

# Canadian Academic Detailing Collaboration

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Dalhousie University CME

CCOHTA Invitational Symposium

April 3 – 4, 2006

Tuesday 1030-1200

Session 10



# Outline

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- # Definition
- # Development
- # Academic detailing programs
- # Projects
- # Next steps

# Definition

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- # One-on-one educational intervention provided to physicians in their office by a trained health care professional
- # Evidence-based
- # Information for clinical decision-making

# Canadian Academic Detailing Collaboration - Development

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- # British Columbia – 1993
- # Saskatchewan – 1997
- # Nova Scotia and Alberta – 2001
- # Facilitated poster session – 2002
- # Manitoba – 2003
- # University of Victoria School of Health Information Science – 2003
- # Links with CADTH/COMPUS





# Canadian Academic Detailing Collaboration – Programs

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## ■ **British Columbia**

- BC Community Drug Utilization Program
- 50-60 family physicians in North/West Vancouver

## ■ **Alberta**

- Drug Utilization Program of Alberta
- 100 rural physicians - David Thompson Health Region
- 150 urban physicians – Calgary Health Region

## ■ **Saskatchewan**

- Rx Files Academic Detailing Program
- 400 physicians and other HCPs in SK

# Canadian Academic Detailing Collaboration – Programs

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## # Manitoba

- Prescription Information Service of Manitoba
  - General practitioners – 1240
  - Pharmacists – 1450
- } newsletter

## # Nova Scotia

- Dalhousie CME Academic Detailing Service
- 350 physicians and other HCPs in Nova Scotia

# Canadian Academic Detailing Collaboration - Projects

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Process and Outcome Evaluation of  
Academic Detailing in 5 Provinces

Best Practices  
Contribution Program



# Canadian Academic Detailing Collaboration - Projects

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1. Evaluation of ADing in North/West Vancouver – **BC**
2. Effects of ADing on prescribing – **U Victoria**
3. Canadian and international experiences with ADing
4. Evaluate printed educational materials – **AB**
5. Time and motion study – **SK**
6. Outcomes evaluation (READ study) – **MB**
7. Physicians' perceptions of ADing – **NS**

# CADC Projects - British Columbia

Assessment of Academic Detailing in North/West Vancouver

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- # 80 physicians randomized to get ADing session on CHF or another drug topic
- # After 6 months arms crossed over
- # Preliminary BC Pharmacare data show changes in prescribing of heart failure medications in group receiving academic detailing

# CADC Projects- British Columbia

Assessment of Academic Detailing in North/West Vancouver

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- # Now analyzing the following BC databases to determine effect of ADing
  - Drugs (PharmaNet)
  - Physician billing (MSP)
  - Hospitalization (DAD)
- # Methods in upcoming Basic and Clinical Pharmacology and Toxicology
- # Will refine this method to assess academic detailing in other provinces

