

# Providers Plus: Interprofessional Academic Detailing for the Entire Clinic

#### Quality Insights - WV, DE, and PA

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# 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

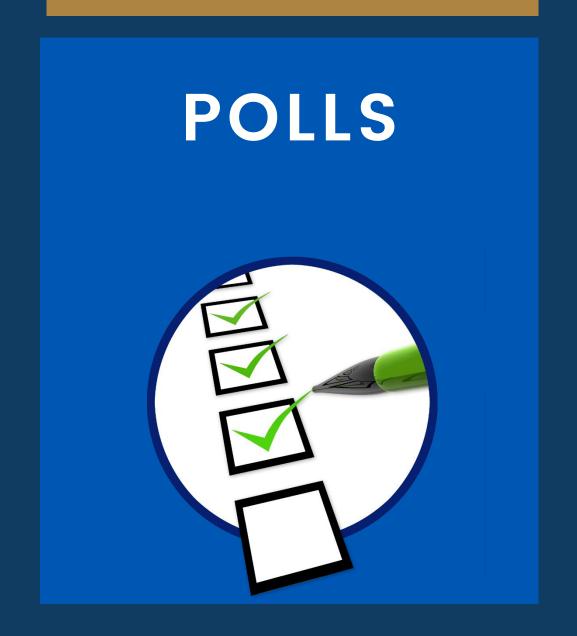


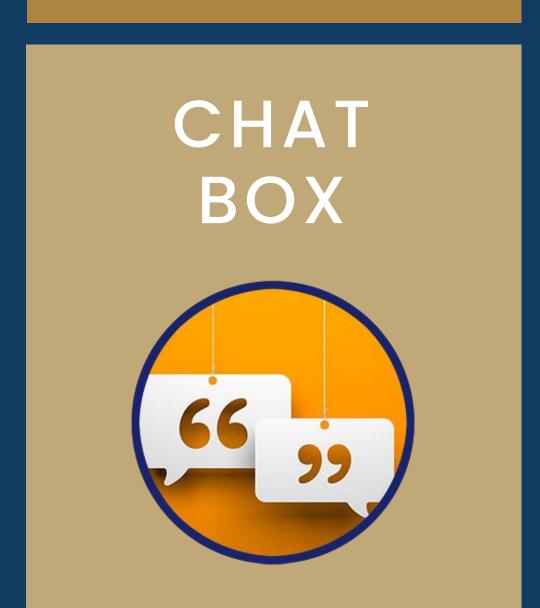
Consider how the Academic
Detailing (AD) model can be
adapted to impact
interprofessional team
members



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

# Housekeeping







# Who Are We?

#### QUALITY INSIGHTS

- Corporate Overview
- Services



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

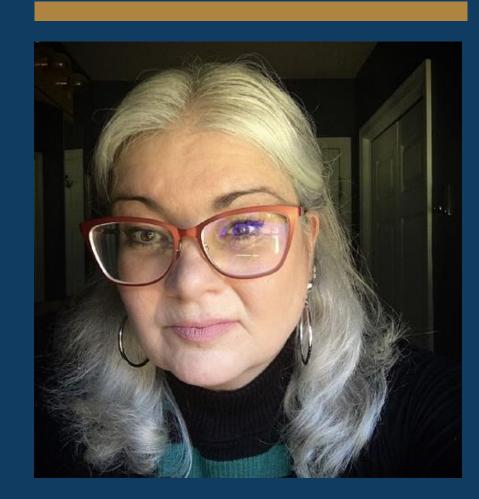
# Facilitators

#### QUALITY INSIGHTS PROJECT LEADS



LISA GRUSS

Asst. Director, State Services



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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







### 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





## Contact Us

For more information, please contact Lisa Gruss:

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### Resources

- https://www.ahrq.gov/ncepcr/tools/pfhandbook/mod10.html
- https://academic.oup.com/jid/advancearticleabstract/doi/10.1093/infdis/jiaa054/572780 4?redirectedFrom=fulltext

