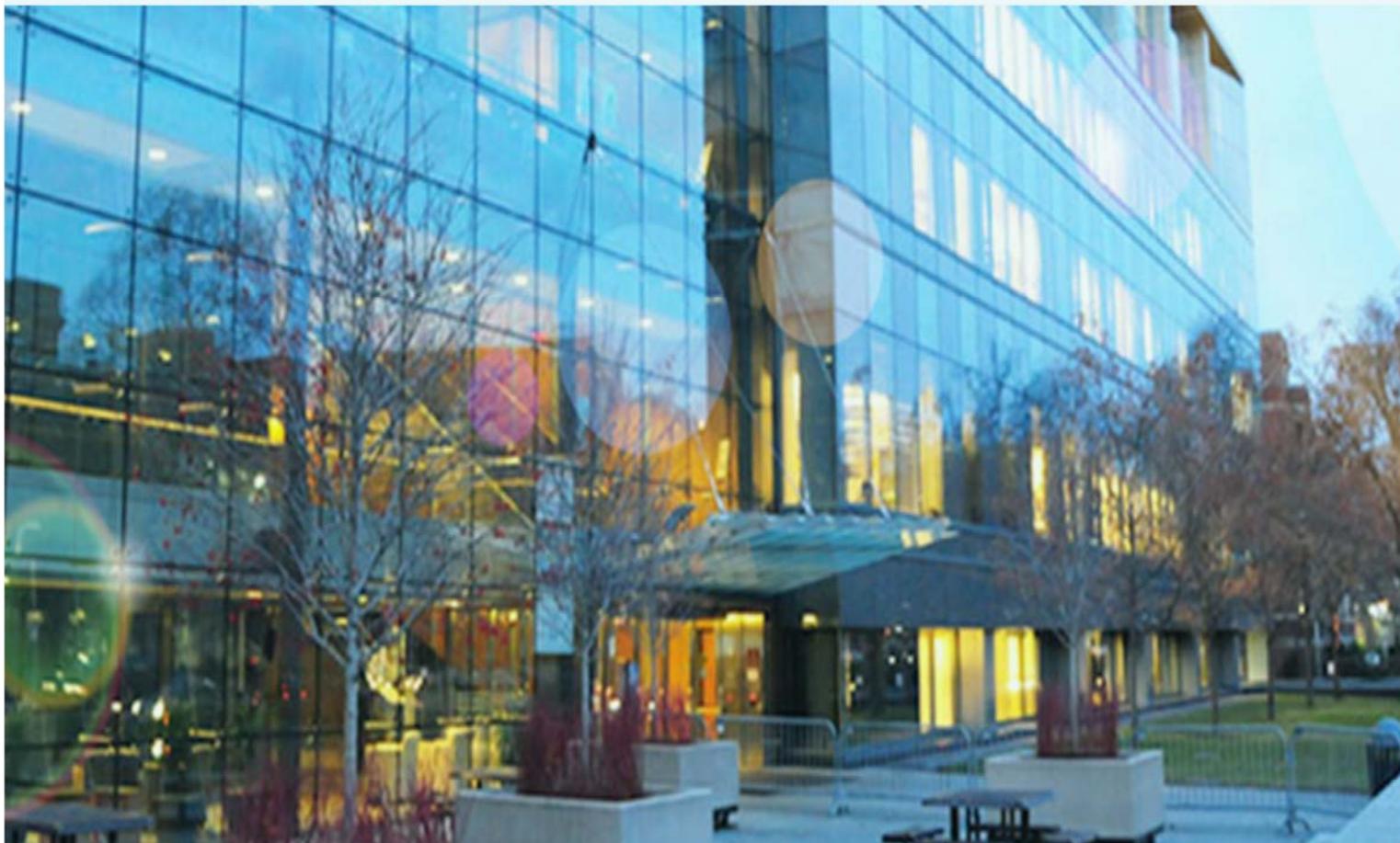
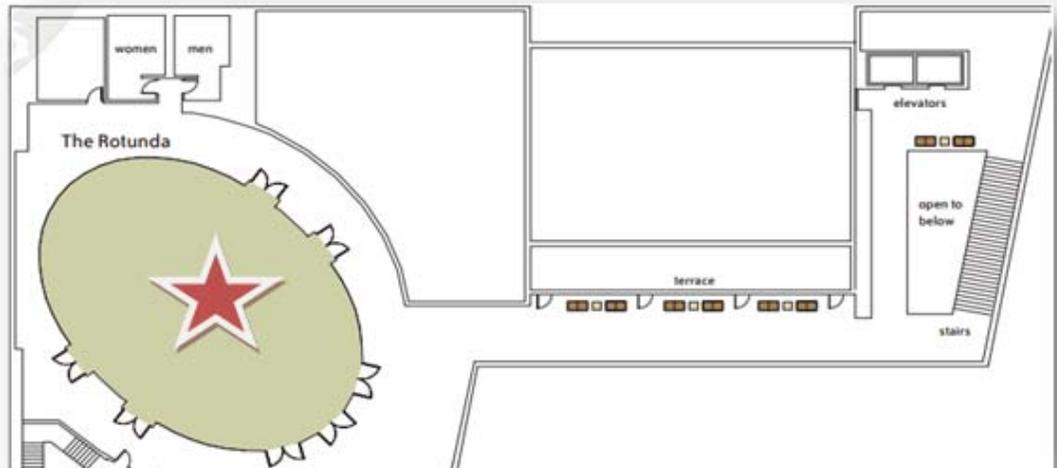


The 5th International Conference on Academic Detailing: Combating Threats to Optimal Care

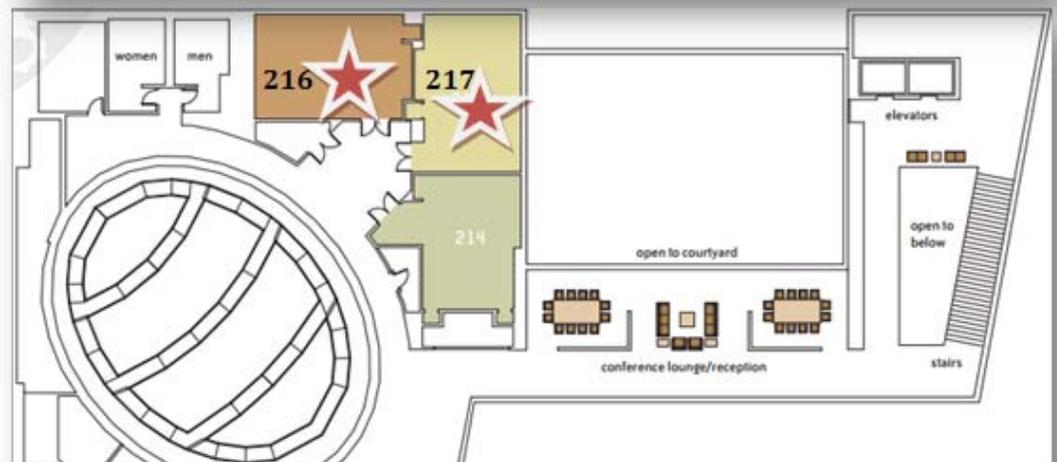


NOVEMBER 6 & 7, 2017
The Joseph B. Martin Center at Harvard Medical School
77 Avenue Louis Pasteur
Boston, Massachusetts

**3rd Floor Map:
All Main Sessions**



**2nd Floor Map:
Breakout Rooms
216 & 217**



Monday, November 6, 2017 | Day 1 Breakouts: “AD in Action”

- **Breakout 1: AD 101: Deconstructing an AD Visit | Room 216**
- **Breakout 2: Recognizing Risks in a One-sided Message: The Importance and Challenge of Balance in Key Messaging | Room 217**
- **Breakout 3: Your AD Territory is HOW Big? Trials, Tribulations, and Breakthroughs in Rural AD | Rotunda/Main Session Room**

Tuesday, November 7, 2017 | Day 2 Breakouts: “Advanced Lessons in AD”

- **Breakout 1: Creating Engaging Educational Materials: Visually Supporting Your Key Messages | Rotunda/Main Session Room**
- **Breakout 2: Gaining Clinician Access: Successes and Challenges in AD Primary Care Physician Recruitment | Room 217**
- **Breakout 3: Developing an AD Program: Working Through the Lens of Cultural Competence | Room 216**

Conference Agenda At-a-Glance

All sessions, with the exception of breakouts, will be held in the Rotunda/main session space.
For detailed session descriptions and breakout locations, please review our extended agenda on the following pages.

