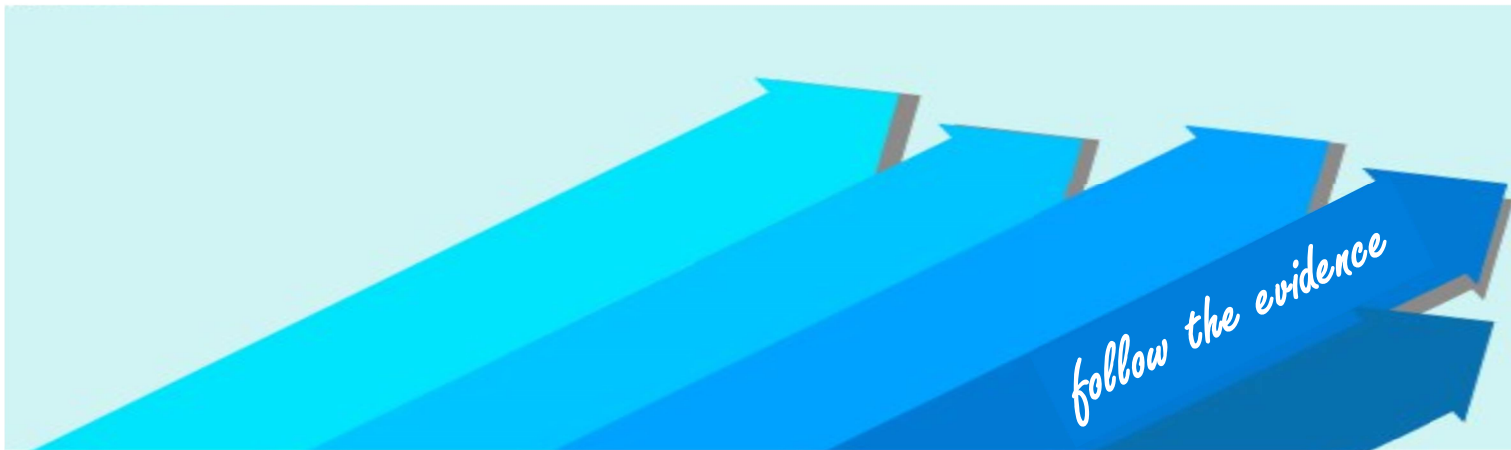




The 6th International Conference on Academic Detailing

EXPANDING OUR VISION & ENHANCING CARE WITH CLINICAL OUTREACH EDUCATION



NOVEMBER 12 - 13, 2018

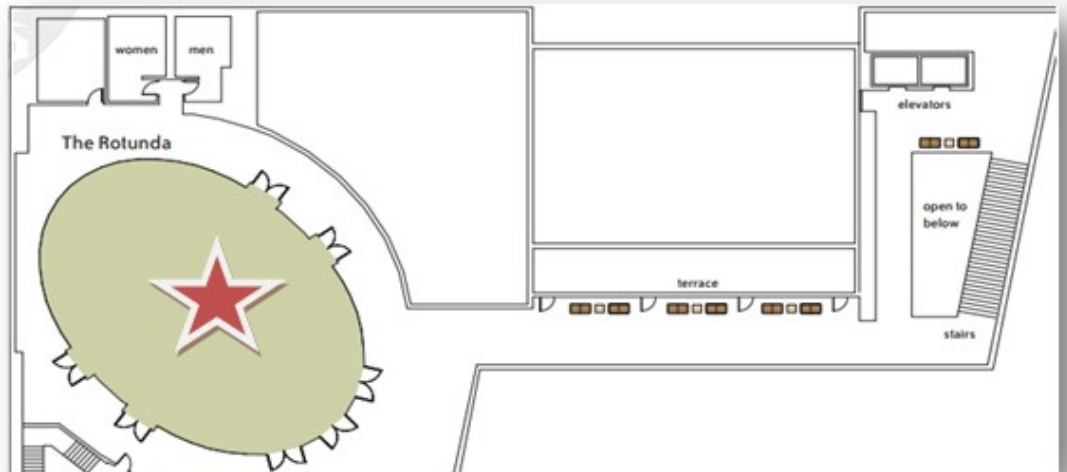
THE JOSEPH B. MARTIN CENTER AT HARVARD MEDICAL SCHOOL
77 AVENUE LOUIS PASTEUR | BOSTON, MASSACHUSETTS

NaRCAD & the Academic Detailing Conference Series are supported by the Agency for Healthcare Research Quality. NaRCAD is a program of the Division of Pharmacoepidemiology & Pharmacoeconomics [DoPE], Brigham & Women's Hospital, Harvard Medical School

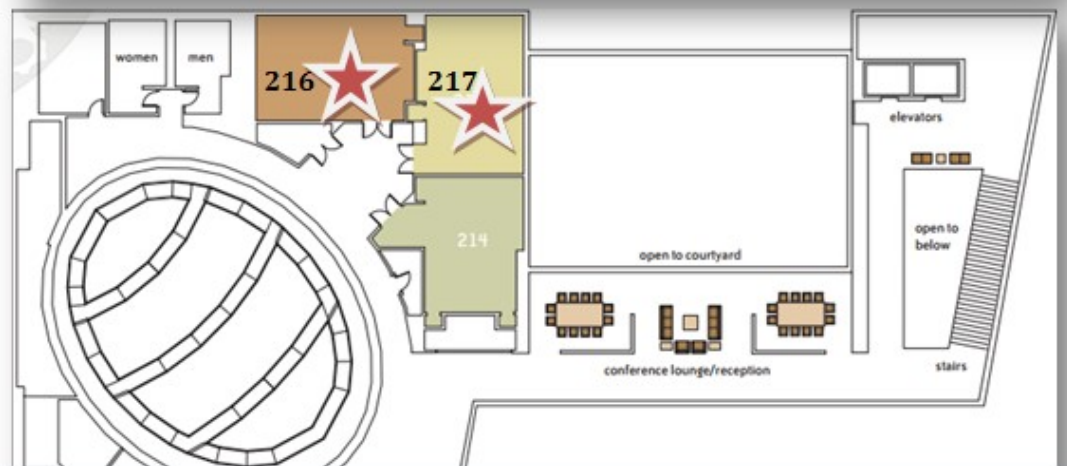


#NaRCAD2018
narcad.org

**3rd Floor Map:
All Main Sessions
(Rotunda)**



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



Monday, November 12, 2018 | Day 1 Breakouts: “Fundamentals of AD”

- **Breakout 1: AD 101: The Foundations of Clinical Outreach Education | Room 216**
- **Breakout 2: Coalitions, Implementation, & Sustainability: A Strategy for Change and Health Equity | Room 217**
- **Breakout 3: Where Are You Finding the Academic Details? Using Evidence to Develop Strong Content | Rotunda/Main Session Room**

Tuesday, November 13, 2018 | Day 2 Breakouts: “Advanced Lessons in AD”

- **Breakout 1: The Detailers’ Guide to the Galaxy: Navigating Challenges and Building Successes for Academic Detailers | Room 216**
- **Breakout 2: Opioid Prescribing and Treatment of Chronic Pain: A Systems Approach to Creating Change through Needs Assessment, Practice Facilitation, & AD | Rotunda/Main Session Room**
- **Breakout 3: Effectively Reporting Academic Detailing Outcomes: Making Meaningful Use of Data | Room 217**

2018 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 and the Martin Center map to the left.

DAY 1:

MONDAY, NOVEMBER 12, 2018

- 8:30 AM **Breakfast & Networking**
- 9:00 AM **Welcome**
Mike Fischer, MD, MS, Director, NaRCAD
- 9:30 AM **KEYNOTE TALK:**
“The Little Engine That Could: A Twenty-Year Perspective from the Vermont Academic Detailing Program”
Amanda Kennedy, PharmD, BCPS, Director, Vermont Academic Detailing Program
Associate Professor of Medicine, University of Vermont, Larner College of Medicine
- 10:15 AM **Morning Break**
- 10:30 AM **EXPERT PANEL:**
“Oregon’s Comprehensive Approach to Clinical Change for the Opioid Crisis”
- 12:00 PM **Lunch**
- 12:45 PM **Breakout Sessions: “Fundamentals of AD”**
(see detailed agenda for breakout tracks, room locations, and presenter information)
- 2:15 PM **Afternoon Break**
- 2:30 PM **Day 1 Field Presentations**
(see detailed agenda for presentation titles and presenter information)
- 3:45 PM **Annual AD Talk: “The unique origins of the opioid crisis and the special role of academic detailing in addressing it.”**
Jerry Avorn, MD, Co-Director, NaRCAD
- 4:30 PM **Day 1 Wrap-up & Reflections**
Mike Fischer, MD, MS, Director, NaRCAD
Please complete your Day 1 evaluation at www.narcad.org/eval
- 5:00 – 6:00 PM **Please join us for our Evening Reception!**
Tapas & refreshments
Just outside the Rotunda/main session room

DAY 2:

TUESDAY, NOVEMBER 13, 2018

- 8:30 AM **Breakfast & Networking**
- 9:00 PM **Reflections on Learning**
Mike Fischer, MD, MS, Director, NaRCAD
- 9:15 AM **KEYNOTE TALK: “Thinking Differently about Clinician Engagement: Lessons Learned from AD for the Tobacco Epidemic”**
Frank Leone, MD, MS, Director, Comprehensive Smoking Treatment Programs
Professor of Medicine, Hospital of the University of Pennsylvania
- 10:00 AM **Morning Break**
- 10:15 AM **EXPERT PANEL:**
“Planning and Implementing AD to Address Opioid Prescribing at the Local Level”
- 12:00 PM **Lunch**
- 12:45 PM **Day 2 Field Presentations**
(see detailed agenda for presentation titles and presenter information)
- 2:30 PM **Afternoon Coffee & Networking Break**
- 3:00 PM **Breakout Sessions: “Advanced Lessons in AD”**
(see detailed agenda for breakout tracks, room locations, and presenter information)
- 4:30 PM **Closing Remarks & Staying Connected Final Audience Q+A**
Mike Fischer, MD, MS, Director, NaRCAD
Bevin Shagoury, Communications Director, NaRCAD
- 5:00 PM **Conference Adjournment**
Please complete your Day 2 evaluation at www.narcad.org/eval

DAY 1: MONDAY, NOVEMBER 12TH, 2018

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 on our Conference Hub page at narcad.org after the conference.

