NARCAD PRESENTS

The 8th International (Virtual) Conference on Academic Detailing

NARCAD2020: "Sharing a Vision of Sustainability"

NOVEMBER 16 - 18, 2020

VIRTUAL SESSIONS:
10:30 A.M. - 4:00 P.M. EST DAILY

NARCAD.ORG  @NARCAD  #NARCAD2020

#SUSTAINABILITY  #ACADEMICDETAILING  #ZOOMEVENT
2020 Conference Agenda At-a-Glance
For Zoom links, detailed session descriptions & presenter information, see our extended agenda on the following pages.

**Day 1:**
**Monday, November 16, 2020**

10:30 AM Welcome
10:45 AM Day 1 Address
   Mike Fischer, MD, MS, Director, NaRCAD
11:15 AM **Field Presentations:**
   “AD Across the Clinical Spectrum”
12:30 PM Lunch Break
   (Please stay connected to Zoom)
1:00 PM **Breakout Sessions:**
   “Strong Foundations for AD Success”
   (See Detailed Agenda for Sessions; Select Breakout Link Choice from Chatbox)
2:30 PM Afternoon Break
   (Please return to Day 1 Zoom Link)
2:45 PM **Plenary Session:**
   “AD in Long-term Care Settings: Deprescribing to Improve Quality of Life”
3:45 - 4:00 PM Day 1 Wrap-up and Evaluations

**Day 2:**
**Tuesday, November 17, 2020**

10:30 AM Day 2 Kick-off
10:45 AM Day 2 Address
   Jerry Avorn, MD, Co-Director, NaRCAD
11:30 AM **Plenary Session:**
   “Explorations in Virtual Detailing: Applying Lessons for Sustainable Connection and Impact”
12:30 PM Lunch Break
   (Please stay connected to Zoom)
1:15 PM **Expert Panel:**
   “The Critical Link Between Pharmacy and Opioid Safety: Exploring Novel Education and Training Initiatives”
2:30 PM Afternoon Break
   (Please stay connected to Zoom)
2:45 PM **Special Presentation:**
   “AD of Type 2 Diabetes in the ACO, FQHC, and the Public Payor Environment”
3:45 - 4:00 PM Day 2 Wrap-up and Evaluations

**Day 3:**
**Wednesday, November 18, 2020**

10:30 AM Day 3 Kick-off
10:45 AM **Expert Panel:**
   “Strong Clinician Relationships: Igniting Change with Evidence, Trust, & Empathy”
12:00 PM Lunch Break
   (Please stay connected to Zoom)
12:30 PM **Special Presentation:**
   “Innovations in HIV Prevention & Treatment”
1:30 PM **Field Presentations:**
   “Global Perspectives on AD”
2:45 PM Afternoon Break
   (Please stay connected to Zoom)
3:00 PM **The 2020 Yearbook:**
   “Success Story Review”
3:45 PM Wrap-up & Reflections
4:00 PM Evaluations & Conference Adjournment

---

**Key Conference Zoom Links**

Day 1 Main Sessions Link: Click Here

Day 1 Breakout Session Rooms:
**Breakout 1 Link:** “Academic Detailing 101: Interactive Dialogues for Sustainable Clinician Growth”
**Breakout 2 Link:** “Tell Me More: Using Storytelling Techniques to Assess Needs, Communicate Key Messages, and Showcase Results”
**Breakout 3 Link:** “Build-a-Brand: Exploring Your AD Program Identity to Elevate Virtual Visibility”

Day 2 All Sessions Zoom Link: Click Here
Day 3 All Sessions Zoom Link: Click Here

Need Help?
NaRCAD Contact: narcad@partners.org
Or contact the NaRCAD Staff on Zoom
Welcome from NaRCAD’s Directors

Over the past 9 months, we’ve been inspired by the perseverance, resilience, and innovative spirit that we’ve seen from all of you in our community as you continue to find ways to connect with clinicians despite the restrictions created by the pandemic. In this year of so many unexpected challenges, we’re excited to keep one thing consistent—the opportunity for our annual conference to bring us together to learn from each other in a series of interactive, thought-provoking sessions.

While the shift to mostly virtual communication has been challenging for professionals all over the world, these challenges are especially pronounced in a field like ours, which relies on personalized connections to promote the improvement of patient care. The impact of the pandemic has forced us to think creatively about how to continue igniting behavior change now that in-person visits are more difficult. We’ve been able to build on early e-Detailing work done over the past few years by innovators who have been using this approach to educate providers when geographic distance was a major hurdle to gaining clinician access.

Working together with you, we’ve been clearing that same hurdle of distance, finding ways to train new detailers, support growing programs, and learn together, just as we’re doing this week. After kicking off our virtual AD training pilot this fall and strengthening our e-Detailing Community of Practice, we’re preparing to broaden our virtual offerings in the coming months, developing strategies that will extend well beyond the duration of COVID-19’s impact on face-to-face learning.

We’re committed to continuing the growth of AD for many years to come, and we’re excited to be able to offer you so many ways to engage and connect. Our Learning Center and e-Detailing toolkit continue to expand, including our Roundtable Sessions, which let you connect with national and global experts in AD for real-time, solutions-based strategy sharing. Our Best Practices blog highlights the innovative work of programs across the U.S. and beyond. And our newly launched Community Discussion Forum creates a way for you to connect with each other, enhancing both program and community growth.

To top it off, it’s our 10th anniversary. We can’t think of a better way to celebrate than to honor the work that you continue to do and to provide a context for peer learning. Our growth and success rely on the commitment of colleagues like you, and our programming remains largely informed by your needs. We’re grateful to all of you for being a critical part of our sustainability as a resource center.

With this year’s conference theme focusing on sustainability, we welcome the chance to share ideas with each other and find ways to not just survive, but to thrive in the months and years ahead, no matter what.

Mike Fischer, MD, MS, Director, NaRCAD
Jerry Avorn, MD, Co-Director, NaRCAD
DAY 1: MONDAY, NOVEMBER 16TH, 2020
Detailed Agenda & Session Descriptions

Day 1 Zoom Link Here

All main sessions will be held on the Day 1 Zoom Link with the exception of afternoon breakouts as noted. Presentation slides will be available on our Conference Hub page at narcad.org after the conference.

10:30 AM WELCOME
Bevin K. Shagoury | Communications & Education Director, NaRCAD

10:45 AM DAY 1 ADDRESS | Mike Fischer, MD, MS | Director, NaRCAD

11:15 AM FIELD PRESENTATIONS: “AD Across the Clinical Spectrum”

11:15 – 11:20 Kick-off & Overview: Mike Fischer, MD, MS | Director, NaRCAD

11:20 – 11:35 Presentation 1: “Psychotherapy AD: An Innovative Adaptation”
Sara Tiegreen, PhD | Project Coordinator, Psychotherapy Academic Detailing Pilot, National Evidence-Based Psychotherapy Program, VA Office of Mental Health and Suicide Prevention

11:35 – 11:40 Audience Q+A

11:40 – 11:55 Presentation 2: “Impact of Implementing an AD Program on Opioid-Benzodiazepine Co-Prescribing Trends”
Mark Bounthavong, PharmD, MPH | National Clinical Program Manager, Veterans Health Administration, Pharmacy Benefits Management Academic Detailing Service

11:55 – 12:00 Audience Q+A

12:00 – 12:15 Presentation 3: “Engaging Connecticut Pharmacies in a Screening and Referral Program to Promote Women’s Health”
Nathaniel Rickles, PharmD, PhD, BCPP, FAPhA | Associate Professor of Pharmacy Practice, University of Connecticut School of Pharmacy

12:15 – 12:20 Audience Q+A

12:20 – 12:30 Final Q + A/Wrap-up

12:30 PM Lunch Break
(Please stay connected to the Main Day 1 Zoom if you’d like to network with other participants)

1:00 PM BREAKOUT SESSIONS: “Strong Foundations for AD Success”

BREAKOUT 1: “Academic Detailing 101: Interactive Dialogues for Sustainable Clinician Growth” (Zoom Link Here)
Todd Lee, PharmD, PhD | Professor, Department of Pharmacy Systems, Outcomes and Policy, College of Pharmacy, University of Illinois at Chicago
Zack Dumont, BSP, ACP, MSPharm | Clinical Pharmacist, RxFiles Academic Detailing Service, Manager of Clinical Pharmacy, Saskatchewan Health Authority

What really happens during a 1:1 visit with a clinician? How do academic detailers prepare to make every visit count? Join this interactive session to learn more about the key elements of a successful educational visit through small group exercises and problem-solving. This “basics” session is essential for “newbies”, either those preparing to work as clinical educators, planning to complete a future NaRCAD AD techniques training, or manage a program and team of detailers in the year ahead.
BREAKOUT 2: “Tell Me More: Using Storytelling Techniques to Assess Needs, Communicate Key Messages, and Showcase Results” *(Zoom Link Here)*

Jacki Travers, PharmD | Clinical Academic Detailing Pharmacist, Pharmacy Management Consultants

Regan Smith, PharmD | Clinical Pharmacist, Pharmacy Management Consultants

This breakout session will examine what’s at the heart of academic detailing: building relationships through a personalized, storytelling approach to clinician engagement. Participants will explore dimensions to needs assessment that include inviting clinicians to share their unique experiences, offering detailers an opportunity to engage beyond asking standard informational questions. This session will strengthen skills for both new and experienced detailers, resulting in more tools to improve interpersonal engagement, better identify gaps in care, and create sustainable, reciprocal relationships with clinicians who need multi-faceted support.

