A TEMPLATE FOR ESTABLISHING AND ADMINISTERING PRESCRIBER SUPPORT AND EDUCATION PROGRAMS:

A collaborative, service-based approach for achieving maximum impact

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A report by Prescription Policy Choice's
Academic Detailing Planning Initiative

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Prescription Policy Choices

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- Ann Woloson, PPC Executive Director, and Jennifer Reck, ADPI Project Manager

EXECUTIVE SUMMARY

The Academic Detailing Planning Initiative

Prescriptions Policy Choices convened key stakeholders including state medical society leadership, state policy makers, advocates and experts from existing academic detailing programs for the Academic Detailing Planning Initiative (ADPI) in order to explore opportunities for collaboration between prescriber education programs in Maine, Vermont and New Hampshire.

The project began with an Academic Detailing Informational Summit in order to identify current best practices in academic detailing. From there, working groups identified a large range of possible points of collaboration with the potential to maximize the impact of limited resources. This template catalogues these opportunities for collaboration and represents a planning document which can be adapted to suit the needs of specific programs. Though it was created as guidance for Northern New England, it will be of use to any emerging program.

Academic Detailing: A Quality-Driven Service with the Ability to Manage Costs

Academic detailing, also known as prescriber support and education, is the service of sending trained clinicians to physicians' offices in order to present the best available, objective scientific evidence in a given therapeutic area. Such encounters promote the most appropriate, clinically judicious use of prescription drugs as well as positive overall patient care practices. Though academic detailing is foremost a quality-driven endeavor, it has also demonstrated an ability to control costs while improving quality. This ability represents an important alignment of the interests of patients, physicians and payers.

Lessons from Existing Programs: You Can Do a Lot with a Little

Presentations from existing programs in Pennsylvania, Vermont, South Carolina, Canada and Australia reflected a wide range in scale between programs. While well-financed, flagship programs such as Pennsylvania's are having a strong, measurable impact, smaller programs such as Vermont's demonstrate that significant success can be achieved even with limited resources. Smaller programs can begin to approach the economies of scale and impact of larger programs by adopting a collaborative approach.

Areas for Collaboration

The template outlines a range of areas for collaboration.

Clinical modules

The development of the clinical modules which serve as the basis for academic detailing is well suited to a collaborative approach. In order to maximize resources, programs should consider ways to collaborate on:

- identifying clinical topics for focus;
- conducting literature reviews;
- developing key messages and physician and patient educational materials; and
- training academic detailers on communication skills and clinical content.

Delivery mechanisms

Programs should explore existing channels which can be leveraged for the efficient delivery of academic detailing. The project identified Area Health Education Centers (AHECs), continuing medical education (CME) programs and evidence-based medicine (EBM) initiatives as existing infrastructures which may be appropriate for this role.

Program administration

The challenges of program administration, from recruiting skilled clinicians to managing them in the field, can be efficiently managed with a collaborative approach. For example, programs can benefit from existing software which has been adapted for purposes of data management and cost accounting related to academic detailing.

Financing

The project explored a range of potential financing mechanisms including manufacturer labeler fees, pharmaceutical sales representative licensing fees, foundation support for seed money, pharmaceutical industry settlement funds, and Medicaid matching funds. Establishing a consortium of commercial insurers to pay into a pooled fund was also put forward as an idea with the caveat that the program should operate independently of its funding source.

Creative approaches to financing coupled with a collaborative approach to clinical module development, training, and program administration, can help realize the potential of academic detailing to better align the way drugs are prescribed with the best available scientific evidence. This will ultimately benefit patients, physicians and payers.

BACKGROUND

Prescription Policy Choices spearheaded an initiative to advance prescriber education in the northern New England states of Maine, New Hampshire and Vermont. The project brought together a range of stakeholders including leadership from the medical societies in all three states and representatives from existing academic detailing programs (also known as prescriber education programs), including those in Pennsylvania and Vermont. Its goal was to learn from the experiences of existing programs in order to build on their expertise and to explore the potential for collaboration between programs. This template represents the outcome of the project and can be used as a knowledge base for the launch of collaborative academic detailing programs which can maximize the impact of available resources. It is hoped that this template will also provide useful information to other groups or regions seeking to launch collaborative prescriber education initiatives. The expert guidance it encapsulates can be adapted to suit the specifics of any given state.

Prescription Policy Choices (PPC) is a nonprofit, nonpartisan 501(c)(3) educational and public policy organization founded in 2005 to provide independent, objective information and on-the-ground expertise on prescription drug policy. PPC has a primary focus on state policy, because it is at the state level that innovative strategies and programs to reduce drug costs and expand access have especially been pioneered. Our research and policy focus is on evaluating alternative policies and programs to reduce prescription drug prices and increase access to affordable medications. Prescriber education programs play an important part in advancing those goals.

Rather than attempting to address if academic detailing works, this project took as its starting point that the question has already been answered in the affirmative by data generated by randomized controlled trials and program evaluations conducted over the past twenty-five years.[1] Instead, this project attempted to build on the experience of existing programs and to foster collaboration between programs for maximum impact and cost-effectiveness.

