Telephone Focus Group with Managed Care Physicians
Low Treatment of H. Pylori
February 26, 1998

Summary of Findings

Please note: The following summary was prepared from listener notes taken during the conference call may be amended once a transcript of the audio taped discussion is completed.

BACKGROUND:

On behalf of the CDC National Center for Infectious Diseases, Westat convened four focus groups with physicians to discuss approaches to treating peptic ulcer disease. Two groups were conducted with physicians in private practice — one group with physicians who indicated testing and treating fewer than 33 percent of their ulcer patients for *H. pylori* and one group indicated testing and treating half or more of their patients for *H. pylori.* Two groups were also conducted with physicians from managed care organizations. Physicians in these two groups were also screened for low and high percentages of ulcer patients treated with antibiotics for eradicating *H. pylori.*

PARTICIPANTS:

Seven physicians participated from six managed care organizations. Five of the seven said they were treating less than one third of their patients with peptic ulcer symptoms with antibiotics to eradicate *H. pylori.* (Two said 50 percent.) Of the five treating less than one third, two said they were treating fewer than 20 percent. Two of the physicians had been in practice at least 15 years; three for six - 15 years; and two for five years or less. Five of the seven participants reported that their practice settings were "mostly urban." One said "urban/suburban"; one said "mostly suburban."

SUMMARY OF FINDINGS:

Where/when physicians began hearing about H. pylori:

- Similar to the private practice/low treatment group, there was *"no question"* that *H. pylori* is the cause of most ulcers, but *"the big question is how to treat."*

- There was general agreement that information about *H. pylori* has been in the professional literature for about five years, with more at conferences and from specialists during the last two years.

· There was no personal recall of coverage in consumer media, but one physician said several patients have mentioned it.

Association between H. pylori and other GI problems:

· There was little discussion about this. One doctor said that *H. pylori* is associated only with active ulcer disease.

Testing for H. pylori:

· Participants generally agreed that *"the gold standard is biopsy"* because the blood and breath tests are not as sensitive.

· Only gastroenterologists perform endoscopy.

· There seemed to be some agreement that confirmation of the infection is important because the treatment in complex.

Who is at risk for H. pylori infection?:

· There was little discussion about this, although one physician said he is seeing more young patients with *H. pylori.*

Treatment options:

· Also as in the private practice/low treatment group, there was high awareness of triple therapies. Biaxin®, Flagyl®, and Prilosec® were mentioned most often, but other combinations with Amoxicillin® and Prednisone® were also mentioned. One physician said his MCO prefers Amoxicillin®, Biaxin® and Prednisone®.

Barriers to prescribing:

· Patient compliance problems:

  . Flagyl® lowers compliance.

  . Biaxin® compliance is low because of metallic taste and stomach cramps (but results are good if patient is compliant).

. Length of regimen:

"It is a long time to take something — very few patients complete the regimen. People get tired of taking meds several times a day, especially if they have no other problems [and are not used to taking medications]."

. Patients who have been to a gastroenterologist and seen results are more compliant:

"Patients with endoscopy are usually very compliant because they know they will get better."

. Formulary restrictions and cost to patients:

"Cost to patient is high — about $20 a month."

. Number of drugs to take is a compliance issue.

. Patient drug allergies.

· Absence of controlled studies on efficacy rates.

Interaction with patients:

· Participants said that almost no one is asking about this. In contrast, one physician said that he gets many inquiries about stop-smoking products.

Reactions from patients told there may be a bacterial cause of their ulcer:

· Participants said that patient reactions are positive, especially if they have suffered a long time. There is often relief that the explanation for their symptoms is not life threatening.

Credible sources for information:

· Participants said that journals and gastroenterologists are most credible.

· One physician volunteered that he has "the CDC flyer" on this and that it is *"as good as any journal article."* Most other participants agreed that CDC is highly respected. One said *"If CDC says 'use Prilosec' versus a drug company that*

makes it recommending it, I will go with CDC." However, another participant thought that CDC does not give enough information about efficacy rates or therapeutic modalities.

