UNDERSTANDING CURRENT RX TRENDS IN ANAGEMENT OF DIABETES MELLITUS AND CHALLENGES OBSERVED AT DIFFERENT STAKEHOLDERS

Dissertation
at
Ray Adcomm Pvt. Ltd,
Mumbai

By
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Under the Guidance of
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MBA Pharmaceutical Management
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Institute of Health Management Research,
Jaipur
2015

INSTITUTE OF HEALTH
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(WHO Collaborating Centre for District Health System Based on Primary Health Care)

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This is to certify that **Ms. Smita Kadam** student of MBA Pharmaceutical Management from The IIHMR University; Jaipur has undergone Dissertation/Internship training at **Ray Adcomm Pvt. Ltd, Mumbai** from 2nd Feb 2015 to 2nd May 2015.

The Candidate has successfully carried out the study designated to her during Dissertation/Internship training and her approach to the study has been sincere, scientific and analytical.

The Dissertation/ Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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and has successfully completed her Project on

Understanding the Current Rx Trends in the Management of Diabetes and Challenges at Different Stake Holder Levels

2nd Feb 2015 – 2ndMay 2015

at

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She comes across as a committed, sincere & diligent person who has a Strong drive & zeal for learning

We wish her all the best for future endeavors

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled '**Understanding the current Rx Trends in Management of Diabetes & Challenges at Different Stakeholder Levels'** submitted by **Ms. SmitaKadam** Enrollment No. IIHMR-U/02/2013-2015/0013 under the supervision of Dr.Saurabh Kumar for award of MBA Pharmaceutical Management of the university carried out during the period from 2nd Feb 2015 to 2nd May 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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I hope that I can build upon the experience and knowledge that I have gained and make a valuable contribution towards the industry in coming future.

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1. EXECUTIVE SUMMARY

Ray Adcomm Pvt. Ltd. Mumbai has been successfully providing the strategic consultation & fulfilling Creative needs of the Indian healthcare Industry. The aim is to develop insightful & creative, marketing campaigns using the expertise. The Organization now intends to be the No.1 Advertising agency in India.

The study aimed to understand doctor's prescription trends and the reasons that influence them to prescribe a particular brand in the management of Diabetes Mellitus, the study also aimed to find out the challenges observed at different stake holders.

Semi structured questionnaire was utilized for data collection from respondents i.e. 80 Doctors comprising of General practitioners, Consulting physicians and Specialists/Diabetologists), from the cities of Mumbai & Jaipur. Data was analyzed& the findings provided with Doctor's opinion and a comprehensive review of the market situation to be used for framing & suggesting Marketing Strategies.

2. INTRODUCTION

The definite or predictable market scenario for particular pharmaceuticals is a key motivator for future innovation. It determines whether, and how vigorously, a profit-based enterprise will further investigate an area for new, improved drugs. An understanding of market dynamics is also critical to determining how drugs can be marketed effectively. By determining the market scenario of a drug, companies can identify the upcoming opportunities for the companies. [(1)]

Market scenario can be tracked by the collection of specific database in case of pharmaceutical industries in India Doctors and pharmacists are the primary target of industries. Scenario ideation is a very necessary part of business. Every strategy is based on assumption of those factors which are able to affect the market environment. [(2)]

Diabetes Mellitus is fast gaining the status of a potential epidemic in India with more than 62 million diabetic individuals currently diagnosed with the disease. Type 2 Diabetes Mellitus (T2DM) is a progressive disease and hampers the quality of life of the patients due to micro and macro vascular complications.

As the incidence of Diabetes Mellitus is on the rise, doctors say, there is a proportionate rise in the complications that are associated with Diabetes Mellitus. They point out that it is a very crucial stage and awareness on the part of people and administration about Diabetes Mellitus is very essential, adding that people should be made aware and educated about their health and fitness level to reduce the number of patients in India[(3)].

India currently faces an uncertain future in relation to the potential burden that Diabetes Mellitus may impose upon the country. Many influences affect the prevalence of

disease throughout a country, and identification of those factors is necessary to facilitate change when facing health challenges.

Nearly all adults with Diabetes Mellitus have one or more cholesterol problems, such as:

- High triglycerides
- Low HDL cholesterol
- High LDL cholesterol

There are various diagnostic test and treatment modalities available for Diabetes Mellitus as large number of population suffers from Diabetes Mellitus[(4)].

The first step of applying the Strategic Framework is to determine the drivers of change, define the range of possible futures, and develop scenarios that describe these futures. The strategic flexibility approach starts with anticipating strategic questions and mapping of those factors that could change the direction of the Indian pharmaceutical market. Only thing constant in the pharmaceutical market is that it is uncertain and dynamic in nature to handle these challenges industry needs to identify them and make plans according to them.[(5)]

Doctors are considered being the first consumer of the pharmaceutical industries in India. More the prescription with specific brand's name more will be its market. To determine the exact market scenario and opportunity in the market prescription patterns of doctors should be analysed. Factor's motivating most to prescribe a drug in his practise can be determined and, if a company establishes its brand according to this factors then it is sure to hit a high growth rate. The factors can be price of the drug, quality or effectiveness of drug, safety of drug or company's image and so on that can

influence the prescription of a doctor. To determine the marketing scenario of a drug it is necessary that company must know about the prescription pattern of the doctors. [6]

3. LITERATURE REVIEW

Although the Indian pharmaceutical market is attractive[7] it is more than a little bit crowded with over 20,000 pharmaceutical firms, 60,000 distributors and 700,000 to 800,000 retailers competing for the pharmaceutical dollar.[8,9,10]

The top 10 companies control about 30% of the market and 250 companies control 70% of the market. Fortunately for MNCs, whose limited portfolios make brand-building essential, there are still opportunities to build and sustain brands in the market despite intense competition and fragmentation. In a market where doctors are free to prescribe any drug (whether branded or generic), any broad shifts in prescription patterns will radically impact revenues. Pharmaceutical sales are rising faster than growth in real private consumption [11] and will continue to grow, driven by both increased healthcare spending per capita and a larger proportion of spend going toward pharmaceuticals. While acute therapies have historically dominated the market and epidemics provide spurts of growth, chronic therapies are growing at a faster rate and have witnessed significant price increases at a time when overall pricing in the domestic pharmaceutical industry has been fairly stable [12]

The price increase can be attributed to increasing disposable income among chronic patients, prescription "lock in" with few equivalent brands, and novel technologies that differentiate treatments and deliver increased value to patients.

In 1954, Carplow Theodore *et.al.*studied the factors motivating in selection of pharmaceutical products and stated that the medical pharmaceutical market has a no. of special characteristics, the person who chooses the products and to whom most promotional effort is addressed, is not ordinarily the purchaser; innovation and substitution are extremely rapid and few products have definite assurance of a future

share in market; elasticity of demand is low for many articles, and the effects of price competition are extremely ambiguous.

