

# Academic Detailing for High Impact HIV Prevention

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**SENIOR MANAGER, TRAINING & EDUCATION**

NATIONAL RESOURCE CENTER FOR ACADEMIC DETAILING  
BOSTON MEDICAL CENTER



# Introducing our Home Team



**Michael Fischer**  
**MD, MS**  
Founder & Director



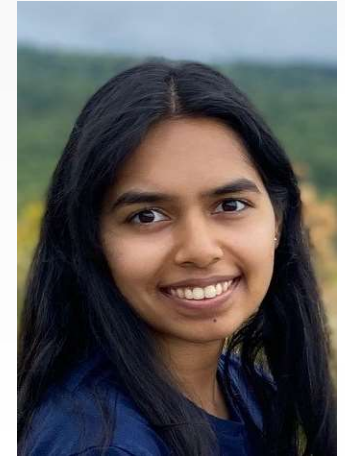
**Jerry Avorn**  
**MD**  
Co-Founder &  
Special Adviser



**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



## 5th Annual Public Health Detailing Institute for High Impact HIV Prevention March 9-11, 2022

**Overview:** Public Health Detailing is an evidence-based approach to encourage clinical practice change through brief, educational, one-on-one provider visits. To expand PrEP provider capacity, the 2022 Institute will bring together West Region state and local health departments (HDs) preparing to launch or enhance their PrEP Detailing programs. Participants will build their detailing skills and receive customized TA. Special topics include e-Detailing and pharmacy-focused Detailing.

### Target Audience:

- HDs and their affiliated partners from the West Region of the U.S.
- **New programs:** we encourage a program manager and lead detailer participate
- **Established programs:** 1-2 new staff requiring detailing training may apply

Space is limited to 20 participants. Preference will be given to new programs. **Applications are due January 25, 2022;** those accepted will be notified in early February.

### Key Dates

**Orientation to Public Health Detailing**  
January 6, 2022, 11AM-12:30PM PST ([Register for the webinar](#))

**Virtual Institute**  
March 9-11, 2022 [Apply](#)

For questions about eligibility, please email [get.sfcba@sfdph.org](mailto:get.sfcba@sfdph.org)

Hosted by getSFcba in collaboration with  
NaRCAD for the West Region



We are accredited to provide continuing education units (CEUs) for Registered Nurses (RN), Licensed Marriage and Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC), and Licensed Educational Psychologists (LEP)



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Funded by Centers for Disease Control and Prevention

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.<sup>1</sup>

Only 14% of  
research  
reaches a  
patient.<sup>1</sup>

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

# 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:**

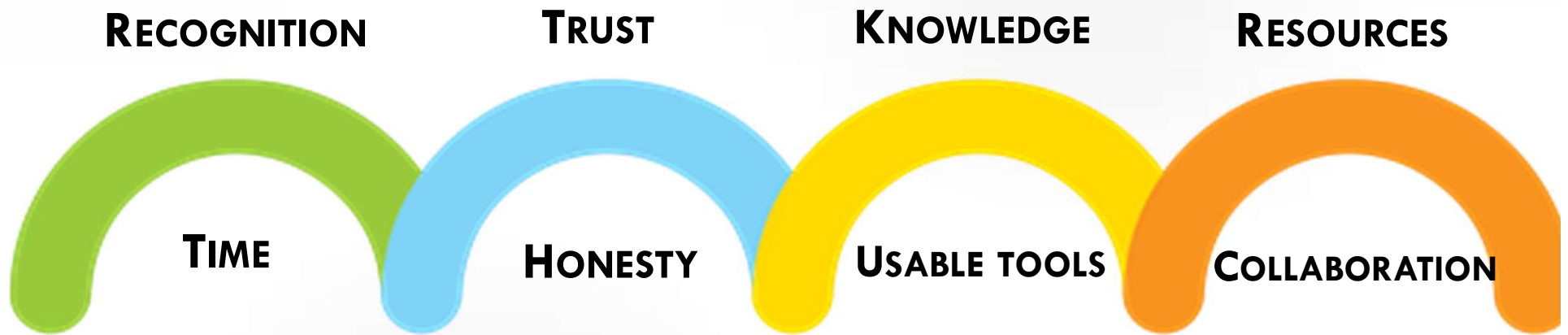
- ✓ Relevant to real-world decisions
- ✓ Customized to their clinical setting
- ✓ Practical and usable

