



Sunshine Act data release: Talking points for physicians

The following talking points have been developed to help physicians respond to general inquiries about the Sunshine Act, also known as the “Open Payments” data release, and respond to specific inquiries about their data. Physicians can customize these talking points to suit their particular needs. Email OpenPayments@ama-assn.org if you have encountered additional questions for which talking points would benefit the larger physician community. For additional information, access the AMA’s Sunshine Act toolkit, available at ama-assn.org/go/sunshine.

I recently read that the federal government released data about doctors’ financial interactions with industry—consulting fees, honoraria and other compensation, or items of value. Why do physicians get money or items of value from industry?

- **General response:** Physicians interact with industry and receive compensation from industry in many ways: for example, as consultants, speakers, researchers or recipients of items of value.

Interactions with industry can benefit patients, and I support interactions that are transparent and meaningfully independent. By releasing data about physicians’ financial interactions with industry, the “Open Payments” program is supposed to make accurate, consistent information available to help the public make informed judgments. When we have accurate information, we are in a better position to take steps to ensure that physicians’ clinical judgments are objective and based on good scientific evidence.

The important thing is that the data is accurate. There has been a lot of controversy about implementation of this program as a result of numerous data errors and delays that caused the agency to remove at least one-third of the data from the initial public release. So it is questionable as to whether the remaining data, which was released to the public, is accurate.

- **Consulting fees:** Some physicians serve as consultants to industry—for example, by providing their expertise for designing clinical research studies or evaluating treatments. They are compensated for their expert services. This research often is published in peer-reviewed medical journals, enabling other physicians to learn about new treatments that have proven effective and ultimately use them in their own practices with their own patients.
- **Honoraria:** Physicians are sometimes speakers or faculty at various academic or professional meetings, for which they receive compensation in the form of honoraria. I accept honoraria myself from my medical society when I serve as faculty at one of their conferences.

At times, physicians may not even be aware that they are receiving money from industry (for example, when the activity is funded in part through a grant from industry to the organization that puts on the event). So, in my example, although I receive my honorarium from my medical society, if industry has partly funded the event, my honorarium has to be reported as a payment from industry—even if I didn’t know that at the time.

- **Items of value:** In addition to monetary payments, physicians may receive other “items of value” from industry, such as medical journal reprints or patient education materials that are useful to our practices and patients. Having pharmaceutical representatives visit my office to talk with me and my colleagues about new research and treatment options also is one way for us to learn about advances in medicine.

In the interest of transparency, the Open Payments program casts a wide net and requires industry to report any items valued at \$10 or more that I and other physicians receive from companies. (Industry may also report items that were less than \$10 of value each if the total sum for the year exceeds \$100.) However, the comparative value of this data is diminished given that CMS declined to require companies to use common methodologies for calculating various types of payments. This means, for example, that the value of a medical journal reprint will depend on which company gives it to you.

- **Food and beverage:** Almost all physicians attend educational conferences in order to learn about new therapies for the conditions they treat. A grant from industry to the organization holding the conference may help provide meals for attendees, such as a buffet breakfast or lunch. Just as honoraria to conference faculty, these meals also must be reported to the Open Payments program as a line item, even though the payment to individual physician attendees was indirect.

Aren't relationships with industry inherently a conflict of interest? Don't they influence doctors' decisions and recommendations?

- As a profession, medicine always is aware of the potential for conflicts of interest. However, just because a physician has a relationship with industry doesn't automatically mean that his or her judgment has been influenced inappropriately.
- Modern medicine has improved our health, the quality of our lives and our longevity. As a realist, I recognize this would not have been possible without industry support for research and development.

Modern medicine is costly. It takes time and money to develop new treatments and get them through the approval process. Industry is one of the few stakeholders that has the resources to assume the risk of developing new interventions and technologies that could improve patient care and even reduce health care costs.

- The same can be true of industry-funded medical education, which can provide meaningful, timely information to help me stay abreast of the latest medical advances. Providing high-quality care for all of my patients takes time, and it can be difficult to keep up with new developments. Industry-funded education can be a valuable service for me and my staff.

I read about this doctor who accepted a very large sum of money from industry. What could possibly justify industry paying that much to a doctor?

- I cannot speak to the specifics of a particular case, and there probably are some instances when physicians have accepted money that, in retrospect, they should not have accepted. What I can tell you is that I have never knowingly allowed support from industry to influence the recommendations I make for my patients.
- Also, generally, I can tell you that there are many legitimate reasons that a physician is listed in the Open Payments report as having accepted a large amount of money from industry. For example, I receive money from industry to support clinical trials that I conduct through my

practice. This kind of work is essential to advancing medical knowledge around specific conditions and treatments, and ultimately benefits all patients. The main thing to keep in mind is that the vast majority of physicians realize no financial benefit from these payments.

- I also receive reprints of peer-reviewed medical journal articles and medical textbooks from pharmaceutical representatives when they visit my office. These are considered indirect payments from industry and are included in my Open Payments report. These reprints and medical textbooks help fill an important gap and enhance my knowledge of the latest treatments and drug therapies.

Visit ama-assn.org/go/sunshine for additional information and resources.