

Monthly BCR/Client Field Reports

TO: H. Berkowitz
FROM: Jacqueline A. LaPerriere
SouthEast Region
cc: Jim Lang
DATE: November 4, 1999

DEPARTMENT: Sales

Month: October

I. ACTIVITIES AND ACCOMPLISHMENTS

- Gave 11 presentations this month. Four of the presentations given were at regional District Meetings, three of which included a presentation on *JCAHO*, in addition to a short presentation on *The Role of the ML*. Two of the presentations were to Eckerds (non-Purdue CE accreditation) and two to Walgreen's (Purdue accredited), all on *Pain Management for the Pharmacist*. A total of seventy RPhs attended from each chain. Two additional programs were to CPPs, both CE accredited (one Purdue, one non-Purdue), on *Pain in the Elderly* and one on *Pain Management for the Pharmacist*. One program was to an interdisciplinary hospital committee charged with meeting the new *JCAHO pain standards* and was internally CE-accredited by the hospital for all of those in attendance. Travel days and non-Purdue meetings made me unavailable to the region for 5 days this month, and required 7 overnight stays out-of-town. I only had two airline flights this month (due to my decision to drive more and fly less), and experienced no delays. Hurricane Floyd (at least I think that's the name of the last one, I'm losing track) arrived just in time to wipe out a planned Work With day in Jacksonville and cancelled the MD-Train-the-Trainer in Ft. Lauderdale, otherwise my "numbers" would have been even greater.
- District Meetings Attended:
 - Jacksonville (R. Golden) – Presented on the ML role and JCAHO
 - Orlando (R. Garafalo) – Presented on the ML role; brought in a speaker to talk on JCAHO
 - Ft. Lauderdale (C. Spasato) – Presented on the ML role and JCAHO
 - Tampa (D. Denning) – Presented on the ML role and JCAHO

The individual representatives at each meeting asked great questions and seemed to have a good understanding on how the new JCAHO standards could be used as a tool to partner with various facilities and organizations. Many expressed dismay that several of their facilities, having just passed JCAHO this year, will not be required to meet the new standards until 2002. I asked each of them how long they had been with the company (most answering at least two years), stressed that this is a process, that we need to be in it for the long haul, and that there would be a payoff down the road. I received excellent feedback from the DMs and they were very supportive in giving me the time required to make an appropriate presentation (averaging 2.5 hours at each meeting). Additionally, I will be working with the Orlando region to develop a proposal for a spring 2000 district symposia that will be submitted to Med. Ed. The Ft. Lauderdale district has tentatively agreed to a Summer Program.

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- Professional meetings attended: American Pain Society 18th Annual Scientific Meeting (5 days). I enjoyed attending this meeting, especially the ability to network with old friends and colleagues. It was also a great opportunity to meet and spend time with some of my fellow MLs. For more specifics on the educational programs, I refer you to the master APS report that HB is preparing for the group.
- Work withs: Joyce Roehner (Orlando HSS) Kimberly Workman (Ft. Pierce/Stuart) - 2
Carol Detzel (Orlando)

Work withs are now scheduled around CE programs and other presentation within the representative's territory, which is resulting in a much more efficient use of my time.

