



# University of Connecticut

## *University of Connecticut School of Pharmacy*

### **Testimony on Raised Bill No. 1050, An Act Concerning the Establishment of an Academic Detailing Program**

**Joint Hearing of the Committee on Public Health, Insurance and Real Estate and Human Services  
March 2, 2009**

My name is Dr. Robert L. McCarthy, Dean of the University of Connecticut School of Pharmacy. On behalf of the School of Pharmacy, I am pleased to support Raised Bill No. 1050, which would establish an academic detailing program as a shared responsibility of the Connecticut Department of Health, the University of Connecticut Schools of Medicine and Pharmacy, and the Yale University School of Medicine. This legislation provides an exciting opportunity to ensure that patients receive the most cost-effective medications. I hasten to add that the provisions of this bill cannot be undertaken without accompanying financial support from the State.

The phrase "academic detailing" has its origins in the traditional role of pharmaceutical company representatives who "detailed" physicians and pharmacists about their company's products. Academic detailing, also sometimes referred to as counter-detailing, is the concept of using health care professionals, often pharmacists, to provide unbiased, evidence-based information to prescribers regarding the most cost-effective medications for the treatment of various maladies. Academic detailing has been an effective method of providing information at a time when a myriad of medications are available to prescribers. Today's medications are more effective than ever before, but these new substances often come with a high price tag. Moreover, many patients, especially the elderly, need to take multiple medications for the treatment of their often multiple acute and chronic medical conditions. Consequently, the need to ensure that patients receive those medications with the greatest chance of effectiveness, at the lowest cost, becomes of paramount concern.

As states face even greater demands on their limited resources to support their Medicaid and other health care programs, it is necessary for them to ensure that such resources are expended wisely with maximum benefit to the patient. The School of Pharmacy has two pharmacoeconomists among its faculty who would be invaluable in the development of such a program. One of these individuals is Co-I to one of only 14 Evidence-based Practice Centers, and the only one at a school of pharmacy, established in North America by the Agency for Healthcare Research and Quality (AHRQ). Clearly, the School of Pharmacy has the faculty expertise to play a significant role should this legislation become law.

Academic detailing provides one opportunity to assist in the ongoing effort to restrain rapidly rising health care costs. I applaud the Committee for its foresight in considering this legislation and urge the passage of Raised Bill No. 1050.