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Measuring What Matters: Evaluation Practices in Academic Detailing Programs

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November 13, 2025

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Disclosures

Victoria Kulbokas is supported by the University of Illinois Chicago/AbbVie Inc. Fellowship in health economics and outcomes research (2024 – 2026)

Investigators have been previously supported in part by the Centers for Disease Control and Prevention: Prevention for States (PfS) via the Illinois Department of Human Services and Illinois Prescription Monitoring Program (Grant#: 49I1099M40, 2018) and the Centers for Disease Control and Prevention (Grant #: 1 R01CE003156-01-00, 2019)

The Provider Satisfaction with Academic Detailing (PSAD) and Detailer Assessment of Visit Assessment (DAVE) instruments were developed by investigators at the University of Illinois Chicago College of Pharmacy. Both instruments are free to use by non-profit organizations.

The views expressed in this presentation are those of the author and do not represent the views of funding sources.

Acknowledgements

- Tara R. Hensle BS

- A. Simon Pickard, PhD
- Taylor Watterson, PharmD, PhD
- Angela Kong, PhD
- Todd A. Lee, PharmD, PhD
- Brianna M. Hudak, PharmD, MHPE

- National Resource Center for Academic Detailing (NaRCAD)
- Participants willing to share their experiences

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Presentation Overview

- Purpose & Methods
- Findings:
  - Common evaluation methods
  - Challenges
  - Key insights
  - Tools & Recommendations
- Conclusions

Poll Question #1:
Does your AD program currently conduct any formal evaluation?
(Select one)

A. Yes, regularly
B. Occasionally
C. Not yet
D. Not applicable (not part of an AD program)

Why Evaluation Matters

- Evaluation practices vary widely across programs
- Lack of consistency limits ability to assess effectiveness
- Standardized evaluation could improve quality and comparability
- Implementation science frameworks (e.g., RE-AIM) help structure evaluation

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Overall Study Objective & Aims

Objective: Assess how AD programs evaluate their effectiveness and identify key metrics used

Aims:

- To examine current evaluation practices
- Assess awareness and application of standardized tools
- Provide actionable recommendations to enhance evaluation

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Methods Overview

- Qualitative study guided by RE-AIM framework
- Participants: AD representatives via NaRCAD network (14 programs)
- Data: Virtual, Semi-structured interviews, recorded and transcribed
- Analysis: Independent coding via the Framework Method in NVivo 15

Program Characteristics

AD programs interviewed included 5 programs outside of the United States (U.S.) and 8 programs within the U.S.

3 programs were established within the past 5 years

Program size ranged from 2 to >20 detailers

Topics are often chosen based on provider feedback, practice gaps, new evidence or guidelines, and priorities from funding organizations or health departments

Program Characteristics cont'd

Diverse funding sources: State/provincial government, federal grants, health systems, Medicaid

Target audiences: Primarily PCPs, but also specialists, pharmacists, nurses, residents

Delivery methods: Mix of in-person (preferred) and virtual visits, with growing acceptance of both formats

Poll Question #2:
Which evaluation methods does your program use?
(Select all that apply)

A. Provider satisfaction surveys
B. Prescribing/claims data analysis
C. Qualitative feedback
D. Activity tracking
E. We do not currently evaluate
F. Other (open-text option)

Current Evaluation Approaches

- Post-visit surveys
  - Provider satisfaction and knowledge-based surveys
  - Detailer surveys
- Claims/prescribing data analyses
  - Assesses behavior change
- Visit tracking
  - Collection of basic metrics (visits, duration, provider types)
- Qualitative feedback
  - Stories and anecdotal evidence highly valued for program improvement

"Two main ways I would say we evaluate the effectiveness of our service, one being a post-visit survey that gets sent out to every clinician after their visit…The other side of it is we look at prescribing data." (AD Group 5)

"Most of the time it's surveys. On rare occasions, we're able to get PDMP data and compare pre and post, but we've found for many reasons with states, it's not readily available." (AD Group 7)

"We are reporting every month on how many providers, how many unique providers we saw, how many sessions, individual and group. And those are our main outcomes right now is number of sessions, number of providers and the type, whether it's a group or an individual session. And then also what's the follow up versus first visit…Because that way we can tell how many people are coming back to. So those are our main outcomes right now, showing our reach." (AD Group 2)

Poll Question #3:
What's the biggest barrier to evaluating your AD program?
(Select all that apply)

A. Limited staff capacity
B. Lack of standardized tools
C. Lack of training or expertise
D. Evaluation not prioritized
E. Other (open-text)

