



**E-DETAILING FOR CLINICIAN ENGAGEMENT:
VIRTUAL CONNECTIONS FOR CLINICAL CHANGE**

Wednesday, April 29th, 2020, 2:00 P.M. – 3:00 P.M. EST

Bevin K. Shagoury, Communications & Education Director
National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [DoPE]
Brigham and Women's Hospital | Harvard Medical School



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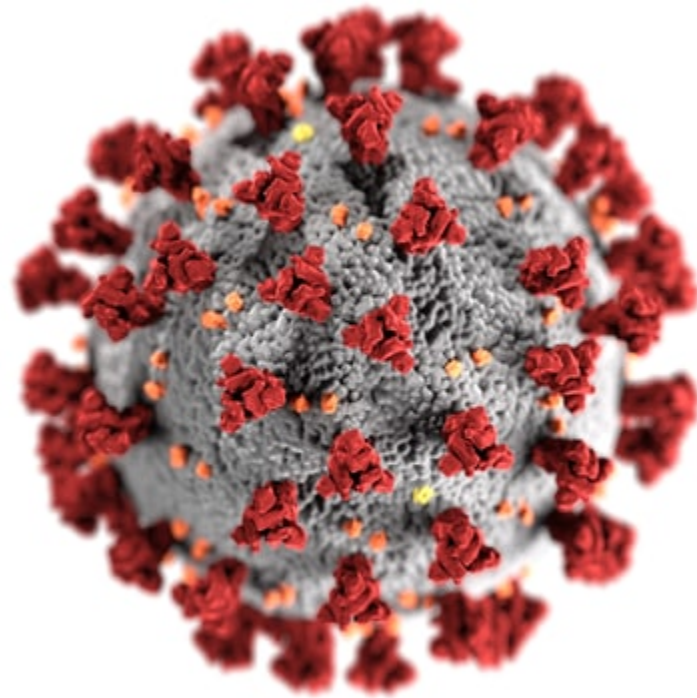
e-detailing

Community of Practice

Webinar Goals:

- ✓ AD during uncertain times
- ✓ e-Detailing needs assessment survey
- ✓ Considerations: pivoting to e-Detailing
- ✓ e-Detailing Toolkit Review
- ✓ Q+A Session

COVID-19 challenges



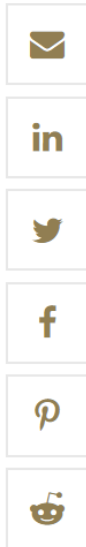
How the Coronavirus Epidemic Is Accelerating the Transition to Digital Health



Adeel Malik, Bilal Naved
Published on April 13, 2020

With doctors and medical resources spread thin, hospitals and providers are increasingly turning to virtual options.

SHARE



“[...] the coronavirus epidemic has [...] presented **new opportunities for innovation**. As doctors [...] increasingly turn to telehealth, **seamless, user-centric experiences will become the new normal**.”



“Digital front-door solutions will help **ensure** [...] **clear visibility of their options for the right level of care**, ensuring they are enabled to direct themselves to the best next steps for treatment.”

<https://www.worth.com/covid-19-telemedicine-boom-healthcare-future/>

Big picture considerations:

- Limited evidence to support e-detailing as having the same impact of traditional academic detailing
- E-Detailing should be built upon the foundation of in-person, 1:1 visits using the original model that has been rigorously tested
- Our concentration for this series will be geared towards supporting active academic detailers
- New programs encouraged to join to consider this approach after future field work
- Expanding upon the skills that have already been acquired via trainings and peer learning

Our role @ NaRCAD

- We're here to:
 - Explore and study this together
 - Curate resources and tools
 - Build connections to leverage skill-sharing and impact
 - Support growth & discovery as a community
 - Provide ongoing opportunities for learning and peer exchange



GLOBAL LEADERS IN CLINICAL OUTREACH EDUCATION

Training & technical assistance to help clinicians provide better patient care.

WE'RE CHANGING CARE, ONE VISIT AT A TIME.

