

STRATEGIC DATA COLLECTION AND TRACKING: BEST PRACTICES FOR PROGRAM SUSTAINABILITY

Friday, May 22nd, 2020, 11:00 A.M. – 12:15 P.M. EST

National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [**DoPE**]
Brigham and Women's Hospital | Harvard Medical School

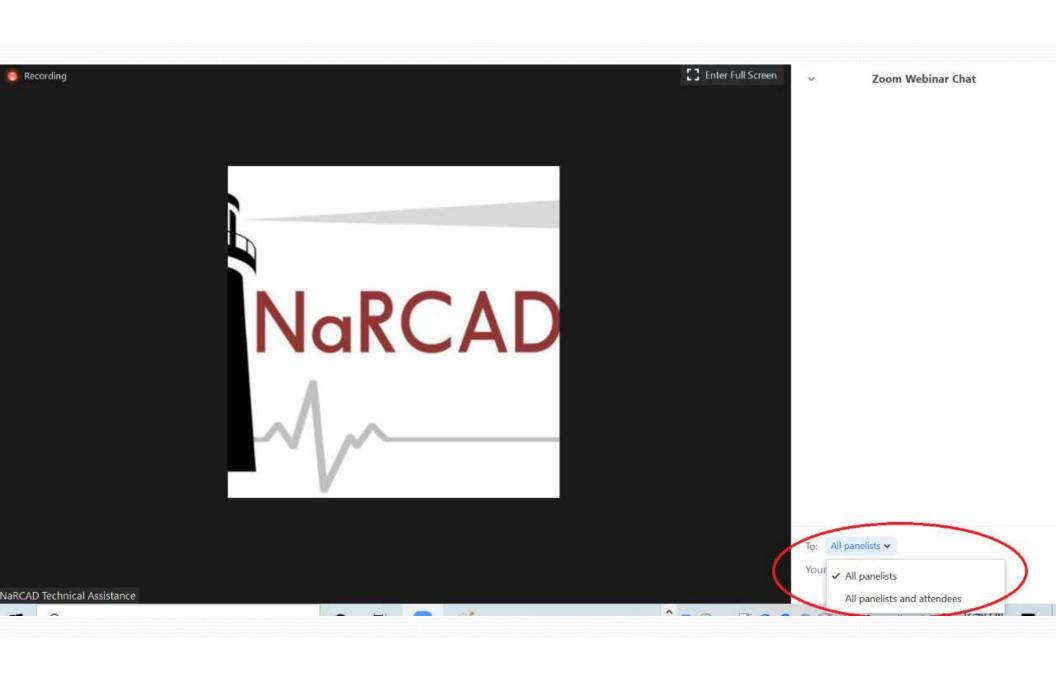


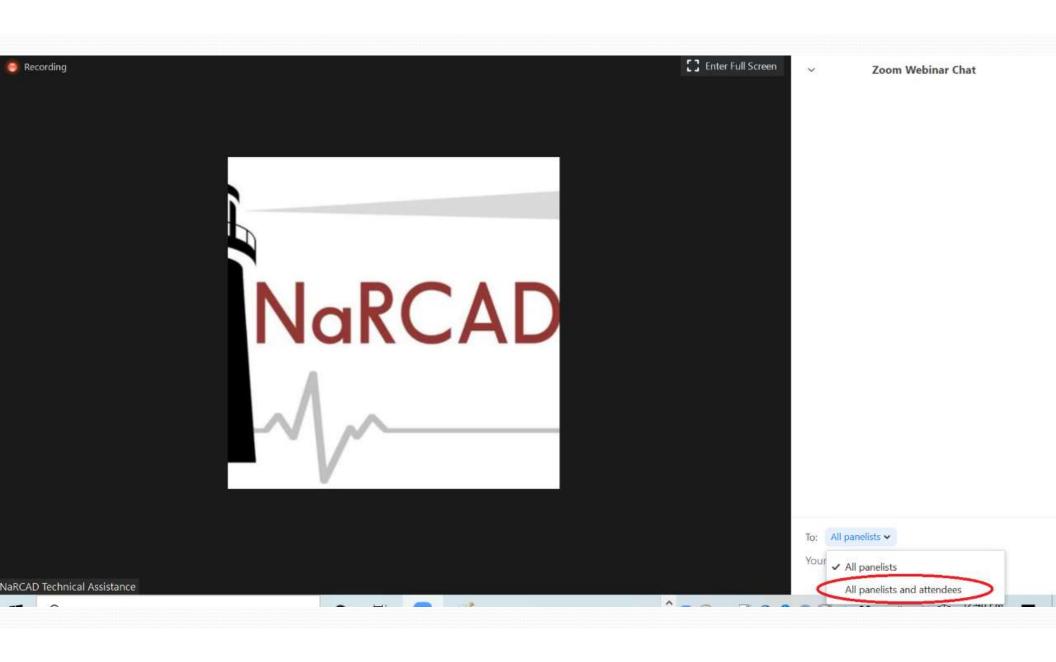


Today's Webinar Facilitators:

