

A Short History: Academic Detailing in Saskatchewan

How did RxFiles begin?



- The roots of RxFiles go back to 1996 when a guest from North Vancouver spoke on the academic detailing service established out of Lion’s Gate Hospital for physicians on the North Shore. Within a year a pilot project was convened between Saskatoon’s Family Medicine group and the Department of Pharmaceutical Services for Saskatoon Health Region.
- The academic detailing program officially began in May 1997. First up was training in N. Vancouver, followed by launch of the first newsletter & academic detailing sessions in July 1997. Loren Regier and Sharon Downey shared the 1 FTE allocated.
- The program materials and visits were well received, and participation grew over 3 years of program development in Saskatoon.
- By 2000, some were asking “how come Saskatoon has this service and we don’t?” This led to a gradual expansion to cover Regina, Prince Albert, Battlefords and several other rural Saskatchewan areas.
- As of March, 2010 – RxFiles employs or contracts with 10 SK pharmacists for 4 FTE academic detailing positions. In addition, several family physicians, specialists, nurse practitioners and others contribute to the content, review & training in each topic area. RxFiles does not receive any industry funding.

Was academic detailing an easy sell?



- Thanks for asking! The first years were a lot of work as the service built goodwill and established credibility. Fortunately, academic detailing, although short on pizza and samples has a lot of other things going for it:
 - 1) a high value on independently assessing evidence, clinical opinion and providing a balanced, non-commercial perspective.
 - 2) the physician office visits enhance the value of the printed material, ensuring that the information gets a good hearing.
 - 3) academic detailing preserves physician autonomy and flexibility in prescribing – so at the end of the discussion, the physician decides how to best apply the information for each individual patient.

RxFiles Drug Comparison Charts

There sure is a lot of information on each page!

- Agreed. At first glance, there is an overwhelming amount of information, but after diving in, the detail is what provides the extra value. After sifting through the evidence, pulling together a vast spectrum of information and running it by various specialists, the only way to simplify it would be to oversimplify it. Although they take a bit of getting used to, those who do, find many drug questions answered!



Whose idea were the drug charts?

- Brent Jensen drafted several psychiatry drug charts in the mid-1990’s after City Hospital pharmacists were asked to regularly attend psychiatry rounds. Having a wealth of “answers” and comparisons at a glance was invaluable in contributing to patient therapy decisions. The charts idea was applied to the academic detailing material and soon they could be found posted on walls and bulletin boards in several physicians offices. In addition, physicians started asking for back issues once they realized how useful and unique the information was. PS – Brent still masterminds keeping the charts excellent, up-to-date & small-print! Thanks Brent!
- In 2000, a collection of psychiatry charts – 12 pages – was published along with the topic of “Psychotropics in the Elderly”. The booklet was a hit! It was decided that since the charts seemed to be getting so much front line use, that we should pull all our updated charts together and publish. 10 years later, the RxFiles Drug Comparison Charts book is in its 8th Edition, covering many drug therapy areas and being used throughout Canada and even beyond. The book and website are self sustaining – “not for profit; not for loss” as revenue from sales is used to keep the extensive amount of information up-to-date.
- *As for the small print...* the strength and weakness of the charts is that a lot of information is compared side-by-side on one page. Reviewers usually want to add and not subtract information, so that’s just the way these charts have evolved. As for the academic detailing – it won’t feel so cramped – in fact – there’s lots of room to roam to the most practical point of discussion.

Enjoy!

A Few Perspectives...& Anecdotes

On evidence and information...

- *Seek simplicity, and mistrust it!*
Alfred North Whitehead Mathematician (1861–1947)
(passed on to RxFiles by the Dalhousie Academic Detailing Service)
- *Education is a progressive discovery of our own ignorance.*
Will Durant, 19th Century Historian
- *Figures don’t lie, but liars figure.* Mark Twain (1835-1910)
(& a favourite quote of one of our Pharmacology professors)
- *Looking at the pharmacology texts of 20 years ago, I am reminded that while a lot has changed, some information stands the test of time. Theories come and go, but evidence based on clinical outcomes is more likely to stand in the long run.*
- *When Vioxx (rofecoxib) was pulled off the market in 2004 for concerns about increased thrombotic events, a prominent physician called to ask us when we first warned physicians about this potential adverse event. A quick look found that we included cautionary notes in 2001, and included “??cardiac/serious events” in our 2002 book. In 2004, we only had to remove the question marks with the breaking news.*

On Samples

- *On the plus side, samples are a way to initiate a new drug, and it’s nice to offer our patients something for free. So – do samples serve our patients needs well? It all depends... If the drug given is the best drug one would have chosen anyway, then that’s a positive. But let’s say you are going on “life-saving medication” that you will likely need to take for the rest of your life. Would you want the one that is a free sample for 30 days, or would you want the one that has good outcome evidence, an established safety record, and possibly a few thousand dollars less over then next 5 years? Sometimes we serve the sampler, rather than allowing the sample to serve us. And sometimes the best drug isn’t in the sample cupboard!*
- *Other factors to consider include the impact of packaging & disposal of unused samples on the environment and patient safety concerns given one less check at the pharmacy level.ⁱ*

On Life and Medicine

- *Even when I’m sure I’m right, I remember I could be wrong.*
- *A merry heart is a good medicine; a broken spirit dries the bones.*
Proverbs 17:22

On the RxFiles Charts

- *Thanks. These are getting me through med school!*
- *No margin for error, when there are no margins!*
- *Important enough to keep in my purse!*



On the RxFiles Office

- *I was expecting mahogany, & ...a little more space...*

Academic Detailing:

- BC CDUP: <http://www.cdup.org/>
- Dalhousie: <http://cme.medicine.dal.ca/ADS.htm>
- Pennsylvania (RxFacts.org): <http://www.rxfacts.org/detailing.php>

References: RxFiles Academic Detailing & Those One of a Kind Drug Charts

¹ Groves KE, Sketris I, Tett SE. Prescription drug samples--does this marketing strategy counteract policies for quality use of medicines? J Clin Pharm Ther. 2003 Aug;28(4):259-71.

² Gourlay DL, Heit HA. Universal precautions revisited: managing the inherited pain patient. Pain Med. 2009 Jul;10 Suppl 2:S115-23.