Getting in the Door:

Identifying & Building a Network of Key Clinicians in Your Community for Maximum Impact

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Disclosure

- The presenter has no financial or other relationships to disclose that would prove to be a conflict of interest

Before we get Started…

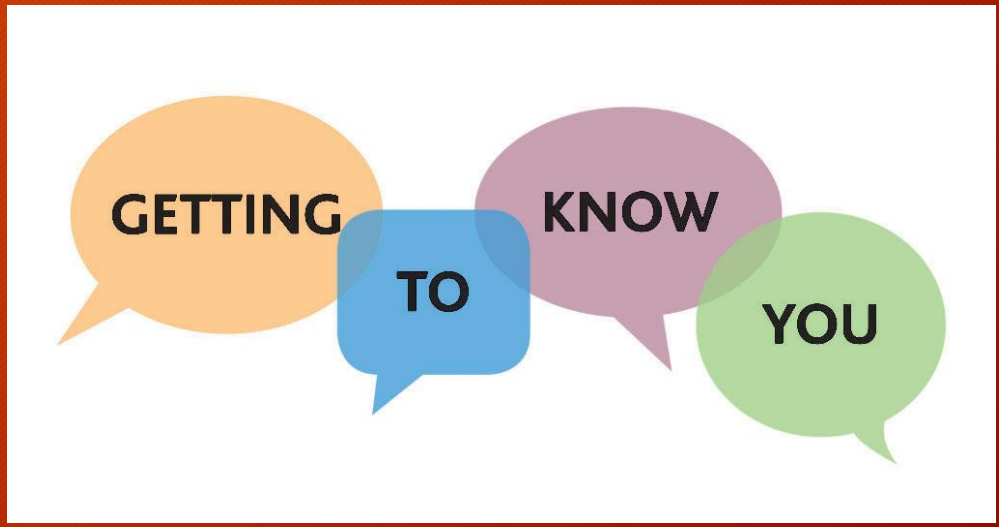
Who is this guy?

Get to Know Your Presenter

- Began work doing Public Health Detailing for the Louisiana Dept. of Health in 2017
- Started with educating on PrEP and STI's, then was tasked with creating the nation's first state HCV elimination education program
- Moved to Utah in late 2022 to help run the Utah AIDS Education Training Center
- In 2025 I founded my own public health consulting company to do this sort of work nationwide
- Owner of the cutest corgi that ever was, named Cheddar

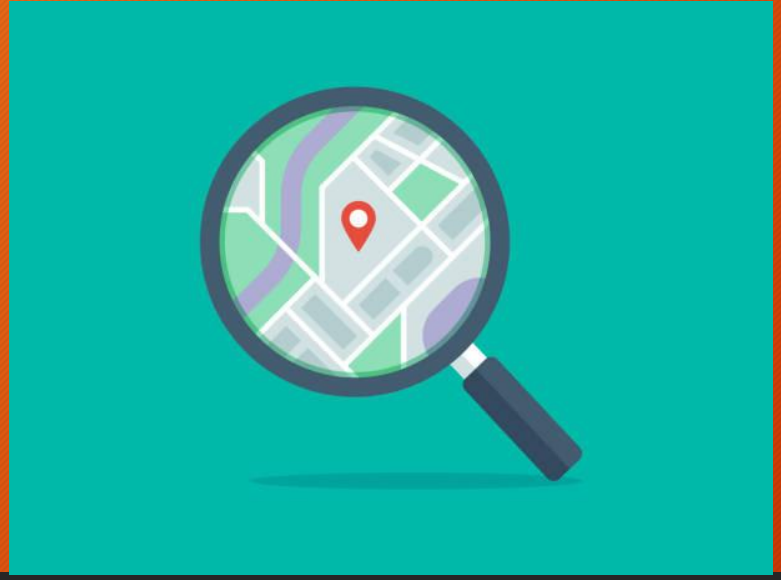
Tell me about yourselves!

- Chat Waterfall- In the chat answer the following questions:
  - What city/state do you live in?
  - How long has your detailing program been around?
  - Which topic(s) are you detailing on?
  - What's your favorite Thanksgiving/holiday dessert?



Today's Agenda

- Explore different methodologies for identifying regions and clinical populations you want to target
- Discuss different ways to make key contacts at facilities you wish to do detailing for
- Identify techniques to help you build relationships with potential champions for your program
- Practice these skills with an activity designed to solidify the skills acquired.