NEW: e-Detailing Resources during COVID-19

EXPLORE OUR E-DETAILING TOOLKIT



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Curated tools to facilitate effective virtual visits

We need your input via a brief survey to help inform our new e-Detailing Community of Practice.

TAKE OUR 1-MINUTE SURVEY

Getting Started with e-Detailing:

- [e-Detailing FAQs](#)
- [e-Detailing Checklist](#)

Please share your e-Detailing needs with us.



NaRCAD e-Detailing Needs Assessment Survey

Virtual detailing or "e-Detailing" has been used to access physicians in remote locations, cut down travel time, or provide a quick follow-up visit. Due to the COVID-19 pandemic, programs are increasingly integrating e-Detailing into their program structures as a mechanism to continue conducting visits virtually.

We're kicking off our e-Detailing Community of Practice, and we need your input via a brief survey.

Next

Current e-Detailing Survey Data

- **26%** of respondents are **comfortable with e-Detailing**
 - 34% *slightly comfortable*
 - 21% *neutral*
 - 17% *slightly uncomfortable*
 - 2% *uncomfortable*



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e-Detailing FAQs

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Getting Started

1. What challenges will I face with virtual visits?

Not every clinician will be adept at videoconferencing technology, will have a webcam, or will be comfortable using a video platform. Hopefully, since most people are transferring to working from home amidst the COVID-19 pandemic, some of these barriers are already being confronted. Webcams allows detailers to gauge clinician body language and evaluate whether the clinician is paying attention. Anticipating and planning for technological challenges will help. The Veteran Health Administration (VHA) sends a guide of the videoconferencing platform prior to visits with clinicians. Technology guides can empower clinicians to understand the platform without admitting they don't understand the technology, while also allowing the detailers to have answers readily available for frequently asked questions.



e-Detailing FAQs

NaRCAD

2. What platform should I use for virtual visits?

A videoconferencing platform that allows for shared screen is ideal for virtual visits. Institutions are offering videoconferencing platforms for their employees for free or reduced cost during the COVID-19 pandemic. Investigating whether your institution offers a platform can save costs and pool resources if your institution offers support. Academic detailing programs have used Skype, Zoom, and even a patient-to-clinician telehealth platform (for detailers housed within the same clinic). Not every clinician is going to be able to do a visit with a videoconferencing platform (no webcam, not comfortable with technology). Be flexible with how you conduct your visits. Even if the clinician can only see your face, it will help the clinician recognize who you are for follow-up visit. You do not want technology to be a distraction. There will be technological challenges with every platform – we recommend practicing visits with your team or other colleagues or friends before completing visits.



e-Detailing FAQs

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Materials/Detailing Aids

1. How should I use materials for e-visits?

Detailers still want to retain control of their materials in virtual detailing visits, so it is ideal to have an option for shared screen. For visits over the phone or without a shared screen option, materials must be sent prior to the visit, so they can be discussed during the detailing session. Materials can be shared through email after visits for visits using a webcam. Using two screens can be useful to have all your materials and tools up in a second screen. You may discover that you need extra materials for your virtual visits, which may be in the form of slides or other formats. You cannot drop any swag or items that you may have dropped in person, however, the VHA detailers still sometimes show props over virtual visits (i.e., show how to use naloxone).



e-Detailing FAQs

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Outreach

1. How should I recruit for virtual visits?

Programs have found similar success rates for scheduling virtual visits compared to in-person visits, but there hasn't been any formal research on this. During the [e-detailing panel presentation](#) at the NaRCAD 2019 conference, BC PAD and the VHA claimed that recruitment rates were not so different from what they were used to for in-person visits. Both BC PAD and the VA are well established programs, and the rates could be influenced by their clinicians' familiarity with academic detailing. VISN 19 claims that about one person out four have been successfully recruited for a virtual visit. However, it is easier for clinicians to ignore you over an email/phone call than if you are used to doing cold calls in person.



e-Detailing FAQs

NaRCAD

Conducting Visits

1. How do you grow rapport virtually?

Building relationships through virtual visits will come with practice. Webcams can help establish relationships, so the clinician and the detailer can recognize each other's faces and can reduce miscommunication through reading lips and body language. Keep the evidence-base for academic detailing known to achieve behavior change in mind - adhere to the one-to-one approach using motivational interviewing techniques.



