

Current Perspective

Not Really Sunshine....

The Physician Payments Sunshine Act (PPSA) became effective Aug. 1. The name is meant to convey that it sheds “sunshine” onto financial relationships between physicians and industry that had previously existed only in shadows. But, in fact, at times this light is more like an intense and confusing heat lamp than beneficial sunshine.

As ophthalmologists, we value maintaining our patients’ trust, and we acknowledge that they must have the information to confirm that we are acting in their best interests. We further acknowledge that a few physicians have tragically demonstrated that large financial transactions with industry can inappropriately influence behavior. But we also firmly believe that a \$10 lunch will not induce us to act contrary to our patients’ best interests.

The act’s first iterations had elements that were frankly ridiculous, such as tracking and reporting every cup of coffee consumed on the Annual Meeting exhibit floor. Come on—really?!

Some of that has changed in the final version. While much improved, it still has onerous elements, and data are already being collected. In 2014, they will be publicly posted on the Centers for Medicare & Medicaid Services (CMS) “Open Payments” website. Every patient, every referring physician, and every local newspaper and TV station will have access. Following are

some of the general guidelines.

Manufacturers of drugs, devices, and biological or medical supplies must report to the CMS any payment or transfer of value. This applies to teaching hospitals and to all physicians, except residents in training. In general, anything of value exceeding \$10 must be reported. There are exceptions: accredited CME, product samples for patient use, and a few others. Traditional educational items (textbooks, videos, and journal reprints) are reportable. Any industry-paid meal over \$10 where the physician is identifiable must also be reported—except for buffets at large meetings.

Any payments for consulting, stock options, etc., must be reported. Ophthalmologists serving as research principal investigators are also reported—but in a separate section of the Open Payments public website. Physicians will have 60 days to review and correct any inaccuracies in a manufacturer’s report before it is publicly posted.

What are the likely consequences of the PPSA? No one knows for sure. It will certainly be easier for media and members of watchdog organizations to track and draw attention to financial relationships between ophthalmologists and industry. It is also likely that this may complicate the defense against alleged malpractice actions in which industry relationships are purported to have played a role. Legitimate research relationships may be

questioned by patients. And, distressingly, the PPSA may poison the waters for beneficial industry-physician relationships that help to drive discovery of new devices, drugs, and services. Or ... it may have little impact within ophthalmology, compared with other specialties in which industry relationships tend to be far larger and more visible.

Regardless, the information will be publicly and freely accessible, and all ophthalmologists should understand the implications. More complete information is available on the Academy’s website at www.aao.org/advocacy/reimbursement/financial-transparency.cfm.



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