The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

The Little Engine that Could: A 20-year Perspective from the Vermont Academic Detailing Program

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I have no conflicts of interest to disclose

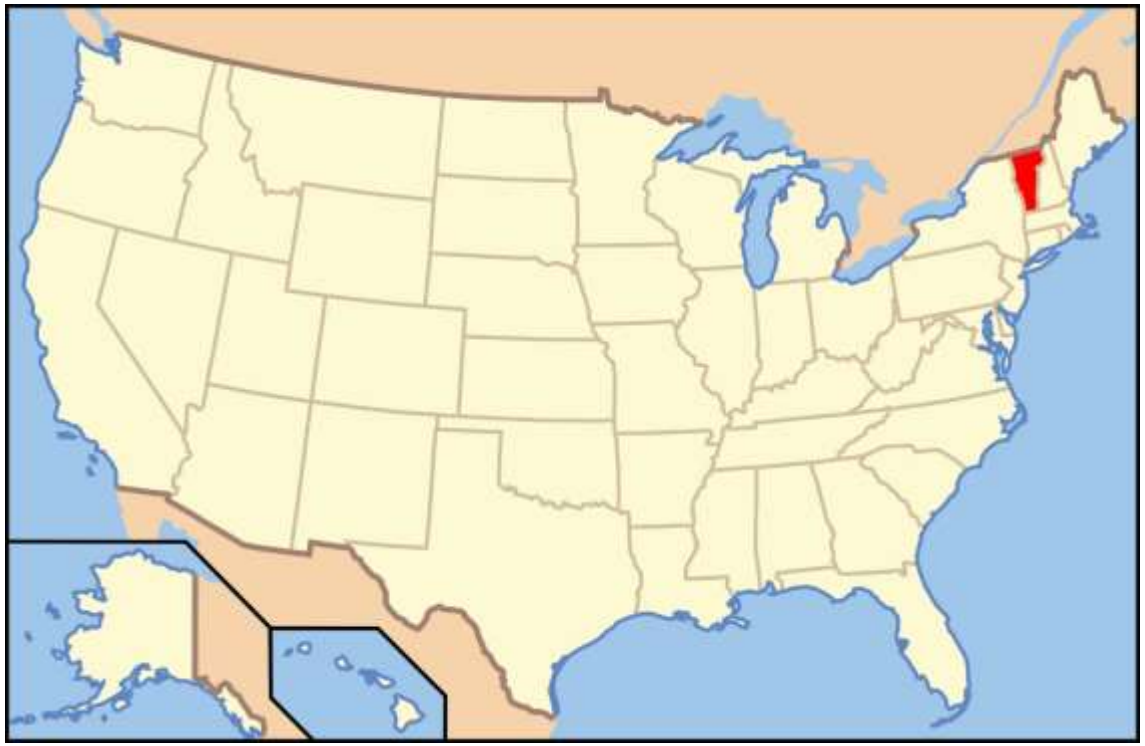
Plan for Today

- *Context*: Provide an overview of the Vermont Academic Detailing Program
- *Current State*: Evaluate the current strengths and challenges of academic detailing through the perspective of the Vermont Academic Detailing Program
- *Future State*: Expand our vision of academic detailing to enhance patient care (i.e. think about the conference theme!)

Vermont

623,657 people
US Census, 2017

Produce ~50% of the maple syrup made in the USA. USDA, 2018



Better than USA average:

- Life expectancy and general health
- **Smoking**
- **Pneumococcal vaccinations**
- Childhood vaccinations
- Obesity, Physical Activity, Diabetes
- Insurance coverage

Kaiser Family Foundation, kff.org

Worse than USA average:

- Adults reporting mental illness
- Suicide
- **Opioid overdose deaths,** age-adjusted per 100,000 (18.4 vs. 13.3)