**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?



# Level Setting: Our Experiences

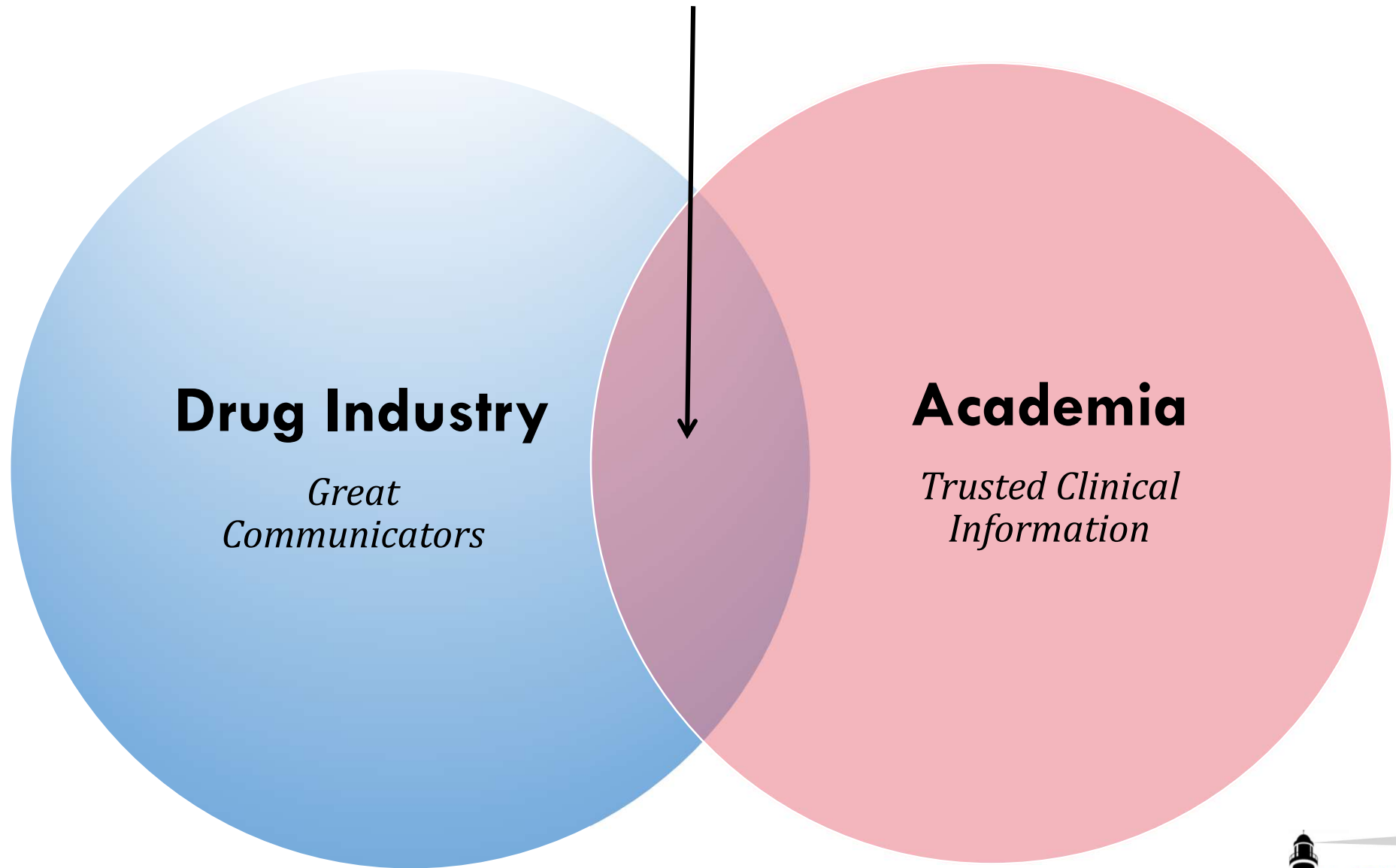
*Type in the chatbox:*

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



# 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

KEY CHARACTERISTIC	IF YOU HAVE IT	IF YOU LACK IT
<b>Strong Leadership</b> within the local health department	<b>Building stronger teams via excellent recruitment and consistent involvement</b>	<b>Less effective recruiting decisions + less connected teams</b>

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<b>Ongoing Learning Opportunities</b> via peer-to-peer networking & clinical content refreshers	<b>Chances to share successes and request assistance with challenges; increased knowledge of clinical info</b>	<b>Less connection to strategies and support; limited knowledge on clinical content updates</b>