BREAKOUT 3: “Build-a-Brand: Exploring Your AD Program Identity to Elevate Virtual Visibility” *(Zoom Link Here)*

Chirag Rathod, PharmD | Clinical Pharmacist, Supervisor, Academic Detailer, Illinois ADVANCE/University of Illinois at Chicago

Michele Narsinghani, PharmD | Clinical Pharmacist, Social Media Project Leader, Academic Detailer, Illinois ADVANCE/University of Illinois at Chicago

This workshop will encourage participants to think critically about their program brand, with the goal being to engage healthcare and community-based stakeholders in supporting and participating in detailing work. Sharing examples from ADVANCE’s social media campaign and website, participants will learn the importance of translating critical detailing program work into easy-to-follow and engaging marketing content in order to maximize visibility to increase program impact. This session is ideal for both new programs and established ones whose goals are to successfully broaden partnership networks through diverse virtual platforms.

2:30 PM  Afternoon Break
(Please return to the Main Zoom Link here)

2:45 PM  PLENARY: “AD in Long-term Care Settings: Deprescribing to Improve Quality of Life”

Moderator: Mike Fischer, MD, MS | Director, NaRCAD

Presenters:
Justin Turner, PhD, M ClinPharm, BPharm | Co-Director, Canadian Deprescribing Network, Faculty of Pharmacy, University of Montreal Centre de Recherche, Institut universitaire de géiatrie de Montréal

Jennifer Pruskowski, PharmD, BCPS, BCGP, CPE | Assistant Professor and Director of Geriatric Pharmacy Research and Education, University of Pittsburgh School of Medicine

3:45 - 4:00 PM  Day 1 Wrap-up and Evaluations
Day 2: Tuesday, November 17th, 2020
Detailed Agenda & Session Descriptions

Day 2 Zoom Link Here
All main sessions will be held on the Day 2 Zoom Link.
Presentation slides will be available on our Conference Hub page at narcad.org after the conference.

10:30 AM Day 2 Kick Off
Bevin K. Shagoury | Communications & Education Director, NaRCAD

10:45 AM Day 2 Address | Jerry Avorn, MD | Co-Director, NaRCAD

11:30 AM Plenary: “Explorations in Virtual Detailing: Applying Lessons Learned for Sustainable Connection and Impact”

Moderator: Bevin K. Shagoury | Communications & Education Director, NaRCAD

Presenters:
Jacqueline Myers, BSP | Academic Detailer, RxFiles, Lead Pharmacist, Opioid Stewardship Program, Saskatchewan Health Authority
Brandon Mizroch, MD, MBBS | Provider Network Supervisor, Louisiana Department of Health
Sandeep Singh Bains, PharmD, BCPS, DPLA | Program Leadership, Clinical Educator, Alosa Health

12:45 PM Lunch Break
(Please stay connected to Zoom)


1:15 – 1:20 Kick-off & Overview: Mike Fischer, MD, MS | Director, NaRCAD

1:20 – 1:35 Presentation 1: “AD in Community Pharmacies: Experiences from a Naloxone, Buprenorphine, and Syringe Safety Intervention”
Adriane Irwin, MS, PharmD, BCACP, CDE | Associate Professor (Clinical), Oregon State University College of Pharmacy

1:35 – 1:40 Audience Q+A

Lauren Linder Wier, PharmD, BCPS, BCPP | SCORxE Clinical Pharmacy Consultant

1:55 – 2:00 Audience Q+A

2:00 – 2:15 Presentation 3: “Training Pharmacy Students at Three Wisconsin Schools of Pharmacy in Naloxone-focused AD”
Jordan Wulz, PharmD, MPH | Assistant Professor of Pharmacy Practice, Concordia University Wisconsin

2:15 – 2:20 Audience Q+A
2:20 – 2:30 Final Q+A/Wrap-up
2:30 PM  Afternoon Break  
(Please return to the Main Zoom Link here)

2:45 PM  SPECIAL PRESENTATION: “AD of Type 2 Diabetes in the ACO, FQHC, and the Public Payor Environment”

Moderator: Mike Fischer, MD, MS  Director, NaRCAD

Presenters:
Paul Fanikos, RPh, MPA/HA  Chief Operating Officer, Alosa Health
Ellen Dancel, PharmD, MPH  Director of Clinical Materials Development, Alosa Health
Dawn Whitney, MSN/Ed, RN  Clinical Educator, Alosa Health
Dominick Trombetta, PharmD, BCPS, BCGP  Clinical Educator, Alosa Health

3:45 - 4:00 PM  Day 2 Wrap-up and Evaluations
**DAY 3: WEDNESDAY, NOVEMBER 18TH, 2020**

**Detailed Agenda & Session Descriptions**

**Day 3 Zoom Link Here**

All main sessions will be held on the Day 3 Zoom Link.

Presentation slides will be available on our Conference Hub page at narcad.org after the conference.

---

**10:30 AM** **DAY 3 KICK OFF**

Bevin K. Shagoury | Communications & Education Director, NaRCAD

**10:45 AM** **EXPERT PANEL: “Strong Clinician Relationships: Igniting Change with Evidence, Trust, & Empathy”**

**Moderator:** Bevin K. Shagoury | Communications & Education Director, NaRCAD

**Presenters:**
- Jacki Travers, PharmD | Clinical Academic Detailing Pharmacist, Pharmacy Management Consultants
- Mary Liz Doyle Tadduni, PhD, MBA, MSN, RN | Education Consultant, Independent Drug Information Service and Expert Training Consultant, NaRCAD
- Jessica Alward, MS | Public Health Education and Detailing Specialist, State of New Hampshire

---

**12:00 PM** **Lunch Break**

(Please stay connected to Zoom)

---

**12:30 PM** **SPECIAL PRESENTATION: “Innovations in HIV Prevention & Treatment”**

**Moderator:** Mike Fischer, MD, MS | Director, NaRCAD

**12:30 – 12:45** **Kick-off & Overview: “Motivating Primary Care Provision of PrEP Care: A Key Component of Ending the HIV Epidemic”**

Dawn Smith, MD, MPH | Biomedical Interventions Activity Lead, Division of HIV/AIDS Prevention, CDC

**12:45 – 1:00** **Presentation 1: “A Health Department’s Data-Driven Detailing Approach to Ending the HIV Epidemic (ETE) in New York City”**

Julie Anne Bell, MPH | Program Manager of Clinical Operations, Bureau of HIV, NYC Department of Health and Mental Hygiene

Erica D’Aquila, MPH | Director of Clinical Operations, Bureau of HIV, NYC Department of Health and Mental Hygiene

**1:00 – 1:15** **Presentation 2: “Lessons Learned from Evaluating Sexual Health Detailing Efforts”**

Kristefer Stojanovski, MPH, PhD Candidate | Evaluation Specialist, San Francisco Department of Public Health

**1:15 – 1:20** **Audience Q+A**

**1:20 – 1:30** **Final Q+A/Wrap-up**
**FIELD PRESENTATIONS: “Global Perspectives on AD”**

1:30 – 1:35 **Kick-off & Overview:** Bevin K. Shagoury | Communications & Education Director, NaRCAD

1:35 – 1:50 **Presentation 1:** “Should AD Always be One-to-One? Testing Group Meetings in a Randomized Trial”  
Harald Langaas | Director, KUUP—The Norwegian Academic Detailing Program, Director RELIS Midt-Norrge (Regional Medicines Information and Pharmacovigilance Center)

1:50 – 1:55 **Audience Q+A**

1:55 – 2:10 **Presentation 2:** “From Naloxone to Nasopharyngeal Swabs: Pivoting to Support Primary Care in a Pandemic”  
Lindsay Bevan, MScHQ Candidate | Project Manager, Primary Care Academic Detailing Service, Centre for Effective Practice  
Victoria Burton, BMOS | Project Coordinator, Primary Care Academic Detailing Service, Centre for Effective Practice

2:10 – 2:15 **Audience Q+A**

2:15 – 2:30 **Presentation 3:** “Personalization of Patient Education: A New Frontier Using the Principles of Academic Detailing”  
Debra Rowett, BPharm, Advanced Practice Pharmacist, FPS | Director, Drug and Therapeutics Information Service, Professor and Discipline Leader, Pharmacy UniSA Clinical and Health Sciences

2:30 – 2:35 **Audience Q+A**

2:35 – 2:45 **Final Q + A/Wrap-up**

2:45 PM **Afternoon Break**  
*Please return to the Main Zoom Link here*

3:00 PM **THE 2020 YEARBOOK “Success Story Review”**

**Moderator:** Bevin K. Shagoury | Communications & Education Director, NaRCAD

**Presenters:**  
Anna Gribble, MSW, MPH | Health Policy Analyst, Office of Provider Engagement and Regulation, Maryland Department of Health  
Christopher Shea, MA, CRAT, CAC-AD, LCC | Academic Detailer, St. Mary’s County Health Department  
Kelsey Bolton, BA | Continuing Professional Development Consultant, Continuing Medical Education, Gundersen Health System, WI  
Vishal Kinkhabwala, MD, MPH | HIV Prevention Activities Coordinator, Michigan Department of Health and Human Services

3:45 PM **Wrap-up & Reflections**

4:00 PM **Evaluations & Conference Adjournment**
The NaRCAD Team

Jerry Avorn, MD | Co-Director
Dr. Avorn is Professor of Medicine at Harvard Medical School and Chief Emeritus of the Division of Pharmacoepidemiology and Pharmacoeconomics. A general internist and drug epidemiologist, he pioneered the concept of academic detailing and is recognized internationally as a leading expert on this topic and on optimal medication use. The division he created includes faculty with backgrounds in internal medicine and its subspecialties, geriatrics, epidemiology, health services research and policy, biostatistics, and computer science. His major areas of research include: the scientific, policy, and social factors that shape physicians' drug choices; the identification and prevention of adverse drug effects; medication compliance by patients; programs to improve the appropriateness of prescribing and drug taking; and pharmaceutical cost-effectiveness analysis.

