Clinicians' Perspectives on Learning Outcomes from AD Visits:
Comparing In-Person & Virtual Approaches

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Disclosures

None to declare

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Better Use of Migraine Medications

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Agenda

- **KUPP Overview**
- **Booking Visits**
- **Better Use of Migraine Medications Campaign**
  - *Background and purpose*
  - *Key messages*
  - *Results*
  - *Conclusions*
- **The study**

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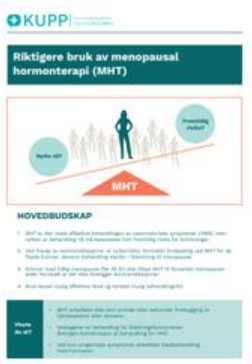
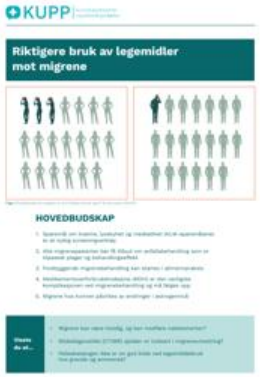
The Norwegian Academic Detailing Program

- Started in Trondheim **2015**, national from 2016
- From **2018 established as a national organization** to ensure a professional and uniform operation in all four health regions
- From **2023 organized as a part of RELIS** (Regional Drug Information Centers) due to funding logistics, but still a cooperation between RELIS and the clinical pharmacological departments at Norway's four university hospitals

KUPP Timeline

NSAID	Antibiotics	Antidiabetic drugs	Opioids	MHT	Migraine	PPI
2015	2015-2017	2018-2019	2019-2021	2021-2022	2022-2023	2024-2025
213 GP	1761 GP	1195 GP	1049 GP	1310 GP	1295 GP	





KUPP in the Media

KUPP | kunnskapsbaserte oppdateringsvisitter

Meny

Periode: 1. september 2022–30. juni 2023

Riktigere bruk av legemidler mot migrene

Aktuelt

23. august 2022

NY KUPP-kampanje om riktigere bruk av legemidler mot migrene

3. februar 2022

KUPP – viktig og riktig for

legemidler.no

NEL

Søk

Nytt fra NEL

KUPP-kampanje om riktigere bruk av legemidler mot migrene

KUPP vil formidle oppdatert kunnskap om både anfallsbehandling og forebyggende behandling av migrene. I tillegg nytt om medikamentoverforbrukshodepine og spesielle forhold ved migrene hos kvinner og hos barn. De fleste tilfellene av migrene håndteres hos fastlegene hvor de utgjør en stor pasientgruppe.
KUPP ønsker å gi fastlegene verktøy som kan forenkle diagnose og behandling av migrene

legehandboka.no

kuppkampanje 1

KUPP

14 Innlegg

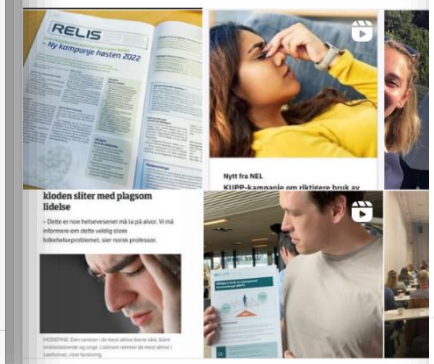
113 Følgere

KUPP
Et gratis, produsentuavhengig og praksisnært undervisningstilbud om riktigere legemiddelbr fastleger.
Statlig finansiert av HOD.
legemidler.no/2022/08/23/ny-kupp-kampanje-
Se oversettelse

Rediger profil | Annonsev

Innsikt | Kontakt | Leg

Kampanjer | Høydepunk... | Nytt



Følger

KUPP - Kunnskapsbaserte oppdateringsvisitter
@KUPPlegemidler

KUPP - Kunnskapsbaserte oppdateringsvisitter tilbyr produsentuavhengig faglig oppdatering til fastleger. Drives av @RELISnytt og farmakologiske avd v/ sykehusene

legemidler.no | Registrerte seg mai 2019

152 Følger 124 Følgere

Følges av Fastlegen.no, Marte Kvittum Tangen, NaRCAD Clinical Education og...