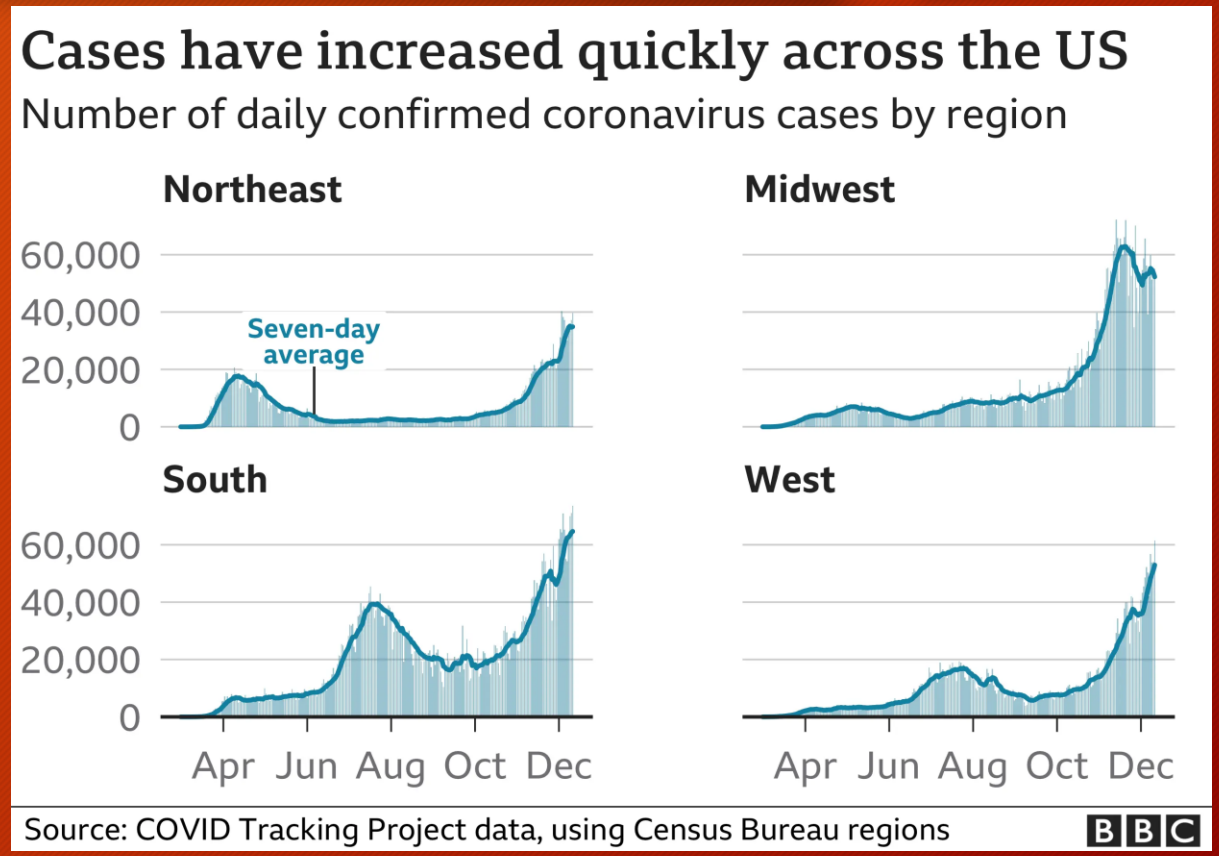


Refining the Search Area

How to find the best locations to detail about your topic

Using Data to Narrow the Search

- Epidemiology data can be the best resource to start with
  - Look for a balance between:
    - Most overall positive tests/occurrences
      - Think outbreaks/highest incidence
    - Largest number needed to treat
      - Think largest population/historically affected communities
    - Most accessible location physically
      - Can do more physical trips to a closer location



Using Data to Narrow the Search

- Don’t forget about the dog that didn’t bark!
  - Biggest hole in the data can point towards an area of the most need for increased testing/reporting!
  - In states with negative data reporting, separate low incidence with low testing
  - In cases where you don’t have direct data, think about trying to find a correlating dataset
    - Think overdose cases as a corollary of Hepatitis C or bacterial STIs as a corollary of HIV exposure risk

Finding the Right Audience

Identifying the clinicians in most need of detailing

Reach out to Client Facing Services

- Disease Intervention Specialist (DIS) work with members of the community and will have information on clinicians in the area
  - Positive reviews of clinicians can be a source of champions to help promote your cause
  - Negative reviews can be an opportunity to help change practices

Don’t be Afraid to Detail Community Health

- Safety Net Facilities oftentimes treat the very people we’re trying to reach
- Can be part of the onboarding process, or as a way to promote new services like DoxyPEP
- Also a way to practice skills with a friendly audience

Pairing the Right Detailing Topic with the Right Practice

- Make sure the clinicians you reach out to interact with population affected by the subject of your detailing project
  - Is your campaign designed to increase screening? Increase awareness of a new intervention?
  - Which types of clinics would you want to reach if you were detailing…
    - HCV Testing/Treatment?
    - PrEP?
    - PEP?

