The mission of DEANS is to contribute to the health of Nova Scotians by encouraging appropriate drug use.

The Drug Evaluation Alliance of Nova Scotia (DEANS) provides Nova Scotia with a structure to identify, develop, implement, and evaluate educational interventions that address drug utilization issues in the Pharmcare Programs. These educational interventions are often coordinated with policy interventions to facilitate change and to provide the rationale for change.

Most DEANS interventions are multi-faceted and inter-professional, using presentation vehicles such as live online classrooms, didactic presentations, small-group workshops, and academic detailing to disseminate evidence on best practices. To measure the impact of interventions, DEANS establishes linkages with academic evaluators and encourages evaluations that generate new evidence to inform drug policy.

DEANS is coordinated by a Management Committee which oversees all activities and is responsible for establishing and managing partnerships. Much of the success of DEANS is due to its ability to build a framework of key partnerships and to engage these partners in the implementation and evaluation of initiatives.

Health Technology Assessment

DEANS continues to pursue ways to encourage the use of health technology assessment as a bridge between research and clinical decision-making.

The Katie Program, which was launched in 2009, continues to support innovative methods of transferring knowledge from learning activities to clinical practice. New educational tools have been developed to help learners enhance their critical appraisal skills. Workshops were developed to encourage presenters to incorporate Katie principles in their presentations and to encourage moderators to pose Katie questions during the question and answer portion of educational programs.

Funding from the Canadian Institutes of Health Research (CIHR) through a Meeting, Planning and Dissemination Grant under the Knowledge Translation Supplement competition facilitated the further development of the Katie tools. Katie videos are being prepared for the website and for use in educational programs. Katie templates for PowerPoint slides and other materials have also been developed.

A new tool, the Katie Clinical Significance Calculator, has been developed and posted on the website. This is an online tool that allows the user to enter study data and calculate the relative risk reduction (RRR), the absolute risk reduction (ARR) and numbers needed to treat (NNT) or harm (NNH). For information about Katie and to access Katie tools, go to: http://katie.dal.ca/

Diabetes Management

DEANS continued efforts to disseminate the “Optimal Therapy Recommendations for the Prescribing and Use of Blood Glucose Test Strips”. These recommendations, published by the Canadian Agency for Drugs and Technologies in Health (CADTH), indicated that routine self-monitoring of blood glucose (SMBG) is not required for most individuals with type 2 diabetes who are not using insulin.

As detailed in last year’s annual summary, DEANS funded an inter-professional educational program: “Self-Monitoring Blood Glucose: Are We Singing from the Same Song Sheet?” Following its launch...
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Managing Drug Diversion

As detailed in last year’s annual summary, Dalhousie University’s Continuing Medical Education and Continuing Pharmacy Education launched an inter-professional education program to improve collaboration and communication between physicians and pharmacists in the area of drug diversion. The program was designed to be highly interactive with the presenters providing information through role-played scenarios.

Presentations of this innovative program continued across the province throughout 2011/12. The program underwent a format change in late 2011; it is now a 1.5 hour case-based program. The new format has been well-received by participants across the province.

Opioids for Chronic Non-Cancer Pain

As detailed in last year’s report, the Dalhousie Academic Detailing Service (ADS) developed an educational intervention, “Opioids in Chronic Non-Cancer Pain” based on the National Opioid Use Guideline Group (NOUGG), “Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain”. The detailers provided reprints of the guideline, a document explaining where evidence exists, where evidence does not exist and suggestions for how gaps may be filled in practice, and a decision-support tool the “opioid manager” that can be included in the patient’s chart. All materials for this ADS topic are available at:

http://cme.medicine.dal.ca/ad_resources.htm.

The academic detailers began visiting family physicians in fall 2010 and continued in 2011/12. This topic was very popular with family physicians. The detailers visited more than 427 physicians and continued to receive requests for presentations through September 2011. A session was presented at the fall CME refresher. Participants particularly appreciated the case-based interactive format of this session.

The ADS has also completed a video for the Canadian Guideline group, at their request, demonstrating how to use the opioid manager. The video can be viewed at:

http://nationalpaincentre.mcmaster.ca/opioidmanager/opioid_manager_video.html

As always, the Dalhousie ADS materials were modified and delivered to nurses through their videoconference continuing education programming and to pharmacists through Dalhousie Continuing Pharmacy Education’s Academic Detailing Rx. A session was presented at the fall CPE refresher, and was very well received.

Hypertension

In 2011, the ADS developed an educational intervention “Issues in Hypertension”. All materials for this topic are available at:

http://cme.medicine.dal.ca/ad_resources.htm

This review addresses the following four questions:

- What is the evidence for a treatment target of <140/90 mmHg in the elderly?
- What is the evidence for a treatment target of <130/80 mmHg in persons with diabetes?
- What is the role of adhering to a low sodium diet and assuring good compliance with medications in managing hypertension?
- What is the evidence for the efficacy and safety of aliskiren (Rasilez™), a direct renin inhibitor, in hypertension?

