EVALUATION – Program Impact

Physician Surveys - June 2005

Annual physician surveys are conducted to measure physician acceptability and gain feedback and suggestions regarding program topics and format. The detailed Spring 2005 Survey Results are attached (see Appendix VIII). The survey was sent out to Saskatchewan physicians in May 2005. Over 400 evaluation surveys were mailed out, primarily to family physicians and general practitioners in the areas covered by the RxFiles academic detailing service. Physician residents and nurse practitioners detailed were also included in the survey. At the time of this report, 174 responses had been received.

The evaluation survey serves two primary purposes. First, it provides some subjective feedback from physicians participating in the academic detailing service, part of the evaluation component for the RxFiles. Secondly, it assists the RxFiles in meeting the criteria for MAINPRO-M1 accreditation through the Canadian College of Family Physicians – Saskatchewan Branch.

The survey results attached provide valuable insight into what physicians value about the RxFiles, how they use the information in practice, and what changes and additions they would like to see to the materials and service provided.

Highlights from the results:

- The academic detailing continues to be highly valued as “quite useful-very useful” with an average score of 4.6/5.
- Both the RxFiles Drug Comparison Chart Update Books and RxFiles Newsletter/Q&As were ranked as “quite useful-very useful” with an average score of 4.5 and 4.4 out of 5 respectively.
- The RxFiles website ranked somewhat lower (“useful-quite useful”; average score 3.8 out of 5) perhaps reflecting the limited resources allocated into maintaining this aspect of the service. It may also be noted that since Saskatchewan physicians receive mailed out copies of most RxFiles information, they may rely less on the website than those out-of-province.
- 93% of respondents indicated they use the program information in making prescribing choices; several examples were given and these are included in the local survey sections of this report.
- Several physicians (56%), noted that they use the material for patient discussions and teaching purposes.
- Over 75% of physicians surveyed stated that updating materials such as the drug comparison charts was very-extremely important.
- Several comments stated that the comparison charts are used daily in comparing drug costs and drug selection.
- Several comments note that the RxFiles service provides a uniquely valuable perspective on drug information from industry.
PDA – Demo Project

Project Overview
In November 2004, the RxFiles partnered with the Saskatchewan Health Quality Council and CMA–Global Medic to launch a PDA Demo Pilot Project. Health Quality Council provided 2 Palm Tungsten T3’s for use by physicians in 2 week trials of the PDA and Medical Software. The CMA-Global Medic assisted in arranging for the Lexi-Complete medical information package to be available at no charge. The RxFiles arranged for other software, loaded necessary software, provided updates/support for the software, and detailed physicians on how to use the various PDA programs. Several physicians have taken advantage of this opportunity, and due to popular demand, the project has been extended into the Summer of 2005.

Programs included on the PDA include:
- 5Minute Clinical Consult-Lexi
- LDL-Risk Factor Assessment
- Lexi-Drugs,
- Interact-Lex
- ePocrates
- MedCalc
- MedRules
- Opiod Dose
- Info-Retriever
- Mobile DB-RxFiles Charts
- ABX Guide
- Apprisor Reader – with Clinical Guidelines (note – list not exhaustive and includes primary programs only)

Upon completion of the demo trial, physicians were asked to complete a survey. Interim survey results are in Appendix IX.

Drug Utilization Evaluation (DUE)

Some objective support for an impact of the program comes from DUEs; however, the complexity of drug therapy decision making and limited data collection methods makes rigorous impact evaluation difficult. Several preliminary DUEs have been done and a summary is provided below. Future DUEs for topics covered in the 2004-05 year will include:
1. Post-MI Phamacotherpay: use of beta-blockers, dose of metoprolol; ACEIs, statins
2. Fluoroquinolones (FQ)/anti-infectives: may include nitrofurantoin, doxycycline, etc.
3. Lipid agents: use of statins with outcomes vs those without; statins in diabetes with risk factors, statins in women without other risk factors.
### Drug Use Evaluations on RxFiles Academic Detailing Topics
#### Summary of Findings from Preliminary Reports
**Draft - June 2005**

<table>
<thead>
<tr>
<th>RxFiles Detailing Topics</th>
<th>Measurable Objectives</th>
<th>Results support impact of RxFiles newsletter &amp; program in region</th>
<th>Results support impact of academic detailing specifically</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSAIDS</strong> Pre/post July 1997 Saskatoon/Regina Comparison</td>
<td>↓ in NSAID Rx’s</td>
<td>Yes</td>
<td>No</td>
<td>• strongest data in cost per Rx; number of NSAID Rx’s ↑’d in detailed group but decreased in Saskatoon overall.</td>
</tr>
<tr>
<td></td>
<td>↑ use of ibuprofen or naproxen in low risk patients</td>
<td>Yes +</td>
<td>Yes ++</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓ relative cost per NSAID Rx</td>
<td>Yes +</td>
<td>Yes ++</td>
<td></td>
</tr>
<tr>
<td><strong>Antihypertensives</strong> Pre/post Fall 1997 Saskatoon/Regina Comparison</td>
<td>↑ thiazide &amp; beta-blocker relative to ACEI, ARB, CCB</td>
<td>No</td>
<td>Yes (slight)</td>
<td>• data limited by need to individualise therapy (e.g. encourage greater use of ACEI in heart failure; and more beta-blockers in Post-MI; limit felodipine use if drug interactions, etc.)</td>
</tr>
<tr>
<td></td>
<td>↓ relative cost antihypertensive Rx</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓ enalapril use relative to lisinopril, ramipril</td>
<td>Yes +</td>
<td>Yes ++</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↑ relative use of HCT and HCT combinations</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↑ felodipine relative to dihydropyridine CCBs</td>
<td>Yes +</td>
<td>Yes ++</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓ CCB expenditures</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Topical Corticosteroids 1999 S’toon/Regina</strong></td>
<td>↓ cost per Rx (given similarities within potency categories)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Proton Pump Inhibitors 1999</strong></td>
<td>↓ cost per Rx (given similarities within potency categories)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓ cost per Rx (existing Rx’s)</td>
<td>Yes</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓ cost per Rx (new Rx’s only)</td>
<td>No</td>
<td>Yes ++</td>
<td></td>
</tr>
<tr>
<td><strong>Psychotropics in the Elderly (age ≥ 75)</strong> Detailing areas versus rest of province. 2000</td>
<td>↓ benzodiazepine use</td>
<td>Yes</td>
<td>Yes</td>
<td>• most consistent results were for BZD use</td>
</tr>
<tr>
<td></td>
<td>↓ triazolam use</td>
<td>Yes</td>
<td>Yes</td>
<td>• wide variation in various detailing areas</td>
</tr>
<tr>
<td></td>
<td>↓ use of highly anticholinergic drugs</td>
<td>Yes</td>
<td>Unable to Assess</td>
<td>• olanzapine aggressively marketed during this time period for behavior/dementia problems in elderly</td>
</tr>
<tr>
<td></td>
<td>↑ use of preferred antidepressants</td>
<td>varying results</td>
<td>varying results</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↑ in risperidone &amp;/or quetiapine relative to olanzapine</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Adverse Reactions (AR) 2003</strong></td>
<td>↑ in AR reporting in year post vs pre</td>
<td>Yes (slight; small numbers)</td>
<td>Not Available</td>
<td>• 180 vs 173; most effect in 3 months</td>
</tr>
</tbody>
</table>