#NaRCAD2017: Combating Threats to Optimal Care

Day 1 Monday, November 6th

8:30 AM Breakfast & Networking

9:00 AM Welcome
Mike Fischer, MD, MS, Director, NaRCAD

9:30 AM Keynote Talk:
"Getting Out of Our Comfort Zone:
Detailing on PrEP & PEP in New York City"
Zoe Edelstein, PhD, MS
Director of Research and Evaluation
HIV Prevention Program
New York City Department of Health & Mental Hygiene

10:15 AM Morning Break

10:30 AM EXPERT PANEL
PrEP-aring Providers from Coast to Coast:
Academic Detailing for HIV Prevention

12:00 PM Lunch

12:45 PM Breakout Sessions: "AD in Action"
See detailed agenda for descriptions & room assignments

- AD 101: Deconstructing an AD Visit

- Recognizing Risks in a One-sided Message: The Importance and Challenge of Balance in Messaging

- Your AD Territory is HOW Big? Trials, Tribulations and Breakthroughs in Rural AD

2:15 PM Afternoon Break

2:30 PM Day 1 Field Presentations
See detailed agenda for presentation list

3:45 PM Annual AD Talk:
"Navigating a Disorienting Healthcare Landscape"
Jerry Avorn, MD, Co-Director, NaRCAD

4:30 PM Day 1 Wrap-up
Mike Fischer, MD, MS, Director, NaRCAD

5:00 PM Join us for our Evening Reception!
Outside the Rotunda

Day 2 Tuesday, November 7th

8:30 AM Breakfast & Networking

9:00 AM Reflections on Learning
Mike Fischer, MD, MS, Director, NaRCAD

9:15 AM Keynote Talk:
"How Physicians Learn & Change:
The Role of Academic Detailing"
Carol Havens, MD
Director of Physician Education and Development
Kaiser Permanente Medical Care Program
Northern California Region

10:00 AM Morning Break

10:15 AM EXPERT PANEL
Academic Detailing for the Opioid Epidemic

12:00 PM Lunch

12:45 PM Day 2 Field Presentations
See detailed agenda for presentation list

2:30 PM Afternoon Coffee
& Networking Break

3:00 PM Breakout Sessions: "Advanced Lessons in AD"
See detailed agenda for descriptions & room assignments

- Creating Engaging Educational Materials:
Visually Supporting Your Key Messages

- Gaining Clinician Access: Successes and Challenges in AD Primary Care Physician Recruitment

- Developing an AD Program: Working Through the Lens of Cultural Competence

4:30 PM Closing Remarks, Final Audience Q+A,
& Staying Connected with NaRCAD
The NaRCAD Home Team

5:00 PM Conference Adjournment
Please complete your evaluation forms.

DAY 1: MONDAY, NOVEMBER 6TH, 2017

Detailed Agenda & Session Descriptions

All main sessions will be held in the Rotunda, with the exception of afternoon breakouts as noted.
Presentation slides will be available at on our Conference Hub page at narcad.org after the conference.

8:30 AM | **Breakfast & Networking**

9:00 AM | **OPENING REMARKS & WELCOME** | *Michael Fischer, MD, MS, NaRCAD Director*

9:30 AM | **KEYNOTE TALK:**

“Getting Out of Our Comfort Zone: Detailing on PrEP and PEP in New York City”

Zoe Edelstein, PhD, MS | *Director of Research and Evaluation, HIV Prevention Program
NYC Department of Health and Mental Hygiene, Bureau of HIV/AIDS Prevention & Control*

10:15 AM | **Morning Break**

10:30 AM | **EXPERT PANEL: PrEP-aring Providers from Coast to Coast: AD for HIV Prevention**

Moderator: Douglas Krakower, MD

Panelists: Alyson Decker, NP, MS, MPH; Jing Luo, MD, MPH; Deborah Monaghan, MD

Clinical outreach education on Pre-exposure Prophylaxis (PrEP) for HIV prevention presents the unique opportunity to provide outreach on a biomedical intervention that has clearly identified indications, a strong scientific evidence base, a relatively slow uptake by clinicians, and potential stigma challenges for providers and patients. This panel will examine successes across the country, with an emphasis on reducing health disparities through prioritized outreach, strategies for provider outreach, evaluation methods, and capacity building.

12:00 PM | **Lunch**

12:45 PM | **BREAKOUT SESSIONS: “AD in Action”**

AD 101: Deconstructing the AD Visit (*Room 216, 2nd Floor*)

Amanda Kennedy, PharmD, BCPS, & Bevin K. Shagoury

What really happens during a 1:1 visit with a clinician? How do academic detailers prepare to make every visit count? Join this highly interactive session facilitated by members of the NaRCAD training team as they break down the key elements of a successful educational visit through small group exercises and problem-solving. This session will be especially beneficial for attendees preparing to work as clinical educators, or for those seeking new insights and skills refinement. Ideal for those planning to complete a future NaRCAD AD techniques training.

Recognizing Risks in a One-Sided Message: The Importance of Challenge & Balance in Messaging (*Room 217, 2nd Floor*)

Loren Regier, BA, BSP & Brenda Schuster, BSP, ACPR, PharmD, FCSHP

Careful deliberation in the crafting and delivery of key messages is critical to detailer credibility. The art of creating a key message to ignite behavior change carries risks if your key message is (or is perceived to be) one-sided. Considerations for balance in messaging will serve to mitigate such risks, but may appear to threaten the desired behavior change. Participants will have the opportunity to evaluate and assess potential key messages, using various clinical topic areas for discussion, including antipsychotics in long-term care, opioids in chronic non-cancer pain, and antibiotics.

Your AD Territory is HOW Big? Trials, Tribulations, and Breakthroughs in Rural AD

(*Rotunda/Main Session Space, 3rd Floor*)

Aron Nenninger, BScPharm, RPh & Cristi Froyman, BScPharm, RPh

Many Academic Detailing programs are designed with urban centers and dense populations as their primary audience. Join us for this interactive breakout session where we will explore the successes, trials and tribulations of the British Columbia PAD Academic Detailers who live and work in sparsely populated, sometimes remote rural communities. A little forethought can result in busy, efficient detailers expanding the possibilities of AD to rural and remote health care providers, who often embrace it with open arms.

2:15 PM **Afternoon Break**

2:30 PM

DAY 1 FIELD PRESENTATIONS:

Sharing best practices via a rapid round of highlights from recent AD field interventions.

2:30 – 2:35

Kick-off & Overview: Mike Fischer, MD, MS

2:35 – 2:45

Presentation 1: *“Using AD in AHRQ’s EvidenceNOW: Advancing Heart Health in Primary Care in Oklahoma”*

Steven Crawford, MD, Healthy Hearts for Oklahoma

2:45 – 2:50

Audience Q+A

2:50 – 3:00

Presentation 2: *“Thinking Outside the Box: Academic Detailing and Practice Facilitation for Groups N>1”*

Danelle Callan, MA & Robert Rhyne, MD, University of New Mexico

3:00 – 3:05

Audience Q+A

3:05 – 3:15

Presentation 3: *“Clinical AD as Part of Community Coalitions and Public Health Activities to Support Chronic Disease Self-management and Prevention: Experiences in New York State”*

Robert Morrow, MD, Albert Einstein College of Medicine

3:15 – 3:20

Audience Q+A

3:20 – 3:30

Presentation 4: *“Reducing Anti-Psychotics for Dementia Patients in Nursing Homes: Combining AD with Other Implementation Strategies to Enhance Uptake”*

Megan McCullough, PhD, Center for Healthcare Organization and Implementation Research (CHOIR), VA

3:30 – 3:35

Audience Q+A

3:35-3:45

Final Audience Q+A & Wrap-up

3:45 PM

Annual AD Talk: “Navigating a Disorienting Healthcare Landscape”

Jerry Avorn, MD, Co-Director of NaRCAD

4:30 PM

Day 1 Closing Remarks

Michael Fischer, MD, MS, Director of NaRCAD

Please take a moment to fill out our Day 1 Evaluation form.

5:00 PM -

Evening Networking Reception

6:00 PM

Join us just outside the Rotunda for hors d'oeuvres and drinks!

DAY 2: TUESDAY, NOVEMBER 7TH, 2017

Detailed Agenda & Session Descriptions

8:30 AM | **Breakfast & Networking**

9:00 AM | **Reflections on Learning** | *Michael Fischer, MD, MS, Director of NaRCAD*

9:15 AM | **KEYNOTE TALK: “How Physicians Learn and Change: The Role of AD”**
Carol Havens, MD

Director of Physician Education and Development, Kaiser Permanente Medical Care Program, Northern California Region, Chemical Dependency & Recovery Program

10:00 AM | **Morning Break**

10:15 AM | **EXPERT PANEL: “Academic Detailing for the Opioid Overdose Epidemic”**

Moderator: Aleta Christensen, MPH Panelists: Don Teater, MD, MPH, Nadejda Razi-Robertson, LCSW, PhD, Skye Tikkanen, MS, CSAC, LPC, ICS-IT

With the help of the CDC, many states are implementing academic detailing programs to educate prescribers on many aspects of the opioid epidemic. This panel will describe academic detailing efforts in two states working with the CDC while also highlighting the impact of stigma on academic detailing programs.

12:00 PM | **Lunch**

DAY 2 FIELD PRESENTATIONS

Sharing best practices via a rapid round of highlights from recent AD field interventions.

