

**Canadian Academic
Detailing Collaboration**

Bringing Evidence to Practice



**Collaboration Canadienne
des Visites Académiques**

De la recherche à la pratique clinique

The Canadian Academic Detailing Collaboration: A success story

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Disclosures

- No conflict of interest
 - Employed by British Columbia (BC) Ministry of Health
 - Coordinator of BC Provincial Academic Detailing (PAD) Service
 - Former academic detailer
 - Member of Canadian Academic Detailing Collaboration (CADAC)
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Acknowledgements

- Original CADAC members
 - Michael Allen, Shawn Bugden, Isobel Fleming, Harold Lopatka, Kyle McNair, Anne Nguyen, Sandra Reese, Loren Regier
- Current CADAC members
 - Isobel Fleming, Margaret Jin, Bronwen Jones, Terryn Naumann, Loren Regier, Cecil Zenuk
- Other collaborators
 - Canadian Agency for Drugs and Health technology (CADTH)
 - Ontario Centre for Effective Practice

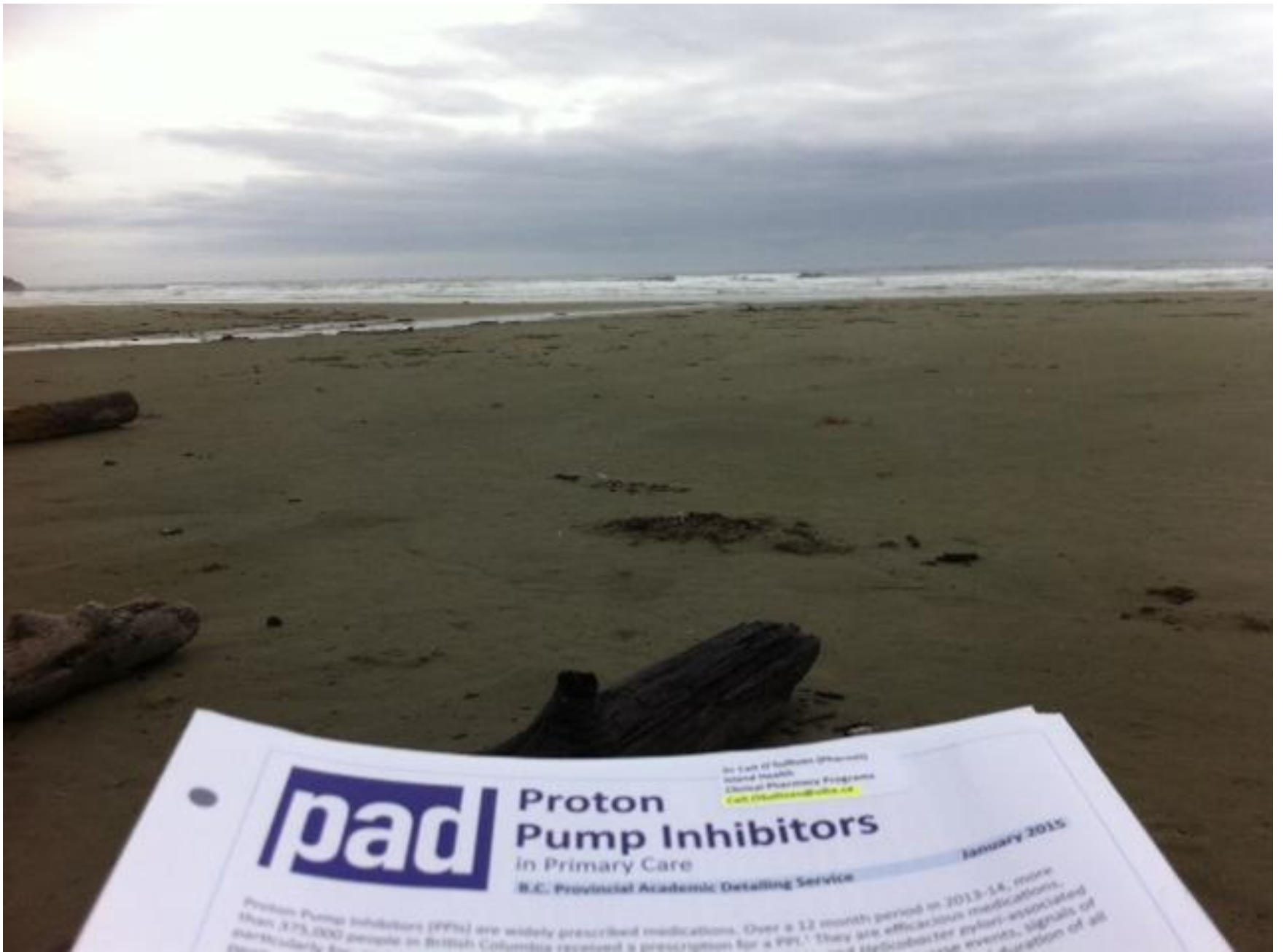


Overview

- Brief history of academic detailing in Canada
- Canadian Academic Detailing Collaboration
 - How it began and how it evolved
 - Collaborative activities
 - What keeps it going?
- Lessons learned

Once upon a time...





pad

Proton Pump Inhibitors in Primary Care

B.C. Provincial Academic Detailing Service

In Coll of Health (Pharmacy)
Clinical Health
Clinical Pharmacy Programs
Call: 250.604.0000 ext. 44

January 2015

Proton Pump Inhibitors (PPIs) are widely prescribed medications. Over a 12 month period in 2013-14, more than 3.75,000 people in British Columbia received a prescription for a PPI. They are efficacious medications, particularly for the treatment of gastroesophageal reflux disease (GERD) and peptic ulcer disease. However, PPIs are associated with several adverse events, including Clostridium difficile infection, bone fractures, and hypomagnesemia. The purpose of this presentation is to provide an overview of the current evidence regarding the safety and efficacy of PPIs in primary care.