# CADC Projects- British Columbia

Assessment of Academic Detailing in North/West Vancouver

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Anne Nguyen

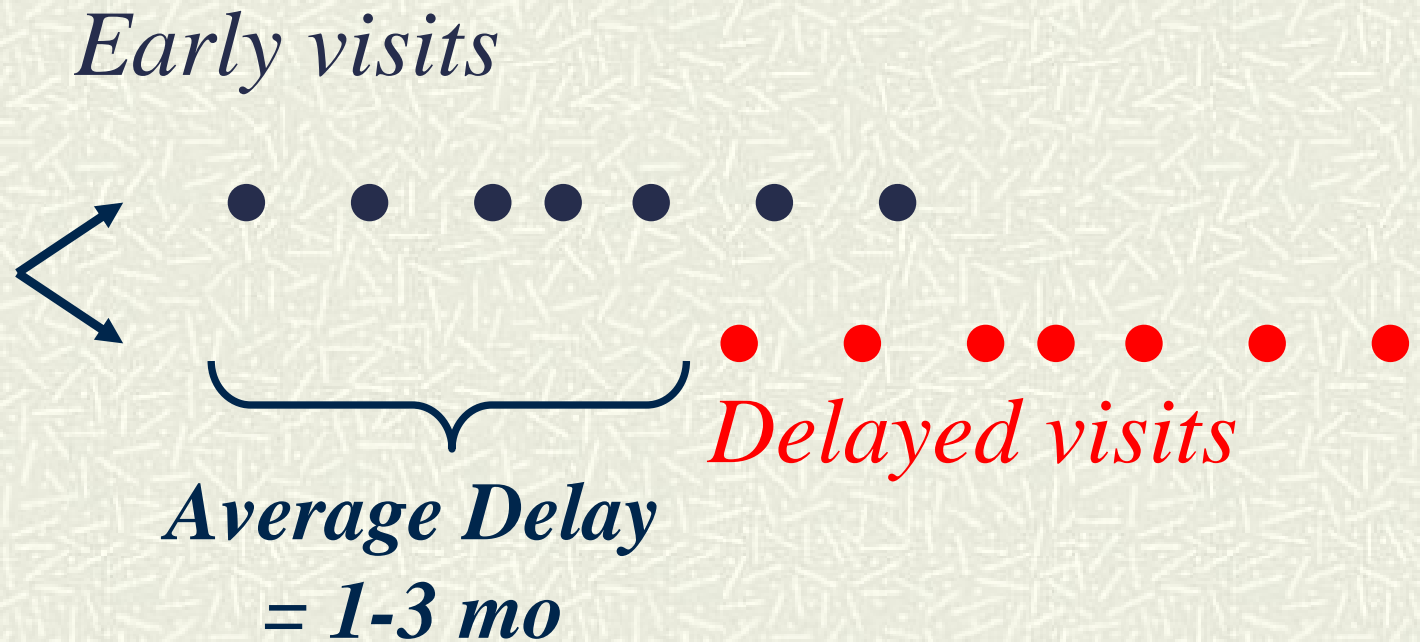
Anne.Nguyen@vch.ca



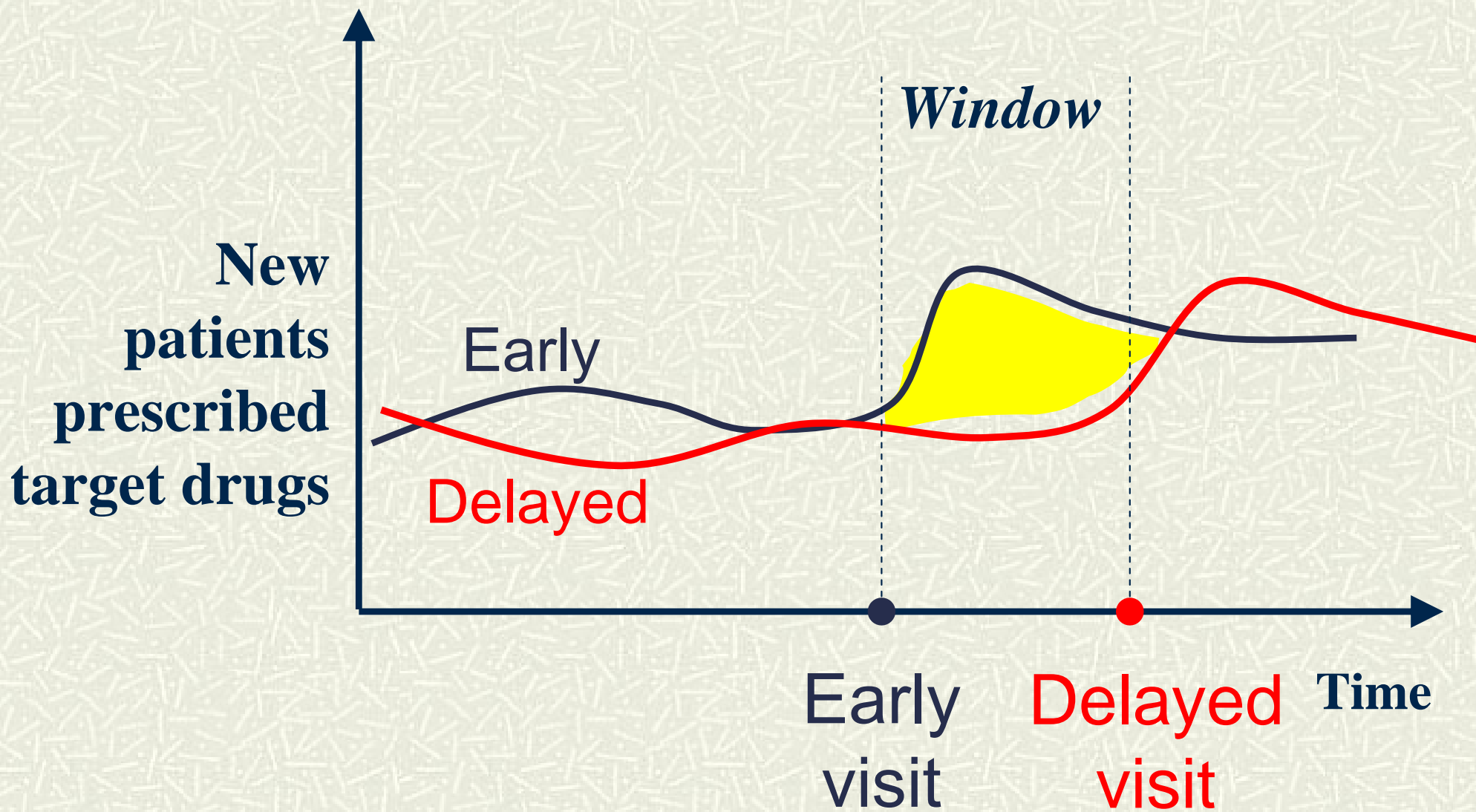
# CADC Projects - University Victoria

## Randomized delayed control trial

Randomize  
paired towns  
and practice  
addresses



**Immediate Impact:** Change in prescribing after visit to early physician, compared to matching delayed physician, prior to the delayed visit



# CADC Projects - University Victoria

## Randomized delayed control trial

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Malcolm Maclure

MalcolmMaclure@shaw.ca

# CADC Projects

Synthesis of academic detailing best practices

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- # 5 Canadian programs and 10 international programs interviewed
- # Best practices and innovative approaches to:
  - Selecting successful topics
  - Physician incentives to participate and be influenced by prescribing recommendations
  - Effective printed educational materials
  - Characteristics of a good academic detailer and a good visit
  - Complementary strategies
  - Evaluation methods



# CADC Projects

Synthesis of academic detailing best practices

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- # Programs similar goal to improve prescribing and medication use but differ in
  - Types of visits
  - Educational materials used
  - Complementary strategies.
- # Most AD activities are part of larger programs using a variety of initiatives and interventions
- # Programs refine activities based on
  - Program objectives
  - Preferences of their target audience