Dr. Avorn completed his undergraduate training at Columbia University in 1969, received the M.D. from Harvard Medical School in 1974, and completed a residency in internal medicine at the Beth Israel Hospital in Boston. He has served as president of the International Society for Pharmaco-Epidemiology and was a member of the Institute of Medicine Committee on Standards for Developing Trustworthy Clinical Practice Guidelines. Dr. Avorn is the author or co-author of over 500 papers in the medical literature on medication use and its outcomes, and is one of the most highly-cited researchers working in the area of medicine and the social sciences. His book, Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs, was published by Knopf in 2004. Dr. Avorn is the Chief Clinical Consultant for Alosa Health, a non-profit that provides academic detailing services. He receives no payment for any of his academic detailing-related work.

Michael Fischer, MD, MS | Director
Dr. Fischer is a general internist, pharmacoepidemiologist, and health services researcher. He is the Director of NaRCAD, which he and Dr. Jerry Avorn co-founded in 2010. In this role he has obtained multiple grants to support NaRCAD’s core activities, the conference series, and additional research and implementation projects. More recently he has led NaRCAD in a range of public health collaborations focused on using AD to increase the use of HIV pre-exposure prophylaxis and to develop clinician-oriented responses to the opioid crisis. Dr. Fischer is an Associate Professor of Medicine at Harvard and a clinically active primary care physician and educator at Brigham & Women’s Hospital. He has extensive experience in designing and evaluating interventions to improve medication use and has published numerous studies demonstrating the potential gains from improved prescribing. His research interests in addition to AD include prescription drug reimbursement policy, electronic prescribing, and medication adherence.

Dr. Fischer earned his medical degree from the Yale School of Medicine and a Master of Science degree in health policy and management from the Harvard T.H. Chan School of Public Health. He completed residency training in primary care internal medicine at Brigham & Women’s Hospital. He teaches in both the outpatient and inpatient components of the internal medicine residency program at Brigham & Women’s and teaches courses on research methodology at the Harvard T.H. Chan School of Public Health, where he is an Associate Professor of Epidemiology.
Bevin Kathleen Shagoury | Communications & Education Director
Bevin manages NaRCAD’s external communications and strategic partnerships, overseeing NaRCAD’s Partner Network and focusing on forging new collaborations between clinical education programs. Having developed communications and educational resources in clinical settings, urban classrooms, and healthcare-based non-profits, Bevin works to highlight national best practices in the field, support skills sharing across platforms, and amplify the impact of clinical outreach education. With career experience in non-profit program management, increasing community access to integrated learning platforms, and developing interdisciplinary educational and training curricula, Bevin holds a degree in expressive education from Emerson College, with an emphasis on serving marginalized populations. She has previously held program management positions with organizations dedicated to homelessness advocacy, virtual education to support grantor networks, and clinical care for at-risk youth experiencing acute trauma.

Anna Morgan, MPH, RN, PMP | Program Manager
Anna joined the NaRCAD team in the fall of 2019, coming on board to manage a portfolio of academic detailing programs, manage events, and strengthen NaRCAD’s national reach through research, on-site training, and training facilitation. Anna has 5 years of experience working in direct patient care as a Registered Nurse, receiving her BSN from Simmons University in 2014. Anna joined NaRCAD in 2019 after receiving her Master of Public Health from Boston University. She is committed to improving the health outcomes of America’s vulnerable populations.

Winnie Ho | Program Coordinator
Winnie provides administrative support to NaRCAD’s technical assistance offerings. Currently, she is involved in coordinating NaRCAD’s conference and training events, contributing to communications projects, and supporting the growth of virtual resources via research and partner engagement. Her interests in addressing opioid use disorder, overdose, and HIV/AIDS treatment and prevention informed her previous work in fundraising, coordinating educational events, and managing community engagement and volunteering. Winnie joined NaRCAD in the summer of 2019 after completing her Bachelor of Arts in Biological Sciences and Sociology from Cornell University.
2020 Conference Speaker Biographies

Jessica Alward, MS
Public Health Education and Detailing Specialist, State of New Hampshire
Jess provides educational resources and technical assistance to New Hampshire providers, community partners and residents. She currently serves as the full time academic detailer for the state bureau of infection disease control and prevention. Jess’ background is in education with a focus in adult learning. She is a trainer for the state in Diversity and Cultural Competency and previously worked as the education and training coordinator for the bureau of infectious disease control and prevention in New Hampshire.

Sandeep ‘Sonny’ Singh Bains, PharmD, BCPS, DPLA
Program Leadership, Clinical Educator, AloSa Health
Sonny is a clinical pharmacist with extensive clinical leadership experience in both acute care and ambulatory healthcare settings. He completed post-graduate training at Einstein Medical Center in Philadelphia and has since worked in clinical pharmacy leadership with large healthcare systems in the greater Philadelphia area. He is also the principal consultant at Bains Rx, LLC, a healthcare consulting firm dedicated to improving outcomes while reducing costs.

Julie Anne Bell, MPH
Program Manager of Clinical Operations, Bureau of HIV, New York City Department of Health and Mental Hygiene
Julie Anne began working at the NYC Health Department in 2016 with the Bureau of Sexually Transmitted Infections in a research role. She transferred to the Bureau of HIV in 2017 where she focused on health policy work, and eventually was promoted to her current role with the Clinical Operations team. She now manages the team that focuses on providing data-driven technical assistance to clinical and non-clinical HIV providers across New York City on HIV specific and supportive topics that address social determinants of health for people living with HIV. Julie Anne is currently preparing to conduct e-detailing visits with NYC providers to support and strengthen practices for initiation of immediate antiretroviral treatment (iART) for people with HIV.

Lindsay Bevan
Project Manager, Primary Care Academic Detailing Service, Centre for Effective Practice
Lindsay works for the Centre for Effective Practice (CEP) where she collaborates with a team of amazing individuals to develop and implement evidence-based supports and services to help narrow the gap between best evidence and care in Ontario. As a project manager, she oversees the planning and implementation of the CEP’s primary care academic detailing service, which serves family physicians across Ontario. Prior to joining CEP, Lindsay worked at the University Health Network in the infection prevention and control unit, where she updated internal infection control policies and developed patient and provider educational material. Lindsay is currently completing her Master of Science in Healthcare Quality at Queen’s University.
Kelsey Bolton, BA
Continuing Professional Development Consultant, Continuing Medical Education, Gundersen Health System
Kelsey has been in the CME department at Gundersen Health System in La Crosse, WI for two years. In addition to other responsibilities, she is the program lead and sole detailer for its Academic Detailing program. She received her Bachelor of Arts degree in Communication Studies in 2015, Healthcare CPD Certificate in 2019, and is currently pursuing her Master’s in Organizational Leadership. She has completed over 100 detailing visits and is presently conducting a research project on the efficacy of tobacco cessation academic detailing.

Mark Bounthavong, PharmD, PhD
National Clinical Program Manager, VA Pharmacy Benefits Management Academic Detailing Service
Dr. Bounthavong began his career at the Veterans Affairs San Diego Healthcare System as a pharmacoeconomist in 2007. Since 2016, he has been working at VA as one of the National Data Managers in the Academic Detailing Service. Dr. Bounthavong received his PharmD from Western University of Health Sciences, MPH from Emory University, and PhD from the Comparative Health Outcomes, Policy, & Economics (CHOICE) Institute at the University of Washington. His interests include health technology assessment, implementation and impact evaluation sciences, program evaluation, and pharmacoepidemiology.

Victoria Burton, BMOS
Project Coordinator, Primary Care Academic Detailing Service, Centre for Effective Practice
Victoria is the project coordinator for the Centre for Effective Practice’s primary care academic detailing service in Ontario, Canada. She supports various aspects of the service including topic selection, content development, communications, evaluation, training logistics, and academic detailer support. Victoria holds a Bachelor of Management and Organizational Studies with an honors specialization in consumer behavior from Western University. She is currently pursuing her certificate in project management at the University of Toronto.

Erica D’Aquilla, MPH
Director of Clinical Operations, Bureau of HIV, New York City Department of Health and Mental Hygiene
Erica has been with the Clinical Operations team for 3 years. Erica leads a team that provides data-driven technical assistance to clinical and non-clinical HIV providers across New York City on a variety of topics to improve HIV care outcomes among people impacted by HIV. Most recently, Erica’s team developed and launched an e-detailing campaign on the topic of immediate antiretroviral treatment. Prior to joining the health department, Erica worked for 7+ years across Africa, South-East Asia, and South America supporting the implementation of global health programs, including two years as a Community Health Educator Peace Corps volunteer in Suriname.
Ellen Dancel, PharmD, MPH  
**Director of Clinical Materials Development, Alosa Health**  
Ellen leads the Alosa Health clinical materials design process. This process includes developing clinical educator training materials, coordinating a comprehensive evidence document, and creating a summary brochure or detail aid, patient materials and other supporting items in coordination with Alosa’s clinical advisors and consultants. Prior to joining Alosa, Ellen had over 10 years of clinical hospital pharmacy experience in various clinical and administrative roles and supported an international public health project focused on HIV and malaria. Her varied clinical and public health experiences merge to bring to Alosa Health programs a passion to bring best-practice guidelines to facilitate optimal patient care.

Mary Liz Doyle Tadduni, PhD, MBA, MSN, RN  
**Education Consultant, Independent Drug Information Service and Expert Training Consultant**  
Dr. Mary Liz Doyle-Tadduni’s background has included critical care and medical-surgical nursing, nursing administration, academic administration, and hospital administration in major university teaching hospitals in the city of Philadelphia. Dr. Doyle-Tadduni is an expert training facilitator at NaRCAD, and an educational consultant with the Independent Drug Information Service of the Alosa Foundation. She serves as the Division Head and Associate Professor of Nursing at DeSales University in Center Valley, Pennsylvania. Dr. Doyle-Tadduni is a BSN graduate of DeSales University. She completed her MSN, with a concentration in Nursing Administration, and was awarded the MBA degree, with a concentration in Healthcare Management Services Administration from Widener University. Dr. Doyle-Tadduni’s doctoral thesis was on the preparedness of Emergency Nurses of the Emergency Nurses Association for Terrorism. She has recently been awarded the honor of distinction as an American Association of Colleges of Nursing Wharton Fellow.

