Summary Report of 2004 COMPUS Stakeholder Consultation Sessions
Table of Contents

Foreword ................................................................. 2
Executive Summary .................................................. 3

1 Introduction ............................................................. 4
  1.1 Background and Purpose ........................................ 4

2 Session Presentations ................................................ 6
  2.1 Canadian Coordinating Office for Health Technology Assessment (CCOHTA) ........................................... 6
  2.2 Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) ........................................... 6
  2.3 Questions and Answers ........................................... 6
  2.4 Guest Speakers .................................................... 8

3 Feedback and Discussions ........................................... 9
  3.1 Engaging Individuals and Organizations ........................ 9
    3.1.1 Outreach activities ........................................ 9
    3.1.2 Broader stakeholder outreach ............................. 10
    3.1.3 Communication tools .................................... 10
    3.1.4 Program characteristics .................................. 10
  3.2 Additional Services ............................................... 10
    3.2.1 Outreach activities ....................................... 11
    3.2.2 Information ................................................. 11
    3.2.3 Evaluation of best practice initiatives ................... 11
    3.2.4 Products ................................................... 11
  3.3 Electronic Tools: COMPUS Web Site and Medication Prescribing and Use Project (MPUP) Collection ......................... 11
    3.3.1 Web site ................................................... 11
    3.3.2 Medication Prescribing and Use Project (MPUP) Collection ................................................................. 12
  3.4 Challenges ........................................................ 12
  3.5 Factors for Success ................................................. 13

4 Evaluation of Consultations ........................................ 14

5 Next Steps ............................................................... 15

Appendix 1 – Participant List ........................................... 16

Appendix 2 – Summaries of Guest Speaker Presentations ............ 22

The views expressed herein represent the views of the authors and do not necessarily represent the views of Health Canada or any provincial or territorial government.
On March 12, 2004, the Conference of Deputy Ministers of Health approved the creation of a new program - the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) - under the umbrella of the Canadian Coordinating Office for Health Technology Assessment (CCOHTA). This is a national collaborative service funded by Health Canada and delivered by CCOHTA, in partnership with federal, provincial and territorial health ministries. A COMPUS Advisory Committee (CAC), appointed by the ministries, provides advice to the CCOHTA board of directors and to the COMPUS directorate to help meet its goals and objectives.

One of COMPUS’s goals is to be recognized as an independent centre for information and education on best practices in drug prescribing and utilization. The route to achieve this will include promoting and facilitating the adoption of evidence-based best practices. It is envisioned that COMPUS will create an enhanced awareness and culture of best practices, contributing to optimal drug-related health outcomes and the cost-effective utilization of pharmaceuticals in Canada.

COMPUS consulted with stakeholders across Canada from October 15 to December 17, 2004. These sessions were an important first step in establishing relationships and building networks of support. This will help to increase awareness of the program and its fit with local, provincial, national and international best practice initiatives.

CAC representatives who attended sessions in their respective regions reported that the consultations were valuable. The level of participation and passion was encouraging and CCOHTA is optimistic that this will continue. Stakeholders provided invaluable recommendations for the development of COMPUS; and this report highlights the common themes.

On behalf of CCOHTA and as CAC chair, I thank the speakers for their contributions during these sessions. The shared insight and experience underscore the work and ongoing commitment to best practices in Canada. It also provides a showcase of how COMPUS can build on existing initiatives, facilitate networks of support and reduce duplication of best practice initiatives.

CAC will review this report as we guide the growth of COMPUS. We heard about the importance of open and transparent communication between COMPUS and its stakeholders. We will look at mechanisms for meaningful stakeholder involvement, including the establishment of advisory panels, working groups, and timely and relevant communication tools. The CAC will also help COMPUS broaden its outreach with key stakeholders, to strengthen support for its goals and objectives.

We look forward to building relationships with the broadest spectrum of stakeholders, while receiving continued input on COMPUS and its services.

Colleen Janes
Chair, COMPUS Advisory Committee (CAC)
Representative of Newfoundland and Labrador
Executive Summary

The Canadian Coordinating Office for Health Technology Assessment (CCOHTA) led cross-Canada consultations between October and December 2004 to obtain input on the development of its newest program – the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS). These consultations brought together a range of stakeholders to establish crucial relationships; build networks of domain experts and best practice supporters; increase awareness of COMPUS and understanding of how the program will fit with local, provincial, national and international best practice initiatives; and gain feedback on how to develop partnerships with others interested in best practices.

In general, participant feedback showed:

- appreciation for the consultation sessions
- encouragement to commit to open, timely and transparent communication, using a variety of media and tools
- the necessity of ensuring the meaningful engagement of all stakeholders, with an emphasis on conducting broad outreach with specific groups
- a call for additional advisory committees and panels
- a need to increase COMPUS’s profile
- a need to develop methods to track uptake of best practice information to determine the level of COMPUS’s success
- enthusiasm for COMPUS to broaden its mandate to involve jurisdictional uptake of its best practice information
- eagerness for the program and its products and services to play a needed role.

For CCOHTA, this feedback is important as it will help COMPUS in creating an enhanced awareness and culture of best practices in drug prescribing and utilization. This will ultimately contribute to optimal drug-related health outcomes and cost-effective utilization of pharmaceuticals in Canada.
The Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) is a collaborative cross-Canada service funded by Health Canada and delivered by the Canadian Coordinating Office for Health Technology Assessment (CCOHTA). Launched in March 2004, this program was initiated to support the federal, provincial and territorial jurisdictions in promoting best practices for drug prescribing and use.

Best practice activities are aimed at improving drug-related health outcomes; patients’ quality of life; and the cost-effective use of medications by changing knowledge, attitudes and behaviour. COMPUS’s role will be to support networking for improved information sharing; and through its coordination function, assist jurisdictions in adopting new initiatives and building on established ones. This will contribute to the more efficient use of resources and enhance the sustainability of best practice initiatives. Part of the role of the COMPUS Advisory Committee (CAC) is to establish jurisdictional links with health care decision makers and to aid provinces and territories with implementing COMPUS best practice initiatives.

The success of COMPUS will be connected to several factors, including the provision of high quality information and education; effective partnerships with stakeholders; and successful implementation of best practice initiatives. COMPUS also recognizes the importance of building on existing initiatives, where possible, to prevent duplication of efforts. All these activities will be designed to create optimal health outcomes.

Improving the health of Canadians and strengthening health care management require a commitment to building and maintaining relationships and strategic alliances with individuals and groups that share an interest in best practices. COMPUS’s first step towards building these relationships was to conduct its initial round of stakeholder consultations.

1.1 Background and Purpose

Between October and December 2004, CCOHTA conducted 14 consultation sessions to ensure that broad input was provided to COMPUS at an early stage. The objectives for the consultation sessions were to:

- establish relationships
- build networks of domain experts and best practice supporters
- increase awareness of COMPUS and define its role regarding best practice initiatives
- obtain feedback on developing and sustaining communication and partnerships with other bodies interested in best practices.
Using web-based research, with direction from the CAC, an invitation list of approximately 1,200 individuals and organizations with a potential interest in pharmaceutical best practices was developed. Those who were invited included representatives from the pharmaceutical industry; academia; best practices organizations; health care professionals; and consumer and disease advocacy groups. Information about the sessions and a registration form were also posted on CCOHTA's web site to encourage interested stakeholders to register.

About 500 people attended the 14 consultation sessions (Appendix A). Twelve sessions were designated for regional participants, including those in St. John’s, Charlottetown, Fredericton, Halifax, Ottawa, Toronto, Winnipeg, Regina, Edmonton, Vancouver, Yellowknife and Whitehorse (which was held via videoconference). One session was held in Ottawa for national health-related associations and a Toronto session focused on the information needs of the pharmaceutical industry.

The sessions consisted of plenary presentations, question periods and facilitated small-group discussions. The sessions for Yellowknife, Whitehorse and the pharmaceutical industry excluded the small-group discussions about local best practice projects.
2 Session Presentations

During the consultation sessions, overviews of organizational and program activities provided stakeholders with information about CCOHTA and COMPUS (visit the COMPUS section of www.ccohta.ca to view the presentations). Many stakeholders also provided highlights of the best practice initiatives that they are involved with (Appendix B).

