Comparing Communication Channels, Response Strategies, and Training Requirements Between Different Types of Drug Information Centers

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BACKGROUND

- Healthcare professionals (HCPs) and consumers rely on drug information centers (DICs) to obtain accurate and useful medical information.
- DICs are continually re-examining their response strategies and delivery methods to ensure that they are meeting evolving customer needs.
- Identifying uniquely different practices among various types of DICs in terms of response strategies, quality of service, accessibility, and training requirements, may help DICs improve their own methods by understanding what works for others.

OBJECTIVE

- To understand and compare differences among various types of DICs in the following categories:
  - Communication and dissemination methods of drug information
    - Channels of receiving and responding to DI inquiries
    - Innovative dissemination channels
  - Training of drug information specialists

METHODS

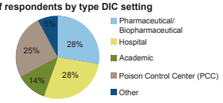
- A 25-question electronic survey was distributed in January 2011 via e-mail to 145 contacts from 109 DICs from various sectors:
  - Pharmaceutical/Biopharmaceutical companies
  - Hospital and/or Academic/University settings
  - Poison Control Centers (PCC)
  - FDA drug information department
- The survey was divided into 5 sections which included the following 25 survey questions:
  - 6Q: Demographics
  - 3Q: Ways of receiving drug information inquiries
  - 5Q: Ways of responding to drug information inquiries
  - 6Q: Innovative dissemination channels
  - 5Q: Training
- DICs were contacted utilizing contact information from an internal database and PCC websites.
- Survey recipients were directed to forward the survey to a drug information specialist who was able to speak on behalf of the entire DIC/department.
- Data were collected from January 17 to January 31, 2011.
- "Other", used to describe other types of drug information settings not listed, was excluded from comparative results between different types of drug information centers due to:
  - Small number of respondents (2/43)
  - Did not specify the type of drug information setting respondent works for

RESULTS

Demographics

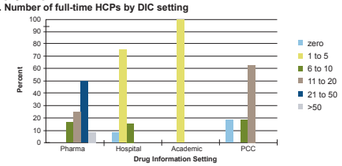
- Of the 145 contacts that received the survey, a total of 43 responded (response rate 30%)
  - 43 participants answered at least one question; 31 participants (72%, 31/43) completed the entire survey
- Response rates by DIC setting:
  - Pharmaceutical/biopharmaceutical companies (16%, 12/74)
  - Hospital and/or academic settings (40%, 18/45)
  - Poison control centers (44%,11/25)
  - Other (2 responded; only 1 survey sent)

Figure 1. Percentage of respondents by type DIC setting



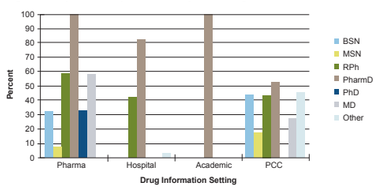
- Pharma and PCC settings have more full-time HCPs working at their DICs than hospital and academic settings [Figure 2].

Figure 2. Number of full-time HCPs by DIC setting



- Regardless of DIC setting, the majority of respondents indicated that PharmDs were the most common required qualification [Figure 3].

Figure 3. Required staff qualifications by DIC setting



- Other required qualifications described by 23% (10/43) of respondents included the following:
  - Prior residency preferred, Health Educator with BS, PA, RN, and MBA

Receiving Drug Information Inquiries

- DI inquiries received per month from HCPs vs. consumers [Figures 4 and 5]:
  - The majority of hospital and academic respondents indicated that they receive more DI inquiries from HCPs than consumers.
  - For PCC respondents, the majority indicated they receive more DI inquiries from consumers than HCPs.
  - Pharma respondents had approximately equal DI inquiries from HCPs and consumers.

Figure 4. DI inquiries received per month from consumers

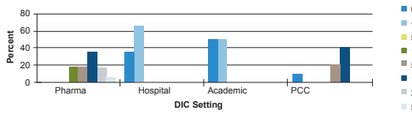
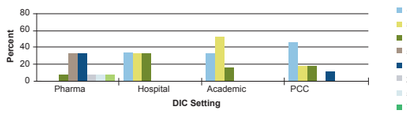
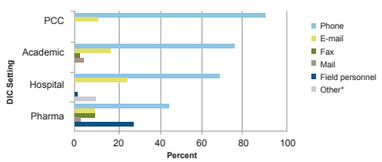


Figure 5. DI inquiries received per month from HCPs



- Regardless of DIC setting, the majority of DI inquiries were received by phone [Figure 6].