Some but not all of the problems created by this situation have been met through the detailing system which is peculiar to this market, the primary functions of the salesmen is to describe products and to maintain good public relations with the physicians so that he comes to the writing of prescriptions.

Despite these special characteristics, the problem of assessing the relative influence of promotional media will be recognized as one which arises in nearly every market, and often has considerable practical urgency [13]

In 1985, John Eisenberg studied Physician Utilization and stated that all doctors do not practise alike, but the fact that there is wide variation in medical practise should not be surprising. There are few iron-clad rules for practising medicine; too much of it is an exercise in dealing with uncertainty.

Recent health services research has demonstrated that Doctors respond to this uncertainty in a variety of ways. There are wide variations in many aspects of medical practise, such as surgery, hospitalization, length of stay, diagnostic test ordering and drug prescribing [14]

In 2012 King-Ling Lee *et.al.*studied The Relationship between Personality Traits and Sales Force Automation Usage: A Review of Methodology and the inference of the study was in recent decades, pharmaceutical companies have been facing increasing difficulties in sustaining sales growth due to tight market competition (off-patents, pricing erosion, and generics substitution). Pharmaceutical companies are desperately seeking ways to sustain and optimize their sales coverage and sales volume in the

middle and long term. In such unpromising circumstances, one of the few options that comes to mind is customer relationship management [15]

4. RESEARCH QUESTION

- What is the Prescription Trend of Doctors in management of Diabetes Mellitus?

- What are the challenges faced by different stake holders in management of Diabetes Mellitus?

5. STUDY OBJECTIVE

The main objective to conduct this research is to identify the prescription trend of Doctors in management of Diabetes Mellitus.

Primary Objective:

- To study the reasons influencing doctor's prescription, in management of Diabetes Mellitus
- To study the challenges observed at different stake holders

6. RESEARCH METHODOLOGY

a. STUDY AREA & STUDY DESIGN:

1. **Study Area:** Mumbai & Jaipur

2. **Study Design:** Exploratory

3. **Study Duration:** 3 Months

b. SAMPLING:

1. **Sample Size:** 100 Doctors (General Practitioners, Consultant Physicians, Diabetologists)

2. **Sampling Method:** Random Sampling

c. INCLUSION AND EXCLUSION CRITERIA:

1. **Inclusion criteria:** The Doctors practising as GP's CP's &Diabetologists
2. **Exclusion Criteria:** The Doctors excluding the above categories were excluded from the study.

d. DATA COLLECTION & ANALYSIS:

1. **Data Collection:** Primary Data was collected by direct interview method through semi structured questionnaire

2. **Data Analysis:** The tool used for Data analysis was Microsoft Excel

e. ETHICAL CONSIDERATIONS:

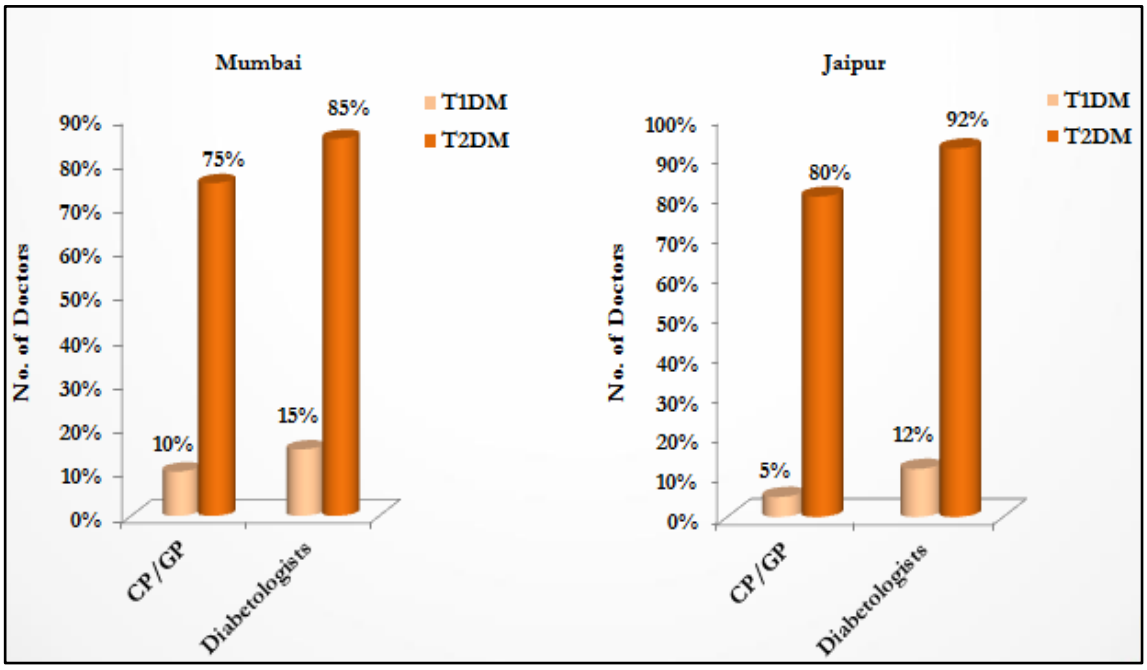
1. The aims & objectives of the study were explained to the respondents

2. Confidentiality of the respondent's identity will be maintained.

7. RESULTS

1) Number of cases seen of Type 1 Diabetes Mellitus and Type 2 Diabetes Mellitus in a week

Figure 1

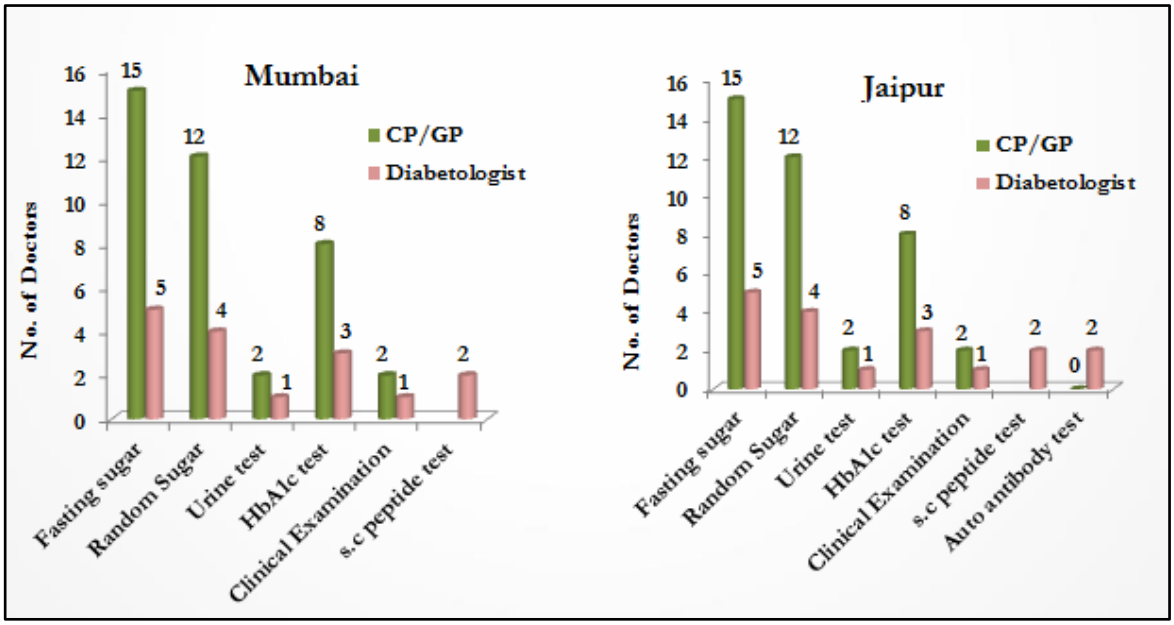


Inference:

Patients with **Type 2 Diabetes** were seen the most in both cities

2) Diagnostic tool used for differential diagnoses of Diabetes Mellitus

Figure2



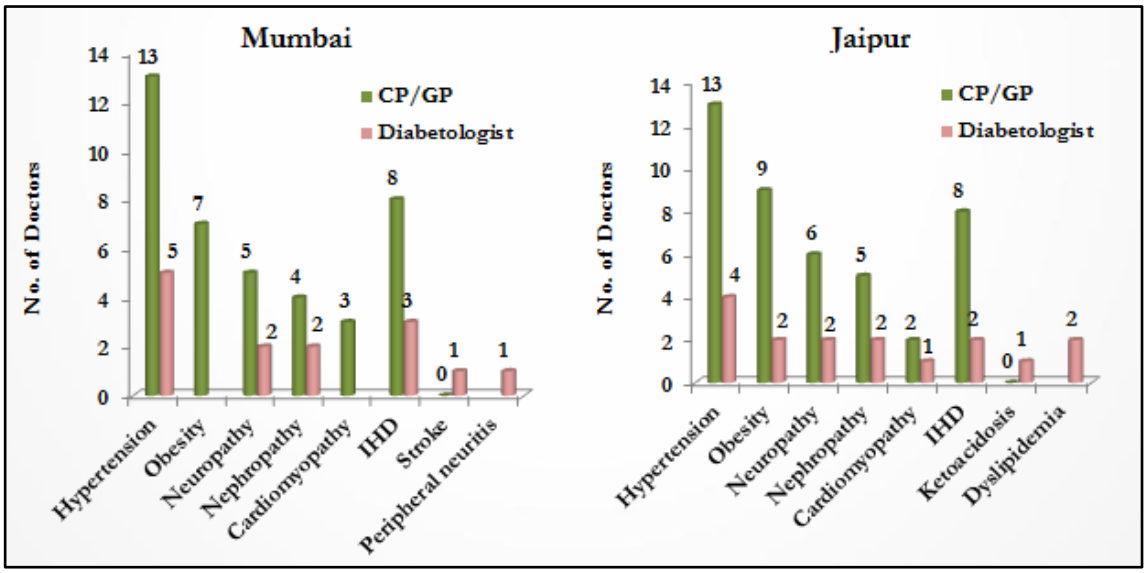
Inference:

Fasting blood sugar test was most preferred **diagnostic tool** for diagnoses of Diabetes mellitus in both the cities

In **Jaipur** Diabetologists also used **autoantibody test** for Diagnosis of Diabetes mellitus in few cases.

3) The different co- morbidities associated with Diabetes Mellitus

Figure 3



Inference:

Hypertension was the most **common co morbidity** associated with Diabetes, **Obesity & IHD** are few other co morbidities associated with Diabetes.

Along with the above mentioned co morbidities **Ketoacidosis & Dyslipidemia** were also reported by Diabetologists in **Jaipur**.

4) Preferred molecules in management of the following

DM	Preventive Therapy	1st line therapy	2nd line therapy
T1DM			
T2DM			

Mumbai (Specialist and CP/GP) &Jaipur (Specialist and CP/GP)

Most preferred molecule in management of T1DM

Preventive therapy	NIL
1st line therapy	Insulin
2nd line therapy	Insulin

Inference:

It was seen that there is **no preventive therapy** in the management of T1DM and **Insulin** was most preferred in the management of TIDM as a **1ST& 2ND line of therapy**

Preferred molecules in management of T2DM

Mumbai **Diabetologists** **GP/CP**

Preventive Therapy	Lifestyle modifications, Diet control, Regular Exercise	Lifestyle modifications
1st Line therapy	Metformin	Metformin, DPP4, Glimipiride
2nd line therapy	Sulphonylureas, Gliptins Oral drugs	Sulphonylureas, Gliptins, Glicazide, Glimipiride

Jaipur	Diabetologists	GP/CP
Preventive Therapy	Lifestyle modifications, Diet control	Lifestyle modifications, Diet control, Regular Exercise
1st Line therapy	Metformin	Metformin
2nd Line therapy	Metformin +combinations, Sulphonylureas, Gliptins	Metformin +combinations, Sulphonylureas, Gliptins

Inference:

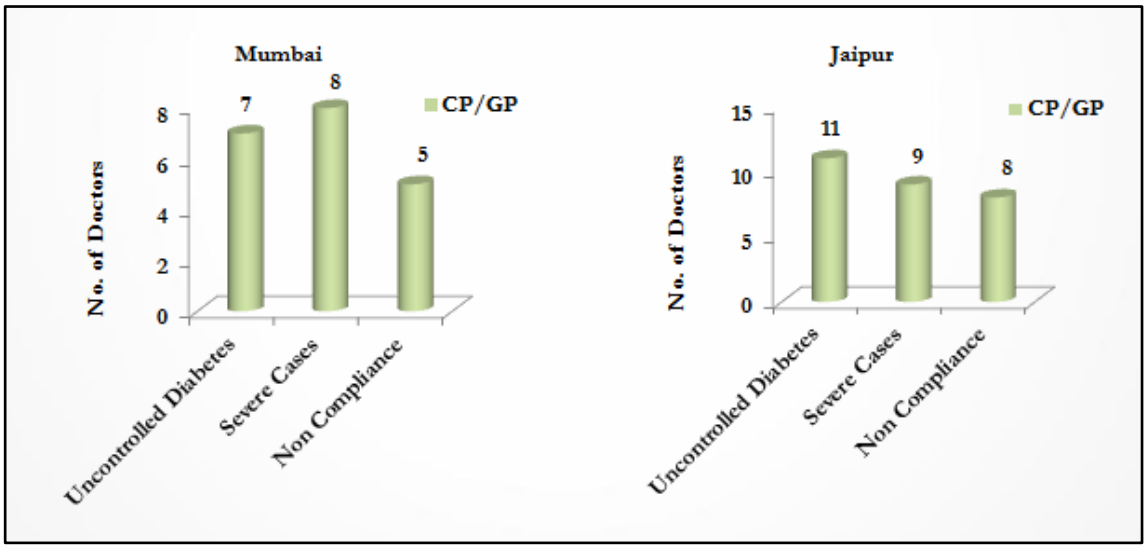
It was seen that the **preventive therapy** adopted in both the cities was **Life style modifications, Diet control & regular exercise**