Mike Fischer, MD, MS, Director, NaRCAD
Bevin Shagoury, Communications & Education Director, NaRCAD











NaRCAD Technical Assistance

Audio Settings ^









Webinar Goals: ✓ New offering: Opioid AD Discussion Forum ✓ Level-setting on today's content Looking at local data and data quality ✓ Carefully defining your outcomes ✓ How to use local data to set goals Discussion/Q+A Session

Community Discussion Forum JUST LAUNCHED





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DETAILING DIRECTORY

GLOBAL LEADERS IN CLINICAL OUTREACH EDUCATION

Training & technical assistance to help clinicians provide better patient care.

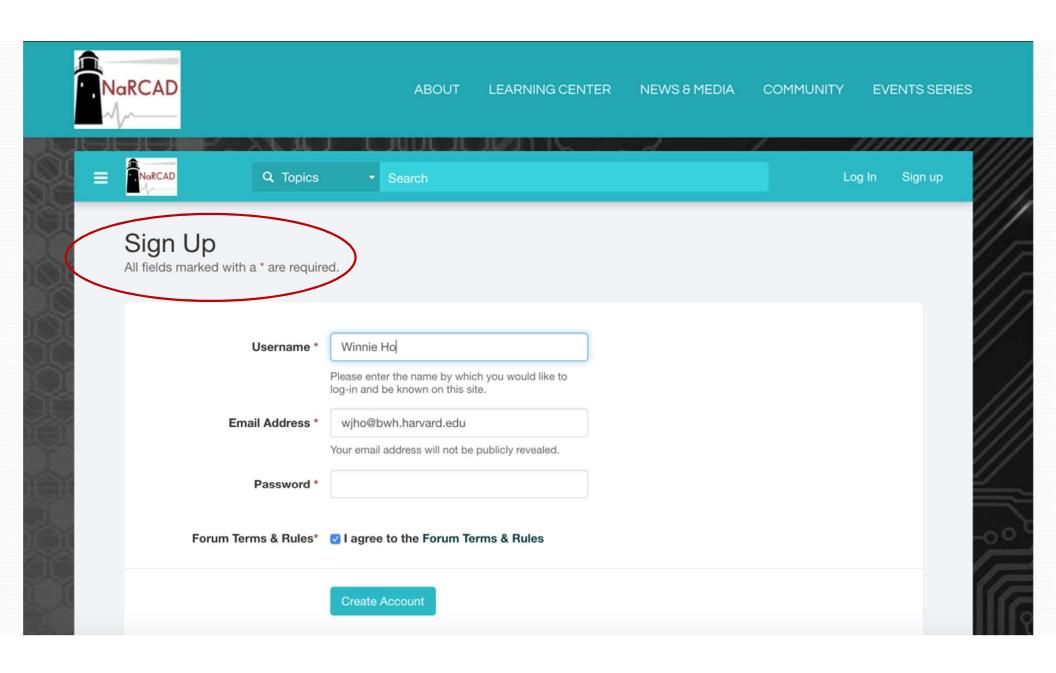
WE'RE CHANGING CARE, ONE VISIT AT A TIME.

NEW: e-Detailing Resources during COVID-19

EXPLORE OUR E-DETAILING TOOLKIT

JOIN THE DISCUSSION FORUM







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NEW TOPIC

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E-Detailing Community of Practice 5 days ago by Anna Morgan, RN, BSN,...



General Discussion 4

A discussion forum for all things academic detailing. AD for Opioid Safety, AD for HIV/AIDS

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HIV Prevention AD Programs 6 days ago by National Resource Cent...



Community of Practice - E-Detailing

- "E-Detailing for Clinician Engagement: Virtual Connections for Clinical Change", COVID-19

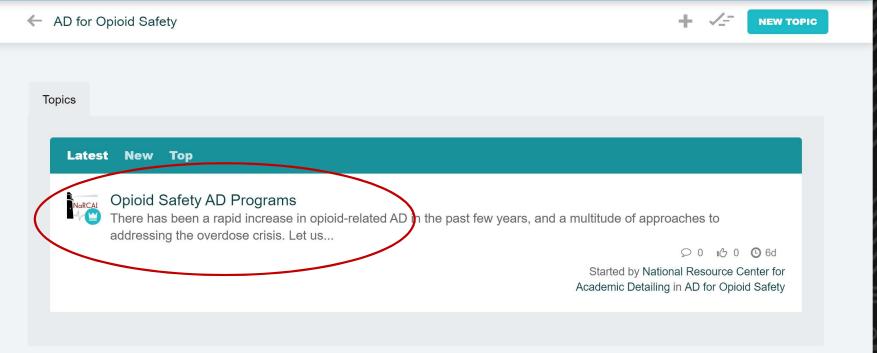
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ABOUT LEARNING CENTER NEWS & MEDIA COMMUNITY EVENTS SERIES



