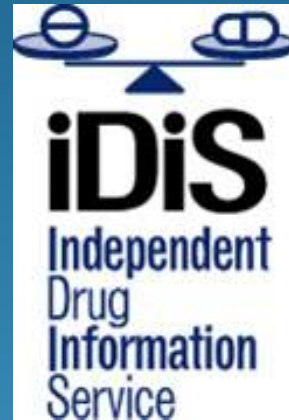
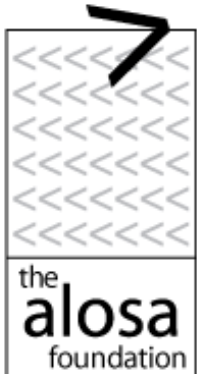


District of Columbia academic detailing program



Balanced data about medications

www.RxFacts.org

Public Oversight Roundtable, 13 November 2009

Jerry Avorn, M.D., Niteesh K. Choudhry, M.D., Ph.D., Will Shrank, M.D.,
M.S.H.S., Michael Fischer, M.D., M.S., Leslie Jackowski, M.B.B.S.,

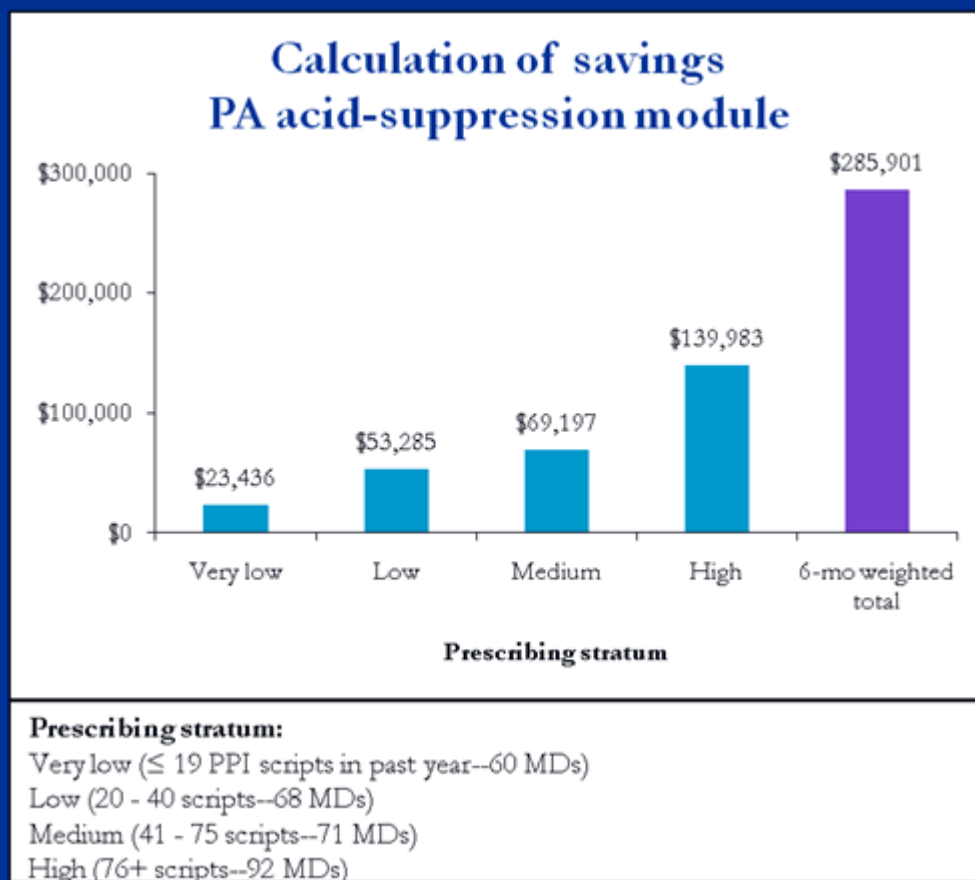
Christiane McCombie RN., B.S.N., Chu Chu Onwuachi-Saunders, M.D., M.P.H.,
Violet Regina, M.S., M.B.A.

The goal of academic detailing

to close the gap
between the best available evidence
and actual prescribing practice,
so that each prescription is based
only on the most current and accurate
evidence about efficacy, safety,
and cost-effectiveness.

Calculation of savings (Pennsylvania acid-suppression module)

Compared prescribing before and after academic detailing visits



Summary of savings from PA PPI module

- \$286,000 less PPI use by intervention physicians vs. comparable MDs in 6 months following 1st visit
- Considers only savings to one insurer (PACE)
 - does not include savings to Medicaid, state employees, other insurers

The District of Columbia academic detailing program

Program objectives

- Optimize therapy for DC-supported beneficiaries
 - Safety, comparative efficacy, and cost of therapeutic options
- Facilitate good therapeutic decision-making by physicians
 - Provide evidence-based resources; independent, unbiased, commercial-free information
- Establish a viable, sustainable educational model
 - Lower costs by providing better medical care for patients and the District of Columbia

Emphasis on quality of care, not just cost

Milestones and Outcomes

Milestone	Date completed
Recruitment of 2 academic detailers (Chu Chu Onwuachi-Saunders M.D. and Ms Christiane McCombie R.N.)	November 2008
Academic detailing workshop	December 2008
Physicians for the program identified, letters of offer sent, and visits solicited (currently > 200 active practitioners)	March 2009
Topic 1: Type 2 diabetes	
Clinical training for detailers in Boston	February 2009
Written materials published	March 2009
Topic up-skilling (review of key messages, analysis of major studies, study of IDIS materials, practicing a visit with a Harvard physician)	March 2009
Visits commence	April 2009
Topic 2: Anti-platelet therapy	
Up-skilling on anti-platelet therapy begins	October 2009
Written materials published	November 2009
Training day for detailers in Boston	November 2009
Visits to commence	December 2009/January 2010