Zack Dumont, BSP, ACPR, MSPharm  
**Clinical Pharmacist, RxFiles Academic Detailing Service, Manager of Clinical Pharmacy, Saskatchewan Health Authority**  
Zack is a clinical pharmacist with the RxFiles Academic Detailing Service in Regina, Saskatchewan, Canada and an expert facilitator for NaRCAD’s training courses. He has been involved with the RxFiles’ evidence-based drug therapy comparison tools. Zack also serves at the Clinical Manager for the Saskatchewan Health Authority Pharmacy Department. His practice has largely been hospital-based, with more specialized experience in anticoagulation and heart failure. His professional interests include evidence-based medicine, information technology and leadership. Zack graduated as a Pharmacist from the University of Saskatchewan in 2008. Following graduation, he completed a hospital pharmacy residency with the Regina Qu’Appelle Health Region. He also completed a Master’s degree in Pharmacy, with a focus on leadership, from the University of Cincinnati.

Paul Fanikos, RPh, MPA/HA  
**Chief Operating Officer, Alosa Health**  
Paul is the Chief Operating Officer at Alosa Health. Paul is responsible for providing leadership and oversight for the organization’s programs and services that focus on the development of evidence-based practice guidelines and clinical outreach to prescribers to ensure high-quality care when managing chronic conditions. Paul has more than 25 years’ experience directing disease and pharmaceutical educational programs with a keen focus on improving patient outcomes and containing costs. Paul has held leadership roles with the country’s largest pharmacy providers and pharmaceutical companies developing innovative solutions to challenges that impact healthcare practitioners and health systems across the country. Paul received his pharmacy degree from Massachusetts College of Pharmacy and his Master’s degree from Suffolk University.
Anna Gribble, MPH, MSW  
**Health Policy Analyst, Office of Provider Engagement and Regulation**  
**Maryland Department of Health**  
Anna is a Health Policy Analyst with Maryland Department of Health’s Office of Provider Engagement and Regulation. Her focus within this role is prescriber education and outreach as it relates to Prescription Drug Monitoring Program and opioid overdose prevention. As a Health Policy Analyst, she manages several state initiatives including oversight of federal funds to conduct qualitative and quantitative research on healthcare provider resources and needs, development and evaluation of provider educational resources, and outreach to healthcare providers on the state’s Prescription Drug Monitoring Program and Use Mandate. Anna is responsible for PDMP programmatic activities and policies that aim to improve clinical services, public health programs, and research in the fields of substance use prevention and pain management.

Adriane N. Irwin, MS, PharmD, BCACP  
**Associate Professor (Clinical), Oregon State University College of Pharmacy**  
Adriane is a pharmacist with clinical experience working in interdisciplinary teams in the primary care setting. She earned her Doctor of Pharmacy degree at the University of New Mexico in 2010. She then completed a residency at The Ohio State University Medical Center and a fellowship at Kaiser Permanente Colorado. Her research focuses on leveraging pharmacists to improve medication use and health outcomes, primarily in the ambulatory and community pharmacy settings. She currently serves as a co-investigator and academic detailer on a federally-funded grant aimed at increasing naloxone distribution from community pharmacies across four states.

Vishal Kinkhabwala, MD, MPH  
**HIV Prevention Activities Coordinator, Michigan Department of Health and Human Services**  
Vishal has been working with the Michigan Department of Health and Human Services since August 2019 as the HIV Prevention Activities Coordinator. His work focus is on program planning and implementation for the Ending the HIV Epidemic Initiative, focused on southeastern Michigan. As part of this initiative, he works as a part-time Academic Detailer with a focus on HIV Prevention with the overarching goal of increasing access to PrEP throughout the state of Michigan. He completed his Master of Public Health degree from Benedictine University in Lisle, IL in August 2013 and his Doctor of Medicine degree from Avalon University School of Medicine in Willemstad, Curacao in June 2018. Prior to working for the State of Michigan, Vishal worked for the New York State Department of Health as a Disease Intervention Specialist, working on a pilot HIV Molecular Clusters initiative. Vishal is particularly looking forward to moving the Michigan Department of Health and Human Services PrEP Detailing program forward into the realm of virtual “eDetailing.”

Harald Chr. Langaas, MPharm, MPH  
**Director, KUPP – The Norwegian Academic Detailing Program, Director RELIS Midt-Norge (Regional Medicines Information and Pharmacovigilance Center), Trondheim, Norway**  
Harald has been the director of a hospital-based medicines information centre (RELIS) in Trondheim, Norway since 2013. Together with colleagues at St. Olavs Hospital he started the first academic detailing program in Norway in 2015, and has been involved in AD work both as administrator and active detailer since then. Since 2018 he has been the director for KUPP – The Norwegian Academic Detailing Program. He is currently working on a PhD based on evaluation of academic detailing.
Todd A. Lee, PharmD, PhD
Professor, Department of Pharmacy Systems, Outcomes and Policy, College of Pharmacy, University of Illinois, Chicago
Todd has been faculty for more than 20 years including more than 10 at the University of Illinois Chicago. He has a pharmacy degree from Drake University and a PhD from the University of Washington. He has an active research program in a number of areas related to medication safety having received funding from NIH, VA, AHRQ, CDC and a number of other organizations. He has been working on academic detailing initiatives for the last five years. He is currently involved in an academic detailing program funded by the CDC focused on providing opioid-related academic detailing to primary care providers. He also actively works with the Illinois ADVANCE academic detailing program.

Brandon Mizroch, MD, MBBS
Provider Network Supervisor, Louisiana Department of Health
Brandon Mizroch received his MD/MBBS from the University of Queensland/Ochsner Clinical School Program in November of 2016. Since taking over as the PEP/PrEP Provider Outreach Specialist at the Louisiana Department of Health in August, 2017, he has worked with hundreds of doctors statewide on HIV prevention best practice. Since then he has expanded his educational base and now serves as the head of the academic detailing department at the Louisiana Department of Health, Office of Public Health, STD/HIV/Hepatitis program. As the Provider Network Supervisor he has helped lead the provider Outreach for the state’s first-in-the-nation Hepatitis C Elimination program. From grand rounds presentations at LSU-Shreveport Hospital and Baton Rouge General, to state-wide symposia and conferences, to one-on-one counseling encounters at dozens of clinics all over Louisiana, he has helped spread awareness and education on HIV prevention, syphilis screening and treatment, and HCV screening and treatment through evidence-based care.

Jacqueline Myers, BSP
Academic Detailer, RxFiles, Lead Pharmacist, Opioid Stewardship Program, Saskatchewan Health Authority
Jacquie graduated from the University of Saskatchewan with her Bachelor of Science in Pharmacy in 2012. She has practiced in numerous settings including community pharmacies, long term care facilities, and a hospital practice in internal medicine. Jackie is currently employed with the Saskatchewan Health Authority’s Opioid Stewardship Program, where her role as lead pharmacist includes a patient practice at the Regina Chronic Pain Clinic. Her work also includes academic detailing and resource development on chronic pain management, safe opioid prescribing, and opioid use disorder for RxFiles.

Michele Narsinghani, PharmD
Clinical Pharmacist, Social Media Project Leader, Academic Detailer, Illinois ADVANCE/University of Illinois at Chicago
Michele is a clinical pharmacist and clinical instructor with the Medication Review and Academic Detailing department at the University of Illinois at Chicago (UIC). She graduated with a Doctor of Pharmacy from The Ohio State University in 2008, and soon after acquiring her licensure in Illinois became a pharmacy manager in the retail space. While working in community pharmacy for 5 years, Michele had the unique opportunity to open and build pharmacy business at new locations, expand direct patient care with immediate care clinics, and start student mentoring programs. In 2013, Michele transitioned into a managed care role at UIC where she reviews prior authorizations for the Illinois Department of Healthcare and Family Services, is a preceptor for pharmacy students, and leads the Illinois ADVANCE social media/marketing team. She trained with NaRCAD in 2019 to develop her skills as an academic detailer with a focus in chronic opioid prescribing. Her interests include collaborating with prescribers to yield positive prescribing outcomes, brand management, creating recipes for her food blog, and promoting female entrepreneurship in Chicago.
Jennifer Pruskowski, PharmD, BCPS, BCGP, CPE
Assistant Professor and Director of Geriatric Pharmacy Research and Education
University of Pittsburgh School of Medicine, Pittsburgh PA
Dr. Pruskowski currently provides geriatric and palliative care patient care, research and education within the University of Pittsburgh School of Medicine and School of Pharmacy, the Veterans Affairs Pittsburgh Healthcare System and the UPMC Palliative and Supportive Institute. She earned her PharmD degree at Wilkes University and completed her post-graduate training at the Williams Jennings Bryan Dorn Veterans Affairs Medical Center in Columbia, South Carolina and the James J. Peters Veterans Affairs Medical Center in Bronx, New York.

Chirag Rathod, PharmD
Clinical Pharmacist, Supervisor, Academic Detailer, Illinois ADVANCE/University of Illinois at Chicago (UIC)
Chirag graduated with a Doctor of Pharmacy degree from Midwestern University in 2012 and has been working at UIC ever since. During his time at UIC, he has been involved in prior authorization, collaborations with the College of Pharmacy, College of Dentistry, and College of Medicine at UIC and teaching Medical Improv. He has also been focused on academic detailing, including program planning, creating educational material, training and detailing prescribers. He trained with NaRCAD in 2019 during their Spring Training Series. His interests include performing improv, teaching medical improv which utilizes the techniques of improvisation to improve communication skills amongst current and future healthcare practitioners and collaborating with prescribers in a variety of settings with a focus on improving overall patient care.