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

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

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

“The Little Engine That Could: A Twenty-Year Perspective from the Vermont Academic Detailing Program”

Amanda Kennedy, PharmD, BCPS | Director, Vermont Academic Detailing Program
Associate Professor of Medicine, University of Vermont, Larner College of Medicine

10:15 AM | **Morning Break**

10:30 AM | **EXPERT PANEL: “Oregon’s Comprehensive Approach to Clinical Change for the Opioid Crisis”**

This panel will highlight successes, challenges, and initial findings of Oregon’s Prescription Drug Overdose prevention project, a comprehensive approach to pain treatment, opioid prescribing, and substance use disorder within health systems across the state. The project’s Pain Management Improvement Teams provide technical assistance using practice facilitation and educational outreach/group detailing to tailor individualized practice improvement approaches within each participating health system, identifying areas where educational outreach and academic detailing are needed to support clinics in operationalizing the CDC Guidelines for Prescribing Opioids for Chronic Pain.

Moderator:

- **Nadejda Razi-Robertson, LCSW, PhD** | Director, Synergy Health Consulting, LLC

Panelists:

- **Lisa Shields** | Prescription Drug Overdose Prevention Coordinator, Oregon Health Authority Public Health Division
- **Melissa Cantwell, MHA, CMPE** | Prescription Drug Overdose Prevention Coordinator, Cantwell Consulting
- **Andrew Suchocki, MD** | Medical Director, Clackamas Health Centers

12:00 PM | **Lunch**

12:45 PM | **BREAKOUT SESSIONS: “Fundamentals of AD”**

BREKAOUT 1: AD 101: The Foundations of Clinical Outreach Education (Room 216)

Deborah Monaghan, MD, MSPH | Public Health/Academic Detailer

Colorado Department of Public Health and Environment

Bevin K. Shagoury | Communications & Education Director, NaRCAD

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, as well as program managers and evaluators looking to understand AD activities.

BREAKOUT 2: Coalitions, Implementation, and Sustainability: A Strategy for Change and Health Equity (Room 217)

Bob Morrow, MD | Clinical Associate Professor, Albert Einstein College of Medicine

Cheryl Brannan, MS | Program Director Consultant, Creating Healthy Schools & Communities

This session aims to deepen the discussion of academic detailing as a tool to support intersectoral coalitions within communities working to develop implementation projects. A deep dive into measurement tools of coalition viability, implementation outcomes, and sustainability will be discussed, as well as opportunities to share participants’ expertise through discussion and problem solving. This session will support attendees seeking to strengthen partnerships with community stakeholders in AD initiatives.

BREAKOUT 3: Where are You Finding the Academic Details? Using Evidence to Develop Strong Content (Rotunda/Main Session Space)

Cristi Froyman BSc(Pharm), PharmD | Academic Detailing Pharmacist, British Columbia Provincial AD (PAD) Service, Interior Health Authority, British Columbia, Canada

Cait O'Sullivan PharmD | Academic Detailing Pharmacist, British Columbia Provincial AD (PAD) Service
This workshop will encourage participants to think critically about clinical practice guidelines as sources of drug therapy evidence, building the skills to effectively incorporate regulatory and systematic reviews into evidence reviews. Participants will examine diverse sources of evidence, exploring various strategies for evidence-informed content development, and discuss strategies to use when the evidence is discordant from contemporary clinical practice guideline recommendations. This session will support both new and established detailers, program managers, and clinical experts working on academic detailing initiatives.

2:15 PM Afternoon Break

2:30 – 3:45 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: “Academic Detailing – The Bridge between Prevention and Treatment Initiatives in South Carolina to Address the Opioid Epidemic”

Sarah Ball, PharmD | Research Assistant Professor, Medical University of South Carolina

2:45 – 2:50

Audience Q+A

2:50 – 3:00

Presentation 2: “Academic Detailing Reduces Behavioral Health Polypharmacy in Medicaid Population”

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

3:00 – 3:05

Audience Q+A

3:05 – 3:15

Presentation 3: “Public Health Detailing to Increase Naloxone Access in NYC Pharmacies”

Carla Foster, MPH | City Research Scientist, New York City Department of Health & Mental Hygiene

3:15 – 3:20

Audience Q+A

3:20 – 3:30

Presentation 4: “Stigma and Reporting Requirements Pertaining to Women Who are Pregnant and Experiencing Substance Use Disorder”

Tanya Kraege, MSW | Drug Poisoning Prevention Team Supervisor, Safe Communities Wisconsin-MDC

3:30 – 3:35

Audience Q+A

3:35-3:45

Final Audience Q+A & Wrap-up

3:45 PM

Annual AD Talk:

“The unique origins of the opioid crisis and the special role of academic detailing in addressing it.”

Jerry Avorn, MD, Co-Director, NaRCAD

4:30 PM

Day 1 Closing Remarks

Mike Fischer, MD, MS, Director, NaRCAD

Please take a moment to fill out our Day 1 Evaluation online at www.narcad.org/eval.

5:00 PM - 6:00 PM

Evening Networking Reception

Join us just outside the Rotunda for tapas and drinks!

DAY 2: TUESDAY, NOVEMBER 13TH, 2018

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 on our Conference Hub page at narcad.org after the conference

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

9:00 AM | **Day 2 Welcome & Reflections on Learning** | *Mike Fischer, MD, MS, Director, NaRCAD*

9:15 AM | **KEYNOTE TALK: “Thinking Differently about Clinician Engagement: Lessons Learned from AD for the Tobacco Epidemic”**

Frank Leone, MD, MS | Director, Comprehensive Smoking Treatment Programs
Professor of Medicine, Hospital of the University of Pennsylvania

10:00 AM | **Morning Break**

10:15 AM | **EXPERT PANEL:**

“Planning and Implementing AD to Address Opioid Prescribing at the Local Level”

This panel will explore successes of a partnership between the CDC, NACCHO (the National Association of County and City Health Officials), and NaRCAD via a Pilot Program implemented in 2018 to apply the strategy of academic detailing as part of a community action plan to address the opioid crisis within high burden communities. Panelists will share successes and challenges in implementing this initiative in selected communities: Bell County, KY, and Manchester, NH.

Moderator:

- **Aleta Christensen, MPH** | Behavioral Scientist, Centers for Disease Control and Prevention

Panelists:

- **Teresa Hunter** | Public Health Director, Bell County, Kentucky Health Department
- **Victoria Adewumi, MA** | Community Liaison, Manchester, New Hampshire Public Health Department
- **Katherine Sawyer, MSW** | Director, Integrated Treatment of Co-Occurring Disorders, Network4Health/Mental Health Center of Greater Manchester, New Hampshire

12:00 | **Lunch**

12:45 – 2:30: 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: “Provider’s Perceptions of Academic Detailing on Opioid Overdose”**
Mark Bounthavong, PharmD, MPH | National Clinical Program Manager
Veterans Health Administration PBM Academic Detailing Service

1:00 – 1:05 | **Audience Q+A**

1:05 – 1:15 | **Presentation 2: “International Expertise, Location Innovation: Bringing AD to Ontario”**
Victoria Burton, BMOS | Project Coordinator, & **Lindsay Bevan** | Project Manager
Primary Care AD Service, Centre for Effective Practice

1:15 – 1:20 | **Audience Q+A**

1:20 – 1:30 | **Presentation 3: “Improving Pneumococcal Immunization Rates with AD”**
Kimberly McKeirnan, PharmD | Clinical Assistant Professor
Washington State University, College of Pharmacy and Pharmaceutical Sciences

1:30 – 1:35 | **Audience Q+A**

- 1:35 – 1:45** **Presentation 4:** “Scaling up AD with Limited Resources & Broad Geographic Reach”
Leah Tuzzio, MPH | Research Associate
 Kaiser Permanente Washington Health Research Institute
- 1:45 – 1:50** **Audience Q+A**
- 1:50 – 2:00** **Presentation 5:** “AD to Reduce Sedative-Hypnotic Prescribing in Older Veterans”
Addison Ragan, PharmD | Academic Detailing Program Manager
 Veterans Health Administration PBM Academic Detailing Service
- 2:00 – 2:05** **Audience Q+A**
- 2:05 – 2:20** **Presentation 6:** “Beyond Traditional Academic Detailing: Trials and Tribulations of Using Web Conferencing for Academic Detailing”
Colleen Donder, BSc(Pharm), ACPR | Knowledge Mobilization Officer
 Canadian Agency for Drugs and Technologies in Health
- 2:20 – 2:30** **Final Audience Q+A & Wrap-up**

2:30 PM **Afternoon Break: Coffee & Networking**
 Enjoy an extended coffee break, connect with Day 2 Field Presenters, and prepare for afternoon breakouts.

