

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

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Abstract
<p><b>1. Background &amp; Aim</b> 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 study examines these two strategies in detail in the context of family medicine practice, using Swiss French-speaking samples providing an interesting and relevant example.</p> <p><b>2. Method</b> 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.</p> <p><b>3. Results</b> MRVs are seldom used by family doctors: 1 MRV/medical sales representative/family doctor. A necessary typologization of OLs was conducted to clarify their roles in the field of medicine: local, formal/informal, expert/peer and key OLs. Using this categorization, we found that our local OLs, identified from among the experts and not appointed by the pharmaceutical industry, are the main actors of mandatory continuing medical education (CME). They are the privileged source of information used by family 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 local OLs, mandatory CME and changes in the drug market are discussed in relation to our results.</p> <p><b>4. Conclusions</b> 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.</p>

Introduction/Background
<p>Currently the family doctor (FD) is always overbooked so the way for him to get the best pharmaceutical information about drugs is a challenge. The FD has less and less time and availabilities to update his knowledge concerning drugs. Whereas the medical representative visit (MRV) 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 (Foisset, 2012; Bras, 2007).</p> <p>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 (new/old) for his practice (Bras, 2007; Burnand, 2015).</p>

Objective/Methods
<p>In this context, it appeared interesting to study the situation in our country, particularly the French- speaking Switzerland.</p> <p>We conducted a qualitative content analysis of 22 semi-structured interviews with family doctors (n=8), experts in psychopharmacology (OLs) (n=4) and medical sales representatives (n=10), complemented by direct observation of MRVs (n=8) as well as educational events led by the experts (n=3).</p>

Results
<p>➤ FDs are overbooked, they treat a huge amount of pathologies and patients.</p> <p>➤ The CME is now mandatory: FDs need to reserve time for it.</p> <p>➤ In Switzerland (French part) the FD community has already limited the contacts with the MRs.</p> <p>➤ The OL is held in high esteem by those who accept his or her opinions. Opinion leadership comes from the theory of two-step flow of communication propounded by E. Katz and P. Lazarfeld (1955).</p> <p>➤ A necessary typologization of OLS was conducted to clarify the roles of OLs in the field of medicine.</p> <p>➤ This typology applied in the context of a Swiss study (French part) showed that OLs (identified from among the experts in psychopharmacology questioned) played roles of local, academic, formal and informal, expert and peer, during which they were not appointed by the pharmaceutical industry. As a result of their charisma, being well-known and recognized as skilled, they enable prescribing physicians who decide to consult them to shape their prescribing behavior with intellectual independence. A sporadic and exceptional role of Key Opinion Leader (KOL) was also found.</p> <p>➤ In the context of the CME program and in relation with their own needs, FDs are proactively more and more in contact with the OLs.</p>

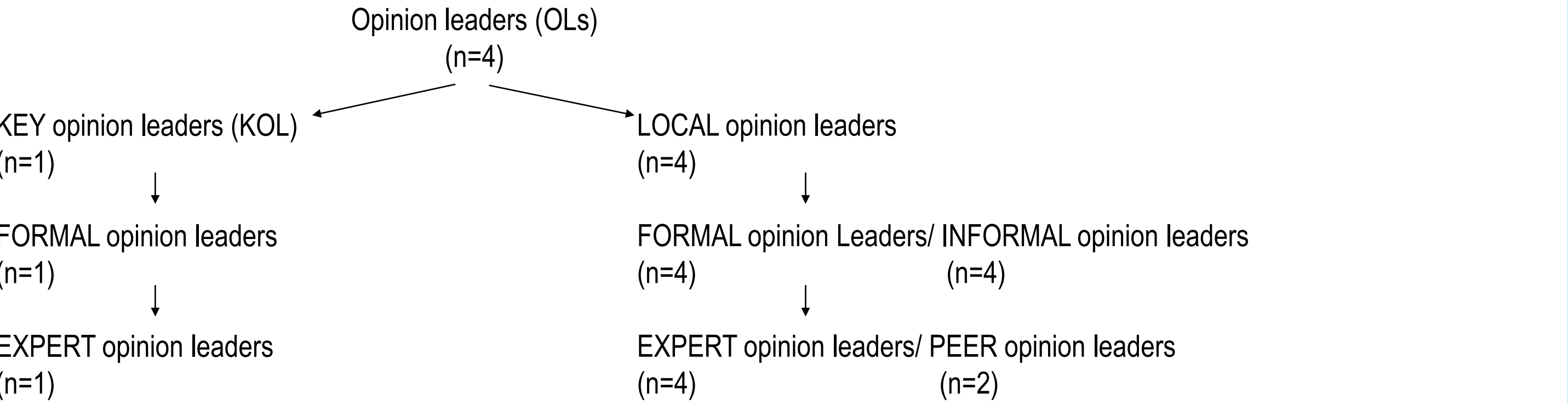


FIG 2. Classification of a sample of experts in psychopharmacology (n=4) according to our “role” based typology of OLs

