Evidence, Education, Empathy, and Equity:
Lessons for Academic Detailing as We Look Past Covid

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Disclosures

- Neither I nor any members of my **Division at Harvard/Brigham (DoPE)** accept any personal compensation from any drug company.

- Most of DoPE's funding comes from the federal government, including **NIH, AHRQ, FDA,** and **PCORI.**

- We occasionally accept unrestricted research grants through the hospital from pharmaceutical manufacturers to study specific patterns of utilization and adverse events, as long as we can control the research plan and the data, and publish whatever we find.

- All my academic detailing work is conducted *pro bono* through Alosa Health, a non-profit organization, and I receive no payment for it.

“Covid goggles” and academic detailing

- We (think) we’re coming out of a once-a-century life-lesson in what happens when a new lethal organism is dropped into global culture, and how people and systems respond to it.
- It has taught us a lot about ourselves, our medical systems, and our societies….
  - including educational outreach
- …as well as about what actions in health care are effective and altruistic, and which ones are deranged, mean-spirited, and counter-productive.


Rexall
TRADE NAME
Americanitis
Elixir
CONTAINS 15 PER CENT OF
ALCOHOL
One of the famous Rexall Remedies, of which
there is one for each ailment.
Especially recommended for Ner-
vous Disorders, Exhaustion and
all troubles arising from
nerve over-strain.
United Drug Company, Boston, Ma.

Lesson #1:

On evidence

Covid provided stark once-in-a-lifetime lessons on how medical evidence is generated and transmitted:

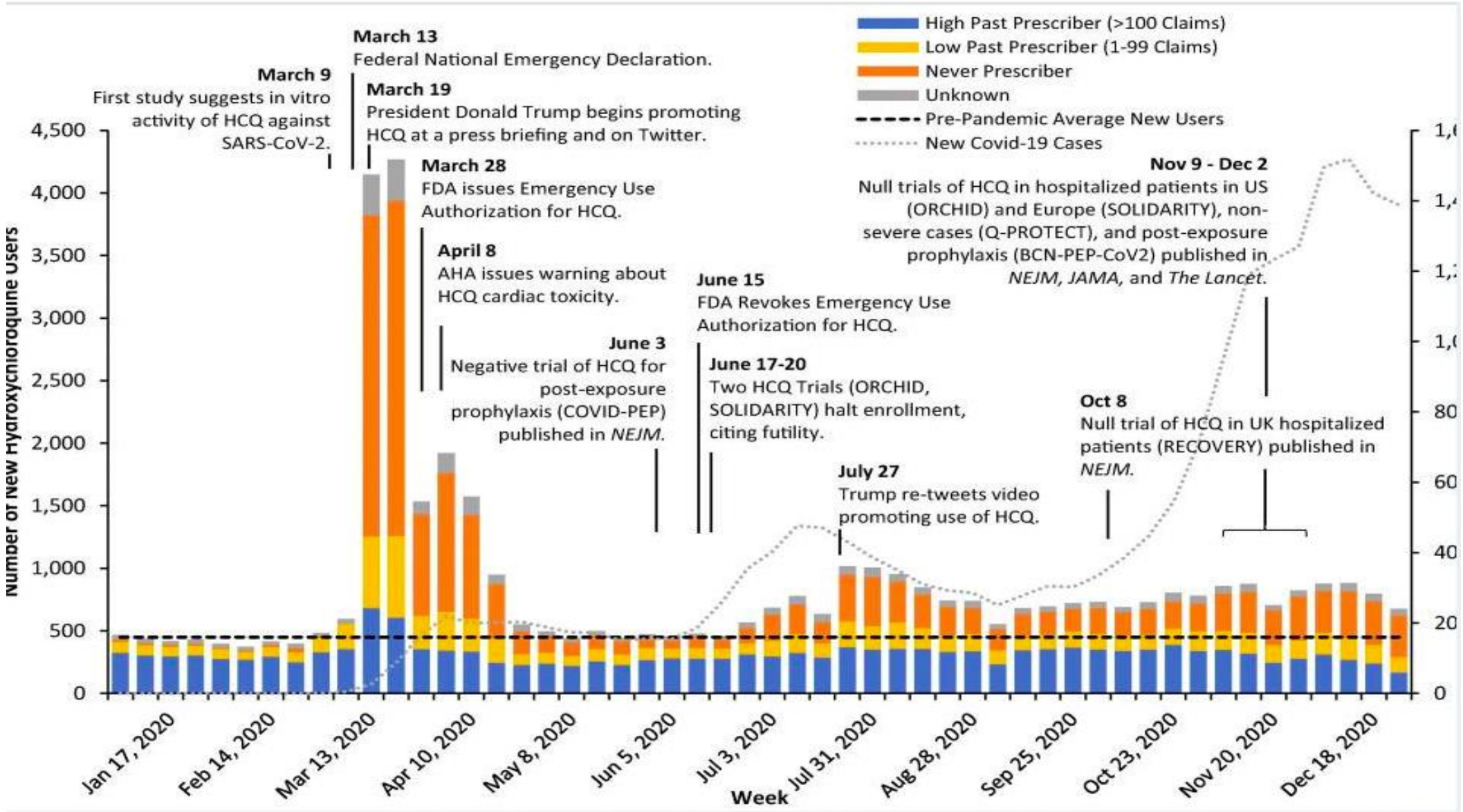
- **how great it is when this works well**
  - vaccine studies
  - dexamethasone trials
- **and how terrible it is when it works badly**
  - convalescent plasma and the ex-FDA commissioner
  - vaccine dis-information
  - hydroxychloroquine and the ex-president

