

ACADEMIC DETAILING IN AUSTRALIA



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Pharmaceuticals in the Australian market

- ◆ *Australian Pharmaceutical Benefits Scheme*
- ◆ *Dominant position of this provider in the Australian market*
 - *53% of Australian pharmaceutical expenditure*
(Total market value 2005-2006 (current prices) = US\$11.5 billion)

Source: Australian Institute of Health & Welfare. Health and Welfare Expenditure 2005-2006 Series No.30 – 5 October 2007. Canberra

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Academic detailing – early definitions

- ◆ *Programmes are designed to meet perceived doctor needs*
 - ◆ *A prior assessment of personal barriers to behaviour change is made*
 - ◆ *Credibility is developed*
 - ◆ *Individual personal barriers to change are recognised*
 - ◆ *Physician participation is encouraged*
 - ◆ *Reinforcement is provided through repeated visits*
- “Theoretical basis for academic detailing is found in social marketing, diffusion of innovations, and adult learning theory”*

Avorn J, Soumerai SB. Improving drug-therapy decisions through educational outreach. A randomized controlled trial of academically based "detailing". *N Engl J Med* 1983;308(24):1457-63.

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Soumerai SB, Avorn J. Principles of educational outreach ('academic detailing') to improve clinical decision making. *JAMA* 1990;263:549-56

Academic detailing – what is it?

- ◆ *Personalised support for good clinical decision-making in one-to-one encounters*
- ◆ *To health professionals in their own personal practice time and space*
- ◆ *Clear messages delivered which are relevant to the doctor's own perceived needs - facilitating better patient care*
- ◆ *Unbiased by commercial or other extraneous interests*

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DATIS – the Drug and Therapeutics Information Service

◆ Since 1991

◆ Current objectives

- To use academic detailing as a spearhead for achieving better primary care practice outcomes
- To develop performance indicators for academic detailing services
- To establish standards of practice for academic detailers
- To develop and explore curriculum for training academic detailers

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DATIS academic detailing

- ◆ Brings deep clinical knowledge of evidence and expert opinion to a brief mutual learning experience
- ◆ Sound training and skills-development in social marketing techniques
- ◆ Acknowledges and embraces the uncertainties felt by primary care physicians in practice
- ◆ Guidelines for practice are discussed primarily in relation to scientific and clinical uncertainties which underlie them
- ◆ Service philosophy which pro-actively links the expert resources of the university teaching hospital to primary care practice
- ◆ Ongoing trusting relationships between physicians and visitors are a key to success

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Successive DATIS programs

- ◆ Topics for discussion chosen according to contemporary level of interest of recipient physicians
- ◆ One or two consecutive visits on individual topics
- ◆ Effort made to successively visit and re-visit all practitioners working within pre-defined geographic areas
- ◆ Both to GPs and relevant medical specialists
- ◆ An offer of between-visit telephone-based support on any clinical issue of concern is made by visitors
- ◆ Topics delivered in South Australia over the past sixteen years:
 - Asthma management
 - COPD
 - Pain management
 - Dyslipidaemia management
 - Type 2 diabetes management
 - Hypertension management
 - Osteoporosis management
 - Antibiotic therapies
 - Depression management
 - ACE inhibitor therapies
 - Hormone replacement
 - NSAID therapies
 - Antithrombotic therapies
 - Management of heart failure
 - Proton Pump Inhibitor therapies
 - Shared decision making with the PSA test
 - Colorectal cancer screening

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Acceptability of the service

- ◆ 1992-1995
 - 95% of all primary care physicians in an initial target area were willing to accept visits
 - ~200 doctors
 - Effectively none refused further visits after having experienced the DATIS service
- ◆ 1995-1998
 - An additional new target area adjoining initial area was then designated
 - ~ 200 doctors
 - 90% were willing to accept visits, and again effectively none refused further visits

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Acceptability of the service

◆ 2001-2003

- An area in a different State was selected where DATIS was not familiar provider of service to primary care physicians
 - ~150 doctors
- 90% of primary care physicians practicing in the area accepted visits
- Eight consecutive visits provided on four topics over 24 months – effectively complete retention