  - Health system, length of operation, and funding

# CADC Projects

Synthesis of academic detailing best practices

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Rosemary Bacovsky

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# CADC Projects – Alberta

## Evaluation of printed educational materials

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- # Collected PEMs from programs consulted during international synthesis
- # Developed classification for PEMs
  - Key messages – post card
  - Decision aid – one page summary
  - Decision oriented evidence – 2 to 5 pages
  - Original reports – reprints of papers, CPGs

# CADC Projects – Alberta

## Evaluation of printed educational materials

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- # Involved information design specialists  
– U of Alberta
- # Developed performance specifications for PEMs – used COPD material
- # Developed design criteria
- # Evaluated PEMs from each program and made suggestions.



# Contact Information



- # Harold Lopatka, Program Director
- # Email: [harold.lopatka@ualberta.ca](mailto:harold.lopatka@ualberta.ca)
- # Phone: 780-492-0110
- # Website: [www.uofaweb.ualberta.ca](http://www.uofaweb.ualberta.ca)
- # Address: Alberta Drug Utilization Program, University of Alberta, 305 Campus Tower, 8625 – 112 Street, Edmonton, AB, T6G 1K8

# CADC Projects - Saskatchewan

## Time and motion

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### # Data collection to include:

- Time for research & material preparation
- Time for academic detailing
  - Booking
  - Driving
  - Waiting
  - Discussing
- Type of visit (individual vs group)
- Kilometres travelled

