# Driving Change Through e-Detailing: Tools, Techniques, & Best Practices

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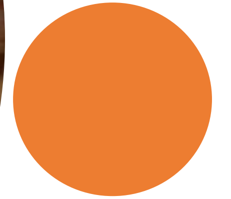

# Driving Change Through e-Detailing:

## *Tools, Techniques, & Best Practices*

**Bevin Amira & Anna Morgan-Barsamian**

National Resource Center for Academic Detailing

Boston Medical Center

# What's the plan?

- **Understand e-Detailing**
- Explore the **benefits** of e-Detailing
- **Adapt traditional approaches** for virtual delivery
- **Tailor materials** for online learning
- Share **tools and resources** for implementation

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# Quick Refresh:
# What's "AD"?

## It's 1:1 educational outreach for clinicians.

- **Visits** last about **20 minutes**
- Incorporates an **individualized needs assessment**
- Features **illustrative "detailing aids"** to share data and evidence
- It's always **an interactive dialogue**, not a lecture!

# So, what's e-Detailing?

## The same thing, just virtual!

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# Benefits of e-Detailing

**Increased Accessibility**

- Reaches clinicians in rural areas who may not be easily accessible for in-person visits

**Greater Flexibility**

- Offers scheduling convenience for both detailers and clinicians, reducing the need for travel

**Cost Effectiveness**

- Saves on travel, printing, and potential accommodation costs, making programs more sustainable over time

**Scalable Delivery**

- Enables broader outreach across regions or health systems without requiring additional staff

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# *E-Detailing:* It's a Similar Approach!

- **Outreach & Scheduling**
  - Ensure outreach method is clear and easy to engage with
  - Rescheduling challenges *(last-minute cancellations/no-shows)*
- **Materials**
  - Format is different, content is the same
- **Structure**
  - Same order and flow
- **Clinician Engagement**
  - Communication distractions *(e-mail, pager, cell phone, knock on door)*
  - Less time available than was scheduled

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# E-Detailing: Adaptations

- **Detailer's body language**
  - Consider that the clinician is less able to see your full body language
  - Accentuate facial expressions and use hand gestures
  - Modulate your voice to emphasize key points

- **Practice, practice, practice!**
  - Practice your tone and style by walking through some of the steps of a visit with a friend or colleague
  - Record yourself practicing phrases via audio or video to review your modulation, facial expressions, and body language

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# *E-Detailing:* Adaptations

- **Clinician's body language**
  - You may not be able to observe a clinician's body language as easily, so it's important to ask extra check-in questions, such as:
    - ***"Does this all make sense so far?"***
    - ***"Is this what you've seen in your practice?"***
    - ***"Am I going at a good pace? Let me know at any time if you want me to speed up or slow down."***

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# The Structure of a 1:1 Visit

STEP 1: Introduction

STEP 2: Needs Assessment

STEP 3: Delivering a Key Message

STEP 4: Handling Objections

STEP 5: Summary

STEP 6: Commitment & Close

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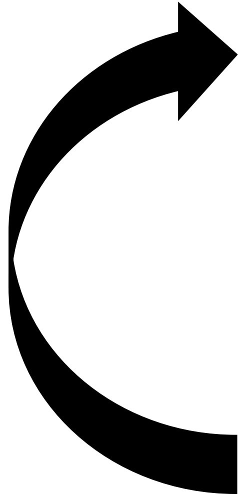
# Structure of a 1:1 Visit: CHEAT SHEET



**STEP 1: Introduction**

**Share who you are**
and what value you bring.

**STEP 2: Needs Assessment**

**Ask open-ended questions**
to invite the clinician to share their experiences.

**STEP 3: Delivering a Key Message**

**Suggest a new approach**
for a clinician to try.

**STEP 4: Handling Objections**

**Listen and respond**
when a clinician isn't ready to change. Ask more questions!

**STEP 5: Summary**

**Review key highlights**
of the visit to ensure mutual understanding.

**STEP 6: Commitment & Close**

**Ask for commitment**
to a specific change. Agree on next steps, and secure follow-up.

# Introduction

- **Considerations & Adaptations**
  - Small talk and acknowledgement of circumstances that require e-Detailing
  - Acknowledging the awkwardness and limitations of technology
- **Opportunities**
  - Customize your background with your name, logo, or program
  - Update your display name to include your title, affiliation, and pronouns *(if comfortable)*

