ACADEMIC DETAILING TECHNIQUES VIRTUAL TRAINING: ONE TENNESSEE

Tuesday, September 29th, 2020 – Thursday, October 1st, 2020
1:00 p.m. – 5:00 p.m. EST

National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [DoPE]
Brigham and Women’s Hospital | Harvard Medical School
Welcome & Introductions

Day 1 1:00 PM – 1:30 PM EST
Housekeeping

- Adjust your view to ‘speaker view’
- Please turn your video on!
- Please keep yourself muted when not speaking
- Use the chat box to ask questions—we’ll get to those we can, and keep tabs on those we can answer later in the sessions.
- For the sake of this training, any practice role plays and modeling are meant to replicate an in-person experience
- If you have any technical issues, please message Winnie or Anna on Zoom

Welcome & Introductions
Day 1 1:00 PM – 1:30 PM EST
Welcome & Introductions

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Welcome & Introductions
*Day 1 1:00 PM – 1:30 PM EST*
Welcome & Introductions

Day 1 1:00 PM – 1:30 PM EST

Make Sure You’re Chatting With Everyone
## Day 1 Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Content &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 PM</td>
<td>Welcome &amp; Introductions</td>
</tr>
<tr>
<td>1:30 PM</td>
<td>Review of Detailing Aid &amp; Clinical Content</td>
</tr>
<tr>
<td>2:30 PM</td>
<td>BREAK</td>
</tr>
<tr>
<td>2:45 PM</td>
<td>Activity: Introducing Yourselves x 2</td>
</tr>
<tr>
<td>3:30 PM</td>
<td>Discussion: Gaining Access to Ignite Change</td>
</tr>
<tr>
<td>4:15 PM</td>
<td>The Detailer-to-Clinician Relationship: Ongoing Needs Assessment</td>
</tr>
<tr>
<td>4:55 PM – 5:00 PM</td>
<td>Wrap-up &amp; Plans for Tomorrow</td>
</tr>
</tbody>
</table>

Welcome & Introductions  
*Day 1* 1:00 PM – 1:30 PM EST
Introducing our Home Team

Michael Fischer, MD, MS
Director

Jerry Avorn, MD
Co-Director

Bevin Shagoury
Communications & Education Director

Anna Morgan, BSN, RN, MPH
Program Manager

Winnie Ho
Program Coordinator

Welcome & Introductions
Day 1 1:00 PM – 1:30 PM EST
Introducing our Facilitators & Colleagues @ ONE Tennessee

Welcome & Introductions
Day 1 1:00 PM – 1:30 PM EST

Jacki Travers, PharmD
Training Facilitator

Loren Regier, BA, BSP
Training Facilitator

Mary Liz Doyle Tadduni, PhD, MBA, MSN, RN
Training Facilitator

Zack Dumont, BSP, ACPR, MS
Training Facilitator
Level Setting

Type in the chatbox:

- On a scale of 1-10, how comfortable are you with academic detailing?
Level Setting

Type in the chatbox:

Picture a busy clinician who’s practicing at this very moment.

What’s the most important thing on the mind of that clinician right now?

Welcome & Introductions
Day 1 1:00 PM – 1:30 PM EST
Think of someone in your life with whom you have a strong relationship. What’s a fundamental part of that relationship that makes it work well?
Level Setting

Type in the chatbox:

What’s the most important thing to provide to someone who’s learning something new?

Welcome & Introductions

Day 1 1:00 PM – 1:30 PM EST
Why “AD”?

Clinicians want the best outcomes for their patients.

Welcome & Introductions

*Day 1 1:00 PM – 1:30 PM EST*
Quick Refresher: Engaging Education

“AD” is interactive, educational outreach
• 1:1 visits in the frontline clinician’s own office
• Emphasizing an individualized needs assessment
• Using compelling educational “Detailing Aids”
• Facilitating interaction with best available evidence

Information is provided interactively to:
• Understand the clinician’s knowledge, attitudes, behavior
• Keep the practitioner engaged while continuing to assess needs
• Encourage behavior change via action-based key messages

✓ The visit ends with an agreed upon commitment to specific practice changes
✓ Over time, the relationship is strengthened, based on trust and usefulness

Welcome & Introductions
Day 1 1:00 PM – 1:30 PM EST
The Structure of a 1:1 Visit

1. Introduction
2. Needs Assessment
3. Key Messages, Features, & Benefits
4. Handling Objections
5. Summary
6. Closing Your Visit

Welcome & Introductions
Day 1 1:00 PM – 1:30 PM EST
Understanding Use of Educational Materials

Why use support materials?

• To accommodate various learning styles
• To guide conversations and stay “on track”
• To reinforce key messages
• To read, share, or be referred to after you leave

Review of Detailing Aid & Clinical Content
Day 1 1:30 PM – 2:30 PM EST
Strong materials & proper use should:

• **Clarify** complex information
• **Customize** a visit to meet the needs of a clinician
• **Support**, but not replace, the conversation!
Educational Materials are:

Paper or electronic visual aids that support a tailored, interactive conversation.

- Brochures or Detailing Aids
- Reference cards or “pocket cards”
- Risk calculators
- Checklists or other office tools
- Any patient-facing tools that clinicians can use

Review of Detailing Aid & Clinical Content
Day 1 1:30 PM – 2:30 PM EST
Getting to Know the Training Detailing Aid:
4-Pager Based on the 2016 CDC Guidelines for Opioid Safety

Review of Detailing Aid & Clinical Content
Day 1 1:30 PM – 2:30 PM EST
CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

Promoting Patient Care and Safety

THE US OPIOID OVERDOSE EPIDEMIC

The United States is in the midst of an epidemic of prescription opioid overdoses. The amount of opioids prescribed and sold in the US quadrupled since 1999, but the overall amount of pain reported by Americans hasn’t changed. This epidemic is devastating American lives, families, and communities.