*On several topics, program impact documented for Saskatoon vs Regina, is lost when one looks at Other Areas*

*Program review and newsletter distribution process may have an impact on specialists and decrease potential impact results for detailing vs non-detailing physicians.*

*After 2000, newsletter mailed out to all Saskatchewan physicians & pharmacists and program materials may have impact in areas otherwise noted as “non-detailed” areas.*

*Most topics require somewhat mixed messages from a drug utilization point of view. Individualization of therapy means that what might be discouraged in one group of patients, may be a drug of choice in another group. Much discussion is around aspects of drug therapy for which impact can not be measured with this type of DUE analysis.*

*Bottom Line: DUEs to date support an impact for the RxFiles on prescribing; however, some data is inconsistent and measurable changes range from considerable to minor/questionable. The following page notes some of the impact data.*
**DUE: NSAIDs**

<table>
<thead>
<tr>
<th>% Change - Total NSAID Cost</th>
<th>SDH Academic Detailing</th>
<th>SDH Newsletter Only</th>
<th>RHD-total</th>
<th>OHD-total</th>
</tr>
</thead>
<tbody>
<tr>
<td>-5.80%</td>
<td>-2.43%</td>
<td>9.81%</td>
<td>-2.75%</td>
<td></td>
</tr>
</tbody>
</table>

n=56

SDH=Saskatoon District Health; RHD=Regina Health District; OHD=Other Health Districts

---

**Change in Benzodiazepine Drug Use Age 75+**

<table>
<thead>
<tr>
<th>Beneficiary Pre</th>
<th>Beneficiary Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battleford</td>
<td>1000</td>
</tr>
<tr>
<td>Prince Albert</td>
<td>800</td>
</tr>
<tr>
<td>Regina</td>
<td>600</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>400</td>
</tr>
<tr>
<td>Rest of Province</td>
<td>200</td>
</tr>
</tbody>
</table>

% Relative Change: Saskatoon = 9.98%; Regina = -6.96%

---

**Change in Amitriptyline Use Age 75+**

<table>
<thead>
<tr>
<th>Beneficiary Pre</th>
<th>Beneficiary Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battleford</td>
<td>1000</td>
</tr>
<tr>
<td>Prince Albert</td>
<td>800</td>
</tr>
<tr>
<td>Regina</td>
<td>600</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>400</td>
</tr>
<tr>
<td>Rest of Province</td>
<td>200</td>
</tr>
</tbody>
</table>

% Relative Change: No Detailing = -11.01%; Detailing = -17.39%

---

**Cost per Topical Corticosteroid Rx Pre / Post**

<table>
<thead>
<tr>
<th>SDH</th>
<th>RDH</th>
<th>OH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>17.0</td>
<td>16.0</td>
</tr>
<tr>
<td>2002</td>
<td>16.0</td>
<td>15.0</td>
</tr>
</tbody>
</table>

7 months Pre vs Post for Non-Detailed Areas

**Relative Quetiapine versus Olanzapine Market Share in Age ≥ 75 for Participating Physicians**

7 months Pre vs Post for Detailed Areas

7 months Pre vs Post for Non-Detailed Areas
Evaluation: Other evidence for Impact

Sources of Variation in Provincial Drug Spending - CMAJ Feb 3, 2004;170(3) 328-9.
This recent report on provincial drug noted differences between drug plans. Differences in therapeutic choices were seen in Saskatchewan, British Columbia and the Atlantic provinces where physicians were more likely to choose drugs with equal efficacy from the least costly classes within cardiovascular categories. It is interesting to note that each of these provinces have solid academic detailing and/or evidence based dissemination programs serving the province.
There is no shortage of drug information, but where can you find detailed, objective, comparative, up-to-date Canadian drug information? The RxFiles—Drug Comparison Chart Updates book contains charts summarizing practical information on the optimal selection and use of medications.

Putting charts together
Several clinicians and resources provide information for the comparison charts. At the outset, physicians provide information and identify current questions and controversies. In a review of therapy, program staff sort through original clinical trials, evidence-based reviews, recent overviews, and clinical guidelines and sift through information from drug databases (Micromedex, Hansten’s Drug Interactions, the American Hospital Formulary System, Briggs’ Drugs in Pregnancy and Lactation, Natural Products Database, and Canadian product monographs). This initial compilation is used to draft outlines that are then revised to incorporate both outcome evidence and expert opinion. Family physicians, specialists, pharmacists, and other health professionals peer review the material before publication.

What is in a chart?
Charts contain a variety of drug information specific to a therapeutic area. This often includes generic names, trade names, dosage forms, dosage strengths (which tablets are scored), drug classification, contraindications, renal cautions, side effects, pregnancy categories, important drug interactions, comparative information, initial and maximum doses, usual doses, and comparative cost. Charts provide tips to individualize therapy and avoid drug-related problems. The resulting information is detailed and summarized on one page, a format that results in some small print but sets each chart apart from the others.

Standard book and pocket edition
The standard book of RxFiles—Drug Comparison Chart Updates (September 2004) contains 68 pages of colour-tabbed, indexed, coil-bound summaries of more than 40 drug therapy areas (Table 1). A pocket edition is also available for those who wish to carry the book in their laboratory coats and do not mind small print. Cost for each book is $45, with substantial discounts for students, residents, and those ordering many copies (order forms are on the website www.RxFiles.ca).
Are charts available for hand-held computers?

