

## Prescription Drugs: Advertising, Out-of-Pocket Costs, and Patient Safety from the Perspective of Doctors and Pharmacists

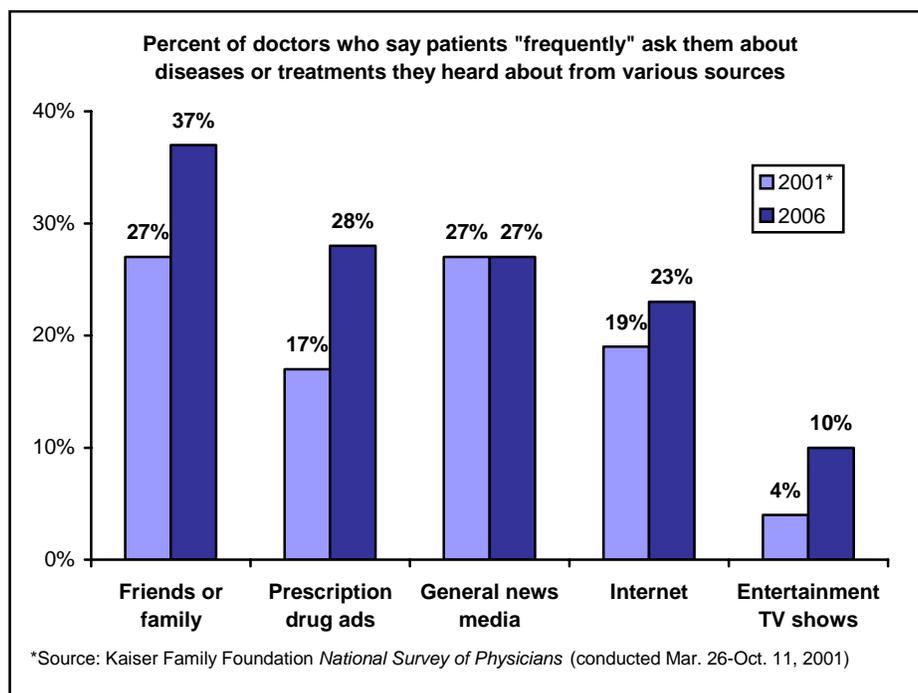
*The Kaiser Family Foundation National Survey of Physicians and National Survey of Pharmacists were conducted from April through July 2006. Survey findings related to experiences with the Medicare prescription drug benefit were previously released and are available at <http://www.kff.org/kaiserpolls/pomr090706pkg.cfm>. This report includes survey findings related to prescription drug advertising, out-of-pocket prescription costs, and patient safety with regard to prescription drugs.*

### PRESCRIPTION DRUG ADVERTISING

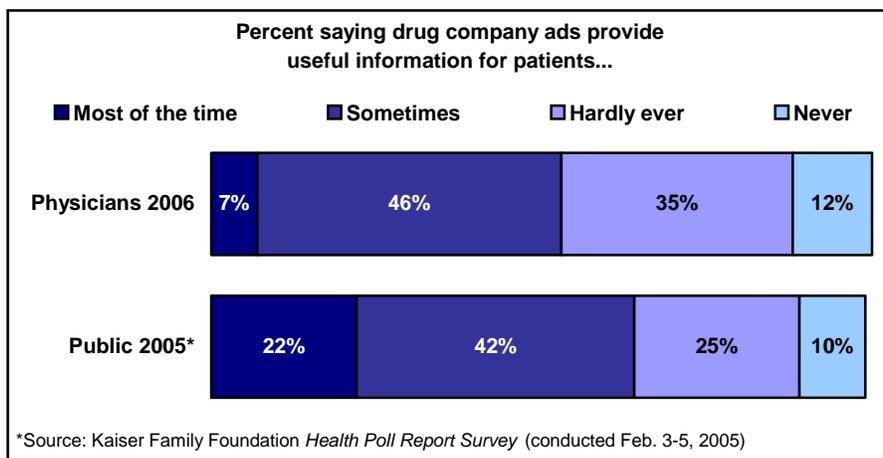
**Doctors report that it is common for patients to ask them about specific diseases and treatments they've heard about from various sources, and the share reporting that such requests occur frequently as a result of prescription drug ads has increased since 2001. Doctors are twice as likely to say such inquiries have a positive effect rather than a negative effect on their interactions with patients, and most doctors think that prescription drug ads provide useful information for patients.**

Doctors report that their patients talk with them about specific diseases and treatments they hear about from various sources, most commonly friends and family members (37% frequently), prescription drug ads (28%), and the general news media (27%).

The share of doctors saying their patients frequently bring up diseases and treatments they heard about from prescription drug ads increased from 17% in 2001 to 28% in 2006. In addition, there were increases in the shares of doctors saying they frequently get such inquiries from patients based on what they've heard from friends and family, the Internet, and entertainment TV shows. A plurality (42%) of physicians say these types of inquiries have a positive impact on their interactions with patients, while 21% say they have a negative impact and 35% say they have no effect.



