

## Pharmacist-led academic detailing intervention in primary care: a mixed methods feasibility study

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### Executive summary

- Academic detailing is a form of continuing medical education in which a trained health professional visits prescribers in their practice to provide evidence-based information.
- While academic detailing has been adopted in other countries, this strategy is not routinely used in Ireland.
- This mixed methods study demonstrated that a pharmacist-led academic detailing intervention was acceptable to GPs in Ireland.
- Our findings provide a useful platform for the evaluation of academic detailing in primary care on a larger scale.

### Background

Academic detailing is an interactive, convenient, and user-friendly approach that provides non-commercial evidence-based medical information tailored to the needs of an individual <sup>1</sup>. Academic detailers (who are usually pharmacists, nurses, or physicians) are trained to provide accurate, balanced, and up-to-date syntheses of the evidence on a clinical topic in an engaging format with healthcare professionals in their work environment <sup>2</sup>. These educational visits appear to be especially effective in improving prescribing appropriateness in general practice <sup>3</sup>. To date, no studies have evaluated the feasibility and acceptability of an academic detailing intervention with General Practitioners (GPs) in Ireland.



### Methods

**Setting:** Six GP surgeries in County Cork, Ireland. **Intervention:** A mixed methods feasibility study comprising a pharmacist-led academic detailing intervention on urinary incontinence in older people.

**Topic:** The topic of urinary incontinence was selected by a sample of GPs prior to the intervention.

**Quantitative method:** The medical records for all patients aged  $\geq 65$  years who were attending a participating GP with a diagnosis of urinary incontinence were analysed using a before-after approach.

The measures of prescribing assessed before and after the intervention were: LUTS-FORTA criteria, Drug Burden Index, and the Anticholinergic Cognitive Burden scale. **Qualitative method:** Focus groups were carried out with GPs who participated in the academic detailing intervention.

**Main outcome measures:** The quantitative prescribing patterns of the GPs and their qualitative responses from the focus groups.

## Results

Twenty-three GPs participated in the intervention from a selection of different types of general practice.

### Quantitative results

The medical records of 154 patients were analysed. There was minimal or no change in any of the prescribing measures used.

### Qualitative results

Fourteen GPs attended focus groups.

GPs considered the topic of urinary incontinence as relevant to general practice.

Participants were asked how this type of educational intervention could be rolled out to a wider group of GPs in Ireland. Some suggested that it could be affiliated with the Irish College of General Practitioners (ICGP), the professional and educational body for general practice in Ireland. The association with this recognised body could enhance the credibility of academic detailing among GPs.



*"I think this worked well cause we had input in actually what the topic was. So effectively it was something that would have been relevant and applicable so immediately that makes you less resistant."* (GP1 Focus group 1)

*"I think if it can be affiliated with the Irish college it would probably be more important... because that gives a bit of a imprimatur and it kind of gets people more receptive to it because if the Irish college are involved and they've tailored it to general practice..."* (GP 14 Focus group 5)

### Recommendations/Implications

Overall, participants reported that this evidence-based approach was beneficial and welcomed further visits.

The selection of a relevant topic appeared to be an important aspect of their positive response.

Our findings provide a useful platform for the evaluation of academic detailing in primary care on a larger scale.

Further research is needed in a larger population to determine the impact on patient outcomes and the cost-effectiveness of academic detailing.

### Acknowledgements

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### References

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3. Grol R, Grimshaw J. From best evidence to best practice: effective implementation of change in patients' care. *Lancet.* 2003;362(9391):1225–30.

**Published study associated with this brief**

Access the study [here](#)