

NARCAD PRESENTS

THE 7TH INTERNATIONAL CONFERENCE ON ACADEMIC DETAILING **COLLABORATION FOR CLINICAL CHANGE**

NOVEMBER 7 + 8, 2019

METRO MEETING CENTER
101 FEDERAL STREET
BOSTON, MASSACHUSETTS

THE NATIONAL RESOURCE CENTER FOR ACADEMIC DETAILING

#NARCAD2019
#ACADEMICDETAILING
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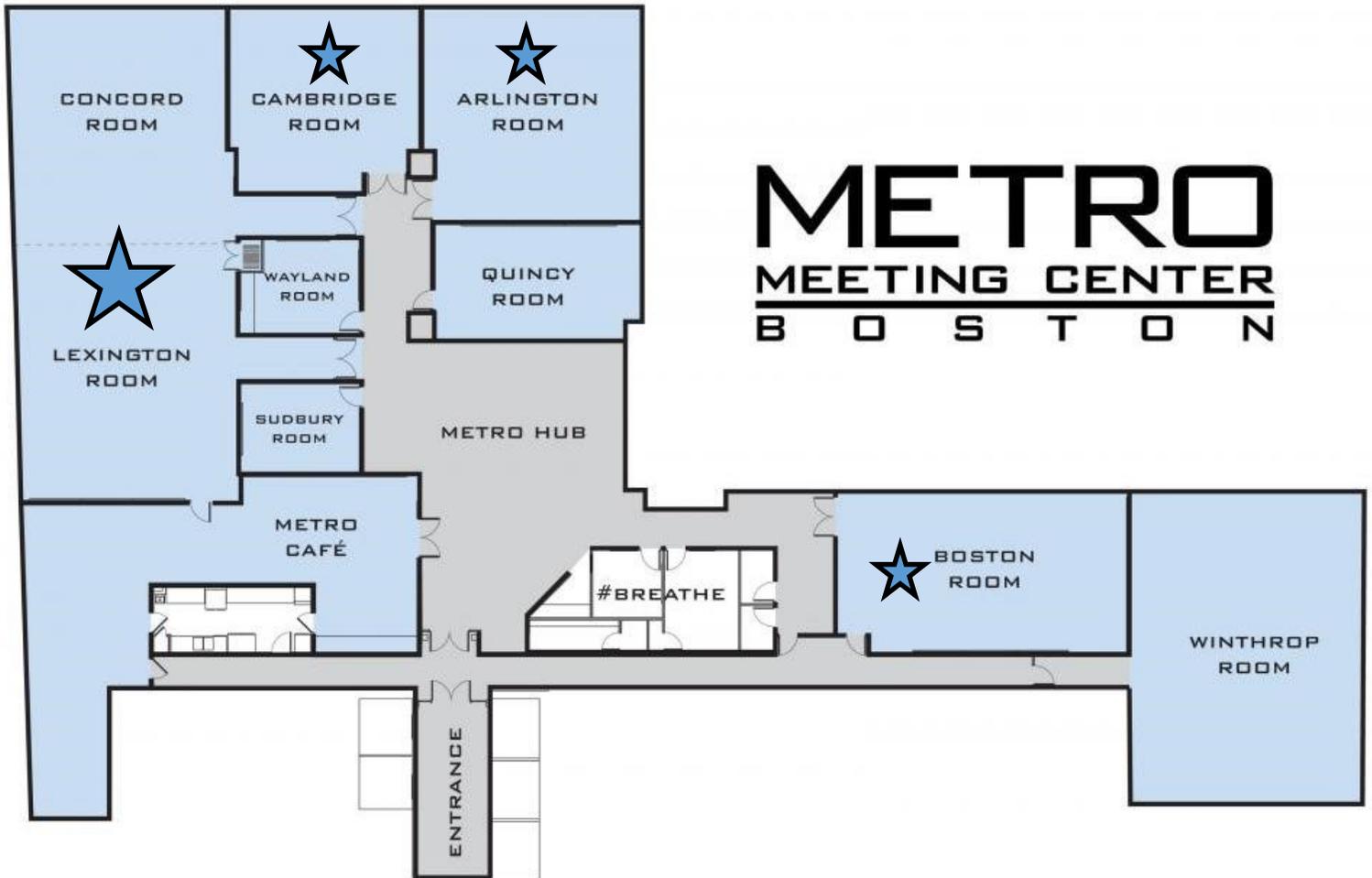
DIVISION OF
**PHARMACOEPIDEMIOLOGY &
PHARMACOECONOMICS**

DEPARTMENT OF MEDICINE
BRIGHAM AND WOMEN'S HOSPITAL
HARVARD MEDICAL SCHOOL



NaRCAD





ALL MAIN SESSIONS

will be held in the Lexington & Concord Rooms (*combined space*)

Day 1 Breakout Session Rooms:

BREAKOUT 1: "Academic Detailing 101: An Introduction to the 1:1 Visit" (*Arlington Room*)

BREAKOUT 2: "What Do We Say to Unreliable Evidence? Not Today!" (*Boston Room*)

BREAKOUT 3: "Full Time Impact from a Part Time Team" (*Cambridge Room*)

Day 2 Breakout Session Rooms:

BREAKOUT 1: "Engaging Systems to Sustain AD Programming" (*Arlington Room*)

BREAKOUT 2: "Moral Failing vs. Chronic Health Condition? Stigma, Addiction, and the Role of AD in Developing Successful Medication-Assisted Treatment Programs" (*Boston Room*)

BREAKOUT 3: "Campaign Materials & Messaging: Creating Tools for Impact" (*Cambridge Room*)

NaRCAD Home Team Headquarters: Sudbury Room

Stop by and say hello!

2019 Conference Agenda At-a-Glance

DAY 1:

THURSDAY, NOVEMBER 7, 2019

- 8:30 AM **Breakfast & Networking**
- 9:00 AM **Welcome**
Mike Fischer, MD, MS, Director, NaRCAD
- 9:30 AM **KEYNOTE TALK:**
"Transforming Care for Veterans: AD as a Catalyst for Change"
Melissa Christopher, PharmD
*National Director
Veterans Health Administration
Pharmacy Benefits Management
Academic Detailing Service*
- 10:15 AM **Morning Break**
- 10:30 AM **EXPERT PANEL:**
"Detailing Without Borders: The Virtual Detailing Approach"
(see detailed agenda for presentation titles and presenter information)
- 12:00 PM **Lunch**
- 1:00 PM **Breakout Sessions:**
"Fundamentals of AD"
(see detailed agenda for breakout tracks, room locations, and presenter information)
- 2:30 PM **Afternoon Break**
- 2:45 PM **Day 1 Field Presentations**
(see detailed agenda for presentation titles and presenter information)
- 4:00 PM **SPECIAL PRESENTATION:**
Daniel Knecht, MD, MBA, CVS Health
"Combining the Payer Toolkit with Detailing to Impact the Opioid Crisis"
- 4:30 PM **Annual AD Talk:**
Jerry Avorn, MD, Co-Director, NaRCAD
"Moving Beyond the Silos: Academic Detailing and the Full Spectrum of Clinical Care"
- 5:15 PM **Day 1 Wrap-up**
Mike Fischer, MD, MS, Director, NaRCAD
- 5:15 – 6:15 PM **Evening Reception (Metro Lobby)**
(For Mentor Match, please check your nametag for match names and locate match during reception.)