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# Needs Assessment

- **Considerations & Adaptations**
  - It's even more critical not to lecture in the virtual setting—get clinicians talking about themselves by asking open-ended questions
  - Asking good needs assessment questions allows for the visit to come to life

- **Opportunities**
  - Use the chatbox to demonstrate active listening
  - Invite the clinician to share screen to show any resources they've used that they like, offering your insights into their preferences and workflow

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# Key Messages, Features, & Benefits

- **Considerations & Adaptations**
  - Make sure you pause to ensure understanding
  - Encourage use of platform tools (e.g. *raise hand, chatbox*) for clinicians to flag if they have questions or concerns

- **Opportunities**
  - Be innovative with your materials (e.g., *show a risk calculator and use it in real time, or have clinician use it by sharing screen)*
  - Break your detailing aid into smaller images, isolating different components so there is an order to absorbing information

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# Handling Objections

- **Considerations & Adaptations**
  - You may need to elicit objections, otherwise, this format may create a situation where clinicians can nod and smile
    - ***"Is this something you could see yourself doing? Why or why not?"***

- **Opportunities**
  - Clinicians can share screen to show examples of workflow processes or challenges to illustrate a barrier
  - Detailers can respond to a barrier by asking the clinician to share a tool that they would prefer to use

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# Summary & Closing

- **Considerations & Adaptations**
  - Summarizing clearly and succinctly is key; too much talking here can lose the clinician towards the end of the visit
  - Closing and "making the ask" directly and clearly is even more important in the virtual format
- **Opportunities**
  - The summary can include a chatbox review of highlights from the discussion
  - Detailers can send additional information directly via the chatbox

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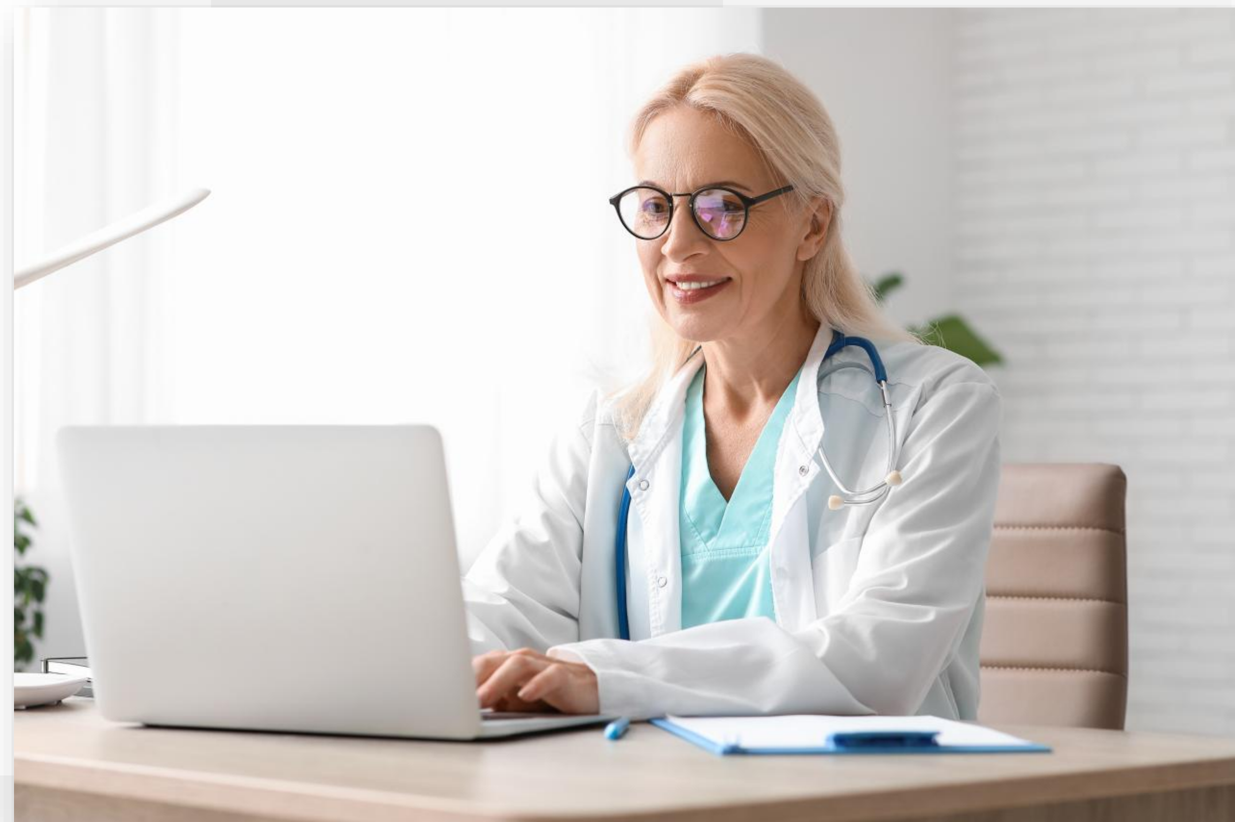
# Adapting Materials

