Academic Detailing for High Impact HIV Prevention

Anna Morgan-Barsamian, MPH, RN, PMP
Senior Manager, Training & Education

National Resource Center for Academic Detailing
Boston Medical Center
Introducing our Home Team

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MD, MS
Founder & Director

Jerry Avorn
MD
Co-Founder & Special Adviser

Bevin Shagoury
Deputy Director

Anna Morgan-Barsamian
MPH, RN, PMP
Senior Manager
Training & Education

Aanchal Gupta
Program Coordinator
Webinar Goals:

- Review the foundations, principles, and application of public health detailing to improve clinician engagement in evidence-based HIV prevention and care.

- Review the structure of a 1:1 clinical education visit using proven communication techniques.

- Identify required elements and resources to support a successful detailing program.

- Describe NaRCAD's and getSFcba's technical assistance offerings, including the 2022 Public Health Detailing Institute.
Applications for the 2022 Public Health Detailing Institute are due January 25, 2022
Your Expertise:

Type in the chatbox:

Fill in the blank:
“When I’m learning something new, I need __________.”
Level Setting: First Impressions

Type in the chatbox:

When you see/hear the following words, type the first word(s) or a phrase that comes to mind:

1. Clinician challenges
2. The HIV/AIDS epidemic
Level Setting:
What We Know So Far

Type in the chatbox:

Rate your knowledge of Academic Detailing on a scale of 1-10:

1  = I don’t know much at all yet.
5  = I’m conversational, but not an expert.
10 = I am an AD ninja.
What’s “AD”?  

It’s interactive educational outreach
- 1:1 visits in the frontline clinician’s own office
- Emphasizing an individualized needs assessment
- Using compelling educational “Detailing Aids”

Information is provided interactively to:
- Understand the clinician’s knowledge, attitudes, behavior
- Keep the practitioner engaged while continuing to assess needs
- Encourage behavior change via action-based key messages

✔ The visit ends with an agreed upon commitment to specific practice changes
✔ Over time, the relationship is strengthened, based on trust and usefulness
It takes 17 years for research to reach practice.¹

Only 14% of research reaches a patient.¹

Only 18% of administrators and practitioners report using evidence-based practices frequently.²

THE SCIENCE–PRACTICE GAP

Sources: Yearbook of Medical Informatics 2000; Implementation Science 2010
The Goal of Academic Detailing

Closing the gap between:

- Best Available Evidence
- Actual Clinical Practice
Bringing Best Evidence to Clinicians

Clinicians need high quality data that is:
- Relevant to real-world decisions
- Customized to their clinical setting
- Practical and usable

Academic Detailing can offer:
- Support in a stressful profession
- Ability to reignite clinicians’ passion for care
- Continuous engagement through 1:1 visits
What do Clinicians Value Most?

- Recognition
- Time
- Trust
- Honesty
- Knowledge
- Usable tools
- Resources
- Collaboration
Level Setting: Our Experiences

Type in the chatbox:

When you hear the following words, type the first word(s) or a phrase that comes to mind:

1. Pharmaceutical Sales Representatives
2. Researchers & Academic Faculty
Academic Detailing

Drug Industry
- Great Communicators

Academia
- Trusted Clinical Information
Applying AD to HIV Prevention

Natural fit for AD framework:

• Providing evidence to improve clinician knowledge deficits
• Conveying specific clinician behavior changes sought
• Educational messages applicable to real world patient needs

With some challenges:

• Stigma re: HIV as well as towards specific subpopulations
• Discomfort re: sexual health discussion
• Belief that HIV prevention is not for primary care
AD in Multifactorial Interventions

AD can play a key role when interventions require:

• Clinician engagement
• Education on best evidence
• Behavior change

AD can complement other elements of interventions:

• Working with other community stakeholders
• Patient advocates/navigators
• Economic support (e.g. medication assistance)
Elements of a Successful AD Program