12:45 – 12:50 | **Kick-off & Overview: Mike Fischer, MD, MS**

12:50 – 1:00 | **Presentation 1: “Evaluation of AD on Prescribing Patterns for Attention-Deficit/Hyperactivity Disorder”**

Jacki Travers PharmD, Pharmacy Management Consultants

1:00 – 1:05 | **Audience Q+A**

1:05 – 1:15 | **Presentation 2: “Patient-specific AD for Smoking Cessation”**

Margaret Jin, BScPharm, PharmD, MSc, Hamilton Family Health Team

1:15 – 1:20 | **Audience Q+A**

1:20 – 1:30 | **Presentation 3: “AD to Optimize Medication Prescribing for Patients with Heart Failure with Reduced Ejection Fraction Across a VA Network of Medical Centers”**

Addison Ragan, PharmD, BPCS, Veterans Affairs Southeastern Network

1:30 – 1:35 | **Audience Q+A**

1:35 – 1:45 | **Presentation 4: “Provider Engagement Reduces Concurrent Utilization of Antipsychotics”** *Crystal Henderson, PharmD, BCPP & Kristin Brown-Gentry, MS, Magellan Health*

1:45 – 1:50 | **Audience Q+A**

1:50 – 2:00 | **Presentation 5: “Improving Safe Opioid Prescribing in the Emergency Department”** *Sameer Awsare, MD, Kaiser Permanente*

2:00 – 2:05 | **Audience Q+A**

2:05 – 2:20 | **Presentation 6: “Assisting Providers in the Reduction of Benzodiazepine Utilization in Veterans with PTSD using an AD Framework”**

Mark Bounthavong, PharmD, MPH & Sarah Popish, PharmD, BCPP Veterans Health Administration PBM Academic Detailing Service

2:20 – 2:30 | **Final Audience Q+A & Wrap-up**

- 2:30 PM** | **Afternoon Break: Coffee & Networking**
Enjoy an extended coffee break to connect with speakers from the Field Presentation session, prepare for your afternoon breakout session.
- 3:00 PM** | **BREAKOUT SESSIONS: “Advanced Lessons in AD”**
- Creating Engaging Educational Materials: Visually Supporting Your Key Messages**
(Rotunda/Main Session Space, 3rd Floor) **Ellen Dancel, PharmD, MPH & Amy Braddock**
Do you have compelling content, but are struggling with creating engaging materials to use during a detailing visit? Join us for an interactive session where we convert key messages into graphics that can amplify the impact of your program. This session will cover the basic concepts of graphic design, and apply those concepts to clinical content scenarios. Other areas of focus will include printing and cost options that will support clinical outreach education interventions in getting the most value from their program budgets.
- Gaining Clinician Access: Success & Challenges in AD Primary Care Physician Recruitment** *(Room 217, 2nd Floor)*
Patricia Chan, BScPharm, PharmD & Tanya Marshall, BScPharm, PharmD
Academic detailers and program managers need to develop strategies in recruiting and retaining primary care physicians for educational outreach sessions. This session will focus on various strategies to address challenging scenarios in recruitment and retention of primary care physicians for AD sessions. This session will be of interest to both new and seasoned academic detailers as well as program managers working in urban and rural settings.
- Developing an AD Program: Working Through the Lens of Cultural Competence**
(Room 216, 3rd Floor) **Don Teater, MD, MPH & Skye Tikkanen, MS, CSAC, LPC, ICS-IT**
Stigma is an important influence on medical professionals dealing with individuals with lifestyles different from their own, and stigma may have a negative effect on behavior change in the target group of any academic detailing effort. Stigma may also affect program developers, managers, and practitioners, making it important to identify throughout development and implementation of any AD program. By utilizing a format of interactive discussion and self-reflection, this session will look at the issue of stigma as it effects target populations, and will also examine how addressing stigma may influence the outcome of AD programs.
- 4:30 PM** | **Staying Connected with NaRCAD: Closing Remarks & Final Audience Q+A**
Mike Fischer, MD, MS, Director, NaRCAD
Bevin K. Shagoury, Communications Director, NaRCAD
To wrap up Day 2, members of NaRCAD’s home team will share the official launch of a new project, share virtual resources, answer questions, and discuss the momentum in the field as we head into 2018.
- 5:00 PM** | **Conference Adjournment**
Please complete your Day 2 Evaluation form.

Welcome to #NaRCAD2017 Combating Threats to Optimal Care

A Letter from Our Directors



Welcome to #NaRCAD2017, our 5th conference in this series. Our team looks forward to meeting all of you over the course of these two days!

We hope this year's conference inspires you all to think about how you can adapt the principles and techniques of AD to your unique programs. The keynote speakers will teach us how two very different types of health organizations—a major urban health department and a large, integrated non-profit health care system—use AD to improve care for their patients. Whether you're hoping to start a new AD program or to expand an

existing one, we know that learning from these leaders will provide tangible solutions to help move you forward.

But the most exciting part of the conference, for us, is seeing the growth of this community. The number of submissions for the conference increased dramatically from 2016, and we're delighted to feature presentations from the field on both days of the conference this year, in addition to the terrific content in the panels and breakout sessions.

We encourage you to take these two days to explore the key questions and challenges that you face in your work. As all of us in health care are uncertain about the future, one certainty is that clinicians continue to struggle to identify and interpret the best medical evidence and incorporate it into practice. That's why we hope this conference creates opportunities for everyone to connect with colleagues and our team—whether it be to brainstorm about how to make better use of data to support AD initiatives, develop new funding models as the health care system continues to change, or train academic detailers for the most effective message delivery.

Let #NaRCAD2017 inspire you to take the next step with your plans for AD, and plan to share your innovations with all of us at next year's conference. We hope you'll share your insights by joining us on social media, and as always, we look forward to your contributions and feedback.

Michael Fischer, MD, MS, NaRCAD Director

Jerry Avorn, MD, NaRCAD Co-Director

Day 1 Keynote Biography

Zoe Edelstein, PhD, MS

*Director of Research and Evaluation for HIV Prevention
New York City Department of Health and Mental Hygiene [DOHMH]
Bureau of HIV/AIDS Prevention and Control*



Dr. Zoe Edelstein is the Director of Research and Evaluation for HIV Prevention with the New York City Department of Health and Mental Hygiene's Bureau of HIV/AIDS Prevention and Control. In this role, she oversees the agency's data-driven, evidence-based research and evaluation efforts related to HIV prevention, including evaluating HIV prevention activities and contracts, monitoring citywide trends in HIV prevention, and conducting special projects.

These projects include developing PrEP metrics using multiple data sources and overseeing the agency's PrEP/PEP public health detailing campaign, which has visited over 2,500 primary care and infectious disease providers at over 1,300 clinical sites across New York City. Dr. Edelstein received her MS and PhD in Epidemiology from the University of Washington.

Day 2 Keynote Biography

Carol Havens, MD

*Director of Physician Education and Development
Kaiser Permanente Medical Care Program, Northern California Region
Chemical Dependency & Recovery Program, Kaiser Permanente*



Carol Havens, MD, is Director of Physician Education and Development at the Kaiser Permanente Medical Care Program, Northern California Region, and is a staff physician of Chemical Dependency and Recovery Program at Kaiser Permanente. She is board certified in Family Medicine and Addiction Medicine. Dr. Havens received her undergraduate degree in Medical Technology from Michigan State University and her medical degree from the University of Arizona. She completed her residency training at the University of California, Davis-Sacramento Medical Center Family Practice Residency Program.

Over the course of her career, Dr. Havens has held various leadership positions including President of the CA AFP in 2011. She is the clinical lead for the TPMG Opioid Initiative and is currently Chair of the CAFPP CPD committee. She served as chair of the California Medical Association CME committee and was a member and vice-chair of the board of directors for the ACCME. She was named a Best Doctor in Sacramento 2005-2016 and was the California Family Physician of the Year in 2017 from CAFPP.

Dr. Havens has been published in more than 15 peer-reviewed journals and other publications, and is the recipient of CAFPP Foundation's 2009 Barbara Harris Award for Educational Excellence and was recently announced CAFPP's 2017 Family Physician of the Year. Dr. Havens loves to teach because she finds it simultaneously renewing and helps her find balance in all that she does. Her most recent avocation is learning to play the ukulele.

NaRCAD Staff



Jerry Avorn, MD | *Co-Director*

Dr. Avorn is Professor of Medicine at Harvard Medical School and Chief of the Division of Pharmacoepidemiology and Pharmacoeconomics [DoPE]. A general internist and drug epidemiologist, he pioneered the concept of academic detailing and is recognized internationally as a leading expert on this topic and on optimal medication use. The division he leads includes faculty with backgrounds in internal medicine and its subspecialties, geriatrics, epidemiology, health services research and policy, biostatistics, and computer science. His major areas of research include: the scientific, policy, and social factors that shape physicians' drug choices; the identification and prevention of adverse drug effects; medication compliance by patients; programs to improve the appropriateness of prescribing and drug taking; and pharmaceutical cost-effectiveness analysis. Dr. Avorn completed his undergraduate training at Columbia University in 1969, received the M.D. from Harvard Medical School in 1974, and completed a residency in internal medicine at the Beth Israel Hospital in Boston. He has served as president of the International Society for Pharmaco-Epidemiology and was a member of the Institute of Medicine Committee on Standards for Developing Trustworthy Clinical Practice Guidelines. Dr. Avorn is the author or co-author of over 500 papers in the medical literature on medication use and its outcomes, and is one of the most highly-cited researchers working in the area of medicine and the social sciences.



Michael Fischer, MD, MS | *Director*

Dr. Fischer is a general internist, pharmacoepidemiologist, and health services researcher. He is an Associate Professor of Medicine at Harvard and a clinically active primary care physician and educator at Brigham & Women's Hospital. He has extensive experience in designing and evaluating interventions to improve medication use and has published numerous studies demonstrating the potential gains from improved prescribing. His research interests include prescription drug reimbursement policy, electronic prescribing, and medication adherence. Dr. Fischer earned his medical degree from the Yale School of Medicine and a Master of Science degree in health policy and management from the Harvard School of Public Health. He completed residency training in primary care internal medicine at Brigham & Women's Hospital. He teaches in both the outpatient and inpatient components of the internal medicine residency program at Brigham & Women's and teaches courses on research methodology at Harvard School of Public Health.



