**“Effectively reporting academic detailing outcomes”**

**Purpose:**

This 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.

**Objectives:**

Using a sample academic detailing topic, or one chosen from their own experience, participants will be prepared to:

1. Understand factors to consider when describing AD outcomes.
2. Identify ways to make meaningful use of data.
3. Establish current AD success to build support for future AD plans.
4. Compare platforms of outcomes reporting.
5. **Overview**

“We have an obligation to capture our work through stories from the field and share lessons that inform our strategy over time.” *Centers for Disease Control and Prevention*3

When communicating about health related outcomes, consider these topics:4

|  |  |
| --- | --- |
| **Trust** |  |
| **Information** |  |
| **Motivation** |  |
| **Environment** |  |
| **Capacity** |  |
| **Perception** |  |
| **Response** |  |

1. **Factors to consider when describing AD outcomes**5

**Key points**

|  |  |
| --- | --- |
| **Audience** |  |
| **Objectives** |  |
| **Environment** |  |
| **Subject** |  |
| **Collection** |  |
| **Quality Measures** |  |
| **Management** |  |
| **Trust** |  |
| **Evaluation** |  |

**Group work**5

|  |  |
| --- | --- |
| AD Topic: |  |
| Who is most likely to use your AD outcomes information? |  |
| What do you still need to know about the people/groups who will be receiving your AD outcomes? |  |
| How will reporting your outcomes accomplish the goals of your AD program? |  |
| Will your outcomes carry more weight if they are received during a particular timeframe? |  |
| How will your outcomes assist others as they face clinical and/or policy decisions?  |  |
| List the challenges you may face in reporting outcomes to your audience.  |  |
| Which measures will most effectively capture your AD program's success? (see Additional Resources) |  |
| Do you anticipate resistance to the accuracy and/or relevance of your AD outcomes?  |  |
| What steps will you take to remove barriers to acceptance of your AD outcomes?  |  |
| How will you share the lessons you have learned with your partners? |  |

1. **Meaningful use of data**

**Key points**2

|  |
| --- |
| **Critical outcomes for evaluating AD** |
| **Clinician behavior or performance** |  |
| **Patient outcomes** |  |
| **Clinician knowledge or awareness** |  |
| **Resource utilization** |  |
| **Clinician attitude** |  |

**Group work**5

|  |  |
| --- | --- |
| What type of scoring would be best suited for your outcomes measures? (discrete or continuous, longitudinal or point-in-time) |  |
| What steps will you take to ensure that the labels and descriptions of measures are easily understood by non-clinical staff?  |  |
| How will you address any gaps in outcomes? |  |
| Will your outcomes require a statistical analysis? Will it be needed for every reporting cycle? How could you supplement your organization's statistical capabilities? |  |
| Will you combine the outcomes measures you are reporting into composites or summary scores?  |  |
| What comparators could you use for the data you plan to report?  |  |
| What strategies will you use to categorize high and low performance?  |  |
| What kinds of displays could you use to best communicate your outcomes (e.g., tables with symbols, bar graphs)?  |  |
| If you are producing a Web report, what strategies can you use to help people navigate through your report (e.g., navigation links on the Web pages, breadcrumb trails)?  |  |

1. **Build support for future AD plans**

**Key points**2

|  |  |
| --- | --- |
| **Importance of first page** |  |
| **Prominence of comparison data** |  |
| **Outcome and cost data** |  |

**Group work**5

|  |  |
| --- | --- |
| How will you create interest in the first page of your outcomes report?  |  |
| Which process/method details should be included in your outcomes reporting? How will these details promote acceptance of your results?  |  |
| Are there particularly meaningful anecdotal experiences from your AD visits that will help establish a personal connection? |  |
| Which statistical concepts are you likely to include in discussing your outcomes? How can you explain these concepts to your audience in lay terms?  |  |
| How can your outcomes be described in order to motivate further action? |  |
| What did you learn during the planning and execution of your AD visits? How will you carry these lessons forward?  |  |
| What materials could you create to help others share your program's outcomes?  |  |

1. **Platforms of outcomes reporting**

**Key points**2

|  |  |
| --- | --- |
| **Media** |  |
| **Geographical reach** |  |
| **Timing** |  |