Nathaniel “Nate” Rickles, PharmD, PhD, BCPP, FAPhA
Associate Professor of Pharmacy Practice, University of Connecticut School of Pharmacy
Nathaniel (“Nate”) Rickles received his B.S. in psychology and chemistry from Dickinson College, Pharm.D. from the University of the Sciences in Philadelphia, M.S. and Ph.D. in the Social and Administrative Sciences from the University of Wisconsin-Madison. Dr. Rickles also completed a psychiatric pharmacy practice residency and is board certified in this area. He was inducted as a Fellow of the American Pharmacists Association. His primary research interests are to develop, implement, and evaluate intervention programs that improve pharmacist communication with patients and/or other team members and subsequently to improve medication adherence and patient safety. Primary teaching interests involve courses on communication skills, mental health, health behavior change, cross-cultural health care, and research methods. Dr. Rickles is an active researcher with several grants and publications involving enhancing the role of pharmacists in changing patient and provider behaviors.

Debra Rowett, BPharm, Adv Prac Pharm, FPS
Director, Drug and Therapeutics Information Service (DATIS)
Professor and Discipline Leader, Pharmacy UniSA Clinical and Health Sciences
Debra has led an academic detailing team for over 20 years and is a member of the team which designed, developed and delivered the “Best Practice in Educational Visiting” training for academic detailers in Australia. Debra has worked closely with NPS Medicinewise since their inception and has provided consultancies to other national and international academic detailing programmes. Debra is an experienced academic detailer with expertise in designing, developing, training, implementing and evaluating academic detailing programmes. Debra has served as the President of the Australian Pharmacy Council and is currently the Vice President of the Council of Pharmacy Schools. Debra has worked extensively in the area of quality use of medicines, inter-professional practice, policy and health workforce development in Australia. Debra is a member of the national Drug Utilisation Sub-Committee of the Australian Pharmaceutical Benefits Advisory Committee (PBAC).
Christopher Shea, MA, CRAT, CAC-AD LCC
Academic Detailer, St. Mary’s County Health Department
Christopher Shea, MA, CRAT, CAC-AD, LCC is a certified counselor and life coach who has worked as a clinician, clinical director, and executive for more than 20 years. Mr. Shea is the Academic Detailer for the Maryland Opioid Academic Detailing Project in the St. Mary’s County Health Department. In his capacity as an Academic Detailer, Mr. Shea has detailed to both providers and pharmacists in his county focusing on improving opioid prescribing practices, increasing the prescribing and dispensing of naloxone, and preventing opioid overdoses.

Dawn Smith, MD, MPH
Biomedical Interventions Activity Lead, Division of HIV/AIDS Prevention, CDC
Dr. Dawn K. Smith is the Biomedical Interventions Activity Lead in the Epidemiology Branch of the Division of HIV/AIDS Prevention at the U.S. Centers for Disease Control and Prevention (CDC). She conducts activities supporting the implementation of antiretroviral preexposure prophylaxis (PrEP) and other biomedical interventions to reduce rates of new HIV infections in the US, including the development of PHS clinical practice guidelines for PrEP. She spent 4 years as the associate director for HIV research at the CDC field station in Botswana where she established clinical trial infrastructure with integrated sociobehavioral research and initiated PrEP trials. Dr. Smith has served on scientific committees and review panels for NIAID, the Food and Drug Administration, the Office of AIDS Research, the National Institute on Drug Abuse, and the Institute of Medicine. Dr. Smith received her M.D. from the University of Massachusetts Medical School and then completed an M.P.H. in public health policy and international health, and an M.S. in clinical research design and statistical analysis at the University of Michigan. A family physician, Dr. Smith has practiced in varied settings. She maintains a strong research interest in the intersections of health care systems, race/ethnicity, social class, injection drug use, and the HIV epidemic.

Regan Smith, PharmD
Clinical Pharmacist, Pharmacy Management Consultants
Regan joined Pharmacy Management Consultants (PMC) in 2018 and currently serves on the Medication Therapy Management (MTM) and academic detailing committees, as well as actively reviews prior authorizations (PAs) for Oklahoma Medicaid. Prior to joining PMC, she served in the practice settings of community and managed care pharmacy. She currently participates in recruiting patients for MTM services, delivering detailing services, and using evidence-based medicine to evaluate PAs. Her program efforts aim to help patients reach their health care goals by providing patients and providers with quality information and resources.

Kristefer Stojanovski, MPH
Evaluation Specialist, San Francisco Department of Public Health
Kristefer is a PhD Candidate in Public Health at the University of Michigan. He is trained in complex systems, epidemiology, health policy, and structural determinants of health. He is a public health consultant and works with the San Francisco Department of Public Health. He provides evaluation expertise, including evaluation development, implementation, and analyses. Kristefer utilizes community-based strategies to research and evaluation. He also utilizes a learning framework to help clients improve upon their efforts and programs. He has experience evaluating public health detailing programs, criminal justice reform efforts, mental health services, and other areas including education and prevention of child trafficking. This range of experience positions him to fully understand the unique needs for program evaluation and evaluation methods as it relates to multi-faceted and complex processes.
Sara Tiegreen, PhD  
*Project Coordinator, Psychotherapy Academic Detailing Pilot*  
*National Evidence-Based Psychotherapy Program, VA Office of Mental Health and Suicide Prevention*

Sara is a clinical psychologist with the Durham VA system, where she serves as Assistant Division Chief for Outpatient Mental Health. She coordinates local team-based care efforts, focused on implementation of best practices and management of outpatient mental health programming. She has worked for the VACO Psychotherapy Section/National EBP Program on implementation initiatives since October 2018, specifically serving as project coordinator for an adaptive academic detailing pilot targeting psychotherapy services. She continues to contribute to systemic efforts to bring quality care to Veterans.

Jacki Travers, PharmD  
*Clinical Academic Detailing Pharmacist, Pharmacy Management Consultants*

Jacki joined Pharmacy Management Consultants (PMC) in 2015 and serves as the chair of the academic detailing committee. She has been active in the development and implementation of PMC’s academic detailing program as part of its service to Oklahoma Medicaid. Prior to joining PMC, she served in the practice settings of independent, hospital, and clinical pharmacy. She currently participates in developing detailing materials, delivering detailing services, and analyzing program results for multiple topics as part of a statewide plan. Her program efforts focus on bridging the gap between information and application in order to provide quality health care in a fiscally responsible manner.

Dominick Trombetta, PharmD, BCPS, BCGP  
*Clinical Educator, Alosa Health*

Dominick is currently an Associate Professor of Pharmacy at Wilkes University, Nesbitt School of Pharmacy. He received a BS in Pharmacy from Temple University and Pharm.D from Shenandoah University. Dominick’s practice interests are geriatrics, internal medicine, and pain management. He maintains an active clinical practice at Allied Services Rehabilitation Hospital in Scranton, Pennsylvania. He has been a Clinical Educator for the Independent Drug Information Service since 2005 and consultant for Alosa Health on various academic detailing projects.

Justin Turner, PhD, MClinPharm, BPharm  
*Co-Director, Canadian Deprescribing Network, Faculty of Pharmacy, University of Montreal*  
*Centre de Recherche, Institut universitaire de gériatrie de Montréal*

Justin is a researcher with a passion for optimizing the safe and effective use of medications in older adults. His enthusiasm is driven by his experiences as a pharmacist in hospitals, community, aged care and policy sectors across Australia and the United Kingdom. In 2015, Justin sold his pharmacy and moved to Canada searching for snow and the answer to the question, “How can we improve medication use in older adults?” His Canadian research focuses on implementing and evaluating evidence-based interventions to reduce the use of unnecessary and inappropriate medications at local and provincial levels.
Dawn Whitney, MSN, RN
Clinical Educator, Alosa Health

Dawn is a member of the nursing faculty at University Massachusetts Boston and Northeastern University. She brings more than 20 years nursing experience in academics and clinical practice to this role. Dawn designs, implements and delivers engaging learning experiences focusing on concepts of public and community health, the acute medical surgical patient and achieving better health outcomes for complicated conditions. Over the past two years Dawn has been actively engaged on three educational outreach projects related to managing type II diabetes. In addition to working on multiple academic detailing campaigns, Dawn supports training and mentoring new academic detailers at Alosa Health. Dawn has the keen ability to tailor the delivery of key messages of the academic detailing campaign to meet the needs of providers and the communities they serve.

Lauren Linder Wier, PharmD, BCPS, BCPP
SCORxE Clinical Pharmacy Consultant

Lauren is a board certified pharmacist in pharmacotherapy and psychiatry. She currently works as a clinical pharmacy consultant for the SCORxE academic detailing service within the Medical University of South Carolina, College of Pharmacy. Lauren received her doctor of pharmacy from Presbyterian College in 2015, and completed a PGY1 pharmacy residency in Louisiana. She then completed a PGY2 in psychiatric pharmacy at the Medical University of South Carolina. Currently, Lauren is involved with educating primary care providers on safer opioid prescribing and expanding access to OUD treatment. She is also an active member of the College of Psychiatric and Neurologic Pharmacists (CPNP) and currently serves on the Student Committee which encourages students to select psychiatric pharmacy as a career and develop and manage the current CPNP student chapters around the country.