Key Challenges

- Survey fatigue:
  - Low provider response rates despite perceived value
- Data access issues:
  - Prescribing data is expensive, unattainable, and/or requires analysis expertise
- Standardization gaps:
  - Most programs develop custom surveys rather than using validated instruments
- Multi-topic visits:
  - Difficulty attributing outcomes when covering multiple topics

"We tried to do some type of satisfaction survey in the past, but we had to abandon that because we only had a 5% response rate. Not because they didn't like it, it's they just didn't have time. Obviously, they didn't value doing a survey when they're really busy." (AD Group 14)

"We learned in our efforts to get the Department of Health to release the data to us, even though we were one of their grantees, even though we were just looking at it as de-identified, we didn't expect for it to be identified, but they weren't willing to release it at all." (AD Group 11)

"But surveys have been challenging—we once tried a materials survey and only got about 20 responses, and our CME has a required survey - another barrier." (AD Group 7)

Poll Question #4:
How important is it to have standardized evaluation tools in AD?
(Select one)

A. Very important
B. Somewhat important
C. Neutral
D. Not important

Poll Question #5:
Are you familiar with the Provider Satisfaction with Academic Detailing (PSAD) or Detailer Assessment of Visit Effectiveness (DAVE) tools?
(Select one)

A. Yes, we use them
B. Yes, but haven't used them
C. No, not familiar

Use of Standardized Tools

- Five AD programs reported awareness of validated tools
- AD groups reported time-saving value, research credibility and standardization benefits
- Flexibility Needed: Most groups want to or *need to* add topic-specific or program-specific questions alongside standard items (CME-requirement)
- Provider Burden Concerns: All groups emphasize keeping surveys short to maintain response rates

"I think it's helpful in the sense that it helps you cross compare feedback over time and across other variables too, the different topics, different detailers, like I said over time. So, it's helpful in that sense that you have a running, total running average that you can compare and contrast against." (AD Group 5)

"I think it's a really good idea because it really does take the guesswork out of it… I think it takes a lot more of that subjectivity out of it and that's whenever you want to do evaluation that's extremely helpful is to be able to have more of an objective way to measure your success and build your goals from there." (AD Group 4)

"Anything that we could do to increase utilization of validated rigorously tested tools would benefit all academic detailing programs and help us specifically get more grants… I think a tool like this, especially people starting out, they can just take it and use it." (AD Group 7)

Relationship-Centered Approach

"I mean, in short, make sure you give clinicians an opportunity to provide feedback, including subjective, short comments that they can write or type input into that. And so that's very important." (AD Group 6)

"When we did the new outreach structure, it was more provider centric. So what are your goals? What are your needs? What's your mission for your organization? Okay, great. Now here's how we tie that into our services and how we can work together to meet those goals for you." (AD Group 1)

"I think one of the big parts of academic detailing, especially in the climate today, like supporting physicians, just giving them a chance to vent." (AD Group 7)

"It's [also] about that provider relationship. So, if you're able to get back and see that provider again and they want to see you again, I think that's a huge measure of your perceived value of what you're doing." (AD Group 8)

