Alternative Methods for Disseminating Evidence-Based Prescription Drug Information among Primary Care Clinicians in Rural Oregon: The Rural Oregon Academic Detailing Project (ROAD)

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BACKGROUND
- While most clinicians embrace an evidence-based approach to prescribing, the literature suggests prescription drug use is highly variable and often suboptimal.
- Translation of synthesized evidence is a critical barrier to realizing the potential of recent investments in comparative effectiveness research.
- Academic Detailing is one potential mechanism to accelerate the translation of new evidence as well as provide a counterbalance to commercially developed information.

What is Academic Detailing?
- The term Academic Detailing was coined over 30 years ago by Jerry Avorn, MD and is commonly defined by an educational outreach service for clinicians that delivers:
  - Up-to-date, non-commercial, evidence-based clinical information
  - In a user friendly format that stresses personal interactions between the academic detailer and the clinician
- Despite heterogeneity in approaches and targets, Cochrane systematic reviews suggest academic detailing programs are effective at changing behavior.

OBJECTIVE
- Academic detailing is a labor intensive operation especially when clinical sites are widely dispersed.
- The goal of our project was to evaluate the effectiveness of different models of delivering academic detailing to primary care clinics in rural Oregon.

SETTING

MODELS AND MESSAGES
- Treatment-resistant depression-role of T3, lithium and sequenced treatment approach
- Management of atypical antipsychotics in primary care
- Comparative effectiveness of options for insomnia
- Management of benzodiazepine use in primary care
- Traditional detailed clinics received face-to-face visits from detailer (Klamath Open Door, Rinehart Clinic)
- Technology augmented clinics received detailing through either asynchronous modules and email communication (Dunes Healthcare) or teleconference (Cascades East)

PRODUCTS AND RESULTS
- Participating clinicians were surveyed at midpoint (6 months) and following last detailing session.
  - Response rates were (25/41) 61% and (32/41) 78%.

DISCUSSION
- Participating clinicians were surveyed at midpoint (6 months) and following last detailing session.
  - Response rates were (25/41) 61% and (32/41) 78%.
- ROAD project was well received and participants reported information likely would change their prescribing.
- Distance approaches were perceived less favorably.
- This observation may reflect the importance of developing relationships with clinicians to program success.

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http://pharmacy.oregonstate.edu/drug_policy/ROAD

% who were satisfied or very satisfied with ROAD service components

% likely to or definitely will participate in future academic detailing activities

Klamath Open Door
Cascades East
Dunes Family Health Care
Rinehart Clinic

Handouts
Prescribing Reports
Online Modules

DIabetes
Brain	
Psychot
Stress	
Statin	
Benzodiazepine

Overall project participation

Diabetes and prediabetes

Telemedicine training

Significance of modules