Tweets | Tweets og svar | Medier | Liker

KUPP - Kunnskapsbaserte oppdateringsvisitter retweetet

RELIS @RELISnytt · 25.08.2022

Fastlege med pasienter med migrene og usikker på hva som bør velges når? @RELISnytt, @klinfarmakologi og @KUPPlegemidler kjører nå i gang med vårt sjette tema - Riktigere bruk av legemidler mot migrene

Visit booking and scheduling

- Booking by **QR-code and/or on our website**, https://relis.no/bestill-besok/
- Visits offered **by e-mail or telephone contact**
- Visits either **in person or virtual**

Better Use of migraine medications

Project Background and purpose

- Study showed that **Norwegian GPs had moderate knowledge** of the differences between acute and prophylactic migraine treatment and how they can lead to Medication Overuse Headache (MOH)

- **Increase the knowledge on migraine:**
  - Prevalence, gender differences and risk of MOH

- **Increase use of prophylactic treatment for migraine**

- **Decrease the risk of MOH**

Better Use of Migraine Medications

Key messages

1. Questions about photophobia, impairment and nausea (PIN-code) is a useful tool in screening for migraine

2. All patients with migraine should be offered an acute treatment suited for their symptoms and effect of medications tried

3. Prophylactic medication against migraine can be started in General Practice

4. Medication Overuse Headache is the most common complication in migraine treatment and has to be recognized by the clinician

5. In women, migraine can be affected by changes in estrogen levels

Which format of detailing has been most successful for your program?

