

NARCAD PRESENTS

THE 9TH INTERNATIONAL (VIRTUAL) CONFERENCE
ON ACADEMIC DETAILING

**"CULTIVATING RELATIONSHIPS
FOR COMMUNITY RESILIENCE"**

NOVEMBER 8 - 10, 2021
ZOOM SESSIONS
10:30 - 4:00 P.M. ET DAILY



**#NARCAD2021
#ACADEMICDETAILING
NARCAD@BMC.ORG**

2021 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 8, 2021

- 10:30 AM **Welcome**
- 10:40 AM **Day 1 Address**
Mike Fischer, MD, MS
Founder & Director, NaRCAD
- 11:00 AM **FIELD PRESENTATIONS:**
“E-Detailing Innovations for Stronger Relationships”
- 12:15 PM **Lunch Break**
(Please stay connected to Zoom)
- 1:00 PM **BREAKOUT SESSIONS:**
“Building Blocks for Impactful Programs”
(See detailed agenda for sessions;
select breakout link choice from
chatbox or below)
- 2:30 PM **Afternoon Break**
(Please return to Day 1 Zoom Link)
- 2:45 PM **Plenary Session:**
“Strengthening Clinical Care for Patients with Opioid Use Disorder: Reflections from a Statewide Program in Tennessee”
- 3:45 - 4:00 PM **Day 1 Wrap-up and Evaluations**

DAY 3:

WEDNESDAY, NOVEMBER 10, 2021

- 10:30 AM **Day 3 Kick-off**
- 11:00 AM **EXPERT PANEL:**
“Exploring and Addressing Clinician Stigma to Encourage Accountability”
- 12:15 PM **Lunch Break**
(Please stay connected to Zoom)
- 1:00 PM **FIELD PRESENTATIONS:**
“The 2021 Yearbook: Applying Successful AD Approaches”
- 2:15 PM **Afternoon Break**
(Please stay connected to Zoom)
- 2:30 PM **REAL-TIME ROUNDTABLE**
“Gearing up for 2022: NaRCAD Community Networking and Support”
- 3:45 PM **Wrap-up & Reflections**
- 4:00 PM **Evaluations & Conference Adjournment**

DAY 2:

TUESDAY, NOVEMBER 9, 2021

- 10:30 AM **Day 2 Kick-off**
- 10:35 AM **Day 2 Address**
Jerry Avorn, MD
Founder & Special Adviser, NaRCAD
- 11:15 AM **FIELD PRESENTATIONS:**
“The Flexibility of AD: Adaptable Applications for Diverse Clinical Topics”
- 12:30 PM **Lunch Break**
(Please stay connected to Zoom)
- 1:15 PM **BREAKOUT SESSIONS:**
“The Bigger Picture: Building Stronger Relationships for Impactful AD”
(See detailed agenda for sessions;
select breakout link choice from
chatbox or below)
- 2:45 PM **Afternoon Break**
(Please return to Day 2 Zoom Link)
- 3:00 PM **Special Presentation:**
“Detailer Training in Action: Ask the Experts”
- 3:45 - 4:00 PM **Day 2 Wrap-up and Evaluations**

KEY CONFERENCE ZOOM LINKS

Day 1 Main Sessions Zoom Link: [Click Here](#)

Day 1 Breakout Session Rooms:

BREAKOUT 1 Link: *“AD 101: Understanding the Structure of a Detailing Visit”*

BREAKOUT 2 Link: *“The Connected Team: Building Morale and Support”*

BREAKOUT 3 Link: *“The Beauty of the 1:1 Relationship: An Interpersonal Approach to Behavior Change”*

Day 2 Main Sessions Zoom Link: [Click Here](#)

Day 2 Breakout Session Rooms:

BREAKOUT 1 Link: *“Starting Your AD Journey: Mapping Your Program Plan”*

BREAKOUT 2 Link: *“Skill Building for AD Program Managers: Leading Sustainable Teams”*

BREAKOUT 3 Link: *“Provider Plus: Interprofessional AD for the Entire Clinic”*

Day 3 Main Sessions Zoom Link: [Click Here](#)

No breakout sessions

Need Help?

NaRCAD Contact: narcad@bmc.org

Or contact the NaRCAD Staff on Zoom

Taking Pride in the Present Moment: Welcome to NaRCAD2021



Unless you're delightfully old school, I'm going to guess that you're not holding the page you're reading in your hands. That's been a tough adjustment for those of us who prefer a paperback to a Kindle, or for those of us who miss unfolding an inky newspaper in the morning.

In either case, this trend toward the intangible has been in motion for a long time, even pre-pandemic (if you can still imagine a world without COVID). We've been forced to step up the transition from tangible to virtual, seemingly at warp speed. And yet, as always, we've found ways to adapt.

In a field like ours, where our work relies so heavily on the intricacies of human interaction, the inability to see nonverbal cues (at least, none below a clinician's shoulders) during an e-detailing session could have easily thrown us off. If AD was the focus of a Netflix series, we could have entire episodes that depict the harsh reality of being "ghosted" after setting up a virtual visit, or trying to engage with a clinician who's typing in chart notes while eating a sandwich.

Yet, even with these challenges—even with clinicians being pressed for time more than ever, and with COVID pulling attention away from other public health crises—you showed up to connect with what you had to offer.

When you showed up, sometimes it was on a screen, sometimes it was with a mask that made it nearly impossible to show your own facial expressions, and sometimes you realized you just couldn't make things happen that day. Maybe you were involved in COVID response work, filling a temporary gap elsewhere in your organization, or maybe you needed to step back to take care of yourself or the people you love.

NaRCAD's pride in this community isn't a clickbait story about tenacity or adaptability in times of challenge, or about meeting setbacks with innovation and optimism. It's about the reality that, in our field, demonstrations of empathy matter just as much as good evidence. And it's not just about the importance of expressing that empathy to the clinicians who are taxed, or to our colleagues who are exhausted. It's about recognizing that the important work we do as health educators requires us to offer that empathy to ourselves.

As we spend these three days celebrating the innovations and adaptations we've made to our AD interventions this year, I urge you to revel in the relational successes that deserve equal time in the spotlight. Continue to be as present as you're able, with clinicians and with your detailing peers alike, even if it just means saying, "That sounds really difficult," or "I understand." Your validation and support of one another illustrates that acknowledging our shared humanity is just as valuable as bringing clinicians the tools they need to tackle what comes next.

So, what comes next right now? A chance for a collective, 3-day exhale is a terrific start, along with connecting with each other and continuing to strengthen our incredible community. Thanks for being here to witness and learn from all that we've created together this year, and to allow ourselves a pause to take it all in and recharge.

Bevin K. Shagoury

BEVIN K. SHAGOURY, DEPUTY DIRECTOR, NARCAD



DAY 1: MONDAY, NOVEMBER 8TH, 2021

Detailed Agenda & Session Descriptions

[Day 1 Main Sessions 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 | Deputy Director, NaRCAD

10:40 AM DAY 1 ADDRESS | Mike Fischer, MD, MS | Founder & Director, NaRCAD

11:00 AM FIELD PRESENTATIONS: “E-Detailing Innovations for Stronger Relationships”

11:00 – 11:05 Kick-off & Overview

11:05 – 11:20 Presentation 1: “Using Virtual Tools to Connect with Rural Providers”

Ashley Allison | Lead Training Coordinator
Oregon AIDS Education and Training Center (AETC)

11:20 – 11:25 Audience Q+A

11:25 – 11:40 Presentation 2: “Building AD Relationships from Scratch in a Virtual Environment: Perspectives from Singapore”

Tina Chen, MBChB, PhD | Head, Evidence to Practice Office
Agency for Care Effectiveness

11:40 – 11:45 Audience Q+A

11:45 – 12:00 Presentation 3: “Virtual Detailing: Creating Supportive Networks in a Digital World”

Kelsey Genovesse, PA-C, MPAS | Director of Utah Public Health Detailing
AIDS Education Training Center (AETC), University of Utah Infectious Disease

12:00 – 12:05 Audience Q+A

12:05 – 12:15 Final Q + A/Wrap-up

12:15 PM Lunch Break

(Please stay connected to the [Day 1 Main Sessions Zoom Link](#) if you'd like to network with other participants)

1:00 PM BREAKOUT SESSIONS: “Building Blocks for Impactful Programs”

BREAKOUT 1: “AD 101: Understanding the Structure of a Detailing Visit” ([Zoom Link Here](#))

Jacqueline Myers, BSP, Academic Detailer, RxFiles Academic Detailing, Clinical Pharmacist
Infectious Disease Clinic, Saskatchewan Health Authority – Regina Area

Vishal Kinkhabwala, MD, MPH, HIV Prevention Activities Coordinator
Michigan Department of Health and Human Services (MDHHS)

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 academic detailer planning to complete a future NaRCAD AD techniques training, or learning to manage a detailing program in the future.

BREAKOUT 2: “The Connected Team: Building Morale and Support” ([Zoom Link Here](#))

Amanda Kennedy, PharmD, BCPS, Director, Vermont Academic Detailing Program

University of Vermont Office of Primary Care

Loren Regier, BSP, BA, Consultant Editor, RxFiles Academic Detailing

Contractor (Academic Detailing & EBM Training)

Strong teams are an essential part of any detailing program. This breakout session will provide an opportunity for detailers and program managers alike to strengthen their ability to build support, morale, and connections. Participants will identify areas of need as well as inherent strengths, acquiring usable tools and approaches to bring back to their home teams. This session is ideal for both new and seasoned AD professionals.

