

# The Vermont Academic Detailing Program (VT AD)

Updated July 2010

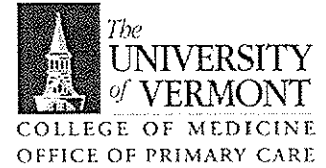
# What is Academic Detailing?

- “University-based prescriber education and support”
- Characteristics of Academic Detailing:
  - Face-to-face education by trained health care professionals, typically pharmacists, physicians, or nurses
  - Academic detailers have no conflicts of interest with pharmaceutical companies
  - Incorporates behavior change, communication, and social marketing principles with the goal of reducing inappropriate prescribing
- Used where there is a perceived need to change prescribing behavior
  - Safer or less expensive medications are underused
  - Therapies offering marginal benefit are overused
  - Medications that are commonly misused
  - See Soumerai and Avorn 1990

# How did Academic Detailing get started?


- Landmark trial:
  - See Avorn and Soumerai, 1983
  - 435 physicians in 4 states randomized to AD, mailings, or control
  - AD group received 2 visits by trained pharmacists over 6 months
  - Target drugs: propoxyphene, papaverine, cephalexin
  - Prescribing outcomes measured using Medicaid claims
  - Results:
    - 14% reduction in prescribing of target overused medications ( $P < 0.001$ )
    - Decreased costs
    - At least a 9-month post-intervention effect

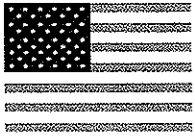
# Is Academic Detailing Effective?



- October 2007 Cochrane Collaborative Review of Academic Detailing
  - 69 studies involving ~15,000 providers
  - Academic detailing interventions improved prescribing ~5% (median 4.8%, interquartile range 3.0% to 6.5%)
  - See O'Brien et al. 2007

# International Programs

- Australia 
  - Drug and Therapeutics Information Service (DATIS)
  - Operating since 1991, Government funded
  - Serves 1000+ primary care practitioners in South Australia
- Canada 
  - Canadian Academic Detailing Collaboration
  - 6 Canadian Provinces
  - Shares expertise and content material, organizes training and development workshops for academic detailers, publishes commentaries, and makes presentations at academic meetings



# State-based Programs



- Vermont Academic Detailing Program
  - [www.vtad.org](http://www.vtad.org)
- Independent Drug Information Service (iDiS)
  - [www.rxfacts.org](http://www.rxfacts.org)
- South Carolina Offering Prescribing Excellence (SCORxE)
  - [www.sccp.sc.edu/SCORxE](http://www.sccp.sc.edu/SCORxE)
- Maine Independent Clinical Information Service
  - <http://www.mainemed.com/academic/>

# History of the VT AD Program

- 1999: Established by a PharmD-MD team
- 2004: Amanda Kennedy and Rich Pinckney hired to co-direct program
- 2007: Vermont Legislature supports expansion. Charles MacLean joins the program
- 2008: Web-based academic detailing begins pilot-testing. Program expands to 3 pharmacists and 2 Internal Medicine physicians
- 2009: VT AD expands its program to pediatrics, targeting topics that cross the lifespan from pediatrics to geriatrics
- 2010: Program expands to 3 pharmacists, 2 Internal Medicine physicians, and 1 Family Medicine physician

# VT AD Program Snapshot

- Voluntary- prescribers are not mandated to participate
- Primary care focus: Pediatrics, Family & Internal Medicine
- ~100 visits per year
- Majority of visits includes 2-3 prescribers
- Visits are delivered in all 14 counties of VT
- Median round-trip driving distance for the academic detailers is 66 miles per visit (range 1-336 miles)
- 80% of prescribers on average feel the information presented would impact their prescribing behavior
- 88% of prescribers indicate a willingness to attend future visits



# VT AD Testimonials

- Comments written by prescribers on post-visit surveys
  - *“Absolutely will attend another session - great outreach and educational program”*
  - *“Always great and practical”*
  - *“Always excellent, preparation incredible”*
  - *“Excellent - please come back soon!”*
  - *“Excellent as always, please return.”*
  - *“Fantastic!! Come back soon. So helpful. Clinically relevant every time-I use this info in my daily practices.”*
  - *“Great to come directly to office”*
  - *“I love non-pharmaceutically funded CME!!!”*
  - *“I love this program - keep up the great work!”*
  - *“More, more, more please!!”*
  - *“New to me, I'm impressed”*
  - *“Thanks. This will reinforce my prescribing behavior.”*
  - *“This was informative, to the point, sufficient and concise. I also appreciated the clear handout that I will keep in my office.”*

# Key references

- Avorn, J. and S. B. Soumerai (1983). "Improving drug-therapy decisions through educational outreach. A randomized controlled trial of academically based 'detailing'." N Engl J Med **308**(24): 1457-63.
- O'Brien, M, Rogers, S, et al. (2007). "Educational outreach visits: effects on professional practice and health care outcomes." Cochrane Database Syst Rev(4): CD000409.
- Soumerai, S. B. and J. Avorn (1990). "Principles of educational outreach ('academic detailing') to improve clinical decision making." Jama **263**(4): 549-56.
- Academic Detailing Planning Initiative. A template for establishing and administering prescriber support and education programs.  
<http://www.policychoices.org/documents/ADPITemplate91708.pdf>