[1] O'Brien MA, Rogers S, Jamtvedt G, Oxman AD, OdgaardJensen J, Kristoffersen DT, et al. Educational outreach visits: effects on professional practice and health care outcomes. Cochrane database of systematic reviews (Online). 2007; (4): CD000409. See appendix for references to evaluations.

PURPOSE

In 2005, the pharmaceutical industry spent $7.2 billion marketing prescription drugs to physicians. A large part of that marketing is conducted by a force of 90,000 pharmaceutical sales representatives who have strong commercial motives to promote their products even if there are other, potentially more effective, safer or less expensive options available. Non-commercial prescriber education (academic detailing) removes the profit motive from the equation and replaces carefully crafted sales messages with objective, educational messages based on the most up-to-date and complete scientific evidence available. This approach represents an important service to prescribers because it helps them get the unbiased information they need in order to make the best possible prescribing decisions for their patients.

"The frequent disconnect between the ways drugs are prescribed and the scientific evidence compromises quality and increases costs. We spend more per capita on prescription drugs than any other country yet many people still lack access to them."

–**Jerry Avorn, MD**, Harvard Medical School/Independent Drug Information Service

Rather than promoting a specific product, academic detailing promotes evidence-based prescribing of the safest, most effective prescription drugs. In some cases, the safest, most appropriate drugs may also be less expensive compared to the newer, less time-tested, brand name drugs that are the focus of pharmaceutical marketing campaigns. The costs of this marketing are passed on to consumers in two ways:

1) consumers pay directly because the high costs of marketing campaigns are added to the price they pay for their drugs and
2) consumers pay indirectly when the most heavily promoted-drug "wins out" over a more clinically judicious choice.

These "indirect costs" can be high when aggressive marketing practices put patients at risk such as the case of Vioxx in which the marketing campaign outpaced efforts to address serious safety issues.

Academic detailing is not about promoting the cheapest drugs or generic drugs per se; it is about prescribing the most appropriate drugs based on safety and efficacy data, and when all else is equal, prescribing cost-effective therapeutic options. The primary focus is on the evidence.

The most clinically appropriate drugs are often dramatically less expensive than many heavily marketed and commonly prescribed types of drugs such as proton pump inhibitors, anti-hypertensives and analgesics. In other cases, such as anti-platelet therapy, the evidence may suggest that more costly drugs are the safest and most effective choice for certain patients, and academic detailing visits will rightly encourage use of these therapeutic agents. Thus, academic detailing may realize dramatic savings in pharmacy costs in some areas though not in others.[2] On the whole however, existing academic detailing programs such as the large scale National Prescribing Service (NPS) in Australia have realized significant savings over costs. The NPS program, led by academic detailing initiatives across the Australian continent, has received 143 million Australian dollars for its operations over eleven years from May 1998 until June 2009. By June 2006, in the first eight years of its operations, it had achieved savings to the Australian government's pharmaceutical expenditures of 324 million Australian dollars.[3,4] Though more difficult to evaluate, improvements in health and reductions in overall health care costs can also be realized as the quality of prescribing increases and the rates of adverse events such as gastrointestinal bleeds and heart attacks are reduced.

METHODOLOGY/OUTCOMES

The group convened for the first time in February 2008 in Concord, New Hampshire, for an academic detailing informational summit consisting of presentations on best practices in academic detailing from the U.S. and abroad. In April 2008, the group reconvened for a working session to consider specific program elements including financing options, developing educational materials, recruiting and training staff, outreach models, CME and program evaluation. Following this meeting,

[2] Substantial net cost savings were seen in academic detailing focused on antihypertensive drugs in Fretheim A, Aaserud M, Oxman AD. The potential savings of using thiazides as the first choice antihypertensive drug: cost-minimisation analysis. BMC Health Serv Res. 2003 Sep 8;3(1):18 and in Mason J et al. When is it cost-effective to change the behavior of health professionals? JAMA. 2001; 286(23): 2988-2992. Mason et al. did not see net costs savings related to academic detailing on anti-depressants. The cost of the outreach exceeded the savings by a small amount ($82 v $75).

[3] National Prescribing Service: Evaluation Report No 1 – June 2000. National Prescribing Service, Sydney, June 2000, pg. 20.

[4] National Prescribing Service: Evaluation Report No. 10 – Progress, Achievements and Future Directions. National Prescribing Service, Sydney, December 2007, ISSN: 1832-2808, pg. 13.

subcommittees were formed in which specific topics were explored in more detail. In June 2008, the group reviewed the draft template and reached consensus on the final template.

Though the template is a tangible outcome of this project, other less tangible though equally important outcomes were also realized. The Academic Detailing Informational Summit was the first occasion that representatives from all East Coast prescriber education programs convened to formally share knowledge and expertise. Stakeholders from these programs and emerging programs forged relationships with the potential to realize collaborative synergies.