2.1 Canadian Coordinating Office for Health Technology Assessment (CCOHTA)

At most sessions, Barb Shea, vice-president of the CCOHTA Common Drug Review (CDR) and COMPUS directorates, gave presentations on CCOHTA’s three programs: Health Technology Assessment (HTA), CDR and COMPUS.

2.2 Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)

Barbara Wells, COMPUS director, provided an overview of COMPUS at each session. These presentations included details such as COMPUS’s history, mandate, resources, priorities, policies and processes.

2.3 Questions and Answers

How were COMPUS’s first three priority areas chosen and when will additional ones be selected?

COMPUS was directed to focus first on proton pump inhibitors (drugs for gastrointestinal problems), diabetes management and anti-hypertensives (drugs to lower blood pressure). These areas were determined by the Pharmaceutical Issues Committee (PIC) and approved by the federal, provincial, and territorial (F/P/T) Deputy Ministers of Health. The priorities were selected based on criteria such as reports of over- and under-use, size of the patient population (i.e., the greatest potential for improved health outcomes to benefit multiple jurisdictions) and ability to measure outcomes. Additional priorities will be selected, but no date or mechanism has yet been set for this process.
What is the mandate of the COMPUS Advisory Committee (CAC)?
The mandate of the CAC is to provide advice to the CCOHTA board and to the COMPUS directorate on priority areas for best practice initiatives; and COMPUS activities and products, to enable COMPUS to meet its goals and objectives.

Can there be CAC representation from other interested stakeholder groups?
The CAC provides a link between COMPUS and its clients. CCOHTA recognizes the value of obtaining advice from a range of stakeholders, such as Canadian consumers; health care professionals; and academia and industry representatives. We are exploring mechanisms to ensure that the program receives meaningful input from all stakeholders, such as the establishment of a network of working groups and advisory panels. Options will be developed in conjunction with our stakeholders and the CAC.

If found, how will you address discrepancies between high-quality best practice information determined by COMPUS and public drug plan formulary reimbursement practices?
The responsibility for uptake and implementation of COMPUS’s best practice recommendations rests with our clients (i.e., the jurisdictions). While COMPUS is not mandated to provide advice or direction to drug benefits plans, it will promote the adoption of best practices to affect optimal health outcomes. The jurisdictional representation on CAC will help promote initiatives to improve health outcomes.

Is COMPUS mandated to review some of the cost-containment measures undertaken by government and their impact on best practices?
COMPUS will review public policy interventions and the evidence supporting their impact on optimal health outcomes.

Will COMPUS provide support for research or implementation of best practices?
COMPUS is unable to provide funding for research. It could, however, assist with an application to other agencies for research funding. COMPUS will also identify gaps in best practice initiatives and facilitate the research to address these gaps. This might include looking for opportunities to collaborate with partners, such as members of academia and other research institutions.

As part of the federal commitment to promote optimal drug use, Health Canada’s Best Practices Contribution Program (BPCP) will provide financial support to best practices initiatives in optimal prescribing and utilization of drug therapy and to initiatives that encourage uptake of such practices. The BPCP will share the results of individual projects with COMPUS for further assessment and consideration in collaboration with provincial and territorial governments.

How can COMPUS be assured that there will be some uptake?
The CCOHTA board of directors, which has representation from all jurisdictions, supports COMPUS’s mandate to gather, analyze and disseminate best practice evidence; and provide tools to help jurisdictions adopt these best practices. Drugs are the largest and fastest growing expense in relation to rapidly increasing health care costs. As a result, the sustainability of our health care system requires the implementation of best practice information to achieve optimal health outcomes.

What will COMPUS evaluation activities include and how will related outcomes be measured?
COMPUS is reviewing evaluation methods and is committed to utilizing appropriate evaluation tools.
How directly will your materials be made available to the public? Will all information be web-based?
COMPUS plans to provide information in a variety of formats. It will make most, if not all, information publicly accessible on the web.

Will COMPUS review non-drug, alternative and complementary therapies?
COMPUS will focus on prescription drug therapy, but in the case of diabetes management, for example, our review will extend to non-prescription drugs and non-drug elements, such as lifestyle issues.

What will COMPUS’s process be for determining best practices? Who will have the final say regarding what constitutes an evidence-based opinion?
As with all CCOHTA’s programs, COMPUS’s work will be evidence-based. It will develop scientifically based processes to gather and assess information and evidence. All proposed standards, evaluation methods and processes will be circulated for comment before implementation. Similarly, COMPUS will be issuing calls for information from all stakeholders, before making recommendations.

What is COMPUS’s funding budget?
Health Canada has granted COMPUS $19 million during an initial five-year term.

What buy-in do you have at this time?
As endorsed by the CCOHTA board of directors, COMPUS has the support of representatives from federal, provincial and territorial jurisdictions. COMPUS has identified stakeholders who are involved or interested in identifying and encouraging the use of best practice information. Many of these stakeholders have expressed interest in working with COMPUS to further the identification and evaluation of existing initiatives. At this stage, COMPUS is developing key relationships and gaining meaningful input to help shape its program to most effectively meet the needs of its stakeholders. To that end, COMPUS considers the consultation sessions to be a first step in the development of this goal.

2.4 Guest Speakers
A large portion of the COMPUS consultation sessions was dedicated to learning about best practice initiatives that are in place in Canadian jurisdictions and that are designed to affect optimal health outcomes. In addition, one speaker attended several sessions to provide an overview of Australia’s National Prescribing Service. In an effort to provide participants with examples of existing best practice initiatives, three to five speakers were invited to each session to discuss individual projects and related successes.

These presentations provided relevant background for the small-group discussions, during which participants provided COMPUS with feedback about how its program and services could best be developed to encourage and promote optimal health outcomes.

This report includes summaries of several presentations submitted by speakers. Contact information and the names of affiliated project members are also provided (Appendix B).
3 Feedback and Discussions

A portion of the COMPUS consultation sessions was dedicated to small-group discussions. COMPUS requested participants' input on the type of products and services that are needed to facilitate the uptake of best practices and the type of information that should be included in its Medication Prescribing and Use Project (MPUP) online database of best practice initiatives. It was asked whether the database should include all existing initiatives or be restricted to those that COMPUS has evaluated.

Groups of six to nine people recorded their feedback on flip charts and discussed their advice and recommendations with the entire group. All flip charts were collected by COMPUS staff and transcribed for this report. The transcriptions were compiled into themes of frequently heard responses. This report reflects the themes that were heard from at least 10% of the groups.

3.1 Engaging Individuals and Organizations

The feedback regarding suggested stakeholder engagement strategies is categorized as outreach activities, broader stakeholder outreach, communication tools or program characteristics.

3.1.1 Outreach activities

- Employ additional consultation sessions for stakeholders to learn about and provide input on the development of COMPUS.
- Engage the community with ongoing and transparent communications.
- Establish additional mechanisms for two-way communications as a valuable way to gain input on COMPUS's products and services.
- Establish meaningful mechanisms for all stakeholders to share their opinions, such as the inclusion of various stakeholder groups into the CAC.
- Develop COMPUS committees, such as advisory panels comprised of pharmacists, physicians, nurses, consumers and industry representatives.
- Provide COMPUS representation in each jurisdiction to increase the potential for stakeholder engagement at the regional level.

The CAC includes a representative from most provinces and territories with only the seats for Québec and Nunavut to be filled.

