

**EFFECT OF THE PUBLIC DISCLOSURE OF INDUSTRY PAYMENTS INFORMATION ON PATIENTS:
RESULTS FROM A POPULATION-BASED NATURAL EXPERIMENT**

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SUPPLEMENTARY APPENDIX S1 SURVEY SAMPLING METHODS

Survey Sampling and Administration

Individuals selected for the initial (Wave 1) survey were recruited from KnowledgePanel® (KP), a nationally representative household panel assembled by the research firm GfK. KP households are selected through random digit dialing and address-based sampling so that landline households as well as cell-phone-only and no-phone households are in a sampling frame covering 97% of US households. KP households agree to participate in occasional surveys and, in return for their participation, accumulate points that they can redeem for cash, merchandise, and other items of monetary value (average accumulation valued at \$4-\$6 per month). Households without Internet access are provided a web-enabled computer and free Internet service for the duration of their participation in the panel. Detailed information about KP sampling methodology, incentive structures, informed consent, and other human subjects issues are documented in Dennis and Thomas (2013).¹

For Wave 1, individuals were sampled from KP households in all 50 states, excluding DC, to constitute a nationally representative sample, with oversampling in Massachusetts and Minnesota to enable us to detect smaller effects in these two states that had previously passed Sunshine laws. We did not oversample Vermont, the third Sunshine state, because even an oversample of this relatively small population would have not have generated sufficient power to detect an effect in that state.

The Wave 1 sample consisted of 3,542 respondents who completed the initial survey in 2014 (Wave 1 completion 45.9%). More details on administration of the Wave 1 survey may be found in Pham-Kanter et al (2017).²

For Wave 2, GfK identified 2,711 (77%) respondents from Wave 1 respondents who were still in the panel in 2016 and who were available for re-contact. All of these individuals were asked to complete the Wave 2 survey.

Survey Field Period

The first survey was fielded online September 26-October 3, 2014, with almost all surveys (94%) completed by the Open Payments data release date of September 30. The Wave 2 survey was fielded online September 16-October 2, 2016, two years after the initial survey.

Individuals selected for the surveys received a notification email with a link to the survey. After three days, individuals who had not responded to the survey were sent an email reminder. For Wave 2, which had a slightly longer field period than Wave 1, nonrespondents also received an automated email reminder 11 days after the initial survey contact.

Completion Rate

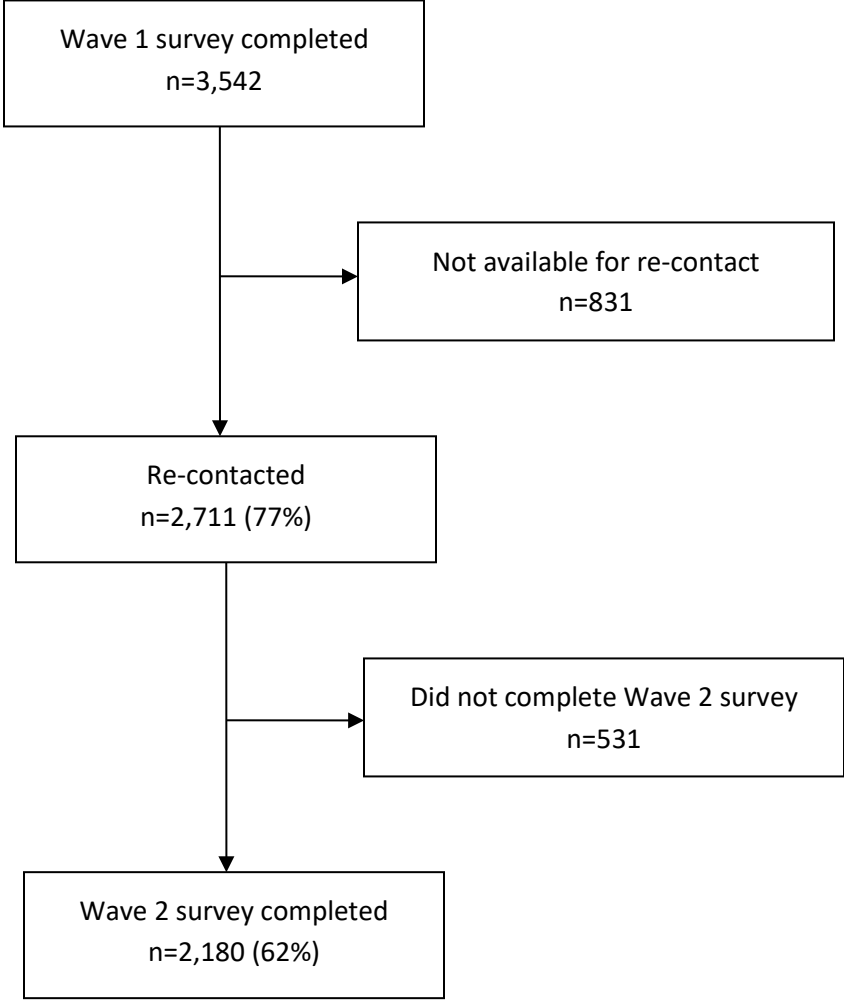
Of those who were re-contacted for Wave 2, 80% (n=2,180) completed the survey, resulting in an overall completion rate of 62%. The sample selection flow diagram is shown in Appendix S2.