**BREAKOUT 3: “The Beauty of the 1:1 Relationships:
An Interpersonal Approach to Behavior Change”** ([Zoom Link Here](#))

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

Julia Bareham, BSP, MSc, Academic Detailer & Information Support Pharmacist

RxFiles Academic Detailing

This interactive breakout session will dive into the importance of building a strong detailer-to-clinician relationship based on service, support, and trust. Participants will learn how to build, maintain, and strengthen a professional relationship. This session will empower and equip new and seasoned detailers alike to build meaningful connections with clinicians, leveraging those relationships to encourage the adoption of evidence-based care for sustainable behavior change.

2:30 PM Afternoon Break

(Please return to the [Day 1 Main Sessions Zoom Link Here](#))

**2:45 PM EXPERT PANEL: “Strengthening Clinical Care for Patients with Opioid Use Disorder:
Reflections for a Statewide Program in Tennessee”**

Presenters:

David Reagan, MD, PhD, FACP, Pandemic Consultant, Ballad Health, Board Member

ONE Tennessee

Sharon Moore, DPH, Regional Coordinator, ONE Tennessee

Teronya Holmes, BS, Trauma Informed Care Trainer, Mental Health First Aider, Board Member

ONE Tennessee

Vindhya Kakarla, MD, MPH, Epidemiologist, Opioid Response Coordination Office

Tennessee Department of Health, Member, Evaluation and Performance Committee

ONE Tennessee

3:45 - 4:00 PM Day 1 Wrap-up and Evaluations

DAY 2: TUESDAY, NOVEMBER 9TH, 2021

Detailed Agenda & Session Descriptions

[Day 2 Main Sessions Zoom Link Here](#)

All main sessions will be held on the [Day 2 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 DAY 2 KICK OFF

Bevin K. Shagoury | Deputy Director, NaRCAD

10:35 AM Day 2 Address | **Jerry Avorn, MD** | Founder & Special Adviser, NaRCAD

11:15 AM FIELD PRESENTATIONS: “The Flexibility of AD: Adaptable Applications for Diverse Clinical Topics”

11:15 – 11:20 Kick-off & Overview

11:20 – 11:35 Presentation 1: “The Impact of AD for Appropriate Antibiotic Use with Oklahoma Medicaid Patients”

Michael M. Nguyen, PharmD | Graduate Student Researcher
Pharmacy Management Consultants, PhD Candidate
University of Oklahoma College of Pharmacy

11:35 – 11:40 Audience Q+A

11:40 – 11:55 Presentation 2: “AD and a Shifting Paradigm: A New Approach to Caring for Type 2 Diabetes”

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

11:55 – 12:00 Audience Q+A

12:00– 12:15 Presentation 3: “Examining the Impact of Follow-up Visits: Naloxone-related Academic Detailing for Clinicians at the U.S. Veterans Health Administration”

Mark Bounthavong, PharmD, MPH | National Clinical Program Manager
Veterans Health Administration, Pharmacy Benefits Management
Academic Detailing Service

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 [Day 2 Main Sessions Zoom Link](#) if you'd like to network with other participants)

1:15 PM BREAKOUT SESSIONS: “The Bigger Picture: Building Stronger Relationships for Impactful AD”

BREAKOUT 1: “Starting Your AD Journey: Mapping Your Program Plan” ([Zoom Link Here](#))

Gary Naja-Riese, MSW, MPH(c), Manager, Capacity Building & Innovation
San Francisco Department of Public Health

Bolo X. Nieto, Director of Operations, Hands United, Latino Commission on AIDS

Mike Wilson, MA, Senior Health Project Specialist, University of Rochester Medical Center

Join detailing leaders from across the country as they share strategies for capacity-building, with an emphasis on the AD journey. Participants will have the opportunity to begin mapping their academic detailing program, using both a big picture lens as well as a detail-oriented focus. Attendees will leave the session ready for next steps in building their program, including understanding their technical assistance needs. This session is ideal for detailers or program managers who are 6 months or newer to the field and are looking to build or enhance their program.

BREAKOUT 2: “Skill Building for AD Program Managers: Leading Sustainable Teams”

[\(Zoom Link Here\)](#)

Megan Pruitt, PharmD, *Clinical Pharmacy Consultant, SCORxE Academic Detailing Service
Medical University of South Carolina (MUSC)*

Sarah Ball, PharmD, *Research Assistant Professor, SCORxE Academic Detailing Service
Medical University of South Carolina (MUSC)*

Tony de Melo, RPh, *Director of Clinical Education Programs, Alosa Health*

This breakout will support program managers in honing their leadership skills to build and strengthen an impactful AD program. Established program managers in the AD community will share successes, encouraging participants to apply skills and insights to case studies during small group workshops. This session is ideal for both new and experienced academic detailing program managers, as well as those looking to transition into a program management role within their academic detailing program.

BREAKOUT 3: “Provider Plus: Interprofessional AD for the Entire Clinic” [\(Zoom Link Here\)](#)

Lisa Gruss, MS, MBA, *Assistant Director, State Services, Quality Insights*

Lori Saul, BSN, RN, *Practice Transformation Immunization Project Lead, Quality Insights*

Sarah Toborowski, BA, *Practice Transformation Cancer Project Lead, Quality Insights*

In sharing tools to implement the unique approach of providing detailing to the whole clinical practice, this interactive breakout session will explore the importance of building critical relationships with all clinic members, from the front desk office to the front lines. Experienced detailing professionals will encourage participants to explore the practical application of this approach, leading attendees in the analysis of case studies. Participants will leave this session with practical tips on adapting the principles and communication techniques of AD to promote a collaborated, interprofessional approach to evidence-based care. This session is ideal for both new and experienced detailers and program managers who are looking to make an impact on the entire clinic.

2:45 PM Afternoon Break

(Please return to the [Day 2 Main Sessions Zoom Link Here](#))

3:00 PM SPECIAL PRESENTATION: “Detailer Training in Action: Ask the Experts”

Presenters:

Julia Bareham, BSP, MSc | *Academic Detailer & Information Support Pharmacist
RxFiles Academic Detailing, NaRCAD Training Facilitator*

Vishal Kinkhabwala, MD, MPH | *HIV Prevention Activities Coordinator*

Michigan Department of Health and Human Services (MDHHS), NaRCAD Training Facilitator

Zack Dumont, BSP, ACPR, MSPharm | *Clinical Pharmacist, RxFiles Academic Detailing*

Manager of Clinical Pharmacy, Saskatchewan Health Authority, NaRCAD Training Facilitator

3:45 - 4:00 PM Day 2 Wrap-up and Evaluations

Bevin K. Shagoury | *Deputy Director, NaRCAD*

Anna Morgan, MPH, RN, PMP | *Senior Manager, Training & Education, NaRCAD*

DAY 3: WEDNESDAY, NOVEMBER 10TH, 2021

Detailed Agenda & Session Descriptions

[Day 3 Main Sessions 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 | Deputy Director, NaRCAD

Anna Morgan, MPH, RN, PMP | Senior Manager, Training & Education, NaRCAD

11:00 AM EXPERT PANEL: “Exploring and Addressing Clinician Stigma to Encourage Accountability”

Moderator: Bevin K. Shagoury | Deputy Director, NaRCAD

Presenters:

Jacki Travers, PharmD | Clinical Academic Detailing Pharmacist

Pharmacy Management Consultants

Carla Foster, MPH | Epidemiologist, New York City Department of Health and Mental Hygiene (NYC DOHMH)

Jessica Alward, MS | Public Health Education and Detailing Specialist, State of New Hampshire

12:15 PM Lunch Break

(Please stay connected to the [Day 3 Main Sessions Zoom Link](#) if you'd like to network with other participants)

1:00 PM FIELD PRESENTATIONS: “The 2021 Yearbook: Applying Successful AD Approaches”

1:00 – 1:05 **Kick-off & Overview**

1:05 – 1:20 **Presentation 1: “SafePrescribe: AD for Statewide Opioid Safety in Nebraska”**
Alëna A. Balasanova, MD, FAPA | Lead Detailer, SafePrescribe Nebraska

1:20 – 1:25 **Audience Q+A**

1:25 – 1:40 **Presentation 2: “Virtual Academic Detailing: Hepatitis C Elimination in Louisiana”**
Brandon Mizroch, MD, MBBS | Provider Network Supervisor
Louisiana Department of Health

1:40 – 1:45 **Audience Q+A**

1:45 – 2:00 **Presentation 3: “An International Perspective: Better Opioid Prescribing in Norway”**
Ketil Arne Espnes, MD | Senior Consultant in Clinical Pharmacology and Family Medicine, Medical Advisor (CMO)
KUPP – The Norwegian Academic Detailing Program

2:00 – 2:05 **Audience Q+A**

2:05 – 2:15 **Final Q + A/Wrap-up**

2:15 PM Afternoon Break

(Please return to the [Day 3 Main Sessions Zoom Link Here](#))

2:30 PM REAL-TIME ROUNDTABLE: “Gearing Up for 2022: NaRCAD Community Networking and Support”

Bevin K. Shagoury | Deputy Director, NaRCAD

Anna Morgan, MPH, RN, PMP | Senior Manager, Training & Education, NaRCAD

3:45 PM Wrap-up & Reflections

Bevin K. Shagoury | Deputy Director, NaRCAD

Mike Fischer, MD, MS | Founder & Director, NaRCAD

4:00 PM Evaluations & Conference Adjournment

The NaRCAD Team

Evaluate

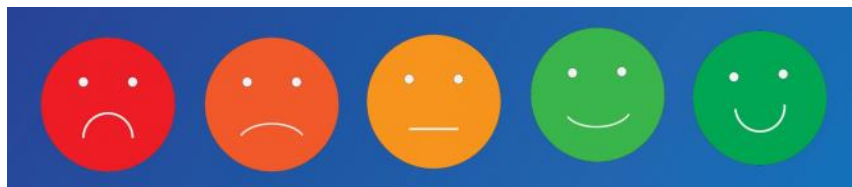
Your feedback matters.