(A) Virtual

0%

(B) In person

0%

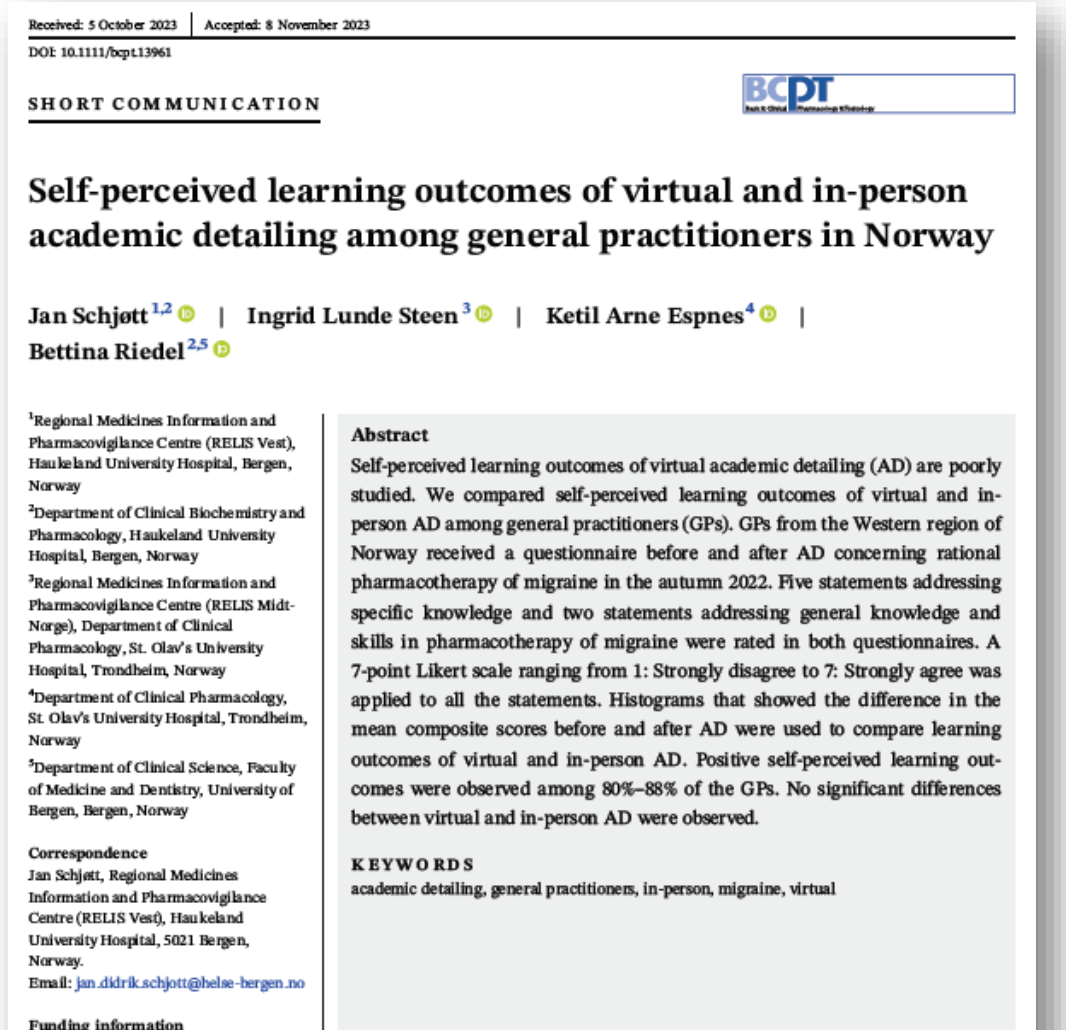
(C) Hybrid

0%

The study

- ***Self-perceived learning outcomes of virtual and in-person academic detailing among general practitioners in Norway***

- In-person or virtual visits
- Self-perceived learning outcomes
- Questionnaire before and after visits
- Statements addressing
  - General knowledge (2)
  - Skills in pharmacotherapy of migraine (5)



Received: 5 October 2023 | Accepted: 8 November 2023
DOI: 10.1111/bcpt.13961

SHORT COMMUNICATION

BCPT

Self-perceived learning outcomes of virtual and in-person academic detailing among general practitioners in Norway

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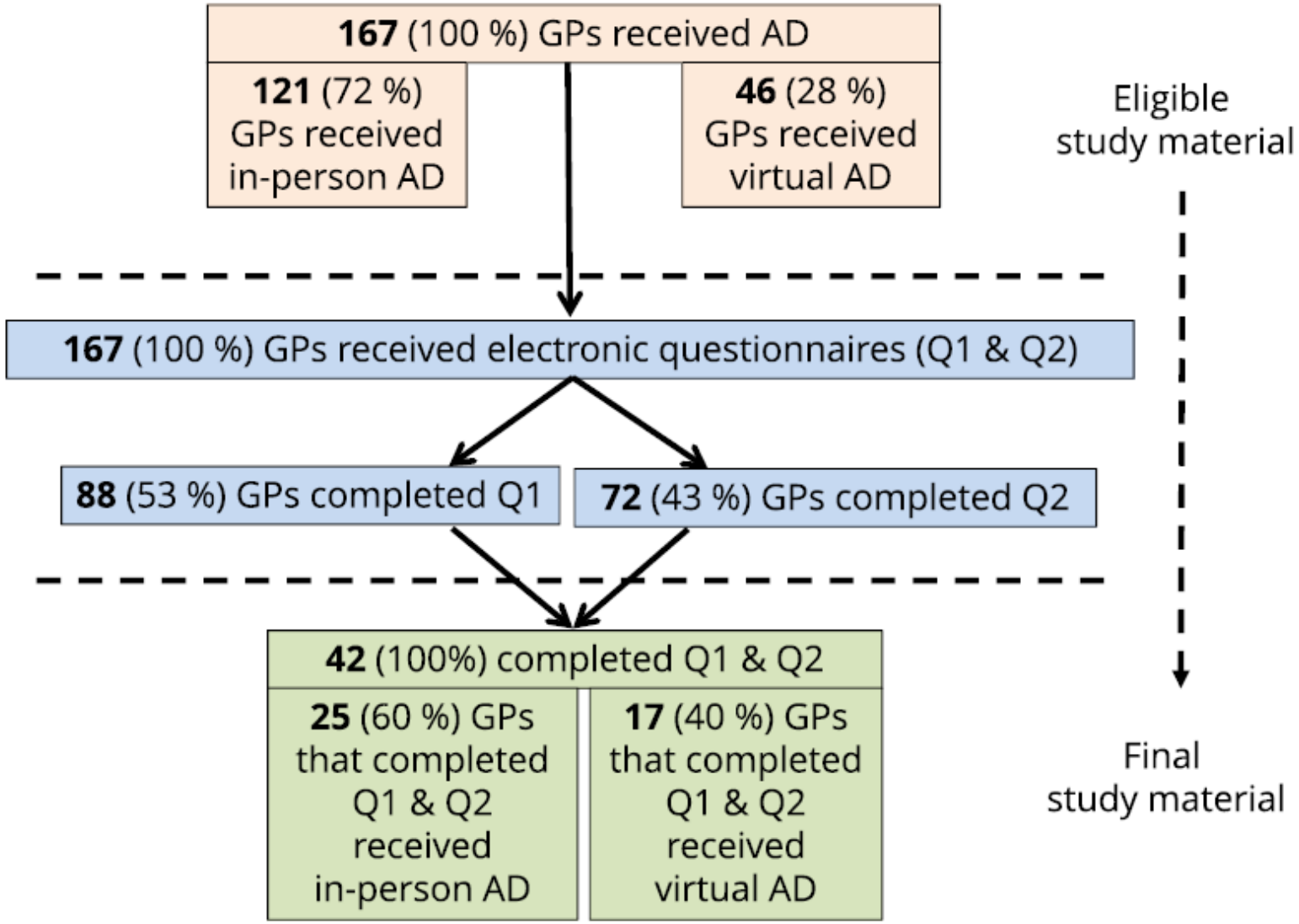
Funding information

