Getting evidence into practice: 3 views of academic detailing

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Overview

• Origins of academic detailing
• Evolution of academic detailing
• Academic detailing today
  – 3 examples of real-world interventions
Origins of academic detailing

- Divergence in styles of communication
- Recognizing effectiveness of marketing approach of pharmaceutical detailers
- Initial randomized trials to test providing academically valid content with the techniques of social marketing
## Two different worlds

<table>
<thead>
<tr>
<th>Academia</th>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD comes to us</td>
<td>Goes to MD</td>
</tr>
<tr>
<td>Didactic</td>
<td>Interactive</td>
</tr>
<tr>
<td>Content ornate, not clinically relevant</td>
<td>Content is simple, straightforward, relevant</td>
</tr>
<tr>
<td>Visually boring</td>
<td>Excellent graphics</td>
</tr>
<tr>
<td>No idea of MD’s perspective</td>
<td>MD-specific data informs discussion</td>
</tr>
<tr>
<td>Evaluation: minimal</td>
<td>Outcome evaluated, drives salary</td>
</tr>
<tr>
<td>Goal = ????</td>
<td>Goal = behavior change</td>
</tr>
</tbody>
</table>
Academic Detailing

Drug/Device makers: great communicators

Government/Medical School faculty: Trusted sources of Clinical information
Skeptical about “Vasodilator” therapy for Senile Dementia?

You have every reason to be.

Years ago, when neurologists believed that “sluggish” cerebral blood flow was the cause of senility, a number of drugs were marketed to dilate cerebral vessels and thus improve mental functioning. But more recent clinical evidence tells a very different story.

For the vast majority of senile patients, degeneration of neurons is the cause of their symptoms, not sluggish blood flow to the brain.¹ ² ³ ⁴ ⁶ “Cerebral vasodilator” drugs do not reliably improve mental functioning or behavior in the elderly.
In the elderly, the side-effects of sedatives are all over the map.

THE SIDE-EFFECTS of tranquilizers can be much more frequent and severe in the elderly. Consider non-drug alternatives first. If drugs must be used, the shortest course is usually the safest course. Choose a medication with a brief half-life, and give it for only a few days or weeks to minimize adverse effects.
Evolution of academic detailing

• Initial focus on pharmaceuticals
• Growing emphasis on evidence-based medicine (EBM)
• Recognition that principles of academic detailing fit well in an EBM framework
The goal of academic detailing

• To close the gap between
  – the best available evidence
  – actual clinical practice

• ..so that clinical decisions are based only on the most current and accurate evidence on:
  – efficacy
  – safety
  – cost-effectiveness
Evolution of academic detailing

• Gaps between best evidence and actual practice occur in a range of clinical areas:
  – pharmaceuticals
  – devices
  – diagnostic testing
  – screening
  – many other areas
Academic detailing today

- Practical interventions
  - bring data to front-line clinicians
  - usable information that can improve care
  - important component of quality improvement
  - relevant across a spectrum of conditions and interventions
Academic detailing today:
Three examples

• Chronic kidney disease
  – Dr. James Mold, Oklahoma
• Pediatric preventive care and screening
  – Dr. Lisa Honigfeld, Connecticut
• Cancer screening
  – Dr. Sherri Sheinfeld-Gorin, New York