Kaiser Family Foundation, kff.org

Vermont Primary Care

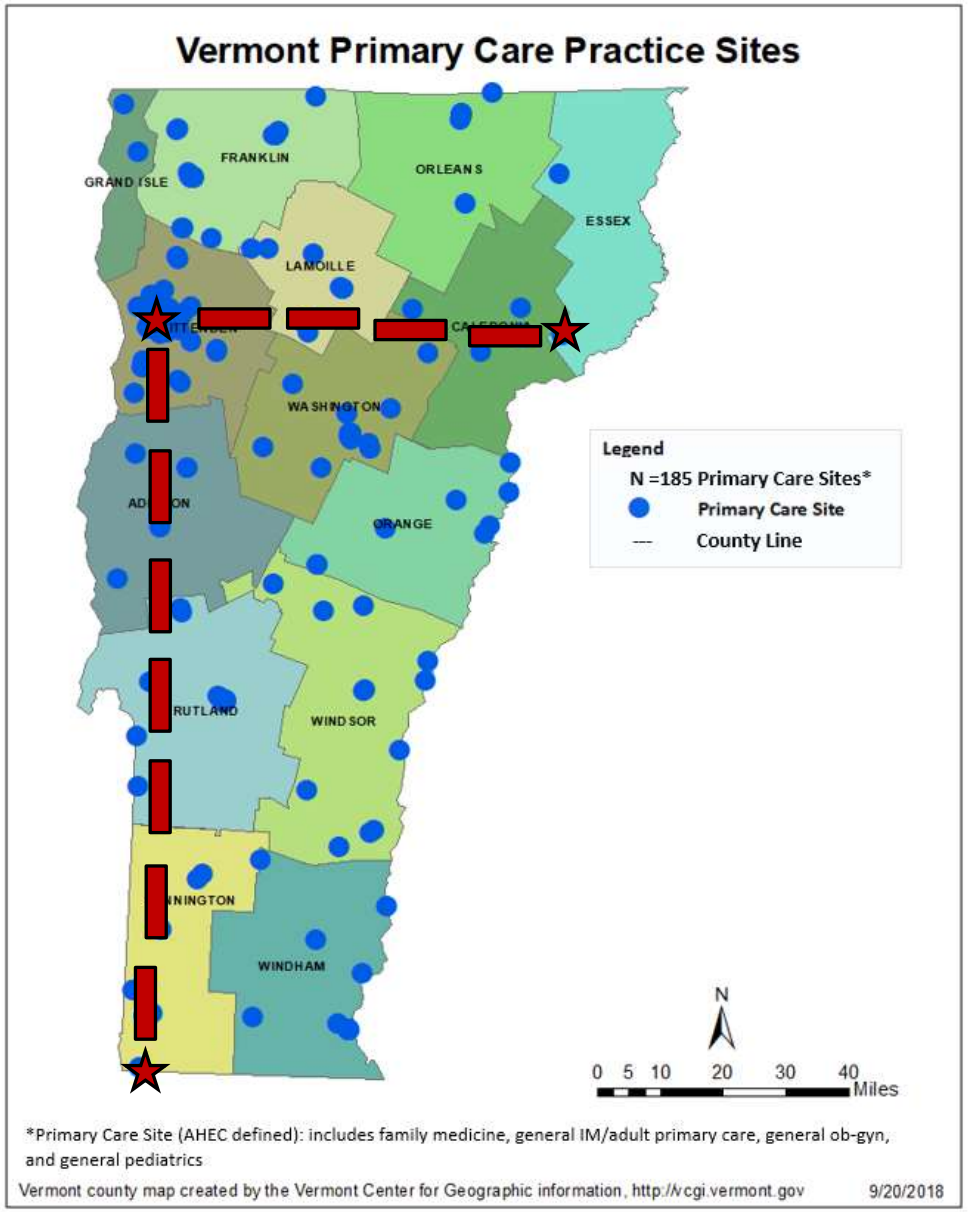
185 Primary Care Practices

- **43% private, 36% hospital-owned, 18% FQHC, 3% concierge**
- 825 total clinicians across Family Medicine, Internal Medicine, OB/GYN, Pediatrics

578 Family Medicine and Internal Medicine providers

349 physicians

229 nurse practitioners and physician assistants



https://www.med.uvm.edu/ahec/workforceresearchdevelopment/reports

"Vermont demonstrates that academic detailing can do a lot with a little."