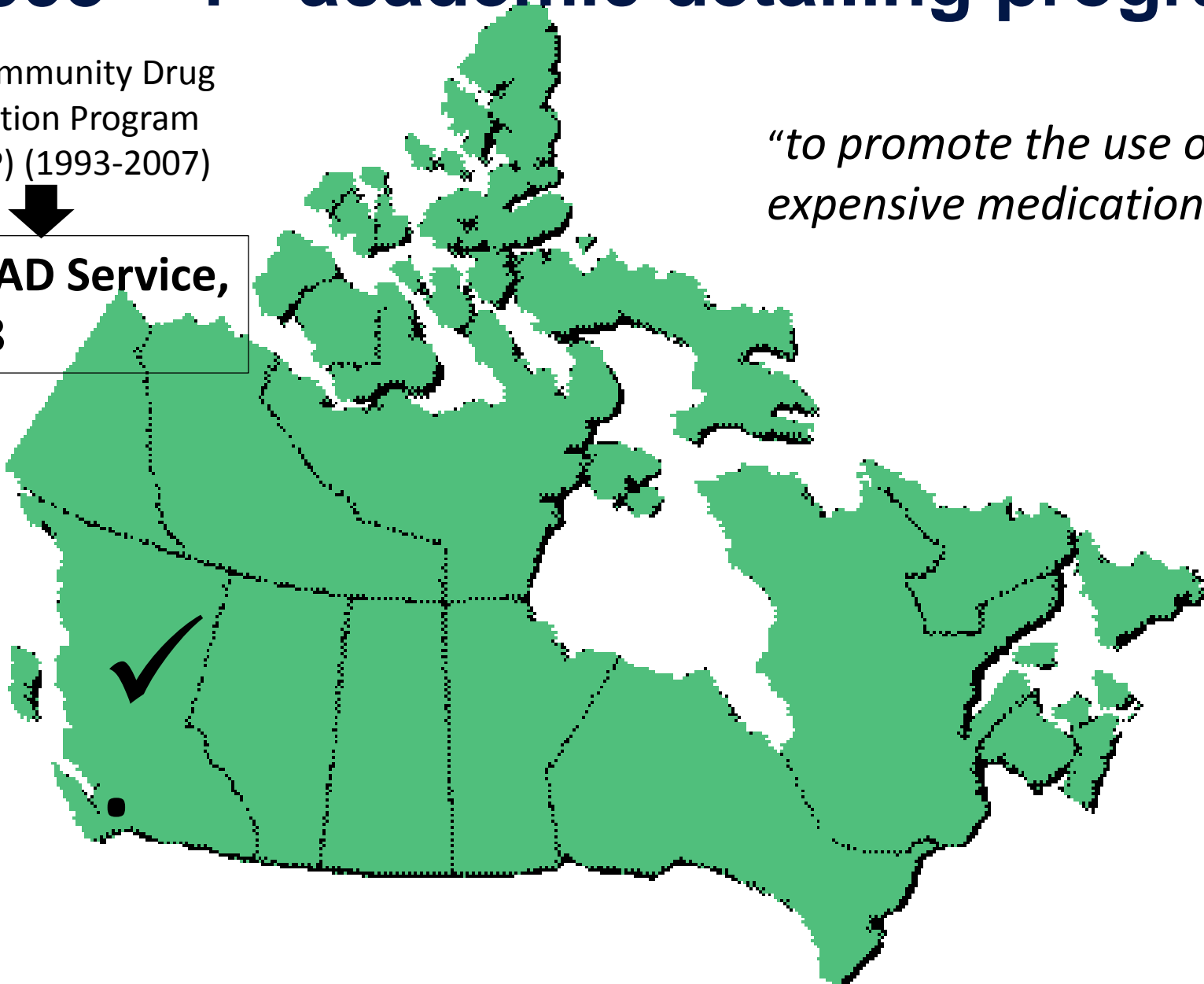
1993 – 1st academic detailing program

BC Community Drug
Utilization Program
(CDUP) (1993-2007)