Jordan L. Wulz, PharmD, MPH, BC-ADM
Assistant Professor of Pharmacy Practice, Concordia University Wisconsin

Dr. Jordan Wulz is in his 4th year as an Assistant Professor of Pharmacy Practice at Concordia University Wisconsin’s School of Pharmacy. Dr. Wulz earned his Doctor of Pharmacy degree from Palm Beach Atlantic University and his Master of Public Health degree from Samford University. Dr. Wulz has also completed two years of post-graduate residency specializing in Ambulatory Care and Public Health with Samford University and the Jefferson County Department of Health. Currently he teaches Pain Management within the Pharmacotherapy sequence, and coordinates an Applied Patient Care course in the third professional year of pharmacy school. He also practices two days a week at an Ascension Wisconsin outpatient pain management clinic.
The AD Community is Growing.

Come be part of something special:
Made by the AD Community, for the AD Community.

Got stories to share about your most memorable field visit?
Tips and tricks that make your AD program a success?
Questions about how to launch your campaign?

Join the Discussion today!

The forum acts as a communal resource generated by members contributing their hard-earned expertise and experiences. From information on e-Detailing transitions to strategizing together about solutions to challenges, we have space for all of your AD needs.

We’re only missing one thing—you!

Register for the forum today here.
It's a time when continuous comparisons of the COVID-19 era to that of the Spanish Flu of 1918 are frequent. More than 100 years later, we've moved from telegrams to Instagram--staying connected seems like it'd be easier than ever. With so many channels and platforms available to stay on top of the ever-changing influx of info on the current state of healthcare, why do we so often feel less connected?

We're speaking, but we're having a hard time listening. We're viewing, but we're not reading. With platforms like Twitter, output is the main focus. Sure, we scroll through others' feeds, leave comments and likes, all with a quick tap or two. But this is the virtual version of 'speaking at' someone, rather than with.

What will encourage us to invest in opportunities for more circular, reflective dialogues during an era where the perceived preciousness of time leaves us running at an ever amped-up, task-oriented pace? What slows us down in these moments of overstimulation?

For many, it's 'feeling seen' for the work that they do, the values they share, the experiences they've had. It's pausing to sharing stories as often as sharing data; contextualizing our experiences with vivid imagery, details, reflections. It's trading in the hashtag for a moment to pause and be present with others. Consider it akin to drinking a cup of tea or coffee--rushing makes it an unpleasant task rather than something to be enjoyed as it should be.

With a personalized approach like this in mind, and with a sense that it's more critical than ever to slow the pace at which we give and share information, investing a few more moments in the art of storytelling allows us to deeply digest each other's experiences.

Our Discussion Forum provides space to do just that--share and digest; a space where there isn't a speed at which info is refreshing your app, there are no 'push notifications', there are no alerts. Instead, our goal is to offer you time to sit and pause, to be present and learn with other health professionals who, like you, invest their valuable time in supporting frontline clinician care.

We invite you to take a moment to invest in this library of stories, where a few minutes of time will not be lost to the ethers of endless Facebook or TikTok scrolling (which serve their purposes, too). Instead, your return on investment will be as valuable as the time you spend--a connection to a community full of dedicated health educators who share their struggles, setbacks, and solutions.

Make as many small (or large) moments in your day to pause--it's more important than ever for healthcare professionals and beyond to take the best care they can. And if you're willing, share one of those moments together with us.
From interviews with academic detailing experts to exciting new initiatives taking off around the country, DETAILS hand selects the best of clinical outreach education and delivers it right to your inbox.

Grab a cup of coffee or tea and see how academic detailing is making a lasting impact, from rural areas to densely-populated cities. Covering diverse interventions, from HIV prevention to chronic disease management, and varied lenses, including voices from both new and long-standing programs, we’re working with programs to highlight the movement of AD as it continues to influence clinicians, helping them to make the best decisions for their patients.

Next month on our blog: YOU.
(No, really.)

Contact us if you’d like to showcase your program’s successes and lessons learned. narcad@partners.org
The pandemic has changed everything about our lives and our work. Some occupations have been able to adapt to the new abnormal, such as programmers and financial traders. Others have found it harder to do their jobs as before, like brain surgeons and academic detailers. For the latter, in a socially-distant, avoid-human-contact world, how can we pursue an activity that has as its very definition in-person, interactive communication?

Academic detailing programs around the country and the world have been grappling with this challenge. And unlike our colleagues the brain surgeons, we have been able to come up with some plausible solutions, even if nothing is quite the same as being up close and personal. We’ve been learning about the virtues and limits of Zoom/Skype/WebEx. If we’re paying attention, using them can bring into sharp focus the central aspect of interactivity, on steroids. It’s a little like becoming a better runner by strapping weights on your ankles (or so my athletic friends tell me). A non-adept academic detailer can mis-use a Zoom encounter even worse than a face-to-face one: “Sit still for 20 minutes while I do this presentation at you.” That will fail on a platform even more calamitously than it does in person. (One clue is when the prescriber mutes their video to read their e-mail.) But if we’re open to it, the e-encounter can focus our attention even more on whether we’re learning where the clinician is coming from, getting feedback, actively asking what sub-topics they most want us to cover.

The artificiality and forced intimacy of a screen-to-screen encounter, and the reason we currently have to do our work like this, can also focus us even more on another key aspect of academic detailing, empathy. “How are you holding up?” or “I bet COVID has really changed your practice” are opening statements that can address the 800-pound virus in the (virtual) room, acknowledging the obvious strangeness and discomfort that afflict so many conversations in these awful times.

On a more concrete level, pandemic-style education is also forcing us to come up with new ways to use our educational materials. What to do when you can’t focus a practitioner’s attention on a particular graph or table you’re showing them because they’re dozens of miles away? Displaying a PDF of a document and whizzing around your cursor is one easy, but primitive solution. What about presenting a list of topics hot-linked to a detailed display for each? Or completely re-formatting our materials (stop moaning) for better adaptability to a computer screen?

Those of us who also used to teach in classrooms have learned that with a little work (ok, a lot of work) coronaeducation can even be better than what we’ve been used to doing: using links to video clips or animations, real-time interactive polling, techniques that maybe we could have been using in the classroom, but weren’t.

Another key advantage of academic e-Detailing, if we can figure out how to make it work well, is the prospect of having a virtual visit with a clinician without the sunk time of getting to their office — a major enhancement in working with practitioners who may be an hour’s drive or more from the educator’s base. The benefit for our field in productivity and cost-effectiveness could be considerable.

Contrary to naïve beliefs that “Soon everyone will be protected by the vaccine and we can get back to normal,” this virus probably won’t let us return fully to the old ways any time soon. Instead, it will force us to mutate our work to cope with it. And in the process, not only will we be able to continue our work, we may even discover better ways of doing it.

Be strong and stay safe.
Hi Lindsay! Thanks for chatting with us today about the exciting work happening at Centre for Effective Practice (CEP) in Canada. Can you tell us about your role and share some highlights from your team’s recent work?

I’m the manager of the primary care academic detailing service at CEP. We have a provincial service, which started in March of 2018 that serves family physicians across Ontario. Prior to our current service, we have run services in long-term care to support appropriate prescribing as well as primary care to support diabetes management.

Our current service is still growing, but we’ve served just over 880 family physicians to date. Our focus has mainly been around opioids and chronic pain. We were just about to launch a series of “visits” (campaign topics) on prescribing in older adults, but we quickly pivoted to meet the needs of family physicians and began working on a visit around managing primary care in the COVID-19 context.

It’s so important to understand and meet the needs of family physicians when it comes to academic detailing, especially during a tremendously stressful time. Can you tell us a little bit more about the COVID-19 visit and the process behind its launch?

Our provincial government declared a state of emergency in Ontario on March 17th, so we knew COVID-19 would be top of mind for our physicians and that they’d need more information. We also knew that we’d have to deliver the visits virtually, which was a fairly new territory for us.

We had to modify our usual content development and detailer “upskilling” (bringing detailers up to speed on the content, key messages, and evidence around the topic) processes in order to meet the demands of family physicians by getting them information around COVID-19 when they needed it. The content development process for our other visits typically takes six months, with the detailer upskilling taking the last month and a half of that six-month period. COVID-19 turned everything upside down and made us rethink what we assumed was impossible.

Within two weeks of the declaration of emergency, we started pulling together content for our COVID-19 resource centre (clinical tool for this visit, which is also available to all primary care providers), one week later we started training our detailers and within a month, we were delivering virtual visits to family physicians.

It’s impressive how quickly your team was able to launch this visit. COVID-19 is different from other topics that your team has focused on because the information and guidelines are continuously changing. How has your program kept detailers up to date?

The detailer upskilling process for other visits includes weekly webinars to review key messages and the surrounding evidence, and a two day in-person workshop where detailers get to practice their visit discussions with each other and family physicians prior to launching visits.

We also use a content development team for our detailing tools and bring those tools to the detailers to review when they’re about 90% complete. We typically don’t edit or change those tools after visits have begun.
For our COVID-19 visit however, the detailer upskilling weekly webinars and the content development for our ever-evolving online COVID-19 resource centre have been continuous, ongoing processes.  

Our detailers have also taken on a larger role within both processes. Each detailer has been responsible for searching for, appraising and synthesizing information on a specific sub-topic of COVID-19, and then submitting this information for inclusion in our resource centre as well as presenting it at our weekly webinars to their fellow detailers.

Our detailers need to be up-to-date on the emerging and evolving evidence and jurisdictional guidance around COVID-19 because family physicians don’t have time to sort through all the information being made available to them daily during the outbreak.

It’s critical to provide physicians with the most up-to-date information, especially in situations like the COVID-19 pandemic where they’re bombarded with new recommendations and guidelines from multiple sources on a daily basis. How many COVID-related visits has your detailing service provided to physicians during this time?
We’ve had 95 initial visits to date and approximately 12% of those visits have been with physicians whom we’ve never detailed before. We’re just starting to reach back out to physicians to see if they would like a follow-up visit since evidence has evolved and challenges have changed since we first started.