When patients bring up specific treatments, half of doctors (50%) say they frequently recommend the patient make lifestyle or behavior changes. Fewer say they frequently recommend an over-the-counter drug (18%), a different prescription drug (14%), or no treatment (14%), and just 5% say they frequently give the patient a prescription for the drug they asked about.



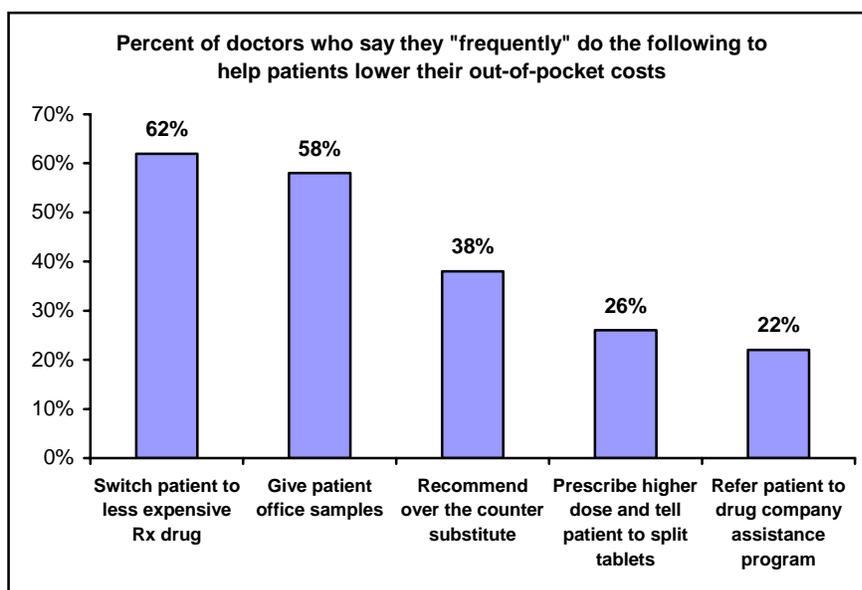
More than half (53%) of doctors say that advertisements by pharmaceutical companies provide useful information for patients most of the time (7%) or sometimes (46%). Nearly as many (47%) say such advertisements provide useful information hardly ever (35%) or never (12%). In 2005, the public was somewhat more likely to say these advertisements provide useful information.

## DOCTORS HELPING PATIENTS WITH OUT-OF-POCKET DRUG COSTS

**About half of doctors say they frequently talk with patients about the out-of-pocket costs for medicines they prescribe; lack of time and lack of knowledge about how to help patients lower costs are the biggest barriers to discussing costs among those who do so less frequently.**

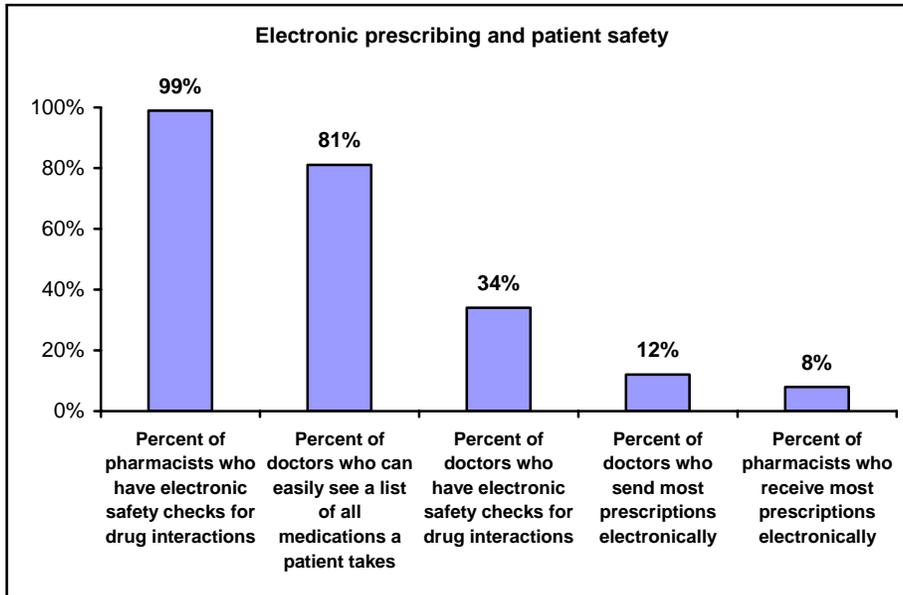
About half (53%) of doctors say they frequently talk with patients about the out-of-pocket costs for medicines they prescribe. Among those who discuss out-of-pocket costs with patients less frequently, the reasons named by the largest shares are that they don't have enough time (53%) and that they don't know how to help patients lower their out-of-pocket costs (51%). Fewer say they don't discuss costs because they don't think it's their responsibility (23%), they think it would be embarrassing for patients (16%), or because costs are not a concern for their patients (15%).