**BC PAD Service,
2008**

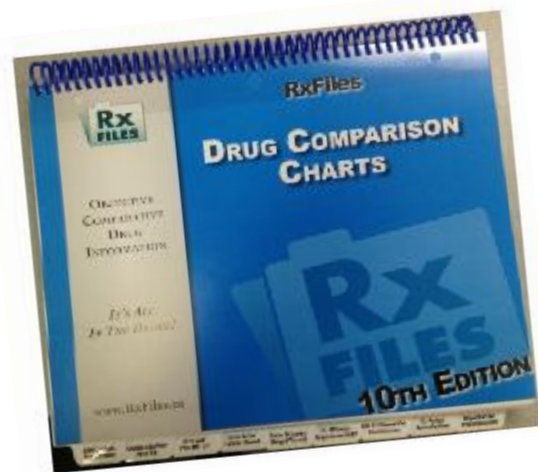
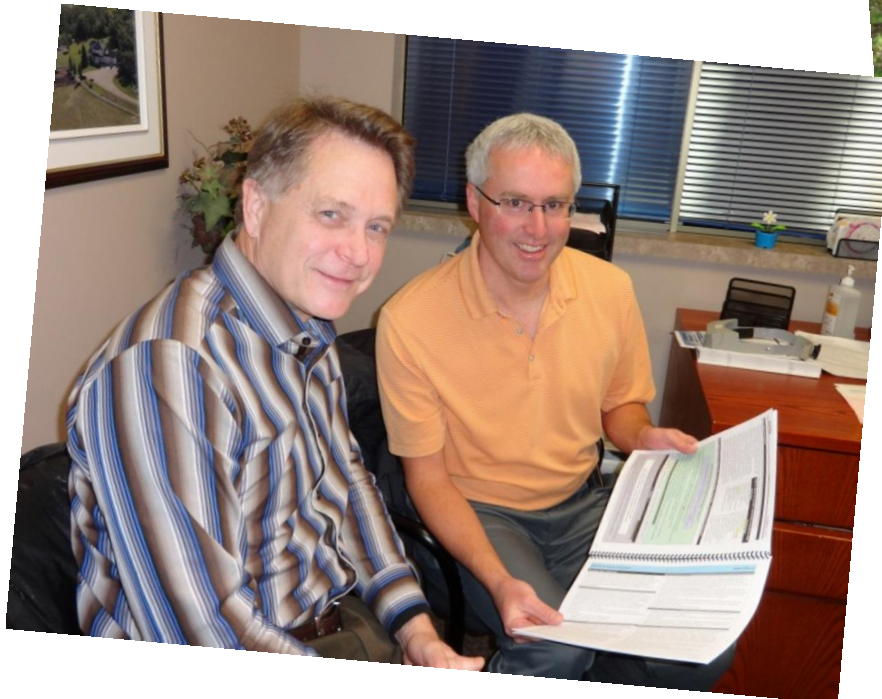
*“to promote the use of less
expensive medications”*