Many drug comparison charts are available for Palm-compatible hand-held computers. Charts are offered in either Mobile DB or HanDBase formats. Both formats are searchable and require less than 400 to 800 KB of memory, respectively. In addition to drug comparison charts, a summary of important trials on antihypertensive medications is also available in Palm format.

Website and e-mail support

Drug comparison charts and newsletters can be freely accessed in PDF format at www.RxFiles.ca. An e-mail update service is also available for those wishing to be notified of new or updated postings.

About the program

RxFiles is an academic detailing program with headquarters at Saskatoon City Hospital. The program was pilot-tested in Saskatoon in 1997 and expanded to serve the province of Saskatchewan in 2000. The program's goal is to provide objective and unbiased drug information for promoting optimal drug therapy. The RxFiles Newsletter is published three or four times yearly and sent to all Saskatchewan physicians. Additional question-and-answer summaries and comparison charts are published periodically.

The hallmark of the program is brief visits to physicians' offices to highlight information and discuss questions arising from the most recent newsletter and chart materials. This interaction enhances the value of the materials and ensures that the information uncovered gets into practice. The program has been well received, as documented by its growth and feedback from physicians. The RxFiles is also involved in other drug information and education initiatives, such as continuing medical education, student and resident teaching rounds, prescribing orientation for new physicians, and collaborative research projects. The RxFiles employs a program coordinator, six part-time program pharmacists, and several physician consultants. Although funding is

Table 1. RxFiles comparison chart topics

<table>
<thead>
<tr>
<th>Table 1. RxFiles comparison chart topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Cardiovascular conditions</td>
</tr>
<tr>
<td>• Antihypertensive guideline and summary</td>
</tr>
<tr>
<td>• Angiotensin-converting enzyme inhibitors and angiotensin receptor blockers</td>
</tr>
<tr>
<td>• β-Blockers</td>
</tr>
<tr>
<td>• Calcium channel blockers</td>
</tr>
<tr>
<td>• Diuretics and various antihypertensives</td>
</tr>
<tr>
<td>• Lipid-lowering agents and landmark trials</td>
</tr>
<tr>
<td>• Oral antiplatelet and antithrombotic agents</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>• Hypoglycemics</td>
</tr>
<tr>
<td>• Insulins</td>
</tr>
<tr>
<td>Gastrointestinal conditions</td>
</tr>
<tr>
<td>• Acid suppression</td>
</tr>
<tr>
<td>• <em>Helicobacter pylori</em> eradication</td>
</tr>
<tr>
<td>Hormonal conditions</td>
</tr>
<tr>
<td>• Oral contraceptives</td>
</tr>
<tr>
<td>• Postmenopausal herbal therapy</td>
</tr>
<tr>
<td>• Postmenopausal medical therapy</td>
</tr>
<tr>
<td>• Hypersexuality treatment</td>
</tr>
<tr>
<td>• Androgens</td>
</tr>
<tr>
<td>Infectious diseases</td>
</tr>
<tr>
<td>• Oral anti-infectives</td>
</tr>
<tr>
<td>• Influenza drugs</td>
</tr>
<tr>
<td>• Community-acquired pneumonia</td>
</tr>
<tr>
<td>• Urinary tract infections (among adults)</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>• Back pain</td>
</tr>
<tr>
<td>• Migraine (acute and prophylaxis)</td>
</tr>
<tr>
<td>• Nonsteroidal anti-inflammatory drugs and other analgesics</td>
</tr>
<tr>
<td>• Opioids</td>
</tr>
<tr>
<td>• Rheumatoid arthritis: disease-modifying antirheumatic drugs</td>
</tr>
<tr>
<td>Psychotropics</td>
</tr>
<tr>
<td>• Antidepressants</td>
</tr>
<tr>
<td>• Antipsychotics</td>
</tr>
<tr>
<td>• Antianxiety agents</td>
</tr>
<tr>
<td>• Benzodiazepines</td>
</tr>
<tr>
<td>• Mood stabilizers</td>
</tr>
<tr>
<td>• Sedatives</td>
</tr>
<tr>
<td>Extras</td>
</tr>
<tr>
<td>• Anticonvulsants</td>
</tr>
<tr>
<td>• Topical corticosteroids</td>
</tr>
<tr>
<td>• Topical treatment for glaucoma</td>
</tr>
<tr>
<td>• Drug interactions with herbal products</td>
</tr>
<tr>
<td>• Dementia</td>
</tr>
<tr>
<td>• Intranasal corticosteroids</td>
</tr>
<tr>
<td>• Over-the-counter medications</td>
</tr>
</tbody>
</table>
provided by Saskatchewan Health, an independent program advisory committee that includes several family physicians directs program development.

**Sorting through the outcome evidence**

Physicians are looking for outcome evidence to make drug therapy decisions; results can be spun different ways, however, especially in product marketing. Several additional materials have been designed to help sort through evidence in potentially controversial areas. These materials contain interesting observations and summaries of trials related to antihypertensives, antihyperlipidemics, antithrombotics, and hormone replacement therapy. These summaries emphasize key findings, limitations, clinical considerations, and absolute differences in both beneficial and harmful effects. To quantify the risk versus benefit of therapy, results are often described as number needed to treat or number needed to harm.

**Check it out!**

For more information, visit the website [www.RxFiles.ca](http://www.RxFiles.ca); phone (306) 655-8506; or write RxFiles, Saskatoon City Hospital, 701 Queen St, Saskatoon, SK S7K 0M7.

Mr Regier is a pharmacist at Saskatoon City Hospital and Program Coordinator for the RxFiles Academic Detailing Program in Saskatchewan. Mr Jensen is a pharmacist at Saskatoon City Hospital and Information Specialist with the RxFiles Academic Detailing Program in Saskatchewan. Ms Laubscher is a Saskatoon family physician and Assistant Medical Director of Northern Medical Services, University of Saskatchewan. She serves as physician advisor to the RxFiles.
Introduction
This report summarizes the results and comments of our Physicians Evaluation Survey, 2005. The survey was sent out to Saskatchewan physicians in May 2005. Over 400 evaluation surveys were mailed out, primarily to family physicians and general practitioners in the areas covered by the RxFiles academic detailing service. Physician residents and nurse practitioners detailed were also included in the survey. At the time of this report, 174 responses had been received.

