# The District of Columbia Academic Detailing Program

## Annual Report, August 2010

## Overview

The goal of the academic detailing program in Washington D.C. is to provide independent, unbiased, and evidence-based information about medications and other therapeutic options to physicians, other healthcare professionals and patients to improve the quality and cost effectiveness of prescribing in the District of Columbia. This educational program was established within the Department of Health upon passage of the SafeRx Amendment Act of 2008. Academic detailing brings rigorous, unbiased, and comparative information about prescribing options to the doctor in his or her office in a convenient and time-efficient manner.

The Government of the District of Columbia, Office of Contracting and Procurement, on behalf of the Department of Health (DOH) Health Regulation and Licensing Administration, has contracted with the Alosa Foundation to develop, implement and operate the program in the District of Columbia through the Foundation's Independent Drug Information Service (iDiS). The focus of the District of Columbia's SafeRx academic detailing service is the primary care practitioners in the District. The program, now in its 17th month of practitioner visits has covered Management of Type 2 Diabetes, Antiplatelet Therapy, and most recently Lipid Lowering Therapy. The next topic will be antihypertensive therapy, scheduled to be implemented in the fall/winter of 2010.

## Program Operation

### Academic Detailers

The program's two academic detailers are Chu Chu Onwuachi-Saunders a physician with more than 20 years experience in primary care, epidemiology, community and public health, and Christiane McCombie, a nurse with 15 years of experience in nursing, private practice, and as an adjunct faculty clinical instructor. They have been with the program since its inception. Now detailing on their third clinical topic, they have developed close professional relationships with their practitioners, which is a key element of a successful and sustained academic detailing practice.

### Topic Materials

For each new topic, The Independent Drug Information Service has developed and published a variety of materials that are used during an academic detailing visit and offered to the clinician at the end of the visit. All

materials are written and reviewed by physicians at Harvard Medical School as well as by external experts in the field and include the following:

- A comprehensive review of the biomedical literature (the evidence document);
- An 8-page summary document (the "UnAd");
- A patient education brochure;
- Laminated reference cards.

The materials on antiplatelet therapy and lipid lowering therapy (Attachments 1 & 2) are enclosed.

In April 2010, iDiS launched a new initiative, the iDiS PEARL (Prompt Evidence Assessment and Review of the Literature) that was made available to all active practitioners. The first publication (Attachment 3) discussed a set of papers published in March 2010 in the *New England Journal of Medicine* concerning diabetes care, the first topic in the DC program. The new studies, ACCORD-BP and ACCORD-LIPID, raised questions about how to treat blood pressure and lipid levels in diabetes patients. The iDiS clinical team synthesized the papers into a concise and easy-to-digest one-page format that highlights the important findings of the studies and implications for treatment and care.

All materials on the twelve topics produced by iDiS to-date (including PEARL) are posted on the iDiS website [www.RxFacts.org](http://www.RxFacts.org), along with medication information for patients and 39 links about medications and related matters that would be helpful to practitioners or their patients. Academic detailers have access to all of the biomedical literature cited in the evidence document and can provide any paper to a practitioner upon request.

## Topic Training and Quality Control

Upon completion of the evidence document, the team determines the key clinical messages that iDiS detailers will present to the practitioners during their visits, and identifies key clinical trials and reviews that are essential reading for the detailers. Beginning six weeks prior to the training session in Boston, the detailers analyze these articles and present their findings and significance as journal clubs via weekly teleconferences facilitated by two physicians from the Boston team. The journal clubs are followed by a 1.5 day training session in Boston attended by the detailers. During these sessions, the physicians from Harvard Medical School present the following: clinical data relevant to the topic, a number of case studies for the detailers to work through, the key messages for the topic, issues likely to be of interest to primary care physicians, and topic materials.

Following the Boston course, each detailer conducts an analysis of the features/benefits/barriers/enablers for each of the 4-5 key messages.

- Features—evidence supporting the key messages;
- Benefits—what's in it for the primary care practitioner;
- Barriers—potential obstacles to acceptance of the key messages;
- Enablers—ways of overcoming these obstacles.

The detailers' analyses are shared among the team. The exercise helps detailers prepare for their visits in the field by proactively identifying potential barriers to acceptance of key messages and ways of overcoming these barriers.

Each detailer then prepares a script for her visit. While not intended to be a monologue, it helps the detailer translate the written materials to the spoken word for a visit. Before or shortly after beginning visiting on the new topic, each detailer role plays a visit on the topic with a Boston team physician via Skype. The clinician provides feedback and helps clarify any outstanding issues. During the visiting program on a topic, detailing experiences and issues arising in the field are shared via a group teleconference. Clinical questions from physicians that cannot be answered during a visit are referred to the Boston group and written answers are provided by physicians at Harvard.