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Getting Started with e-Detailing:

- [e-Detailing FAQs](#)
- [e-Detailing Checklist](#)



e-Detailing Checklist

Adapted from original content with permission from Amanda Kennedy, PharmD, BCPS, Director, Vermont Academic Detailing Program

During the COVID-19 pandemic, e-detailing may be a strategy to sustain your program. In areas hit hardest by the COVID-19 pandemic, visits may not be feasible as medical professionals are scaled up to confront the pandemic. Detailers who also work clinically may be redeployed to see patients.

Getting Started

- 1. Decide whether e-detailing is right for your program. E-detailing is a great supplement for in-person visits and a versatile strategy for follow-up.
 - a. E-detailing is ideal for accessing physicians in remote locations, cutting down travel time, and providing a quick follow-up visit
 - b. If possible, virtual visits are better reserved for follow-up visits and clinicians aware of the concept of academic detailing.
 - c. Is your program brand new? Resist the temptation to email materials, as this practice is known to not change behavior. Instead you might offer to have a brief, 1:1 visit and email the materials after the visit. Be flexible, but still keep the evidence-base for academic detailing in mind and hold as closely to those principles known to achieve behavior change as possible. This means keeping your virtual visits as close to 1:1 as possible, using good motivational interviewing skills (i.e. lectures by Zoom are not virtual academic detailing visits), etc.
- 2. Determine program goals and expectations for e-detailing visits.
 - a. Detailers will need time to adjust to this platform and practice using it.
- 3. Determine what platform(s) you want to use for e-visits (i.e., Zoom, Skype, UberConference). e-visits are conducted using the same theoretical model as traditional academic detailing visits, but are conducted over the phone, messaging platforms, or video-chat. See *more under conducting visits*.

E-DETAILING TOOLKIT

Curated tools to facilitate effective virtual visits

Resources for Implementation:

- NaRCAD's Expert Panel on e-Detailing | [Complete Slide Deck](#) | [Panel Video Recording](#) | *NaRCAD2020 Conference*
- Best Practices Blog Interview: "[Building Clinician Relationships through Virtual Detailing in British Columbia](#)" | *NaRCAD DETAILS Blog, featuring Terry Naumann of BC Provincial Academic Detailing Program*
- [E-Detailing Participant Tips](#) | *Vermont Academic Detailing Program*
- [Examples of e-Detailing Outreach Emails](#) | *Vermont Academic Detailing Program*
- [Mock Virtual Visit Video](#) | *Veterans Health Administration*
- [Example of Video Platform Guide](#) | *Veterans Health Administration*
- [Example of e-Detailing Aid - Insomnia](#) | *Veterans Health Administration*
- [e-Detailing Tips & Tricks](#) | *Alosa Health*
- [How to Set-up and Run a Telehealth Consultation](#) | *APNA Nurses*