- Work with **what you have, or what others have made**
- Make **simple changes**—don't reinvent the wheel
- Ask for **support from those who are tech-savvy or have graphic design experience**
- Invest in time for tutorials on **free graphics programs** like Piktochart or Canva



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# 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®.

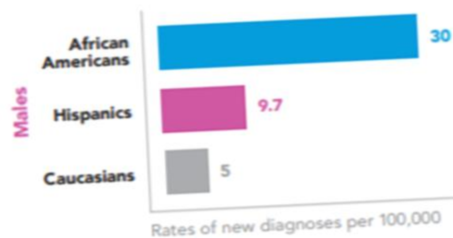
**PrEP can reduce the risk of HIV by more than 90%**[1]

## WHO MAY BENEFIT FROM PrEP?

- Men who have sex with men (MSM)
- Anyone with a partner with or at risk for HIV
- Transgender individuals
- People who inject drugs

## HIV DISPARITIES AND PrEP: YOU CAN MAKE A DIFFERENCE!

**African Americans and Hispanics in Colorado are at disproportionate risk for HIV**[2]

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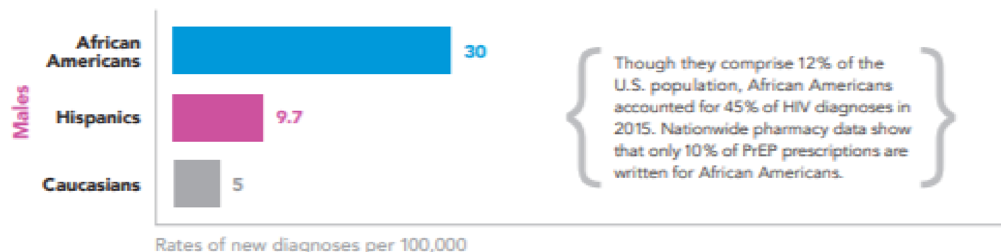


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## KEY MESSAGES

- Take a thorough sexual history once a year on all patients.
- Test for STIs, including extra-genital testing when indicated.
- Talk about PrEP as one method for preventing HIV.
- Test for HIV. Only begin PrEP after confirming patient is HIV negative.
- Follow up with patients on PrEP every 3 months for HIV/STI testing and PrEP prescription refill.