- A) Family Practice/GP
- B) Urgent Care
- C) Emergency Room
- D) OB/GYN

Building Bridges

Making Connections at New Practices

Making Contact

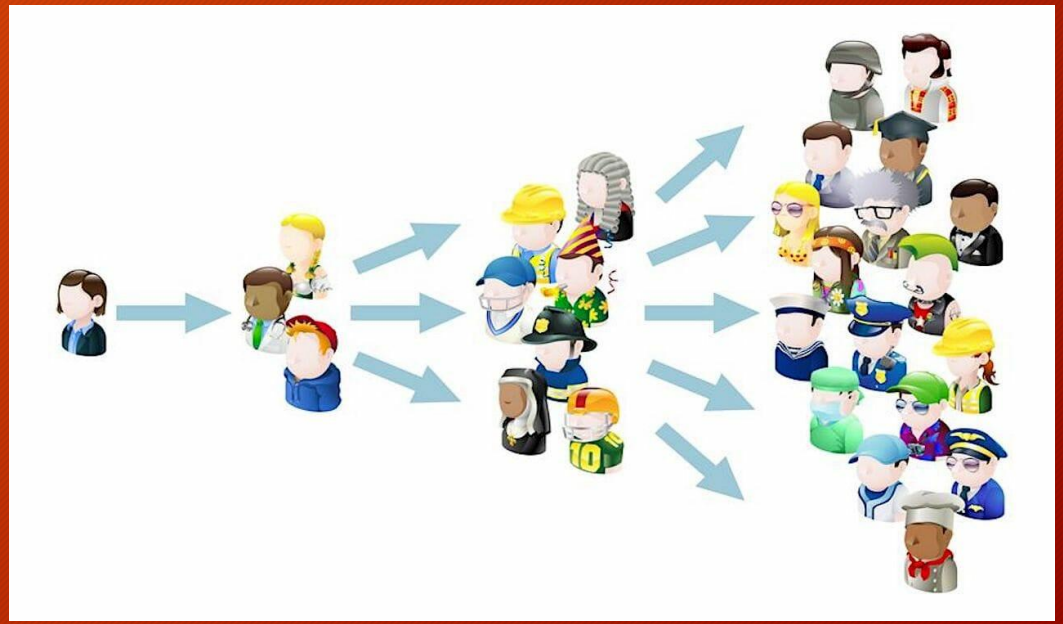
- There's no "right way" to make contact with clinics and each program has different resources to use
- Be creative!
  - Feel free to reach out to personal contacts, listservs, or the marketing team for your office.
- Once you get in with one team member, it makes it easier to make contact with the next

Detailing is all About Fostering Relationships

- Start with lowest hanging fruit
  - Personal contacts, email blasts, cold calls to clinics
    - Any foot in the door can make further contact much easier- a friendly referral, finding out their email naming convention, etc.
  - Most health departments host some sort of periodic meeting with clinic representatives on a monthly/quarterly basis
    - Introducing yourself and your services can help encourage clinicians to invite you in

Use Word of Mouth to Create Secondary Growth

- Meeting with one clinician at a practice can often lead to introductions to their colleagues.
  - Hopefully people see that you're just there to be a helpful resource
- Anyone you detail who's excited by what you have to say can be a champion for your project
  - A champion can help you make contact with other clinicians at a site to ensure patients get the proper, culturally competent care no matter their provider



“I’d Like to Speak to the Manager”

- If you’re having difficulty finding/engaging with clinicians, try and reach out to management
  - 2 most important people in ANY clinic are the receptionist and the nurse manager- they control communication and scheduling for everyone on site
- Offer to help staff development or training
  - “DEA licensure requires training in drug user health; Qi initiatives on in-house HCV treatment”

