



iDiS

Independent
Drug
Information
Service

Independent Drug Information Service

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iDiS Drug Information Consultant

Who Are We?

- ▶ The Independent Drug Information Service is an innovative program designed to provide physicians with an evidence-based, non-commercial source of the latest findings about the drugs they prescribe.
- ▶ Prescriber resource to:
 - Primary Care Physicians
 - Physician Assistants
 - Nurse Practitioners



PA iDiS Program

- ▶ Admin Team
 - Alosa Foundation
- ▶ PA Field Team
 - Independent Drug Information Consultants or Academic Detailers
 - 11 nurses and pharmacists
 - Many with advanced degrees and teaching experience
 - Vast geographical area covering Philadelphia, Harrisburg, and Pittsburgh
 - As well as the communities in between
 - Ability to know community resources

Academic Detailing

- ▶ The goal of academic detailing is to close the gap between the best available science and actual prescribing practice, so that each prescription is based on only the most current and accurate evidence about the efficacy, safety, and cost effectiveness of that prescription.
 - As defined by Dr. Jerry Avorn, Professor of Medicine, Harvard Medical School, Chief Div. of Pharmacoepidemiology and Pharmacoeconomics Brigham and Women's Hospital, Boston.

Academic Detailing

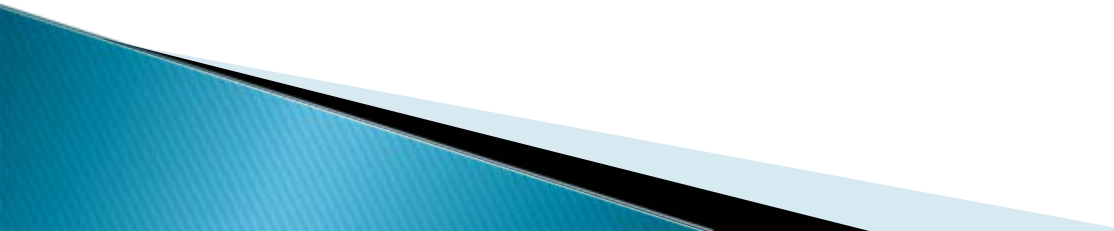
- ▶ Educational Outreach Service
 - Team of well trained nurses and pharmacists.
 - Face to face interaction at prescribers office.
- ▶ Interactive Exchange of Information
 - Evidence Based, Practice Relevant, Unbiased
 - Noncommercial, Nonprofit
 - No compensation from pharmaceutical companies, division research is funded primarily by NIH, AHRQ, and FDA.
 - PA iDiS is sponsored the PA PACE program and Dept. of Aging.

Evidence Based Medicine

- ▶ “Evidence Based Medicine de-emphasizes intuition, unsystematic clinical experience, and pathophysiologic rationale as sufficient grounds for clinical decision making and stresses the examination of the clinical research”
 - JAMA, 1992, Evidence-based medicine workgroup.



Delivering Evidence Based Modules

- ▶ Topics recommended by PACE, Dept of Aging, physician need or interest.
 - ▶ Comprehensive review and evaluation of the medical literature
 - Medical Journals, Cochrane Review
 - ▶ Draft documents written and rewritten
 - ▶ Key Messages Decided
 - ▶ Extensive Review Process
 - Among the clinical administrative team as well as topic experts
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Delivering Evidence Based Modules

- ▶ Six week journal club
 - Each detailer assigned an article to evaluate and present.
- ▶ Topic specific detailer training
 - Two days, lecture by those who develop the content
- ▶ Final review
 - Edits or additional input from detailers
- ▶ Detailer FBBE and Scripting
 - Each detailer must prepare within 10 days of training.
- ▶ Role play sessions
 - Via Skype with a senior level of management

Delivering Evidence Based Modules

- ▶ Each module is designed to be a future reference for the physician.
- ▶ Physicians are provided with:
 - Unad-glossy overview of data
 - Evidence document– “meaty” document that holds the supporting data, references, and resources i.e. tables, charts
 - Prescriber reference cards
 - CME opportunity via post test
 - Patient Education Materials
 - Trifold brochure
 - Tear off sheets



Our Progress

- ▶ 2,059 visits completed thus far in 2010
- ▶ Over 600 visits on the Depression module
- ▶ Over 700 visits on the Cognition module



Physician Satisfaction

Survey item	Mean \pm SD
<i>1=Strongly disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly agree</i>	
The program provides me with useful information about commonly used medications.	4.7 \pm .4
The content represents unbiased and balances information about drugs.	4.8 \pm .5
The program provides a perspective on prescribing that is different from what I get from other sources.	4.3 \pm .8
I find the patient materials useful in my practice.	4.6 \pm .5
It makes sense for the Commonwealth of Pennsylvania to devote resources to this activity.	4.6 \pm .6
My Drug Information Consultant is a well-informed source of evidence-based information about the drugs I prescribe.	4.8 \pm .4
The program has provided me with information that will help me in the care of my patients.	4.7 \pm .5
Being able to get Continuing Medical Education credits from Harvard is a valuable component of the service.	4.5 \pm .7
I would like to see the program continue.	4.8 \pm .4