# 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



# 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.

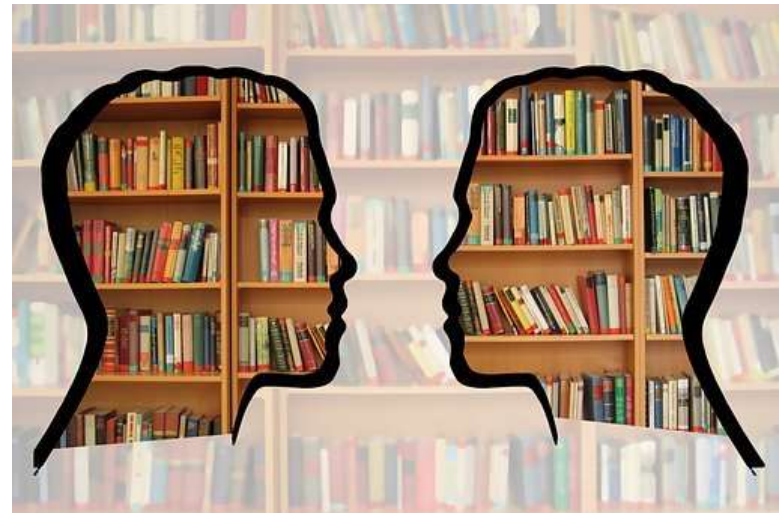
# Handling Objections

- 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!





# INTERVENTION TOOLKIT:

## *Academic Detailing for HIV Prevention*

*Shareable resources to build your Academic Detailing program.*

[JOIN THE DISCUSSION](#)

*Interact with others in the academic detailing community from around the world.*

## Educational Tools & Materials

Resources by Program:

CDC Tools

ALOSA HEALTH'S HIV PREP CLINICAL MODULE

COLORADO DEPT. OF PUBLIC HEALTH & ENVIRONMENT: PROUD TO BE PREPPED CAMPAIGN

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE: PREP AND PEP ACTION KITS

PACIFIC AIDS EDUCATION & TRAINING CENTER: PREP CAMPAIGN

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH'S HIV PREP/RAPID CAMPAIGN

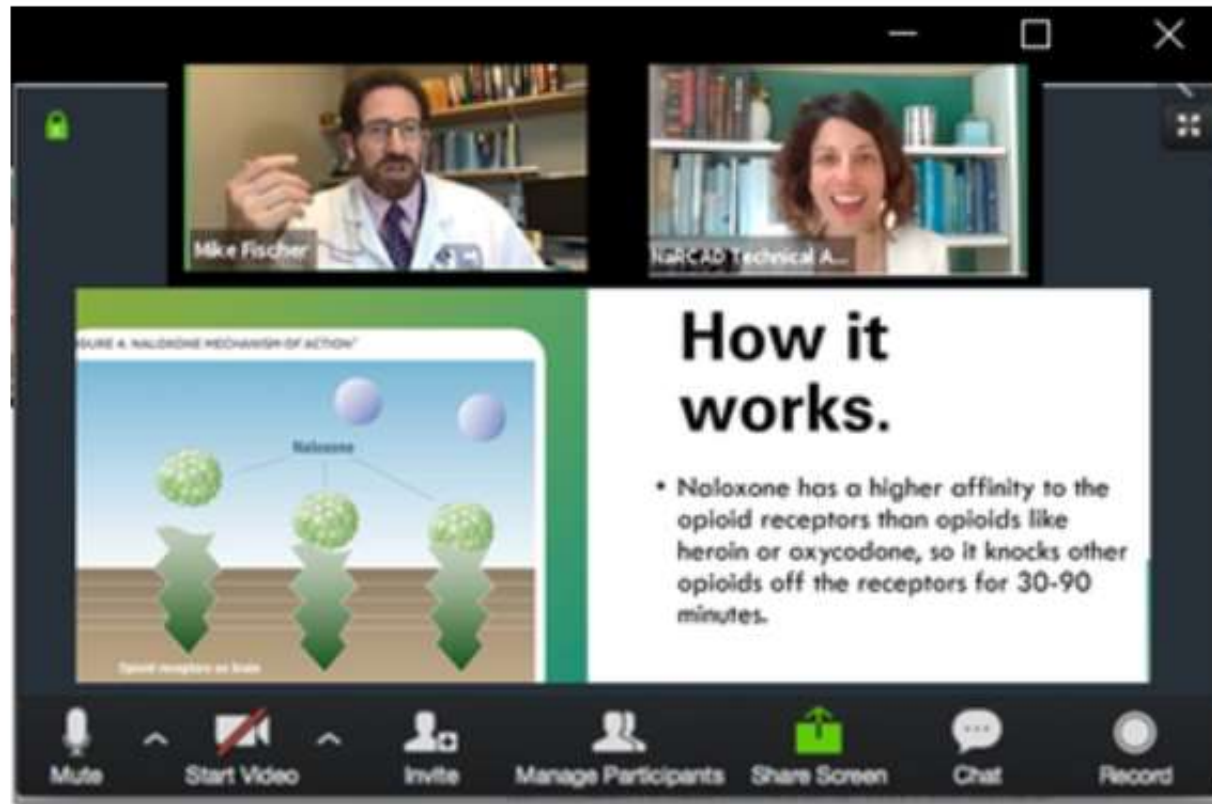
TOOLKITS

# Model Detail Video

021218 Scenario 1



# Model e-Detailing Recording



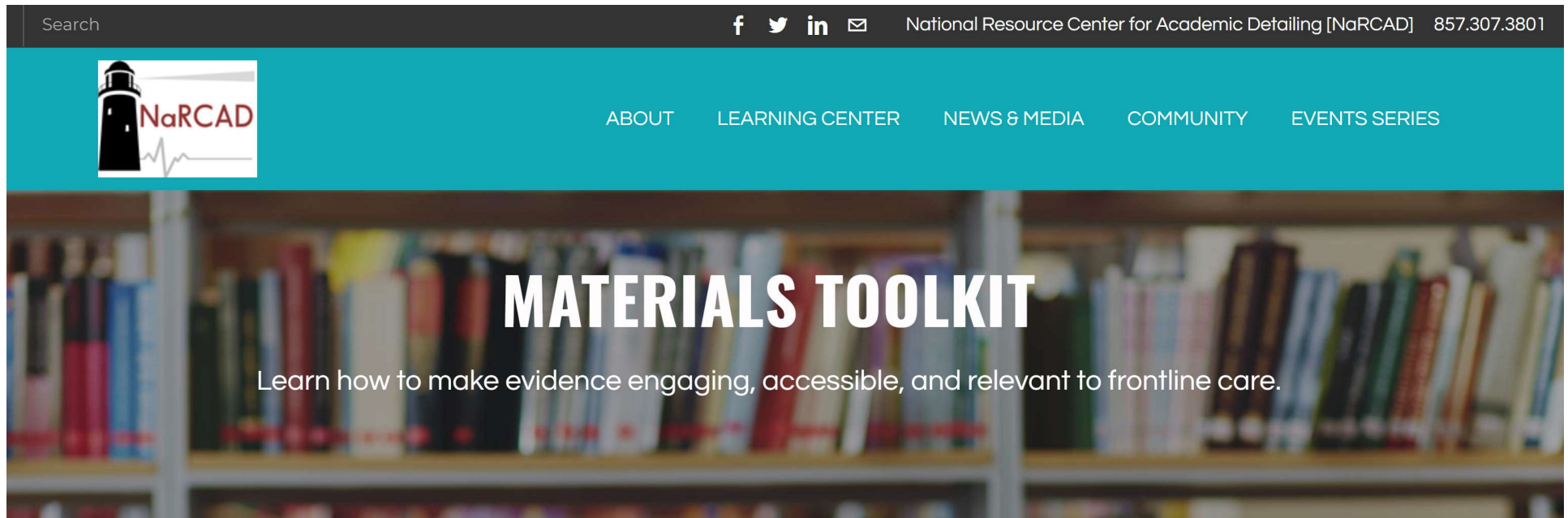
The screenshot shows a video conference interface. At the top, two video thumbnails are visible: Mike Fischer on the left and JARCAD Technical A... on the right. Below them is a presentation slide titled "How it works." The slide features a diagram of Naloxone (green spheres) competing with other opioids (purple spheres) for opiate receptors (green arrows). The text on the slide explains that Naloxone has a higher affinity for these receptors, displacing other opioids for 30-90 minutes.

**How it works.**

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

The bottom of the window displays a toolbar with icons for Mute, Start Video, Invite, Manage Participants, Share Screen, Chat, and Record.

