ACADEMIC DETAILING

PROGRAM IMPLEMENTATION GUIDE

NORTHEAST OHIO HOSPITAL
OPIOID CONSORTIUM

Creating an Academic Detailing Program for Opioid Stewardship

Developing and launching an academic detailing program takes planning, resources, and leadership support at any organization, large or small. The core of academic detailing is behavior change through education, so the size of the program itself can be adjusted, depending on the resources available. Several organizations have large-scale academic detailing operations, like the Veteran's Administration National Academic Detailing Office, which has detailing programs around many chronic conditions, however, the guide below is geared toward a scaled down, less resource-intense effort.

You might be thinking that an in-service presentation or webinar would be just as effective as an academic detailing visit and would cover more providers. Although it would include more providers, research from the VA indicates one-on-one provider visits have been shown to be up to three times more effective than a group interaction in terms of education. With academic detailing, the clinician and detailer are engaged in a give-and-take discussion that can be tailored on the spot to respond to that particular provider's needs.

The key to successful academic detailing around opioid prescribing is for the detailer to become the 'go to' resource for a provider about evidence-based and emerging treatment practices, state and national guidelines for treating patients with opioid use disorder, alternative pain management techniques, or learning about opioid mitigation efforts available to them in their health system.

PROGRAM FOUNDATIONS

The following four steps outlined here can help guide your process as you develop an academic detailing program in your health system. These are not all-inclusive, or must-follow directions, more of adaptable suggestions and resources that have proven successful in other organizations.

Strategic Planning (Goals & Resources)	**Finding & Training Detailers**	**Implementation**	**Evaluation**

Strategic Planning

PROGRAM GOALS

As with any program, it's important to start with what you want to achieve. Goals will guide your process and can be the touchstone to keep returning to should the program get off track. An excellent way to create your goals is with the SMART criteria, often used in business, but applicable anywhere:

- **S** **Specific:** Academic detailing program goals should have a clear objective. For this topic, something like "reducing the co-prescribing of benzodiazepines and opioids in our health system" could be a goal.
- **M** **Measurable:** If the goal is not measurable, you won't know when it's been achieved. You'll need an evaluation plan to measure outcomes. More on this in the Evaluation section.
- **A** **Achievable:** Make your goal realistic. Know where you're starting (baseline) and set a goal that is reachable. Adding a percentage, like a 5% or 10% improvement from baseline adds metrics to your accomplishments.
- **R** **Relevant:** Academic detailing goals need to be relevant to your health system; it is difficult to gain support for program goals that don't seem to be a problem.
- **T** **Time-bound:** Set specific timelines for goals to stay on track in achieving them.

Develop as many goals as seem relevant and manageable for your program. Some programs have an overarching goal statement with several smaller objectives leading to that goal, or just a few overall goals to set the program up for success.

EXAMPLE: *"Reduce the co-prescribing of benzodiazepines and opioids in our health system by 10% in primary care settings by Dec. 20XX through the use of a minimum of two academic detailing visits per priority provider.*

INFRASTRUCTURE & RESOURCES

As with any program development, academic detailing requires support from a few different key players in your health system:

- ☑ Physician champion (serves in a leadership capacity, lending credibility and advocacy to implementing changes that benefit physicians and patients)
- ☑ Pharmacy leader (high-level pharmacy executive; can also act in the champion role)
- ☑ C-level support (hospital executive level staff such as CEO [Chief Executive Officer], CMO [Chief Medical Officer])
- ☑ Program manager (pharmacist or other staff organizing the academic detailing effort)
- ☑ Pharmacist detailers (staff pharmacists act as detailers)
- ☑ Scheduler(s) (various hospital department staff arranging provider appointments)

It's also possible to start a small academic detailing program with a pharmacist detailer acting as the program manager and the primary detailer, but physician champion or executive level support is critical to achieving sustained support.

The physician champion or pharmacy executive can introduce the idea to fellow providers via grand rounds, a group email, or department meetings. After that initial introduction, the detailer or manager should send a follow-up email to each specific department head.

See the appendix of this guide for a sample introductory letter to department leaders (Resource A).

OTHER RESOURCES

Beyond staffing resources, academic detailers will need resource materials at their fingertips before, during, and after their visit with a provider.

