



# Why Should You Expect to Reach Prescribers?

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An astounding 14% of Canadians—4.2 million people—do not have a family doctor.<sup>1</sup> The Canadian Institute for Health Information documented that Canada has gone from having a physician surplus in the early 90s to now having too few.<sup>2</sup> If physicians are too busy to see patients, how can pharmaceutical sales and marketing executives expect to get their message to prescribers?

Given these trends, perhaps we should be surprised that traditional sources of information, such as sales reps, continuing medical education (CME) courses, conferences and medical journals, continue to be among the most viable options for Canadian physicians. Our online survey, conducted in April 2005 among 261 Canadian GP/FMs and 111 specialists, found that some of the newer technologies rival these traditional sources.

Marshall Paul and Eugene May of ACNielsen HCI made much the same ‘top-line observation’ when they reported their American research findings in 2004.<sup>3</sup>

Through our online survey, we set out to conduct an expanded survey of Canadian physicians. The American list of “Important Sources of Medical Information” was adapted and supplemented for our Canadian market; it included traditional as well as newer, technology-driven sources. Respondents were asked to rate the importance of these sources in helping them to stay abreast of new medical developments, as well as to indicate their past-week exposure.

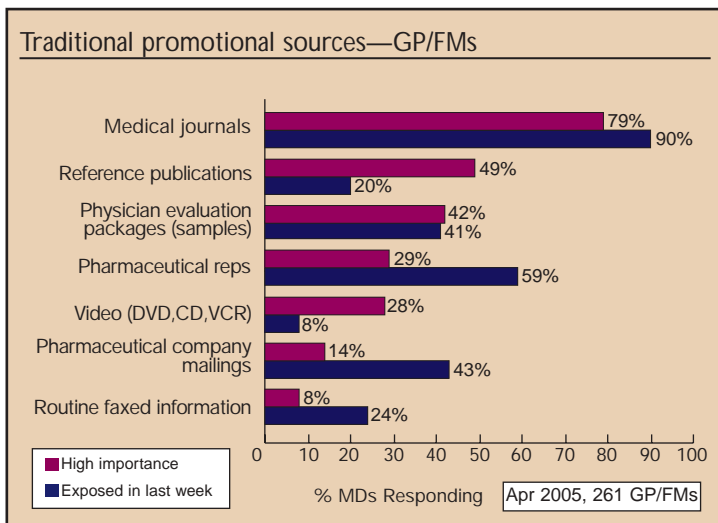


Figure 1. Traditional promotional sources—GP/FMs.

Figures 1 and 2 show a subset of the traditional sources of promotional and non-promotional information, listing them in descending order by the proportion of GP/FMs’ ratings of high importance. On average, more physicians rated high the importance of most non-promotional sources of information (e.g., CME small-group learning, conferences, specialists and colleagues) than most promotional sources, the notable exception being medical journals (79%).

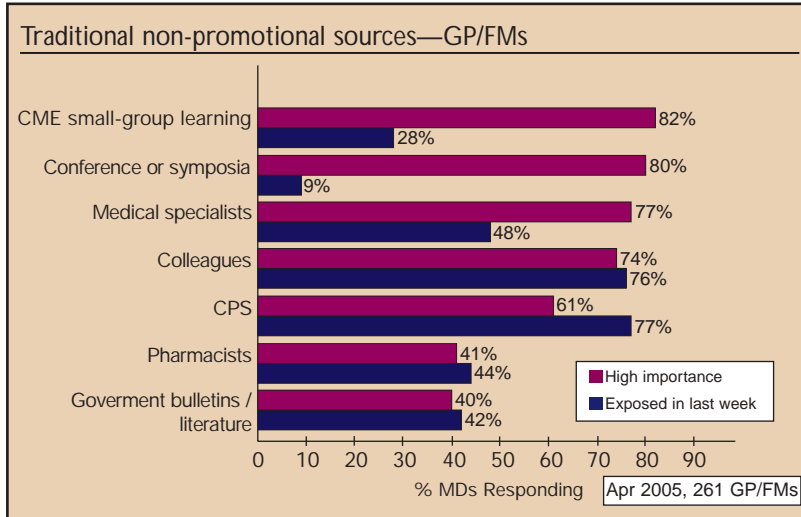


Figure 2. Traditional non-promotional sources—GP/FMs.

Perhaps of greater relevance to the marketer is the past-week exposure physicians had to these sources. In general, those activities with higher exposure rates were integrated into the GP/FMs' workday, such as:

- speaking with colleagues and pharmacists,
- consulting with specialists and
- referring to the CPS.

Whereas relatively few (29%) GP/FMs viewed the rep as an important source of medical information, twice as many (59%) were exposed to the rep in the past week. Reps' access is aided by sources of information that the rep may provide, sources that are often more important

than the rep (*e.g.*, samples, 42%).

While highly valued, some sources of information, such as:

- CME small-group learning (82% vs. 28%) and
- videos (28% vs. 8%),

seem to be underexposed, perhaps because of the time commitment required of the doctor.

Sales force and CME are among the more powerful vehicles to communicate a complex message, but they are relatively expensive and require more time from the doctor. These vehicles can be more efficient, however, if they are adequately leveraged.

*59% of GP/FMs were exposed to a sales rep in the past week.*


Leveraging is not a new idea. Using inexpensive and efficient reminders (*e.g.*, ads, direct mail and samples) linked by visual cues (*e.g.*, branding) to reinforce the message delivered by the expensive and more powerful media can be very impactful. Of the above three examples, more physicians deem medical journals to be an important source of information (*i.e.*, 78% vs. 14% or 42%). In addition, twice as many physicians had been exposed to medical journals than mailings or samples (*i.e.*, 90% vs. 43% or 41%).

These figures, however, are averages; there are subsets of physicians who would have a substantially different opinion. For example, how do the doctors that my reps can access frequently compare to those who are less accessible? To what extent have the Internet and other newer technologies displaced these traditional vehicles? These questions will be the subject of future articles.



Other questions the reader might ask are:

- “How can I reach the ever-increasing number of “No-Sees” doctors?”
- “Would physicians answer these questions differently in the context of a specific therapeutic class?”
- “Is this true of my target list of physicians?”

I look forward to your comments and questions. Call me at (416) 467-7005 or contact me by e-mail at [g@davies-strategic.com](mailto:g@davies-strategic.com). 

References

1. CFPC Press Release September 15, 2004: <http://www.cfpc.ca/English/cfpc/communications/news%20releases/2004%2010%2015/default.asp?s=1>. Accessed on: April 25, 2005.
2. Chan Benjamin TB: From Perceived Surplus to Perceived Shortage: What Happened to Canada's Physician Workforce in the 1990s? Canadian Institute for Health Information 2002.
3. Paul CM, May EM: Seen by the doctor: Physicians view journals as their most important sources of medical information. The bad news for sales teams is that reps are losing ground. C. Marshall Paul and Eugene M. May report on the latest findings of ACNielsen HCI. Medical Marketing & Media 2004; 44-51.

*This column focuses on optimizing sales and marketing effectiveness. It draws not only from my experience, but from other sources as well. The column will often be supported by findings from research conducted by Marshall Paul of ACNielsen HCI, a leader in pharmaceutical promotion research since 1986.*

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overwhelming show of support that you,  
our clients, have placed in us over these  
first few months, that we are almost

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