



# Should Academic Detailing Always be One-to-One?

Testing Groups Meetings in a Randomized Trial

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# Disclosure statement

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- No conflicts of interest to declare
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# Academic detailing = one-to-one?

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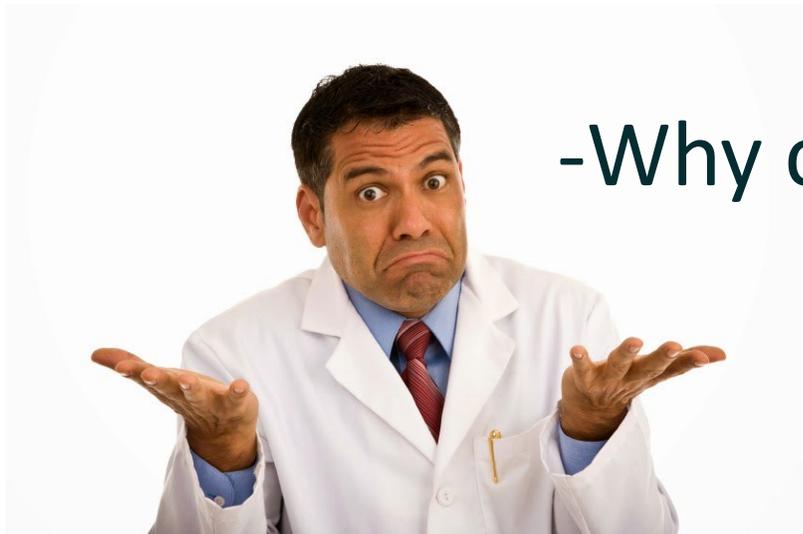
- AD has always been defined as one-to-one
- Dialogue and individualisation are key elements of AD. This is hard to achieve in group sessions
- The one-to-one approach separates AD from other variants of outreach and teaching



# Academic detailing = one-to-one?

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- When describing AD to someone who never heard of it before, the most common response is this:



-Why can't you just do it in a group?



# Why do an RCT?

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- Few published papers have compared one-to-one AD with group visits
- An opportunity to contribute to the knowledge base on academic detailing
- To evaluate and document our work



# Designing an RCT

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- Intervention:  
***Type 2 diabetes in primary care***
- Endpoints:
  - Changes in prescribing of antidiabetic and cardiovascular drugs
  - Based on data from the Norwegian Prescription Database (NorPD) 12 months before and after intervention
- Intervention period: september – november 2018



# Designing an RCT



- We included all GPs in Central Norway
  - Communities with less than 3 GPs excluded
- All GP offices with a minimum of 3 GPs randomized to:
  - group meeting (N = 293)
  - one-to-one (N = 210)
  - no visit (control) (N = 172)



# The interventions

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- One-to-one AD
  - A four-page A4 brochure (with an inlay card)
  - 193 (of 210 randomized) GPs visited one-to-one
    - 177 signed consent and included in study
  - Average visit time: 26 minutes
- Group meetings
  - The same information as in the brochure, delivered as PowerPoint
  - 261 (of 293 randomized) GPs visited in 58 group meetings (Mean: 4,5 GPs per meeting)
    - 237 signed consent and included in study
  - Average visit time: 46 minutes

