



Providers Plus: Interprofessional Academic Detailing for the Entire Clinic

Quality Insights – WV, DE, and PA

Lisa Gruss, MS, MBA – Assistant Director, State Services
Lori Saul, BSN, RN – Practice Transformation Project Lead
Sarah Toborowski, BA – Practice Transformation Project Lead



The healthcare improvement experts.



Disclosure Statement

QUALITY INSIGHTS

None of the presenters have financial interests or relationships to disclose.

Agenda

INTRODUCTIONS & HOUSEKEEPING – 10 MIN

WHY INTERPROFESSIONAL AD – 10 MIN

GROUP INTERACTIVE CASE STUDY – 20 MIN

BREAK OUT CASE STUDIES – 30 MIN

BREAK OUT REPORT OUT – 10 MIN

PULLING IT ALL TOGETHER – 5 MIN

WRAP UP – 5 MIN



Learning Objectives

At the end of this session, participants will be able to:



Identify and connect with members of the care team/staff with influence on the provider and practice protocols



Consider how the Academic Detailing (AD) model can be adapted to impact interprofessional team members



Collaborate with both providers and non-providers to promote evidence-based best practices

Housekeeping

POLLS



CHAT
BOX



BREAKOUT
ROOMS



Who Are We?

QUALITY INSIGHTS

- Corporate Overview
- Services



Quality
Insights

The healthcare improvement experts.

Our Academic Detailing Programs



Active

- Human Papillomavirus (HPV)
- Maternal Health/Social Determinants of Health
- Prediabetes/Diabetes
- Preventive Lung
- Hypertension (recently launched)
- COVID-19 (recently launched)

Inactive

- Opioids/safe prescribing

Facilitators

QUALITY INSIGHTS PROJECT LEADS



LISA GRUSS

Asst. Director, State Services



LORI SAUL

Immunizations Project Lead



SARAH TOBOROWSKI

Cancer Project Lead



Why utilize interprofessional academic detailing?

- Increase access
- Expand the realm of influence
- Enhance awareness across the care team
- Increase performance at the top of one's license/expertise
- Improve probability of meeting quality measures

Pre-Scenario Discussion Poll #1



Pre-Scenario Discussion Poll #2



Case Scenarios

ACADEMIC DETAILING

1

SCENARIO 1

Academic detailing with the provider and other members of the team
(group exercise)

2

SCENARIO 2

Academic detailing with no provider – team members only (breakout session)

3

SCENARIO 3

Academic detailing with no provider, team members only (breakout session)



Case Scenario #1: Academic detailing with the provider and other members of the team

Description

- In this scenario, the detailer has set up an appointment with the primary pediatric physician at a practice to discuss a new human papillomavirus (HPV) vaccination initiative from the state department of health.
- When the detailer arrives, she finds that the physician has also invited his colleague and two other members of the health care team.

Scenario 1

Provider and other
members of the
health care team

<https://youtu.be/wrKP-ug-ufo>



A group of five medical professionals, including doctors and nurses, are seated around a table in a meeting room. They are engaged in a discussion, with some looking at a laptop screen. The scene is overlaid with a semi-transparent blue filter. A white rectangular box is centered over the image, containing the text 'Breakout Rooms' in a bold, dark blue font.

Breakout Rooms



Breakout Room 1

Scenario #2: Only members of the health care team, no provider

Specific example using RN Care Coordinators

- Diabetes and prediabetes



Breakout Room 2

Scenario #3 – Only members of the health care team, no provider

Specific example using Medical Assistant

- Maternal health

Breakout Room Report Out

SHARE WHAT YOU DISCUSSED

- What are some differences in the detailer's approach to these scenarios, as opposed to a detailing session that is 1:1 with a provider?
- Would the same approach to introductions that we discussed apply to a scenario in which you arrive and only other members of the clinical team are present? Would there be other initial considerations?
- How would you utilize evidence-based literature differently? Or would you use the use the same literature?
- Would the UNAD (detailing aid) and other supporting materials have a more or less supporting role? Or, no change?
- Language and medical terminology may need to be considered, depending on your audience. What is the impact in these scenarios?
- How would you change the "asks" for the audience?
- Are there any portions of the detailing that perhaps would not be applicable, depending on audience?
- Scenario specific questions

Pulling It All Together

Making Academic Detailing Work for Practices

- Academic Detailing can be interprofessional, not just for providers
- Engaging members of the staff and adapting the AD model
 - Promotes collaboration
 - Adoption of best practices
- Staff members can be highly influential on practice protocols and referrals
- Increased support for the provider
 - Data and quality improvement
- Team-based care



The background features a dark blue gradient with faint, light blue gear and network diagrams. A large, semi-transparent question mark is centered in the upper half. A dark blue horizontal bar spans the bottom third of the image, containing the text.

Questions?

ACADEMIC DETAILING

Contact Us

For more information, please
contact Lisa Gruss:

Email: lgruss@qualityinsights.org

Phone: 302-299-7284



t h a n k y o u



Quality
Insights

Resources

- <https://www.ahrq.gov/ncepcr/tools/pf-handbook/mod10.html>
- <https://academic.oup.com/jid/advance-article-abstract/doi/10.1093/infdis/jiaa054/5727804?redirectedFrom=fulltext>

