Academic (Counter) Detailing

'Detailing' is a medical education practice employed by pharmaceutical and device companies in which clinical evidence about products is shared with health care professionals. In 'academic detailing', health professionals are employed to disseminate information across a broad range of interventions. There are strict regulations governing the type and balance of evidence commercial detailers may share with health care professionals. In contrast, no explicit regulations exist regarding type or balance of information presented in academic detailing. While dissemination of research-based evidence promotes sound decision-making among health care professionals, it is critical the information disseminated is well balanced, clinically relevant and focused on optimizing care.

Background

Academic detailing (AD) (also known as *counter detailing*) is a practice designed to provide physicians and other health care professionals with information and educational tools related to available health care interventions. The objective of AD efforts is to disseminate medical evidence in an attempt to better align clinical practice with scientific research. Typically, AD programs are staffed by clinicians, pharmacists or nurses and are funded either directly by the government or indirectly through government grants.

Recently, AD has emerged as a policy tool, used as part of broader efforts to reduce health care expenditures. This is due, in part, to a misperception that commercial detailing efforts (i.e., undertaken by pharmaceutical companies) significantly contribute to rising health care costs. Academic detailing is viewed as an 'objective' way to counteract the perceived impacts of industry marketing and field-based promotional activities.

Proponents of AD emphasize the value of sharing medical information with health care providers to ensure patients receive optimal care driven by relevant research findings. However, there are concerns that academic detailing efforts are less focused on ensuring quality of care, and more focused on reducing the cost of care. Many state-level AD programs place strong emphasis on cost reductions as key metrics by which success is measured, often through the promotion of generic drug use.[1] This leads to significant concerns that academic detailers are solely focused on advocating lower-cost therapies rather than helping to ensure optimal patient outcomes. Moreover, a focus on short-term reductions to pharmaceutical expenditures does not account for costs associated with switching, overall costs, or impact on patient care or quality of life.

Numerous federal and state regulations govern what kind of evidence can be shared by commercial detailers. The pharmaceutical industry has also voluntarily developed its own standards regarding physician outreach, and voiced strong support for the American Medical Association's pharmaceutical representative and physician interaction code of ethics.[2,3] In contrast, there are no similar codes governing the behavior or activities of academic detailers—including the types of information they can share with health care professionals. In the absence of clearly defined parameters and oversight responsibilities, the public cannot be sure that providers are receiving unbiased, accurate and up-to-date information.

Key Facts and Figures

- Research shows when health care professionals have full access to comprehensive and unbiased data on all available treatment options, they prescribe the best medication — not necessarily the newest name brand option — and health care spending is lowered.[4]
- As of mid-2011, four states—Pennsylvania, Maine, New Hampshire and Vermont—have instituted AD programs, and many other state legislatures, including Florida, Massachusetts and New York, are considering legislation chartering similar programs.

- On the federal level, with 2009 American Recovery and Reinvestment Act funds, the Agency for Healthcare Research and Quality (AHRQ) awarded $29.5 million for five grants for programs related to dissemination of research findings to physicians. One is an AD program designed to conduct 9,000 face-to-face meetings with health care professionals over the next three years.[5]

Pfizer's Position

Pfizer supports providing patients and health care professionals with the best available evidence regarding treatment options and interventions. There are concerns, however, with the focus many AD programs place on reductions to pharmaceutical expenditures as a key metric of success, as well as the level of oversight applied to AD programs and the information they distribute.

- Academic detailing programs should be subject to the same federal and state rules and regulations that govern the commercial detailing programs of biopharmaceutical companies.
- Evidence presented in academic detailing programs should be reviewed for scientific accuracy and balance and held up to the same standards that the Food and Drug Administration applies to communications from biopharmaceutical companies regarding branded prescription medicines.
- Academic detailing programs that offer Continuing Medical Education credits should adhere to regulations outlined by the Accreditation Council for Continuing Medical Education.
- Academic detailing programs should be a vehicle for disseminating information that helps health care professionals make the right choices for patients, not a barrier to necessary care.

How Patients and Health Care Professionals Benefit

Dissemination of rigorous evidence comparing treatments and interventions can help equip patients and their physicians to choose the best treatment option and may improve patient outcomes.

How the Health Care System Benefits

Appropriate information about different treatments and interventions may result in more efficient use of health care resources and spending, so that the right patients receive the right treatments or interventions at the right time. Subjecting academic detailing programs to the same level of rigorous review as is applied to commercial detailing efforts can help ensure the information distributed is reliable, credible, scientifically sound and aligns with relevant standards.

What It Means for Pfizer

The dissemination of appropriate, reliable, and scientifically sound information that aligns with relevant standards can help ensure Pfizer products are used appropriately by providing evidence about how different treatments work and by better equipping physicians to make informed decisions.

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[1] Pew Prescription Project. "Cost-Effectiveness of Prescriber Education ("Academic Detailing") Programs. http://www.prescriptionproject.org/tools/initiatives_reports/files/0010.pdf. Accessed May 17, 2010.

[2] Pharmaceutical Research and Manufacturers of America, PhRMA Code on Interactions with Healthcare Professionals (Washington, DC: PhRMA, 2008).

[3] American Medical Association. Code of medical ethics: opinions on practice matters. Available at http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.shtml

[4] Statement of Jerry Avorn, M.D., before the U.S. Senate Special Committee on Aging, March 12, 2008. Citing research previously published in the *New England Journal of Medicine*. Prepared Remarks available at http://aging.senate.gov/events/hr190ja.pdf.

[5] U.S. Senate Special Committee on Aging. "Congressional Leaders Successfully Urge Use of Economic Stimulus Funds to Educate Doctors & Patients on Full Range of Drug Treatments." Press Release. 15 April 2010. Available at http://www.aging.senate.gov/hearing_detail.cfm?id=323890.