1997 – Saskatoon, Saskatchewan

- 1 year pilot
→ 3 years



2001 – ADS in Nova Scotia

- Province-wide
- 1.8 FTEs

**Dalhousie
Academic
Detailing
Service
(ADS)**

pad



More growth...

- Calgary, Alberta (ADUP)
- Winnipeg, Manitoba (PrISM)

pad





AD Landscape in 2003

- 5 smallish programs
 - British Columbia (BC), Alberta, Saskatchewan, Manitoba, Nova Scotia
- each program independently providing academic detailing services primarily to family physicians in their province (or region);



How did the CADAC begin?

- Grew from a need to share experiences and ideas with other people who really understood what each was trying to achieve with academic detailing
 - No formal directive
 - No external funding
-



In the beginning...

- Informal discussions
- Meeting at conferences
- Ottawa, October 2003...

“Canadian Academic Detailing Collaboration”

- Communication
 - Monthly meetings
 - Web conferencing



Early initiatives

- Research
 - Determination of physician needs
 - Printed educational guideline
 - Techniques to quantitatively determine prescribing changes
- *“Show Me The Evidence: Best practices for using educational visits to promote evidence-based prescribing” (Report, 2006)*



Early initiatives

- Poster presentations
 - Canadian Medical Educator's Conference (2004)
 - Facilitated poster session
 - CHSPR (Feb 2006)
 - *Evaluation of the Canadian Academic Detailing Collaboration*
 - *Best Practices and Innovative Approaches to Academic Detailing: A Synthesis of Canadian and International Experiences*
 - Canadian Therapeutics Congress (May 2006)
 - *Process and Outcome Evaluation of Academic Detailing in Five Canadian Provinces*
 - *Show Me the Evidence: Best practices for using educational visits to promote evidence-based prescribing*



- 2008-2011
- Canadian Institutes for Health Research (CIHR) funded
- Goal:
 - to determine impact of existing programs on physicians' prescribing
- Six project sites
- Quantitative: pre/post prescribing
- Qualitative: interviews with GPs who receive visits to inform quantitative analysis

“Impact of Canadian Academic Detailing Programs on Prescribing of Medications for Osteoporosis”

“Impact of Canadian Academic Detailing Programs on Prescribing of Bisphosphonates and Antibiotics”

“A qualitative study of physicians' changes in prescribing following an academic detailing visit”



More collaboration

Joint projects with COMPUS (CADTH) and PrISM (2006)

– PPIs

- systematic review, newsletter, quick reference guide, interactive presentations

– Academic detailing resource document

– Development of Vision, Mission and Values



Vision

- A collaborative, supportive environment for academic detailing





Mission

- To promote the development and visibility of academic detailing in Canada
 - To collaborate in developing and disseminating evidence-informed interventions to optimize practice
 - To facilitate evaluation of academic detailing and research its impact on health outcomes in Canada
-



Values

Values	As shown by
Evidence informed	Providing balanced information to support decision making
Clinically relevant	Integrating clinical expertise and evidence
Independent	Minimizing influence from external sources
Service oriented	Addressing individual practitioners' learning needs



Other collaborative activities

- Publications

- Jin et al. A brief overview of academic detailing in Canada: Another role for pharmacists. *Can Pharm J (Ott)*. 2012 May; 145(3): 142–146.e2