Metformin was the most preferred molecule and used as a **1st line of therapy in both cities** and **2nd line of therapy in Jaipur**

For **2nd line of therapy** in **MumbaiSulphonylureas** and other generation drugs were used

5) Patient referred to a Diabetologists

Figure 4

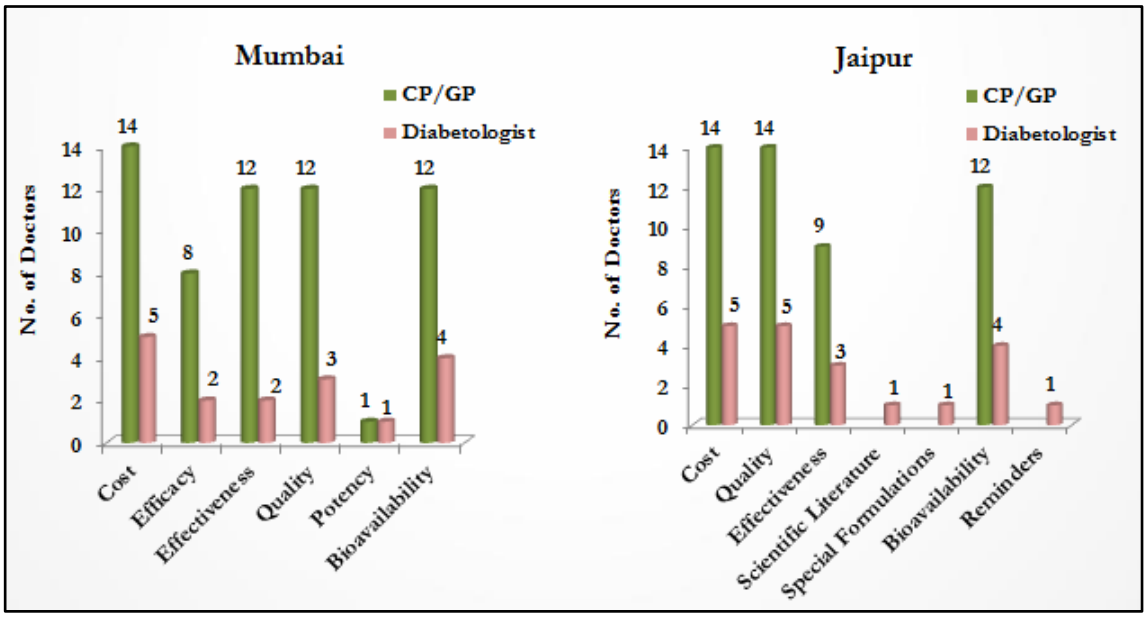


Inference:

It is seen that the patient with **uncontrolled diabetes** &**severe diabetes** were referred to **Diabetologists**

6) Factors that motivate to prescribe any brand

Figure 5

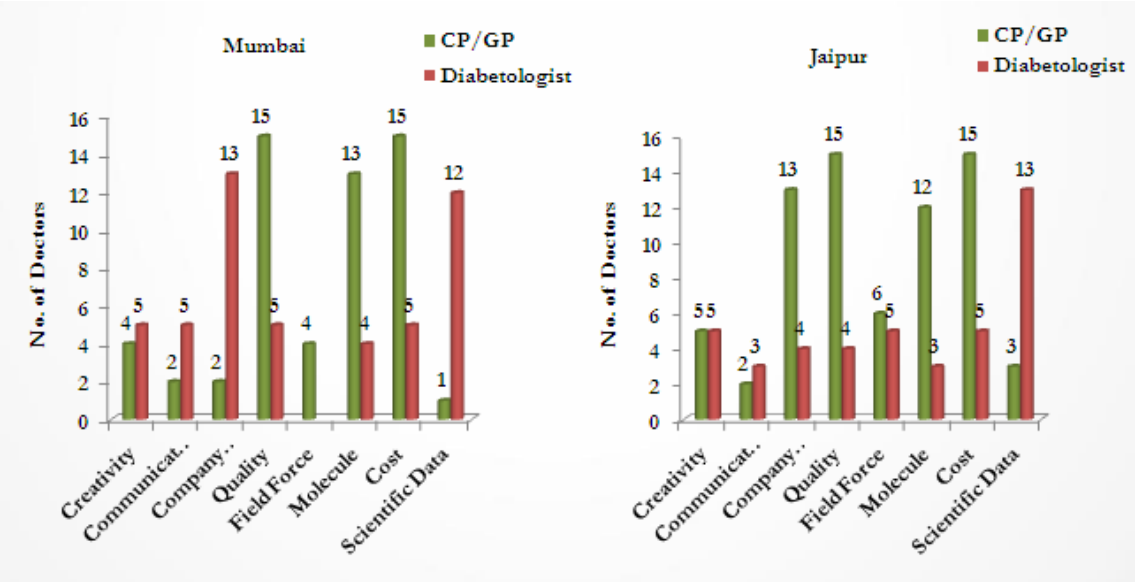


Inference:

Cost, Quality, Effectiveness & Bioavailability of the molecule were the factors that **motivated Doctors** to Rx a particular brand, **Scientific Literature , Formulations & Reminders** were some other factors considered by **Diabetologists in Jaipur**