DAY 2:

FRIDAY, NOVEMBER 8, 2019

- 8:30 AM **Breakfast & Networking**
- 9:00 PM **Day 2 Kick-Off**
Mike Fischer, MD, MS, Director, NaRCAD
- 9:15 AM **KEYNOTE TALK:**
"From Start-up to Sustainability: The Centre for Effective Practice's Academic Detailing Journey"
Tupper Bean, MBA, MHSc
*Executive Director
Centre for Effective Practice*
- 10:00 AM **Morning Break:**
Extended Coffee and Networking
- 10:30 AM **PLENARY:**
"Capacity Building & Expansion: Increasing the Reach of Academic Detailing"
(see detailed agenda for presentation titles and presenter information)
- 12:00 PM **Lunch**
- 1:15 PM **Day 2 Field Presentations**
(see detailed agenda for presentation titles and presenter information)
- 2:30 PM **Afternoon Break**
- 2:45 PM **Breakout Sessions:**
"Advanced Learning in AD"
(see detailed agenda for breakout tracks, room locations, and presenter information)
- 4:15 PM **Closing Remarks & Staying Connected**
Mike Fischer, MD, MS
Director, NaRCAD
Bevin K. Shagoury
Communications & Education Director, NaRCAD
- 4:30 PM **Conference Adjournment**
Thank you for being part of our community.
- Conference Evaluations**
Please complete your Day 1 + 2 evaluations online: www.narcad.org/eval

Welcome from NaRCAD's Directors

We're glad you're here with us to take part in **NaRCAD2019** – our 7th annual conference since our founding in 2010. We're excited to share the next two days with you, our community of thought leaders in clinical outreach education.

As we kick off the beginning of our 10th year as the country's only resource center dedicated to 1:1, interactive, non-commercial, evidence-based education for frontline clinicians, we're witnessing growth and change throughout the field—something we attribute to all of your hard work in implementing programs that improve health outcomes across diverse clinical domains.



The requests we've received for training and technical assistance have skyrocketed in the past 18 months, and we've trained over 700 health care professionals to date. This demand illustrates a growing understanding of the impact that academic detailing can have on improving clinical care. And we're also noticing trends beyond increased visibility for this innovative, strategic approach to clinician education. This year's conference theme is inspired by the increasing dedication to collaboration across different community organizations and clinicians, working together to improve patient care.

As we continue to support the growing universe of academic detailing programs, we're proud of the key role that AD plays in leveraging relationships to effect sustainable change. Whether it's for HIV prevention, chronic disease management, cancer control, substance use disorders, or any other topic, we're seeing the impact of academic detailing increase dramatically when this approach is integrated with other strategies in multifactorial, community-centered or organization-based interventions.

We're ready to amplify that impact in collaboration with all of you, and this annual conference is an ideal place to address new clinical challenges with problem-solving and creativity. That's why we're looking forward to this year's program agenda more than ever, with content developed and submitted by our community members, and with ample opportunity to delve into the nuanced programmatic challenges that you're facing as you build sustainable programs.

As you navigate through these two days, we know you'll find key insights to increase your program's impact. We're here to connect you to the people who can help you make your program more effective, strategic, and relevant to what your community and colleagues need to create sustainable change. We want to hear about what you're learning and why this work matters to you, so we hope you'll share your thoughts and stories with us in person or on social media, both during the event and as we head into what will surely be an important 2020 for our field.

Mike Fischer, MD, MS, Director, NaRCAD

Jerry Avorn, MD, Co-Director, NaRCAD

DAY 1: THURSDAY, NOVEMBER 7TH, 2019

Detailed Agenda & Session Descriptions

All main sessions will be held in the Lexington & Concord Room Main Space, with the exception of afternoon breakouts as noted. Presentation slides will be available on our Conference Hub page at narcad.org after the conference.

8:30 AM Breakfast & Networking

9:00 AM **OPENING REMARKS & WELCOME** | *Mike Fischer, MD, MS* | Director, NaRCAD

9:30 AM KEYNOTE TALK:

“Transforming Care for Veterans: AD as a Catalyst for Change”

Melissa Christopher, PharmD

National Director, Veterans Health Administration

Pharmacy Benefits Management Academic Detailing Service

10:15 AM Morning Break

10:30 AM EXPERT PANEL: “Detailing Without Borders: The Virtual Detailing Approach”

What considerations should be made when implementing virtual detailing as a tool to reach clinicians? Technology makes it possible for academic detailers to promote the best evidence by disseminating to providers who may be less accessible by traditional means. This panel will explore the challenges and strengths of virtual detailing, from planning to implementation, troubleshooting to data collection.

Moderator:

Mike Fischer, MD, MS | Director, NaRCAD

Panelists:

Mark Bounthavong, PharmD, MPH | National Clinical Program Manager

Veterans Health Administration, Pharmacy Benefits Management Academic Detailing Service

Ramona Shayegani, PharmD | Veterans Affairs Southern Nevada Healthcare System

Terryn Naumann, PharmD | Director, Optimal Use & Academic Detailing; Drug Intelligence, Optimization, Outcomes, and Strategy Branch, British Columbia Ministry of Health
Provincial Academic Detailing Service

A.Simon Pickard, PhD | Professor, University of Illinois at Chicago, College of Pharmacy

12:00 PM Lunch

1:00 PM Breakout Sessions: “Fundamentals of AD”

BREAKOUT 1: “Academic Detailing 101: An Introduction to the 1:1 Visit” (Arlington Room)

Deborah Monaghan, MD, MSPH | Director of Local Public Health Partnerships

Colorado Department of Public Health and Environment

Bevin K. Shagoury | Communications & Education Director, NaRCAD

What really happens during a 1:1 visit with a clinician? How do academic detailers prepare to make every visit count? Join this highly interactive session facilitated by members of the NaRCAD training team as they break down the key elements of a successful educational visit through small group exercises and problem-solving. This “basics” session will be especially beneficial for attendees preparing to work as clinical educators; ideal for those planning to complete a future NaRCAD AD techniques training, as well as new program managers looking to understand AD activities.

BREAKOUT 2: “What Do We Say to Unreliable Evidence? Not Today!” (Boston Room)

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

Regan Smith, PharmD | Clinical Pharmacist, Pharmacy Management Consultants

This escape room-themed breakout session will assist detailers in evaluation of evidence for inclusion in AD program materials. Particular emphasis will be placed on understanding the hierarchy of evidence and identifying the most reliable sources of evidence-based research to guide clinical treatment recommendations.

BREAKOUT 3: “Full Time Impact from a Part Time Team” (Cambridge Room)

Amanda Kennedy, PharmD, BCPS | Director, Vermont Academic Detailing Program; Associate Professor of Medicine, University of Vermont, Lamer College of Medicine;

Zack Dumont, BSP, ACPR, MS | Clinical Support Pharmacist, RxFiles; Saskatchewan Health Authority

Loren Regier, BS, BSP | Program Coordinator, Canadian Academic Detailing Collaboration

This workshop will encourage participants to think critically about leading an academic detailing program. By the end of this workshop, participants will be able to apply an enterprise mindset to the improvement of academic detailing services using a leadership framework, and understand how to facilitate personal development that overcomes the challenges of being a part-time, often isolated, academic detailer.

2:30 PM Afternoon Break

2:45 PM

DAY 1 FIELD PRESENTATIONS:

Sharing best practices via a rapid round of highlights from recent AD field interventions.

2:45 – 2:50 Kick-off & Overview: Mike Fischer, MD, MS

2:50 – 3:05 Presentation 1: “Using Academic Detailing to Improve Maternal and Neonatal Health Through Safer Opioid Prescribing”

Traci Green, PhD | Deputy Director, Boston Medical Center Injury Prevention Center, Co-Investigator, Center of Biomedical Research Excellence (COBRE), Rhode Island Hospital

3:05 – 3:10 Audience Q+A

3:10 – 3:25 Presentation 2: “Effects of AD on Pediatric Antipsychotic Prescribing in a Medicaid Population”

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

3:25 – 3:30 Audience Q+A

3:30 – 3:45 Presentation 3: “Increasing Access to Naloxone in New York City”

Carla Foster, MPH | City Research Scientist
New York City Department of Health & Mental Hygiene

3:45 – 3:50 Audience Q+A

3:50 – 4:00 Final Q + A/Wrap-up

4:00 PM SPECIAL PRESENTATION:

“Combining the Payer Toolkit with Detailing to Impact the Opioid Crisis”

Dan Knecht, MD, MBA | Vice President, Health Strategy and Innovation, CVS Health, Aetna
Dr. Knecht will discuss the vision and rationale behind Aetna’s opioid detailing program spanning five states. In addition, he will provide insights on how a health insurer can further incentivize physician engagement and behavior change through value-based contracting.

