

Exploring Prescriber Attitudes Towards and Relationships with Pharmaceutical Representatives: A Focus Group Study

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THE *Meyers*
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Background

- Pharmaceutical marketing can influence the behavior of trainees and prescribers*
- National organizations, medical societies, politicians and academic medical centers have reviewed and revised recommendations regarding student and clinician interactions with pharmaceutical representatives (PRs)

* Peay and Peay. The role of commercial sources in the adoption of a new drug. Soc Sci Med 1988; 26: 1183-1189

- Clinical decision-making is a complex process with many scientific and personal influences
- Despite questionnaire and survey studies of prescribers, we have little detailed information regarding reasons that prescribers interact with PRs
- Such information is important to help inform policies and design curricula to guide prescriber behavior

Other Work

- British interview study of 107 GPs
 - Convenience, perceived legitimacy of PR information, social and intellectual exchange, patronage, organizational norms
 - Prosser & Walley, Understanding why GPs see pharmaceutical representatives: a qualitative interview study Br J Gen Prac April 2003 305-311
- AG grantee focus group study of 32 MDs
 - Focus on cognitive dissonance (human preference that an individual's beliefs agree with one another)
 - Acknowledge conflict of interest, welcoming PR interactions, methods for dealing with CD, response to other studies
 - Chimonas, Brennan and Rothman, Physicians and Drug Representatives: Exploring the Dynamics of the Relationship JGIM 2007; 22:184-190

- We have identified no studies that included the broad range of prescribers practicing in the US (MD, NP, PA, PharmD)

Objectives:

- Describe the range of interactions between prescribers (NP, PA, MD, PharmD) and PRs
- Identify prescribers' positive and negative attitudes around interactions with PRs
- Identify possible target areas for educational interventions about pharmaceutical marketing

Focus Groups

- 11 groups held in MA, NH, VT, NM
- Participants from ≥ 9 states
- Practice settings, regional & national meetings
- Academic (34%), community-based (39%), mixed incl hospital-based (27%) prescribers
 - Approved by UMass, Lovelace and Dartmouth IRBs

Participant Characteristics

Female	62%
MD	56%
NP	26%
PA & PharmD	18%
Primary care	70%
Current PR access	77%
Mean PR visits/mos	8.66 (0-80)

N=61

Preliminary Findings

- Qualitative analysis of transcripts is currently underway

Preliminary Findings

- **PR Interactions Perceived as Beneficial**
- Social Contracts with PRs
- Influence of Prescriber's Field
- Training

PR Interactions Perceived as Beneficial

- “I see every rep that comes into the office. I’ve seen Crestor, Advair, Toprol, Nexium, Levitra. I see 25 reps a month. And I get a lot of information from the reps. The basics. [I was told] make sure you see the reps. That will be your quickest information. You’ll get what you need to know, as long as you ask for it. You can filter out the stuff that you don’t need to know. Don’t turn them away.”

Benefits for Patients

- Patient education materials
- Models
- Products
 - Blood pressure/blood sugar diaries
- Samples/Coupons

Patient-related Products

- “...luckily they bring me things that can help my patients, like for example yesterday, I had a patient who had a reaction to [medication, she went out in the cold and] ... completely collapsed ... I had the blanket, the scarf, the [hand warmers]...but it was really funny ...every place had the [medication] name on it. The scarf had the name on it; the mittens had the name on it. Even the little hand warmer had the name on it, but then again it was very helpful...”

Medication Samples

- Prescribers recognize the paradox of taking medication samples, but still believe they are useful
 - Indigent
 - Uninsured/underinsured
 - Trial periods (determining dosage and side effects)
- Sometimes using samples raises problems with medication maintenance

Medication Samples

- “I don’t miss the reps, I miss the samples.”
- “ I find it difficult when I have a patient who can’t afford the medicine and I don’t have a particular drug company that is forthcoming with their indigent programs, and I’m trying to keep that patient with the same class [of meds].”

Benefits to Prescribers

- Education
 - In-person teaching and materials
- Office perks

Prescriber Education

- Convenient access to new information
 - “I do like to know about a drug before it hits the community.”
- [Following a discussion of some negative aspects of PR visits]... “I think the positives of having them are far greater than any of this.”

PR Interactions Not Seen as Negative Influence

- Pervasive belief that prescribing is NOT adversely influenced by rep marketing, despite acknowledgement of studies to the contrary

- “We live in a world where everything we do...is driven by advertising [personal and professional]. We just have to sort of take that and be...very aware of the biases that it may impose.”
- “My rule is I don’t believe anything they’re saying. So, I listen to what they have to say, but then when I make a judgment about that medication I go to my own resource that I trust. So it kind of goes in and out. Of course with exposure you probably have more of a habit of writing of certain things.”

Minority View

- Some prescribers
 - Refuse to see PRs
 - Believe PRs have a negative influence on prescribing and patient care
 - Spontaneously initiated discussion of studies of PR influence

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Social Contracts with PRs

- Sense of responsibility for PR livelihood
- Desire to be polite to PRs
- Enjoyment of social aspects of PR relationship

Responsibility

- “I know its just the guy’s job, and if I don’t talk to him then he may lose it, so I talk to him.”
- “They’re just trying to make a living like anyone else, who am I to keep them from that?”

Polite

- “Sure its uncomfortable sometimes when they come, I’m in a hurry and I don’t like my patients who are waiting to see me talking to them, but I don’t want to be rude to them.”

Relationship-building

- “They stopped allowing reps in my office and this one had information for me, so I told her she could join me for a run. She went not only the extra mile, but an extra 2 miles and talked to me about the product the whole way. That was really helpful. You bet I still see her any time she wants to see me.”
- “Sometimes we don’t even talk about drugs, we just chat about the kids and its good to have a relaxed and friendly lunch.”

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Influence of Prescriber's Field

- Some evidence that attitudes are related to field and training (MD, NP, PA, PharmD)
- Several non-MD's insulted by PRs not taking the time to talk with them, as though they were not equal professionals
- PharmD had trained many of the industry workers in the area, and welcomed seeing them in his clinic
- Some NPs felt their training better prepared them for patient communication about these (and other) challenging issues

Influence of Prescriber's Field

- “The drug reps come in, and this has been the problem for the last 9 ½ years, not just with the group I’m with now. They almost ignore you.”

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Training

- Some prescribers reported EBM training
- No one reported training in managing PR interactions, or appraising PR materials
- Many were skeptical of academic centers' growing ban on PR visits

- “Sure the academic center can ban PRs, but once residents graduate they’re going to have to deal with it, PRs aren’t going away, and then they don’t have any training. I didn’t have any training.”
- “some of these Universities have these big ideas about not letting any drug rep come into their surroundings. Yet, they receive a bazillion grants from drug companies to pay for all these other things that they do and yet , they don’t want the interns and resident’s having a decent meal.”

Recommendations

Provide alternative sources for benefits

- Existing sources for patient education materials
- Existing sources for prescriber education
- *Where to get free pens and agreeable running partners??????*

Policy changes to encourage prescriber behavior changes

- Provide permission to be impolite
- Alternative access to samples
- Address reimbursement rates for primary care

Provide explicit pharma-focused education and training

- Evaluating pharmaceutical materials
- Assertive communication
- Persuasive communication techniques
- Social influence

Include all prescribers!

Learn from experience

- Some academic and community-based practices have been successful in implementing policy changes related to PRs
- Share these experiences as models for others
 - Removal of sample cabinet and reflection on influence on own prescribing
 - Shared decision-making for office policy
 - Alternative means to support educational activities
 - Alternative means to support office functions