3:00 PM **BREAKOUT SESSIONS: “Advanced Learning in AD”**
BREAKOUT 1: The Detailers’ Guide to the Galaxy: Navigating Challenges and Building Successes for Academic Detailers (Room 216)

Brenda Schuster, BSP, ACPR, PharmD | Academic Detailer, RxFiles AD Service
Zack Dumont, BSP, ACPR, MS | Clinical Support Pharmacist, Saskatchewan Health Authority
 Clinical Pharmacist, RxFiles AD Service

This breakout explores strategies to ensure high quality academic detailing is delivered by skilled and fully supported academic detailers. Through process sharing, example tools, and hands-on problem solving, participants will examine processes shared by different programs to ensure the extrinsic and intrinsic support, success, and growth of academic detailers. This workshop is designed for new and established academic detailers, as well as program managers seeing to develop strong teams.

BREAKOUT 2: Opioid Prescribing and Treatment of Chronic Pain: A Systems Approach to Creating Change through Needs Assessment, Practice Facilitation, and AD (Rotunda/Main Session Space)

Karen Cellarius, MPA | Senior Research Associate, Portland State University
Melissa Cantwell, MHA, CMPE | Prescription Drug Overdose Prevention Coordinator, Cantwell Consulting
 Continuing the explorations of Day 1’s Expert Panel, this workshop provides a hands-on learning experience with members of Oregon’s Prescription Drug Overdose Project, using the Six Building Blocks Needs Assessment as a framework. In a collaborative and transparent environment, participants will explore challenges and opportunities when implementing change at the micro, mezzo, and macro level of healthcare delivery. This session supports attendees who are working to develop strong academic detailing efforts, with a specific focus on the early stages of program development.

BREAKOUT 3: Effectively Reporting AD Outcomes: Making Meaningful Use of Data (Room 217)

Jacki Travers, PharmD | Clinical Academic Detailing Pharmacist, Pharmacy Management Consultants
Crystal Henderson, PharmD, BCPP | Senior Director of Behavioral Health Pharmacy Solutions, Magellan Rx Management

This evaluation-focused breakout session will assist detailers in establishing the value of their services through effective reporting of program results. Particular emphasis will be placed on identifying outcome measures and using those outcomes to build support for future academic detailing endeavors. Attendees will have the opportunity to use a sample topic (or their own) to understand factors to consider when describing AD outcomes; identify ways to make meaningful use of data; establish current AD success to build support for future AD plans; and compare platforms used for outcomes reporting. A supportive session for evaluators, program managers, and detailers alike.

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

5:00 PM Conference Adjournment | Please complete your Day 2 Evaluations online at www.narcad.org/eval.

A Letter from Our Directors

Welcome to #NaRCAD2018 – our 6th conference in this series. Our team looks forward to meeting all of you over the course of these two days!

We recently celebrated our 8th anniversary, and over the past year we've been excited to expand our collaborations with state and local health departments, conducting trainings around the country. Later this year we will enroll our 500th academic detailing trainee, a thrilling milestone for us. Wherever you are in the process of learning about AD, developing a new program, or expanding an established program, this year's conference should offer inspiration and education. Our keynote speakers provide insights for two challenging areas:

how to build and sustain an academic detailing program and how to adapt AD in a research environment to attack a thorny clinical problem.



But the most exciting part of the conference for us is learning from you, the growing community committed to AD. For the third consecutive year the majority of the conference agenda, including field presentations, breakouts, and panels, consists of submitted proposals from our community members, which means the program reflects what's happening in the field. Now more than ever, the opioid crisis has become a central issue for many AD programs, and Jerry's annual address on Day 1 will explore how the situation was created over many years, and how AD can serve as an integral part of the solution.

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 need resources and support to identify and interpret the best medical evidence, so that they can incorporate it into front line care. That's why we're encouraging everyone to seize the opportunity to connect with experts, colleagues, and our team members—whether it be to brainstorm about how to make better use of data, develop new funding models as the health care system continues to change, or train academic detailers to expand teams and deliver impactful messages.

Let **#NaRCAD2018** inspire you to innovate the delivery of your clinical outreach education programming and share your insights and plans on social media and through our online network. Enjoy these two days, and we hope you'll plan to share the adventures of the year ahead with our community at next year's conference.

A handwritten signature in black ink that reads "Mike Fischer".

Mike Fischer, MD, MS, Director, NaRCAD

A handwritten signature in black ink that reads "Jerry Avorn".

Jerry Avorn, MD, Co-Director, NaRCAD

Day 1 Keynote Biography: **Amanda Kennedy, PharmD, BCPS**

*Director, Vermont Academic Detailing Program
Associate Professor of Medicine, University of Vermont, Larner College of Medicine*



Dr. Kennedy is a residency and fellowship-trained board-certified pharmacist. 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.

Dr. Kennedy has been an active academic detailer since 2002. She is responsible for managing all aspects of the Vermont Academic Detailing Program, including coordinating with the sponsor, budget planning, preparing reports, analyzing data, developing educational materials, and meeting continuing education requirements. Dr. Kennedy leads the development of materials and training for her team of 5 physician and pharmacist detailers. Amanda regularly serves as a faculty facilitator for NaRCAD Academic Detailing Techniques trainings.

Dr. Kennedy divides her time between the Vermont Academic Detailing Program and the Department of Medicine Quality Program. In her role with the Quality Program, Dr. Kennedy mentors resident physicians, fellows, and faculty in designing, conducting, and reporting quality improvement projects. She also practices part-time as a pharmacist within the Transitions of Care pharmacy at the University of Vermont Medical Center.

Day 2 Keynote Biography: **Frank Leone, MD, MS**

*Director, Comprehensive Smoking Treatment Programs
Professor of Medicine, Hospital of the University of Pennsylvania*



Dr. Leone received his medical degree from the University of Pittsburgh School of Medicine, and completed his postgraduate training in both general internal medicine and pulmonary / critical care medicine at Thomas Jefferson University Hospital. He also received his Master's degree in clinical epidemiology and biostatistics from the University of Pennsylvania School of Medicine. Dr. Leone directs Penn's Comprehensive Smoking Treatment Program, a clinical program of the Penn Lung Center, located at both Penn Presbyterian Medical Center, and the Perelman Center for Advanced Medicine. The new program provides state-of-the-art and individualized treatment to smokers, including those with co-morbidities.

Dr. Leone's scholarship focuses on investigating advanced treatment strategies for tobacco use disorder and on testing educational strategies for improving the care of the tobacco dependent patient. Dr. Leone is a member of several professional and scientific societies, including the Society for Research on Nicotine and Tobacco, the American College of Chest Physicians, and the American Thoracic Society. He has served the Commonwealth of Pennsylvania as a legislative appointee to the Governor's Tobacco Use Prevention and Cessation Advisory Committee since 2001. Dr. Leone has been invited to speak at numerous lectures on topics of smoking treatment and pulmonary medicine, and has been published in a variety of clinical and research journals. He is board certified in pulmonary and critical care medicine. Learn more and review publications on the University of Pennsylvania's website, www.med.upenn.edu, and read NaRCAD's interview with Dr. Leone on the DETAILS blog at www.narcad.org.

NaRCAD Staff



Jerry Avorn, MD | Co-Director

Dr. Avorn is Professor of Medicine at Harvard Medical School and Chief Emeritus of the Division of Pharmacoepidemiology and Pharmacoeconomics. 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 created 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. His book, *Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs*, was published by Knopf in 2004. Dr. Avorn is the Chief Clinical Consultant for Alosa Health, a non-profit that provides academic detailing services. He receives no payment for any of his academic detailing-related work.



Michael Fischer, MD, MS | Director

Dr. Fischer is a general internist, pharmacoepidemiologist, and health services researcher. He is the Director of NaRCAD, which he and Dr. Jerry Avorn co-founded in 2010. In this role he has obtained multiple grants to support NaRCAD's core activities, the conference series, and additional research and implementation projects. More recently he has led NaRCAD in a range of public health collaborations focused on using AD to increase the use of HIV pre-exposure prophylaxis and to develop clinician-oriented responses to the opioid crisis. Dr. Fischer 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 in addition to AD 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 T.H. Chan 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 the Harvard T.H. Chan School of Public Health, where he is an Associate Professor of Epidemiology.



Niteesh Choudhry, MD, PhD | Program Faculty

Niteesh Choudhry, MD, PhD, is a Professor at Harvard Medical School and Executive Director of the Center for Healthcare Delivery Sciences at Brigham and Women's Hospital, where he is also an Associate Physician in the Division of Pharmacoepidemiology and Pharmacoeconomics and a practicing Hospitalist. He is also Professor in the Department of Health Policy and Management at the Harvard T.H. Chan School of Public Health. Much of Dr. Choudhry's work has dealt with design and evaluation of novel strategies to overcome barriers to the broader use of evidence-based therapies. He is particularly interested in medication adherence and other issues of patient engagement, and his work employs many research methods including large pragmatic randomized trials, predictive analytics, and cost-effectiveness modeling. Dr. Choudhry attended McGill University, received his M.D. and completed his residency training in Internal Medicine at the University of Toronto and then served as Chief Medical Resident for the Toronto General and Toronto Western Hospitals. He earned his Ph.D. in Health Policy from Harvard University. He has published over 200 scientific papers in leading medical and policy journals and the quality of his work has been recognized by many national and international organizations. Dr. Choudhry practices inpatient general internal/hospital medicine and has won numerous awards for teaching excellence and mentorship.



Bevin Kathleen Shagoury | Communications & Education Director

Bevin manages NaRCAD's external communications, educational events, 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.