On the Academic Detailing Resources page in this toolkit, detailers will find detailing general resources as well as those specific to opioids, from the Centers for Disease Control, NaRCAD (National Resource Center for Academic Detailing), the VA Academic Detailing Office, and CIAO (Center for Innovation in Academic Detailing on Opioids).

Finding & Training Academic Detailers

WHO WILL DETAIL?

Many detailing programs use a variety of clinical practitioners (nurses, pharmacists, physician assistants, and/or physicians) as academic detailers. For professional expertise about medication safety, pharmacists are often the best fit for detailing providers about opioids.

Pharmacists are seen as the drug information specialists in health systems, and as such are valued by providers as an expert resource in this area. If pharmacists will be your primary academic detailers, it is imperative that the system's Pharmacy Executive is supporting this initiative.

TRAINING

Academic detailing requires relationship-building as well as communication skills. When choosing detailers, consider their comfort level in meeting with, and providing information to all types of providers. Communications techniques and practice are critical for academic detailing and some national organizations offer training for a fee.

For example, the National Resource Center for Academic Training (NaRCAD: narcad.org/) offers general training in academic detailing. The Center for Innovation in Academic Detailing on Opioids (CIAO: ciaosf.org) offers opioid-specific AD training, also for a fee.

For more basic training on academic detailing, please see the training section of this toolkit.

Implementation

The opioid epidemic has required health systems to re-evaluate the education providers have around prescribing opioids and alternatives pain management methods. Many providers don't have time to investigate all options available, even in their own hospital, which is where a detailer can step in with a visit. The number of suggested visits varies per program; some systems use a minimum of two visits, some use up to five or more for complex topics.

As with any program initiation, the are multiple logistics that must be put into place before detailing begins, from determining priority providers to scheduling appointments and follow up visits.

HOW DO I KNOW WHICH PROVIDERS NEED ACADEMIC DETAILING?

There are many ways to determine who would benefit from an opioid educational visit from an academic detailer. Some systems simply target an entire department for detailing, like primary care, or obstetrics. The department chief could be an information source for an approach like this, but would require the physician champion or pharmacy executive to introduce the topic and possibility of detailing visits to providers.

Another way to find priority providers is to use the Peer Review program example demonstrated in this toolkit. In this way, a data analyst compares EMR prescribing data with the Prescription Drug Monitoring Program (PDMP) data and provides a list of high-prescribing providers. A chart review is conducted by a utilization review nurse, and flagged providers are recommended an educational visit by a detailer.

INTRODUCTION & SCHEDULING

Once the priority providers have been established, the detailer or program manager should contact the appointment scheduling staff for the department indicated and schedule 15 minute appointments with providers.

After scheduling, detailers should send each provider an email (Resource B) to introduce themselves, explain the reason for the visit and outline potential discussion points.

TYPE OF DETAILING VISITS AND GENERAL TIPS

Lately, e-detailing (video conference) has become more common than face-to-face encounters. E-detailing allows for more flexibility with busy providers and allows detailers to make more appointments since there is no travel time required. Either approach can be successful depending on the detailer and provider preference.

General visit tips:

- ☑ Be on time for the appointment (send a message as soon as you know you'll be late).
- ☑ Bring all applicable resources with you (or be prepared to share them on your screen).
- ☑ Follow the provider's lead in where the discussion goes. For example, the detailer may be prepared to discuss state regulations around opioids, but the provider needs information about an OUD patients he/she has just inherited from a retiring provider. Address the provider's needs before launching into your presentation; request a follow-up visit if necessary to discuss regulations. A talking point script sample is provided in the Appendix of this guide (Resource C).
- ☑ Follow-up on action items. If there are detailer action items from a visit, those should be addressed as soon as possible. This is important to developing trust and building a relationship.

TRACKING VISITS

Many of the larger academic detailing programs around the country use software called SalesForce to track detailer visits to providers. While this is helpful in keeping a complete database of encounters and tracking the academic detailing program overall, many smaller detailing programs may not have the resources to purchase tracking software. In the Appendix of this guide (Resource D) is an excel tracking sheet from NaRCAD that any program manager / detailers can use to track the number of assigned clinicians per detailer, number of visits, and total number of visits per quarter (or the chosen campaign timeframe). Although more time-intensive than SalesForce, it allows the same general concept to be achieved.