A TEMPLATE FOR ESTABLISHING AND ADMINISTERING PRESCRIBER SUPPORT AND EDUCATION PROGRAMS: A COLLABORATIVE, SERVICE-BASED APPROACH FOR ACHIEVING MAXIMUM IMPACT. A REPORT BY PRESCRIPTION POLICY CHOICE'S ACADEMIC DETAILING PLANNING INITIATIVE, JULY 2008. REPORT PREPARED BY JENNIFER RECK, MA

Vermont Academic Detailing Program (VTAD)

1998

Affordable Meds Program

Vermont Academic Detailing Program (VTAD)

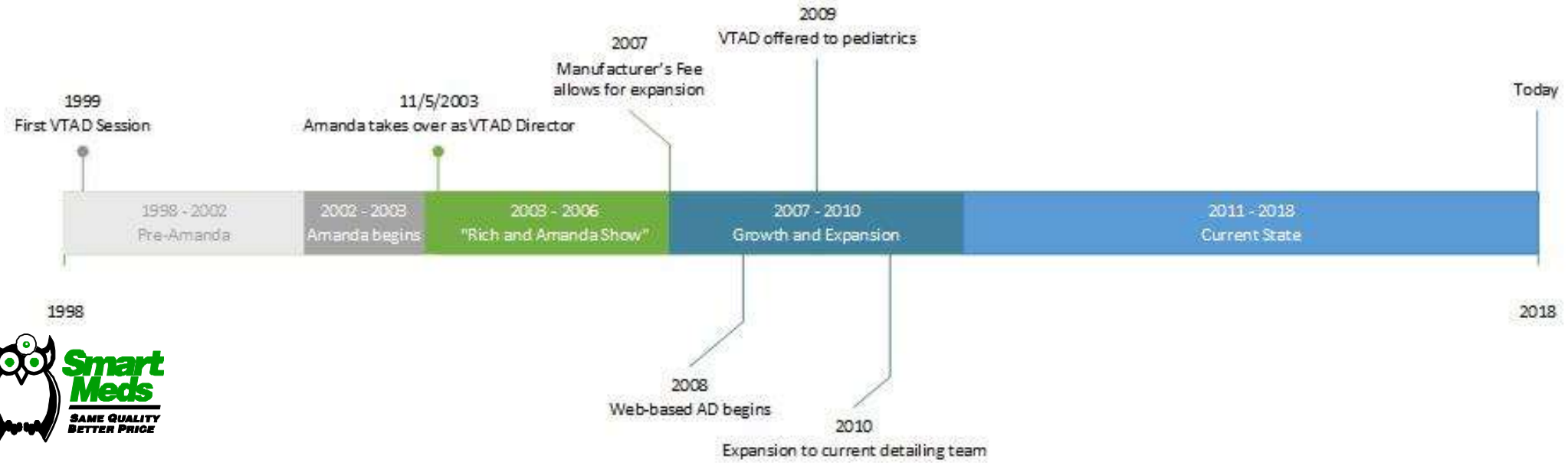
1998

Smart Meds
Same Quality Better Price

Affordable Meds Program

Team-based Academic Detailing (2005, 2006)

Vermont Academic Detailing Program (VTAD)