Today's content: level-setting

- Examples will focus on CDC OD2A recipients and others working on opioids
- Clinical topic is translatable to many other areas;
 data and tracking is critical for all programs
- Relevant for those thinking about planning evaluation, which we'll discuss in future webinars
- We'll share a planning tool to begin putting content into practice, and our discussion forum is a great place to share peer-to-peer content and strategies







Looking at data quality

- Consider all the potential sources of data that might be available to you
- How do we know if data is quality data?
- When assessing a possible data source:
 - Consider the primary purpose for the data collected
 - Purpose will drive which elements are recorded rigorously (or not)
 - Sharing some examples





National vs. local data

- Consider cost and accessibility of different data sources
- Determine what level of data you need
- CDC has tremendous resources, but national data may be better suited to cross-state comparisons than specific intervention assessment
- Even state-level data can be too heterogeneous for a local intervention

Consider and investigate:

- What do your existing local data resources cost?
- What would it cost you to gather data yourself?





How is data collected?

- Ask rigorous questions!
- Use your preparation time to identify possible problems in your potential data sources
- Ask:
 - What kind of problems might there be in data collection that would skew your analyses?
 - How would you identify those problems?
 - Some examples of problems in collection that impact analysis





Carefully defining outcomes

- Outcomes should be based on available data and data quality
- Recognize that not every beneficial outcome can be easily quantified
- Consider when proxy outcomes are reasonable
- Make sure you're being realistic:
 - Define outcomes that you CAN measure accurately
 - Don't define outcomes you wish you had data to assess



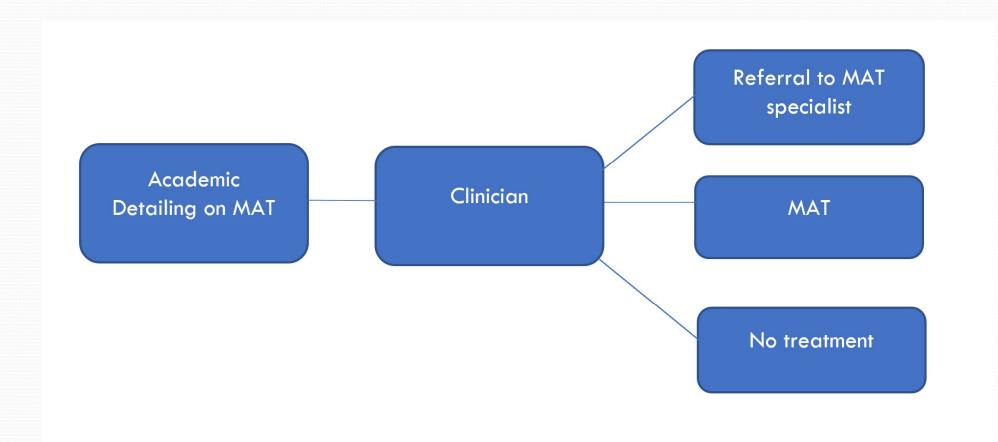


Is this outcome something your intervention targets?

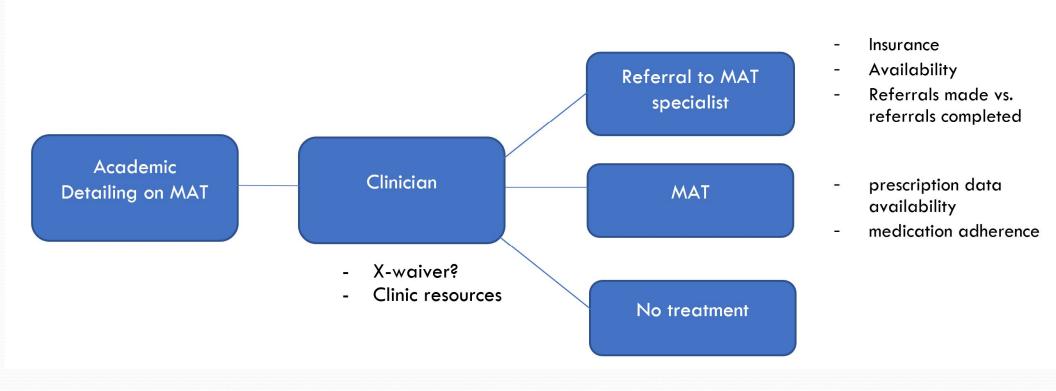
- Make sure the outcome you're measuring is clearly related to the intervention you're conducting!
- Opioid-related issues are varied and complex
 - OUD
 - Pain management
 - Dual diagnosis
- Interventions likely address some of these elements
 - Few interventions address all of them
- Without planning and forethought, you risk:
 - Putting effort and resources into measuring an outcome that you can't control/change











