

Drug Sampling Procedures

A. Enhancement Objectives

Enhancing drug sampling procedures creates tighter controls for patient confidentiality and samples provided by pharmaceutical companies, decreases samples wasted, and improves the flow and efficiency of the physicians' day.

B. Tool or Enhancement Description

The enhancement consists of a variety of components: a drug sample cupboard, binder, expired drug list, letter to pharmaceutical representatives and a requested pharmaceutical sample list.

The drug sample cupboard can be organized to group samples according to therapeutic/disease states, e.g., antidepressants, analgesics, respiratory, cardiac and hormone replacement therapy (HRT).

The binder contains the contact information for each pharmaceutical company in alphabetical order. Each company has one laminated page with a chart containing the name, email address, and telephone and fax information for the pharmaceutical representative, as well as the name of the drug the representative specifically samples. The binder can also have business card holder sheets with the business cards of the pharmaceutical representatives. Keep the binder in a common area for everyone in the practice site to access. The information can also be kept electronically on the shared drive, which allows for easy updating.

An expired drug list charts the month of expiry, description of the product, how much is left, the pharmaceutical representative's phone number (to arrange for expired samples to be removed) and the date the samples were removed.

The letter to pharmaceutical representatives informs them of the practice site's new policy, the purpose, and how to proceed with detailing, samples and continuing education.

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The requested pharmaceutical sample list is created by the physicians and lists the specific drugs accepted at the practice site.

Please see the end of this chapter for examples of the letter, requested pharmaceutical sample list, and binder pages. There are also photographs demonstrating the organization of a drug sample cupboard.

C. Medication Management Improvements

The drug sampling procedures enhancement is directed toward improving the medication management of a practice site and in particular, the efficient use of the **physicians' time** (including the time between seeing patients).

Some physicians sample more than others in a practice site. A drug sampling procedure allows pharmaceutical representatives to **target** these physicians and prevents other physicians from having their day interrupted by the representatives.

A drug sampling procedure can instruct practice site staff to ask pharmaceutical representatives to inform them of **upcoming visits**. If a physician is too busy, the staff can inform the representative, which saves time and prevents disruptions for all parties. In addition, certain days of the week are very busy for a practice site. Pharmaceutical representatives can be asked to avoid visiting the practice site on these busy days.

A pharmacist working at the practice site can act as a **liaison** between the pharmaceutical representative and the practice site physicians. For example, if a pharmaceutical representative wishes to detail the practice site physicians regarding new products, the representative will be required to first contact the

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pharmacist, who then informs the physician about the new drug and determines whether the physician would like more information. If the physician is interested, the pharmacist contacts the pharmaceutical representative. Other practice site personnel can also act as a liaison, such as a clinic/office manager.

The practice site can also provide the pharmaceutical representatives with different methods to detail the physicians in a formal way without causing disruptions to the physicians' day. For example, the pharmaceutical representative can book a full continuing medical education session (CME) to discuss new medications.

The practice site could start **Lunch & Learns**, and have pharmaceutical representatives invite guest speakers to provide an overall picture of a product, instead of having a pure detailing of a product, which reduces the amount of biased information from the pharmaceutical industry.

In addition, the pharmacist can create a binder for the practice site that alphabetically lists all of the **pharmaceutical companies** that sample for a practice site. Thus, if a physician needs to contact a certain representative, they can do so quickly and efficiently.

The practice site can also inform the pharmaceutical representatives about the types of materials they can and cannot leave behind, as physicians do not have time to look at all information. This ensures the **information** left for physicians to read is pertinent to their needs.

Although the drug sampling procedure is not geared towards the patient, some indirect benefits can arise for the medication management of patients.

To maintain patient confidentiality and the flow of patient traffic in the hallway, pharmaceutical representatives can be asked not to proceed to the back of the clinic unless **invited** to do so by the clinic staff, physicians or the pharmacist.

The enhancement also ensures that drug samples required by patients are always available by maintaining the drug sample **stock** of a practice site. As more samples are needed, physicians inform the pharmacist who contacts the pharmaceutical representative. This helps low-income patients in particular, for whom physicians often provide samples on a regular basis.

A drug sampling procedure can also allow changes in the drug therapy of patients by allowing patients to try new drugs on a **trial basis** without having to spend money and fully commit to new drugs that may not work or not work as well.

"It's nice to see clinic members taking advantage of the sample binder to reach rep contacts... The resource tool is being utilized without having to always refer to me, which is a good sign."

