


ACADEMIC DETAILING FOR OPIOID SAFETY

Academic Detailing Webinar
Hosted by California Healthcare Foundation
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PRESENTATION OVERVIEW



DETAILING: NUTS AND BOLTS

History, concepts,
overview

THE INTERVENTION

Preparing for a
visit, using
materials,
evaluation

CASE STUDY

SFDPH academic
detailing for
naloxone
prescribing

BRIEF INTRODUCTION

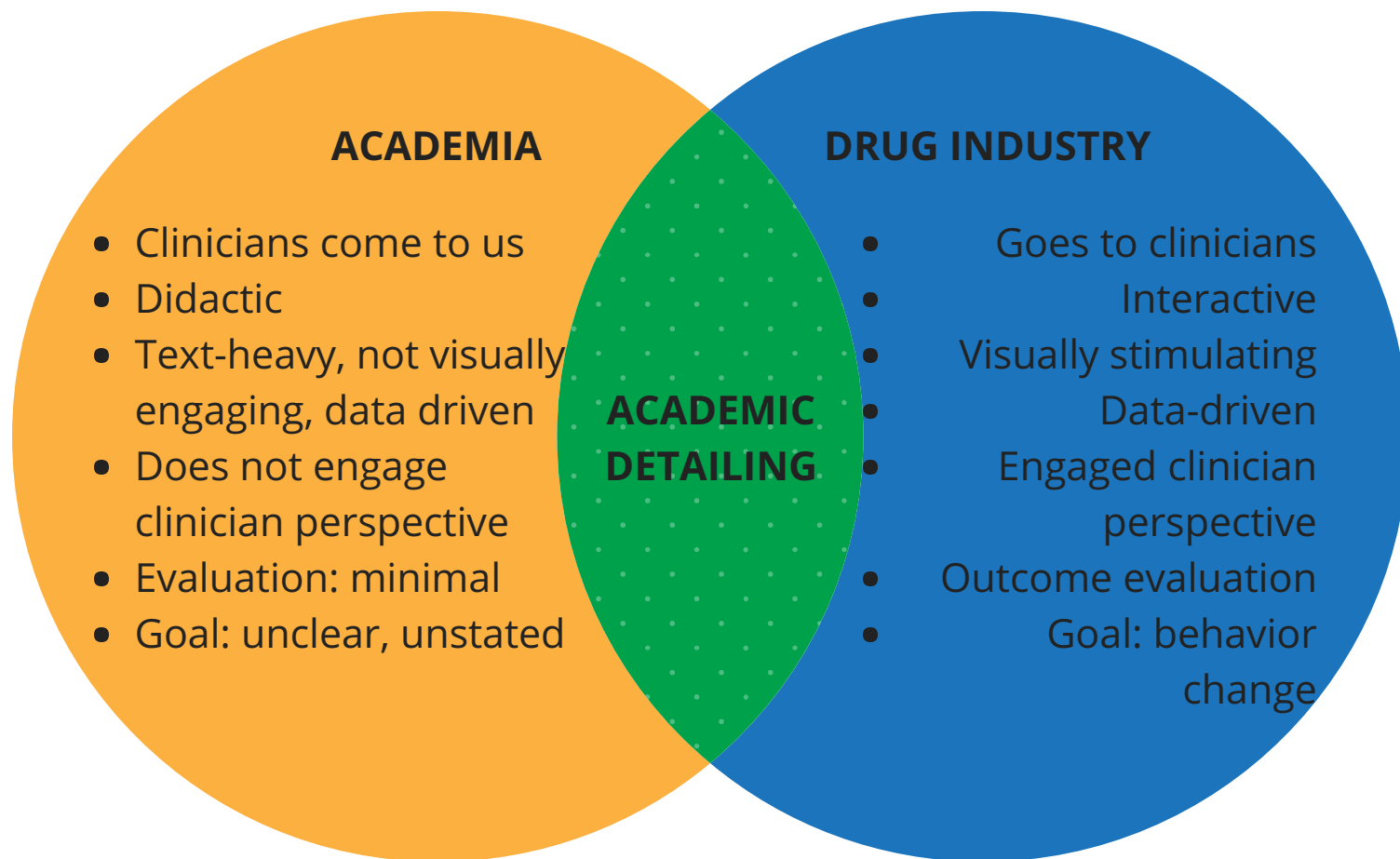
TO ACADEMIC DETAILING

Academic detailing is an interactive educational outreach method to engage physicians around evidence-based information to improve patient care.

Detailing relies on a few simple tenants:

- 1) Convenience for the provider
- 2) One-on-one interaction
- 3) Digestible information
- 4) Engaging presentation

ACADEMIA VS. DRUG INDUSTRY



THE ART OF DETAILING

Learning how to detail takes time and practice

**This training will provide the basic foundation for you to conduct
successful academic detailing interventions**

Learn from your own experiences and from each other

And remember...detailing is in the details!

MATERIALS DEVELOPMENT

Naloxone for opioid safety



A provider's guide to prescribing naloxone to patients who use opioids

VS.

[illegible]

**A NEEDLE WITH
FENTANYL CAN
KILL YOU.
A NEEDLE WITH
NALOXONE CAN
SAVE YOUR LIFE.**

 **CALL 911**  **PROVIDE BREATHS**  **USE NALOXONE**

Lethal drugs are circulating.
Learn more at FraserHealth.ca/Overdose
#STOPOVERDOSE

 **fraser**
HEALTH



DETAILING: THE INTERVENTION

PHONE CALLS

Receptionists can be allies & barriers

EMAILS

Emails enable direct contact with provider
Providers can respond at their leisure
Can begin dialogue before you even arrive

