



**THE BIGGER PICTURE:
AD AS PART OF A COMMUNITY-WIDE INTERVENTION TO
SUPPORT PATIENT CARE**

Wednesday, October 21, 2020, 2:00 P.M. – 3:00 P.M. EST

National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [**DoPE**]
Brigham and Women's Hospital | Harvard Medical School





Today's Webinar Facilitators:

Mike Fischer, MD, MS, Director, NaRCAD

Bevin Shagoury, Communications & Education Director, NaRCAD

Today's Guest Speaker:

**Gary Naja-Riese, MSW, MPH(c), Capacity Building & Innovation Initiatives Manager,
Center for Learning and Innovation, Population Health Division, San Francisco
Department of Public Health**



Stick around to take our 60-second survey!

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During the session, type your questions into the Q+A box.



Webinar Goals:

- ✓ Contextualizing AD as part of a broader intervention
- ✓ Considering the patient experience
- ✓ Empowering clinicians to connect patients to resources outside of primary care
- ✓ Connecting with other community stakeholders to maximize impact
- ✓ Discussion/Q+A Session

Level Setting



Type in the chatbox:

What community groups work to improve public health?

Level Setting



Type in the chatbox:

Who do primary care clinicians interact
with most often?

Level Setting



Type in the chatbox:

What local community connections do you need for your AD program to be successful?

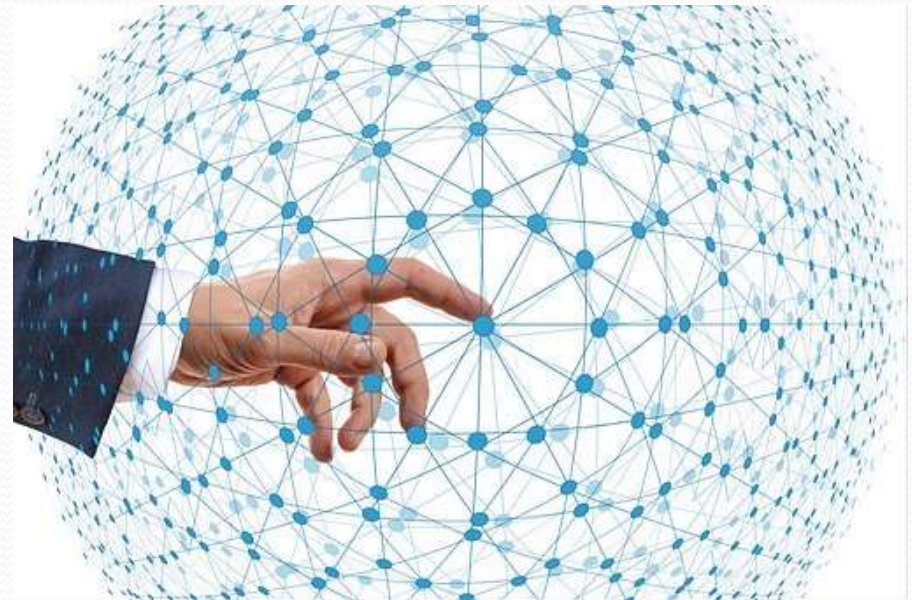
Breaking Silos & Encouraging Cross-communication

- **AD Programs Making Connections with Other Community Programs:**
 - Raising visibility of AD across services and supports
 - Identifying community champions to increase awareness of AD programming
 - Building partnerships and maintaining regular contact



AD as Part of the Whole

- **Considering complementary initiatives & needs**
 - Community pharmacy
 - Emergency department
 - Law enforcement training
 - Public awareness campaigns
 - Youth & family services
 - Coalitions & commissions
 - Behavioral health services
 - Housing
 - Transportation/access to care & services



Detailer Training Focus: Including Community Resources

- **Going beyond communications techniques & clinical content mastery**
 - Ensuring detailers are trained more broadly in community-level services and supports for patients
 - Detailers trained on up-to-date community supports (e.g. harm reduction programs/access points for patients with OUD) or “Resource Hubs”
 - **Example:** *Community Resources for Elderly*
 - Recruitment of detailers-in-training with diverse backgrounds