— IMPACT demonstration project participating pharmacist

For drug sampling efficiency, the procedure may change the **workflow** organization of a practice site. When the enhancement is first implemented, the office staff consult the pharmacist before sending a pharmaceutical representative to see the physicians to ensure there is no overlap of drug sampling.

The drug sampling procedure may also improve medication management by controlling the number and organization of drug samples brought in by representatives. This can be achieved in several ways.

The physicians can generate a **requested sample list**, and not sign for any samples unless they are on the list. Pharmaceutical representatives can be given the option of making a special request to have special consideration of drug samples not on the list. This saves space in the cupboard and reduces waste.

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As sample drug stores run low, the drug names can be entered into a chart so the pharmaceutical representative can be contacted and invited to the practice to provide more samples. Periodically ask the physicians if they have any samples they wish to request. This ensures that drug samples are available for the physicians when needed.

Because the pharmacist organizes sampling pods and jars in the drug sample **cupboard**, the representatives will not be able to go through the cupboard without permission.

A drug sampling procedure can indirectly lead to other improvements. Physicians often want details on **new drugs**, which could change their first line choices for drug therapy. Better drug sample organization can help **monitoring** as well. A significant portion of patients who receive drug samples can benefit from this enhancement.

D. Development Process

The suggestion for a drug sampling procedure can come from either the physicians or the pharmacist at a practice site. Often, a pharmacist joining a practice can be a catalyst for drug sample organization.

Hold a meeting with the physicians to determine their specific needs and requests. Some practice site physicians may not want to be detailed at all by pharmaceutical representatives, while others may want to be kept abreast of new products available. Physicians may request that the pharmaceutical representatives be screened by the pharmacist to determine if there is a need for a visit.

Also meet with the clinic/office manager to discuss the best way to address the issues brought up by the physicians for their practice site.

Maintain communication with the physicians through meetings or email for the duration of the development process.

Organize, implement and execute the drug sampling procedure at the practice site. If other personnel take over these duties, review the procedure with the appropriate personnel and train them for the required amount of time (this can vary, but in the past has taken two to three hours).

Organize the drug sample cupboard by removing and disposing of expired pharmaceuticals. Expired drugs can be disposed of initially through the pharmacist's medication waste management program at their pharmacy, if applicable, or by the appropriate pharmaceutical representative. The drug sampling procedure that is created should include a stipulation that pharmaceutical representatives are responsible for the disposing of their own drug samples. The current drug samples are organized in a manner that is logical and efficient for each practice site. For example, they can be organized according to therapeutic/disease states, e.g., antidepressants, analgesics, respiratory, cardiac and HRT.

The site may have a stack of business cards that have been left by pharmaceutical representatives. Organize the cards by company and create an alphabetical list of companies. Each pharmaceutical company can have a laminated page with a chart containing the name, email address, telephone and fax information for the pharmaceutical representative, as well as the name of the drug the representative specifically samples. Put these pages in a binder that can also contain business card holder sheets for the business cards. Keep the binder in a common area for everyone in the practice site to access, and keep the information electronically on a shared drive for easy updating.

Create a chart for the physicians to fill in to request samples when stock is running low. If the pharmacist is in the practice site, the physicians can directly tell him or her what needs to be restocked.

The pharmacist or other team members (such as the clinic/office manager) develops an outline of the new



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procedures. Another team member reviews it to ensure the letter represents all the points the physicians requested.

Once an initial draft of the letter is created, consult the physicians for feedback. Some suggestions may be to change the wording so the letter has the appropriate tone, to ensure the representatives understand the reasons for the policy, and that while physicians value their relationships, they want to increase efficiency. Two to three drafts of the letter may need to be created.

The final version of the letter outlining the purpose and how to proceed with detailing, samples and continuing education is then printed on practice site letterhead and distributed to the pharmaceutical representatives by either the pharmacist or members of the office staff (e.g., the clinic/office manager).

E. Implementation Process

Use brief encounters with the physicians in the hallway or formal meetings with the physicians to inform them the drug sampling procedure is in place. Also send out a general email to the whole practice site, and place electronic copies of the documents in the shared drive.

Because the front office staff members often have the first encounter with the pharmaceutical representatives, they should be trained to recognize situations in which it is appropriate to refer the representative to the pharmacist or to go directly to the physician. These situations are specific to each practice site.

F. Overcoming Challenges

Some challenges may arise when implementing this enhancement.