Affordable Meds Program

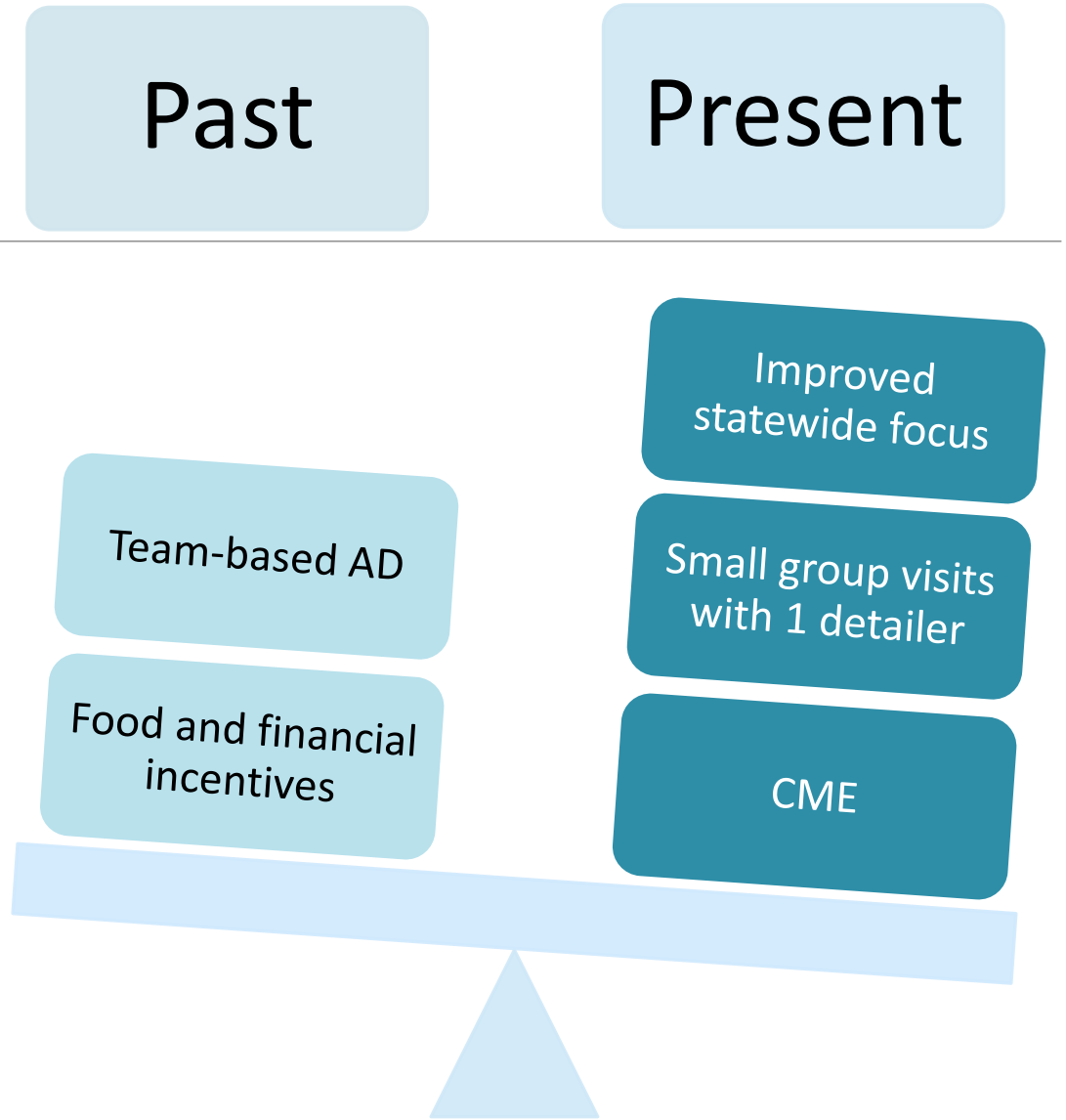
Sustainable Funding: 33 V.S.A. § 2004

(a) Annually, **each pharmaceutical manufacturer** or labeler **of prescription drugs that are paid for by the Department of Vermont Health Access for individuals participating in Medicaid**, Dr. Dynasaur, or VPharm **shall pay a fee** to the Agency of Human Services. The fee shall be 1.5 percent of the previous calendar year's prescription drug spending by the Department and shall be assessed based on manufacturer labeler codes as used in the Medicaid rebate program.

