Vendor Relations:

Best Practices for Academic Medical Centers*

The Problem:

Pharmaceutical sales representatives visit academic medical centers (AMCs), hospitals, and physicians' offices in order to promote the use of specific drugs and products. This practice, known as detailing, has a very high return on investment: on average, pharmaceutical companies earn $10.29 for each dollar they spend on direct-to-physician promotion.[1] Vendors deliberately cultivate personal relationships with physicians in order to influence prescribing.[2] Furthermore, vendor visits often involve gifts or meals, which have been shown to affect physicians' clinical behavior. Many physicians perceive vendor interactions as valuable opportunities to learn about new drugs, and many report that vendor-provided materials are "[easier] to digest" than traditional medical literature. Unfortunately, the information provided by drug vendors is often incomplete or inaccurate.[3, 4]

Physicians are often unable to identify inaccuracies or unsupported claims in vendor-supplied literature.[5] Therefore, physicians who depend on vendors for information on new drugs may be prone to erroneous clinical decisions. Physician interactions with industry representatives are associated with increases in non-rational prescribing, prescription rates for promoted drugs, and formulary requests for promoted drugs, as well as a decrease in the prescribing of generic options.[6] In order to ensure high-quality, evidence-based care, AMCs must limit vendor contact with physicians.

Best Policy Practices:

All new vendors should receive policy training and/or orientation.

Model Policy

University of Pennsylvania

The policy clearly details all of the requirements for vendor access, and mentions specific consequences for violations. Vendors require orientation, identification, appointments, and registration with the Department of Pharmacy services. They are not permitted in patient care areas.

http://www.uphs.upenn.edu/cep/resources/1_12_41%20pharma%20policy.pdf

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Vendors should be required to review all applicable policies and to sign a document certifying that they understand and intend to comply with them. This will ensure that all vendors are aware of the policy and can be held accountable in the event of a violation.

Registration should be required for all vendors.

A registry should be established for vendors who have completed the training. Vendors should sign in with the hospital staff at each visit so that their names can be checked against the registry and so that it can be verified that they have an appointment.

Appointments should be required for all visits.

Vendors should not be admitted on the premises without a pre-standing appointment.

Vendors should be required to wear badges/ID.

Badges or other visible identification should be employed to distinguish vendors from hospital employees and clinical personnel.

Vendors should be prohibited from patient-care areas.

The presence of vendors can threaten the privacy of patients and the integrity of their care. They should be restricted from patient-care areas unless their presence is necessary for device operation. In these instances, they should be distinguished from surgical staff through the use of hats, scrubs, or masks of a certain color.

Implementation:

AMCs should designate personnel responsible for administering vendor policies. Penalties for violations should be thoroughly outlined and strictly enforced.

Some physicians currently rely on vendors for information on new drugs and products. AMCs should encourage physicians to seek out other more objective sources of information, such as journal articles. Clinical pharmacists, pharmaceutical specialists, or drug education coordinators could also be enlisted to inform physicians about new drugs. ■

References

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Figure 1.