

*Canadian Agency for
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in Health*



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Early Experience in Knowledge Translation – evidence to implementation

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COMPUS***

***Knowledge Translation Workshop, University of
Ottawa***

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COMPUS

Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)

- Funded by Health Canada (2004)
- A pan-Canadian, collaborative service
- Only a handful of similar programs in the world
- A program of the Canadian Agency for Drugs and Technologies in Health (CADTH)

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COMPUS mandate

Identify evidence-based optimal drug therapy

Evaluate current use & identify gaps

Provide strategies & tools

Support & encourage informed decision making

Build networks & partnerships

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Initial priorities for COMPUS

Identified by the F/P/T Pharmaceutical Issues Committee:

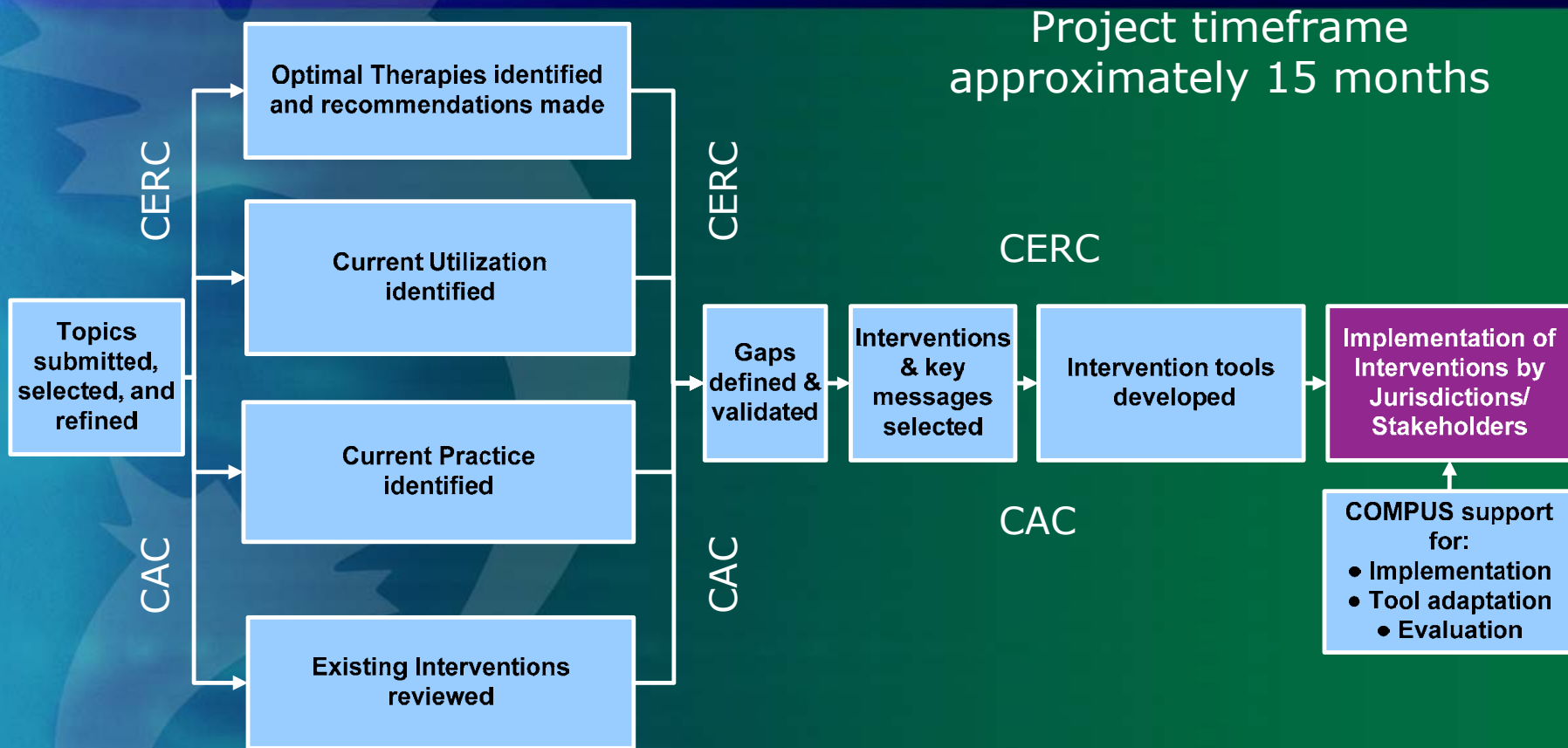
- Proton Pump Inhibitors (PPIs)
- Diabetes Management

Why?