(b) **Fees collected under this section shall fund** collection and analysis of information on pharmaceutical marketing activities under 18 V.S.A. §§ 4632 and 4633; analysis of prescription drug data needed by the Office of the Attorney General for enforcement activities; the Vermont Prescription Monitoring System established in 18 V.S.A. chapter 84A; **the evidence-based education program established in 18 V.S.A. chapter 91, subchapter 2**; statewide unused prescription drug disposal initiatives; prevention of prescription drug misuse, abuse, and diversion; treatment of substance use disorder; exploration of nonpharmacological approaches to pain management; a hospital antimicrobial program for the purpose of reducing hospital-acquired infections; the purchase and distribution of naloxone to emergency medical services personnel; and any opioid-antagonist education, training, and distribution program operated by the Department of Health or its agents. The fees shall be collected in the Evidence-Based Education and Advertising Fund established in section 2004a of this title.

https://legislature.vermont.gov/statutes/section/33/019/02004

Continuous Quality Improvement



Same approach to content with an improved look

2003

PPI Tapers

- Rebound hypersecretion can occur in the weeks following PPI discontinuation. Since the duration of action of PPIs is so long that it may take several weeks to present.
- No evidence that the increased acid secretion is of clinical importance
- Some literature suggests a 3-6 month taper, however data are lacking.

Welage LS. Gastroenterol Clin N Am 2003;32:S25-S35.
Peterson WL. http://www.gastro.org/phys-sci/edu-cme/GERDmonograph.pdf

VA study

71 patients who were "PPI dependent"
42% could not be taken off PPI
42% could be managed with H2RAs or combo
15% could be taken off of medication
Inadomi JM, et al. Step-down management of gastroesophageal reflux disease. Gastroenterol 2001;121:1095-100.

Summary Points

- **80% of patients will refill prescriptions for H_2RA/PPIs without a clinical re-evaluation of need!!**
- **If you prescribe empiric therapy, reevaluate the patient in 4-8 weeks - Don't give a prescription with 11 refills!**
- **Evaluate PPI doses - Most patients do not require BID dosing**
- **Discontinue any medications (including PPIs) not deemed necessary - Simplify the medication plan any time it is possible**
- **Evaluate all medications after hospital discharge for assessment of need**

2017

Managing Opioids Safely and within Vermont Rules

SUMMARY FOR PRIMARY CARE PROVIDERS

Recommend Non-Opioid and Non-Pharmacological Treatment ✔

- Nonsteroidal anti-inflammatory drugs (NSAIDs) and/or acetaminophen
- Acupuncture
- Chiropractic
- Physical therapy
- Yoga

Only prescribe opioids if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, combine with non-opioid alternatives.

Query the Vermont Prescription Monitoring System (VPMS)* ✔

First-time Prescriptions:

- Prior to writing a first opioid prescription for greater than 10 pills (e.g. opioids, tramadol)
- Prior to writing a first prescription for a benzodiazepine, buprenorphine, or methadone
- Prior to starting a patient on a chronic opioid (90+ days) for non-palliative therapy

Re-evaluation: At least annually (at least twice annually for buprenorphine)

- Centers for Disease Control (CDC) recommendation: every prescription, or at least every 90 days

Replacement: Prior to writing a replacement (e.g. lost, stolen) of any scheduled II-IV controlled substance

Provide Patient Education and Obtain Informed Consent ✔

- Discussion of risks, including side effects, risks of dependence and overdose, alternative treatments, appropriate tapering and safe storage and disposal
- Provide patient with the Vermont Department of Health (VDH) Patient Education handout
- Obtain signed informed consent, even for acute prescriptions
- VDH education resources: www.healthvermont.gov/alcohol-drugs/professionals/resources-patients-and-providers
- CDC education resources: www.cdc.gov/drugoverdose
- CDC: Establish realistic treatment goals for pain and function and establish patient and clinician responsibilities for managing therapy, including when to discontinue therapy

Prescribe Nasal Naloxone when Indicated ✔

- High Dose: 90+ Morphine Milligram Equivalent (MME) per day
- Concomitant benzodiazepine: Patients prescribed both an opioid and a benzodiazepine
  - CDC recommends avoiding co-prescribing of opioids and benzodiazepines
- CDC: History of overdose, history of substance use disorder, 50+ MME per day prescriptions