Share your thoughts on each day of the conference and enter in our raffle to have \$50 donated in your name.

We'll apply your suggestions to future convenings.

Please click the links below to take our conference evaluations.

[Day 1](#), [Day 2](#), and [Day 3](#)



The NaRCAD Team



Jerry Avorn, MD | *Co-Founder & Special Adviser*

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 | *Founder & Director*

Dr. Fischer is a general internist, epidemiologist, and health services researcher. He is Chief of the Section of General Internal Medicine at Boston Medical Center and Boston University School of Medicine where he is a clinically active primary care physician. With extensive experience in designing and evaluating interventions to improve medication use, he has conducted numerous studies demonstrating the potential gains from improved prescribing. Since 2010 he has led NaRCAD's growth and has published on the principles of academic detailing and its application to a range of clinical areas.

Dr. Fischer's 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 spent over 20 years at Brigham and Women's Hospital practicing primary care and teaching residents in both the inpatient and outpatient settings and was a faculty member at Harvard Medical School and the Harvard School of Public Health where he taught courses on research methods.



Bevin Kathleen Shagoury | *Deputy Director*

Bevin manages NaRCAD's strategic partnerships, building collaborations with public health leaders at the national and federal level. With career experience in building learning communities to increase engagement and sustainability, Bevin has expertise in creating interactive, interdisciplinary training curricula at healthcare-based non-profits. In collaboration with the dynamic NaRCAD team, Bevin facilitates NaRCAD's virtual and in-person learning sessions to encourage hands-on skill development and best practices sharing amongst peer programs.

Bevin earned her degree in Education from Emerson College, with a focus on teaching marginalized populations. Bevin has enjoyed her previous non-profit positions in diverse settings, including teaching English in Boston-area high schools; managing the administration at a housing center for at-risk youth in acute trauma; developing special learning initiatives for a homelessness advocacy network; and compiling ethnography research for a theatre-based youth activism study.



Anna Morgan, MPH, RN, PMP | *Senior Manager, Training & Education*

Anna manages the NaRCAD community's educational initiatives, from conferences and trainings to learning sessions. Anna's work has enabled NaRCAD to increase our training reach exponentially, and has included leading our content development, managing our DETAILS blog, leading our facilitation team, and building community partnerships.

Anna has 7 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.



Aanchal Gupta | *Program Coordinator*

Aanchal supports NaRCAD's communications and program development, educational events, and administrative coordination. Aanchal's experience working in government and non-profit organizations has provided her opportunities to tackle public health challenges, such as the housing crisis, tobacco use, and chronic illnesses.

2021 Conference Speaker Biographies



Ashley Allison

Lead Training Coordinator, Oregon AIDS Education and Training Center (AETC)

Ashley has been with the Oregon AETC for three years and oversees her organization's statewide detailing program. The Oregon AETC partners closely with the state's End HIV Oregon initiative, focusing detailing efforts on building provider capacity to prevent new HIV infections. Before joining the Oregon AETC, Ashley spent two years working for HIV focused CBOs in Johannesburg, South Africa where she gained experience grant writing, working with regional health authorities, and managing the implementation of community-based HIV medication adherence models. Prior to moving to Johannesburg, Ashley spent five years working at Planned Parenthood. Ashley credits her passion for supporting patient access to quality HIV prevention and care to the experiences she had providing HIV testing and counselling services to patients at Planned Parenthood.



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. This is Jess's second year participating at the NaRCAD conference.



Alëna A. Balasanova, MD

Lead Detailer, SafePrescribe Nebraska

Dr. Balasanova is a founding member of Nebraska's Academic Detailing program and has been the lead detailer since its inception 3 years ago. She is an assistant professor in the Department of Psychiatry at the University of Nebraska Medical Center and is dually board certified in psychiatry and addiction medicine. After obtaining her undergraduate degree from The Johns Hopkins University, Dr. Balasanova went on to earn her M.D. at Harvard Medical School and completed residency training at Boston University Medical Center. As the Director of Addiction Psychiatry Education for the Department of Psychiatry, Dr. Balasanova has developed novel educational programs for medical students, residents, fellows, and allied health professionals. She is the founding director of the Longitudinal Integrated Mental health/Substance use Outpatient Clinic (LIMSOC), an internationally recognized clinical training experience and was the inaugural director of the outpatient Addiction Psychiatry Clinic. Currently, Dr. Balasanova co-directs the inpatient Addiction Psychiatry Consultation Liaison Service where she is actively involved in both patient care and medical education.



Sarah Ball, PharmD

Research Assistant Professor, Medical University of South Carolina (MUSC)

Sarah has been directly involved with academic detailing for almost fifteen years, beginning with the development and implementation of the SCORxE Academic Service under the South Carolina College of Pharmacy in 2007. In 2016, she moved from the College of Pharmacy to the Division of General Internal Medicine at MUSC. She is currently leading the MUSC multidisciplinary team partnering with the South Carolina Department of Health and Human Services on the tipSC educational outreach initiative to address gaps in evidence-based care and promote appropriate medication use in response to the opioid crisis. Prior to joining the College of Pharmacy, she garnered twenty plus years' experience focused on improving patient care through the application of technology and effective communication of clinical knowledge, information, and data-derived findings.

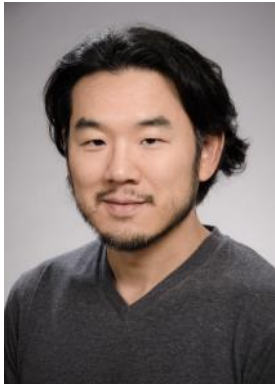


Julia Bareham, BSP, MSc

Academic Detailer & Information Support Pharmacist

RxFiles Academic Detailing - College of Pharmacy and Nutrition, University of Saskatchewan

Julia joined the RxFiles team in 2009 and until 2015 she provided academic detailing services across the province of Saskatchewan, primarily focusing on medication optimization in the long-term care population. During that time, Julia also returned to the University of Saskatchewan to pursue her Master of Science degree in the division of Pharmacy focusing on comprehensive medication management, graduating in 2014. In late 2015, Julia joined the College of Physicians and Surgeons of Saskatchewan where she held the position of Pharmacist Manager for the Prescription Review Program. In early 2019, Julia returned to RxFiles and is currently focused on opioid use disorder, in addition to medication therapy in both geriatrics and psychiatry.



Mark Bounthavong, PharmD, PhD

National Clinical Program Manager

VA Pharmacy Benefits Management Academic Detailing Service

Mark is a national clinical program manager for the VA Pharmacy Benefits Management Academic Detailing Service and an associate professor of clinical pharmacy at UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences. His work focuses on understanding the implementation process and impact of academic detailing on substance use disorder practices.

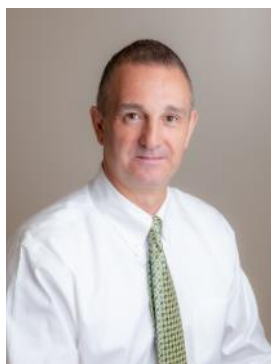


Tina Chen, MBChB, PhD

Head, Evidence to Practice Office, Agency for Care Effectiveness (ACE)

Ministry of Health, Singapore

Tina leads a cross-functional team in clinical guideline development and implementation in Singapore's Ministry of Health, setting up the national academic detailing service as part of this work. Originally trained as a medical doctor, Tina has worked as a clinician, medical educator, clinical and health services researcher, as well as methodologist and implementation scientist in various capacities internationally. She has a particular passion for supporting clinical decision-making through patient-reported outcomes and real-world evidence.



Tony de Melo, RPh

Director of Clinical Education Programs, Alosa Health

Tony manages field staff and leads academic detailer trainings at Alosa Health. He attended Massachusetts College of Pharmacy and Health Sciences in Boston, where he received a BS in Pharmacy with a minor in Business Administration. This business interest led him to work for several pharmaceutical companies as a sales representative, account manager, training manager, district/regional manager, associate director of managed markets training, head of sales training, and development & marketing product manager. He has also worked for smaller businesses that were looking to grow their sales and marketing programs. Throughout his career, Tony has successfully sold, marketed, trained, led, designed, developed and executed solutions to meet business objectives.