The science: A/A+

The communication: D- before Jan. ‘20, then **B+.**

Proliferation of false drug evidence during Covid

Rome BN et al, J Gen Intern Med 2021



Lesson #2:

Education and dissemination

Avorn's 6th Law: "Good information doesn't disseminate itself."

If anyone still believes that the mere existence of rigorous data is all you need, you haven't been paying attention for the last 2 years.

- **The good news:**
  - ***Most*** clinicians took up new findings related to Covid reasonably promptly and accurately.
- **The bad news:**
  - The breathtaking power of deranged psycho beliefs about treatments and prevention.
- The essence of clinical science is that **we keep generating new data, and evolve our understanding and practices based on that.**
  - That's not always clear to people.

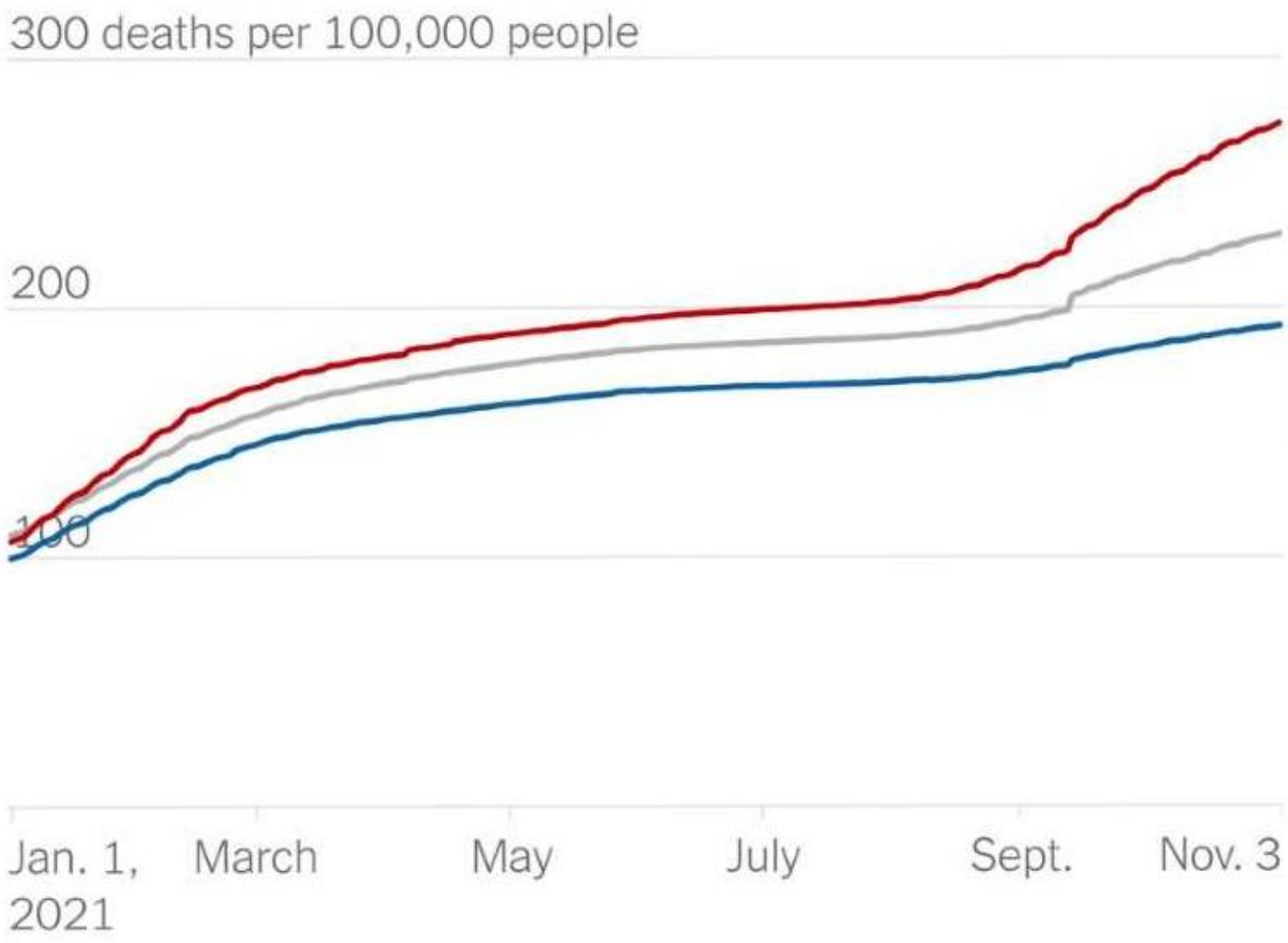
A stress test for communication as well

- **We have to learn from the sub-optimal messaging of FDA, CDC, and the White House, even in the current administration.**
  - Confusion over numerators, denominators
    - Including **"breakthrough cases"**
  - **"Immunity wanes after 6 months."**
  - **"We always follow the science,"** even as Biden undercut his own agencies by jumping the gun on boosters.
  - Dr. Wolensky's off-script **"feeling of impending doom"** speech.

- **N.Y. Gov. Cuomo seemed to be doing everything right as a communicator at the peak of the pandemic, until we found out that he was:**
  - hiding thousands of nursing home deaths
  - acting as a sleazy sexual predator at the same time.

Cumulative Covid deaths

Counties where ■ Trump, ■ Biden, or ■ neither won at least 60% of the vote



Data unavailable for Alaska and Washington, D.C.
Source: New York Times database, Edison Research

Lesson #3:
Empathy

- **Enforced distancing made us reconsider everything about educational outreach.**
  - "Academic detailing uses ***in-person, face-to-face interaction*** with health care professionals to educate them about medications and other clinical decisions, through conversations tailored to their own particular knowledge, attitudes, and beliefs about the choices being discussed."
    - **In-person?!**
    - **Face-to-face?!**
    - **Interactive?!**
- **Covid restrictions rubbed our noses in how crucial these attributes are…**
- **…and forced us to develop creative ways to work around the distancing.**

Empathy, cont'd

Zoom detailing was a little like those garbled videos used in psychology experiments, in which you can't make out any words, but you know how the person is feeling….. or maybe you don't.

