA annual meeting brings Washington state physicians together in a forum like no other. If you haven’t attended a meeting, this is the year to do so. You’ll find registration materials in the meeting brochure, posted on the WSMA website www.wsma.org.

If you have questions about the meeting, please email Shannon McGeoy at slm@wsma.org. ♣