Niteesh Choudhry, MD, PhD | *Program Faculty*

Dr. Choudhry is a Professor of Medicine at Harvard Medical School and an Associate Physician in the Division of Pharmacoepidemiology and Pharmacoeconomics and the Hospitalist Program at Brigham and Women's Hospital. His research focuses on the development and evaluation of novel strategies to improve health care quality and reduce spending. He is particularly interested in the clinical and economic consequences of using evidence-based therapies for the management of common chronic conditions and in designing strategies to overcome barriers to treatment initiation and long-term medication adherence. He leads a multidisciplinary research program funded by CVS Caremark to study medication adherence, the cost-effectiveness of medical technologies and comparative effectiveness research and collaborates with a wide range of insurers, employers and health delivery systems. He is also the founding Executive Director of the Center for Healthcare Delivery Sciences. Dr. Choudhry practices inpatient general internal/hospital medicine at Brigham and Women's Hospital.



Bevin Kathleen Shagoury | *Communications & Education Director*

Bevin manages NaRCAD's external communications and strategic partnerships, overseeing NaRCAD's Partner Network and focusing on forging new collaborations between clinical education programs. Having developed communications and educational resources in clinical settings, urban classrooms, and healthcare-based non-profits, Bevin works to highlight national best practices in the field, support skills sharing across platforms, and amplify the impact of clinical outreach education. With career experience in non-profit program management, increasing community access to integrated learning platforms, and developing interdisciplinary educational and training curricula, Bevin holds a degree in expressive education from Emerson College, with an emphasis on serving marginalized populations. She has previously held program management positions with organizations dedicated to homelessness advocacy, virtual education to support grantor networks, and clinical care for at-risk youth experiencing acute trauma.



Arielle Mather, MPH | *Education & Training Manager*

Arielle manages all of NaRCAD's events, including the Academic Detailing Training Techniques series and the annual International Academic Detailing Conference, along with facilitating the development of clinical materials. Arielle received her Master's Degree in Public Health with a concentration in Health Communication from Tufts University School of Medicine. She has several years of experience coordinating Boston-based elder service programs and teaching evidence-based healthy aging workshops, and is passionate about connecting others with resources that enhance the quality of life and improve the health status of their families and communities.



Kristina Stefanini | *Communications & Events Assistant*

In her work with NaRCAD, Kristina focuses on building stronger partnerships and improving communication between clinical outreach education programs in NaRCAD's network. She also helps coordinate NaRCAD events, including the annual conference series and trainings. Kristina joined the Division of Pharmacoepidemiology and Pharmacoeconomics in 2017 after receiving her Bachelor of Arts in Molecular Biology and Public Health from Boston University in 2017. Kristina is passionate about implementation research, program evaluation, and drug policy.

Contact Us

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2017 Conference Speaker Biographies



Sameer V. Awsare, MD, FACP

Associate Executive Director, The Permanente Medical Group

Sameer is an Associate Executive Director for The Permanente Medical Group in charge of Pharmacy, Adult and Family Medicine, Risk Adjusted Coding, Revenue Cycle, Outside Medical Services and the Opioid Initiative. Dr. Awsare joined the Permanente Medical Group in 1993. In addition to his clinical responsibilities, he is involved in resident teaching and was the Chair of the Hospital Ethics Committee. He has also been involved in Medicare coding and compliance at the medical center level. He was the Chief of medicine at our Campbell facility. He had been a member of TPMG Board of Directors from 1997-2014, and served as its secretary from 2000 to 2006. He also served as Chair of the board's Governance Committee and the Vice Chair of the board from 2006 - 2014. He is currently the Secretary of the Mid-Atlantic Permanente Medical Group Board.



Mark Bounthavong, PharmD, MPH

National Clinical Program Manager, VA PBM Academic Detailing Service

Dr. Bounthavong is currently the national clinical data manager for the Veterans Health Administration Pharmacy Benefits Management Academic Detailing Service, and a PhD candidate in the Pharmaceutical Outcomes Research and Policy Program at the University of Washington. Mark started his career at the Veterans Affairs San Diego Healthcare System as a pharmacoeconomics clinical specialist. During his tenure at the VA, Mark worked on identifying cost-effective strategies and formulary management; directed the PGY-1 Managed Care Pharmacy Residency; and completed a Master of Public Health from Emory University.



Amy Braddock

Owner, Amy Braddock Design

Amy has 20 years of experience as a graphic designer. Prior to launching her own design consulting business in 2005, she worked at Hull Creative Group and Pearson Education. Amy helps her clients present their content in a visually compelling and accessible way, collaborating with them from concept through to production. She designs a wide range of projects, including brochures, reports, signage, logos, and advertisements.



Kristin D. Brown-Gentry, MS

Health Outcomes Scientist, Magellan Health

Kristin has been with Magellan's Clinical Outcomes Analytics and Research department for over two years. At Magellan, Kristin is responsible for evaluating the clinical and economic effectiveness of performed interventions. She also conducts outcomes research, and has had success publishing abstracts in peer-reviewed journals. In addition, she generates predictive models to assist with identifying members at risk for future adverse events with the goal of preemptively improving the likelihood of the occurrence of those events. Prior to joining Magellan's team, Kristin worked as a Statistical Genetic Analyst within the Computational Genomics Core at Vanderbilt University Medical Center in Nashville, TN.



Danelle Callan, MA

***Program Manager, University of New Mexico's Health Sciences Center
Department of Family and Community Medicine***

Danelle is Staff Council President for the University of New Mexico as well as a Program Manager for the Department of Family and Community Medicine at the UNM Health Sciences Center. She received her certification in academic detailing from NaRCAD in 2013 and has been applying her skills in practice facilitation and academic detailing on multiple research projects for the past five years. Currently she is managing several projects relating to chronic non-cancer pain (CNCP), cardiovascular disease (ABC's), colon cancer screening, while coordinating with providers and community health organizations to disseminate evidence-based information to clinics across New Mexico through academic detailing. She holds a dual bachelor's degree in anthropology and economics which she received from UNM in 2005 and received her master's degree in Economics in 2011. She is currently enrolled in the Masters of Law program at UNM with an anticipated graduation date in 2020.



Patricia Chan, BScPharm, PharmD

***Clinical Pharmacist, Continuing Medical Education
Vancouver Coastal Health***

British Columbia Provincial Academic Detailing Service

Dr. Patricia Chan is a Clinical Pharmacist with the British Columbia Provincial Academic Detailing Service at Vancouver Coastal Health, specializing in medical education. She is a Clinical Instructor in the Faculty of Pharmaceutical Sciences at the University of British Columbia. Patricia earned her Doctorate in Pharmacy from the University of Washington and her Bachelor Degree in Pharmaceutical Sciences from the University of British Columbia. Patricia has extensive clinical experience in the areas of general medicine, cardiology, respiratory, infectious diseases, and emergency medicine.



Aleta Christensen, MPH

Behavioral Scientist

Centers for Disease Control and Prevention

Aleta Christensen is a Behavioral Scientist at CDC's National Center for Injury Prevention and Control. Ms. Christensen leads work in high burden areas to increase the capacity of community, local, and state partners to respond effectively to the spikes in opioid overdoses. Her work is rooted in building and sustaining collaborations across sectors including public health, law enforcement, and treatment. Ms. Christensen also supports communities of practice that aim to facilitate communication and collaboration between state opioid overdose prevention efforts related to CDC funded strategies including prescription drug monitoring programs, community and insurer interventions, and policy evaluation. Ms. Christensen has a Master's in Public Health from the School of Public Health at Georgia State University. Her research interests include effective models for healthcare delivery among vulnerable populations and in high-burden areas, and academic detailing.



Steven A. Crawford, MD

Co-Director, the James W. Mold MD Oklahoma Primary Care Improvement Cooperative, H2O EvidenceNow Cooperative

Dr. Crawford is the Legislative Committee Chair and a past-President of the Oklahoma Academy of Family Physicians and has served as the chair of the Commission on Governmental Advocacy of the American Academy of Family Physicians and as a delegate for the Oklahoma State Medical Association to the American Medical Association. He has coordinated OU College of Medicine's Annual Primary Care Update continuing medical education program for the last 20 years. Dr. Crawford has previous private practice experience in several areas in the state including Shawnee, Yukon, Midwest City and Oklahoma City. In 2010, he was honored by the Oklahoma Academy of Family Physicians as Oklahoma's Family Physician of the Year.



Ellen Dancel, PharmD, MPH

Director of Clinical Materials Development, Alosa Health

Ellen leads the Alosa Health clinical materials design process. This process includes developing clinical educator training materials, coordinating a comprehensive evidence document, and creating a summary brochure or detail aid, patient materials and other supporting items in coordination with Alosa's clinical advisors and consultants. Prior to joining Alosa, Ellen had over 10 years of clinical hospital pharmacy experience in various clinical and administrative roles and supported an international public health project focused on HIV and malaria. Her varied clinical and public health experiences merge to bring to Alosa Health programs a passion for sharing best-practice guidelines to facilitate optimal patient care.



