Medical representative visits and opinion leaders: a declining versus a rising source of information for family doctors

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Abstract

1. Background & Aim

Medical representative visits (MRVs) and opinion leaders (OLs) interventions are two of the major strategies used by the pharmaceutical industry to promote drugs and guide prescribing habits. Whereas MRV was the most powerful policy a decade ago, it is now declining. The use of so-called "OLs" is a policy currently reaching a peak. This original qualitative essay studies these two strategies in detail in the context of family medicine practice, using Swiss French-speaking samples providing an interesting and relevant example.

2. Method

We conducted a qualitative content analysis of 22 semi-structured interviews with family doctors, experts in psychopharmacology (OLs) and medical sales representatives, complemented by direct observation of MRVs as well as educational events led by the experts.

3. Results

MRVs are seldom used by family doctors. A 1:1 medical sales representative/family doctor (FD) relationship is conducted to clarify their roles in the field of medicine. Local/local, informal, expert and key OLs. Using this categorization, we found that the OLs were instructed from the various sources, and in their main area of interest: continuing medical education (CME). They are the privileged source of information used by doctors. Unlike MRVs, which impose a message on family doctors, local opinion leaders are used by family doctors as a proactive means of information to shape their prescribing behavior with intellectual independence. The quality of the delivered message, credibility of our localOLs, mandatory CME changes and in the drug market are discussed in relation to the results.

4. Conclusions

The main means of information to guide family doctors' prescribing habits in our sample are the local OLs. Our results contribute to an understanding of why the pharmaceutical industry is increasingly approaching local OLs to use them as marketing tools.

Introduction/Background

Currently the family doctor (FD) is always overloaded so the way for him to get the best pharmaceutical information about drugs is a challenge. The FD has less and less time and availability to update his knowledge concerning drugs. Whereas the medical representative (MR) was the most powerful strategy to promote drugs a decade ago it is now declining, mainly because it is time consuming for the FD, because of the generic medicine policies increasing in Europe, and continuing medical education (CME) program (Fortier, 2012, Bras, 2007).

As a privileged actor of the CME events, the opinion leader (OL) seems to be the best professional to guide the FD through the jungle of relevant drugs news (Bras, 2007; Bournel, 2015).

Objective/Methods

In this context, it appeared interesting to study the situation in our country, particularly the French-speaking Switzerland.

We conducted a qualitative content analysis of 22 semi-structured interviews with family doctors (n=8), experts in psychopharmacology (n=6) and medical sales representatives (n=15), complemented by direct observation of MRVs (n=6) as well as educational events led by the experts (n=3).

Results

- The FDs are overwhelmed, they need a huge amount of pathologies and patients.
- The CME is now mandatory: FDs need to reserve time for it.
- In Switzerland (French part) the FD community has already limited the contacts with the MRs.

FAMILY DOCTOR (FD) SETTINGS

Not mandatory

Timing (announced/unnounced)

- 1/year FD/OL meeting, around 15 min, focus on interaction among pharmaceutical companies
- around 3 min for products, keeping in touch

Core

- presentation of new brand name drugs
- recall of "old" drugs, mostly those that have gained new approved indications
- distribution of free samples, reminders and promotional material

Aims

- ordering the prescription of the FD towards the presented brand name drugs
- focusing the gained information on the benefits of the drug
collating data on FDs prescription habits (but for best marketing approach of the FD, improving the global marketing strategy of the brand)
- initiating the prescription of new brand name drugs via free samples
- reactivating the prescription of brand name drugs via promotional material and reminders

MEANS SALE REPRESENTATIVE (MR)

Not mandatory

Timing (announced/unnounced)

- 1/year FD/ MR, around 15 min, according to the decision of the FD community
- around 3 min between 2 consultations

Core

- keeping up to date with Pharmaceutical Medicine (drugs, innovation, mechanisms of action, interactions, etc)
- asking useful information for their FD practice (drugs, preparing prescribing behaviors)
- playing back the pharmaceutical findings (CME, congresses, etc)

Aims

- critical position toward the commercial role of the MR
- keeping in mind the biased aspects of the provided information (quality, objectivity, etc)
- promoting a dialogue rather than a MR monologue

DISCUSSION

- The OLs are held in high esteem by those who accept his or her opinions. Opinion leadership comes from the theory of two-step flow of communication proposed by E. Katz and P. Lazarsfeld (1950).
- A necessary typologization of OLs was conducted to clarify the roles of OLs in the field of medicine.
- This typology applied in the context of a French study (Fortier, 2004) showed that OLs (identified from among the experts in psychopharmacology questionnaire) played roles of local, academic, formal and informal, expert and peer, doing which were not appointed by the pharmaceutical industry. As a result of their charisma, being well-known and recognized as such, they enable prescribing physicians who decide to consult them to shape their prescribing behavior with intellectual independence. A paradox and exceptional role of Key Opinion Leader (KOL) was also observed.
- In the context of the CME program and in relation with their own needs, OLs are proactively more and more in contact with the FDs.

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FEELINGS: Negative

- lack of legibility
- lack of recognition
- inferiority
- tension associated with the duality of commercial and health care aspects
- sense of frustration linked to the very few contacts with MRVs (1/year FD)

- attractiveness related to the CME, congresses and clinical studies findings
- source of interest sharing prescription habits of the FD community

CONCLUSIONS

1. As we show in our results, the actual rise in the role for both FDs and MRs lies in the FD's prescription habits in Switzerland - no more a source of interest even for the pharmaceutical industry.

2. According to the CME OL meeting:

- Both FDs and OLs are given precisely the meetings together;
- FDs highly rate the interaction, instruction, practice-based information given by OLs to support them in the prescribing process when OLs play local roles;
- Both FDs and OLs avoid the "key ring".

3. We highlight the actual interest of the industry for the OLs playing local roles to reach the FDs (House of Commons Health Committee, 2004-05).

4. Two meetings of an event (CME, congress, symposium, etc) prevents the use of OLs playing KOL roles.

References