- Identifying gaps in care
- Defining intervention goals:
  - What’s the change you want clinicians to make?
- Recruiting & training detailers
- Delivering 1:1 clinician visits
- Building capacity & sustainability
- Evaluation & assessment
Pause
## What We’ve Learned: Predictors of Intervention Success Level

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*Source: NaRCAD*
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<td><strong>Ongoing Learning Opportunities</strong></td>
<td>Chances to share successes and request assistance with challenges; increased knowledge of clinical info</td>
<td>Less connection to strategies and support; limited knowledge on clinical content updates</td>
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<td>via peer-to-peer networking &amp; clinical content refresher</td>
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My thoughts:

**KEY CHARACTERISTICS**
- Strong leadership
- Strong community connections
- Balanced trainee skill set
- Regular team communication
- Ongoing learning opportunities

*Type in the chatbox:*

For your program, which do you feel is strongest or most developed?
Pause
So, what does a 1:1 visit actually look like?

• We’ll walk you through structured steps
• Most visits last, on average, **20 minutes**
• Even when following the structure, each visit is totally **unique**
The Structure of a 1:1 Visit

1. Introduction
2. Needs Assessment
3. Key Messages, Features, & Benefits
4. Handling Objections
5. Summary
6. Closing Your Visit
Introduction

• A first impression sets the initial tone for all interactions

• The introduction establishes
  ✓ **Who** you are
  ✓ The **purpose** of your visit
  ✓ What **value** you have to offer to the clinician
Needs Assessment

• Engage your clinician in a conversation that encourages them to share their perspectives, experiences, & needs related to the clinical topic.

• This is done by asking open-ended questions.

• You’ll then choose your key messages to the individual needs, ensuring you’re providing support and resources that matter to them.
Key Messages, Features, & Benefits

• Based on what was identified in the needs assessment, you’ll deliver relevant key messages.

• A key message uses action-oriented words, delivering an evidence-based, behavior change recommendation.

• Example key messages:

1. Take a sexual history to identify patients who might benefit from PrEP.

2. Offer PrEP to patients identified as having risks for HIV.

3. Conduct an HIV test to confirm a patient is HIV negative before starting them on PrEP.

4. Follow-up with patients every 3 months for HIV/STI testing and 90-day PrEP refill.
Handling Objections

• You’ll often encounter some form of objection from a clinician after presenting the key messages.

• Your ability to recognize, react, and manage objections during a visit will determine your success.
Summary

• An effective summary
  ✓ Ensures that the information has been received
  ✓ Reinforces the knowledge imparted during the visit
Closing Your Visit

• An effective closure
  ✓ Asks for commitment
  ✓ Facilitates the development of a long-term relationship

• Securing an invitation for a future visit indicates the clinician acknowledges the value of the service
Practice Makes Perfect

• We’re here to help you practice these steps!
• Success and confidence comes from studying the pieces, role play, shadowing other detailers, and learning as you go!
# Educational Tools & Materials

Resources by Program:

<table>
<thead>
<tr>
<th>CDC Tools</th>
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<tr>
<td>ALOSA HEALTH'S HIV PREP CLINICAL MODULE</td>
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<tr>
<td>COLORADO DEPT. OF PUBLIC HEALTH &amp; ENVIRONMENT: PROUD TO BE PREPPED CAMPAIGN</td>
</tr>
<tr>
<td>NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE: PREP AND PEP ACTION KITS</td>
</tr>
<tr>
<td>PACIFIC AIDS EDUCATION &amp; TRAINING CENTER: PREP CAMPAIGN</td>
</tr>
<tr>
<td>SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH'S HIV PREP/RAPID CAMPAIGN</td>
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<tr>
<td>TOOLKITS</td>
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How it works.

- Naloxone has a higher affinity to the opioid receptors than opioids like heroin or oxycodone, so it knocks other opioids off the receptors for 30-90 minutes.
Explore More Campaign Materials

MATERIALS TOOLKIT
Learn how to make evidence engaging, accessible, and relevant to frontline care.