Regionally based liaison officers also serve as local coordinators for CCOHTA programs, including COMPUS. Liaison officers will be developing strategic links and key networks, exchanging information and encouraging changes in practice. Liaison positions have been staffed in Newfoundland and Labrador, Prince Edward Island, New Brunswick, Nova Scotia, Manitoba, Alberta and the Northwest Territories. Representatives in the remaining jurisdictions should be in place by the fall of 2005.
3.1.2 **Broader stakeholder outreach**

- Involve consumers in every aspect of COMPUS.
- Develop mechanisms for input through consumer and patient advocacy groups; and individual consumers.
- Endeavour to engage key groups and individuals along the drug use continuum, such as industry, patients, prescribers, pharmacists, academia, nurse practitioners and midwives (some of these groups were identified as being under-represented at the consultation sessions).
- Target outreach efforts to involve under-represented groups, as their buy-in and participation are critical to the success of COMPUS.
- Engage stakeholder groups by using communication mechanisms such as newsletters and web sites of regional and national health-related groups.
- Develop relationships with local organizations as they could assist with the dissemination of COMPUS information.
- Develop opportunities for one-on-one engagement with key stakeholders as each stakeholder group will have specific requirements.

3.1.3 **Communication tools**

- Utilize communication strategies and tools such as providing regular updates through CCOHTA’s web site; and producing newsletters and discussion threads, to keep stakeholders informed of ongoing activities.
- Recognize that CCOHTA’s web site is COMPUS’s most important engagement tool, which should consistently offer timely, current and accurate information.

COMPUS products will include toolkits containing best practice recommendations and supporting evidence. Toolkits will include recommended strategies for best practice implementation, a summary of lessons learned during previous implementations, possible strategic partners and experts for consultation, educational materials to support implementation, a communications strategy and evaluation methods and tools. The following advice was provided regarding toolkit development:

- provide information electronically in a practical, relevant, easy to integrate and accessible format
- ensure that products contained in these toolkits are presented in a variety of formats, each tailored to its intended audience.

3.1.4 **Program characteristics**

- Aim to develop COMPUS as a “centre of excellence” where decision makers can obtain consistently reliable and accurate evidence-based information.

3.2 **Additional Services**

Other required COMPUS products and services, identified by participants, are compiled in the following four categories: outreach activities, information, evaluation of best practice initiatives and products. COMPUS’s original list of planned products and services may be viewed on slides 14 to 23 of Barbara Wells’ presentation (visit the COMPUS section of www.ccohta.ca).
3.2.1 Outreach activities

- Increase COMPUS’s profile through a promotional campaign that would include a synopsis of the program; and its available products and services.
- Create more awareness of the program and its potential benefits to ensure that COMPUS will have an impact on the health care system.

3.2.2 Information

- Communicate timelines related to program deliverables to ensure stakeholders are kept informed about the milestones that COMPUS expects to achieve during the coming years.
- Provide definitions of important program-related terms such as evidence-based, best practices and best practice initiatives.
- Provide descriptions of how COMPUS proposes to review clinical practice guidelines and other sources of information.
- Ensure that COMPUS is transparent regarding its processes for evaluation, in an effort to support COMPUS’s goal to be recognized as a centre of expertise in pharmaceutical best practices.

3.2.3 Evaluation of best practice initiatives

- Broaden COMPUS’s mandate to include involvement in the jurisdictional evaluation of the effectiveness of best practice initiatives; to provide continuity and consistency of application; to ensure completion; and to support uptake.

3.2.4 Products

- Ensure that COMPUS products are available in different formats that are targeted for intended audiences.
- Strive to create products that are culturally and regionally sensitive.
- Create evaluation products that promote transferability of use and are appropriate to examining other drug therapies.

3.3 Electronic Tools: CCOHTA Web Site and Medication Prescribing and Use Project (MPUP) Collection

Session participants made recommendations about the type of information and products to be included on the COMPUS section of CCOHTA’s web site. They also offered advice about what information to include in its Medication Prescribing and Use Project (MPUP) Collection and provided suggestions regarding design and usability.
3.3.1 Web site

- Ensure the layout and design of information on the CCOHTA web site is user-friendly. Examples of best-practice web sites that participants deemed to be successful, included those of the Cochrane Collaboration, the Canadian Taskforce in Preventable Healthcare, the Australian National Prescribing Service and the Scottish Intercollegiate Guidelines Network.
- Consider developing a three-tiered web site, with targeted sections for consumers, health professionals and industry.
- Utilize web tools, such as chat forums and bulletin boards, areas for feedback and input, suggestion boxes for next priority areas; and listervs. Provide links to all best-practice web sites, including provincial, national and international organizations affiliated with COMPUS.
- Consider using web site links discussing quality control and patient safety.
- Ensure that best-practice web sites include links to CCOHTA’s web site.
- Provide useful and relevant COMPUS information to ensure that this tool is considered to be a valuable resource by the best practice community. Examples of useful information include frequently asked questions (FAQs); timelines for COMPUS activities and deliverables; COMPUS contact information and contact information for other best practice groups and experts; and COMPUS’s criteria for evaluating best practice information.
- Utilize web-based tools to improve outreach efforts, such as a newsletter or bulletin with updates and information on what milestones are ahead; a best practice initiative follow-up area with data on lessons learned and success stories; a subscriber area to sign-up for e-mail updates and alerts for new products and services.
- Include a one-page summary of every project or product to avoid information overload; links to the complete documents can be provided to those who are interested in receiving more information.

3.3.2 Medication Prescribing and Use Project (MPUP) Collection

COMPUS’s online project was identified as an important component of the web site. In particular, its usefulness to the best practice community was highlighted.

- Ensure that all catalogue entries include the following information: those involved in the best practice initiative, details about the initiative such as processes, methods, outcomes (clinical, economic, cost and humanistic), resources involved, lessons learned, context, safety implications, systematic reviews, when information was last updated, list of publications, indication of sponsorship, target drugs and current status of initiative.
- Include COMPUS-evaluated and non-evaluated best practice initiatives in online catalogues, with an indication of which items are evidence-based and which are not. Include a quality assessment of the data with a rating of reliability and an indication of the level of evidence.
- Ensure that the collection contains three areas: upcoming, current and more advanced initiatives (with lessons learned and conclusions).
- Provide a good search engine with standard search categories to ensure ease of use.

3.4 Challenges

Several potential challenges were identified for COMPUS to consider in developing a successful program:
• ensure COMPUS is aware of the challenges that the health care system faces when recommending initiatives to affect optimal health outcomes
• focus objectives to a subset of topics to ensure that COMPUS can develop quality products within reasonable timeframes
• create a multi-stakeholder steering group to assist COMPUS in maintaining meaningful engagement with stakeholders
• recognize that physicians may receive conflicting information about the prescribing of drugs from the pharmaceutical industry
• establish COMPUS’s credibility as the centre of expertise that is the source of a consistent message for best practice information.

3.5 **Factors of Success**

It was acknowledged throughout the consultation sessions that stakeholder support is critical to COMPUS’s success. The key recommendations to guide COMPUS’s growth are summarized as follows:

• strive to maintain transparency by providing clear and ongoing communications, including ongoing stakeholder consultations
• develop outreach activities and partnerships with medical, pharmacy and nursing schools to advertise COMPUS products
• promote the uptake and implementation of COMPUS’s best practice recommendations at the practitioner level to influence optimal health outcomes; develop methods to track uptake and report to Health Canada
• secure COMPUS champions (stakeholders defined a “champion” as someone external to COMPUS who will advocate the program’s benefits, thereby helping to drive projects forward).
4 Evaluation of Consultations

At the close of the consultation sessions, participants were encouraged to complete an evaluation form to assist in determining the extent to which COMPUS met its objectives.

Stakeholders ranked COMPUS’s overall session objectives. A total of 265 respondents contributed to this evaluation.

Participants’ expectations
Among respondents, 98% indicated that the consultation sessions met their expectations.

Prior CCOHTA and COMPUS awareness
More than half of the respondents indicated that they had a strong awareness of CCOHTA. Prior awareness of COMPUS was less apparent.

COMPUS’s impact on stakeholder best practice initiatives
Half of the respondents indicated that they expect COMPUS will have an impact on their best practice initiatives, while the other half provided a neutral response. Comments accompanying this question showed that many respondents felt unable to accurately determine COMPUS’s potential impact at this stage.