Detailers Supporting Clinicians in Connecting Patients to Services

- **Aiding clinician in connecting patients to relevant services**
 - Assessing both clinician needs & ensuring discussion of patient needs
 - Offering/following up on current community-level supports
 - Understanding patient-specific barriers (e.g. insurance, access)



Empowering Clinicians: Connecting to Resources Outside of Primary Care



Massachusetts General Hospital

- **Psychiatrists** as detailers
- Focus was to encourage primary care clinicians to support patients with **serious mental illness in quitting smoking**
- Detailers were paired with **community health workers**

NYCDOHMH

- Detailing **primary care clinicians**
- Focus was to support patients in **managing hypertension**
- Clinicians were encouraged to refer patients to **community pharmacy resources, New York City farmers markets, and low-cost recreation centers** to supplement in-office hypertension management

Use these tools to supplement in-office hypertension management:

A Reinforce the importance of self-measured blood pressure monitoring using home blood pressure monitors and community pharmacies.

- Use the Guide to Self-Measured Blood Pressure for Health Care Providers, How to Take Your Blood Pressure Fact Sheet and Blood Pressure Tracking Card to support patients.

B Highlight community pharmacy resources.

- Counseling, including medication therapy management (MTM) when available
- Self-measured blood pressure monitoring
- Adherence support

MTM is a patient service performed by pharmacists. It includes medication therapy review, management of a personal medication record, development of a medication-related action plan and intervention or referral. Follow-up communication with others in the provider team closes the loop. Some insurance plans and Medicare Part D cover this service for MTM-eligible beneficiaries.

Check with your local pharmacy to see what specific resources they offer.

C Promote healthy lifestyle resources such as New York City farmers markets, low-cost recreation center memberships and Shape Up NYC fitness classes. Call 311 for healthy lifestyle print resources, including:



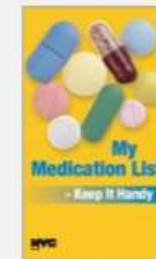
Healthy Eating and Active Living Guide



Sodium Health Bulletin



My Plate Planner



My Medication List

Looking Through a Patient Lens



- Process isn't linear; patients have their own experiences that are circular and require multiple points of care across community resources
- This will require taking time to walk through a patient's journey in accessing care and resources
- **Up Next:** Example of Journey Mapping with Gary!

Considering Needs

Type in the chatbox:



What do patients need to be healthy?

San Francisco Department of Public Health: PrEP Journey Map

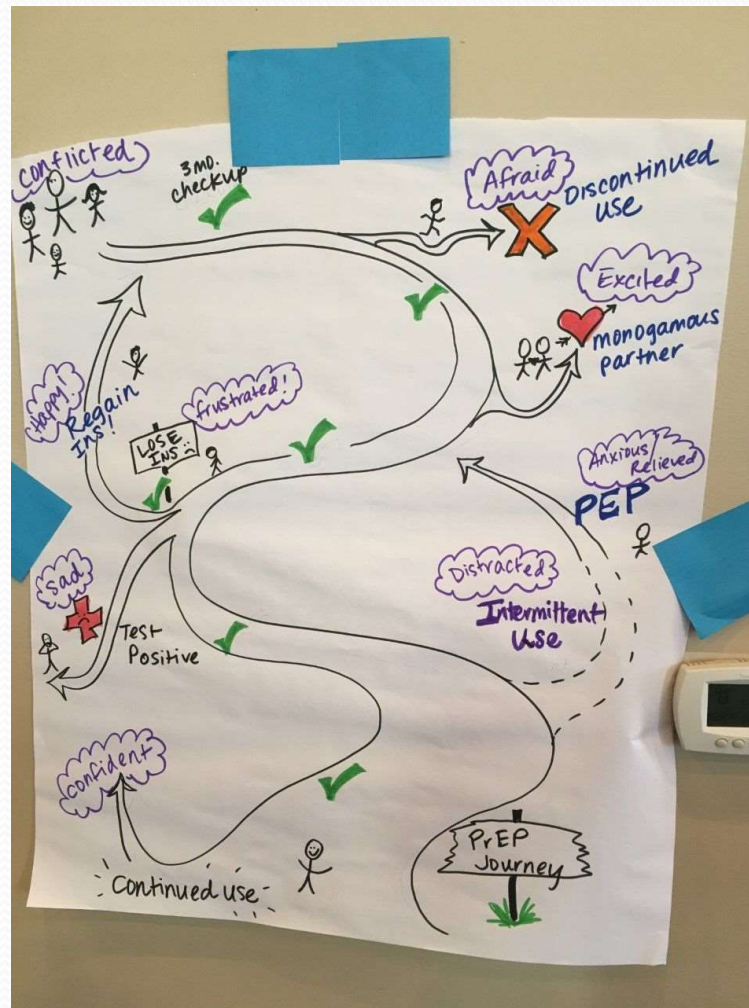
- A **journey map** is a visualization of the entire process that a patient goes through in order to accomplish a goal.
- The **purpose of journey mapping** is to improve the quality of patient experience, ensuring consistency and a seamless experience.
- Today, we'll **learn about the steps** of journey mapping, using the example of patients accessing PrEP for HIV prevention and sharing journey mapping experiences at the **2020 PrEP Detailing Institute**.

