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Independent lens

Counter-detailers help doctors wade through drug company marketing

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By Diedtra Henderson, Globe Staff | February 26, 2007

EMMAUS, Pa. -- Drug companies flood doctors' offices with attractive salespeople whose mission is to boost the number of prescriptions written for their products. But some say that the tactics used by the representatives, known as detailers, wrongly hype expensive new drugs when older, cheaper treatments work just as well.

To combat the sales pitches, critics are now employing the same marketing methods that drug companies use to sell doctors on new products.

The \$1 million Independent Drug Information Service project, supported by the Department of Aging of the Commonwealth of Pennsylvania and run by Brigham and Women's Hospital in Boston, is sending out its own representatives, some of them former drug company detailers.

These consultants -- or counter-detailers, as they are called -- inform doctors about which drugs work best. Sometimes that means recommending older, less expensive treatments. Their messages are driven by hard science, backers of the service say, not pharmaceutical company earnings reports.

"I feel that that is a key, missing piece in the healthcare system," said Dr. Jerome Avorn, a Harvard Medical School professor who has been the driving force behind the drug information project.

Over the past year, a team that has grown to 10 consultants has logged roughly 1,200 visits to about 500 Pennsylvania practitioners, mostly doctors. Another half-dozen internists and Harvard instructors provide talking points, "a boiled-down version of what the practicing doc needs to know tomorrow morning when his patients come in to see him," Avorn said.

Later this year, the program could expand to other states.

"We have received inquiries from other states that are intrigued by what we're doing in Pennsylvania and want to know about whether we ought to be working with them," Avorn said.

Currently, doctors too pressed for time to read what Avorn called inscrutable drug labels or arcane journal articles often bone up on the latest clinical trials during visits by sales representatives with a vested interest in selling particular drugs, he said. "Doctors need access to information that is not oriented around selling a product."

During a recent visit to Dr. Bub & Associates Family Medical Center, a bustling practice between Quakertown and Allentown, counter-detailer Kristin Nocco reviewed therapies used to prevent clots that can trigger heart attacks and strokes.

Nocco's visit with Dr. Sam Bub covered studies that indicate which cardiovascular conditions are best treated by aspirin or the more expensive Plavix and when he should use or avoid combinations of blood-thinning drugs.

She cited the example of patients who survive heart attacks without needing a stent, but suffer from accelerating chest pain. For a select number of patients -- such as those with a history of bypass surgery, prior stroke or heart attack, or who suffer from diabetes or high cholesterol -- Plavix is recommended, Nocco told Bub.

"If you chose Plavix where that patient is at high risk, that's a very good choice," she said. "You can also choose aspirin, but we want to stay where the evidence supports its use."

Twenty minutes later, Nocco left behind a summary brochure, a laminated highlights card, and a monograph, "Sticking to the Evidence for Antiplatelet Drugs," written by Avorn and another Harvard Medical School researcher.

In other visits, counter-detailers have examined the efficacy of some of the nation's best selling drugs, including the painkiller Celebrex, the heartburn pill Nexium, and the cholesterol-reducing drug Lipitor. They compared each brand-name drug with less costly therapies.

Avorn has not analyzed the cost savings that result from the one-on-one sessions with doctors. But he has looked at how the prescribing patterns of doctors who wrote Celebrex prescriptions changed after the counter-detailers compared the heart risks and stomach-sparing benefits of such new-generation drugs with other painkillers.

"There was a significant decrease in their [Celebrex] prescribing after the visit, compared with similar doctors who did not get visited," Avorn said. "The doctors overwhelmingly appreciate this and tell our people, 'When are you coming back?' and 'I want you to tell me about statins next.' They're telling us, 'This is a valuable service,' and they actually want to see it continue."

Bub, who hosted traditional drug detailers the same day, said that counter-detailers like Nocco can distill an academic lecture into a few minutes and that they do it without industry bias.

"She comes with a broad perspective; she's not promoting one drug," Bub said. "The pharmaceutical companies fund all these studies. I think there is some bias from the investigators."

The no-frills counter-detailing offensive has begun as Congress points to the industry's expensive marketing campaigns as one of the reasons behind skyrocketing prescription drug costs. A Minnesota professor who testified before Congress this month said that reducing the \$11.4 billion the industry spends on marketing annually could directly translate into lower drug prices.

[Pfizer Inc.](#), credited with escalating drug marketing by flooding doctors' offices with waves of detailers, told analysts in January that it would pare its worldwide workforce, including sales positions, by 10,000.

"Yes, you can cut back on your marketing and sales force," Stephen W. Schondelmeyer, a University of Minnesota professor who studies drug pricing, said in a recent interview.

"The industry will always argue that the first dollar you trim will come out" of research-and-development budgets, Schondelmeyer said. In reality, he said, research and development "is the last place they trim."

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