- Large deviations from optimal use (over/under-use)
- Size of patient population
- Impact on health outcomes & cost-effectiveness
- Benefit to multiple jurisdictions
- Potential to effect change



COMPUS process:



Stakeholder feedback

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COMPUS process: PPI example

Evidence from 70 Clinical Practice Guidelines (CPGs) on various GI conditions

43 Evidence statements

10 Research gaps

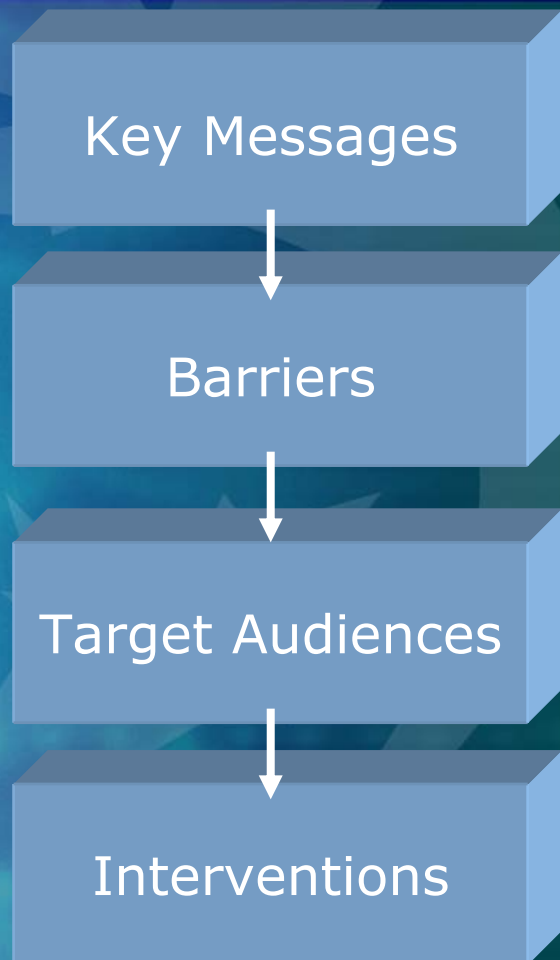
3 Key messages

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Selection of interventions



Objective: to recommend a range of interventions aimed at influencing behaviour, regarding the prescribing and use of PPIs that are appropriate for Canadian jurisdictions.

Considerations:

- evidence showing greatest effect
- different perspectives
- capacity



Tools from PPI project

11 Intervention tools to support Optimal Therapy Reports

- Academic Detailing Newsletter
- Quick Reference Prescribing Aid
- Alternate Prescription Pad
- COMPUS/RxFiles Pearls
- Upskilling Document
- Evaluation Framework
- Physician Self Audit Tool
- Didactic Presentations for Pharmacists and Physicians
- Interactive Presentations for Physicians and Pharmacists

COMPUS Optimal Therapy Newsletter: Proton Pump Inhibitors

Three Questions to Ask When Starting a Proton Pump Inhibitor (PPI)

Three Questions

- Which PPI should I Choose?**
You've decided to prescribe a PPI for your patient. In what format is best for your patient... both clinically and economically. You want the best clinical outcome.
- At What Dose should I Start?**

Approximate Monthly Cost* for PPIs and H2RAs

Standard Dose PPIA	Approximate Monthly Cost*
lansoprazole 30 mg twice daily	\$15.50
rabeprazole 20 mg twice daily	\$20.00
pantoprazole 40 mg twice daily	\$27.00
dexlansoprazole 30 mg twice daily	\$41.00
Low Dose PPIs	
Pantoloc® 30 mg once daily	\$29.30
Pantoloc® 15 mg once daily	\$55.00
Losec® 30 mg once daily	\$37.00
Losec® 15 mg once daily	\$64.00
Standard Dose PPIs	
Generac Omeprazole 20 mg once daily	\$43.00
Pantoloc® 20 mg once daily	\$44.00
Pantoloc® 40 mg once daily	\$61.25
Prevacid® 30 mg once daily	\$64.00
Nexium® 20 mg once daily	\$66.00
Losec® 20 mg once daily	\$68.00
Nexium® 40 mg once daily	\$68.00
Generac Omeprazole 40 mg once daily	\$78.00
Pantoloc® 20 mg twice daily	\$80.00
Pantoloc® 40 mg twice daily	\$114.00
Prevacid® 30 mg twice daily	\$120.00
Losec® 40 mg twice daily	\$122.25

Price Comparison on Site

Generic	Patient
Omeprazole 20 mg	Rabeprazole 20 mg
\$1.25/day	\$1.30/day

April 2017

Disclaimers: This information is not a substitute for professional medical advice or care. CATH is not liable for any adverse results from the use or misuse of information contained in or implied by the information in this document.