## Practitioners

During the last year, 177 active practitioners were identified from a list of approximately 400 DC Medicaid Managed Care and Fee-For-Service providers with the highest aggregate numbers of individual Medicaid beneficiaries cared for during 2008. These practitioners were augmented from a list of licensed DC practitioners provided to Alosa by Linden DeJoseph, the COTR. Introductory letters about the program and the assigned academic detailer were sent to these practitioners as was done with the practitioners on the initial list. There are currently 358 active practitioners in the program.

Visits to physicians in academic practices resulted in requests to present the information to residents (106) at George Washington University Hospital and Howard University Hospital and a graduating class of physicians assistants (66) at George Washington University Hospital. For those clinicians-in-training who will be practicing primary care in the District, this introduction to the program may lead to future visits on new topics in their respective practices. One of the detailer was also invited to do a general presentation about the academic detailing program at grand rounds at the Greater Southeast Hospital.

## Continuing Medical Education (CME)

Physicians are offered a Harvard Medical School Continuing Medical Education Test if they wish to obtain CME credits following their participation in visits. Fifteen physicians have elected to seek CME credits.

## Presentations

Staff of the iDiS presented an update on the program in November 2009 to a Public Oversight Roundtable on Pharmaceutical Issues, convened by Councilmember David A. Catania, Chair, Committee on Health. During the hearing, our academic detailers presented a role play of an academic detailing visit.

At Dr. Feseha Woldu's invitation, our academic detailers presented the goals and implementation strategies of the program to the Boards of Medicine and Pharmacy in May and June respectively.

## The Educational Outreach Program

Metrics for the program for the period August 1, 2009 through July 31, 2010 are the following:

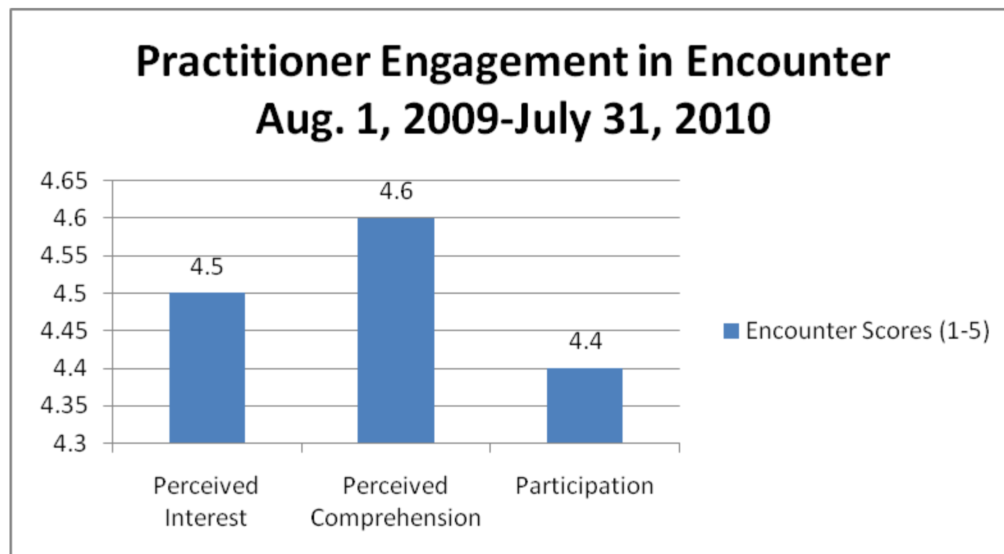
- Number of currently active practitioners 358
- Number of visits completed 860
    - Diabetes 414
    - Antiplatelet Therapy 334
    - Lipid Lowering Therapy 101
    - Program Introduction 11
- Number of unique practitioners visited 458
- Average length of visit in min. 17

## Evaluation of Program Quality and Effectiveness

There are four criteria by which the quality and effectiveness of the program has been measured.

**Practitioner Engagement in Encounter**

The first criterion is an assessment made by the academic detailer of the level of engagement of practitioner during an encounter using 3 parameters: interest, comprehension and interactive participation. The chart below shows the mean ranking for all completed encounters on a scale of 1-5, with five being the best score possible.



## Repeat Visits

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 the offer of another visit on a subsequent topic. 77% of the active practitioners received more than one visit during the reporting period.