7) Most important factor considered before prescribing a brand

Figure 6



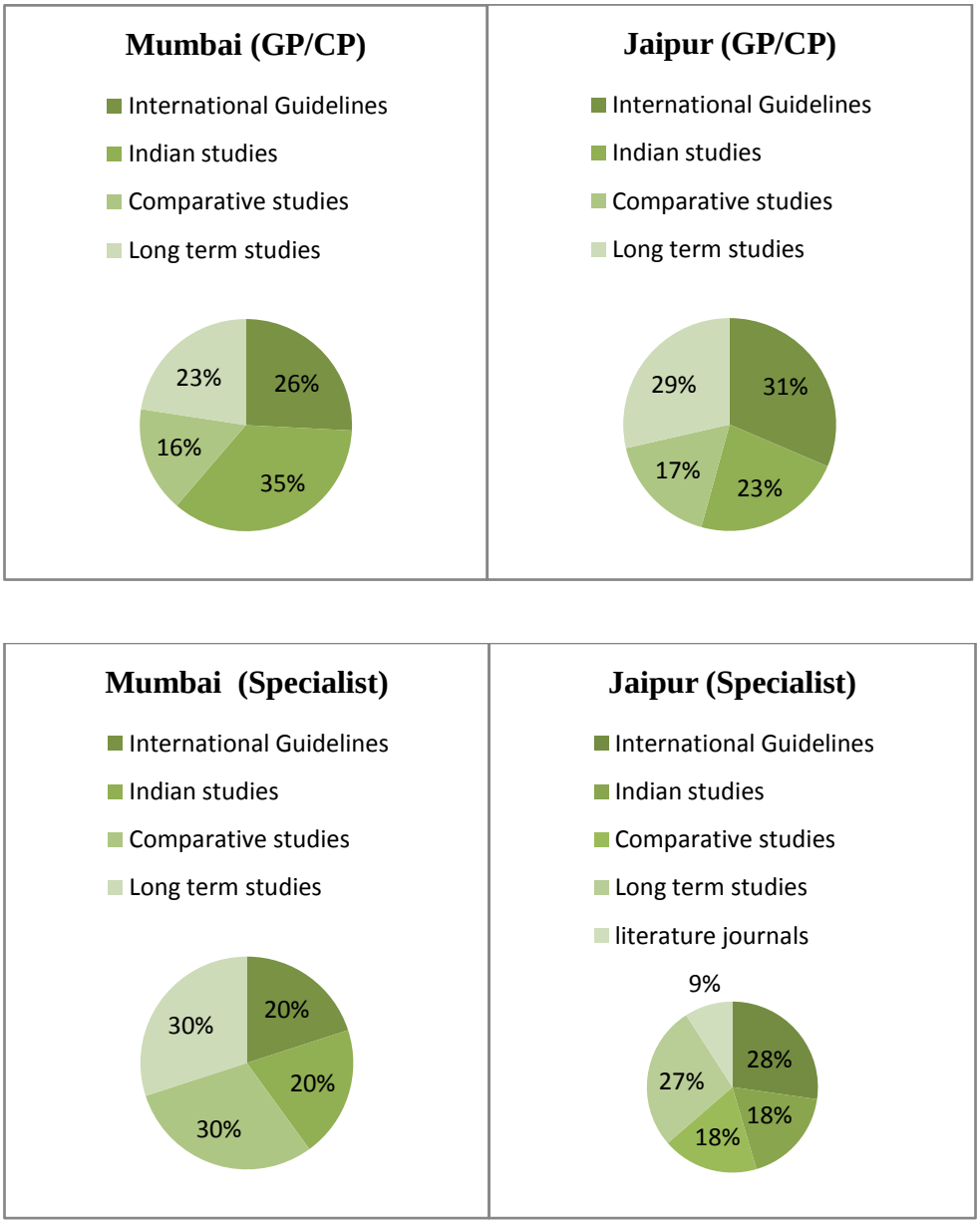
Inference:

CP/GP, factors such as **cost and quality** are the important factors considered before Rxing a brand

Diabetologists considered **communication, creativity, field force visits & Scientific Data** before Rxing a brand

8) Communication that increases believability in a specific brand? (E.g. international guidelines, Indian studies, comparative studies, long term studies etc.

Figure 7



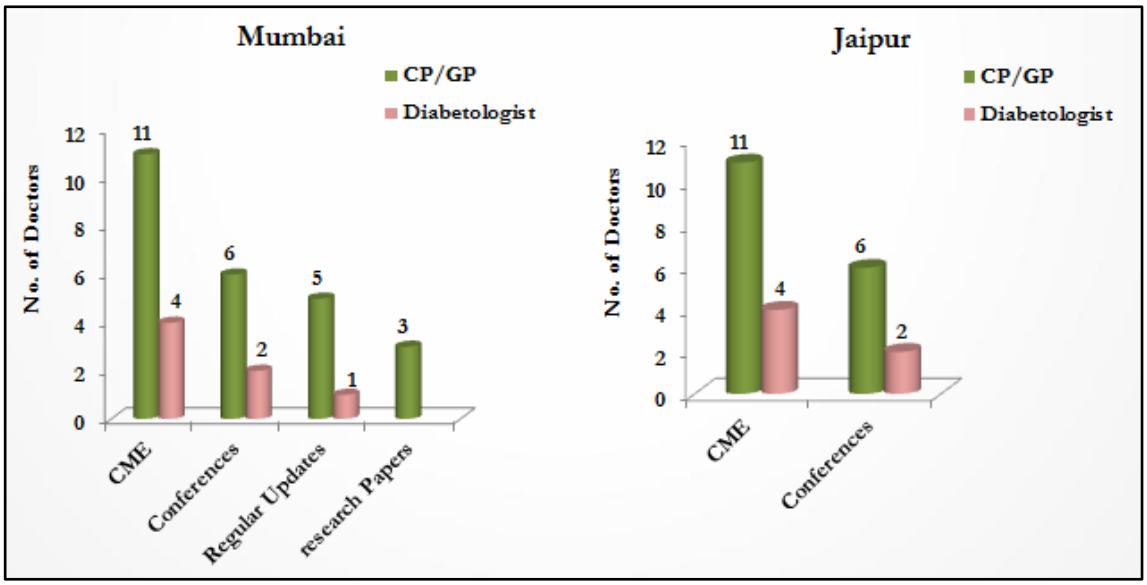
Inference:

CP/GP: in Mumbai, Indian Studies were said to increase believability of in a specific brand, **in Jaipur: International studies** were said to increase believability in a specific brand

Diabetologists: In Mumbai, Comparative studies were said to increase believability of in a specific brand, **in Jaipur: International studies** were said to increase believability in a specific brand

9) Medical education needs in current in-clinic practice

Figure 8



Inference:

CME & Conferences were observed to be the medical education needs in both the cities, however **in Mumbai Regular updates were also requested by Doctors.**

