

# Sermo | Posting Details -

<https://md.sermo.com/medical/ticket/details?nav=on&id=11042>

## From Pfizer: Sermo Collaboration

59 have answered

My Rating: 

Average Rating:  (19 ratings)

### From Pfizer: Sermo Collaboration

On behalf of Pfizer, I am excited to post here for the first time. As per Dr. Palestrant's [post](#) stated this morning, today Pfizer announced that we will begin to explore new ways to work together and create a new avenue for peer-to-peer information sharing between your community and Pfizer clinical experts.

Through Sermo, you are changing the way physicians communicate and it is clear that more physicians are engaging in this forum every day. It is important to Pfizer that we work to better understand how we can be of value to you and provide timely, accurate, and balanced information about medicines and clinical data for the benefit of your patients.

The first step in this collaboration will be spent working with you to establish carefully-defined standards and services for pharmaceutical companies to share information across this space. In addition we will be opening a series of dialogues with you to discuss our mutual thoughts about how Pfizer can have a productive role in this space. I will personally solicit your insights and encourage your feedback throughout this process. Some issues we may want to explore together might include:

- How should Pfizer engage with physicians in this environment?
- What can Pfizer offer you in this new forum that can help you improve patient care?

Rather than relying on traditional means of reaching physicians, we recognize that we need to better harness new technologies and collaboration advances to serve you and your patients better. The Sermo community and Pfizer both believe in that principle and thus our collaboration makes a lot of sense to us. You will not see banner ads or excessive postings. Our intent, down the road from now, is to appropriately become a real-time asset to your practice and ultimately, your patients.

I welcome your comments and questions as we work together over the next few months to build a long-lasting and valuable relationship with the Sermo community. I am going to listen to what you have to say this afternoon and respond by end of day, with follow up on a regular basis.

Regards,

Michael Berelowitz, MD  
Senior Vice President of Global Medical and New York Site Head of Worldwide Development for Pfizer

#### Tags

[from pfizer](#) , [pfizer](#)

Category: [Sermo Specific](#)

 Posted on October 15, 2007 by a Sermo Client

Posting ID: 11042

#### Select your answer:

- 1. I think that first, we need to get to the place where we feel that you can trust you and have some confidence that this will be a give and take relationship, and not just another example of physicians being screwed by big PHRMA.
- 2. Whenever you get wind of a post relating to the use of one of your products you should weigh in.
- 3. First you will have to be accepted like all new members. You will be judged by what YOU write. The ball is in your court.
- 4. We need to see effort on the part of Pfizer to address the issues with answers not excuses
- 5. You can be a leader in the battle to save primary care. The death of your family docs will kill your biggest prescribers. That's your bottom line.
- 6. stop direct to consumer advertising
- 7. See comments.
- 8. Direct consumer advertising is a bane to physicians and to the national health budget.Can Pfizer provide physicians with a satisfactory answer to this question?
- 9. Until recently, pharmaceutical companies have enjoyed a fairly good reputation of bringing miracle treatments to millions, such as developments in cancer treatment, diabetes, and cardiovascular disease. The current, somewhat fashionable trend to 'bash' the pharmaceutical companies is complex and multi-factorial; some of it is self-inflicted (i.e. direct to consumer marketing).  
  
The notion that a physician or institution is somehow more 'academically pure' or more removed from the health care cost crisis by distancing themselves from the pharmaceutical companies is self-serving, and continued finger pointing by physicians, third party payers, the federal government, and pharmaceutical companies is extremely counter-productive. All of these parties should be working together to solve the complex health issues faced in the U.S. today.
- 10. Sermo physicians need to realize that Pfizer's comments about specific drugs are limited by Federal law and regulations. But given those constraints, there can be some good dialog on non-product specific issues. However, I have why of the 8 prepared answers for this question 2 were anti-DTC? Overall, for this to be successful it needs to be a two way collaboration and information exchange, and not just "what can Pfizer do for me...." from the Sermo physicians.
- 11. You can provide value to myself and my specialty (Family Medicine) by completely shifting your paradigm as a for profit entity. Stop direct to consumer advertising, stop detail people in offices, support outpatient based evidence based research. I do not trust you to provide me with balanced information.
- 12. Discuss meaningful ways that Pfizer can lower medication costs for patients. Eliminate direct to consumer advertising.
- 13. what does Pfizer want to talk about?
- 14. I'd like to add my own answer

