

Pharmacists and pharmaceutical marketers



RETHINKING HOSPITAL PHARMACEUTICAL MARKETING

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Profound changes in the hospital industry and in pharmacy practice signal a need for drug companies to reformulate their thinking about selling pharmaceuticals to the acute care market. Hospitals are rapidly becoming components of integrated delivery systems that provide coordinated care for patients in all settings. As a result, the behavior of health professionals in hospitals will be influenced greatly by systemwide considerations, not just inpatient cost factors. At the operational level, hospitals are reengineering their processes in pursuit of breakthrough efficiencies. Within health-system pharmacy, there is a shift toward pharmaceutical care, which entails refocusing the pharmacist's primary attention on improved outcomes from the use of medications.

In light of this evolving health-system pharmacy environment, how should pharmaceutical companies market their acute care products? The specific answers will vary company to company, but most successful strategies will be based on new ways of thinking about the market, such as the examples discussed below.

1. *The target market.* The target market should not be viewed as hospitals but rather as integrated health care systems that provide continuity of care to patients in all settings, including acute care. For the near term, integrated systems may still segregate pharmaceutical purchases for their inpatient populations, but they will begin deciding what to buy in terms of which products will achieve the best outcomes for their patients as a whole.

2. *Formularies.* Formularies and formulary management will still be relevant concepts, but their underpinning will be systemwide pharmacoeconomics, not acquisition cost and not strictly an inpatient perspective. Pharmacists will continue to play a key role in formulary development and management as they learn how to be guided by pharmacoeconomic and outcomes data.

3. *Ambulatory patients.* Hospitals will sometimes be the base for an integrated system's pharmaceutical services to ambulatory patients. Among integrated health systems that use community pharmacies to serve their ambulatory patients, some will take on the pharmacy benefit management function directly rather than contract with an outside firm.

4. *The purchasing function.* The functions of some organizations involved in institutional drug purchasing will be assumed by integrated health care systems directly. For example, group purchasing will probably be taken over by some integrated systems.

5. *"Virtual inventory."* There will be growing interest by all components of integrated health care systems in just-in-time delivery of pharmaceuticals, especially for expensive products. In the acute care setting, these deliveries may short-circuit the central pharmacy and go directly to the patient care areas of the hospital. Under such arrangements, it will be essential for health-system pharmacists to review medication orders and to manage the overall drug-use process. A related development will be growth in off-site preparation of i.v. admixtures and other compounded dosage forms. Drug wholesalers will probably play an important role in this development, which suggests the emergence of three-way joint ventures among integrated systems, drug manufacturers, and drug wholesalers.

6. *Disease-state management.* This topic, all the rage today among leading pharmaceutical manufacturers, is probably relatively short-lived as a drug-industry function. As integrated health care systems mature and grow in sophistication, particularly in their development of advanced information systems, they will learn that the best way to manage diseases is to empower their health professionals with the necessary information and the authority to do the job, taking into account the specific needs and desires of individual patients.

7. *Pharmaceutical care.* The goals of pharmaceutical care are consistent with the interests of the pharmaceutical industry. Fundamentally, it is to a drug company's advantage if the decisions about the use of its products are tailored to the needs of individual patients. That is the goal of pharmaceutical care; centralized, cost-driven edicts about the use of pharmaceuticals work against the idea of the pharmacist taking responsibility for the optimum outcome of medication use. Hence, the efforts of pharmacy practitioners to transform their profession merit the understanding and support of the pharmaceutical industry.

Current hospital pharmacy department leaders will have exciting opportunities to help integrated systems develop the types of innovative relationships with the pharmaceutical industry suggested above. Practice leaders who think about their work in the manner outlined here will enhance their prospects for this level of involvement.

Marketing pharmaceuticals to hospitals will change greatly. This is simply the reality of the market-driven reforms unfolding in institutional health care. Behind these changes is the hope that the new order will result in more cost-efficient care without compromising the humane, respectful, and science-based treatment that patients desire and deserve. We all should be working toward that goal.