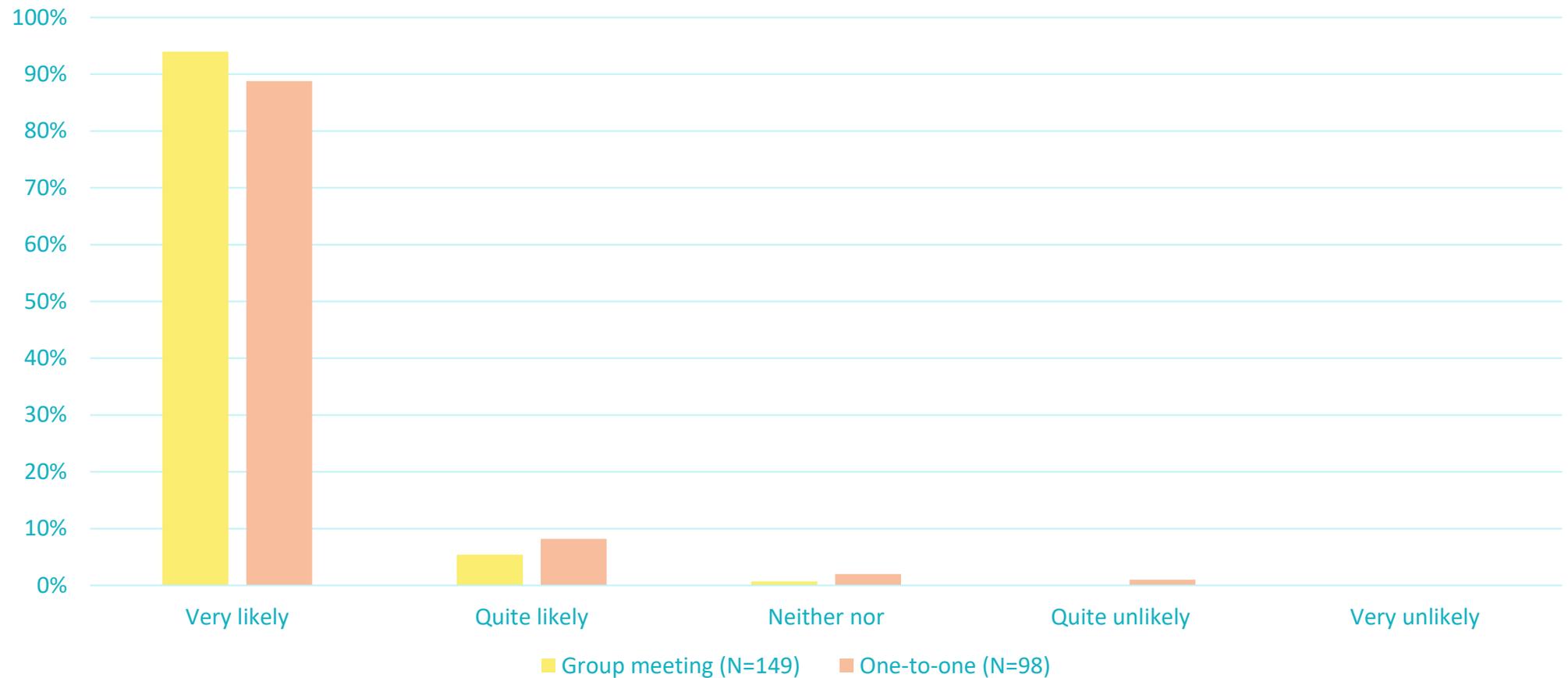


# To what extent will this visit change your practice?



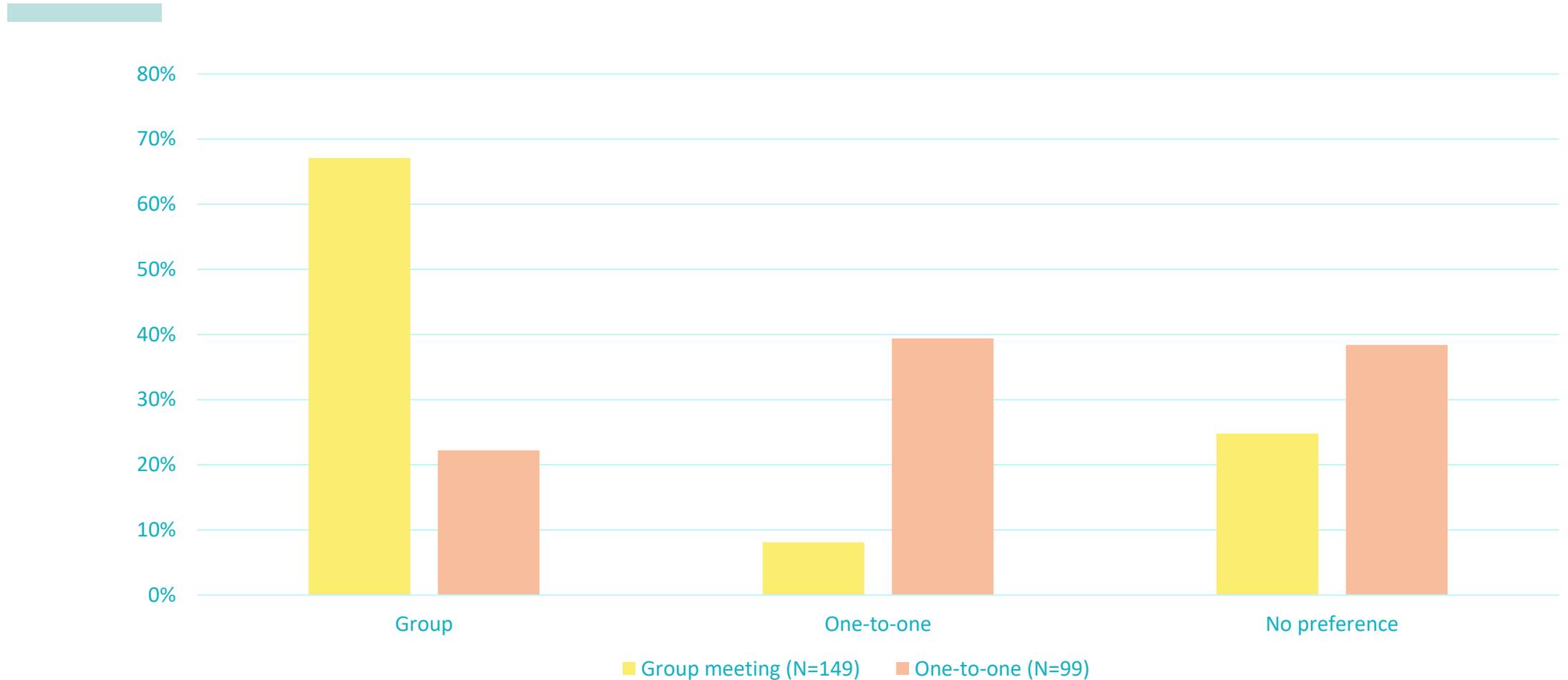


# How likely is it that you will accept another visit on a different therapeutic area?





# If you could choose, would you prefer having visits in a group or one-to-one?





# Detailer evaluations of group meetings

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- We often had to wait for all GPs to be ready to start
- GPs often arrived after the session had started, left before it finished or were disturbed during meeting
- GPs were interested and engaged during the meetings
- Many groups had good discussions that may have increased the learning for each GP



# Detailer evaluations of group meetings

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- Of the 8 visitors who performed both one-to-one and group meetings:
- 6 (75%) would prefer one-to-one
- 1 (12,5%) had no preference
- 1 (12,5%) did not know
- 0 preferred group meetings



# One-to-one vs. Groups meetings

Method	Advantages	Disadvantages
Academic detailing <sup>a</sup>	<ul style="list-style-type: none"><li>• Time-effective for the GP<sup>b</sup></li><li>• Messages can be tailored to the GP's current understanding and behaviour</li><li>• One-to-one interaction keeps focus</li><li>• More effective than other methods for changing prescribing</li></ul>	<ul style="list-style-type: none"><li>• Time-consuming for the academic detailer</li><li>• Higher costs than group visits</li><li>• Not possible for the GP to discuss with colleagues during the meeting</li></ul>
Group meetings	<ul style="list-style-type: none"><li>• Time-effective for the academic detailer (approximately 45 mins for a group meeting to see all GPs in a practice)</li><li>• Lower costs than one-to-one visits</li><li>• In a good group setting sharing and discussion with colleagues is possible</li></ul>	<ul style="list-style-type: none"><li>• More time-consuming for the GP than a 20 mins one-to-one meeting</li><li>• Difficult to tailor the messages to the individual GPs</li><li>• Easier for the GP to be unfocused than during a one-to-one visit</li><li>• The group setting can be a barrier for the individual GP to ask questions</li></ul>

<sup>a</sup>The term “academic detailing” is here specifically used to describe a one-to-one visit. <sup>b</sup>In Norway, the scheduled time for a one-to-one visit is 20 mins.

Dyrkorn R, Langaas H, Rowett D et al. Academic detailing as a method of continuing medical education. *Adv Med Educ Pract.* 2019;10:717-725



# Conclusion

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- Prescribers value both one-to-one and group visits
- Group meetings and one-to-one visits have different advantages and disadvantages
- Group meetings is not academic detailing, and should not be called that