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# Can an educational intervention improve GPs' prescription patterns?

# The Rx-PAD[1] Study

[1] **Prescription Peer Academic Detailing**

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**Norwegian Medical Association**

## EURACT May 2008, Malta


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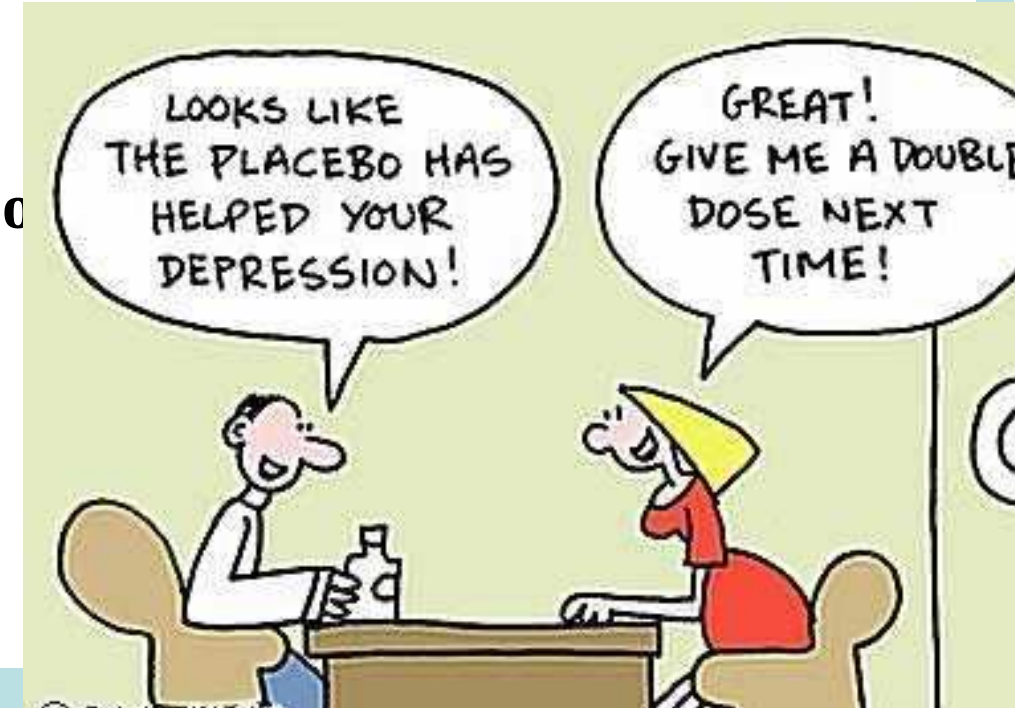
# Background

- **GPs responsible for most prescriptions**
- **Need for industry-unbiased information to GPs on drug use**
- **Develop an intervention based o peer academic detailers**
- **RCT**

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# Planning!!

- **Group based project within Section for GP**
- **Funding from the Norwegian Medical Assocation**

**Needed to plan:**

1. **Which educational interventions?**
2. **Towards whom?**
3. **How produce Peer Academic Detailers?**

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# 1) Interventions

## Two educational interventions:

- **Antibiotic prescription for respiratory tract infections**
- **Safer drug prescription for elderly (70 y +) patients**

- **The GPs receiving information on antibiotics should serve as controls for those in the elderly-group – and vice versa**

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# 2) Recipients

## GPs in Continuous Medical Education (CME) Groups

- **Norwegian GP specialists must participate in a peer CME-group to keep up with the speciality (resertification every 5y)**
- **Usually afternoon-meetings at regular intervals**
- **Participants in each group (n ~ 6-10) know each other well**
- **In Norway, no CME-credit is given for *any* activities run or sponsored by industry**

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# 2) Recipients: CME-Groups

- **200 CME-groups invited**
- **80 CME-groups with 540 GPs accepted**
- **Randomized to one of the two educational interventions**

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# Which teaching methods are feasible, acceptable, and effective to change GPs' behaviour?

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# Which teaching methods are feasible, acceptable, and effective to change GPs' behaviour?

## Partly an unanswered question

- **Lectures? Traditional courses?**
- **Guidelines sent by mail?**
- **Expert opinions?**
- **Litterature? Commercials? Pharma-reps?**
- **Interactive groups / Audit /Personal encounter**

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# ”Peer Academic Detailing”

- **A specially trained collegue informs about a specific topic**
- **The GP investigates his/her own work**
- **Reflect together upon possible change**
- **One-to-one or small group setting**

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# 3) Peer Academic Detailing

- **Asked the 540 GPs how they feel about exposing their prescription habits to collegues**
- **94%  no problem at all or small problem**

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# 3) Peer Academic Detailing

- **Head-hunted 26 GPs by personal invitation, based on reputation as potential stakeholders**
- **Two separate 2-days sessions**
- **Trained in either antibiotic treatment or in prescription to elderly**
- **Participated in elaborating the final version of the interventions**
- **Main focus on small group teaching**
- **”Carrot”: Paid by NMA and got CME credit themselves**

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# Peer Academic Detailers

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# What happened next?

- **456 GPs extracted prescription data one year back –extraction tool provided**
- **GPs received their personal results – and the results for the whole cohort**
- **Each PAD visited 3-4 CME-groups**
- **GPs exposed their results in the group and reflected upon need for change**
- **PAD provided standardised information**

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# The medical content of the intervention vs elderly

- **Focus on why to avoid single drugs with poor safety records, as well as potentially harmful drug combinations**
- **13 Rules of the thumb**
- **Alternative and safer treatment options**

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# *Disse bør du unngå å skrive ut til eldre:*

1. **Antihistaminer: Polaramin, Phenamin, Phenergan, Vallergan og Atarax**
2. **Tricykliske antidepressiva: Sarotex, Sinequan og Surmontil**
3. **Antipsykotika: Largactil, Truxal, Nozinan, Stemetil**
4. **Benzodiazepiner: Mogadon, Apodorm, Flunipam og Rohypnol**
5. **Muskelrelakserende middel: Somadril**
6. **Analgetika: Aporex, Petidin og Ketogan**
7. **KOLS/Asthma: Nuelin eller Theo-Dur**
8. **Samtidig bruk av 3 eller flere psykofarmaka i gruppene: opioidholdige analgetika, antipsykotika, hypnotika, sedativa og antidepressiva**
9. **Samtidig bruk av betablokker og Veracard, Isoptin, Cardizem Uno, Cardizem Retard *eller* Diltiazem**
10. **Samtidig bruk av NSAID (alle) og warfarin (Marevan)**
11. **Samtidig bruk av NSAID (alle) og diuretika**
12. **Samtidig bruk av NSAID *eller* Cox-II-hemmer (alle) og ACE-hemmer (alle) *eller* AII-blokker (alle)**
13. **Samtidig bruk av NSAID (alle) og SSRI (alle)**

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# What happened next?

- **One year after intervention: new extraction of prescription data**
- **New visit by PAD and exposure of ”results”**

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# What now?

- **The success of the intervention will lie in the results of the RCT (3 PhDs)**
- **Cost-effectiveness evaluation**
- **The *educational intervention* has been evaluated through focus group interviews of PADs and 3 CME groups – will be published**
- **Highly acceptable, some obstacles:**
  - **”don’t!!”**
  - **Exposing diverging results**
- **The cuckoos will fly again!**

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Study protocol

Highly accessed Open Access

# A cluster-randomized educational intervention to reduce inappropriate prescription patterns for elderly patients in general practice – The Prescription Peer Academic Detailing (Rx-PAD) study [NCT00281450]

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## Abstract