TERMINOLOGY AND DEFINITION

This template alternates between the equivalent terms "academic detailing" and "prescriber support and education" or "prescriber outreach and education." This reflects an ongoing evolution in the terminology surrounding this practice. The term "academic detailing" refers to educational outreach (primarily one-on-one) between a trained clinician and a physician in which a dialogue concerning the best available evidence on a given class of drugs takes place in the physician's practice.[5] It is an objective, service-based approach as opposed to the sales-focused approach of pharmaceutical industry detailing. Academic detailing is not simply an alternative approach to industry detailing however, but is a fundamentally different practice because it is broadly educational in nature rather than promotional. To make the distinction between pharmaceutical sales detailing and academic detailing clearer, the term "prescriber support and education" is gaining in currency and is often recommended, especially in legislative or policy contexts. The term academic detailing is still widely used and recognized in the medical literature however.

This report alternates between the two terms since both terms are currently in use although it attempts to use "prescriber education" in a forward looking sense. A well researched communications strategy should be developed to identify the best manner for referring to and presenting academic detailing to new audiences.

EXISTING PROGRAMS

Pennsylvania

The flagship American academic detailing program, the Independent Drug Information Service (iDiS), was started in 2005 out of concern for the skyrocketing drug expenditures seen in the Pennsylvania Department of Aging's Pharmaceutical Contract for the Elderly (PACE) program; rising costs meant that fewer people were getting coverage. At the same time, the PACE program wanted to establish a sustainable method of providing outreach education and resources to prescribers who were increasingly frustrated with attempts to control costs through restrictions on therapeutic decision-making. The program was structured to operate independently from the state under the direction of a group of independent physicians and researchers on the faculty of Harvard Medical School and Brigham and Women's Hospital. These physician researchers develop educational materials reflecting the best available evidence. Academic detailers then present this information to physicians in their offices in one-on-one visits that average about 20 minutes. Funding is provided by PACE through state lottery revenues. With an annual operating budget of roughly $1 million, the program is able to conduct approximately 1000 visits a year with a staff of approximately 10 academic detailers. Preliminary evaluations indicate that the program improves the quality of prescribing practices and also saves money.[6]

Committed to the principle of open exchange, iDiS makes its educational materials freely available for noncommercial use, including use by other academic detailing programs – at www.RxFacts.org.

Vermont

In operation since 1999, Vermont's program represents the viability of a smaller scale academic detailing program. Until recently, it operated with a budget of just $50,000 a year which supported two part-time academic detailers who visited approximately 25 practices (or approximately 100 prescribers) a year. As an outgrowth of its limited funding, the program works with a small group rather than individual model. Reflecting the rural nature of much of Vermont, the program is exploring means of supplementing academic detailing with Web- or telephone-based approaches and evaluating its effectiveness.

[5] Soumerai SB, Avorn J. Principles of educational outreach ("academic detailing") to improve clinical decision making. JAMA. 1990; 263(4): 549-56.

[6] Evaluation of the Independent Drug Information Service (iDiS), the Pennsylvania Academic Detailing Program, October 2005 – November 2006.

In 2007, Act 80 updated the statutory basis for Vermont's evidence-based education program, and mandated the Department of Health, in collaboration with the Attorney General, University of Vermont College of Medicine, and the Office of Vermont Health Access (OVHA), to establish a program to provide information and education on the therapeutic and cost-effective utilization of prescription drugs to physicians, pharmacists, and other prescribers.[7] The legislation authorized the evidence-based program to include distribution of vouchers for generic drugs for health conditions common in Vermont.

"Vermont demonstrates that academic detailing can do a lot with a little."

- **Amanda Kennedy**, PharmD, the Vermont Academic Detailing Program

The legislature funded both the evidence-based program and the generic pilot project by imposing a fee on manufacturers based on prescription drug spending in the Medicaid program.[8] Because the Pharmaceutical and Research Manufactures of America (PhRMA) filed a challenge to the fee in federal court, this pilot project has not been implemented. As of June 2008, collection is scheduled in or around October 2008. Bridge funding was appropriated by the legislature in SFY 2008 and SFY 2009 to ensure continuation of the academic detailing program and has allowed the program to grow from two to five academic detailers. The experience of Vermont suggests that small programs not only provide a valuable service to their constituent physicians, they also help build a positive foundation from which further growth can occur.

South Carolina

South Carolina launched an academic detailing program focused on mental health-related prescribing in late 2007. Funding of approximately 2 million dollars was provided by the South Carolina Department of Health and Human Services in the form of a grant to the South Carolina School of Pharmacy to administer the program over a two-year period with renewal options thereafter. The initial focus will be on Medicaid providers: psychiatrists for the treatment of schizophrenia and primary care physicians for the treatment of major depression. The program has worked closely with iDiS staff in training its academic detailers, an example of how emerging programs can leverage the expertise of existing programs.

Canada and Australia

Though academic detailing has begun to gain traction in the U.S. only over the past few years, it has been practiced widely abroad. Five Canadian provinces currently have academic detailing programs which employ a total of 30 detailers. The programs collaborate through an umbrella organization known as the Canadian Academic Detailing Collaboration which is facilitated by monthly conference calls.

Australia's Drug and Therapeutics Information Service (DATIS) has been in operation since 1991. Over the past ten years it has fostered academic detailing initiatives for the Australian National Prescribing Service (NPS) which conducts more than 9,000 academic detailing visits per year, demonstrating the potential for academic detailing to operate on a large scale.[9] Many other countries, including the United Kingdom, France and the Netherlands have academic detailing programs.