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Survey Sections:
Introduction
Survey template
Summary of Results
  All Saskatchewan
  Saskatoon Area
  Regina Area
  Prince Albert Area
  Battlefords Area
  Moosomin Area
  Other Saskatchewan Area
We’d like your feedback!!!

Your evaluation, comments and suggestions are important in improving our information service!

Please check: Family Physician ☐ Other Physician: ☐ Medical Resident ☐ Medical Student ☐ Other ☐

RxFiles – Area

A) The Rx Files. Please answer the following questions about The RxFiles.

<table>
<thead>
<tr>
<th>Rate the usefulness of the following RxFiles</th>
<th>not useful</th>
<th>- - - - - -</th>
<th>useful</th>
<th>- - - -</th>
<th>very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newsletters &amp;/or Q&amp;A Supplements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Drug Comparison Chart Update Books (Sep 2004)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Website – <a href="http://www.RxFiles.ca">www.RxFiles.ca</a></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>If you have participated in an RxFiles academic detailing / follow-up session, how useful was it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

B) Our administration has questions about the value of both our drug information tools (e.g. drug comparison charts) and the impact of our program overall. Your comments will be very helpful in this evaluation!!!

1. Have you used our program information in making prescribing choices? Yes ☐ No ☐
   If yes, can you provide one or more examples of how our service has impacted a prescribing decision?

2. Have you used our program information for patient discussions or for teaching purposes? Yes ☐ No ☐
   Comment:

3. How important is it for the RxFiles to update drug information tools such as our drug comparison charts?

4. Do you have suggestions for future drug related topics? If so please list.

5. Other comments or suggestions regarding the RxFiles academic detailing service:

Thank you!

Mail to RxFiles, c/o Saskatoon City Hospital, 701 Queen Street, Saskatoon, SK S7K 0M7, or FAX (306) 655-7980
A. **Usefulness of RxFiles Materials**

(1 = not useful; 5 = very useful)

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newsletters and/or Q &amp; A Supplement?</td>
<td>174</td>
<td>4.4</td>
</tr>
<tr>
<td>Drug Comparison Update Books (Sep 2004)?</td>
<td>174</td>
<td>4.5</td>
</tr>
<tr>
<td>Website (<a href="http://www.RxFiles.ca">www.RxFiles.ca</a>)?</td>
<td>174</td>
<td>3.8</td>
</tr>
<tr>
<td>RxFiles Academic Detailing Follow-Up Session?</td>
<td>174</td>
<td>4.6</td>
</tr>
</tbody>
</table>

B) **Impact of RxFiles Program**

1. **Prescribing**

*Have you used our program information in making prescribing choices? (Y or N)*  
Yes = 159; No = 12; Not answered = 3
2. **Teaching**

*Have you used our program information for patient discussions or teaching purposes (Y or N)*

Yes = 97; No = 74; Not answered = 3

3. **Updating materials, such as drug comparison charts**

*How important is this?*

Extremely Important = 3; Very Important/Very Useful = 111; Important = 21; Somewhat/Moderately Important = 14; Not Important = 0; Not answered = 25

Original Surveys held on file at the RxFiles Program Office, Saskatoon City Hospital.

Specific comments noted in local survey results sections.

Respectfully submitted,

Loren Regier BA, BSP
Program Coordinator, The RxFiles
Family Physician Evaluation Survey
SASKATOON
Summary of Results: Spring 2005

A. Usefulness of RxFiles Materials

1. Newsletters and/or Q & A Supplement?  n=68; Ave. = 4.5  (1= not useful; 5= very useful)
2. Drug Comparison Update Books (Sep 2004)?  n=68; Ave. = 4.7
3. Website (www.RxFiles.ca)?  n=68; Ave. = 3.8
4. RxFiles Academic Detailing Follow-Up Session?  n=68; Ave. = 4.8

B) Impact of RxFiles Program

1) Prescribing

Have you used our program information in making prescribing choices? (Y or N)
Yes = 64; No = 1; Not answered = 2

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2005 RxFiles Physician Survey
Provide examples of how service has impacted prescribing decision.

- I use the antidepressant chart frequently, use others occasionally;
- Occasionally;
- Choosing a more cost-effective drug; Drug costs information helpful for patient on limited income, allows more evidence-based prescribing;
- Choosing a drug with better side effect profile;
- Multiple examples: I use it to compare costs of drugs, relative potency of steroids, useful for checking renal vs. hepatic metabolism, much easier to use than SK formulary;
- has influenced my prescribing of antibiotics and duration in COPD; I have discussed cost implications to assist patients in accepting/choosing therapy and have shown some of the quality comments in the alternate drug section to discuss value and possible drug interactions;
- Choice of best and most economical anti-hypertensives to use in the different categories of anti-hypertensive drugs;
- Usefulness of Tri-cyclin in acne – good;
- Impacts all my prescribing decisions, most recently re-thinking overuse of quinolones;
- Dosing, side effects; copy chart on menopausal ‘alternative treatment’ options;
- Use tables all the time;
- Choosing the right antibiotic, showing the patient which antibiotics are suggested or showing that NO antibiotic is suggested and looking at prices/side effects/ contraindications in quick and easy way; I use RxFiles as a reminder for first line antibiotic use;
- I use the drug comparison charts especially for financial comparisons;
- Good unbiased opinion;
- I've used the chart to switch antidepressants, also to compare prices of medications and side effect profiles;
- Triple therapy choices cost comparison; Statin choice cost comparison; Comparing drugs in same groups;
- Used it to decide on type of drug used within a class, also pricing;
- Comparison charts extremely useful for making medication choices when prescribing and academic detailing is also very helpful -- unbiased information from knowledgeable source;
- Easy reference to summaries of meds prescribed re: cost, dosages etc.; too many to recall; include patient in choosing similar meds by side effect profile and cost;
- chart for recommending use of "statins"; prescribing of statins;
- although I cannot give specific examples of how the service has impacted prescribing or teaching, I do read the information you send, find it useful and informative for my knowledge base and I'm sure it gets passed on somehow!  Keep up the good work!;
- discussions leave a lasting impression and often are useful while making decisions re: treatment options;
- encouraged to use PDA more and more;
- adjusting meds-costs; side effects; changed anti-hypertensive use;
- clarified CPG's for CAP; learned to use my PALM better;
- I often use the antibiotic chart; comparison of prices very helpful; different drugs in a certain category and the anti-depressant chart;
- I use the book all the time.  It is a thousand times more useful than the CPS!;
- I usually look at the doses which is very helpful and also indications; use comparison charts most often when choosing meds (ie: corticosteroids, psychotropics, hormonal);
- correct antibiotics to use in sinus infections, CAP; correct and least expensive regime for treating H pylori, etc.;
- quick reference re: H. Pylori therapy, pneumonia, and diabetes; with newer drugs in particular, they act as a quick reference source;
- not directly -- I've gone to source in the middle of an interaction; however, I try to incorporate messages from academic detailing sessions in my memory bank and behaviour
- I often refer to my RxFiles books; very useful; negotiating with patients a choice of Oral Contraceptives; choosing topical corticosteroids; chronic sinusitis, antihypertensives, diabetes med choices; narcotic dosing; selection of anti-depressants; choosing anti-agitator meds for nursing home patients; Antibiotic and BP med choices
2) **Teaching**

