The Case for Academic Detailing & Evidence-based Medicine

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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
THE SCIENCE-PRACTICE GAP

- 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.\(^2\)

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

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

-Opioid Safety: Naloxone prescribing & medication-assisted treatment (MAT)

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.”

MedScape Mayo Clinic, VITAL Worklife2015
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
The Credibility of AD

- Addresses the need for a reliable source to identify innovations worth adopting
- AD is not just “counter-detailing” (e.g. Naloxone)
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
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
OUR PARTNERS

Our partners are working together to improve health outcomes, one clinician visit at a time.