Completion rates varied by state and ranged from 40% to 81.8%. Average completion rates for Sunshine and non-Sunshine states did not differ significantly from each other (61.1% and 66.5%, respectively, $p=0.062$).

Survey Weights

Our analysis uses survey weights provided by GfK that account for non-coverage, oversampling, and nonresponse/attrition. These GfK weights use, as a benchmark, distributions derived from the 2014 March Supplement Current Population Survey (CPS) so the survey sample matches the US adult population on key demographic dimensions (gender, age, race/Hispanic ethnicity, education, Census region, household income, homeownership status, metropolitan residence, Internet access). Details on the construction of survey weights are documented in Dennis and Thomas (2013).²

SUPPLEMENTARY APPENDIX S2
SAMPLE SELECTION FLOW DIAGRAM



SUPPLEMENTARY APPENDIX S3

CHARACTERISTICS OF WAVE 2 RESPONDENTS AND NON-RESPONDENTS

Table S3. 2014 Characteristics of Wave 2 Respondents and Non-Respondents

	Weighted Distribution %		Statistical Significance (Bonferroni correction) ^a
	Wave 2 respondents (n=2,180)	Not contacted or did not respond (n=1,362)	
Gender			n.s.
Female	49%	56%	
Male	51%	44%	
Race/Ethnicity			**
Caucasian	70%	60%	
Hispanic	10%	14%	
Black, Non-Hispanic	13%	19%	
Other	8%	8%	
Age			**
<=20	4%	5%	
21-30	17%	23%	
31-40	15%	16%	
41-50	15%	16%	
51-60	22%	18%	
61+	27%	22%	
Education			**
Less than high school	10%	15%	
High school graduate	31%	27%	
Some college	28%	30%	
College graduate	31%	27%	
Household Income			n.s.
\$0 - \$24,999	16%	21%	
\$25,000 - \$49,999	22%	24%	
\$50,000 - \$74,999	19%	18%	
\$75,000 - \$99,999	16%	15%	
\$100,000+	28%	23%	
Employment			**
Employed for pay	52%	48%	
Self-employed	6%	7%	
Retired	21%	16%	
Not working - disability	7%	8%	
Not working - other	14%	21%	
Urban/Rural			n.s.
Urban	16%	16%	
Rural	84%	84%	
Resides in State with Sunshine Law			n.s.
No	96%	96%	
Yes	4%	4%	
Self-rated Health			n.s.
Excellent	13%	15%	
Good	63%	58%	
Fair	21%	22%	
Poor	3%	5%	
Diagnosis of chronic condition ^b			n.s.
No	42%	49%	
Yes	58%	51%	
Diagnosis of mental health disorder			n.s.
No	83%	80%	
Yes	17%	20%	
Diagnosis of cancer			n.s.
No	91%	92%	
Yes	9%	8%	
Diagnosis of stroke or myocardial infarction			n.s.
No	97%	96%	
Yes	3%	4%	
Any health insurance coverage			**
No	16%	21%	
Yes	84%	79%	

** significant at 0.01 level with Bonferroni correction (0.01/13=0.00077)

* significant at 0.05 level with Bonferroni correction (0.05/13=0.0038)

n.s. not significant

Percentages may not add up to 100 because of rounding.