PROVIDER RELATIONSHIPS DRIVE ENGAGEMENT AND RETENTION

DETAILERS EMPHASIZE COLLEGIAL CONSULTATION OVER COMPLIANCE MONITORING

RELATIONSHIP-BUILDING VIEWED AS KEY SUCCESS FACTOR

Recommendations summarized

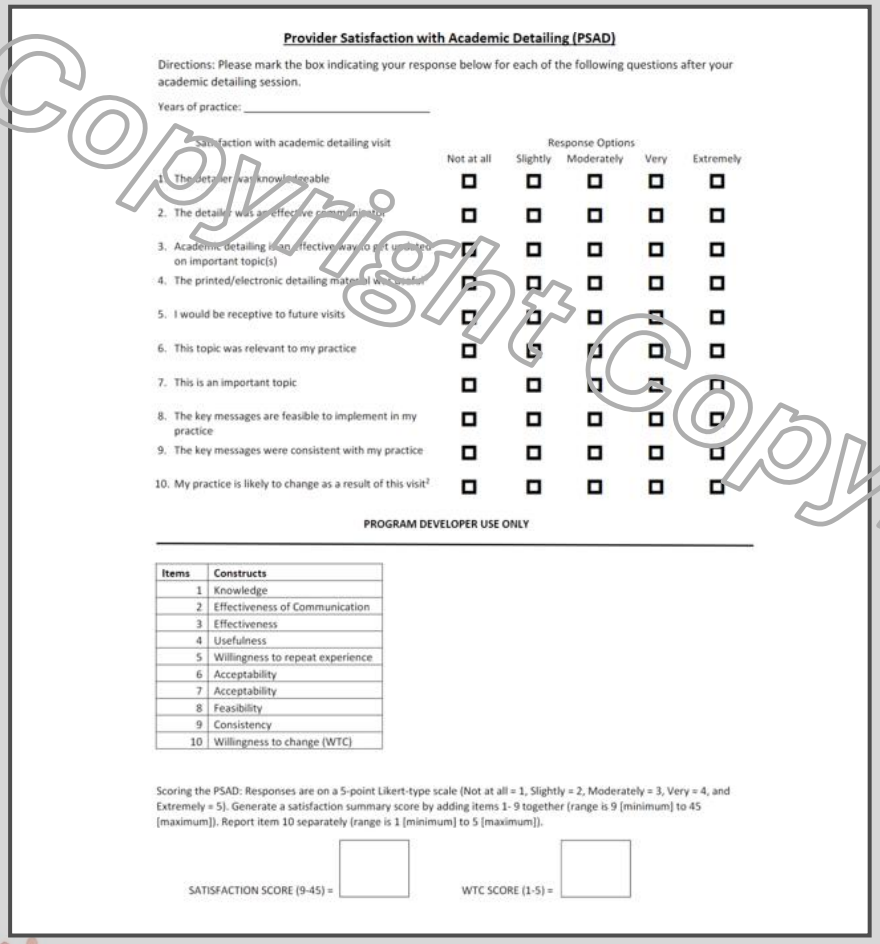
- Start with basic metrics (visits, duration, satisfaction)
- Partner with evaluation experts or use validated tools
- Focus on provider relationships and feedback
- Invest in data systems and continuous improvement

"You've got to be able to track the numbers. So just counting is one thing, but the subjective perception of both the detailer and the provider, the clinician are really important" (AD Group 11)

"we have clinicians from [an academic institution], and they're really big on evaluation of everything... So all those folks we're part of an outcomes and evaluation committee that helped us determine what our metrics would be." (AD Group 11)

"I really do think the behavior, the direct behavior change you're looking for is probably the most important metric followed by things like satisfaction and quality of life improvements." (AD Group 14)

Available standardized measures for AD



Provider Satisfaction with Academic Detailing (PSAD)

Directions: Please mark the box indicating your response below for each of the following questions after your academic detailing session.

Years of practice: _____

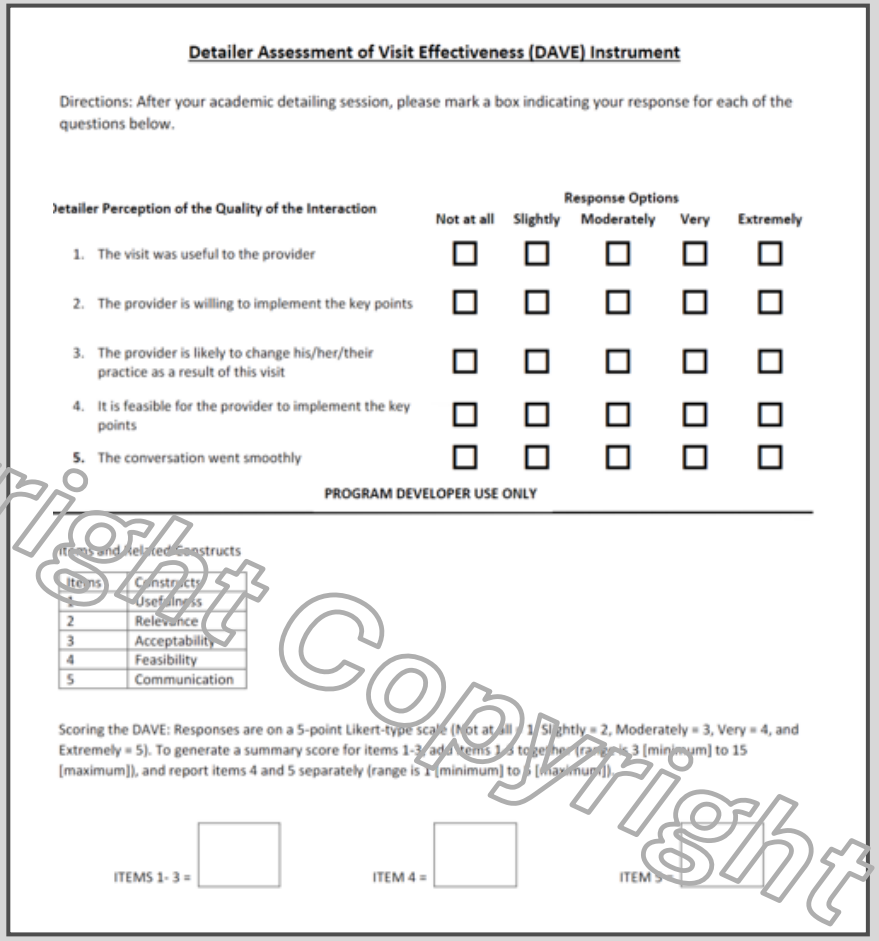
Satisfaction with academic detailing visit	Response Options: Not at all	Slightly	Moderately	Very	Extremely
1. The detailer was knowledgeable	☐	☐	☐	☐	☐
2. The detailer was an effective communicator	☐	☐	☐	☐	☐
3. Academic detailing is an effective way to get updated on important topic(s)	☐	☐	☐	☐	☐
4. The printed/electronic detailing material was useful	☐	☐	☐	☐	☐
5. I would be receptive to future visits	☐	☐	☐	☐	☐
6. This topic was relevant to my practice	☐	☐	☐	☐	☐
7. This is an important topic	☐	☐	☐	☐	☐
8. The key messages are feasible to implement in my practice	☐	☐	☐	☐	☐
9. The key messages were consistent with my practice	☐	☐	☐	☐	☐
10. My practice is likely to change as a result of this visit[2]	☐	☐	☐	☐	☐