EVALUATION

WHY EVALUATE?

Evaluation is the key to understanding how close you are to reaching your goal. Program managers / detailers should plan for evaluation in the form of provider surveys and PDMP/EMR data analysis of prescribing behaviors before and after the academic detailing begins in a system. A 'before' or baseline measurement is necessary to measure the amount of change, or in other words how much of an impact academic detailing is having.

Academic research evaluation has been the subject of many peer-reviewed journal articles, particularly at the VA health systems. Evaluation metrics are important for health systems to see in order to sustain programs.

As part of the Centers for Disease Control's Overdose Data 2 Action in northeast Ohio, Case Western Reserve University and MetroHealth Medical Center developed two evaluation surveys to be used with academic detailing. The pre- and post-visit surveys in the Appendix of this guide (Resource E and Resource G) are intended to measure provider knowledge and behavior change and can be adapted to fit other programs.

Ideally, the detailer would send the online pre-visit survey to the provider with their introductory visit email. After the visit, the detailer would have the post-survey on a tablet device they can hand to the provider to complete BEFORE the detailer leaves. If this isn't possible, email the post-survey to the provider as soon as possible after the visit.

The NaRCAD Assessment Guide (Resource H) also offers some ideas on planning an academic detailing evaluation, including planning, target audience, visit and outcome metrics.

APPENDIX

SAMPLE IMPLEMENTATION RESOURCES

INTRODUCTORY LETTER TO DEPARTMENT LEADERS

[Health system letterhead]

[Date]

Dear Dr. [Insert physician's name here]

I hope this message finds you well. I am reaching out today to follow up to Dr. [physician champion's name here] email [or grand rounds/department meeting presentation] about academic detailing for your [primary care or other specialty] providers. While this program (academic detailing) consists of one-on-one meetings with identified providers, we will send an introductory email to familiarize them to the concept prior to scheduling them.

Our main goals are to improve patient outcomes related to opioids. Ultimately, we would like to be your source for support, tools and the latest evidence-based guidelines tailored to each of your providers' needs. These one-on-one meetings are intended to be short, fifteen minutes or less, yet effective in disseminating pertinent information to them.

We aim to meet with each provider twice [or other predetermined number of visits], after which they can contact us on an as-needed basis. I look forward to getting in touch with [department scheduler's name] to begin scheduling meetings.

Best regards,

[Academic Detailer/Program Manager]

[Contact information]

PROVIDER INTRODUCTORY VISIT LETTER

[Health system letterhead]

[Date]

Dear Dr. [Insert physician's name here]

Thank you for taking the time to meet with me on [date/time of appointment/conference platform (Webex/Zoom)]. I know your time is valuable so our meeting should only be about 15 minutes. My objectives are to introduce to Academic Detailing at [hospital name], to learn how I can best serve you, and to leave you with helpful resources about [opioid and benzodiazepine co-prescribing or other topic] as well as a list of local resources.

My background includes working as a community pharmacist, and in addition to this, I completed a master's in public health which has led me to this job. Academic detailing allows me to combine pharmacy and public health knowledge and provides an opportunity to mitigate the opioid crisis in a small way.

I look forward to meeting with you shortly.

Best regards,

[Academic Detailer]

[Contact information]

[Link to Meeting]

FIRST ACADEMIC DETAILING MEETING TALKING POINTS SCRIPT SAMPLE

Introduce yourself - *"My name is [your name], may I call you XXXX [use first name]? I appreciate the time you are taking to meet with me, his will take no more than 15 minutes."*

Remember that you are the expert going into this conversation. Be confident and stay humble.

Establish why you are there.

"I'm are part of a program implementing academic detailing service in our health system. The main goal of academic detailing is to provide prescribers with evidence-based practices that improve patient outcomes as they pertain to opioids.

I would like to be your point person and I'm available to answer any questions you have anytime they come up.

Can you please tell me about your practice? Can you tell me about the amount of training you've had on prescribing opioids, and their impact on addiction?

Right now, the program is focused on [example: reducing concomitant prescribing of Opioids and BZDs and although everyone knows this is a dangerous combination, there are still patients on both types of meds]. We are here to work together with you to do what's best for our patients. Do you have any questions or concerns that we can address while on this topic?