4:30 PM Annual AD Talk:

“Moving Beyond the Silos: Academic Detailing and the Full Spectrum of Clinical Care”

Jerry Avorn, MD, Co-Director, NaRCAD

5:15 PM Day 1 Wrap-up

Mike Fischer, MD, MS, Director, NaRCAD

Please take a moment to fill out our Day 1 Evaluation online at www.narcad.org/eval.

5:15 - 6:15 PM Evening Networking Reception

Metro Meeting Center Lobby and Dining Area

(For Mentor Match, please check your nametag for match names and locate match during reception.)

DAY 2: FRIDAY, NOVEMBER 8TH, 2019

Detailed Agenda & Session Descriptions

All main sessions will be held in the Lexington & Concord Room Main Space, with the exception of afternoon breakouts as noted.
Presentation slides will be available on our Conference Hub page at narcad.org after the conference.

8:30 AM Breakfast & Networking

9:00 AM **Day 2 Welcome & Reflections on Learning** | *Mike Fischer, MD, MS* | Director, NaRCAD

9:15 AM **KEYNOTE TALK: “From Start-up to Sustainability: CEP’s Academic Detailing Journey”**
Tupper Bean, MBA, MHSc | Executive Director, Centre for Effective Practice

10:00 AM Morning Break: Extended Coffee & Networking

10:30AM PLENARY: “Capacity Building & Expansion: Increasing the Reach of Academic Detailing”

This plenary will highlight strategies to implement sustainable capacity building for clinical outreach education programming, with best practices shared across successful programs whose growth and impact have reached new levels across critical clinical challenges.

Moderator:

Mike Fischer, MD, MS | Director, NaRCAD

Presenters:

JaDawn Wright, MA | Deputy Director, Pacific AIDS Education & Training Center

Emily Behar, PhD, MS | Research Coordinator, Substance Use Research Unit
San Francisco Department of Public Health

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

12:00 PM Lunch

1:15PM

DAY 2 FIELD PRESENTATIONS:

Sharing best practices via a rapid round of highlights from recent AD field interventions.

1:15 – 1:20 **Kick-off & Overview:** *Mike Fischer, MD, MS*

1:20 – 1:35 **Presentation 1: “Identification of Barriers to Opioid Prescribing through AD”**
Christopher Saffore, PharmD | PhD Candidate, Dept. of Pharmacy Systems, Outcomes, and Policy, University of Illinois at Chicago

1:35 – 1:40 **Audience Q+A**

1:40 – 1:55 **Presentation 2: “Detailing from the Inside: Testing a Team-based Model in Ontario”**
Lindsey Bevan | 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

1:55 – 2:00 **Audience Q+A**

2:00 – 2:15 **Presentation 3: “Blazing Saddles: Pioneering AD on Canada’s Cannabis Frontier”**
Zack Dumont, BSP, ACPR, MS | Clinical Support Pharmacist, RxFiles Academic Detailing Service, Saskatchewan Health Authority

2:15 – 2:20 **Audience Q+A**

2:20 – 2:30 **Final Q + A/Wrap-up**

2:30 PM Afternoon Break

Connect with Day 2 Field Presenters, and prepare for afternoon breakouts.

2:45 PM BREAKOUT SESSIONS: “Advanced Learning in AD”**BREAKOUT 1: “Engaging Systems to Sustain AD Programming” (Arlington Room)**

Mike Fischer, MD, MS | Director, NaRCAD

How do you enlist leaders in your community or organization to support your academic detailing program? Join this session to explore strategies to identify and engage with stakeholders and sustain programs over time. Work together to develop persuasive arguments for your program, including an exercise to create an “elevator pitch” that effectively and efficiently gains buy-in from leaders in your community, leveraging key relationships to create change at a systems level. This session is designed for all those working to initiate or expand AD programs and who need to engage organizational leadership or community partners in building support for their initiatives, either as a stand-alone project or as part of a multifactorial and multi-organization intervention.

BREAKOUT 2: “Moral Failing vs. Chronic Health Condition? Stigma, Addiction, and the Role of AD in Developing Successful Medication Assisted Treatment (MAT) Programs” (Boston Room)

Nadejda Razi-Robertson, LCSW, PhD | Director, Synergy Health Consulting, LLC

Andrew Suchocki, MD, MPH | Medical Director, Clackamas Health Centers

This session utilizes MAT program development as a scenario where foundational work is essential prior to implementing a more traditional AD intervention. MAT requires the detailer to assess subjective and objective information about the system they are encountering. For MAT, a common system issue is rooted in stigma, which can be reflected in philosophical dissonance amongst clinicians, administrators, and staff. This can be seen in the spectrum of treatment approaches which range from radical harm reduction to abstinence-based programs. This example of foundational issues is essential for a detailer in creating outreach strategies and materials. The detailer’s understanding of clinic culture and potential obstacles is vital to effective AD work related to MAT.

BREAKOUT 3: “Campaign Materials & Messaging: Creating Tools for Impact” (Cambridge Room)

Ellen Dancel, PharmD, MPhD | Director of Clinical Materials Development, Alosa Health

Bevin K. Shagoury | Communications & Education Director, NaRCAD

Have you crafted key messages for your academic detailing campaign, but are struggling with creating engaging materials to use during a detailing visit? Join us to review a portfolio of campaign materials that have successfully complemented AD interventions across myriad topics. This session encourages existing programs of all budgets to creatively transform campaign behavior change goals into clear, concise, and engaging marketing materials to embrace diverse clinician learning styles, all while using available program resources and staying on budget.

4:15 PM Closing Remarks & Staying Connected with NaRCAD

Mike Fischer, MD, MS, Director, NaRCAD

Bevin K. Shagoury, Communications Director, NaRCAD

4:30 PM Conference Adjournment

Please complete your Day 2 Evaluations online at www.narcad.org/eval.

Day 1 Keynote Biography

Melissa Christopher, PharmD

*Associate Chief Consultant, Pharmacy Benefits Management
National Director, Academic Detailing Service, Department of Veterans Affairs*



Dr. Melissa Christopher is currently the National Director for the Veteran Affairs Academic Detailing Services, which services providers and clinical staff in VA healthcare systems. She received her Doctor of Pharmacy from Duquesne University, Pittsburgh, Pennsylvania. She completed a Pharmacy Practice Residency and Post Graduate Year 2 in Pharmacoeconomics and Formulary Management at VA San Diego Healthcare System. Dr. Christopher conducts research in health services, outcomes and pharmacoeconomic analysis for several disease management areas. She previously practiced as a clinical pharmacy specialist providing medication management in diabetes and metabolic syndrome. Most of her work in Mental Health, Substance Use Disorders and Pain Management focuses on development of educational materials, outcome monitors, provider specific electronic audit and feedback tools to trend practice patterns for quality improvement system interventions.

Dr. Christopher has overseen the national implementation of Academic Detailing programs focused on engaging system solutions and influence of behaviors for the healthcare team to act on the evidence-based practice recommendations. As the National Director, Dr. Christopher manages national staff who provide technical support to Veteran Integrated Service Networks with facility level academic detailers. In the last 5 years, she has co-authored several publications with the VHA Academic Detailing Services examining progress of implementation and the impact of educational outreach on care delivery behaviors aligned with evidence based practiced recommendations. The VHA Academic Detailing program has had significant expansion since the Comprehensive Addiction and Recovery Act in 2016, providing outreach education to over 20,000 staff members on opioid safety education including overdose education and naloxone distribution and opioid use disorder campaigns.