Alyson Decker, AGNP, MPH

Clinical Prevention Consultant, Academic Detailer

Alyson Decker is a Clinical Prevention Consultant and nurse practitioner with Disease Prevention & Control at the San Francisco Department of Public Health. As the lead academic detailer, she helped develop San Francisco's first HIV pre-exposure prophylaxis (PrEP) detailing program. Her role consists of detailing with community providers to increase PrEP prescribing in the primary care setting and promote best prescribing practices. In addition, she provides training assistance to healthcare providers and frontline staff around improving sexual healthcare and STD testing and treatment. She also sees patients at the municipal sexual health clinic, San Francisco City Clinic.



Cristi Froyman, BSc(Pharm), RPh

Academic Detailing Pharmacist, British Columbia Provincial Academic Detailing (PAD) Service, Interior Health Authority, British Columbia, Canada

Cristi has worked full time as an Academic Detailer with the B.C. Provincial Academic Detailing (PAD) Service since September 2009. She graduated from the University of Saskatchewan with her Bachelor of Science in Pharmacy in 2007, and has completed her Basic and Advanced training in Academic Detailing, as well as facilitated training at a Basic Academic Detailer workshop. Cristi worked as a community Pharmacist in Saskatchewan and British Columbia, prior to joining the PAD team. Currently, she travels throughout Interior Health providing education sessions to physicians, nurse practitioners, nurses, pharmacists, specialists and other healthcare providers. Cristi is preceptor for the Interior Health Pharmacy Practice Residency Program in Kelowna, which offers a rotation in Academic Detailing in Primary Care.



Crystal Henderson, PharmD, BCPP
Senior Director of Behavioral Health Pharmacy Solutions
Magellan Rx Management

Crystal has been with Magellan for 2 years where she is the product owner of the company's academic detailing solutions. She also oversees the corporate strategy for formulary management of behavioral health drugs, develops clinical pharmacy solutions to address gaps in care for patients with mental illness, and is the SME for behavioral health pharmacy across the company. Crystal has 13 years' experience in behavioral health pharmacy across multiple settings including managed care, hospital, academia, clinics, and the pharmaceutical industry. She received her pharmacy degree from Florida Agricultural & Mechanical University College of Pharmacy and Pharmaceutical Sciences in Tallahassee, FL. She completed her psychiatric pharmacy residency program at the University of Maryland School of Pharmacy. She is a board-certified psychiatric pharmacist.



Margaret Jin, BScPharm, PharmD, MSc, CDE
Academic Detailing Coordinator, Clinical Pharmacist,
Hamilton Family Health Team, Hamilton, Ontario, Canada

Margaret has been with the Hamilton Family Health Team for 10 years as the academic detailing coordinator and clinical pharmacist in primary care. She obtained her Bachelor of Science in Pharmacy and Doctor of Pharmacy degrees from the Faculty of Pharmacy, University of Toronto. She also obtained her Master of Science in Health Research Methodology from McMaster University. She has also worked with the Centre for Effective Practice as an academic detailer and content developer for the Appropriate Prescribing Demonstration Project in Long-Term Care.



Amanda Kennedy, PharmD, BCPS
Director, Vermont Academic Detailing Program, Office of Primary Care, UVM

Amanda has delivered Academic Detailing sessions to over 700 participants since 2003. Amanda regularly serves as a faculty facilitator for NaRCAD Academic Detailing Techniques trainings. As Associate Professor of Medicine, University of Vermont, College of Medicine, Dr. Kennedy is a residency and fellowship-trained board-certified pharmacist investigator. She has extensive training in research and medication safety through completion of an AHRQ-funded career development award (K08), a graduate certificate in human factors and an executive fellowship in patient safety. Her primary care research has been funded by AHRQ, HRSA, the State of Vermont, and local health plans. She is a practicing pharmacist at the University of Vermont Medical Center.



Douglas Krakower, MD
Clinician-Investigator, Division of Infectious Diseases
Beth Israel Deaconess Medical Center

Dr. Krakower is a member of the Division of Infectious Diseases at Beth Israel Deaconess Medical Center, a Research Scientist at the Fenway Institute, and an Assistant Professor in Medicine and Population Medicine at Harvard Medical School. His research focuses on ways to optimize HIV prevention in care settings. Currently, he is conducting NIH-funded studies to enhance patient-provider communication and clinical decision making regarding the use of HIV pre-exposure prophylaxis. His clinical practice encompasses general infectious diseases and HIV treatment and prevention.



Jing Luo, MD

Instructor of Medicine, Harvard Medical School

***Faculty, Division of Pharmacoepidemiology and Pharmacoeconomics
Brigham & Women's Hospital***

Dr. Luo graduated from Duke University and the University of Illinois at Chicago College of Medicine, where he was an NIH-Fogarty International Clinical Research Scholar. He trained in Primary Care Internal Medicine at Yale-New Haven Hospital. He obtained a Masters of Public Health at the Harvard T.H. Chan School of Public Health as part of a general medicine fellowship. He is Board Certified in Internal Medicine and serves as an associate physician at the Phyllis Jen Center for Primary Care at BWH and at Harvard University Health Services. His research focuses on prescription drug pricing, access to medicines and generic competition. Dr. Luo's work has appeared in JAMA, JAMA Internal Medicine, Lancet Diabetes & Endocrinology and the Harvard Health Policy Review. Dr. Luo also serves as a clinical consultant to Alosa Health, a non-profit organization that promotes evidence-based prescribing and academic detailing.



Tanya Marshall, BScPharm, PharmD

***Clinical Pharmacist, Continuing Medical Education, Fraser Health Authority
BC Provincial Academic Detailing Service***

Dr. Tanya Marshall has a hospital pharmacy background with areas of practice in general medicine, pediatrics, oncology, surgery, psychiatry and emergency medicine. She received a Bachelor of Science in Pharmacy from the University of Manitoba and a Doctor of Pharmacy Degree from the University of Washington. Tanya has been with the British Columbia Provincial Academic Detailing Service since 2012, providing medical education on seven different topics to family physicians and health care providers within the Fraser Health Authority region.



Megan B. McCullough, PhD

***Investigator, Research Health Scientist, Center for Healthcare Organization
and Implementation Research (CHOIR), ENRM Veterans Medical Center***

Dr. McCullough has been with the Veterans Affairs Health Services Research and (CHOIR) for over five years. She is an expert in qualitative research methods and data analysis with an interest in pharmacy practice. Currently, Dr. McCullough's research has focused on the intersection of implementation science and pharmacy. Her publications have contributed to the development of implementation science and research on pharmacy practice and practice change in clinical pharmacy. She is working on a de-implementation project to reduce the use of antipsychotics in nursing homes among residents with dementia. She is also the Principle Investigator on a major evaluation of the deployment of clinical pharmacy specialists across rural areas in the U.S. to address issues of access, pain and mental health for the VHA.

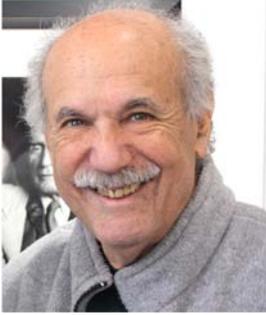


Deborah Monaghan, MD

Public Health/Academic Detailer

Colorado Department of Public Health & Environment

Deborah joined CDPHE in 2016 as the department's first detailer and currently provides clinical outreach on HIV prevention and sexual health. A graduate of the University of Mississippi School of Medicine, internship took Deborah to Drexel University in Philadelphia, Pennsylvania, followed by residency at St Mary's Hospital in Grand Junction, Colorado. She will complete her MSPH through the University of London School of Hygiene and Tropical Medicine in 2018. Initial response from the provider community receiving detailing has been overwhelmingly positive, and Deborah hopes to facilitate expansion of detailing efforts into other branches of public health to impact more Coloradans.



Robert Morrow, MD

***Associate Professor, Department of Family and Social Medicine
Albert Einstein College of Medicine***

Bob is a family practice physician in independent practice since 1980 in the Bronx, and has been involved in leading community based, patient centered research involving coalitions of stakeholders and patients. He has a research interest in Continuing Education in the Health Professions, and has published several research articles on education and networking as a tool for improved patient outcomes. He currently is collaborating with Health People [a community-based peer education organization], QTAC [The Quality and Technical Assistance Center of NY] of the State University of New York at Albany, and other groups to bring diabetes self-management to the South Bronx and Yonkers, using linked networks of community coaches, academic detailers in health teams, and public health implementation experts.



Aron Nenninger, BScPharm, RPh

***Academic Detailing Pharmacist, British Columbia PAD
Clinical Pharmacist, Northern Health, Terrace, BC, Canada***

Aron has worked with the PAD academic detailing team since 2010, splitting his time between academic detailing and hospital based clinical pharmacy. He finds this combined position very useful, getting to apply what he learns and teaches in academic detailing to acute care patients. After earning his pharmacy degree from the University of Alberta, he worked in retail pharmacy for 12 years before joining PAD, bringing experiences in effectively communicating with patients. When not working, Aron enjoys sports, playing piano, and is a CANSI Level One certified Cross Country Ski instructor.