FAMILY DOCTOR (FD)	OPINION LEADER (OL)
<p><b>SETTINGS</b></p> <p><b>Timing</b></p> <ul style="list-style-type: none"><li>according to CME (80 hours each year, mandatory)</li><li>according to their practice needs/ emergency</li></ul> <p><b>Core</b></p> <ul style="list-style-type: none"><li>asking for relevant information</li><li>obtaining useful CME credits</li></ul> <p><b>Aims</b></p> <ul style="list-style-type: none"><li>proactive approach</li><li>free choice of experts, congresses, symposia, etc. and of the calendar of events</li><li>multi-branding guidance relative to pharmaceutical products</li><li>easy way to obtain information (personal contact)</li><li>contact with other FDs</li></ul>	<p><b>SETTINGS</b></p> <p><b>Timing</b></p> <ul style="list-style-type: none"><li>included in CME events (congresses, symposia, interventions, supervisions, etc.)</li><li>direct solicitation</li></ul> <p><b>Core</b></p> <ul style="list-style-type: none"><li>giving access to digested and affordable information based on quality experience and knowledge</li><li>maintaining an expert status</li><li>facilitation</li></ul> <p><b>Aims</b></p> <ul style="list-style-type: none"><li>trying to provide the best information in order to achieve an appropriate way of prescription for FDs (case-based solution, interactions between drugs, etc.)</li><li>supporting knowledge transfer and dissemination of best practices</li><li>open-minded attitude towards human and biological mechanisms, pathologies, treatments, drugs, etc.</li><li>trying to maintain an intellectual independence</li></ul>
<p><b>FEELINGS</b></p> <p><b>Negative</b></p> <ul style="list-style-type: none"><li>lack of legitimacy</li><li>lack of recognition</li><li>inferiority</li><li>tension associated with the duality of commercial and health care aspects</li><li>sense of frustration linked to the very few contacts with FDs (1x/ year/ FD)</li></ul> <p><b>Positive</b></p> <ul style="list-style-type: none"><li>attractiveness related to the CME, congresses and clinical studies fundings</li><li>source of interest sharing prescription habits of the FD community</li></ul>	<p><b>FEELINGS</b></p> <p><b>Negative</b></p> <ul style="list-style-type: none"><li>anxious to be considered as playing a KOL role</li></ul> <p><b>Positive</b></p> <ul style="list-style-type: none"><li>usefulness</li><li>encouraging</li><li>clarifying</li><li>helping</li><li>managing</li><li>keeping in touch</li></ul>

FIG 1. MR/ FD meeting

## DISUSSION

**MRV**  
➤ According to the MR/ FD meeting:  
- MRVs rise low benefit for both FDs and MRs;  
- MRVs - already limited in the FD field in Switzerland - is no more a source of interest even for the pharmaceutical industry

**OL**  
➤ According to the FD/ OL meeting:  
- Both FDs and OLs benefit greatly from the meetings together;  
- FDs highly rate the instruction, facilitation, practice-based informations given by OLs to support them in the prescribing process when OLs play local roles;  
- Both FDs and OLs avoid the “Key-tag”.

FIG 3. FD/ OL meeting

Conclusions
<p>1. As we show in our results, the actual MRVs rise low benefit for FDs practice, a phenomenon also mentioned in other European countries (Bras, 2007). FDs are overbooked and their relation “per se” with MRs disappears, the orientation of the prescription by the MRVs is no more a source of interest (Foisset, 2012) for the pharmaceutical industry, regarding FDs.</p> <p>2. In contrast OLs become the best way to promote new drugs (KOLs) (House of Commons Health Committee, 2004-05). OLs are often CME actors and very appreciated when they play local roles (LOLs). The use of OL terminology needs to be precised by the addition of the roles that the OL play during an event. Our study shows how OLs do not want to be relegated to a KOL role. FDs deeply benefit from the support of the OLs when they play local roles.</p> <p>3. We highlight the actual interest of the industry for the OLs playing LOLs roles to reach the FDs (House of Commons Health Committee, 2004-05). <b>Multisponsoring of an event (CME, congress, symposium, etc.) prevents the use of OLs playing KOLs roles.</b></p>

References: Foisset, E., Thèse de doctorat en Médecine. Etude de l'impact de la visite médicale sur la qualité des prescriptions des médecins généralistes bretons, in Faculté de médecine de Brest. 2012, Université de Bretagne Occidentale; Bras, P.-L., et al., L'information des médecins généralistes sur le médicament (IGAS, Inspection Générale des Affaires Sociales). 2007; Burnand, B., et al., Knowledge translation in medicine: sources of information and barriers to implementation. Poster présenté au congrès de la SSMI 2015, 2015; House of Commons Health Committee, The influence of the pharmaceutical industry. Fourth report of session 2004-05 (Volume I).