Information content
For the quality of session content, including CCOHTA presentations, regional presentations and group discussions, most respondents ascribed one of the two highest scores (very good or excellent).

Organizational components
Most organizational components such as session facilitation and format, were often scored as very good or excellent. Also, the quality of the agenda and background materials was ranked as very good or excellent by more than half of the respondents and as satisfactory by a quarter of them.

Future stakeholder involvement
Among respondents, 77% indicated an interest in continued involvement with COMPUS through at least one of the following approaches: attending future sessions, acting in a domain expert role and receiving upcoming COMPUS newsletters.

Summary of feedback
The feedback showed that the consultations increased awareness about CCOHTA and COMPUS. It also indicated that the sessions provided an effective venue for the best practice community to learn about other best practice initiatives. While half of the participants confirmed their perception that COMPUS will have a positive impact on local best practice initiatives, a comprehensive, broad-ranging communications program about COMPUS is essential to ensure an awareness of the program. The evaluation results indicated that most respondents are interested in participating in a variety of COMPUS activities and taking on stakeholder roles.
5 Next Steps

COMPUS is progressing in its efforts to become a nationally coordinated initiative that promotes best practices in the prescribing and utilization of pharmaceuticals. Written and verbal comments received during the consultation sessions are valuable to COMPUS; and the involvement of stakeholders and the community will continue to be a priority. COMPUS is committed to becoming an independent centre of expertise where decision makers can consistently obtain reliable information on methods to improve drug-related health outcomes. COMPUS’s current priorities, which reflect many of the recommendations heard throughout the recent consultation sessions, are:

- expand outreach efforts to involve consumer and patient advocacy groups, physicians and other health care providers, to create interest and involvement in the program
- build partnerships with key stakeholder groups to anchor further outreach activities
- strive to maintain open, transparent and frequent communication with stakeholders
- increase awareness of COMPUS products and services to bring about behaviour change
- work with CCOHTA’s regionally based liaison officers to help increase awareness of CCOHTA and COMPUS and to increase the uptake and use of CCOHTA’s information in health care decisions
- host future consultation sessions regarding a spectrum of COMPUS products and services
- explore and implement mechanisms for communications and stakeholder involvement, including the establishment of advisory panels and working groups
- develop timely, relevant and practical products and services for diverse health-related audiences
- formalize and finalize COMPUS processes and policies in 2005.
Appendix 1: Participant List

3M Pharmaceuticals, 3M Health Care
Abbott Canada
Alberta Association of Registered Nurses
Alberta Blue Cross
Alberta College of Pharmacists
Alberta Drug Utilization Program
Alberta Health and Wellness
Alberta Medical Association
Altana Pharma Inc.
Alzheimer Society - Nova Scotia
Alzheimer Society - Alberta
Alzheimer Society - North West Territories
Alzheimer Society - Ontario
AMA and Caritas Health Group
Amgen Canada Inc.
Anxiety Disorders Association of Ontario
Arthritis Society - National, Saskatchewan Division
Arthritis Society - Newfoundland Division
Arthritis Society - Alberta Division
Arthritis Society - North West Territories Division
Arthritis Society - Manitoba
Assiniboine Regional Health Authority
Association of Registered Nurses of Newfoundland & Labrador
AstraZeneca Canada Inc.
Atlantic Blue Cross Care
Atlantic Health Sciences Corporation
Aventis Pharma
Bayer Inc.
BC Community Drug Utilization Program
BC Drug and Poison Information Centre
BC Persons with AIDS Society
BCE Emergis
Berlex Canada Inc.
Best Medicines Coalition
Biogen Idec Canada
BIOTEC Canada
Biovail Pharmaceuticals
Boehringer Ingelheim Canada Ltd.
Bristol-Myers Squibb Canada
British Columbia Ministry of Health Services
British Columbia Pharmacy Association
British Columbia Provincial Blood Coordinating Office
Brogan Inc.
Calgary Health Region
Canada Pension Plan
Canadian AIDS Society
Canadian Arthritis Patient Alliance
Canadian Association of Chain Drug Stores
Canadian Cancer Society - Ontario
Canadian Cancer Society - Newfoundland
Canadian Cochrane Network and Centre
Canadian Committee on Antibiotic Resistance
Canadian Council for Accreditation of Pharmacy Programs
Canadian Diabetes Association - National
Canadian Diabetes Association - Manitoba
Canadian Diabetes Association - Nunavut
Canadian Generic Pharmaceutical Association
Canadian Health Services Research Foundation
Canadian Hepatitis C Network
Canadian Institute for Health Information
Canadian Life & Health Insurance Association
Canadian Medical Association
Canadian Mental Health Association - New Brunswick
Canadian Nurse Practitioner Initiative
Canadian Nurses Association
Canadian Pharmacists Association
Canadian Society for Mucopolysaccharide and Related Diseases Inc.
Canadian Society of Hospital Pharmacists
Canadian Society of Hospital Pharmacists - National
Canadian Society of Hospital Pharmacists - Saskatchewan
Canadian Treatment Action Council
CancerCare Manitoba
CancerCare Nova Scotia
Canadian Diabetes Association - National
Capital District Health Authority
Capital Health
Central West Health Corporation
Cobalt Pharmaceuticals Inc.
College of Licensed Practical Nurses of Nova Scotia
College of Nurses of Ontario
College of Pharmacists of British Columbia
College of Physicians and Surgeons of British Columbia
College of Physicians and Surgeons of Saskatchewan
Community Health Center
Consumer Advocare Network
Continuing Professional Learning, College of Medicine, University of Saskatchewan
D. Bougher Consulting
Dalhousie University, College of Pharmacy
Dalhousie University, Continuing Medical Education
Dalhousie University, Department of Family Medicine
DBR Canada Inc.
Department of National Defence
Dimethaid Health Care Ltd.
Doctors Nova Scotia
Drug Trading Co. Ltd. - Katz Group
Eli Lilly Canada Inc.
Ermineskin Clinic, NDSAC, South Edmonton Primary Care Initiative Project
ESI Canada
Extended Benefits & Pharmaceutical Programs, Health & Social Services H-2
Extendicare (Canada) Inc.
Fabry Society of Canada
Family and Community Services
Family Medical Clinic
Fournier Pharma Inc.
Gibson Health Clinic
GlaxoSmithKline
Government of New Brunswick - Department of Family and Community Services
Government of Newfoundland & Labrador - Department of Health & Community Services
Government of Newfoundland & Labrador
Government of North West Territories
Government of Yukon - Department of Health & Social Services
Guidelines Advisory Committee (Ontario)
Halifax Infirmary - Capital Health
Hampton Pharmacy Ltd.
Hay River Health & Social Services
Health & Community Services - St. John's Region
Health Canada
Health Canada - First Nations & Inuit Health Branch
Health Canada - Health Care Policy Directorate
Health Care Corporation of St. John's
Health Care Policy Director
Health Council of Canada
Health Quality Council
Heart and Stroke Foundation - Prince Edward Island, British Columbia and Yukon regions
Hoffmann - La Roche
IDA Drugmart
IMPART, Dalhousie University
Innovus Research Inc.
Institute for Clinical Evaluative Sciences
Integra Consulting Ltd.
Interior Health Authority
Interlake Regional Health Authority
Inuvialuit Regional Health Authority
Inuvik Regional Health and Social Services Authority - North West Territories
IWK Health Centre
James Fairbairn Consulting Inc.
Janssen Ortho Inc.
Kanayo Software Inc.
Kennebecasis Drugs Ltd.
Kidney Foundation of Canada - National Kidney Foundation of Canada - Eastern Ontario
Kings County Memorial Hospital
Kings Health Region, Souris Hospital
Licensed Practical Nurses Association of British Columbia
Managed Health Care Services Inc.
Manitoba Centre for Health Policy
Manitoba Epilepsy Association
Manitoba Health
Manitoba Pharmaceutical Association
Maritime Life
McMaster University
McNeil Consumer Healthcare
Medical Pharmacies Group Inc.
Memorial University, School of Pharmacy
Mercer Human Resource Consulting
Merck Frosst Canada Ltd.
Merck Frosst Schering Pharmaceuticals
Microbiology Lab, Health Care Corporation of St. John's
Multiple Sclerosis Society of Canada - British Columbia
National Association Pharmacy Regulatory Authorities
National Coalition for Health Freedom
Network Healthcare
New Brunswick Department of Health and Wellness
New Brunswick Department of Health and Wellness, Hospital Services
New Brunswick Medical Society
New Brunswick Pharmaceutical Society
New Brunswick Pharmacists’ Association
New Brunswick Prescription Drug Program, Department of Health & Wellness
Newfoundland and Labrador Centre for Applied Health Research
Newfoundland and Labrador Centre for Health Information
Newfoundland and Labrador Department of Health and Community Services
Newfoundland and Labrador Health Boards Association
Newfoundland and Labrador Medical Association
Newfoundland and Labrador Pharmaceutical Association
Newfoundland Cancer Treatment and Research Foundation
North West Territories Pharmacist Association
Nova Scotia College of Paramedics
Nova Scotia Department of Health
Nova Scotia Provincial Blood Coordinating Program
Nova Scotia Senior Citizens’ Secretariat
Novartis Pharmaceuticals Canada Inc.
Novo Nordisk Canada Inc.
Novopharm Ltd.
Nurse Practitioners’ Association of Ontario
Ontario Ministry of Health and Long-Term Care
Ontario Pharmacists’ Association
Osteoporosis Society of Canada
Ottawa Hospital - General Campus
P&G Pharmaceuticals
Parkinson Society Newfoundland & Labrador
Partners for Appropriate Antibiotic Community Therapy
Patient Partner in Arthritis, Consumer Advisory Council of the Canadian Arthritis Network
Peninsulas Health Care Corporation
Pfizer Canada
PharmaCare, BC Ministry of Health Services
Pharmaceutical Services Division, Department of Health & Community Services
Pharmacists’ Association of Newfoundland and Labrador
Pharmacy Association of Nova Scotia
Pharmacy Department, General Hospital, St. John’s
Pharmacy Department, Health Care Corporation of St John’s
Pharmacy Department, St. Clares Hospital, St. John’s
Pharmasave
Pharmasave Drugs Atlantic Ltd.
Pharmacy Department Health Care Corporation of St. John’s
Pictou County Health Authority
Prescription Information Services of Manitoba
Prince County Hospital
Prince Edward Island Health and Social Services
Prince Edward Island Pharmacy Board
Prince Edward Island Prescription Drug Education and Awareness Group
Prince Edward Island Provincial Health Services Authority
Prince George Regional Hospital
Purdue Pharma
QEII Health Sciences Centre - Capital Health
Queen Elizabeth Hospital
Queens Health Region Diabetes Program
Regina Qu’Appelle Health Region
Registered Psychiatric Nurses Association
Restigouche Health Authority
River Valley Health
Rx Canada
RxFiles Academic Detailing Program
Saint John Regional Hospital
Sampling Technologies Inc.
Sanofi-Synthelabo Canada Inc.
Saskatchewan College of Pharmacists
Saskatchewan Formulary Committee
Saskatchewan Health
Saskatchewan Health - Drug Plan & Extended Benefits Branch
Saskatchewan Registered Nurses’ Association
Saskatoon Health Region
Schering Canada
Schizophrenia Society of Canada
Schizophrenia Society, Newfoundland and Labrador
Servier Canada Inc.
Shoppers Drug Mart
Solvay Pharma Inc.
South East Regional Health Authority - New Brunswick
Southlake Regional Health Centre
St. John’s Health Care Corporation
St. John’s Nursing Home Board
St. Joseph’s Hospital
St. Michael’s Hospital, Inner City Health Research Unit
Stanton Territorial Health Authority
Sunnybrook & Women’s College Health Science Centre
Therapeutics Initiative
University of Alberta Hospital, Capital Health
University of Alberta, Division of Cardiology
University of Alberta, Faculty of Pharmacy & Pharmaceutical Sciences
University of British Columbia, Centre for Health Services and Policy Research
University of British Columbia, Faculty of Medicine
University of British Columbia, Faculty of Pharmaceutical Sciences
University of Calgary, Faculty of Medicine
University of Florida
University of Manitoba
University of New Brunswick
University of Ottawa, Faculty of Medicine
University of Queensland, School of Pharmacy
University of Saskatchewan, Academic Family Medicine
University of Saskatchewan, College of Pharmacy & Nutrition
University of Toronto, Faculty of Pharmacy
University of Victoria, School of Health Information Science
Vancouver Coastal Health - Vancouver General Hospital Site - Pharmacy Department
Victoria Square Medical Clinic
Ward Health Strategies
White Willow Benefit Consultants Incorporated
Whitehorse General Hospital
Winnipeg Regional Health Authority
Wyatt Health Management
Wyeth Pharmaceuticals
York University, School of Health Policy and Management
YTG - Insured Health
Yukon Continuing Care
Yukon Territorial Government
Appendix 2: Summaries of Guest Speaker Presentations