**Group work**5

|  |  |
| --- | --- |
| Which media platforms are regularly accessed by groups who would benefit from learning about your outcomes?  |  |
| What type of media platform presents your outcomes most effectively? |  |
| Will you need to acquire additional skills, hardware, or software to implement particular platforms? |  |
| What would each media platform option cost? What can your program afford?  |  |
| Is there a particular demographic or professional audience you hope sees your outcomes?  |  |
| What are the settings in which your audience will be most receptive and attentive to receiving your outcome reporting?  |  |
| Will your outcomes be carried forward to other individuals or groups by your current partners? What will these partners need in order to best communicate your outcomes? |  |

1. **Wrap-up**

**Additional Resources**

Online reporting resources**:** <http://app.ihi.org/Workspace/tracker/>

PDSA Cycle (Plan-Do-Study-Act):<https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle>

6-Sigma phase steps & online tools:<https://www.isixsigma.com/new-to-six-sigma/dmaic/six-sigma-dmaic-roadmap/>

**Specific outcomes reported in published AD studies**6

1. Subjective measures:
	1. Test of knowledge
	2. Patient quality of life
	3. Changes required in system
	4. Provider feedback
	5. Addressing specific pre-identified barriers
	6. Symptom improvement
	7. Reduced risk factors
	8. Increase health-enhancing behaviors
	9. Development of provider skills
	10. Development of patient skills
	11. Provider and/or patient perceptions/attitudes/ self-efficacy
	12. Policy/systemic process changes
	13. Performance/efficiency measures
2. Objective measures:
	1. Prescribing (most common)
	2. Other behavior
3. Data points, consider combining objective and subjective parameters:
4. Single or multi-faceted interventions
5. Number of interventions/dose effects
6. Inclusion of other supportive services (EHR, automated reminders)
7. Number of clinicians in each visit
8. Single or repeated visitations
9. Acuity of problem addressed
10. Patients directly/indirectly impacted (number, type, age, etc.)
11. Reminders that were heeded by clinicians
12. Provider type, specialty, demographics
13. Increase appropriate prescribing, decrease inappropriate prescribing (not always the same thing)
14. Financial savings (to patient or payer), direct & indirect
15. Delivery source of AD (pharmacist, nurse, physician, PA)
16. Number of additional uses of healthcare resources (increased behavioral service, decreased ER/hospitalizations)
17. Patients at treatment goal (lab values, surrogate markers)
18. Length of hospitalization, ICU, enhanced service level, readmission
19. Mortality
20. Medication adherence
21. Increased/decreased screenings
22. Generic over brand usage
23. ADEs avoided
24. Geographical differences
25. Changes in rates of referrals
26. Increased non-pharm modalities, ancillary services, social assistance programs
27. Duration of care
28. Shortened time to adoption of services/guidelines
29. ED admission
30. Appropriate dosing prevalence
31. Epidemiological changes
32. Increased use of tools, decision aids, algorithms, apps, clinical supports
33. Prior authorization communications
34. Communication materials (discharge plans, medication education materials)
35. Level of distress (patient and/or provider)
36. Improved documentation
37. Changes in disease severity
38. Collection methods:
	1. Claims data
	2. Surveys (phone, email, in-person, apps), providers/patients
	3. Enrollment in service/technology
	4. EHR

**References:**

1. Avorn J, Soumerai SB. Improving drug-therapy decisions through educational outreach: a randomized controlled trial of academically based “detailing.” *N Engl J Med*. 1983;308:1457-1463.
2. Yeh JS, Van Hoof TJ, Fischer MA. Key Features of Academic Detailing: Development of an Expert Consensus Using the Delphi Method.  *Am Health Drug Benefits*. 2016;9(1):42-50.
3. Office of Public Health Preparedness and Response. Available at <https://www.cdc.gov/phpr/> . Accessed 5/16/18.
4. Office of Public Health Preparedness and Response. Available at <https://www.cdc.gov/phpr/infographics/communicatinghealth.htm> . Accessed 5/16/18.
5. Talking Quality. Available at: <https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/index.html> . Accessed 5/16/18.
6. O’Brien MA, Rogers S,et al. Educational outreach visits: effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews* 2007, Issue 4. Art. No.: CD000409