



Evidence Based Practice Program



Why should I care?

What is my role?



### What is it?

### **Medical Practice Activity**

- ☐ Evidence-based intervention for T2D disease management
- ☐ Dedicated virtual platform- <u>www.vistadm.ca</u>
  - ☐ Dedicated platform for the Alliance- <u>www.vistadm.ca/alliance</u>
- ☐ Program for primary care physicians (PCP) and community specialists (CS)
- ☐ Steering Committee (Co-chairs Drs. Leiter & Cheng)



### What is it?

#### **Steps**

Needs & Competency Assessment

**Practice Assessment** 

Interactive Feedback

Patient Survey

Learning from Self-Assessment A

Virtual Patient Cases A

Practice Reassessment

Virtual Patient Cases B

Learning from Self-Assessment B

Newsletter

**Practice Assessment** 

Interactive Feedback A

Learning from Self-Assessment A

Practice Reassessment A

Interactive Feedback B

Practice Reassessment B

Program Evaluation & Completion

#### **Practice Assessment**

- ☐ Patient chart survey
- Participants input lab values and other patient characteristics
- ☐ Can complete up to 10 patient charts before moving on to next module

Community Specialists co-author a regional newsletter with members of the Steering Committee, which summarizes progress of the program, interim results, and next steps for the Primary Care Physician participants





## Who is running it?

### Canadian Heart Research Centre (CHRC)

 Academic physician organization dedicated to understanding and improving the treatment and prevention of cardiovascular and metabolic diseases in Canada

### CHRC's Role

- > Recruitment, implementation and inquiries
- > info@vistadm.ca



## Building on previous work

Can J Diabetes 37 (2013) 82-89



Contents lists available at SciVerse ScienceDirect

#### Canadian Journal of Diabetes

journal homepage: www.canadianjournalofdiabetes.com





The SCAN-DM Study

➤ 479 GPs completed 5123 patient charts

Original Research

Type 2 Diabetes Mellitus Management in Canada: Is It Improving?

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#### IN CANADA...



- □ Only 50% of T2D pts are controlled (A1c <7.0%)
- Only 13% of pts achieved LDL, A1c, and SBP targets
- ☐ Mean A1c was 7.8% on triple therapy



## What is the CHRC evaluating?

### X% of patients achieving:

- ➤ A1c target
- ➤ blood pressure target (SBP/DBP)
- blood lipid target (LDL-C)
- ➤ all three targets, and more....



### What value are we bringing?

- Participants are part of a Canadian real world medical practice activity
- Opportunity to assess and optimize practice under direction of distinguished steering committee
- Compensated for time spent completing modules in the program
  - \$2300 for PCP, \$3000 for CS
- Other activities: virtual meetings with steering committee, face-to-face meetings



## What is my role?

1. Voluntary assistance with PCP recruitment only

2. Re-directing participant questions to CHRC <a href="mailto:info@vistadm.ca">info@vistadm.ca</a>

3. General follow-up on the value of the program



## Where are we today?

#### The VistaDMometer



Recruitment will end April 15th



### How to follow-up?



www.vistadm.ca/alliance

- BI reps: please connect with your Lilly counterparts to align on territories
- Access the "Resource Centre" for a step-by-step guide



## **Participants**

ON 55%

QC 17%

BC 9%

AB 8%

NS 4%

SK 2%

NB 2%

MB 1%

PEI 1%

NL 1%



## Why are we doing it?









### Next steps

- Follow-up with <u>5 customers in your territory</u>
   by April 15<sup>th</sup>
  - Listed as "no response" in portal <u>www.vistadm.ca/alliance</u>
- David to send out region-specific weekly follow-up emails with progress



# Q&A

Follow up

Progress

Remuneration

Program
components