- Other sources included:

  - Hospital conferences
  - CME
  - Audio Digest

Format preferences:

- There was a broader mix of preferred formats among physicians in this group compared with the private practice/low treatment participants. This group identified:

  - Grand rounds and journals;
  - Summary articles in journals and conference lectures;
  - Lectures and seminars;
  - Audio Digest sets on Family Practice and Pediatrics sets because they are "easy to use in car, gym, garage — easier than journals."; and
  - Grand rounds.

- Participants seemed to agree with one physician who said he attends meeting exhibits, but prefers presentations. A few people seemed concerned about the dominance of pharmaceutical firms in exhibit halls:

  "CDC and other organizations are shoved into a corner because they're not handing out cappuccino."

What needs to be done to facilitate more testing/:

- Simpler protocols that are shorter and less expensive.

- Improved compliance.

- Easier tests.

- More studies on efficacy.

- More physician education:

  "CDC needs to be more proactive — sponsor a speaker at a conference."

  One physician added that he thinks managed care organizations are good settings for physician education.

Telephone Focus Group with Managed Care Physicians
"High" Treatment of H. Pylori
February 27, 1998

Summary of Findings

Please note: The following summary was prepared from listener notes taken during the conference call may be amended once a transcript of the audiotaped discussion is completed.

BACKGROUND:

On behalf of the CDC National Center for Infectious Diseases, Westat convened four focus groups with physicians to discuss approaches to treating peptic ulcer disease. Two groups were conducted with physicians in private practice — one group with physicians who indicated they test and treat fewer than 33 percent of their ulcer patients for *H. pylori* and one group with physicians who indicated testing and treating half or more of their patients for *H. pylori*. Two groups were also conducted with physicians from managed care organizations who were similarly grouped according to higher and lower percentages of ulcer patients treated with antibiotics for eradicating *H. pylori*.

PARTICIPANTS:

Seven physicians affiliated with five managed care organizations participated, each from a different state. All participants said they had prescribed antibiotics for at least 50 percent of patients with ulcers or ulcer symptoms. One said for 100 percent. One said for 68 percent. Two others both said 60 percent. Four participants had been in practice for six to 15 years; one for more than 15 years and one for five years or fewer. Four of the participants said their settings were mostly urban; one said mostly suburban; and two said their practices are in areas of mixed urban/suburban character.

SUMMARY OF FINDINGS:

Where/when physicians began hearing about H. pylori:

- Participants said they first started hearing about H. pylori up to about nine years ago during grand rounds, conferences, gastroenterologists and medical journals. One said he was curious enough about a presentation he heard during grand rounds in 1989 that he spoke with the presenter afterwards.

- Some of the participants referred to being skeptical initially:

"It seemed outlandish, but became more prominent."

"I was skeptical, but then saw more data and began to accept it."

Association between H. pylori and other GI problems:

· There was virtually no discussion about this in the group.

Testing for H. pylori:

· There seemed to be general agreement that more aggressive treatment, including referral to gastroenterologists for endoscopy, is appropriate for older patients, especially lower SES patients. Only gastroenterologists can perform this test.

· For younger patients, the serology test is usually used.

· One participant said he does the breath test after treatment to make sure *H. pylori* is eradicated.

· One participant also said that if a patient's history is *"classic,"* he may treat without testing because so many people who are tested for *H. pylori* are positive.

Who is at risk for H. pylori infection:

· In addition to elderly patients, other people identified as candidates for testing included:

--Patients on NSAIDs
--People who have not responded to triple therapy without testing

Treatment options:

· Fewer of the MCO participants mentioned using the triple therapy than did participants in the private practice "high treatment" group. One said he uses it because a task force at his managed care organization identified it as most effective.

· Two said they use the two-week course of Tretracycline, PeptoBismol and Metronidazole because Prilosec is not on their formularies.

· Treatments prescribed may also be affected by likelihood of compliance with longer regimens. One participant said he wishes he had more time to educate patients and their spouses about the importance of completing regimens. One participant noted that if he suspects a patient will not comply well, he prescribes the double therapy.

Barriers to prescribing:

· Participants cited the following as barriers to prescribing antibiotic therapy:

--Patient compliance problems: Participants said they try to convince patients that the antibiotic therapy is a *cure* that works if they complete the regimen. One noted that a patients who have not had the endoscopy are motivated to complete therapy to help assure that they can avoid the endoscopy.

