Around the Office: Working With Drug Reps

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By Suz Redfearn [2]

It’s the eternal problem: How to handle the barrage of pharmaceutical reps coming through your office door? Help is on the way.

There was a time when the physicians at the Orthopedic Group Inc. in Pawtucket, R.I., hesitated to walk freely around their own practice for fear of being ambushed by the countless pharmaceutical sales reps who regularly stalked their hallways.

“At times, they would step out of their office, see the back of a pharmaceutical rep, quickly step back in, and make a phone call to the front desk, saying, ‘Get that person out of here,’” recalls Philip Rhoades, CEO of the 13-physician, 100-employee practice.

It’s not that the doctors didn’t occasionally want to hear about a new drug or get samples they knew their patients needed. The problem was that the reps were in the office almost constantly, working their way into the doctors’ busy schedules wherever and whenever they could. More often than not, the practice’s physicians just didn’t have time to chat with them. But many of the reps were pushy. And front-desk staff — anxious to keep the waiting room from filling with drug reps — regularly allowed them into the back offices. It was out of control, Rhoades says.

This is not an unfamiliar scenario in medical practices across the United States. Although primary-care practices — in which a wide array of drugs are prescribed — tend to attract the most drug reps, specialties like orthopedics can also be overwhelmed with visits.

Faced with increasingly packed patient schedules, many practices are establishing new protocols to regulate drug rep visits without completely doing away with them.

For the Orthopedic Group, revamping its front-desk procedures was key.

“To beef up security after Sept. 11, and also in an effort to be HIPAA-compliant, we began requiring all visitors to check in at the front desk and to obtain a guest badge — no exceptions,” says Rhoades. Visitors are allowed into the back office only if they are granted specific access and are personally escorted.

The Orthopedic Group designated their medical assistants (MAs) the “gatekeepers” between the reps and the doctors they come to see. Now when a rep shows up hoping to visit a physician and is granted permission to do so, the receptionist calls an MA, who escorts the rep to a specific area. The MA then confirms that the physician the rep has come to visit is available. If so, the MA escorts the rep to the physician’s office. When physicians are too busy, the MA takes the rep’s signature pad to them so they can sign off on any samples the rep leaves with the MA.

With these processes in place, the Orthopedic Group’s doctors are now able to walk their hallways unafraid of being ambushed.

And if the drug reps balk, claiming they need to spend some time with a physician, which is ultimately their goal?

“We say, ‘It’s this or nothing,’” Rhoades replies. But he adds, “We find that most [drug reps] are pretty flexible if they understand our system.”

Web-based solutions

Other physicians, like urologist Jonathan Masel in Hollywood, Fla., have turned to online services for help managing drug rep visits. Previously, two to six reps would show up at the solo practitioner’s office during any given day. He’d let them in for a few minutes, standing near the front desk chatting with them and accepting their samples. But he worried about his patients witnessing these interactions.

“I don’t like the impression patients can get, like: ‘Who’s that person walking right in while I have to sit here?’” Masel explains.

Multiple daily solicitations also made it hard for the solo doc to stay on schedule. “Even if the visit is only five or 10 minutes, if that happens three times a day, I can be a half-hour behind — and most doctors run behind anyway,” he says.
Rather than instructing his small staff to take time to see drug reps, Masel signed up with PreferredTime.com, one of a handful of independent Web sites that help reps schedule their visits with physicians during times when doctors expect to have lulls in their workday. The service is completely free for physicians. Masel says he now receives a fax at the beginning of each week listing each rep who is scheduled to visit his office and their intended arrival times. Masel has scheduled rep visits only at the end of his morning clinic, when he is usually doing dictation. If he happens to be in surgery when a rep arrives or is otherwise occupied, the rep simply reschedules the visit.

Briscoe Rodgers, founder and president of PreferredTime, launched the company after a physician friend complained to him that he once had five reps from the same company touting the same drug appear at his practice on the same day. Rodgers says his company’s system benefits everyone, especially since 80 percent of the drug reps who show up unannounced at practices never get past the front desk.

Now Masel no longer has to accommodate random rep visits, reps aren’t stuck waiting for hours for a few minutes of his free time, and patients no longer witness the interactions. Masel is happier, the reps are happier, and his patients are more likely to be seen on schedule.

“This gives me even more time to talk to [reps] now,” says Masel.

Reclaim your time
There’s no doubt that pharmaceutical rep visits are time-consuming. Rodgers says his company’s data have found that they eat up around two hours of daily productivity time in a typical practice. Mostly the chatting is to blame, explains Rosemarie Nelson, a consultant with the Medical Group Management Association (MGMA). “Savvy drug reps know that success lies in becoming favored by someone at the doctor’s office — either a nurse or a front-desk person or the doctor himself — whoever can get them past the front desk. But whoever the rep is trying to win over is spending time chatting it up and not doing their jobs.”