Kristina Stefanini | Program & Events Coordinator

In her work with NaRCAD, Kristina focuses on building stronger partnerships and improving communication between clinical outreach education programs in NaRCAD's network. She helps coordinate NaRCAD events, including registration and logistics for the annual conference series and academic detailing trainings. She also works on various communications and engagement projects, finding creative ways to improve resource access for clinical educators and AD programs in NaRCAD's networks. Kristina joined NaRCAD in 2017 after receiving her Bachelor of Arts in Molecular Biology and Public Health from Boston University in 2017.

Contact Us.

National Resource Center for Academic Detailing

Division of Pharmacoepidemiology & Pharmacoeconomics
Brigham & Women's Hospital | Harvard Medical School
419 Boylston Street, 6th Floor | Boston, Massachusetts, 02116
857.307.3801 | narcad.org | narcad@partners.org

2018 Conference Speaker Biographies



Victoria Adewumi, MA

Community Liaison, Manchester, New Hampshire Public Health Department

Victoria Adewumi is a Community Liaison with the Manchester Public Health Department. Victoria primarily helps coordinate and staff programming of the Manchester Community School Project, a model that facilitates better health for Manchester residents through place-based interventions. Victoria serves Manchester residents by linking them to partners in the health, social service, business, non-profit, and faith communities and by engaging community members in resident leadership and equity activities. Victoria also participates in efforts to serve refugees and newcomers in New Hampshire through both direct service and community-building initiatives. Victoria holds Bachelor and Master of Arts Degrees in Political Science from the University of New Hampshire.



Sarah Ball, PharmD

Research Assistant Professor, Division of General Internal Medicine and Geriatrics, Medical University of South Carolina (MUSC)

Sarah has had direct involvement with academic detailing for over ten years, beginning with the development and implementation of the SCORxE Academic Service under the SC College of Pharmacy in 2007. As a Research Assistant Professor in the College of Medicine, Dr. Ball's efforts include the integration of research and programmatic opportunities that focus on patient-centered care, patient safety and educational outreach. She is currently leading the MUSC team that has partnered with the SC Departments of Health and Environmental Control and Health and Human Services on multiple opioid-related initiatives, including academic detailing to reduce the risk of opioid misuse, abuse and overdose. She is also a member of the MUSC team partnering with the SC Department of Alcohol and Other Drug Abuse Services to expand access to medication assisted treatment.



Lindsay Bevan

Project Manager, Primary Care Academic Detailing Service, Centre for Effective Practice

Lindsay works for the Centre for Effective Practice (CEP) where she collaborates with a team of amazing individuals to develop and implement evidence-based supports and services to help narrow the gap between best evidence and care in Ontario. As a project manager, she oversees the planning and implementation of the CEP's primary care academic detailing service, which serves family physicians across Ontario. Prior to joining CEP, Lindsay worked at the University Health Network in the infection prevention and control unit, where she updated internal infection control policies and developed patient and provider educational material. Lindsay is currently completing her Master of Science in Healthcare Quality at Queen's University.



Mark Bounthavong, PharmD, MPH

National Clinical Program Manager, VA PBM Academic Detailing Service

Mark works as a program manager for the VA's Pharmacy Benefits Management Academic Detailing Service. He has performed several program evaluations of the National Academic Detailing Service's impact on the Opioid Overdose Education and Naloxone Distribution (OEND) Program, the Opioid Safety Initiative, and the Psychotropic Drug Safety Initiative. Mark's research interests include pharmacoconomics, outcomes research, health economics, process and program evaluations, econometric methods, and evidence synthesis using Bayesian methods.



Cheryl Brannan, MS

Program Director Consultant

Creating Healthy Schools & Communities

Cheryl is currently the Program Director for the NYS Department of Health initiative, Creating Healthy Schools and Communities for the city of Yonkers, New York. She leads the implementation of evidenced based strategies to increase the availability of healthy affordable foods and opportunities for physical activity to reduce risk factors for chronic diseases and obesity. Ms. Brannan manages school and community coordinators and facilitates a Living Your Fullest Every day (LYFE) coalition led by the YMCA with over 75 community stakeholders utilizing collective impact. She has been an advocate for affordable health care and is a master trainer on inclusion and health equity. Previously, Ms. Brannan provided technical assistance to health experts on a Blue-Ribbon Task Force on Health Disparities in the Black Community developing strategies to close health care gaps, promote cultural competency, and conduct qualitative research. She has designed health literacy campaigns for women of color and worked with the World Health Organization.



Victoria Burton, BMOS

Project Coordinator, Primary Care Academic Detailing Service

Centre for Effective Practice

Victoria is the project coordinator for the Centre for Effective Practice's primary care academic detailing service in Ontario, Canada. She supports various aspects of the service including topic selection, content development, communications, evaluation, training logistics, and academic detailer support. Victoria holds a Bachelor of Management and Organizational Studies with an honors specialization in consumer behavior from Western University. She is currently pursuing her certificate in project management at the University of Toronto.



Melissa Cantwell, MHA, CMPE

Prescription Drug Overdose Prevention Coordinator, Cantwell Consulting

Melissa L. Cantwell is the Prescription Drug Overdose Prevention Coordinator for the Southern Oregon region. Melissa has worked in a variety of roles and areas of healthcare in the last 17 years including billing in urgent care, registration in the ED, managing primary care, and practice coaching a network of providers. Melissa received her Master's Degree in Health Administration from University of Phoenix, Phoenix, Arizona and completed her Bachelor of Criminology at Southern Oregon University, Ashland, Oregon. Melissa is currently pursuing her Doctorate of Education in Organizational Leadership with an emphasis on Healthcare Administration at Grand Canyon University, Phoenix, Arizona.



Karen Cellarius, MPA

Senior Research Associate, Portland State University

Karen Cellarius is a Senior Research Associate at Portland State University. She specializes in program evaluation and system change, primarily in the areas of addiction and mental health. She has a subcontract with the Oregon Health Authority to evaluate their Prescription Drug Overdose Prevention grant from the US Centers for Disease Control and Prevention. As an evaluator, she helped standardize the 6 Building Blocks of Pain Management and Opioid Prescribing in Oregon and is conducting a study of the impact of that tool on health care organizations around the state. Karen holds a Master's Degree in Public Administration from Columbia University.



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 prevent and respond effectively to 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.



Colleen Donder, BSc(Pharm), ACPR

Knowledge Mobilization Officer, Canadian Agency for Drugs and Technologies in Health

Colleen Donder is currently working as a knowledge mobilization officer with the Canadian Agency for Drugs and Technologies in Health. Prior to this, Colleen worked as an academic detailer for 4 years with the British Columbia's Provincial Academic Detailing Service. Colleen spearheaded the services first exclusively web conferenced academic detailing topic on buprenorphine/naloxone for opioid use disorder. Colleen is a pharmacist by trade. She previously completed a pharmacy hospital residency and continues to work occasionally as a clinical pharmacist in the hospital setting.



Zack Dumont, BSP, ACPR, MS

***Clinical Support Pharmacist, Saskatchewan Health Authority, Regina Area
Clinical Pharmacist, RxFiles***

Zack is a clinical pharmacist with the RxFiles Academic Detailing Service in Regina, Saskatchewan, Canada and a facilitator for NaRCAD's training courses. He has been involved with the RxFiles since 2008, with experience in both academic detailing and content development of RxFiles' evidence-based drug therapy comparison tools. Zack maintains clinical practices for inpatient internal medicine, with more specialized experience in anticoagulation and heart failure. His professional interests include teaching evidence-based medicine, knowledge translation, leadership, development of clinical decision supports, collaboration, and leadership. Zack also works at the Saskatchewan Health Authority, where he currently serves as a Clinical Support Pharmacist, with involvement in training new staff, precepting pharmacy residents and undergraduate students, and providing clinical support to various health region committees and working groups.



Carla Foster, MPH

City Research Scientist, New York City Department of Health and Mental Hygiene

Carla is a City Research Scientist at the New York City Department of Health and Mental Hygiene (NYC DOHMH) in the Bureau of Alcohol and Drug Use, Prevention, Care, and Treatment. Her research focuses on the implementation and evaluation of public health detailing campaigns across New York City with the aim of reducing opioid overdose mortality. Prior to joining the NYC DOHMH, she led development of clinical practice guidelines at the American Urological Association. She received dual Bachelor of Arts degrees in Africana Studies and Neuroscience from Wellesley College, and her Master of Public Health Degree in Epidemiology from Columbia University.



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 two Basic Academic Detailer Workshops. Cristi worked as a community pharmacist in Saskatchewan and British Columbia prior to joining the BC PAD team. Currently, she travels throughout Interior Health providing education sessions to physicians, nurse practitioners, nurses, pharmacists, specialists and other healthcare providers. Cristi is one of three preceptors for the Interior Health Pharmacy Practice Residency Program rotation in Academic Detailing in Primary Care. She also teaches at academic half days for the Rural and South Okanagan Family Practice Residency Programs.



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 subject matter expert on 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.



Teresa Hunter, RS

Public Health Director, Bell County, Kentucky Health Department

Teresa serves as the Director for the Bell County Health Department in Pineville, Kentucky, a rural county in southeastern Kentucky that borders both Tennessee and Virginia. She has been employed in public health the past 15 years, serving as a Disaster Preparedness Coordinator, Health Environmentalist, Registered Sanitarian, and as the Public Health Director for the past five years. Teresa is responsible for the overall operation of the local public health agency and delivery of essential public health services in Bell County. Over the past year, Teresa led the Local Opioid Overdose Prevention and Response (LOOPR) pilot program in Bell County, in conjunction with NACCHO, the CDC, and NaRCAD. As one of four high burden jurisdictions, Teresa oversees Bell County's academic detailing team, supporting their work in educating clinicians to combat the opioid epidemic.