IN-PERSON VISIT

Requires substantial resources/time

How do you track process measures?

INTRODUCTIONS

Who you are

Name, title, brief occupational background

Where you're from

Agency you represent, funding source, org background,

What service are you providing

State why sponsoring group has established the program

Why are you there and what benefit will you deliver

What is your purpose? What are you offering the provider?

Hi [provider],

I'm an assistant clinical professor in the HIV division at UCSF as well as the director of substance use research at the health department.

We are providing a service to providers throughout San Francisco around opioid safety - specifically the co-prescription of naloxone. We started co-prescribing naloxone at several DPH clinics in 2013 and have been expanding the efforts around the city with this one-on-one education as the CA Medical Board guidelines now recommend naloxone.

Would you be available to talk for approximately 10-15 minutes on this topic? I would come to you with relevant materials, including patient materials and the latest CA medical board guidelines – just let us know where and when is best.

I look forward to hearing from you! You can reach me by email at phillip.coffin@ucsf.edu or phone at (415) 437-6204.

Thanks so much!

Phillip



THE VISIT

Before you go

Identify where you have to go and how to get there

Give yourself plenty of time for the visit

Organize your materials. Are you bringing anything specific for this provider?

Once you get there

Take in your surroundings. What is the office dynamic like?

Explain the purpose of your visit right away (to the receptionist and provider)

