

Practice Spotlight: Anne Nguyen

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Dr Anne Nguyen is a pharmacist and the Coordinator of the British Columbia Community Drug Utilization Program (BC CDUP), an internationally recognized academic detailing program established in 1993. Funded by the BC PharmaCare Program and managed by the Pharmacy Department at Lion's Gate Hospital in North Vancouver, the BC CDUP provides academic detailing in North Vancouver and West Vancouver. As Coordinator of the program, Dr Nguyen provides objective, comparative drug information to assist family physicians in selecting the most appropriate drug therapy for their patients.

The selection of the most appropriate drug for a patient is determined by efficacy, safety, and cost, but from a societal point of view, prescribers often do not adhere to these principles. The Patented Medicine Prices Review Board defines a breakthrough medication as “the first drug to treat effectively a particular illness or which provided a substantial improvement over existing drug products”. Of all Canadian drug products newly patented in 2005, there was only one breakthrough medication.¹ This low number implies that most newly marketed drugs may not provide clinically important benefits over other available therapies. Despite their status as “blockbuster” drugs, with over \$1 billion in annual revenues, the recent withdrawals of rofecoxib (Vioxx), valdecoxib (Bextra), and cerivastatin (Baycol) highlight safety concerns identified during postmarketing surveillance. According to the Canadian Institute for Health Information, prescription medication expenditures were expected to increase by 11.5% from 2005 to 2006.² Increasing expenditures may be acceptable if the medications provide clinically important and

cost-effective benefits in terms of morbidity and mortality. However, medications are often prescribed on the basis of trials that evaluate surrogate markers.

One explanation for discordance between supporting evidence and utilization patterns of medications is marketing by pharmaceutical companies. Pharmaceutical detailing (visits by drug company sales representatives to health care professionals) is a key industry strategy to promote medications. In contrast, academic detailing is an educational technique adapted from the pharmaceutical industry's detailing practice and intended to offset industry influence. The word “academic” implies that the detailing is provided by nonindustry groups (e.g., a university or a health care professional group). Academic detailing involves a health care professional visiting a physician in his or her office to discuss therapeutic issues using an objective, evidence-based approach. The literature shows that academic detailing influences the prescribing behaviour of health care professionals, decreases prescribing of inappropriate medications, and improves patients' outcomes.^{3,6} Dr Nguyen's goal is to provide evidence-based knowledge to physicians, influence their attitudes, and ultimately improve their prescribing practices by promoting selection of the most appropriate medication for patients.

There are many components to a successful academic detailing program. The credibility of the program depends on the detailers, their message, and supporting printed educational materials. Detailers must present evidence-based information that is relevant to local practice in an objective, nonthreatening manner. Supporting documents must be formatted in a visually appealing manner. Dr Nguyen selects drug therapy topics in consultation with local physicians. She summarizes the highest-quality evidence for each topic in a short newsletter (2 to 4 pages) called *the review* (available through <http://www.cdup.org/thereview.html>), comparing the efficacy, safety, and costs of available agents. A local medical specialist reviews the summary before distribution to physicians and pharmacists, after which Dr Nguyen conducts a 15- to 30-min academic

detailing session with each participating family physician.

Dr Nguyen's work in the BC CDUP is being assessed through population-based research, and it has stimulated novel projects. For example, a prospective, randomized trial using provincial administrative databases to determine the impact of the BC CDUP on appropriate prescribing of medications for heart failure was recently completed (manuscript in preparation). The BC CDUP is collaborating with the University of British Columbia Faculty of Medicine and the University of Victoria to determine if technology-enabled academic detailing (TEAD) will be similar to, better than, or synergistic with face-to-face detailing for geographically isolated physicians (<http://www.mytead.ca/>). The BC CDUP works with the Canadian Agency for Drugs and Technologies in Health and its Canadian Optimal Medication Prescribing and Utilization Service to determine if centrally produced detailing materials can be adapted locally to deliver evidenced-based messages.

The prospects for academic detailing are bright and growing rapidly. Within British Columbia, there are plans to expand the BC CDUP, and the TEAD project has allowed more pharmacists to provide academic detailing. Within Canada, the 5 programs that offer academic detailing have formed the Canadian Academic Detailing Collaboration to collaborate and learn from one another. Dr Nguyen has enjoyed her unique career path and feels privileged to provide academic detailing services to an outstanding group of physicians, collaborate with colleagues to evaluate outcomes, and explore novel ways to use technology. She feels that the heart of academic detailing is good communication to facilitate the dissemination and uptake of the best literature evidence; ultimately, this promotes effective and safe prescribing of medications to improve patient outcomes.

References

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