Video Connect



Ramona
Host



Patrick Spoutz
Guest

Chat room



There are no chat messages yet.
Write a message



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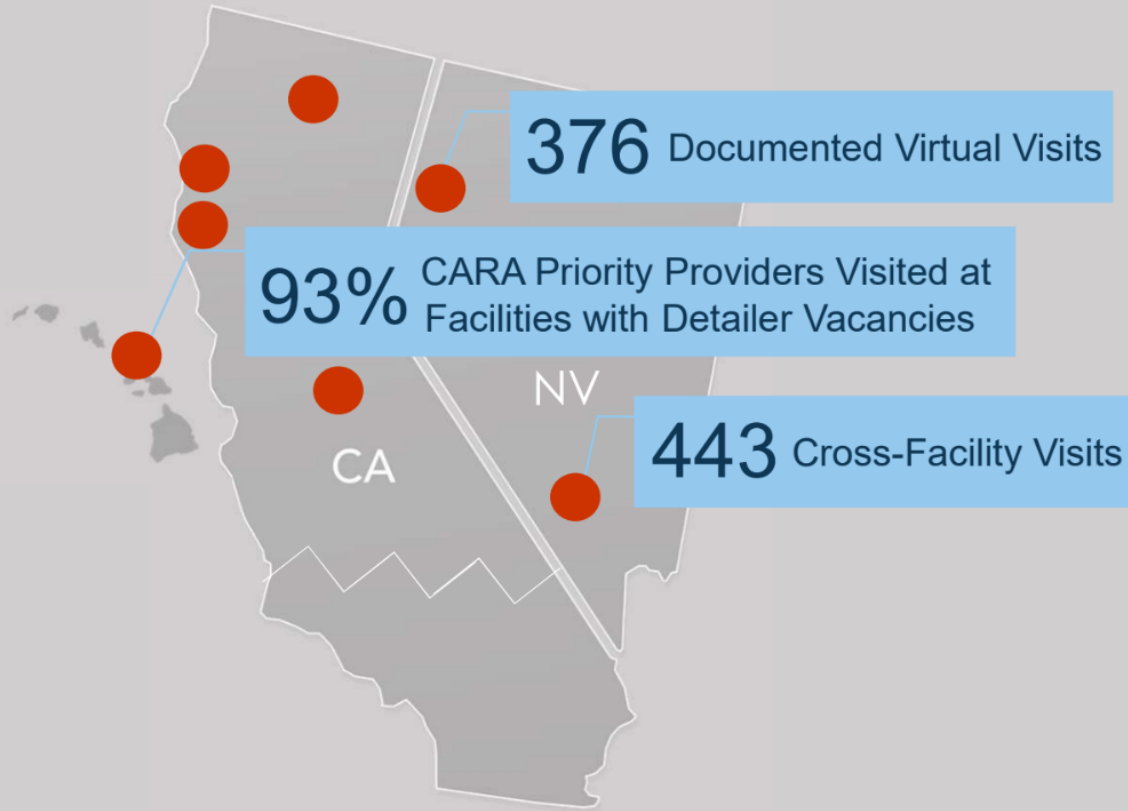


NaRCAD2019 e-Detailing Expert Panel:

VISN21 Detailing Without Borders

The Virtual Detailing Approach & Innovative Team Collaboration

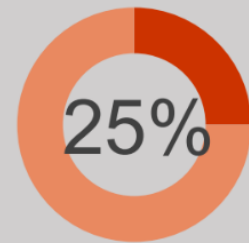
FY19 area of focus: CARA (OSI, OEND, OUD)



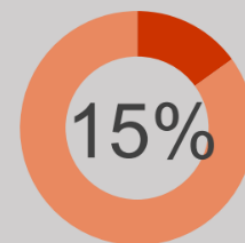
CARA-related visits exceeded national averages:

	VISN21	National
Initial visits	86.2%	74.6%
Follow-up visits	68.4%	59.3%

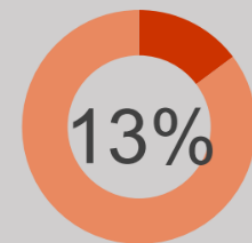
893 visits related to OEND were completed resulting in more naloxone into the hands of patients:



25% increase in quarterly naloxone prescriptions



15% increase in combination opioid + benzodiazepine users receiving naloxone



13% increase in suboxone patients receiving naloxone

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THE DETAILS BLOG

Capturing Stories from the Field: Reflections, Challenges, & Best Practices

Building Clinician Relationships through Virtual Detailing in British Columbia

[0 Comments](#)

2/24/2020

An interview with [Terryn Naumann BSc\(Pharm\), PharmD](#) the Director of Academic Detailing and Optimal Use at the [British Columbia Ministry of Health](#) by [Winnie Ho](#), NaRCAD Program Coordinator.