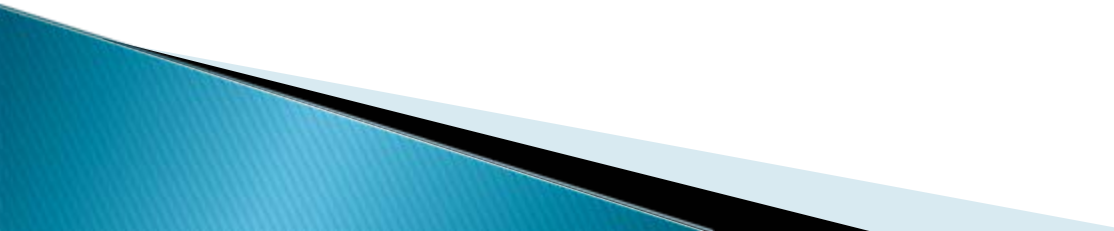
Topics Available

- ▶ Examples of Clinical Topics
 - Type 2 Diabetes
 - Antiplatelet Therapy
 - Falls & Mobility
 - Lipid Lowering Drugs
 - Antihypertensive Therapy
 - Chronic Obstructive Pulmonary Disease
 - Insomnia
 - Osteoporosis
 - NSAIDS
 - Upper GI Symptoms
 - Management of Incontinence
 - Cognition
 - Depression Management
- ▶ Materials available for review @rxfacts.org

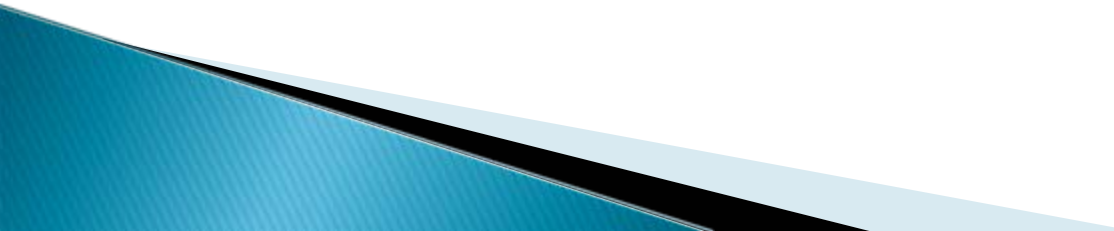
Depression & Aging Key Messages

- ▶ Determine the presence and severity of depression with a simple validated measure.
 - Two question screening tool
 - During the past month, have you been bothered by feeling down depressed or hopeless?
 - (Sensitivity 97%, Specificity 67% , 421 primary care patients in New Zeland–Arrol BMJ 2003.
 - During the past month, have you been bothered by little pleasure or lack of interest in doing things?
 - (Sensitivity 96%, Specificity 57%, 536 VA primary care patients in CA Whooley, J. Gen Intern Med 1997)

Depression & Aging Key Messages

- ▶ Use non-drug therapy first in mild depression, as it is unclear if antidepressants are better than placebo. The evidence that antidepressants are better than placebo is in moderate to severe depression.
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Depression & Aging Key Messages

- ▶ When initiating antidepressant therapy in older patients use an SSRI and advise patients what to expect from drug therapy.
 - Treatment algorithm based on STAR D
 - ▶ Continue antidepressants in moderate to severe depression for at least six months after symptoms improve.
 - ▶ Always ask about suicidal thoughts and assess risk, especially during initial treatment.
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Cognition: Alzheimer's & Dementia

- ▶ Identify and treat reversible causes of cognitive dysfunction such as delirium and depression before making a diagnosis of dementia.
 - Examples of potentially treatable, reversible causes
 - Mini Cog test

Cognition: Alzheimer's & Dementia

- ▶ Before prescribing cholinesterase inhibitors or memantine, discuss with caregivers and patients the uncertain clinical significance of cognition changes to be expected, as well as unpleasant possible side effects.
 - Emphasis on understanding the waxing and waning of the disease process.

Cognition: Alzheimer's & Dementia

- ▶ Consider non-pharmacological therapies to manage behavioral and psychological symptoms of dementia.
 - Caregiver focused patient education brochure.
- ▶ Use antipsychotics only with great care in elderly patients with dementia, because of serious adverse effects.
 - Recommendations for physicians.

Cognition: Alzheimer's & Dementia

- ▶ Use community resources (such as Area Agencies on Aging) to help your patients maintain independent living.
 - AAA
 - Healthy Steps Program
 - Mail Carrier Alert
 - ADEAR
 - Support Groups

Thank you

Please feel free to visit our website @
rxfacts.org