# CADC Projects - Saskatchewan

## Time and motion

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### # Academic Detailing Visits

- Number of prescribers / visit: 1.2<sup>BC</sup> - 2.4<sup>SK</sup>
- Time discussing topic in MD office (minutes):
  - BC: 21; AB: 32; SK: 39; NS: 33
  - Individual sessions shorter: Ave 17min<sup>SK</sup>
- Time traveling:
  - 24-59 min depending on region covered e.g. rural
- Total time for visit: (includes booking visits, follow-up)
  - varied from 60-94 min/visit

# CADC Projects - Saskatchewan

## Time and motion

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- # Time for research & material preparation
  - 80 hrs – 975 hrs depending on topic and depth of analysis
- # Time for detailer training
  - Varied from 49-58 hrs/detailer/topic
- # Total Cost - depends on ...
  - Type/depth of topic; controversial issues, etc.
  - Number/type of detailers; geographical issues
  - Range: \$278-389/visit; \$115-316/prescriber



# CADC Projects - Saskatchewan

## Time and motion

Loren Regier

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[www.RxFiles.ca](http://www.RxFiles.ca)



# CADC Projects – Manitoba

## Outcome evaluation

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### # Rural Evaluation of Academic Detailing (READ) Study

- Objectives:

- Determine cost-effectiveness and effect on prescribing of academic detailing and printed education material

- Methodology:

- Cluster stratified RCT
- 60 GP from 20 clinics in 2 rural health auth.

# CADC Projects – Manitoba

## Outcome evaluation

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### # READ study (continued)

- Two-arm intervention 30 FPs per arm
  - Printed material + academic detailing on CHF
  - Printed material on separate topic - control
- Outcomes
  - Prescribing of beta-blockers in CHF
- Completed

# CADC Projects – Manitoba

## Outcome evaluation

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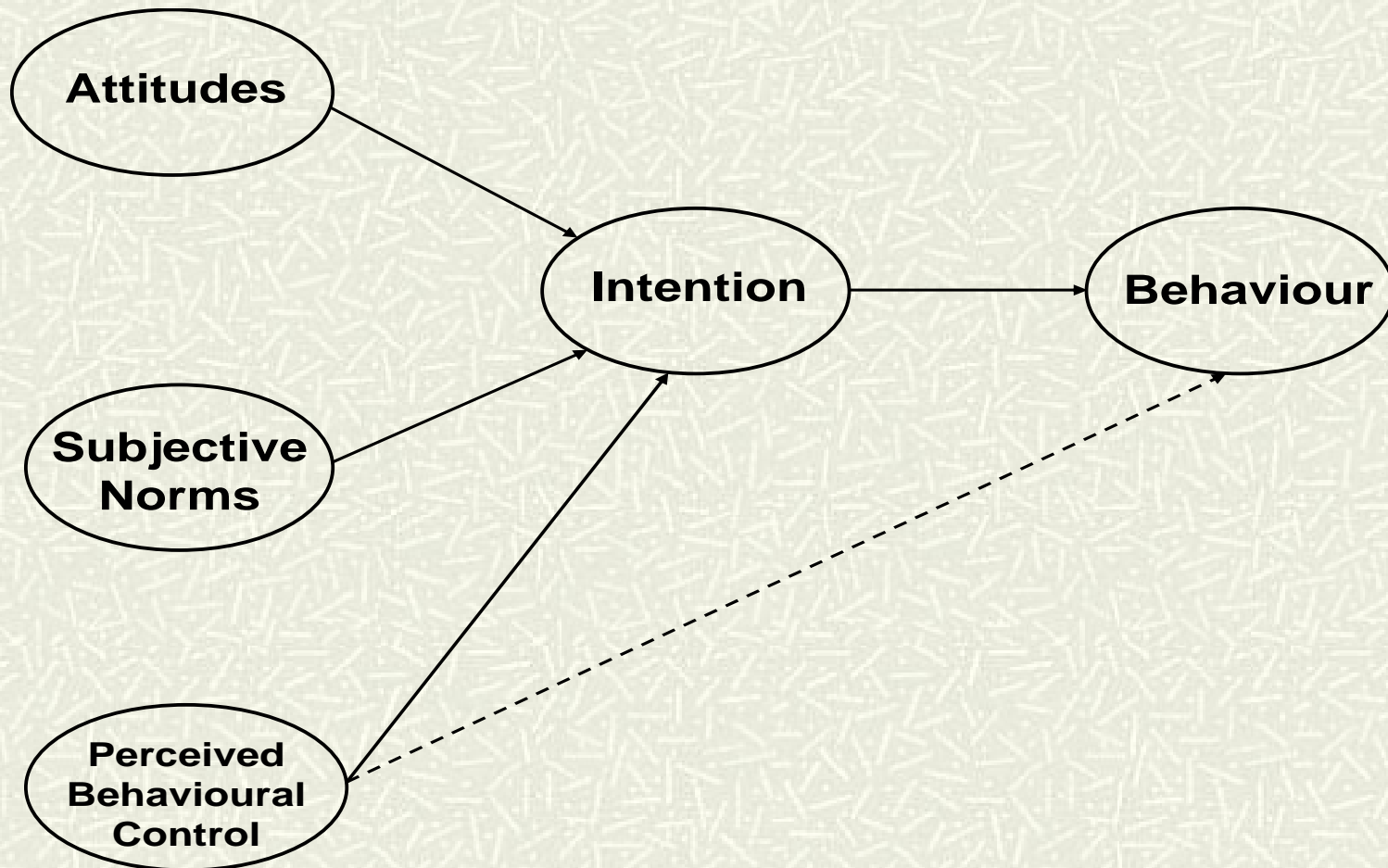
### # READ Questionnaire

