2004 INNOVATIONS AWARDS PROGRAM
Application Form

1. Program Name
   **AIMS: Accessible Intelligent Medication Strategies**

2. Administering Agency
   West Virginia Public Employees Insurance Agency (WVPEIA)

3. Contact Person (Name and Title)
   Tom Susman, Director
   Felice Joseph, Pharmacy Director
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8. Web site Address
   AIMS currently does not have a web site.

9. Please provide a two-sentence description of the program.
   The **AIMS** Program (*Accessible Intelligent Medication Strategies*) is the implementation and evaluation of academic detailing of selected West Virginia physicians in the metropolitan areas of Charleston and Morgantown to enhance prescribing knowledge while keeping patient outcomes paramount. Academic detailing (also known as educational outreach) is a method by which well trained registered pharmacists (clinical educators) visit physicians in their offices to provide clear, concise, evidence-based information regarding the use of pharmaceuticals to aid cost-effective prescribing decisions for various disease states.
10. How long has this program been operational (month and year)? **Note: the program must be between 9 months and 5 years old on May 1, 2004 to be considered.**

The West Virginia University School of Pharmacy received authorization to proceed with the development of the program concept in March 2002. The WV Public Employees Insurance Agency subsequently accepted the concept and its parameters; The WVU School of Pharmacy then secured the necessary program hardware and software, developed the program materials, hired the pharmacists (clinical educators), provided appropriate training and initiated the program.

Overall, the program has been operational a total of fourteen months. In Charleston, the program launched January 2003, while Morgantown began some five months later. PEIA was presented a year-end program evaluation by the WVU School of Pharmacy, April 9, 2004.

11. Why was the program created? (What problem[s] or issue[s] was it designed to address?)

To help contain the rapid growth of pharmaceutical costs within the state employees’ health insurance program.

During a recent three-year period (1999-2003), the WV Public Employees Insurance Agency saw pharmaceutical expenditures increase by $54.0 million, or 83%. This unbridled growth was increasingly affecting other vital services including physicians and hospitals, among others, because of limited financial resources.

Pharmaceutical cost increases are attributable largely to direct-to-consumer advertising by pharmaceutical companies, new and more expensive drug introductions, increased utilization and changing disease diagnosis and treatment guidelines. Another technique used quite successfully by pharmaceutical companies is “detailing”. Representatives from the companies call on physicians in their offices for the express purpose of convincing them their product is superior for a certain disease treatment. The physician, typically with little time for personal evaluation of products and more than ample sample product, will tend to prescribe that product. The manufacturers’ approach is very sophisticated and well financed. There is little discussion of comparable products, particularly of less expensive generics.

In an effort to ensure appropriate, cost-effective use of pharmaceuticals AIMS provides objective, evidence-based information and clinical guidelines on an ongoing basis for physicians in a face-to-face environment.
12. Describe the specific activities and operations of the program in chronological order.

Basic Design of Program:
- Survey developed and mailed to top 2000 prescribers of PEIA patients. They were chosen based on most prescriptions written in terms of numbers and cost.
- Attitudes toward academic detailing, generic and therapeutic substitution, and various cost containment strategies were assessed and used in developing the AIMS program.
- Therapeutic categories chosen: antibiotics, antihypertensives, non-steroidal anti-inflammatory drugs (NSAIDs), cholesterol lowering medications, and gastric acid lowering medication (based on PEIA data).
- Geographical locations (Charleston and Morgantown cities and surrounding counties) for inclusion in project chosen. These two areas have the largest concentration of WVPEIA members.
- Target physicians for each of the two geographical locations were chosen based on their ranking in each of the five therapeutic categories in terms of number of prescriptions written and cost of prescriptions.
- Subtarget physicians were defined as the top 20% of each target market who were rated as most receptive in terms of the program and messages provided.
- Budget proposal submitted based on: clinical educators, faculty program developers, data base management, Marketing/Training consultant, support personnel, rent, utilities, telephone services, internet connection, furniture, computers and software, promotional materials, travel, training, continuing education programs, and general expenses.

