

April 2015 - March 2016

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 Nova Scotia (NS). These educational interventions are often, but not always, coordinated with policy interventions in the NS Pharmacare programs 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 volunteer 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. The aim of the *Katie* program is to encourage all learners to be critical learners. 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. Moderators are encouraged to access the tool "*Tips for Moderators*". The goal of this tool is to help session moderators engage the audience and facilitate learning.

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, including the production of three *Katie* videos for the website and for use in educational programs. The *Katie* team has also developed two online tools that support the clinical interpretation of study data. The *Katie Calculator* is applicable to dichotomous data and, the *Gardner's Effect Size Illustrator* is useful for clinically interpreting continuous or scale data. Other tools include the *Katie card*, which was developed to support effective, critical, dynamic, action-oriented learning at continuing education programs and other clinical learning experiences. The *Knowledge Translator*, on the front side of the card, focuses on key clinical questions for reflection when appraising the information presented or discussed. The *Appraisal Tool*, on the back side of the card, provides more specific questions to guide the user to critically appraise the new clinical information.

As in previous years, *Katie* principles were incorporated into the Dalhousie Continuing Pharmacy Education Refresher (September 2015) and the Dalhousie Medical Refresher Course (November/December 2015). For information about *Katie* and to access *Katie* tools, go to: <http://katie.dal.ca/>

Type 2 Diabetes: What after Metformin?

In 2015/16, the Academic Detailing Service (ADS) developed an educational intervention “*Type 2 Diabetes: What after Metformin?*” This topic addresses the following questions: Will interventions that lower blood glucose decrease clinically relevant events in people with type 2 diabetes? What are the recommended glycemic treatment targets? What non-insulin glucose lowering agents are currently available and where do they act? Is there a defined choice and order of intervention? Why is metformin the first line agent? What factors inform choices after metformin?

The academic detailers began their educational visits in March 2016 and will continue into 2016/17. All materials are published online and are available through the following link:

<http://medicine.dal.ca/departments/core-units/cpd/programs/academic-detailing-service/AC-Service-Resources.html>

Contraception Pearls for Practice

In 2015/16, the Academic Detailing Service (ADS) developed an educational intervention “*Contraception Pearls for Practice*”. This topic addresses the following questions: What are the clinical considerations for healthy women requesting contraception? What is the comparative effectiveness of contraception methods? What are the special circumstances or risks when choosing a contraception method? What are the regimens to use when emergency contraception is needed? Is there evidence for other non-contraceptive benefits or harms of combined hormonal contraceptives?

The academic detailers began their educational visits in August 2015. During 2015/16, the detailers saw 401 family physicians, 2 specialists, 52 medical students, 35 nurse practitioners, 46 RNs, 6 pharmacists and 6 other health care professionals through office visits. In addition, 70 family physicians participated in a webinar on December 2, 2015. Of note, detailer Kelley LeBlanc conducted a visit to 4 family physicians in

French – a first for ADS!

As with other Dalhousie ADS programs, the materials were modified and delivered through *Academic Detailing Rx*, Dalhousie Continuing Pharmacy Education. Fifty-six pharmacists participated in a webinar on November 18, 2015. The presentation was recorded and is available through the following link:

<http://www.dal.ca/faculty/healthprofessions/cpe/programs/online-programs-andwebinars/contraceptive-pearls-for-practice.html>

The topic was presented at the Dalhousie Continuing Pharmacy Education Refresher (September 25, 2015, attended by 70 pharmacists), and the Dalhousie University Continuing Professional Development Choosing Wisely Fall Refresher (October 2015, attended by 20 family physicians).

All materials are published online and are available through the following link:

<http://www.medicine.dal/departments/core-units/cpd/programs/academic-detailing-service.html>.

Oral Anticoagulants in Atrial Fibrillation

In 2014/15, the Academic Detailing Service (ADS) developed an educational intervention “*Oral Anticoagulants in Atrial Fibrillation*”. This topic addresses the following questions: Who needs anticoagulation? How effective is warfarin? What are the advantages and disadvantages of the direct anticoagulants (DOACs) compared with warfarin? What are the current recommendations? What are the special considerations for the elderly (≥ 75 years)?