Materials

- materials prepared by Harvard Medical School clinical faculty members
- evidence documents
 - review and assess all recent literature
- “un-advertisements”
- physician reference cards
- patient education materials
 - help facilitate behavior change
- All materials available at www.RxFacts.org

Visits in DC to 11 November 2009

Total number of visits = 598

Total number of unique practitioners seen = 369

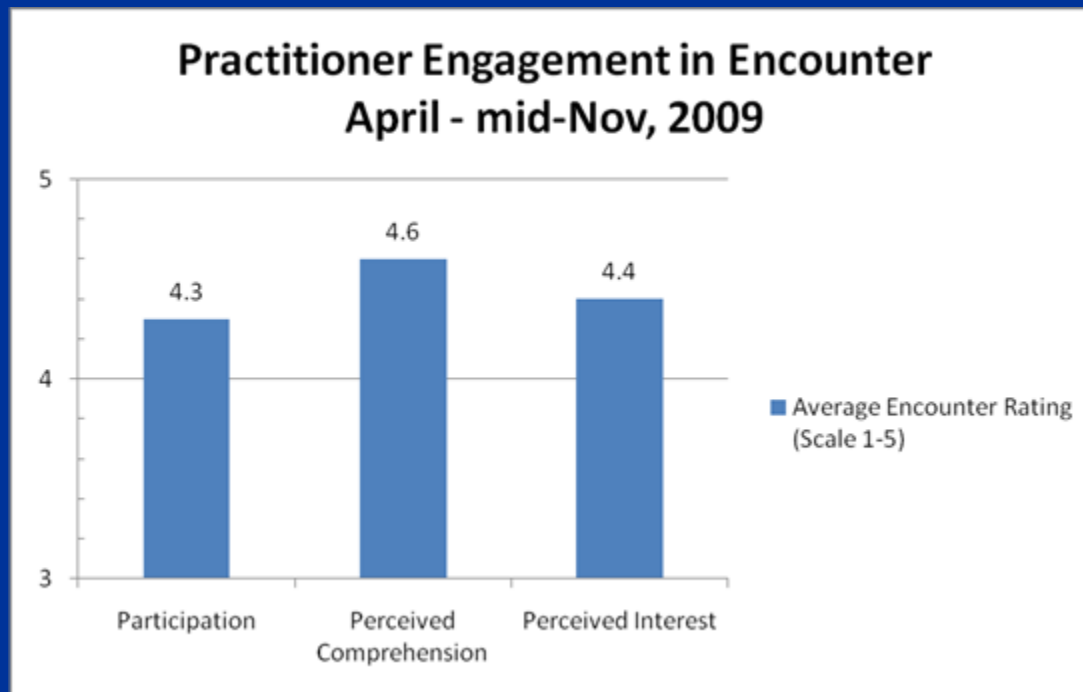
So, in 6 months our 2 detailers have seen between 1/3 and 1/2 of primary care physicians in DC

Physician reaction to the DC program

Qualitative analysis of program effectiveness

An assessment made by the academic detailer of the level of engagement of practitioner during a visit, using 3 parameters : participation, comprehension of topic content, and interest.

The chart below shows the mean ranking for completed visits from April to October 2009 on a scale of 1-5, with five being the best score possible



- One of the key factors for achieving clinical behavior change is the provision of a service that is of clinical use to the practitioner.
- Hence, a **second criterion** for measuring the effectiveness of the program is the acceptance of an offer of another visit on a subsequent topic.
- To date, almost all of the practitioners visited on diabetes have accepted the offer of a second visit (on antiplatelet therapy). Practitioners have often explicitly asked for another visit even before the offer has been made

The **third measure** of the effectiveness of the program can be demonstrated by the following sample of comments and quotes from the practitioners themselves in response to the program. All comments are documented in the program's database.

- Liked that we came to the office. Topic was pertinent to patient population in D.C. He nodded to each key message. Informed about topic but liked key messages. We discussed the next topic being antiplatelet therapy briefly and he was very interested in upcoming topic.
- “. . . very open to the next module . . . going to discuss the iDiS program with the faculty at the next faculty meeting.”
- One physician admitted she wasn’t interested in the program if it was associated with a pharmaceutical company. When assured that the program had no affiliation with the pharmaceutical industry and that the main objective was to provide information from peer reviewed journals, the physician physically applauded.
- “. . . the materials are great want them for the practice and the patients.”
- “. . . really like the service. Can’t understand why any physician would not like to receive it.”
- “. . . not aware of the black box warnings on glitazones and associated fractures with their use.”
- “. . . do not have enough time to keep up with all the research. This service will help a lot.”
- Expressed that the materials were good. Grateful there is something else other than pharmaceutical co. efforts.

Assessment of Impact on Prescribing and Healthcare Costs

- An analysis of the impact of academic detailing on prescribing behavior is dependent on having validated data which links physicians to specific prescriptions for a period of several months before and after an academic detailing visit has occurred.
- Data is required for both prescribers who have been visited on a topic (intervention group) and prescribers who have not had the service (control group).
- The non-visited group is necessary to help control for interventions other than academic detailing that may have had an impact on prescribing behavior.
- An analysis then examines the change in prescribing behavior over time in the academic detailing group compared to the control group.
- It is too early in the course of the academic detailing program in the District of Columbia for such an analysis