

November 12, 2008



Fact Sheet

The Prescription Project promotes evidence-based prescribing and works to eliminate conflicts of interest in medicine due to pharmaceutical marketing to physicians.

It is promoting policy change by working with

- *State and Federal Policymakers*
- *Academic Medical Centers*
- *Professional Medical Societies*
- *Private Payers*

Created with The Pew Charitable Trusts, the Project is led by Community Catalyst in partnership with the Institute on Medicine as a Profession.

Academic Detailing: Evidence-Based Prescribing Information

Academic detailing programs provide prescribers with objective information on prescription drugs, based on the best available evidence-based science. By providing outreach visits to practitioners, the approach resembles the marketing approach of drug companies, but instead uses clinicians, pharmacists or nurses to present balanced, evidence-based information about common prescribing choices without a sales agenda. Busy physicians and other prescribers value academic detailing programs because such unbiased, objective information about prescription drugs is not easily accessible in day-to-day practice. Industry salespeople, also referred to as pharmaceutical representatives or “detail men [and women]”, use promotional information rather than balanced science to promote their company’s drugs. Their job is to promote their own company’s products even if they are less effective and/or more expensive than other drugs available.

The Problem

The pharmaceutical industry spent nearly \$30 billion on promotion and marketing of prescription drugs in 2005, with \$7.2 billion directed toward physicians.ⁱ The industry employs over 90,000 drug representativesⁱⁱ (reps) and spends an average of about \$8,800 directly marketing its products to each of the 817,000 physiciansⁱⁱⁱ practicing in the U.S. Detailing to nurse practitioners and physicians assistants has also been increasing substantially, accounting for 21.7% of total detail activity in 2006.^{iv} Although research shows that physicians understand the conflict of interest that exists between marketing and patient care,^v contact with sales representatives remains one of the most important ways that practitioners learn about the medications they prescribe. The drug industry’s influence on the medical profession and prescribing is becoming more widely recognized because:

- prescription drug costs continue to escalate, and are one of the fastest growing components of the nation’s health care spending^{vi}; and
- serious drug safety issues/controversies discovered after new drugs have been introduced and heavily marketed by the pharmaceutical industry have become more common.

For example, it has been estimated that in the year before withdrawal of Vioxx, \$208 million was spent on physician detailing and \$256 million on direct to



consumer advertising for this class of drugs, driving utilization for this drug class far beyond what was necessary based on patient need.^{vii} An FDA official has estimated that Vioxx caused 88,000-139,000 heart attacks, 40 percent of which were fatal.^{viii}

An Important Part of the Solution: Academic Detailing Programs

Evidence-based academic detailing programs rely on scientific perspectives rather than marketing hype. They are an important tool to balance sales-focused information provided by the industry through its sales reps.

Specifically, academic detailing programs:

- operate independent of drug companies and are located in a medical school or school of pharmacy
- provide unbiased, balanced, evidenced-based information to prescribers regarding the safety and efficacy of drugs
- employ physicians, pharmacists, nurses and other clinical professionals to give prescribers reliable guidance on potential benefits and possible harms of specific drugs
- use one-to-one interactions tailored to meet the needs of individual prescribers in their own practice settings
- help promote appropriate prescribing habits and cost-effectiveness so that access to quality care and health of patients will be enhanced
- rely on voluntary participation, typically achieving good uptake and retention rates
- often provide prescribers with continuing medical educational credits for meeting with academic detailers.

Effectiveness of Academic Detailing

Over a 25-year period, academic detailing has been shown repeatedly to be effective in promoting safe and appropriate drug use. A recent summary of the evidence about improving physician clinical care and patient health through educational programs concluded that interactive techniques like academic detailing are the most effective means to improve physician practices and patient outcomes. National reviews from Australia^{ix} and Canada^x have concluded that academic detailing positively influences physician practices and promotes safe and appropriate drug use. Academic detailing programs have also been found to be cost-effective when subjected to economic analysis.^{xi,xii}

The Need for Academic Detailing

Although some medical schools and affiliated hospitals are attempting to ban pharmaceutical sales reps from their property, the relentless marketing campaigns of drug companies persist despite these scattered efforts. Reps often conduct business off-site, at professional society meetings, during after-hours dinner

“seminars” at fine restaurants, through the ads that fill medical journals, and via direct-to-consumer advertising, which enlists patients into the role of drug sales representatives. Yet clinicians recognize their need for unbiased, non-product-driven information about the drugs they prescribe. When academic detailing programs are offered, clinicians readily accept such convenient educational outreach, since they know that the data provided is designed to be an accurate summary of all existing information, rather than the skewed sales-oriented pitches that pharmaceutical companies provide. If well developed, such presentations and the materials they provide can be a very time-efficient way for a physician or other prescriber to keep abreast of the latest information on medication effects, risks, and costs.