# Explore More Campaign Materials



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 of what it takes to build a strong provider-detailer 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, BCPS](#), 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!*

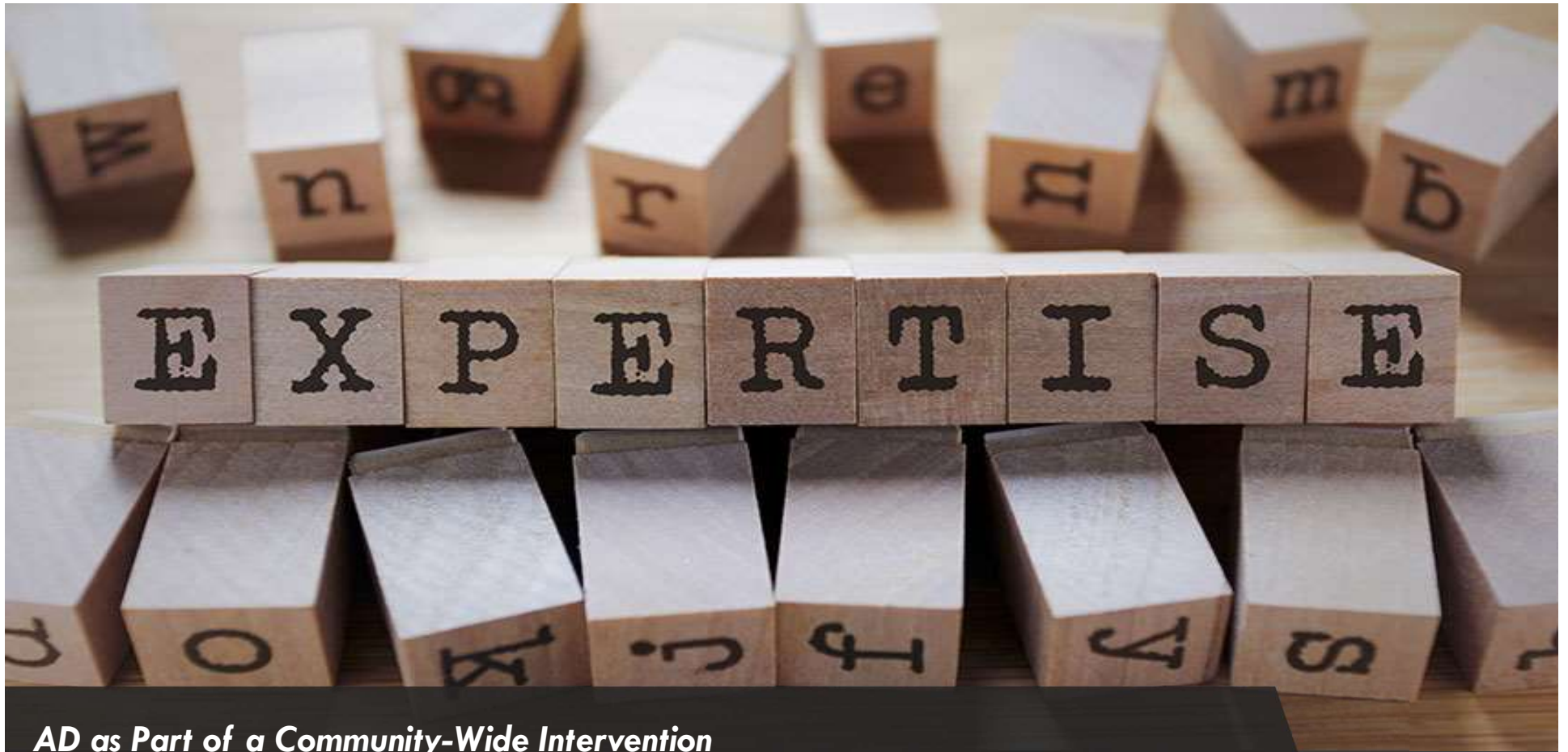
*An interview with [Winnie Ho, NaRCAD Program Coordinator](#).*

**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-detailer 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

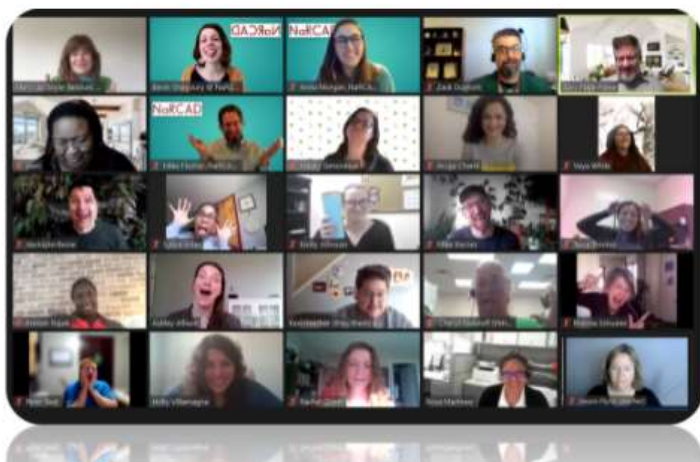
We're preparing clinical outreach educators to meet clinicians and ignite behavior change.

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 front  
line 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.*

