

# Learning from Experience



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*Humber's Health Industry Professional Development programs provide participants with perspective around the current challenges and best practices for the development and commercialization of brands in the marketplace today. Core to the design of courses is the involvement of guest faculty sharing their experiences and knowledge. It is through these insights that the participants gain 'real world learning'. This column will share the experiences of the faculty speakers through their topic discussions and the questions posed by participants.*

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**Q** What are the biggest challenges that clinicians face when adopting an evidence-based approach to prescribing?

## **Challenge of dealing with diverse patient problems**

Each and every day, physicians face the daunting task of making decisions as to how to best treat hundreds of different patients with a variety of clinical problems. Imagine the difficulty of keeping current on the available literature in each of those clinical areas. The application of evidence-based medicine (EBM) in clinical practice was created to help answer these clinical questions and to provide a path to optimal care for patients. Bit by bit, EBM is taking the guess work out of clinical care and replacing it with solid data.

## **Challenge of keeping current with the literature**

How can a physician possibly keep up with all of the literature out there today? It is estimated that 5,000 medical articles and studies are published daily. How often have you been in a physician's office and seen a stack of journals collecting dust? Physicians need to be very selective regarding the papers they do read, as well as the educational events that they attend. The answers are out there but how do we get that into the software that is running inside the physician's head? That is the key question that faces us today.

## **Challenge of evaluating the data**

Even if physicians take the time to review the literature, it is usually very superficial and they might only read the abstract of the paper. Although the abstract can provide most of the key study results, it is not ideal for evaluating the strength and applicability of the data. Our goal is to facilitate knowledge transfer in a concise and compelling way so that behaviour changes become inevitable.

### **Challenges with access to treatments and reimbursement**

Limitations on medication reimbursement and availability may be a deterrent to product use—whether it is an appropriate therapy or not. But, the strength of the available data may also mean that the product provides a “cost-effective” option for the patient. In other words, EBM is the greatest champion for any product because it has its foundation in fact.

*What opportunity do these challenges present to the pharmaceutical industry in their communications with customers? How can the results of clinical trials be more effectively communicated?*

The trend towards EBM began as a way to more efficiently and effectively capture the risk/benefit ratio of any intervention or treatment. EBM grew partly due to the mistrust that people had of the “sales” messages that were being liberally propagated. EBM became the impartial judge and jury. Recommendations and claims could only come from properly performed clinical trials that provided data as to the benefits/risks of any therapy or intervention. Now several decades later, EBM has matured and has allowed clinicians and the pharmaceutical industry to work collaboratively in order to raise the quality of care that is provided to our patients.

In this era, what do physicians want? They would like pharmaceutical representatives to:

- Understand the physician’s and patient’s needs
- Be open to and aware of the physician’s experience with their product (both good and bad)
- Know their products and the disease state inside and out so that they can become a resource person in that particular field
- Present concise and clinically relevant information that is supported with good clinical studies

### **Know your customers**

Ask questions and find out more about the physician, their practice and their challenges treating patients. Ensure the physician has a clear picture of the appropriate patient profile—set them up for success! Your knowledge of the physician’s practice can help you build clarity around appropriate patient prescribing and expected results based upon your relevant clinical data.

### **Know your data**

Have you critically appraised your own study? Do you know the absolute risk reduction (ARR)? Relative risk reduction (RRR)? Number needed to treat (NNT)? P-value? Confidence intervals? The sample size and patient population?

Physicians are inundated with data. EBM starts with the patient and their clinical needs and uses the best scientific evidence available to make clinical decisions regarding that individual patient. Be able to easily communicate the features and benefits of your product using your clinical studies. Know the limitations of your data and do not oversell. Utilize and deliver messages based on good clinical data. Most importantly, know what question this trial has answered for us.

**Translate data into action**

Help the physician determine whether the information in the study can be applied to his/her practice. In other words, translate statistical significance into clinical significance for that specific physician and his/her patient. Knowledge transfer is necessary but knowledge translation is the ultimate goal.

If you are doing all these things, business will thrive because your products are being used appropriately and chances are, with much more success! **CPM**

*This opportunity to 'Learn From Experience' is based upon a presentation by Dr. Peter Lin entitled 'Clinical Trials and You' to the participants at the Humber 'Evidence Based Medicine' course run in partnership with CCPE.*

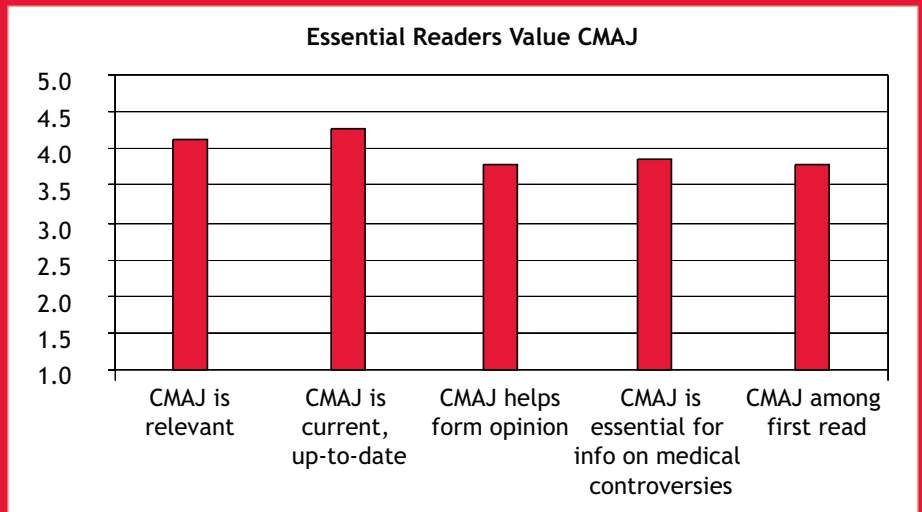
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