- Print materials

- Academic Detailer Code of Conduct





Academic Detailer Code of Conduct

“This *Code of Conduct* recognizes the need for a commitment to excellence in the delivering of academic detailing as a professional service. Through such service, valued and effective relationships are built, and evidence informed, patient-oriented therapeutic decision making is enhanced. “



Code of Conduct

- Be prepared to provide accurate, informative, practical and balanced information
- Be responsible, reliable and respectful of time and commitments
- Seek first to understand and empathize
- Be respectful of differences of opinion and hold them in good faith and confidence
- Be attentive and responsive
- Follow up as necessary in a timely manner
- Remember to be thankful and express it
- Always maintain confidentiality and respect the privacy of physicians, patients and staff
- Remember, you are a guest of the person(s) you are visiting



Other collaborative activities

- Academic Detailing Training Workshop
 - Basic and Advanced
 - U Western Ontario project (specialists)
- Topic Upskilling
 - Opioids
 - Oral anticoagulants





Program differences

- Funding
- Administration
 - Government, academic
- Geography
- Materials



Materials

COPD NEW DRUGS, NEW DEVICES AND CONSIDERATIONS FOR BEST PRACTICE

September 2015

- INSIDE**
- Pg 2: COPD Overview - a birds eye view
 - Pg 3: COPD Pharmacotherapy - sorting out all the medication options
 - Pg 4: Asthma & COPD Inhalation Devices Chart - assessing the pros & cons when individualizing inhaled choice
 - Pg 5: COPD Inhaled Technique - an illustrated guide
 - Pg 6-12: Geri-RxFiles - a review of the treatment of COPD as it relates to older adults (excerpted from upcoming 2nd Edition)

RESOURCES & LINKS

- (may follow links via the PDF posted online at www.RxFiles.ca)
- Canadian 2007 guidelines for family physicians
 - SCRS 2014 guidelines for CHEST 2014 guidelines for prescription of ACCORD pulmonary rehab programs in Saskatchewan
 - COPD action plan templates
 - Link to SR Lung Association for
 - Inhaler Education Videos
 - COPD Educator List

COMING THIS NOVEMBER

Geri-RxFiles 2nd Edition

There are lots of developments on the landscape of chronic obstructive pulmonary disease (COPD) management. This Rxfiles release contains a variety of information that we hope will assist you in navigating new treatment options and looking for ways to optimize clinical endpoints.



Highlights for COPD Management

- 1) Encourage smoking cessation
- 2) Ensure patient has the recommended vaccinations (influenza & pneumococcal)
- 3) Refer for pulmonary rehabilitation whenever possible, especially after a recent exacerbation
- 4) Assess for proper inhaled technique and/or refer to a pharmacist or a respiratory educator
- 5) Choose a device that is best suited for the patient
- 6) Consider the role of an action plan
- 7) Reserve inhaled corticosteroids for those who present with frequent exacerbations or poor control with LAMA + LABA

FREQUENT EXACERBATIONS

Dear COPD Action Plan

In one recent study, 50% of patients missed their inhaler device! Always check to just being right!



pad Proton Pump Inhibitors in Primary Care

Proton Pump Inhibitors (PPIs) are widely prescribed medications. Over a 12-month period in 2013-14, more than 37,000 people in British Columbia received a prescription for a PPI. There are efficacious medications, particularly the gastroprotection related disease (GERD), reflux esophagitis, and Helicobacter pylori eradication, but the potential for adverse effects and other drug interactions is increasing. It is prudent to clarify the therapeutic intent and duration of all PPI prescriptions.

ADDITIONAL SECTION: Proton Pump Inhibitors, aims to offer clinicians an opportunity to discuss the PPI educational section. Proton Pump Inhibitors are adequately studied for patient centered outcomes?

Clarify the therapeutic intent of PPI therapy

- Which primary care PPI indications are adequately studied for patient centered outcomes?
- What evidence is there for evidence based treatment "bundles" of PPI therapy?
- Are there any more efficacious drugs available?
- Are higher doses of PPI more efficacious than "standard" doses?
- When are patients with GERD and other esophageal symptoms likely to respond to PPI therapy?