The initial conversations were focused on testing, assessing and managing patients with the virus, and we’re now seeing those conversations shift to focus on resuming primary care services within the COVID-19 context. The detailers have done an amazing job in transitioning their detailing conversations to ensure they’re always covering the emerging areas of interest and need for family physicians.

We’ve seen little to no requests from physicians for detailing visits on anything but COVID-19 or on maintaining care in the context of COVID-19, which speaks to the impact this topic has had on family physicians.

Wow – it’s amazing that your service has been able to detail so many physicians on COVID-19 while also recruiting new ones.
Yes, overall, the visits have been well-received. We were a bit more cautious with our approach to promoting our COVID-19 visit and recruiting new family physicians. We didn’t want to add to the current noise at this time. Instead, we took a more passive but strategic approach, like adding a banner to our website where family physicians can quickly sign up for a visit, and having our partners share our visit and resource centre with their membership base. One of the neat things about this visit is that because we’re offering it virtually, we’re able to expand our geographical reach and provide our detailing service to more physicians.

Using a virtual platform certainly has its pros, especially within the world of academic detailing! What has your program’s experience been like with integrating e-Detailing into your service?
The transition wasn’t unsurmountable for our detailers because they are quick learners, and we’ve had a lot of support through the resources offered by NaRCAD and our partnership with the Canadian Academic Detailing Collaboration (CADC).

We also did internal virtual training sessions with our detailers where they were able to practice using all the features of the Zoom videoconferencing platform. Overall, it’s been a positive learning experience, and one that has furthered our team’s ability to be adaptable and enhanced our problem-solving skills.
We do feel, however, that there’s been an impact on the detailer-physician relationship since we’ve transitioned to virtual detailing, especially for the 12% of family physicians who are new to our service. When a detailer is in a physician’s practice, they can see how busy a waiting room is or how stressed the staff appear to be.

When family physicians join a virtual detailing visit, it’s much harder to gauge what kind of day they might be having and adjust the discussion accordingly. Furthermore, the act of going into a physician’s practice itself can create goodwill that helps establish and strengthen the detailer-physician relationship, and that opportunity is lost during virtual detailing.

That’s an excellent point. Observing the waiting room and interacting with office staff is also essential to a detailer’s needs assessment. Detailers lose this piece of a visit when the detailing is done virtually. Is virtual detailing something that CEP will continue doing once COVID-19 related restrictions are lifted?

Our detailers and family physicians would like to return to in-person visits. There seems to be some conversations that lend themselves better to virtual communication, and others for which an in-person presence offers greater value and impact. When it comes to relationship building, in-person interactions still offer something special.

We would also like to build off the momentum we’ve started with our virtual visits. We’re exploring the idea of offering virtual detailing to family physicians who would otherwise have their visit rescheduled due to extreme weather or to family physicians located where we don’t already have a detailer covering the area. We’ve all done what we thought was impossible in providing the majority of healthcare visits virtually. I hope that folks across the healthcare system will continue to use that momentum moving forward to increase access to care.

Check out our e-Detailing Toolkit here, and take our needs assessment survey to help us curate the right resources for you.
Our Conference Hub is home to the archived files of every NaRCAD conference since 2013.

Come check out slides, recordings, and video of past conferences. With everything from our dynamic keynote speeches to our engaging panel discussions, our Conference Hub is a valuable resource for any AD program.

NARCAD2019 ARCHIVE PAGE  NARCAD2018 ARCHIVE PAGE  NARCAD2017 ARCHIVE PAGE
NARCAD2016 ARCHIVE PAGE  NARCAD2015 ARCHIVE PAGE
ON-DEMAND VIDEO: #NARCAD2014  ON-DEMAND VIDEO: #NARCAD2013

Share your thoughts with us.

NaRCAD’s
3-minute community survey

Stay tuned!

Keep your eyes on your inbox early this December 2020 for the 2020 ANNUAL SURVEY.

Your participation automatically enters you in a raffle to win a $100 Amazon gift card!
Ready to start? Need to refresh?

We’re excited to offer virtual training opportunities into 2021—stay tuned and check our training series page for up-to-date information.

Hundreds of our alumni have completed our intensive techniques course ready to visit practices, build trusting relationships with front-line clinicians, skillfully share best evidence, and successfully implement effective health interventions to improve care for the patients who need it most. We offer a unique and dynamic course that provides a critical foundation for clinical outreach educators. We’re with you each step of the way, offering personalized instruction through diverse learning platforms, featuring:

- role play, lecture, discussion, small group breakout sessions,
- networking, expert panels, modeling,
- customized technical assistance, & more.

What our participants say about our trainings:

“I don’t remember the last time I’ve selected ‘strongly agree’ on every question on a training survey, but this has been the best training I have attended in 5 years.”

“I have been hesitant in the last few months about doing this work, but now I’m trained and ready to take on AD!”

“This was the best and most efficient healthcare-related training course I’ve been to.”

“I came away with refined communications skills and improved clinical knowledge, thanks to the outstanding team of facilitators.”

“Just the right amount of didactic, practice, and then putting it all together. I’m ready to develop materials and try it.”
Hi, Kristefer! Thanks for taking the time to chat with us today. Can you tell us a bit about your background and the work you’re currently doing as it relates to academic detailing?

Thanks for having me. I’m a public health researcher and an evaluation specialist with the Capacity Building Assistance Program at San Francisco Department of Public Health. I serve as a specialist and a technical assistance provider for the West region of the United States. My work is focused on data and evaluation of academic detailing programs that are working on topics like sexual health, HIV, and PrEP. My main goal is to help folks measure, or think about, what “success” may look like for an academic detailing program.

What data do you think is most important for academic detailers to track during their visits when measuring or thinking about success?

I see evaluation data and detailing efforts as one complete package. Detailers should think about their data at a high level and focus on the information they’re collecting and how that information serves the overall goal of detailing, which is to improve knowledge, attitudes, intentions, and behaviors of providers and clinics.

At the same time, detailers should think about how they can show that they’re achieving that goal. For example, it’s useful to track how many providers they’ve seen, how much time was spent with providers, what they talked about during the visit, the resources that were provided, how the providers plan to use those resources, if a follow-up visit was scheduled, and the purpose of that follow-up visit. It’s important to track a mix of quantitative and qualitative data, but the critical components that should be tracked are the outcomes and the process of detailing.

What about academic detailing programs? What data should they collect?

In a typical detailing program, detailers have a longitudinal, continuous outreach to providers. There’s an interesting conversation to be had about how we can use that temporal matrix as a tool and strategy for evaluation. I’m interested in how we can use the work academic detailers are doing—the actual visits themselves—as pieces of data over time.

For example, if detailers are collecting some of the rich conversation that they’re having with providers or clinics, it’s fascinating to track those conversations over time and see how the detailing program is changing the knowledge, attitudes, intentions, and behaviors of those providers and clinics. There’s a lot of work that detailers are already doing that can be easily turned into data sources for both the detailing effort and the evaluation effort. I like to think about how we can make things as simple as possible.

Is there a specific platform that makes things simple and is best for collecting data for academic detailers and programs?

That certainly becomes a little bit more individualistic when thinking about the needs, challenges, and abilities of each jurisdiction. Detailing is a conversational effort that is attempting to make concrete behavior change, so it becomes more convoluted when you think about how to track a conversation. Some jurisdictions might have a place to track conversations in their electronic health record, where others may not.
At the most basic level, detailers can chart their conversations on one-page Word documents. The detailers I worked with charted their conversations with providers over time and eventually put it in one large PDF that could be easily uploaded into a qualitative data analysis software. You have to be creative when it comes to tracking this information.

How would you recommend that programs with limited resources go about data collection and evaluation?

A lot of times we say we want to have high-tech solutions when we don’t actually need them. For a resource constrained department, having that one-page Word document that allows detailers to chart their interactions is more than enough data.

Charting for just five minutes after a detailing visit about everything that took place becomes a wealth of information. You can also use an Excel document to input data from provider surveys.

There are many low-tech ways to track information and it's important to be aware of the low hanging fruit in terms of data collection. You want to be able to easily collect data that serves the detailing efforts, the program, and the evaluation and improvement process.

That's a great way to look at it. What are some best practices for using data for leadership buy-in?

I can't stress enough how important data is in getting leadership buy-in. Data is not only quantitative and qualitative, but also using the information gathered to tell a story. It would be a strong statement if someone was able to go to leadership with a story about how providers have changed their practices based on the detailing effort. Using concrete results and showing leadership that detailing is making a change is extremely helpful for buy-in.

Being able to show crazy big outcomes with your data won't happen, but sharing stories from providers and clinics about how detailing has helped them is quite moving. I've heard some amazing stories during my evaluation. For example, detailers helped providers at some clinics to provide patients with directly observed therapy for PrEP at the same time that they were providing them with medication-assisted treatment for opioid use disorder. It's impressive that detailing at those sites was able to make the clinics think creatively and be able to provide PrEP to these patients.

That certainly is impressive! What has surprised you the most about the academic detailing data you've evaluated?

I can't help but to think that pharmaceutical companies spend millions of dollars and resources on this model and they certainly wouldn't have been doing this for decades if it didn't work. We're almost a little late to the game as public health practitioners, but through my experience evaluating some of this work and reading other evaluations, I've been shocked by how much providers truly value detailers.

It's fascinating to see how these health systems and departments are viewed as trusted partners by providers and clinics and how detailing has served as a role to improve that partnership and collaboration. Providers have often said how crucial this information has been in getting access to Department of Public Health resources they didn't even know existed, which is pretty sad. Seeing public health and the medical system working side by side in this kind of way has been breathtaking.

Explore more public health AD best practices via our featured DETAILS blog pieces.
Interactive, virtual opportunities to learn.

Webinars and Community of Practice Roundtables are hosted monthly to deliver fresh and exciting new content and experiences from the field.