Day 2 Keynote Biography

Tupper Bean, MBA, MHSc

Executive Director, Centre for Effective Practice



Tupper is an experienced healthcare entrepreneur focused on engaging providers and enabling positive system change. Through years of senior leadership experience, he co-founded and built the Centre for Effective Practice (CEP). As the first of its kind and largest independent knowledge translation organization for primary care in Canada, it gathers direct annual input from approximately a thousand healthcare providers annually, and its materials and information are distributed to more than 16,000 primary care providers each year. The CEP has developed a clinical tool process that includes key elements such as evidence assessment, user-centered design, behavioural economics and EMR integration. They are among the most widely used in Canada. The CEP also operates Canada's second largest academic detailing program, serving over 800 family physicians in Ontario.

Prior to joining the CEP, Tupper held various senior leadership positions in both the public and private sectors. He has overseen numerous international projects in China, Brazil and the United Arab Emirates. As an entrepreneur, Tupper has participated in several successful start-up ventures and has provided strategic consulting services for organizations such as the University of Toronto and the MaRS Discovery District. Tupper holds a Master of Business Administration from the Richard Ivey School of Business and a Master of Health Science from the University of Toronto. He has been a visiting lecturer at the University of Toronto and Tsinghua University in Beijing, China.

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.



Kristina Stefanini | *Project Manager*

Kristina manages NaRCAD trainings, oversees special projects to assess the impact of academic detailing, and creatively expands NaRCAD's reach by finding new ways to highlight our partners' work. She also works on various communications and engagement projects, finding creative ways to improve resource access for clinical educators and AD programs in NaRCAD's network. She ensures that daily operations run smoothly by tracking communications with partners, evaluating training feedback and surveys, and engaging with prospective partners and trainees. Kristina joined NaRCAD in 2017 after receiving her Bachelor of Arts in Molecular Biology and Public Health from Boston University.



Anna Morgan, RN, BSN, MPH | *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 support to various NaRCAD projects. 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 amongst college students. Winnie joined NaRCAD in 2019 after completing her Bachelor of Arts in Biological Sciences and Sociology from Cornell University.

2019 Conference Speaker Biographies



Emily Behar, PhD, MS

Research Coordinator, Substance Use Research Unit, San Francisco Dept. of Public Health

Emily Behar, PhD MS, works as a Research Study Coordinator in the Substance Use Research Unit at the San Francisco Department of Public Health, where she coordinates behavioral, pharmacologic, and implementation science interventions. Emily's research focuses on improving health outcomes for persons who use substances, including increasing access to naloxone and overdose prevention services. Emily works closely with the California Department of Public Health on an academic detailing project aimed to improve opioid stewardship efforts among primary care providers and health plans who managing patients with chronic pain and/or opioid use disorders throughout California. Emily received her Doctorate from the University of California, San Francisco and her Master of Science from the University of Pennsylvania.



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.



Mark Bounthavong, PharmD, MPH

National Clinical Program Manager, VA PBM Academic Detailing Service

Mark is a health economist at the VA Health Economics Resource Center, Investigator at the Center for Innovation to Implementation (Ci2i), and research affiliate at Stanford University School of Medicine. He has performed several program evaluations of the National Academic Detailing Service's impact on the Opioid Overdose Education and Naloxone Distribution (OEND) Program, the Opioid Safety Initiative, and the Psychotropic Drug Safety Initiative. Mark's research interests include pharmaco-economics, outcomes research, health economics, process and program evaluations, econometric methods, and evidence synthesis using Bayesian methods.



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.



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.



Zack Dumont, BSP, ACPR, MS

Clinical Support Pharmacist, Saskatchewan Health Authority, Regina Area

Clinical Pharmacist, RxFiles

Zack is a clinical pharmacist with the RxFiles Academic Detailing Service in Regina, Saskatchewan, Canada and a facilitator for NaRCAD's training courses. He has been involved with the RxFiles since 2008, with experience in academic detailing, content development of RxFiles' evidence-based drug therapy comparison tools, and a training facilitator for both Beginner and Advanced Skills in Academic Detailing courses. After completing a hospital pharmacy residency Zack maintained a clinical practice for inpatient internal medicine, with more specialized experience in anticoagulation and heart failure. Most recently, Zack serves as the Manager of Clinical Pharmacy Services for the Regina area of the Saskatchewan Health Authority. His professional interests include teaching evidence-based medicine, knowledge translation, leadership, development of clinical decision supports, collaboration, and leadership.



Carla Foster, MPH

City Research Scientist, New York City Department of Health and Mental Hygiene

Carla is a City Research Scientist at the New York City Department of Health and Mental Hygiene (NYC DOHMH) in the Bureau of Alcohol and Drug Use, Prevention, Care, and Treatment. Her research focuses on the implementation and evaluation of public health detailing campaigns across New York City with the aim of reducing opioid 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, and her Master of Public Health Degree in Epidemiology from Columbia University.



Traci Green, PhD

Deputy Director, Boston Medical Center Injury Prevention Center

Co-Investigator, Center of Biomedical Research Excellence (COBRE)

Rhode Island Hospital

Dr. Traci Green is an epidemiologist whose research focuses on substance use disorder and injury. She is Deputy Director of the Boston Medical Center Injury Prevention Center and co-Investigator of the Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose at Rhode Island Hospital. Her research is supported by the CDC, NIDA, AHRQ, PCORI, and DOJ.



Amanda Kennedy, PharmD, BCPS

Director, Vermont Academic Detailing Program

Associate Professor of Medicine, University of Vermont, Larner College of Medicine

Amanda is the Director of the Vermont Academic Detailing Program at the Office of Primary Care, University of Vermont. She has delivered Academic Detailing sessions to over 700 participants since 2003. Amanda regularly serves as a faculty facilitator for NaRCAD Academic Detailing Techniques trainings. As Associate Professor of Medicine, University of Vermont, College of Medicine, Dr. Kennedy is a residency and fellowship-trained board-certified pharmacist investigator. She has extensive training in research and medication safety through completion of an AHRQ-funded career development award (K08), a graduate certificate in human factors and an executive fellowship in patient safety. Her primary care research has been funded by AHRQ, HRSA, the State of Vermont, and local health plans. She has a clinical pharmacy practice in Rheumatology at the University of Vermont Medical Center.



Daniel Knecht, MD, MBA

Vice President, Health Strategy & Innovation at CVS Health; Aetna

Dr. Daniel Knecht is a board-certified internist currently serving as Vice President of Health Strategy and Innovation at CVS Health. In this role, he collaborates across all major CVS Health business lines to develop and execute clinical strategies that address unmet health needs. Since joining Aetna in 2016, Dr. Knecht has led a series of enterprise-wide strategic initiatives including the company's efforts to combat opioid misuse and addiction. Following CVS Health's acquisition of Aetna, his team focuses on leveraging data analytics and enterprise assets to provide actionable insights for patients and providers that increase value of care. Dr. Knecht graduated with honors from Dartmouth College and received a joint M.D., M.B.A. from Weill Cornell Medical College and Johnson Graduate School of Management where he was a recipient of the Lee Family Scholarship. He is a Fulbright Scholar in medical sciences and has performed research that explored health care deficiencies in the Negev region of Israel. Dr. Knecht is also an associate clinical profession at Mount Sinai West in New York City and still see patients.



