Academic Detailing as a Tool to Improve Quality of Care and Reduce Economic Barriers to Antihypertensive Medications

Academic detailing – what is it?

Academic detailing is a service that sends trained clinicians, such as pharmacists, nurses, or doctors, into physicians’ offices to provide independent, unbiased, non-commercial, non-product-driven, evidence-based information on effective drug treatment.\(^1\) Trained in the best clinical evidence for diagnosis and treatment of a condition, academic detailers talk with doctors about what the science shows to be the safest, most beneficial, and most cost-effective treatments available. Academic detailers provide content independently created by practitioners and medical school faculty, and their visits are an efficient way for providers to keep current on the latest findings. In contrast to drug detailers employed by pharmaceutical companies, academic detailers are usually employed by a nonprofit or a public agency and, therefore, do not work on sales commission and are not motivated by profit to promote one product over another.\(^2\)

An increasing number of states are using or exploring academic detailing as a mechanism to improve the quality of care and to increase the value derived from drug coverage programs. While there may be some hesitation to promote an academic detailing program in a state that does not currently have one, a strong argument can be made for pursuing such a program even in a challenging economic environment. Legislation passed in a few states assesses a fee—either flat or a percentage—to pharmaceutical companies that market their drugs within the state. Those funds can be used to support an academic detailing program, costing the state nothing. In addition, several states connect their academic detailing programs with their Medicaid program – the result is that any cost savings seen by appropriate prescribing practices saves the state precious Medicaid dollars.

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\(^1\) Michael Fischer, MD, MS. Improving outcomes through academic detailing. Presentation, September 14, 2010.
What is the potential impact of academic detailing programs?

Several reports and peer-reviewed publications documenting the effectiveness of academic detailing programs have been released. Key points from several reports are summarized below.

Cost-Effectiveness

- Harvard Medical School and Brigham and Women’s Hospital found that for every $1 spent on academic detailing, drug costs are reduced by $2.\(^3\)
- Educational visits substantially reduced the number of prescriptions for three often overused drugs. The cost reduction in the first year offset the cost of running the program.\(^4\) However, this study was conducted in the 1980s and prescription costs have risen since then.
- Pennsylvania’s academic detailing program (PACE) showed reduced costs of $120 per month per patient. Over the course of a year, this could save $572,000, which is about half of the total academic detailing program costs of $1 million. These savings were only for one class of drugs and only for physicians in the PACE program. Thus, the savings probably underestimate those that could be realized through a more comprehensive implementation of the program.\(^5\)

Cost-Savings for Hypertension

- In reference to high blood pressure medication, “the evidence shows that for most patients, the first choice drug should be an inexpensive thiazide.... The potential US savings from appropriate use of thiazides is estimated at $433 million a year.”\(^6\)
- After physicians participated in an academic detailing program, patients currently prescribed antihypertension medications were not switched to less expensive medications. Instead, physicians simply prescribed the less expensive medications to newly diagnosed patients.\(^7\)

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\(^6\) See 5.
Who has implemented academic detailing programs?


<table>
<thead>
<tr>
<th>State</th>
<th>Website</th>
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<tbody>
<tr>
<td>District of Columbia</td>
<td><a href="http://rxfacts.org/">http://rxfacts.org/</a></td>
</tr>
<tr>
<td>Idaho</td>
<td><a href="http://www.healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=J1SpCfjU64%3D&amp;tabid=208&amp;mid=1603">http://www.healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=J1SpCfjU64%3D&amp;tabid=208&amp;mid=1603</a> *(pilot project in 2009)</td>
</tr>
<tr>
<td>Maine</td>
<td><a href="http://www.mainemed.com/academic/">http://www.mainemed.com/academic/</a></td>
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<tr>
<td>Massachusetts</td>
<td><a href="http://rxfacts.org/">http://rxfacts.org/</a></td>
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<tr>
<td>New Hampshire</td>
<td>No available website</td>
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<tr>
<td>New York</td>
<td><a href="http://www.health.state.ny.us/health_care/medicaid/program/prescriber_education/presc-educationprog">http://www.health.state.ny.us/health_care/medicaid/program/prescriber_education/presc-educationprog</a></td>
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<tr>
<td>Pennsylvania</td>
<td><a href="http://www.rxfacts.org/">http://www.rxfacts.org/</a></td>
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<tr>
<td>South Carolina</td>
<td><a href="http://www.sccp.sc.edu/centers/SCORxE/index.aspx">http://www.sccp.sc.edu/centers/SCORxE/index.aspx</a></td>
</tr>
<tr>
<td>Vermont</td>
<td><a href="http://www.med.uvm.edu/ahec/TB1+BL.asp?SiteAreaID=290">http://www.med.uvm.edu/ahec/TB1+BL.asp?SiteAreaID=290</a></td>
</tr>
</tbody>
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Examples of hypertension-specific curricula include:

Who has passed or introduced legislation, and what are the key elements of the legislation?

The table below lists the states that have passed or introduced legislation, a brief description and the status of the bill, where available.

The Prescription Project developed model legislation states can use to establish academic detailing programs. [http://www.stateinnovation.org/Research/Health/Pharma-Drugs-Evidence-Based-Approach/0021-%281%29.aspx](http://www.stateinnovation.org/Research/Health/Pharma-Drugs-Evidence-Based-Approach/0021-%281%29.aspx)

<table>
<thead>
<tr>
<th>Entity</th>
<th>Legislation</th>
<th>Description</th>
<th>Status (as of August 2010)</th>
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</thead>
<tbody>
<tr>
<td>California</td>
<td>2009 S.B. 341</td>
<td>Establishes academic detailing program (prescription education service) in 1-2 counties, to be funded by federal and/or private dollars</td>
<td>Unknown</td>
</tr>
<tr>
<td>Connecticut</td>
<td>2009 CT H.B. 6678/Public Act No. 09-232</td>
<td>Allows for, but does not provide the funding for, the establishment of an evidence-based outreach and education program concerning the therapeutic and cost-effective utilization of prescription drugs for the benefit of licensed physicians, pharmacists and other health care professionals authorized to prescribe and dispense prescription drugs</td>
<td>Unknown</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>2007 District of Columbia Legislative Bill No. 364, Washington DC Council Period Seventeen</td>
<td>Establishes and funds an academic detailing program within the Department of Health</td>
<td>Engrossed</td>
</tr>
<tr>
<td>Maine</td>
<td>2009 ME H.P. 881</td>
<td>Requires that each manufacturer of prescription drugs that are provided to Maine residents through the MaineCare program or the elderly low-cost drug program pay a fee, half of which goes to support the state’s academic detailing program</td>
<td>Introduced</td>
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<td>Massachusetts</td>
<td>Chapter 305, Acts of 2008, An Act to Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care</td>
<td>Establishes several cost-containing initiatives. Also includes a section requiring pharmaceutical and medical device manufacturing companies to report to the state Department of Public Health any payment or gift of more than $50 made to a healthcare professional (gift ban legislation). As a result of this bill, state legislature sponsored academic detailing as a way to ensure access to unbiased evidence-based information about the drugs available for several medical conditions.</td>
<td>Engrossed</td>
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<tr>
<td>State</td>
<td>Bill Number</td>
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<td>Minnesota</td>
<td>H.F. No. 1640, 1st Engrossment - 86th Legislative Session (2009-2010)</td>
<td>Establishes and provides funding mechanism for an academic detailing program</td>
<td>Engrossed</td>
</tr>
<tr>
<td>New Hampshire</td>
<td><a href="http://www.gencourt.state.nh.us/legislation/2008/HB1513.html">Link</a></td>
<td>Provides ability to establish an academic detailing program with the New Hampshire Medical Society and Dartmouth Medical School. No funding available.</td>
<td>Engrossed</td>
</tr>
<tr>
<td>New Mexico</td>
<td>2009 NM S.J.M. 6</td>
<td>Establishes a task force to study the feasibility of an academic detailing program</td>
<td>Introduced</td>
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<tr>
<td>New York</td>
<td>Public Health Law § 276-B</td>
<td>Establishes an academic detailing program. Department of Health &amp; Mental Hygiene works with State University of New York (SUNY) and University of Massachusetts Medical School.</td>
<td>Unknown</td>
</tr>
<tr>
<td>Texas</td>
<td>S.B. 1706</td>
<td>Establishes and provides funding mechanism for an academic detailing program</td>
<td>Introduced</td>
</tr>
<tr>
<td>Vermont</td>
<td>2000 VT. Act 80</td>
<td>Establishes and provides funding mechanism for an academic detailing program</td>
<td>Unknown</td>
</tr>
<tr>
<td>Federal</td>
<td>H.R.1859; S.767</td>
<td>Amends the Public Health Service Act to require the Secretary of Health and Human Services, acting through the Director of the Agency for Healthcare Research and Quality, to award grants or contracts for: (1) the development and production of educational materials concerning the evidence available on the relative safety, effectiveness, and cost of prescription drugs, nonprescription drugs, and nondrug interventions for treating selected conditions, to be distributed and presented to health care providers who prescribe such drugs and their patients; and (2) the development and implementation of a program to appropriately train and deploy health professionals to distribute such materials to, and otherwise educate, physicians and other drug prescribers concerning such drugs and interventions.</td>
<td>A contract has been awarded by AHRQ to a company in Georgia to provide academic detailing visits over the next three years.</td>
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</table>
As is the case with any type of legislation, each state has a unique set of circumstances that will either help or hinder the effort to pursue and pass legislation. The District of Columbia, for example, was successful in passing legislation. This was a multi-step process, however. Just a few of the steps included:

- The Chair of the Council’s Health Committee became concerned about the number and influence of pharmaceutical company detailers, so they required pharmaceutical companies to submit information to the state on how much they spend on marketing within the District of Columbia.
- They required that pharmaceutical companies provide the District with a list of names of physicians who receive either in-kind or direct payment of pharmaceutical funds.
- They became the first state to require that pharmaceutical detailers be licensed; there are more than 2,000 detailers in the District alone. There are two academic detailers for the District.
- Washington DC’s legislation both established and funded an academic detailing program in 2007.

**What are potential ways to promote an academic detailing program in my state?**

While academic detailing programs are likely to be too costly for any one program to implement, there is a clear role that HDSP programs can play.

1. Determine whether your state has considered or passed legislation related to academic detailing programs.
   a. If not, talk with your partners, including the State Medicaid Office, State Pharmacy, Nursing or Medical Associations, or Schools of Pharmacy, Nursing or Medicine, to see if they have discussed academic detailing programs. Provide them with information about academic detailing programs, including evaluation and cost-effectiveness data.
   b. If so, identify the organization(s) involved in introducing the legislation.

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**Announcing the National Resource Center for Academic Detailing (NaRCAD)**

The group at Brigham and Women’s Hospital that first developed academic detailing has received a grant from the Agency for Healthcare Research and Quality (AHRQ) to develop a resource to support programs implementing academic detailing. NaRCAD will provide several important services, including:

- Working with programs to perform needs assessment and provide advice and input on implementing an academic detailing program
- Providing hands-on training sessions in the techniques of academic detailing
- Materials adapted from AHRQ’s existing Comparative Effectiveness Research to support academic detailing on important clinical topics including diabetes, use of antipsychotic medications, and pain management in arthritis

Please contact Dr. Michael Fischer at mfischer@partners.org for more information.
to learn the details of the bill and, if passed, details about the academic detailing program. Learn whether academic detailers plan to conduct a session on antihypertensive medications.


3. Promote academic detailing modules addressing hypertension or dyslipidemia.

4. Identify experts in hypertension or dyslipidemia who could participate in developing and/or refining the curriculum for specific academic detailing modules.

5. Participate in the development of an evaluation plan specific to hypertension or dyslipidemia academic detailing modules.