Michael Allen MD, Associate Professor, Director Special Projects, Dalhousie University
Continuing Medical Education (CME)

Academic Detailing
Academic detailing is an evidence-based educational intervention provided to a physician in their office by a trained health care professional such as a nurse, pharmacist or physician. Dalhousie Continuing Medical Education has had an Academic Detailing Service since 2001. Funded by the Nova Scotia Department of Health, the service reaches more than 50% of Nova Scotia’s 700 eligible family physicians. Educational material produced by the service is also used for teaching medical students, nurses and pharmacists. Dalhousie CME and the four other provinces that have academic detailing programs have formed the Canadian Academic Detailing Collaboration and are working together to evaluate and improve academic detailing.

Contact information: michael.allen@dal.ca, (902) 494-2173

Marie-Anne Bradford, Program Manager, Best Practices Contribution Program, Health Canada, Health Policy Branch, Quality Care, Technology and Pharmaceuticals Division

What is the Federal Best Practices Contribution Program?
Following an agreement by the First Ministers in February 2003, Health Canada implemented the Therapeutics Access Strategy (TAS), which has three streams, including optimal drug therapy. As part of this stream, the BPCP received funding during a five-year period to support optimal drug therapy by gathering data; developing new and innovative best practices; and encouraging provincial and territorial uptake of best practices. BPCP will focus its efforts on supporting evaluation activities. From its inaugural call for proposals, BPCP selected eight projects to receive financial support and a second call for proposals should be released in the coming months. BPCP is working in collaboration with COMPUS.

Norman R.C. Campbell MD FRCPC, Professor of Medicine, University of Calgary, Chair of the Canadian Hypertension Education Program Executive Committee, Canadian Hypertension Education Program

Canadian Hypertension Education Program (CHEP) Recommendations
The CHEP was initiated in 1999 to improve the treatment and control of hypertension. CHEP has three task forces: evidence-based recommendations, implementation and outcomes research. The Recommendations Task Force annually develops and updates scientific management recommendations according to an established systematic evidence medicine scheme. The multidisciplinary Implementation Task Force uses the management recommendations to develop key educational messages and educational tools tailored for specific health care professionals. The Outcomes Research Task Force evaluates national survey data, national hospitalization data,
Intercontinental Medical Statistics (IMS) prescription data, provincial administrative databases and certain CHEP processes. Preliminary data suggest an improvement in hypertension treatment and reduction in stroke.

**Charmaine Cooke, Dalhousie University; Ingrid Sketris, Professor, College of Pharmacy, Dalhousie; and Dawn Frail, Manager Drug Technology Assessment, Nova Scotia Department of Health**

**Physician Profiling**

Physician profiling provides a summary of a physician’s past activities to influence future decisions. It has been used as a quality assessment tool in processes that include diagnostic procedures, laboratory services and medication prescribing. The objectives of this presentation were to provide a summary of the literature on physician profiling in medication prescribing and to share experiences using physician profiling from the Drug Evaluation Alliance of Nova Scotia. Physician profiling, in combination with other strategies, may promote best practices if barriers are identified before initiation of the project; careful thought is given to the topic; and audience and appropriate study design allow evaluation.