When pharmaceutical representatives are informed of the new policy, why it has been put in place and the fact that they must meet with the pharmacist prior to meeting with the doctor, they may view the pharmacist's role as a

conflict of interest and not understand the pharmacist's role in the process. Printing the policy and letter on practice site letterhead indicates the entire team is in favour of the policy, and helps ease this issue.

Despite the policy, the representatives may not inform site staff of visits. Often representatives drop by without phoning ahead. Inform the representatives of particularly bad days or times to visit, to limit the inconvenience.

In some practice sites, the pharmacist may work at a pharmacy located in the same building as the practice. Knowing this, the pharmaceutical representatives may stop by to see the pharmacist at the pharmacy, which can interrupt his or her day. This challenge can be overcome by sending the representatives to other practice site personnel on the days the pharmacist is not working at the practice site.

G. Facilitating Factors

Certain features of a practice site can make the drug sample procedure easier to adopt, such as an area designated for drug samples (like a cupboard) and a good working relationship between physicians and pharmaceutical representatives.

Existing issues around drug samples may also make the practice site more open to implementing a procedure policy. A cluttered drug sample collection or representatives who proceed directly to physician offices without checking with office staff (which leads to patient confidentiality concerns, as patient charts are often in the open behind the scenes) are problems a drug sample procedure can help fix.

H. Evaluation Results

No strategy to evaluate this enhancement was undertaken.



Letter to Pharmaceutical Representatives Example

Practice Site Letterhead

POLICY REGARDING DRUG REPRESENTATIVES AND RELATIONSHIP WITH THE PHARMACEUTICAL INDUSTRIES.

Due to the high patient volume in the office and the need for tighter controls on our pharmaceutical sample stock, we ask that visiting pharmaceutical representatives follow the following procedures at our clinic:

DETAILING:

- 1) Please let the front desk know that you are stopping by *prior* to your visit. This way, if it is too busy a day to speak to you, we can let you know before you spend any unproductive time at our clinic.
- 2) Do *not* proceed to the back of the clinic before being invited to do so by our staff or physicians. Please respect that patient flow and hallway traffic cannot be affected by your visit, and patient confidentiality is of utmost importance.
- 3) Do *not* drop off samples of any new medications unless they are included on our requested list.

SAMPLES:

- 1) The *only* samples that will be accepted are those on our accepted list. The physicians will not sign for any other samples.
- 2) For your samples to be considered for our requested list, leave a list of available samples with the front desk.
- 3) Do *not* go through our sample drawers or cupboards (unless requested by office staff). We will assess what samples if any are required to be restocked.

CONTINUING MEDICAL EDUCATION:

- 1) CME: To request that a CME event be held at the clinic, please contact Dr. _____ directly through email. We will provide a needs assessment and dates for acceptable events.
- 2) No “drug lunches” without a Guest Speaker will be considered.
- 3) For CME events outside the office, please leave an invitation at the front desk with an RSVP contact. Interested physicians will contact you individually to accept invitations.

We appreciate the relationship we currently have with our representatives but have to maintain impartiality, professionalism and patient care as priorities. Hopefully working within these guidelines will allow a continuing smooth working relationship. The above policies do not preclude any physician at the clinic from attending or accepting invitations at their own discretion. Any written feedback will be welcomed via our office staff.



Requested Pharmaceutical Sample List Example

Practice Site Letterhead

REQUESTED PHARMACEUTICAL SAMPLE LIST

As outlined in our office policies, representatives are reminded that only the samples on the following list will be accepted at the Clinic. The list will be updated monthly. To have your drug name added to the list please leave a list of available samples with the front desk. *Representatives will be contacted by an office staff member when restocking is required.*

The following is the Clinic's Pharmaceutical Sample List:

Allergy/Asthma

Advair™
Flonase™
Nasonex™
Oxeze™
Pulmicort™
Spiriva™
Symbicort™

Antibiotics/Antivirals

Biaxin™
Diflucan™
Famvir™
Macrobid™
Suprax™
Tequin™
Valtrex™
Zithromax™

Cardiac

Altace™
Avapro™
Coversyl™
Crestor™
Diovan™
Lipitor™
Plavix™

Contraceptives

Alesse™
Cyclen™
Diane-35™
Evra™
Marvelon™
Nuvaring™
Ortho 7/7/7™
Plan-B™
Tri-cyclen™

