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## New Medication Strategies for Public Employees

By Felice B. Joseph, Karen Bochna, David Bowyer, S. Suresh Madhavan and Gerald D. Roueche Jr.

*Concern about the unbridled growth in drug costs and the potential adverse affect on the consumer as well as payments for physicians and other providers brought the AIMS academic detailing program to fruition. Appropriate and cost-effective use of pharmaceuticals was the Public Employees Insurance Agency's (PEIA) primary mission.*

### Why Was AIMS Implemented by PEIA?

Over the past dozen years public and private health insurance systems everywhere, including the Public Employees Insurance Agency (PEIA), have often faced 20-percent annual increases in pharmaceutical costs. Over the period from 1999 to 2003 PEIA experienced an 83-percent increase (\$54 million) in spending for pharmaceuticals. The agency attributed this to direct-to-consumer advertising by the manufacturers, introductions of new and more expensive drugs, increased utilization, changing disease diagnosis and treatment guidelines, and "detailing" by the pharmaceutical companies.

There was increasing concern about how this unbridled growth could affect payment for physician, hospital, emergency room, long-term care and other vital services. Since these costs were continuing to rise, there was an increasing need to ensure appropriate and cost-effective use of pharmaceuticals. Additionally, PEIA was interested in exploring every strategy available to work with health care providers that would ensure appropriate and cost-effective use of pharmaceuticals. Implementation of the AIMS program by PEIA was accomplished without restricting public access to medications or imposing an undue burden on physicians.

### What Is the AIMS Program?

The AIMS program is a program developed by the West Virginia University (WVU) School of Pharmacy on behalf of the West Virginia Public Employees Insurance Agency. The

purpose of the AIMS program was to develop, implement, and evaluate academic detailing of selected West Virginia physicians. It launched pilot programs in the Morgantown and Charleston areas using trained clinical pharmacist educators to enhance prescribing knowledge while keeping patient outcomes paramount. The program utilizes innovative educational strategies to reach out to physicians and provide balanced, evidence-based prescribing information. Initially AIMS focused on five therapeutic categories: antibiotics, antihypertensives, acid-suppression medications, NSAIDs, and lipid lowering medications. The program focuses on the top 30 percent of prescribers in these regions of the state. In addition to academic detailing, other strategies include mailed educational materials as well as continuing education programs.

### What Is Academic Detailing?

Academic detailing (also known as educational outreach) is a method by which well-trained registered pharmacists (known as clinical educators) visit physicians in their offices, to provide clear, concise, evidence-based information regarding the use of pharmaceuticals to aid prescribing decisions in various disease states. This includes the use of well-accepted and recommended clinical pathways reported in current medical literature and summaries of drug comparisons in selected therapeutic categories. Clinical educators typically spend 10–15 minutes with

each physician and convey key educational messages about the pros and cons of available disease treatment options, and are available to answer any drug questions. The physician has the option to request more in-depth information. Clinical educators may leave pamphlets, brochures and other educational materials for physicians to review at their convenience. Return visits are scheduled on a regular basis.

Patients are playing an increasing role in the demand for medications, a fact 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.

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. PEIA's AIMS program uses clinical educators, while the pharmaceutical companies largely engage personnel with qualifications that do not meet this criteria. It is a recognized fact that use of clinical prescribing and disease management guidelines by providers ensures standardized 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



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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 to be effective in enhancing prescribing quality and improving patient outcomes. Additionally, there has been high receptivity among prescribers. Based on these studies, the AIMS program was developed.

The West Virginia University 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.

#### **Why Should I Be Concerned about Appropriate and Cost-effective Pharmaceutical Use in West Virginia?**

Pharmaceutical costs have been increasing at the rate of 20 percent annually primarily due to increases in utilization, direct-to-consumer advertising by pharmaceutical com-

panies, new and more expensive drug introductions, and changing disease treatment diagnosis and treatment guidelines. While several new drugs have significant patient benefits and reduce long-term health care costs, many are 'me-too' drugs which offer little additional benefit to patients or have clinically insignificant advantages over existing drugs. However, they are all marketed vigorously and tend to be expensive.

Increase in utilization, although justifiable in many cases, is also a concern. As the number of medications taken by a patient increases, the chances of serious drug-related morbidity also increase, especially in vulnerable populations such as those with multiple chronic conditions, children, and the elderly. Furthermore, there is increasing evidence that disparities in treatment exist across patient populations.

The physician practice environment has also become more challenging in recent

times as physicians face an increasing rate of new drug introductions (averaging over 35 per year), increased societal dependence on drug therapy for treatment and prevention of disease, direct-to-consumer advertising driving consumer demand, and varying administrative controls on prescribing imposed by insurance plans. Often physicians are too busy with day-to-day management of acute patient care, maintenance of the business end of their practice, and keeping up with the rapidly changing medical advances to devote time to evaluating information sources for credibility and use in their patients. AIMS is an academic detailing program which is a method of one-on-one physician education that has been proven effective. The program has garnered the praise and respect of many physicians in many university teaching hospitals and well-known health care systems such as Kaiser Permanente.

#### **How Is the Information Provided by Clinical Educators Collected and Reviewed?**

The information provided by clinical educators goes through a systematic review process. First, Clinical Pharmacy faculty members at the WVU School of Pharmacy specializing in various diseases states or practice settings prepare the information. Second, the information is peer reviewed by other faculty members to ensure that the information is current, evidence-based, and complete. Finally, the medical director for PEIA also reviews the information before it is distributed to physicians.

#### **What Is the AIMS Vision for Pharmaceutical Use in West Virginia?**

The AIMS vision for pharmaceutical use in West Virginia is to:

- Provide physicians with well-researched, unbiased, evidence-based information for drug use.
- Respond to physician drug information needs accurately and quickly.
- Improve access to appropriate pharmaceuticals for all state citizens.

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- Foster appropriate and balanced use of medications.
- Impact rate of growth of pharmaceutical costs through total health care management.
- Reduce disparities in treatments across populations of patients and providers.
- Encourage the use of the most cost-effective medication within a given class.
- Increase generic usage when appropriate.

### Has the Program Been Effective?

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. Clinical educators also participated in more than 25 in-service presentations since the program was initiated. The information collected showed the following facts:

- Academic detailing impacts prescribing behavior
    - The longer the presence in the market the greater the effect
    - The greater the frequency of the message and the consecutive nature of the message, the greater the effect
    - Volume is the greatest predictor of impact
  - Significant impacts noticed in both Morgantown and Charleston
  - Physician acceptance of AIMS is high
  - Sufficient evidence exists to recommend expansion
  - Although not a part of this effort, generic sampling would increase physician acceptance
- PEIA invested \$450,000 during the first year in the AIMS program. It is evident the program has accomplished two important intangibles: strengthening PEIA's presence among prescribers and building trust and credibility within the prescribing community. The program has provided a clinically-based alternative to prescribers. Regular face-to-face contact with the prescribing community conveys PEIA's ongoing commitment to cost-effective healthcare.

PEIA's presence in the drug utilization marketplace has been effective, and 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 and Morgantown.

PEIA has employed a number of techniques to contain pharmaceutical expenditures. Our multistate drug purchasing initiative was perhaps the most notable. It currently has five participating states (West Virginia, New Mexico, Missouri, Delaware and Ohio) all served by a single pharmacy benefit manager. This program, over a three-year period, will save West Virginia approximately \$8 million annually by pooling the collective buying power of the states. However, several other cost-containment programs have been implemented including prior authorization, step therapy, and co-pay waiver for generics. The AIMS program is yet another means for containing these expenditures focusing on where the prescriptions are written. All of these programs have contributed toward an estimated \$3,000,000 savings over the past year.

A result of the AIMS program is that it has built a personal trust and credibility in the physician's office where most prescribing takes place. AIMS has served to strengthen PEIA's presence among prescribers and has been widely accepted by physicians and other prescribers have been high in both Charleston and Morgantown.

### How Can I Get More Information about AIMS?

For more information about AIMS, please call 304-293-6033 in Morgantown or 304-558-6244 ext. 243 in Charleston or go to West Virginia University School of Pharmacy's AIMS Web site: <http://www.hsc.wvu.edu/sop/psp/aims/aims.asp>.

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