Preparation of Prescriber and Patient Information:
- Information prepared by Clinical Pharmacy faculty members at the WVU School of Pharmacy specializing in various disease states or practice settings.
- Information is peer reviewed by other faculty members to ensure that the information is current, evidence-based and complete.
- Informational pieces are developed that provide clinically appropriate and cost-effective data. Such pieces are designed for both prescribers and patients.
- The Medical Director and other staff of PEIA review the pieces.
- Final copies are printed and provided to clinical educators.

Training and Management of Clinical Educators
- Clinical Pharmacy faculty members at the WVU School of Pharmacy review the clinical information prepared in their respective disease states with the clinical educators.
• Marketing/Training consultant prepares basic messages for each information piece so that concise information is provided in terms of clinical appropriateness and cost-effectiveness
• Clinical educators participate in role-playing scenarios in order to inculcate the knowledge and use of informational pieces.
• Clinical educators are presented territory management methods to ensure efficient penetration of the message in their assigned areas.
• Clinical educators are provided support materials to supplement and support the informational pieces. As new information in each therapeutic category becomes available it is provided as well.
• Periodically, clinical educators are brought in from the field for training sessions in order to address new information and review techniques for delivery of messages.
• A conference call between the principle investigator, AIMS coordinator, some faculty program developers, clinical educators and the marketing consultant is conducted weekly to address more immediate issues or questions and to get a sense of physician receptivity to messages.
• Clinical educators provide weekly reports of contacts made: number of prescribers - target and non-target contacted, number of office visits.

Evaluation of Program Impact
• Identify base line measures of average prescription cost, generic prescribing percent ratio, and formulary adherence ratio for each therapeutic category for each of the target and subtarget providers in the two markets.
• Track on a monthly basis changes in the above indicators for one year before clinical education visits start and through the implementation period and compare with monthly measures for a similar cohort of providers who do not receive clinical educator visits.
• Assess baseline attitudes of providers toward clinical educators, in general, perceived benefits of academic detailing to themselves, and perceived impact/value of academic detailing to their practice using a survey.
• Re-survey every six months to assess changes in perception of providers and receptivity to academic detailing, and compare with baseline attitudes and receptivity.

• The year-end evaluation (April 9, 2004) underscored four (4) key points:
  • No doubt that academic detailing impacts prescribing behavior
• Significant impacts noticed in both Morgantown and Charleston in the short time period even without generic sampling
• Physician acceptance of AIMS program is high
• Sufficient evidence exists to recommend expansion of current pilot program

13. Why is the program a new and creative approach or method?
AIMS is distinctive because it is the first time a program of this type has been implemented by a state-level, publicly funded agency utilizing the specialized resources of its land grant university.

WVPEIA’s AIMS Program uses well trained, registered pharmacists as its clinical educators, while the pharmaceutical companies largely engage personnel with qualifications that do not meet this criterion.

It is a recognized fact that use of clinical prescribing and disease management guidelines by providers ensures standardized and quality care to patients while helping to control health care utilization and costs. Most disease states have recommended approaches to patient treatment that are evidence-based, clinically well accepted, and documented to be cost-effective. The question then becomes how to provide knowledge to prescribers as to what is clinically appropriate and cost-effective. Well-trained pharmacists meet this standard.

The effort to create a program with long-term impact that is well-received by prescribers resulted in the consideration of academic detailing as a method to achieve these goals. Previously, academic detailing has been limited to some closed systems, such as hospitals or HMOs, and to some private pharmacy benefit management companies. Controlled studies and reports from these sectors found academic detailing is effective in enhancing prescribing quality and improving patient outcomes. In addition, high receptivity among prescribers was found. Based on these studies, the AIMS program, which is unique to public, state-funded programs, was developed.

For the AIMS program, the West Virginia School of Pharmacy developed the program using pharmacists to establish credibility with the prescribers. As the pharmacists (clinical educators) develop relationships with the physicians, messages are delivered promoting both appropriate as well as cost-effective prescribing. Development of this relationship allows the clinical educators to proactively influence prescribing of currently available pharmaceuticals and preemptively affect prescription of products scheduled for release. The messages are regularly provided via repeat visits to the individual prescribers and through Continuing Medical
Education (CME) programs for groups of prescribers. Clinical educators participated in more than twenty-five in-service presentations during the evaluation period.