WHAT MAKES ACADEMIC DETAILING WORK?

Relationships Based on Mutual Learning

Academic detailing works because it reflects how adults actually learn. In contrast to the passive model of a didactic lecture in a large group setting, academic detailing engages the physician in a one-on-one relationship with the academic detailer in which the physician's needs are understood and met. Skilled detailers must be able to place themselves in the position of the physician in order to understand:

- What are the barriers to change for this physician?
- What are the enablers to change for this physician?
- How can workable change be encouraged given these barriers and enablers?

"Empathy for the individual doctor is the cardinal virtue in the academic detailing relationship. The print material is important, but developing an empathetic, respectful relationship with the physician is just as important."

- **Frank May**, M.App.Sci. (Pharm), Visiting Clinical Professor, Harvard Medical School/Australia's Drug and Therapeutics Information Service

[7] 18 V.S.A. chapter 91, subchapter 2 §§ 4621 – 4622.

[8] See page 27 for further information about the Vermont fee.

[9] National Prescribing Service: Evaluation Report No. 10 – Progress, Achievements and Future Directions. National Prescribing Service, Sydney, December 2007, ISSN: 1832-2808.

A Service-Based Approach

In contrast to clinical algorithms and practice guidelines which may minimize the uncertainty which physicians must manage on a daily basis, academic detailing acknowledges the physician's experience of uncertainty. It meets the real needs of physicians in routine patient management by providing timely and relevant, evidence-based, balanced information through an individually tailored, personal exchange. Establishing a respectful relationship through mutual learning is imperative in order to provide this service successfully. In short, academic detailing works because, when done correctly, it is a service to physicians rather than an imposition.

PROGRAM COMPONENTS

Clinical Modules

Selecting a topic

In keeping with the service-based philosophy of academic detailing, topics selected for clinical modules must be of genuine interest to prescribers. Though public funders have a legitimate interest in managing prescription drug costs, it is important for the credibility of the venture that the first topic a new program undertakes not be "branded" as a cost-cutting measure but rather as valuable information for addressing challenges in patient management. Fortunately, prescriber education programs represent a unique opportunity for improving care, in which the physician's and patient's concern with quality, and the payer's interest in cost and access, can all be advanced at once. Typically a topic that is of concern to payers will also represent a common clinical challenge for physicians. Nevertheless, it is important to choose the first topic wisely in order to build credibility and engage physicians. For example, the Pennsylvania program launched with a module on pain management in the wake of emerging safety concerns surrounding COX II inhibitors, and was able to provide a timely and important service to physicians who had questions about which analgesic regimens were most effective with the least risk to patients.

In addition to pain management, topics that the Pennsylvania and Vermont program have addressed to date include: the management of upper gastro-intestinal symptoms (heartburn), type 2 diabetes management, managing hypertension, depression and elevated cholesterol. Unlike the sales-based focus of pharmaceutical detailing, academic detailers discuss real-world challenges in patient management and present an objective, evidence-based approach to addressing them, including non-pharmacological approaches as appropriate.

Conducting literature reviews

Once a topic is selected, a complete and thorough review of the biomedical literature is conducted. This review can include published and unpublished studies, existing reviews such as those conducted by the Drug Effectiveness Review Project (DERP) or the Cochrane Collaboration, and existing guidelines.[10] This information is then distilled in a summary report.

"As a physician, I am focused on patients, not products."

– **Marc Sadowsky**, MD, practicing psychiatrist and Penultimate Past President of the New Hampshire Medical Society

Conducting literature reviews is a time intensive process that requires highly skilled reviewers to assess the strength and validity of relevant studies. As such, literature reviews represent a potential opportunity for collaboration between programs. Existing reviews such as those produced by DERP, or the summary reports produced by the Independent Drug Information Service, can be utilized by smaller programs that may not have the resources to complete a thorough review themselves. Alternatively, smaller programs could collaborate on conducting a single review or assign specific reviews to a given program and then share the results with each other.

Developing key messages and educational materials

Once the literature review is completed, the information must be transformed into engaging, educational materials. Before print materials are produced, a set of discrete key messages must be distilled from the literature review. The Independent Drug Information Service offers the following guidance on key messages:

- Key messages should be rooted in the evidence.
- They should be tailored in light of the known needs of health professionals.
- Where possible, key messages should be framed as intended behavior change statements.

[10] For more information on DERP see http://www.ohsu.edu/drugeffectiveness/ and for more information on the Cochrane Collaboration see http://cochrane.org/.

- They should be as short as possible, ideally including no more than three to five points.
- They should target places in which the gaps between current practice and ideal practice are the widest.
- Where possible, the behavioral changes they identify should be measurable.

Print materials should be based on – though never simply a list of – the key messages. They are designed to support the academic detailer's delivery of the key messages. They should also be the prime basis for a two-way discussion with the practitioner. In this way the skilled academic detailer can reinforce current positive behaviors and create pathways for positive change in other areas.

When carefully framed with direct relevance to the practitioners receiving the service, a print version of the summary literature review report can also be a value-added offering to be left with the practitioner at the conclusion of an academic detailing encounter.