Deborah Monaghan, MD, MSPH

Director, Local Public Health Partnerships

Interim Director, Office of Planning, Partnerships, and Improvement

Colorado Department of Public Health and Environment

Deborah is a family medicine physician who joined the Colorado Department of Public Health and Environment (CDPHE) in 2016 to build the department's first academic detailing program providing public health outreach education to clinicians statewide. Deborah is now the Director of Local Public Health Partnerships and the Interim Director of the Office of Planning, Partnerships and Improvement at CDPHE where her team serves as liaisons to all local public health agency directors ensuring core public health services are provided equitably for all Coloradans. A graduate of the University of Mississippi School of Medicine, internship took Deborah to Drexel University in Philadelphia, Pennsylvania followed by Family Medicine residency at St. Mary's Hospital in Grand Junction, Colorado. She also received her Master of Science in Public Health through the University of London School of Hygiene and Tropical Medicine and now splits her time living in Denver and Boulder with her spouse Andy and their four-legged canine kiddo Tank.



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 Assoc.—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.



Terryn Naumann, BSc (Pharm), PharmD

Director of Optimal Use/Academic Detailing; Drug Intelligence, Optimization, Outcomes and Strategy Branch, Pharmaceutical Services Division, British Columbia Ministry of Health

Terryn Naumann is the Director of Academic Detailing and Optimal Use at British Columbia's Ministry of Health's Pharmaceutical Services Division. She earned her pharmacy degrees from the University of British Columbia and completed a hospital pharmacy residency at St. Paul's Hospital in Vancouver. Terryn began her career in academic detailing in 1993 when she worked at Lions Gate Hospital in North Vancouver as the clinical pharmacist for the Community Drug Utilization Program – the first academic detailing program in Canada. Since 2008, Terryn has led BC's Provincial Academic Detailing (PAD) Service, a team of 12 academic detailing pharmacists who conduct over 3000 academic detailing/small group learning sessions each year. She is a member of the Canadian Academic Detailing Collaboration, having served as chairperson and secretary. She has also been a facilitator at several of the Centre for Effective Practice's Basic Academic Detailing workshops.



A. Simon Pickard, PhD

Professor, University of Illinois at Chicago, College of Pharmacy

A. Simon Pickard, PhD, is a Professor and Director of Graduate Studies in the Department of Pharmacy Systems, Outcomes and Policy at the University of Illinois at Chicago's College of Pharmacy, and Assistant Director of the Center for Pharmacoepidemiology and Pharmacoeconomic Research. He earned his B.Comm., B.Sc. in Pharmacy, and PhD in Pharmacy and Pharmaceutical Sciences from the University of Alberta in Edmonton, Canada. His teaching and research program focuses on evaluating the safety, effectiveness and value of medications, and on the measurement and evaluation of quality of care and health outcomes. Dr. Pickard has authored over 130 peer-reviewed publications. He serves on several editorial boards, including *Medical Decision Making* and *Quality of Life Research*. He is a member and past Chair of the Executive Committee of the EuroQol Group, an international consortium of health economists and researchers who developed the EQ-5D family of measures. As part of the Prevention for States funding program in Illinois, he and his colleagues at UIC are involved evaluation of activities initiated by the Illinois Prescription Drug Monitoring Program as well as implementing and evaluating academic detailing programs across both urban and rural settings aimed at improving appropriate prescribing of opioids.



Loren Regier, BS, BSP

Program Coordinator, Canadian Academic Detailing Collaboration (CADC)

Loren Regier is the Program Coordinator of the RxFiles Academic Detailing Service in Saskatoon, SK, Canada. Loren has guided the development of this provincial academic detailing service since the first “ground breaking” pilot project began in 1997. Loren’s interests cover the practical application of evidence to practice and the ongoing development of multifaceted interventions that support academic detailing. Additionally, Loren serves as a faculty facilitator for NaRCAD’s Academic Detailing Techniques trainings. Loren is co-editor of the RxFiles Drug Comparison Charts – 10th Edition and a contributor/reviewer for Geri-RxFiles and the RxFiles – Bringing Evidence to Practice section of the Canadian Family Physician journal. Loren obtained his degree from the University of Saskatchewan, College of Pharmacy in 1988. He serves as a lecturer, instructor and preceptor in the areas of evidence informed drug therapy decision making, educational outreach and chronic pain management in a wide variety of professional settings.



Nadejda Razi-Robertson, LCSW, PhD

Director, Synergy Health Consulting, LLC

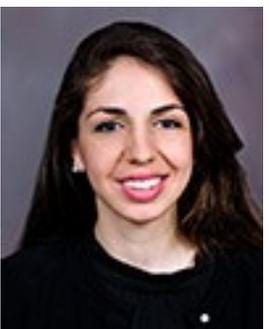
Nadejda Razi-Robertson is the Managing Director of Synergy Health Consulting, as well as Synergy’s project lead for the Oregon Health Authority’s Prescription Drug Overdose Prevention Project. Nadejda is a practice facilitator within health systems around the State of Oregon and provides technical assistance to clinics that are focusing QI efforts around safe opiate prescribing, MAT program development, and behavioral health integration. Over the past twelve years, she has worked in private practice with a specialty in trauma treatment, as a behavioral health provider in two Federally Qualified Health Centers (FQHCs), and as a consultant with Oregon’s Coordinated Care Organizations (CCOs) and the Oregon Health Authority supporting efforts in addressing the opioid epidemic throughout the state of Oregon.



Christopher D. Saffore, PharmD

***PhD Candidate, Dept. of Pharmacy Systems, Outcomes and Policy
University of Illinois at Chicago (UIC)***

Christopher D. Saffore, PharmD is a PhD Candidate at the University of Illinois at Chicago (UIC), and earned his PharmD from UIC. He has previously held the UIC-Takeda Health Economics and Outcomes Research Fellowship (2016-2018) and the Rho Chi Society Graduate (2016) and Clinical Research Fellowships (2017). Dr. Saffore’s research interests include pharmacoepidemiology, comparative-effectiveness and health outcomes research. Presently, he and colleagues are in collaboration with the state of Illinois Prescription Drug Monitoring Program on evaluation of activities under the Prevention for States funding program. Under the guidance of Drs. Todd A. Lee and A. Simon Pickard, he is coordinating and managing implementation and evaluation of academic detailing in an urban setting aimed at improving appropriate prescribing of opioids.



Ramona Shayegani, PharmD

VA Academic Detailer, Southern Nevada Healthcare System

Dr. Shayegani received her Doctor of Pharmacy degree from Oregon State University in 2014. She completed her residency at the VA Valley Coastal Bend Healthcare System in 2015 and completed 17 months out of a 24-month Interprofessional Advanced Fellowship Program in Addiction Treatment at the South Texas VA Healthcare System. She has been working with the VA Academic Detailing Service since 2017. During her tenure as Las Vegas VA’s Academic Detailer, Dr. Shayegani played a major role in improving the prescribing practices of high-risk medications such as opioids and benzodiazepines. Also, she has been instrumental in the expansion of naloxone training and availability for opioid safety. Dr. Shayegani is now leading the pilot e-detailing program for VISN21.



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.



Andrew Suchocki, MD, MPH

Medical Director, Clackamas Health Centers

Dr. Andrew Suchocki is a family physician with additional training in Preventive Medicine. He has worked in undeserved medicine with a focus on chronic pain and addiction for ten years, and has been a medical director at an FQHC in the Portland, Oregon region for the past five. Andrew provides educational outreach and consultation in the areas of system change in primary care around opiate prescribing, MAT system design and capacity growth, coordinated specialty care, and reducing risk. Dr. Suchocki is an Oregon Opioid Prescribing Guidelines Task Force member and Oregon Medical Board consultant. He provides technical support and academic detailing for the Oregon Psychiatric Assistance Line (OPAL) which provides immediate referral sources for primary care. Dr. Suchocki also provides strategic planning, creation of innovative clinical decision support tools, physician mentoring, and health system process mapping for Yamhill County Health and Human Services, Community Corrections and Specialty Behavioral Health; He is a regular presenter at national and international pain related conferences.



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.