*Have you used our program information for patient discussions or teaching purposes (Y or N)*

Yes = 44; No = 21; Not answered = 3

![Pie chart showing yes, no, and not answered options for teaching](image)

**Comments:**
I have shown patients the charts for education purposes; indirectly; I have discussed cost implications to assist patients in accepting/choosing therapy; I have shown some of the quality comments in the alternate drug section to discuss value and possible drug interactions; Not directly, but the information in my brain comes out; dosing; side effects, copy chart on menopausal "alternative treatment" options; With med students/residents; #1; Although I cannot give specific examples of how the service has impacted prescribing or teaching, I do read the information you send, find it useful and informative for my knowledge base and I'm sure it gets passed on somehow! Keep up the good work!; Frequently used to justify medications used, especially to highly motivated patients who scour the internet; mostly using the anti-depressant chart; Useful especially re: herbas; For patient teaching only; For patient discussions; Negotiating with patients a choice of OCP; Choosing topical corticosteroids; chronic sinusitis, anti-hypertensives, DM med choices; Patient discussion; Not directly but I’ve gone to source in the middle of an interaction; I try to incorporate messages from academic detailing sessions in my memory bank and behaviour.

3. **Updating materials, such as drug comparison charts**

*How important is this?*

Extremely Important = 2; Very Important/Very Useful = 37; Important = 12; Somewhat/Moderately Important = 9; Not Important = 0

![Pie chart showing extremely important, very important, important, somewhat, and not important options for updating materials](image)
Comments:
- Very important – I rely on this a lot;
- This (updating materials) makes them a current, gold standard; only when there are significant changes;
- once a year if any changes;
- very important – I use them regularly;
- very important, to stay current and credible;
- regularly especially for new side effects; important to stay updated;
- I find this non-biased and helpful; probably very important – this is the part I look at every time if only glance;
- very useful – no other good/reliable sources

4. Future drug-related topics?
- Newer diabetic meds/combinations;
- new contraceptives; update on NSAIDs (maybe this has been done);
- new OCP/contraceptive choices;
- myths and realities on herbal products and vitamins;
- topical steroids, acne; hypnotics/antidepressants/major tranquilizers;
- eye and ear drops compared;
- Alzheimer and chronic pain meds;
- information re: evidence based alternative therapies needed; 1-2 naturopathic physicians on board would be helpful
  (ie: Dr. A. Barnaby or Dr. L. Gagne);
- antibiotics;
- there would be no objection to re-visiting previous topics especially in a fiery teaching style.

5. Other comments?
- Please continue this service! We need unbiased information;
- Could be more information on breast-feeding compatibility;
- Excellent program; More please!;
- We always view pharmaceutical reps information with skepticism. We feel we get unbiased review and opinion
  from your service. It is helpful to have the cost comparisons in the chart books. We value this program.
- Very useful and extensive service. Thank you!
- I think it’s a very useful service;
- Very well done; All good; Very helpful service. Thanks!
- One of the most useful CME’s we have;
- Just keep up the excellent work you are doing!
- For God’s sake keep it coming – I can’t do without!
- Great service. Thank you.; Keep it up!; Excellent program!
- Thanks for getting me started on PALM;
- Wish I had more time to access information;
- Very useful!! Keep doing it please!
- Thank you!
- Very valuable service, on-on-one extremely positive environment for learning this well-researched and balanced
  drug information. Would hate to lose this program.
- Very helpful, personable education; Good work! Keep it up;
- I hope this continues; Keep up the good work;
- Do you have software to easily calculate NNT?
- Very good service; helps in prescribing decisions and also cost issues; Excellent!

Original Surveys held on file at the RxFiles Program Office, Saskatoon City Hospital.
The RxFiles
Academic Detailing Program
www.RxFiles.ca

Family Physician Evaluation Survey
REGINA
Summary of Results: Spring 2005

A. Usefulness of RxFiles Materials

1. Newsletters and/or Q & A Supplement? n=52; Ave. = 4.5 (1= not useful; 5= very useful)
2. Drug Comparison Update Books (Sep 2004)? n=52; Ave. = 4.6
3. Website (www.RxFiles.ca)? n=52; Ave. = 3.9
4. RxFiles Academic Detailing Follow-Up Session? n=52; Ave. = 4.7

B) Impact of RxFiles Program

1. Prescribing
   \textit{Have you used our program information in making prescribing choices? (Y or N)}
   
   Yes = 49; No = 3; Not Answered = 0
Provide examples of how service has impacted prescribing decision.