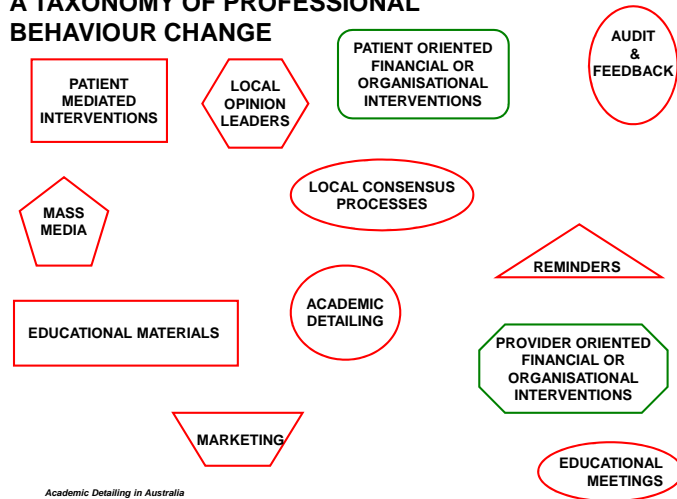
◆ Frequency of visiting

- In some areas of DATIS service – up to 8 visits in a year on differing topics has not reduced retention

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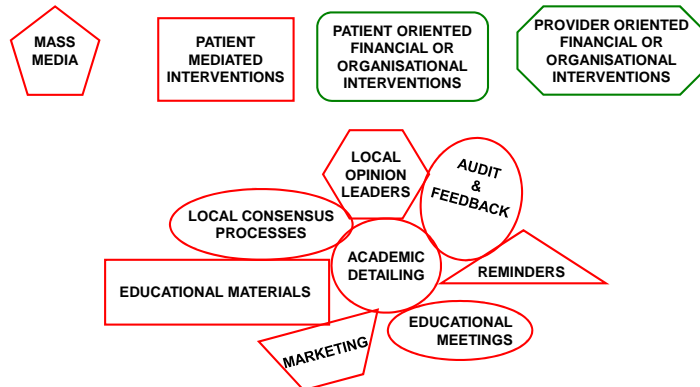


A TAXONOMY OF PROFESSIONAL BEHAVIOUR CHANGE



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A TAXONOMY OF PROFESSIONAL BEHAVIOUR CHANGE



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Quality use of medicines initiatives

◆ Review of evidence and experience with academic detailing

Silagy CA, May FW, Avorn J. An overview of current practices of academic detailing in Australia and internationally. Canberra: Australian Commonwealth Department of Health; December 1997.

http://pdfserve.pharmacy.uq.edu.au/qumdatabase/PDFs/ID565_Report_1.4MB.pdf

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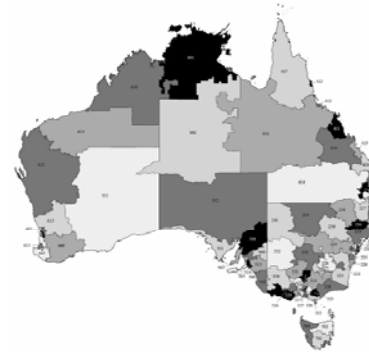
National Prescribing Service

- ◆ Works with others to provide nationally coordinated prescribing initiatives;
- ◆ Provides independent information about medicines to prescribers and consumers;
- ◆ Delivers messages about drug therapy to prescribers using strategies such as:
 - academic detailing
 - prescription analysis and feedback
 - peer review
 - self-assessment of prescribing behavior
- ◆ Encourages and supports cross-discipline and cross-sector collaborations that promote quality use of medicines;
- ◆ Offers incentives that support quality prescribing in Australia; and
- ◆ Undertakes ongoing evaluation of its strategies.