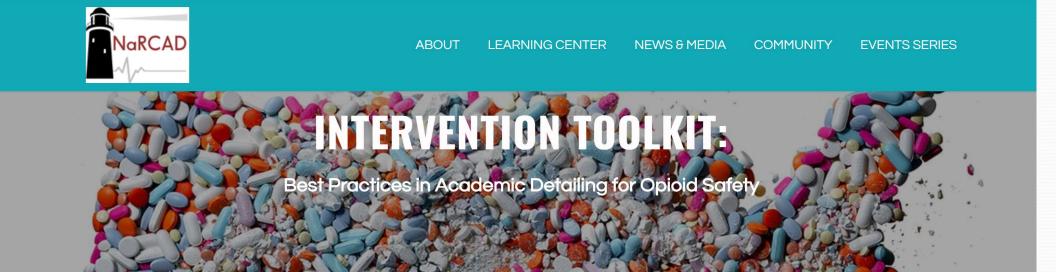
Thinking ahead to evaluation

- Plan <u>ahead</u> for as robust an evaluation as possible within your resources
- Planning evaluation later in the process much more difficult
- Some programs say they don't have enough funding to do evaluation; we'd argue that you won't have enough funding in the future if you don't do evaluation
- We'll dive into this in more detail on a future webinar in this series









Shareable resources to build your Academic Detailing program.

JOIN THE DISCUSSION

Interact with others in the academic detailing community from around the world.

Materials Library: Resources

Program Planning & Evaluation - Materials & Examples:

- Planning An Evaluation of an Academic Detailing Intervention: Guide | NaRCAD
- Form: Planning & Tracking Your Visits: Form for Logging Practice Visits and Follow-Up
- Form: Tracking Data: Overall Tracking List Sheet & Detailing Visit Targets
- Form: Provider Evaluation of A Visit: Post-Detailing Session Evaluation Form
- <u>Evaluation Summary Report</u> | *Idaho Department of Health and Welfare's "AD Outreach Summary"*
- <u>Special Blog on Prioritizing Evaluation:</u> The National Academic Detailing Service's Opioid Overdose Education & Naloxone Distribution (OEND) Program
- <u>Presentation: Pragmatic Program Evaluation</u> | NaRCAD Workshop Presentation Deck by Niteesh Choudhry, MD, PhD & Melissa Christopher, PharmD
- Provider HIV Prevention <u>Pre-Survey</u> & <u>Post-Survey</u> | Colorado Department of Public Health & Environment
- CDC <u>Overdose Prevention Evaluation</u> Profile for Academic Detailing |





ASSESSMENT GUIDE: Planning An Evaluation of an Academic Detailing Intervention

Area	Notes, Ideas, & Tools
1. Intervention Planning: Identify the gap in care (Patient-specific) Choose specific clinical foci Include:	
 A description of the AD topic area(s) Process used for determining those areas Stakeholders involved Needs assessment Evidence review Identification of detailers Development/adaptation of materials Curriculum used Selection of key change messages Training process 	
 2. Target Audience (Clinicians): Location/geography for intervention Type(s) of practice (primary care, specialty, etc.) Goal number of clinicians to receive detailing; overall and by specialty Identification of barriers to accessing clinicians Review of other local interventions or resources, including potentially complementary or competing 	

3. Visit Tracking Metrics:

Potential Indicators:

- Type of visit (individual, small group/team; initial visit vs. return visit)
- # of outreach visits completed; % of targeted clinicians reached
- # of minutes spent per visit in direct AD
- Key message delivery (yes/no for each message)
- Closing: Did summary/closing occur; perceived commitment to change
- Follow-up metrics (# of visits that had follow-up scheduled; format of follow-up, etc.)

4. Outcome Metrics:

Potential Indicators:

- Attitudes (via survey)
- self-reported increase in knowledge
- Change in process of care:; alteration in use of targeted test or treatment (e.g. screening, referrals, prescribing); may be increase or decrease depending on intervention focus
- Satisfaction of providers who received detailing visits
- Change in patient outcomes for targeted condition; feasibility will depend on availability of relevant data and anticipate time frame for changes in outcomes



Please type your questions into the Zoom Q + A box!

We'll try to get to all of your questions, and we'll post those we can't get to on our **Opioid Discussion Forum thread**.



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