

EVALUATION OF PHYSICIAN SATISFACTION WITH THE QUEBEC PROVINCIAL ANTIRETROVIRAL THERAPEUTIC DRUG MONITORING PROGRAM

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BACKGROUND

- ❖ In June 2006, a province-wide antiretroviral (ARV) therapeutic drug monitoring (TDM) program was initiated in the province of Québec;
- ❖ At the end of 1.5 years, as part of our quality assurance measures, we wished to evaluate physician satisfaction to the program's expert interpretation service.

STUDY OBJECTIVES

To describe physician satisfaction and opinion toward various components of the Provincial ARV TDM program : usefulness of ARV TDM, program logistics, data collection form, pharmacological advice, interpretation reports and reasons for failure to follow the pharmacological advice.

METHODS

- ❖ Québec Provincial ARV TDM program database was retrospectively reviewed;
- ❖ A questionnaire that uses 5 point Likert scales to evaluate satisfaction was developed with various components of the program: usefulness of ARV TDM, program logistics, data collection form, pharmacological advice and interpretation reports;
- ❖ A checklist was included to explore possible explanations for failure to follow the pharmacological advice incorporated into the report (physician non adherence);
- ❖ Additional questions on physician demographics were included;
- ❖ Clarity and content validity of French and English questionnaires were evaluated by four clinicians;
- ❖ The questionnaire was anonymous;
- ❖ Study was approved by the research ethics board.

Study population and data collection period

- ❖ Satisfaction questionnaire sent to all physicians who had used the program between June 1st 2006 and December 31st 2007;
- ❖ Questionnaire mailed twice, in December 2007 and again in January 2008.

Statistical Analysis

- ❖ Descriptive statistics by SPSS v13.0: continuous data are presented with means (+ standard deviations) and categorical data with proportions.

RESULTS

Response rate : 65% (48 out of 74 physicians)

Table 1: Baseline Characteristics of Study Population (n=48)

•Years of practice, (mean ± SD)	19.8 ± 10.9
•Years of practice in HIV, (mean ± SD)	12.7 ± 7.7
•Practice site	n (%)
> Outpatient medical clinic	11 (25%)
> Hospital	21 (47.7%)
> Both	12 (27.3%)
• Number of HIV infected patients followed per year	n (%)
> <10	2 (4.3%)
> 10 - 40	5 (10.9%)
>> 40	39 (84.8%)
• Medical Specialty	n (%)
> Specialists	28 (60.9%)
> Infectious diseases	24 (92.3%)
• Continuing education on ARV TDM	n (%)
> Once received	32 (88.9%)
> Additional education desired	29 (64.4%)
•ARV plasma concentrations requested from other labs before TDM program implementation	16 (33.3%)

Figure 1: Opinion regarding the place of ARV TDM in the health care offered to patients

ARV TDM assists physicians in optimizing patients' treatment

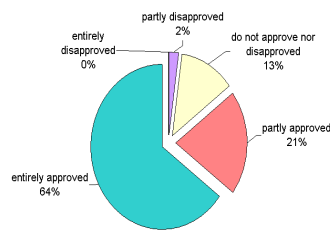


Figure 2: Knowledge regarding ARV TDM

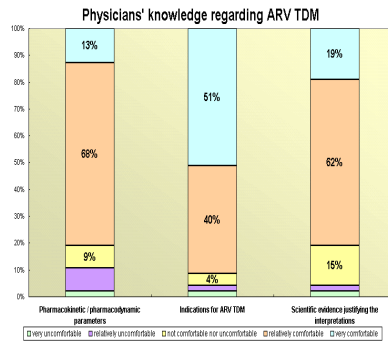


Figure 3: Level of satisfaction regarding pharmacological advice proposed by ARV TDM Program

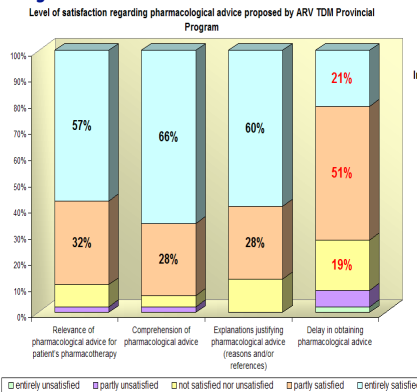
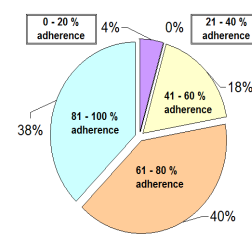
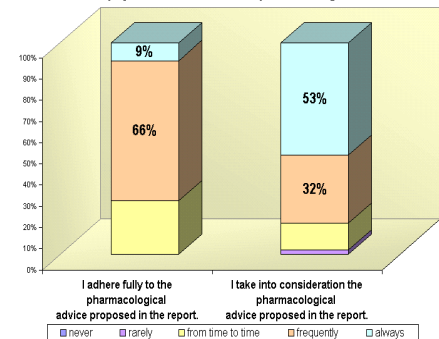


Figure 4: Level of adherence to pharmacological advice

Physicians' estimation of percent adherence to pharmacological advice



Level of physicians' adherence to pharmacological advice



Physicians' reasons for not adhering to pharmacological advice

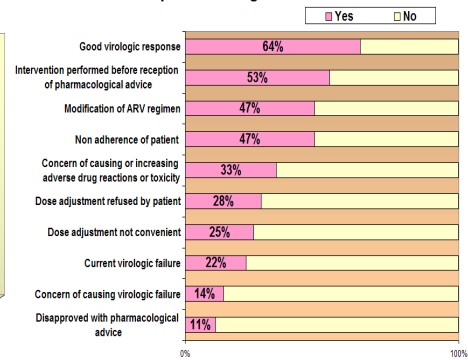
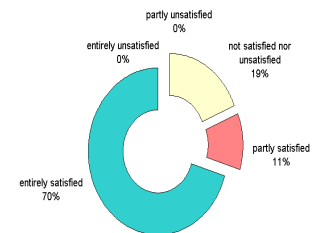
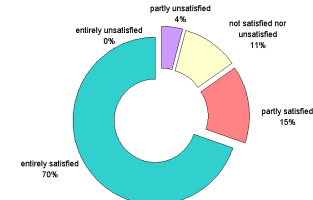


Figure 5: Global satisfaction

Accessibility of pharmacists at the ARV TDM Provincial Program



Accessibility of ARV TDM Provincial Program (ex : data collection form)



CONCLUSIONS

- ❖ Physicians were satisfied with the program and considered ARV TDM a beneficial tool in optimizing patients' ARV pharmacotherapy;
- ❖ Improvements must be made, however, to shorten the turnaround time for results.
- ❖ Regular quality assurance evaluations of ARV TDM programs are highly recommended.

ACKNOWLEDGMENTS

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