Sarah J. Popish, PharmD, BCPP

***National Clinical Program Manager, VA PBM Academic Detailing Service
Clinical Pharmacy Specialist Mental Health, Sarasota VA Clinic***

Dr. Popish is currently a Program Manager for Veterans Affairs Central Office, Pharmacy Benefits Management, Academic Detailing Program office which services the growing Academic Detailing programs throughout Veterans Health Administration (VHA). In addition, she spends 10% of her time as a Mental Health Clinical Pharmacy Specialists for the Bay Pines VA Medical Center. After receiving her PharmD from the University of Colorado, School of Pharmacy, she went on to complete a Psychiatric Pharmacy Residency affiliated with Idaho State University College of Pharmacy and a two-year Pharmacogenomics and Psychopharmacology Research Fellowship with Nova South Eastern University and Lake Erie College of Medicine. Over the last seven years Dr. Popish has developed or assisted in the development of multiple Academic Detailing provider guides and pocket cards that are used on a national level by VHA.



Addison Ragan, PharmD, BCPS

Academic Detailing Program Manager, VHA VISN 7 (Atlanta Network)

Addison works for the Veterans Health Administration where she directs the VISN 7 Academic Detailing Program and serves as an academic detailer for VA providers across Alabama and Georgia. She earned her Doctor of Pharmacy Degree from Auburn University in May 2000 and started working at the VA as a Clinical Pharmacy Specialist in Primary Care. She served as the Associate Chief of Clinical Pharmacy for the Central Alabama VA Health Care System for eight years with a focus on expanding clinical pharmacy practice. Dr. Ragan partners with the VA National Academic Detailing Program Office to train and mentor academic detailers and currently serves as a preceptor for pharmacy student and post-graduate trainees.



Nadejda Razi Robertson, LCSW, PhD

Behavioral Health Consultant, Practice Facilitator, Oregon Health Authority

Nadejda is currently working as a member of Oregon's Pain Management Improvement Team (PMIT) as a practice facilitator. PMIT provides Technical Assistance to health care organizations for the OHA Prescription Drug Overdose (PDO) Prevention project, supporting health systems to enhance internal capacity for a team-based approach to chronic pain and/or opioid management. She specializes in supporting health systems in finding the delicate balance of providing compassionate care and establishing boundaries that enable safe and effective treatment of chronic pain and use of opioids. Nadejda is also on the steering committee of the Oregon Pain Guidance Group and works in private practice as a therapist.



Loren Regier, BA, BSP

Program Coordinator, RxFiles AD Service

Loren has lead the RxFiles Academic Detailing service in Saskatchewan for 20 years. He earned his pharmacy degree at the University of Saskatchewan in 1988 and completed a hospital pharmacy residency in 1989. Loren also provides clinical pain management consultations for the FIT for Active Living Program at Saskatoon City Hospital. Loren has been involved in a variety of aspects of academic detailing including resource development, evidence synthesis, program management and design as well as the actual day to day detailing. From 2015-17 he also served as part-time co-director for the CEP Academic Detailing Service, providing training and mentorship for new detailers involved in drug therapy discussions in long-term care.



Robert Rhyne, MD

Co-Director, Research Core is the Vice Chair of Research

Professor, Family and Community Medicine Department, UNM

Robert Rhyne, MD is a Professor and Vice Chair for Research in the Department of Family and Community Medicine at the University of New Mexico School of Medicine. In addition, he is the co-founder of the practice-based research network in New Mexico, Research Involving Outpatient Settings Network (RIOS Net). He has over 40 years of experience in primary care, and since 1984 has been continuously funded with grant support for research, and has been PI and co-investigator on multiple NIH and AHRQ funded projects. His research focuses on health disparities, evidence based medicine, translational practice based research, and preventive medicine. His research topics include colorectal cancer screening in multiethnic populations, quality improvement in small primary care practices with regard to cardiovascular prevention, and the treatment of chronic non-cancer pain, specifically with respect to opioid prescribing.



Brenda Schuster, BSP, ACPR, PharmD, FCSHP

Academic Detailer, RxFiles AD Service

Brenda Schuster is an academic detailer with the RxFiles Academic Detailing Service in Regina, SK, Canada, and a training facilitator for NaRCAD's 2-day academic detailing techniques course. Brenda has been providing academic detailing services for the last 16 years and she combines this with her clinical practice at the Academic Family Medicine Unit. She is involved in teaching family medicine residents and works alongside them to assist in their daily prescribing decisions. She is a Clinical Assistant Professor with the College of Pharmacy and Nutrition, University of Saskatchewan and a preceptor for hospital pharmacy and primary care pharmacy residents. Brenda has been involved in facilitating academic detailing trainings for RxFiles on new topics and has co-facilitated academic detailer training skills workshops for academic detailers in Canada and the United States.



Don Teater MD, MPH

Owner, Teater Health Solutions

Don is a family physician who has lived and worked in western North Carolina for the past 29 years. Since 2004 he has focused more on the intersection of pain, opioids, and addiction. Dr. Teater was lead facilitator for the expert panel during the development of the CDC Guidelines for Prescribing Opioids for Chronic Pain. He continues to work as a consultant with the CDC on educating prescribers on the appropriate treatment of pain. While working nationally on the public health aspects of the opioid epidemic, he continues to see patients one day a week treating opioid use disorder and chronic pain in Waynesville, NC.



Skye Tikkanen, MS, CSAC, LPC, ICS-IT

Drug Poisoning Prevention Program Manager at Safe Communities

Skye is the Director of Drug Poisoning Prevention at Safe Communities and a therapist at Connections Counseling, LLC. She specializes in working with teens and young adults suffering from opiate dependence. She was the chair of SCAODA's Ad Hoc Committee on 911 Good Samaritan Legislation, serves as an adviser for the Parent Addiction Network and has contributed her own story of recovery to *Waking Up Happy: A Handbook of Change with Memoirs of Recovery and Hope*.



Jacki Travers, PharmD

Clinical Academic Detailing Pharmacist Pharmacy Management Consultants

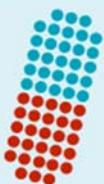
Jacki joined Pharmacy Management Consultants (PMC) in 2015 as their first and only academic detailing pharmacist. She has been active in the development and implementation of PMC's academic detailing program as part of its service to Oklahoma Medicaid. Prior to joining PMC, she served in the practice settings of independent, hospital, and clinical pharmacy. She received a BS from the University of Colorado, and a Doctor of Pharmacy degree from the University of Oklahoma. Her program efforts focus on bridging the gap between information and application to provide quality health care in a fiscally responsible manner.

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We've trained, supported, and collaborated with hundreds of clinical outreach educators, supporting a wide range of programming, from improving rates of cancer screening to increasing prescriptions of PrEP for HIV Prevention. Learn about our work at narcad.org, and talk to our team about how we can help you with your efforts in the coming year.



Core funding for NaRCAD & the AD Conference Series is made possible by the **Agency for Healthcare Research and Quality**. Our conference series was also made possible by generosity from the **Division of Pharmacoepidemiology & Pharmacoeconomics** at **Brigham & Women's Hospital**.



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Additional Thanks

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Over 300 trainees have completed our 2-day course ready to visit practices, build trusting relationships with front-line clinicians, skillfully share best evidence, and successfully implement effective health interventions. We offer a unique and dynamic course that provides a critical foundation for clinical outreach educators. We're with you each step of the way, offering personalized instruction through diverse learning platforms, featuring:

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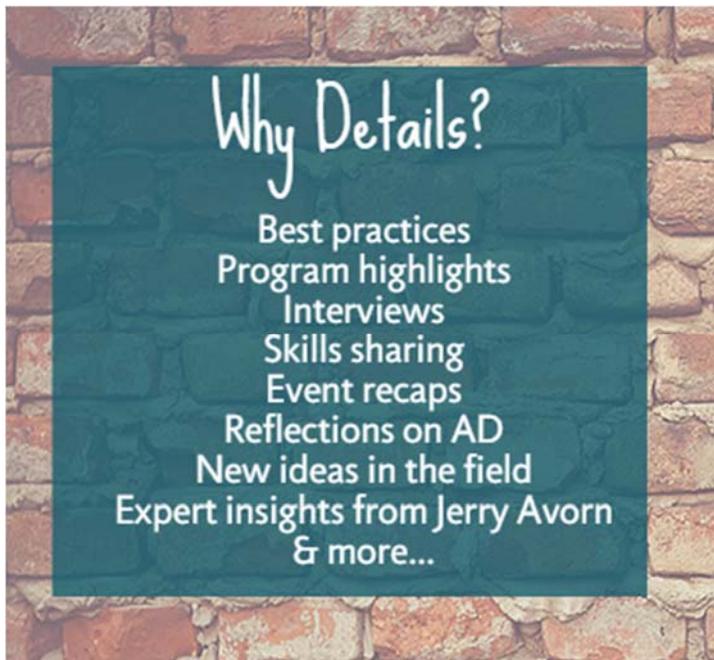
"Just the right amount of didactic, practice, then putting it all together—I'm ready to develop materials & try it."

"I appreciate that the facilitators, presenters, and staff took the time to get to know each one of us."

"I came away with refined communication skills and improved clinical knowledge, thanks to the outstanding facilitators."

"I loved all of the faculty and staff—they provided personalized educational skills and input on your program."

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From interviews with academic detailing experts to exciting new initiatives taking off around the country, DETAILS hand selects the best of clinical outreach education and delivers it right to your inbox.

