

The Efficacy of Academic Detailing on Primary Care Clinician Behavior Change for Tobacco Cessation

Kelsey Bolton, BA

Continuing Professional Development Consultant

Continuing Medical Education

Gundersen Health System

Disclosure

Kelsey Bolton, BA, has no financial interests to disclose.

Are you familiar with CME?

Yes

No

Unsure

GHS Medical Education

- **21 Counties in WI, MN, IA**
 - UME, GME, and CME
- **500+ attending clinicians**
 - Prescribers & non-prescribers

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- **Tobacco Use**
 - GHS ranks 15/21 in WI for tobacco cessation
 - 130k patients; \$56m per year

Tobacco Cessation

- **Primary Objective**
 - To determine the effectiveness of academic detailing on clinician practice change for tobacco cessation at GHS
- **Secondary Objective**
 - Evaluate clinicians' perception of the usefulness of academic detailing as an educational intervention
- **Tertiary Objective**
 - Evaluate the outcomes of tobacco cessation for patients at GHS

Implementation

- **Internal training**
 - Practice, practice, practice!
- **Creating detailing aid**
 - Medical partners
 - Marketing department
 - Practice, practice, practice!

Tobacco is a chronic substance abuse disorder and is a modifiable risk behavior that should be addressed by the healthcare team.

- ✓ Approach: Believe your patient can quit
- ✓ Updated Treatment Options
 - Medication PLUS Counseling Gold Standard
- ✓ Updated Tools/Clinician Smart Set

Do you know what NRT is?

Yes

No

Unsure

Visits

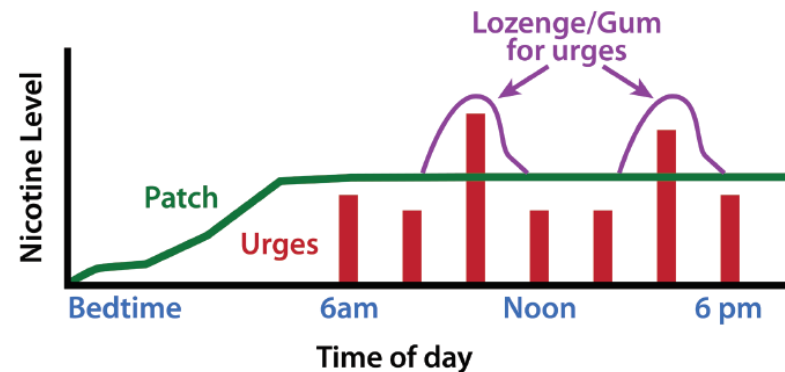
Pharmacology/Treatment Options

Combination NRT PLUS Counseling

- Combination NRT plus counseling is the gold standard
- Patch plus lozenge/gum is much better than single-agent NRT

Lozenge/gum dosing:

- 4 mg if smoke <30 minutes of waking
- 2 mg if smoke >30 minutes of waking



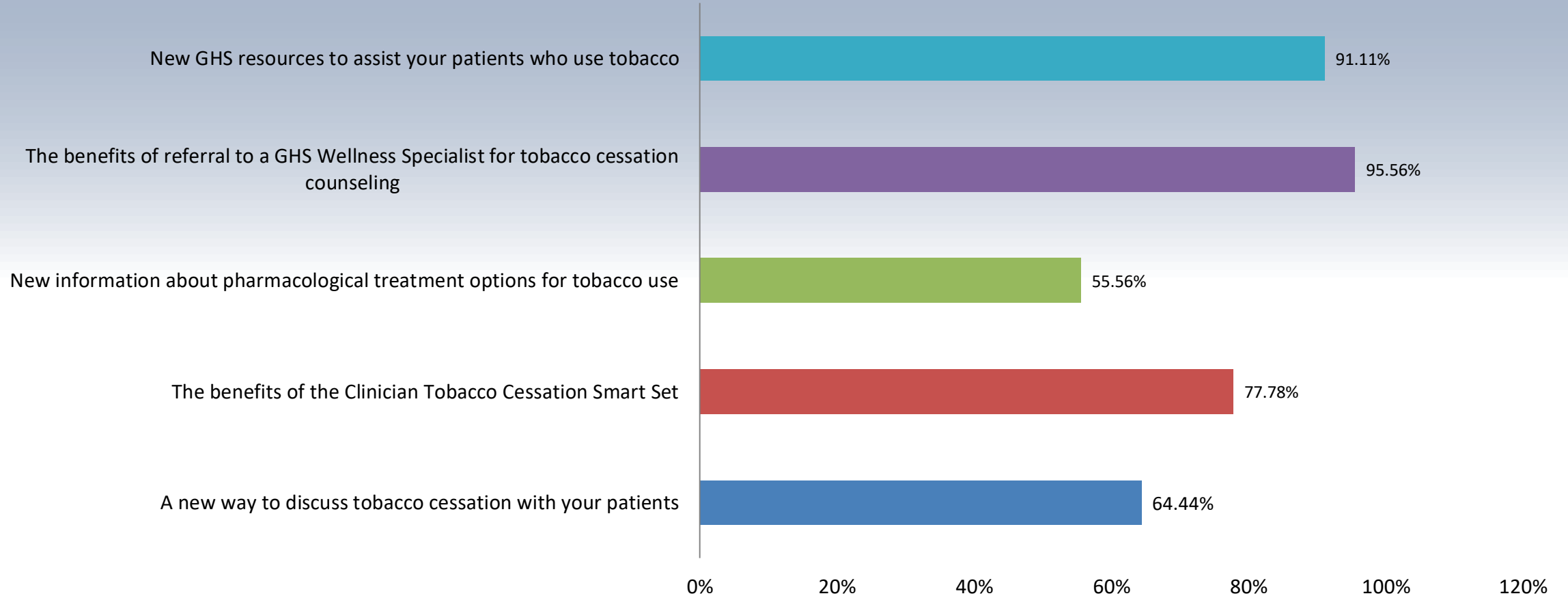
- Lunch!
- Key messages
 - Communication
 - Therapies
 - EMR shortcut
- Visit data
 - Surveys
 - Spreadsheet
 - Descriptive statistics and standard tests of association

Methods

- **Education consultants completed training in academic detailing**
 - Through The National Resource Center for Academic Detailing.
- **Survey tool created**
 - *Kirkpatrick's Four Levels of Training and Evaluation*⁵
 - Administered to 46 family medicine primary care clinicians within 14 different GHS clinics
- **Primary outcome measured by analyzing clinician survey results**
- **Secondary outcome measured by determining changes between intervention and control groups and analyzing appointment level data**
 - 1) prescribed quitting method(s), 2) order set use, and 3) referrals for GHS patients between Nov 2018 and March 2020.

Preliminary Results

Level 2 - 3: Learning & Behavior (n=45)



Mean : 3.190 | Confidence Interval @ 95% : [2.977 - 3.402] | Standard Deviation : 1.428 | Standard Error : 0.108

Preliminary Results

Interventions

ANY INTERVENTION (unique patients by MONTH)	2019		2020	
				(among PCP visit)
January	553		766	25.0%
Feburary	441		764	26.8%
March	503		693	28.7%
April	517		435	26.6%
May	559		441	20.9%
June	544		383	14.9%
July	661		338	12.7%

Patient Outcomes... Coming Soon!

Conclusions

- Learning and clinician behavior change was **optimized through academic detailing**
- **Clinicians have an increased understanding** of resources, tools, and methodology in assisting patients with quitting tobacco
- **Hypothesis:** Post intervention tobacco cessation rates increase as evidenced through an increase in order set utilization, referrals, and prescribed quitting methods
- **Long term research** is needed to study the effects of sustained clinician behavior change