I'd like to let you know about interventions you can try with patients who are prescribed opioids:"

- *NALOXONE: write a prescription for it and make sure it's in EPIC. If it's too expensive, you can send your patients to [local example: the MetroHealth Outreach RV on the MetroHealth main campus on West 25th Street] to get it for FREE.*
- *Offer patients the choice to be on either benzo or opioid. This is a very difficult conversation to have and we have resources that can help you. In addition, we can also help you deprescribe when your patients show readiness.*
- *Move patients to Pain & Healing (P&H) to ensure legal requirements are met and ease the primary care burden related to prescribing. Not to mention our system has an initiative to have all chronic opioid patients transferred to P&H.*

In closing, I want to share some of services that exist here at [hospital] should you need access to them when taking care of our patients:

- *Trauma Recovery Center*
- *Outpatient Pain and healing clinic [provide information example: enter code "con 661" for primary care opioid mgmt.; & "con660" P & H consult]*
- *ED MAT start and a MAT clinic in a [con 466- addiction team referral]*
- *Project Dawn & the RV for harm reduction [SEP, HIV/HCV testing, …]*
- *Peer Support program*

"Do you have any questions for me?"

Depending on time, you can ask: *"What information did you find useful in our meeting? On a scale of 1-5, how likely are you to make changes in your clinical practice based on our discussion today? Please let me know the best way to follow-up with you in the future."*

Stop here for now until assessment forms are complete.

"I will be sending you a follow-up email with information we've discussed today and I have a feedback form here you can fill out now If now is not a good time, I have a paper version here."

Hand him the tablet with the clinician feedback form filled in for name, dept, specialty, your name, and the date. Or if a tablet is not available, give them a form with a SASE.

Hand provider a business card and say: *"I am here to help you anytime, please contact me whenever you need anything."*

Thank provider for their time and leave.

NaRCAD EXCEL VISIT TRACKING FORM

This Excel form can be downloaded for usage here.

ACADEMIC DETAILING VISITS

Please indicate monthly targets and actual visits conducted.

Detailer Name	Total # of assigned clinicians		By March 31, 2021			By April 30, 2021			By May 31, 2021		
			First visit	Follow up visit	Total visits	First visit	Follow up visit	Total visits	First visit	Follow up visit	Total visits
Jane Smith (Example)	20	Target	7	1	8			0			0
		Actual	8	0	8			0			0
		Target			0			0			0
		Actual			0			0			0
		Target			0			0			0
		Actual			0			0			0
		Target			0			0			0
		Actual			0			0			0
Total	0										

ACADEMIC DETAILING PRE-VISIT SURVEY FOR PROVIDERS

Please take a few minutes to complete this short survey regarding topics that may be covered during your upcoming academic detailing visit with [INSERT INFORMATION].

This is the first of three surveys we are using to gather information and feedback to help (INSERT INFORMATION) deliver the best experience possible for academic detailing visits.

This survey should take 5 to 10 minutes to complete. Participation is voluntary.

(SUGGESTED LANGUAGE FOR WEB BASED SURVEY IF APPLICABLE)
Each survey uses an anonymous link. To be able to accurately assess the value of the training, we are asking each participant to choose two variables to link the three surveys for comparison. By consistently using these variables we can better assess the benefits of this training. This ensures anonymity as we are not collecting any personal identifying or IP address information.

Every effort will be made to keep your information confidential. This cannot be guaranteed as several questions are free form narratives and the content of those responses will be shared with [INSERT INFORMATION] staff in the [INSERT INFORMATION HERE].

Published reports will not include any information that make it possible to identify a respondent. Thank you for your feedback and for participating in this program.