#### Comments (29)

[louermid](#) Emergency Medicine

Oct 15, 2007 at 11:59 AM

Michael.....welcome to the sermorgy prepare to get knocked around for a while.....and just remember that which don't kill va onlv make va stronae" now let the feedina frenzv

.....da da.....da..da.....(theme to jaws)

Start with reviewing an old post of mine called Intrathecal Rocephin for purulent meningitis....and while your at it send me a few pens.....I'm running low

When reps make visits to my office they are usually nice and understanding. The MANAGERS are generally jerks. I am enforcing a rule that no managers can come to my office as they are disrespectful of my time. I realize they are businessmen, but some have been so rude and self serving that I don't even want to see the rep in my office after their visit.

[md.sermo.com](http://md.sermo.com)

here it is

Agree with louermd. Don't take the comments too seriously, but do LISTEN.

- I would suggest getting our advice on some simple study design and which studies doctors really want to see.
- Instruct your reps better in basic science and statistics
- Really listen to what we are saying when we start to get nervous about side-effects. Get answers no excuses. You can't B.S. 30,000 B.S.ers.
- This relationship can work if you Listen and give us the information we need.
- This can give you a window to the real front lines of medicine. You guys have the chance to be our embedded reporters.
- Just don't ignore or excuse bad behavior- It will not be tolerated by most of us.

Do I think this will work- Yes, but both sides must try

Famous quote-

I find a kind word and a big stick works better than a kind word alone- Al Capone

Sermo is our big stick

Enjoy the Island of Sermo- but mind your p's and q's

Hi Michael,

Here's what you can do for me:

A massive - and I mean \*massive\* media campaign to educate the public that :

- 1) Not every sniffle is 'depression' or 'bipolar'. Unhappiness, moodiness and so on are normal parts of life.
- 2) 'Chemical imbalance' is a myth, as you know very well, Michael - share this information with the public.
- 3) THE single best treatment for most psychological ailments is through psychological means and that even when medication is given it must be given within the context of treatment with your psychiatrist.
- 4) That when you're feeling down, your best bet is to go to a psychiatrist to talk. To talk. Once a week for an hour.

In short, launch a massive media campaign for the return of psychotherapy, and by PSYCHIATRISTS, and then I'll believe you're out to do good.

---

Welcome Michael.

I realize that you work for Pfizer and as such should represent them as an employee, but is what you write your words or is it reviewed, edited or changed or monitored by others in your company

---

Ohhh....I luv that capone quote...I'm gonna use it.....

p.s. direct marketing to patients is starting to piss all of us off.....I'm gonnay start giving them all your home phone number if they continue to ask for new meds by brand name.....

---

Big Pharma, you need to start lobbying for fair reimbursment of primary care. Your biggest prescribers are leaving in droves. No access, no doc, no prescription, no revenue, no stock appreciation, worthless expiring stock options.

Least you wake up one day and find no docs to prescribe your meds.

---

I can't honestly offer you "Welcome", even though I am not completely against PhRMA invasion of Sermo at this time. I do have a lot of questions, but most of them are unanswerable as yet. What you can do for now is answer these:

1. Who are the current Sermo members that work for Pfizer? Please elaborate... usernames will suffice, but I really would like to know who has been here prior to your announcement post.
2. Have you - Michael Berelowitz, MD - posted (or commented or lurked) here prior to announcing yourself "for the first time"? Please elaborate...