PROGRAM DEVELOPER USE ONLY

Items	Constructs
1	Knowledge
2	Effectiveness of Communication
3	Effectiveness
4	Usefulness
5	Willingness to repeat experience
6	Acceptability
7	Acceptability
8	Feasibility
9	Consistency
10	Willingness to change (WTC)

Scoring the PSAD: Responses are on a 5-point Likert-type scale (Not at all = 1, Slightly = 2, Moderately = 3, Very = 4, and Extremely = 5). Generate a satisfaction summary score by adding items 1- 9 together (range is 9 [minimum] to 45 [maximum]). Report item 10 separately (range is 1 [minimum] to 5 [maximum]).

SATISFACTION SCORE (9-45) = ☐ WTC SCORE (1-5) = ☐



Detailer Assessment of Visit Effectiveness (DAVE) Instrument

Directions: After your academic detailing session, please mark a box indicating your response for each of the questions below.

Detailer Perception of the Quality of the Interaction	Response Options: Not at all	Slightly	Moderately	Very	Extremely
1. The visit was useful to the provider	☐	☐	☐	☐	☐
2. The provider is willing to implement the key points	☐	☐	☐	☐	☐
3. The provider is likely to change his/her/their practice as a result of this visit	☐	☐	☐	☐	☐
4. It is feasible for the provider to implement the key points	☐	☐	☐	☐	☐
5. The conversation went smoothly	☐	☐	☐	☐	☐

PROGRAM DEVELOPER USE ONLY

Items and Related Constructs

Items	Constructs
1	Usefulness
2	Relevance
3	Acceptability
4	Feasibility
5	Communication

Scoring the DAVE: Responses are on a 5-point Likert-type scale (Not at all = 1, Slightly = 2, Moderately = 3, Very = 4, and Extremely = 5). To generate a summary score for items 1-3, add items 1-3 together (range is 3 [minimum] to 15 [maximum]), and report items 4 and 5 separately (range is 1 [minimum] to 5 [maximum]).