Notes:

a. P-values are from chi-squared test of independence with Rao-Scott correction, testing the difference in distribution values between Wave 2 respondents and nonrespondents using base weights. Asterisks indicate significance with Bonferroni correction.

b. Chronic conditions include acid reflux, asthma, COPD, atrial fibrillation, chronic pain, cystic fibrosis, diabetes, epilepsy, eye disease, gout, heart disease, hepatitis C, hypertension, high cholesterol, HIV, kidney disease, multiple sclerosis, osteoarthritis, osteoporosis, rheumatoid arthritis, sleep disorder.

SUPPLEMENTARY APPENDIX S4
SURVEY QUESTIONS

Awareness and Knowledge of Industry Payments

1. Some doctors receive payments from pharmaceutical (drug) and medical device companies in the form of small gifts such as pens, mugs, or books; reimbursement for travel and conference presentations; or financial compensation for consulting services. Have you heard about these payments before now?

Response choices: Yes; No; Don't know

2. A variety of sources recently began posting information about payments made by pharmaceutical and medical device companies to doctors. Were you aware that this information is available?

Response choices: Yes, I was aware; No, I was not aware; Not sure

3. Do you know whether the doctor you've seen most frequently in the past 12 months has received any payments from a pharmaceutical or medical device firm?

Response choices: Yes, I know my doctor has received payments; Yes, I know my doctor has not received any payments; No, I do not know whether my doctor has received any payments; Not sure

SUPPLEMENTARY APPENDIX S5
FULL REGRESSION RESULTS

S5a. Models with individual fixed effects

S5b. Models without individual fixed effects

Table S5a. Full Regression Results, Models With Individual Fixed Effects

	Dependent variable		
	Awareness of payments	Awareness of public info	Knowledge of own doctor payments
Open Payments disclosure	0.0227 (0.0312)	0.0961 (0.0363)	-0.0011 (0.0107)
Age	-0.0347 (0.0738)	-0.0672 (0.0625)	-0.0293 (0.0297)
Age squared	-0.0004 (0.0003)	-0.0004 (0.0002)	0.0001 (0.0001)
Less than high school education	..	..	..
High school graduate	-0.0523 (0.1136)	-0.1071 (0.0667)	-0.0677 (0.0574)
Some college	0.0784 (0.1410)	-0.0230 (0.0880)	-0.0408 (0.0571)
College graduate	0.1760 (0.1572)	-0.0341 (0.1636)	-0.0953 (0.0714)
Urban residence	-0.1190 (0.0991)	0.0253 (0.0526)	0.0239 (0.0175)
Household income \$0-\$24,999	..	..	..
Household income \$25,000-\$49,999	0.0411 (0.0526)	0.0405 (0.0345)	0.0352 (0.0267)
Household income \$50,000-\$74,999	0.0194 (0.0918)	-0.0098 (0.0383)	0.0147 (0.0268)
Household income \$75,000-\$99,999	0.0432 (0.1088)	-0.0177 (0.0399)	0.0176 (0.0391)
Household income \$100,000+	0.0608 (0.0857)	0.0197 (0.0529)	0.0304 (0.0274)
Not employed	..	..	..
Self-employed	0.0066 (0.1079)	-0.1170 (0.0990)	0.0123 (0.0502)
Employed for pay	-0.0209 (0.0725)	-0.0477 (0.0594)	-0.0254 (0.0426)
Retired	-0.0492 (0.0816)	0.0243 (0.0767)	0.0111 (0.0489)
Diagnosis of chronic condition ^a	0.0407 (0.0486)	0.0156 (0.0408)	-0.0011 (0.0165)
Diagnosis of cancer	-0.0979 (0.0802)	-0.0044 (0.0440)	0.0126 (0.0222)
Diagnosis of MI or stroke	-0.0346 (0.0888)	0.0144 (0.0682)	-0.0190 (0.0477)
Diagnosis of mental health disorder	0.0506 (0.0532)	-0.0066 (0.0321)	-0.0107 (0.0274)
Number of office visits	0.0025 (0.0038)	-0.0014 (0.0036)	0.0002 (0.0023)
Number of office visits squared	0.0000	0.0000	0.0000