- Based on Theory of Planned Behaviour
  - Beta-blocker use in CHF
  - Stopping benzodiazepines in patients on long-term therapy
  - Managing insomnia without prescribing benzodiazepines



# CADC Projects – Manitoba

## Outcome evaluation



# CADC Projects – Manitoba

## Outcome evaluation

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- # Questionnaire information used to adapt intervention materials to behavioural targets
  - Prescribing Beta-Blockers in CHF
    - **difficult** - provide detailed titration information and case studies to make prescribing easier
    - **risky** - safety issues addressed; prevention, monitoring and resolution of side effects

# CADC Projects – Manitoba

## Outcome evaluation

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READ Study

Shawn Bugden

[bugden@prisminfo.org](mailto:bugden@prisminfo.org)

# CADC Projects – Nova Scotia

## Physicians' perceptions of academic detailing

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Questionnaire and interviews with doctors who have and have not used academic detailing

#	Questionnaire	Mailed	Received	%
■	Not used	408	60	15
■	Have used	481	219	46
■	Total	879	288	33



# CADC Projects – Nova Scotia

## Physicians' perceptions of academic detailing

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### # **Encourage** use

- Evidence-based approach
- Topics useful to practice
- Useful handout material

### # **Discourage** use

- Spending office time doing CME
- Scheduling time to see detailer
- CME provided by non-MD

# CADC Projects – Nova Scotia

## Physicians' perceptions of academic detailing

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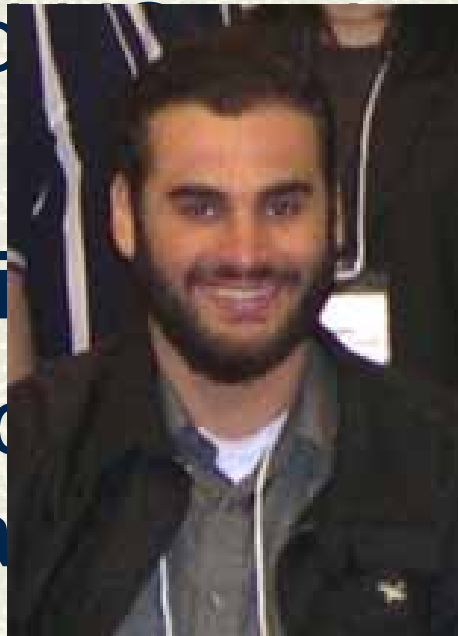
Michael Allen