## SEXUAL HISTORY

- Partners: Do you have sex with men, women or both?
- Practices: In the past year, what type(s) of sex have you had: vaginal, oral, anal receptive, anal insertive?
- Protection from STIs: What methods do you use to prevent STIs (STDs)? If you use condoms, how often?
- Past history of STIs: Have you ever had an STI?
- Pregnancy: Are you trying to conceive or father a child? Are you trying to avoid pregnancy?
- PrEP: Do you think a daily pill for HIV prevention would improve your sexual health?

## BASELINE ASSESSMENT

(PrEP PRESCRIBED WITHIN 7 DAYS OF DOCUMENTED NEGATIVE HIV TEST)

- ☐ Screen for symptoms of acute HIV (fever, fatigue, myalgia/arthralgia, rash, headache, pharyngitis, cervical adenopathy, night sweats, diarrhea)
- ☐ HIV test: 4th generation Ag/Ab preferred; 3rd generation if 4th not available (plus HIV viral load if concern for acute HIV)
- ☐ STI screening: gonorrhea & Chlamydia NAAT (urine or vagina, rectum, pharynx), syphilis screen. Rectal swabs can be self-collected.
- ☐ Serum creatinine (contraindicated if CrCl<60 ml/min)
- ☐ Pregnancy test*
- ☐ Hepatitis B Surface Antigen (HBsAg)*
- ☐ Hepatitis C Antibody*

*Not a contraindication, but follow-up indicated if positive

## FOLLOW-UP ASSESSMENT EVERY 3 MONTHS

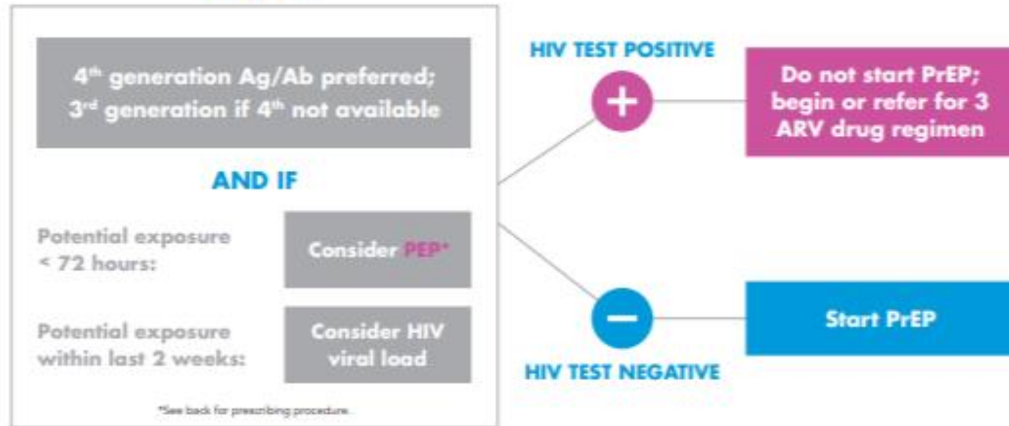
- ☐ HIV test
- ☐ Screen for symptoms of acute HIV
- ☐ STI screening

## OTHER

- ☐ Serum creatinine, every 6 months
- ☐ Hepatitis C Antibody, every 12 months
- ☐ Pregnancy test, as appropriate

## TESTING FOR HIV AND PRESCRIBING PrEP

### HIV TEST:




## PRESCRIBING PrEP

**Truvada® 200/300mg**

(emtricitabine 200mg/tenofovir disoproxil fumarate 300mg)

**1 tablet PO daily, 30-day supply with 2 refills (after negative HIV test)**

**ICD-10: Z20.6** Contact with and (suspected) exposure to human immunodeficiency virus

## PATIENT COUNSELING

- **Daily dosing** is recommended, though imperfect, yet regular, adherence can still provide significant protection for men who have sex with men. Intermittent dosing is not currently recommended.[4]
- PrEP reaches maximum protection **in blood** after approximately 20 days of daily oral dosing, **in rectal tissue** at approximately 7 days and **in cervicovaginal tissues** at approximately 20 days.
- **Combining prevention strategies**, such as condoms plus PrEP, provides the greatest protection from HIV and other STIs. Reinforce the need for HIV and STI testing **every 3 months** for optimal sexual health.
- Identify and address barriers to **medication adherence**.

