

# **Interview with Patrick Oscar, Director General, GERS - Groupement pour l'Elaboration et la Réalisation de Statistiques**

---

04.02.2010

---

**CIP and GERS have very unique relationships with the pharmaceutical industry. Could you elaborate on the role of these two bodies?**

Club Inter-pharmaceutique (CIP) is a professional association created in 1964. Its mission is to bring together the main stakeholders involved in the pharmaceutical industry; from pharmaceutical companies to wholesalers, pharmacies, and hospitals.

The main role of this association is to deal with all the codification issues regarding pharmaceutical products; this being closely linked to AFSSAPS (French Drug Agency). In France, every pharmaceutical product has to be tagged with a CIP code, which is allocated once AFSSAPS has granted a marketing authorization. Previously, the French pharmaceutical industry codification system used 7 digit codes. This will change to a 13 digit international structure.

CIPs' second commitment is based on normalization throughout the supply chain. For instance, when a health topic raises interest among the main key players, CIP organizes and coordinates working groups. Significant topics, such as traceability, are studied and guidelines documents are published in "Cahiers CIP/ACL" to help the industry move forward. As of January 2011, traceability for all medicines will be carried out through the new Data Matrix system in accordance with the decisions specified by the CIP working group.

CIP's third purpose is to promote technical exchanges between the pharmaceutical industry's leaders and the French Health authorities. CIP is also closely linked to other health bodies such as

the National Pharmacists Order (Conseil de l'Ordre des Pharmaciens). For instance, a new convention was signed whereby data concerning hospital pharmacies can be electronically downloaded to CIP. This was of particular importance when the Health authorities had to organize the distribution of H1N1 vaccines and masks.

In a word, CIP is a technical organization working with and for the pharmaceutical industry and its various professional organizations.

GERS is a quantitative surveys company dedicated to pharmaceutical field. GERS was created in 1974 on the initiative of pharmaceutical companies operating in France with a single objective: to provide decision makers and sales force teams with indicators measuring sales performance and markets potential.

GERS started first with data measuring sales to retail pharmacies and hospital pharmacies of all pharmaceutical products commercialized in France. These data have the advantage to be exhaustive as 100% of wholesalers' sales to retail pharmacies are pooled with all direct sales to pharmacies. Whereas wholesalers' data are purchased by GERS, direct sales are provided by each French pharmaceutical company. Results are obviously adapted to sales territories of each company, France being divided in 746 geographical sales territories. Hospital results, by therapeutic class, are also available at hospital and clinic level.

GERS has evolved over time and we have been offering, since 2007, sales to customers data, built from a large panel of French retail pharmacies. Our comprehensive knowledge of the French pharmaceutical market (100% of retail sales by retail pharmacy) is a consistent key, helping us to build recognized accurate data.

The third kind of data describes hospitals and clinics' activity, through PMSI (French equivalent of DRG, i.e. Diagnosis-related group). This new range of exhaustive data, matched with sales data, brings new solutions to pharmaceutical companies. Hospitals' market potential can be assessed in number of hospital stays, or patients, for each and every hospital and clinic. In some cases, it is possible to split treatments consumption of inpatients, diagnosis by diagnosis.

Moreover, because of their accuracy, GERS data are used by the French Ministry of Health and also by the CEPS (i.e. Comité Economique des Produits de Santé. CEPS agency is in charge of fixing treatments prices and regulating pharmaceutical expenses. The accuracy of GERS data explains why so many pharmaceutical companies operating in France are using GERS data instead of, or in addition to, IMS figures.

**Madame Bachelot recently pushed forward the HPST law (Hopital Patients Santé Territoires). How will this law affect the pharmaceutical distribution?**

HPST law will create new regional public bodies. Seven regional agencies will be pooled in one implementing both primary and hospital care organization and healthcare public financing. These new 22 big agencies, called ARS (Agences Régionales de Santé), led by one director, having large responsibilities, will impact pharmaceutical companies. No doubt it will conduct them to create new sales force management. As a consequence, we will provide them with hospital and primary care sales data on these new territories.

As this new law will also impact hospital management and improve healthcare access, one can expect still larger consequences. On a medium term basis, regional health policies will emerge, needing new metrics for assessing both public agencies and pharmaceutical companies' performances.

No one like Madame Bachelot succeeded in putting in place so many reforms to change the healthcare system in France. It will maybe take time, but when implemented, this new organization will be a big change.

### **At the moment what are the biggest issues facing CIP?**

CIP's main current objective is the implementation of traceability using the Data matrix and CIP13 code, as both are in an international format. France is already at the forefront of Data matrix coding. Other countries will be able to observe the French experience.

### **On behalf of CIP and GERS, do you have a final message that you would like to give to our readers?**

It is obviously difficult to have a sole message for both these organizations, as their objectives are quite different. I would like to add that I am also head of a third body, parallel to CIP: ACL. ACL is involved in the same issues as CIP, dealing with the whole of the health products from medical devices to cosmetics.

As CIP and ACL have much in common, the message we would like to put across is the importance of electronic exchanges in the field of health products through two systems.

First, we will have the implementation of the despatch advice message (DESADV). Then, when a pharmaceutical company launches a new product, it will have to send different types of product data information (identification, regulatory, economic and logistic information) to each wholesaler, hospital and pharmacy. Previously, this communication was done through paper documents; with the help of the new electronic message, information will be sent more rapidly and safely. This will be feasible through the CIP/ACL products databases.

As the pharmaceutical blockbusters model is over, GERS will be developing into more focused fields. As an example, we are preparing to launch new solutions allowing pharmaceutical

companies to improve assessment of commercial operations in retail pharmacies. We are also planning to build new surveys to have an accurate view on how and why hospital treatments are used. These new surveys will complete our current exhaustive hospital sales data we are the only ones to offer.

In the same way, we will reinforce our position as an institutional partner.

[See more interviews](#)