

Guess who's coming to Lunch!

-or-

Are Physician assistants and nurse practitioners being taken to lunch by the Pharmaceutical Industry?

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Part One: PAs and NPs emerging from under the Radar.

If you were marketing a drug, would you want to overlook a group that may be responsible for as many as 200 million prescriptions per year?¹ Pharma may have done just that by not fully recognizing more than 100,000 nurse practitioners and nearly 60,000 physician assistants. Physician assistants and nurse practitioners are two of the fastest growing healthcare professions and are taking an increasingly prominent role in the care of patients with allergy and asthma. In 2005 PAs saw more than 16 million patients with allergic disorders and over 11 million patients with asthma (AAPA)². Money magazine rated Physician Assistant as the number 5 Best Job in America in 2007.³

In 2006 PAs and NPs were responsible for a growing number of prescriptions and pharmaceutical companies were beginning to market directly to them. PA and NP prescriptions increased 22% in the first 8 months of 2006 compared to the same period in the year prior. Physician retail prescriptions increased at a significantly slower rate of only 2%.⁴

It can be difficult for pharmaceutical companies to target this market. One barrier is a lack of prescribing data. The pharma sales representative will typically know a lot about a physician's prescribing habits. Pharmaceutical companies monitor the effectiveness of their representatives by prescription tracking. Information distribution companies purchase prescription records from pharmacies. Most pharmacies sell these records. Patient identifiers are not included, and physicians may only be identified by state license number, DEA number, or a pharmacy-specific identifier. Data that identify physicians numerically are linked to physician names through licensing agreements with the American Medical Association (AMA), which maintains the Physician Masterfile, a database containing demographic information on all physicians. In 2005, database product sales generated \$40 million for the AMA.⁵

Often the PA and NP are not identified as the prescriber by the pharmacist when submitting information to the insurance company, choosing instead to attribute the prescription to a supervising physician to ensure approval by the insurance company. The lack of metrics and an often poor understanding of the growing

¹ <http://www.pharmexec.com/pharmexec/article/articleDetail.jsp?id=310978&pageID=1&sk=&date=12/12/07>

² <http://www.aapa.org/research/index.html>

³ http://money.cnn.com/magazines/moneymag/moneymag_archive/2006/05/01/8375749/index.htm

⁴ http://goliath.ecnext.com/free-scripts/document_view_v3.pl?item_id=0199-5932927&format_id=XML

⁵ <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1876413> accessed 11/25/07

role of PAs and NPs in healthcare have led to neglect of this sector in the past. But, in the 12 months ending July 2006, detailing by pharmaceutical sales representatives to NPs and PAs increased 9% compared to the same time period the previous year, while detailing to office- and hospital-based physicians continued to decrease: 6% and 16%, respectively. Of the top products detailed to NPs and PAs during this time, details for Nexium increased 28%, followed by details for Singulair, which increased 24%.⁶

As pharmaceutical companies come to recognize the growing clout of PAs and NPs there will be new challenges faced by these practitioners. Can they stay above the influence of drug representatives? How will they face the ethical dilemma of healthcare provider-pharmaceutical industry relations? Will they know how to interpret the data presented to them by the drug rep?

⁶ http://www.verispan.com/about/press_release_details.php?id=92f9yyc7f4