

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

¹ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. SUBCOMMITTEE ON ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, STEERING COMMITTEE ON QUALITY IMPROVEMENT AND MANAGEMENT. Pediatrics Oct 2011; peds.2011-2654; DOI: 10.1542/peds.2011-2654
²Vital Signs: National and State-Specific Patterns of Attention Deficit/Hyperactivity Disorder Treatment Among Insured Children Aged 2-5 Years—United States, 2008–2014. Visser SN, Danielson ML, Wolraich ML, et al. MMWR Morb Mortal Wkly Rep 2016;65-443-450. Available at: <http://dx.doi.org/10.15585/mmwr.mm6517e1>. Accessed January 29, 2018.
³Holderread, BH (2017, April). Fiscal Year 2016 Annual Review of SoonerCare Pharmacy Benefits. Drug utilization report presented at the meeting of the Oklahoma Health Care Authority Drug Utilization Review Board, Oklahoma City, OK. Available online at: <https://www.ohca.org/about.aspx?id=490>. Accessed January 29, 2018.
⁴O'Brien MA, Rogers S, Jamtvedt G, et al. Educational outreach visits: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews. 2007; 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

	Age	Detailed: % Change	Non-detailed: % Change
Number of claims	0 - 4	- 58.33 %	- 7.5 %
Cost of claims	0 - 4	- 69.28 %	+ 0.5 %
Number of claims	0 - 17	- 0.89 %	+ 3.32 %
Cost of claims	0 - 17	+ 1.37 %	+ 10.05 %

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

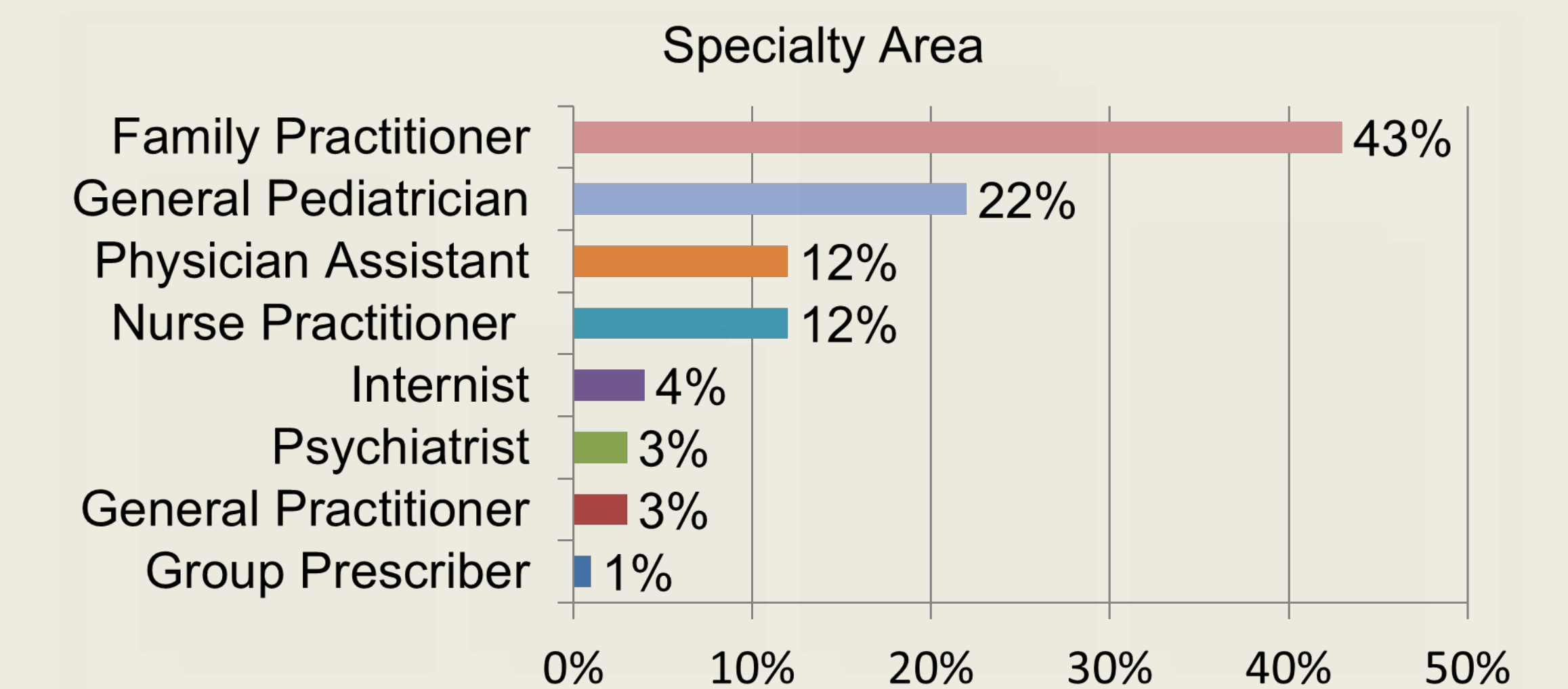
- More than 98% agreed that the ADHD-AD facilitator was knowledgeable (79; n=80) and engaging (79; n=80).
- 89% would recommend this program to colleagues (70; n=79) and participate in future AD topics (70; n=79).

AD Program Evaluation: Provider Satisfaction

ADHD-AD Information was...	Agreed	Neither	Disagreed
Clearly presented (n=80)	100% (80)	0% (0)	0% (0)
Easily understood (n=80)	99% (79)	1% (1)	0% (0)
Evidence-based (n=80)	99% (79)	1% (1)	0% (0)
New and/or different (n=80)	76% (61)	23% (18)	1% (1)
Relevant to my practice (n=81)	90% (73)	6% (5)	4% (3)

Specialty Areas

- ADHD-AD participants were rarely specialists, and spent on average 40% of their time caring for pediatric and/or ADHD patients



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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