

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 North Shore physicians. Within a year a pilot project was convened between the Family Medicine group & the Department of Pharmacy in the Saskatoon Health Region (Office - Saskatoon City Hospital).
- 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 Regina, P.A., Battlefords & other rural Saskatchewan areas.
- As of January 2021 – RxFiles employs or contracts with 14 SK pharmacists for 4.5 FTE academic detailing positions. Several family physicians, specialists, nurse practitioners, pharmacists and others contribute to the content, review & training for 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 & 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, costs, practicalities 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.



FTE=full time equivalent

SK=Saskatchewan

www.RxFiles.ca

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 frontline use, that we should pull all our updated charts together and publish. Over 20 years later, the RxFiles Drug Comparison Charts book is in its 13th Edition, covering many drug therapy areas. 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. Over time, RxFiles has published other books & mini-books – see www.rxfiles.ca/resources for all of our materials.
- 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. 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.



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 one that would have chosen anyway, then that’s a positive. But let’s say you are going on a “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.¹*

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... ☹*

When a drug is doing more “to you” than “for you”, it’s time to reconsider the course of therapy.²

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Academic Detailing:**Canada**

- BC CDUP: <http://www.cdup.org/>
- Dalhousie: <http://cme.medicine.dal.ca/ADS.htm>
- Saskatchewan: www.rxfiles.ca
- Ontario: <https://cep.health/academic-detailing/>
- Alberta: <https://acfp.ca/advocacy/partnerships-collaborations/peer/>

Non-Canadian

- Academic Detailing – National Resource Centre for Academic Detailing (USA): <http://www.narcad.org/>
- Pennsylvania (RxFacts.org): <http://www.rxfacts.org/detailing.php>
- Vermont Academic Detailing Program: <https://www.med.uvm.edu/ahec/vermontacademicdetailing>
- Australia – National Prescribing Service (NPS): <https://www.nps.org.au/>

References

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2. Gourlay DL, Heit HA. Universal precautions revisited: managing the inherited pain patient. Pain Med. 2009 Jul;10 Suppl 2:S115-23.
3. Margaret Jin (2012) A brief overview of academic detailing in Canada: Another role for pharmacists. Canadian Pharmacists Journal: May 2012, Vol. 145, No. 3, pp. 142-146.e2. www.cpjournal.ca/doi/abs/10.3821/145.3.cpj142