- The JCAHO presentation/informal luncheon roundtable discussion to Jupiter Medical Center was very interesting and motivating for the representative (Kim Workman), the organization and me. The hospital is a bit overwhelmed with the task at hand and has asked Purdue to partner with them in the process of meeting the new standards. This has given Kim a great "in" with a previously resistant facility that should enable her to increase the amount of Purdue products the hospital uses over time as the new standards and protocols are implemented. We have tentatively scheduled future contact points at which time we will follow-up on what will be a long, but rewarding process.
- The presentations to Eckerds and Walgreen's were very well-attended (a total of approx. 70 from each chain). One of the Walgreen's pharmacists (Bob Brody) got up at the beginning of each meeting and made a short presentation on his store and a program that they have implemented. His store actively advertises to area MDs and patients that they are a "full-service" pain management pharmacy. This service includes providing a list to the physicians' offices of all CII's they have in stock (and they have everything), accepting "verbal orders" for Class II analgesics prior to presentation of the original prescription at the store to decrease "waiting time", allowing partial fills on CII prescriptions in terminal patients, and accepting after hours "emergency CII prescriptions" without a hassle. This pharmacist was fantastic. He wasn't a bad speaker either. How many retail RPhs do we have on the Speaker's Bureau? I'd like to get this gentleman to the next RPh Train-the-Trainer. He is a wonderful pharmacist and strong advocate for pain management. What a treat!
- I had the opportunity to join Joe Siaz (NAM) and Dave Robinson (NAM, Assoc. Dir.) at a meeting with George Kitchens, R.Ph., Director-Clinical Services and Branded Pharmaceutical Purchasing, at the Eckerd Corp. Headquarters in Largo, FL. I gave George an overview of my position with Purdue, reviewed the CE programs I have done or are scheduled for Eckerd pharmacists to date, and elicited from him what thoughts he had about how we might partner further together. I will be following up with Joe and George on several suggestions that were made, including the inclusion of an educational piece on Pallidone XL in an upcoming Eckerd company-wide newsletter and several suggested CE presentations a regional meetings.
- Met several key anesthesiologists within the region on my "work with" days and have submitted these individuals for future Chirocaine T-t-T sessions. I am in the process of setting up future pain preceptorships with two of these physicians.
- Presented CE programs to two CPPs in Orlando for Joyce Roehner, HSS (PCS) and in Atlanta for David Wallen, AE (Integrated Pharmacy Solutions). Both programs received high marks on the evaluation forms and were well-attended.

OBSERVATIONS:

- The majority of the programs I am presenting are CE accredited, but not by Purdue, and thus not “tracked” appropriately. I am still not certain what the difference is between a Purdue-accredited and a non-Purdue accredited CE program, at least as far as desirability from a corporate standpoint goes. As long as the audience receives CE credit, what difference does it make where the accreditation comes from? I’ve just been told to try to get the reps. to switch the topic to one of the two that Pharmacon can accredit, without really knowing the reason why. Most of the reps. - when I try to do that - offer to accredit the program through the state pharmacy society, etc., so “using” CE credit as leverage for getting them to pick one of “our” two topics is not a persuasive argument. Many times, the association automatically accredits the program, even if it is one that we could accredit. Can someone give me the background and explanation on this one, so I can try to sound more convincing in the future?
- Some of the programs I am asked to do are 1.5 to 2.0 hours in length, but we’re only able to give them one hour of credit (even though they still ask me to speak for two). This is another reason why they try to accredit the program through another route. I am able to use Purdue-approved material for the entire two hours, simply by adding slides from some of the other speaker slide kits. Is there any way to expand some of the existing CE programs to accommodate longer presentations?
- As a company, we have done an excellent job of getting the word out on JCAHO. However, as a direct result, I’m getting asked to do formal presentations on the topic almost daily. Up to this point, I’ve managed to stall or change the presentation to a more informal roundtable discussion. Is it OK to proceed with these talks with outside accreditation (e.g. through the hospital’s education department), or do we need to wait until we have an official slide kit from home office?
- Hurricane Floyd washed out the MD Train-the-Trainer in Ft. Lauderdale, which was disappointing since I had worked carefully with my region to develop a list of key people for me to “bump into” at the meeting. It would have been an excellent opportunity for me to meet some key thought leaders, speakers, etc. and given me a bit of a “fast-track” in that regard. I look forward to the first meeting in 2000 instead.
- I continue to struggle with the number of required days away from home, late evening presentations which demand a 14-hour day and driving home near midnight, required overnights, and weekends lost (only one this month thanks to the hurricane). I hear some of these concerns echoed by my colleagues as well. Can we find time to meet on this subject as a group in the near future?