Overview: [Terryn](#) previously spoke about her experiences on a virtual detailing panel at the [NaRCAD2019 conference](#). You can watch the video recording [here](#).

NaRCAD: Terryn, thank you so much for speaking with us today about your experiences with detailing in the province of British Columbia. The [BC Provincial Academic Detailing \(PAD\) Service](#) certainly has a lot of ground to cover. Tell us about the program goals and geography.

Terryn: For reference, British Columbia is geographically larger than Texas, but the population of British Columbia is only about 5 million people. We provide our [detailing services](#) to family practice physicians, nurse practitioners, and a few other healthcare professionals. Our detailers each do more than 175 visits per year, and collectively, they see about 2000 providers per topic, which includes about a third or so, of all the family physicians in BC.





E-DETAILING TOOLKIT

Curated tools to facilitate effective virtual visits

Relevant Research Articles:

- Baldwin LM, Fischer MA, Powell J, Holden E, Tuzzio L, Fagnan LJ, Hummel J, Parchman ML. [Virtual Educational Outreach Intervention in Primary Care Based on the Principles of Academic Detailing](#). *J Contin Educ Health Prof*. 2018 Fall;38(4):269-275.
- Ho K, Nguyen A, Jarvis-Selinger S, Novak Lauscher H, Cressman C, Zibrik L. [Technology-enabled academic detailing: computer-mediated education between pharmacists and physicians for evidence-based prescribing](#). *Int J Med Inform*. 2013 Sep;82(9):762-71.
- Ventura K, Baybars M, Dedeoglu AO. [A new debate for Turkish physicians: e-Detailing](#). *Health Mark Q*. 2012;29(4):362-77.
- Alkhateeb FM, Doucette WR. [Influences on physicians' adoption of electronic detailing \(e-Detailing\)](#). *Inform Health Soc Care*. 2009 Jan;34(1):39-52.

Virtual Educational Outreach Intervention in Primary Care Based on the Principles of Academic Detailing

[Laura-Mae Baldwin](#), MD, MPH, Professor, [Michael A. Fischer](#), MD, MS, Director, [Jennifer Powell](#), MPH, MBA, Principal, [Erika Holden](#), BA, Research Specialist, [Leah Tuzzio](#), MPH, Research Associate, [Lyle J. Fagnan](#), MD, Professor, [Jeff Hummel](#), MD, MPH, Medical Director for Healthcare Informatics, and [Michael L. Parchman](#), MD, MPH, Senior Investigator and Director

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See other articles in PMC that [cite](#) the published article.

Routine provision of evidence-based care in clinical practice is an elusive goal. In 2003, adults in the United States were receiving only about half of the care recommendations for 30 common conditions associated with substantial morbidity and mortality.¹ Similar findings were reported for 175 indicators of quality of care for children across the United States² Quality of care for US adults changed little between 2003 and 2016.³