	(0.0001)	(0.0001)	(0.0000)
Health insurance coverage	0.0402 (0.0605)	0.0341 (0.0554)	0.0119 (0.0113)
Year fixed effects	YES	YES	YES
Individual fixed effects	YES	YES	YES
F-statistic (degrees of freedom)	3.64 (22,49)	2.7 (22,49)	2.46 (22,49)
R ²	0.7602	0.6452	0.6709
Sample Size	2,028	2,030	2,030

Standard errors clustered at the state level, reported in parentheses.

Notes:

a. Chronic conditions include acid reflux, asthma, COPD, atrial fibrillation, chronic pain, cystic fibrosis, diabetes, epilepsy, eye disease, gout, heart disease, hepatitis C, hypertension, high cholesterol, HIV, kidney disease, multiple sclerosis, osteoarthritis, osteoporosis, rheumatoid arthritis, sleep disorder.

Table S5b. Full Regression Results, Models Without Individual Fixed Effects

	Dependent variable		
	Awareness of payments	Awareness of public info	Knowledge of own doctor payments
Open Payments disclosure	0.0234 (0.0229)	0.1018 (0.0244)	0.0004 (0.0070)
Non-Sunshine state resident	-0.0223 (0.0182)	-0.0824 (0.0126)	-0.0025 (0.0051)
Post-Open Payments year ^a	0.0608 (0.0149)	-0.0738 (0.0230)	-0.0125 (0.0039)
Age	0.0066 (0.0030)	0.0009 (0.0022)	-0.0024 (0.0014)
Age squared	-0.0001 (0.0000)	0.0000 (0.0000)	0.0000 (0.0000)
Less than high school education	..	..	..
High school graduate	0.0828 (0.0254)	0.0170 (0.0195)	-0.0179 (0.0216)
Some college	0.1971 (0.0265)	0.0430 (0.0178)	-0.0149 (0.0208)
College graduate	0.2933 (0.0363)	0.0919 (0.0197)	-0.0067 (0.0217)
Caucasian	..	..	..
Black, non-Hispanic	-0.1722 (0.0274)	-0.0364 (0.0120)	0.0029 (0.0167)
Hispanic	-0.1003 (0.0372)	0.0041 (0.0187)	0.0031 (0.0114)
Other/Multi	-0.0402 (0.0426)	0.0334 (0.0307)	0.0141 (0.0253)
Female	-0.0212 (0.0237)	-0.0358 (0.0154)	0.0253 (0.0071)
Urban residence	0.0059 (0.0362)	-0.0027 (0.0210)	0.0170 (0.0079)
Household income \$0-\$24,999	..	..	..
Household income \$25,000-\$49,999	0.0985 (0.0250)	0.0161 (0.0168)	-0.0045 (0.0172)
Household income \$50,000-\$74,999	0.1446 (0.0249)	0.0086 (0.0185)	0.0173 (0.0161)
Household income \$75,000-\$99,999	0.1619 (0.0372)	0.0077 (0.0172)	-0.0044 (0.0176)
Household income \$100,000+	0.1898 (0.0261)	0.0251 (0.0171)	-0.0135 (0.0153)
Not employed	..	..	..
Self-employed	0.1070 (0.0385)	-0.0080 (0.0289)	-0.0158 (0.0127)
Employed for pay	0.0478 (0.0211)	0.0063 (0.0136)	-0.0171 (0.0094)
Retired	0.0938	0.0194	-0.0079

