The Canadian Academic Detailing Collaboration:
A success story

Terry Naumann, BScPharm, PharmD
Director, Evaluation/Coordinator of BC PAD service
BC Ministry of Health,
New Westminster, British Columbia, Canada
November 9, 2015
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 (CADC)
Acknowledgements

• Original CADC members
  – Michael Allen, Shawn Bugden, Isobel Fleming, Harold Lopatka, Kyle McNair, Anne Nguyen, Sandra Reese, Loren Regier

• Current CADC 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…
Proton Pump Inhibitors in Primary Care

Proton Pump Inhibitors (PPIs) are widely prescribed medications. Over a 12 month period in 2013-14, more than 375,000 people in British Columbia received a prescription for a PPI. They are efficacious medications, particularly for patients with acid reflux and symptoms of their related disorders. However, the risk of serious negative consequences, such as community-acquired pneumonia or Clostridium difficile infection, is increased in patients taking these medications. The risk of serious negative consequences is increased in patients taking these medications.

January 2015

R.C. Provincial Academic Detailing Service
1993 – 1st academic detailing program

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

“to promote the use of less expensive medications”

BC PAD Service, 2008
1997 – Saskatoon, Saskatchewan

- 1 year pilot
→ 3 years
2001 – ADS in Nova Scotia

- Province-wide
- 1.8 FTEs

Dalhousie Academic Detailing Service (ADS)
More growth...

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

<table>
<thead>
<tr>
<th>Values</th>
<th>As shown by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence informed</td>
<td>Providing balanced information to support decision making</td>
</tr>
<tr>
<td>Clinically relevant</td>
<td>Integrating clinical expertise and evidence</td>
</tr>
<tr>
<td>Independent</td>
<td>Minimizing influence from external sources</td>
</tr>
<tr>
<td>Service oriented</td>
<td>Addressing individual practitioners' learning needs</td>
</tr>
</tbody>
</table>
Other collaborative activities

• Publications

• Print materials

• 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
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...
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 CADC chapter

Centre for Effective Practice Academic Detailing Team
2015 – Academic detailing in Canada

Edmonton
Calgary

Centre for Effective Practice
Thank you!  

Merci!