## SIDE EFFECTS AND POTENTIAL RISKS[3]

- PrEP is generally well-tolerated. About 10% of patients experience **nausea and fatigue** in the 1st month of treatment. This typically resolves after 3–4 weeks.
- Decline in **renal function**: consider more frequent monitoring in patients with risk factors for kidney disease.
- Decrease in **bone mineral density**: caution in those with osteoporosis or history of pathologic fracture. Consider baseline DXA for patients with history of or at risk for osteoporosis.

## WHAT IF MY PATIENT HAS A POSITIVE HIV TEST ON PrEP?

- Discontinue PrEP immediately to avoid potential development of HIV drug resistance.
- Determine the last time PrEP was taken and recent pattern of taking PrEP.
- Ensure establishment with HIV primary care for prompt initiation of a fully active ARV treatment regimen and counseling/support services.
- Report new HIV diagnosis to Colorado Department of Public Health & Environment: 303-692-2694.

## PrEP IS AFFORDABLE IN COLORADO

Health First Colorado (Colorado's Medicaid Program) and most insurance plans pay for PrEP.

**Additional assistance is available through:**

- CDPHE's financial assistance program (PHIP): 1-844-367-7075, ext 2 (English and Spanish), ProudToBePrEPPED.com
- Gilead medication and copay assistance programs: 855-330-5479, gileadadvancingaccess.com
- Patient Advocate Foundation (<400% FPL), copays.org
- PAN Foundation (<500% FPL), panfoundation.org

## PRESCRIBING POST-EXPOSURE PROPHYLAXIS (PEP)[5]

Three antiretroviral drugs are recommended for PEP regimen:

**Tenofovir DF (300mg)/Emtricitabine (200mg) daily + Raltegravir 400mg BID**

**OR**

**Tenofovir DF (300mg)/Emtricitabine (200mg) daily + Dolutegravir 50mg daily**

- Potential HIV exposure within past 72 hours and patient has not taken PrEP for past 7 days
- Provide 28-day supply of PEP, and then transition to only PrEP

## RESOURCES

For Colorado-specific resources regarding HIV, visit ProudToPrescribePrEP.com or call 1-844-367-7075 ext. 2 for provider consultation.

For questions and clinician-to-clinician advice, contact experts at the National Clinician Consultation Center at 855-448-7737 or nccc.ucsf.edu for HIV, PrEP and PEP questions.

CDC PrEP Guidelines: cdc.gov/hiv/pdf/prepguidelines2014.pdf

CDC PEP Guidelines: cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf

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### REFERENCES


**1.** Centers for Disease Control and Prevention. Pre-exposure prophylaxis for the prevention of HIV infection in the United States—2014: a clinical practice guideline, 2014 http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf. Accessed 4 January 2017. **2.** The Colorado HIV/AIDS Strategy 2017–2021, Table 3.18, page 45; Table 3.21, page 49; Table 4.22, page 75. **3.** Grant RM, Lama JR, Anderson PL, et al. "Pre-exposure chemoprophylaxis for HIV prevention in men who have sex with men." N Engl J Med. 2010;363(27):2587-2599. **4.** Anderson, Peter L., et al. "Emtricitabine-tenofovir concentrations and pre-exposure prophylaxis efficacy in men who have sex with men." Science translational medicine 4.151 (2012): 125-151. **5.** Smith, Dawn K., et al. "Antiretroviral post-exposure prophylaxis after sexual, injection-drug use, or other non-occupational exposure to HIV in the United States: recommendations from the US Department of Health and Human Services." MMWR Recomm Rep 54.RR-2 (2005): 1-20.