JaDawn Wright, MA

Deputy Director, Pacific AIDS Education and Training Center

JaDawn is infectiously passionate and motivated by exceptional experiences working in HIV Prevention and Care programs, aligning herself with and amplifying the voices of people living with HIV/AIDS. She has over 15 years of experience in technical assistance, training, project management, and quality improvement programs. She has a solid foundation in clinical settings and has a deep understanding in HIV-related prevention and care programming specializing creating affirming spaces for communities disproportionately affected by HIV. JaDawn earned a Master's degree in Intercultural Relations from the School for International Training and has worked in Washington, Florida, California, and in South Africa. She brings her experience and expertise to currently serve as the Deputy Director for the Pacific AIDS Education and Training Center based at the University of California San Francisco. She provides direction and technical assistance to 8 local partners working in 4 states and 6 US jurisdictions in the Pacific Region.

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MOVING BEYOND THE SILOS: Academic Detailing and the Spectrum of Clinical Care

Jerry Avorn, MD, Co-Director, NaRCAD

NaRCAD's DETAILS Blog, 2019



The genius of the American health care system is its fragmentation. And by ‘genius,’ I mean evil genius, or demented genius. And sadly, also ‘very stable genius,’ since that awful fragmentation has been stubbornly resistant to change. It’s a great way to maximize revenue and expenditures, but not the best way to provide care to patients – and it leads to much of the poor care and unaffordable costs that we face. In many organizations caring for patients over 65, their medication use is stripped away into Medicare drug benefit plans separate from the way the rest of their clinical care is paid for and organized.

Many payors in the private and public sector carve out the use of drugs for specific conditions, removing it from the organization and payment for the care of the illnesses those drugs treat. Outside integrated health care systems, in many settings the content and costs of prescribing decisions live in a pharmacy silo separate from ambulatory care, which it-

self is often a world apart from inpatient care, with all of these sectors de-coupled from assessment of clinical outcomes and patient satisfaction. But sick people don’t come in silos, and the drugs we prescribe for them drive hospitalization and other clinical outcomes and the enormous human and economic costs of both.

Academic detailing can help pull these domains together in a way that can make medical care more person-based and evidence-based, as well as more cost-effective. The AD interventions that work best start from the global perspective of the practitioner: how to diagnose and care for a given clinical problem, whether it’s Alzheimer’s disease, diabetes, or incontinence, rather than focusing narrowly on simple medication use questions (“Don’t prescribe Drug X; Drug Z isn’t on the formulary”).

This holistic approach is what clinicians and patients need and want, and the one most likely to bring about optimal care decisions. Such a “beyond the drug silo” approach also has implications for the content and focus of the printed clinical materials our programs use, as well as the interactive approach employed by the outreach educator in these programs.

Focusing on silo-busting can also help the academic detailer be seen as a valued colleague helping the clinician improve overall patient care, rather than as a nag or busybody or scold. And as the US health care system continues its slow transition away from the evils of fragmentation to a more rational approach that focuses more on integration of care and less on widget-based revenue maximization, the comprehensive, clinical outcome based vision of academic detailing will increasingly help to pull all the pieces back together where they belong.

Learn more.

Catch up on Dr. Avorn’s reflections via the DETAILS Blog at narcad.org



APPROACHING NEW HORIZONS: Academic Detailing on Cannabinoids in Canada

NaRCAD Interview: Zack Dumont, BSP, ACPR, MS, Clinical Support Pharmacist, RxFiles

NaRCAD's DETAILS Blog, 2019

Overview: *The Cannabis Act went into effect in Canada in October of 2018. The legalization of a drug with strong potential for a myriad of clinical uses was followed by many questions from patients and providers alike about its effectiveness, its safety, and lack of previous research. The RxFiles have carried out a cannabinoid academic detailing campaign to address the demand for truth in a time where re-search has just begun to shed light on previous myths, misconceptions, and clinical promises.*



Zack, thank you for taking the time to speaking with us! RxFiles has been around for more than 20 years. What do you do you believe is driving the demand for the resources that academic detailing is providing?

There's an element of doubt in the information out there, because people have experienced misinformation before. People are often interested in the truth and that's one of the most amazing things about academic detailing. There is also a desire for practical information that can be used to actually treat patients, and there's a ton of overlap there. These things are important to these very, very busy providers who want the best for their patients.

We know that your team is working on a cannabinoid campaign, which can be a nebulous topic. Can you discuss a little more about cannabinoid policy and conceptions in Canada?

We're coming up on the one-year anniversary of recreational marijuana legalization, but medicinal cannabis has been legal for about two decades. With the legalization of recreational cannabis though, we're seeing fairly rapid change in perceptions of what the truth is. It's tough to keep up with.

With academic detailing, it was challenging to decide how to tackle it – can we just talk about the medicinal cannabis side? Or do we have to dive deeper? When we dug into it, it became clear that we also had to talk about the recreational side. For example, the people we provided our services to also wanted to know, “if I decline my patient cannabis prescriptions, what will they be able to get on their own?”

Did RxFiles choose to launch its cannabinoid campaign with the passage of the Act, or has this been planned for a longer period of time?

It's coinciding with our work on pain, following our work on pain and opioids. In addition, because legalization was approaching, the providers had more questions because their patients were asking about cannabis as an alternative to opioids.

How have provider responses been to the cannabinoid campaign so far?

It's welcomed. Our information is usually welcomed. There's some frustration over how little information there is out there. While frustrating, I think it's kind of comforting to know that we're not that far behind. It's kind of mixed, but at the same time, they're still happy to get information from a trusted resource. There's a lot of gray area information right now because it's a newer field.

Right now is a shifting and transformational time, especially with something like cannabinoids with a distinct history of stigma and legalization, even with all this new interest. As an academic detailer, how do you source your information knowing that there isn't enough research out yet and a lot of gray area information? How do you begin to build a campaign around a topic like this?

The evidence pyramid gives us the best approach for practical information, for people who are the interface of care. You want to find high quality, synthesized information. Whether its osteoporosis or COPD or pain or cannabis, you start with the guidelines and figure out what kind of information they are providing. We started with

some recently published guidelines and it was a synthesis of systematic reviews, and made an attempt to summarize all the evidence of where cannabis was found to be of benefit. We also reviewed the bibliography with all the primary literature and meta-analyses.

This process is pretty similar for any academic detailing topic. The other process is going to the people we provide services for, and asking what their patients are asking to treat with cannabis. They tend to ask about cannabis for pain, insomnia, or for things like tremors and that gives us some guidance in terms of what kind of literature we want to find. Of course, we are also looking into what the key messages are in the information we find and distribute. With cannabis, the interesting thing was the lack of information on the different conditions it could be used for. In some ways, it was easier, as weird as it sounds. We didn't have as much reading to do on that topic.

Is there any advice you would give any other academic detailing organizations considering this topic for a campaign?

One, you're going to have your conversations about stigma.

There isn't a perfect picture of who uses cannabis and it could be absolutely anyone. You've got to have the conversation about stigma and get to know your own biases.

In the same vein, we thought about how important word choice and language is. We thought about whether or not we call it cannabis, marijuana, pot, or cannabinoids. Do we call it a medication or a product? All of those words and the considerations that we've given opioids - do we call them "addicts", or is it "dependence", and what are the differences between addiction and dependence? The third piece would be that you've got to talk to your providers in your local area and find out what their main questions are.