More than 40 people die every day from overdoses involving prescription opioids.¹

Since 1999, there have been over 165,000 deaths from overdose related to prescription opioids.¹

4.3 million Americans engaged in non-medical use of prescription opioids in the last month.²

PRESCRIPTION OPIOIDS HAVE BENEFITS AND RISKS

Many Americans suffer from chronic pain. These patients deserve safe and effective pain management. Prescription opioids can help manage some types of pain in the short term. However, we don’t have enough information about the benefits of opioids long term, and we know that there are serious risks of opioid use disorder and overdose—particularly with high dosages and long-term use.

² National Survey on Drug Use and Health (NSDUH), 2014

¹ Includes overdose deaths related to methadone but does not include overdose deaths related to other synthetic prescription opioids such as fentanyl.
WHAT CLINICIANS CAN DO TO HELP

KEY PRACTICES & ACTIONS

1. Use non-opioid treatment as the first line for acute or chronic pain

In a systematic review, **opioids did not differ from nonopioid medication in pain reduction**, and nonopioid medications were better tolerated, with greater improvements in physical function.
2. If opioids are needed, start prescribing at the lowest effective dose.

Studies show that high dosages $\geq 100$ MME/day are associated with 2 to 9 times the risk of overdose compared to $<20$ MME/day.
3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications.

Check data for high dosages and prescriptions from other providers. A study showed patients with one or more risk factors (4 or more prescribers, 4 or more pharmacies, or dosage >100 MME/day) accounted for 55% of all overdose deaths.
4. Ensure patients’ safety by avoiding concurrent prescribing of opioids with other sedating drugs

One study found concurrent prescribing to be associated with nearly 4x the risk for overdose death compared with opioid prescription alone.
5. Offer treatment for patients with Opioid Use Disorder (OUD), including medication-assisted treatment (MAT).

A study showed patients prescribed high dosages of opioids long-term (>90 days) had **122 times the risk of opioid use disorder** compared to patients who were not prescribed opioids.
RECOMMENDED TREATMENTS FOR COMMON CHRONIC PAIN CONDITIONS

LOW BACK PAIN
Self-care and education in all patients; advise patients to remain active and limit bedrest
Nonpharmacological treatments: Exercise, cognitive behavioral therapy, interdisciplinary rehabilitation
Medications
- First-line: acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs)
- Second-line: Serotonin and norepinephrine reuptake inhibitors (SNRIs)/tricyclic antidepressants (TCAs)

OSTEOARTHRITIS
Nonpharmacological treatments: Exercise, weight loss, patient education
Medications
- First-line: Acetaminophen, oral NSAIDs, topical NSAIDs
- Second-line: Intra-articular hyaluronic acid, capsaicin (limited number of intra-articular glucocorticoid injections if acetaminophen and NSAIDs insufficient)

FIBROMYALGIA
Patient education: Address diagnosis, treatment, and the patient's role in treatment
Nonpharmacological treatments: Low-impact aerobic exercise (e.g., brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation
Medications
- FDA-approved: Pregabalin, duloxetine, milnacipran
- Other options: TCAs, gabapentin

Migraine
Preventive treatments
- Beta-blockers
- TCAs
- Antiseizure medications
- Calcium channel blockers
- Non-pharmacological treatments (Cognitive behavioral therapy, relaxation, biofeedback, exercise therapy)
- Avoid migraine triggers

Acute treatments
- Aspirin, acetaminophen, NSAIDs (may be combined with caffeine)
- Antinausea medication
- Triptans-migraine-specific

NEUROPATHIC PAIN
Medications: TCAs, SNRIs, gabapentin/pregabalin, topical lidocaine

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html
THIS DETAILING AID WAS ALTERED BY NaRCAD FOR TRAINING PURPOSES ONLY AND IS NOT FOR DISTRIBUTION
Higher Dosage, Higher Risk.

Higher dosages of opioids are associated with higher risk of overdose and death—even relatively low dosages (20-50 morphine milligram equivalents (MME) per day) increase risk. Higher dosages haven’t been shown to reduce pain over the long term. One randomized trial found no difference in pain or function between a more liberal opioid dose escalation strategy (with average final dosage 52 MME) and maintenance of current dosage (average final dosage 40 MME).

Dosages at or above 50 MME/day increase risks for overdose by at least 2x the risk at <20 MME/day.

WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSAGE OF OPIOIDS?

Patients prescribed higher opioid dosages are at higher risk of overdose death.

In a national sample of Veterans Health Administration (VHA) patients with chronic pain receiving opioids from 2004–2009, patients who died of opioid overdose were prescribed an average of 98 MME/day, while other patients were prescribed an average of 48 MME/day.

Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose.

HOW MUCH IS 50 OR 90 MME/DAY FOR COMMONLY PRESCRIBED OPIOIDS?

50 MME/day:
- 50 mg of hydrocodone (10 tablets of hydrocodone/acetaminophen 5/300)
- 33 mg of oxycodone (~2 tablets of oxycodone sustained-release 15 mg)
- 12 mg of methadone (~3 tablets of methadone 5 mg)

90 MME/day:
- 90 mg of hydrocodone (9 tablets of hydrocodone/acetaminophen 10/325)
- 60 mg of oxycodone (~2 tablets of oxycodone sustained-release 30 mg)
- ~20 mg of methadone (4 tablets of methadone 5 mg)
Clinical Content:

Questions?

Review of Detailing Aid & Clinical Content

Day 1 1:30 PM – 2:30 PM EST
Overview:

THE IMPORTANCE OF A STRONG INTRODUCTION

Consider:

- A first impression sets the initial tone for all interactions.
- A negative first impression can create a communication barrier that may influence the rest of the encounter.

Type in the Chatbox:

- What words do you want a clinician to use to describe their first impression of you upon meeting you?
- What obstacles might be in the way of making a strong first impression?
Day 1 so far:

Questions?

15-minute break

Please stay logged into Zoom

Review of Detailing Aid & Clinical Content

Day 1 1:30 PM – 2:30 PM EST
Welcome back.

On a scale of 1-10, which sounds most like you during team collaboration?

1: Not a fan of speaking up unless I have to!

5: I’ll fill wherever the group needs me to, either leading or listening.