Tanya Kraege, CSAC, APSW, MSW, CCAR COACH

Drug Poisoning Prevention Team Supervisor, Safe Communities-MDC

Tanya Kraege is the Program Coordinator of Drug Poisoning Prevention at Safe Communities and a Crisis Worker at Journey Mental Health Center. She specializes in working with people with substance use disorder, women using opioids during pregnancy, trauma, relationships and mental health issues. Tanya is currently the Program Coordinator for the Pregnancy2Recovery Program, a pilot program that has partnered with SSM Healthcare to provide peer specialists for pregnant women with opioid use disorder during their pregnancy and for three months postpartum. Tanya played a role in the Health Care Task Force on Safe Opioid Prescribing by participating in the academic detailing program that encouraged clinicians to co-prescribing Naloxone with opioid prescription medications. Tanya is a Certified Recovery Coach and continues to use her story of addiction and recovery to help others gain hope and insight into new ways of living.



Kimberly McKeirnan, PharmD, BCACP

Clinical Assistant Professor, Department of Pharmacotherapy, Washington State University College of Pharmacy and Pharmaceutical Sciences

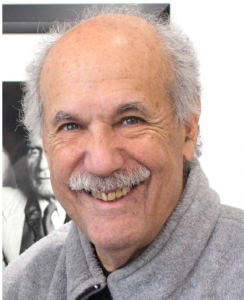
Dr. Kimberly McKeirnan, PharmD, BCACP, is a Clinical Assistant Professor in the Department of Pharmacotherapy at the Washington State University College of Pharmacy and Pharmaceutical Sciences. She is also the Director of the Center for Pharmacy Practice Research. Dr. McKeirnan joined the faculty at WSU in 2013 after spending the previous five years working as a community pharmacist. Dr. McKeirnan is passionate about research involving community pharmacy practice as it relates to public health and improving patient access to quality care services. She is currently working on grant-funded research projects to improve immunization rates in rural areas through academic detailing, develop a model for implementing chronic disease state management services in community pharmacies, and improving medication adherence through use of technology.



Deborah Monaghan, MD, MSPH

Public Health/Academic Detailer, Colorado Department of Public Health and Environment

Deborah joined CDPHE in 2016 as the Department's first detailer, providing and supporting clinical outreach on HIV prevention, sexual health, viral hepatitis, opioid prescribing and upcoming oral health and diabetes self-management education programs. A graduate of the University of Mississippi School of Medicine, internship took Deborah to Drexel University in Philadelphia, Pennsylvania followed by family medicine residency in Grand Junction, Colorado and an MSPH through the University of London School of Hygiene and Tropical Medicine.



Robert Morrow, MD

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

Bob Morrow is an independent family physician who has practiced in the Yonkers-Bronx area for 43 years. He is an Associate Professor in Family and Social Medicine at the Albert Einstein College of Medicine, and an Associate Director for Interventional CME in the Einstein Center for CME. He has an active research interest in the continuing professional development of health professionals, and has spent the last several years exploring the creation and implementation of programs using peer-led education to improve health outcomes in measurable ways. His current work focuses on bringing together health care professionals, community organizations, public health experts, and governmental decision makers to reduce the burdens of diabetes, obesity, and cardiovascular disease. He has used Academic Detailing in several projects as a peer education tool for changing behavior in the health care sector.



Cait O'Sullivan, BScPh, PharmD

*Academic Detailing Pharmacist
British Columbia Provincial Academic Detailing (PAD) Service*

Dr. O'Sullivan has a clinical pharmacy background in acute general medicine, residential care, and community practice. She received a Bachelor of Arts from the University of New Brunswick (Honors, Medical Anthropology), a Bachelor of Science in Pharmacy from Dalhousie University, and a Doctor of Pharmacy Degree from the University of Washington. Based on Vancouver Island, she is an academic detailing pharmacist with the B.C. Provincial Academic Detailing (PAD) Service and the Therapeutics Initiative (University of British Columbia). Cait has a research interest in the drug approval process and clinical practice guideline methodology.



Addison Ragan, PharmD, BCPS
Academic Detailing Program Manager
Veterans Health Authority VISN 7 (Atlanta Network)

Addison has been the Academic Detailing Program Manager for VISN 7 (Atlanta Network) for the last 3 years where she provides program oversight for six Academic Detailing Clinical Pharmacists across Alabama, Georgia, and South Carolina. This oversight includes educational campaign selection, development, implementation, and evaluation across the network. Prior to this position she served as a Primary Care Clinical Pharmacy Specialist and as the Associate Chief of Clinical Pharmacy at Central Alabama Veterans Health Care System. She serves on both the National VA Clinical Pharmacy and Academic Detailing Advisory Boards. This unique combination of experience allows her to play an integral role in expanding clinical pharmacy practice across VA.



Nadejda Razi-Robertson, LCSW, PhD
Director, Synergy Health Consulting, LLC

Nadejda is a Licensed Clinical Social Worker and has a Doctorate in Behavioral Health. Her doctoral research focused on understanding the barriers to implementing changes in opioid prescribing practices. Nadejda currently works as Behavioral Health Consultant and Project Coordinator for the Oregon Health Authority's Prescription Drug Overdose Project, offering technical assistance and practice facilitation to clinics developing clinical pathways for addressing long-term opioid use, pain management, and integrated behavioral health programs in primary care.



Katherine Sawyer, MSW
Director, Integrated Treatment of Co-Occurring Disorders
Network4Health/Mental Health Center of Greater Manchester, New Hampshire

Katie is the Director of Integrated Treatment of Co-Occurring Disorders, a project of the NH 1115 Medicaid Expansion Waiver Program. This project aims to increase the knowledge and education of healthcare and social service agencies in the Greater Manchester, NH area about the nature and complexity of co-occurring mental health and substance use disorders. Ms. Sawyer has been part of a team of individuals using Academic Detailing as a tool to increase knowledge about Medication Assisted Treatment and the Buprenorphine Waiver Process. Ms. Sawyer utilizes training from Case Western Reserve: School of Evidence-Based Practices, to provide Dual Diagnosis Capability Assessments (DDCMHT/DDCAT) within behavioral health and substance use agencies; helping to assess and ultimately increase a program's capabilities to provide treatment to the co-occurring disordered population.



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 in Canada and the United States.



Lisa Shields

Prescription Drug Overdose Prevention Coordinator Oregon Health Authority Public Health Division

Lisa Shields is a native of Portland, Oregon and coordinates the Prescription Drug Overdose Prevention Program for the Oregon Public Health Division Injury and Violence Prevention Program. Lisa's career has focused on bridging public health and health care to reduce health disparities and improve health outcomes. Her current projects are focused on systems change to improve our understanding of pain, and how we address pain, trauma, opioid prescribing, and substance use disorder. In 2015 Lisa received the annual Rising Star Award from Safe States Alliance, which recognizes one individual making strides in the discipline of injury and violence prevention. In 2017 Lisa received the Oregon Public Health Division Director's Award for Distinction for Health Outcome Achievement for the Oregon Opioid Initiative. She has presented for many national and regional organizations, including the Centers for Disease Control and Prevention, the Association of State and Territorial Health Officials, the Centers for Medicare and Medicaid Services Innovation Center, the National Council on Aging, and the National Center for Health and Aging.



Andrew Suchocki, MD, MPG

Medical Director, Clackamas Health Centers

Andrew Suchocki, MD, MPH is a family physician with additional training in Preventative Medicine. He has worked in underserved medicine with a focus on chronic pain and addiction for ten years, and has been a medical director at an FQHC in the Portland, Oregon region for the past five. He has collaborated with and spoken to numerous groups throughout Oregon and the Pacific Northwest. As a part of this, he has been involved with helping facilitate practice change throughout Oregon with regards to chronic pain and addictions in primary care.



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.



Leah Tuzzio, MPH

Research Associate, Kaiser Permanente Washington Health Research Institute (KPWHRI) MacColl Center for Health Care Innovation

Leah is a qualitative health services researcher with an MPH in behavioral science and health education from Emory University's Rollins School of Public Health. Her research focuses on improving patient experience, reducing health care costs, and improving the health of populations through translating evidence into practice. Leah has conducted research with integrated delivery systems, public hospitals, and community health centers. She enjoys working with researchers, health system administrators, clinicians, patients, community members, and many other stakeholders. Currently, she co-leads the NIH Collaboratory's Health Care Systems Interactions Core, which co-hosted the NIH Workshop on Dissemination, Implementation and Sustainability of Results from Pragmatic Clinical Trials to understand how interventions are designed and implemented, and how findings are integrated into health care. Leah is also the Project Director for the AHRQ EvidenceNOW: Healthy Hearts Northwest pragmatic trial that aims to disseminate patient-centered outcomes research and improve capacity among primary care practices in Washington, Oregon, and Idaho.