# Tips & Reminders: Content & Design

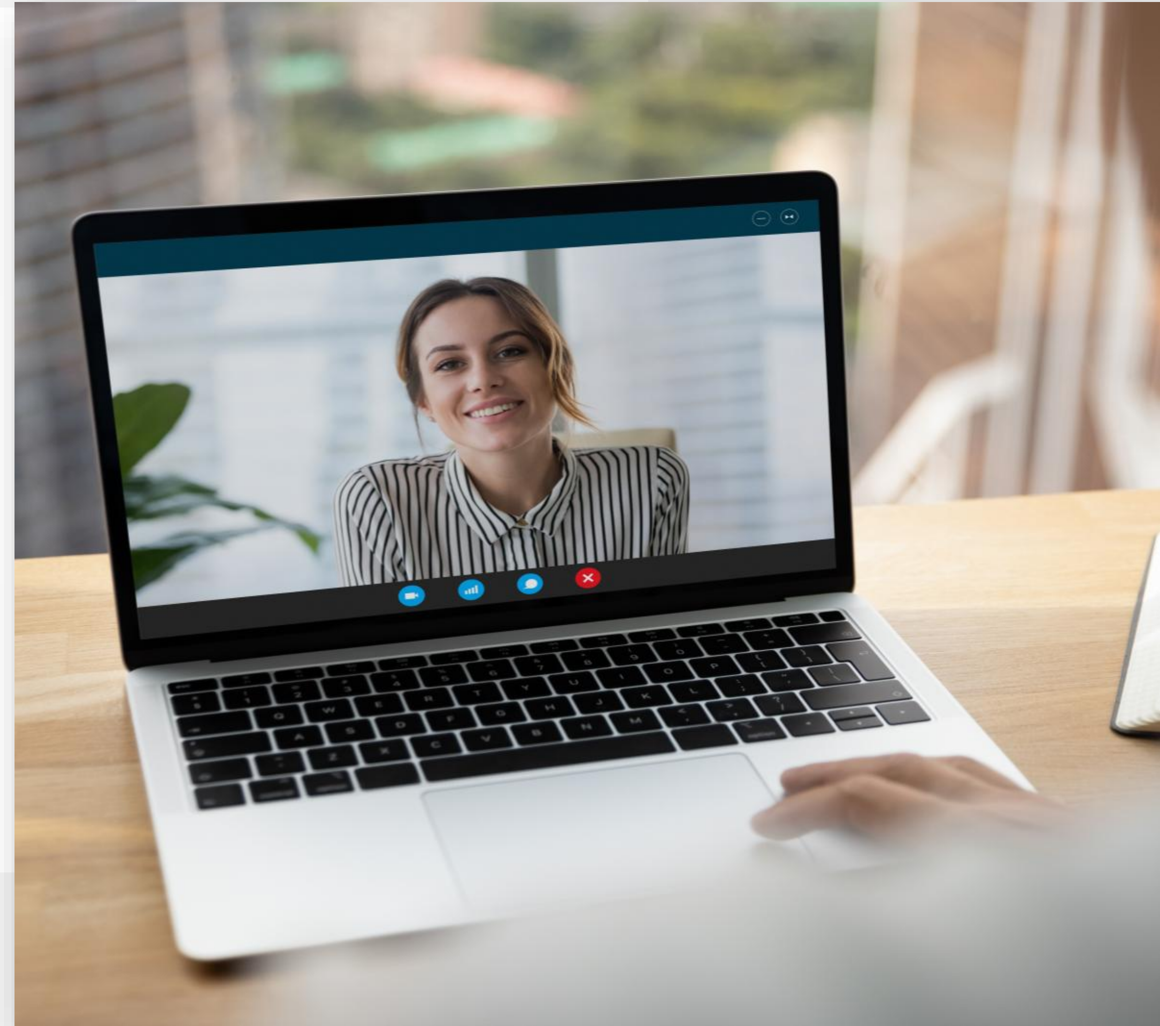
- **Sharing data: Less is more**
  - Don't overwhelm the clinician with too many statistics
  - More can always be shared
- **Ask yourself:**
  - *How can I illustrate the issue with the most direct content?*
  - *How can I encourage interactivity?*
- **Word economy**
  - Real estate is precious, but overloading will overwhelm with too many words
- **Break up the text with images**
  - Choose compelling images that illustrate your message
  - Consider diversity and reality to break stereotypes
  - Check royalty information