1. Keyword Variable: Please type/write in your favorite color. _____

2. Keyword variable: Please type/write in the make and model of your first car. _____

PRE-VISIT TOPICS

	Always	Frequently	Sometimes	Never
3. In the past six months, how often have you utilized the Opioid Risk Tool when prescribing opioids?	○	○	○	○
4. In the past six months, how often have you reviewed OARRS before prescribing controlled substances?	○	○	○	○
5. In the past six months, how often have you ordered the Pain Management Panel in a chronic opioid patient?	○	○	○	○
6. In the past YEAR, how often have you used Informed Consent and Agreement for Subacute and Chronic Opioid Treatment (pain agreement) for those who need them?	○	○	○	○
7. In the past six months, how often have you co-prescribed opioids with benzodiazepines?	○	○	○	○
8. In the past six months, how often have you prescribed naloxone when indicated?	○	○	○	○
9. Do you follow up with chronic pain patients at three month intervals?	○	○	○	○
10. In the past six months, how often have you prescribed non-opioid medications to pain patients?	○	○	○	○

PRE-VISIT TOPICS CONTINUED

	Always	Frequently	Sometimes	Never
11. In the past six months, how often have you started an opioid medication?	◯	◯	◯	◯
12. In the past six months, how often have you referred a patient to Opioid Use Disorder (OUD) treatment?	◯	◯	◯	◯
13. In the past six months, how often have you offered Medicated Assisted Treatment (MAT) for a patient?	◯	◯	◯	◯

14. Please describe any other initiatives you have used with pain patients in the past six-months?

_____

15. What is your role as a prescriber? MD ◯ NP ◯ Other ◯

GENERAL QUESTIONS

	Very Confident	Somewhat Confident	Not Confident	No Opinion
16. How confident are you tapering benzodiazepines?	◯	◯	◯	◯
17. How confident are you tapering opioids?	◯	◯	◯	◯
18. How confident are you with your level of knowledge regarding the current State of Ohio guidelines for prescribing opioids?	◯	◯	◯	◯
19. How confident are you referring patients to Pain and Healing?	◯	◯	◯	◯
20. How confident are you educating your patients on risks, side effects and proper disposal methods of opioids?	◯	◯	◯	◯
21. How confident are you identifying the signs and symptoms of SUD/OUD?	◯	◯	◯	◯
22. How confident are you managing the care of a patient experiencing symptoms of withdrawal (controlled substance, illicit substance, alcohol)?	◯	◯	◯	◯

HOW CONFIDENT ARE YOU WITH YOUR LEVEL OF KNOWLEDGE OF MEDICATIONS USED FOR SUD/OUD REGARDING:

	Very Confident	Somewhat Confident	Not Confident	No Opinion
23. Dosing	○	○	○	○
24. Side Effects	○	○	○	○
25. Interactions with Other Drugs	○	○	○	○

HOW CONFIDENT ARE YOU WITH YOUR LEVEL OF KNOWLEDGE REGARDING THE FOLLOWING RESOURCES AVAILABLE FOR SUD/OUD AND MAT:

	Very Confident	Somewhat Confident	Not Confident	No Opinion
23. Harm reduction	○	○	○	○
24. Peer Support	○	○	○	○
25. Navigation	○	○	○	○

ACADEMIC DETAILING MEETING FEEDBACK FOR DETAILERS

Please take a few minutes to complete this short survey regarding topics that may have been covered during your academic detailing visit with [INSERT INFORMATION] staff.

This is the second of three surveys we are using to gather information and feedback to help[INSERT INFORMATION] deliver the best experience possible for academic detailing visits.

This survey should take 5 to 10 minutes to complete. Participation is voluntary.

(SUGGESTED LANGUAGE FOR WEB BASED SURVEY IF APPLICABLE)
Each survey uses an anonymous link. To be able to accurately assess the value of the training, we are asking each participant to choose two variables to link the three surveys for comparison. By consistently using these variables we can better assess the benefits of this training. This ensures anonymity as we are not collecting any personal identifying or IP address information.

Every effort will be made to keep your information confidential. This cannot be guaranteed as several questions are free form narratives and the content of those responses will be shared with [INSERT INFORMATION] staff in the [INSERT INFORMATION].

Published reports will not include any information that make it possible to identify a respondent. Thank you for your feedback and for participating in this program.

