Are Pharmaceutical Sales Representatives Vanishing?

According to a report from SK&A Information Services, Inc, a provider of healthcare information, research, and analysis, there appears to be a trend toward diminished access to physicians for pharmaceutical sales representatives. The percentage of physicians who refused to see pharmaceutical sales representatives increased from 22.3% to 23.6% during the previous 6-month reporting period. Even worse, the percentage of physicians not seeing pharmaceutical sales representatives jumped to 31.2% at practices owned by hospitals, and 34.7% for practices owned by health systems.[1]

The policies for restricted access are increasing as well. Among primary care physicians, 40% now require some type of prescheduled appointment as compared with 33% reported in the fall of 2008. Among specialty physicians, the rate is now 36.6% versus 28.3% reported in the fall of 2008.

The metropolitan statistical area for San Francisco, California, is 56% more restrictive than the average of other areas around the country.[1] Generally, physicians practicing in the southern United States are the most accessible, while those in the western United States are the most restrictive.

Want more bad news? It is not just doctors' offices that are limiting access. More than one-third of US medical schools now require pharmaceutical sales representatives to schedule appointments for visits with physicians and residents. This is consistent with a recommendation made in May 2008 by the Association of American Medical Colleges. The data set appears robust, with interviews of 227,000 medical offices representing 640,000 physicians.

Physicians today must contend with conflicting pressures of insurance- and patient-driven demands for lower-priced generics, insurance-generated prescribing profile reports, and an increasing supply of modestly priced generic prescriptions from retailers such as Wal-Mart, where more than 400 medications are available for $4 per month, or $10 for a 3-month supply.

Until the new presidential administration's universal health care plan takes full effect and all medications are free from the patient's perspective, physicians need to balance their prescribing habits like a high-wire act. On one hand, we believe, with some evidence, that not all generic prescriptions are equal to their branded counterparts. Also, some generic medications are not available. On the other hand, the economic pressures from both patients and insurers sometimes force us to use second, or even third, choices as first line therapy.

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Additionally, recently introduced guidelines from the pharmaceutical industry, responding to pressures from the government, have placed significant restrictions on the traditional methods of marketing, advertising, and communicating to the prescription writers. The dinners, lunches, and midafternoon snacks are gone. The pens, sticky notes, paper clips, and mouse pads advertising drug names and logos have disappeared. No freebies and giveaways at meetings promote the manufacturer and their products. The days of industry-led thought leaders and national faculty conferences are also missing under the current rules.

Clearly, the good old days of unfettered access for industry representatives are quickly disappearing. The combination of increased demands on providers' time, decreased reimbursement per patient visit, increased practice overhead costs, and alternative methods of gathering information, such as via the Internet, have all led to a fundamental change in the specialty-industry relationship. This is especially true where education is concerned, as increasing restrictions on access, face time,

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and content of information conveyed combine to limit the information exchange. These limitations, imposed by federal and state statute and voluntary industry guidelines, have resulted in severe constraints on what type of information can be disseminated.

In fact, the new guidelines could possibly change the methodology of pharmaceutical sales education and training for the long term. Perhaps this is part of the reason for disappearing pharmaceutical sales representatives. Is there value in the visit if the interactions between prescribers and representatives are reduced to a 30-second meeting where the representative asks for a quick signature for samples? Would it be better to have telemarketing instead? What if there were no pharmaceutical sales representatives at all, but just samples sent in the mail? What if there were no samples? Where does this trend ultimately conclude?

If recent industry trends are any indication, then the result will be fewer representatives, fewer visits, fewer samples, and less face time with physicians. In 2007, the number of pharmaceutical sales representatives in the United States peaked at 102,000 and is now currently 92,000, with analysts predicting a continuing reduction to 75,000 by 2012.[1] These pharmaceutical sales representatives are also becoming less effective in their product promotion, with only 37% of them actually placing products in the sample closet and a paltry 20% getting face time with physicians during a visit.

Even dermatology has been affected by this trend. In a recent *American Medical News* article, dermatologist Charles E. Crutchfield III, MD, explained that[1]

> he strictly limits detailers to one five-minute session a week and requires that the rep provide lunch for his staff. "The reps know they are not allowed to disturb me when I am seeing patients," Dr. Crutchfield said. "If they do bring samples, I have a nurse who will bring the pad back to me so I can sign it. I will not see or talk to reps when I'm in clinic."

