

***The Use of Academic Detailing to Improve Mental Health Medication  
Prescribing for Idaho Medicaid Participants***

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Projected Term of Project:  
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## **Project Description**

The Academic Detailing program will be a targeted educational outreach program with one-on-one pharmacist consultation with identified prescribers. Selected prescribers will be those who depart most consistently from identified best practice standards for mental health pharmaceuticals.

The Academic Detailing program will improve medical care of our participants (beneficiaries) through improvements in mental health medication therapy decisions as a result of focused interactive prescriber education.

A primary factor driving the need for this program is verifiable patterns of inappropriate use and overuse of mental health medications with resulting actual and potential adverse drug events. Our analysis has shown a significant amount of off label use not backed by scientific evidence. In Idaho, this problem is exacerbated by the large number of Medicaid participants who receive care, including mental health care, from mid-level practitioners—often without physician oversight.

In addition, the increasing cost of prescription drugs combined with Idaho's rapidly growing population is straining state resources. From a cost standpoint, it is important to eliminate cost due to over prescribing and unnecessary prescribing as well as decrease non-medication costs resulting from inappropriate medication use. Several classes of mental health medications are not included as part of our Preferred Drug List (PDL) so there is currently limited control or influence over their use.

Idaho Medicaid is aware of the tremendous impact pharmaceutical manufacturers have on practitioners' prescribing decisions. This program will assist us to counteract those efforts and help us guide decisions that are evidence-based. By focusing on an outcome-based approach, Idaho Medicaid will be able to improve participant care and health outcomes while promoting cost effectiveness.

## Goals and Objectives

The key goal of this program is to strengthen evidence-based prescribing of mental health drugs for Idaho Medicaid participants. This will be done by offering nurse practitioners (NPs), physician assistants (PAs) and physicians authoritative and unbiased information on which to base prescribing decisions, thereby lessening their dependence on biased information from the pharmaceutical industry.

We hope to impact the prescribing practices of Idaho practitioners by creating more awareness of actual available scientific evidence and what it demonstrates. In many cases, this may increase their knowledge and awareness that there is a lack of evidence for drug comparisons within and across drug classes, use in certain age groups and for long-term effectiveness. In those instances when drugs for a disease state have been demonstrated to be therapeutically equivalent in effectiveness and safety comparisons, it is hoped that prescribers will choose the most cost effective medication administered in the most effective dosage and schedule. These changes will be reflected in their practice patterns and should also lead to improved evidence-based prescribing by their colleagues.

Intermediate objectives for the Academic Detailing program are to:

- improve participant care by assisting prescribers through the provision of appropriate, evidence-based information on mental health prescription medications.
- improve overall health status of Idaho Medicaid participants. This will be measured by a decrease in total health services and costs as well as a decrease in the number of reported adverse side effects from prescribed mental health drugs.
- decrease Idaho Medicaid drug costs as measured by per-user per-month (PUPM) costs for mental health drugs and PUPM costs for overall drug use by

Medicaid participants. By examining overall drug use, the Medicaid pharmacy unit can monitor whether cost shifts to other drug classes are occurring as a result of this program.

- Improve communication between the Department and participating health care practitioners.
- Educate pharmacists within the outreach area on the need for and goals of the Academic Detailing program.

## **Approach**

The initial year of this pilot program will provide outreach to the southwest and south central regions of the state. These regions include about two-thirds of the state population and include the major population centers of Boise, Nampa, Caldwell and Twin Falls. This geographic area also includes the majority of Idaho Medicaid participants. Limiting the project to this service area will allow Idaho Medicaid pharmacy staff, located in the Boise central office, to provide concentrated quality service while holding travel time and expense to a manageable level.

Providers chosen for outreach will be those with the highest number of Medicaid participants whose drug therapy falls out of defined best practice criteria for mental health prescribing. We have been able to stratify prescribers based on best practice criteria for appropriate use of drugs used to treat ADHD, depression, bipolar disorder, psychosis and insomnia. Appropriate use is defined as appropriate diagnosis, dose, avoidance of adverse effects and avoidance of duplicative therapy. Topics will be prioritized based on areas with the highest potential for improvement and ability to change.

Training for pharmacists will utilize didactic, interactive and case study sessions as well as one-on-one mentoring. Most training materials will be developed in house. A needs assessment of program staff has identified areas where skill development is needed. Consultation will be sought from outside experts in academic detailing as well as those with expertise in communication skills and techniques. Part of our budget will be used to either bring in an outside trainer familiar with the communication and other skills necessary for successful academic detailing or to send one or more of our pharmacists for a site visit of a currently active academic detailing program.

Initial outreach will be guided by an educational script developed by the Medicaid Pharmacy Program. Educational leaflets will be developed to support the effort.