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.



Ketil Arne Espnes, MD

Senior Consultant in Clinical Pharmacology and Family Medicine

Medical Advisor (CMO), KUPP – The Norwegian Academic Detailing Program

Ketil worked with colleagues to start Academic Detailing in Norway 7 years ago, and has been a part of KUPP since then, now in a management role. He received his MD in Trondheim in 1987, working as a general practitioner from 1989 – 2003, earning his specialty in Family Medicine in 1995. In 2003, he began working in clinical pharmacology, earning a specialty, and has been a double specialty consultant since then. He has been Head of Medical section in the Department of Clinical Pharmacology at St. Olav's University Hospital, transitioning to KUPP from the position of Head of Section for Drug Safety. At KUPP, Ketil is involved in all AD campaigns, AD training courses that are both general and focused on specific clinical campaigns. He has had the lead role in preparing a recent campaign on menopausal hormone treatment, which started in 2021.



Carla Foster, MPH

Epidemiologist, New York City Department of Health and Mental Hygiene (NYC DOHMH)

Carla Foster, MPH is an Epidemiologist at the New York City Department of Health and Mental Hygiene (NYC DOHMH). Her research focuses on the implementation and evaluation of public health detailing campaigns across New York City with the aim of reducing overdose mortality. Prior to joining the NYC DOHMH, she led development of clinical practice guidelines at the American Urological Association. She received dual Bachelor of Arts degrees in Africana Studies and Neuroscience from Wellesley College. Carla also obtained her Master of Public Health Degree in Epidemiology from Columbia University.



Kelsey Genovesse, PA-C, MPAS

Director of Utah Public Health Detailing

Kelsey started Utah's first Public Health Detailing Program in 2020. This program was developed to be entirely virtual with potential for in person. It covers the state of Utah helping expand evidence-based practices surrounding Sexually Transmitted Infections, PrEP and nPEP. She practiced as a physician associate for eight years in underserved primary care prior to joining the University of Utah Infectious Disease Department seeing uninsured patients in their Free PrEP Clinic as well as starting Utah's Public Health Detailing Program with the AIDS Education Training Center.



Lisa Gruss, MS, MBA

Assistant Director of State Services, Quality Insights

Lisa manages multiple clinical practice transformation and quality improvement initiatives for Quality Insights, serving as a key liaison to project funders and as a resource to project staff and participants. During the past five years, she has designed, implemented and evaluated scientific and evidence-based curriculums for vaccines, opioids, diabetes, and cancer projects. She also provided direct assistance to physician practices to improve the use of the prescription drug monitoring program (PDMP) and decrease opioid prescribing. Lisa has more than 20 years of experience in the healthcare and managed care industries and a diverse background in science, customer engagement, and project management. Lisa was foundational starting the Academic Detailing Program at Quality Insights and continues to provide supporting and mentoring for new and ongoing internal programs. She earned a BS from University of Notre Dame, MS from Indiana University, and MBA from Penn State University.



Teronya Holmes, BS

Trauma Informed Care Trainer, Community Health Educator, ONE Tennessee Associate Professor, Oregon State University College of Pharmacy

Teronya Holmes is dedicated to helping find solutions to address the problem of substance use disorder and its effects. Having personal experience with a short-term physiological dependency upon opioids after major surgery opened her eyes to the bio-psycho-spiritual/neuro-theological effects of substance use disorders and how important it is that to solutions meet all aspects of treatment and recovery so that those suffering may truly recover and flourish in their daily lives. As the former Executive Director of the Holy Friendship Collaborative, she worked in collaboration with the Church, communities, and organizations throughout the Appalachian Highlands to faithfully discern and address the problem of addiction in biblically-inspired ways. Teronya currently serves on the Board of Directors for ONE Tennessee and Uplift Appalachia, as a member of the Advisory Board of the Strong BRAIN Institute, and is a member of the ETSU Addiction Science Center Work Group. Teronya graduated from the University of Tennessee, Knoxville, enjoyed a long career in corporate/community wellness, pharmaceutical and healthcare sales/marketing, and nonprofit leadership. She is working on a Masters of Divinity in Theological Studies.



Vindhya Kakarla, MD, MPH

Epidemiologist, Opioid Response Coordination Office, TN Dept of Health, ONE Tennessee

Vindhya Kakarla is a trained physician with a master's degree in public health (epidemiology) and is actively working towards her doctoral degree in health outcomes research from Saint Louis University School of Medicine with her thesis focused on Opioid Use Disorder. She works as an epidemiologist in the Opioid Response Coordination Office at Tennessee Department of Health and serves as a member of ONE Tennessee's Evaluation and Performance Committee. She strongly believes that equipping individuals with tools to overcome the root cause of their pain and trauma is the most efficient way to fight the opioid epidemic.



Amanda Kennedy

*Director, Vermont Academic Detailing Program
University of Vermont Office of Primary Care*

Amanda is a residency and fellowship-trained board-certified pharmacist. She serves as the Director of the Vermont Academic Detailing Program at the University of Vermont Office of Primary Care. She has been conducting academic detailing visits with primary care providers since 2003. Amanda regularly serves as a faculty facilitator for NaRCAD Academic Detailing Techniques trainings. As Professor of Medicine at the University of Vermont Larner College of Medicine, Dr. Kennedy mentors physician residents, fellows, and faculty in completing health services research and quality improvement projects.



Vishal Kinkhabwala, MD, MPH

*HIV Prevention Activities Coordinator
Michigan Department of Health and Human Services*

Vishal Kinkhabwala is the HIV Prevention Activities Coordinator with the Michigan Department of Health and Human Services (MDHHS) based in Lansing MI. Through this position, he has been active with academic detailing for 2 years and has helped to develop and further the program which aims to increase patient access to PrEP and other HIV Prevention strategies throughout the state of Michigan. Originally from the Chicagoland area, Vishal completed his Masters of Public Health from Benedictine University in 2013 and his Doctor of Medicine (MD) degree from Avalon University School of Medicine in 2018. Prior to starting at MDHHS, Vishal worked as a Disease Intervention Specialist for a CDC-funded HIV Molecular Clusters initiative at the New York State Department of Health. He has been involved actively with NaRCAD since 2020 and is excited continue working and learning with the passionate people in the world of Academic Detailing, especially through facilitating trainings. Outside of work, he is an avid Chicago sports fan and also enjoys a beautiful hike or an intense game of tennis.



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 Provider Outreach Specialist at the Louisiana Department of Health in August, 2017, he has worked with hundreds of doctors statewide on HIV prevention, syphilis/congenital syphilis screening and treatment, and HCV treatment and prevention best practice. He now leads the AD program consisting of 3 MDs and 1 NP helping to facilitate the first and largest HCV elimination projects in the world.



Sharon Moore, DPh

Regional Coordinator, ONE Tennessee

Dr. Sharon Moore, DPh is a Regional Coordinator for One Tennessee. Dr. Moore earned her pharmacy degree from UTCOP, Memphis. She began her career as a Clinical Psychiatric Pharmacist at Midtown Mental Health Center, joined Alliance Healthcare Services in 2009, and One Tennessee in 2020. She is a current member of TPA, ASHP, APhA, and CPNP. Dr. Moore resides in Blountville, Tennessee.



Jacqueline Myers, BSP

***Academic Detailer, RxFiles Academic Detailing, Lead Pharmacist
Opioid Stewardship Program, Saskatchewan Health Authority***

Jackie 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.



Gary Naja-Riese, MSW, MPH(c) Manager, Capacity Building Initiatives San Francisco

***Department of Public Health, Center for Learning and Innovation
President, California Public Health Association —North***

Gary Naja-Riese brings 25 years of leadership experience in public health, social services, and community engagement in the government and not-for-profit sector with a priority on trauma-informed, racial and social justice strategies. His portfolio includes overseeing day-to-day operations of a \$10 million, 10-year CDC funded project to assist health departments in building capacity to implement high-impact HIV prevention strategies, serving over 80 health departments nationally, to date. He has designed and implemented the first two national convenings on Academic Detailing focused on HIV Testing and Pre-Exposure Prophylaxis (PrEP). Gary also leads the Center's online learning management system designed to assure a competent 21st century public health workforce. Gary is recognized by his peers for his deep expertise in Collective Impact, where multiple agencies work to solve a complex societal issues. At SFDPH, he also led the primary prevention integration effort under the CDC Community Transformation grant. Prior to working in San Francisco, Gary created the Prevention Hub, integrating prevention efforts across the Marin County Department of Health and Human Services. He also drafted a Strategic Framework for Alcohol, Tobacco, and other Drug Use and worked with local public officials in the efforts to implement ordinances to prevent underage drinking.



Michael M. Nguyen, PharmD

***Graduate Student Researcher, Pharmacy Management Consultants
PhD Candidate, OU College of Pharmacy***

Michael is a PhD candidate at the OU College of Pharmacy as well as a practicing pharmacist who has worked in the settings of chain retail, independent, and hospital pharmacy. As a graduate student, he assists Pharmacy Management Consultants (PMC) with administrative claims database analysis and his research includes value-based contracts and academic detailing. His other ongoing independent investigations involve the topics of sleep apnea, obesity, hospital readmissions, and disparities in access to care. Upon graduation, he hopes to continue analytic work using prescription, inpatient, and outpatient claims data.