The educational visits began in fall 2014, continued through 2014/15 and were completed in 2015/16. The detailers saw 406 family physicians, 2 specialists, 27 medical students, 28 nurse practitioners, 20 RNs, 6 pharmacists and 3 other health care professionals through office visits. In addition, 77 family physicians participated in a webinar.

As with other Dalhousie ADS programs, the materials were modified and delivered through *Academic Detailing Rx*, Dalhousie Continuing Pharmacy Education. Forty-seven pharmacists participated in a webinar on March 4, 2015, and an additional 9 pharmacists accessed the archived webinar. The presentation is available through the following link:

<http://www.dal.ca/faculty/healthprofessions/cpe/programs/online-programs-andwebinars/oral-anticoagulants-in-atrial-fibrillation.html>

All materials are published online and are available through the following link:

<http://medicine.dal.ca/departments/core-units/cpd/programs/academic-detailing-service/AC-Service-Resources.html>

Gout: Update 2013

In 2013/14, the ADS developed an educational intervention, “*Gout: Update 2013*”. This topic addressed issues regarding some current recommendations for the management of gout, and a review of the supporting evidence. The academic detailers began their educational visits to family physicians in January 2014 and continued through 2014/15. The detailers saw 423 family physicians, 23 medical students, 24 nurse practitioners, 31 nurses, 15 pharmacists and 5 other health care professionals through office visits. Detailing on this topic was generally completed in 2014/15. However, interest continued into 2015/15 and the topic was presented to an additional 24 family physicians in Cape Breton in April/May 2015.

All materials are published online and are available through the following link.

<http://medicine.dal.ca/departments/core-units/cpd/programs/academic-detailing-service/AC-Service-Resources.html> .

Continuing Pharmacy Education: Pharmacists as Immunizers

In 2013, legislation was passed in Nova Scotia permitting pharmacists to deliver this service to

patients. As reported previously, Dalhousie Continuing Pharmacy Education (Dal CPE) created the *Immunization and Injection Administration Training Program (IIATP)* and *Immunization and Injection Administration Refresher Program (IIARP)* through the support of many organizations, including DEANS. This program has been used to train pharmacists in the Maritime Provinces to offer immunization and injection services. Dal CPE continued to offer both the *IIATP* and the *IIARP* to pharmacists in the Maritimes in 2015/16.

DEANS also provided support for a project that examined the rates of influenza immunization in Nova Scotia. The objectives of this study were: to compare the number of influenza immunizations and the estimated influenza vaccination coverage rates before and after pharmacists began immunizing in NS in 2013/14; and to characterize the demographics of the population receiving influenza immunization from pharmacists.

Nova Scotia influenza vaccination coverage increased significantly from 35.7% in 2012/13 to 41.6% in 2013/14 when pharmacists first became part of the provincial influenza vaccination program, bringing vaccination coverage to its highest level since 2010 (38%). In the second year (2014/15) that pharmacists were part of the immunization program, vaccination coverage of 39.9% was obtained. Despite the slight decrease noted in 2014/15, the data suggest that pharmacists are helping to increase overall vaccination coverage in Nova Scotia.

Pharmacists are providing immunization to a variety of age groups; the majority of immunizations are administered to persons aged 24 – 64 years. Of note, individuals 65 years and older experienced a large increase in vaccination coverage when pharmacists began immunizing. An increase of 9.8% in coverage was seen in the first year (2013/14), followed by an additional 1.7% increase in 2014/15. These increases brought vaccination coverage to 73.3% in Nova Scotians age 65 years and older, the highest in this demographic in any year evaluated since 2010.

Promoting Mental Health and Wellbeing through Community Pharmacy Collaboratives

DEANS has provided support for a multi-phase, inter-disciplinary project led by Drs. David Gardner and Andrea Murphy. The overarching purpose of this project was to generate and apply knowledge of the integrated community pharmacy team's roles in improving the mental health and wellbeing of Nova Scotians. All phases are now complete.

The team explored the relationships between community pharmacists and persons with lived experience with mental illness, through interviews and focus groups. One article, was published in 2014, as previously reported, and is available at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3908620/>.

More recently, an article was published in January 2016. This paper focused on the pharmacists' experiences and is available open access at the following link:

<https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-016-0050-9>.

The final paper is also under review with BMC Health Services Research and includes the patients' experiences. The funding and subsequent outputs for this project allowed for building a successful foundation to support several other projects (e.g. the Bloom Program at Bloomprogram.ca, Headstrong).