--Formularies that restrict these regimens

--Insurance companies that do not cover the regimens

--Reluctance to use Amoxicillin because of resistance

--Patient complaints about Biaxin and Flagyl

Interaction with patients:

· Some of the participants said that more patients are asking questions these days such as *"What is the story with this bacterium?"* Several participants thought that there is more in the press, on the Internet, and in consumer-oriented health publications such as newsletters from the Mayo Clinic and Harvard.

· One participant said that the information patients obtain today comes from *"more legitimate sources"* than what was available a few years ago.

· A few participants said there is little interaction with patients about this.

Reactions from patients told there may be a bacterial cause of their ulcer:

· Participants said that patient reaction is generally relief:

--That they do not have cancer.

--That they *do* have something wrong with them that is not their fault because ulcers are considered a stress-related emotional disorder.

--Relief that they can be cured of symptoms and pain that they have suffered from a long time.

Credible sources for information:

· Participants cited several credible sources for information:

--Meetings
--Grand rounds
--Journals such as *Annals of Internal Medicine* (mentioned frequently), *New England Journal of Medicine*, and consumer media such as the *Wall Street Journal*
--Review courses
--Audio Digest (although one participant thought that AudioDigest is stigmatized by its link with pharmaceutical firms)
--Harrisons

· Participants considered CDC a very credible source. There was general agreement with one participant's comment that *"CDC's marketing is [insufficient.] I wish they had more money."* Another participant said that when things get national publicity -- especially from the government -- it makes it easier for him to persuade patients follow his advice, so *"CDC needs to make a direct statement to the public...If the government did it, it would come across in a more positive way."*

· However, yet another participant thought it was unnecessary for CDC to publicize this now because *"I don't know any colleagues that don't know about it."*

What needs to be done to facilitate more testing:

These participants urged CDC to *"make a direct statement to the public."*

Telephone Focus Group with Private Practice Physicians
High Treatment of H. Pylori
February 27, 1998

Summary of Findings

Please note: The following summary was prepared from listener notes taken during the conference call and may be amended once a transcript of the audio taped discussion is completed.

BACKGROUND:

On behalf of the CDC National Center for Infectious Diseases, Westat convened four focus groups with physicians to discuss approaches to treating peptic ulcer disease. Two groups were conducted with physicians in private practice — one group with physicians who indicated that they test and treat fewer than 33 percent of their ulcer patients for *H. pylori* and one group with physicians who indicated testing and treating half or more of their patients for *H. pylori*. Two groups were also conducted with physicians from managed care organizations who were also grouped according to the same high or low percentages of ulcer patients treated with antibiotics for eradicating *H. pylori*.

PARTICIPANTS:

Six private practice physicians participated in this group from as many states. All had prescribed antibiotics for eradicating *H. pylori* for at least 68 percent or more of their patients with ulcers or ulcer symptoms. Three participants had been in practice for six to 15 years; one for more than 15 years; and one for five years or less. Three were in mostly suburban areas; one in a mostly rural area; one in a mostly urban area; and one in an area of mixed urban/suburban character.

SUMMARY OF FINDINGS:

Where/when physicians began hearing about H. pylori:

- Participants generally agreed that they began hearing about *H. pylori* between six and eight years ago in the professional journals.

· One said he had heard about it in an AAFP audiotape that recommended treatment with Pepto-Bismol® alone.

· Gastroenterologists were also cited by a few participants as their first source of information about *H. pylori.*

Association between H. pylori and other GI problems:

· There was little discussion about other GI problems and *H. pylori.*

Testing for H. pylori:

· Most of the participants said they use the serology test or refer to gastroenterologists for endoscopy.

· One said that the breath test has limited availability and is expensive.

Who is at risk for H. pylori infection?:

· Several participants in this group identified the following populations as at higher risk for *H. pylori*:

--Asians
--Latin Americans
--People from underdeveloped areas
--People from tropical climates
--People from lower income groups

· Only one specifically said he was not aware of population risk factors, but also said that his patients are mostly white.

· One person mentioned the association between *H. pylori* and houseflies.

Treatment options:

· Several participants mentioned using the triple therapy of Amoxicillin®, Prilosec®, and Biaxin®.