1. Keyword Variable: Please type/write in your favorite color. _____

2. Keyword variable: Please type/write in the make and model of your first car. _____

	Very Helpful	Helpful	Somewhat Helpful	Not Helpful At All	Not Coverable / Not Applicable
3. How helpful was the information you received for using the opioid risk tool?	○	○	○	○	○
4. How helpful was the information you received on OARRS review?	○	○	○	○	○
5. How helpful was the information you received on the pain management panel?	○	○	○	○	○
6. How helpful was the information you received on benzodiazepine and opioid co-prescribing?	○	○	○	○	○
7. How helpful was the information on ordering Naloxone and how to help patients acquire it?	○	○	○	○	○
8. How helpful was the information about the Pain and Healing Clinic?	○	○	○	○	○
9. How helpful was the information you received through Academic Detailing in improving your confidence in communicating with patients about expectations when prescribing opioids?	○	○	○	○	○

ACADEMIC DETAILING MEETING FEEDBACK FOR DETAILERS (CONTINUED)

10. What aspects of this training did you find most useful?

_____

11. What aspects of this training were not helpful at all or could use improvement?

_____

12. What pain management initiatives covered in this training do you find the most difficult to implement and why?

_____

_____

13. What is your role as a prescriber? MD ◯ NP ◯ Other ◯

FEEDBACK ON IMPLEMENTATION

	Very Confident	Somewhat Confident	Not Confident	No Opinion
14. How confident are you using the opioid risk tool?	◯	◯	◯	◯
15. How confident are you reviewing OARRS before prescribing medication for a pain patient?	◯	◯	◯	◯
16. How confident are you deprescribing either benzodiazepines or opioids for those patients taking them concurrently?	◯	◯	◯	◯
17. How confident are you prescribing Naloxone for patients on high doses of opioids?	◯	◯	◯	◯
18. How confident are you prescribing Naloxone for patients taking benzodiazepines concurrently?	◯	◯	◯	◯
19. How confident are you prescribing Naloxone for patients with OUD/SUD?	◯	◯	◯	◯
20. How confident are you referring patients with chronic pain to the Pain and Healing Clinic?	◯	◯	◯	◯
21. How confident are you prescribing non-opioid medication for pain patients?	◯	◯	◯	◯
22. How confident are you referring a pain patient to opioid use disorder treatment?	◯	◯	◯	◯
23. How confident are you referring a patient identified with OUD to treatment?	◯	◯	◯	◯
24. How confident are you offering MAT to a patient identified with OUD?	◯	◯	◯	◯

ACADEMIC DETAILING POST-VISIT SURVEY FOR PROVIDERS

Please take a few minutes to complete this short survey regarding topics that you may have covered during your academic detailing visit(s) with [INSERT INFORMATION] staff.

This is the last of three surveys we are using to gather information and feedback to help [INSERT INFORMATION] deliver the best experience possible for academic detailing visits.

This survey should take 5 to 10 minutes to complete. Participation is voluntary.

(SUGGESTED LANGUAGE FOR WEB BASED SURVEY IF APPLICABLE)
Each survey uses an anonymous link. To be able to accurately assess the value of the training, we are asking each participant to choose two variables to link the three surveys for comparison. By consistently using these variables we can better assess the benefits of this training.

This ensures anonymity as we are not collecting any personal identifying or IP address information.

Every effort will be made to keep your information confidential. This cannot be guaranteed as several questions are free form narratives and the content of those responses will be shared with [INSERT INFORMATION] staff in the [INSERT INFORMATION].

Published reports will not include any information that make it possible to identify a respondent. Thank you for your feedback and for participating in this program.

1. Keyword Variable: Please type/write in your favorite color. _____

2. Keyword variable: Please type/write in the make and model of your first car. _____

POST-VISIT TOPICS

	Always	Frequently	Sometimes	Never
3. In the past six months, how often have you utilized the Opioid Risk Tool when prescribing opioids?	○	○	○	○
4. In the past six months, how often have you reviewed OARRS before prescribing controlled substances?	○	○	○	○
5. In the past six months, how often have you ordered the Pain Management Panel in a chronic opioid patient?	○	○	○	○
6. In the past YEAR, how often have you used Informed Consent and Agreement for Subacute and Chronic Opioid Treatment (pain agreement) for those who need them?	○	○	○	○
7. In the past six months, how often have you co-prescribed opioids with benzodiazepines?	○	○	○	○
8. In the past six months, how often have you prescribed naloxone when indicated?	○	○	○	○

ACADEMIC DETAILING POST-VISIT SURVEY FOR PROVIDERS

POST VISIT TOPICS (CONTINUED)