10: Happy to lead/direct the flow!
Our next activity: Introductions x 2

- In small groups of 5-6 peers:
  1. Introduce yourself informally to peers (3 minutes each)
  - Share who you are and more about yourself! Chat about your specific jurisdiction and related experiences in healthcare and beyond.

Activity: Introducing Yourselves x 2
Day 1 2:45 PM – 3:30 PM EST
Our next activity: Introductions x 2

2. Introduce yourself as though you’re introducing yourself to a clinician (2 minutes each)

You’ll practice saying:
• Your name
• Position/role/profession
• Your organization
• That you’re here to discuss opioid safety, and
• You’ll be providing tools and support.

Remember: The goal is to practice and get comfortable. Help keep each other on time and on track!
Introduction Breakouts

How this works:

• Shortly, you’ll receive a prompt to join a breakout group
• The introduction prompts will be available to view in your chatbox
• Request “help from the host” if you need assistance from the NaRCAD team
• We’ll remind you that you’ll need to wrap up 5 minutes before the breakout ends (at 3:25)
• We’ll bring you back to the main session at 3:30

Activity: Introducing Yourselves x 2
Day 1 2:45 PM – 3:30 PM EST
Introducing yourself as a detailer to a clinician:

On a scale of 1 – 10, with 1 being terrible, and 10 being fantastic, how’d it go?
What makes a strong intro?

Type in the chatbox:

Name some qualities (adjectives) that make an introduction strong.

Discussion: Gaining Access to Ignite Change
Day 1 3:30 PM – 4:15 PM EST
BRAINSTORMING: ROADBLOCKS TO GAINING ACCESS

Type in the chatbox:

**Gatekeepers:** What are some roadblocks that may come up from a gatekeeper when you call, e-mail, or show up to a clinic to gain access?

What are some ways to work with/around these challenges?

Discussion: Gaining Access to Ignite Change
Day 1 3:30 PM – 4:15 PM EST
Brainstorming: Roadblocks to Gaining Access

Clinicians: What are some roadblocks that may come up when you arrive to meet with a scheduled clinician and s/he or they are inaccessible?

What are some ways to work with/around these challenges?

Discussion: Gaining Access to Ignite Change
Day 1 3:30 PM – 4:15 PM EST
NaRCAD Shares: Pro Tips

We encourage programs to:

- Write intro letters that can be signed off by public health leadership and sent in advance of an initiative
- Make connections with other healthcare professionals to help detailers network
- Consider their own connections and relationships they’ve built within their communities, including with stakeholders who would be interested in supporting AD
- Be persistent and don’t get discouraged.
- Other ideas?

Discussion: Gaining Access to Ignite Change
Day 1 3:30 PM – 4:15 PM EST
Gaining Access:

Questions?

Discussion: Gaining Access to Ignite Change

Day 1 3:30 PM – 4:15 PM EST
The Detailer-Clinician Relationship: Ongoing Needs Assessment

Day 1 4:15 PM – 4:55 PM EST
Refresher:  
Primary Care Clinicians’ Day-to-Day Reality

- Stress levels are high  
  - Number of patients  
  - Time minimized for each patient  
  - EHR/Protocol issues

- Under-resourced/under-staffed

- Workflow issues

- Etc. (all things we reviewed earlier today)

The Detailer-to-Clinician Relationship: Ongoing Needs Assessment  
Day 1 4:15 PM – 4:55 PM EST
What are Clinicians’ Goals?

- Patient health
- Safety
- Care improvement
- Mastery
What makes a good relationship?

We talked earlier about specific relationships you value in your lives.

What might a clinician value most in a relationship with a colleague?

The Detailer-to-Clinician Relationship: Ongoing Needs Assessment
Day 1 4:15 PM – 4:55 PM EST
What do Clinicians Value Most?

Recognition  

Time  

Trust  

Honesty  

Knowledge  

Usable tools  

Resources  

Collaboration

The Detailer-to-Clinician Relationship: Ongoing Needs Assessment

Day 1 4:15 PM – 4:55 PM EST
You’re providing a space for the clinician to identify their attitudes, beliefs, knowledge, and needs.

WHAT’S YOUR STORY?
When someone asks you a question, how do you know they’re really listening to your answer?
Needs Assessment: The Foundation of a Collaborative Relationship

- **Take a moment** to reflect upon what the clinician is sharing with you—don’t rush
- Use **clarifying statements** to ensure understanding
- **Mirror** and use **reflective language**
- **Illustrate empathy** and validate experiences
- Tune into their **body language**, and make yours is clear and engaging.

The Detailer-to-Clinician Relationship: Ongoing Needs Assessment

**Day 1 4:15 PM – 4:55 PM EST**
Body Language: Yours & Theirs

The Detailer-to-Clinician Relationship: Ongoing Needs Assessment
Day 1 4:15 PM – 4:55 PM EST
Building a Strong, Collaborative Relationship:

- See clinicians as human
- Respect their time and be mindful
- Clarify your role and intention
- Work towards common goal of care improvement
- Reflective listening and mirror statements
- Be prepared and well-versed in clinical content based on accurate evidence

The Detailer-to-Clinician Relationship: Ongoing Needs Assessment
Day 1 4:15 PM – 4:55 PM EST
Building a Strong, Collaborative Relationship:

- Acknowledge/validate their stressors/reality
- Use cultural sensitivity/inclusive language
- Be aware of different learning styles
- Identify AD as a continuous service
- Treat the entire clinic with respect

The Detailer-to-Clinician Relationship: Ongoing Needs Assessment
Day 1 4:15 PM – 4:55 PM EST
Day 1: Discussion and Q+A

The Detailer-to-Clinician Relationship: Ongoing Needs Assessment

Day 1 4:15 PM – 4:55 PM EST
<table>
<thead>
<tr>
<th>Time</th>
<th>Content &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 PM</td>
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</tr>
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<td>30 MIN</td>
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<td>Wrap-up &amp; Overview of Day 3</td>
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Wrap-up & Plans for Tomorrow

