Patient-specific academic detailing for smoking cessation

Dr. Margaret Jin, BScPhm, PharmD, MSc

Academic Detailing Coordinator

Hamilton Family Health Team

Disclosure Statement

- Conflict of interest: None

- No relevant financial/nonfinancial relationships

What is a Family Health Team?

- An approach to primary health care that brings together different health care providers to co-ordinate the highest possible quality of care for the patient
- Designed to give family physicians support from other complementary professionals
- The team concept permits the focus of family medicine to shift from acute care to prevention and the management of chronic disease

When did the HFHT begin?

- The Hamilton Family Health Team (HFHT), non-profit corporation - 2006.

- Building a Comprehensive Care Team
  - Family Physicians, Psychiatrists
  - Mental Health Counselors (MHCs)
  - Nurse Practitioners (NPs), Nurses
  - Registered Dietitians (RDs)
  - Pharmacists (PHMs)
  - Physiotherapists (PTs)
  - Practice Administrators, facilitators, QI team

10 years ago…(2007)

- Pharmacists integrated into family physicians' offices (10-12 FPs : 1 PHM)
  - What do the pharmacists do?
- Pilot Project
- Objective:
  - To describe and determine the feasibility of a smoking cessation patient-specific academic detailing (PAD) program

What is PAD?

Conventional Academic Detailing	Patient-Specific Academic Detailing (PAD)
Academic Detailer does not work directly with the clinician	Pharmacist works with the healthcare team
1-2 visits per year	PHM work in the office at least once weekly. Professional relationship is more readily established
Academic Detailer provides evidence-based information that is generic, not patient specific	Evidence provided can be patient specific or generic. Pharmacist has access to patient's medical record.
Answer Drug Information (DI) questions	Answer Drug Information (DI) questions & link to patient record
	Clinicians can refer pts to PHMs

PAD is a new concept, has theoretical advantages, but not formally evaluated

Main Research Question

- Is Patient-Specific Academic Detailing (PAD) by primary care pharmacists (PHMs) to clinicians feasible with respect to:

Type of Outcome	Main Outcomes
Management	Time for the PAD coordinator to train the PHMs
Resources	Average time for PHMs to be trained in smoking cessation (SC) detailing (upskilling)
	Average time for a PAD session
Process	# and % of clinicians detailed within 3 and 6 months
Scientific	# of new patient referrals by the clinician for SC counseling at 3 and 6 months after the PAD session

Methods

- Design
  - Descriptive cohort feasibility study
- Setting
  - Primary Care Setting
- Participants
  - Family Health Team pharmacists, physicians, nurse practitioners (NPs) & their patients
  - Consent from pharmacists, physicians & NPs

Intervention

- Pharmacists attended Basic AD training Workshop

- Pharmacists received education/upskilling on smoking cessation PAD

- Pharmacists provided education to clinicians using RxFiles handout and other tools

Results

- 8 pharmacists (5.8 FTE) received basic AD training and smoking cessation PAD
- 48/54 (88.9%) family physicians and 9/10 (90.0%) nurse practitioners consented

Results & Analysis

Main Outcomes	Results	Criteria for Success
Time for PAD coordinator	29.1 hours	< 40 hours
Median average time for upskilling, hours (min, max)	3.1 hours (1.7, 6.2)	< 20 hours
Median average time for a PAD session, minutes, (min, max)	Initial: 15 min (5, 60) Follow-up visit: 5 min	Initial: < 60 min F/U : < 30 min
# (%) of clinicians detailed within 3 & 6 months (mths)	3 mths: 50/64 (78.1%) 6 mths: 57/64 (89.1%)	3 mths: > 50% 6 mths: > 70%
# new pt referrals @ 3 & 6 months after the PAD session (min, max)	3 mths: 66 pts 6 mths: 200 pts (0, 77)	3 mths: 5 pts/1.0 FTE PHM (29) 6 mths: 10 pts/1.0 FTE PHM (58)

F/U=follow-up, max=maximum, min=minimum, mths=months, PAD=patient-specific academic detailing, pt(s)=patient(s)

