The Case for Academic Detailing & Evidence-based Medicine

MICHAEL A. FISCHER, M.D., M.S.

Director, National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics
Brigham and Women’s Hospital
Harvard Medical School
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Please Note:

All slide decks will be e-mailed to you at the end of the training.
Today’s Theme:
(from the Rally to Restore Sanity, Oct. 2010)
The Lay of the Land

Medical care should be:

- Effective
- Safe
- As affordable as possible

But we know that medical care is not optimal:

- Effective therapies are underused
- Adverse events and errors are common
- Patients struggle to pay medical bills
- Programs have trouble with rising expenses
Potential of Modern Medicine

Tremendous reductions in morbidity and mortality

- HIV infection
- Cardiovascular disease
- Gastrointestinal disease
- and many other areas
Potential Not Achieved

- Underuse of beneficial treatments
  - Insulin for diabetes
  - Treatment of depression
  - Screening for colorectal cancer

- “Good evidence doesn’t disseminate itself.”
  - ALLHAT and hypertension treatment
It takes 17 years for research to reach practice.¹

Only 14% of research reaches a patient.¹

Only 18% of administrators and practitioners report using evidence-based practices frequently.²

THE SCIENCE-PRACTICE GAP

Sources: Yearbook of Medical Informatics 2000; Implementation Science 2010
Persistent Gaps in Care

- 25% of patients don’t get recommended cancer screening
- 49% get inappropriate cancer screening
- 56% have inappropriate antibiotic use
- 32% do not get recommended diabetes care


- 10% of people who need effective treatment for opioid dependence are receiving it

- World Health Organization, 2014
Moving Forward

What is needed to improve the effectiveness, safety, and cost of medical care?

• Clear evidence about what works
• Effective translation into practice
Evidence-based Medicine

- **Emphasizes:**
  - Applying best, scientific evidence to front line clinical decision-making

- **De-emphasizes:**
  - Intuition
  - Unsystematic clinical experience
  - Pathophysiologic rationale

- **Results:**
  - Substantial reductions in patient morbidity and mortality
What EBM is really about:

- Clarifying when treatments work
- Identifying gaps in knowledge
- Arming clinicians to:
  - Use their judgment
  - Ask the right questions
  - Apply the evidence
The Volume of “Evidence” is Overwhelming

- In 1992, internists needed to read an estimated 17 articles every day of the year in order to “keep up” with the literature
- The volume of published articles since then has increased exponentially
- Not all evidence is of equal quality
- Creates a virtually impossible problem for practicing physicians

Primary Care Burnout: Stats

54% of doctors say they are burned out.¹

88% of doctors are moderately to severely stressed.²

10% of physicians identified their burnout as “so severe I’m thinking of leaving medicine.”
Bringing Evidence-based Medicine to Clinicians

Clinicians need high quality data that is:

- Relevant to clinical problems
- In a practical, easy-to-use format
- Customized to their clinical setting
- Focused on real-world decisions

Academic detailing can meet these needs.
The Goal of Academic Detailing

Closing the gap between:

Best Available Evidence  →  Actual Clinical Practice
...So that clinical decisions are based on the most current and accurate evidence about:

- Efficacy
- Safety
- Cost-Effectiveness
The Logic of Academic Detailing:

- Academics (medical, pharmacy, nursing school faculty) have a solid grasp of the evidence about treatment…
  - *but aren’t expert communicators.*

- Industry reps are superb communicators…
  - *but their primary goal is to increase sales.*
Academic Detailing

Industry
Great Communicators

Academia
Trusted Clinical Information
The Method of Academic Detailing

It’s educational outreach.

- 1:1 visits in the frontline clinician’s own office
- A supportive service for better patient care

Information is provided interactively to:

- Understand the clinician’s knowledge, attitudes, behavior
- Keep the practitioner engaged while continuing to assess needs

✓ The visit ends with specific practice-change recommendations.
✓ Over time, the relationship is strengthened, based on trust and usefulness.
What Academic Detailing is Not:

- Lectures delivered in the doctor’s office
- Memos or brochures (“the truth”) sent through mail/e-mail
- About formulary compliance
- About cost reduction, primarily
- Merely an attempt to “un-do” industry marketing (AD is not just “counter-detailing”, e.g. Naloxone)
The Credibility of AD

Addresses the need for a reliable, trustworthy source to identify innovations worth adopting
AD to Deal with Evidence Overload

- Sorting out signal from noise
- Importance of honest brokers who can interpret that data and provide practical advice
- Needs to be usable for busy front-line clinicians
Academic Detailing can offer:

- Engagement
- Sense of purpose
- Ability to reinvigorate primary care
Evolution of Academic Detailing

- Initial focus on medications
- Adaptation to other clinical areas (prevention, screening, etc.)
- Recognition of broader scope and definition
AD in Multifactorial Interventions

AD can play a key role when interventions require:

• Clinician engagement
• Education on best evidence
• Behavior change

AD can complement other elements of interventions:

• Working with other community stakeholders
• Health IT (PDMP)
• Emergency services/first responders
Applying AD to opioid crisis

Natural fit for AD framework:

- Knowledge deficits for many clinicians
- Identifiable behavior changes desired
- Educational messages nuanced

With some challenges:

- Evidence base limited in some areas
- Upending of prior pain management principles
- Scope of problem
Building Successful AD Programs

- Context is critical; each program has **unique** challenges
- **Building capacity** in organizations creates **sustained opportunities**
- NaRCAD strengthens partner programming with **timely, customized, longitudinal, support & collaboration**