The most frequently used strategies by physicians to help patients lower their out-of-pocket prescription costs are switching the patient to a less expensive prescription drug (62% say they do this frequently), giving the patient office samples (58%), and recommending the use of an over-the-counter medication as a substitute (38%). Doctors are less likely to say they frequently prescribe higher doses and tell the patient to split the tablets (26%) or refer patients to pharmaceutical company assistance programs (22%).



## PRESCRIBING TECHNOLOGY AND PATIENT SAFETY

Electronic checks for potential interactions between different drugs a patient takes are more likely to happen at the pharmacy level, rather than at the doctor's office. While electronic prescribing is one way to avoid potential errors, doctors and pharmacists report that most prescriptions are still written on paper, rather than sent to the pharmacy electronically.



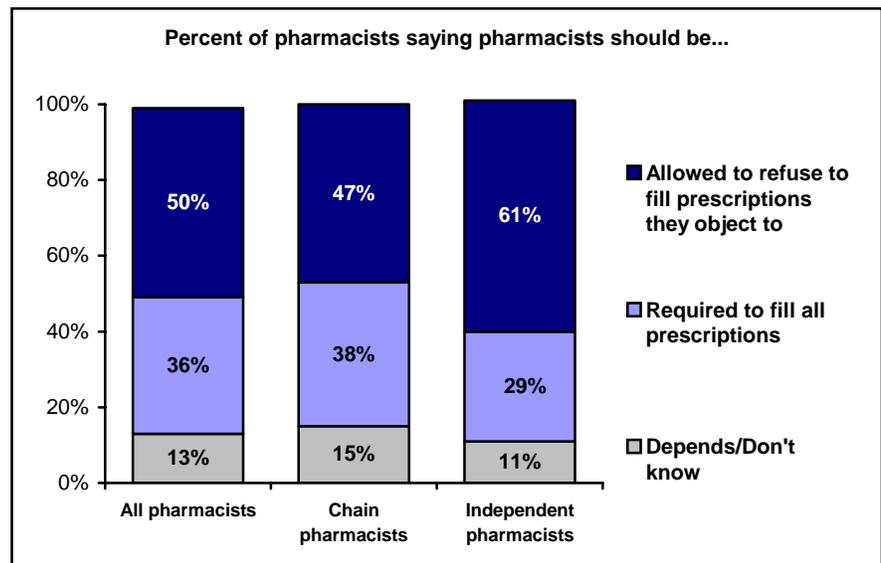
Nearly all pharmacists (99%) say their pharmacy has electronic safety checks for potentially harmful interactions between different medications a customer takes. However, while eight in ten doctors say they can easily see a list of all medications a patient is taking when prescribing a new medication, just a third (34%) say their practice has electronic safety checks for potentially harmful interactions between different medications a patient takes.

Eight in ten doctors say they write most prescriptions on paper, and six in ten pharmacists say they receive just a few or no prescriptions electronically from doctors' offices. One-quarter of doctors report using a PDA or other handheld device to look up patients' drug plan formularies.

## REFUSAL CLAUSE FOR PHARMACISTS

Half of pharmacists support a so-called "refusal clause" that would allow pharmacists to refuse to fill prescriptions they object to on moral or religious grounds. The idea is more popular among independent pharmacists than among chain pharmacists.

Half (50%) of pharmacists say that pharmacists should be allowed to refuse to fill prescriptions that they object to on moral or religious grounds, while a third (36%) say they should be required to fill all prescriptions. Independent pharmacists (61%) are more likely than chain pharmacists (47%) to say pharmacists should be allowed to refuse to fill prescriptions.



## **Methodology**

The Kaiser Family Foundation *National Survey of Physicians*, conducted April 25 through July 8, 2006, is based on a nationally representative random sample of 834 office-based physicians involved in direct patient care with adults. Once the sample was drawn, selected physicians were given the option of completing the questionnaire by telephone or online (373 physicians were interviewed by telephone and 461 completed the survey online). The sample frame was developed using the American Medical Association's Physician Masterfile. This list contains over 800,000 physicians and is considered the most thorough source available for physician lists and statistics. Excluded from the sample frame were: 1) hospital-based physicians; 2) pediatrics and related specialties; and 3) specialties not involved in direct patient care (mostly anesthesiology, radiology, pathology and related specialties).

The Kaiser Family Foundation *National Survey of Pharmacists*, conducted April 21 through June 27, 2006, is based on a nationally representative random sample of 802 pharmacists working in independent retail, chain retail and HMO pharmacies. Once the sample was drawn, selected pharmacists were given the option of completing the questionnaire by telephone or online (615 pharmacists were interviewed by telephone and 187 completed the survey online). The sample frame was developed using Medical Marketing Services, Inc.'s Pharmacist/Pharmacies list. This list contains almost 200,000 pharmacists and is updated every 60 days.

Kaiser Family Foundation staff designed and analyzed both surveys. Data were collected by Princeton Survey Research Associates International. The margin of sampling error for the full sample in each survey is plus or minus 3 percentage points. For results based on subsets of respondents the margin of sampling error may be higher. Note that sampling error is only one of many potential sources of error in this or any other public opinion poll.

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