Patient materials

Materials should be developed not only for clinicians but also for their patients. Existing academic detailing programs provide educational materials that prescribers may provide to their patients, and also talk to prescribers about how to most effectively use the materials to address patient concerns, including requests for specific prescription drugs which may arise as the result of direct-to-consumer advertising. Physicians report that these materials represent an extremely valuable, time-saving service in the care of their patients.

The development of clinician and patient educational materials represents another key opportunity for collaboration across prescriber education programs. The iDiS materials are made freely available for non-commercial use on the project's Web site at www.RxFacts.org. There are also opportunities for collaboration between prescriber education programs and consumer organizations and patient groups to engage patients in advancing evidence-based prescribing. For example, Consumer Reports Best Buy Drugs reports, which are based in part on DERP reviews, represent an important consumer resource that complements academic detailing.[11]

"The patient handouts fly off the shelf."

–**Amanda Kennedy**, PharmD, the Vermont Academic Detailing Program

Updating materials and responding to new developments as a service between visits

Keeping materials up-to-date and responding quickly to new developments, such as the publication of a clinical trial which has broad practice implications, is a challenge to prescriber education programs. Emerging programs should design systems which can meet these challenges. Though there is the temptation to rely on the Internet as a means for conveying new developments, the experience of established programs suggests that a one-on-one exchange between a prescriber and an educator is the most effective means of communication and that a brief interim office visit with a very concise update document would be the ideal approach. Again, a collaborative approach to these challenges could enhance the impact of limited resources.

To whatever degree the resources of a particular academic detailing program might allow, it is important to provide services such as updates between the formal one-on-one encounters on specific topics. For example, the offer of telephone or email-based contact with the academic detailers has been a well-received service. Prescribers have reached out for such inter-visit contact with academic detailers for both clinical information and therapeutic advice once trusting relationships have been established.

Training

A sound knowledge and understanding of the evidence and clinical experience underpinning each topic's key messages is crucial for academic detailers. However, training an academic detailer goes far beyond simply teaching the content of a given clinical module. In order to be successful educators, academic detailers must also be trained in effective communication techniques. For example, educators must be skilled at recognizing each individual practitioner's needs and motivations for clinical practice. They also need to examine and recognize their own biases concerning materials they are presenting and how such biases might impact the academic detailing encounter. Finally they need to be trained to interpret key messages for the individual practitioner in such a way that perceived, as well as unperceived needs, of the practitioner will be met. In addition, academic detailers must also be informed and comfortable with the administrative and operational requirements of their specific program.

Efforts to collaborate around prescriber educator training are ongoing. New or established programs may be able to receive training in Boston under the direction of the Independent Drug Information Service (iDiS). In other cases, an iDiS repre-

[11] For more information on Consumer Report Best Buy Drugs, see http://www.consumerreportsbestbuydrugs.com/.

sentative may be able to visit an emerging program and offer training as was the case in the development of the South Carolina program. While the ideal amount of training can be quite expensive and time-consuming, if necessary training can be scaled to reflect the resources of a program so long as the core components are not compromised.

Program Delivery

Identifying physicians for outreach by the academic detailing service

Once a clinical module is developed and the academic detailers are trained, a program must decide which physicians to approach regarding the availability of the service. It is preferable to make the prescriber education program generally available rather than targeted to specific individuals based on their prescribing history. It is also preferable to make it voluntary rather than mandatory. This is in keeping with a service-based approach to academic detailing. It is also vital in terms of establishing credibility with physicians as an objective educational program.

"Targeted" physicians may rightly feel singled out by a program and perceive academic detailing as an unwanted intrusion on their practice. In this context, academic detailing is unlikely to have a positive impact on prescribing. The initial academic detailing visit is generally largely devoted to establishing the credibility of the program by answering frequently asked questions such as "Who is paying you?" and "Why are you here?" If there is an underlying agenda beyond offering the service of academic detailing with the hope of better aligning prescribing practices with the best available scientific evidence, it is unlikely that the academic detailer will readily gain the trust and respect of the physician.

Payers that finance academic detailing programs such as the PACE program in Pennsylvania rightly have an interest in making sure that the service is reaching the physician population it is intended to impact, so that program resources are used effectively and in a way that will maximize services to beneficiaries. The Pennsylvania program identifies physicians who see a high volume of PACE patients for program outreach. Medicaid supported programs have a similar interest in making sure that academic detailing is reaching physicians with high volumes of Medicaid patients. This form of identifying physicians based on patient mix rather than prescribing practices is logical and appropriate.

One-on-one vs. group meetings

The best available evidence on academic detailing supports the use of one-on-one meetings as the most effective approach.[12, 13] Indeed, one study on antihypertensive drugs found that individual academic detailing was more cost effective than mail or group visits despite the higher intervention costs.[14] Individual meetings allow a relationship to form between the physician and the prescriber educator, with a focus on the real needs of the physician which arise from each individual's unique practice, patient population, and experience. Programs with limited funding and/or operating in more rural areas such as Vermont have, however, successfully worked with a small group model.[15] The large group lecture model that forms the basis of much of continuing medical education has been demonstrated to be ineffective in changing prescribing behavior.[16]

Building relationships between practitioners and academic detailers

Relationships developed between practitioners and their academic detailing service providers over time provide significant leverage for academic detailing success. Such relationships are also professionally rewarding for academic detailers and represent a positive reason to continue work in this type of service. It is therefore important to ensure that academic detailers serve a discrete list of practitioners and are encouraged to build trusting ongoing professional relationships with their practitioner-clients across multiple topic modules.