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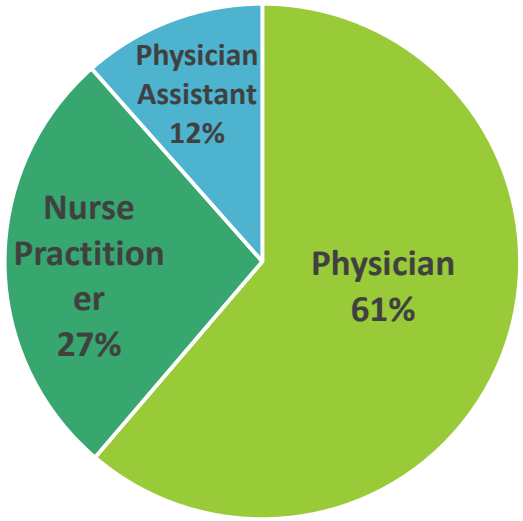
Evaluation

Survey Responses of Prescribers who Attended an AD Session in FY18			
	Mean	**Range**	**N***
1. Program met stated objectives	4.8	3-5	646
2. Program provided unbiased, evidence-based content, where available	4.9	3-5	649
3. Program topic was appropriate for your needs	4.8	1-5	648
4. Program had practical clinical value	4.8	1-5	649
5. Program speakers were prepared	4.9	2-5	649
6. Program format was appropriate	4.8	2-5	648
7. Overall impression of the program was favorable	4.8	3-5	648
8. Time for discussion was appropriate	4.7	2-5	645
Scores ranged from: 1= Strongly Disagree to 5= Strongly Agree			
*The N refers to the number of surveys where that specific question was answered.			

Unique Prescriber Participants FY18 (N=531)



Evaluation

Survey Responses of Prescriber Participants in FY18	Yes	Percent	N*
Do you feel the information presented will impact your prescribing?	563	92.1	611
Do you feel the information presented will impact your practice/patient care?	581	94.2	617
Would you be willing to attend a similar session in the future?	631	99.2	636
Was this program free of commercial bias?	594	99.8	595
*The N refers to the number of surveys where that specific question was answered.			

Evaluation

This was my first time, really enjoyed it and very accessible way to get CME

Awesome! Keep coming!

We have a strong sense of community at the sites that we go to, and having us as academic detailers becoming part of that community is what makes us successful.

Great, interactive presentation

This was really helpful! Appreciated the discussion based approach.

Handout very helpful

Challenges of Real-World AD

MOST visits go smoothly, but unexpected things do happen.

Raise your hand if any of these scenarios have happened to you:

- Arrive to a practice to discover a sign on the front door that reads, "On Vacation"
- "Oh, she's off today. Did she have a meeting scheduled with you?"
- "Do you mind if our nurses join?"
- "I invited all of the providers. Is that a problem?"
- "I'm glad your program is recommending that book for patients. I have ADHD too and have found that book very helpful."

Challenges of Academic Detailing

Name one challenge you faced with academic detailing and describe how you or your program overcome that challenge?

- Turn to a partner
- 1 minute!

Challenges of Academic Detailing

Solutions are often context-dependent!

Strengths of Academic Detailing

Reflections from *my* years of detailing

AD is longstanding interprofessional education

The underlying effectiveness of AD is not solely connected to any one topic

The basis of AD is a human connection, even when using data

AD should be evidence-based, but never afraid to tackle areas where the evidence is weak

There is value to both one-to-one and small group AD

AD must continue to be a service. This means a willingness to be flexible, drive far, etc.

There are still unsolved challenges to address: How to best share content and collaborate across programs; scope of evaluation.