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# CADC

## Collaboration on developing content

- # Canadian and international research on prevention of cardiovascular disease
- # Critical appraisal of clinical literature
- # Teleconferencing and voice over internet and a content sharing with Elluminate



Mowafa Househ - [mhouseh@uvic.ca](mailto:mhouseh@uvic.ca)

# CADC

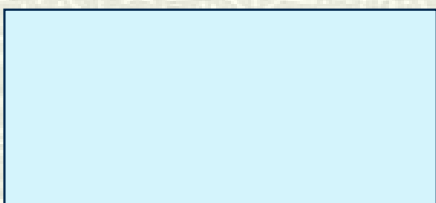
## Collaboration on developing content

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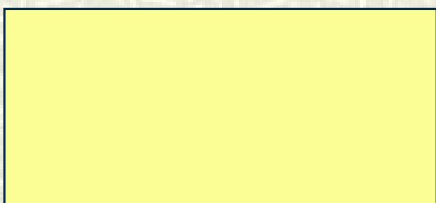
- # Each has taken responsibility for different aspects of the topic
  - Men
  - Women
  - Elderly
  - People with diabetes
- # Working on common messages and some common handout material



## Evidence for benefit



## Insufficient evidence



	Major cardiac events		All cause mortality	
Secondary	Drugs and trials	NNT for 5 years (95% CIs)	Drugs and trials	NNT for 5 years (95% CIs)
Men	Pravastatin <sub>LIPID, CARE*</sub> Simvastatin <sub>4S, HPS</sub>	27 (22-33)	Pravastatin <sub>LIPID*</sub> Simvastatin <sub>4S, HPS*</sub>	42 (33-60)
Women	Pravastatin <sub>CARE, LIPID**</sub> Simvastatin <sub>4S, HPS</sub>	33 (24-55)	Pravastatin <sub>LIPID</sub> Simvastatin <sub>4S</sub>	
Elderly	Pravastatin <sub>CARE, LIPID, PROSPER</sub> Simvastatin <sub>4S, HPS</sub>	26 (21-34)	Simvastatin <sub>4S</sub> Pravastatin <sub>CARE</sub>	19 (12-40)
Diabetes	Pravastatin <sub>LIPID**</sub> Simvastatin <sub>HPS 4S</sub>	26 (19-44)	Simvastatin <sub>4S</sub>	
Primary				
Men	Pravastatin <sub>WOSCOPS</sub> Lovastatin <sub>AFCAPS/TexCAPS*</sub> Atorvastatin <sub>ASCOT-LLA</sub>	45 (35-64)	Pravastatin <sub>WOSCOPS</sub> Lovastatin <sub>AFCAPS/TexCAPS</sub> Atorvastatin <sub>ASCOT-LLA</sub>	
Women	Lovastatin <sub>AFCAPS/TexCAPS</sub> Atorvastatin <sub>ASCOT</sub>		Lovastatin <sub>AFCAPS/TexCAPS</sub>	
Elderly	Pravastatin <sub>PROSPER</sub>		Pravastatin <sub>PROSPER</sub>	
Diabetes	Atorvastatin <sub>CARDS ASCOT-LLA**</sub>	74 (40-483)	Atorvastatin <sub>CARDS</sub>	

# Collaboration on Academic Detailing

## Process evaluation of the CADC

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- # Interviews with participants
- # Successes - the level of cooperation and implementation of several evaluation projects
- # Challenges - how to collaborate efficiently, how to reconcile local and national priorities
- # Benefits of collaboration expected to grow over time. Requires effort and resources.\
- # Developing partnership with COMPUS is a key priority.

# Collaboration on Academic Detailing

## Process evaluation of the CADC

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### **Activities**

Regular communication

Education and training

Advocacy

Partnering

Research and evaluation

### **Outcomes**

Quality improvement

Proposal developed

Expected to follow from report and partnering

Growing partnership with COMPUS, e.g., toolkit

Insights/ capacity-building from 2-yr program

# Collaboration on Academic Detailing

## Process evaluation of the CADC

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# Next steps

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- # Life without Alberta
- # Review all projects
- # Determine relevance for our programs
- # Develop strategic plan
- # Continue to build relationship with COMPUS/CADTH