Give attention to the cost of PPI therapy

Therapeutic review for risk/benefit ratio. High quality evidence of clinically important differences in outcomes. PPIs are large differences in cost.

Make a decision early and often for the opportunity to stop

Optimization of care daily, high doses of PPIs may not be necessary for long-term maintenance in GERD and other esophageal symptoms. It is important to make a decision regarding the duration of treatment (i.e., 4 to 8 weeks of PPI therapy).

When to consider PPI therapy

When to consider PPI therapy for common primary care indications. PPI Drug Interactions. PPI Reassessment and Tapering.

Check for Proper Inhaler Use

In one recent study, 50% of patients missed their inhaler device! Always check to just being right!

Which Device?

Dear COPD Action Plan

- 1) Inhaler device
- 2) Inhaler device
- 3) Inhaler device

Proton Pump Inhibitor	Rabeprazole (Pariet [®] , generics) ¹	Pantoprazole (Protonix [®] , Tecta [®] , Pantoloc [®])	Omeprazole (Losec [®] , generics) ²	Lansoprazole (Prevacid [®])	Esomeprazole (Nexium [®] , generics) ³	Dexlanoprazole (Dexlansoprazole)
Standard Dose ^{1,2,3,4}	20 mg once a day	40 mg once a day	20 mg once a day	30 mg once a day	40 mg once a day	30 mg once a day
Oral Dosage Forms	Tablet, 20 mg	Tablet, 40 mg	Tablet: 10 mg, 20 mg Capsule: 10 mg, 20 mg	Tablet, 30 mg	Tablet, 40 mg Capsule, 40 mg	Tablet: 30 mg, 60 mg
Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes
Dose Adjustment	No dose adjustment recommended	No dose adjustment recommended	No dose adjustment recommended	No dose adjustment recommended	No dose adjustment recommended	No dose adjustment recommended
Maximum dose	20 mg per day	40 mg per day	20 mg per day	30 mg per day	40 mg per day	30 mg per day
Cost (per 30-day supply)	\$34.69 (10 mg)	\$12.45 (40 mg)	limited	limited	limited	limited

Proton Pump Inhibitors (PPIs): Drug Information

If a PPI has been prescribed for you, please read this information carefully as it may affect your health.

There is no consensus on how to taper PPIs. The tapering recommendations vary a great deal. Some recommendations vary a great deal. Some recommendations vary a great deal.

Decreasing tapering recommendations include:

- tapering the PPI dose by 50% at 1 to 2 weeks at the start of the taper
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Examples:

- Rabeprazole 20 mg once a day → reduce to 10 mg once a day for 2 weeks
- Pantoprazole 40 mg once a day → reduce to 20 mg once a day for 2 weeks
- Esomeprazole 40 mg once a day → reduce to 20 mg once a day for 2 weeks

Intermittent PPI therapy may be considered for patients with GERD and other esophageal symptoms.

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Contraception Pearls for Practice



Academic Detailing Service



1. Bazzani L, Gervasi M, Serrhini F, et al. Evaluation of the use of proton pump inhibitors with chronic obstructive pulmonary disease. Can Respir J. 2013; 2013:1033-1038.



What keeps it going?

- Common goals:
 - “Bring evidence into practice”
 - Provide best possible information to clinicians





How it keeps going...

- Regular meetings (via teleconference)
- Individual commitment
- Ongoing support
- Willingness to share materials
- Respect for each other's work
- Not labour intensive



What it does not have...

- Formal governance structure
- Mandate, or specific expectations
- Funding...