Bolivar X. Nieto

Director of Operations, Latino Commission on AIDS

Bolivar X. Nieto, MA, born in Ecuador, is the Director of Operations for Hands United, the technical assistance (TA) program at the Latino Commission on AIDS. Bolivar has more than 15 years of experience providing national, regional, and local TA to address challenges impacting the effective implementation of HIV programming from an infrastructure and communication perspective. He later the Commission to address homophobia in the Latinx community in New York City through the SOMOS program. He then led Juntos Contruyendo, a New York Statewide capacity building assistance program working with organizations providing services to Latinx LGBT in the state. From there, he joined Hands United. Bolivar is an organizational development practitioner with degrees in Business Administration and Industrial-Organizational Psychology from Baruch College and CUNY's Graduate Center. He is currently pursuing a doctorate in Adult Learning & Human Resource Development at Florida International University.



Megan Pruitt

Clinical Pharmacy Consultant, Medical University of South Carolina

Megan Pruitt, PharmD is a clinical pharmacy consultant for the SCORxE Academic Detailing Service in the Department of Clinical Pharmacy and Outcomes Sciences at the Medical University of South Carolina in Charleston, South Carolina (SC). She has published an Amazon e-book and has previous experience as a community pharmacist at a SC Federally Qualified Health Center. In her current role as a SCORxE clinical pharmacy consultant, she provides academic detailing visits to primary care providers in SC on various clinical topics to promote appropriate medication use in response to the opioid crisis, develops evidence-based oral and print content to support AD visits, and manages AD visit data collection. Dr. Pruitt received her B.S in Health Sciences from Clemson University and her Doctor of Pharmacy from the SC College of Pharmacy.



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.



David Reagan, MD, PhD, FACP

Pandemic Consultant, Ballad Health, Board Member, ONE Tennessee

Dr. David Reagan, MD PhD FACP, is an Internal Medicine physician with Infectious Diseases training. He was the Chief Medical Officer for Tennessee Department of Health from January 2012 through July 2019. Prior to that, he served on the faculty at East Tennessee State University's Quillen College of Medicine and subsequently as Chief of Staff at the Mountain Home Veterans Administration Medical Center. He helped to found and served as board president of CareSpark, a regional health information organization, and is currently serving as Pandemic Consultant for Ballad Health, which operates 21 hospitals in northeast Tennessee and southwest Virginia. He is a board member of ONE Tennessee, a statewide organization dedicated to collaboratively working to end the opioid epidemic.



Loren Regier BSP, BA

*Consultant Editor, RxFiles Academic Detailing
Contractor (Academic Detailing & EBM Training)*

Loren piloted the RxFiles Academic Detailing Service in 1997, serving as Director until 2018. He continues to provide leadership, education, training, mentoring and content development for various academic detailing groups including RxFiles, CEP, NaRCAD trainings, and the Canadian Academic Detailing Collaboration. Loren completed his pharmacy degree in 1988 (University of Saskatchewan), and a hospital pharmacy residency in 1989. His clinical practice has focused on hospital pharmacy and pain management. Loren's recent experience has included many elements of team building and mentorship for academic detailers and service leaders. Loren has a passionate interest in developing effective teams, both internal and external, in the pursuit of academic detailing excellence.



Lori Saul BSN, RN

Practice Transformation Immunization Project Lead, Quality Insights

Lori is a registered nurse with more than 30 years of experience in various nursing fields. In her current role, she implements innovative and effective state-based immunization improvement projects in collaboration with a wide range of clinical and community stakeholders. Lori has been a key player in the development and delivery of the Quality Insights Academic Detailing Programs, including Opioids, HPV, Maternal Health, Lung Cancer, Prediabetes, and Diabetes. Prior to assuming this position, she worked as a practice transformation specialist for two years, providing information and education to individual clinicians implementing a range of workflow modifications. Before joining Quality Insights, her experiences included nursing education, administration and management, quality improvement, and direct patient care, including critical, cardiovascular and long term care. She earned a BSN from University of Delaware.



Sarah Toborowski, BA

Practice Transformation Cancer Project Lead, Quality Insights

Sarah is a skilled Practice Transformation Project Lead with over 8 years of health care industry experience, including performing workflow analysis, medical billing, and engaging health care providers in quality improvement projects. She specializes in evidence-based intervention implementation of quality improvement focused initiatives for breast, cervical, colorectal and lung cancer screening and HPV vaccination in Delaware and Pennsylvania. She leverages data to aid in identification of those in need of preventative and specialty services reviews quality performance with providers and office staff. She has been successful in engaging organizations that treat our most vulnerable populations such as Federally Qualified Health Centers (FQHC) and FQHC-like organizations, as well as health systems and privately owned practices. Previously, she provided management services, primarily focused on billing and insurance reimbursement, for 21 private medical practices across the country with specialties including Primary Care, Pediatrics, Endocrinology, Infectious Disease, Allergy, Ophthalmology, Pathology, and Podiatry. Sarah has developed academic detailing programs for lung cancer screening and HPV. Her detailing skills have led to increases in HPV vaccination rates and lung cancer screening rates in Delaware.



Jacki Travers, PharmD

Clinical Academic Detailing Pharmacist, Pharmacy Management Consultants

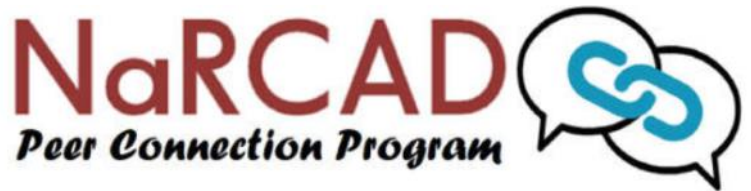
Jacki joined Pharmacy Management Consultants (PMC) in 2015 and serves as the chair of the academic detailing committee. She has been active in the development and implementation of PMC's academic detailing program as part of its service to Oklahoma Medicaid. Prior to joining PMC, she served in the practice 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.



Michael Wilson, MA

Senior Public Health Specialist, University of Rochester: Center for Community Practice

Mike Wilson is a technical assistance provider through the CDC's capacity building provider network. In this role, he provides capacity building assistance to funded health departments, agencies and community-based organizations (CBOs) looking for training in HIV prevention. Mike has over ten years of experience working in HIV with expertise in patient navigation, PrEP science, new prevention technologies, provider recruitment and detailing, trauma-informed care, and LGBTGNC health. He also has expertise in various funded evidence-based interventions (EBIs) related to HIV prevention and care.



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“The **privacy and confidentiality** of the program enabled a breadth and depth to the conversation which I don’t think would have occurred so quickly.”

“It’s great to see the **wide range of detailing topics and approaches to the work**. This program has helped widen my lens and get me thinking creatively.”

“**Two minds are greater than one**, and this is a great way to connect with other detailers to help each other through this journey!”



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EVIDENCE, EDUCATION, AND EQUITY: LESSONS FOR ACADEMIC DETAILING AS WE LOOK PAST COVID-19

Jerry Avorn, MD, Co-Founder & Special Adviser, NaRCAD

NaRCAD's DETAILS Blog, 2021



We've lived through the vast human tragedy this virus has inflicted, and witnessed the heroic work of our colleagues in the medical and public health sectors. We now see clearly the disproportionate damage it did to the most vulnerable in our country and around the world.

And the coronavirus has also had lessons to offer our little academic detailing community. While more modest in scale, they're worth considering, even as the worst days of the pandemic continue (we hope) to fade.

Lesson One was a re-demonstration of the validity of Avorn's 6th Law: "Good information doesn't disseminate itself." In the most striking possible way, the pandemic rubbed our noses in the fact that just because a medical intervention is very effective and safe, it doesn't mean that everyone will understand that and use it appropriately – or that a useless and/or dangerous treatment won't become appallingly popular. The therapeutic misstatements of the former President undermined trust in science badly, and many have become blind to first-rate evidence and disbelieve it.

Even today, the flawed communication efforts of the CDC, FDA, and current administration all remind us that even when the scientific Truth Is Out There, it can still be conveyed poorly: more proof that the completion of rigorous, compelling randomized clinical trials is just the beginning, not the end of the journey. Getting the message out, and acted on, is key.

Lesson Two was about the centrality of front-line health care providers, rational health care delivery policies, and our battered but heroic public health infrastructure. Without the effort to get those pieces right, even gallons of messenger RNA would not have been able to turn the tide on the pandemic. And communication of the best science at all of these levels was central to making the system work, even if imperfectly. Two Boston institutions worked together to create [COVIDProtocols.org](https://www.covidprotocols.org) as a real-time way to aggregate the evidence and practical clinical tips as they emerged.