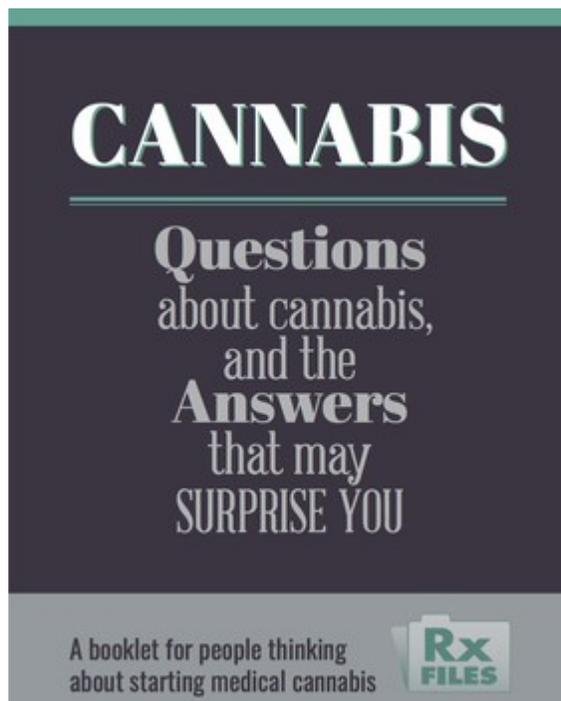
Your job is to provide a service, and if you can find out what their wants and needs are, you'll provide a far more satisfying service for them and could establish strong relationships that you can build on. There will be a lot of information out there and you will need a lot of leads to help you sort through it all. This won't be the last time we're addressing this.

Thank you for taking the time to speak with us, and for leading the charge in bringing cannabinoids to the conversation about treatment for pain.

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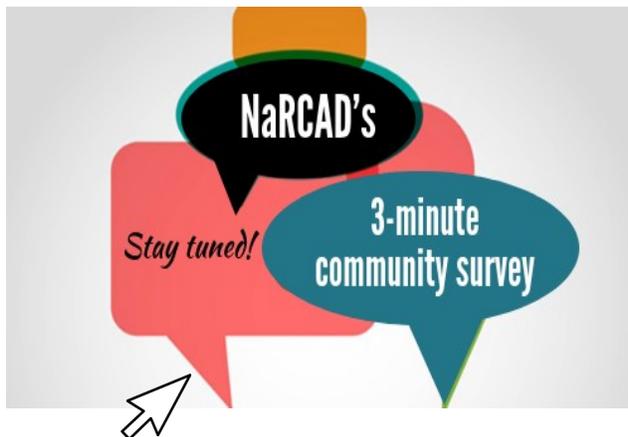
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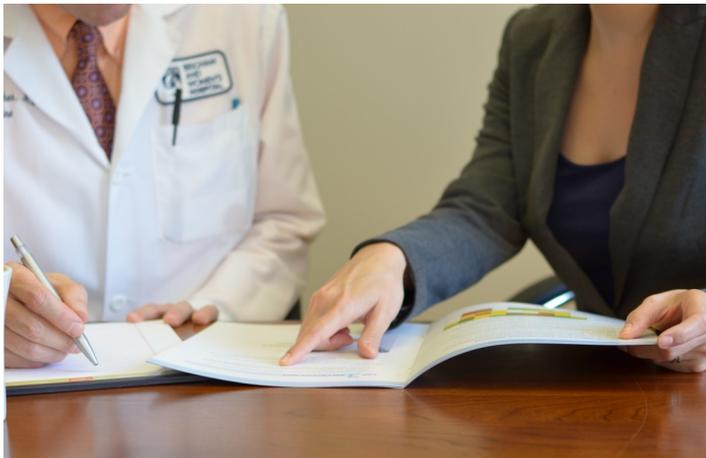
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OPENING TO CHANGE: Clinician-to-Clinician Detailing in Rural Georgia

NaRCAD Interview: Rosemarie Parks, MD, District Health Director,
Southeast Health District, Ware County, GA

NaRCAD's DETAILS Blog, 2019

OVERVIEW: *Ware County, Georgia, was one of 2 sites selected for year 2 of a pilot program of the CDC (Centers for Disease Control and Prevention), NACCHO (the National Association of County and City Health Officials), and our team at NaRCAD (The National Resource Center for Academic Detailing). This exciting pilot program focused on community-level work with local public health departments to develop customized interventions to reduce opioid overdose and death. Six sites experiencing significant public health problems related to opioids were selected over the two years to be trained in academic detailing; those trained health professionals then conducted 1:1 field visits with front line clinicians to impact behavior around prescribing, treatment referrals, and patient care, all within a rural area. As year 2 comes to a close, we're showcasing stories from the field.*



Thanks so much for joining us to share how your detailing project has gone in Ware County, Georgia, Dr. Parks. Can you talk to us a bit about how the opioid crisis has presented itself in your community?

Our agency serves 16 counties in Southeast Georgia, and we have seen the same things across all of these counties. The opioid crisis affects the community across the board; in every sector. Law enforcement is seeking the effects of this crisis, so is healthcare, and people that work with children and families. They all acknowledge that they're seeing it in their day-to-day work. So many public health

topics only affect one sector, but this opioid crisis affects them all.

With it affecting so many, did you think the strategy of academic detailing would lend itself to improving patient health in response to the opioid crisis in Ware County?

Being a clinician myself, I did initially see how academic detailing would be a good public health intervention. I thought academic detailing would make the lives of providers better by providing them with evidence-based information and resources. As we discussed during the training with NaRCAD, there's so much information out there, and it's really difficult to sort through all of it.

In public health, we're facilitators, data people, and information sharers. I really believed AD would work when I saw the statistics about Ware County during the 2-day training. Ware County is the highest prescribing county in the state, and the 12th-highest prescribing county in the nation. Those statistics are eye-opening, and I believed that would make detailing successful in Ware County by raising awareness of how the opioid crisis is impacting our own community.

You mentioned being a clinician—you're also the Public Health Director for your district. How does being both a clinician and the Public Health Director make it easier for you to be successful as a detailer?

My position allowed me to easily make appointments, and I did not have difficulties getting in the door, like so many other detailers do. I often had visits that were a lot longer than the usual 15 minutes, because clinicians would set aside more time to talk to me. My clinical experience as a primary care physician in private practice for many years made it so that I could relate to the clinicians, and allowed for more honest sharing. I would tell other doctors what worked and didn't work for my practice, and that made them more comfortable opening up about their own experiences.



It's great to hear that a group education approach worked so well. What would you say has been the most impactful piece of this intervention?

I think academic detailing for the opioid crisis worked so well in Ware County because public health is seen as a neutral entity, and because of that, we were able to effectively facilitate these discussions. We do a lot of work in the healthcare community but it is rare that the public health department takes the time to visit an individual practice or provider. During my visits, I witnessed clinicians take in the data about how Ware is one of the highest prescribing counties in the nation, and saw how it immediately encouraged them to want to make a change.

After answering initial questions about where the data came from, clinicians were open to discussing things in more detail, and were consistent in enacting the CDC's opioid stewardship recommendations, especially consistently using

the PDMP. It also gave clinicians the opportunity to express concerns and challenges they face in their daily practices.

We're so glad academic detailing has been impactful in your community. What has the greatest challenge been with implementing a successful academic detailing intervention to improve opioid safety in Ware County?

The overall experience has been fantastic. As we discussed, the providers were really open and honest. For me personally, as a detailer, it was difficult not to feel like I needed to be the one who had all the answers. I handled this by being a link to information, rather than having all of the information myself.

For instance, when a clinician asked a question, or requested a resource I didn't know about, I'd say something along the lines of, "Let me do some research about that, and when I come back I'll be sure to have that information." It helped when I was able to give the disclaimer that "I'm by no means the expert, but I've learned a tremendous amount about opioids and the crisis, and I'm here to share some of that information with you. And if I don't know the answer to something, I can find someone who does."

That's a great way to handle that kind of situation, and academic detailers are indeed the connector to resources, and certainly don't need to know all of the answers. Well-handled! And speaking of not knowing all the answers, what is something you wish you knew prior to joining the LOOPR Academic Detailing project?

Personally, there were no big surprises. Everyone did a great job in explaining the process, executing the training, and providing resources. Like anything though, you don't really get the hang of it until you get those first few visits under your belt and become more comfortable. Overall, this has been a great experience. It was so helpful having additional resources, learning from people that are highly knowledgeable and respected in this field, and being able to share experiences across all LOOPR sites with other detailers who are doing the same work.