	(0.0283)	(0.0216)	(0.0087)
Diagnosis of chronic condition ^b	0.0842	0.0069	0.0033
	(0.0273)	(0.0180)	(0.0140)
Diagnosis of cancer	0.0155	-0.0202	0.0185
	(0.0335)	(0.0198)	(0.0152)
Diagnosis of MI or stroke	0.0344	0.0781	0.0261
	(0.0447)	(0.0487)	(0.0190)
Diagnosis of mental health disorder	0.0484	-0.0004	-0.0043
	(0.0335)	(0.0205)	(0.0106)
Number of office visits	0.0098	0.0022	0.0019
	(0.0033)	(0.0023)	(0.0011)
Number of office visits squared	-0.0001	0.0000	0.0000
	(0.0000)	(0.0000)	(0.0000)
Health insurance coverage	0.0193	-0.0068	-0.0016
	(0.0278)	(0.0194)	(0.0155)
Year fixed effects ^a	YES	YES	YES
Individual fixed effects	NO	NO	NO
F-statistic (degrees of freedom)	101.02 (27,49)	20.87 (27,49)	15.25 (27,49)
R ²	0.1399	0.0266	0.0164
Sample Size	2,028	2,030	2,030

Standard errors clustered at the state level, reported in parentheses.

Notes:

a. Coefficient on year fixed effect reported as coefficient on Post-Open Payments year.

a. Chronic conditions include acid reflux, asthma, COPD, atrial fibrillation, chronic pain, cystic fibrosis, diabetes, epilepsy, eye disease, gout, heart disease, hepatitis C, hypertension, high cholesterol, HIV, kidney disease, multiple sclerosis, osteoarthritis, osteoporosis, rheumatoid arthritis, sleep disorder.

SUPPLEMENTARY APPENDIX S6
ALTERNATIVE SPECIFICATIONS

S6a. Unweighted models

S6b. Regression-adjusted models without individual fixed effects

S6c. Regression-adjusted models that include an indicator for Medicaid expansion

S6d. Medicaid expansion states only

Table S6a. Alternative Specification: Unweighted Models

	Difference-in-Difference Estimates					
	Mean or Percentage		Change	Unadjusted	Regression-Adjusted	P value ^b
	2014	2016	2014-16	Difference in Change	Difference in Change (95% CI) ^a	
Awareness and Knowledge of Industry Payments (% Answering Yes)						
Aware of industry payments						
Non-Sunshine states	49.7%	58.1%	8.4%			
Sunshine states	58.9%	64.5%	5.6%	2.8%	2.3% (-3.2%,7.7%)	0.4031
Aware that industry payments info publicly available						
Non-Sunshine states	10.9%	13.0%	2.1%			
Sunshine states	20.9%	11.7%	-9.2%	11.3%	11.3% (8.6%,13.9%)	<0.0001**
Know whether own doctor has received industry payments						
Non-Sunshine states	4.4%	2.9%	-1.5%			
Sunshine states	4.1%	2.5%	-1.5%	0.0%	0.0% (-2.0%,2.0%)	0.9828

Analyses of awareness and knowledge measures based on balanced panel of individuals with non-missing survey items who responded to both 2014 and 2016 surveys: 1,831 non-Sunshine residents and 197 Sunshine residents for awareness of payments; 1,834 non-Sunshine residents and 196 Sunshine residents for awareness that payments information was public and for knowledge of whether own doctor had received payments.

Notes:

a. Regression models include age, education categories, urban residence, household income categories, employment categories, previous diagnosis of chronic conditions (which include acid reflux, asthma, COPD, atrial fibrillation, chronic pain, cystic fibrosis, diabetes, epilepsy, eye disease, gout, heart disease, hepatitis C, hypertension, high cholesterol, HIV, kidney disease, multiple sclerosis, osteoarthritis, osteoporosis, rheumatoid arthritis, sleep disorder), previous diagnosis of cancer, previous diagnosis of stroke or myocardial infarction, previous diagnosis of mental health disorder, number of visits to the doctor, whether insured, quadratic terms of age and number of visits to account for non-linearities in age and visits, and year and individual fixed effects. All analyses used GfK-constructed weights that adjusted for non-coverage, nonresponse, oversampling, and attrition. Standard errors were clustered at the state level.

b. Reported P values for regression-adjusted change.