AHRQ: The Agency for Healthcare Research & Quality
Alosa Health

The Division of Pharmacoepidemiology & Pharmacoeconomics, Brigham & Women's Hospital
The University of Vermont Academic Detailing Program
Comprehensive Smoking Treatment Programs, Hospital of the University of Pennsylvania
The Centers for Disease Control

NACCHO: The National Association of County and City Health Officials
All of our Speakers, Presenters, Moderators, Panelists, Supporters, & Attendees
NaRCAD's 2018 Conference Review Board
The Joseph B. Martin Center & Staff

Check out the latest AD resources on narcad.org

A collage of three overlapping resource cards. The top card is titled "PARTNERS BY LOCATION" and shows a map of the United States with several red location pins. The middle card is titled "THE LEARNING CENTER" and "Your AD one-stop shop." and features a stack of books. The bottom card is titled "DETAILING DIRECTORY" and "Program Fact Sheets by Clinical Topic", listing six categories with icons: Asthma (lungs), Cancer Control (ribbon), Chronic Disease (person with cane), Immunization (syringe), Obesity/Healthy Weight (scale), and Opioid Safety (pills). A mouse cursor is pointing at the Opioid Safety icon.

PARTNERS BY LOCATION

THE LEARNING CENTER
Your AD one-stop shop.

DETAILING DIRECTORY
Program Fact Sheets by Clinical Topic

- Asthma
- Cancer Control
- Chronic Disease
- Immunization
- Obesity/Healthy Weight
- Opioid Safety

Ready to start? Need to refresh?

NaRCAD's AD Techniques TRAINING SERIES

Learn to effectively
communicate best
evidence and
critical tools to the
front lines.

Spring 2019 Training:
MAY 20 + 21, 2019
registration opens February 1st

Nearly 500 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 to improve care for the patients who need it most. 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:

role play, lecture, discussion, small group breakout sessions, networking, expert panels, modeling, & more.

What Our Trainees are Saying:

"I don't remember the last time I have selected 'strongly agree' on every question on a training survey, but this has been the best training I have attended in 5 years."

"I have been hesitant in the last few months about doing this work, but now I'm trained and ready to take on AD!"

"This was the best and most efficient healthcare-related training course I've been to."

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

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

Catch up on your reading—every last detail.



Why DETAILS?

Best Practices
Program Highlights
Public health Collaborations
Interviews with Experts
Skills Sharing
Event Recaps
Reflections on Program Management
Evaluation Tools
New Program Features
Innovations in the Field of AD
Regular pieces by Jerry Avorn, MD

& more

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 prevention to chronic disease management, and varied lenses, including voices from both new and long-standing programs, 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.

Next month on our blog:

YOU. *(No, really.)*

Contact us if you'd like to have your program featured.

narcad@partners.org

AD Programs: Do You Know Where Your Evidence Comes From?

Jerry Avorn, MD | Co-director, NaRCAD

(Originally published in NaRCAD's DETAILS Blog, 2018)



Here's the good news: academic detailing is becoming so widely accepted that everyone wants to help provide the evidence that is disseminated. That's also the bad news; worrisome examples range from the grotesque to the sinister. One eminent health policy expert wanted to know how much it would cost to put together a nationwide academic detailing program (my heart leaped) that would be underwritten by the pharmaceutical industry (dammit).

Prescription drug management (PBM) companies now offer so-called academic detailing services as part of their contracts with payors to oversee drug choices and spending. Sounds good until one realizes that a large chunk of PBM revenue come from payments by manufacturers to move market share to their products. So much for communicating evidence that is neutral, unbiased, and non-commercial.

You'd think we'd have learned our lesson by now. Do universities or insurers or government fail to offer enough continuing education about prescribing? No problem, drugmakers will be more than happy to fill the gap, either for free or at amazingly low cost.... often with really great food. That local clinical expert who shows up at Grand Rounds to provide an overview of all the new treatments for diabetes, at no cost to the hospital? Don't ask who's paying him to be there. And those convenient smartphone apps that provide so much handy dosing information for any drug you can think of? All you have to do is read the commercial messages that pop up on your way to the data, as the vendor promises its pharmaceutical sponsors the chance to "embed your brand message at multiple points across the care continuum."



There is a solution to the concern about who's providing the content for academic detailing programs, and it's much easier than figuring out whether a particular Facebook ad is brought to you by a Russian bot. Just expect that any purveyor of AD information will reveal clearly all the financial ties it and its authors have with any drug or device maker, in relation to program sponsorship as well as the creation and editing of the clinical content. After years of being misled about hidden data on adverse events or failed studies, we've developed a higher set of expectations about disclosing *all* information about clinical trials, and the need to reveal authors' financial ties for published studies.

Those same higher standards must also be applied to academic detailing programs, so that its audiences will know whether the material is the carefully vetted work of a team of unconflicted reviewers who don't work for any manufacturers, or is instead yet another terribly sophisticated new way to market particular products.

Got Jerry?

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

SHARING BEST PRACTICES IN AD: Fostering Change within a System: Detailing to Improve Opioid Safety in a Rural County

(Originally published in NaRCAD's DETAILS Blog, 2018)



Guest Blogger:

Monica Mais, MSN, FNP, Family Nurse Practitioner & Academic Detailer, California Opioid Safety Network, Fairchild Medical Clinic NaRCAD Training Alumnus

In 2011, I went from 15 years as an Emergency Room nurse to a new role as a Family Nurse Practitioner in a rural healthcare setting. I couldn't believe the amounts of prescribed opioids that were coming out of our little clinic—the average chronic pain patient was receiving 240 Morphine Equivalents/day (MEDs), and many of these patients had been receiving these medications for years without oversight. In 2013 I introduced an evidence-based protocol and policy for safe prescribing of Opiates for Chronic Non-Cancer Pain (CNCP).

Within 2 years, our average CNCP patient was taking less than 120 MEDs, and there were 40% fewer prescriptions coming out of our clinic. As of this year, the average CNCP patient takes not more than 90 MED's, and there is a significantly reduced supply of illicit opioids, due to our frequent monitoring for aberrant behaviors. We had a success!

However, patients who could not obtain opiates from our clinic quickly moved on to the clinic across town. This influx of opiate seeking patients was reason for concern from those receiving clinics. My colleagues and I opened our doors to neighboring clinics and providers and began sharing our policies and successes. Many other area clinics started adapting our policies to their own practice, reducing their opioid prescribing as well.



We formed a coalition called Siskiyou Against Rx Abuse (SARA), and based on our previous successes, we were all shocked to see data showing our county was among the highest opioid prescriptions per capita in California, and had a high overdose rate per capita, despite our efforts. Clearly, more needed to be done! Our coalition facilitator, Maggie Shepard, RN, along with our medical director, Dr. Sam Rabinowitz, and myself were all invited to attend training to become Academic Detailers in San Francisco with the San Francisco Department of Public Health, a partner with NaRCAD, the National Resource Center for Academic Detailing.

We did scripting and role-playing throughout the training, learning the important social marketing and communication skills needed to conduct a personalized visit with a provider where the goal would be to change behaviors to continue to promote safe opioid prescribing, Naloxone, and Buprenorphine out to providers in our area. During the training, I was videotaped during a practice role-play, which was very helpful, as it reminded me to speak more slowly, and to organize my key messages and talking points. After the training, getting our detailing program into the field involved a step-by-step process. Some of the tips I'd like to share are on the next page.

Tips from a Detailer:

Making the Process Work

- ✓ **Send a letter.** The first thing I did was to send a letter out to my list of assigned providers to whom I'd be conducting 1:1 academic detailing visits. The letter introduced myself, gave brief description of my objective and my contact information.
- ✓ **Make calls and set up appointments.** A few days after sending the letter, I started calling the provider's office managers, asking to schedule a time to meet. I was lucky to get three providers, who were also acquaintances, to meet with, and since they were "easy wins", it was a good way to practice my new social marketing skills.
- ✓ **Cold calling in person.** Many of the other providers were unavailable or "too busy," so I took my good-natured personality on the road and started what I call "office-bombing." I found that if I just showed up early and started conversing with the staff about the opioid crisis, they were very helpful in allowing me access to meet 1:1 with the provider.
- ✓ **Use "we" language as a provider's ally.** Once I was in the "zone" with a provider, I made sure to introduce myself as a fellow provider within our community, making it clear that I was providing a service and simply sharing information relevant to the safe prescribing of opioids.
- ✓ **Respect providers' time.** I often asked, "Do you have 5 minutes? Can I just follow you and talk?" Often, providers who "only have 5 minutes" would manage to talk with me for 20-30 minutes.
- ✓ **Do your research, and listen without judgment.** When detailing to unknown providers, I did my research about their practice, and I was careful to be non-intrusive, non-judgmental, and just listen.
- ✓ **Encourage storytelling.** Many shared the challenges of working with inherited patient who were already on a fairly high dose of opioids, and needed support in tapering down. For those who disagreed with safe prescribing limits, I emphasized co-prescribing Naloxone, and found that many of these prescribers were more open to becoming X-Waivered, which would allow them to prescribe medication-assisted treatment.

I believe we have experiences that we can share to encourage our colleagues to make positive changes in their prescribing habits. Academic Detailing works due to mutual respect of one another's experiences, professionalism, and willingness to receive new information—it's an excellent way to foster change within a system.



Explore how AD is improving opioid safety.

Check out the innovative interventions that are shaping the field of AD, including opioid safety initiatives across the US and Canada, by searching our blog archives by clinical topic, visiting our Detailing Directory, or exploring our Learning Center for examples of successful campaigns.

narcad.org/learning-center

NaRCAD: Leaders in Clinical Outreach Education

PERSONALIZED CONSULTATION | CUSTOMIZED TRAININGS | INTERACTIVE LEARNING CENTER
DETAILING DIRECTORY | BEST PRACTICES BLOG | NEWS & MEDIA CENTER
PARTNER PROGRAM MENTORSHIP | CONFERENCE SERIES | AD TOOLKIT | PODCAST SERIES

Our Partner Network

We've worked with hundreds of healthcare organizations to improve patient outcomes with clinical outreach education.



