



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 CESSATION

- 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