In my opinion, if this is to work without harming Sermo, you all (PhRMA personnel, including physicians) need to be honest - completely honest - and up front. I don't think that "us" telling you what to post about will necessarily be very helpful at this time.

---

Welcome (as hard as it is for me to say)

First & foremost- keep your word - the last sentence on your post that , you will respond to the comments , concerns & make this interactive.

Obviously there will be a lot for Pfizer or any other pharma to learn from this community and understand the reasons for the strained relations (I do not any opinion one way or other. I have not seen a Pfizer rep in past 10 years anyway to have an opinion)

Many of us have hard feelings about the way pharma operates and changes especially in the marketing model has alienated a lot . Previously drug companies worked with and through the physicians to promote the drugs. Suddenly it became all about your 5 yr old kid coming to tell you to ask you doctor about xx, or a patient asking you about that butterfly medicine name of

of a patient asking you about that battery medicine, name of which he can't remember. Whereas the physician has never been briefed by a rep, never given any info on the product first hand, so much to annoy & make the physician hostile enough to pledge that if something is on TV, s/he would not prescribe it as a rule.

Other physicians have other concerns about marketing strategies.

There are lots of other concerns in variety of other areas.

If you would listen and be willing to learn from it and if that causes behavioral changes in approach, a lot of us will appreciate.

---

[tharris72](#) Obstetrics

Oct 15, 2007 at 12:50 PM

Agree with louermd - get rid of DTC advertising. Unfortunately, I realize that Pfizer won't do this until everybody does - unless you want to be a trendsetter and make us your almost immediate friend...

---

[louermd](#) Emergency Medicine

Oct 15, 2007 at 12:54 PM

I'll go out on a limb.....you stop direct to consumer advertising then I will vault your meds to the top of my prescribing list.....until then keep the drug lunches coming (I might as well get something for all the crap the consumers put me through)

---

[DocMike2007](#) Family Medicine

Oct 15, 2007 at 1:58 PM

Hi Michael - nice to be in touch again.... albeit on-line and a bit distant. I think this endeavor with Sermo is an interesting one for the new Pfizer, and I hope it proves successful. Best Wishes, Michael D. Miller, MD (former Pfizer employee).

---

[ConcealedWeapon](#) Psychiatry

Oct 15, 2007 at 2:00 PM

DTC has been fantastically profitable for pharmaceutical companies. You guys really think they are going to risk that because we think its a good idea?

Nothing personal Dr. Berelowitz, but I can't really welcome you. You are now the consumer who pays this business for a product (us). I didn't sign on to be a marketable product (though I understand some of us DO receive payment). I think my colleagues are being naive. But since I appreciate and basically trust them, I will stay on this bus ride for now.

---

[dead72](#) Family Medicine

Oct 15, 2007 at 2:00 PM

Until recently, pharmaceutical companies have enjoyed a fairly good reputation of bringing miracle treatments to millions, such as developments in cancer treatment, diabetes, and cardiovascular disease. The current, somewhat fashionable trend to 'bash' the pharmaceutical companies is complex and multi-factorial; some of it is self-inflicted (i.e. direct to consumer marketing).

The notion that a physician or institution is somehow more 'academically pure' or more removed from the health care cost crisis by distancing themselves from the pharmaceutical companies is self-serving, and continued finger pointing by physicians, third party payers, the federal government, and pharmaceutical companies is extremely counter-productive. All of these parties should be working together to solve the complex health issues faced in the U.S. today.

Until recently, pharmaceutical companies have enjoyed a fairly good reputation of bringing miracle treatments to millions, such as developments in cancer treatment, diabetes, and cardiovascular disease. The current, somewhat fashionable trend to 'bash' the pharmaceutical companies is complex and

tend to blame the pharmaceutical companies is complex and multi-factorial; some of it is self-inflicted (i.e. direct to consumer marketing). The notion that a physician or institution is somehow more 'academically pure' or more removed from the health care cost crisis by distancing themselves from the pharmaceutical companies is self-serving, and continued finger pointing by physicians, third party payers, the federal government, and pharmaceutical companies is extremely counter-productive. All of these parties should be working together to solve the complex health issues faced in the U.S. today.