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OPTIMISM FOR THE OPIOID CRISIS: Addressing Stigma and Disseminating Evidence to Clinicians

NaRCAD Interview: Don Teater, MD, MPH, Founder, Teater Health Solutions
NaRCAD's DETAILS Blog, 2019



Can you tell us about how you became an addiction treatment specialist?

I was trained as a primary care physician, and my wife, Martha, is a behavioral health specialist. The two of us had an integrated-care model, where we did a lot of addiction treatment. I wanted to address that more specifically. An important part of my practice has always been to help those who couldn't otherwise get help. I did medical work in Honduras, and then I realized that we had a large population of migrant farm workers where I lived in North Carolina. Most of these farm workers didn't speak English or have a way to receive healthcare. With the help of others, I then opened a free clinic. As far as addiction, I realized that so many patients initially became addicted from my colleagues and me prescribing opioids. The opioid crisis is a public health issue, and medical school doesn't train you for public health work. Medical thinking addresses what is going on right now, but public health is so much bigger than that. I decided to get a master of public health degree at the University of North Carolina, and I completed that in 2017.

How does Academic Detailing lend itself to the opioid crisis?

Academic detailing can help by having more people with lived-experience do the detailing. In Wisconsin, people with lived experience are either going out with a detailer as a team or doing the detailing themselves. There is also a shortage of people treating OUD. AD is a great program for sharing how to get waiver trained to prescribe buprenorphine for OUD. AD lends itself well to the opioid crisis because it's an area where little changes can make a big impact.

There is a huge problem with stigma when it comes to opioid use disorder (OUD), as with any substance use disorder. How can we combat stigma?

I hear a lot from other clinicians that they don't want "those people in my waiting room." They are picturing someone who is "strung out" on heroin on the street corner. We don't get any education on addiction in medical school and the whole concept is overwhelming to clinicians. The best way to overcome stigma is for clinicians to have interactions with more people with OUD. I think that can be done by clinicians prescribing buprenorphine. I had to deal with my own stigma. For example, I had patients on opioids for chronic pain. I then found out they got arrested or were getting drugs from somewhere else, and I would just fire them from my practice. I saw them as bad people.

Once I was trained to prescribe buprenorphine, I listened to their stories. I had made the same choices as many of my patients, yet they became addicted because of their personal history, social history, and genetics. There's also the importance of language. A lot of the older language around OUD identifies with bad choices and bad people. For example, relapse is associated with a fault of the person. When we are talking about a person with OUD, we are talking about someone with a disease and relapse is a natural course of the disease. When a patient's blood sugar goes up, we don't call it a relapse. Just as with diabetes, we will never cure a person with OUD, but we help them manage.

We have heard from detailers that many clinicians ask "isn't medication-assisted treatment (MAT) just trading one drug for another?" What do you say to that?

There is so much data that shows the first and best treatment for OUD is MAT. There are 11 criteria for OUD, and they are all behavioral. Once people get on the medication, they meet zero of the criteria for OUD. We don't have many medications for other diseases that can do that. France had a big problem with heroin, and by making buprenorphine more readily available, overdose rates dropped by 80% in 2 years.

Based on all your research and knowledge, what can be done to stop the opioid crisis?

We need to prescribe fewer opioids. A lot of our medical education is still driven by pharmaceutical companies. AD can help by disseminating the evidence on the appropriate treatment of pain. It was only in 2016 that the CDC first came out with guidelines saying opioids should not be the first line of treatment for people with chronic pain. It typically takes 17 years for research to become routine care, and there has already been a lot of uptake with this. Next, we should have all clinicians prescribing buprenorphine, like what France did. We also need to change our criminal justice system to reduce penalties for being found with a controlled substance, including heroin. I am optimistic about each of these things, and think they are all likely to be done in our lifetime – hopefully in the near future.

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A Platform for Increasing Academic Detailing Visibility in Ireland

NaRCAD Interview: David O’Riordan, MPharm, MPH, PhD, Senior Pharmacovigilance Officer
Pharmaceutical Care Research Group, University College Cork, Ireland

NaRCAD’s DETAILS Blog, 2019

Thanks for speaking with us, David! Tell us a bit about your professional background in healthcare, and how you became involved in academic detailing.



I’m a pharmacist by training, and a couple years ago I decided to carry out a PhD in Clinical Pharmacy at the University College Cork. As part of the PhD, I completed a systematic review examining how pharmacists can be utilized to optimize prescribing in primary care, including through academic detailing.

After finding NaRCAD’s resources through a Google search, I registered for the NaRCAD conference in Boston. Dr. Fischer, Dr. Avorn, and all the other attendees at the conference were very encouraging.

I left the conference determined and enthused to lead an academic detailing intervention back home. Dr. Avorn and Dr. Fisher put me in touch with Eimir Hurley, a PhD scholar in Ireland, who formerly worked in academic detailing at Alosa Health, and who ended up being a great help in executing the intervention.

That’s terrific—it sounds like you had a great team at your disposal to begin this work. Can you tell us a little about the unique characteristics of the Irish health system?

Ireland has a public and private health system. Public patients are more likely to wait longer for appointments. Private insurance is a substantial cost to individuals, though. The health care system is quite fractured unless you’re a private patient. Pharmaceutical drug representatives are also allowed to visit primary health practices here.

In April, you published a study titled “Pharmacist-led academic detailing intervention in primary care: a mixed methods feasibility study” in the International Journal of Clinical Pharmacy. Why did you choose urinary incontinence as a clinical topic?

As this was a feasibility study, I decided to use one topic as part of the intervention. I organized a meeting with a group of general practitioners (physicians) who would be involved in the academic detailing intervention. The topic of urinary incontinence was chosen by the physicians because they highlighted that it was a topic not discussed regularly among themselves, and currently their only source of information is provided by pharmaceutical drug representatives.



What barriers to success did you come across in your feasibility study?

For this project, I was the only academic detailer. I started detailing after going to the two-day Basics Academic Detailing Training in Boston in May 2016. In some cases, during the roll out of the intervention I found it difficult to get past the practice manager, but luckily I had learned strategies on getting in the door in Boston that were useful in my effort.

On a few occasions, the practice managers didn't follow through on connecting me with the physicians. I got around this by utilizing physicians I knew in other practices to gain access to their practice. A lot of it came down to how well you know the physicians. I was lucky that they trusted me when I spoke to them. When I did get to meet with physicians, they all seemed very enthusiastic.

Can you talk a bit more about how receptive physicians were to academic detailing?

Absolutely! This was a mixed methods study, so my colleague Eimir Hurley carried out focus groups after my detailing sessions to evaluate the feasibility of the intervention. Eimir conducted the focus groups on my behalf to reduce bias. The physicians liked that I wasn't from a pharmaceutical company and that the sessions only lasted 10-15 minutes. They liked that local physicians had chosen the topic, and I wasn't coming with my own agenda.

How are you or others going to use your feasibility study results to implement across the country?

I am currently not involved in academic detailing, but I hope to be again in the future. If someone from another part of Ireland read my paper, they would recognize that physicians are very willing to take part in academic detailing. From my experience physicians didn't feel threatened and really enjoyed the interaction. They liked the interactive style of the visits, and the way that the evidence was delivered. My study provides a platform for other researchers to detail to a wider group of physicians in Ireland.

Anything else?

I am very grateful for the NaRCAD team for providing the academic detailing training. I knew literally nothing about academic detailing, and through meeting their team members Sarah Ball, Amanda Kennedy, Mary Liz Doyle Tadduni, and others, I felt encouraged to go back and detail. I was the only person from Ireland at the training, and the NaRCAD team gave me some useful feedback. I really enjoyed academic detailing, and I was especially proud when my paper was published. I discovered there is an appetite for this educational intervention in Ireland.



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