Evaluation of Academic Detailing on Prescribing Patterns for Attention-Deficit/Hyperactivity Disorder (ADHD)

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Background & Relevance

- ADHD is one of the most common pediatric neurobehavioral disorders, and treatment guidelines are well-established.1
- Recent national reports demonstrate continued over-prescribing of ADHD medications for very young patients.2
- Over-prescribing and use of high-cost agents for treatment of pediatric ADHD remain a significant issue for the Oklahoma Healthcare Authority (OHCA).3
- Academic Detailing (AD) is a communication technique shown to increase evidence-based care, decrease over-prescribing, and improve patient outcomes.4

Aims & Objectives

Pharmacy Management Consultants (PMC) developed an ADHD Academic Detailing (ADHD-AD) program in order to:
- Increase evidence-based treatment for pediatric ADHD.
- Reduce prescription costs.

Practice Description

- Primary care providers were identified based on paid claims and prior authorization (PA) submissions for ADHD medications.
- Program materials were developed using the 2011 American Academy of Pediatrics (AAP) Attention-Deficit/Hyperactivity Disorder (ADHD) clinical practice guidelines.1
- A clinical pharmacist performed AD sessions from January 2016 to May 2017, with one to eight participants per session.
- AD sessions focused on practice paradigms for ADHD treatment and highlighted anticipated benefits of guideline implementation.
- AD participants completed questionnaires regarding program satisfaction.

Outcomes

Prescribing patterns were evaluated 180 days pre- and post-detailing session and compared to non-detailed providers.

- Across all pediatric ages, detailed providers reduced both the cost of ADHD medications and the number of PA submissions.
- ADHD-AD resulted in a savings of $110,645, or $1676 per detailed provider, after all applicable federal and state rebates of $145,856.

AD Program Evaluation: ADHD Medication Claims

<table>
<thead>
<tr>
<th>Age</th>
<th>Detailed: % Change</th>
<th>Non-detailed: % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of claims</td>
<td>0 - 4</td>
<td>-58.33 %</td>
</tr>
<tr>
<td>Cost of claims</td>
<td>0 - 4</td>
<td>-69.28 %</td>
</tr>
<tr>
<td>Number of claims</td>
<td>0 - 17</td>
<td>-0.89 %</td>
</tr>
<tr>
<td>Cost of claims</td>
<td>0 - 17</td>
<td>+1.37 %</td>
</tr>
</tbody>
</table>

ADHD-AD participant questionnaire results were analyzed to determine provider acceptance and likelihood of future program success.

- More than 98% agreed that the ADHD-AD facilitator was knowledgeable (79; n=80) and engaging (79; n=80).
- 89% would recommend this program to colleagues (70; n=79) and participate in future AD topics (70; n=79).

AD Program Evaluation: Provider Satisfaction

<table>
<thead>
<tr>
<th>ADHD-AD Information was…</th>
<th>Agreed</th>
<th>Neither</th>
<th>Disagreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly presented (n=80)</td>
<td>100% (80)</td>
<td>0% (0)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Easily understood (n=80)</td>
<td>99% (79)</td>
<td>1% (1)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Evidence-based (n=80)</td>
<td>99% (79)</td>
<td>1% (1)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>New and/or different (n=80)</td>
<td>76% (61)</td>
<td>23% (18)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Relevant to my practice (n=81)</td>
<td>90% (73)</td>
<td>8% (5)</td>
<td>4% (3)</td>
</tr>
</tbody>
</table>

Conclusions & Implications

- Providers who participated in the program will likely continue to use AD services given their positive assessment and corresponding changes in prescribing patterns.
- To demonstrate value, AD interventions that are measurable and provide meaningful benchmarks will facilitate justification of such services.
- Potential benchmarks may include monitoring of prescription claims, costs, and prior authorizations as well as assessing provider satisfaction.
- Future considerations for the AD program include expanding to more providers and addressing other disease topics.

Sponsorship

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