Canadian Academic Detailing Collaboration

Michael Allen MD
Dalhousie University CME
CCOHTA Invitational Symposium
April 3 – 4, 2006
Tuesday 1030-1200
Session 10
Outline

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

- 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

- 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

- **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

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

**Nova Scotia**
- Dalhousie CME Academic Detailing Service
- 350 physicians and other HCPs in Nova Scotia
Canadian Academic Detailing Collaboration - Projects

Process and Outcome Evaluation of Academic Detailing in 5 Provinces

Best Practices Contribution Program
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
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
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

Anne Nguyen
Anne.Nguyen@vch.ca
CADC Projects - University Victoria
Randomized delayed control trial

**Early visits**

Randomize paired towns and practice addresses

**Delayed visits**

Average Delay = 1-3 mo
Immediate Impact: Change in prescribing after visit to early physician, compared to matching delayed physician, prior to the delayed visit.

Graph showing the change in prescribing over time between early and delayed visits.
CADC Projects - University Victoria
Randomized delayed control trial

Malcolm Maclure
MalcolmMaclure@shaw.ca
CADC Projects
Synthesis of academic detailing best practices

- 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

- 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

Rosemary Bacovsky
bacovsky@telusplanet.net
CADC Projects – Alberta
Evaluation of printed educational materials

- 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

- 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
- Phone: 780-492-0110
- Website: www.uofaweb.ualberta.ca
- Address: Alberta Drug Utilization Program, University of Alberta, 305 Campus Tower, 8625 – 112 Street, Edmonton, AB, T6G 1K8
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

- **Academic Detailing Visits**
  - Number of prescribers / visit: $1.2^{BC} - 2.4^{SK}$
  - Time discussing topic in MD office (minutes):
    - BC: 21; AB: 32; SK: 39; NS: 33
    - Individual sessions shorter: Ave 17min $^{SK}$
  - 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

- **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
CADC Projects – Manitoba
Outcome evaluation

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.
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

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

- Attitudes
- Subjective Norms
- Perceived Behavioural Control

Intention

Behaviour
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

READ Study

Shawn Bugden
bugden@prisminfo.org
CADC Projects – Nova Scotia
Physicians’ perceptions of academic detailing

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

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Mailed</th>
<th>Received</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not used</td>
<td>408</td>
<td>60</td>
<td>15</td>
</tr>
<tr>
<td>Have used</td>
<td>481</td>
<td>219</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td>879</td>
<td>288</td>
<td>33</td>
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</tbody>
</table>
CADC Projects – Nova Scotia
Physicians’ perceptions of academic detailing

- **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

Michael Allen
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CADC
Collaboration on developing content

- Canadian and US updates on prevention of cardiovascular disease
- Critical appraisal of original literature
- Teleconferences using voice over internet and document sharing with Elluminate

Mowafa Househ - mhouseh@uvic.ca
CADC
Collaboration on developing content

- 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
<table>
<thead>
<tr>
<th>Evidence for benefit</th>
<th>Major cardiac events</th>
<th>All cause mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secondary</strong></td>
<td>Drugs and trials</td>
<td>NNT for 5 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(95% CIs)</td>
</tr>
<tr>
<td>Men</td>
<td>Pravastatin\textsubscript{LIPID, CARE}*, Simvastatin\textsubscript{4S, HPS}</td>
<td>27 (22-33)</td>
</tr>
<tr>
<td>Women</td>
<td>Pravastatin\textsubscript{CARE, LIPID}**, Simvastatin\textsubscript{4S, HPS}</td>
<td>33 (24-55)</td>
</tr>
<tr>
<td>Elderly</td>
<td>Pravastatin\textsubscript{CARE, LIPID, PROSPER}, Simvastatin\textsubscript{4S, HPS}</td>
<td>26 (21-34)</td>
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<tr>
<td>Diabetes</td>
<td>Pravastatin\textsubscript{LIPID}**, Simvastatin\textsubscript{HPS 4S}</td>
<td>26 (19-44)</td>
</tr>
<tr>
<td><strong>Primary</strong></td>
<td></td>
<td>Pravastatin\textsubscript{LIPID***}, Simvastatin\textsubscript{4S, HPS***}</td>
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<tr>
<td>Men</td>
<td>Pravastatin\textsubscript{WOSCOPS}, Lovastatin\textsubscript{AFCAPS/TexCAPS}, Atorvastatin\textsubscript{ASCOT-LLA}</td>
<td>45 (35-64)</td>
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<td>Women</td>
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<td>Lovastatin\textsubscript{AFCAPS/TexCAPS}</td>
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<td>Pravastatin\textsubscript{PROSPER}</td>
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<tr>
<td>Diabetes</td>
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<td>74 (40-483)</td>
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<tr>
<td></td>
<td></td>
<td>Atorvastatin\textsubscript{CARDS}</td>
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Collaboration on Academic Detailing
Process evaluation of the CADC

- 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

<table>
<thead>
<tr>
<th>Activities</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Regular communication</td>
<td>Quality improvement</td>
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<tr>
<td>Education and training</td>
<td>Proposal developed</td>
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<tr>
<td>Advocacy</td>
<td>Expected to follow from report and partnering</td>
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<tr>
<td>Partnering</td>
<td>Growing partnership with COMPUS, e.g., toolkit</td>
</tr>
<tr>
<td>Research and evaluation</td>
<td>Insights/ capacity-building from 2-yr program</td>
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Collaboration on Academic Detailing
Process evaluation of the CADC

Richard Morrow
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Next steps

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