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INDUSTRY INSIGHTS

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How Autonomous are Healthcare Practitioners in Making Treatment Decisions?

In October 2011, using our internet-based tool *OlsonOnline*™ and proprietary healthcare database, Olson Research conducted teledepth interviews with US-based physicians to determine the extent to which treatment decisions by prescribers are made in the evolving healthcare environment. We wanted to explore whether treatment decisions are being made in a state of autonomy or are healthcare practitioners pressured to treat patients based upon protocols established and enforced by employers, insurers or other external sources.

	Primary Care Physicians	Pediatricians	Allergist/ Pulmonologists	Neurologists	Endocrinologists	Dermatologists
Autonomy	Low level of autonomy; naturally gravitate to generics	Aligned with PCP's	Higher degree of autonomy -Choose **best therapy** regardless	Autonomy determined by clinical goals -**Seizure free goal** – fight for brands	Less generic pressure - Always go with **what is right**	Cash/Copay impact decisions - Consistent trend with discount coupons offered to patients
Standardization	Shift towards ACO and PCMH; protocol driven; outcomes based	Moving toward a standards-driven approach to patient care	Consider generics when forced by formulary	General neurology – pain/migraine look for generics	Resistance most often seen with pens and insulin on contract	Standardization on more common disorders
Push against Payors	Concede to path of least resistance; copay threshold heavily influences	Push for branded over generic vaccines	Newer therapies, no generics (COPD, and some asthma inhalers)	Denials get reversed when they fight- happens about ½ the time	HgH requires much more to get through, this may be more an "FDA approved" issue	Patients more involved with Rx decisions – maybe just nature of disease
Treatments	Treatment protocols are becoming established for chronic conditions	Generics are first line treatment	More OTC switch rather than generics to treat some common conditions (e.g. allergy)	Alzheimer's allows for more flexibility in treatment	Treatment standards more around labs vs. drugs	Some pharma companies have services that help with prior authorizations to support treatment plans

Key Findings:

- Specialists have more autonomy than PCP's when making medication choices.
- Specialists are less inclined to default to generics unless the diagnosis is more traditional and the choices are not so differentiated.
- There is universally little "enforcement" by payers on specialists prescribing. Most recall receiving communications telling them to prescribe more or less of certain medicines, but none report these have any proven impact on their behavior – even those who are employees of larger HC networks.
- More and more specialist practices are employing "advocates" that are knowledgeable on variations of coverage to negotiate directly with carriers.

What DOES Influence Treatment Decisions?

- **Hassle Factor**
- "Point of Least Resistance"
- Fewer specialists are using EMR's than PCP's

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