Leveraging existing channels: AHECs, CME and EBM initiatives

The delivery of new prescriber education services may be facilitated by leveraging existing delivery channels. One such channel that this project identified was the potential for emerging academic detailing programs to work with Area Health Educa-

[12] O'Brien MA, Rogers S, Jamtvedt G, Oxman AD, Odgaard-Jensen J, Kristoffersen DT, et al. Educational outreach visits: effects on professional practice and health care outcomes. Cochrane database of systematic reviews (Online). 2007; (4): CD000409. N.B. Individual meetings have been more widely studied than group meetings (41 v 24 studies).

[13] Freemantle N, Nazareth I, et al. A randomised controlled trial of the effect of educational outreach by community pharmacists on prescribing in UK general practice. Br J Gen Pract 2002; 52(477): 290-5.

[14] Simon SR, Rodriguez HP, Majumdar, SR, et al. Economic analysis of a randomized trial of academic detailing interventions to improve use of antihypertensive medications. Journal of Clinical Hypertension 2007; 9(1): 15-20.

[15] The median number of prescribers per academic detailing session in Vermont is three.

[16] Bloom BS. Effects of continuing medical education on improving physician clinical care and patient health: a review of systematic reviews. Int J Tech Assessment 2005; 21(3): 380-385.

tion Centers (AHECs). AHECs exist in most states and represent an established and trusted mechanism for delivering educational programming to physicians within their practices. A new prescriber education program could readily build on this existing infrastructure.

The continuing medical education (CME) offices of academic medical centers and professional medical societies are also potential partners for the delivery of academic detailing services. Research on adult learning suggests that individual approaches such as academic detailing are much more effective means of achieving the goals of continuing medical education than the traditional large lecture format adopted for that purpose.

Other established evidence-based medicine (EBM) initiatives should be investigated for potential collaboration with emerging academic detailing programs. For example, the Maine Quality Forum was identified as a potential partner in that state because of its credibility with physicians. Identifying and working with pre-existing networks of opinion leaders and trusted sources can give an emerging program an advantage in terms of efficiency and impact. State medical associations can be one such crucial link between prescriber education programs and physicians. One way a new program can involve such groups would be to invite representatives to join an advisory panel. Engaging key thought leaders from within a physician's community who are champions for evidence-based approaches such as academic detailing will help build credibility and establish academic detailing as a new "norm" within the community.

Conflict of interest policies

Academic detailing programs should remain absolutely free of conflicts of interest in order to fulfill their function and to maintain their credibility. Both new and existing programs should formalize their conflict of interest policies relating to individuals employed by a program and those serving on its advisory board.

Program Administration

Recruiting academic detailers

Emerging programs can consult with existing programs in order to determine core competencies and qualifications for academic detailers. Unlike pharmaceutical sales representatives, academic detailers are required to have a clinical background, such as nursing or pharmacy, in order to effectively carry out the genuinely educational mission of their position. Salaries must be competitive with other jobs in these fields in order to attract individuals with the appropriate expertise. Existing job descriptions and recruiting strategies can be relied upon or adapted as necessary.

Managing field personnel

Once hired and trained, academic detailers operate in the field and may need to be managed remotely. The Pennsylvania program recently completed customizing an online personnel and data management platform to suit the needs of an academic detailing program, and is willing to provide data management support to other academic detailing programs. Their platform provides an extensive data management system for tracking academic detailer meetings with physicians (including encounter time, travel time and expenses), materials requested and payroll.

Because they work outside of a typical office setting, academic detailers benefit from an administrative support system which can help them with problems they might encounter in service delivery. For example, the burden of scheduling appointments with physicians could be managed by staff support rather than directly by the detailers. It is a worthwhile investment to ensure that these highly skilled individuals receive the support they require.

Detailers also benefit from regular teleconferences, or face-to-face meetings if possible, with their peers to share their experiences from the field. To facilitate such knowledge sharing, academic detailers should also create post-meeting debriefs. Designating a field manager or field leader may help maximize the extent to which academic detailers are able to learn from each other's experiences.

CME

Physicians who participate in academic detailing can also receive CME credit. Obtaining CME accreditation is an involved, administratively intense process. Once accreditation is achieved, program administration can assist with the provision of the CME credits (issuing post-tests and survey forms, etc.). Because some physicians find the offer of CME credit for academic detailing to be attractive, it can be a valued component of the service.

Program evaluation

Emerging academic detailing programs can facilitate the evaluation process by considering the scope and type of program evaluation they will be able to perform and the type of data they must collect. Program evaluation can be used for internal purposes (e.g. for management of program output and efficiency) as well as for external purpose (e.g. for funding justifica-

tion). Various process and outcome measures should be considered for program evaluation. Process measures might include number and duration of educational visits delivered, disease conditions discussed, geographic distribution of physician practices visited, provider characteristics, number of provider questions responded to, academic detailer characteristics, number of CME post-tests completed, and academic detailer performance measures (such as number of completed encounter summaries submitted, timeliness of response to physician requests, etc.).