To search by clinical topic, please visit The Detailing Directory.
Building On Successes & Capturing Best Practices

Trust, Mutual Respect, and Transparency: Building a Strong Provider-Detailer Relationship (Part I)

10/20/2020

Overview: The DETAILS blog presents a special two-part series on what it takes to build a strong provider-distributor relationship from the perspective of a long-time academic detailer and from one of her local physician partners that she’s detailed for almost 15 years.

In Part One, we speak with Amanda Kennedy, PharmD, BCOP, who serves as the Director of the Vermont Academic Detailing Program and has been an active detailer since 2002. The Vermont Academic Detailing Program sees about 450-500 providers a year on 1-2 clinical topics. In Part Two, we hear from Dr. Robert “Bob” Schwartz, a Vermont family physician who reflects on his experiences with academic detailing visits with Amanda. Stay tuned for Part Two!

An interview with Winnie Ho, NaRACD Program Coordinator.

Winnie: Amanda, thank you for taking the time to reflect on the relationships you’ve built through the years with local providers. What would you say are the key elements for building a strong provider-distributor relationship, and why?

Amanda: Trust and mutual respect. If the clinician doesn’t trust you, then it’s going to be very hard to make recommendations for practice change. Mutual respect goes both ways. As much as I am providing a service, I also expect the clinician to show up and be engaged in our visit, because only then can we have the kind of conversation that gets at the heart of the behavior change we hope to see.

W: Engagement is such a key component of these visits, especially for creating a safe space for providers to be open and honest with the detailers about their concerns and needs. I want to take you back to the start and ask you to reflect on what it was like to be brand new to AD: What advice would you give to a new detailer in those shoes?
AD as Part of a Community-Wide Intervention
Measuring Impact for Sustainable Programming
Building Blocks for New Programs
AD Overview Webinar
Clinician Stigma

Strategic Data Collection for Program Sustainability
Strengthening the Detailer-to-Clinician Relationship
Recruiting Detailers to Build a Strong Field Team
Pivoting to e-Detailing
ACADEMIC DETAILING TRAINING SERIES
We’re preparing clinical outreach educators to meet clinicians and ignite behavior change.

MORE THAN
885
HEALTHCARE PROFESSIONALS TRAINED

We’ve Gone Virtual!

Our Next Training

SAVE THE DATE:
AD Techniques Training

Learn to effectively communicate best evidence and critical tools to frontline clinicians.

2022 Virtual Session: AD Techniques Training
March 29-31, 2022
Daily Sessions, 1-5 p.m. ET
Via Zoom
Registration opens January 15, 2022!
PIVOTING TO VIRTUAL TRAININGS
Identifying Ideal Detailer Characteristics

To Consider:

- Communication Skills
- Professional Background
- Resources to Devote to Project
Ideal candidates have the following skills:

- A professional healthcare-related background (e.g., doctors, nurses, pharmacists, medical assistants, etc.) or public health background (public health specialists, disease investigation specialists, etc.) or background in communications and education (e.g., health educators, communications and marketing, etc.);
- A working knowledge of the related clinical content;
- An understanding of community in which the intervention will occur, including familiarity with local clinics, health systems, public health department, and patient concerns/socio-economic factors influencing care;
- Excellent interpersonal communication skills, tenacity and emotional intelligence;
- Flexibility to work approximately 5 hours a week to facilitate 1:1 visits with frontline clinicians over a virtual platform or in their own offices/clinics;
- Experience with motivational interviewing or other persuasive communication training a plus!

What Our Trainees Say:

“This was the best and most efficient healthcare-related training course I’ve been to.”

“Just the right amount of didactic, practice, then putting it all together—I’m ready to develop materials & try it.”

“I appreciate that the facilitators, presenters, and staff took the time to get to know each one of us.”

“I came away with refined communication skills and improved clinical knowledge, thanks to the outstanding facilitators.”

“I loved all of the faculty and staff—they provided personalized educational skills and input on your program.”
Please take our 60-second survey!
Link in Chatbox.
Thank You!