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Celeste A. Lemay

University of Massachusetts Medical School

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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.