

Providers need an accurate, ongoing source of current best practices and evidence including comparative effectiveness, safety and cost of treatments. This information can be time consuming to assemble due to a continuous influx of research literature. By combining an interactive outreach approach with best evidence and experience, academic detailing can meet the individual needs of providers and their care teams.

From October 2015 to December 2016, the CEP delivered one of the largest Ontario academic detailing services in long-term care (LTC).¹ The CEP's service aimed to deliver providers with objective, balanced, evidence-informed information on best practices to optimize clinical care for LTC residents. This information was by delivered by trained health care professionals (pharmacists), tailored to each provider's expressed knowledge gaps, needs and care context, and delivered at a time and location that is convenient for the provider.

Impact and outcome highlights of the CEP's academic detailing service are listed below:

- This service was provided in 41 Ontario LTC homes, which service approximately 5,000 residents.
- The service addressed two important topics in LTC:
 - The appropriate prescribing of antipsychotic medications for residents living with behavioural and psychological symptoms of dementia (BPSD); and
 - The role of appropriate prescribing in falls prevention.
- There was widespread uptake and receptivity of the service among participating providers and staff, and participating providers and staff overwhelmingly reported a high level of satisfaction with the service.
- The service encouraged providers to appropriately prescribe antipsychotics and review medication to prevent falls, increased provider confidence to incorporate best practices, and increased team communication.
- The service engaged resident and family councils through educational presentations on the two topics.
- There was immense demand for the balanced, evidence-informed information developed as part of the service, with over 7,000 academic detailing discussions guides disseminated in-person to LTC providers and staff over and above the participating 41 LTC homes.

Overall, the impacts and outcomes of the CEP's academic detailing service were positive in LTC, and they support that academic detailing as an intervention can enhance patient/resident care and outcomes in the Ontario health care sector.

GOALS:

-  Positive outcomes for residents
-  Providers perceive detailers as influential
-  Bring providers valuable information
-  Providers are happy with their participation in the service visits
-  Cost and operationally efficient service

UPTAKE



CASE STUDY

VICTORIA MANOR

Academic detailing service Helps Victoria Manor Encourage Appropriate antipsychotic Use by Providing a "Common Language"

"The academic detailer's knowledge of medications provided me with an amazing foundation and education in how medications affect the elderly positively and negatively. [The detailer's] support was important for us to understand how to best serve our aging population using evidence-based, practical knowledge."

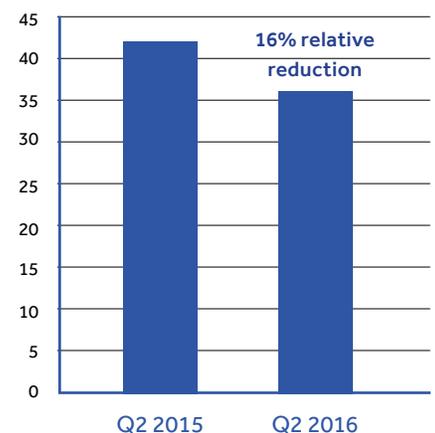
–Emily Leney, Behavioural Support Ontario, Registered Practical Nurse

The Home leadership reported that:

As a result of the academic detailing service, staff were less likely to ask for antipsychotic medications in cases where they would not be appropriate; providers felt more comfortable tapering antipsychotic medications and evaluating for benefits and harms; and patients, families and providers had a common language to discuss behaviours.

There was a 16% relative reduction in the percentage of residents taking antipsychotic medications without a diagnosis of psychosis over 12 months thanks to a series of initiatives. These included academic detailing and staff education.

Percentage of residents taking antipsychotics without a diagnosis of psychosis



[1] The academic detailing service was part of a larger initiative called the Appropriate Prescribing Demonstration Project conducted by the Ontario Ministry of Health and Long-Term Care and the Ontario Medical Association in partnership with the Centre for Effective Practice and Health Quality Ontario. The project involved academic detailing (educational outreach) and personalized practice reports supported through a community of practice. The purpose of this summary is to report on feedback from LTC homes involved in the project and reflect on the potential role of academic detailing in supporting appropriate prescribing. This project was one of many ongoing interventions in the LTC homes that may have played a role in quality improvement measure improvements, and it can be difficult to separate out the various contributions of each initiative. An independent third-party evaluation of the project is ongoing as part of a randomized controlled trial to evaluate the impact of this intervention.

ADVANTAGE

The CEP's academic detailing service provides the following advantages as compared to other Ontario supports.

	Is it tailored to the entire care team?	Is it tailored to patients/residents, family members and caregivers?	Is it delivered on-site?	Are providers receptive to it?	Does it address multiple topics?	Is it relevant across multiple sectors?	Is there evidence to support its effectiveness?	Is there evidence to support its return on investment?	Can it improve the uptake of other interventions?
CEP's academic detailing service	✓	✓	✓	✓	✓	✓	✓	✓	✓
MOHLTC's behavioural supports Ontario initiative	✓	✓	✓	?	x	✓	?	?	?
Health Quality Ontario's practice reports	✓	x	x	?	✓	✓	✓	?	?
College of Physicians and Surgeons of Ontario's and Ontario College of Family Physicians' continuing medical education	x	x	x	✓	✓	✓	✓	?	?
MOHLTC's Ontario LTC medication management demonstration project	✓	x	x	?	x	?	?	?	x
Order sets (e.g. Open Source Order Sets, Think Research's patient order sets)	✓	x	✓	?	✓	✓	✓	?	?
Health Quality Ontario's quality improvement plans and quality standards	✓	x	x	?	✓	✓	✓	?	?

IMPACTS & OUTCOMES

Upon internal evaluation of success against the service goals, the findings support that these goals were met and that overall the results were positive and encouraging for a demonstration project. Participating providers and staff overwhelmingly reported a high level of satisfaction with the academic detailing service. The service encouraged providers to appropriately prescribe antipsychotics and review medication to prevent falls, increased provider confidence to incorporate best practices, and increased team communication. Academic detailing as an intervention has the potential to enhance patient/resident care and outcomes in the Ontario health care sector.

Participants overwhelmingly reported:



Increased knowledge



Benefited prescribing practice



Improved communication



Satisfaction with the service

"I would describe my experience with academic detailing as very productive, helpful, and overall, exceptionally worthwhile. Thank you for the opportunity to participate."

– Dr. W. Scott Nash, Medical Director, Wentworth Lodge

"It encourages the team to look at strategies before resorting to medication. Many educational documents discuss taking residents off the antipsychotic, but don't provide the information on how to wean them for success."

– Cindy Brandt, Administrator, Caressant Care

"I learned a great deal about falls and felt that the overview of the topic was very well put together. I have attended many education events about falls and this was the most LTC focused of them."

– Physician, LTC home

"Resources for staff and family have been highly valued. It allows for interaction to determine needs and follow-up to assist in implementation of changes has been valuable"

– Dr. Lyla Graham, Medical Director, St. Patrick's Home of Ottawa

CASE STUDY

ARBOUR HEIGHTS

Academic detailing service Supports Arbour Heights in Cutting Antipsychotic Use Without a Diagnosis of Psychosis in Half.

The home states that the academic detailing service helped to facilitate dialogue between nursing and physicians, identify and document behaviours likely to respond to antipsychotics, and provide a "common language" for the team.

The Home leadership reported that:

The percentage of residents on an antipsychotic without a diagnosis of an antipsychotic decreased from 28.2% to 20.1% from Q2 2015 to Q2 2016, and continued to drop during 2016, reaching 14% in Q4 2016.