*Day 1 4:55 PM – 5:00 PM EST*
ACADEMIC DETAILING TECHNIQUES VIRTUAL TRAINING: ONE TENNESSEE

Day 2: Wednesday, September 30th, 2020
1:00 p.m. – 5:00 p.m. EST

National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [DoPE]
Brigham and Women’s Hospital | Harvard Medical School
Welcome & Warm-up

Day 2 1:00 PM – 1:30 PM EST
# Day 2 Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Content &amp; Format</th>
</tr>
</thead>
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<tr>
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Welcome & Warm-up

*Day 2 1:00 PM – 1:30 PM EST*
Level Setting

Type in the chatbox:

- What are you most excited about?
- What are you most nervous about?
Getting to Know the Experts:
Ask Us Anything

Jacki Travers, PharmD
Training Facilitator

Loren Regier, BA, BSP
Training Facilitator

Mary Liz Doyle Tadduni, PhD, MBA, MSN, RN
Training Facilitator

Zack Dumont, BSP, ACPR, MS
Training Facilitator

Welcome & Warm-up
Day 2 1:00 PM – 1:30 PM EST
Up next:

Role Play Breakout Groups

- **Introduction to Breakout Groups**
- **Refresher on Introductions**
- **Dive into Needs Assessment**
Role Play Breakouts

Refresher on how this works:

• Shortly, you’ll receive a prompt to join a breakout group
• Your Facilitator will share the screen to slides to correspond with this session
• Anyone can request “help from the host” if you need assistance from the NaRCAD team
• We’ll remind you that you’ll need to wrap up 5 minutes before the breakout ends (at 2:55)
• We’ll bring you back to the main session at 3:00 for a quick wave and a coffee break

Breakout: Introductions & Needs Assessment
Day 2 1:30 PM – 3:00 PM EST
THE STRUCTURE OF AN ACADEMIC DETAILING VISIT

- Introduction
- Needs Assessment
- Key Messages, Features, & Benefits
- Handling Objections
- Summary
- Closing Your Visit

Breakout: Introductions & Needs Assessment
Day 2 1:30 PM – 3:00 PM EST
NEEDS ASSESSMENT

Areas covered in this section:
✓ Active listening skills
✓ Open-ended questions and other general tips
✓ Active listening exercise
✓ Brainstorming ways to identify your clinician’s needs

Breakout: Introductions & Needs Assessment
Day 2 1:30 PM – 3:00 PM EST
NEEDS ASSESSMENT

Discussion

• To understand the clinician’s needs, you must engage in a conversation that encourages clinicians to share their perspectives with you.

• This will help you to identify clinicians’ beliefs, attitudes, knowledge of the topic, and needs (gaps in practice, unresolved problems, and clinical challenges).

• It will also make it possible for you to tailor your presentation to an individual person – a major advantage of academic detailing over conventional (didactic) one-way, one-size-fits-all lectures.

Breakout: Introductions & Needs Assessment
Day 2 1:30 PM – 3:00 PM EST
Brainstorm: Open-ended Questions

- Brainstorm open-ended questions that you would be comfortable asking your clinicians in order to get to know their practice better.

- Questions should be focused and related to opioid safety.

- What's a strong open-ended question you could ask to start off a session?
NaRCAD Quick Tips:
Assessing a Clinician’s Needs

What to Do:
• Encourage the clinician to lead the talk about individual needs

How to Do It:
• Ask open-ended questions to encourage the clinician to share thoughts and stories.
• Use short, encouraging phrases to keep the conversation going:
  • Tell me more about that.
  • Can you share an example?
  • Hmmm…I see what you mean.

Avoid Doing This:
• Don’t ask yes/no or true/false questions to get general information. (Instead use this type of “closed question” if you want to confirm a summarizing point.)
NaRCAD Quick Tips: Assessing a Clinician’s Needs

What to Do:
• Use and demonstrate active listening skills

How to Do It:
• Focus on what the clinician is saying rather than on what you plan to say next
• Pay attention to body language and intonation which can indicate feeling
• Reflect your understanding by paraphrasing the facts and feelings articulated by the clinician
• Use body language that demonstrates interest, openness, and understanding

Avoid Doing This:
• Don’t cross your arms or lose eye contact
• Don’t invade personal space

Breakout: Introductions & Needs Assessment
Day 2 1:30 PM – 3:00 PM EST
NaRCAD Quick Tips:
Assessing a Clinician’s Needs

What to Do:
- Be direct
- Be honest

How to Do It:
- Clearly articulate your questions and ask for clarification
- If you didn’t understand what has been said, try: “Sorry, tell me again, I didn’t quite follow you.”

Avoid Doing This:
- Don’t move forward to articulating key messages if you’re not sure you’ve clearly understood the clinician’s needs

Breakout: Introductions & Needs Assessment
Day 2 1:30 PM – 3:00 PM EST
Breakout Discussion:

Discussing challenges, ideas, and solutions around needs assessment.
You'll be placed back in the main room

Breakout: Introductions & Needs Assessment
Day 2 1:30 PM – 3:00 PM EST
15-minute break

Please stay logged into Zoom

Break

Day 2 3:00 PM – 3:15 PM EST
Up next:

Breakout Groups:
Understanding Key Messages, Barriers & Enablers

✓ We’ll remind you that you’ll need to wrap up 5 minutes before the breakout ends (at 4:45)

✓ We’ll bring you back to the main session at 4:50 for a wrap-up of Day 2
A critical element of academic detailing is the delivery of key messages. These are specific, evidence-based, behavior-change recommendations that propose specific actions related to clinical care and decision making.

**Strong Key Messages:**

- **Answer:** What do you want providers to do differently?
- **With language that is:** Action-oriented and specific.

Understanding the features & benefits of your key messages enables you to articulate how they can help clinicians in their practices.

Breakout: Understanding Key Messages, Barriers & Enablers

**Day 2 3:15 PM – 4:50 PM EST**
The first part of the analysis is the identification of the relevant:

- **Features**: Evidence supporting the key message (presenting “the facts”)

- **Benefits**: How a given feature can meet a perceived need of the clinician (“What’s in it for the clinician/patient?”)
Examples with Car Sales:
Identifying Features and Benefits

This simple exercise about cars will illustrate the difference between features and benefits.