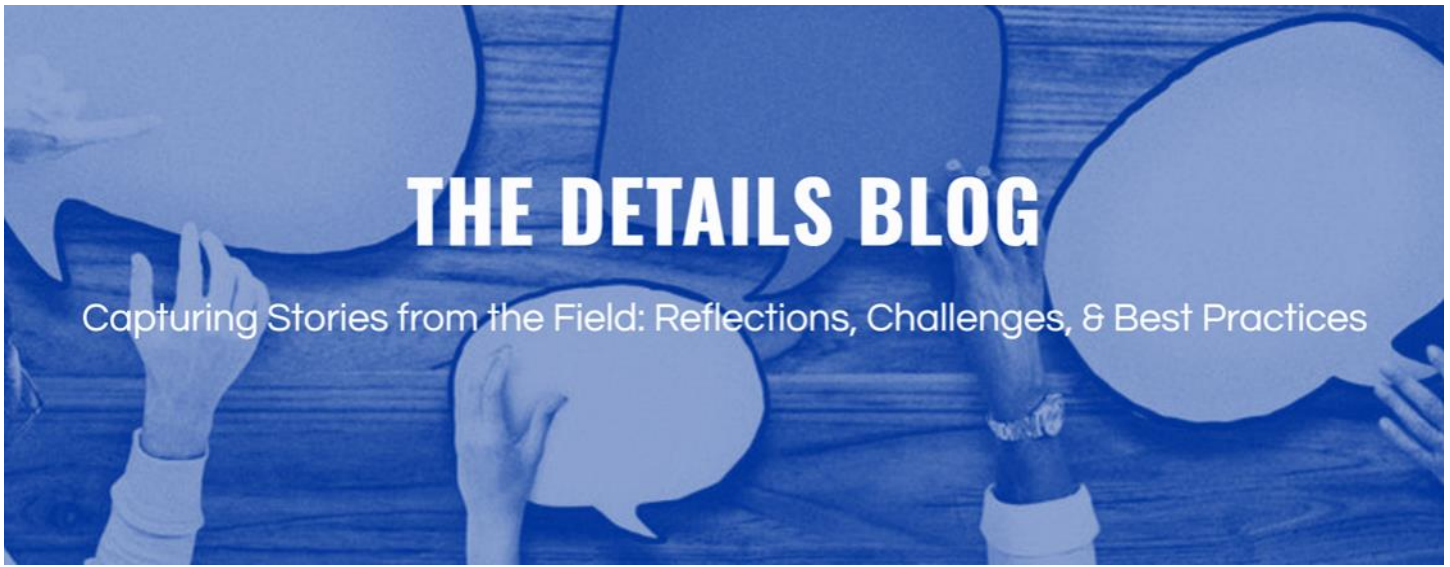
Lesson Three was about communication and empathy. Academic detailers saw how each health care professional they engaged with was giving some of their scarce free time to learn how to care for their patients better – even in the face of overwhelming job demands. While a year and a half of e-Detailing sessions maintained connections and provided a serviceable fallback that was much better than no contact, it also reminded us again of the added value of being there in person: the human contact, the body language, the less stilted give-and-take.

Finally, COVID-19's **Fourth Lesson** was about how unevenly we distribute medical resources. We saw more clearly than ever how crucial science-based care is in enabling societies to function – and what happens when those are missing. The U.S. blew past issues of affordability when the federal government wrote a blank check to pay for the vaccine, monoclonal antibody treatment, and (probably) even Merck's new oral anti-viral pill, making COVID-19 practically the only medical condition for which the nation assures full coverage to all US residents.

But COVID-19 also provided us with yet another opportunity to discover how crucial public – taxpayer – funding is for the development of innovative new medical products, and to ask once again how drugmakers can continue to charge sky-high prices for these products after they've patented them.

The scientific triumphs of the COVID-19 era have been remarkable. But as we move into what we hope will be the Waning Pandemic Era, it's a good time to also reflect on the less-heralded but vital role played by evidence-based communication, outreach to health care professionals and their patients, and the importance of fairness in making the victories of medical science available more equitably to all who need them.

Catch up on your reading—every last detail.



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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:

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SNAPSHOT FROM THE FIELD: INSIDE AN ACADEMIC DETAILING VISIT

NaRCAD Snapshot: Reem El-ankar, MPH,
Academic Detailer and Health Educator, Florida Department of Health

NaRCAD's DETAILS Blog, 2021 by
Anna Morgan, MPH, RN, PMP, NaRCAD Senior Manager, Training & Education



Hi Reem! Can you tell us about a time that you felt like you made an impact during an academic detailing visit?

I've experienced countless rewarding moments as an academic detailer working to educate healthcare providers.

One particular visit instilled a strong sense of satisfaction and pride in me. I was detailing a primary care clinician who manages several chronically ill patients. He was aware of the CDC guidelines and statistics on the opioid crisis. Because the clinician was well-versed in this area, it was challenging to serve as an educator. I walked through the key messages with him, and we made progress.

We hit a roadblock when we started discussing the topic of co-prescribing naloxone with opioids. He expressed a concern that co-prescribing naloxone could encourage patient overuse of prescription opioids; he believed that naloxone should only be used as a safety net for individuals diagnosed with substance use disorder.

I used this moment as an opportunity to educate him and provide an alternative perspective.

I reviewed the evidence with him, showing him that co-prescribing naloxone can save lives for all patients using opioids. After I provided the CDC data and studies that describe the benefits of co-prescribing naloxone, the clinician was more receptive to the information I was presenting.

At the conclusion of the detailing visit, I reminded him that saving one life with naloxone was worth the effort, and that his primary mission is to save lives. After that he smiled and said, "Okay, you got me." I asked him if he could commit to co-prescribing naloxone to just one patient, and his response was, "Due to your clear passion for this national crisis, I will prescribe much more than just one." This experience taught me that my passion coupled with data and statistics has the potential to impact lives.

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INTEGRATING DATA INTO ACTION: ADDRESSING COCAINE USE THROUGH PUBLIC HEALTH DETAILING

NaRCAD Interview: Carla Foster, MPH
Epidemiologist, New York City Department of Health and Mental Hygiene

NaRCAD's DETAILS Blog, 2021 by Winnie Ho, NaRCAD Program Coordinator



Hi Carla! You've certainly had a lot on your plate with so many [diverse campaigns](#). Can you walk us through the conceptualization process for your detailing campaigns, and how your team came to choose [cocaine use as your current detailing topic](#)?

We can start with some data on this. In 2018, more New Yorkers died from drug overdose than from homicide, suicide, and motor vehicle crashes combined. Cocaine – in both crack and powder forms – has played an increasingly prominent role in this crisis. The mortality rate from overdose deaths involving cocaine more than doubled between 2014 to 2018, amounting to [52% of all drug overdose deaths in NYC](#). Some of the associated risks are serious - increased exposure risk to fentanyl, cardiovascular disease events and death.

That's stunning data. Especially in the [midst of the opioid crisis](#), it's important that we don't lose sight of [other substance use issues](#) going on right now. I'd love to learn a little more about the challenges and lessons that your team has learned by detailing on cocaine use.

First, we have to be aware that fentanyl, a powerful opioid 50 to 100 times stronger than morphine may be found in many substances, including cocaine. We're very concerned about fentanyl and cocaine because people who use cocaine do not have tolerance to [opioids](#) and are at even higher risk for overdose.

It's also important to address the perception of who is most impacted by high mortality rates. There's this idea that cocaine use is more prominent in younger populations, but our data show that it's actually impacting an older population more than many might expect. In particular, residents age 55-84 in the Bronx Borough have experienced the largest increase in cocaine overdose death rates in New York City from 2014 to 2018.

That's why it's critical for us to raise awareness in an effort to [mitigate misconceptions and stigma](#) around risky use and those who may have a substance use disorder (SUD). In addition to shame, there are still very real potential socioeconomic and legal consequences from disclosing substance use, which can deter folks from even seeking help.

We take into account the unjust consequences of policies applied unevenly according to race, and how this impacts implicit biases in terms of which patients are thought to use substances, which types of substances they might use and even more critically, which type of treatment, if any, they are offered. Implicit biases combine with the effects of systemic racism to compound these consequences. It's important to note that it's not race that drives poor health outcomes, but *racism*.

Challenging stigma is one of the most powerful ways that detailing campaigns can combat the damage done by the [War on Drugs](#), because stigma can make the difference of whether or not people receive dignified care. With a campaign so focused on addressing stigma and with a topic this important, how do you [prepare your detailers for this task](#)?

We devote a significant amount of time towards [training](#) our detailing reps – a week-long training, 8 hours a day. We spend a large amount of that time talking in detail about stigma as related to cocaine use.



It's critical to us that our detailers are comfortable and knowledgeable when speaking about this topic, because it sets the tone for the providers who then set the tone for their patients.

We ensure that our representatives are prepared to respond to a wide range of questions or comments, because this builds the [provider-detailer relationship](#) and enhances the value of the detailing visit. We've found during our follow-up visits that this support has led to high provider engagement with the campaign and providers reporting [incorporation of the key recommendations into their daily practice](#), which is the aim of our public health detailing campaigns.



How have providers responded when detailed on a topic that carries so much stigma?

The good news is that we've found NYC healthcare providers to not only be [receptive to our work on substance use](#), but they're eager to partner with us to support their patients once they learn about the severity of the issue.

Our team provides statistics that relate to the provider's specific neighborhoods and specialty, giving them real-time pictures of what's happening with the patients they see. We know that it's still a difficult topic to bring up, so we help address this with our [action kit resources on stigmatic language](#) and counter-top brochures that signal to patients that the provider's office is a safe place to discuss these issues.

It gives me tremendous hope to hear about that there's been enthusiastic response from providers. It means that things are changing.