Referrals
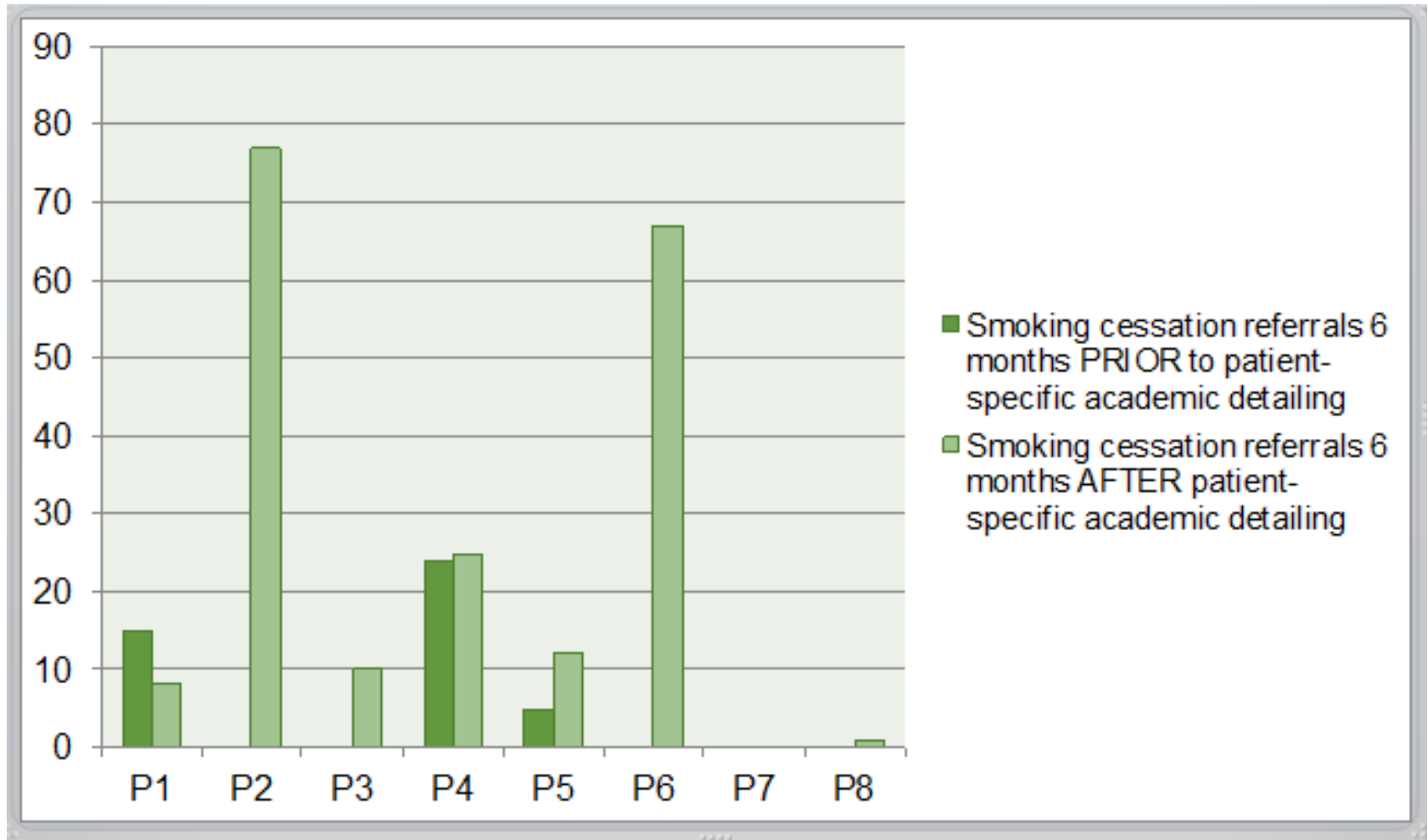
Strengths

- Original study
- Feasibility criteria based on Canadian Academic Detailing Programs
- High attrition rate
- Data useful for future PAD programs