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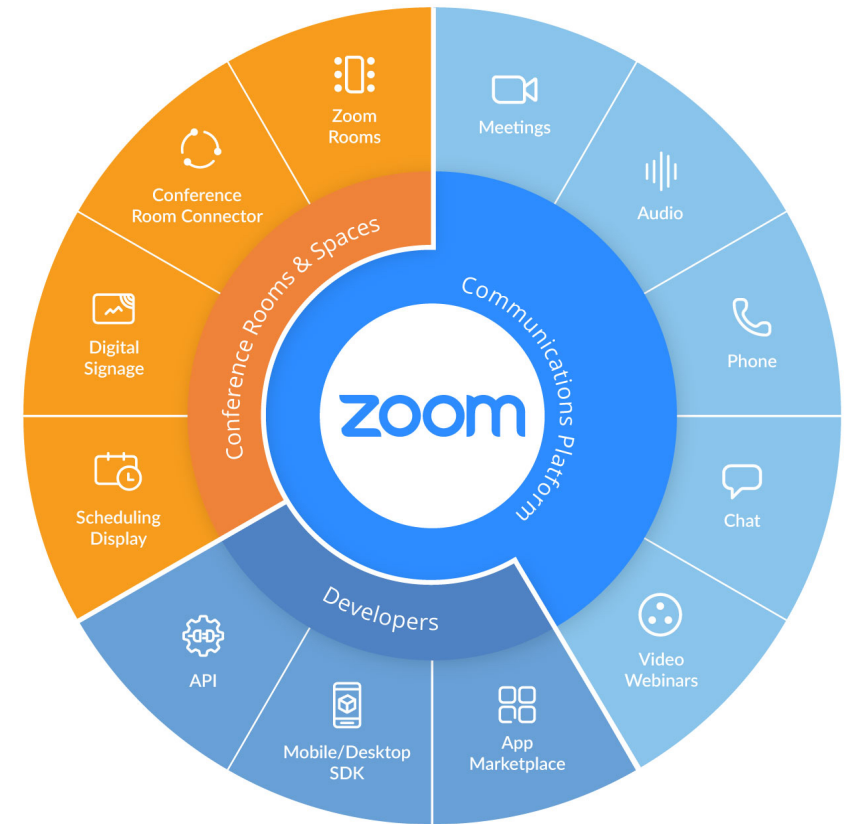
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