

# Thinking Outside the Box: Academic Detailing for Groups $N > 1$ and with Practice Facilitation

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# The Problem



- Academic detailing (AD) targets individual providers specifically giving them non-biased evidenced-based information on topics
- AD education targets provider choices and individual knowledge
- So, what's our problem?

Given Choice: Demand > 1 individual

# The Questions



- How many individuals can Academic Detailing involve at one sitting?
- How can clinicians use the information gained from AD and apply it to their clinic(al) practice?
- Can Academic Detailing be used for clinical quality improvement?

# N > 1 in AD

- Standard AD utilizes a one-on-one (1:1) approach to target individual provider change, But...
- What if a clinic system wanted all their providers to have the same foundational EB information on a topic and link it to a clinical quality improvement plan?

How would you approach that?

# $N > 1$ in AD

- How would you approach a clinic system with 9 clinics and 60 clinicians? Over 200 miles away?
- And who wanted all their clinicians to gain the same information at once, to discuss it?



# What Does a Group AD visit look like?.....

## It uses the same basics as an individual visit



# How did this work?

## The Basics

- The detailer first worked with clinic leadership and then clinicians to address clinical content & QI questions
- At sessions the group identified barriers & solutions to change, using clinician feedback
- Follow up 1:1 additional AD visits were offered to identify implementation and sustainability barriers, and to reinforce content



# How did this work?

## Used standard AD flow

- Using a needs assessment form we ask providers and clinics what information they needed
- We tailored each group AD session to cover their learning needs & the basic content
- Used interactive format with key questions to stimulate discussion

## START GENERAL

What made the provider or clinic reach out to our team to learn more about CNCP treatment and safe opioid prescribing?

1. What changed in their clinic or community?
2. Explore perceptions about CNCP and latest

Introduction

Tone, Purpose, Foundation

Bridge Statement:

What do you need to learn about CNCP for your practice?

### Did NOT Complete Assessment

- Used standard interactive curriculum to engage clinicians
- Ensured EB information met the needs of the NMMB Pain CME requirements

Needs Assessment

### Completed Assessment

- Clinicians used assessment forms menu of services and topics to identify learning priorities
- Before AD Session the team used the assessment to determine the flow of topics and case questions that would create an engaging visit.

Key Messages/Features/Benefits

*Behavior/Attitude Change!!*  
Can treat CNCP as any other chronic disease & identify YOUR limits

- AD team asked open ended questions to assess learning needs and increase engagement:
  1. Are you aware of the new guidelines and regulations?
  2. How do you do handle (insert topic from algorithm) currently in your practice?
  3. What have you experienced?
- Used tools and previous provider and clinic examples to show how others had overcome similar barriers

Barriers and Enablers

- Interactive and iterative format used (& clinical case examples if necessary) to stimulate sharing among group peers
- Group became their own resource for identifying and applying best practices into their clinic or internal QI processes.

Summary/Close (Overview)

- What did you find helpful?
- Do you have additional questions not currently covered in this session?
- How can we make tools more useful?
- Other information that you would like? New Tools?
- How will you implement what you learned? Next meeting!

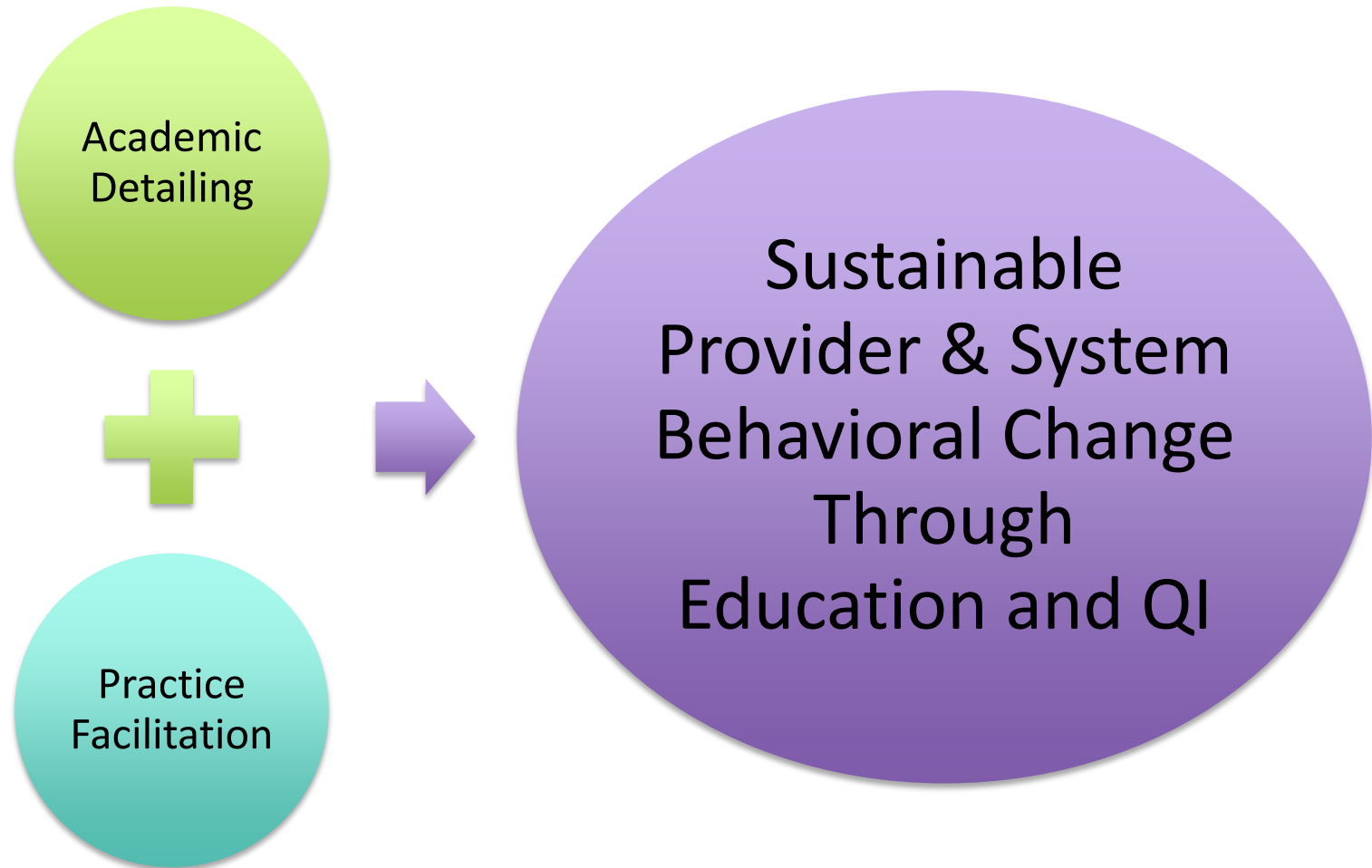


# Our Experience



- When given a choice, clinicians and clinic systems choose to participate in group AD sessions over traditional 1:1 sessions
- Most want to share and use group learning techniques to work out standard of care in their clinics
- ADer's can work with leaders & clinicians in clinics to help identify and solve QI needs
- 1:1 sessions are offered to individual providers to follow-up, ask questions, and present new EB material/tools

# AD and PF Complement Each Other When Working with Clinicians



# What's Next for New Mexico?

- Create a community of detailers across our state based in community organizations and health council employees
- Expand our education beyond CNCP and CVD to other diseases that can utilize our AD team
- Increase capacity and sustainability for academic detailing + practice facilitation

Thank You 😊

Questions?