Source: The national strategy for Quality Use of Medicines, Commonwealth of Australia, ISBN 0 642 82005 8, p34, Canberra 2002
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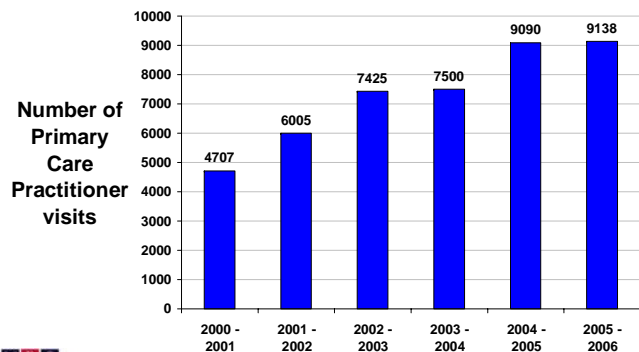
Australian Divisions of General Practice



- ◆ 128 Divisions
- ◆ Average 153 doctors (range 17-797)
- ◆ 82% work in Metropolitan or Metropolitan-Rural areas
- ◆ 22,564 GPs working in Australia in 05-06

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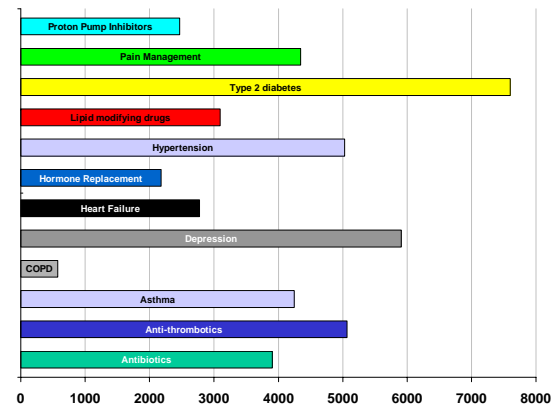
NPS academic detailing



Academic Detailing in Australia

Source: National Prescribing Service: Evaluation Report No. 9, 2005-06: Progress, achievements and future directions, Sydney, December 2006, ISSN: 1832-2808.

NPS Academic Detailing Visits



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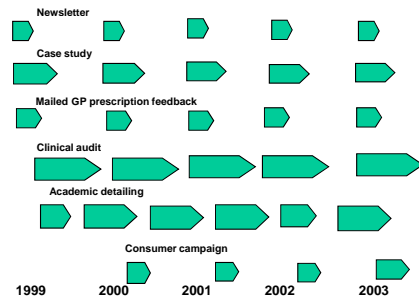
NPS Academic Detailing visits 1997 - June 2006

Source: National Prescribing Service: Evaluation Report No. 9, 2005-06: Progress, achievements and future directions, Sydney, December 2006, ISSN: 1832-2808.



NPS program structures: A 5Yr intervention program for improving antibiotic use

TIME LINE OF INTERVENTIONS



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Source: Mackoon JM, Pont L et al. Implementation and outcomes of a 5-year intervention program to improve use of antibiotics in respiratory tract infections in primary care. Poster presentation: ICRJM 2004, Chiang Mai, Thailand

"Table 1 summarises the savings generated, contracted and brought forward for each year since the inception of NPS to the last month of our second contract. Savings over A\$304.4 million have been made to the PBS to June 2005. Claiming conservative estimates of savings generated, the actual savings in excess of contracted savings available to be brought forward as of July 2005 are A\$147.8 million."

Table 1: Savings generated, contracted and brought forward (\$A), 1997 to 2005

	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
Savings brought forward at 1 July	0	929,000	5,825,966	17,500,443	17,797,536	30,388,017	68,216,966	106,568,143
Savings generated	3,700,000	19,151,966	25,929,477	14,552,093	41,090,481	65,328,949	65,851,177	60,732,103
Less savings contracted	-2,851,000	-14,255,000	-14,255,000	-14,255,000	-28,500,000	-27,500,000	-27,500,000	-27,500,000
Available savings at June 30	929,000	5,825,966	17,500,443	17,797,536	30,388,017	68,216,966	106,568,143	147,800,246

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Source: National Prescribing Service: Evaluation Report No. 9, 2005-06 Progress, achievements and future directions. Sydney, December 2006, ISSN: 1832-2808.