The peril and promise of on-line encounters:

- **They reminded us how much is lost when you can't just Be There with another person.**
- **But they also opened a window to alternative means of outreach.**
    - and demonstrated what we could do post-pandemic to interact with established colleagues when travel is a challenge.
    - … with potentially greater cost-effectiveness?

Lesson #4:

Equity

In medicine, we often use tools that perturb a system to learn more about it:

- Cardiac stress tests, precipitating bronchospasm to Dx asthma, allergen tests, x-rays.
- This tells us where the vulnerabilities are.
- **Covid was the Mother of All Stress Tests**, and it taught us a lot.

One major lesson:

The stark disparity in access to health care – laid bare in the pandemic for all to see.

- reflected in baseline health status, rates of infection, barriers to access, death rates

We have to keep this lesson in the forefront of our awareness long after the pandemic subsides.

- -- and ***do something*** about it.

Other events of the past year relevant to academic detailing:

Aducancumab *(Aduhelm)* for Alzheimer's

- **Company abandoned it as 'futile' in 2019**
- **FDA worked with manufacturer to re-assess data**
- **Advisory Committee rejected it nearly universally**

FDA acting commissioner changed criteria, approved drug

- **3 AdComm members quit**
- **Role of 'surrogate markers' in assessing efficacy – a key issue in communicating with prescribers**
    - Kesselheim & Avorn, *"The FDA Has Reached A New Low,"* NY Times op-ed, June 2021

- **So now it's all up to the clinical educators** *(and the payors)*
    - Hartford Foundation project

Other events of the past year, cont'd:

Unaffordable drug costs: *Should AD address them? How?*

- **Twice the per-capita cost in US vs. other wealthy nations** (OECD)
  - Leads to unaffordability and non-adherence → worse clinical outcomes

- **This is the most crucial month ever on this front**
  - Various plans in proposed 'Build Back Better' legislation
  - Not yet clear what will prevail, if anything
  - Kesselheim & Avorn op-ed in *The Washington Post,* September 2021

- ***How should academic detailing programs deal with drug costs?***
  - **In some cases, maybe hardly at all.** *(e.g., Alosa/PACE, VA, Australia)*

    "We're just here about the clinical evidence."

  - **But in other programs:** Should we ignore sky-high expenses that don't provide commensurate benefit for patients?

Speaking about infrastructure…

Isn't the generation *and transmission* of the best possible evidence on the comparative effectiveness of medications a kind of vital infrastructure that should be a national priority?

- **A public good, like roads, clean water, and broadband access.**
- **This fall is a good time to re-consider just what federally supported infrastructure should really include.**

We've seen what happens when this sort of thing is neglected:

- *the water in Flint, Michigan*
- *bridges falling apart*
- *rural kids without internet*
- *the opioid epidemic*

Are we there yet?

In summary

As we *(knock on wood)* **begin to emerge** from a once-in-a-century medical and social catastrophe and are jolted into re-thinking some basics about medical care, **some good can come from it**, along with all the misery, sickness, and death.

- **We can focus more on what was working very badly all along** in medicine, health communication, and access to care – problems that are now much clearer to see.
- **We can use these hard-won insights to change what we do**, to address these problems that are now hard to ignore.

2021 has also been a remarkable year for evidence-based medicine (*zany FDA decisions*) and prescription drug affordability issues.

With luck, some of these lessons and changes will be used to improve the health care system and how we communicate about evidence.

Additional resources

the Brigham-Harvard Division of Pharmaco-epi and Pharmaco-eco:

www.DrugEpi.org

...and its subunits (e.g., PORTALResearch.org)

Academic detailing:

www.AlosaHealth.org

www.NaRCAD.org

"Powerful Medicines: the Benefits, Risks, and Costs of Prescription Drugs" (Knopf):

www.PowerfulMedicines.org

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