· Several participants referred to compliance problems with the newer regimens that involve 16 pills per day.

· Participants also talked about cost:

--One participant noted that Biaxin® and Prilosec® are covered by most formularies.
--One said that the least expensive is Flagyl®, PeptoBismol®, and Biaxin®.
--One participant noted that the simplest regimen is Biaxin® and an H2 blocker, but that it is very expensive without insurance coverage.

Barriers to prescribing:

· Participants identified several factors that influence the likelihood of prescribing. The complicated regimen and cost were cited most often. Other factors cited included:

--Side effects (such as tolerance problems with Biaxin®);
--Some indication that *H. pylori* is becoming resistant to Metronidazole® (Flagyl®);
-- *"The big unknown is efficacy rates"*;
--Increasing influence of formularies that limit; and
--Insurance company protocols

Interaction with patients:

· Some participants said that more patients have been asking about antibiotic treatment for ulcers.

· Three participants said they have (or think they have) the *"CDC poster."* One noted that *"If the government is [publicizing] it, [information for patients] is probably out there — PSAs or something."* One indicated that he has the poster up in an examining room.

· Two participants said they have brochures from pharmaceutical firms. (One said brochures were from Abbott. The other participant did not identify which company his brochures came from.)

Reactions from patients told there may be a bacterial cause of their ulcer:

· There was little discussion about this. Participants who commented said that patients are enthusiastic about the idea that they can be cured of something they have often suffered from for a long time.

Credible sources for information:

· Several participants mentioned the AAFP journal, *New England Journal of Medicine*, *Medical Letter*, and grand rounds as the most credible sources of information.

· Other sources named as credible included: *JAMA*, conferences, consultants'/colleagues' experiences, and pharmaceutical firms.

Format preferences:

· A number of formats were named, but most were named by only a few of the participants. Participants identified:

--Audiotapes (especially if they include CE credits). However, one participant said he could not imagine that a tape on this topic could be effective because of the number and complexity of treatment regimens.

--Journals
--Grand rounds credits
--Informal pharmaceutical seminars at restaurants (*"even if biased"*)
--Brief mailings (*"One page four times a year because there is so much mail now, especially with all the managed care updates..."*)

· Participants generally agreed that they do not find videotapes useful.

What needs to be done to facilitate more testing?:

Participants said:

· Testing needs to be simpler and cheaper.

- Insurance companies need to cover testing.
- Physicians need information on efficacy rates of different regimens.
- Cost of treatment needs to be lower.
- Coverage should be provided for re-testing after treatment to assure that *H. pylori* is eradicated.

Telephone Focus Group with Private Practice Physicians
Low Treatment of H. Pylori
February 26, 1998

Summary of Findings

Please note: The following summary was prepared from listener notes taken during the conference call; may be amended once a transcript of the audio taped discussion is completed.

BACKGROUND:

On behalf of the CDC National Center for Infectious Diseases, Westat convened four focus groups with physicians to discuss approaches to treating peptic ulcer disease. Two groups were conducted with physicians in private practice — one group with physicians who indicated testing and treating fewer than percent of their ulcer patients for *H. pylori* and one group indicated testing and treating at least percent of their patients for *H. pylori.* Two groups were also conducted with physicians from managed care organizations. Physicians in these two groups were also screened for percentage of ulcer patients tested and treated for *H. pylori.*

PARTICIPANTS:

Eight physicians participated, each from a different state. All participants said they had prescribed antibiotics to eradicate *H. pylori* to less than one third of their patients with peptic ulcer symptoms. Five of the physicians had been in practice at least 15 years; three for six to 15 years. Half reported that their practice settings were "mostly suburban"; half said "mostly urban."

SUMMARY OF FINDINGS:

Physicians re-cap of recent information about cause of peptic ulcer disease:

- There was general agreement that *H. pylori* is the leading cause. One physician noted that it is "all the rage" to test for *H. pylori.*

- Several said it has been widely covered recently in professional journals and consumer media.

· There was concern about the cost of testing.

