

Comprehensive Research Plan:

Atypical Antipsychotic Use for the Behavioural and Psychological Symptoms of Dementia in the Elderly

Qualitative Unit

October 1st, 2014

Study Title: Atypical Antipsychotics for the Behavioural and Psychological Symptoms of Dementia in the Elderly

Objectives: To explore factors related to the experience of atypical antipsychotics prescription, dispensing and use in elders with dementia.

To determine the social acceptability of reimbursement policy recommendations for atypical antipsychotics.

Study Questions: What is the perceived effectiveness of atypical antipsychotics?

What is the impact of atypical antipsychotics on perceived quality of life?

What is the experience of patients/caregivers using atypical antipsychotics regarding access of these drugs?

What is the experience of prescribing/dispensing these drugs?

To what extent are the policy recommendations feasible and acceptable?

Note that the qualitative component will be conducted in two phases.

Phase 1: Exploration of factors affecting the dispensing and utilization of drugs within the drug class of interest

Study Design: This phase will utilize qualitative methods in a framework approach, which is an accepted practice in applied health studies.² The framework approach will guide the data collection and analysis processes. The primary source of data for this study will be one-on-one interviews. Field notes from interviews will also be made by the interviewer, and will be used a secondary source of data to incorporate into analysis.

Study Population: Identified stakeholders for the atypical antipsychotics drug class review include 1) patients over the age of 65 with dementia and/or their family members; 2) primary care physicians (PCPs) and long-term care (LTC) physicians; 3) nursing and support staff; 4) geriatricians; 5) health navigators including discharge planners and community care access centres (CCAC) staff; 6) pharmacists.

Methods

A purposive sampling approach will be used in order to elicit the specific perceptions and opinions of those who will be involved in or affected by drug policy decisions.

Clinicians will be recruited through circles of contact, professional networks and snowball recruitment. We will be making contact with the directors of LTC homes and CCAC to distribute recruitment notices to staff. Publicly available contact information will also be searched to develop contact lists. An ODPRN member or study coordinator will make contact with clinicians by phone, e-mail or fax. Patients will be recruited through circles of contact. A patient recruitment flyer will also be sent to participating clinicians who agree to distribute the flyer to patients. Patient networks will be used to send recruitment notices by e-mail.

General calls for recruitment of all eligible groups will be placed in professional organization newsletters, e-blasts and social media (Twitter, Facebook).

We will aim to recruit 6 to 8 participants from each identified stakeholder group, which may be sufficient to reach saturation amongst homogenous groups of participants.¹

Data Collection and Analysis

Qualitative data will be collected through one-on-one, semi-structured telephone interviews. Interviews will be 30 - 60 minutes in length. All interviews will be guided by a semi-structured interview guide, and will be audio recorded and transcribed verbatim. Interview transcripts will comprise the primary source of data. A secondary source of data will be field notes, made by a note taker that will be present at each interview.

Data will be analyzed using a framework approach. A framework for analysis will be developed after an initial review of the primary and secondary data sets. The framework will be applied to the data in subsequent sets to derive key policy-relevant concepts. Emerging codes will be incorporated to the framework to integrate unexpected results. A final framework will be developed and reported to the ODPRN after thorough analysis of all data.

Outcome(s) of Interest:

- Experiences of the disease condition and of taking atypical antipsychotics
- Experiences accessing atypical antipsychotics
- Experiences treating patients with and dispensing atypical antipsychotics
- Perceived safety and effectiveness of atypical antipsychotics
- Perceived barriers to access and health equity issues
- Any unanticipated issues related to atypical antipsychotics

Phase 2: Assessment of the social acceptability of recommended policy actions related to the drug class of interest

Study Design: RAND Appropriateness Method and Survey

Study Population: Representatives of the general public; stakeholder groups (i.e. among the 6 groups described in Phase 1 above); patient advocacy groups; topic-specific interest groups; and industry

Methods

- **To determine the social acceptability of each of the recommendations at the level of the general population,** we have recruited a diverse set of 15 individuals from the general public to form a Citizen's Panel. The Citizen's Panel will provide feedback on recommendations from all drug class reviews. Feedback from participants will be obtained in two surveys and a webinar using the RAND Appropriateness Method³. First, an online survey will be distributed to Citizen's Panel members, asking them to read the final report and recommendations, to provide their input and to rank the policy options. Next, Citizen's Panel members will attend a webinar meeting, at which we will present key issues, findings and policy implications, and engage in group discussion on the recommendations. Citizen's Panel members will complete a second survey after the meeting enabling them to provide additional feedback and giving them the opportunity to re-rank the policy options. This approach allows each person to express their idea(s); each person's opinion is taken into account (compared to traditional voting where only the largest group is considered).
- **To determine the social acceptability of each of the recommendations among stakeholders,** we will develop and distribute an online survey measuring aspects of social acceptability including affordability, accessibility and appropriateness. The survey will be developed in FluidSurvey. The study coordinator will send the survey link and report through e-mail to participants who took part in the phase 1 interviews and agreed to be contacted for follow-up. The survey link will also be sent to patient advocacy groups, topic-specific interest groups, and industry by e-mail. Contact information for these groups will be obtained through ODPRN circles of contact or on organization websites. Survey analysis will include descriptive statistics (e.g., mean, standard deviation, median) and thematic content analysis for open-ended questions.

Outcome(s) of Interest:

Feasibility and acceptability of draft recommendations.
