

Kanter GP, Carpenter D, Lehmann LS, Mello MM. US Nationwide Disclosure of Industry Payments and Trust in Physicians. JAMA Netw Open 2019; 2:e191947.

April 21, 2019

Authors' Response to Tringale and Hattangadi-Gluth Commentary

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Thank you to Drs. Tringale and Hattangadi-Gluth for this thoughtful and informative commentary. We very much agree that trust in physicians is a complex product of patient, provider, and institutional factors. We hope that our paper will continue to spark conversation about trust in physicians and the role that financial relationships and conflicts of interest play in trust and in physicians' trustworthiness.

In the interest of stimulating further engagement on this topic, we thought it might be helpful to expand on a few points mentioned in the commentary and our paper.

One subject that merits further discussion is whether, for our findings to be valid, one must assume that respondents know that Open Payments exist. We don't think this is the case. The main thrust of the paper is that most people are **not** aware of Open Payments but get their information about the issue of industry payments through other sources such as the media. We particularly wanted to evaluate public disclosure in a real-world setting, where there were likely to be only a small subset of patients who looked up their doctors in the database, many others who were not at all aware of Open Payments, and still others who received their information in repackaged form through intermediaries like the media.

There is no doubt that confounding is an important consideration. We note that for a difference-in-difference analysis to be valid, the assumption that must hold is that the **changes** in relevant factors like insurance coverage (not the levels of these factors) be similar in Sunshine states and in non-Sunshine states. Thus, our estimates would not be biased if, say, Sunshine states had greater levels of managed care penetration than non-Sunshine states. Our estimates, however, would be biased if the **change** in managed care penetration in Sunshine states were greater than the change in managed care in non-Sunshine states between 2014 and 2016.

We had conducted a variety of robustness checks examining factors potentially affecting trust (including, for example, managed care penetration, the Medicaid expansion, and insurer coverage) but did not find differential changes along these dimensions between 2014 and 2016 in Sunshine vs. non-Sunshine states. If there are specific factors affecting trust that the commenters believe to have changed differentially between the two sets of states during this period, we would be happy to investigate these further.

We agree that distinctions should be made between primary care physicians and specialty physicians. In the survey, we asked respondents to name (and answer questions about) the physician they saw most frequently in the previous 12 months (please see eAppendix2 for question wording). The majority of these physicians reported specialties in family medicine and internal medicine.

The commenters raised some very important points about how transparency interacts with patients' information overload and the degree to which patients care about industry payments relative to other considerations. We concur with the commenters that the multi-dimensional aspects of transparency suggest that policymakers may be asking too much of transparency programs and of patients.

We appreciate the insightful points on this topic and look forward to further conversation on trust in physicians vis-à-vis conflicts of interest and financial relationships with industry.