	Always	Frequently	Sometimes	Never
9. Do you follow up with chronic pain patients at three months intervals?	○	○	○	○
10. In the past six months, how often have you prescribed non-opioid medications to pain patients?	○	○	○	○
11. In the past six months, how often have you started an opioid medication?	○	○	○	○
12. In the past six months, how often have you referred a patient to Opioid Use Disorder (OUD) treatment?	○	○	○	○
13. In the past six months, how often have you offered Medicated Assisted Treatment (MAT) for a patient?	○	○	○	○

14. Please describe any other initiatives you have used with pain patients in the past six-months?

_____

15. What is your role as a prescriber? MD ○ NP ○ Other ○

GENERAL QUESTIONS

	Very Confident	Somewhat Confident	Not Confident	No Opinion
16. How confident are you tapering benzodiazepines?	○	○	○	○
17. How confident are you tapering opioids?	○	○	○	○
18. How confident are you with your level of knowledge regarding the current State of Ohio guidelines for prescribing opioids?	○	○	○	○
19. How confident are you referring patients to Pain and Healing?	○	○	○	○
20. How confident are you educating your patients on risks, side effects and proper disposal methods of opioids?	○	○	○	○
21. How confident are you identifying the signs and symptoms of SUD/OUD?	○	○	○	○
22. How confident are you managing the care of a patient experiencing symptoms of withdrawal (controlled substance, illicit substance, alcohol)?	○	○	○	○

ACADEMIC DETAILING POST-VISIT SURVEY FOR PROVIDERS

HOW CONFIDENT ARE YOU WITH YOUR LEVEL OF KNOWLEDGE OF MEDICATIONS USED FOR SUD/OUD REGARDING:

	Very Confident	Somewhat Confident	Not Confident	No Opinion
23. Dosing	○	○	○	○
24. Side Effects	○	○	○	○
25. Interactions with Other Drugs	○	○	○	○

HOW CONFIDENT ARE YOU WITH YOUR LEVEL OF KNOWLEDGE REGARDING THE FOLLOWING RESOURCES AVAILABLE FOR SUD/OUD AND MAT:

	Very Confident	Somewhat Confident	Not Confident	No Opinion
23. Harm reduction	○	○	○	○
24. Peer Support	○	○	○	○
25. Navigation	○	○	○	○

ASSESSMENT GUIDE: PLANNING AN EVALUATION OF AN ACADEMIC DETAILING INTERVENTION

AREA	NOTES, IDEAS & TOOLS
1. Intervention Planning: Identify the gap in care (Patient-specific) Choose specific clinical foci Include: ☑ A description of the AD topic area(s) ☑ Process used for determining those areas ☑ Stakeholders involved ☑ Needs assessment ☑ Evidence review ☑ Identification of detailers ☑ Development/adaptation of materials ☑ Curriculum used ☑ Selection of key change messages ☑ Training process	
2. Target Audience (Clinicians): Selection factors include: ☑ Location/geography for intervention ☑ Type(s) of practice (primary care, specialty, etc.) ☑ Goal number of clinicians to receive detailing; overall and by specialty ☑ Identification of barriers to accessing clinicians ☑ Review of other local interventions or resources, including potentially complementary or competing	
3. Visit Tracking Metrics: Potential Indicators: ☑ Type of visit (individual, small group/team; initial visit vs. return visit) ☑ # of outreach visits completed; % of targeted clinicians reached ☑ # of minutes spent per visit in direct AD ☑ Key message delivery (yes/no for each message) ☑ Closing: Did summary/closing occur; perceived commitment to change ☑ Follow-up metrics (# of visits that had follow-up scheduled; format of follow-up, etc.)	

Source: NaRCAD2018, adapted from Dane/Madison County, Wisconsin Dept. of Public Health 2018

NaRCAD

AREA	NOTES, IDEAS & TOOLS
4. Outcome Metrics Potential Indicators ☑ Attitudes (via survey) ☑ Self-reported increase in knowledge ☑ Change in process of care:; alteration in use of targeted test or treatment (e.g. screening, referrals, prescribing); may be increase or decrease depending on intervention focus ☑ Satisfaction of providers who received detailing visits ☑ Change in patient outcomes for targeted condition; feasibility will depend on availability of relevant data and anticipate time frame for changes in outcomes	

Other Ideas, Resources & Tools

Source: NaRCAD2018, adapted from Dane/Madison County, Wisconsin Dept. of Public Health 2018