## Physician Questionnaire

Recently the academic detailers began distributing a nine-question survey (third criterion) designed to measure practitioner satisfaction with the service. (Attachment 4) All questions are asked on a 5-point Likert scale, from "strongly agree" to "strongly disagree." Responding to the questionnaire is both voluntary and anonymous. While thus far the responses have been limited, they have been very positive.

## Practitioner Comments and Quote

The fourth 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.

> ***Program***
> *Ms. W is a PA. She had heard about the service from other practitioners and was waiting for me. She liked the materials and expressed that they would be helpful in her practice. She thanked me for finally coming and said she was looking forward to the next module.*
>
> *. . . He liked the materials and expressed that "we need more evidence-based non-biased information".*
>
> *Was very interested in the service. Expressed that the materials were good. Grateful there is something else other than pharmaceutical co[mpany] efforts. Enjoyed the interchange.*
>
> *Recieved the intro[duction] letter and was waiting for my visit. Very interested in the service. Wants to make sure all the physicians within the practice are exposed to it. Liked the materials and will personally talk with the others.*
>
> *Drs. S and K see mostly patients within the W… B… infrastructure. They both really liked the service and the materials. Asked a lot of questions about IDIS and wanted to know who else received the service. Were pleased other modules will be offered.*
>
> ***Materials***
> *Wants to keep abreast of the latest research findings. Was very knowledgeable of the information. Liked the materials. Is looking forward to the next module on anti-platelet therapy.Commented that the content was very appropriate and that the materials were well formulated.*
>
> *Will carry the reference cards in pocket.*

***The District and Diabetes***

*She expressed "this will be so helpful to physicians in the community". She is planning an event on T2D for community-based physicians in October/November and would like the IDIS materials available for the participants.*

*Dr. D is an extremely busy physician but took ample time for me to deliver all 5 key messages. Very informed physician. He commented that the material was impressive and topic was very relevant to population in the District of Columbia.*

*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 antiplatlet therapy briefly and he was very interested in upcoming topic.*

*He thought the information was extremely useful for his clinical practice. He admitted that he was reluctant about using insulin because of patient stigma and was not familiar with the treat-to target titration of insulin. He welcomed the validation that some of his practices were in the evidence document (e.g number of times he requested patients to check their glucose levels per daily).*

***Antiplatelet therapy***

*He commended the program because he said that this is a very difficult but important topic, especially the prevention portion of the module. He said that so many physicians automatically recommend ASA and do not consider the risks.*

*Dr. S and I discussed the four key messages and also talked about atrial fibrillation due to Dr. S's patient population. He said that the information was delivered in a way that someone that doesn't have much experience with Plavix and ASA and the other antiplatlet therapies could understand.*

*Was not familiar with aspirin primary prevention risk evaluation /website.*

***Lipid Lowering Therapy***

*He is anxious to read through the evidence based document. He also thought that the next topic, lipids, is a smart move even though it is a topic that is known well, it can always be reinforced.*

*Likes the service and says it has been helpful to her practice skills. Was not aware of the guidelines for TLC (re-emphasis after six week interval). Admits she has little time to take care of her own health. Liked the reference cards and the color coded information.*

***Residents***

*Chief Resident for GW residency program. Likes the service. Enjoys the reference cards. Expressed that the residents find the information valuable in helping to make efficient clinical decisions.*

***PEARL***
*We also went back and discussed the PEARL on T2D diabetes and he remarked that the updates were like getting an update from a journal article and were appreciated.*

## Assessment of Impact on Prescription Habits and Healthcare Costs

An analysis of the impact of academic detailing on prescribing behavior of the practitioners involved in the program requires the following: 1) a data-set with a validated link between a practitioner and the date of Medicaid prescriptions; 2) data on prescriptions for that practitioner for at least 18 months prior to and 18 months after an academic detailing visit, to measure change; and 3) a control group of physicians who have not had the academic detailing service and whose patient populations have a similar demographic to those receiving the AD service. An analysis with the date of the encounter as the index date can then examine the change in prescribing behavior over time in the AD group compared to the control group. The non-participating group is necessary to help control for interventions other than academic detailing that may have an impact on prescribing behavior. We have developed the analytic approach and programming tools necessary to conduct such an evaluation.

There have been validation issues identified regarding the adequacy of the available Medicaid Fee-for-Service and Managed Care claims databases to be used for this purpose, since the evaluation will require accurate tracking of prescribing on a practitioner-specific basis. We are in continued discussion with senior staff in the Department of Health Care Finance about validation processes by DHCF that might make it possible to use the data to identify changes in prescriber behavior.

## Attachments:

1. Antiplatelet Therapy Materials
2. Lipid Lowering Therapy Materilas
3. IDiS PEARL
4. Physician Questionnaire