Can an educational intervention improve GPs’ prescription patterns?

The Rx-PAD¹ Study

¹ Prescription Peer Academic Detailing

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Background

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

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

Needed to plan:
1. Which educational interventions?
2. Towards whom?
3. How produce Peer Academic Detailers?
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
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
2) Recipients: CME-Groups

- 200 CME-groups invited
- 80 CME-groups with 540 GPs accepted
- Randomized to one of the two educational interventions
Which teaching methods are feasible, acceptable, and effective to change GPs’ behaviour?
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Partly an unanswered question

• Lectures? Traditional courses?
• Guidelines sent by mail?
• Expert opinions?
• Literature? Commercials? Pharma-reps?
• Interactive groups / Audit /Personal encounter
”Peer Academic Detailing”

- A specially trained colleague informs about a specific topic
- The GP investigates his/her own work
- Reflect together upon possible change
- One-to-one or small group setting
3) Peer Academic Detailing

- Asked the 540 GPs how they feel about exposing their prescription habits to colleagues
- 94% no problem at all or small problem
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
Peer Academic Detailers

Section for General Practice, University of Oslo

Norwegian Medical Association
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
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
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)
What happened next?

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

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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