

A survey by medicines information pharmacists of the medical information services provided by drug companies

By the Standards Working Party of the Association of Information Officers in the Pharmaceutical Industry

AIM • To assess the level of satisfaction of medicines information pharmacists in the UK with the medical information service provided by the pharmaceutical industry.

DESIGN • Questionnaires for telephone enquiries to industry on a single day in autumn 1999.

SUBJECTS AND SETTING • 170 of 275 drug information centres (62%) responded. Results are based on 234 responses from 106 centres which contacted the industry on the survey day.

OUTCOME MEASURES • Ease of contact, timeliness of response, telephone manner, staff knowledge and competence, overall level of service, whether respondents would recommend the service, influence on prescribing and whether the company could have helped more.

RESULTS • 81 specified companies were contacted: 89% of responses rated the service easy to access; 82% responded that the information was provided on time; 96% rated telephone manner as good or excellent; and 86% rated staff knowledge and competence as good or excellent. The overall service was rated good or excellent in 86% of responses. In 88% of cases the service would be recommended to others. In 41% cases, the information provided affected prescribing.

CONCLUSIONS • This survey provides valuable feedback to the industry on overall service levels to drug information pharmacists, and will help the industry to improve its information services.

High quality, up-to-date information about medicines is essential for their safe and effective use in treating patients. Pharmaceutical company medical information departments are a leading source of such information, including information that is not available elsewhere. Medicines information pharmacists in the National Health Service are major customers of these departments.

In a drive to standardise and improve the quality of the services provided, the Association of Information Officers in the Pharmaceutical Industry (AIOPI) has produced guidelines on standards for medical information departments. The guidelines, endorsed by the Association of the British Pharmaceutical Industry (ABPI) were first produced in 1995 and revised in May 1999 (they are available at www.aiopi.org.uk/standard.htm). They resulted from collaborative work between the AIOPI and the UK Medicines Information Pharmacists Group (MIPG). As part of the guidelines, a customer satisfaction questionnaire was developed to allow companies to obtain feedback from their customers on a regular basis. The criteria assessed by the questionnaire covered the key performance areas of the standards guidelines.

Since its introduction, a number of companies have used the AIOPI (or similar) questionnaire to monitor their department's performance. Several companies have also carried out market research evaluating customer perceptions of the services provided by the industry. In addition, some regional medicines information centres, such as North West Thames have carried out their own surveys of the services provided by industry medical information departments.

The findings from such surveys have not usually been widely disseminated. To obtain

information that could be published, a standards working party involving members of the AIOPI and the MIPG agreed to carry out a joint survey. The aim was to obtain the views of medicines information pharmacists throughout the UK about the level of service they receive from industry information departments.

METHODS

The working party designed a single page questionnaire enabling drug information pharmacists to rate the response provided by a company to an individual enquiry on the following key service factors:

- Ease of contact with the medical information department
- Timeliness of information provided
- Telephone manner
- Knowledge and competence of staff
- Overall level of service

For the first two questions, regarding ease of contact and timeliness, respondents were simply given the options of "yes" or "no" answers. For the remainder, respondents were asked to rate their perceptions of the service as "excellent", "good", "poor", or "very poor". Customers were also asked whether or not they would recommend the service ("yes" or "no"), whether or not the information would influence prescribing ("yes", "no" or "not relevant") and whether the company could have helped more ("yes" or "no"). Lastly, they were asked to indicate their level of experience in drug information (less than two years, between two and five years, or more than five years).

The survey form was an adaptation of the AIOPI questionnaire mentioned above (it can be accessed at www.aiopi.org.uk/articles/midquest.pdf).

The survey took place on one day in the last quarter of 1999; the actual date was unknown to the industry. Medicines information pharmacists were asked to complete a questionnaire for each enquiry they made to an industry medical information department. If they did not contact any company for information on the survey day they were asked to record this fact.

Questionnaires (with an explanatory letter) were distributed to 275 medicines information centres in the UK and to the National Medicines Information Centre in the Republic of Ireland via the regional drug information network. Completed survey forms were then returned via the same route for analysis.

Members of the AIOPI standards working party have included David Hands (South and West Drug Information Centre, Southampton), Sharon Leighton (AstraZeneca), Andrew Robson (SmithKline Beecham Pharmaceuticals), David Robson (Roche Products UK), Janet Taylor (Janet Taylor Consultancy Services), Fiona Woods (Welsh Drug Information Centre), Helen Cronk (GlaxoWellcome UK Ltd), Tara Ferguson (GlaxoWellcome UK), Susan Stroud (Pharmacia & Upjohn Ltd), Jayne Packham (Pharmacia & Upjohn Ltd). Correspondence to David Robson, Roche Products UK, 40 Broadwater Road, Welwyn garden City, Hertfordshire AL7 3AY

RESULTS

Of the 275 centres sent survey forms, 170 responded (62 per cent). Of these, staff in 64 centres had not contacted the industry on the survey day. The remaining 106 centres returned 234 forms relating to enquiries made to the industry. Analysis is based on the 234 responses.

Some 209 responses (89 per cent) specified which company had been contacted; 81 identifiable companies were contacted. Most (81 per cent) were contacted three times or fewer (58 per cent once, 12 per cent twice, and 11 per cent three times) that day. The mean number of contacts per company was 2.6 (range 1–15).