Contact information: charm149@hotmail.com

**Lisa Dolovich BScPhm PharmD MSc, Associate Professor, Department of Family Medicine, Centre for Evaluations of Medicines, St. Joseph’s Healthcare and McMaster University**

**Team for Individualizing Pharmacotherapy in Primary Care for Seniors (TIPPS)**

TIPPS is a multidisciplinary program that brings together researchers with diverse backgrounds to focus on medication use by seniors in primary care. TIPPS’s focus is to create a deeper understanding of the medication use process, develop feasible forward-thinking interventions, evaluate the effectiveness of these interventions and advance methodology in primary care. TIPPS manages a growing network of physicians, pharmacists, patients and other community members. More than 45 studies are underway.

Contact information: www.tippsnetwork.ca; Lisa Dolovich ldolovic@mcmaster.ca; Kalpana Nair, Program Coordinator, nairk@mcmaster.ca

**Yale Drazin, Executive Director, Ontario’s Guidelines Advisory Committee (GAC), Ontario Guidelines Advisory Committee/Ontario Program for Optimal Therapeutics**

**Ontario’s Guidelines Advisory Committee (GAC)**

GAC was established by the Ontario Medical Association and the Ministry of Health and Long-Term Care. It was developed to reduce the “care gap” between clinical practice and best available evidence to promote evidence-based “best clinical practices” among health professionals. GAC identifies evidence-based guidelines for selected clinical topic areas, assesses them using an internationally validated instrument (AGREE) and endorses those deemed most applicable for Ontario. GAC then summarizes and posts the guidelines, along with implementation tools, on its web site. Partnerships are critical to successful guideline implementation. GAC created the Ontario Guidelines Collaborative, an informal network of organizations and associations involved in educating physicians and improving health care processes and outcomes.

Contact information: www.gacguidelines.ca, yale.drazin@gacguidelines.ca
Albert Eros PharmD, Regional Pharmacy Manager, Drug Use Management, Winnipeg Regional Health Authority

A Regional Perspective on Identifying and Promoting Best Practices
In establishing best practice initiatives, the perspective of consumers, prescribers, third party payers and general members of the health care system; the evidence, such as improved or cost-effective outcomes; and the reproducibility in other environments must be considered to achieve acceptance. Critical information must be available to health care providers at the time of decision making. At the Winnipeg Regional Health Authority, electronic tools, such as an online and searchable formulary database, printed support materials and a clinical handbook of pharmacotherapy, are available to pharmacists and physicians to support the Hospital Formulary System. This can be viewed as a best practice system concerning drug prescribing and use.

Contact information: aeros@wrha.mb.ca

John Hawboldt BSP PharmD, Associate Professor, School of Pharmacy, Memorial University of Newfoundland

Role of Clinical Pharmacist in an Intensive Care Unit (ICU)
Evidence indicates that pharmacists can reduce costs, prevent drug related events and improve patient care. From October 1997 to March 1998, clinical pharmacy services were added, on a pilot basis, to two ICUs in the Health Care Corporate of St. John’s. Daily activities included attending patient rounds, chart or medication reviews, drug-related “interventions” (any information exchange and recommendations provided by the clinical pharmacist in relation to the patient’s drug regimen) and special project work. Interventions were accepted 99% of the time. A satisfaction survey was disseminated to physicians, nurses, residents and a dietician at both ICUs. Participants of the survey defined the role of the pharmacist as a monitor of drug therapy and interactions, an information source for the suggestion of therapy alternatives and an education source. The pharmacist was also determined to be a preferred source of drug information. Respondents were either “always” or “most of the time” satisfied with the pharmacist interventions; and all respondents indicated that a pharmacist could make a positive contribution toward patient care. As a result of the project, the pharmacist is an integrated and accepted member of the two ICU health care teams included in the pilot project.

Contact information: jhawboldt@pharm.mun.ca

Diane E. Hindman PharmD CGP, Acting Manager, Individual Clinical Review Drug Programs Branch, Ontario Ministry of Health and Long-Term Care

Evaluation of Collaborative Impact of Pharmacist and Pharmacist-Conducted Medication Reviews on Drug Prescribing and Utilization in Ontario Long-Term Care (LTC) Facilities
This project will retrospectively evaluate the cost-effectiveness and clinical impact of LTC consultant pharmacists in Ontario; and their role in facilitating the achievement of recognized disease target endpoints in residents that signify appropriate disease outcomes. The two disease states that will be evaluated for clinical improvement, relative to Canadian guidelines for management, are diabetes mellitus and hypertension. The collaborative practice model that prevails in LTC facilities will provide an opportunity for the evaluation of the structure and process of the practice model. It will also evaluate the satisfaction of physicians, pharmacists and staff who are involved in the care of residents in that setting.

Contact information: diane.hindman@moh.gov.on.ca, (416) 327-0865
Michael Hunt, Manager Pharmaceuticals, Canadian Institute for Health Information

National Prescription Drug Utilization Information System (NPDUIS)
The Canadian Institute for Health Information - an independent, pan-Canadian, not-for-profit organization that provides quality, reliable and timely health information - is leading the development and implementation of NPDUIS in partnership with the Patented Medicine Prices Review Board. NPDUIS will contain provincial drug information on benefit listings, claims, policies, administration rules and population demographics. This will enable monitoring of cost management strategies and best practices; facilitate the development of knowledge through the analysis and comparability of drug utilization; and provide access to up-to-date information on drug plans and respective populations to support the accurate interpretation of results and analysis.

Contact information: www.cihi.ca/drugs, drugs@cihi.ca

Jim Hutchinson MD Infection Control, Health Care Corporation of St. John’s Newfoundland and Labrador Antibiotic Network
Summary unavailable

Dr. Alan Katz, Assistant Professor, University of Manitoba, Faculty of Medicine and the Primary Health Care Research Unit; Colleen J. Metge, University of Manitoba, Faculty of Pharmacy; Lori-Jean Manness, Merck Frosst Canada Ltd.; and Olaf Koester, Manitoba Health

Manitoba Appropriate Anti-inflammatory Utilization Initiative (MAAUI)
MAAUI is a partnership-based project under the direction of the provincial government, academia and industry. The MAAUI project is an “appropriate use” project trying to improve the care of patients at high risk for a gastrointestinal (GI) bleed. We have shown that there is room for improvement in the clinical practice of physicians. There is a gap between recommended use and actual use of non-steroidal anti-inflammatory drugs (NSAID) monotherapy; and physician characteristics, such as practice location, experience and prescribing frequency, influence appropriate prescribing as per evidence-based criteria.

Contact information: metge@Ms.UManitoba.ca

Dr. Kendrick Lacey, Chief of Family Practice, River Valley Health Authority, Fredericton, N.B. Ambulatory Blood Pressure Monitoring
Summary unavailable

Karen Legg BScN RN CDE, Endocrine Nurse Clinician; Diana Lawlor BScN RN CDE CRRN, Diabetes Case Management Coordinator, QE II Health Sciences Centre, Halifax

Primary Care Diabetes Case Management
In response to general practitioners’ (GPs) requests for assistance in managing the complex components of diabetes, Primary Care Diabetes Case Management was launched. This initiative involved a partnership between two primary care offices and two tertiary diabetes nurse case managers at the Queen Elizabeth II Health Sciences Centre. Goals included collaborative practice, knowledge transfer and enhanced diabetes control through evidenced-based practice. The nurses independently assessed patients at the primary care offices and at the end of each visit, a five-minute
review occurred with the GP. During this review, best practice management recommendations were made. This innovative health care delivery strategy, linking tertiary and primary diabetes professionals through a diabetes case manager, has optimized GP time management and facilitated evidenced-based diabetes best practice. This has resulted in enhanced diabetes outcomes and knowledge transfer.