Academic detailing programs can help manage the spiraling cost of prescription drugs. Americans spend more per capita on prescription drugs than any other country; reviews of prescribing patterns make it clear that much of that cost results from overuse of costly brand-name products when reliable off-patent generic drugs would work as well – or better. As a result, when academic detailing programs reduce such over-prescribing even slightly they can cover their own costs, making this approach increasingly appealing to budget-strapped state health programs. As the number of such programs increases, it is becoming possible to achieve economies of scale and ongoing quality improvement through shared use of common educational materials, training programs, and data management systems.

States are Taking Action

An increasing number of states are using or exploring academic detailing as a mechanism for reducing prescription drug costs, improving the quality of care, and increasing the value derived from drug coverage programs. Pennsylvania, Vermont, and South Carolina already have academic detailing programs in operation (see below). In 2007, Maine passed legislation supporting academic detailing, while Vermont voted to provide additional resources to expand its program. This legislative momentum carried into 2008 with the District of Columbia, New Hampshire, New York and Massachusetts passing laws creating academic detailing programs.^{xiii} In addition, Massachusetts and New York have both included academic detailing as a line item in their state budgets. With six new or expanded programs on the way, states are actively pursuing opportunities to collaborate. A full report on best practices in academic detailing and the possibilities for collaboration between programs is available to download at www.policychoices.org.

Federal Bills Filed

Building on state action, federal legislation, known as the Independent Drug Education and Outreach Act, was introduced in July of 2008 in both the Senate and House.^{xiv} If passed, this legislation would not pre-empt state academic detailing laws and would offer federal grants as a potential funding source for the development of programs, including prescriber education materials and outreach.

Samples of Existing Academic Detailing Programs

Pennsylvania: Independent Drug Information Service (IDIS)

<http://www.rxfacts.org/> 1-877-410-5750

- An independent, innovative program providing Pennsylvania physicians with noncommercial sources of evidence-based findings about prescribed drugs
- Sponsored by the Pennsylvania Department of Aging Pharmaceutical Assistance Contract for the Elderly (PACE) program; discussions with state officials around expanding to other state-funded entitlement programs are ongoing
- Clinical content is created by an independent group of doctors at Harvard Medical School who review current clinical information on drugs and develop printed summaries and information materials for prescribers and patients
- Trained academic detailers with a pharmacy or nursing background use these materials to provide physicians with personalized visits in their own practice setting
- Clinical topics include: pain management, upper GI symptom treatment, anti-coagulants, lipid-lowering therapies and blood pressure medications
- Since its launch in October 2005, the IDIS program has completed more than 2400 visits to physicians, nurse practitioners, nurses, and physicians' assistants in 23 months of operation
- Annual cost of program: \$1 million
- Preliminary evaluation of actual prescribing data by physicians visited by the academic detailers, compared to similar 'control' physicians, has found a significant decrease in inappropriate prescribing, leading to dollar savings that offset the cost of the program

University of Vermont Medical School's (UVM) Academic Detailing Program

<http://www.med.uvm.edu/ahec> 802-656-2179

- Offered in coordination with the Vermont Area Health Education Center (AHEC). Described as a "free educational opportunity available to Vermont health care professionals to promote high-quality, evidenced-based, patient-centered, cost-effective pharmaceutical treatment decisions"^{xv}
- Provides educational sessions in physician offices/practices by a clinical pharmacist and physician who present an objective, unbiased evidence from studies about various drugs used to treat certain medical conditions
- Service is available to all physicians, but targets primary care
- Program offers condition specific information – one condition addressed each year: 2008 Insomnia, 2007 Depression, 2006 Hypertension, 2005 Cholesterol, 2004 Heartburn
- In 2008 the budget was doubled from \$50,000 to \$100,000, allowing the program to hire additional academic detailers and to conduct more visits

