Testimony of

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on behalf of the

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Chairman Kohl, Senator Smith, and distinguished Committee members, I am Ambrose Carrejo, a pharmacist with responsibility for national contracting for prescription drugs to be dispensed to Kaiser Permanente members. For most of my 18-year career with Kaiser Permanente, my work has focused on organizing and conducting academic detailing programs to assure that physicians in the Permanente Medical Groups have the information they need to make the best possible prescribing decisions, and that Kaiser Permanente members receive high quality prescription drug benefits and services. I appreciate the opportunity to testify here today on academic detailing, a subject that has been at the center of my career. I feel strongly that expanded use of academic detailing has the potential to provide the same great value to all Americans that it does for Kaiser Permanente members. I applaud the Committee for its leadership in highlighting and encouraging this important work.

I am testifying today on behalf of the national Kaiser Permanente Medical Care Program. Kaiser Permanente is the nation's largest integrated health care delivery system. We provide comprehensive health care services to more than 8.7 million members in our 8 regions, located in 9 states[1] and the District of Columbia. In each Region, the nonprofit Kaiser Foundation Health Plan enters into a mutually exclusive arrangement with an independent Permanente Medical Group to provide all medical services required by Health Plan members.

In our organization, virtually all pharmacy services are provided directly in Kaiser Permanente facilities by our own pharmacists. This year, Permanente physicians will prescribe and Kaiser pharmacists will dispense more than $3 billion worth of prescription drugs. Our physicians and pharmacists make their best efforts to ensure that our members receive the highest quality and most cost-effective pharmaceutical care based on the best, most currently available and objectively proven clinical evidence. This is supported by a strong culture of cooperation and collaboration between our medical groups and our pharmacy program.

It is this very close partnership between the pharmacy operations team of our Health Plan and the physicians of the Permanente Medical Groups that allows Kaiser Permanente to maintain very high levels of use of generic drugs. While the Generic Pharmaceutical Association reports that 63 percent of prescriptions in the United States are written for generic drugs, approximately 80 percent of all prescriptions written by Permanente physicians nationally are for generic drugs. This has saved our members and organization many millions of dollars, and it would not be possible to achieve this level of quality and efficiency without academic detailing.

Determining the Preferred Drugs for Kaiser Permanente Members

At Kaiser Permanente, we take very seriously our obligation to deliver the highest quality care to our members. In the pharmaceutical arena, the use of the best clinical and scientific evidence in supporting drug selection is of paramount importance. To work effectively, academic detailing must be grounded in solid evidence. The physicians whom

[1] California, Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia and Washington

academic detailing is intended to support must have complete confidence in the underlying evidence being presented by academic detailers for it to be effective. As with virtually all other health plans, each Kaiser Permanente region establishes a formulary that includes a list of drugs that are preferred as first-line therapies. The formulary is established by a regional pharmaceutics and therapeutics (P&T) committee.

Our P&T committees are comprised of Permanente physicians from a broad range of medical disciplines and the regional pharmacy services director. When a new drug becomes available to treat a particular condition, or when a review of existing drug therapies is undertaken, the P&T committee is commonly aided by physicians with expertise in the appropriate specialty.

When a new blood pressure medicine becomes available, for example, a panel of cardiologists and internists will make recommendations to the P&T committee. Their recommendations will reflect the latest information on all drugs in the therapeutic class as presented in a monograph prepared for the P&T committee by our pharmacist-staffed internal drug information service. The drugs included on the preferred drugs lists are those that evidence indicates are clinically superior to the other drugs in the therapeutic class. If the preferred drug is available as a generic, the generic version will virtually always be the preferred drug on the formulary.

This same process generates the information that supports our academic detailing efforts.

Academic Detailing Activities within Kaiser Permanente

At Kaiser Permanente, we call academic or counter-detailers Drug Education Coordinators, or "DECs". DECs are all Doctors of Pharmacy. They incorporate Dr. Jerry Avorn's model of academic detailing when providing information and education to Kaiser Permanente physicians.

Methodologies used by DECs to educate physicians include:

- Acquire, evaluate and summarize clinical evidence for use with physician meetings;
- Review prescription utilization data for patterns of use;
- Evaluate drug usage and conduct chart reviews;
- Organize physician opinion leaders to speak at department meetings;
- Attend specialty physician department meetings;
- Meet face to face with individual prescribing physicians;
- Communicate key concepts via email, newsletters, flyers, posters and Frequently Asked Questions;
- Present lectures;
- Conduct physician drug luncheons;

- Provide answers to drug information questions;
- Conduct new physician orientation;
- Provide clinical information to nurses and pharmacists; and
- Organize pharmaceutical sales representative activities.