Contact information: Diana Lawlor diana.lawlor@cdha.nshealth.ca; Karen Legg karen.Legg@cdha.nshealth.ca

Harold Lopatka BSc Pharm MHSA PhD, Program Director, Alberta Drug Utilization Program, University of Alberta

Alberta Drug Utilization Program
An overview and examples of outcomes from the program and its initiatives were presented. The Alberta Management Committee on Drug Utilization oversees the program, which develops and directs drug utilization review initiatives that facilitate improvements in the prescription and use of drugs in Alberta. Specific initiatives are retrospective drug utilization reviews that are conducted using administrative claims databases to assess adherence to clinical practice prescribing guidelines, which helps to assess educational needs and the effect of interventions; the multifaceted behavioural change initiative (consisting of dissemination of clinical practice guidelines, continuing education, academic detailing, opinion leader consultation and comparative prescribing feedback reports), which is used to influence prescribing behavior; Checkpoint, a trial prescription program; and the community patient safety initiative. These programs were introduced to increase the involvement of community pharmacists in drug use management.

Dr. Malcolm Maclure, Professor, School of Health Information Science, University of Victoria

Process and Outcome Evaluation of Academic Detailing in Five Provinces
The Canadian Academic Detailing Collaboration has begun a two-year project funded by Health Canada’s Best Practices Contribution Program (BPCP) a Canadian Institutes of Health Research Interdisciplinary Team grant and in-kind contributions from the five participating provinces. The project includes a needs assessment (Nova Scotia), evaluation of printed educational materials (Alberta), a time-and-motion study (Saskatchewan), a randomized community trial (Manitoba), a crossover trial (British Columbia) and an international survey.

Kyle MacNair BSc Pharm ACPR, Drug Information Pharmacist, Prescription Information Services of Manitoba (PrISM)

Prescription Information Services of Manitoba (PrISM)
PrISM is a pilot project, partially funded by industry in co-operation with Manitoba Health and the Manitoba Pharmaceutical Association. PrISM’s mandate is to optimize the health outcomes of Manitobans through the provision and promotion of safe, effective and efficient use of drug therapy. This mandate will be achieved through drug use evaluation and subsequent education to health care professionals and the public. COMPUS’s ability to create and promote best practice initiatives; and PrISM’s ability to bring these initiatives to end users, represents a positive partnership opportunity.

Contact information: www.prisminfo.org, macnair@prisminfo.org, (204) 231-4688
Pam McLean-Veysey, BSc Pharm, Team Leader, Drug Evaluation Unit, QEII Health Sciences Centre, Chair, Drug Evaluation Alliance of Nova Scotia (DEANS)

**Best Practices Initiatives: DEANS**
DEANS provides Nova Scotia with one structure under which drug utilization issues can be considered with other drug program components. The mission of the DEANS is to contribute to the health of Nova Scotians by encouraging appropriate drug use. The DEANS’s management committee consists of academic-based researchers and educators. The DEANS’s three key activities are to identify drug utilization issues; develop targeted interventions for health care professionals and consumers; and evaluate the impact of interventions. Interventions generally take the form of multifaceted, evidence-based educational programs, which can include academic detailing, didactic presentations, workshops, prescriber profiling and feedback or mailed print material. The DEANS sees COMPUS as a valuable national resource for critically appraised evidence on best practices, dissemination strategies and evaluation methods.

Contact information: pam.mclean-veysey@cdha.nshealth.ca

Dr. J. Stewart McMillan, Chairman, Health Quality Council

**Health Quality Council**
The Health Quality Council (HQC) of Saskatchewan was established in December 2002 as an independent body, charged with examining and reporting on the quality of health care in Saskatchewan. HQC makes evidence-based recommendations for quality improvement. Included in the mandate of HQC are provisions to evaluate drug prescribing and utilization patterns. The legislation that is responsible for the Council’s creation also extends authority for it to be involved in the drug coverage approval process, which is carried out by another agency. HQC recently released two reports analyzing drug prescribing and utilization. These reports examined the quality of post acute myocardial infarction care and drug prescribing in long-term care facilities.

Contact information: www.hqc.sk.ca

Dr. Colleen J. Metge, Associate Professor, Faculty of Pharmacy, University of Manitoba; Dr. Alan Katz, University of Manitoba, Faculty of Medicine and the Primary Health Care Research Unit; Lori-Jean Manness, Merck Frosst Canada Ltd.; Olaf Koester, Manitoba Health

**Maximizing Osteoporosis Management in Manitoba (MOMM)**
MOMM is a partnership-based project under the direction of the provincial government, academia and industry. The MOMM project used continuous quality improvement as a framework for improving the care of patients with osteoporosis. We have shown that there are gaps in the treatment and prevention of osteoporosis in Manitoba women who are older than 50. Those at highest risk are not more likely to receive attention; and when an intervention occurs post-fracture, empiric pharmacological treatment is used more often than bone-mineral density (BMD)-guided care. Data responsive interventions are being implemented in a rural health region of Manitoba.

Contact information: metge@Ms.UManitoba.ca
Anne Nguyen PharmD, Coordinator, B.C. Community Drug Utilization Program

British Columbia Community Drug Utilization Program: Academic Detailing
The British Columbia Community Drug Utilization Program (BC CDUP) was established in 1993, at the Lions Gate Hospital, as the first academic detailing program in Canada. One of its goals is to provide objective, comparative drug information for physicians in Vancouver’s North Shore. Family physicians receive quarterly newsletters that are prepared by a local pharmacist and reviewed by a local specialist. Family physicians also receive an accompanying 15-minute visit to their office for a follow-up discussion on the newsletter topic. Preliminary pharmacare drug data suggest changes in prescribing are occurring as a result of BC CDUP. Provincial administrative databases are being analyzed to determine BC CDUP’s effect on patient outcomes.

Contact information: www.cdup.org, anne.nguyen@vch.ca

Heidi M. Oetter MD, Deputy Registrar, College of Physicians and Surgeons of British Columbia

College of Physicians and Surgeons of B.C. Controlled Prescription Program
The College of Physicians and Surgeons of British Columbia has several drug programs that on a proactive and collegial basis encourage best practices in the prescribing of narcotics, sedatives, hypnotics, stimulants and methadone. The college’s drug programs are enhanced by the availability of PharmaNet, an electronic database of all community dispensed prescriptions. The college also has the ability to review high-use profiles of individual drugs of concern, to review the profiles of patients who are seeing more than one doctor and to communicate this information to the physicians involved. The college has an advisory committee that reviews the prescribing of narcotics, sedatives, hypnotics and stimulants, providing advice to treating physicians. For patients receiving methadone for the treatment of opioid dependency, the college maintains patient registry and provides peer reviews of physician practices of methadone maintenance, to ensure best practices.

Jeff Poston PhD MRPharmS, Executive Director, Canadian Pharmacists Association

e-Therapeutics: Drug Therapy Management Tools to Improve Safety and Outcomes
A key component of e-health applications is point-of-care access to evidence-based clinical information. The e-Therapeutics project is producing easy-to-use, electronic decision support tools, delivered through a web portal and handheld applications. The tools provide busy practitioners with current Canadian evidence to help answer their drug therapy questions. The goal is to support best practices in prescribing and medication management, improve patient outcomes, reduce adverse events and obtain value for money. This collaborative initiative involves many stakeholders and complements COMPUS’s goals. Development is made possible through a Health Canada Primary Health Care Transition Fund contribution.

Contact information: executive@pharmacists.ca

Loren Regier BSP BA, Program Coordinator, RxFiles Academic Detailing Program

RxFiles Academic Detailing Program: Promoting Best Pharmacotherapy in Saskatchewan
The RxFiles Academic Detailing Program provides unbiased, evidence-based drug information to physicians. This information is provided in multiple formats, including newsletters, comparative...
drug charts, Internet and personal digital assistant (PDA) resources. During academic detailing sessions, information is discussed with individual or small groups of physicians in a 20 to 30 minute office visit. Both the material and the academic detailing service have been well received by Saskatchewan physicians during the eight years that the program has existed. The drug comparison charts have become popular with physicians throughout Canada.

