ACADEMIC DETAILING

ONTARIO FHT PHARMACIST NETWORKING DAY

NOVEMBER 10, 2009
BACKGROUND

- Academic detailing (AD) defined as:
  - Process of outreach in which physicians are visited by a knowledgeable health professional to discuss issues of drug use and (often) overuse

- AD most often delivered by a trained pharmacist
BACKGROUND

- Widespread implementation of AD approach
  - Australia, Britain, United States, and
  - British Columbia, Manitoba, Saskatchewan, Alberta, and Nova Scotia

- Canadian Academic Detailing Collaboration recently released a report on AD Best Practices in Canada
AD LITERATURE

- Majority of RCTs have targeted physician prescribing practices
  - Improvements observed in physician prescribing of:
    - Antibiotics
    - Benzodiazepines
    - NSAIDs

- AD also targeted behaviours related to provision of preventive services or general management of conditions commonly seen in general practice
  - Diabetes, osteoporosis, smoking cessation, or cancer screening
AD LITERATURE

- Overview of 41 systematic reviews of interventions to change provider behaviour showed:
  - Passive approaches unlikely to effect changes in physician behaviour
  - AD considered to be a promising approach, even when delivered as a single intervention
AD LITERATURE

- AD found to be mainly effective and among one of more highly rated interventions for changing physician prescribing practices
  - Improvements ranging from 1-2% to 24-45% (Sketris et al)
- Systematic review showed overall, modest improvement of only 6% (Grimshaw et al)
- Concluded AD results in small and consistent improvements
- Opportunity to obtain greater benefits than observed when using conventional AD
LIMITATIONS OF AD

- A relationship takes time to develop between the physician and academic detailer as their interactions are infrequent
- The material is ‘generic’
  - Not applied to specific patients within the practice (as detailers are typically outside the circle of patient care)
PERSONALIZED AD

Unlike “conventional” AD also includes:

1. Individualized educational component of detailing material
2. Performed by a trained detailer who is also part of the local practice team
PERSONALIZED AD PILOT PROGRAM – SMOKING CESSION

- Personalized AD (PAD)
  - Merge the role of pharmacist (PHM) in primary care and the academic detailer

- Objective:
  - To describe the results of a smoking cessation PAD program provided to clinicians using a pharmacist integrated in the same office
METHODS

- **Design:** Descriptive study
- **Setting:** Primary care setting
- **Participants:**
  - Family Health Team pharmacists (PHMs)
  - Family physicians (MDs)
  - Nurse practitioners (NPs)
  - Patients (pts)
INTERVENTION

- Detailing session by PHM
  - One-on-one / small group

- Smoking Cessation (SC) Handout
  1. Refer pts to PHM for smoking cessation counseling
  2. Caution use of varenicline
  3. Combination therapy
  4. Nicotine inhalers/lozenges available
  5. Nortriptyline can be used for smoking cessation
OUTCOME MEASURES

- Number of new patient referrals by healthcare providers to the PHM for SC within 6-month follow-up period

- Number of healthcare providers detailed within
  - 3 months
  - 6 months
RESULTS

- At 3 months:
  - 8 PHMs (5.8 FTE) detailed:
    - 44 of 57 (77.2%) MDs
    - 8 of 11 (72.7%) NPs

- At 6 months:
  - 8 PHMs (5.8 FTE) detailed:
    - 50 of 57 (87.7%) MDs
    - 11 of 11 (100%) NPs
  - 193 pts referred to all PHMs (min-max, 0-77)
  - 196 pts referred to PHMs and NPs
SUMMARY

- Personalized Academic Detailing was able to generate more patient referrals for smoking cessation counseling
DISCUSSION TOPICS

- Choosing topics
- Rolling out AD across FHTs
- The AD model in FHTs
- Challenges, facilitators