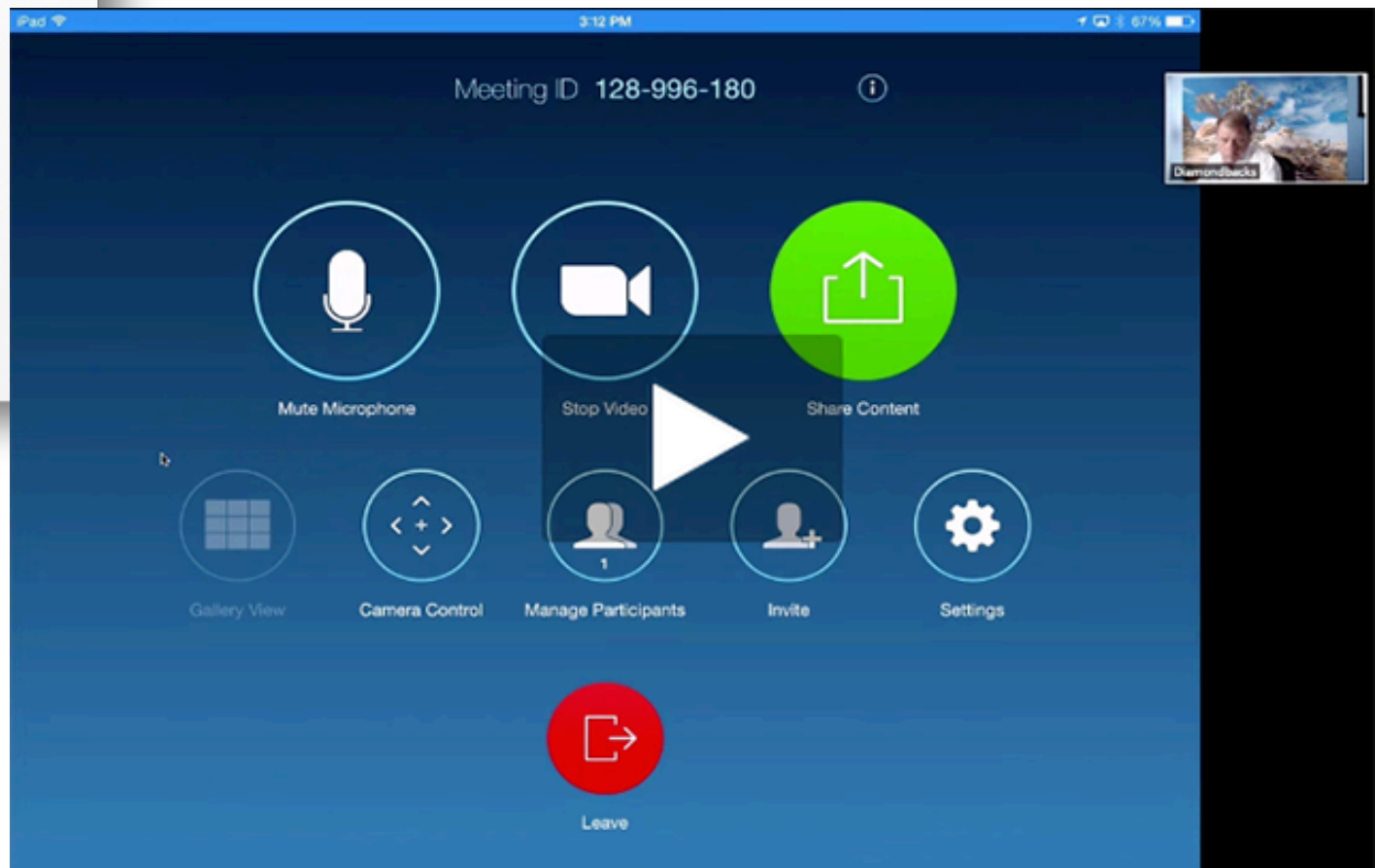
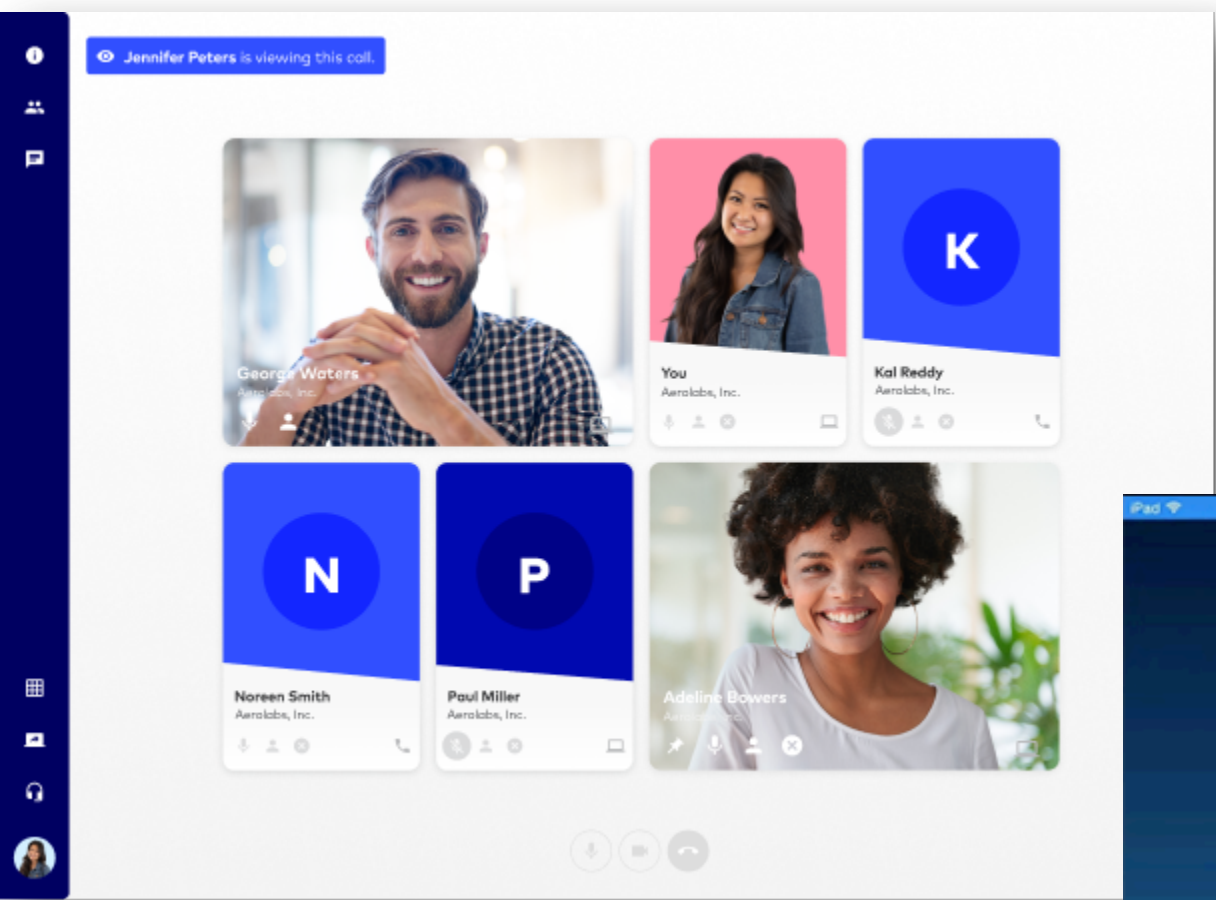
Free or Low-Cost Virtual Learning Platforms:

- [Zoom](#)
- [Skype](#)
- [UberConference](#)
- [Webex](#)
- [Google Hangouts](#)

Looking for something you need? Reach out with a request by e-mailing us at narcad@partners.org.

Free or low-cost platforms:





April 10, 2020

The Best HIPAA Compliant Video Conferencing Tools for Telehealth

Written by
ABBY DYKES

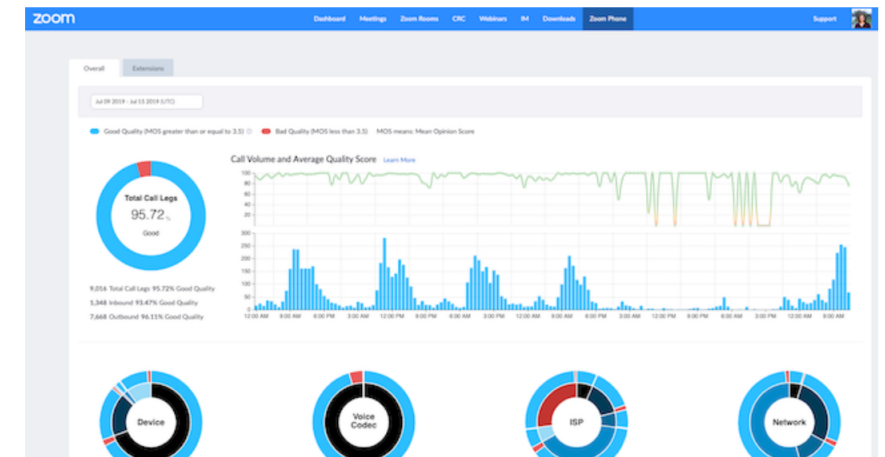
139
Shares



Doxy.me

The screenshot shows the Doxy.me patient queue interface. On the left is a dark sidebar with the Doxy.me logo and navigation options: PATIENT QUEUE, ACCOUNT, Your Dashboard, Upgrade, and Logout. The main content area is light gray and displays a welcome message: "Welcome, Mr. Hogan!". Below the message is an invitation link: "https://doxy.me/brucesroom" with "Copy" and "Invite via" buttons. At the bottom, there are four action buttons: "Edit Waiting Room", "Account Settings", "User Community", and "Telehealth Shop". A footer note says: "Have a colleague that should use Doxy.me too? [Refer them and get \\$20!](#)"

Zoom for Healthcare



Best known for its free, cloud-based video conferencing capabilities, [Zoom](#) also features a HIPAA and HITECH compliant healthcare plan for organizations of any size. Record your meetings for consultation and review later, and treat patients virtually with far-end camera control and medical device integrations. You can collaborate with other doctors and specialists by annotating directly on a shared screen. While security issues [have been a concern](#) with Zoom, these issues are applicable to only the paid and free versions—not Zoom for Healthcare. Pricing is



Please type your questions into the Zoom Q + A box.

We'll try to get to as many questions as we can.

For those remaining, we will answer 1:1 via e-mail.

Recruitment

Structuring a
Visit

Materials

Virtual
Platforms

Tracking and
Evaluation

Building
Rapport



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Take our e-Detailing Needs Assessment Survey



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