Outcome measures include qualitative and quantitative measures. Qualitative measures might focus on factors such as provider participation, satisfaction survey results and CME evaluation results, if appropriate. Providing that privacy and ethical considerations can be adequately dealt with, and suitable parallel comparator groups can be found, quantitative evaluations can be conducted through pharmaceutical and medical care claims data analyses to analyze economic and health outcomes that may be attributable to the program. Though pharmaceutical claims data are the gold standard quantitative measure, in some cases they may not be available and/or may be cost-prohibitive, so other potential quantitative measures should also be considered. Though quantitative and economic evaluations provide very useful information, they are time-intensive and require sizable funds and highly-skilled evaluators.

The Pennsylvania program has conducted time trend analyses to evaluate changes in prescribing between physicians who received an educational visit versus internal and control physicians who did not. Results of these analyses concur with the volumes of research that already exist, which show that academic detailing is a cost-effective method of improving physician prescribing.

FINANCING

Prescriber education is a valuable service with the potential to benefit all patients, regardless of who pays for their prescription drug coverage. In that sense, it is a classic example of a "free rider problem" because benefits can accrue to a group even if they don't participate in financing a prescriber support and education program. In this context, state governments have taken a leading role in advancing academic detailing through legislation in Vermont and Maine in 2007 and in the District of Columbia, New York, New Hampshire and Massachusetts in 2008.

While many states are offering statutory support for prescriber education, fiscal realities may leave some states unable to allocate financing from general funds. There are however, many other potential options for financing academic detailing programs aside from general funds.

Fees

Manufacturer labeler fees

Maine currently collects an annual fee of $1,000 on pharmaceutical manufacturer labelers whose products are made available to Maine residents through MaineCare. One major manufacturer can operate under as many as 8 to 10 different labelers. (The fee does not apply to small companies for which such a fee might be punitive, for example, those which only market one product.) These fees have the potential to generate an annual fund of approximately $300,000, which is divided into equal parts. The first half supports the Maine clinical trial registry and efforts to track and better understand the impact of pharmaceutical marketing in the state. The second half, or roughly $150,000, is allocated for academic detailing.

This has proven to be a somewhat administratively cumbersome financing mechanism because of the degree of effort involved in extracting the fee. In many cases, it is unclear who should be contacted within a particular company in order to collect the fee. This results in lost revenue for the programs because the actual amount collected is less than the potential yield.

Similar to Maine, Vermont law imposes a fee on manufacturers and labelers of prescription drugs paid for by the Office of Vermont Health Access (OVHA)[17] to fund the evidence-based academic detailing program. While Maine imposes a flat fee on each labeler, Vermont assesses a 0.5 percent fee on what OVHA spends on each manufacturer's or labeler's products.[18] Thus, manufacturers and labelers selling large amounts of drugs to the OVHA pay more than those that sell only small amounts.

The fee was estimated to raise approximately $500,000 annually. Act 80 appropriated $200,000 of this fee to fund the evidence-based academic detailing program and $300,000 to fund the generic sample pilot project.[19] As of June 2008, the fee

[17] This fee covers drugs prescribed for individuals participating in Medicaid, the Vermont Health Access Program, Dr. Dynasaur, or Vermont Rx.

[18] 33 V.S.A. §2004 (Manufacturer Fee).

[19] See, Section 24a of Act 80 (Appropriations).
http://www.leg.state.vt.us/docs/legdoc.cfm?URL=/docs/2008/acts/ACT080.HTM

has not been implemented because of the challenge filed by PhRMA in the Federal District Court in Vermont.[20] To ensure continuation of the evidence-based prescribing program while the suit is proceeding, the Vermont legislature appropriated $95,000 in SFY 2008 and $100,000 in SFY 2009 as bridge funding.

Licensing fees

The District of Columbia took a related approach and funds its prescriber education program through licensing fees it requires pharmaceutical industry detailers to pay in order to conduct business within the District of Columbia. These fees offer the potential advantage of being easier to collect than fees on manufacturer labelers and may also provide useful data on the number and characteristics of pharmaceutical representatives within a state. From a strategic standpoint, however, some object to coupling academic detailing so closely to pharmaceutical industry detailing by making its funding depend upon it.

Foundations

While foundation grants should not be relied upon as a primary form of support for academic detailing, they may be helpful in providing seed money to get a program off the ground. AHECs, which have previously been discussed a potential partner for the delivery of academic detailing services, may also provide assistance in obtaining foundation funding through their experience with grant writing.

Pharmaceutical Industry Settlement Funds

Academic detailing programs may be appropriate candidates for receiving funds from settlements with pharmaceutical companies and/or damage awards from lawsuits against pharmaceutical companies. For example, if a state's Medicaid program was defrauded by deceptive marketing practices, depending on the terms of the settlement, a state may elect to use some of its damages or settlement funds to support prescriber education initiatives such as academic detailing. This would be determined on a case-by-case basis. In some cases, large settlements may make millions of dollars available across states, such as the $21 million consumer and prescriber education grant program arising from a settlement with Warner-Lambert related to allegations of the unlawful marketing of Neurontin. These grants are administered by a Special Committee of State Attorneys General and have focused on prescriber and consumer education.[21] For more information on whether a particular state is involved in this type of court action, programs should contact their state's Attorney General.