Program Introductions

Making a Good First Impression

Brevity is the Soul of Marketing

- Every single person doing detailing should have an “elevator pitch” describing who they are and what they want:
  - Identify yourself by name and title/degree
  - Explain who you work for, especially to differentiate yourself from a pharma rep
  - Tell them what you want to do
  - Tell them how you intend to help them

Example

- “Hi, my name is Dr. Brandon Mizroch. I’m an academic detailer here as part of a new service supported by the State Department of Health. My job is to provide clinicians with summaries of the most current evidence about screening for and treating Hepatitis C. Our goal is to provide you with up-to-date and useful information to help you in managing your patients, especially in light of the recent guideline updates that make it easier than ever to treat HCV in the primary care setting”

First Contact

- Be aware of your surroundings
  - Understand the dynamics of the office, mood of the receptionist/office manager/clinician
    - How are they responding to you? Distracted? Rushed? Polite?
    - Offer to wait for them to complete something before they meet with you if that would be helpful
- Be engaging
  - If it feels appropriate, make small talk. Clinics are very busy, stressful work environments and small talk may help break the ice or diffuse the mood
  - Can be helpful to recap previous interactions or people they may know to help build a rapport with staff

First Contact Continued

- Be respectful
  - Treat every single person at a site with the same level of respect and friendliness. Each person has a role to play in the care continuum
  - Pay attention to the body language of everyone you're talking to. Pay particular attention to your own body language

Relationship Building

- Don’t Take My Word for it!

- “Being invited to an **all-staff meeting** is often an excellent way to kick off an introduction to this important intervention and can result in follow-up conversations with individual clinicians. One benefit of meeting in small groups is that if a clinician hears a fellow clinician say that he or she is already prescribing PrEP, there may be more openness to discussing the topic; other providers might feel comforted in having a PrEP "ally", resulting in buy-in from the clinic overall.” – *Alyson Decker, NP, MPH, San Francisco Department of Public Health*

- “We had **champions in the area** that supported what we were doing, and we could use that to get our detailers in the door. Our program was also previously part of a demonstration project where providers were required to have an academic detailing visit as part of the initiative. I would say that our cold calls became “warm calls” during that time because all the offices and providers knew we were coming.” – *Sarah Ball, PharmD, SCORxE*

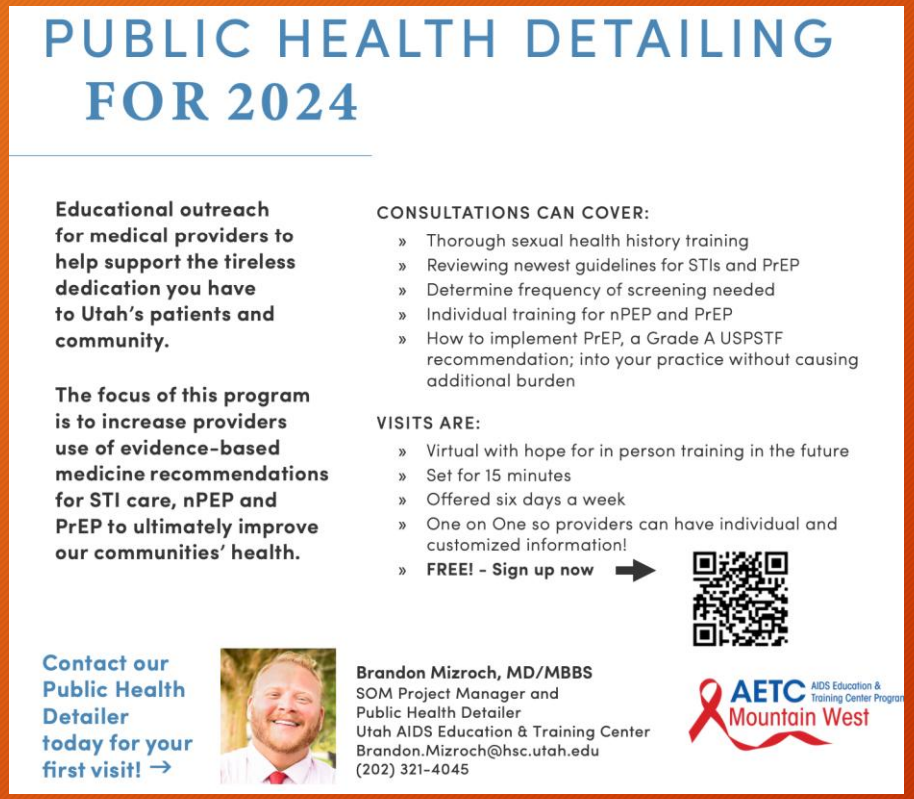
- “Whenever possible, I want to try to **connect with people** in a way that is the most seamless for them. And that's absolutely true for detailing too! I've had providers who want to meet over coffee and muffins at 6:00 AM because it's the only time they have in their day, or providers who need to pump their breast milk during our visit. I roll with it all and make sure **I’m meeting providers where they’re at**.” – *Jacki Travers, PharmD, Pharmacy Management Consultants (PMC)*