**FEATURES**
- *Cruise Control*

**BENEFITS**
- Can be used to avoid speed limit violations
- Your gas mileage is improved
- Eliminates foot fatigue on long trips

Breakout: Understanding Key Messages, Barriers & Enablers
*Day 2 3:15 PM – 4:50 PM EST*
Examples with Car Sales:
Identifying Features and Benefits

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>BENEFITS</th>
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| • *Sun Roof* | • You can breathe fresh air without rolling down windows  
| | • A sun roof is quieter than open windows  
| | • You can have more natural light in the car  

Breakout: Understanding Key Messages, Barriers & Enablers  
*Day 2 3:15 PM – 4:50 PM EST*
Examples with Car Sales:
Identifying Features and Benefits

FEATURES

• Other Car Feature Examples:

BENEFITS
Activity: Features & Benefits of Key Messages

Discuss key messages and work together to figure out related features and benefits.

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
1. Use non-opioid treatment as the first line for acute or chronic pain

2. If opioids are needed, start prescribing at the lowest effective dose

3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications

4. Ensure patients’ safety by avoiding concurrent prescribing of opioids with other sedating drugs

5. Offer treatment for patients with Opioid Use Disorder (OUD), including medication-assisted treatment (MAT.)
Key Messages

1. Use non-opioid treatment as the first line for acute or chronic pain

FEATURES
• Most acute pain gets better spontaneously
• Recent JAMA study showed that acute pain relief was no better when opioids were added to NSAIDs/Tylenol
• Other examples:

BENEFITS
• Patients will recover without being exposed to opioids
• Can offer patients effective treatment options without going to opioids

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
Key Messages

2. If opioids are needed, start prescribing at the lowest effective dose

FEATURES

- Most patients do not get increased pain relief with increasing doses of opioids, but do get increased physical dependence
- Opioid side effects keep increasing with dose
- Other examples:

BENEFITS

- Your patients can get just as good pain relief with less risk of developing a problem with opioid use
- Your patients will have a lower risk of constipation, falls, and other complications

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
Key Messages

3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications

FEATURES

• PDMPs identify all filled opioid prescriptions within the past year

• Other examples:

BENEFITS

• You can treat patients who may need opioids with less concern about “doctor shopping”

• Can identify patients with problematic opioid use patterns and refer them to treatment

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
Key Messages

4. Ensure patients’ safety by avoiding concurrent prescribing of opioids with benzodiazepines or other sedating drugs

**FEATURES**

- Use of benzodiazepines together with opioids dramatically increases the risk of overdose
- Problematic use of benzodiazepines is also a public health concern (even if not as huge as opioids)
- **Other examples:**

**BENEFITS**

- You can reduce the number of overdoses among your patients and the larger community
- Being alert to this issue can create chance to talk to patients using excessive amounts of benzodiazepines

Breakout: Understanding Key Messages, Barriers & Enablers

*Day 2 3:15 PM – 4:50 PM EST*
**Key Messages**

5. Offer treatment for patients with Opioid Use Disorder (OUD), including MAT.

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Buprenorphine (Suboxone) has been shown to help patients as an ongoing treatment</td>
<td>• Can get patients treatment without having to admit them to hospital or find an inpatient rehab with beds</td>
</tr>
<tr>
<td>• MAT is the most effective treatment for OUD.</td>
<td>• Your patients and their families may be more open to trying to treat this issue using a method that’s proven to be effective</td>
</tr>
</tbody>
</table>

**Other examples:**
Questions so far?

Breakout: Understanding Key Messages, Barriers & Enablers

Day 2 3:15 PM – 4:50 PM EST
Barriers & Enablers of Key Messages

- **Barriers**: Potential obstacles to a clinician’s adoption of key messages.
- **Enablers**: Possible pathways through which to address these barriers and gain the clinician’s acceptance of key messages.
Car Examples:

**BARRIERS**

*Cruise Control:*
- I don’t drive long distances, so why should I pay more money for this feature?
- I don’t like electronics because I always have trouble with them.
- Other ideas?

**ENABLERS**
- Cruise control is good for short as well as long-distance driving. It can help avoid speeding in low MPH zones.
- The cruise control feature has been redesigned and is very easy to use.
- Other ideas?
Activity: Barriers and Enablers

Discuss the enablers for each of the barriers.

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
Key Messages

1. **Use non-opioid treatment as the first line for acute or chronic pain**

   **BARRIERS**
   - Patients expect to receive opioids
   - Other medications are less effective
   - Other examples:

   **ENABLERS**
   - That is true, but with all the news stories about opioid overdoses it is more possible to explain the dangers to patients (maybe have a handout for patients also)
   - Cite JAMA study mentioned previously
2. If opioids are needed, start prescribing at the lowest effective dose

**BARRIERS**
- If I prescribe at a low dose, the patient will come right back asking for higher dose
- We should not be withholding effective pain relief
- Other examples:

**ENABLERS**
- Higher doses usually don’t lead to increased pain relief, but do cause more side effects
- Communicating to patients the balance between treating their symptoms and doing so safely can help build trust

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
Key Messages

3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications

BARRIERS
- I can’t/don’t know how to access the PDMP
- Other examples:

ENABLERS
- We can help you (cards, handouts, CDC resource on how to do this.)
Key Messages

4. Ensure patients’ safety by avoiding concurrent prescribing of opioids with benzodiazepines or other sedating drugs

**BARRIERS**
- Some of my patients are on benzodiazepines for psychiatric disease, I can’t tell them to stop
- **Other examples:**

**ENABLERS**
- Recommendation is not to stop treatment for these patients, but to educate them about risk of using opioids, and avoid overdose

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
Key Messages

5. Offer treatment for patients with Opioid Use Disorder (OUD), including MAT.

**BARRIERS**

- Treatment is not available in my area
- Treatment doesn’t work, patients go right back to using
- **Other examples:**

**ENABLERS**

- We can help connect you with (local resources, medication-assisted treatment options, etc.)
- It is true that persons with OUD may relapse, but many patients require multiple attempts to be successful

Breakout: Understanding Key Messages, Barriers & Enablers

Day 2 3:15 PM – 4:50 PM EST
Discussion: Handling Objections

- After presenting the features and benefits of your key messages to a clinician, you may be met with wholehearted acceptance, but this is unlikely to happen all of the time.
- You will most often encounter some form of objection.
- It is not always apparent at first what the actual concern or barrier is behind this objection.
- **What are some attitudes that might arise most often?**
OBJECTIONS

Discussion: Handling Objections

- Your ability to recognize these objections, react to them, and manage them during your visit will determine your success.
- Don’t feel threatened by these responses; they are an opportunity to better understand the thinking of your clinician.

