

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 4-18

INTRODUCED BY: Medical Student Section

SUBJECT: Pharmaceutical Advertising in Electronic Health Record Systems

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Whereas, In 2012, pharmaceutical companies in the United States spent \$1.2 billion on promotional mailings and \$90 million on advertising both marketed towards physicians;<sup>1</sup> and

Whereas, Physicians' interactions with and exposure to information from pharmaceutical advertising has been associated with prescribing patterns, including increased frequency, higher costs, and lower quality;<sup>2,3</sup> and

Whereas, The emergence of electronic health records (EHRs) provides a growing platform on which pharmaceutical companies can interact with physicians and influence prescribing practices at the point of care;<sup>4</sup> and

Whereas, current AMA policy supports FDA efforts to regulate online information and marketing of drugs in a manner consistent with traditional media formats (D-105.995, Protecting Social Media Users by Updating FDA Guidelines D-105.995); and

Whereas, current AMA policy supports efforts to improve EHR systems to improve patient safety (D-478.995, National Health Information Technology D-478.995); therefore be it

Resolved, that MedChi asks our AMA to discourage pharmaceutical advertising in electronic health record (EHR) systems, where they have the potential to influence prescribing behavior at the point of care.

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As amended and adopted by the House of Delegates at its meeting on April 29, 2018.

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<sup>1</sup> The Pew Charitable Trusts. Persuading the prescribers: pharmaceutical industry marketing and its influence on physicians and patients. Available at: <http://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2013/11/11/persuading-the-prescribers-pharmaceutical-industry-marketing-and-its-influence-on-physicians-and-patients>. Accessed Mar 26, 2018.

<sup>2</sup> Spurling, GK *et al.* Information from pharmaceutical companies and the quality, quantity, and costs of physicians' prescribing: a systematic review. *PLoS Med.* 2010;7(10):e1000352.

<sup>3</sup> Brax, H *et al.* Association between physicians' interaction with pharmaceutical companies and their clinical practices: a systematic review and meta-analysis. *PLoS One.* 2017;12(4):e0175493.

<sup>4</sup> Manz, C *et al.* Marketing to physicians in a digital world. *NEJM.* 2014;371:1857-1589.

## **RELEVANT AMA AND AMA-MSS POLICY**

Federal EMR and Electronic Prescribing Incentive Program H-478.991

Our AMA: (1) will communicate to the federal government that the Electronic Medical Record (EMR) incentive program should be made compliant with AMA principles by removing penalties for non-compliance and by providing inflation-adjusted funds to cover all costs of implementation and maintenance of EMR systems; (2) supports the concept of electronic prescribing, as well as the offering of financial and other incentives for its adoption, but strongly discourages a funding structure that financially penalizes physicians that have not adopted such technology; and (3) will work with the Centers for Medicaid & Medicare Services and the Department of Defense to oppose programs that unfairly penalize or create disincentives, including e-prescribing limitations for physicians who provide care to military patients, and replace them with meaningful percentage requirements of e-prescriptions or exemptions of military patients in the percentages, where paper prescriptions are required.

Protecting Social Media Users by Updating FDA Guidelines D-105.995

Our AMA will lobby the Food and Drug Administration to: (1) update regulations to ensure closer regulation of paid endorsements of drugs or medical devices by individuals on social media; and (2) develop guidelines to ensure that compensated parties on social media websites provide information that includes the risks and benefits of specific drugs or medical devices and off-use prescribing in every related social media communication in a manner consistent with advertisement guidelines on traditional media forms.

National Health Information Technology D-478.995

1. Our AMA will closely coordinate with the newly formed Office of the National Health Information Technology Coordinator all efforts necessary to expedite the implementation of an interoperable health information technology infrastructure, while minimizing the financial burden to the physician and maintaining the art of medicine without compromising patient care.
2. Our AMA: (A) advocates for standardization of key elements of electronic health record (EHR) and computerized physician order entry (CPOE) user interface design during the ongoing development of this technology; (B) advocates that medical facilities and health systems work toward standardized login procedures and parameters to reduce user login fatigue; and (C) advocates for continued research and physician education on EHR and CPOE user interface design specifically concerning key design principles and features that can improve the quality, safety, and efficiency of health care.; and (D) advocates for more research on EHR, CPOE and clinical decision support systems and vendor accountability for the efficacy, effectiveness, and safety of these systems.
3. Our AMA will request that the Centers for Medicare & Medicaid Services: (A) support an external, independent evaluation of the effect of Electronic Medical Record (EMR) implementation on patient safety and on the productivity and financial solvency of hospitals and physicians' practices; and (B) develop minimum standards to be applied to outcome-based initiatives measured during this rapid implementation phase of EMRs.
4. Our AMA will (A) seek legislation or regulation to require all EHR vendors to utilize standard and interoperable software technology components to enable cost efficient use of electronic health records across all health care delivery systems including institutional and community based settings of care delivery; and (B) work with CMS to incentivize hospitals and health systems to achieve interconnectivity and interoperability of electronic health records systems with independent physician practices to enable the efficient and cost effective use and sharing of electronic health records across all settings of care delivery.
5. Our AMA will seek to incorporate incremental steps to achieve electronic health record (EHR) data portability as part of the Office of the National Coordinator for Health Information Technology's (ONC) certification process.
6. Our AMA will collaborate with EHR vendors and other stakeholders to enhance transparency and establish processes to achieve data portability.
7. Our AMA will directly engage the EHR vendor community to promote improvements in EHR usability.
8. Our AMA will advocate for appropriate, effective, and less burdensome documentation requirements in the use of electronic health records.