VIEWPOINT

Hospital Relationships With Direct-to-Consumer Screening Companies

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The debate over direct-to-consumer (DTC) screening companies intensified recently as Public Citizen, a consumer advocacy organization, sent letters to 20 hospitals on June 19, 2014, urging their leadership to sever business relationships with HealthFair, a prominent DTC screening company. Public Citizen states that HealthFair's "heavily promoted, community-wide cardiovascular health screening programs are unethical and are much more likely to do harm than good," and they cite peer-reviewed evidence in support of their claims.[1] If such claims are true, should any hospital sponsor or co-brand with DTC screening companies that allegedly sell "potentially harmful and unethical services?" (For example, sponsorship arrangements include allowing the use of a hospital's name in DTC company print or online advertising, providing or sharing a physical location where screening is performed, or both; co-branding includes promotion of a DTC screening company on a hospital's website.)

Hospitals exist to provide medical services to the general community. To deliver on their missions, hospitals must have a sufficient number of patients use services to fund their operations. In an increasingly competitive health care environment, one strategy to bring in new "customers" is to sponsor outreach programs that can be marketed to the general public as "lifesaving." The screening tests offered by HealthFair and other DTC screening companies, which primarily focus on the early detection of atherosclerotic disease and prevention of catastrophic vascular events, are advertised and supported by evidence of early disease detection and emotional consumer testimonials rather than quality, outcomes-based evidence demonstrating reductions in morbidity and mortality.[2] In response to debate surrounding this marketing strategy, the American College of Cardiology stated that "The questions raised by Public Citizen about mass screenings have some merit… Other than assessing blood pressure and serum cholesterol, being attentive to diabetes and promoting a healthy weight with regular exercise, we do not recommend broad and untargeted screening."[3]

Direct-to-consumer screening companies should fully disclose the risks and benefits of their test offerings, including the potential financial and health-related complications of additional testing and treatment.

In response to the letters from Public Citizen, HealthFair issued a lengthy media release on June 20, 2014,[2] defending its "patient-centered" business and the services it provides. HealthFair refutes each of the 5 points that Public Citizen enumerated about the lack of value and harm caused by DTC vascular screening tests. HealthFair's response is not surprising, because the business model for such DTC screening companies depends on volume: the more screening tests purchased, the more revenue generated. HealthFair has screened more than 1 million people in its 2 decades of existence.[2] If these 1 million people purchased the least expensive package of screening tests at $179 (packages range up to $347), this would equate to gross revenue of $179 million. Even ifi t is assumed that half the tests were free, the income is substantial.

The financial benefits to HealthFair and other DTC companies are clear when "respected" hospital systems co-brand with them, lending medical legitimacy and community sanction to the services offered. Direct-to-consumer companies may be negatively affected when hospitals either do not engage or sever ties with them. For hospitals, the financial reward of co-branding with DTC screening companies remains opaque to the general public. Although medical professionals attempt to detect subclinical disease early and improve morbidity and mortality for their patient populations, hospitals also benefit financially when new patients enroll to see their physicians and have follow-up tests and treatments ordered, leading to increased financial reimbursement. However, the cost of hospital sponsorship and co-branding with DTC screening companies may not outweigh the benefits if this does not result in an increase in new patients seen or procedures performed.

Direct-to-consumer screening companies should fully disclose the risks and benefits of their test offerings, including the potential financial and health-related complications of additional testing and treatment.[4] They should do so based on the most recently published data and guidelines from peer-reviewed research, nationally recognized organizations like the American College of Cardiology, or both. However, DTC screening companies likely may not do so, because disclosing evidence that shows a lack of benefit, and indeed possible harm, is not in their financial interest.

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If the primary goal of hospitals and DTC screening companies is to improve the health of the populations they serve, then both entities should provide clear and convincing evidence of net benefit with the tests and treatments they offer. Given the controversy over the values and ethics of DTC screening companies and the services they offer, hospitals should clearly and publicly explain their relationships with DTC screening companies, given the lack of evidence to support mass vascular screenings. Hospitals also should justify such relationships transparently or, as Public Citizen suggests, sever such relationships.

ARTICLE INFORMATION

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