

**A proposal to establish
the Maryland Academic Detailing Program**

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Description of Project

Academic detailing is an innovative form of medical educational outreach that has been proven to improve patient care and reduce costs. In this approach, specially trained health care professionals (pharmacists, nurses, or physicians) conduct interactive, face-to-face educational visits with physicians and other clinician-prescribers, generally in their own offices. In these visits, they present current, unbiased, non-commercial information about the relative benefits, safety, and cost-effectiveness of medications used for a given common clinical problem. By utilizing adapting methods from behavioral science, educational theory and social marketing outreach, academic detailers promote the clinically optimal and cost-effective use of prescription drugs.

We propose the development of an academic detailing program for the state of Maryland, designed to improve the appropriateness and affordability of prescribing. The program will include outreach to: physicians and other health care practitioners who participate in Maryland's State Health Improvement Plan, the State Medicaid program; community health centers; other publicly-funded, contracted or subsidized health care programs; academic medical centers; and other prescribers. Clinical topics will be selected after analysis of data on patterns of medication use in Maryland and in consultation with Maryland public health officials.

Evidence

Academic detailing takes the interactive, one-on-one outreach communication used so successfully by pharmaceutical industry "detailers," and instead puts it in the service of transmitting unbiased information on the optimal use of medications.^{1,2} This approach has been field-tested in typical settings of outpatient, inpatient, and nursing home care in randomized controlled trials, and demonstrated to improve the appropriateness of medication use. A systematic Cochrane review of 69 research studies of academic detailing concluded that it is an effective means of improving prescribing.³ Reducing inefficient, ineffective, and/or excessively costly medication use care can reduce the strain on health care budgets while improving patient outcomes. Several states, including Pennsylvania, Massachusetts, New York, Vermont, Maine, South Carolina, and the District of Columbia have established academic detailing programs, as has the Veterans Affairs Health System, and several HMOs. In 2010, the Agency for Health Care Research and Quality funded an \$11 million program to provide academic detailing services in several parts of the U.S. The approach is also in widespread use in Europe, Australia, and several Canadian provinces.

Impact

The majority of information about drugs that is actively disseminated to prescribers comes from pharmaceutical companies whose goal is to maximize sales of their products - generally the most costly medications in a given class, and not necessarily those recommended in evidence-based clinical guidelines. This can lead to suboptimal care as well as unnecessary costs. Public health agencies have had difficulty competing with industry-sponsored messages and convincing physicians to change their behavior. Academic detailing has been shown to help physicians make appropriate prescribing decisions based on the best available safety, efficacy, and cost-effectiveness data. Through the dialogue it creates, academic detailing can improve patient care and health outcomes while helping to control costs.

Cost Savings

A formal cost-benefit analysis of a four-state randomized controlled trial of academic detailing found that for every dollar spent on such a program, \$2 was saved in reduced drug expenditure for the participating state Medicaid programs.⁴ This savings in drug costs does not take into account savings to other payors or non-drug expenses such as reduced injury and hospitalization attributable to more prudent prescribing.

Ease of Implementation

Academic detailing has been implemented on a statewide scale in several parts of the country. As a result, substantial knowledge already exists on how to implement such a program. The National Resource Center for Academic Detailing (NaRCAD) was created last year with funding from AHRQ to provide consultation and support to help to plan, design and implement an academic detailing program. The non-profit Independent Drug Information Service (iDiS) runs academic detailing programs in a number of states and could under contract assume the responsibilities for program development, implementation and management. iDiS has developed a series of 14 modules of literature reviews, interactive teaching tools, patient education brochures, and other materials for use in academic detailing programs. These cover common outpatient topics including hypertension, depression, elevated cholesterol, and diabetes, and could become part of an implementation agreement with iDiS that would enable the Maryland Academic Detailing Program to have an immediately accessible source of training materials – see www.RxFacts.org for a complete list. The availability of all these resources would make it possible to initiate an academic detailing program in Maryland with considerable efficiency.

The cost of a statewide academic detailing program would depend on the magnitude of the effort. Maryland could use its own personnel, with training provided by NaRCAD and iDiS, or the academic detailing staff could be hired, trained, and managed by iDiS. In either case, the initial stages of program implementation could begin within 2 months after a funding decision.

¹ Avorn J and Soumerai SB. Improving Drug-Therapy Decisions through Educational Outreach — A Randomized Controlled Trial of Academically Based Detailing. *New England Journal of Medicine*. 1983; 308:1457-1463.

² Avorn J et al. A randomized trial of a program to reduce the use of psychoactive drugs in nursing homes. *New England Journal of Medicine*. 1992; 327:168-173.

³ O'Brien, MA et al. Educational outreach visits: effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews*, 2007; Issue 4. Art. No.: CD000409

⁴ Soumerai SB, & Avorn J. Economic and policy analysis of university-based drug "detailing". *Medical Care*. 1986; 24(4), 313-331