

OPINIONS

Is physician profiling on its way out?

In the March 2002 issue, PharmaVOICE asked readers how proposed AMA guidelines, which would limit the use of physician prescribing profiles by pharmaceutical companies, would impact their marketing, research, and sales efforts?

Platform Data

Intelligent guidelines regarding use of physician prescribing profiles would have a minimal impact on pharmaceutical marketing. It should be noted that such data acquired by pharmaceutical companies from pharmacies, third-party syndicators, and the American Medical Association Physician Professional Data are primarily used as merely platforms upon which such profile data are overlaid by syndicators. Those with experience in the industry will recall that profiling predates the current "mechanism". Prior to the current era, in which "pharmacy terminal" data are used to profile physicians, the "Scriptrac" service surveyed physicians regarding their prescribing behavior. The flaws in this methodology were serious, but it was the best available at the time and was widely used. No doubt pharma companies and their vendors would resort to this or other technology to profile physicians lacking the better alternative it enjoys today.

The real challenge is for the industry to train its salespeople to be more discreet in using the data lest they telegraph to physicians a disconcerting knowledge of their prescribing patterns. Persuasion rarely will be accomplished by alarming its object with one's omniscience.

Secondly, the industry should (if it hasn't already) survey physicians on their awareness of such profiling and their attitude toward it. I suspect most physicians have concerns far greater than pharmaceutical companies' knowledge of their own products' usage.

Third, the industry should educate, perhaps in concert with the AMA and perhaps other organized medical groups, the profession about of profiling. It enables the industry to disseminate information to physicians whose prescribing profile indicate high potential interest in certain topics as evidenced by their prescribing behavior, and spares them the burden of receiving information unlikely to be of interest based upon that profile.

Fourth, the industry should reevaluate the magnitude of its emphasis on "high writers," also known as whales. It is reasonable to hypothesize a correlation between physicians unfavorably disposed toward profiling and those who, having been profiled as high writers, are seeing more detail reps than patients. It may be prudent to more evenly disperse the salesforce, as well as

advertising and direct marketing. The mid-range quintiles and deciles of today may be the wh tomorrow, if only we strive to mal



Terry Nugent

DIRECTOR OF MARKETING
MEDICAL MARKETING SERVICE INC. (MMS)

Education At Risk

Prescribing profiles assist medical education companies to direct continuing medical education programs to physicians who treat the most patients. Providing CME programs in therapeutic areas of interest to the physicians that prescribe the majority of medications in these therapeutic areas is an efficient method of getting the latest information to them from top-tier thought leaders.

Art Kolodkin

SENIOR VP, BUSINESS DEVELOPMENT
NETWORKFOR CONTINUING MEDICAL EDUCATION

A Strategic Struggle

You correctly identify the next major strategic struggle between organized physician groups (of which AMA is a part) and data and pharmaceutical companies as the control of physician profiling information. However, I suspect that pharmaceutical companies are already so very far down the path of knowing significant data about physician prescribing patterns that an attempt by the AMA to limit their knowledge about this will be muted at best.

Neil H. Gray

CONSULTANT
HEALTHCARE TRENDS AND STRATEGIES

Off Target

As a medical publishing company that provides clinical information to key decision makers in geriatric and long-term care through peer-reviewed journals, I think that the proposed AMA guidelines are a bad idea. This would prevent us from targeting the most important people: the docs who read the

journal and treat patients and the advertisers who buy according to docs prescribing habits.

Trevor Deal

SR. NATIONAL ACCOUNTS MANAGER
ANNALS OF LONG TERM CARE

Loss of Control

Physicians may have little control in this matter. If the AMA does not report this information, other sources will — there is just too much invested in salesforces, and pharma companies will pay to obtain this information. The AMA should see it as a way to make sure sales reps do not waste a physician's time with sales-call content unrelated to his/her practice. Sales people will continue to attempt to change a physician's prescribing habits, but the physician is not helpless in this matter. Physicians control access by sales reps, the time they spend, and what information they receive from a sales person.

Tony Goosmann

EXECUTIVE VP
WILLIAMS-LABADIE

A Warranted Concern

Anytime someone learns others have information about them, privacy becomes a major issue. However, the pharmaceutical industry uses many tactics to get the information that is then filtered to the respective sales reps for targeting purposes. The data the AMA licenses to databases, which it is considering restricting, will do little to curtail the access to raw prescribing data available through the retail prescription channels, distributors, and PBMs. If what they propose does curtail the access to this data, it will simply lead to untargeted sales calls with wasted time for both parties.

Chris Duncan, MBA

MARKETING MANAGER
VICAL INC.