ITEMS 1- 3 = ☐ ITEM 4 = ☐ ITEM 5 = ☐

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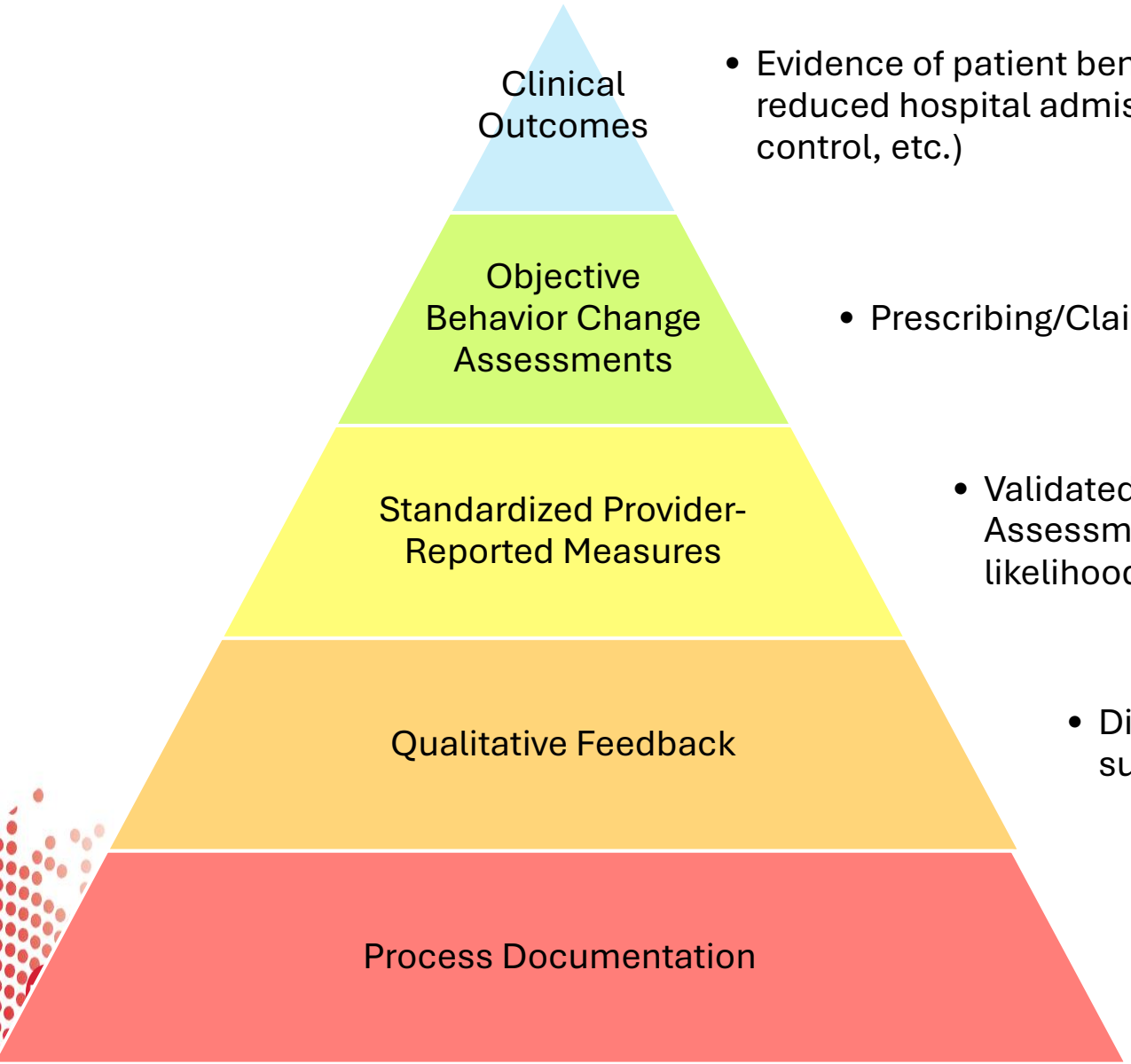
Hierarchy for Evaluation of AD *(In Development)*



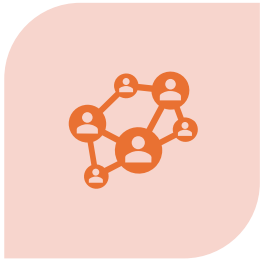
- Evidence of patient benefit (e.g. Reduced mortality, reduced hospital admissions, improved disease control, etc.)
- Prescribing/Claims Data (Pre/Post)
- Validated instruments (e.g. Assessments of provider-reported likelihood to change, satisfaction)
- Direct communications, surveys, interviews
- AD visit logs, durations, reach, topics, provider type, etc.

Conclusions

AD PROGRAMS USE DIVERSE BUT OVERLAPPING EVALUATION METHODS.

PROVIDER SURVEYS AND VISIT TRACKING ARE MOST COMMON

PRESCRIBING DATA ACCESS REMAINS A MAJOR CHALLENGE



PROVIDER RELATIONSHIPS DRIVE SUCCESS

STANDARDIZED TOOLS CAN ENHANCE CONSISTENCY AND COMPARABILITY.