Abstract

Self-perceived learning outcomes of virtual academic detailing (AD) are poorly studied. We compared self-perceived learning outcomes of virtual and in-person AD among general practitioners (GPs). GPs from the Western region of Norway received a questionnaire before and after AD concerning rational pharmacotherapy of migraine in the autumn 2022. Five statements addressing specific knowledge and two statements addressing general knowledge and skills in pharmacotherapy of migraine were rated in both questionnaires. A 7-point Likert scale ranging from 1: Strongly disagree to 7: Strongly agree was applied to all the statements. Histograms that showed the difference in the mean composite scores before and after AD were used to compare learning outcomes of virtual and in-person AD. Positive self-perceived learning outcomes were observed among 80%–88% of the GPs. No significant differences between virtual and in-person AD were observed.

KEYWORDS
academic detailing, general practitioners, in-person, migraine, virtual

Study flow chart



The study

Electronic questionnaires

Questions about:

- Work experience
- Previous AD
- Type of previous AD

The study

Electronic questionnaires

- 5 statements that addressed specific knowledge in pharmacotherapy of migraine:
  - ***"My knowledge of acute treatment of migraine in adults is good."***
  - ***"My knowledge of preventive treatment of migraine is good."***
  - ***"My knowledge of medication overuse headache is good."***
  - ***"My knowledge of gender differences in migraine is good."***
  - ***"My knowledge of migraine among children is good."***

The study

Electronic questionnaires

- 2 statements that addressed general knowledge and skills in migraine treatment:
  - ***"My level of knowledge about treatment of migraine is very good."***
  - ***"I feel confident in prescribing drugs for treatment of migraine."***

The study

Statistics

- The **7 Likert items** rated by a GP were **used to calculate mean composite scores** before and after AD

- The difference between the mean composite scores of the **5 items** before and after AD reflected the **change in perception of specific knowledge in pharmacotherapy of migraine**

- The difference between the mean composite score of the **2 items** before and after AD reflected the **change in perception of general knowledge and skills in migraine**

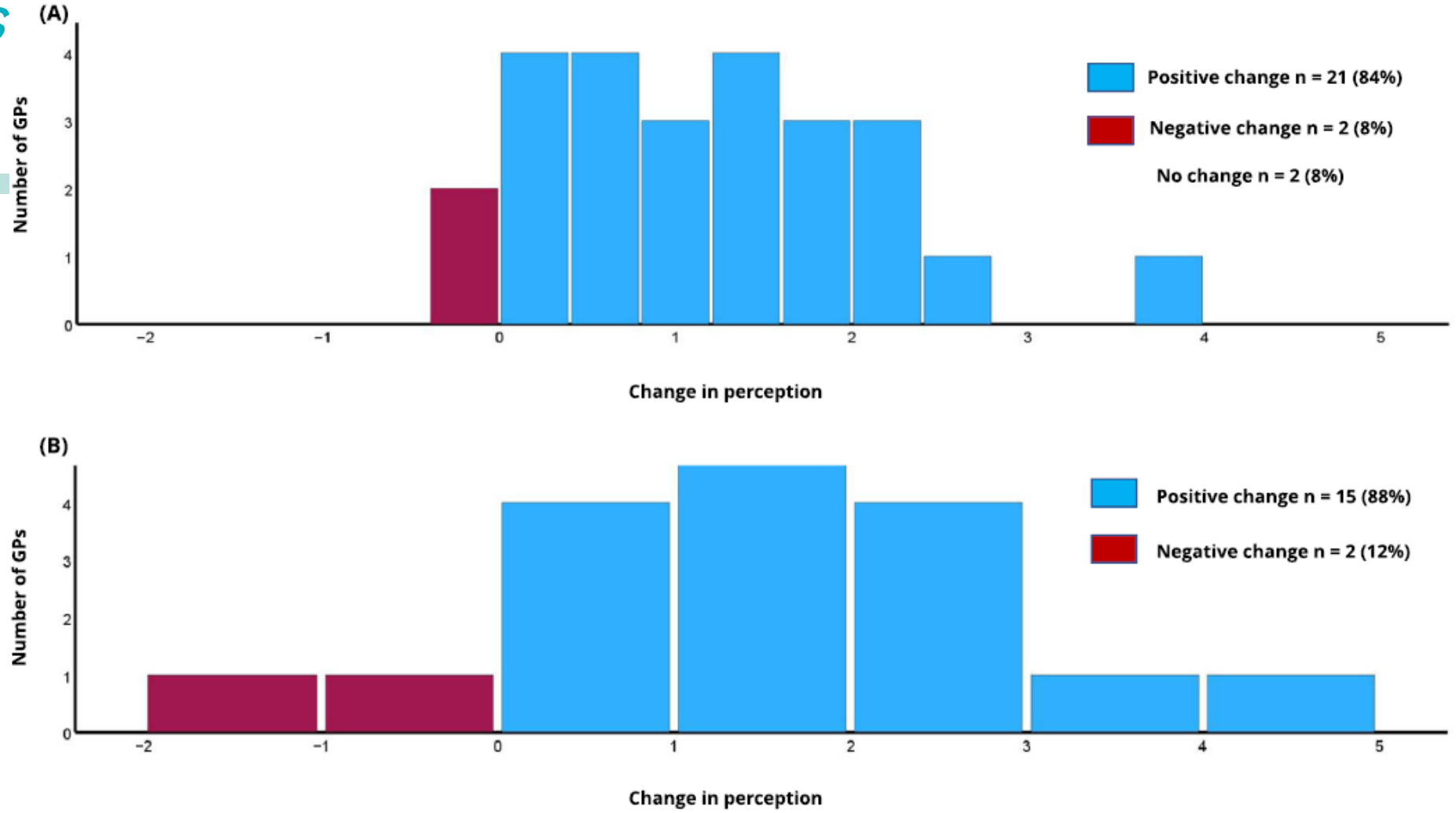
The study

Statistics

- **Cronbach's α** was used to determine the reliability and inter-item consistency for a given set of Likert items
- **The Shapiro–Wilk test** was used to assess the normality of the corresponding difference between composite scores
- **Parametric or non-parametric tests** were used after the test of normality for numeric data and **chisquare tests** for comparison of categorical data
- **Dummy variables** (0 or 1) of **predictors** (categorical or ordinal) with more than three categories or levels were used in linear regression analyses
- Differences were considered significant when $p < 0.05$

