Disputes & Debates: Editors' Choice

Steven Galetta, MD, FAAN, Section Editor

Editors' note: Financial relationships between neurologists and industry: The 2015 Open Payments database

In "Financial relationships between neurologists and industry: The 2015 Open Payments database," Drs. Ahlawat and Narayanaswami analyzed payments from the pharmaceutical and device industry to neurologists in 2015 using the Centers for Medicare and Medicaid Services Open Payments database (OP). In response, Dr. Sethi argues that lack of distinction between obvious bias and potential conflicts of interest (COIs) in OP risks eroding trust in physician-patient relationships, and proposes voluntary disclosures of relevant COIs with regulatory oversight as an alternative. In contrast, Drs. Robbins and Meyer view OP as an important step towards transparency by making COIs more widely available, and towards greater divestment from financial COIs through resultant social pressure. They present data suggesting a drop in investments and financial ownership among neurologists in OP from 2013 to 2016. Responding to these comments, Drs. Ahlawat and Narayanaswami note that voluntary disclosure may be limited by failure to recognize COIs and would add to physicians' reporting burden. They acknowledge that OP is a step forward, but note that detailed clarification of the nature of payments would allow full transparency and mitigate misinterpretation. They also note that the effect of social pressure or public access to OP on divestiture would be challenging to assess.

Aravind Ganesh, MD, and Steven Galetta, MD Neurology[®] 2019;92:350. doi:10.1212/WNL.00000000006909

Reader response: Financial relationships between neurologists and industry: The 2015 Open Payments database

Nitin K. Sethi (New York) Neurology[®] 2019;92:350. doi:10.1212/WNL.000000000006910

I read with interest the review by Ahlawat and Narayanaswami¹ of the 2015 Open Payments database. Disclosure of potential conflicts of interest (COIs) does not imply the presence of bias, it only suggests the potential for bias. Patients or their caregivers may not understand this distinction and question the ethics and integrity of their physician. This risks breakdown of the physician–patient relationship and trust. An Open Payments program that encourages voluntary disclosures by physicians of relevant COIs with regulatory oversight by a federal agency such as the US Centers of Medicare and Medicaid Services would be ideal.

 Ahlawat A, Narayanaswami P. Financial relationships between neurologists and industry: the 2015 Open Payments database. Neurology 2018;90:1063–1107.

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Reader response: Financial relationships between neurologists and industry: The 2015 Open Payments database

Nathaniel M. Robbins (Lebanon) and Mark J. Meyer (Washington) Neurology[®] 2019;92:351. doi:10.1212/WNL.000000000006911

Drs. Ahlawat and Narayanaswami¹ detailed the extent of industry-related financial interests among neurologists captured in the Open Payments database (OP). Industry-related conflicts of interests (COIs) widely influence neurologic education, research, and clinical practice.² Industry-funded trials often reach different conclusions than non-industry-funded trials,³ and even small gifts to physicians can influence their prescribing practices.⁴ Despite the OP database's shortcomings,⁵ it is an important step for 2 reasons. First, disclosure only mitigates COI if the disclosed information is widely and publicly available. Patients are generally not aware of their doctors' financial relationships.⁶ We hope OP will improve transparency. Second, the resulting social pressure from this transparency could lead to divestment from financial COI. Full disclosure is an important step towards mitigating COI but does not redress subconscious biases that nearly invariably accompany financial relationships²; COI avoidance is often preferable. To investigate OP's effects on divestiture, we reviewed all neurologists in OP from 2013 to 2016. Of 12,691 neurologists in 2013 (OP's first year), 2,896 had investments (22.8%) and 3,004 (23.7%) had some financial ownership. In 2016, these numbers dropped to 2,752/14,452 (19.0%) and 2,957/14,452 (20.5%), respectively. Mean value dropped from \$190,310 to \$174,455. Perhaps OP is having an effect, but more research is required.

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- Pham-Kanter G, Mello MM, Lehmann LS, Campbell EG, Carpenter D. Public awareness of and contact with physicians who receive industry payments: a national survey. J Gen Intern Med 2017;32:767–774.

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Author response: Financial relationships between neurologists and industry: The 2015 Open Payments database

Pushpa Narayanaswami (Boston MA) and Aditi Ahlawat (Boston, MA) Neurology[®] 2019;92:351–352. doi:10.1212/WNL.0000000000006912

We thank Dr. Sethi for the comment on our review of the 2015 Open Payments database.¹ We agree that the Open Payments policy does not differentiate between potential and actual conflicts clearly, and may result in misinterpretation by patients and the public. However, resolution of perceived conflict is as important as that of actual conflict.² The difficulty is in recognizing the difference between perceived and actual conflicts, and to make this distinction clear when reported publicly. Dr. Sethi suggests an interesting method. The question is: Can we dispassionately and accurately recognize our own conflicts of interest? Second, if the onus of reporting is on clinicians, how much burden will that add to the multifaceted and demanding reporting burden that is already affecting time spent on patient care, education, and research? Input from clinicians, the pharmaceutical industry, regulatory bodies, patients, and the public should be used to develop and test optimal methods for reporting and resolving conflicts of

Author disclosures are available upon request (journal@neurology.org).

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^{1.} Ahlawat A, Narayanaswami P. Financial relationships between neurologists and industry: the 2015 Open Payments database. Neurology 2018;90:1063–1070.

interest without misrepresentation, while providing adequate information for patients and the public to understand the conflict and its potential relevance to them.

We also thank Drs. Robbins and Meyer for their comment on our study.¹ Although the Open Payments database is a step in the right direction, detailed clarification of the nature of payments is required in the spirit of full transparency. Payments for research may have different implications than for speaking at industry-sponsored meetings or holding stocks. The lack of clarity and difficulty in rectifying errors risks misinterpretation.

The divestiture data are interesting, although the changes are small. We agree that additional data are required regarding the types of payments, total amounts per physician, and the total number of payments. As we mentioned,¹ an analysis of the Massachusetts state reporting database found that the number of physicians receiving payments declined by about 10% in the second year, affecting mainly food and beverage payments, while payments for bona fide services remained stable.³ A 3-year analysis of payments to otolaryngologists revealed that payments increased.⁴ The effect of social pressure from patients accessing the data is interesting, but challenging to measure. Although it may be possible to measure public access of the database, the effect of this access on the patient–physician relationship, or on physicians' willingness to accept payments, is difficult to assess directly.

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Ahlawat A, Narayanaswami P. Financial relationships between neurologists and industry: the 2015 Open Payments database. Neurology 2018;90:1063–1107.

^{2.} Bernat JL, Swash M. Editorial: Relationships between neurologists and industry. Neurology 2018;90:1047–1048.

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