For full project information, visit the CATH web site: www.cath.ca

COMPUS Optimal Therapy Newsletter: Proton Pump Inhibitors

Three Questions to Ask When Starting a Proton Pump Inhibitor (PPI)

Which PPI should I choose?
On initial therapy there are no clinically important differences among equivalently-dosed PPIs in the treatment of most acid-related GI conditions.

At what dose should I start?
Studies comparing standard doses of PPI to high doses have not shown superiority of starting with the higher dose. Standard-dose therapy should be the initial therapy for all patients.

What won't a PPI treat?
Current evidence suggests PPIs are not efficacious in improving asthma, any cough symptoms or chronic cough that may be associated with GERD.

Evidence-based Support:
For gastroesophageal reflux disease (GERD) including both endoscopy-negative reflux disease (ENRD) and esophagitis, no clinically important differences were found among standard doses of PPIs. The robust evidence supporting this conclusion includes six good-quality systematic reviews. While there are isolated exceptions, the majority of comparisons of PPIs for GERD showed no significant differences in short-term (up to eight weeks) and long-term (up to one year) outcomes.

Limitations of the Evidence:
The evidence suggests that there are no clinically important differences among the various PPIs in the treatment of most acid-related GI conditions. This important message should not be clouded by isolated studies or comparisons between non-equivalent doses. However, the evidence is limited by the data in limited to a single good quality systematic review that included these individual comparisons suggest similar healing rates for the PPIs that have been studied (omeprazole and lansoprazole).

More than 1/4 of Canadians have symptoms caused by the acid in their stomachs. Symptoms can include heartburn, indigestion, bloating and a feeling of fullness.

Whether or not you have been prescribed a medication, there are things you can do that may help reduce your symptoms.

- Avoid foods that worsen your symptoms, such as:
 - coffee
 - chocolate
 - acidic foods
 - overly spicy or high-fat meals
 - alcohol
 - carbonated beverages
- Do not lie down for 2 to 3 hours after eating
- Do not wear tight-fitting clothing
- Stop or reduce the amount you smoke
- Elevate the head of your bed using blocks or books
- Eat smaller meals and chew food well
- Lose weight if appropriate

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PPI project: uptake

Academic detailing	5 AD programs currently detailing or will begin AD on PPIs by spring 2008
Presentations; continuing medical education meetings	15+ presentations and 10+ exhibit booths at various CME events
Provinces reviewing drug plan status	Several provinces currently reviewing to determine if revisions in coverage are required on PPIs
Provincial Ministry/CADTH collaboration on implementation initiatives	BC ministry, CADTH liaison officer and manager of implementation support working together toward coordinated PPI information roll out and evaluation (best practice example)



Building networks and partnerships

Transparency

- Feedback is received before and throughout the project (CAC, CERC, stakeholders)
- KT principles of engaging the audience you aim to influence are applied

Relationship building

- Specialist experts including endocrinologists included in COMPUS process
- Canadian Diabetes Association (staying informed)
- Canadian Medical Association (optimal prescribing project, CMAJ)



Rx for Change: interventions database



[Browse](#) » [Intervention](#) » [Review](#) » [Individual Studies](#)

The **Rx for Change** database summarizes current research evidence about the effects of strategies to improve drug prescribing practice and drug use. This database houses summaries of key findings from systematic reviews that evaluate the effects of strategies targeting professionals, the organization of health care, and consumers.

For more information, please see: [About the Rx for Change Database](#) and [Methods for Development](#)

▼ [Professional](#)

▶ ***Interventions that target professionals directly, aiming to improve practice.***

▶ Educational Meetings [?](#)

Health care providers who have participated in conferences, lectures, workshops or traineeships.

▶ Audit and Feedback [?](#)

▶ Educational Outreach Visits

▶ Patient-Mediated [?](#)

▶ Local Opinion Leaders [?](#)

▶ Mass Media [?](#)

▶ Reminders - Computer Decision Support Systems (drug dosing) [?](#)

▶ Reminders - Computer Physician Order Entry [?](#)

▶ Reminders - General [?](#)

Connect with COMPUS

- Register for the *COMPUS Communiqué*
- Participate in stakeholder consultations and web casts
- Contribute to the MPUP Collection
- Register for the *Rx for Change* web cast on December 10: www.rxforchange.ca
- Visit us at www.cadth.ca





Questions?

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