

Webinar Question & Answers

What is the physician suicide rate compared to other HCPs (dentists, nurses, NPs, PAs)?

Male **dentists** hold the highest **suicide rate** at 8.02 percent. Female **dentists** hold the fourth highest **suicide rate** at 5.28 percent. Physicians (7.87 percent), pharmacists (7.19 percent) and nurses (6.56 percent) also hold **suicide rates** much higher than the national average. Rates for PA's were not reported out in any source that I accessed.

Are those true anesthesiologists or Pain Management physicians?

It was all physicians who list their specialty as Anesthesiology

How did you determine that burned out physicians (Rheum's) did not conduct market research?

The five item burnout scale shown in the presentation was included in the segmentation questionnaire. Substantially fewer than the national Rheum average of 46% reported in this questionnaire that they were burned out.

Do you have any thoughts as to whether or not the highest decile, highest prescribing docs are burned out at a higher or lesser rate?

This is an excellent question. Unfortunately, I have no data on this.

Do we think any forms of market research are more likely to capture the full breadth of physicians? e.g., video qual vs in-person qual; certain types of quant vs others?

Based on refusal rates, it is generally true that methodologies that require the least time and aggravation on the part of the physician have the highest response rates and thus minimize non-response bias.

Is market research contributing to physician burnout?

Yes and no. Because it can place significant additional time burdens on physicians, marketing research can contribute to burnout. On the other hand, the honoraria paid to respondents can help to alleviate the contribution to burnout made by financial pressures on the physician.

Do you believe physicians are understating burnout as they do with depression? Especially Male Physicians?

Quite possibly. Two considerations here. First, most questionnaires that deal with the topic are dealing with the “I feel it all the time” variety of burnout, which hovers around 50% of doctors. Forbes reports that 78% of physicians go through at least “episodes” of burnout. In addition, since virtually all physicians are facing the same stresses in their environments, it is hard to believe that every physician doesn’t have some level of burnout.

Does dealing with paperwork & other hassles increase the value even more of a brand getting unhindered access?

Absolutely! As noted in the Rheumatology case study, prior authorization and other insurance-related hassles are major contributors to physician burnout.

If we do add those burnout assessment questions, what could be done with those results in terms of overall interpretation and implications to the MR study?

Several practical uses can be made of the answers to these questions. Two primary examples consist of getting an understanding of how responses to other questions vary by burnout level. The other is to assist in a meaningful segmentation effort.

What do you see as the role of the pharmaceutical marketer in addressing this issue? Is our role to *address* the issue, or *be aware of the bias in our research studies*?

I believe that this is one of the most important questions that we dealt with briefly today, and requires a whole series of answers. First, as I commented today, I believe that it is the responsibility of the pharmaceutical marketer and marketing researcher to be aware of the high level and ubiquity of burnout amongst physicians and other HCP’s so that

they can focus on not making the problem worse. Consciousness raising is essential for all of the client facing team members. This is our ethical responsibility.

Second, especially for those marketing “high touch” products, the marketer should be conscious of making her marketing approach as user friendly as possible. As little time of the doctor’s time as possible should be taken up in getting the message across. Additionally, any “programs” that can be wrapped around the product to increase its ease of use, e.g. preauthorization assistance and attention to formulary approval and status, should be attended to.

Finally, possible PR points could be scored for the industry by providing support for programs that are designed to ameliorate HCP burnout.

Is there any growing politicization or activism among physicians to push for a different health care payer system based on their negative experiences and attitudes towards reimbursements/insurance concerns?

Not that I am aware of. Physicians have been notoriously unsophisticated in dealing with forces affecting their profession. While I have seen numerous magazine articles and blogs calling for a “physician union,” there is no constructive movement in that direction that I am aware of,

Have you done any research around physician burnout due to inaccurate and outdated FMV or very long screeners?

We have not done research on this. BUT. Common sense and anecdotal experience supports the notion that any aggravation of any kind that is thrown at the physician, especially if the doctor is not compensated for her time, adds to the level of physician burnout.

Are the survey results based solely on US HCPs?

It is a “National Study” in the US only. A link to the study results <https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460>