Some doctors, overwhelmed by it all, have decided to take a hard line.

Edward Langston — a clinical assistant professor at Purdue University, a pharmacist, and chair-elect of the American Medical Association’s board of trustees — allows only one pharma rep at a time into his eight-physician internal medicine practice in Lafayette, Ind.

“And then it’s only for 45 seconds max,” says Langston. “They give a quick pitch, they leave a few articles, they drop off samples, and they are out. I won’t compromise patient time. We are so busy; we don’t have time for any more than that.”

For practices that can spend a little more time with drug reps, effectively scheduling their visits is crucial. After years of having hundreds of reps show up unannounced to see the 2,000 physicians who work at the Hospital of the University of Pennsylvania, doctors there voted last year to confine such visits to appointment-only. And the hospital no longer allows reps to come with food, which can make doctors and staff feel obligated to spend time with reps when they don’t have an appointment.

Richard Demers, director of pharmacy services at the hospital, says the new policy simply reflects a reality that also prevails in the rest of the business world.

“If I went to Merck ... with a bunch of bagels expecting management to stop what they were doing to come out and see me, I would never get past security,” says Demers. “Why should [drug] sales reps expect it to happen in a doctors’ office?”

Demers explains that each doctor within the hospital system can now decide when to fit drug reps visits into the weekly schedule, if at all. Personally, Demers has decided to receive visits two Mondays a month in 20-minute time slots.

Know the rules, and enforce them
So how do you implement an effective policy for pharma rep visits in an office that’s always just “winged it,” trying to fit in the reps whenever they show up?

Debra Wiggs, owner of the Bellingham, Wash.-based practice management firm Trinity Management Solutions, says it’s crucial to first step back and observe your practice’s work flow. Where are the lulls? What are the most convenient times during the week for your physicians to spend a few minutes with drug reps? Do you want to allow them to bring food into the practice’s conference room during lunch breaks and spend that time chatting?

Once your practice has made those decisions, determine how many drug reps you can feasibly see each week and what the length of their appointments should be. Also determine how many reps from each pharma company you’ll allow into your schedule per year. Then develop a strict policy based on your determinations, says Wiggs.

“Be deliberate,” she emphasizes. “You are a business. This will take a few hours up front to figure
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out, but it will save you a ton of time in the end.”
Next, says Wiggs, send a letter to all the drug reps who regularly visit you, informing them of your new policy and your available appointment times. Keep copies of your policy handy to distribute to new reps who visit. If you want to thin the herd a little, this is a good time to start weeding out unwanted visits from companies whose products are not applicable to your practice.
“Identify the drug reps who are important to you in your practice, and call it quits on the rest,” Wiggs suggests. “Be polite but honest with the reps, telling them, ‘You are not a drug rep that is relevant to my practice. Our doctors are not interested.’”
Wiggs says that if you do not choose to schedule your drug rep visits with an online service, you should identify a front-desk staff member who will be solely responsible for scheduling the visits. Empower that person to turn away reps who are irrelevant to the needs of the practice. Wiggs also recommends that, like the Orthopedic Group, all practices identify a member of the clinical staff to escort drug reps to the back of the office into an area that prevents them from interrupting patient care.

Watch your back
Nelson adds that it’s a good idea to keep a close eye on drug reps as they approach your practice’s supply closet.
“The danger is that they’ll inappropriately restock,” says Nelson, explaining that over the years a few reps have been caught removing competitors’ drugs and refilling physicians’ closets with their own. For this reason and others, practices should keep their supply closets locked, giving access only to the staff members who need it.
Finally, Nelson advises physicians and front-desk staff to maintain open communication about their handling of drug rep visits. Some doctors may want to see certain reps. They may have questions about specific drugs, or they may want additional samples. If the front-desk workers in charge of regulating drug rep visits are unaware of these preferences, they may be turning away reps physicians are waiting to see. Nelson suggests making sure your practice’s designated scheduler for drug rep visits regularly asks the practice’s physicians if there are specific reps they’d like to see. The bottom line, says Wiggs, is that practices needn’t be overwhelmed by pharmaceutical reps. There are many ways to stanch the flow of visits and obtain the samples your patients need without cutting into patient time or your own time. It’s all in how you approach it.
“Drug reps are offering a resource,” says Wiggs. “How much time your practice spends on that resource is entirely up to you.”
Suz Redfearn is an award-winning healthcare writer living in Falls Church, Va., who for over 15 years has written for a variety of publications, including The Washington Post and Men’s Health. She can be reached via editor@physicianspractice.com. This article originally appeared in the January 2007 issue of Physicians Practice.

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