South Carolina Offering Prescribing Excellence (SCORE), University of South Carolina College of Pharmacy

803-767-6299

- A collaboration between South Carolina Department of Health and Human Services and the South Carolina College of Pharmacy will launch in October 2007
- Face-to-face interactions between clinical educators (clinical pharmacists) and prescribers to be used to provide unbiased information for Medicaid providers, initially focusing on mental health, with plans to expand to additional state health programs and conditions
- Drug experts are available to assist providers on drug therapy in all patients regardless of medication coverage plans
- The program mission is promoting quality, evidence-based, cost-effective drug therapy decisions
- Estimated program cost of \$1.9 million over two years

FOR FURTHER INFORMATION, CONTACT:

The Prescription Project: www.prescriptionproject.org; (617)-275-2853

The Independent Drug Information Service: www.RxFacts.org; (877) 410-5750

ⁱ Donohue JM, Cevalco M, Rosenthal MB. A decade of direct-to-consumer advertising of prescription drugs. *N Engl J Med*. 2007;357:673-681.

ⁱⁱ Sales Makeover. *Medical Marketing & Media*. Nov, 2003.

ⁱⁱⁱ U.S. Department of Health and Human Resources. *Physician Supply and Demand: Projections to 2020*. Available at: <http://bhpr.hrsa.gov/healthworkforce/reports/physiciansupplydemand/currentphysicianworkforce.htm>. Accessed August 22, 2007.

^{iv} Verispan's 2006 Year in Review. April 11, 2007.

^v Chimonas, Brennan and Rothman. *Physicians and Drug Representatives: Exploring the Dynamics of the Relationship*. *Journal of General Internal Medicine*. February; 22(2): 184-190. 2007.

^{vi} Kaiser Family Foundation, *Prescription Drug Trends*, May 2007. Available at: <http://www.kff.org/rxdrugs/3057.cfm>. Accessed August 22, 2007.

^{vii} Alexander, Majumdar and Stafford. *Promotion and prescribing of coxibs during accumulating evidence of harms*. In: *Midwest Society for General Internal Medicine Regional Meeting: General Internal Medicine - Preparing the next generation*. Chicago, Illinois: Blackwell; 2005. Available at: <http://www.blackwellpublishing.com/sgim/abstract.asp?meeting=SGIM2005&id=52272> Access August 22, 2007.

^{viii} Testimony of David J. Graham, MD, MPH, November 18, 2004 to the U.S. Senate Finance Committee Available at: <http://www.senate.gov/~finance/hearings/testimony/2004test/111804dgtest.pdf> Accessed August 22, 2007.

^{ix} May, Avorn, Silagy et al.. An overview of current practices of academic detailing in Australia and

internationally - Part II. Canberra: Australian Commonwealth Department of Health.; December 1997. Report: Part II:. pps.193. Available at:
http://pdfserve.pharmacy.uq.edu.au/qumdatabase/PDFs/ID565_Report_1.4MB.pdf
Accessed August 22, 2007.

^x Maclure, Allen, Bacovsky, et al. Show me the evidence: Best practices for using educational visits to promote evidence-based prescribing. Victoria: Canadian Academic Detailing Collaboration and Drug Policy Futures; June 2006. pp.102. <http://www.rxfiles.ca/CADC.htm>

^{xi} Soumerai, Avorn. Economic and policy analysis of university-based drug "detailing". *Med Care* 1986;24(4):313-31

^{xii} Mason, Freemantle, Nazareth, et al. When is it cost-effective to change the behavior of health professionals? *JAMA* 2001;286(23):2988-92

^{xiii} District of Columbia Code Division VIII, Title 48, Subtitle II. Available at:

<http://government.westlaw.com/linkedslice/default.asp?SP=DCC-1000>

Massachusetts Chapter 305 of the Acts of 2008. Available at:

<http://www.mass.gov/legis/laws/seslaw08/si080305.htm>

New Hampshire Statutes 126-A:5 Commissioner of Health and Human Services. Available at:

<http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-5.htm>

^{xiv} Available at: <http://thomas.loc.gov/cgi-bin/bdquery/z?d110:s.03396>

^{xv} *Primarily Vermont*, Vermont Academic Detailing Program for 2006: Management of Hypertension, University of Vermont College of Medicine's Office of Primary Care, Spring 2006.