While we have many examples of the impact that DECs have had in our organization, I will discuss in detail one that provided both great economic value and great quality and safety improvement in drug use.

Cox-2 Inhibitors and other Nonsteroidal Anti-inflammatory Drugs

Cox-2 inhibitors (such as Celebrex, Vioxx and Bextra) represent a type of non-steroidal anti-inflammatory drug (NSAID) that has been used to treat pain and inflammation that comes with various forms of arthritis. It was believed that Cox-2 inhibitors would provide an advantage over older NSAIDs (like ibuprofen and naproxen) which were presumed to cause significant gastrointestinal side effects, including bleeding from gastrointestinal ulcers. Cox-2 inhibitors have never been considered superior pain relievers, although heavy promotion of these drugs may have led many patients to believe they are. We now know that high doses of these drugs represent a significant cardiovascular risk for patients and as of today, two of the three Cox-2s, Vioxx and Bextra, have been removed from the market. Caution dictates that physicians should reserve the remaining Cox-2 inhibitor, Celebrex, for those patients who fail on traditional NSAID therapy and do not have significant cardiovascular risk factors.

Even before the early hints of serious cardiovascular risk were confirmed and widely accepted by the medical community, work done by scientists at Stanford University showed that the potential gastrointestinal safety benefit of Cox-2 inhibitors was largely limited to patients who were at high risk of serious gastrointestinal bleeding from traditional NSAIDs. This was important because they found that fewer than five percent of patients are actually at high risk of serious gastrointestinal side effects.

In a very practical response to these data, the same scientists developed a scoring tool to apply to patients who were candidates for NSAIDs to determine their risk levels. Kaiser Permanente, with the enthusiastic support of our Regional chiefs of rheumatology and internal medicine, adopted this scoring tool to provide physicians with simple, automated methods to know the risk levels of the patients they were seeing.

The Drug Education Coordinators, with the evidence in hand, were charged with getting the message out to the Medical Groups. A variety of approaches were used by the DECs including but not limited to: partnering with key opinion leaders within the medical group; presentations; email; print materials; attendance at physician specialty department meetings; and one-on-one office visits. These approaches and other tools aided the DECs in achieving the ultimate goal of appropriate use of these new medications.

The concerted work of physicians and pharmacists resulted in limiting Kaiser Permanente's use of COX-2s to below five percent of all NSAIDs. During the same period of time, COX-2s represented close to 50 percent of the national NSAID market. This work targeted these agents to appropriate patients and ultimately decreased the number of individuals exposed to increased risk of cardiovascular events.

We estimate that in 2004 alone, if U.S. use of the three Cox-2s compared to traditional NSAIDs had matched that of Permanente physicians, U.S. consumers and businesses paying for prescription drugs would have saved over $4 billion dollars, or almost 2 percent of all U.S. drug spending. Here is a great example where promoting the use of high-quality generic drugs can be not only significantly less costly, but safer.

This same approach has been used to decrease inappropriate use of antibiotics in predominantly viral diagnoses and to decrease the use of high-risk medications by the elderly.

A Greater Role for Academic Detailing in the Health Care System

Academic detailing can be particularly helpful in encouraging greater use of generics when drug manufacturers pursue a "product lifecycle management" strategy to extend their product monopolies past the expiration of their initial patent. Manufacturer strategies include the development of extended release products and reverse isomer products as well as other efforts to maintain their franchise without meaningfully improving the quality of pharmaceutical therapy. There are many examples of this approach such as promoting Nexium after Prilosec lost its patent and promoting Clarinex after Claritin lost its patent. Slight modifications to a molecule that convey no added therapeutic value but do yield a new patent are excellent targets for education. In many of these examples, the new patented medication can cost $3 to $4 per dose while a therapeutically equivalent generic can provide the opportunity for 80 percent to 90 percent cost savings.

Lastly, academic detailing would benefit greatly from efforts to support and expand comparative effectiveness research that compares the benefits, risks, and costs of alternative strategies to manage specific health conditions. The Agency for Healthcare Research and Quality, supported by other research entities, has led this effort to date but greater funding and a more long-term commitment by the federal government is needed.

Relying on solid evidence and structured in an appropriate manner, academic detailing can greatly expand access to affordable, high quality drug therapy. Given that public programs such as Medicaid, Medicare Part D and other drug coverage programs represent almost half of the U.S. pharmaceutical market, taxpayers and the government have an enormous stake in the benefits that academic detailing can provide. This committee should be commended for bringing attention to the opportunity.

Mr. Chairman, thank you for the invitation to testify here today. I would be happy to answer any questions you may have.