Curriculum and educational materials will be developed by the Idaho Medicaid Pharmacy Unit. The basis for these materials will be the Drug Effectiveness Review Project (DERP) class reviews for the following drug classes Drugs to Treat ADHD; Second Generation Antidepressants; Antiepileptic Drugs in Bipolar Mood Disorder; Neuropathic Pain and Fibromyalgia; Atypical Antipsychotics, and Newer Insomnia Drugs.

Participant (patient) medication profiles may be used to facilitate conversation.

The Medicaid pharmacists will arrange in-person meetings with the prescriber. Meetings will be set for 20 minutes and will be held in the prescriber's office, unless the prescriber prefers to hold the meeting at another site that ensures confidentiality can be maintained.

A follow-up phone call or email contact will be made within five days of the meeting thanking prescribers for their time and offering them opportunity for further input.

Subsequent follow-up will occur three to six months after the meeting and will be completed by re-analysis using the original criteria and reassessing outlier patterns.

## **Agency Capacity and Experience**

### Capacity

The Idaho Medicaid Pharmacy Program has reached maturity in its current program initiatives. Medicaid's prior authorization and PDL programs have moved beyond implementation and are now in a maintenance phase. This frees up pharmacy staff, program management and pharmacy technician resources to develop initiatives such as the Academic Detailing project.

### Staff Qualifications:

Idaho Medicaid Pharmacy Supervisor Tamara Eide, PharmD, will be the project leader. Dr. Eide is Board Certified in Pharmacotherapy and has extensive experience in clinical pharmacy project development and implementation through sixteen years of hospital clinical pharmacy administration and six years of Medicaid Pharmacy administration. Program implementations have included a comprehensive decentralized hospital clinical pharmacist program, an investigational drug distribution system, pharmacokinetic monitoring service, inpatient anticoagulation service and antibiotic monitoring service. She has been involved with DERP since inception and has coordinated the State of Idaho Medicaid Enhanced Prior Authorization Program and Preferred Drug List for the last six years.

Robert Faller, Medical Program Specialist, will be project coordinator. Mr. Faller has fourteen years of public sector experience in project development, program supervision, and strategic development and media relations. He currently serves as medical program specialist with the Idaho Medicaid pharmacy unit where he coordinates a variety of Department initiatives.

Relevant Expertise:

The Idaho Medicaid Pharmacy Unit has the following experience to undertake this project:

- experience with the Drug Effectiveness Review Project (DERP). DERP is the primary source of evidence our Pharmacy and Therapeutics Committee uses to determine equivalency of drugs and to set best practice guidelines.
- successful implementation of an evidenced-based preferred drug list (PDL) that includes fifty-seven (57) drug classes. This includes a prior authorization program which required extensive prescriber education and buy-in.
- experience with analysis of mental health prescribing that has allowed Idaho Medicaid to examine use of mental health drugs and gain insight on the practice patterns of those who prescribe mental health medications for Idaho Medicaid participants. We have held several stakeholder meetings with mental health professionals and have gained insight into the information they need to make better decisions.
- strong staff capability. This includes four pharmacists with expertise in mental health pharmacology. Three pharmacists are educated at the PharmD level, one is a board certified pharmacotherapy specialist and one is a certified geriatric pharmacist. Two have completed ASHP accredited post graduate residencies.
- outcome-based Drug Utilization Review (DUR) Program that measures clinical outcomes of our initiatives through comparison of control groups.

- A physician advisory committee that supports the Department of Health and Welfare exploring programs that target outlying practitioners who require assistance.
- computer software programs that support educational efforts. Idaho Medicaid has a contract and currently utilizes the ACS Heritage Information Systems' Cyberformance™, software program. This program is a clinical rules engine that overlays the current Idaho Medicaid MMIS system. It allows Medicaid to generate reports which compare a given clinical indicator with individual patients' drug therapy and identify clinical outliers. It also provides tools to conduct detailed business analysis of utilization and cost trends. If needed, Medicaid will be able to print drug profiles for prescribers that show complete drug history, including multiple pharmacies and physicians.

The Academic Detailing program supports the Department's mission to promote and protect the health and safety of all Idahoans. The primary SFY 2009 objective for the Medicaid Pharmacy Program, as voiced by the Idaho Medicaid Administrator, is to explore new tools for use in appropriate pharmacy management.

In addition, Idaho Medicaid plans to seek federal matching funds to implement this program. For the pilot we anticipate utilizing 50% Federal Financial Participation (FFP) general administrative funds. If the pilot is successful and is developed into a statewide program, we will seek a 75% FFP match based on Skilled Professional Medical Personnel (SPMP) funding.

The Department anticipates that realized improved outcomes and partnerships as well as significant cost savings will persuade the Legislature to provide sustained funding in future years, allowing program expansion state wide.

Also, the Department is currently seeking grant funds from two Idaho-based foundations. If successful in these efforts, these small grants will be used to help defray program operating costs for travel and staff training.