DEANS provided support for the sabbatical work of Drs. David Gardner and Andrea Murphy. This funding facilitated productive collaborations with colleagues in Australia, primarily Drs. Tim Chen and Claire O'Reilly. The ability to have face-to-face collaborations and networking allowed for the development and submission of several grants and writing projects, with some completed and others in progress. For example, the submission to the Dalhousie Pharmacy Endowment Fund to conduct a survey-based study to explore the experiences of community pharmacists in assessing and managing

suicide risk of patients was successful. Funding was also received through the International Program Development Fund for a grant led by Dr. O'Reilly to support a mental health research network of pharmacists. Team members include Dr. Murphy and Gardner, as well as Drs. Tim Chen, Adil Virani and Beth Sproule. Funding was received for a doctoral student, Ms. Sarira El-Den through an Endeavour Fellowship. She will be spending May to September 2016 in Halifax with Drs. Murphy and Gardner. Drs. O'Reilly and Chen will also visit Halifax in June because of their shared work. The group will attend the International Social Pharmacy Workshop in July to engage with other pharmacist stakeholders regarding community pharmacy based mental illness and addictions research. Other writing projects were undertaken during the sabbatical and Drs. Murphy and Gardner's article entitled, "A scoping review of weight bias by community pharmacists towards people with obesity and mental illness" was accepted for publication in the July/August edition of the Canadian Pharmacists Journal.

STOPP-START Criteria

The STOPP-START criteria are evidence-based sets of explicit criteria developed to facilitate screening for potentially inappropriate prescribing in older persons. STOPP refers to **S**creening **T**ool of **O**lder **P**erson's potentially inappropriate **P**rescriptions, and START to **S**creening **T**ool to **A**lert doctors to the **R**ight **T**reatment. These criteria were developed in Ireland using a modified Delphi process that involved 18 experts in geriatric pharmacotherapy from across the United Kingdom and Ireland.

In March 2016, a team of Nova Scotia researchers, funded partly by DEANS, and collaborating with researchers from Cork, Ireland published an updated systematic review of the effectiveness of the STOPP/START criteria to improve prescribing. There was an improvement in the quality of evidence found in this review as compared to the previous one published in 2013 that had mainly reported on observational studies. This review examined four randomized trials,

reflecting the experience of health care professionals' prescribing for 1,925 older adults living in both community and long-term care. A meta-analysis on the effect of STOPP on potentially inappropriate medication (PIM) rates, and a narrative synthesis on other outcomes were performed. Study heterogeneity prevented a meaningful statistical summary from the meta-analysis. However, the application of the STOPP/START criteria were found to reduce PIM rates, falls, delirium episodes, hospital length-of-stay, care visits (primary and emergency) and medication costs. No evidence of improvement in quality-of-life or mortality was established. Based on this review, we conclude that STOPP/START may be effective in improving prescribing quality, clinical, and economic outcomes.

SleepWell Nova Scotia: An Interdisciplinary Approach to Managing Insomnia

As reported previously, in November 2013 the Management Committee endorsed the development of an interdisciplinary, multi-phase initiative to address the appropriate management of insomnia. As with other DEANS' initiatives, this project is a collaborative effort by multiple stakeholders, including researchers, clinicians and decision-makers. The initiative proceeded in early 2014, and continued throughout 2014/15 and 2015/16.

The objective of the initiative is to promote the rational management of insomnia, with the following aims: to prevent unnecessary starts and use of hypnotics; and to improve sleep outcomes through the use of non-pharmacological interventions. The initiative employs a two-fold approach that includes an education component for health care professionals and the distribution of 'sleep kits' that are designed as an alternative to medications.

The initiative was formally introduced in November 2014 with the launch of the SleepWell NS website <http://sleepwellns.ca/> and the first educational presentations at the Dalhousie Pharmacy Refresher (November 7-9, 2014) and the Dalhousie Medical Refresher (November 27-30,

2014). Sleep kits were distributed to participants at each of the Dalhousie Refreshers. The initiative received some media attention at the Pharmacy Refresher – interviews featuring Drs. David Gardner and Connie LeBlanc.