The academic detailers began their educational visits to physicians in September 2011. Physicians report that the materials are very informative and applicable to their clinical practice, in particular the information related to hypertension management of the elderly. The detailers provided physicians with a one-page laminated summary outlining the evidence for treatment targets for the
elderly and persons with diabetes.

As with other Dalhousie ADS programs, the materials were modified and delivered to other health professionals: nurses through their videoconference continuing education; and pharmacists through Academic Detailing Rx, Dalhousie Continuing Pharmacy Education.

Evidence-Based Medicine Specialist Project

Members of the DEANS Management Committee have been educating medical students and family physicians about considerations when interacting with the pharmaceutical industry. This work evolved into a research project known as DocInfo that has been led by Dalhousie Continuing Medical Education and was launched in 2010. The purpose of this project was to explore how physicians use various sources of information when making prescribing decisions.

The focus of the DocInfo project was primary care physicians. The “Evidence-based Medicine Specialist Project”, launched in 2011, addresses similar issues for medical specialists. As a first step, the researchers gathered data on the presentations at the Canadian Society of Internal Medicine Annual Scientific Meeting held in Halifax, October 15-17, 2011. Analysis of the presentations is now underway to understand how data are presented to specialists.

Audit and Feedback of Prescribing Profiles to Nova Scotia Family Physicians who are using Electronic Medical Records for Prescribing

The use of electronic medical records (EMRs) in primary care provides an opportunity to collect accurate, complete and timely data on patient-health system interactions that can support clinical decision-making. These data may also be used to promote optimal medication use by providing feedback to physicians regarding their prescribing profiles.

DEANS provided funding to support the development of a demonstration project “Audit and feedback of prescribing profiles to Nova Scotia family physicians who are using electronic medical records for prescribing”, will be led by Dr. Nandini Natarajan, Associate Professor, Department of Family Medicine, Dalhousie University. The objectives of this project are:

- To assess the feasibility of using prescription data extracted from the Nightingale EMR for Maritime Network Canadian Primary Care Surveillance System Network (MarNet CPCSSN) to calculate the Drug Utilization 90% (DU90%) prescribing indicator for all participating and consenting physicians.
- To provide physicians with their individual DU90% prescribing profile and aggregate physician profile. Feedback will include key messages to physicians on specific prescribing issues such as safety, cost and adherence to guidelines.
- To gather physician feedback on the usefulness of the profile, the feedback processes and the value of the information provided.

This project will be a collaborative effort between researchers at Dalhousie University (Faculties of Medicine, Health Professions and Computer Science) and, possibly, Canada Health Infoway. DEANS is pleased to support this developing project, which will provide valuable insights regarding physicians’ willingness to receive and use information compiled from EMRs to promote optimal prescribing.

Publications/Presentations


http://www.cadth.ca/media/symp2011/present/D3-%20CADTH%20Recommendations%20on%20SMBG%20Allen%20et%20al.pdf

Allen M, Gardner D, Fleming I, McLean-Veysey

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DEANS Management Committee

- Ms. Lisa Farrell, (Chair) Liaison Officer, Canadian Agency for Drugs and Technologies in Health
- Ms. Pam McLean-Veysey, Team Leader, Drug Evaluation Unit, QEII Health Sciences Centre
- Dr. Michael Allen, Continuing Medical Education, Dalhousie University
- Dr. Connie LeBlanc, Continuing Medical Education, Dalhousie University
- Dr. Nandini Natarajan, Department of Family Medicine, Dalhousie University
- Dr. Ingrid Sketris, College of Pharmacy, Dalhousie University
- Dr. Jennifer Isenor, Division of Continuing Pharmacy Education, College of Pharmacy, Dalhousie University
- Dr. David Gardner, College of Pharmacy, Dalhousie University
- Ms. Charmaine Cooke, Population Health Research Unit, Dalhousie University
- Ms. Denise Pellerin, Manager, Nova Scotia Prescription Monitoring Program
- Ms. Jennifer Ross Makhan, Regional Pharmacist, First Nations and Inuit Health, Health Canada
- Ms. Kathleen Shipp, Regional Pharmacist, First Nations and Inuit Health, Health Canada
- Ms. Allison Bodnar, Pharmacy Association of Nova Scotia

For more information about DEANS, go to [http://www.gov.ns.ca/health/pharmacare/deans.htm](http://www.gov.ns.ca/health/pharmacare/deans.htm)

To suggest topics or issues, contact Judith Fisher at judith.fisher@gov.ns.ca