---

[rholzmac](#) Nephrology

Oct 15, 2007 at 2:08 PM

If I see one more add on tv selling a drug, trying to talk the general public into medical illness ..."if you feel this or have that then you may suffer from....." I am going to loose it. I agree with the above comments, I almost go out of my way to avoid that medicine. Drug reps drive me crazy. Respect my time. don't get mad if I can't see you in the middle of a busy clinic. Don't show up every week and tell me the same story. And don't lie about the competitions product.

---

[tnyemd](#) Internal Medicine

Oct 15, 2007 at 2:11 PM

I believe some of the "critical discussions" that Sermo docs and Pfizer should engage in pertain largely to reducing the cost of medications. This is a universal problem but one Pfizer could be a leader in promoting. I'm not talking about patient assistance programs, which are a pain in the behind to initiate and manage, or discount cards that artificially reduce costs until the card expires and cost shoots up. I am talking about across-the-board, meaningful drops in prescription medication cost. If retailers like Wal-Mart can sell generics for \$4/month surely the price of the name brands can be reduced. I realize there are research & development costs to recoup, but today's price point of \$150/month or more for most new medications is absurd.

I agree with the other problem posted, which is direct to consumer advertising. There is nothing well-intended about this. It does not educate patients. It is purely a method to boost sales. Admit it and get rid of it. Be a leader in this area, too.

---

[johnbcarson](#) Emergency Medicine

Oct 15, 2007 at 2:23 PM

Sorry. Sermo is now "queered." I hadn't logged in for who knows how long. It took Pfizer to prompt this log on. So, Pfizer, adios. And sermo, adios to you, too. It was a great idea. Too bad it was sold out. But that is exactly what happened. Pfizer, if you have any ethics, and I don't think you do, you will pull out and leave us alone.

---

[louermid](#) Emergency Medicine

Oct 15, 2007 at 2:27 PM

let's see....his rank is like 17,000 bye johnbcarson....don't let the mouse hit you on the way out.....bumbs me out that dudes in EM.....couldn't he have been a pediatrician?

---

[ncpeds](#) Pediatrics

Oct 15, 2007 at 2:34 PM

So I won't see your drug reps (or any others)- now you've found this way to influence me- I'm impressed. I'll continue logging on for the time being. The first time I smell any kind of rat (I'm getting the faintest odor now)- I'm outta here!

---

[ReddRiver](#) Hematology/Oncology

Oct 15, 2007 at 3:01 PM

For the most part, I am leery (?leary) of drug companies. But I'm still young enough and naive enough to see benefit from my

drug reps. Or I've just been blessed with really good reps. Perhaps my specialty promotes this.

I understand that the reps have a job to do, just like I have a job to do. I think that some of them are better at their jobs than others, however, just like in medicine...you have good docs and not so good docs.

I base my treatment choices on ALL the available data, not just what the rep is peddling that day. I inform my reps of this, too, and if I feel I'm being "bullied", then I kick the rep out. My reps know this about me and are respectful of me and my time. But there is some give and take. If I'm not busy, I do give them time to fill me in on their product.

I think that establishing a dialogue, as long as it's a true dialogue and not just rhetoric, is a fine idea between physicians and drug companies...afterall, aren't we all supposed to be looking out for the interests of our patients? If we can find a way to work together to benefit the patients, then I say, let's give it a try. Of course, I don't know if my opinion around here counts for much...given my Sermo ranking...

So, you are being watched, PHarma. Be careful. This is your shot to make it or break it. Burn us and you will never gain our trust again....

---

[Phildoc](#) Internal Medicine

Oct 15, 2007 at 3:08 PM

While I personally do not feel overly persuaded by pharmaceutical representatives that I would swap their thinking for my own, the public apparently feels otherwise. I feel that it is important that we tread lightly here so that we do not become Pfizer's social network in the public perception.