Let's also talk a bit about program sustainability. Your team has worked extensively on campaigns across multiple topics. What have you learned from [implementing past campaigns](#)?

Each public health detailing campaign is different, but we've learned some key strategies that support the growth and success of subsequent campaigns:

- **Sending an introductory letter**, about 2 weeks in advance, signed from the Deputy Commissioner of our health department outlining the campaign and encouraging participation, helps gain interest.
- **Using a standardized visit workflow** that all of our detailing representatives follow to ensure that key components are covered is key. Ours is still flexible enough for the detailers to meet the specific needs of each provider, which really helps with the uptake of the action kit and clinical practice recommendations.
- **We meet as a team and evaluate our program weekly**, allowing us to continuously adapt and to implement any necessary adjustments.



- **Incorporating promotional items** inscribed with the campaign's logo and NYC DOHMH logo. For the cocaine campaign we distributed hand sanitizer and pens to detailing targets. These items serve as highly visible reminders of the campaign mission and have the potential to be incorporated into daily usage by the targeted health care providers.

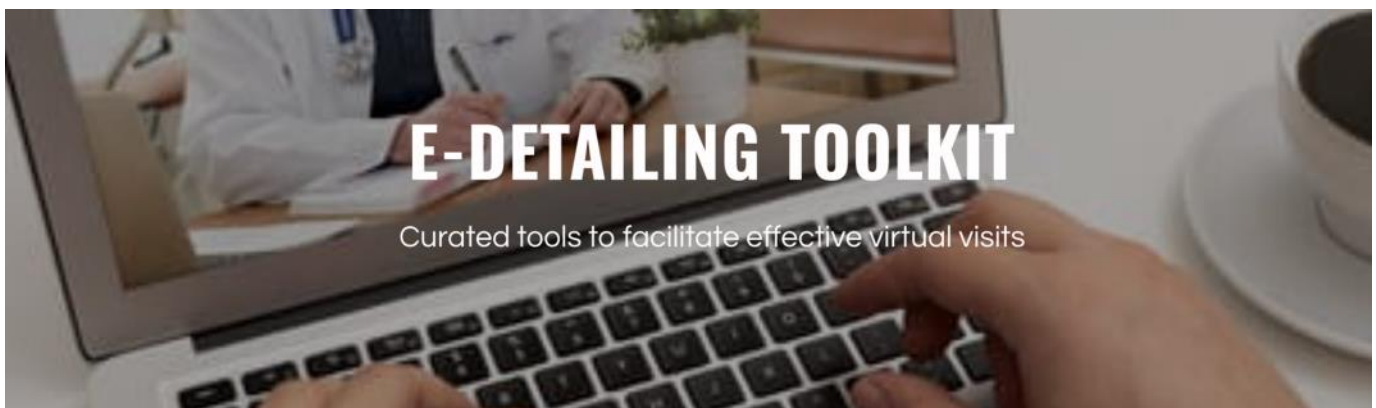
Our overall goal is to do everything we possibly can to improve the health of our fellow New Yorkers. I like to remind our detailers of this James Baldwin quote that informs our public health detailing mission:

“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

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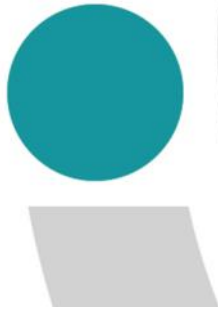
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"[My facilitator] allowed me to make mistakes and helped me work through them!"

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"The training was very interactive and engaging (the small groups were perfect for interacting and getting to know each other's backgrounds and made conversations and learning very enjoyable)."

Understanding the Needs of Detailers: A Program Manager's Approach to Supporting a Detailing Team

NaRCAD Interview: Anna Gribble, MPH

Provider Engagement and Policy Manager, Maryland Department of Health

NaRCAD's DETAILS Blog, 2021 by [Aanchal Gupta](#), NaRCAD Program Coordinator



Hi Anna, thank you for speaking with us today! Can you start by telling us about your program and your role at the [Maryland Department of Health](#)?

I'm the Provider Engagement and Policy Manager in the Office of Provider Engagement and Regulation which houses our [Prescription Drug Monitoring Program \(PDMP\)](#). I'm responsible for a number of different health educational outreach initiatives, particularly for safe opioid prescribing and overdose prevention.

Our biggest project is our academic detailing project, which we started in May 2019. It's a joint project between the state and local health departments. At the state level, we run the project management aspects of the program, and our detailers are located in local health departments across the state. We work with 15 counties in Maryland and have representation from both urban and rural areas.

A lot of our detailers have a strong understanding of the public health impact of opioid use disorder (OUD) based on their diverse work in the field. Their knowledge has been very valuable for our program, and we've encouraged them to leverage their resources and experiences when communicating with different clinicians.

It's great that your project has detailers covering a variety of areas across Maryland. What kind of data do you collect from your detailers to assess how they're feeling about their work, and how you can provide support to them?

We host monthly technical assistance (TA) calls with all of our detailers. Additionally, we make sure they attend [a basic training](#) to learn the communication techniques needed to implement field visits well.

We also have the detailers fill out quarterly reports to see how we can improve our TA. We ask our detailers questions such as, "what are you proud of this quarter?" "What challenges did you face this quarter?" and "What resources do you wish you had to make your sessions easier?" We use a lot of the data we collect from the detailers to tailor our trainings and TA calls.

This data has helped inform the content of our trainings, especially this year. We've used the summer of 2021 to focus on trainings and refresher courses for our detailers. Some of the trainings we've been excited to host this summer include motivational interviewing, detailing pharmacists, and a clinical content refresh.

It's exciting to know that the data you're collecting is being used to inform the support that you're providing to your detailers. What are the most important data points for detailing programs to consider when they're evaluating the needs of their detailers?

We've worked closely with your team at NaRCAD to reframe the questions that we ask detailers in our quarterly reports. For example, instead of asking "What went wrong during your visit?", we ask, "What are areas where you need support?"

It was also important for our program to reassess how we defined success. We previously defined success for detailers as the number of visits they had completed in a given period of time. Now we define success as making a connection or having any type of interaction with office staff, whether that be with front desk staff, an office manager, or a clinician. Focusing on these small wins has been a morale booster for our detailers.





Celebrating small wins is something we always appreciate here at NaRCAD. What advice do you have for other programs about supporting the unique needs of your detailers?

When working with detailers who don't have a clinical background, making sure that they feel confident in their skills and knowledge during their detailing visits is important. Many of our detailers want to debrief after their detailing sessions and have a space to process what happened during a visit. We're able to provide that reassurance and support for them during our TA calls and build their confidence. By assessing their needs during TA calls, we can figure out what kind of support to offer our detailers.

It's also important to be responsive to your detailers' needs because detailing can be isolating. It can sometimes be difficult for our detailers to make connections with other detailers since they are spread out across the state. They have the opportunity to learn and connect with one another during these TA calls and meetings. These calls give them a space to brainstorm, and problem solve together. We need to continue to empower detailers and remind them that they're doing important work in bringing a tremendous amount of value to clinicians.

I agree, providing opportunities for detailers to learn from their peers is incredibly beneficial. Let's talk a little more about [evaluating your program](#). What does your program evaluation process look like?

We're working with [John Hopkins School of Public Health](#) to create a more robust evaluation. Ideally, we'll be able to match the provider who was detailed to their prescription monitoring data to see if their prescribing trends have changed before and after receiving a detailing session. Our biggest barrier to getting that done is having enough visits completed so that we have enough data to evaluate.

We're currently working on collecting data from the detailers on who they detailed and are matching that with the PDMP data. We'll then ask the school of public health to measure the impact. We're hoping that utilizing PDMP data will help assess our program's impact on a bigger scale.

It will be very exciting to see the findings from this evaluation. Do you have any advice for programs looking to take a similar approach to evaluating their program?

If you're looking to match PDMP data with providers, then you need to make sure you're collecting enough data to facilitate that match, like asking for a National Provider Identifier (NPI) number in a follow up survey. Early in the planning process, it will be important to prepare to collect enough data to complete data matching—thinking ahead will help later in the evaluation process.



Planning ahead is critical. It's always exciting to hear what established programs such as yours are accomplishing. We're so grateful your team is a part of our community. We look forward to hearing about program results in the future and continuing to work with you and your team.

*Explore more public health AD best practices
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Leveraging Relationships: New Mexico's Approach to Team Building, Networking, & Gaining Access

NaRCAD Interview: Alisha Herrick, MPH, CHES

Former Program Manager and Detailer, Center for Health Innovation

NaRCAD's DETAILS Blog, 2021 by

Anna Morgan, MPH, RN, PMP, NaRCAD Senior Manager, Training & Education



Hi, Alisha! Thanks so much for joining us on DETAILS today. We're excited to chat with you about UPDATE New Mexico and the tips you have for building relationships. Can you tell us a bit about your program?

Absolutely! We provide evidence-based information and recommendations around chronic non-cancer pain management. We're expanding the service to include information on medications for opioid use disorder so healthcare professionals can better serve their patients in our rural state of New Mexico. We offer rural healthcare providers, who may feel somewhat isolated, an opportunity for continuing education that typically might only be available in bigger cities.