Interventions we've supported include:

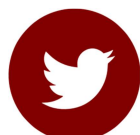
OPIOID SAFETY | HIV/STI SCREENING & PREVENTION | PRENATAL HEALTH
SMOKING CESSATION | ANTIBIOTICS STEWARDSHIP | CARDIOVASCULAR HEALTH
CHRONIC DISEASE MANAGEMENT | CANCER CONTROL | GERIATRICS AND LONG-TERM CARE

Join Us.

Subscribe to our network & be a part of our online community of experts.



narcad.org



[@narcad](https://twitter.com/narcad)



[/narcad.org](https://www.facebook.com/narcad.org)



[/narcad](https://www.linkedin.com/company/narcad)

Opening Up the Conversation:

An Interview with the Bell County, Kentucky Academic Detailing Program

Featuring: Robin Tuttle, RN, ER Nurse, Academic Detailer, NaRCAD Training Alumnus
Interview by Kabaye Diriba, Senior Program Analyst, NACCHO, in partnership with NaRCAD

OVERVIEW: Bell County, Kentucky, was the first site of four selected for a 2018 pilot program of the CDC (Centers for Disease Control and Prevention), NACCHO (the National Association of City and County Health Officials), and NaRCAD (The National Resource Center for Academic Detailing). This exciting pilot program focused on community-level work with local public health departments to develop customized interventions to reduce opioid overdose and death. Four sites experiencing significant public health problems related to opioids were selected to be trained in academic detailing; those trained health professionals then conducted 1:1 field visits with front line clinicians to impact behavior around prescribing, treatment referrals, and patient care, all within a rural area. As year 1 comes to a close, we're showcasing successes from the field. -NaRCAD



Detailer Robin Tuttle trains with Mike Fischer of NaRCAD onsite in Kentucky early in 2018.

Thanks for talking with us about your work on this pilot project with NACCHO, the CDC, and NaRCAD, working to support local efforts in your community.

What we've been doing has been a breath of fresh air! I'm proud to be a part of it, and happy to help in any way that I can.

Tell us how local detailers were selected for this project—what kinds of professional backgrounds make up your diverse team members?

I was asked by a co-worker, another detailer, who thought “I know this

really outgoing, outspoken person that might fit the team.” Our team is made up of people that have hands-on knowledge about the opioid epidemic. I've been in healthcare since 1988 and I've been living here in Bell County for 30 years. I started working as a nurse aid at one of the local hospitals and then went on to college to get my RN. Our detailing team all had a common interest when we got together.

What elements of the training do you apply most often during your visits when delivering your key messages?

What helped me the most was that last day of training when we were practicing academic detailing. Asking open-ended questions is the most important thing. You get so wrapped up in wanting to deliver your messages, but it's not necessary that you get all of your messages in on that first visit. You may feel rushed to deliver all your messages if you're afraid you're not going to make it back in the door, but what I found is the more I met with doctors, and the more I said things like, “What have you seen in your practice?” or “Tell me about a patient...” or “Talk to me about the problems you're having...”, the more I saw the conversation open up. That's something I really picked up on the second day of training—learning to turn it back around and asking [needs assessment] questions. Let them get involved, and let me really listen to what they have to say; that way it'll help contribute to the conversation going forward.

The opioid epidemic can be a sensitive topic. When you approach clinicians to discuss their behaviors around the opioid epidemic, how are you generally received? What do clinicians in Bell County see as major challenges in your community?

Almost everyone I spoke to was very receptive about everything that we talked about, including all 5 of our campaign's key messages. Because treatment in this area is slim to none, it all circled back to, “What if I find someone [a patient] that has opioid use disorder? How can you help me?” Doctors here are telling me that even people that have overdosed and come to the hospital are having a hard time [getting access to

treatment]. There are places that are not in Bell County, but we would need some sort of transportation system that could get patients to those places.



What challenges do Bell County clinicians face, along with being busy, when trying to support their patients who are prescribed opioids?

Clinicians are often challenged in identifying symptoms of someone with opioid use disorder. Also, sometimes patients are sent to a pain [management] clinic, but those don't always work. In our

community, we can send them to the local Suboxone clinic which is accessible and easy to get to.

When it comes to Suboxone, you cannot look at it as an “all-or-nothing” approach. That’s a challenge here in Bell County, trying to get the community to know that abstinence is not always the answer, and sometimes people might have to take some form of medication for life to get the wiring back together that they've already lost because of their disorder.

I also understand some of the doctors are adamant about their current patients that have been taking these medications for 25 years for this chronic pain, which they don't think they can do much about, and they're concerned about this newer generation [of patients] coming in.

What have been some of the more rewarding exchanges you've had with clinicians you've met with?

I've had a lot of good visits, but this one sticks out in my mind: there was one clinician where I felt immediately like I was going to get the “brush off”. But I ended up staying for an hour and a half! I sat there with this doctor, who I've had a challenging professional relationship with historically, and he ended up talking to me at length about patients he was seeing, and those he had inherited. I was so excited that I'd spoken with him for so long, and that I'd covered all 5 of our campaign's key messages. I walked away from that visit with questions to follow up on that I wanted to be able to answer for him at a future visit, and I felt like I made a new friend.

What do you want to tell new detailers who are just starting to form teams and try this kind of 1:1 outreach education model out with clinicians in their communities? What piece of advice would you have appreciated when you started your first detailing visits?

Try not to get discouraged! After we divided up all the physicians, we started making phone calls. That can be discouraging. I found out we actually had more luck stopping by. We called it the “drug representative look”—you dress up, put your badge on that says academic detailer, have the clipboard and all the paperwork, and you look professional. I really found out that I had more luck by just walking in and saying, “Do you have a minute?”

Don't get discouraged if you're making calls all day long and they keep putting you off, because receptionists are making appointments all day long too and it's hard to explain what you're doing over the telephone. We definitely felt discouraged during the first couple of weeks of outreach. We were feeling like we hit a brick wall, and that's when we coined the term "drive-by" detailing visits.

We started driving around and just showing up at offices. So, get out and drive if you can't get through over the phone. Go with a card and introduce yourself. They [clinicians] all want to talk about opioids. You'll be surprised when you get in the room with them and they start talking.

Exercising Empathy, Planting Seeds:

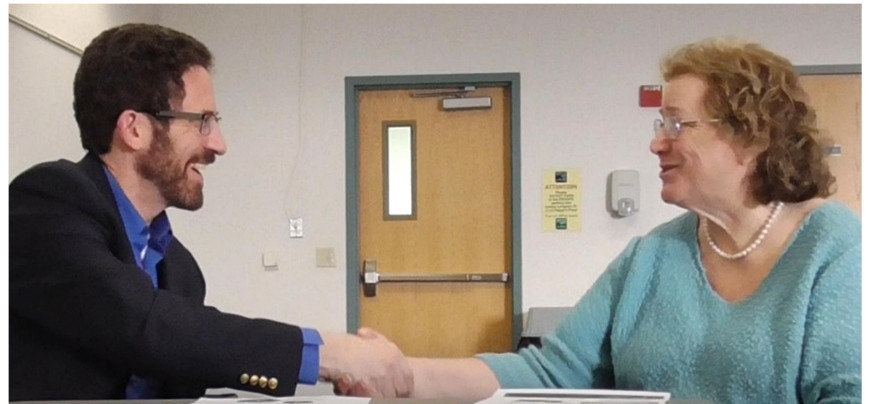
An Interview with the Manchester, New Hampshire Academic Detailing Team

Featuring: **Carol Furlong, LCMHC, MAC, MBA**, Director of Substance Use Disorders, Elliot Hospital, Academic Detailer, NaRCAD Training Alumnus; **Jill MacGregor, APRN**, Catholic Medical Center, Academic Detailer, NaRCAD Training Alumnus; **Katie Sawyer, LICSW, MLADC**, Director, Integrated Treatment of Co-Occurring Disorders, Network4Health/Mental Health Center of Greater Manchester, Academic Detailer, NaRCAD Training Alumnus
Interview by Isabel Evans, Fellow, NACCHO, in partnership with NaRCAD

OVERVIEW: Manchester, New Hampshire, was the third site of four selected for a 2018 pilot program of the CDC (Centers for Disease Control and Prevention), NACCHO (the National Association of County and City Health Officials), and NaRCAD (The National Resource Center for Academic Detailing). This exciting pilot program focused on community-level work with local public health departments to develop customized interventions to reduce opioid overdose and death. Four sites experiencing significant public health problems related to opioids were selected to be trained in academic detailing; those trained health professionals then conducted 1:1 field visits with front line clinicians to impact behavior around prescribing, treatment referrals, and patient care, with Manchester's team focusing primarily on access to Medication Assisted Treatment [MAT]. As year 1 comes to a close, we're showcasing successes from the field. - NaRCAD

Thanks for talking with us about your work in Manchester, New Hampshire. Can you tell us about your team? How were detailers chosen to represent the health department for this pilot project?

Carol: Tim Soucy, from the Manchester Department of Health, contacted representatives at each of our organizations and gave a little bit of information about the training. He asked if our organizations had particular people that might be interested, and my supervisor thought of me, since I was in the middle of developing a MAT program for my organization. I jumped at the chance to participate.



Carol Furlong practices executing a strong closing during a skills training with NaRCAD.