---

[ReddRiver](#) Hematology/Oncology

Oct 15, 2007 at 3:19 PM

Yes, somehow the public thinks we are trained monkeys who will do anything for a treat when it comes to drug companies. I have never been persuaded to prescribe a medication I didn't feel was effective simply because I was given lunch by a representative of that company. We are able to think for ourselves.

On that note, too, it really gets my goat that politicians take all kinds of gifts from lobbyists and yet we aren't to question whether they are influenced by those gifts. Yet the lunch from Chick-Fil-A brought in by a drug company is supposed to sway my thinking...double standards!!!

---

[drjoint](#) Rheumatology

Oct 15, 2007 at 3:25 PM

this is a very good discussion, as a matter of fact i am in agreement with most of the responses poster if not all... let the truth come out about our feelings towards drug co.

---

[pauldorjo](#) Radiology

Oct 15, 2007 at 3:29 PM

It is apparent, from some of the posts already, that there is an obvious lack of trust when it comes to vendors asking the advice or input of physicians. The reasons are simple - mainly it comes from the constant barrage of media coverage, commercials designed to be viewed by the average, non-medically-educated consumer and also from the constant visits by various representatives. What most people don't know or fail to recall is that those same representatives who seem so "nice and friendly" are actually working on commission. Of course they are going to be nice and friendly - and (not to sound sexist)

usually they are attractive individuals of whichever appropriate sex. My main issue with reps of all kinds is that they are basically peddling wares. Does peddling need to occur at all? Or maybe, could we have some evidenced-based information sent to our offices, allowing us or our support staff determine whether a purchase is reasonable.

---

[signaturedoc](#) Internal Medicine

Oct 15, 2007 at 3:42 PM

My requests-

Get rid of "Viva Viagra" - e any patient that sings that song automatically gets samples of Levitra.

Design ethical studies- studying Torcetrapib only with Lipitor was unethical and if torcetrapib had been successful, many lives would be affected adversely by this pairing. See my letter to the editor in NEJM. [content.nejm.org](http://content.nejm.org)

Teach reps Number Needed to Treat and Absolute Risk Reduction, or at least let them talk about it- they probably know it but 40% relative risk reduction sounds so much better than an absolute risk reduction from 4% to 2.6%.

And, finally welcome to Sermo.

---

[ncpeds](#) Pediatrics

Oct 15, 2007 at 3:43 PM

If we weren't influenced by the drug reps and "free" lunches, Big Pharma wouldn't spend the money on it. To think otherwise is fooling yourself. That doesn't mean we're "trained monkeys"- it's just the way advertising works.

The only solution is to stop seeing reps. (And stop logging on to Sermo if the Pfizer influence gets to be too much). Here's my prediction: it will, or they wouldn't be giving Sermo the cash.

---

[d3r6h5](#) Internal Medicine

Oct 15, 2007 at 3:58 PM

First I have practiced 57 years. For years we were served by usually knowledgeable detail reps of the pharmaceutical world. Now I am constantly bombarded by patients requesting this medication or that medication because they saw the ads on TV. I think this advertising is one of the worst things to happen to medicine. You now hve the patient trying to tell the patient what medications with which they wish to be treated. I find myself refusing tmore and more to prescribe a product constantly seen on TV or ing the media advertising. There is one thing about a news release and it is over. The damned advertising goes on and on. I realize you are in the business to make money, but going directly to the patient gives them the right to believe their doctor is uninformed and not up to date, if he/she doesn't write the desired prescription.

The price of prescriptions are totally out of reason. Prescription prices are set up as if every one has prescription insurance.

The price of everyone of my own prescriptions has increased this year and will continue to increas regularly as long as the insurance company can increase the premiums to pay for those with coverage.

Until there is new evidence that a new product is safe and is as good as an existing product, I see no reason to prescribe the new product.

