

## **The District of Columbia Academic Detailing Program Quality Improvement and Evaluation August 2010**

### **Introduction**

Improving the quality and cost effectiveness of prescribing in the District of Columbia through the provision of independent, unbiased, and evidence-based information about medications and other therapeutic options to physicians, other healthcare professionals and patients is the goal of the Washington D.C. Academic Detailing Program. This educational program was established within the Department of Health upon passage of the SafeRx Amendment Act of 2008. The focus of the SafeRx academic detailing service are the primary care practitioners in the District, specifically those practitioners with the highest aggregate numbers of individual Medicaid beneficiaries cared for by each primary care provider during 2008. The Alosa Foundation, under contract with the District's Department of Health, has developed, implemented and operates the program in the District of Columbia through the Foundation's Independent Drug Information Service (iDiS).

### **Evaluation Instruments**

The key quantitative assessment of the effectiveness of the academic detailing program is a measurable change over time in the prescribing behavior of practitioners who have had a visit with an academic detailer. Such an assessment 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; 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. With the date of the encounter as the index date, the analysis can 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.

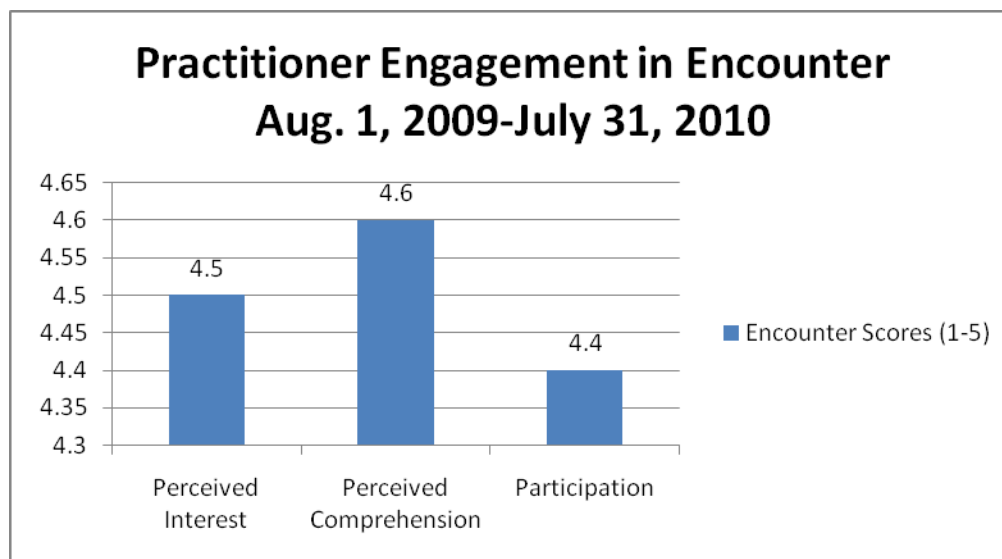
There continue to be validation issues regarding the adequacy of the available Medicaid Fee-for-Service and Managed Care claims databases to be used for this purpose, since the evaluation will require accurate tracking of prescribing on a practitioner-specific basis. We are in discussion with senior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

## Qualitative Assessment of Program Effectiveness

There are four criteria by which the quality and effectiveness of the program have 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 three 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 1) 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 antiplatelet 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 antiplatelet 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.*

## **Program Improvement and Expansion**

The introduction of a new topic, antihypertensive therapy, is planned for the fall. This module will be the fourth topic in the educational content of the program. The hypertension module synthesizes the current evidence about hypertension management, including the rationale for controlling blood

pressure; summary of key evidence for drug treatment; review of the current national guidelines; and synthesis of additional studies, with a focus on selecting specific agents to reach treatment goals.

With each successive topic, the relationship between the practitioners and academic detailers is reinforced. To date, 77% of the active practitioners have had more than one visit. The development of this relationship is an important factor in the potential influence that the presented information can have on prescribing behavior. During each visit, when told about the upcoming topic, practitioners have exhibited significant interest in a future visit.

Residency training program directors at George Washington University Hospital and Howard University Hospital, having themselves had academic detailing visits, requested that the evidence based material be presented to their residents. There were visits with 106 residents on Type 2 Diabetes. At George Washington University Hospital, a class of 66 graduating physician assistants had a visit on antiplatelet therapy. It is expected that these types of visits will continue at the request of training directors in the future.

The staff of the Alosa Foundation continues to work with the COTR to identify additional primary care practitioners and practices, e.g., community health centers, in the District to which the program can be offered.

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 2) 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. Any future issues of the iDiS PEARL on topics covered in the DC program will be made available to the active practitioners.

## Program Participants

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

## **The Impact of Regulation on Pharmaceutical Detailing**

The SafeRx Amendment Act of 2008 requires an assessment by the latter part of 2010 of the impact that regulation of the practice of pharmaceutical detailing has had on the practice of selling, providing information about or promoting a pharmaceutical product. This assessment is outside of the mission of the Alosa Foundation and the iDiS program, and is being conducted by researchers at a separate institution.

### **Attachments:**

1. Physician Questionnaire
2. IDiS PEARL