

PENNSYLVANIA'S ACADEMIC DETAILING PROGRAM

During the fiscal year ending June 30, 2007, the Commonwealth of Pennsylvania spent ten percent of its annual budget, \$2.5 billion, reimbursing prescription medications for over two million of its state residents. These individuals, many of whom are in frail health, with multiple chronic conditions, requiring daily maintenance medication, are enrolled in a dozen different and disparate programs, most of which provide comprehensive prescription drug coverage with nominal cost sharing on the part of the beneficiary.

Over eighty percent of our annual prescription drug spending is for three programs: Medicaid, our state employees and retirees, and our senior pharmacy assistance program PACE. In the past, with all of these programs, we have noticed a persistent and disturbing problem involving inappropriate prescribing and the misutilization of prescription medications among a significant number of the enrollment, particularly in our PACE program. To address this problem, we have adopted some effective interventions: physician profiling, drug utilization evaluations and mandatory point-of-sale edits. These interventions have achieved measurable and significant degrees of success.

However, as a complement to these interventions, we determined a few years ago to test a program of proactive educational outreach targeted at improving the clinical appropriateness of physicians' prescribing in our PACE program.

Since its inception in 1984, the Pennsylvania **Pharmaceutical Assistance Contract for the Elderly, the PACE/PACENET Program**, better known as PACE, has provided life-sustaining medications to over one million older Pennsylvanians. It assists qualified state residents who are 65 years of age or older in paying for their prescriptions. The upper income levels for the highest tier, PACENET, are \$23,500 for single persons and \$31,500 for married couples. There is no asset test in determining eligibility. Both PACE and PACENET provide prescription coverage alone or in conjunction with Medicare Part D. The beauty of PACE is the comprehensive prescription drug access it affords to nearly 400,000 older Pennsylvanians of low to moderate income to improve their quality of life; the risk is the enormous potential for harm from the misuse of powerful drugs in an aging, increasingly frail population.

Since 1987 when direct to consumer advertising was authorized, prescribing physicians have received an enormous amount of their prescription drug knowledge from a cadre of well-prepared drug representatives with the primary goal of increasing the sales of their company's product. Would physicians appreciate a different resource? Would they value a resource with the goal of providing unbiased, evidence-based drug information that gives them a thorough review of the literature and applies the information to subgroups of the populations they see as patients? Preliminary data indicate that they do want, appreciate, and value a new service offered by PACE.

Academic Detailing brings to Pennsylvania physicians' offices a reliable, unbiased and non-commercial source of information about the drugs they frequently prescribe. Drug

information consultants offer the intervention to community physicians who see above average numbers of program enrollees. The goal is to improve the appropriateness of medication use by beneficiaries covered by a Pennsylvania's premier senior pharmacy program.

Academic detailing is a cost-effective way of improving physicians' drug choices as well as enhancing patient care. This program has been developed in conjunction with the Division of Pharmacoepidemiology and Pharmacoeconomics, of the Harvard Medical School, under the leadership of its Chief, Jerry Avorn. The group identifies therapeutic topics by analyzing both current utilization and the best available literature on medications used commonly in primary care. After the paring down of massive amounts of information into concise, clinically relevant summaries, media experts develop patient and professional tools for presentation to practitioners by the independent drug consultants who are specially trained pharmacists, nurses and allied health professionals from Pennsylvania.

Academic Detailing is an expansion of a previous project, conducted with Dr. Avorn. A 2002 PACE/Harvard research collaboration, the *Healthy Bones Project*, focused on improving the management of osteoporosis among Pennsylvania's elderly. The study sought to improve osteoporosis management by examining the impact of visiting primary care, community physicians. Over a six-month period, educators trained in social marketing, similar to the marketing techniques of pharmaceutical companies, conducted one-on-one visits with physicians. Using evidence-based data, educators discussed treatment algorithms, fall prevention, patient vignettes, and Harvard Medical School Continuing Medical Education (CME) materials. This pilot confirmed the feasibility of completing a moderate number of interventions in practice settings.

Since the September 2005 launch of Academic Detailing, there have been nearly 3,000 educational encounters with an average length of 20 minutes which occurred with nearly 1,000 practitioners. Nearly 500 CME post-tests have been completed. Together, the PACE Program and the Harvard team have responded to over 200 special requests for information from the physicians visited. Over 200 physicians have answered a 5-point scale, physician satisfaction survey yielding an average survey score of 35.5 out of maximum score of 40. The highest scoring items:

- The program provides me with useful information about commonly used medications. $4.6 \pm .5$
- The content represents unbiased and balanced information about drugs. $4.6 \pm .5$
- My consultant is a well-informed source of evidence-based information about drugs I prescribe. $4.6 \pm .5$
- I would like to see this program continue. $4.6 \pm .6$

The lowest scoring items:

- Being able to get CME credits from Harvard is a valuable component of the program. 4.0 ± 1.2
- I find the patient materials useful in my practice. $4.3 \pm .8$

Rather than just discussing the cost of the products, the first Academic Detailing intervention delivered a drug safety message on the rational use of coxibs and non-steroidal anti-inflammatory drugs, as well as other analgesics, such as, acetaminophen and opioids.

Preliminary data show that the intervention was effective in changing prescribing behavior. Prior to the beginning of Academic Detailing, the use of coxibs declined due to safety concerns. However, project data indicate that there was another decline among doctors in the academic detailing group when compared to physicians in the control cohort. Measurable reductions in spending equaled \$60 per physician per month at 6 months post-intervention. A post-visit period that extends beyond the usual number of refills will likely deepen the project's effect.

The Department of Aging funds Academic Detailing for about \$1 million per year, compared to PACE costs of \$700 million in 2007. This level of funding allows ten independent drug consultants to work in the 28 most populous counties. Eventually, the program will be statewide, covering 67 counties. Four drug classes that present special contemporary concerns in relation to quality of care or cost are chosen per year as topics. Classes to date include non-steroidal anti-inflammatory drugs, cox-2 inhibitors, gastrointestinal medications, anticoagulants, lipid lowering drugs, and anti-hypertensives. Under development is the antihypertensive class. Initial dissemination will address other state sponsored drug programs, beginning with the retired state employee population. This population overlaps the PACE population by age and geography. With additional signs of success, the number of covered programs will increase and funding is likely to be shared by the agencies whose constituents receive the benefit of improved prescribing practices. Inquiries about Academic Detailing have been numerous given the media coverage received within Pennsylvania and in national news outlets. Some organizations are looking to collaborate with the state government to add value to the project or to cover additional populations. Other states have inquired about how the program could work for them.

Pennsylvania's Academic Detailing initiative has helped physicians decide which medications to prescribe by arming them with information to select the most effective drug, not necessarily the one with the biggest advertising budget. In Pennsylvania we believe this has been a good investment that we plan to continue in our PACE program and expand to our other state pharmacy benefit programs in the future.