- Lipid drugs (especially risk evaluation, Framingham tools, etc; asthma; psychotropics/sedation;
- The service has good information on function of medication on which site works, where or in which situation drug or drugs are used or how to add on to a therapy and also on combination issues. It has made prescribing more feasible and made me more confident. It certainly has helped me a lot as we qualified in 1967. RxFiles are just wonderful. Brenda is very very good;
- Great comparison of drugs with very useful practical tips with different medications;
- Statins, SSIR's; Cost effectiveness; Choice of psychoactive medication use;
- Large information (clinically useful) on small paper (well organized);
- Serves as reminders of things to watch out for in side effects or contraindications (e.g. glitazones for diabetes);
- Side effects of prescriptions; price-wise I can do choices for patient; Their effectiveness;
- Anti-depressants; Anti-hypertensives; Anti-infective agents; Use of anti-fungals in pregnancy; use of PPI's, HRT;
- Choice of statins, antibiotics;
- PDA session (especially) with Brenda was informative and helpful;
- Choosing drugs for HTN; More aware of what is useful for situation;
- Helps in drug choice within a class by cost efficacy and by contraindication information. I have RxFiles on PALM pilot -- great reference; even herbal information for patients;
- This is probably the most effective educational tool/medical resource in Saskatchewan, if not Canada. I use the charts daily and am sure many of my colleagues would agree;
- Drug comparison chart update book provides a handy reference for diabetic med prescribing; Decision re: add on diabetic therapy to target pp sugar helped choose drug; use herbal drug check;
- It helps me re: deciding drugs and knowing cost and advantage etc. helps in deciding drugs;
- Dose and choice of med; I switched from prescribing Westcort to Celestoderm (low cost alternative) gen mid potency steroids; for men over 35, I prescribed Bactrim DS for epididymitis -- your guide to anti-infectives showed that ofloxacin was better. When ofloxacin was not available at pharmacy, allowed me to choose 2nd line drug;
- I used RxFiles to guide me in changing a patient from one anti-depressant to another, allowing proper washout period;
- Nasal corticosteroids - more Nasacort AQ; statins: not as comfortable with Crestor; fewer antibiotic scripts;
- Frequent usage for steroid creams; Statins; antidepressants;
- Important resource for drug costs/interactions and first/second line choices. I use it frequently to tell patients best choices;
- Antibiotic choices; No difference among most prescribed statins; No difference among best of quinolones; Taking into account cost; Daily resource for rational choices;
- Treatment of chronic bronchitis; type II diabetes;
- PAACT program re: antibiotics appropriate use and choice of agent;
- Use of Cipro XL, for mild-moderate infection when other antibiotics fail/not suitable; not for other UTIs;
- Great comparison information; Useful points that clarify evidence (rather than marketing);
- Helps me decide on diabetic meds to use; BP minimum and maximum doses;
- Choice of HP eradication therapy; post MI guidelines very useful;
- I use your program information almost daily;
- As a teacher of medical residents, these charts are frequently used to illustrate "best choice" decision making to common illnesses. Forming opinions in new prescribers is essential; I will often refer to them when challenged by side effects/interactions of drugs;
- Best choices in managing DM patients; Changing and decreasing long-acting tranquilizers to one better tolerated;
- Price/number of times drug needed/day-dosing options;
- Many examples especially for asthma/diabetes/high blood pressure
2. **Teaching**

*Have you used our program information for patient discussions or teaching purposes (Y or N)*

Yes = 28; No = 23; Not answered = 1

*Comments:*

Used especially CAD risk; patent discussion in office; Useful as it is in summarized format and easy to use; Especially where additional cardiac risk factors and drugs use for prevention; Counseling re: anti-depressant drugs; Used to explain to patient re: choices; I incorporate your information into how I practice and probably do end up giving some information to patients. I see the major goal of your program as educating doctors, not patients; Demonstrate to them decision-making; I'm not sure what this is; Patient discussion; MI information; Often when discussing SSRIs helping in training NP student in office

3. **Updating materials, such as drug comparison charts**

*How important is this?*

Extremely Important = 1; Very Important/Very Useful = 38; Important = 3; Somewhat/Moderately Important = 2; Not Important = 0; Not Answered = 8

*Comments:*

- Very important as it helps to eliminate any bias and become more objective;
- Very important -- the unbiased nature makes in invaluable;
- Very important – gives us a good idea as to where new drugs fit;
- Very important – I participate in all the lectures;
- In busy practices, it is a very good quick reference;
very important – it is a very easy way to use up-to-date-information;
Desirable; I am learning about newer drugs without bias; is very useful as opposed to learning from a drug rep;
Very important but annually is probably fine;
Imperative; It is useful and gives us confidence;
Very important – I consult them on a regular basis; I would be lost without them;
Very important – new meds with new benefits, interactions, side effects;
Very important – trusted source of information on rapidly changing topics;
Useful but doesn’t need to be a priority;
Very important to maintain the high standard it has set;
Very important to update.

4 Future drug-related topics?
- I feel update on diabetes and hypertension would be helpful; anti-epileptics; anti-rheumatics; "natural" products;
- Anti-obesity agents - please comment on some of the older drugs available. Should they even be used?;
- Review ADHD meds - new ones coming and going fast;
- Parkinsons disease prescriptions; birth control pills; list of contra-indicated drugs with athletes!; meds for contraception, HRT; herbal products, vaccines, NIDDM protocol; comparison: different calcium channel blockers; also beta blockers;
- Drug Rx of prostate disease; hypertrophy;
- Serious side effects that are rare with a very useful drug (ie Acutane and Bextra);
- Treatment (drugs) ADHD and Parkinsons/BPH; epilepsy/seizure disorder; anti-coagulation therapy - warfarin/Coumadin; low molecular weight Heparin interactions ASA, Plavix; vitamin and mineral supplements;
- Topicals - acne, psoriasis, eczema;
- Renal function tests - interpretation of half dates; ways to improve creatinine clearance apart from medication list review

5. Other comments?
- Your program is essential to me. Without you I would have to depend upon drug companies again. Please don't desert me!;
- Fabulous! Thanks!; We love it -- it feels like a luxury for once having such a service come to us on a busy day.
- Thank you!; Keep up the good work.
- The best resource I have seen for making a decision about this patient in front of you. Not just a list of options.
- Takes into account particular situations, even price; I hope you will continue;
- Excellent; I am happy that the person visiting is so helpful, knowledgeable and accurate in detailing; She always gets back to us with written answers to our questions so we can share with partners and refer back;
- This program is a provincial pride. It clearly exposes the nonsense propagated by pharmaceutical representatives;
- update PDA charts quicker / more often;
- Very good, responsive. Keep up the good work!;
- My detailer is fantastic. Brenda Schuster is knowledgeable, personable and helpful. She provided me with information on co-enzyme and statins after a patient asked me about them. I really appreciated the PDA loaner. It has convinced me that I need one, especially for the drug interactions. It saved me from making errors twice; I love it -- very informative;
- Excellent program -- highly utilized;
- Brenda has been very courteous and has gone out of her way to detail me; very convenient;
- Great to have unbiased non-pharmaceutical company based information!;
- Brenda doing an excellent job; Excellent program!; Please keep it going.
- I like Brenda's detailing -- very straight-forward and to the point; Helpful in proper management of the patients;
- Very good program. Keep it up!;
- Keep it coming :);
- Keep the excellent work; I have closed the office and only work part time for other physicians now, but have found your mailings useful; Excellent service, especially the detailing. I seldom access web site;
- Free/update software for PALM organizers; would like one-on-one meetings ; arrange meetings frequently to keep us updated.