Newcomers and new ideas

Hamilton Family Health Team (2008)

- Merged role of integrated primary care pharmacists with the role of academic detailer
- 6.1 FTE (5% of their time)
- No formal budget
- 70 family physicians





Lessons learned

- Talk
- Share
- Start small
- Embrace differences
 - *“Diversity generates ideas”*
- Nothing is as simple as it seems at first



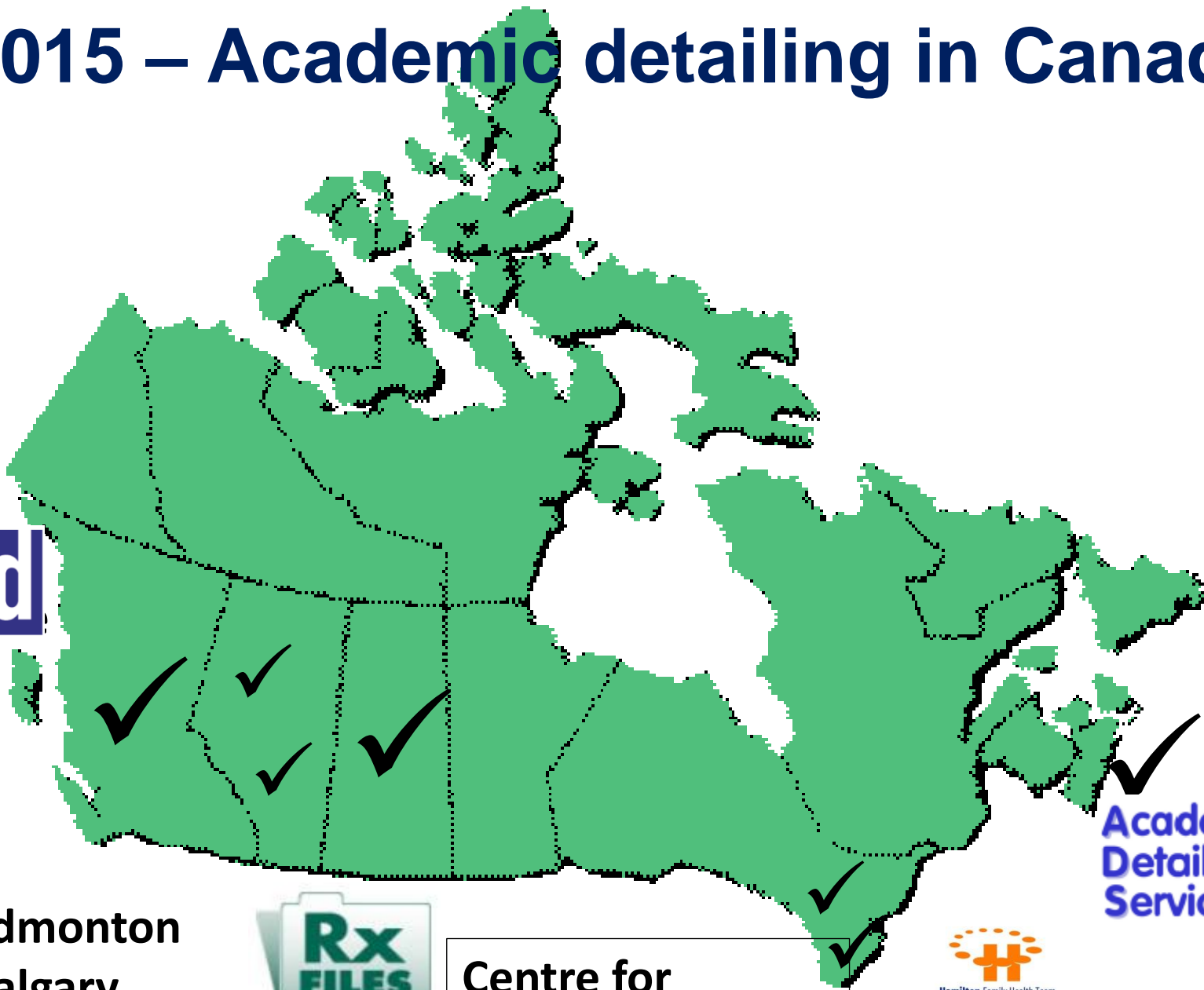


Newest CADAC chapter

Centre for Effective Practice Academic Detailing Team



2015 – Academic detailing in Canada



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Edmonton
Calgary



Centre for
Effective Practice



Academic
Detailing
Service



Thank you!

Merci!

**Canadian Academic
Detailing Collaboration**

Bringing Evidence to Practice



**Collaboration Canadienne
des Visites Académiques**

De la recherche à la pratique clinique