The study

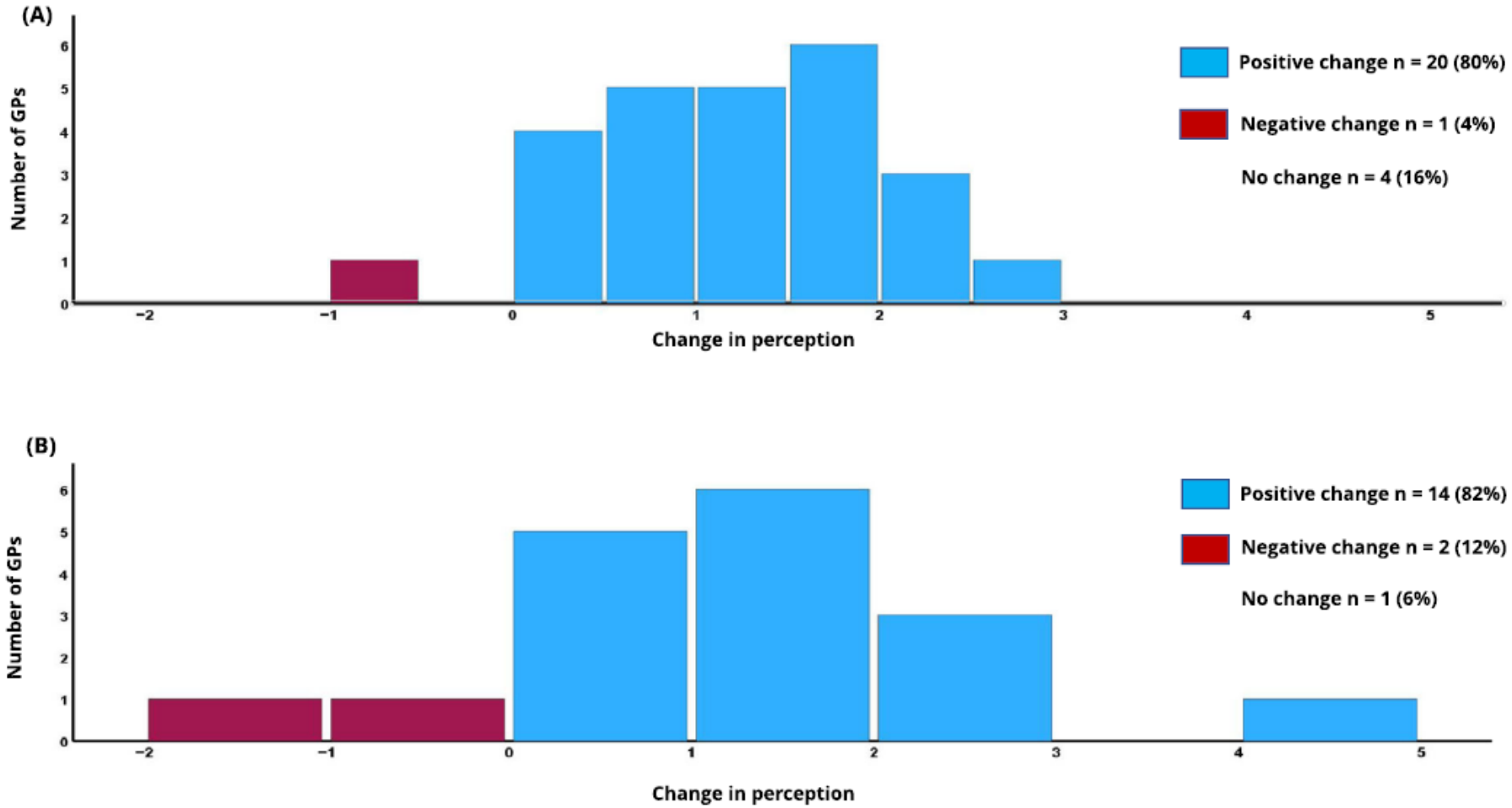
Results



Change in perception of specific knowledge in pharmacotherapy of migraine among GPs (n = 42) after AD.
(A) In-person AD (n = 25). (B) Virtual AD (n = 17).
Change in perception represents the difference between the mean composite scores
of the five statements rated before and after AD with a 7-point Likert scale (1: Strongly disagree to 7: Strongly agree).

The study

Results



Change in perception of general knowledge and skills in pharmacotherapy of migraine among GPs (n = 42) after AD. (A) In-person AD (n = 25). (B) Virtual AD (n = 17).
Change in perception represents the difference between the mean composite scores of the two statements rated before and after AD with a 7-point Likert scale (1: Strongly disagree to 7: Strongly agree).

The study

Conclusions

- **Positive self-perceived learning outcomes** were observed among **80% – 88%** of the GPs

- **No significant differences between virtual and in-person AD** were observed

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Conclusions

- It is possible to create a successful intervention program that **does not have higher or lower prescribing rates as a goal**

- To **reach out** to the GPs **with up to date, evidence-based drug information is a goal itself**

- **90% of the GPs** will change their prescribing practice

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