Contact information: www.RxFiles.ca, regierl@rxfiles.ca

Robert S. Roscoe BSc Pharm CDE, Clinical Pharmacist, Kennebecasis Drugs Ltd., Rothesay, NB

Welcome to Diabetes
The Welcome to Diabetes initiative was developed to fill a gap between the diagnosis of diabetes and the participation in an accredited diabetes education program. It was designed to provide a skeleton of survival skills and information to complement what will be taught at the Diabetes Education Center. This initiative provides a standard approach to cover disease state; diet and nutrition; monitoring; treatment; progression; and complications in an easy-going conversational method. This approach is backed up with basic written information in a general format. Emphasis on topics is guided by patients’ needs as they begin the process of lifestyle changes and self-education.

Contact information: kennebecasis.gdn@dt.pharmassist.ca (attention: Rob Roscoe)

William Semchuk MSc PharmD, FCSHP, Manager, Clinical Pharmacy Services, Regina Qu’Appelle Health Region

Closing the Treatment Gap in Cardiovascular Pharmacotherapy
Pharmacotherapy for the prevention and management of cardiovascular disease is being studied. Several trials and consensus statements have been published to provide guidance to practitioners on how to best manage patients with cardiovascular disease. Despite published direction, significant care gaps exist between best practice and care. In the Regina Qu’Appelle Health Region (formerly Regina Health District), a team of individuals involved in the care of patients with cardiovascular disease have been looking at ways to close the care gap. Several utilization audits, followed by a diverse group of interventions, including pre-printed orders, clinical pathways, outpatient interventions and teaching tools have been studied. An innovative pharmacotherapy case manager approach is also being reviewed. It is hoped that these tactics will help close the care gap.

Scot H. Simpson BSP PharmD MSc, Assistant Professor, Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta; Alliance for Canadian Health Outcomes Research in Diabetes (ACHORD); Jeffrey A. Johnson PhD, Chair ACHORD

Optimizing Management of Diabetes and its Comorbidities: Research Activities of ACHORD
The Alliance for Canadian Health Outcomes Research in Diabetes (ACHORD) is a multidisciplinary research team interested in evaluating management for people with diabetes. Our research focuses on diabetes and its comorbidities in the following areas: economic burden of illness; epidemiologic patterns of disease management; health-related quality of life; and quality of health care. Our goal is to provide research leading to improved management of diabetes in Canada, from clinical and health policy perspectives. Of interest to COMPUS are our studies evaluating care gaps and interventions to improve cardiovascular risk management in patients with type 2 diabetes.

Contact information: jeff.johnson@ualberta.ca
Evidence-based Prescribing in Ontario: A 10-Year Retrospective of PA ACT
PA ACT is a network of concerned physicians and pharmacists who are committed to improving the use of medications in the community. PA ACT has been recognized internationally and in the peer-reviewed literature as one of the best antibiotic education programs in the world. For more than 10 years, PA ACT has been involved in research, development and programming. We have also been involved in provincial studies, including five academic detailing trials. This has allowed us to refine the material content and program delivery mechanisms for transmitting balanced information to the frontline and to identify ways to improve patient care.

Contact information: paact@mumshealth.com (attention: Laurie Dunn or John Pilla), (416) 597-6867

Dr. Doug Stich, Director, Toward Optimized Practice Program, Alberta Medical Association
Best Practices Initiatives – Alberta Medical Association
Summary unavailable

Susan Tett PhD BPharm(Hons) MPS, Professor, School of Pharmacy, The University of Queensland, Brisbane, Qld 4072, Australia

Quality Use of Medicines and Australia’s National Prescribing Service
Quality use of medicines is one of four arms of Australia’s National Medicines Policy (www.nmp.health.gov.au). An overview of quality use of medicine initiatives in Australia was given, including how the health system functions for the universal subsidy of pharmaceuticals (the Pharmaceutical Benefits Scheme) and some initiatives, such as the Quality Use of Medicines Internet-based map (www.qummap.health.gov.au); and the Home Medicines Review Program. The National Prescribing Service, responsible for the implementation of several quality use of medicines activities in Australia, was described (www.nps.org.au) and an overview of their programs, including academic detailing, clinical audits, consumer initiatives and Division of General Practice facilitators was given.

Contact information: s.tett@pharmacy.uq.edu.au

Meera B. Thadani, MSc(Pharm), MILE outreach, Manitoba

Medication Information Line for the Elderly (MILE)
In July 2004, MILE was relocated from the Faculty of Pharmacy to the University Centre Pharmacy by Ms. Debbie McCallum, vice-president, administration, University of Manitoba. The move makes the service more accessible to the public and the university population. MILE is the only community-based pharmacy consult service in the province. While most of the callers are older adults, the staff answer questions about medications for children as young as three months in age. MILE is staffed by two pharmacist consultants who alternate between answering the phone and outreach services that include meeting with community groups, health professionals and providing educational lectures and seminars.

Contact information: mile_resource@umanitoba.ca
Ross T. Tsuyuki BSc(Pharm) PharmD MSc FCSHP, Professor of Medicine, Cardiology, Director, EPICORE Centre/COMPRIS, Faculty of Medicine and Dentistry, Professor and Merck Frosst Chair in Patient Health Management Faculty of Pharmacy and Pharmaceutical Sciences University of Alberta. Organizations represented: Centre for Community Pharmacy Research and Interdisciplinary Strategies (COMPRIS), University of Alberta Role of Pharmacists in Optimization of Medication Use and Outcomes: Pharmacy Practice-Based Research
Summary unavailable

Rick Walter, Executive Director, Canadian Committee on Antibiotic Resistance, Vancouver

Do Bugs Need Drugs? A Community Program for Wise Use of Antibiotics
This project will evaluate the need for and the effectiveness of the “Do Bugs Need Drugs?” program, which is a parent guide for non-English speaking communities. The parent guide focuses on three messages: the importance of hand washing; the fact that bacteria and viruses are different and that antibiotics do not work against viruses; and the fact that antibiotics should be used wisely. The project will assess the impact of the parent guide among Chinese speaking parents in Vancouver and Edmonton; determine the knowledge and awareness of Do Bugs Need Drugs?; review key messages compared with data from Alberta; and evaluate the effectiveness of the translated document.

Contact information: ccar@shaw.ca

Jim Wright, Managing Director, Therapeutics Initiative, University of British Columbia

Therapeutics Initiative
Summary unavailable

Stephanie Young BSc(Pharm) Pharm D, Clinical Pharmacy Specialist, Health Care Corporation of St. John’s

Pantoprazole Intravenous (IV) Drug Utilization Evaluation
The multidisciplinary Drug Utilization Evaluation (DUE) Committee of the Health Care Corporation of St. John’s (HCCSJ) was formalized in June 2003. DUE is defined as an authorized, structured, ongoing system for monitoring drug use through comparisons with specific standards and the initiation of appropriate actions when drug use patterns are inconsistent with these standards. The initial project was a DUE for intravenous (IV) pantoprazole, the only IV proton pump inhibitor (PPI) marketed in Canada. A literature review was completed on the therapeutic indications for IV pantoprazole. Based on the review, suggested guidelines for use in the HCCSJ were developed for adult patients, with input from the division of gastroenterology. Retrospective audits were completed and according to utilized guidelines, patients who potentially did not meet established criteria for use were identified. Action plans were developed by the DUE committee and approved by the Pharmacy and Therapeutics Committee to address identified concerns.

Contact information: stephanie.young@hccsj.nl.ca
Collaborative Care

Our goal in the collaborative care setting is to enhance the multidisciplinary team care approach to primary patient care. This is achieved by providing a choice of evidence-based treatment and following established guidelines, where possible. The team performs the following activities: case presentations; back-to-back appointments with the doctor, nurse practitioner and pharmacist or other team member; referrals from one team member to another (the team consists of doctors, nurse practitioners, nurses, dieticians, social workers, an occupational therapist and a pharmacist); medication chart reviews; patient-focused clinics; and education for patients to achieve optimal use and effects of medication.

Contact information: zwili@reg2.health.nb.ca