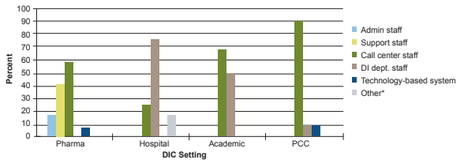
Figure 6. Average percentages of various methods used to receive DI inquiries by DIC setting



*Hospital respondents identified "walk-ins", "curbside hallway", and "in person" as other ways of receiving DI requests (average 8%)

- The majority of respondents from pharma (58%), academic (67%), and PCC (90%) settings indicated that their call center initially received DI inquiries; hospital respondents (75%) indicated that their DI department staff initially received DI inquiries (see Figure 7).

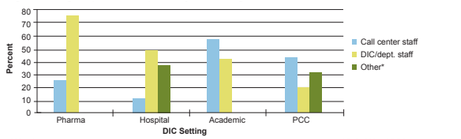
Figure 7. Who/What initially receives phone DI inquiries by DIC setting



*17% of hospital respondents also said students and residents initially answer DI phone calls

- Phone DI inquiries that need to be triaged [Figure 8]:
  - The majority of pharma (75%) and hospital (50%) respondents said that DI inquiries were transferred to DI department staff.
  - The majority of academic (57%) and PCC (45%) respondents said that DI inquiries were transferred to call center staff.

Figure 8. Triage of phone DI inquiries by DIC setting

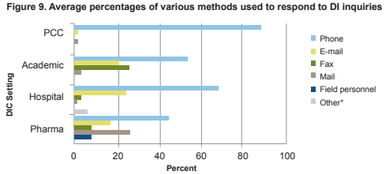


*28% of hospital respondents indicated that phone calls are triaged to content experts or director of DIC; 33% of PCC respondents indicated that phone calls are triaged to PCC director or "MD on call".

Responding to Drug Information Inquiries

- For all DIC settings, the majority of DI inquiries were received by phone [Figure 9].

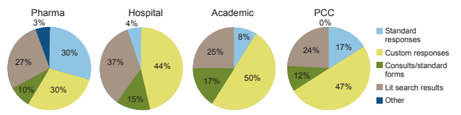
Figure 9. Average percentages of various methods used to respond to DI inquiries



*Hospital respondents identified "in person" as one other way of responding to DI requests (average 4%)

- The majority of respondents (except Pharma) indicated that they mostly provide custom responses for DI inquiries [Figure 10].

Figure 10. Types of responses provided for DI inquiries



- Response letters, package inserts, and publicly presented materials (i.e. articles, posters) were the majority of materials sent in response to DI inquiries across all types of DICs
  - Only pharmaceutical company DI departments indicated that they provide response letters, package inserts, and publicly presented materials in a standard information packet
- For all pharma respondents (100%, 6/6) and the majority of academic respondents (67%, 4/6), there are response time requirements when responding to DI inquiries.
- For the majority of both hospital respondents (83%, 10/12) and poison control respondents (78%, 7/9), there are no response time requirements when responding to DI inquiries.

Table 1. Required response turnaround times based on type of response

	Pharma (n=9)	Hospital (n=2)	Academic (n=3)	PCC (n=1)
Standard Response, (%)	• 24 hours (44) • 1-2 days (22) • 3-5 days (22) • 3-10 days (11)	• As needed by requestor (100)	• 2 hours (33) • no response (66)	• At time of call (100)
Custom Response, (%)	• 1-2 days (22) • 3-5 days (56) • 5-10 days (11) • 3-10 days (11)	• As needed by requestor (100)	• As needed by requestor (33) • 48 hours (33) • 24 hours, up to 1 week (33)	• Within 1 hour (100)
Other (i.e. consults, lit searches), (%)	• 24 hours (44) • 1-2 days (22) • 3-5 days (22) • 5-10 days (11)	• As needed by requestor (100)	• As needed by requestor (33) • 3 hours (33) • no response (33)	• 1-2 days (100)

Innovative Dissemination Channels

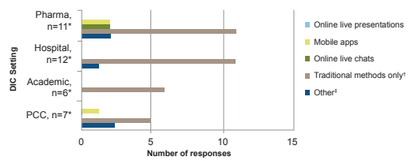
- Respondents indicating whether their DIC has an external drug information website:
  - **Pharma:** 58% (7/12) responded no, however if they responded yes (42%, 5/12), the website was intended for HCPs only.
  - **Hospital:** The majority (92%, 11/12) responded no.
  - **Academic:** 50% (3/6) said yes and of those, 67% (2/3) indicated the website was intended for HCPs only.
  - **Poison Control Center:** The majority (78%, 7/9) responded no, however for those who responded yes (22%, 2/9), the website was intended for both HCPs and consumers.