Come chat in real time with the NaRCAD team and AD peers from across the community. We host webinars addressing all of your AD needs—recruitment, provider-detailer relationship building, transition to e-Detailing, data tracking and evaluation—and much, much more!

Take a peek at some of our 2020 offerings:

“The Bigger Picture: AD As Part of a Community-Wide Intervention to Support Patient Care”

"Measuring Impact for Sustainable Programming: The Importance of Evaluation”

"AD for Opioid Safety: An Overview for New OD2A Programs”

"Strategic Data Collection and Tracking: Best Practices for Program Sustainability”

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

"Best Practices in Detailer Recruitment"
Trust, Mutual Respect, and Transparency:
Building a Strong Provider-Detailer Relationship (Part I)

NaRCAD Interview: Amanda Kennedy, PharmD, BCPS, Director of the Vermont Academic Detailing Program, University of Vermont

Amanda, thank you for taking the time to reflect on the relationships you’ve built through the years with local providers. What would you say are the key elements for building a strong provider-detailer relationship, and why?

Trust and mutual respect. If the clinician doesn’t trust you, then it’s going to be very hard to make recommendations for practice change. Mutual respect goes both ways. As much as I am providing a service, I also expect the clinician to show up and be engaged in our visit, because only then can we have the kind of conversation that gets at the heart of the behavior change we hope to see.

Engagement is such a key component of these visits, especially for creating a safe space for providers to be open and honest with the detailers about their concerns and needs. I want to take you back to the start and ask you to reflect on what it was like to be brand new to AD. What advice would you give to a new detailer in those shoes?

Confidence is key. You can study and practice everything with your team, but at some point you have to get out there and just do it. Building that relationship requires confidence and the belief that you have something valuable to offer. When you only have a few opportunities a year to meet with clinicians, you have to capitalize on those moments. It can be difficult to establish that rapport and trust when contact is infrequent. It’s about persistence, patience, and continuing to show the clinician that you want to be helpful. Some things can get in the way, such as not having the same clinical background as the provider you’re working with, and not always feeling qualified. But remember, you wouldn’t have been hired in this role you weren’t qualified!

That’s certainly important to keep in mind. You were also recently introduced to a new playing field – virtual visits. Compared to traditional in-person visits, what’s it like starting new relationships through e-Detailing?

Virtual visits can be efficient, because we eliminate the cost of travel, we can reach more people and more often. Most of the content of that first call is the same as in person. On a first visit, most of what you’re doing is the introduction of your work and your program. I’m transparent about everything with them.

I don’t bring up my materials or share my screen until that clinician has had the opportunity to ask me any questions they have. I give them a chance to see me as a person first, without distractions. This takes a few minutes longer virtually than in person, and it can be harder to gauge body language, but it’s an important first step in establishing a relationship.

That’s a good piece of advice for many programs making that transition into e-Detailing, as I know it was a big concern about starting these relationships over a new medium. Do you have an example of how maintaining these relationships can support better health outcomes for patients?

Yes. While our team was putting together information on a COPD campaign, I was meeting with Dr. Schwartz on a different topic. At the end of our visit, I told him about the next topic and asked him what was concerning him about...
it. He asked for more information on benzodiazepines and patients with COPD. While this specific information wasn't included in the overall COPD campaign, I've personally been looking for good articles that would be helpful for his particular interest. In attending to this specific request, I'm showing him that I'm listening to and addressing his need.

That's some strong needs assessment! And I'm sure that information will be put to good use. You've been in this field for 18 years - have you seen how your support has resulted in clinical behavior changes over the years?
The most rewarding thing for me is going into a clinic and seeing a tattered version of a handout we used five years go, or a clipped out table taped up on a board. That's how you know your information has stuck around and has had a long-term impact.

Also, on visits, if a provider is struggling to think of how to incorporate a behavior change into their practice, I have stories from other providers and can provide suggestions and ideas that have worked for them. I can leverage a community of long-term relationships.

Have you found that these strong relationships allow you to get more out of a detailing visit, especially when there are some difficult conversations?
Yes, absolutely. It's important to know, especially right now, that we're suffering a community-wide trauma because of COVID-19. Out patients need their providers, but those providers have their own challenges going on too. There are family issues, financial issues, and community issues. Our jobs as detailers is to be a support as much as we can, and to help providers make beneficial changes for patients that are rooted in evidence.

We're currently doing a topic on managing stress related to COVID, but before we get into how providers can help their patients, we pause and ask them how they're doing. I've had providers share deeply personal information with me that can be important in understanding how to best support them in addition to them supporting their patients. They know that they can trust us.

As we wrap up, what would your final advice be to other detailers looking to replicate your success?
My advice? It doesn’t take 18 years to build a relationship with someone. It just takes enough of your effort to show that you're really trying and taking opportunities to be of service. It means showing that you're trustworthy, and that you're going to respect and support them just like you're promising them that you will.

(Part One of Two).
Overview: The DETAILS blog presents a special two-part series of what it takes to build a strong provider-detailer relationship from the perspective of a long-time academic detailer and then, from one of her local physician partners that’s received AD for almost 15 years. In Part Two, we get a chance to speak with Dr. Robert ‘Bob’ Schwartz, a Vermont family physician and medical director who discusses the impact of AD on his clinical practice. Bob reflects on what a strong provider-detailer relationship looks like from the perspective of a clinician, especially in the midst of COVID-19, and offers his advice to other providers considering AD.

We're so excited to have the chance to speak with a clinician who's been receiving AD for a long time! Can you tell us a little bit about how you came to work with the Vermont Academic Detailing Program?

It’s been several years that I’ve been blessed with Amanda Kennedy’s presence on the AD service. I would say that it actually all started back when we first decided we were not going to allow pharmaceutical representatives in the office about 20 years ago. We decided that it wasn't a good use of our time. Then Amanda and the Vermont Academic Detailing Service came onto the scene. They presented a formal alternative to learn about medications from a non-biased view – and so we’ve participated in every single session since then.

That’s incredible!
The program is great – I think what’s really critical is that the program has such a high level of professionalism that you can be completely trusting of the information that you’re getting. My colleagues and I are always so thrilled when there’s another topic ready. I know how long it takes to get these things set up. You know it’s not just something someone slaps together on a random afternoon. Amanda is an absolutely amazing professional, and the fact that she’s been with us for so long helps develop a personal relationship and it builds trust.

This relationship has been developed over more than a decade! Here at DETAILS, we don’t always get a chance to ask about what happens after the detailer leaves the office. What challenges in clinical care make it critical to lean on Amanda as a trusted source of evidence and resources?

I like that AD is not about a specific medication, but rather a specific medical condition. As a clinician, I think about the patient sitting in front of me with COPD, not about who I can get on a specific drug. Pharmaceutical detailers only talked about specific medications and you couldn’t trust the information as unbiased. They never gave you the whole picture. What’s really important in medicine is how all the pieces fit together, and that’s really hard as a clinician to figure out on your own. With AD, I can reach out to say that I have COPD patients and I really want to get more knowledge about COPD.

Right, and there’s an abundance of research that’s difficult to sort through on your own.
AD is one of the few places that you can get this comprehensive evaluation of a specific condition and the medications that surround that. The other thing is that they bring materials. It might be a one-page sheet with diabetes medications based on class, relative cost, brand and generic names, and dosage. Or, it might be a COPD assessment score tool that I can easily refer to. These clinical aids are a big part of what detailers bring for us.

Absolutely – those materials take a long time to create! I wanted to dive a little deeper into the provider-detailer relationship. What role do you think trust plays in sustaining a provider-detailing relationship for the long-term?
When we ask Amanda a question that she doesn’t know the answer to, she will tell us that she doesn’t know, but will look into it. A week later, you get an e-mail with information that she’s put together. We trust her and know that the dynamic of the relationship is not manipulative. We know that the information is carefully researched and that she’s not going to fill in the blanks by winging it.

All of our detailing sessions have an unstructured portion where we can ask specific questions of Amanda. It allows the providers in our practice to have an organic conversation about a specific issue, and it can be hard to replicate this without the support of a detailing program.

It’s always important to acknowledge what we know and what we don’t know, especially right now with COVID-19. It’s disrupted a lot of things, and I imagine for our healthcare providers, more than ever, there’s a lot of extra challenges. Our detailers’ main goals have always been to support their local providers and to be there with them through obstacles as they arise. What would you want detailers to understand about the challenges that COVID has brought on for clinicians?

Everything has been changing over the last several months and navigating COVID challenges takes up a lot of time. However, we still have to take care of our diabetes and our COPD patients and so more than ever, it’s critical that we have access to information that is streamlined, accurate, and that we can be confident in. I always tell people that medicine and life are team sports, and if you think you’re going to excel at either one of those alone, you’re going to be disappointed every time. We need Amanda on our team because she fills this vital role, that’s even more vital to have filled today.

And finally, we know that there’s a lot of other clinicians who may be on the fence about receiving AD because they’re unfamiliar with it, or may have lingering distrust from pharmaceutical representatives. As someone who’s received AD for a long time, what advice would you give to other providers who may be considering these visits?

I conceptualize AD like this – it’s like getting on the super highway instead of taking the secondary roads. I could drive to Chicago and never leave a two-lane highway, or I can get on the 90 and drive on that to Chicago all the way. To other clinicians – we have certain responsibilities to ourselves and our patients, and one of those responsibilities is to keep up with what’s going on and to know how to use it to better care for our patients.

What I would tell other clinicians is that, you have this responsibility anyway – why not have another team member who’s an expert on this and give this information to you in an hour what would have taken you six hours to do yourself? We’ve loved our partnership with Amanda, and we look forward to what comes next out of it.
Thank you to all of our participants for joining us from all across the globe. We look forward to seeing you at NaRCAD2021!