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
**Objections**

*Practicing Verbal Communications Skills*

- Each of you will be assigned one of the key messages from the previous section and will role-play with the facilitator who will initiate the dialogue displaying one of the following objections:
  - Skeptical of evidence base for content
  - On the fence and needs to be convinced
  - Distracted and preoccupied
  - Disengaged, gives “yes” as every response
  - Prefers different approach (“I do this, it’s more effective”)
  - Perceived misunderstanding of a point/message

Breakout: Understanding Key Messages, Barriers & Enablers

*Day 2 3:15 PM – 4:50 PM EST*
NaRCAD Quick Tips: Handling Objections & Obstacles

If the clinician:
- Rejects your information without much consideration...

Try doing this:
- Ask them to elaborate on the rejection.
- Allay any fears by explaining exactly what the academic detailing service is attempting to accomplish, and your role in the project.

While considering:
- It might be because of lack of time that day, in which case you should arrange for another time to meet.
- There may be misconceptions about the purpose of your visit or your program; the clinician may believe you are there to “police”, restrict, or report on therapeutic practices.

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
NaRCAD Quick Tips:
Handling Objections & Obstacles

If the clinician:
• Is agitated or combative...

Try doing this:
• Empathize with how the clinician feels.
• Acknowledge concerns.
• Present your point of view from a different angle.

While considering:
• Don’t become defensive or counterattack; such responses do not often lead to a good working relationship.
• If you don’t know the answer to a question, say so and offer to get back to the clinician with an answer.

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
**NaRCAD Quick Tips:**

**Handling Objections & Obstacles**

If the clinician:
- Is skeptical...

Try doing this:
- Ask why the clinician is skeptical and address those concerns.
- Explain that you are hearing that from other clinicians as well.

While considering:
- Draw the clinician out by encouraging the identification of trusted approaches and see if there are parallels to draw upon.

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
NaRCAD Quick Tips:
Handling Objections & Obstacles

If the clinician:
- Is indifferent...

Try doing this:
- Make what you have to say relevant to their needs.
- Ask, “Is there any way you think I can be of service to you?”

While considering:
- You might tactfully reflect the clinician’s apparent mood, e.g., “I’m getting the feeling that what I’m saying isn’t new to you—that you’ve heard all of this before. Is this right?”

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
Wrapping up the breakout: Final thoughts on objections?
You'll be placed back in the main room

Breakout: Understanding Key Messages, Barriers & Enablers
Day 2 3:15 PM – 4:50 PM EST
Wrap-up of Day 2:
Check-in and getting ready for tomorrow!

How full is your brain?

On a scale of 1 – 10, with 1 being “pretty empty” and 10 being “overflowing”, how’s your brain doing?
## Day 3 Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Content &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 PM</td>
<td>Welcome &amp; Warm-up: Preparing for Tennessee-specific Barriers</td>
</tr>
<tr>
<td>1:15 PM</td>
<td>Breakout: Summary, Close, Commitment</td>
</tr>
<tr>
<td>2:15 PM</td>
<td>BREAK</td>
</tr>
<tr>
<td>2:30 PM</td>
<td>Breakout: Full Role Play Practice Session</td>
</tr>
<tr>
<td>4:00 PM</td>
<td>BREAK</td>
</tr>
<tr>
<td>4:15 PM – 5:00 PM</td>
<td>Supporting Your Field Work: NaRCAD’s Role/Technical Support</td>
</tr>
</tbody>
</table>

Wrap-up & Overview of Day 3

*Day 2 4:50 PM – 5:00 PM EST*
ACADEMIC DETAILING TECHNIQUES VIRTUAL TRAINING: ONE TENNESSEE

Day 3: Thursday, October 1st, 2020
1:00 p.m. – 5:00 p.m. EST

National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [DoPE]
Brigham and Women’s Hospital | Harvard Medical School
Welcome & Warm-up: Preparing for Tennessee-specific Barriers
Day 3 1:00 PM – 1:15 PM EST
# Day 3 Agenda

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</table>

Welcome & Warm-up: Preparing for Tennessee-specific Barriers

*Day 3 1:00 PM – 1:15 PM EST*
Taking on Tennessee

Type in the chatbox:

- What’s a barrier you think will come up the most often that’s specific to TN providers/healthcare?

Welcome & Warm-up: Preparing for Tennessee-specific Barriers
Day 3 1:00 PM – 1:15 PM EST
Closing ‘the Deal’:

Type in the chatbox:

- What do you think will be the hardest thing about asking a clinician to commit to doing something new or different?
Breakout Groups: Summary, Close, Commitment

We’ll see you in 60 minutes

- We’ll remind you that you’ll need to wrap up 5 minutes before the breakout ends (at 2:10)

- We’ll bring you back to the main session at 2:15, wave hello, and transition you to a break from 2:15 – 2:30
SUMMARY, GAINING COMMITMENT & CLOSING

Areas covered in this section:

✓ Summarizing, gaining commitment, and closing the visit
✓ Brainstorm different end-of-visit scenarios
✓ Scenario Practice

Breakout: Summary, Close, Commitment
Day 3 1:15 PM – 2:15 PM EST
Summary, Gaining Commitment & Closing

Discussion: Summarizing

- One goal of an academic detailing visit is to achieve acceptance of the key messages and commitment to behavior change by the clinician.