Another potential source of funding is a cy pres award, which is an allocation of leftover class action funds made at a court's discretion for the "next best use."[22] Indeed, the Maine legislation on academic detailing (LD 839) specifies "undesignated funds associated with pharmaceutical marketing and pricing practices acquired through litigation or action of the Office of the Attorney General" as a potential funding source.[23] While such awards are not a reliable funding stream and may be subject to geographic and/or issue-area restrictions, it is worth investing time to identify these types of opportunities. Programs and organizations interested in pursuing cy pres awards should proactively contact their Attorney General's office to make contact with the individuals responsible for pharmaceutical industry-related suits and build their case for why they would be appropriate recipients for undesignated funds.

Medicaid Match (Administrative Match)

Federal financial participation (FFP) at the administrative matching rate of 50% may be available for academic detailing projects provided through Medicaid programs. Projects which benefit the Medicaid program and its beneficiaries are eligible for such matching funds from the federal government. States need to submit advanced planning documents and comply with federal approval requirements to receive such match from the federal government. State seed money would still be needed to draw down matching funds. Medicaid match could be an important way to supplement program funding and should be explored on a state-by-state basis, especially in states were resources for program development may be limited.

[20] CASE NO. 1:07-cv-00188.

[21] Information on the Neurontin grant program is available at: http://www.ohsu.edu/cpgp/index.cfm (accessed June 2008).

[22] Glaves, B. What would you do with a million dollars? How to seek cy pres awards. ABA Bar LeaderMagazine 2007 (September-October). Available online at: http://www.abanet.org/barserv/bl3201.shtml (accessed June 2008).

[23] See Public Law, Chapter 327, 123rd Maine State Legislature, An Act to Establish a Prescription Drug Academic Detailing Program, Sec. 1. 22 MRSA c. 603, sub.-c. 1-A.

Consortium Funding

Another idea for funding prescriber education programs is to organize a consortium of payers, including public and private programs, commercial insurers and/or pharmaceutical companies to create a pooled fund. This could be achieved voluntarily through advocacy or facilitated through statute. Though such a consortium represents a potential windfall in funding, it should be pursued only if it is possible to construct a solid firewall between consortium funders and program operations. The risk of having the quality-centered concept of academic detailing "branded" as a cost-cutting measure or co-opted by pharmaceutical marketing strategies must be carefully managed if pursuing such a funding mechanism.

CONCLUSION

Though academic detailing has a proven track record for improving prescribing practices and lowering costs, programs face limited resources to carry out their important missions. Fortunately, the nature of academic detailing is well-suited to collaboration. This template has identified multiple opportunities for collaboration between programs from clinical module development to academic detailer training and program support. Programs can consult the template and pursue specific opportunities for collaboration which match their needs and will best allow them to maximize the impact of limited resources.

Small programs with limited funding need not be discouraged. These programs are building a foundation for an important new concept with the potential to improve the practice of medicine by improving prescribing. Effective collaboration will strengthen this foundation.

APPENDIX: ACADEMIC DETAILING RESOURCE LIST

PPC has various resources related to academic detailing available at www.policychoices.org or by emailing ADPI Project Manager, Jennifer Reck, at jreck@policychoices.org.

Comparison Charts of Existing Academic Detailing Programs

An Overview of US Academic Detailing Programs, includes Pennsylvania, Vermont and South Carolina (PPC, 2008)

International Academic Detailing Program Summary, includes Australia, Canada and the US (CME Congress 2008, Vancouver, BC, Canada, May 2008)

Academic Detailing: Review of State-Sponsored Programs, includes Maine, Mississippi, Pennsylvania, South Carolina, Vermont and West Virginia (American Medical Association, 2007)

Legislation

2008 Legislative Progress Report on Academic Detailing/Prescriber Education (PPC, July 2008)

A federal bill on academic detailing: "The Independent Drug Education Act of 2008 (IDEA)"

Model Act to Create an Evidence-Based Prescriber Education Service (the Prescription Project, July 2008)

Training

Academic Detailing Skills Training Program Overview (the Drug and Therapeutic Information Service, Australia)

Evaluations, Reviews and Reports

Cost-Effectiveness of Prescriber Education ("Academic Detailing") Programs (the Prescription Project, 2008)

Evaluation of the Independent Drug Information Service (iDiS), the Pennsylvania Academic Detailing Program (iDiS, March 2007)

Cochrane review: O'Brien MA, Rogers S, Jamtvedt G, Oxman AD, Odgaard-Jensen J, Kristoffersen DT, et al. Educational outreach visits: effects on professional practice and health care outcomes. Cochrane database of systematic reviews (Online). 2007; (4): CD000409

Show Me the Evidence: Best practices for using educational visits to promote evidence-based prescribing (the Canadian Academic Detailing Collaboration and Drug Policy Futures, 2006)

Fact Sheet

Academic Detailing: Evidence-based Prescribing Information (the Prescription Project, 2007)