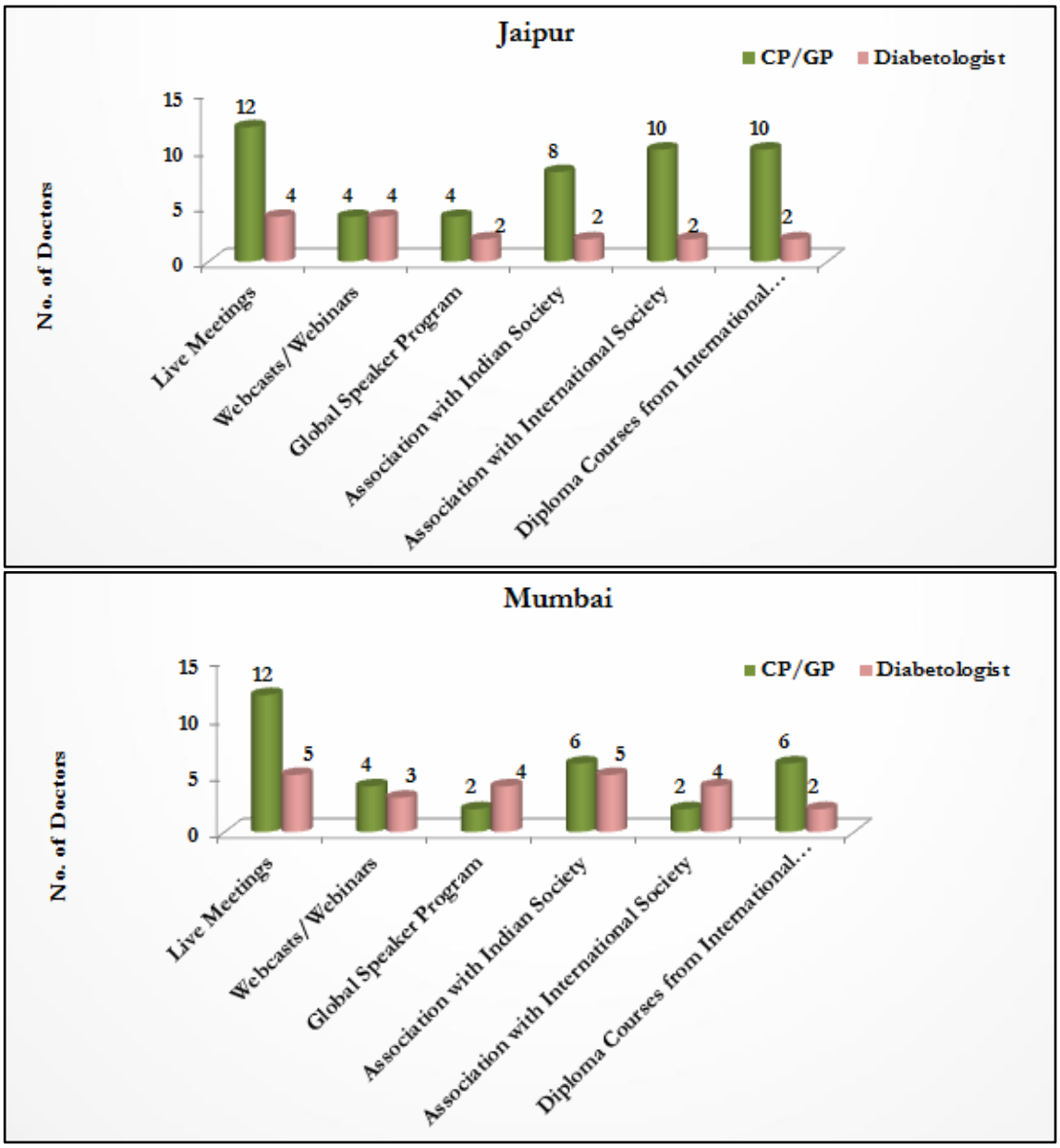
10) Need to update regarding the latest trends in management of Diabetes Mellitus

Inference:

All the doctors from both the cities said YES, there exists a need to update regarding the latest trends in management of Diabetes.

If yes, with the use of which forums?

Figure 9



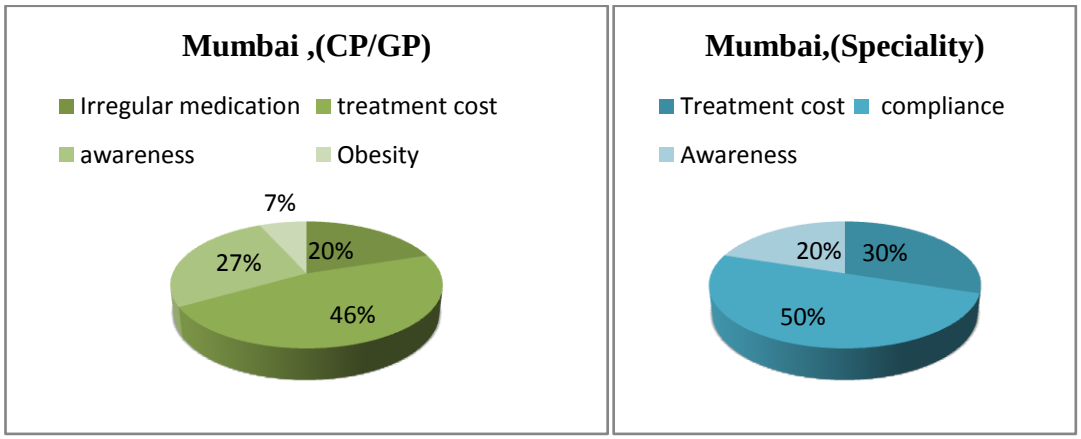
Inference:

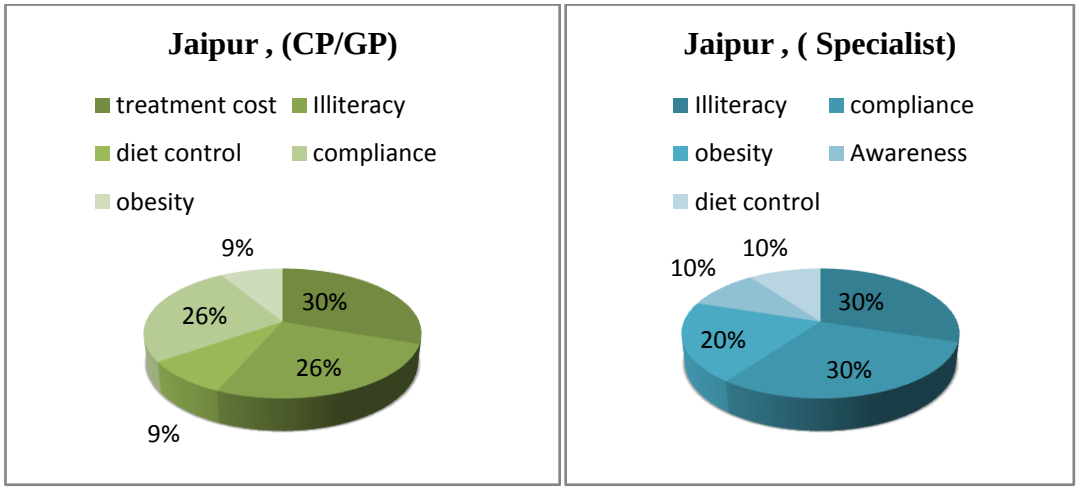
Live Meetings & Association with Indian society were the sources for **doctors in MUMBAI** to remain updated&**Live Meetings, Association with International society & Diploma courses** were the sources for doctors **in Jaipur** to remain updated.