Original Surveys held on file at the RxFiles Program Office, Saskatoon City Hospital.
A. **Usefulness of RxFiles Materials**

1. Newsletters and/or Q & A Supplement? \( n=14; \) Ave. = 4.1 (1= not useful; 5= very useful)
2. Drug Comparison Update Books (Sep 2004)? \( n=14; \) Ave. = 4.2
3. Website (www.RxFiles.ca)? \( n=14; \) Ave. = 3.1
4. RxFiles Academic Detailing Follow-Up Session? \( n=14; \) Ave. = 4.4

B) **Impact of RxFiles Program**

1. **Prescribing**

   *Have you used our program information in making prescribing choices? (Y or N)*

   Yes = 13; No = 1; Not Answered = 0
Provide examples of how service has impacted prescribing decision.

- When choosing appropriate antibiotics for severe kind of infections; birth control choice; drug interactions;
- Good comparison of topical steroids, also antibiotic choices;
- Topical steroid potency; Easy layout of choices for prescription use. Helpful particularly when certain drug classes unavailable and need others;
- I use the charts all the time – things I like are all the information at a glance, unbiased, price information;
- Makes drug comparison and selection easy; Anti-biotic prescribing logic;
- Comparison of prices of products – used kidney warnings before prescribing meds;
- I often use the comparison charts to select the most cost-effective in a class;
- I regularly consult the comparison chart when selecting topical steroids, antidepresants and antihypertensives;
- Choice of antibiotic, drug interactions, herbal/med interactions.

2. **Teaching**

*Have you used our program information for patient discussions or teaching purposes (Y or N)*

Yes = 7; No = 7; Not answered = 0

*Comments:*

I often use the RxFiles information when teaching JURSIs and residents.

3. **Updating materials, such as drug comparison charts**

*How important is this?*

Extremely Important = 0; Very Important/Very Useful = 9; Important = 3;
Somewhat/Moderately Important = 0; Not Important = 0; Not Answered = 2

*Comments:*

- Very important – information is rapidly changing and patients expect up-to-date information on new drugs etc.;
- Use them frequently – one of the reasons is that they are generally up-to-date.
4. **Future drug-related topics?**
   - Coumadin: drug/herbal interactions;
   - Survey of available PDA programs;
   - HRT.

5. **Other comments?**
   - Continue the good work!
   - We have a lot of new doctors. They would benefit from this much more if they could be detailed on previous topics (i.e., catch up detailing or review of topics).
   - We have four new GPs out of the nine – they would benefit;
   - Can it be available on PDA window operating system?
   - PDA programs more user friendly;
   - It is good – helpful.
A. Usefulness of RxFiles Materials

1. Newsletters and/or Q & A Supplement? n=9; Ave. = 4.0 (1= not useful; 5= very useful)
2. Drug Comparison Update Books (Sep 2004)? n=9; Ave. = 3.9
3. Website (www.RxFiles.ca)? n=9; Ave. = 3.7
4. RxFiles Academic Detailing Follow-Up Session? n=9; Ave. = 4.4

B) Impact of RxFiles Program

1. Prescribing

*Have you used our program information in making prescribing choices? (Y or N)*

Yes = 7; No = 2; Not Answered = 0
Provide examples of how service has impacted prescribing decision.

- OCP use based on adverse effect profile, lipid meds based on profile, anti-depressants adverse effect profile;
- Cortisone strengths;
- Antibiotic choices;
- Choice of medications for migraine/mood stabilizers by recommendation, side effects, appropriateness of use and cost; selection of antimicrobials by indication and recommendations; Decongestant use.

2. Teaching

Have you used our program information for patient discussions or teaching purposes (Y or N)

Yes = 3; No = 6; Not answered = 0

Comments:
Use the graphs often to help explain to patients why a specific med over another; Protocols.

3. Updating materials, such as drug comparison charts

How important is this?
Extremely Important = 0; Very Important/Very Useful = 6; Important = 1;
Somewhat/Moderately Important = 1; Not Important = 0; Not Answered = 1
Comments:
- Very important – I like to know that the information I am using is current and evidence based.

4. Future drug-related topics?
- Cover all topics;
- Pain management scenarios.

5. Other comments?
- Please continue;
- Great service. Thank you.

Original Surveys held on file at the RxFiles Program Office, Saskatoon City Hospital.
Family Physician Evaluation Survey
Moosomin & Area
Summary of Results: Spring 2005

A. **Usefulness of RxFiles Materials**

1. Newsletters and/or Q & A Supplement? n=6; Ave. = 4.0 (1= not useful; 5= very useful)
2. Drug Comparison Update Books (Sep 2004)? n=6; Ave. = 4.5
3. Website (www.RxFiles.ca)? n=6; Ave. = 3.7
4. RxFiles Academic Detailing Follow-Up Session? n=6; Ave. = 4.2

C) **Impact of RxFiles Program**

6. **Prescribing**

*Have you used our program information in making prescribing choices? (Y or N)*

Yes = 3; No = 3; Not Answered = 0
Provide examples of how service has impacted prescribing decision.
- Dosages and side effects;
- Psychotropic drug choices and alternatives;
- It is a very quick and easier referral tool when prescribing.

7. Teaching
Have you used our program information for patient discussions or teaching purposes (Y or N)
Yes = 3; No = 3; Not answered = 0

Comments:
Patient discussion; Very helpful.

