



Canadian Agency for
Drugs and Technologies
in Health

COMPUS

COMPUS PPI Project: Questions and Answers

What is COMPUS?

COMPUS, the Canadian Optimal Medication Prescribing and Utilization Service, is a program of the Canadian Agency for Drugs and Technologies in Health (CADTH) – an independent not-for-profit organization funded by the federal, provincial, and territorial governments of Canada. As a pan-Canadian program funded by Health Canada, COMPUS promotes the optimal prescribing and use of drugs to improve health outcomes.

What is the purpose of COMPUS?

Drugs are the fastest growing element of total health care costs in Canada, yet evidence shows that they are not always used effectively or appropriately. The optimal use of medication is an important focus in Canadian health care, and is central to the COMPUS mandate.

COMPUS identifies and promotes optimal drug therapy. Strategies, tools, and services are provided to encourage the use of evidence-based clinical and cost-effectiveness information in decision making, among health care providers and consumers.

What are the first two priority areas for COMPUS?

COMPUS is addressing proton pump inhibitors (PPIs) as the first research topic. The next topic, which is in the research phase, is diabetes management.

What has COMPUS done to date on its first priority areas?

Through consultation with experts and stakeholders, COMPUS has produced Optimal Therapy Reports on Proton Pump Inhibitors, including:

- an executive summary of the clinical and economic evidence-based statements
- evidence-based clinical statements (complete scientific report)
- evidence-based cost-effectiveness statements (full technical report)
- current practice report
- gap analysis between evidence and current practice
- literature review of interventions to influence the prescribing of PPIs
- selection of evidence-based interventions report
- evidence-based intervention tools to influence prescriber and consumer behaviour.

COMPUS is working on our next Optimal Therapy project: Diabetes Management. The first two focus areas within this topic are: Rapid-acting Insulin Analogues and Long-acting Insulin Analogues.

What was the research focus for the PPI Project?

COMPUS addressed the use of PPIs for the management of:

- gastroesophageal reflux disease (GERD)
- dyspepsia
- peptic ulcer disease (PUD)
- *H. pylori* infection
- non-steroidal anti-inflammatory drug (NSAID)-associated ulcer.

More specifically, COMPUS focused its research on areas, including:

- double-dose therapy of PPIs
- intermittent versus chronic use of PPIs
- step-up versus step-down therapy (i.e. PPIs stepped down to H₂RA, high-dose PPIs stepped down to standard daily dose PPIs)
- clinical equivalence of PPIs.

Did the jurisdictions have input into the PPI project?

Yes. COMPUS was directed to focus on PPIs by the federal, provincial, and territorial (F/P/T) governments. The COMPUS Advisory Committee (CAC), which includes representatives from the F/P/T Health Ministries, and related health organizations:

- identified a number of areas of focus for the project
- validated the gaps between evidence and current practice
- prioritized evidence-based statements
- identified key messages important to jurisdictions
- provided advice on intervention tools.

Who is responsible for implementing COMPUS messages and tools?

Jurisdictions are responsible for implementing COMPUS messages and tools. Continuing medical education providers and those groups and individuals who routinely interact with doctors, pharmacists, and other health care providers directly, are also important to the implementation of COMPUS messages and intervention tools.

Will COMPUS provide funding to assist with implementation?

The COMPUS mandate is to provide advice, tools, and proven strategies to improve prescribing and use of medications. COMPUS will provide support to jurisdictions, and like-minded groups who choose to implement intervention tools aimed at promoting optimal therapy. COMPUS does not fund such implementation within the various jurisdictions.

Can the COMPUS PPI interventions be adapted to meet the unique requirements of individual jurisdictions?

Yes. COMPUS, through implementation support, will work directly with stakeholders interested in implementing COMPUS intervention tools to meet their unique jurisdictional requirements.

For example, if a jurisdiction is interested in implementing a COMPUS patient education tool, COMPUS would assist in adapting and contextualizing COMPUS key messages, making them relevant to different settings and target audiences.

Will the PPI intervention tools be evaluated?

COMPUS is committed to providing health care jurisdictions with evaluation support through groups and individuals who routinely interact with doctors, pharmacists, and other health care providers directly. Evaluation of the PPI project will include how COMPUS met its objectives. Components to carry out the evaluation will include feedback from health professionals who use the tools. The feedback received may be in the form of evaluations, satisfaction surveys, or general insights into the clarity and value of COMPUS messages.

The more complex quantitative evaluations, including effects of interventions and health policy changes on prescribing behaviour, and utilization or costs respectively, will be jurisdiction-driven. An evaluation framework will be made available to assist jurisdictions to conceptualize and guide the quantitative evaluation component. COMPUS will assist in bringing groups together within jurisdictions for assistance with this impact evaluation.

Who should I contact if I have further questions?

You may contact COMPUS directly: compusinfo@cadth.ca or (613) 226-2553.