

UMass Chan Medical School

eScholarship@UMassChan

UMass Center for Clinical and Translational
Science Research Retreat

2013 UMass Center for Clinical and
Translational Science Research Retreat

May 8th, 12:30 PM - 1:30 PM

Dissemination of Evidence-based Atypical Antipsychotic Information to Nursing Homes

Celeste A. Lemay

University of Massachusetts Medical School

Et al.

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/cts_retreat



Part of the [Geriatrics Commons](#), [Health Services Administration Commons](#), [Pharmacy and Pharmaceutical Sciences Commons](#), [Psychiatry and Psychology Commons](#), and the [Translational Medical Research Commons](#)

Repository Citation

Lemay CA, Tjia J, Mazor KM, Field TS, Kanaan AO, Donovan JL, Gurwitz JH. (2013). Dissemination of Evidence-based Atypical Antipsychotic Information to Nursing Homes. UMass Center for Clinical and Translational Science Research Retreat. <https://doi.org/10.13028/t4v3-6b60>. Retrieved from https://escholarship.umassmed.edu/cts_retreat/2013/posters/35

Creative Commons License



This work is licensed under a [Creative Commons Attribution-NonCommercial-Share Alike 3.0 License](#). This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.

Dissemination of evidence-based atypical antipsychotic information to nursing homes

Celeste A. Lemay, RN, MPH; Jennifer Tjia, MD, MSCE; Kathleen M. Mazor, EdD; Terry S. Field, DSc; Abir Kanaan, Pharm D; Jennifer Donovan, Pharm D; Jerry H. Gurwitz, MD

Meyers Primary Care Institute, a joint venture of the University of Massachusetts Medical School, Reliant Medical Group, and the Fallon Community Health Plan

Celeste A. Lemay

Email: celeste.lemay@umassmed.edu

Phone: 508-791-7392

Background: Accumulating evidence demonstrates minimal benefit and increased risk of off-label use of atypical antipsychotic medications for dementia-related behaviors. Optimal strategy for disseminating evidence-based guides to nursing home (NH) stakeholders is unclear. Our objective is to describe the impact of differing dissemination efforts in Connecticut NHs.

Methods: Forty-three Connecticut NHs were randomized to one of 3 arms receiving incrementally intensive dissemination strategies of the Agency for Healthcare Research and Quality Comparative Effectiveness Review Summary Guide on the off-label use of atypical antipsychotic drugs, which was included in a toolkit informed by a needs assessment of NHs. All NHs received the paper-based toolkit and notifications regarding the online toolkit. Additionally, Arm 2 received individualized quarterly audit and feedback reports with atypical antipsychotic prescribing rates; Arm 3 received in-person educational visits and audit and feedback reports. Toolkit reach was assessed using interviews with NH leadership and staff. Online toolkit use was assessed using Google analytics.

Results: Eighty leaders and 222 direct care staff were interviewed. Leadership and direct care staff in Arm 3 NHs were more likely to be familiar with the toolkit than those in Arm 1 ($p=0.008$) and Arm 2 ($p<0.0001$). Several leaders and direct care staff identified the patient-centered behavior management section of the toolkit as the most useful. Google analytics showed no difference in the use of the online toolkit among NHs ($p=0.30$).

Conclusions: Intensive dissemination, using multi-pronged approach including academic detailing and direct care staff trainings, appeared to be associated with higher familiarity with paper-based toolkit, but not Internet-based use of the toolkit in the NH setting.