# Tips & Reminders: Content & Design

- **Field test with others!**
  - Colleagues within your program
  - Other clinicians/healthcare professionals

- **Ask field testers:**
  - *"Is this clear? Why or why not?"*
  - *"Is it engaging? Why or why not?"*
  - *"What's missing?"*
  - *"What would you change?"*

- **Practice!**
  - Do a 'live' practice run to see how well-prepared you are to toggle between content pieces
  - Pause to make notes as you go
  - Record and playback



# Tips & Reminders: **Content & Design**

- Have a **follow-up e-mail** ready to go
  - *Write the commitment and agreed-upon follow-up time in the e-mail*
  - *Send your e-mail immediately after the visit*

- **Share attachments** of detailing aids & other materials discussed or requested

- Share links **via chatbox and e-mail** for easy forwarding to clinicians' colleagues

- Include **links in your e-mail to scheduling** apps or websites that others can use to set up a visit with you

# Revisiting our example:

PROVIDERS CAN HELP PREVENT HIV IN COLORADO BY PRESCRIBING PrEP.

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HIV DISPARITIES AND PrEP: YOU CAN MAKE A DIFFERENCE!

African Americans and Hispanics in Colorado are at disproportionate risk for HIV[2]

Males

African Americans 30

Hispanics 9.7

Caucasians 5

Rates of new diagnoses per 100,000

Though they comprise 12% of the U.S. population, African Americans accounted for 45% of HIV diagnoses in 2015. Nationwide pharmacy data show that only 10% of PrEP prescriptions are written for African Americans.

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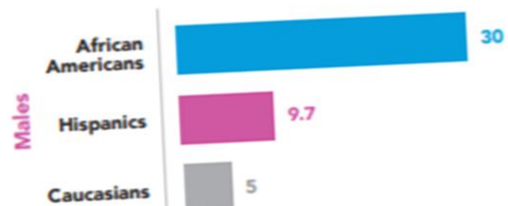


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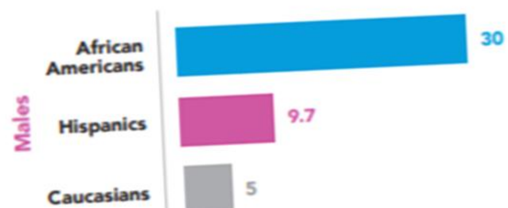


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# Practice is critical to success!

You'll need to practice **more** than you would for an in-person visit.

- Poor **familiarity with materials** can undermine your credibility

- **Don't overly rely on materials** to tell the story

- Practice **pausing and asking questions** early and often

- Be ready to **refer to evidence** that supports each key message

# Remember

- It will take time to **adapt prior materials**
- As with in-person visits, **every visit will be different**
- Mastery is about **being present and being able to pivot** vs. knowing all the answers
- **Strong follow-up** is even more critical to maintain the relationship and offer support in implementing change
- Clinicians are doing more and more **telehealth visits themselves**
  - *Many understand the challenges of conveying information across this medium*
- A **successful e-Detailing outcome might look different** than an in-person visit
  - *Getting through the material and setting up a follow-up visit is a success*
  - *It may take longer to build the relationship this way—have patience!*

# E-DETAILING TOOLKIT

Curated tools to facilitate effective virtual visits.

### I. Getting Started with e-Detailing

*FAQs, checklist, webinar, and tips for success.*

### II. Best Practices from Our AD Community

*Blogs, presentations, and webinars on virtual detailing.*

### III. Virtual Learning Platforms & Scheduling Tools

*Resources for virtual learning and scheduling.*

### IV. e-Detailing Articles & Publications

*Research articles on virtual detailing.*

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