Ongoing administration of the website, distribution of the kits to the public and health professionals, and promotion of the initiative continued through 2015/16. In January 2016, Dr. David Gardner promoted *SleepWell NS* at a CIHR sponsored event on 'deprescribing' that was hosted by Dr. Cara Tannenbaum, Scientific Director Institute of Gender and Health. In early 2016, a submission to The Health Institute, Faculty of Health Professions, Dalhousie University to offer a 1.5 hour seminar course about *SleepWell NS* was accepted. The non-credit course will be offered in summer 2016 and will be available to all health professionals and health students. Information is available at the following link:

http://www.dal.ca/faculty/healthprofessions/healthinstitute.html?utm_source=Health+Institute&utm_campaign=d3d0c3de2e-Health_Institute_FHPListServ&utm_medium=email&utm_term=0_8eed329eaa-d3d0c3de2e-340547105

Work progressed towards the next phase of the initiative with a teleconference brainstorming session in February 2016, to begin the process of developing a strategy to help ensure *Sleepwell NS* meets its goal of having a measurable impact on prescribing practices and patient outcomes. A number of interested individuals with diverse backgrounds participated. Following the teleconference, Dr. David Gardner prepared and submitted an application to the NSHRF Development/Innovation grant competition (\$15,000). The hope is that – assuming this application is successful – the results of this project can be leveraged into an application for a larger CIHR grant.

Publications/Presentations

Alia TA, Isenor J, Billard B, McNeil SA, Slayter KL, MacDougall D, Halperin B, Holmes E, Oliver

G, Bowles SK. Impact of pharmacists as immunizers on influenza vaccination coverage in Nova Scotia: Preliminary results. *Pharmacists as Immunizers Working Group, Department of Health and Wellness*. April 1, 2015, Halifax NS.

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Azoulay L, Filion KB, Platt RW, Dahl M, Dormuth CR, Clemns KK, Durand M, Jurrlink DN, Targownik LE, Turin TC, Paterson JM, Ernst P, for the Canadian Network of Observational Drug Effect Studies (CNODES) Investigators. Incretin based drugs and the risk of pancreatic cancer: international multicenter cohort study. *BMJ* 2016 Feb 17; 352 doi: [http:// dx.doi.org/10.1136/bmj.i581](http://dx.doi.org/10.1136/bmj.i581).

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Gardner D, Murphy A. Changing minds: what it takes. *Faculty of Pharmaceutical Sciences Seminar Series. Monash University*. May 27, 2015, Melbourne Victoria, Australia.

Gardner D. Mental health services in community pharmacy. *Faculty of Pharmacy, University of Sydney*. June 2, 2015, Sydney Australia.

Gardner D. Insomnia management in primary care – preparing for success. *42nd Annual Dalhousie Refresher, Therapeutics. Faculty of Medicine Continuing Professional Development*. March 31, 2016, Halifax NS.

Gomes T, Paterson JM, Mukati M, Henry D, on behalf of the Canadian Network for Observational Drug Effect Studies investigators. Ingrid Sketris is a CNODES investigator. Retrospective analysis of trends in dispensing long-acting non-tamper-resistant oxycodone near the Canada-United States border. *CMAJ Open*. 2015 April-Jun; 3(2):E231-235. Published online 2015 Apr 2. Doi:10.9778/cmajo.20140103.

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Kelly K. Metformin then what? *Canadian Society Hospital Pharmacists Continuing Education*,

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McLean-Veysey P. Cardiovascular risk assessment tools. *Canadian Society of Hospital Pharmacists Continuing Education*. November 19, 2015, Halifax NS.

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And

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McLean-Veysey P, Jones B. COPD: The long and the short of it! *Dalhousie University Continuing Professional Development Choosing Wisely Fall Refresher*, October 18, 2015. Sydney NS.

Murphy AL, Antipsychotic use in children and adolescents. *Faculty of Pharmacy Research Seminar Program, University of Sydney*. May 22, 2015, Sydney Australia.

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<http://medicine.dal.ca/departments/core-units/cpd/programs/academic-detailing-service/AC-Service-Resources.html>

DEANS Management Committee

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- Ms. Allison Bodnar, Pharmacy Association of Nova Scotia

For more information about DEANS, go to <http://novascotia.ca/dhw/pharmacare/drug-evaluation-alliance-of-nova-scotia.asp>

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