Tools for Promoting your Program

How to Spread the Word

Getting the Word Out

- Flyers



PUBLIC HEALTH DETAILING FOR 2024

Educational outreach for medical providers to help support the tireless dedication you have to Utah's patients and community.

The focus of this program is to increase providers use of evidence-based medicine recommendations for STI care, nPEP and PrEP to ultimately improve our communities' health.

CONSULTATIONS CAN COVER:

- Thorough sexual health history training
- Reviewing newest guidelines for STIs and PrEP
- Determine frequency of screening needed
- Individual training for nPEP and PrEP
- How to implement PrEP, a Grade A USPSTF recommendation; into your practice without causing additional burden

VISITS ARE:

- Virtual with hope for in person training in the future
- Set for 15 minutes
- Offered six days a week
- One on One so providers can have individual and customized information!
- **FREE! - Sign up now**

Contact our Public Health Detailer today for your first visit! →

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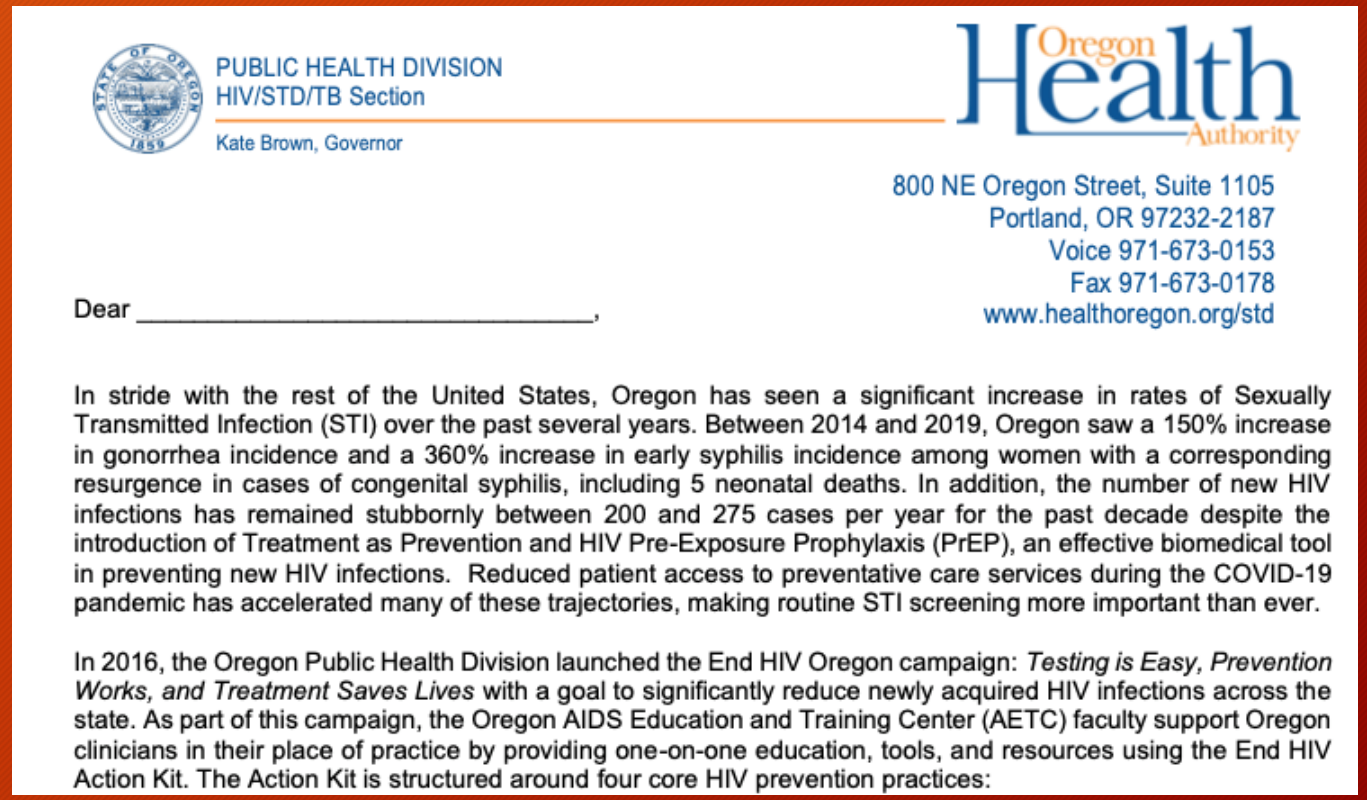
- Introductory Letters