Clearly, something is wrong. If something is not yet broken, then it is certainly out of balance and in danger of tipping over.

The reality is that pharmaceutical sales representatives can be a valuable part of industry support, medicine, and dermatology. As I opined in my last editorial, without industry's financial support, our meetings would be entirely different. Without our pharmaceutical sales representatives, the same would be true for the sample closet, access to trade sizes (patient assistance programs for those patients unable to pay for medication), the introduction to and education of new prescription drugs, and updates on products already being prescribed.

The truth is simply that the age-old tradition of detailing the prescriber is an effective method of communication. If it was not, it would not be used. However, it appears that this tried-and-true approach is under attack and fighting a managed retreat. If more than one-third of specialists and medical schools, and 40% of primary care physicians, have placed restrictions on access to pharmaceutical drug representatives, then clearly something has gone awry. I truly doubt that all these physicians have simply abdicated ongoing education on new medications.

So, what is the problem? Perhaps it is the fault of all parties involved: prescribers, industry, and regulators. Prescribers often take the pharmaceutical sales representatives for granted. As physicians, we can be rude and condescending to these professionals, who are sometimes the son or daughter of a fellow physician. In reality, they are simply educated professionals trying to do their job, but we limit access and then complain that we do not have samples. We demean the products, but we use pens and sticky notes with pharmaceutical logos. We complain and blame escalating drug costs on the person in the hallway who wears the badge, yet we readily accept the benefits of generous meeting support. We bash the industry in general, yet how many of us could or would compound our own prescriptions? Are we duplicitous? Are we greedy? Are we unduly influenced?

The *American Medical News* article also noted the opinion of Dr. Silver-Isenstadt, who is a member of the National Physicians Alliance. The group's[1]

> Unbranded Doctor Campaign urges physicians to refuse industry gifts and stop seeing drug reps... "More than half of us doctors still just have a feeding frenzy of reps in our offices," he said. "We should be ashamed of ourselves for allowing such an intertwining of our patients' best interests with the convenience and niceties of drug reps."

For their part, the pharmaceutical sales representatives are to some degree culpable. They are trained to gain access or face time with the key writers of their products and they do this well. They visit during the busiest office hours of the day, asking for only a moment of the physician's time, engaging the nursing and front office staff in friendly conversation, diverting them from their assigned tasks. Pharmaceutical sales representatives can insert themselves into the operation of the office, becoming a bit too familiar. Are they too engaging for their own good? Are their skills perhaps slightly too polished? Do they need to rethink their sales strategy?

Another part of the *American Medical News* article goes on to say that[1]

> "The old sales model is broken now, and who knows how it will look in the future," said Peter H. Nalen, president of Compass Healthcare Communications, an online drug marketer in Princeton, N.J. "What's happening is that pharmaceutical companies are realizing there are other ways to reach the doctor instead of banging on the door of the doctor who just doesn't want to talk to you."

Finally, the regulatory environment has, in my opinion, become onerous. As physicians, we operate in a world where industry is a half step away from being strangled. The pharmaceutical sales representatives can say this, but not that, do this, but not that. This is an incredibly difficult situation for everyone to work in, and I believe the severe restrictions on communication are a detriment to all people involved, including patients. The industry has tried to regulate itself under pressure from government and advocacy groups but have they gone too far? Or have they not gone far enough? What do they need to do in order to be compliant and effective in their role as the manufacturer and supplier of necessary medicines?

So, as the new era of specialty-industry interaction begins, one thing appears certain. The good old days of sample- and trinket-laden pharmaceutical drug representative visits are quickly passing into history.[2] Like all things of yesteryear, the memories of the visit may become sweeter than the reality. A new paradigm focused on education will certainly emerge. The role of the professional pharmaceutical sales representative will rely even more on depth of scientific knowledge and clinical experience.

Today, these individuals are sometimes called medical science liaisons or field clinical specialists. While they are not currently part of the sales force, the sales force of tomorrow may in fact be more like them.

I would like to close with a simple question regarding the value and utility of pharmaceutical sales representatives. When was the last time you saw a pharmaceutical sales representative with generics, and what did they do for your patients?

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SUGGESTED READINGS

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