Companies contacted included those providing prescription medicines, consumer products, diagnostic products and equipment. Not all of these companies are AIOPI members and no distinction in the survey results has been made in the type of department or company.

Customer ratings of the service provided are summarised as follows:

Access For 89 per cent of enquiries the enquirer was able to contact the company medical information department easily. However, in 11 per cent of cases there were significant problems in contacting the department and access was identified as an area where companies could do better. The main comments related to the availability of medical information staff at the time of the call, and call transfer difficulties.

Timeliness For 82 per cent of enquiries, the information was provided on time; for 9 per cent it was not. No details were given on the survey form for the remainder.

Reasons for information not being provided on time included failure to fax further information, and customers having to call back several times for a response.

Telephone manner In 96 per cent of enquiries, the telephone manner was rated as good (62 per cent) or excellent (34 per cent). In only 4 per cent of calls was the telephone manner rated as poor.

Telephone manner was the highest rated performance criterion. In many cases, despite problems in other areas, this criterion was still rated highly.

Knowledge and competence of medical information staff For 86 per cent of enquiries, the knowledge and competence of medical information staff was rated as good (65 per cent) or excellent (21 per cent). However, in 11 per cent of enquiries the rating was poor (10 per cent) or very poor (1 per cent). In a further 3 per cent of cases, no rating was recorded on the survey form.

Overall level of service For 86 per cent of enquiries the overall level of service was rated as good (66 per cent) or excellent (20 per cent). However in 11 per cent the level was rated as poor.

In 3 per cent of responses, no rating was given for the level of service.

A sub-analysis of the 25 responses where the overall level of service was rated as "poor" was carried out (and is discussed later).

Recommendation of service In 88 per cent of responses the medicines information pharmacist stated that the service would be recommended to a colleague, in 9 per cent it would not and in 3 per cent no view was specified.

Influence on prescribing In 41 per cent of responses, it was indicated that the information supplied by the company played a part in the prescribing decision; 59 per cent indicated that it did not or that the information was not immediately relevant to a prescribing decision.

Could the company have helped more? In 68 per cent of responses it was stated that the company could not have done more to help, but 30 per cent stated that companies could have done more. The remainder did not comment.

Detailed comments were made on all aspects of service provision although the most comments were received about access.

Experience of medicines information pharmacists who responded Almost half (47 per cent) of the enquiries in the survey were from medicines information pharmacists with less than two years' medicines information experience, almost a quarter (22 per cent) had two to five years' experience and the remaining 29 per cent had more than five years' experience.

Sub-analysis of contacts where overall level of service was rated as "poor" In these 25 responses, the two criteria of access and telephone manner, although lower than the survey as a whole (access, 76 per cent versus 89 per cent good or excellent; telephone manner, 84 per cent versus 96 per cent) were still high. However, the ratings for other criteria (timeliness, and staff competence and knowledge) were lower than the general survey findings.

The information was provided on time in only 32 per cent of responses (versus 82 per cent for all responses) and in only 28 per cent of responses the knowledge and competence was rated as good or excellent (versus 86 per cent for all responses).

For 24 of the 25 enquiries (96 per cent) it was felt that the company could have helped more. In 20 (80 per cent) the responder would not recommend the service to a colleague.

DISCUSSION

This survey has provided valuable feedback to the industry on the overall service levels provided to a major customer group, medicines information pharmacists, and will help AIOPI members to improve their services further.

It should be borne in mind that this survey, on account of its single day design, only included responses to telephone enquiries. For most companies, this route represents

the majority of requests from hospital medicines information pharmacists. However, many companies also assess the feedback to written enquiries through their own independent surveys.

From the individual comments received, there were a number of aspects of service provision which might require addressing by some companies. The first is to ensure that medical information staff can be easily contacted by customers. The second is to ensure that staff with appropriate knowledge are available to deal with enquiries. This is likely to have implications for staff training and manning criteria for enquiry telephone lines. A further issue is that of timeliness in provision of follow-up documentation in support of a verbal answer.

A number of practical recommendations will also be made regarding the conduct of future surveys. These relate mainly to the areas where customers have found the survey question difficult to apply to their request.

In order to reduce the number of replies where no answer was selected, it is proposed that further explanations are offered on the different responses. For example, since the survey is a "snapshot" of a single day, the issue of timeliness of the reply can only apply to those enquiries where the answer was needed that day.

It not possible to assess those enquiries where the information was to be supplied at a later date. It is intended for future surveys to include an additional response to the "timeliness" question to cover these types of enquiries.

It is also planned to expand the number of responses available for the question relating to whether the information influenced prescribing. This should give some indication of the reason for the enquiry, eg, patient management, formulary decision, training or some other specified reason. Such criteria have been used by individual companies in their surveys and resulted in the collection of more specific information.

The Association of Information Officers of the Pharmaceutical Industry is continuing its collaboration with the UK Medicines Information Pharmacists Group, and hopes that the survey can be repeated annually in pursuit of continual improvement of the industry's medical information services.

In addition it is planned that the AIOPI standards guidelines for medical information departments are reviewed annually, ideally soon after the results of the annual MIPG survey have been analysed to ensure that the pharmaceutical industry's standards are in line with the expectations of its major customer groups.

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