Grab a cup of coffee and see how academic detailing is making a lasting impact, from rural areas to densely-populated cities. Covering diverse interventions, from HIV PrEP to diabetes management, we're working with programs to highlight the movement of AD as it continues to inform clinicians, helping them to make the best decisions for their patients.

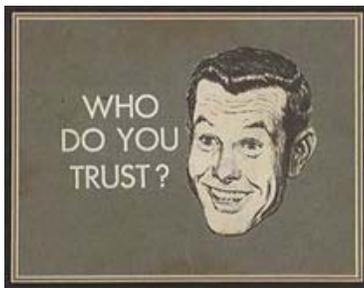
Contact us

with questions, requests to have your program featured, & content sharing.

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“Who Do You Trust? Navigating a Disorienting Healthcare Landscape”

Jerry Avorn, MD, NaRCAD Co-director | DETAILS BLOG, 2017



First, about the grammar. Readers under 65 will be forgiven if they never heard of the daytime television quiz show “Who Do You Trust?” that aired from 1957 to 1963. In it, male contestants were asked if they wanted to answer a question or whether they ‘trusted’ their wife to do so. Concerns by snarky little kids like me that it really should have been “*Whom* Do You Trust?” did not diminish the show’s popular appeal. Gender issues went totally undiscussed.

All grown up now and confronting a changing health care landscape, that still-sometimes-snarky little boy often wonders, as do many of my clinician colleagues, who can be trusted in the world of medical information, especially in relation to prescription drugs. Gone are the simpler times when one had to worry only about whether the drug ads and sales reps were really presenting a balanced picture of all the evidence, which was a hard enough challenge.



We now know that we also have to be concerned about off-label marketing campaigns offering impermissible (and often downright deceptive) statements about efficacy – excesses for which over \$16 billion has now been paid to state attorneys general and other plaintiffs in legal penalties and settlements.

As I’ve noted previously, the courts and the FDA are also moving toward much more permissiveness with company claims about efficacy and safety. And in last year’s 21st Century Cures Act, Congress instructed the FDA to be more open to accepting lower standards for drug approval.



Then there are newer sources of information whose trustworthiness is not always clear. More and more, this includes the prescription benefit management (PBM) companies, which seem to be holding on to an ever-larger fraction of the funds flowing through their rich payment pipelines, yet provide little transparency about who gets to keep what rebate dollars, and for what reason. Once billed as cost-savings protectors and comparative effectiveness gurus, the PBMs are under increasing scrutiny, and asked to make their financial data transparent and to clarify just who’s saving what for whom (or is it *for who?*).

Nor can we always be sure what angle the payors are playing. Why is Drug A on the formulary, but not its sibling Drug B? It may be an astute purchasing decision, or just the result of a rebate hack. And how much are prior authorization rules and growing co-payments designed to promote evidence-based care, or other less worthy goals? Even clinical guidelines put out by third parties vary from the most rigorous to pretty sketchy.

This leads to one good answer to the ungrammatical question in our title. With these galloping changes in an ever-more marketplace-oriented health care system, every prescriber needs and deserves a smart, superbly informed colleague to rely on to get the best possible syntheses of the clinical evidence – someone who has no other agenda or motivation other than getting the facts right and transmitting them faithfully.

Each year, we can take less comfort in counting only on FDA-approved indications, or payor policies, or PBM choices, or advertised claims. The more compromised each of these sources becomes, the more we'll need 'honest brokers' like well-trained and un-conflicted academic detailers, whose only duty is to communicate the fairest evidence summaries as effectively as possible. Like lightweight clothing in an era of global warming, it's a need that's only going to increase.



Read more thought-provoking articles by Dr. Avorn:
narcad.org/blog

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Sharing Stories: HIV PrEP Detailing in San Francisco for CDC Project PrIDE

Guest Blog | Alyson Decker, NP, MPH

San Francisco Department of Public Health | DETAILS BLOG, 2017



Our AD program is part of a 3-year demonstration project (*CDC Project PrIDE*), and as part of our grant-funded work our overarching goal is increasing PrEP access and prescribing to MSM (*men who have sex with men*) of color and transgender persons who are at substantial risk of acquiring HIV. Our goals include improving sexual health in

the primary care setting, refining sexual health history-taking, increasing screening and testing for those with risks, promoting best practices around PrEP prescribing, and helping to establish relationships between our health department and our community providers.

The added benefit of public health detailing is that it also increases awareness about the issues that affect our community. I have been inviting clinicians that I meet to join us in our city-wide Getting to Zero consortium, which helps providers feel that they are part of this important movement of preventing HIV transmissions, deaths, and stigma.

In San Francisco, there is a need for urgency around this issue, especially because it's become evident that as HIV transmissions continue to decrease, the disparities among new HIV positive diagnoses become more apparent. Many of these disparities are among communities who still may not be aware of PrEP, or are facing barriers to access. Our academic detailing program strives to reach the providers who work with these vulnerable communities.

When kicking off an intervention such as this, identifying the clinicians who see this target population is the first step. To do this, we used STD surveillance data to determine which providers and clinics were diagnosing syphilis and rectal gonorrhea and chlamydia, which are associated with an increased risk for HIV. However, since many providers are not performing appropriate screenings, we also reached out to clinics known to serve our priority population and those located in neighborhoods with the highest HIV incidences.



The next step is how to “get in the door” with these clinicians, which means finding a way to secure a 1:1 visit. I’ve found that initial non-responsiveness isn’t the end of the world—persistence pays off, so keep trying to get in the door, or find an entry point through other community contacts. Sometimes, choosing a different access point can really work well to start a relationship. There are many places where 1:1 visits aren’t feasible due to clinic structure or culture. If I’m able to detail to a small group, it can be a way to meet with a few providers and gain insight about how PrEP might be incorporated or enhanced in their setting.



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.

Some clinicians may think that this type of intervention isn't relevant to their patient population; as I detailer, I often hear responses such as, "I don't see this population reflected in my practice," or "My patients don't have this risk," even if it's been proven that these clinics do, indeed, serve priority populations. In order to talk about PrEP, you first have to talk about risks for HIV, which often means talking about sex. I think there can be discomfort on both the patient and provider side, and sex is often still a stigmatized topic. There are also overarching resource barriers, including the fact that clinicians are extremely busy and have to address competing health needs in the primary care setting.

While a small pool of clinicians have minimal understanding of PrEP, and require a basic overview about elements like identifying potential PrEP candidates, how to take a good sexual history, and how to bring up PrEP in an appointment, I've found that many clinicians are aware to some extent about PrEP already, and are interested in next-level details about how to implement it. This might include what kind of testing is recommended, how to increase number of basic screens, and increasing their knowledge about comprehensive health.

There are also providers who are very advanced in their knowledge of what options are available to populations with risks for HIV. This is where the academic detailing becomes more intricate; some providers are seeing lots of patients with risk factors, and may have been prescribing PrEP already. In a scenario such as this, my messaging focuses more on how to support clinicians in ensuring consistent follow-up with their patients, or in how to deal with multiple risk factors, such as when high-risk sexual behavior may overlap with instances of substance use or homelessness.



For those who are just getting started, it may help to know that even after meeting with 300 providers, I still get nervous each time I prepare to detail, especially if I'm unfamiliar with a practice. Regardless of the nature of my visits, I walk away feeling that I've accomplished something if I've answered only one question that's helped the clinician with his or her practice. And I've found that in most cases, the people I meet with are very thankful for this service, and are appreciative of the health department. I always thank providers for the work they do and remind them what an important role they have in the community.

Learn more

about the interventions that are shaping the field of AD. Search our blog archives by clinical topic, or visit our Learning Center for examples of marketing materials.

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Just Do It: Diving into Detailing

Year One of Colorado Department of Public Health & Environment's Program

Guest Blog | Deborah Monaghan, MD | NaRCAD Training Alumnus

Colorado Department of Public Health & Environment | DETAILS BLOG, 2017

PROVIDERS CAN HELP PREVENT HIV IN COLORADO BY PRESCRIBING PrEP.

PROUD
TO BE
PREPPED

WHAT IS PREP?

- PrEP is a once-daily pill that can help prevent HIV transmission for people who are HIV negative.
- PrEP is safe. Few adverse effects have been observed.
- PrEP was FDA approved in 2012 as the fixed-dose antiretroviral medication Truvada®

PrEP can reduce the risk of HIV by more than **90%**

As the first and only detailer hired by the Colorado Department of Public Health and Environment, which serves 5.6 million people (about 3 million of which cluster around one metro area), the idea of building a detailing program from the ground up was incredibly exciting... and daunting. From the outset, it was important to determine the place of detailing within the community and establish its fit in the department's mission.

Shortly after joining the team, I presented the intended scope of my work at a department meeting, and it generated tremendous interest in the use of academic detailing for public health initiatives far beyond the current planned intervention. This served to solidify the potential value of clinical education outreach to leadership throughout the department. Lessons learned are continually surfacing as we move into year two, and a few key concepts are worth sharing.

Particularly in the early stages of program establishment, it was essential to stretch resources and leverage partnerships. NaRCAD connections with other detailing programs facilitated the exchange of print resources, protocols and lessons learned, saving valuable development time.