Example of an HDSP Program working with a state academic detailing program

The Massachusetts state legislature sponsored academic detailing in response to state legislation that does not allow pharmaceutical representatives to conduct drug detailing in primary care physician (PCP) offices any longer. The Massachusetts program goal is to give state physicians access to the best, most current and balanced information about medications. Information is given to providers in their office at a convenient time by an academic detailer who is a nurse, physician or pharmacist (PharmD) and serves as a resource for medication-related questions not influenced by commercial interests. “Considering how hard it is to obtain comparative head-to-head data about the safety, efficacy, and cost-effectiveness of drugs, and how important it is to get timely warnings about risks, we think that you will find that the service is well worth 15-20 minutes of your time.” (Letter to primary care providers)

The Heart Disease and Stroke Prevention and Control Program, in collaboration with the Diabetes Prevention and Control and Tobacco programs, is paying for academic detailing in the Fall River/New Bedford area of Massachusetts to improve the control of risk factors for heart disease and stroke - high blood pressure, high blood cholesterol and diabetes (all include tobacco). The HDSP’s motivation to pay for academic detailing was not to save money, but to ensure that providers followed evidence-based guidelines to improve the control of BP, lipids, and diabetes. All of the PCPs (MD, PA, NP) receive a one-on-one visit by an academic detailer 3 times over the course of 15 months. Each visit has a specific focus - starting with diabetes, then cholesterol, and the last visit focuses on high blood pressure. PCPs can be in touch with the detailer at any time between visits to discuss specific issues or to request materials.

Massachusetts’ HDSP academic detailing contract with the vendor includes the costs of developing program content, training detailers, and the detailers’ time (not just the actual visit but also their time and effort scheduling the visit). Scheduling the initial visit takes the most time and effort so it is important to have a strategy to introduce academic detailing prior to the first phone call from the detailer, to have the buy-in of key stakeholders (public health and leadership of large physician networks who can encourage providers to take advantage of detailing), and work closely with the vendor to track progress and re-strategize when uptake is slow.
What are the challenges to implementing and maintaining academic detailing programs?

The major challenge, of course, is funding. An academic detailing program cannot be implemented for one year; it must be an ongoing effort. Many states that have passed legislation have included language to help offset the cost of implementing an academic detailing program, usually by assessing a fee to pharmaceutical companies. Pennsylvania uses money generated by the state lottery. Other states use funds from a pharmaceutical settlement.

Another challenge is one that pharmaceutical detailers also face, and that is earning the trust of the providers. Academic detailers must take time to establish a rapport with providers, and to convince the providers that their motives are to impart current, unbiased information that is consistent with the guidelines. This is a significant challenge, especially since the encounters average only about 30 minutes.

Resources

- Academic Detailing 1-pager – provides a simple description of what academic detailing is; developed by Prescription Policy Choices. [http://policychoices.org/documents/PPC_AD_ATAGLANCE.pdf](http://policychoices.org/documents/PPC_AD_ATAGLANCE.pdf)
- Academic Detailing Toolkit - brings together a variety of information and resources for those who are interested in learning more about academic detailing and building academic detailing programs. [http://policychoices.org/AcademicDetailingToolkit_000.shtml](http://policychoices.org/AcademicDetailingToolkit_000.shtml)
- Prescription Policy Choices.org – organization that provides objective research, information, and on-the-ground expertise on prescription drug policy. Their research and policy focus is evaluating alternative policies and programs that effectively reduce prescription drug prices and increase access to medications. [http://policychoices.org/index.shtml](http://policychoices.org/index.shtml)
- Rxfacts.org - program designed to provide physicians with an evidence-based, non-commercial source of the latest findings about the drugs they prescribe. [www.rxfacts.org](http://www.rxfacts.org)
- States that have academic detailing programs – list, current as of 2009, outlining the states that have programs, what topics they’ve covered, and how they are funded. [http://policychoices.org/documents/StatePrescriberEducationPrograms0909.pdf](http://policychoices.org/documents/StatePrescriberEducationPrograms0909.pdf)