It's wonderful that your team offers these resources – we know that there are often limited resources in rural areas. Detailing in rural areas also brings up additional challenges for the detailing team, but you do such a great job keeping your team engaged and feeling connected. Can you tell us a little about your team and the [recruitment process](#)?

Geographically, New Mexico is the fifth-largest state in the country, but we only have 2 million people living here. All we do is network, network, and network. Whenever we're looking for detailers, we use our existing networks to talk to people and spread the word. Many people have heard the term six degrees of separation, but here in New Mexico, there's only about two or three degrees of separation. Word travels fast when we share job opportunities with our partners.

In terms of resources we've used for recruitment, we've adapted the generic job description on the [NaRCAD website](#) and circulated that throughout our network. The detailers we've hired all hail from different backgrounds, disciplines, and parts of the state. However, we make sure that they have a few common attributes – excellent communication skills, the time and resources needed to devote to the program, and the ability to share their perspective with others on the team.

Along with recruitment, you've also put a lot of work into [building your team](#). Can you share one of your approaches for building a strong and effective team?

One of the ways we keep our team engaged is through monthly meetings. Because of the diverse backgrounds of our detailers, there's always a rich exchange of ideas and perspectives when we convene. We also invite our clinical support team so that the detailers have a chance to discuss the clinical content with experts. We connect, troubleshoot, and share insights - our entire team looks forward to these meetings.

Creating a space to share and exchange with peers is key, especially for such a unique job like detailing. Your team also recently worked together to create a [commercial](#) to help get the word out about academic detailing and continue to build relationships with the larger community. What was that process like?

Once the COVID-19 pandemic began, we knew we had to have another venue to capture our audience's attention in the virtual world and continue to spread the word about our academic detailing service. Near the end of 2020, we met with a couple of different video production agencies to learn more about creating a commercial and the resources required to make it come to life.

We reallocated some marketing funds and picked a production team. We shared our vision of what we wanted to accomplish, outlined a few ideas, and they helped us refine a script.

The fun part was putting together a cast. The detailer is played by one of our own detailers, the doctor is played by one of our clinical support team members, the patient is played by my fiancé, and the clinical staff member is played by our program coordinator. We didn't have to pay for our cast, which helped us cut down on cost; however, we did have to hire a dog for the commercial since I couldn't bring my own due to the distance to the filming location! Overall, I'm very pleased with how it turned out.

You should be – it's so well done. What other approaches have you taken to gain access to clinicians or get the word out about academic detailing?

[Relationships](#) are key in New Mexico, as they are in every other place. We have partner organizations working in the community on overdose prevention who have been tasked to prioritize marketing our detailing service to clinicians. We also met with our medical board and asked them if our service could qualify as a mechanism for healthcare providers to receive their required pain management CME. They supported our request and that ended up being a huge win for our program. In addition to being detailed, clinicians can also get [free CMEs](#). On the marketing side of things, we've tried just about everything over the last year since we expanded statewide - postcards and flyers, newsletters, [webinars](#), and [social media](#). We're now working on trying some more targeted approaches, like Google Advertisements. For example, if a provider is googling "free pain management CME in New Mexico," our program might pop to the top of the list.

It's clear that you've used approaches that align with your goal of building strong relationships throughout your state – I can't wait to hear how your new approaches have worked next time we chat. Let's pivot to our final question to wrap up today. What is one piece of advice you'd give other programs that are looking to replicate your program's success?

I would say don't get discouraged if you don't see as much demand as you would hope for when you're first starting out. Like everything else, it takes time. It takes time to educate providers on what and how this service is being offered. It also takes time to alleviate some of those misconceptions that this is "just too good to be true". So be patient, talk to people, and listen twice as much as you talk to build those relationships.

Thank you so much for sharing that, Alisha. It's an honor to work and learn from you and your team. We appreciate all the tips you shared today and we hope to catch up with you soon!

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Finding Your Superpower: Insights to Becoming a Successful Detailer

NaRCAD Interview: Julia Bareham, BSP, MSc

Academic Detailer & Information Support Pharmacist, RxFiles Academic Detailing

NaRCAD's DETAILS Blog, 2021 by

Anna Morgan, MPH, RN, PMP, NaRCAD Senior Manager, Training & Education



Hi Julia! We're so excited to feature your work on DETAILS. You've had over a decade of experience with academic detailing. Can you tell us about your academic detailing journey?

I was hired by RxFiles in 2009. Shortly after starting with RxFiles, the program began working on a long-term care project and that became my focus until I left in 2015 to work in the prescription monitoring program in my province in Canada. I returned to RxFiles in 2019 and have since been working on helping to increase [Suboxone](#) prescribers in Saskatchewan.

It's nice to have you back in our detailing community! What are some of the unique challenges that you've faced since returning to the field and detailing on this particular topic?

I think the most obvious answer is the global pandemic, which is a challenge that everyone has faced. For me, [building relationships](#) with clinicians through [videoconferencing](#) has not been easy. Reading your audience via videoconferencing is challenging, and that's if you're fortunate enough that they'll have their cameras on! In terms of the topic itself, many prescribers are unfamiliar with prescribing Suboxone and there is still some stigma related to opioid use disorder. Presenting the appropriate information to prescribers to properly assess, treat, and troubleshoot is key. Prescribers also must be authorized by their regulatory body to prescribe Suboxone in our province, which includes an educational program and mentorship.

To help make prescribing Suboxone less overwhelming, we created a Suboxone 101 resource for our detailing visits where we introduce clinicians to the treatment option and some of the main considerations around it. We also created a longer resource that walks through a detailed approach of assessing patients and prescribing Suboxone if clinicians indicate that they want to learn more. We've received positive feedback on our 101 resource and have had a lot of interest in our longer resource, which we plan to detail interested clinicians on in the near future.

Thanks for catching us up on some of the ways your program has approached detailing on this topic. Let's talk a bit about being a detailer – what are some of your tips for being a [successful detailer](#)?

That's a great question.

1. Be prepared and know your topic well. The clinicians that we detail trust that the information we provide is accurate, evidence-based, and current. I always want to make sure that I come prepared with the best information, that I'm knowledgeable, and that I can answer any question to the best of my ability during a detailing session.

2. Be comfortable saying, "I don't know." There's a danger in academic detailing if a detailer is unsure of something and is uncomfortable saying that. My biggest fear as a detailer is that if I'm not confident in my answer to a clinician or if it's incorrect, then it could result in suboptimal patient care. It's not always easy to say that you don't know the answer to something, especially when you value being so prepared.

3. Be flexible. Take the conversation in the direction that the clinician would like to go. I always remember that I'm there to support the needs of the clinician and let them drive the conversation, even if I have a script prepared. Being able to do that is extremely valuable to the clinician you're detailing and makes your visit personalized and relevant.

4. Leverage your personal superpower. It's important to be true to who you are during your detailing visits. Our personalities are all unique and bring so much value to each visit. My personal superpower is humor and that's how I connect with clinicians and build that relationship right off the cuff. It's not always the best tool for everyone but knowing what you're good at and leveraging it is crucial.



These tips can be applied to work beyond detailing as well! How has your team supported you in using those skills and qualities to become such a successful detailer?

I have an amazing team; we all have unique personalities and different approaches to detailing. They give me insights into how I might want to approach a certain topic when I'm in the field. I always gain new perspectives through trainings with my team, observing detailing visits, and debriefing after visits.

It's especially nice to be able to debrief with colleagues when things don't go as planned during a detailing visit. Sometimes the debriefs are long discussions and sometimes they are a quick text message to share what happened. Our team is honest and vulnerable with one another, which helps elevate the work that we do because we can support each other during challenging times.

We share wins with one another during debrief sessions as well. There's nothing better than a visit when you feel like you did an awesome job and really helped the clinician you detailed. It's important to put that wind back in your sails!

Speaking of wins, can you share a story from the field when you felt that you made an impact as a detailer?

Absolutely. When I first started detailing, I detailed clinicians at a neighboring clinic to the pharmacy I worked at. One of the first topics I detailed on was gout and we had a key message around selecting the best non-steroidal anti-inflammatory drugs (NSAIDs) to use for treatment. I found that most of the prescribers I detailed were prescribing a less than optimal NSAID when it came to an acute gout flare. When I was later chatting with one of the clinicians at my pharmacy about a prescription that he had written, he said at the end of the conversation, "Oh, by the way, I just want you to know, I have changed how I prescribe for gout after meeting with you." In that moment, it was clear to me that he wanted me to know that he listened to the evidence that I had shared with him and had changed his practice as a result.

I knew that prescribing different NSAIDs for gout was probably not going to save lives but knowing that the clinicians were listening and valued what I had to share with them let me see that I could have an [impact](#) on them.

That sounds like it was a nice boost of confidence for you as a new detailer. We'll wrap up with our final question. Is there a piece of advice that you would offer to new detailers?

For your work to be fulfilling and for you to have that sense of satisfaction, it needs to be meaningful. We want to know that the work that we do matters and that we're making a difference. I find that it can be hard to see that right away with academic detailing. Sometimes I might just be confirming that a clinician's current practice is still the optimal approach and other times I might be causing a clinician to reassess how they might make future drug therapy decisions. Don't underestimate the impact you might be having on a clinician, and consequently patient care, in doing the work that you do.



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