MEASURING IMPACT FOR SUSTAINABLE PROGRAMMING: THE IMPORTANCE OF EVALUATION

Tuesday, September 22nd, 2020, 2:00 P.M. – 3:15 P.M. EST

National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [DoPE]
Brigham and Women’s Hospital | Harvard Medical School
Today’s Webinar Facilitators:

Mike Fischer, MD, MS, Director, NaRCAD
Bevin Shagoury, Communications & Education Director, NaRCAD
Stick around to take our 60-second survey!
Take a minute to change your chatbox settings.
During the session, type your questions into the Q&A box.
Webinar Goals:

- Planning your evaluation
- Defining measurable outcomes
- Evaluating impact
- Illustrating impact to sustain your program
- Discussion/Q+A Session
Level Setting

Type in the chatbox:

When you hear the word “evaluation”, what's the first thing that comes to mind?
Getting Started: What type of evaluation is it?

- Be clear about the type of evaluation you’re doing (*research vs. applied*)
- Most AD programs that NaRCAD supports are *applied programs*

**Research Project**
- Prespecify evaluation elements and plan
- Strong preference for quantitative outcomes data
- Comparator group may require investing significant resources

**Applied Program Approach**
- Focus can be on the quality of implementation and process outcomes
Work backwards

- Think through what **output** you need from the evaluation
- Sketch out the tables/figures that you would want
What’s my final output?

• Think about how you will measure and display an outcome
  • Are there key qualitative components that you need?
  • Will you need a comparison group to be confident in your evaluation?

• This exercise will help to successfully plan your evaluation and make your preparation of reports and analyses more efficient
Who am I trying to show this to?

- Make sure the components of your evaluation are objectively high quality
- **Be pragmatic** – think about the audience who will be seeing the evaluation
  - Who are the stakeholders?
  - What outcomes do they prioritize?
  - How much detail will they want?
  - What methodologies will the audience be familiar with?
- This approach will differ for research projects vs. applied programs
Is the data I’m collecting necessary?

• Consider the following when thinking about your final output and the stakeholders to whom you’ll be presenting to:
  • **Time**
    • Time to plan, collect and analyze data
  • **Money**
  • **Access**
    • Permission and hurdles
Quantitative data

- Think about the data sources
- Understand how the data is collected and the incentives around data collection
- **Don’t assume** it’s perfect!
Qualitative Data

- More readily available
- Ask the same questions you would ask around quantitative data
- Never overlook the **power** of illustrative examples
During the fiscal year, the LPHD Coordinators:

- Promoted 14 evidence-based resources and tools.
- Visited 106 clinics.
- Shared 5 to 6 resources per visit on average.

Half or more clinics were interested in learning about 4 resources.

- Idaho Blood Pressure Measurement Toolkit: 66%
- Diagnosing Prediabetes - Policies & Workflows: 64%
- Team-Based Care - High Blood Pressure Patients: 57%
- Quality Improvement Processes: 50%
- Quality Assurance - High Blood Pressure Patients: 46%
- Idaho Wellness Guide: 43%
- Reminder Systems: 41%
- Referrals to Evidence-Based Community Resources: 37%
- AMA/CDC Provider Toolkit: 34%
- Quality Assurance - Prediabetes Patients: 31%
- Self-Measured Blood Pressure - Policies & Workflows: 29%
- Reporting NQF 18 and 59: 27%
- Evidence-Based Use of Health Information Technology: 26%
- Washington Hypertension Toolkit: 21%

"[The office manager] was not aware of the local DSME programs or how they differed from education provided from a Certified Diabetes Educator. We discussed the benefits of those programs and she agreed to add that resource to the clinic’s referrals once I provided her with the information.

~ LPHD Coordinator"
On average, clinics had plans to implement most of the basic resources shared by LPHD Coordinators despite reporting no increase or a moderate increase in knowledge.

Clinics were less likely to report an increase in knowledge for resources or tools they were currently implementing.

About half of clinics were interested in receiving technical assistance to implement the enhanced resources.

...the limiting factor is not lack of literature or knowledge but difficulties with the process and limitations of the EHR with recording, reporting, and population management. ~ Unknown

Source: FY15-16 Provider Outreach Assessment
Analysis

- Do it yourself vs. someone internal from your team
  - Don’t make assumptions about the skillset of your team
  - Think objectively about your team
  - Consider things that already exist to leverage resources that are already there

Skills needed

- Organizational skills
- Verbal skills
What do I need to make my projected report happen? What do I not need?

- If you can’t get the ideal, how close can you get?
Please type your questions into the Zoom Q + A box.
We’ll try to get to all of your questions, and we will post those we can’t get to on our Discussion Forum.
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May 14

There has been a rapid increase in opioid-related AD in the past few years, and a multitude of approaches to addressing the overdose crisis.

Let us know a little bit more about the mission of your opioid-related AD work!

Julia Bareham

May 20

RxFiles (located in Saskatchewan, Canada) recently received provincial government funding to provide academic detailing to HCPs with the goal of increasing the number of approved OAT prescribers with an emphasis on bup/nx (in Sask physicians and nurse practitioners must meet certain requirements to be approved by their regulatory body to prescribe OAT). Does anyone has any experience detailing on this topic? Any tips or tools to share? No tip/comment/tool is too small nor too big!
Anything and everything can happen on a detailing visit - in person or virtually. Ever had to conduct a detailing visit in a parking lot? Had people show up that you weren't expecting? Other unexpected switch-ups to your planned session?

Share your unique lessons learned from the unpredictable nature of 1:1 outreach visits below. (Please exclude any identifying information about the encounters). We might even pick a few of our favorites and highlight them on our DETAILS Blog!

(One of our personal favorites: a detailing visit in a barn - with a duck in attendance!)
“[W]e were invited to present to the office physicians during lunch…

The caveat came when we were then told "we will send you what we would like you to bring us for lunch.”
Stick around to take our 60-second survey!