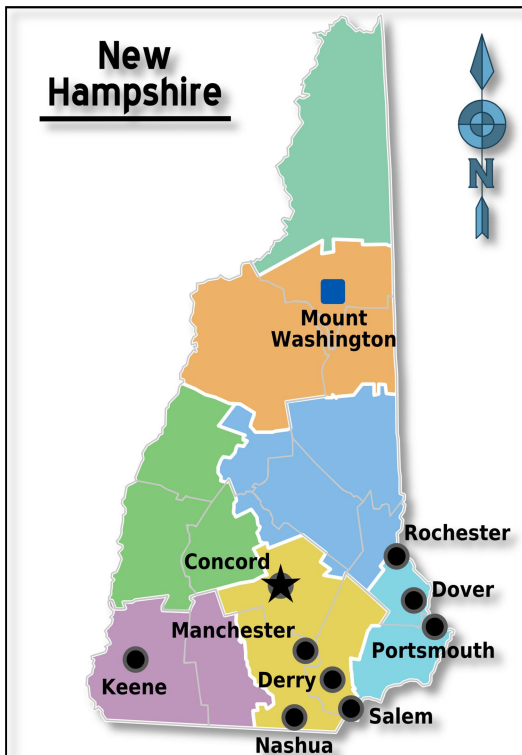
Jill: My organization received the same email, and as the primary care lead nurse practitioner, I was considered the most appropriate to participate.

Katie: The invitation came from the site that received the CDC grant (City Health Department). The invitation was disseminated among a number of local human service/health agencies who are part of a Network of agencies as a result of our 1115 Waiver partnership.

The NaRCAD team came to your site back in March, 2018, helping you get ready to be 'in the field' and talk to clinicians about the opioid crisis. Tell us how that went, and how you applied what you learned in training.

Carol: I'm a naturally shy person who dislikes being the center of attention, so I was incredibly nervous about the role plays during training. The turned out to be invaluable, since I use the skills I developed through practicing and receiving feedback during every visit. The role plays prepared me so well for meeting with providers, and I go into the conversations feeling confident and comfortable. When they ask questions, I feel that I know how to answer, or where to turn for more information, such as the wonderful handouts available on the NaRCAD website.

Jill: For me, learning how to hold a discussion as a detailer was the most important element of the training. I learned how to frame a conversation using open-ended questions, which allows the discussion to progress. Understanding how to simultaneously get a provider's perspective, while also giving them the information they need, is a critical detailing skill.



Katie: We were able to role play, which has proven very helpful out in the field to stay focused, on topic, and empathetic to the position of each clinician that I speak to. The handouts that NaRCAD provided have easy to read information and great graphics, so they have also proved useful for staying on track with the key messages during detailing visits, along with providing supplemental information.

The opioid epidemic has affected many communities in unique ways. How have local clinicians responded to your visits? What do clinicians in Manchester see as major barriers to improving health for their patients struggling with this issue?

Carol: Clinicians can be a little skeptical at first, since they're often expecting that I'm going to try to "sell them" on something. When I focus on listening to their experiences and their concerns, I'm able to gently address those concerns and give resources or suggestions. Even just having a discussion can help clinicians to feel that you're interested in how they feel, and that you genuinely want to help them – I would describe some clinicians as "dumbstruck" from our conversations, because they're preparing to do battle with me, but they instead come

to see me as a resource, and are more willing to meeting with me.

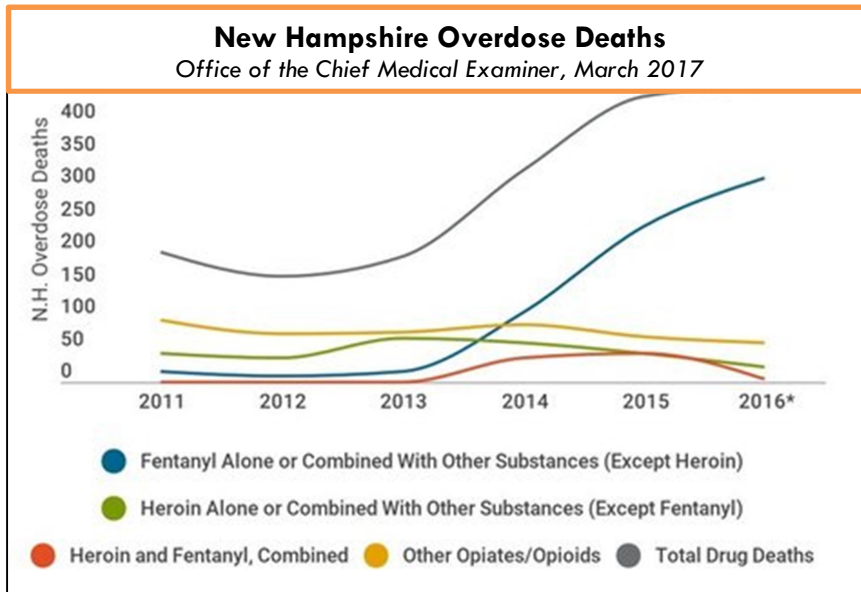
As for challenges, we deal with a fair amount of stigmatization of substance use. It's a major barrier, and we've had to spend a lot of time addressing that in my organization. Another barrier for clinicians is a preconceived notion that providing MAT is an onerous process, and too time-consuming to add into their schedules. And these two barriers really complement each other in a bad way – I often get providers saying that MAT is too much work and that their MAT patients will just end up using opioids again and ending up back in the emergency room. Breaking down these misconceptions about MAT and getting to the root of the stigma against MAT is a big challenge.

However, we're approaching these challenges with education and lots of conversations, since we've found that helping our staff to get a better sense of addiction as a disease is really invaluable to making them more open to MAT and treating people with opioid use disorder. The timing of the academic detailing initiative couldn't have been better for my organization, because having conversations about addiction leads well into having conversations about MAT, and vice versa. Engaging in academic detailing has opened up a whole new avenue of clinician education for me.

Jill: Because of my role at my health system, I talk to providers about many different topics and they're used to me approaching them, which has definitely helped give me an automatic "in" and bring up sensitive topics. My institutional knowledge helps too, since I can answer questions specific to my organization and our various programs or resources around opioids.

A major challenge I face is that providers don't think they have the time and resources to implement MAT into primary care, and they don't feel they have the behavioral health support to do so successfully. However, I've found that this is often based around a lack of knowledge, since when I ask more probing questions about MAT, it's often clear that they don't really know much about it! Providers will come to conclusions without getting the right education, and I find that they often "change their tune" when I give them more information. Providers are also hesitant about writing a prescription for a MAT patient if there isn't someone in their office who can talk to the patient about addiction itself. Right now, we're working on integrating behavioral health clinicians into primary care, which I'm hopeful will help with this very real concern.

Katie: There has been some hesitation in sharing with detailers, in regards to professional experience, as I believe most clinicians are on edge in trying to do the best that they can to address patient needs, while also supporting alternatives to typical or historical use of prescribed opioids. With an empathetic and interested stance, I've found that most clinicians are open with their experience and struggles.



There are a number of themes among clinicians for challenges that I've noticed, including a limited behavioral health workforce to support what they view as an ideal MAT protocol, which would include individual and group counseling, regular urine toxicology screens, and wraparound services along the continuum of care. In addition, there is a concern among providers about the potential diversion of Buprenorphine by patients.

What have been some of the best visits you've had when you've met with clinicians 1:1?

Carol: A rewarding moment for me was hosting a small dinner for any staff member interested in hearing about MAT, because nine people from across the organization attended! There was a level of excitement that was really amazing, and everyone who attended left the dinner ready to get waived, and to get their friends involved too. Other than that, I've had really memorable exchanges with clinicians who start out skeptical, but then become very open and grateful when they discover that my primary goal is to listen to them and their needs. They can be dumbstruck that I truly want to help them, and to find them the resources for them to be successful.

Katie: It has been rewarding to meet with each clinician for different reasons – I would view success as learning more about the clinicians that are already on board and excited to pursue getting a waiver, as it gets them talking and feeling a renewed energy to share with others. I view my conversations with clinicians who are not interested in pursuing a waiver as equally rewarding, since it allows for both of us to share and hear the other's perspective. We can agree that the work is needed and challenging, no matter how we decide to go about addressing the needs of our patients.

Lastly, what advice would you share with new detailers? What wisdom would you have appreciated when you started your first detailing visits?

Carol: I would tell new detailers to take a deep breath and know that you're ready for this – NaRCAD does such a good job of training us as detailers, and you just feel ready.

Jill: I would say to recognize that everyone has a natural process for adapting to new ideas. You'll get some providers who are ready and energized, some who will want to watch others in action before they jump in, and some who simply may not be interested. It can be frustrating when providers aren't interested in your topic or resources, but understand that this is natural, and don't take it personally! Every visit will be different, and that's okay.

Katie: My advice is to remember that success is not defined as "convincing" someone that the topic of your detailing visit is "the right answer". In fact, trying to convince another person of anything is essentially walking against waves. Instead, be open to listening to that person and their experiences, and then value the experience that they have had. This is more likely to open the conversation to allow you to share your wealth of information and experiences. It's all about planting seeds.

The 7th International Conference on Academic Detailing

NOVEMBER 2019

Boston, MA



Official dates announced by February 2019
Applications to present accepted between
March 1 - June 15, 2019

We want to know what you think.



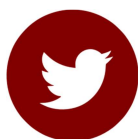
Keep your eyes on your inbox
early this December 2018 for
2018 annual survey.

Your participation automatically enters you in
a raffle to win a
\$100 Amazon gift card!

Let's Stay in Touch.



narcad.org



[@narcad](https://twitter.com/narcad)



[/narcad.org](https://www.facebook.com/narcad.org)



[/narcad](https://www.linkedin.com/company/narcad)