Over the past several years, the U.S. Department of Health and Human Services (HHS) has used $30 million in comparative effectiveness research (CER) funding from the economic stimulus bill to support government “detailing” of physicians, in which government contractors visit individual physicians to encourage them to change their prescribing decisions based on comparative effectiveness research study results. According to HHS, this national initiative “promotes appropriate prescribing habits, including the cost-effective use of drugs” and “will help doctors make the right decisions for their patients.” Recently, HHS has indicated that it plans to expand the detailing program to include educating physicians on compliance with United Stated Preventative Health Service Task Force (USPSTF) recommendations, such as those made on mammography and prostate cancer screening.

While it is valuable for doctors and patients to have good information to support their treatment decisions, government detailers should not replace doctors and patients as the ultimate deciders when it comes to healthcare decisions. Pressuring doctors to select treatment options based on what is cheapest or average is not what is best for individual, personalized patient care.

The Colon Cancer Alliance has numerous concerns about academic detailing.

**Academic Detailing programs interfere with the doctor patient decision making by allowing the government to pressure physicians to cut costs based on “one size fits all research results.”**

- We strongly support efforts to provide information to help educate patients and physicians on new treatments and best medical practices. However, we are concerned that programs will put contractors between doctors and their patients.
- CER results are based on broad population averages that do not reflect the differences of individual patients – especially when it comes to age, race and disabilities. Because every patient is different, CER results that detailers recommend may not be in the best interest of the individual patient.
- The potential for CER to be misapplied in a way that jeopardizes patient care is illustrated by recent government CER results on anti-epileptic medications that failed to make important distinctions related to differences between individual patients with epilepsy, including the different types of epilepsy and epileptic seizures. The epilepsy community raised strong concerns that the conclusions were overly broad, didn’t reflect the current clinical treatment of epilepsy and could potentially hurt patients.
- We must ensure the integrity of the doctor-patient relationship. We cannot support the intrusion of the government or any other entity that dictates coverage requirements or limits a patient's access to personal care.
There is the potential for the government to expand detailing to include U.S. Preventative Services Task Force Recommendations that have been highly controversial.

- Recent recommendations have illustrated the dangers of imposing one-size-fits-all approaches to medicine.
- In 2009, the Task Force released recommendations that mammography screening for average-risk women under forty was unnecessary and in doing so, concluded the benefits such as early detection and lives saved did not outweigh the downfalls of screening, which included stress that can be caused by false-positive results and the need for further testing. The recommendations were rejected by the American Cancer Society and caused an uproar among patients, particularly breast cancer survivors, who attribute routine mammogram screenings to saving their lives.
- The Task Force also did not positively recommend Virtual Colonoscopy despite overwhelming positive evidence and approval by the American Cancer Society.
- They also issued controversial decisions against annual pap smears and against PSA tests for prostate cancer.

Academic Detailing means more government intrusion on the practice of medicine.

- The government funded research presented at these one-on-one meetings between physicians and government contractors is not required to be based on well-controlled clinical trials or epidemiologic research published in peer-reviewed clinical journals and these conversations are not governed by any standards or regulations.
- Academic detailing as a way to ensure that physicians remain focused on cutting costs is gaining in popularity. At a recent Institute of Medicine meeting on achieving “affordable cancer care,” using government academic detailing as a way to change oncologists’ behavior so that they would initiate discussions about [less expensive] end of life care more frequently and forgo offering [more expensive] treatments that may have a “marginal” survival benefit was offered as a potential policy solution.
- This initiative is a biased approach to implement a cost-cutting agenda without sufficient safeguards to ensure that its focus is on improving healthcare quality and providing balanced information in the best interest of patients. In order for physicians to do what is best for their patients, we must ensure that they are free to consider all available options to decide the proper course of treatment without intrusion by outside influences.

At a time when the U.S. is poised to introduce more life-saving medicines and treatment options than ever before we cannot allow government detailers to displace a physicians judgment on what treatment options are best for his or her patients.