How detailing teams can use this exercise to explore patient needs

- **Step 1: Develop a user persona.** Who is the person, what are their characteristics, how do they reflect who you are trying to service? Be as specific as possible.
- **Step 2: Imagine the "journey" the person will take from beginning to end.** From the time they hear about or think about PrEP, to getting their appointment, walking in the door, interacting with the front desk, PAs, nurses, doctor, getting their prescription filled, etc. Make the journey as complete and specific as possible.
- **Step 3: Draw out your journey. Visualize the process.** What is happening at each stage, what are people saying, what are they seeing? Draw, be creative!
- **Step 4: Share journey maps with your team.** Do a gallery walk with other colleagues/teams. Look at their journeys. What do you see? What are folks saying?
- **Step 5: Present & Discuss:** Presentation can be to the large group, with teams presenting each journey.

Journey Mapping: Informing Your Program Focus

Use activity feedback to inform program development.



NaRCAD will share journey mapping steps online after the webinar.

Discussion/Q+A

Consider:

- Clinical challenge/focus
- Your community's needs & unique identity
- Patient population/subpopulations
- Community partnerships
- Detailers' needs
- Clinicians' needs (across disciplines)
- Access to services & limitations
- Your program funder(s)
- Other



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

We'll try to get to all of your questions, and we will post those we can't get to on our Discussion Forum.

"E-Detailing Skill Building: Peer-to-Peer Strategy Session"

Exploring Relationship-Building at the Community Level: AD
as Part of a Collaborative Approach



October 28, 2020 @ 11 am and 2pm EST



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National Resource Center for Academic Detailing narcad

May 14

There has been a rapid increase in opioid-related AD in the past few years, and a multitude of approaches to addressing the overdose crisis.

Let us know a little bit more about the mission of your opioid-related AD work!

QUOTE 0



Junior
Member
1 posts

Julia Bareham

May 20

RxFiles (located in Saskatchewan, Canada) recently received provincial government funding to provide academic detailing to HCPs with the goal of increasing the number of approved OAT prescribers with an emphasis on bup/nx (in Sask physicians and nurse practitioners must meet certain requirements to be approved by their regulatory body to prescribe OAT). Does anyone has any experience detailing on this topic? Any tips or tools to share? No tip/comment/tool is too small nor too big!



🔍 This Topic Search



Community Storysharing: Funny Field Stories

Storysharing Corner



REPLY



Administrator

39 posts

National Resource Center for Academic Detailing narcad



8 days ago · Edited

Anything and everything can happen on a detailing visit - in person or virtually. Ever had to conduct a detailing visit in a parking lot? Had people show up that you weren't expecting? Other unexpected switch-ups to your planned session?

Share your unique lessons learned from the unpredictable nature of 1:1 outreach visits below. (Please exclude any identifying information about the encounters). We might even pick a few of our favorites and highlight them on our [DETAILS Blog!](#)

(One of our personal favorites: a detailing visit in a barn - with a duck in attendance!)

QUOTE



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*Stick around to take our
60-second survey!*



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