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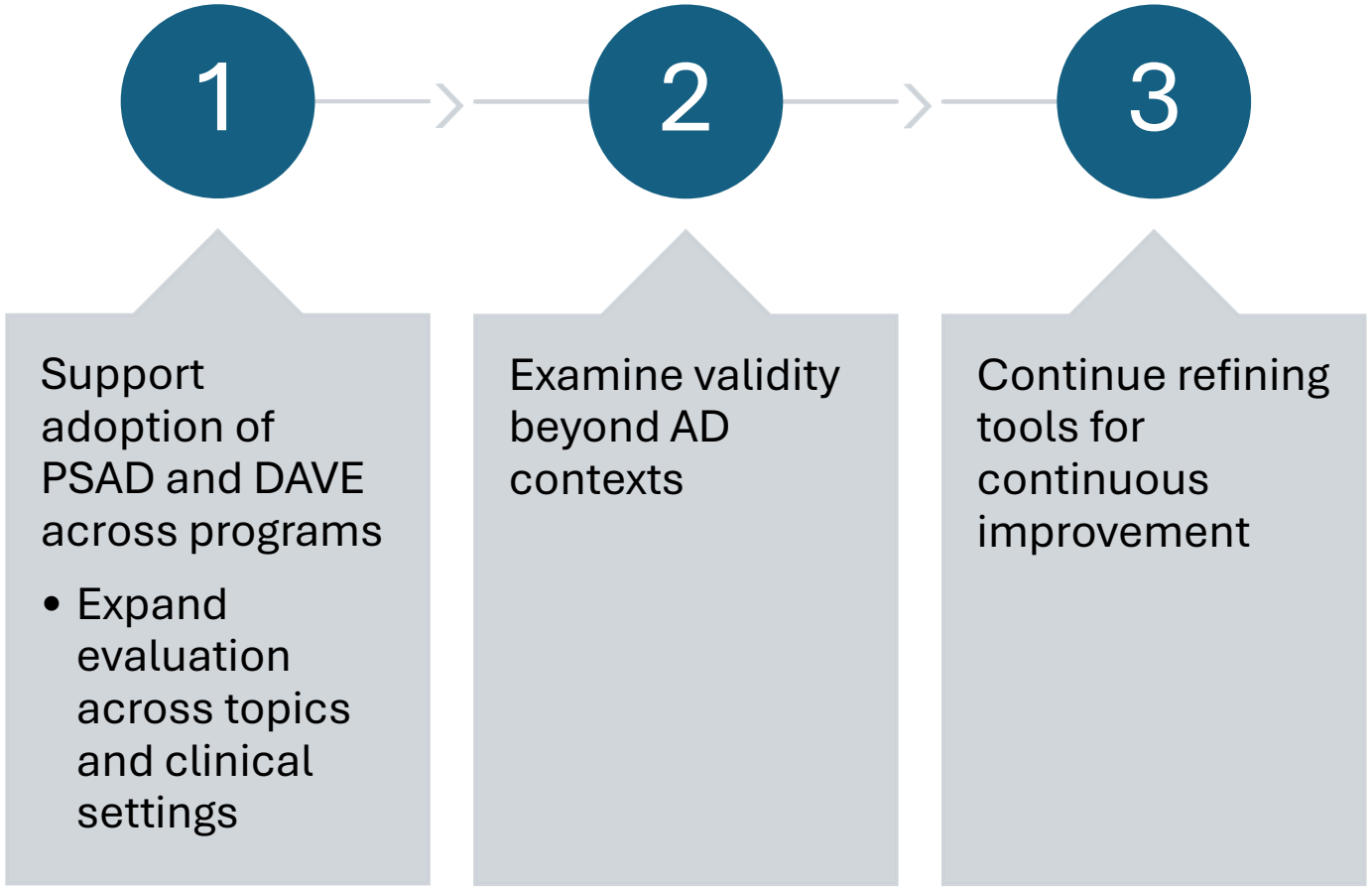
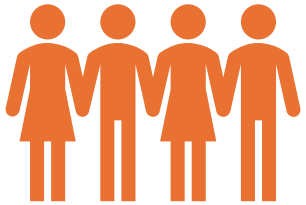
Next Steps


1
2
3
Support adoption of PSAD and DAVE across programs
• Expand evaluation across topics and clinical settings
Examine validity beyond AD contexts
Continue refining tools for continuous improvement

Acknowledgments

Thank you to participating AD programs and NaRCAD network



Support from University of Illinois Chicago and collaborators

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Provider Satisfaction with Academic Detailing (PSAD) Information:

Detailer Assessment of Visit Effectiveness (DAVE) Information: