

TOPIC: VISTA DM Q&A

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Topic:

VISTA DM (eVidence baSed pracTice progrAm in Diabetes Mellitus) Q&A for BI Lilly Alliance Field Force Representatives

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VISTA DM Q&A

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VISTA DM	What is it?	<p>The Alliance will be supporting a Medical Practice Activity in 2015 and 2016 called VISTA DM (evidence based practice program in Diabetes Mellitus) in collaboration with the Canadian Heart Research Centre (CHRC). The goals of VISTA DM are listed below:</p> <ul style="list-style-type: none"> • Identify the barriers that prevent physicians from attaining the treatment goals defined in the Clinical Practice Guidelines for patients with T2DM • Provide evidence-based interventions through a variety of practice specific tools to assist physicians in addressing these barriers • Enable physicians in developing effective treatment plans for patients with diabetes and provide on-going support in facilitating the achievement of treatment goals • Measure change and achievement of goals through practice assessment
VISTA DM	What is a Medical Practice Activity?	<p>A Medical Practice Activity is a program that enhances the optimal use of Prescription Medicines and aims to improve medical practice. See Section 12.3 (Member supported medical practice activities) in the Rx&D Code of Ethical practices for additional details.</p> <p>http://rxnd.ictin.us/wp-content/uploads/2015/06/2012_annotated_code_EN.pdf</p>
Planning Committee	Who is on the Planning Committee?	<ul style="list-style-type: none"> • Larry Leiter (Co-Chair) – Toronto – Endo • Alice Cheng (Co-Chair) – Toronto – Endo • Lori Berard – Winnipeg – CDE • Maureen Clement – Vernon – Primary Care • Kim Connelly – Toronto – Cardiologist • Jean-Marie Ekoe – Montreal – Endo • Pierre Filteau - Saint-Marc Des Carrières – Primary Care • Ron Goldenberg – Thornhill – Endo • Stewart Harris – London – Primary Care • Mark Lipman – Montreal – Nephrologist • Loir MacCallum – Toronto – Pharmacist • Peter Senior – Edmonton – Endo

		<ul style="list-style-type: none"> • David Shu – New Westminster – Endo • Thomas Ransom – Halifax – Endo • Dana Whitham – Toronto – Dietician • Jean-Francois Yale – Montreal – Endo • Pam Katz – Winnipeg – Endo
Planning Committee	How was the Planning Committee selected?	<p>The Planning Committee was selected by the CHRC with input from the program Co-Chairs (Dr. Lawrence Leiter and Dr. Alice Cheng) based on the following criteria:</p> <ul style="list-style-type: none"> • Interest and contribution to the therapeutic area of diabetes • Profession/specialty • Level of expertise and recognition both regionally and nationally • Previous collaboration and ability to contribute innovative content aligned with the program scope
Planning Committee	What is the Planning Committee responsible for?	<ul style="list-style-type: none"> • The scientific integrity of the program and ensuring that the program design meets the objectives • Developing the program content and materials • Acting as program advocates nationally and in their community and encouraging the participation of the target physicians (tailored communication) • Mentoring of the 80 regional community specialists (live, online and one-on-one as needed) • Dr. Leiter and Dr. Cheng (as a Project Leaders) will lead the Central Ethics submission of the medical practice activity protocol and practice assessment materials to guarantee full compliance with all applicable regulatory requirements • Determining the amount of time required by participants to review one patient chart (for the Practice Assessment) for participants with and without an EMR system. This recommendation will determine the payment associated with completion of the Practice Assessment component and will be aligned with the Boehringer-Ingelheim and Lilly Alliance Fair-Market-Value-Grid
Co-Chairs	Who are the Co-Chairs?	<p>Larry Leiter – Toronto – Endo Alice Cheng – Toronto – Endo</p>
Canadian Heart Research Centre (CHRC)	Who is the CHRC?	<p>CHRC stands for the Canadian Heart Research Centre. CHRC is an academic physician organization dedicated to understanding and improving the treatment and</p>

		prevention of cardiovascular and metabolic diseases in Canada.
CHRC	What is the role of CHRC in this program?	CHRC will be responsible for all aspects of program design, the identification of key stakeholders, objectives, medical practice activity protocol, educational and quality enhancement materials and templates, outcome measures and the dissemination of the program results. The CHRC will address any questions / challenges within 24 hours and provide a status update at that time. The CHRC has set up a designated email address for the Alliance – alliance@vistadm.ca to answer any questions that you might have (there are separate email addresses for participants).
Participants	How were the participants chosen and when will I know the list?	The participants were selected by the CHRC based on a national database of community specialists and primary care physicians who are active in the management of patients with type 2 diabetes. CHRC has also selected participants to ensure representation from across the country. You will be able to view your list of customers who have been invited in the VISTA DM Alliance Portal (www.vistadm.ca/alliance).
Participants	How come I did not have any input into the selection of participants?	The participants were selected by the CHRC in order maintain the credibility and integrity of the program.
Participants	What if a customer who is not on the participant list asks me about the program and/or wants to be involved?	Customers should not be proactively invited to participate in this program since the CHRC and the Planning Committee will extend the initial invitation. However, we do recognize that physicians in group practices may hear about this program through their colleagues and may want to participate. In this case, the CHRC has included a mechanism for you to request additional physicians to be added in 'Your Document Centre' of the online portal.
Participants	What happens if my customers do not complete the phases on time?	Participating physicians will be required to sign a memorandum of understanding (MOU) outlining the entire program scope and responsibility of the physician as it relates to this program. The terms of the MOU will clearly identify expectations around timelines related to the completion of the different phases of the program. CHRC will step-in and work

		with the participant if timelines are not being met; physicians may have to forfeit participation in the program if they are unable to complete the necessary steps within the timeframe. The CHRC will work with the physicians to ensure maximum flexibility is offered while ensuring that the milestones of the overall program are closely followed.
Participants	What do I do if my customers have questions about VISTA DM program or are having technical difficulties with the online portal?	You may provide your customers with the VISTA DM contact card, which will be provided to you. The dedicated email for physicians is info@vistadm.ca for general questions and webmaster@vistadm.ca for technical inquiries. Lianne Goldin (lgoldin@chrc.net), Victoria Gootgarts (gootgartsv@chrc.net) and Monique Khoury for support in French (khourym@chrc.net) are the designated contacts. The CHRC will also develop a simple overview guide that will be available in the Resource Centre of the Alliance Portal.
Primary Care Phases	What are the phases of the Primary Care stream of VISTA DM?	<ol style="list-style-type: none"> 1. Participant Recruitment (370 Primary Care Physicians) 2. Needs & Competency Assessment 3. Participant Resources & Tools 4. Phase I Practice Assessment 5. Phase I Interactive Feedback 6. Patient Survey 7. Phase I Learning from Self-Assessment A 8. Phase I Virtual Patient Cases A 9. Phase I Practice Re-Assessment A 10. Phase I Virtual Patient Cases B 11. Phase I Learning from Self-Assessment B 12. Phase I Newsletter 13. Phase II Practice Assessment A 14. Phase II Interactive Feedback A 15. Phase II Learning from Self-Assessment C 16. Phase II Practice Re-Assessment A 17. Phase II Interactive Feedback B 18. Phase II Practice Re-Assessment B 19. Program Evaluation & Completion
Specialty Phases	What are the phases of the Specialty stream of VISTA DM?	<ol style="list-style-type: none"> 1. Participant Recruitment (80 Community Specialists) 2. Needs & Competency Assessment 3. Participant Resources & Tools 4. Phase I Practice Assessment

		<ol style="list-style-type: none"> 5. Phase I Interactive Feedback 6. Patient Survey 7. Phase I Learning from Self-Assessment A 8. Live/Virtual Regional Focus Group Meetings 9. Phase I Practice Re-Assessment 10. Phase I Newsletter 11. Phase I Learning from Self-Assessment B 12. Phase II Practice Assessment 13. Phase II Interactive Feedback 14. Phase II Practice Re-Assessment 15. Program Evaluation & Completion
Timing	When do all of these phases happen?	Recruitment will begin in September 2015 with the program wrapping up in about April 2016. You will be able to follow the progress of the program (in more detail) via the VISTA DM Alliance Portal.
Tracking	How can I track the progress of the program?	You can track the progress of your physicians in the VISTA DM Alliance Portal. You will be able to view which phases your physicians have completed, but you will not be able to see the details of each phase (this information is confidential for each physician).
Compensation	Are the participants compensated? If so, how?	Yes, participants are compensated in a manner consistent with Section 12.3 of the Rx&D Code of Ethical Practices. Physicians are compensated for completing the practice assessment and re-assessment forms and will be compensated for their time completing tasks outside of their normal scope of practice (e.g., participation on the Planning Committee if applicable). They will receive payment only when the tasks are completed based on the program requirements and submitted to CHRC. Remuneration will cover reasonable time (as determined by the Planning Committee) for reviewing and completing practice assessment and re-assessment forms. Physician remuneration will follow the BI Lilly Alliance fair-market-value grid.
Rep Roles & Responsibilities	What ARE my roles and responsibilities?	<p>The CHRC and the Planning Committee will do the majority of the work in terms of selection, recruitment, and content development/roll-out. Your role is simple:</p> <ol style="list-style-type: none"> 1. Participant recruitment (only after the initial invitation comes from the Planning Committee and the CHRC, and the CHRC has not received a response from the potential participant) – you will

		<p>receive a notice about registering the VISTA DM Alliance Portal (at which point you will be able to view your physicians who have been invited and you can begin following-up with these physicians)</p> <ol style="list-style-type: none"> 2. Direct any questions/challenges from participants about the program to the CHRC (info@vistadm.ca for general questions and webmaster@vistadm.ca for technical inquiries – you can give participants the VISTA DM contact card as well). 3. General follow-up on the value of the program with participants to reinforce learning, practice change, and support from the BI Lilly Alliance (you can use the VISTA DM leave behind to help support these conversations)
Rep Roles & Responsibilities	What are NOT my roles and responsibilities?	<ul style="list-style-type: none"> • Ensuring that participants are completing each step of the program on time • Excluding a participant from the program if they do not meet program deadlines • Troubleshooting participants' challenges/technical difficulties • General management of the program
Alliance Support	Why is the BI Lilly Alliance supporting VISTA DM?	<p>The BI Lilly Alliance's support of VISTA DM helps to uphold our strategic imperatives of <i>helping physicians to become better at improving diabetes outcomes and enabling local influencers to shape diabetes care in their communities</i> – all in the context of <u>helping our customers to control diabetes</u> (which is our Alliance Promise). We are excited to take this new step forward that is consistent with this pledge.</p>
Additional Questions	Who can I talk to if I have additional questions?	<p>Please contact David Grabowski (Associate Product Manager) at 905-631-4742 or david.grabowski@boehringer-ingelheim.com if you have questions about your role or general questions about the program. You can also contact the CHRC at alliance@vistadm.ca if you need help with the online portal or have any other questions.</p>

Description of Phases

PHASE	DESCRIPTION
Participant Recruitment	CHRC will recruit 80 Community Specialists and 370 Primary Care Physicians for participation in VISTA DM, based on CHRC's national database of HCPs who are involved in the management of type 2 diabetes. Potential participants will receive a personalized invitation from the Planning Committee outlining the program objectives, components, and benefits of participation. Initial invitation will come from the Planning Committee (and CHRC), and if no response is received, BI/Lilly Alliance Field Force will be asked to follow-up with the potential participants.
Needs & Competency Assessment	Electronic survey of multiple choice questions, ranking scales, and clinical vignettes to evaluate diabetes knowledge gaps and needs, including: <ul style="list-style-type: none"> • Demographic information • Assessment of current understanding, perceptions and priorities (perceived needs) • Clinical vignettes to assess current knowledge
Participant Resources & Tools	Downloadable tools to assist participants with the implementation of simple, evidence-based strategies, which can lead to long-lasting diabetes practice improvements, including: <ul style="list-style-type: none"> • Pocket guides • Decision trees • Flow sheets • Reminder systems and office tools • Access to external resources (e.g., CDA)
Practice Assessment	Review of 10 patient charts (patients with Type 2 Diabetes who meet the eligibility criteria as identified by the Planning Committee) via Electronic Practice Assessment Forms (i.e., e-PAFs) to assess learning needs. ePAFs consist of questions related to de-identified patient characteristics, lab values, and treatment choices with multiple choice answers.
Interactive Feedback	Evidence-based considerations and/or recommendations specific to the practice of each participant delivered via the online portal (upon completion of the e-PAFs) to facilitate optimal diabetes management. Evidence-based considerations and/or recommendations (as identified by the Steering Committee) will be generated by comparing results of the practice assessment to best practices from guidelines.
Patient Survey	Paper-based, anonymous, and de-identified patient survey with multiple choice questions about their experience living with type 2 diabetes. To assist participants with personal reflection and to facilitate practice improvement through multi-source feedback. Aggregate survey results will be shared with participants (regional and national level). Participants will gain insight on current understanding, management, perceptions, and priorities from the patients' perspective.
Learning from Self-Assessment	Participants select from a comprehensive menu of diabetes educational platforms (based on their individual practice needs) to address barriers and knowledge gaps with the goal of implementing practice change. Educational platforms include: <ul style="list-style-type: none"> • On-Demand Webinars (practical web-based presentations)

	<ul style="list-style-type: none"> • Live Townhall Meetings (live online webinars, participants are active in setting the meeting agenda by submitting questions pertinent to their unmet educational needs in advance of the sessions) • Access to national Key Opinion Leaders
Live/Virtual Regional Focus Group Meetings	<p>Live (or Virtual if unable to attend live session) Focus Group Meeting that includes peer-to-peer interaction between Community Specialist participants and members of the Planning Committee to discuss program components and feedback. Discussion topics include:</p> <ul style="list-style-type: none"> • Update on new agents • Gain insight into current program perceptions • Discuss considerations and recommendations for program components in order to provide the most effective quality improvement pathway • Incorporate Community Specialists' feedback in subsequent program phases
Practice Re-Assessment	<p>Online survey with multiple choice questions assessing the impact of the Interactive Feedback and Resources/Tools on clinical practice. Mechanism to assess if the considerations and recommendations summarized in the Interactive Feedback were implemented by the participant. Identify additional barriers to change.</p>
Virtual Patient Cases	<p>Virtual Patient Cases (patients with type 2 diabetes) that participants treat and then receive feedback on their management strategies. Feedback is based on an evidence-based summary from experts.</p>
Newsletter	<p>Community Specialists co-author a regional newsletter with members of the Planning Committee, which summarizes progress of the program, interim results, and next steps for the Primary Care Physician participants. The results of the Phase I Practice Assessment and Patient Survey will be summarized and the newsletter will be distributed regionally to primary care physicians. Newsletter will include a summary of national and regional considerations, a narrative of evidence-based considerations, and will highlight the importance of continuing program participation for the Primary Care Physician participants.</p>
Program Evaluation and Completion	<p>Final Progress Report will be provided to participants showing improvement in current practice as a result of participating in the program. Participants will be asked (via online survey) to evaluate the impact of the program on their practice and to provide suggestions for other components that they would find valuable.</p>