Table S6b. Alternative Specification: Regression-Adjusted Models Without Individual Fixed Effects

	Mean or Percentage		Change 2014-16	Difference-in-Difference Estimates		P value ^b
	2014	2016		Unadjusted Difference in Change	Regression-Adjusted Difference in Change (95% CI) ^a	
	Awareness and Knowledge of Industry Payments (% Answering Yes)					
Aware of industry payments						
Non-Sunshine states	45.5%	54.1%	8.7%			
Sunshine states	58.0%	63.6%	5.6%	3.1%	2.3% (-2.3%,6.9%)	0.3128
Aware that industry payments info publicly available						
Non-Sunshine states	9.8%	12.9%	3.2%			
Sunshine states	19.4%	12.6%	-6.7%	9.9%	10.2% (5.3%,15.1%)	0.0001**
Know whether own doctor has received industry payments						
Non-Sunshine states	4.4%	3.1%	-1.3%			
Sunshine states	3.8%	2.7%	-1.1%	-0.2%	0.0% (-1.4%,1.5%)	0.9583

Analyses of awareness and knowledge measures based on balanced panel of individuals with non-missing survey items who responded to both 2014 and 2016 surveys: 1,831 non-Sunshine residents and 197 Sunshine residents for awareness of payments; 1,834 non-Sunshine residents and 196 Sunshine residents for awareness that payments information was public and for knowledge of whether own doctor had received payments.

Notes:

a. Regression models include age, education categories, urban residence, household income categories, employment categories, previous diagnosis of chronic conditions (which include acid reflux, asthma, COPD, atrial fibrillation, chronic pain, cystic fibrosis, diabetes, epilepsy, eye disease, gout, heart disease, hepatitis C, hypertension, high cholesterol, HIV, kidney disease, multiple sclerosis, osteoarthritis, osteoporosis, rheumatoid arthritis, sleep disorder), previous diagnosis of cancer, previous diagnosis of stroke or myocardial infarction, previous diagnosis of mental health disorder, number of visits to the doctor, whether insured, quadratic terms of age and number of visits to account for non-linearities in age and visits, indicator for non-Sunshine state, indicator for post-Open Payments year (2016), interaction between non-Sunshine state indicator and post-Open Payments year indicator, gender, and race/ethnicity categories. All analyses used Gfk-constructed weights that adjusted for non-coverage, nonresponse, oversampling, and attrition. Standard errors were clustered at the state level.

b. Reported *P* values for regression-adjusted change.

Table S6c. Alternative Specification: Regression-Adjusted Models that Include an Indicator for Medicaid Expansion

	Mean or Percentage		Change	Difference-in-Difference Estimates		<i>P</i> value ^b
	2014	2016	2014-16	Unadjusted Difference in Change	Regression-Adjusted Difference in Change (95% CI) ^a	
	Awareness and Knowledge of Industry Payments (% Answering Yes)					
Aware of industry payments						
Non-Sunshine states	45.5%	54.1%	8.7%			
Sunshine states	58.0%	63.6%	5.6%	3.1%	1.6% (-4.6%,7.7%)	0.6127
Aware that industry payments info publicly available						
Non-Sunshine states	9.8%	12.9%	3.2%			
Sunshine states	19.4%	12.6%	-6.7%	9.9%	8.8% (1.4%,16.1%)	0.0203*
Know whether own doctor has received industry payments						
Non-Sunshine states	4.4%	3.1%	-1.3%			
Sunshine states	3.8%	2.7%	-1.1%	-0.2%	-0.1% (-2.3%,2.1%)	0.9206

Analyses of awareness and knowledge measures based on balanced panel of individuals with non-missing survey items who responded to both 2014 and 2016 surveys: 1,831 non-Sunshine residents and 197 Sunshine residents for awareness of payments; 1,834 non-Sunshine residents and 196 Sunshine residents for awareness that payments information was public and for knowledge of whether own doctor had received payments.

