QUALITY ASSESSMENT OF PHARMACEUTICAL COMPANY REPRESENTATIVES' VISITS TO HOSPITAL PHARMACISTS

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BACKGROUND

Quality of pharmaceutical company representatives' (PCRs) visits in the community and the hospital may be of poor scientific value.[1,2] Moreover, meetings with PCRs have deep influence on physicians (increase of requests for adding promoted drugs to the hospital formulary, change of prescribing practice).[3]

To our knowledge, there is no information about quality and influence of PCRs' visits on hospital pharmacists who have a central position in drug selection and supplying.

OBJECTIVES

To describe and assess the quality of PCRs' visits to hospital pharmacists and to evaluate whether promotion of communication with drug companies can result in an improvement of visits' quality.

SETTING

University hospital pharmacy of HUG
- HUG: 2200 beds
- annual total drugs costs: 34 Mio Euros
- number of drugs on stock: 2100

METHOD

Pilot study using a standardized form with prospective evaluation of:
- overall visits' quality (VAS-Scale 0 - 10)
- strength of request for adding drugs to the hospital formulary (VAS-Scale 0 - 10)
- scientific quality of products' presentations (Categorical scales)

Two one year study periods (59 vs 61 visits) separated by intervention (global results of the first period sent to each drug company).

RESULTS

- 59 and 61 visits were run by 38 and 39 different drug companies (max. 5 visits / company / year) during the first and the second study period respectively
- No difference was observed between both periods in overall visits' quality (VAS mean 4.7 (SD 2.1) vs 5.2 (2.1)) or strength of request for adding drug to hospital formulary (7.0 (2.6) vs 7.2 (2.7)) (Fig.1,2)
- Clarity and scientific value of both products' presentations and responses were noticeably better during the second study period, as a sign of quality improvement (Fig. 3)
- When a product's presentation occurred (48 visits vs 39 visits), no difference was observed in the spontaneous mention of registered indications (79% vs 87%), dosage (81% vs 85%) or ADRs (38% vs 46%), but a trend for contraindications (10%) vs 26%) and a major improvement for interactions (4% vs 26%) were determined (Fig.4)

Fig. 1   Overall visit quality

Fig. 2   Strength of request for adding drug to hospital formulary   N = 120

Fig. 3   Quality of PCRs' presentation of products

Fig. 4   Spontaneous mentioned criteria during products' presentation

CONCLUSIONS

Overall quality of PCRs' visits was poor and strength of request for adding drug to hospital formulary was strong. Systematic quality evaluation of PCRs' visits and communication of results to drug companies may improve the scientific quality of products' presentation and should be considered of educational value for young attendees improving their critical appraisal of drug evaluation.

This study triggered the elaboration of a code of practice[4] by our Pharmacy and Therapeutics committee which defines rules to be respected for PCRs' visits in our hospital.
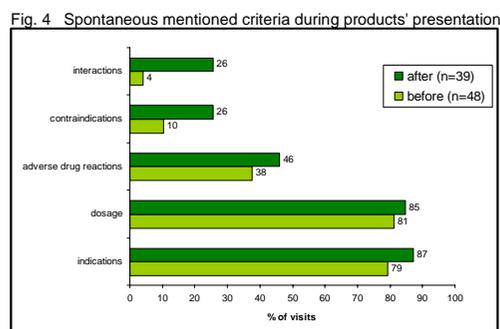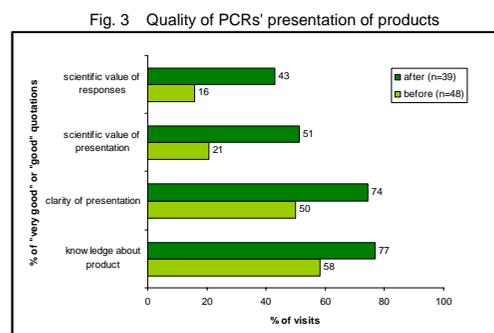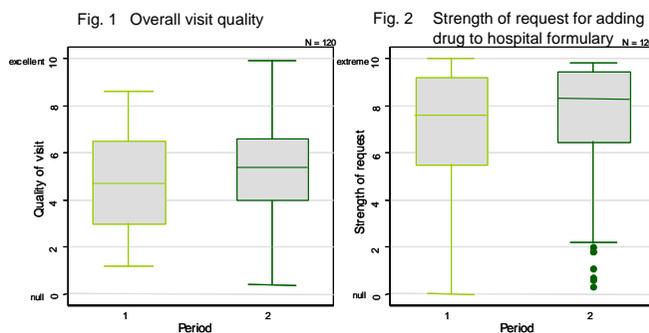
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