Limitations

- Selection bias - one cohort
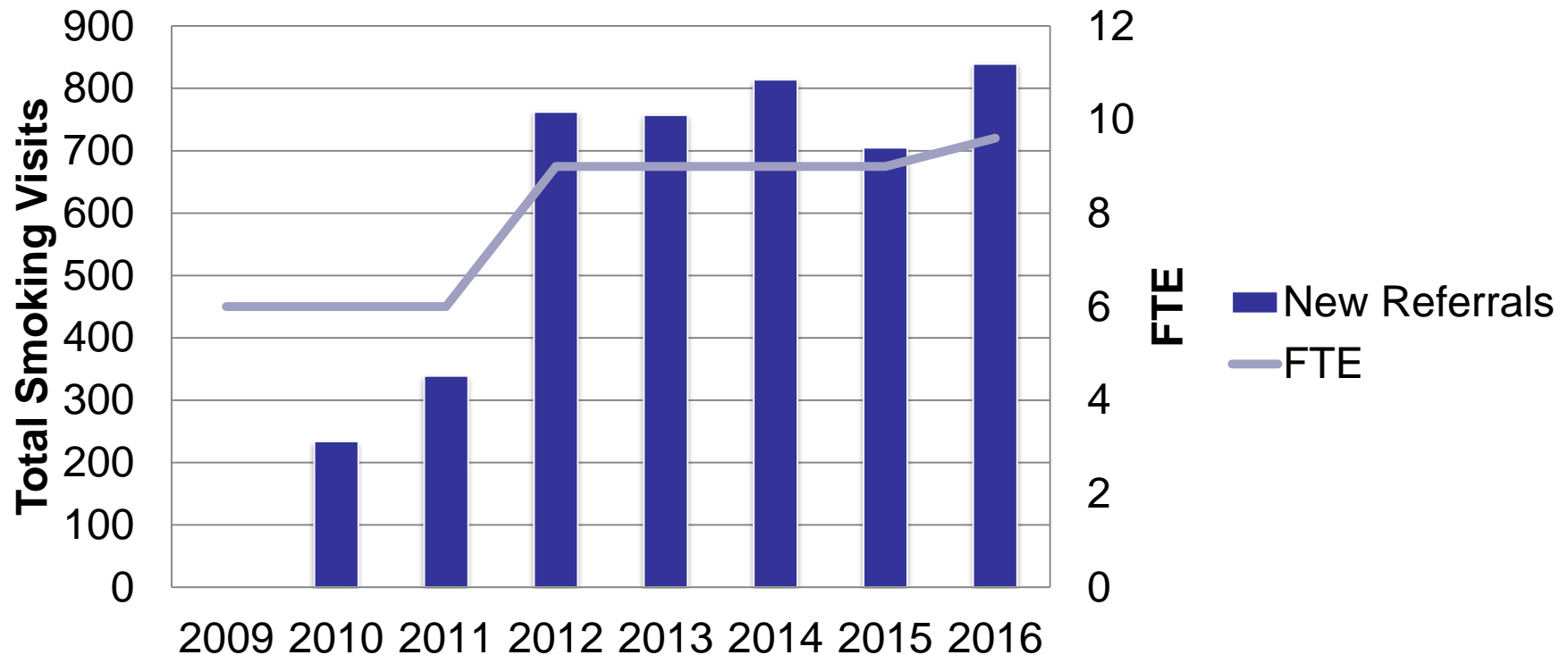- Recall bias
- Other confounders?
- Clinical impact?

Summary

- This pilot study is feasible with respect to the management, resources, process and scientific components

9 years later…(2016)

- Medical Directives
- 839 patients referred to 9.6 FTE PHMs

Free NRTs

- 2011 – Smoking Treatment for Ontario Patients (STOP)
- 2016: 32.6% (212/651) quit smoking - 1 yr

Year	Number of patients enrolled	Quit Rate					
		3 months		6 months		12 months	
		Percentage (%)	Number of patients	Percentage (%)	Number of patients	Percentage (%)	Number of patients
2014	566	33.0	187	27.5	156	35.0	198
2015	538	38.8	209	34.7	187	33.1	178
2016	651	39.5	257	40.5	264	32.6	212

NRTs=Nicotine Replacement Therapy: patches, gum, lozenges, inhaler & quickmist

Overall Summary

- Patient-Specific Academic Detailing
  - Allows the pharmacist to promote service & expertise to specific patients in practice
  - Potential for clinical impact
- Other topics completed so far…
  - Hypertension, depression, marijuana, opioids, perioperative management, direct oral anticoagulants in atrial fibrillation, insomnia
- Family Physicians are on a waiting list

Thank you!

- Margaret.jin@hamiltonfht.ca