Notes:

a. Regression models include age, education categories, urban residence, household income categories, employment categories, previous diagnosis of chronic conditions (which include acid reflux, asthma, COPD, atrial fibrillation, chronic pain, cystic fibrosis, diabetes, epilepsy, eye disease, gout, heart disease, hepatitis C, hypertension, high cholesterol, HIV, kidney disease, multiple sclerosis, osteoarthritis, osteoporosis, rheumatoid arthritis, sleep disorder), previous diagnosis of cancer, previous diagnosis of stroke or myocardial infarction, previous diagnosis of mental health disorder, number of visits to the doctor, whether insured, quadratic terms of age and number of visits to account for non-linearities in age and visits, and year and individual fixed effects. All analyses used GfK-constructed weights that adjusted for non-coverage, nonresponse, oversampling, and attrition. Standard errors were clustered at the state level.

b. Reported *P* values for regression-adjusted change.

Table S6d. Alternative Specification: Medicaid Expansion States Only

	Difference-in-Difference Estimates					
	Mean or Percentage		Change	Unadjusted	Regression-Adjusted	P value ^b
	2014	2016	2014-16	Difference in Change	Difference in Change (95% CI) ^a	
Awareness and Knowledge of Industry Payments (% Answering Yes)						
Aware of industry payments						
Non-Sunshine states	44.5%	53.2%	8.7%			
Sunshine states	58.0%	63.6%	5.6%	3.1%	2.1% (-4.8%,8.9%)	0.5414
Aware that industry payments info publicly available						
Non-Sunshine states	9.3%	14.5%	5.3%			
Sunshine states	19.4%	12.6%	-6.7%	12.0%	11.6% (3.8%,19.3%)	0.0045**
Know whether own doctor has received industry payments						
Non-Sunshine states	4.0%	2.9%	-1.1%			
Sunshine states	3.8%	2.7%	-1.1%	0.0%	0.2% (-2.0%,2.4%)	0.8694

Analyses of awareness and knowledge measures based on balanced panel of individuals with non-missing survey items who responded to both 2014 and 2016 surveys and resided in Medicaid expansion states: 1,101 non-Sunshine residents and 197 Sunshine residents for awareness of payments; 1,093 non-Sunshine residents and 196 Sunshine residents for awareness that payments information was public; 1,094 non-Sunshine residents and 197 Sunshine residents for knowledge of whether own doctor had received payments.

Notes:

a. Regression models include age, education categories, urban residence, household income categories, employment categories, previous diagnosis of chronic conditions (which include acid reflux, asthma, COPD, atrial fibrillation, chronic pain, cystic fibrosis, diabetes, epilepsy, eye disease, gout, heart disease, hepatitis C, hypertension, high cholesterol, HIV, kidney disease, multiple sclerosis, osteoarthritis, osteoporosis, rheumatoid arthritis, sleep disorder), previous diagnosis of cancer, previous diagnosis of stroke or myocardial infarction, previous diagnosis of mental health disorder, number of visits to the doctor, whether insured, quadratic terms of age and number of visits to account for non-linearities in age and visits, and year and individual fixed effects. All analyses used GfK-constructed weights that adjusted for non-coverage, nonresponse, oversampling, and attrition. Standard errors were clustered at the state level.

b. Reported *P* values for regression-adjusted change.

REFERENCES FOR SUPPLEMENTARY APPENDIX

1. Dennis JM, Thomas RK. Documentation for human subjects review committees: GfK company information, past external review, confidentiality, and privacy protections for panelists. <http://www.knowledgenetworks.com/ganp/irbsupport>. Updated 2013. Accessed April 26, 2018.
2. Pham-Kanter G, Mello MM, Lehmann LS, Campbell EG, Carpenter D. Public awareness of and contact with physicians who receive industry payments: a national survey. *J Gen Intern Med* 2017. DOI: 10.1007/s11606-017-4012-3.