- Another important goal is to develop trust and credibility with your clinician as part of building a long-term relationship.
**SUMMARY, GAINING COMMITMENT & CLOSING**

**Discussion: Summarizing**

- In the summary and closing of a visit, you should reinforce the knowledge imparted during the visit, and demonstrate an interest in continuing the service for the clinician.

**Scenario & Facilitator Modeling:**

- As a group, choose a key message and a corresponding objection that could arise.
- Facilitator will model a strong summary that includes this example message and barrier.

Breakout: Summary, Close, Commitment  
**Day 3 1:15 PM – 2:15 PM EST**
Brainstorming: Closes

Brainstorm closes for the following situations:

- **Disengaged clinician** — non-responsive, or not paying consistent attention.

- The clinician is **overly agreeable**, but has not yet committed to a behavior change.

- The clinician agrees with concepts, but is concerned about barriers *(time/resources)* for implementation.

Breakout: Summary, Close, Commitment

*Day 3 1:15 PM – 2:15 PM EST*
NaRCAD Quick Tips: Securing Commitment & Closing Your Visit

- Securing an invitation for a future visit indicates that the clinician acknowledges the value of the service and has an interest in developing an ongoing, professional relationship with you.

Breakout: Summary, Close, Commitment
Day 3 1:15 PM – 2:15 PM EST
NaRCAD Quick Tips: Securing Commitment & Closing Your Visit

Things to Consider in Your Closing:

✓ **Respect** the clinician’s time by keeping to the allotted time for the visit;
✓ **Prepare** to ask for commitment;
✓ **Focus** on areas identified in your needs assessment;
✓ **Thank** the clinician for their time;
✓ **Ask** the clinician if you may make a future appointment;

Breakout: Summary, Close, Commitment

Day 3 1:15 PM – 2:15 PM EST
**NaRCAD Quick Tips:**

**Securing Commitment & Closing Your Visit**

**Things to Consider in Your Closing:**

- **Tell** the clinician the planned topic/purpose for your next meeting;
- **Determine** the best mode of contact for both of you so you can contact each other effectively;
- **Clearly state** when and how any questions that arose during the visit will be answered or materials requested will be provided;
- **Follow through** on your commitments to provide additional information, answer questions that require research, etc.

*Breakout: Summary, Close, Commitment*

*Day 3 1:15 PM – 2:15 PM EST*
Practicing a Summary & Close

- Trainees practice summarizing a visit and making the 'ask'.

Teammates: Take notes on what went well, and make supportive suggestions for improvement.

Breakout: Summary, Close, Commitment
Day 3 1:15 PM – 2:15 PM EST
Getting ready to try a ‘full visit’:

Structure of a Visit: Wrap-up & Review

Each element of the structure of the visit is important in:

✓ Imparting information to the clinician
✓ Establishing credibility and trust

We’ll walk through each step as a refresher, and in our next breakout, you’ll try putting it all together!

Breakout: Summary, Close, Commitment
Day 3 1:15 PM – 2:15 PM EST
Structure of a Visit: Wrap-up & Review

Introduction

1. The introduction establishes who you are, the purpose of your visit, and what value you have to offer to the clinician.
2. Assessing the clinician’s perceptions, needs, and beliefs provides a starting point for your conversation and helps you address what is of most interest or importance.
3. Explaining the features and benefits related to each key message provides the facts and demonstrates what value they have for the clinician and their patients.
Handling Objections

4. Identifying potential barriers and enablers will help you handle challenging responses by acknowledging differences and reinforcing your message with supporting evidence.
5. An effective summary and closure of the visit ensures that information has been received and facilitates the development of a long-term relationship.
You'll be placed back in the main room

Breakout: Summary, Close, Commitment

Day 3 1:15 PM – 2:15 PM EST
15-minute break

Please stay logged into Zoom

Break
Day 3 2:15 PM – 2:30 PM EST
Putting it all together.

**Breakout Groups:**
**Full Role Play Practice Session**

✔ You’ll each have 8-10 minutes for a ‘full session’ with your facilitator as a clinician in which you’ll practice a complete visit.

✔ You’ll receive 3-5 minutes of feedback from your facilitator and your peers.

✔ We’ll remind you that you’ll need to wrap up 10 minutes before the breakout ends (at 3:50)

✔ We’ll bring you back to the main session at 4:00 for a wave and a break from 4 – 4:15

Breakout: Full Role Play Practice Session

*Day 3 2:30 PM – 4:00 PM EST*
FULL ROLE PLAY OF A VISIT

• Each of you will role play an 8-10-minute educational visit with your facilitator.
• After each role-play, your facilitator will lead a 3-minute feedback session.
• Everyone will watch, take notes, and share:
  ➢ At least 1 thing your teammate did well
  ➢ 1 thing for your teammate to try differently next time

Breakout: Full Role Play Practice Session
Day 3 2:30 PM – 4:00 PM EST
PUTTING IT ALL TOGETHER:
Observing & Critiquing the First Full Role Play of an Educational Visit

☐ Introduction
☐ Needs Assessment
☐ Key Messages
☐ Features and Benefits
☐ Objections
☐ Summary
☐ Closing
☐ Commitment? Future Visit?

Breakout: Full Role Play Practice Session
Day 3 2:30 PM – 4:00 PM EST
You'll be placed back in the main room

Breakout: Full Role Play Practice Session
Day 3 2:30 PM – 4:00 PM EST
15-minute break

Please stay logged into Zoom

Break
Day 3 4:00 PM – 4:15 PM EST
What was the hardest thing about that?

Type in chatbox:

What was the hardest thing about that?
WELCOME BACK

Type in chatbox:

Now that it’s over, how happy are you that you’re done role playing on a scale of 1 – 10?

1   =   MORE ROLE PLAY, PLEASE!
5   =   It wasn’t so bad…
10  =   [Major exhale]—never again!