Further, during the evaluation period, the clinical educators averaged 256 and 139 monthly office visits in Charleston and Morgantown, respectively, targeting, at various times, each of the five therapeutic categories. In every instance, the evaluation data shows improved prescription patterns when compared to the control group.

An intangible attributable to the AIMS program over time is the significance of regular face-to-face contact with the prescribing community conveying PEIA’s commitment to cost-effective healthcare.

PEIA’s presence in the drug utilization marketplace has been effective, and a sustained presence will have a compound effect.

One trend observed throughout the length of the program, in both areas and across therapeutic categories was that even significant impact of the academic detailing message fell off upon change in focus or decreased intensity of message.

PEIA intends to continue the program in Charleston/Morgantown and expand the program by placing clinical educators into two more market areas, Huntington and Beckley.

Consideration of generic sampling continues to be evaluated.

Patients are playing an increasing role in the demand for medications; a fact well exploited by pharmaceutical manufacturers. With this in mind, AIMS developed information pieces for patients designed to supplement the information provided to physicians and to synchronize with co-pay programs and other initiatives offered by PEIA to patients.

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

A total of $893,000 was budgeted for the first two years of the project. This phase of AIMS will conclude in approximately a month and a modest budget surplus is anticipated.

Personnel identified for the project’s initial phase included 5 to 10% FTE commitment from a dozen faculty members already employed by the School of Pharmacy, two new pharmacists who were hired as clinical educators, a program assistant, and a graduate student programmer to help
with the database set up and management. Faculty members included those with clinical and drug expertise in the therapeutic areas of interest, a behavioral scientist, and a continuing education expert. A marketing consultant experienced in academic detailing was employed to provide assistance with the development of promotional aids, assist in training, and provide overall guidance as necessary. Later a program coordinator was added and efforts are underway to identify a physician medical director for the program. Personnel costs constitute almost 66% of the budget.

The University’s printing and communication department provided services with respect to design and printing of promotional materials. Equipment such as lap top computers for the clinical educators and a server for maintaining data on patients and providers generated from both medical and pharmacy claims for service reimbursement were purchased. The program is housed with another service program that the School of Pharmacy has with the state Medicaid program, and pro rated rent, utilities, and telecommunication costs are in the budget. The budget also includes support to conduct training programs for the clinical educators, travel and hospitality expenses for them to make provider visits, print and distribute promotional materials, and to conduct continuing medical education programs as necessary.

The expansion of clinical education into the new markets will essentially entail the cost of additional personnel, fixed cost increases will be fairly small.

15. What are the program’s annual operational costs?
$428,000 and $465,000, respectively, were budgeted for the first two years of the program focusing on the Charleston and Morgantown market areas. Negotiations are now underway to solidify a budget for the proposed expansion into the Huntington and Beckley communities.

16. How is the program funded?
The WV Public Employees Insurance Agency funds the AIMS Program utilizing a portion of the premiums paid by employers and employees.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.
No. The WV Public Employees Insurance Agency is obligated to take whatever steps are necessary to control member costs while continuing to offer quality services.

18. What equipment, technology and software are used to operate and administer this program?
The technology employed by the School of Pharmacy consists of laptop computers for the clinical educators, and computer servers to store data on medical and pharmaceutical claims. The WVU School of Pharmacy employs commonly used software (MS Access, MS Visual Basic) to create a user-friendly, innovative system for providing on-site physician prescribing information to the clinical educators which allows them to record and review details of each prescriber visit. This system is also designed to manipulate data and track sales.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator’s name, present address, telephone number and e-mail address.

WVPEIA understands that it is the first state to implement a program of this type. The Agency is aware, however, that there have been nearly twelve well controlled studies in the United States and elsewhere demonstrating the potential effectiveness of a program like AIMS. The AIMS Program, per se, was developed and is being implemented on behalf of the WVPEIA by the West Virginia University School of Pharmacy. The program director is:

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20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

No. It is the WVPEIA’s understanding, supported by the WVU School of Pharmacy, that no such program has been implemented in another state.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

Yes, the program has been fully implemented. However, PEIA’s intent from the onset of the AIMS program was to evaluate its success or failure in the Charleston (southern) and Morgantown (northern) market areas and determine whether the program should continue and expand. PEIA now intends to expand clinical education into the Huntington and Beckley markets located in the western and southern areas of the state.