Table 2. Materials accessible to HCPs from DIC website (%)

Pharma *5/12	Hospital *1/12	Academic *3/6	PCC *2/9
• Package inserts (80%, 4/5) • Articles/posters (80%, 4/5) • Slide decks (20%, 1/5) • Standard responses (100%, 5/5)	• Rx weblinks (100%, 1/1) • Medwatch alerts (100%, 1/1)	• Articles/Posters (33%, 1/3) • Literature searching (33%, 1/3) • Textbooks/ Databases (33%, 1/3) • Weblinks to prof. organizations (33%, 1/3) • DI request forms (33%, 1/3)	• Articles/Posters (50%, 1/2) • Slide presentations (50%, 1/2) • Public education materials (100%, 2/2)

*Number of respondents who indicated that their DIC/department had an external website intended for HCPs; Respondents were able to select all that apply

Figure 11. Other unique dissemination channels by DIC setting



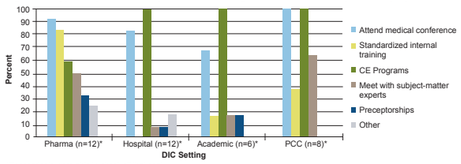
*Respondents were able to check all that apply.
†Traditional methods only described as phone, e-mail, conventional mail, and fax
‡Identified "banners" on internal database homepage, facebook, "mail out" campaigns, media contacts, "telemedicine", and medical information congress booths

- Respondents identified web-based video clips, twitter, "did you know" quizzes, internal DI database, DI website, mobile and website apps as dissemination methods their DIC is considering to use in the future.

Training

- To keep abreast of their clinical knowledge, respondents mostly stated that their employer offers [Figure 12]:
  - Standardized internal training (pharma, 83%)
  - Attend medical conferences (pharma, 92%; hospital, 83%; academic 67%; PCC, 100%)
  - CE Programs (hospital, 100%; academic, 100%; PCC, 100%)

Figure 12. Types of product/therapeutic area training offered to DIC staff by their employer



*Respondents were able to check all that apply.

- The majority of respondents across all types of DICs indicated that they attend medical conferences, CE programs, and meet with subject-matter experts as ways of training on their own.

Pharma:
- The majority of respondents (25%, 3/12) indicated they receive training from their employer once quarterly.
- 50% (6/12) said the training they receive or seek out on their own is documented by their employers.
- 92% (11/12) felt the type of on-going training they receive is useful and helps them answer DI questions.

Hospital:
- The majority of respondents (33%, 4/12) indicated they receive training from their employer once a week.
- 67% (8/12) said the training they receive or seek out on their own is not documented by their employers.
- 82% (9/11) felt the type of on-going training they receive is useful and helps them answer DI questions.

Academic:
- The majority of respondents (33%, 2/6) indicated they receive training from their employer once a week.
- 100% (6/6) said the training they receive or seek out on their own is not documented by their employers.
- 100% (5/5) felt the type of on-going training they receive is useful and helps them answer DI questions.

PCC:
- The majority of respondents (33%, 3/9) indicated they receive training from their employer once a week.
- 67% (6/9) said the training they receive or seek out on their own is not documented by their employers.
- 88% (7/8) felt the type of on-going training they receive is useful and helps them answer DI questions.

LIMITATIONS

- Could not ensure that multiple responses were not obtained from a single company/DIC due to the anonymity of the survey, potentially leading to bias.
- The survey was not fully completed by all responders, but their results were still included in the analysis.
- Two respondents that did not specify from what type of DIC setting they work for were excluded from comparative analysis.
- Low number and unequal distribution of respondents among the different types of DICs make it difficult to make comparisons.
- Some responders that chose "other" as an answer choice for several questions did not specify or describe as directed.
- Due to these limitations, these results might not be generalizable to the overall population of DICs that were compared.

CONCLUSION

- Based on the results of this survey, there are several differences found between the different types of DICs that were compared.
  - The majority of hospital respondents indicated that phone DI inquires are initially received by DI department staff vs. other DIC settings where initial calls are received by the call center staff.
  - Custom responses are more common among all DIC settings except Pharma (equal for standard and custom responses).
  - Pharma and academic settings indicate they have response time requirements vs. no requirements for PCC and hospital (stated they respond at time of call or as needed by requestor).
  - Pharma is using more innovative dissemination channels than other types of DIC settings.
  - The majority of respondents from all DIC settings, except Pharma, say they receive training once weekly and that their employers do not document their training. Pharma states they receive training once quarterly and training is also not documented.
- Further research is needed for a more accurate assessment of differences using a larger sample size and an even distribution of respondents in each type of DIC.

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