Department of Health and Human Services
Maine People Living
Safe, Healthy and Productive Lives

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Prescription Drug Academic Detailing Program
Calendar Year 2009

A Report by the Department of Health and Human Services
Office of MaineCare Services

Submitted in accordance with Public Laws of Maine
Chapter 603: PRESCRIPTION DRUG ACCESS HEADING: PL 1999, C. 786, PT. A, §3
(NEW)
Subchapter 1-A: PRESCRIPTION DRUG ACADEMIC DETAILING

State of Maine
Department of Health and Human Services
Office of MaineCare Services
Prescription Drug Academic Detailing Program

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Reporting of Maine Prescription Drug Academic Detailing Program
Calendar Year 2009

Introduction

The Department of Health and Human Services, Office of MaineCare Services ('the Department') is required by § 2685 to

"…establish a prescription drug academic detailing program……..to enhance the health of residents of the State, to improve the quality of decisions regarding drug prescribing, to encourage better communication between the Department and health care practitioners participating in publicly funded health programs and to reduce the health complications and unnecessary costs associated with inappropriate drug prescribing."

As a result, the Department, working with Prescription Policy Choices began a workgroup that consisted of policy makers, advocates and medical leaders. The focus of the group is to educate prescribers on prescription medication using clinical information from an independent group of experts with no financial interest.

Emulating the Pennsylvania PACE academic detailing program, the Maine group received training from Harvard and incorporated material that was being used by many other states. A work group and committee were formed in 2008.

Maine's Academic Detailing Program was properly named Maine Independent Clinical Information Service or MICIS.

MICIS has an advisory committee that consists of representatives from advocate groups, universities, providers, pharmacist, detailers and a Department representative. The Academic Detailing Advisory Committee meets quarterly. Agenda topics include a review of recent detailing projects or office visits including survey results and comments, schedule of events, marketing material and future potential programs. Specialty Providers are asked to join the committee when topics pertain to their area of expertise.

A smaller work group meets monthly to analyze data, prepare material, and plan an outreach schedule.

The two Detailers are both Physician Assistants:

Noel Genova, PA, completed PA training at Northeastern University in 1980 and earned a Master's in Public Policy at the University of Southern Maine in Portland in 1996. She has worked in primary care in Kentucky, Maine and Birmingham, England and is currently doing clinical work at Mercy Hospital in Portland. She has taught evidence-based medicine at the University of New England and has experience doing educational outreach to clinicians regarding treatment of chronic pain and opiod use.

Erika Pierce, PA, earned a BS in Biology and did her PA training at Nova Southeastern University in Ft. Lauderdale. She has worked in primary care since graduating and is currently employed in the Emergency Department and as a hospitalist at Redington Fairview Hospital in Skowhegan.

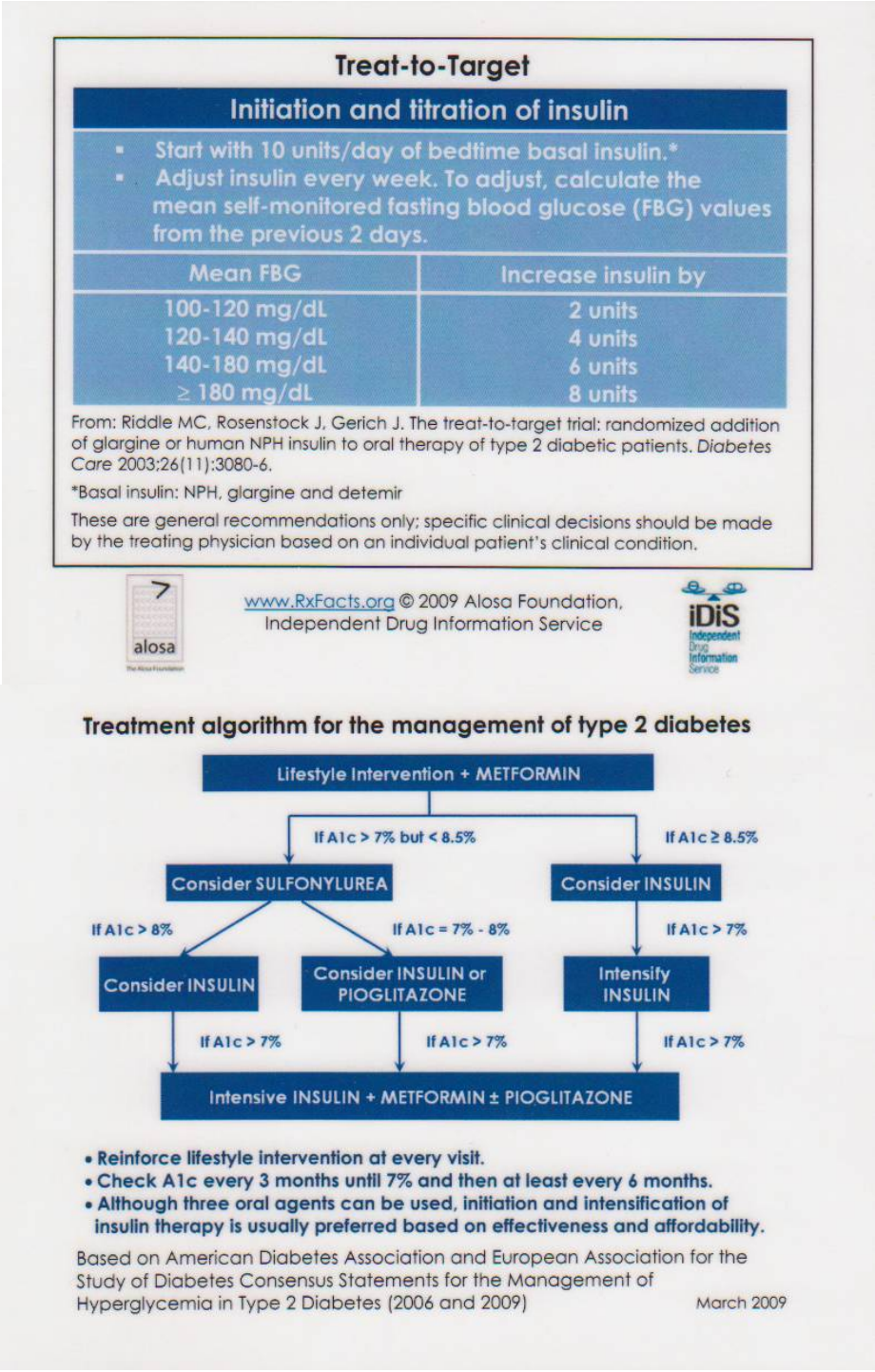
Education:

The first detailing topic was Type II Diabetes. This outreach attempt resulted in 24 Sites visited reaching 84 Prescribers. Organizations included the Maine Medical Association Annual Session, Downeast Ophthalmology Society and the Maine Primary Care Association.

Material used focused on the following questions:

- When is initiation of insulin appropriate in adult Type II Diabetes management?
- What is the evidence for use of multiple oral agents for glucose control?
- What is the best insulin for your patient?
- What is the role of diabetes education in the management of Type II Diabetes?

Here is an example of the diabetic material used;
These cards are 2 sided and pocket size so physicians can keep them readily available.



Treat-to-Target

Initiation and titration of insulin

- Start with 10 units/day of bedtime basal insulin.*
- Adjust insulin every week. To adjust, calculate the mean self-monitored fasting blood glucose (FBG) values from the previous 2 days.

Mean FBG	Increase insulin by
100-120 mg/dL	2 units
120-140 mg/dL	4 units
140-180 mg/dL	6 units
≥ 180 mg/dL	8 units

From: Riddle MC, Rosenstock J, Gerich J. The treat-to-target trial: randomized addition of glargine or human NPH insulin to oral therapy of type 2 diabetic patients. *Diabetes Care* 2003:26(11):3080-6.

*Basal insulin: NPH, glargine and detemir

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition.

alosa

iDIS Independent Drug Information Service

Treatment algorithm for the management of type 2 diabetes

- **Reinforce lifestyle intervention at every visit.**
- **Check A1c every 3 months until 7% and then at least every 6 months.**
- **Although three oral agents can be used, initiation and intensification of insulin therapy is usually preferred based on effectiveness and affordability.**

Based on American Diabetes Association and European Association for the Study of Diabetes Consensus Statements for the Management of Hyperglycemia in Type 2 Diabetes (2006 and 2009)

March 2009

Treatment of diabetes-related conditions

Condition	Identification	Goal of therapy	Recommended Interventions
Hypertension	Check BP at all visits	SBP ≤ 130 mmHg DBP ≤ 80 mmHg	• Begin with lifestyle modification • Drug therapy should include ACEI (ARB if ACEI not tolerated) • Add thiazide type diuretic if second agent needed
Hyperlipidemia	Check fasting lipids annually	LDL < 100 mg/dL (LDL < 70 mg/dL if CAD)	• Treat with statins for elevated LDL
Antiplatelet therapy	Assess for cardiac risk factors	Risk reduction	• Aspirin for patients with CAD
Smoking	Assess for tobacco use	Smoking cessation	• Nicotine replacement • Bupropion/Varenicline • Counseling programs

March 2009

Summary of comparative efficacy, safety and cost of non-insulin agents

Drug		Death, major CV events	A1c	Weight	Hypo-glycemia	Heart failure and edema	LDL	GI	Cost	Overall
metformin										
sulfonylureas										
glitazones	pioglitazone									
	rosiglitazone									
α-glucosidase inhibitors										
meglitinides	repaglinide									
	nateglinide									
DPP 4 inhibitors										
exenatide										

GI = gastrointestinal intolerance; LDL = LDL cholesterol

Best outcome	Intermediate	Problem	Unknown

Survey Results for Type II Diabetes were very positive:

5 being the highest and 1 being the lowest:

	5	**4**	**3**	**2**	**1**
The Maine Independent Clinical Information Services (MICIS) provides me with useful information about the commonly used medications for Type II Diabetes.	20	17	3	1	1
The content represents unbiased and balanced information about drugs.	29	12	2	-	2
The program provides a perspective on prescribing that is different from what I get from other sources.	14	16	9	2	-
I find the patient materials useful in my practice.	17	12	12	-	2
I find that there are barriers to providing "best practices" cost effective care for Maine Care recipients.	14	16	10	2	-
Being able to get Continuing Medical Education credits from the AMA CCMEA is a valuable component of the program.	22	10	8	1	-
I expect to make changes in my treatment plan and prescribing habits, based upon the clinical information that I received.	10	12	13	2	5
It makes sense for the state of Maine and the Maine Medical Association to devote resources to this activity.	26	10	4	1	1
My academic detailer is a well-informed source of evidence-based information about drugs I prescribe.	18	16	5	-	1
I would like a follow up visit with my academic detailer to further discuss this clinical area.	8	3	13	9	5

<u>Additional Questions Included</u>:

Overall Program Evaluation

1. **What was your overall evaluation of the Academic Detailing Information Service?**

Excellent	58%
Good	37%
Adequate	2.5%
Poor	2.5%

2. **Appropriateness of this clinical topic for your educational needs.**

Excellent	70%
Good	26%
Adequate	5%
Poor	0%

3. **Practical value of this service to your daily practice.**

Excellent	58%
Good	30%
Adequate	7%
Poor	5%

4. **Effectiveness of learning aids used (e.g. audio-visual, handouts, etc.).**

Excellent	47%
Good	47%
Adequate	5%
Poor	2%

5. **Do you feel there was any commercial or personal bias in the presentations?**

Yes	7%
No	91%

The survey also provided us with what participants would like to see in future programs:

- Use newer studies
- Have follow-up classes
- Non-compliant patient strategies
- Antipsychotics
  - Depression – Benzodiazapan
  - Anxiety

As a result of the first presentation, we have been able to get into many of the same offices with the second program, Anti-coagulants which focuses on the following:

- What is the recommended duration of anticoagulation after different thromboembolic events?
- When is clopidogrel (Plavix) preferred over aspirin, and when not?

- Which patients with coronary artery disease should not take anti-platelet drugs?
- What is the role of clopidogrel for stroke prevention?

Funding

The program is currently funded by fees collected from pharmaceutical companies as a cost of doing business in the state of Maine in accordance with 22 M.R.S.A. §2700-A, governing clinical drug trials. With this funding, the Department has entered into two contracts:

Goold Health Systems (GHS) which provides data analysis and clinical support.

Maine Medical Association (MMA) to provide detailers and marketing material such as:

- Brochure
- Web site - www.mainemed.com/academic/index.php
- Detailers material
- Training provided to detailers by the PACE program

In the first full year of the project, the Department started with $300,000 available from the collection of the fees as stated above. The contracts that the Department initiated had a final cost of $218,400 total. We have some room to expand marketing but hope to receive the grant so that we are able work together with New Hampshire and expand the entire program.

At this time the Department is not able to provide a savings number in drug cost that is directly attributable to detailing.

Conclusion

As stated in chapter 327, subchapter 1-A, Prescription Drug Academic Detailing the Department shall establish a program to enhance the health of residents of the State of Maine by improving the quality of decisions regarding drug prescribing and encouraging better communication between the department and health care practitioners participating in publicly funded health programs. The Department has established a program that resulted in an education program and a committee dedicated to make the program successful.

Future goals include expanding marketing, focusing on Southern Maine. The committee is planning future detailing programs such as Atypicals. Other endeavourers include working with other groups such as Psychiatric Work Group and Drug Utilization and Review to assist in creating a home grown platform.

The committee has recently applied for a Grant. If awarded, the grant will allow Maine to collaborate with New Hampshire Consumers Union and AARP to expand the program by adding more detailers and going into New Hampshire.