8. Updating materials, such as drug comparison charts: How important is this?
Extremely Important = 0; Very Important/Very Useful = 5; Important = 0; Somewhat/Moderately Important = 1; Not Important = 0; Not Answered = 0

Comments:
No comments
9. **Future drug-related topics?**
   No comments

10. **Other comments?**
    - Would like a more user-friendly version for PALM, more like ePocrates – very practical and easy

Original Surveys held on file at the RxFiles Program Office, Saskatoon City Hospital.
A. Usefulness of RxFiles Materials

1. Newsletters and/or Q & A Supplement?  n=25; Ave. = 4.2  (1= not useful; 5= very useful)
2. Drug Comparison Update Books (Sep 2004)? n=25; Ave. = 4.4
3. Website (www.RxFiles.ca)?     n=25; Ave. = 3.9
4. RxFiles Academic Detailing Follow-Up Session? n=25; Ave. = 3.9

D) Impact of RxFiles Program

1. Prescribing

*Have you used our program information in making prescribing choices? (Y or N)*

Yes = 21; No = 4; Not Answered = 0
Provide examples of how service has impacted prescribing decision.

- Increase beta blocker dosage for CABG, Post MI; choice of antibiotics; avoid Cipro;
- Topical steroids, price and potency comparisons;
- I use it regularly for antibiotic prescription especially in pediatric age groups;
- Helps in my decisions to change antidepressants; prescribing diabetes mellitus; hypertension;
- The choice of analgesics from dosages to side effects and pricing;
- More informed drug choices; ACE1 chart useful; anti-depressant choices;
- Your drug comparison chart is very useful (e.g. lipid treatment);
- Antibiotics for community acquired pneumonia; Cost effectiveness;
- I look up different antibiotics; 2. To learn about economics of drug; 3. Side effects;
- I use your PDA version daily in practice especially regarding antibiotic usage for different infections;
- Decisions re: antidepressants side effects (e.g. weight gain).

2. Teaching

Have you used our program information for patient discussions or teaching purposes (Y or N)
Yes = 12; No = 13; Not answered = 0

Comments:
I use for patient discussion and for side effect profiling; Very useful; Daily in education re: side effects; Going over the comparison lists and deciding with patients re: their choice; I frequently show patients recommended drugs (antibiotics especially) for certain infections using PALM version.

3. Updating materials, such as drug comparison charts

How important is this?
Extremely Important = 0; Very Important/Very Useful = 16; Important = 2;
Somewhat/Moderately Important = 1; Not Important = 0; Not Answered = 6
Comments:
- As far as I’m concerned, very important.
- I make use of these on a regular basis, even in discussions with drug reps;
- Once annually.

4. Future drug-related topics?
- Continue to update the topics as new medications are in the market;
- Create easy information;
- Continue to keep it concise and simple;
- If we can have on PALM.

5. Other comments?
- It is a quick office reference and easy to read;
- Could you come out to Lloydminster?;
- PDA version extremely useful;
- No such participation yet;
- Keep up the good work; Excellent!
- The best drug information resource available to family doctors!;
- It could be more user friendly;
- Thank you for your fine work.

Original Surveys held on file at the RxFiles Program Office, Saskatoon City Hospital.
Unsolicited Comments / Comments from our Email On-line Survey

- I frequently use the charts before prescribing antidepressants – keep up the fantastic work!
- Comparison chart with quick-to-find pregnancy category has helped me in my decisions in recommending nasal steroids and PPIs; very important to have comparison data easy to use manageable and up-to-date; keep up the good work and thank you for your effort (US Physician)
- We use the excellent tables to provide information to our prescribers; I also use RxFiles as a reference for teaching purposes; it is extremely important that you keep them up-to-date; thank you for the great information (USA Pharmacist)
- I like and use the comparison tables and rely on your up-to-date information to keep up with new information and to keep as a reference. Keep up the good work! It’s nice to have concise info at one’s fingertips (Canadian pharmacist)
- Please find my order for the RxFiles – it is a great resource (health professional, Calgary)
- Thank you for providing me with a copy of the RxFiles Drug Comparison Chart Updates – this is a very valuable resource across the province (Jean Morrison, Saskatoon Health Region)
- I wish to be added to the mailing list – I stumbled somehow onto your website and am very impressed with it. Please add me to your mailing list (US Physician)
- All I can say is “wow, impressive” – already printed out (chart) to give to the residents in the hospital today. (US Physician)
- Thank you for your recent mailings of The RxFiles comparison charts. These continue to be a most effective resource especially as we have established a rural resident FM training program in Prince Albert. They are also very valuable in the emergency room and in the office and continue to be perhaps the finest drug data that I have been able to see in my travels across the world (Prince Albert Physician)
- Thanks, I love your website. The information is most valuable and in that format is hard to come by. Keep up the good work! (Pharmacist, Nova Scotia)
- Thank you so much for putting these comparison charts on the web – they are great!!!! I don’t know what I would do without them (Pharmacy Manager, Ontario)
APPENDIX IX: PDA Demo Surveys & Results
Project Overview
In November 2004, the RxFiles partnered with the Saskatchewan Health Quality Council and CMA–Global Medic to launch a PDA Demo Pilot Project. Health Quality Council provided 2 Palm Tungsten T3’s for use by physicians in 2 week trials of the PDA and Medical Software. The CMA-Global Medic assisted in arranging for the Lexi-Complete medical information package to be available at no charge. The RxFiles arranged for other software, loaded necessary software, provided updates/support for the software, and detailed physicians on how to use the various PDA programs. Several physicians have taken advantage of this opportunity, and due to popular demand, the project has been extended into the Summer of 2005.

Programs included on the pda include:

Upon completion of the demo trial, physicians were asked to complete a survey. Interim survey results are provided below.

1. **How Often Did You Use PDA?**
2. **Trial Period Long Enough?**  
Yes = 3; No = 6; No Answer = 3

3. **PDA Programs Usefulness**  
Please rate the programs according to how useful they were

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**RxFiles Annual Report 2004-2005**

RxFiles Annual Report 2004-2005 95/96
4. Are you likely to buy a PDA to use in your medical practice?

5. Yes = 10; No = 0; No Answer = 1

6. Comments:

- I have bought one
- I would like to try it again
- Will buy in a year or so
- I found the PDA very “sensitive” in that the information moved too quickly
- Excellent/rapid reference for information regarding drugs/interactions and latest regarding medical problems
- I didn’t really get a chance to get used to the PDA in the time that I had it
- I believe that more time would be needed to orient. By the time I had time to figure it out, my time was up
- Still need lots of practice
- Enjoyed it very much. Miss it!