22. Briefly evaluate (pro and con) the program’s effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.
PEIA has employed a number of techniques to contain pharmaceutical expenditures including a five-state drug purchasing program managed by a single pharmacy benefit manager, mail order drug purchasing, a generics outdoor advertising campaign and co-pay waivers for generics during “flu season”. The AIMS program is another means for containing these expenditures focusing where the prescriptions are written.

Our generic penetration now exceeds forty-nine (49%); a 5.02% change from the preceding year. We estimate our saving at $600,000 for each percentage point increase in generic usage. Obviously, PEIA cannot attribute the estimated $3,000,000 savings solely to the AIMS program, but it has definitely been a contributing factor and will become more so over time.

The AIMS program requires building personal trust and credibility. Overall, acceptance by physicians and other prescribers has been high in both areas as evidenced by the increased access both clinical educators are achieving with prescribers, and by the letters to PEIA from high volume prescribers in both areas supporting continuation of the program. Consider:

- A Charleston family physician states, “His knowledge of pharmaceuticals has been better than any other representative I have had in my office over the years…this program is of inestimable value in helping me as a clinical provider.” He concludes, “I hope that it (the program) will continue far into the future.”

- A Cross Lanes osteopathic physician sums up his monthly visits with the clinical educator this way, “I feel the information he gives me concerning PEIA and the various medications and the various changes that have been made to PEIA have been very valuable to my practice.” “I feel this program needs to continue”, he concludes.

- “I would like to take this opportunity to voice my support of the program”, says the Assistant Professor and Associate Program Director, Department of Family Medicine, West Virginia University, Charleston Campus. He goes on to say, “The medical environment in which we practice is rife with salesmen; it is refreshing to have input into cost effective care that is unbiased…I have been especially excited to see how…the family practice residents here are developing a better sense of the cost issues involved in medicine.”

- An osteopathic physician in Clarksburg notes, “The up-to-date, unbiased clinical information provided …is not readily available
through other in-office sources of information, thus is valuable to my practice.”

23. How has the program grown and/or changed since its inception?
The program became operational in January 2003, and continues to function as originally conceived. However, based upon evaluation data presented April 9, 2004, and achievement of the WVPEIA’s pharmaceutical cost containment goals, the clinical education program is being expanded to include the Huntington/Beckley market areas.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?
WVPEIA cannot identify any insurmountable obstacles that other states might encounter if they attempt to adopt a program of this type. Almost all the states face the problem of rapidly escalating pharmaceutical costs and most states have academic health centers with schools of pharmacy and medicine.

While the relationship between this state’s public employees insurance agency and West Virginia University’s School of Pharmacy is unique for the purposes described above, the success of others depends only on the willingness of the parties to become partners in such an enterprise. There is little doubt the lessons learned from our program will be useful to others, but it would be best for other states to develop their academic detailing programs customized and based on their individual needs to have the greatest credibility and acceptance from their respective providers.

Attachments
- How AIMS will work for you
- How can you keep your patient’s therapy affordable?
- Does “new” always mean “improved”?
- West Virginia PEIA Preferred Drug List, 2004
- CAREFUL ANTIBIOTIC USE (series)
- How Healthy is Your Heart? Estimate Your Risk
- Comparative Characteristics of the HMG-CoA Reductase Inhibitors
- Steps in Managing HYPERLIPIDEMIA (high cholesterol)
- ALLHAT (The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial)
- Therapy Considerations for the Hypertensive Patient with Comorbid Conditions
- About Your High Blood Pressure Medicine
- The DASH (Dietary Approaches to Stop Hypertension) Diet
• What can you do to lower your blood pressure?
• Does everyone need a COX-2?
  Acute Pain
  Strategies to manage NSAID-induced dyspepsia
  Primary Dysmenorrhea
• How do you pick a PPI for your patient?
• Dosing by Indication of Oral Proton Pump Inhibitors

Add space as appropriate to this form. When complete, return to:

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DEADLINE: All original applications must be received by April 20, 2004, to be considered for an Innovations Award for 2004.
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