Supporting Your Field Work: NaRCAD’s Role & Technical Support
Day 3 4:15 PM – 5:00 PM EST
Supporting Your Field Work: NaRCAD’s Role & Technical Support

Day 3 4:15 PM – 5:00 PM EST
What Does My Support Look Like?

Virtual Support
- Customized toolkits, curated presentations, webinars, training videos, & more.

Phone Support
- Regular calls to help you with visits, data tracking, evaluation, and challenges along the way.

E-mail Support
- Unlimited guidance, resource requests, & troubleshooting.

Supporting Your Field Work: NaRCAD’s Role & Technical Support
Day 3 4:15 PM – 5:00 PM EST
GLOBAL LEADERS IN CLINICAL OUTREACH EDUCATION
Training & technical assistance to help clinicians provide better patient care.

WE'RE CHANGING CARE, ONE VISIT AT A TIME.

Front line healthcare providers have their hands full.
Using the strategy of "academic detailing", personalized visits from a trained outreach educator can arm busy clinicians with the critical support, tools, and evidence to provide the very best care to their patients.
AD and the opioid crisis

INTERVENTION TOOLKIT:
Best Practices in Academic Detailing for Opioid Safety

Shareable resources to build your Academic Detailing program.

Educational Tools & Materials

- CDC: GUIDELINES & TOOLS
- THE VA ACADEMIC DETAILING SERVICE: PAIN & OPIOID SAFETY INITIATIVE
- PUBLIC HEALTH AD PROGRAMS: OPIOID SAFETY CAMPAIGN MATERIALS
- MEDICATION ASSISTED TREATMENT (MAT) RESOURCES
Monthly series, with wide range of topics, including:

- Clinician Stigma
- Pivoting to e-Detailing
- Acute & Chronic Pain Management
- Strategic Data Collection for Program Sustainability
- Strengthening the Detailer-to-Clinician Relationship
- Recruiting Detailers to Build a Strong Field Team
E-DETAILING TOOLKIT
Curated tools to facilitate effective virtual visits

NaRCAD
e-detailing
Community of Practice

TAKE OUR 1-MINUTE SURVEY
Tell us what your needs are around e-Detailing and inform our new Community of Practice.

Getting Started with e-Detailing
Resources for Implementation
Relevant Research Articles
Free or Low-Cost Virtual Learning Platforms
Building Clinician Relationships through Virtual Detailing in British Columbia

2/24/2020

An interview with Terryn Naumann BSc(Pharm), PharmD, the Director of Academic Detailing and Optimal Use at the British Columbia Ministry of Health by Winnie Ho, NaRCAD Program Coordinator.

Overview: Terryn previously spoke about her experiences on a virtual detailing panel at the NaRCAD2019 conference. You can watch the video recording here.

NaRCAD: Terryn, thank you so much for speaking with us today about your experiences with detailing in the province of British Columbia. The BC Provincial Academic Detailing (PAD) Service certainly has a lot of ground to cover. Tell us about the program goals and geography.

Terryn: For reference, British Columbia is geographically larger than Texas, but the population of British Columbia is only about 5 million people. We provide our detailing services to family practice physicians, nurse practitioners, and a few other healthcare professionals. Our detailers each do more than 175 visits per year, and collectively, they see about 2000 providers per topic, which includes about a third or so, of all the family physicians in BC.
GLOBAL LEADERS IN CLINICAL OUTREACH EDUCATION
Training & technical assistance to help clinicians provide better patient care.

WE'RE CHANGING CARE, ONE VISIT AT A TIME.

NEW: e-Detailing Resources during COVID-19

EXPLORE OUR E-DETAILING TOOLKIT  JOIN THE DISCUSSION FORUM
Sign Up
All fields marked with a * are required.

Username * Winnie Ho

Email Address * wjho@bwh.harvard.edu

Password *

Forum Terms & Rules* I agree to the Forum Terms & Rules

Create Account
National Resource Center for Academic Detailing

May 14

There has been a rapid increase in opioid-related AD in the past few years, and a multitude of approaches to addressing the overdose crisis.

Let us know a little bit more about the mission of your opioid-related AD work!

Julia Bareham

May 20

RxFiles (located in Saskatchewan, Canada) recently received provincial government funding to provide academic detailing to HCPs with the goal of increasing the number of approved OAT prescribers with an emphasis on bup/nx (in Sask physicians and nurse practitioners must meet certain requirements to be approved by their regulatory body to prescribe OAT). Does anyone has any experience detailing on this topic? Any tips or tools to share? No tip/comment/tool is too small nor too big!
Anything and everything can happen on a detailing visit - in person or virtually. Ever had to conduct a detailing visit in a parking lot? Had people show up that you weren't expecting? Other unexpected switch-ups to your planned session?

Share your unique lessons learned from the unpredictable nature of 1:1 outreach visits below. (Please exclude any identifying information about the encounters). We might even pick a few of our favorites and highlight them on our DETAILS Blog!

(One of our personal favorites: a detailing visit in a barn - with a duck in attendance!)
“[W]e were invited to present to the office physicians during lunch…

The caveat came when we were then told "we will send you what we would like you to bring us for lunch."

“I learned, in real life, never to write someone off because of some seemingly extreme push-back. You just never know…”
NARCAD PRESENTS
The 8th International (Virtual) Conference on Academic Detailing

NARCAD2020:
"Sharing a Vision of Sustainability"

NOVEMBER 16 - 18, 2020
VIRTUAL SESSIONS:
10:30 - 4:00 P.M. EST DAILY

REGISTRATION OPENS AUGUST 10TH, 2020
VIRTUAL ACCESS REGISTRATION FEE: $79 (FIXED RATE)

#NARCAD2020 #ACADEMICDETAILING

Registration now open, agenda live on www.narcad.org/conference-series
Questions?

Supporting Your Field Work: NaRCAD’s Role & Technical Support

*Day 3 4:15 PM – 5:00 PM EST*
This was a pilot!

Please take our training survey to help us help future trainees.

Link in Chatbox.
Supporting Your Field Work: NaRCAD’s Role & Technical Support

Day 3 4:15 PM – 5:00 PM EST

Thank You!