



How Physicians Learn and Change: The Role of Academic Detailing

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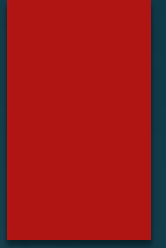
Conflicts of Interest

I have nothing to disclose.



▶ Educators or academic detailers?

List all methods to change
physician behavior



Methods

- ▶ Lecture
- ▶ Small group
- ▶ Audit and feedback
- ▶ Simulation
- ▶ Case studies
- ▶ Webinars
- ▶ Internet
- ▶ Print materials
- ▶ Role play
- ▶ Academic detailing

What works?

- ▶ Everything (except print media) BUT:
 - ▶ Interactive interventions were better than passive
 - ▶ Multiple interventions were better than single
 - ▶ As a single intervention, academic detailing was best

Learning and retention occurs best when:

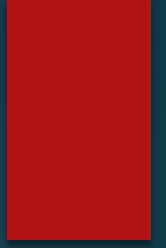
- ▶ Learning requires effort
- ▶ Is in context
- ▶ Addresses a need identified by the learner
- ▶ Is applicable/practical
- ▶ Builds on prior knowledge/experience
- ▶ Incorporates multiple “touches”

Effortful learning

- ▶ Think-pair-share
- ▶ Brainstorm
- ▶ Questions/case studies
- ▶ Small group problem solving
- ▶ Simulation
- ▶ Audience response system
- ▶ Role play
- ▶ Games
- ▶ Story telling

So if academic detailing works best, why do anything else?

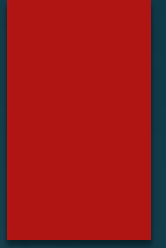
List barriers to change



Barriers to change

- ▶ Don't know
- ▶ Don't remember
- ▶ Don't believe
- ▶ Don't think it applies to me
- ▶ Don't have the skills (can't)
- ▶ Operations don't support
- ▶ Patient factors
- ▶ Don't want to

How do you know what the barriers are?



Match intervention to barrier

- ▶ **Don't know**

- ▶ Almost anything

- ▶ **Don't believe**

- ▶ Opinion leaders, academic detailing, maybe data

- ▶ **Don't believe it applies to me**

- ▶ Audit and feedback

- ▶ **Can't remember**

- ▶ Reminders, EHR tools, flyers, pocket cards, pens, etc

More...

- ▶ **Patient factors**

- ▶ Communication training (role play), patient education handouts

- ▶ **Don't want to**

- ▶ Academic detailing, opinion leaders, peer pressure, regulation

- ▶ **Don't have skills**

- ▶ Role play, simulation, demonstration and practice

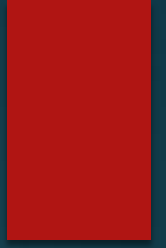
- ▶ **Operations don't support the change**

- ▶ Well, probably nothing educational will work-except to lobby for change

So where does academic detailing provide return on investment?

- ▶ Don't believe in change
- ▶ Don't believe it applies to me
- ▶ Don't want to
- ▶ Don't have skills (cognitive/problem solving skills)
- ▶ Clinician patient communication/patient education
- ▶ Influential/trusted consultant
- ▶ Isolated clinicians

Write down one thing you will do differently after this conference



Questions?

Thanks!

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