Pain

Bextra™
Celebrex™
Mobicox™
Pennsaid™

Psychiatric

Celexa™
Effexor XR™
Paxil CR™
Remeron™
Wellbutrin™
Zyprexa™

Stomach

Dicetel™
Nexium™
Pantoloc™
Pariet™
Prevacid™

Topicals

Differin™
Elidel™
Prevex HC & B™
Stievamycin™

Other

Cialis™
Di-Vi-Sol™
Imitrex™
Levitra™
Maxalt™
Starnoc™
Tempra™, Advil™ or Motrin™
(pediatric)
Viagra™

PRACTICE ENHANCEMENT EXAMPLES

Drug Sampling Procedures

Photographs Illustrating the Organization of a Drug Sample Cupboard




The IMPACT Program

*Pharmacists in Family Practice:
A Resource*

PRACTICE ENHANCEMENT GUIDE

Optimizing Medication Use in Family Practice: Medication-focused Practice Enhancements

Get the most out of your IMPACT Pharmacist



The IMPACT Program
*Pharmacists in Family Practice:
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REFER IF YOUR PATIENT:

- Needs help with optimal control of a **chronic condition** (such as diabetes, blood pressure, cholesterol, pain, arthritis)
- Is taking **multiple medications** (to simplify, ensure appropriate dosing times, manage or prevent drug related problems)
- Might be having an **adverse drug event**.
- Has **recently been hospitalized** (for counselling on medication changes)

Most Common Inhaled Bronchodilators

Agent	Short-Acting B ₂ -Agonists		Long-Acting B ₂ -Agonists		Anticholinergics		Combination
	Salbutamol	Terbutaline	Salmeterol	Formoterol	Ipratropium	Tiotropium	Salbutamol/Ipratropium
Brand Name	Ventolin® Generics	Bricanyl®	Serevent®	Oxeze®	Atrovent®	Spiriva®	Combivent®
System	MDI Diskus® Inhalation	Turbuhaler®	MDI Diskus®	Turbuhaler®	MDI Inhalation	HandiHaler®	MDI Inhalation
Colour	Blue	Blue bottom					
Onset	5-15 min	5-15 min					
Duration	4-6 h	4-8 h					
Adult Dose	1-2 pfs TID-QID PRN	1-2 pfs TID-QID PRN					

Table 1: How Medication-focused Practice Enhancements Improve Medication Management

Medication Management Process	Problems in Family Practice	Example of Enhancement Developed
Provide group education regarding medications	Patients need additional information on their condition; physician unable to provide all that is needed	Cholesterol Clinic Day (Chapter 5) — provides information that would benefit the patients and physicians of the practice site, and that is often not
Completing Section 8 forms	Forms are neither available nor easily completed	
Reporting adverse drug reactions (ADR)	Rarely done; voluntary system; forms not readily available or easily completed	

DIABETES PATIENT CARE FLOWSHEET

Practice Site Letterhead

Name: _____ D.O.B.: _____ Chart # _____ Diagnosis Date: _____ Type of DM: _____

Risk factors: Obesity Fam Hx Smoker CVD BP Lipids Gest DM

Complications/Comorbidities: Retinopathy Nephropathy Neuropathy Foot Disorders Other

Past Medical/Surgical Health: _____

Medications	Date				
Diabetic medications: Oral Insulin					
BP medications: ACEI/ARB Diuretic Beta blocker CA++ channel blocker					

Chart Audit for Prevalence of Drug and Disease Indicators

Patient sex: M F

Patient age: _____ or DOB (yy.mm.dd): _____

Date of last visit (yy.mm.dd): _____

Physician name: _____

Chart #: _____

Site #: _____

Date: ____/____/____
D M Y

Excluded patients

Less than one visit to the family physician in the last 12 months Yes No Don't Know

More than 20 visits to the family physician in the last 12 months Yes No Don't Know

Awaiting placement to a nursing home or long-term care Yes No Don't Know

Alcoholism Yes No Don't Know

Palliative care patient Yes No Don't Know

Family physician only sees as a home visit (i.e., patient cannot come to the clinic) Yes No Don't Know

If you chose Yes for any of the above criteria, DO NOT collect any further information on this form.



The goal of the IMPACT program, as the acronym suggests, is to Integrate family Medicine and Pharmacy to Advance primary Care Therapeutics. A growing body of research supports our belief that having pharmacists working in family practice settings enhances patient care.¹ This guide is the product of more than 10 years of planning and collaboration between investigators, government and community leaders.

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1. Sellors J et al., A Randomized Controlled Trial of a Pharmacist Consultation Program for Family Physicians and their Elderly Patients. *CMAJ* July 8, 2003;169(1):17-22.