PUBLIC HEALTH DIVISION
HIV/STD/TB Section
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon Street, Suite 1105
Portland, OR 97232-2187
Voice 971-673-0153
Fax 971-673-0178
www.healthoregon.org/std

Dear _____,

In stride with the rest of the United States, Oregon has seen a significant increase in rates of Sexually Transmitted Infection (STI) over the past several years. Between 2014 and 2019, Oregon saw a 150% increase in gonorrhea incidence and a 360% increase in early syphilis incidence among women with a corresponding resurgence in cases of congenital syphilis, including 5 neonatal deaths. In addition, the number of new HIV infections has remained stubbornly between 200 and 275 cases per year for the past decade despite the introduction of Treatment as Prevention and HIV Pre-Exposure Prophylaxis (PrEP), an effective biomedical tool in preventing new HIV infections. Reduced patient access to preventative care services during the COVID-19 pandemic has accelerated many of these trajectories, making routine STI screening more important than ever.

In 2016, the Oregon Public Health Division launched the End HIV Oregon campaign: *Testing is Easy, Prevention Works, and Treatment Saves Lives* with a goal to significantly reduce newly acquired HIV infections across the state. As part of this campaign, the Oregon AIDS Education and Training Center (AETC) faculty support Oregon clinicians in their place of practice by providing one-on-one education, tools, and resources using the End HIV Action Kit. The Action Kit is structured around four core HIV prevention practices:

Stick the Landing

- Call Scripts for staff:

Calling Script: Scheduling Detailing visits

Detailer calling to schedule:

Hello, this is [Dr. Jane Doe] **with** (the Colorado Department of Public Health & Environment/The Colorado Consortium for Prescription Drug Abuse Prevention/The University of Colorado/Other).

If applicable: [Partner XX at XX community coalition directed me to your practice… We've worked together doing… They mentioned your practice sees a high volume of… They see your practice as a leader in the community…, etc]

I am part of a team working in [your area] **to increase provider awareness of safe opioid prescribing guidelines. I wanted to set a time for a brief meeting with** [Dr. XX, or your provider team]. **I can meet before, during or after regular office hours, and we usually need about 15 minutes.**

If interested: schedule visit making note of

- Date
- Time
- Specific location
- Name of person with whom you're speaking
- Call back phone number
- Number/names of provider(s) expected

- Schedule software and contact cards:

Clinician-to-Clinician Support: Schedule Your Check-In

Sugat Patel, MD
Infectious Disease Physician,
Samaritan Health Services
Faculty, Oregon AETC

To schedule your virtul check-in, scan the QR code with the camera app on your smart phone, or visit

oraetc.appointlet.com/b/sugat-patel-md

Putting it All Together

Let’s Practice our Skills!

Today's Activity

- In a minute, we'll split into groups in breakout rooms and come up with an outline for a detailing plan based on the scenarios coming up.
- Each group should come up with a plan that includes
  - 1) Which region you want to start with and why
  - 2) Which types of clinics you want to detail with your project and why
  - 3) Come up with a plan for how you want to approach each clinic including
    - Introduction
    - Ideas on how to reach out to the practice
    - Which types of clinics you'd like to reach eg GP, ER, Urgent Care etc

Data and Scenarios

- Area 1-
  - population: 100,000
  - Positive cases: 100
  - Distance away: 30 min
- Area 2-
  - Population: 500,000
  - Positive Cases: 500
  - Distance Away: 1 hr
- Area 3-
  - Population: 250,000
  - Positive Cases: 300
  - Distance Away: 2 hr

Scenario

- PrEP detailing program cases represent bacterial STIs, historically high incidence in Area 1
- HCV detailing program with cases representing HCV+ screening tests
- DoxyPEP Program with cases representing positive adult syphilis cases, historically high incidence in Area 3