Association between H. pylori and other GI problems:

· Participants noted the following associations between *H. pylori* and other gastrointestinal problems:

  - Duodenal ulcer
  - GERD
  - Belching
  - Gas
  - Gastric cancer

Testing for H. pylori:

· Concern about the cost of testing led several participants to treat for the possibility of *H. pylori* if more conservative treatment has not worked. One said that testing for *H. pylori* is *"economically bizarre...just treat everyone with antibiotics."*

· There seemed to be general agreement that endoscopy is the only really accurate test. For example:

> *"Don't rely on intermediate testing. Go straight to endoscopy."*
>
> *"The blood test is more available, but is not very accurate."*
>
> *"I'm not 100 percent convinced with just the blood test."*

One physician said that *H. pylori* diagnosis is usually made following endoscopy performed for other reasons.

Who is at risk for H. pylori infection?

• One physician said *"no special group."*

· Others said:

Anyone with active or recurrent ulcer, but only with GI bleeding;
Older patients;
Smokers; and
Patients with a history of third world travel.

Treatment options:

· There was strong awareness of triple therapies, but also high concern about:

. **Formulary restrictions:**

"Many plans allow Pepto-Bismol® and Prilosec® but not the newer therapies."

One participant said formularies tend to approve Amoxicillin®, Tetracycline®, Pepto-Bismol®, and Flagyl®. Approval for the more expensive drugs requires documentation of *H. pylori* presence.

. **Patient compliance problems due to complicated therapy, length of therapy and side effects:**

"Patients complain that the treatment is just as bad as the pain of the ulcer."

.

. **How to determine which therapy is best:**

"I can't keep up with which therapy is best. Eradication seems to be good with all of them. I wish it was simpler."

"I can't keep up with all the approved therapies. I just give a prescription for one and let the pharmacist straighten out what's approved."

Barriers to prescribing:

Specific barriers identified included:

· Formulary restrictions that mean patients have to pay out of pocket — and can't afford to.

- Absence of statistics on effectiveness.

- Patient difficulty tolerating Flagyl® and/or Biaxin®.

- Patient difficulty sticking with regimen for two weeks and corresponding efficacy problem if one of the medications is skipped:

  "Compliance is very much an issue. They forget and if one drug is left out, it's all off schedule."

- Too many pills:

  "It's ten days, four times a day. Barely anyone can keep up with that, even doctors."

Interaction with patients:

- A few physicians said that either no patients or only a few patients have asked them about *H. pylori*. Those who had asked had heard about it on the news or on the Internet.

Reactions from patients when told there may be bacterial cause of ulcer:

- No references to patient relief or excitement. Reference instead to:

  - How *"the Australian doctor was laughed at"* and how long it took for medical community to accept the data;

  - Likelihood that doctors "don't transmit enthusiasm because some ulcers are not curable (e.g., some are caused by antacids, smoking or drinking) and therefore, don't want patients to get excited."

  - Public not thinking or worrying as much about ulcers because they are controllable.

  - Lack of evidence that cure is permanent.

Credible sources for information:

· Specialists *"who deal with it all day long"* and *"the experience of people you trust"* seemed to be the most credible source for information.

· Also mentioned as good sources were:

- Professional journals including "throwaways" such as *Patient Care* and *Hospital Practice*;
- Grand rounds;
- Teleconferences "like this one"; and
- CME seminars

· Least credible is *"someone with a bias for it such as pharmaceutical companies."*

Format preferences:

· There was a generally negative opinion about audiotapes. More physicians than not said tapes from sources such as Audio Digest are not useful.

· There seemed to be a strong preference for "live" presentations such as small groups with opportunities to ask questions; e.g., breakfast meetings at hospitals.

· There were mixed reactions to meeting exhibits. One participant noted that it is valuable to be able to ask questions "right there" but that he goes mainly for "pens and jellybeans."

Recall of information material on H. pylori:

· A few physicians said they had received information on *H. pylori* from:

. ADHF which *"had an international update on H. pylori*";

. Other teleconferences;

. Blue Cross/Blue Shield of California, which sent an algorithm on *H. pylori* describing five regimens with eradication rate. This participant said he *"might not look at another one because he gets too much information in the*

mail." He seemed to be saying that he feels compelled to look at what comes from insurance companies.

What needs to be done to facilitate more testing?

· Less expensive, faster, more reliable tests.

· More "outcome reports" with results of different therapies.