Expanding our vision and enhancing care

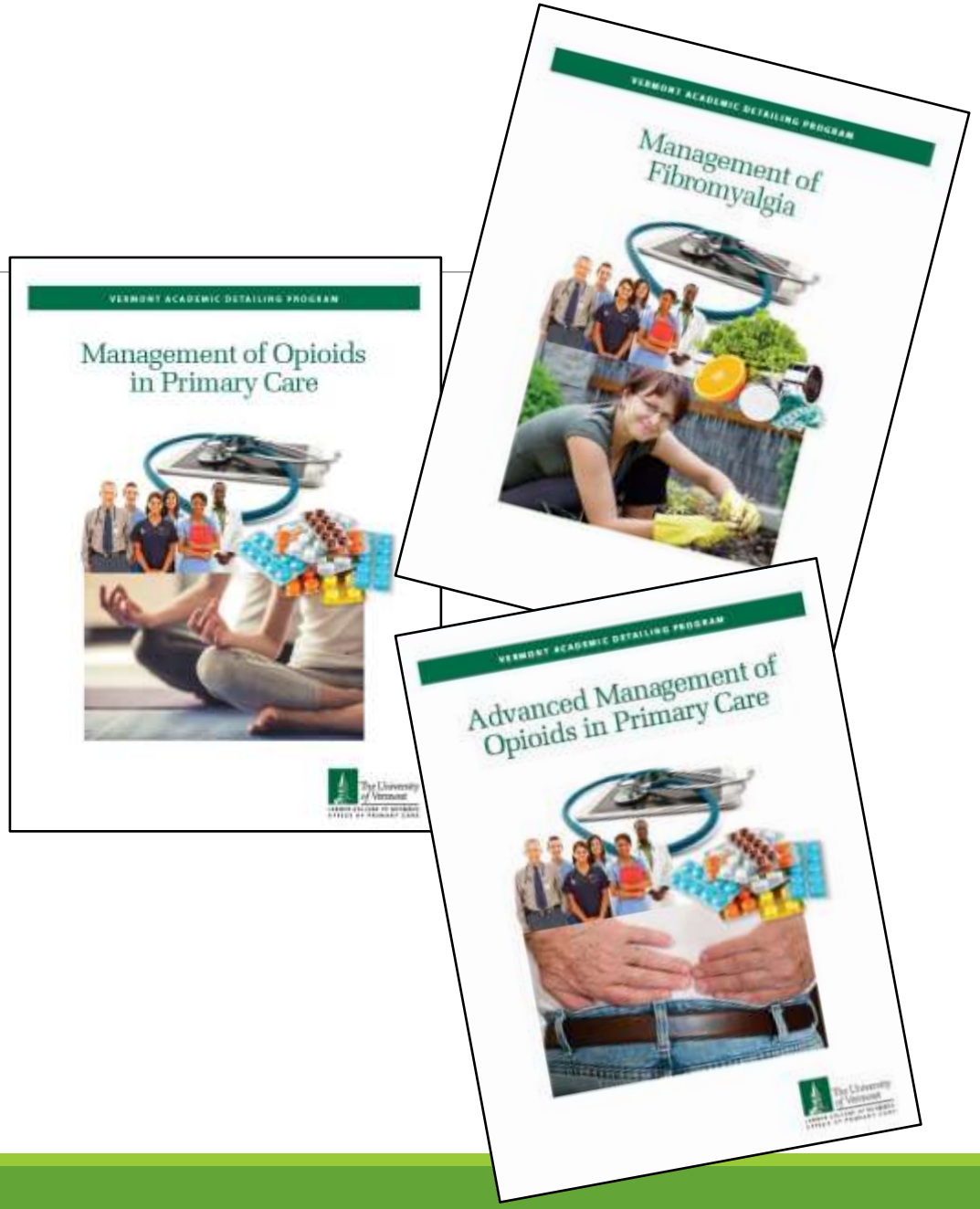
How will we use academic detailing for enhancing patient care in 10 years?

- What will we be doing differently from today?
- Turn to a partner
- This is just for fun – don't worry about budgets, feasibility, etc.!
- 1 minute!

Available Topics

- Management of Fibromyalgia
- Management of Opioids in Primary Care
- Advanced Management of Opioids
- Stroke Prevention in Atrial Fibrillation
- Management of Type 2 Diabetes

In development: Cannabinoids!



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Thank you!

Thanks to the Vermont Team:

- Elizabeth Cote
- Charles MacLean, MD
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- Jocelyn VanOpdorp, PharmD, BCPS
- VTAD Program Advisors

www.vtad.org