Through CDC-funded capacity building visits, I shadowed detailing teams at two other health departments' AD programs (*San Francisco Department of Public Health and the New York City Department of Health & Mental Hygiene*), which provided a framework for our own program's function.

At every opportunity, I presented our detailing goals to community partners and stakeholders, resulting in many connections to medical providers, which, in turn, generated most of our initial provider visits. Submitting articles for local clinical practice newsletters and magazines also established recognition and trust in the state's new detailing initiatives.



Once provider-facing detailing visits began, two things became quite clear:

Providers crave connection to their public health department.

Providers want regional data.

In a state with both urban and rural/frontier areas, urban clinicians wanted to be seen as “boots on the ground” to impact large populations by treating their own patients, while rural providers wanted to be acknowledged as part of the team and directed to resources they could access remotely. All clinicians, both urban and rural, wanted the latest disease and health data for their county, zip code, and even census tract level to compare to the rest of the state.



It has taken multiple attempts to get in the door in many practices. However, after a detailing visit, most providers are outspoken that they found the session worthwhile, and we've used this opportunity to ask for referrals to other providers who might be open to visits. The time investment has also enabled two-way communication allowing us to get a “finger on the pulse” of regional health and disease, particularly in the more rural areas.

The initial time invested to establish relationships with providers was high, but the rate of return has justified the investment. With a new detailing program, the responsibility falls to the detailer to establish credibility, both in resources provided as well as in value for time spent.

**LESSONS
LEARNED**



If I were starting a detailing program again, or could support new programs who were just getting started, I would love to be armed with these lessons learned:

Establish as many protocols, procedures and resources as possible.

Just start! Even if every detail isn't in place, start visiting with providers. (The steep learning curve of on-the-ground visits is incredibly valuable and will continue to shape and improve your methods.)

Document everything! As methods change and processes improve, document what is changing and why. Document with the goal of sharing not simply a starting point and a finished product but an entire story.

Be willing to adjust in real time. Providers will have varying needs from one to another and from one day to the next, and our flexibility will ultimately strengthen the relationships we are trying to build, allowing academic detailing to have the greatest possible impact.

Next month on our blog: You.

No, really. We want to share your story with our network. Tell us about your challenges and successes with your latest clinical outreach education intervention. E-mail Bevin to get started.

bshagoury@partners.org

Illustrating Value, Prioritizing Evaluation, Saving Lives:

The National Academic Detailing Service's

Opioid Overdose Education & Naloxone Distribution (OEND) Program

Guest Blog Authors: *Melissa Christopher, PharmD & Mark Bounthavong, PharmD, MPH*

Veterans Health Administration | DETAILS 2017

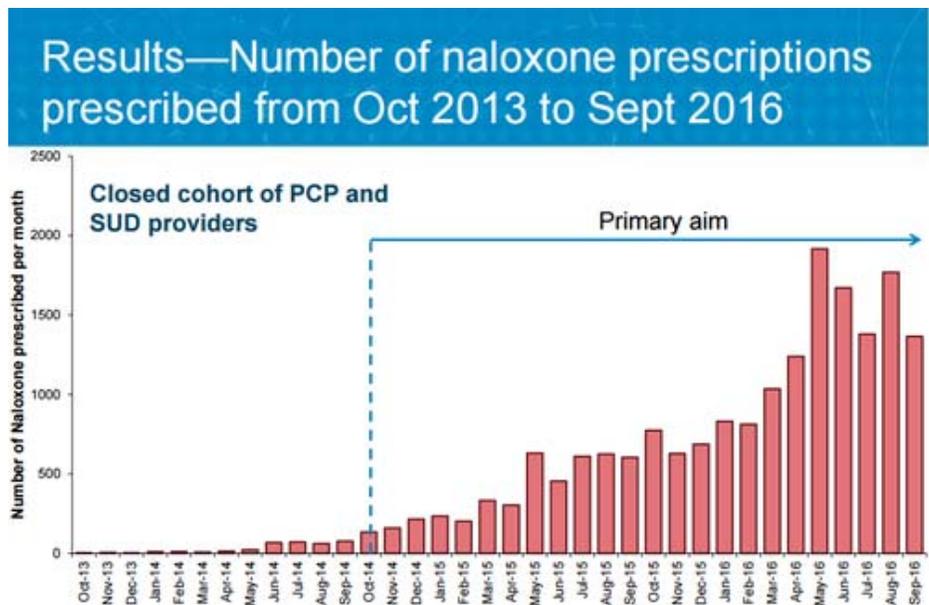


The Department of Veterans Affairs (VA) invested in the National Academic Detailing Service to improve the health of our Veterans to address the call to action for the opioid crisis. Through the Opioid

Overdose Education and Naloxone Distribution (OEND) Program, our goals were to reduce harm and risk of life-threatening opioid-related overdose and deaths among Veterans.

Key components of the OEND program include raising awareness about the epidemic, 1:1 academic detailing visits with clinicians to provide education and training regarding opioid overdose prevention, opioid overdose rescue response, and issuing naloxone products. We developed direct-to-consumer marketing and other e-resources, including a video, ***Introduction to Naloxone for People Taking Prescribed Opioids***. We also created implementation tools, including population management dashboards to aid staff in evaluating risk factors of their patient population and distributing naloxone accordingly. Academic Detailers demonstrated to VA providers these resources to help raise awareness of opioid overdose risk for their patient panel.

Decision-makers believed that funding this program would yield a good return on investment. As part of the National Academic Detailing Service, it's our responsibility to collect data and supply decision-makers with evidence on the value and success of our program. In other words, we're accountable for answering the question: **"Is academic detailing worth it?"**



To answer this question, we performed several program evaluations of the National Academic Detailing Service from 2015 to 2017, one of which we just published in the Journal of American Pharmacists Association (JAPhA) (*"Trends in naloxone prescriptions prescribed after implementation of a National Academic Detailing Service in the Veterans Health Administration: A preliminary analysis."*—to review, please visit narcad.org for live links in this blog article.)

The evaluation found that our program improved naloxone distribution rates at a seven times greater increase for Veterans at risk for opioid overdose. These results provided key empirical evidence that VA's strategy of academic detailing was working. Just as important, these findings also gave decision-makers what they needed—proof that their investment in an area of high risk to Veterans' health paid off by improving care.



But we learned that another group of stakeholders was just as important as the decision-makers who funded the program—the clinicians that academic detailers visited to provide outreach education as a service. Academic detailers work with clinicians to help them change practice patterns, focusing on improving health outcomes in alignment with balanced, current evidence.

As clinicians commit to sustainable behavior change, these providers need to hear the feedback about how the time they've invested with their patients ultimately improves outcomes and, in this case, saves lives.

Sharing program results with the clinicians in this intervention also encouraged these providers to share their own results, many of which were stories of patients returning to the clinic to relate their experiences of using naloxone to reverse an overdose. These stories, along with reversal reports from the field that tracked the outcomes of naloxone kit distribution and subsequent use, also created a tangible “return on investment” for everyone involved.

We encourage other academic detailing programs to prioritize program evaluation as we have at the VHA—no matter the size of your program, if you're thinking, “we can't afford to do program evaluations,” we stress that you can't afford **not** to do them. Measuring program work builds a case not just for the success of one academic detailing intervention, but for the success of future programs—a case for sustainability. Evaluation measures the quality of a program, analyzing results to look at a program's impact, and allowing for process improvement adjustments to be made to streamline efforts and strengthen that impact. Evaluation cannot be optional, especially when lives are at stake.



We also recommend that the results from program evaluations are shared with other stakeholders, such as clinicians, in order to encourage and sustain their behavior changes. Leveraging results from well-designed evaluation is essential for academic detailing interventions to illustrate success, share value, and provide stakeholders and community members with a clear **“Yes!”** in response to their overarching question: **“Was this investment worth it?”**



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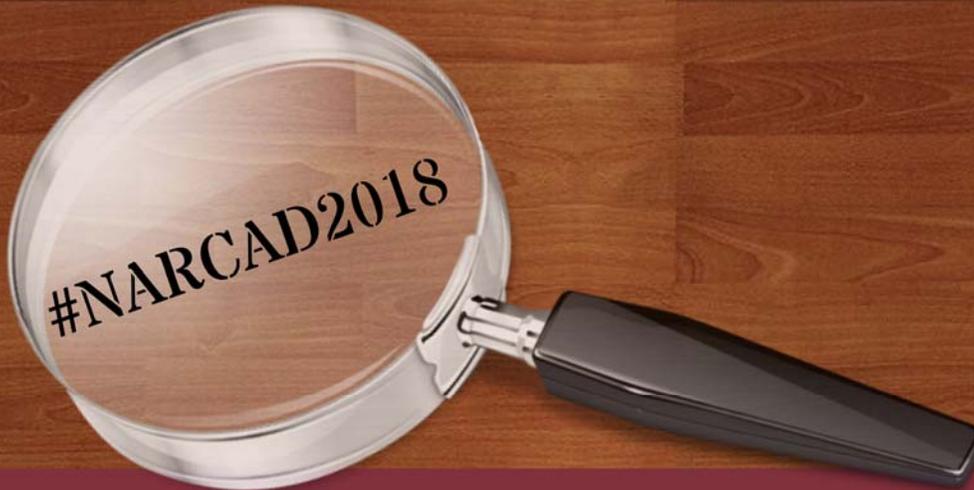
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