Through our past initiatives, we have developed strong relationships with our providers and gained the respect of the prescriber community as a whole. Through Academic Detailing we hope to further strengthen these relationships, develop new relationships and continue the partnerships we have formed through our Pharmacy and Therapeutics Committee, Mental Health Stakeholder meetings, and the Physician Advisory Committee.

### **Evidence-Based and Conflict of Interest Standards**

We will be using the systematic reviews commissioned by the DERP project produced by the Oregon Evidence-based practice center and RTI- University of North Carolina Evidence-based Practice Center. These reviews are funded by the participating DERP organizations without any funding from pharmaceutical manufacturers. The evaluations are based on and guided by key questions determined by the participating organizations. All data included in the reviews meets vigorous scientific standards and the quality of all studies is ranked. The reports are non-bias and only report on the available data and do not make any recommendations. Dossiers may be submitted by manufacturers through the public comment process, but any information used is independently validated and the same vigorous scientific standards described above must be met. All work of DERP is transparent and available to the public.

The Department's association with Comprehensive NeuroScience (CNS) will be ending in March 2009. Source data and reports developed for the Academic Detailing program will not be connected to the CNS program. In fact, profiling and tracking reports

will not be developed until April 2009 which is after the Department's termination date with CNS.

### Work Plan

<b>Strategy 1</b>		
<b><u>Activity</u></b>	<b><u>Est. Completion Date</u></b>	<b><u>Expected Outcomes</u></b>
Formation of core project team	January 31, 2009	Duties assigned, schedules developed and staff input received
<b>Strategy 2</b>		
<b><u>Activity</u></b>	<b><u>Est. Completion Date</u></b>	<b><u>Expected Outcomes</u></b>
Development of educational materials, communication plan and training plan/materials	March 31, 2009	Standardized materials prepared to ensure a focused and consistent message
<b>Strategy 3</b>		
<b><u>Activity</u></b>	<b><u>Est. Completion Date</u></b>	<b><u>Expected Outcomes</u></b>
Development of profiling and tracking reports/processes	April 30, 2009	Internal reports used to support the program are implemented
<b>Strategy 4</b>		
<b><u>Activity</u></b>	<b><u>Est. Completion Date</u></b>	<b><u>Expected Outcomes</u></b>
Staff training	April 30, 2009	Finalize training on communication/education strategies and drug class background and evidence
<b>Strategy 5</b>		
<b><u>Activity</u></b>	<b><u>Est. Completion Date</u></b>	<b><u>Expected Outcomes</u></b>
Development of QA program to ensure quality and consistency	May 30, 2009	Benchmarks established for analyzing program success. Follow-up contact schedule established with chosen prescribers
<b>Strategy 6</b>		

<u>Activity</u>	<u>Est. Completion Date</u>	<u>Expected Outcomes</u>
Assignment of prescribers to staff detailers	May 30, 2009	Prescribers chosen through methods outlined in the Strategy section. The prescribers will be assigned to one of three detailers on the Medicaid pharmacy staff. Assignments will be based on a variety of factors including geographic location, expertise of staff member, and prescribing history
<b>Strategy 7</b>		
<u>Activity</u>	<u>Est. Completion Date</u>	<u>Expected Outcomes</u>
Academic Detailing visits	October 31, 2009	Personal visits completed with minimum of 85 prescribers. Raw information compiled and developed into initial report.
<b>Strategy 8</b>		
<u>Activity</u>	<u>Est. Completion Date</u>	<u>Expected Outcomes</u>
Initial evaluation of pilot program and assessment to Department Administration	November 20, 2009	Report detailing findings of prescriber visits; strengths, and challenges of the program, recommendations for further program development.
<b>Strategy 9</b>		
<u>Activity</u>	<u>Est. Completion Date</u>	<u>Expected Outcomes</u>
Final pilot program evaluation	December 31, 2009	Detailed report of pilot program.

## Evaluation

Reporting and evaluation of the program will be performed in determined time frames throughout the life of program. Key areas that will be tracked for evaluation are listed below.

- Number of Academic Detailing calls
- Consultation count by year and by month
- Educational encounters by topic

The project will use Idaho Medicaid's current ACS, Heritage Cyberformance™ technology as well as an internally developed database to monitor and measure these objectives. Outcomes will be measured similarly to other medication improvement initiatives we have undertaken. We anticipate measuring the use of total health services and associated costs and drug costs three months prior to any interactions at baseline, during the first three months of active academic detailing, and three months post detailing visits. Cost shifts will be measured through use of statistical business process control charts. Prescribers will serve as their own control as part of the analysis. We will also compare their post detailing prescribing patterns and patient outcomes with those of a similarly matched control group of providers from another area of the state meeting the same intervention criteria. Before and after questionnaires will be used to document improvement in knowledge and satisfaction with the program.