11) Major challenges faced in management of Diabetes Mellitus at different stake holders

Figure 10

a) Patient level



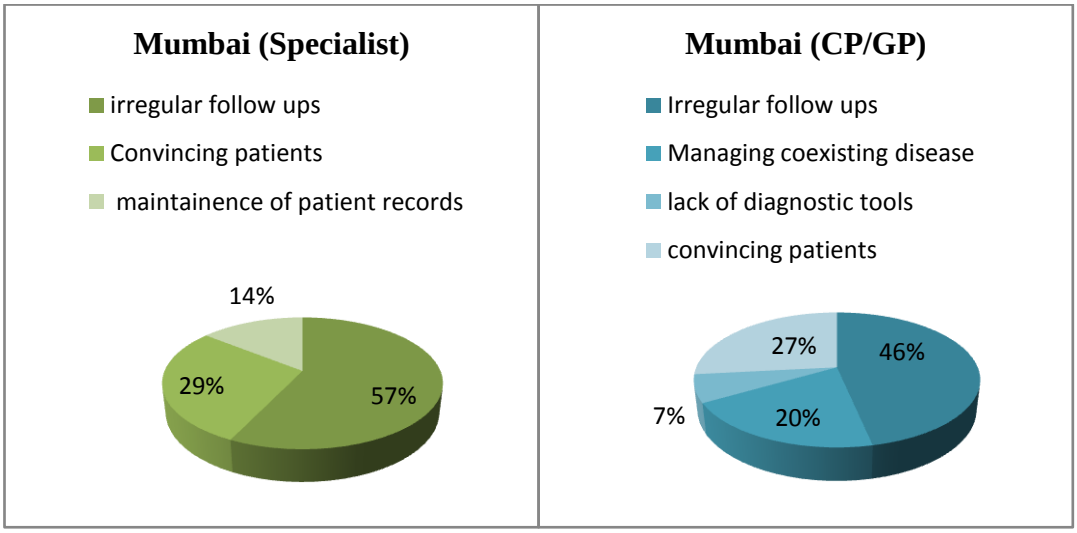


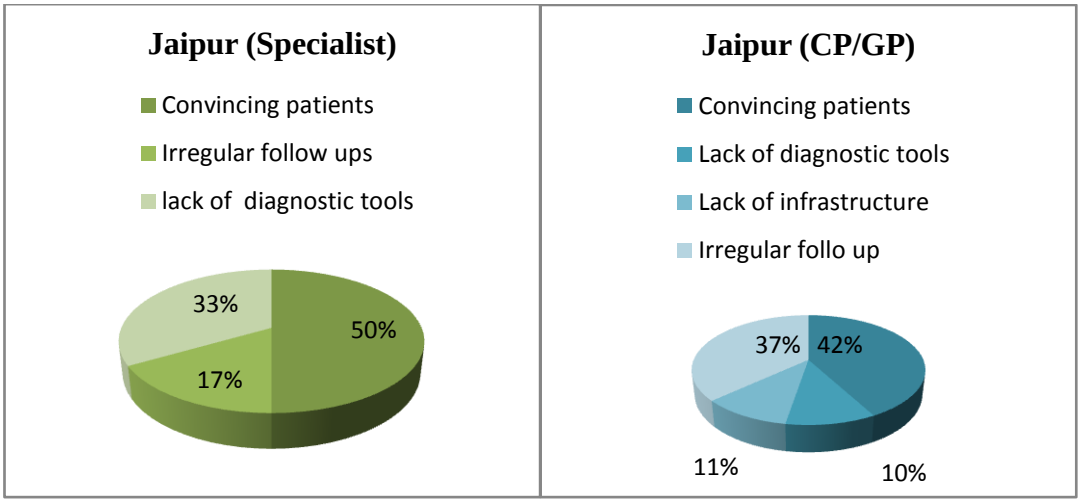
Inference:

The major challenge at patient level **in both the cities** were observed to be the **Treatment cost & Compliance**

Illiteracy was the major Patient level challenge **faced in Jaipur**.

b) Doctor Level





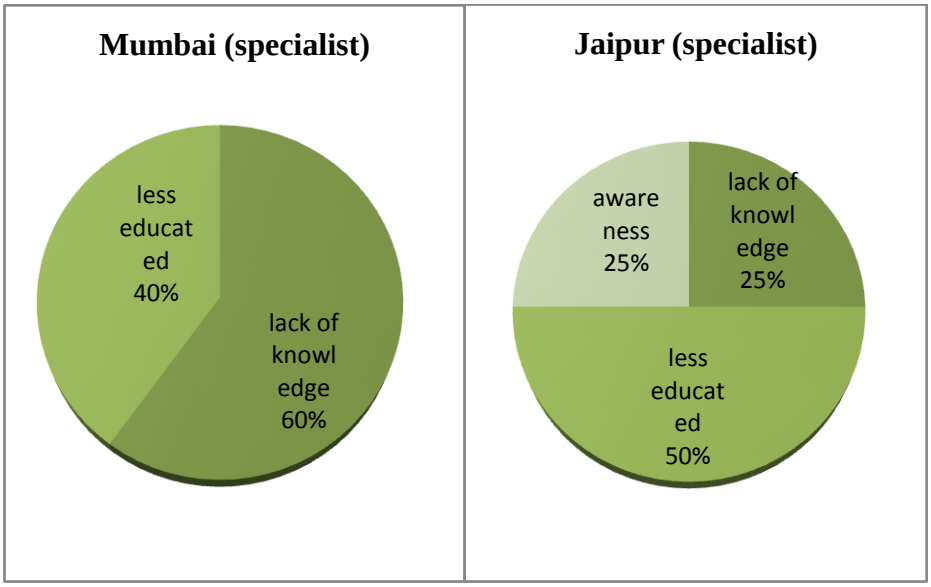
Inference:

In Mumbai, Irregular follow ups by the patient and maintenance of Patient records was a challenge

Whereas **in Jaipur convincing the patients for the treatment** itself was a major challenge

Lack of diagnostic tools in Jaipur led to weaker diagnosis of diseases in few cases

c) Nurse level

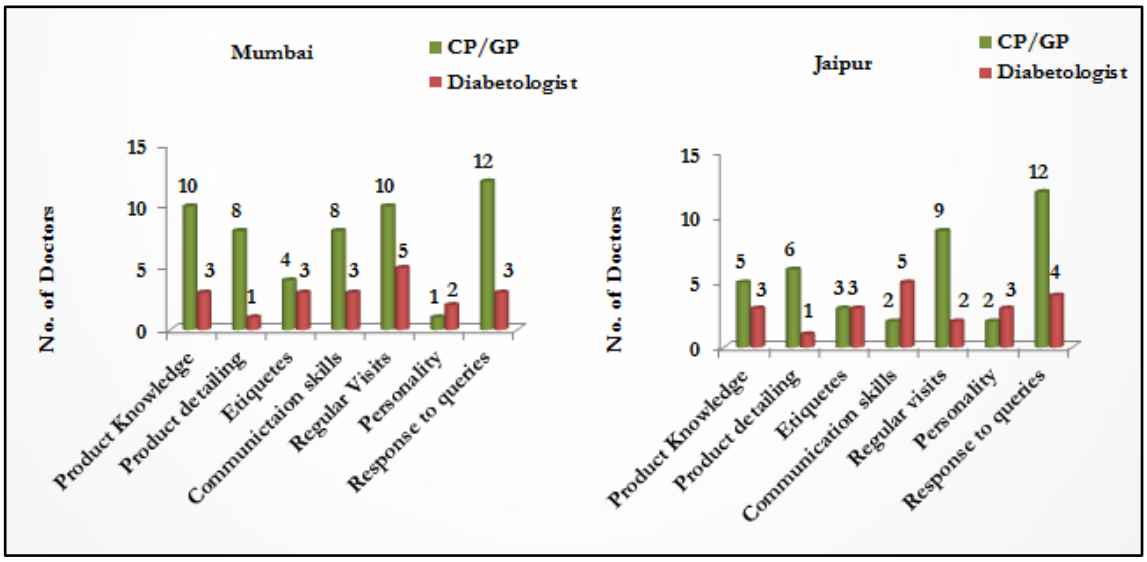


Inference:

Lack of knowledge, low awareness regarding the disease and the treatment are the major **challenges at the nurse level**

12) Factors about a medical representative that influence to prescribe a specific brand

Figure 11



Inference:

In Mumbai doctors expect **a Medical Representative** to have **Product knowledge, Communication skills, Regular visits& being able to respond to queries**

In Jaipur doctors expect **a Medical Representative** to be able **to respond to queries, pay regular visits and should detail the product in a proper way.**

8. RECOMMENDATIONS

1. Early Detection of Diabetes Mellitus would help improve quality of life, the awareness for the same needs to be increased.

2. Lack of diagnostic tools and improper infrastructure should be taken into consideration for effective treatment

3. Diet control plays a major role for patients suffering from Diabetes Mellitus and this should be explained to the patients through videos and articles
4. Live meetings/Webinars should be organised for the doctors for staying updated

5. Nurses should be aware and educated about the disease and side effects of the medicines to treat the patients well.

6. Improve training and development programs for the medical representatives to perform better during field work

7. Motivation for initiation of insulin.

9. CONCLUSION

The study helped to conclude the following:

- The patient pool for Type 2 Diabetes Mellitus is more as compared to Type 1 Diabetes Mellitus in both the cities.
- Fasting sugar test is the most preferred diagnostic tool used for the diagnosis of Diabetes Mellitus
- Hypertension, Obesity & IHD are the most common co morbidities associated with Diabetes Mellitus; these co morbidities should be taken care of while Rxing a drug.
- Metformin being the highest prescribed brand for the treatment of Type 2 Diabetes Mellitus and Insulin for Type 1 Diabetes Mellitus.
- Uncontrolled and severe Diabetes Mellitus patients are referred to Diabetologists; therefore CP/GP should be the prime focused customers.
- **Cost, Quality, Effectiveness & Bioavailability** of the molecule were the factors that **motivated Doctors** to Rx a particular brand, **Scientific Literature , Formulations & Reminders** were some other factors considered by **Diabetologists in Jaipur**
- **CP/GP,** factors such as **cost and quality** are the important factors considered before Rxing a brand; **Diabetologists** considered **communication, creativity, field force visits & Scientific Data** before Rxing a brand

- It was found that the most preferred mode of communication by the doctors that made them believe in a specific brand were Indian studies, International Guidelines. & Comparative studies.

- CME's , live meetings, Association with International societies and Diploma courses are the ways Doctors update themselves through recent trends & developments in the management of Diabetes Mellitus

- Treatment cost & Compliance are major challenges at patient level, at doctor level Irregular follow ups are the major challenges

- Lack of knowledge & low awareness about the disease & treatments are the major challenges at nurse level.

- Medical representatives play a vital role in the pharmaceutical industry and are expected to be well versed with product knowledge, proper detailing, good communication skills and pay regular visits to Doctors.

10.DISCUSSION

The study has helped in deriving few strategic imperatives that can be further used while developing the strategies or campaigns in near future for the brands in management of Diabetes Mellitus.

The derived strategic imperatives on the basis of the conclusion are as follows:

- Patient awareness campaign for type 2 Diabetes Mellitus can be designed as major patient pool is of Type 2 Diabetes Mellitus.
- Diabetes Mellitus Camps can be organized on ‘’World Diabetes Mellitus Day’’ for diagnosis of Diabetes Mellitus, the camps will also help to maintain the relationship with doctors & increase prescription base.
- Preventive therapies as Life style modifications, diet charts & Exercises can be use, these charts can be distributed in the camps to prediabetes patients
- A visual Aid must communicate Cost, Quality, Effectiveness & Bioavailability of the molecule in a creative way (emotional connect with doctor) as they motivate Doctors to Rx a particular brand.
- To authenticate the above data studies on Indian patients can be used, comparative studies to demonstrate the efficacy of a molecule over other in the management of T2DM can be used, authentication with the use of elements such as stamps from the International guidelines can also be used
- Organizing CME’S, Live meetings and associating with international societies for branding

- A chart with probable dates for regular check up can help resolve the compliance issue a bit or a Patient Compliance kit comprising of 7 Day pack.
- An education program for nurses to increase awareness about the disease & the treatments among the nurses
- Proper training & field force motivation through motivating quotes to help them achieve their targets

However the above strategic imperatives can be used in isolation or in combination with each other as per the need of the brand

The limitation of the study is that the study was carried out only in the west zone; the scenario might be different in other zone.

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12. ANNEXURE

1) What is the number of cases seen of T1DM and T2DMby you in your in-clinic practice in a week?

☐ T1DM ☐ T2DM

2) What are the diagnostic tool uses for differential diagnoses of Diabetes Mellitus

_____

_____

_____

3) What are the different co- morbidities associated with Diabetes Mellitus

_____

_____

_____

_____

4) Which are your preferred molecules in management of the following?

DM	Preventive therapy	1st line therapy	2nd line therapy
T1DM			
T2DM			

5) At which stage do you refer a patient to a Diabetologist*(Ask this question only to only a GP/ CP)*

_____

_____

_____

6) What factors motivates you to prescribe any brand?

_____

_____

_____

7) According to you which is the most important factor which you consider before prescribing a brand (Kindly rate 1- lowest 5 – highest)

	1	2	3	4	5
Creativity					
Communication					
Company Image					
Quality					
Relation with the FF					
Molecule					
Cost					
Scientific communication					

8) What kind of communication makes you believe in a specific brand? *(eg. international guidelines, Indian studies, comparative studies, long term studies etc..)*

_____

_____

_____

9) According to you what are the medical education needs in your current in-clinic practice

_____

_____

_____

10) Do you agree there exists a need to update regarding the latest trends in management of CVD

Yes ☐ No ☐

If yes, how do you want to be update on the latest trends and updates? *(Kindly tick)*

i. Live meetings:

ii. Online webcast/ webinars:

iii. International/Global speaker program:

iv. In association with some Indian society:

v. In association with international society:

vi. Diploma courses from international universities:

11) What are the major challenges faced in management of Diabetes Mellitus at different stake holders

a) Patient level -

_____

_____

_____

b) Doctor level -

_____

_____

_____

c) Nurses and Paramedic level-

_____

_____

_____

12) What about a medical representative influence you to prescribe a specific brand

(Kindly rate 1- lowest 5 – highest)

	1	2	3	4	5
Product knowledge					
Product detailing					
Etiquettes					
Communication skills					
Regular visit					
Personality (dressing and grooming)					
Responsive to queries					