Be prepared to wait



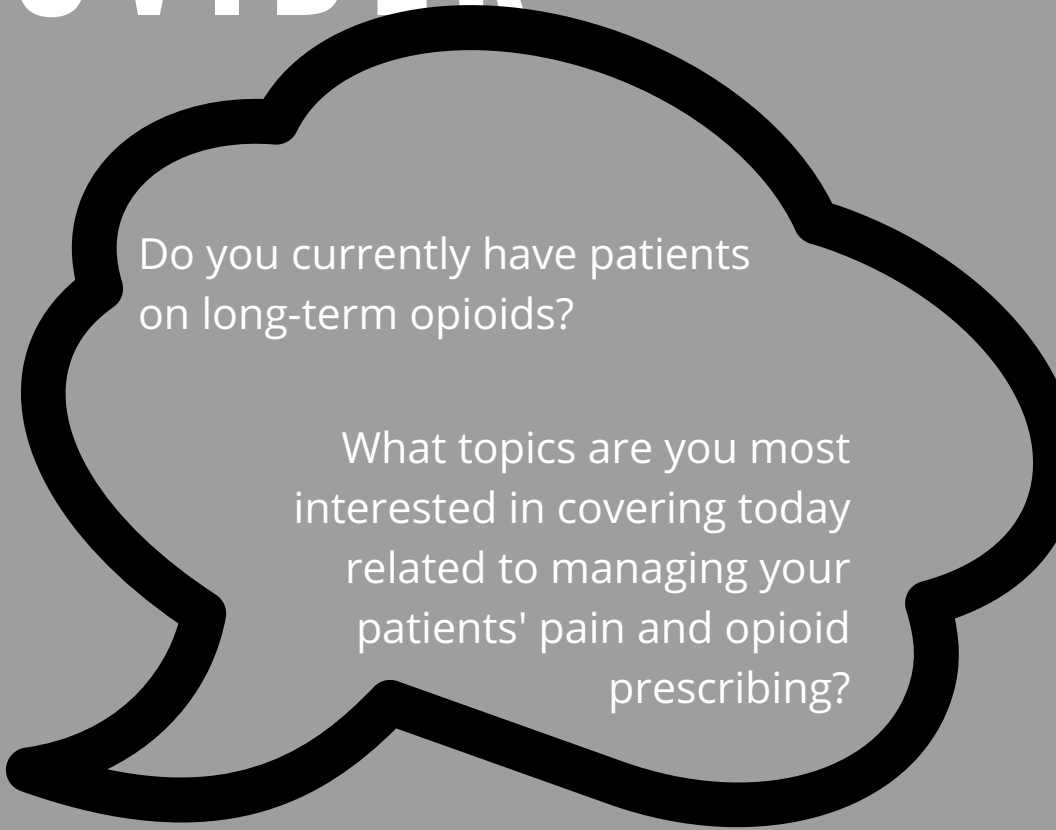
ENGAGING WITH THE PROVIDER

Let the provider determine topics for discussion

Be ready to tailor the conversation
Engage in a two-way conversation
There will be a few points you want to
emphasize regardless of provider interest
work it into conversation or make sure to
leave time at the end to quickly review

How much time do you have?

Determine this as soon as you sit down or
before you arrive



Do you currently have patients
on long-term opioids?

What topics are you most
interested in covering today
related to managing your
patients' pain and opioid
prescribing?

GUIDING CONVERSATIONS

USE IF / THAN CLAUSES
ANTICIPATE POTENTIAL BARRIERS
MANAGE OBJECTIONS
CLOSE CAREFULLY

OPEN ENDED

What are some of the challenges you face with your chronic pain patients?

What types of opioid stewardship interventions are you most interested in learning about today?

What types of opioid stewardship efforts are you currently using?

How do you currently handle treatment of patients you think may have OUD?

What are some of the main barriers you face when working with your patients on long-term opioid therapy?

How do you manage your patients pain?

Can you tell me about a specific situation you've had recently with a patient on long-term opioids that was challenging?

Naloxone for opioid safety



A provider's guide to prescribing naloxone to patients who use

USING THE MATERIALS

The materials are there to support your conversation, not monopolize it.

Familiarity with the materials is key.

You're not expected to know the answer to every question. The materials are there to help. Particularly to cite research and data.

Do not give materials away until end of session



MANAGING DIFFICULT CONVERSATIONS

1. Stops
2. Stalls
3. On the fence
4. Indifference

TRACK DATA FOLLOW UP

- Length of visit
- Topics covered
- Questions
- Future detailing interests
- Notes
- Survey results

- Develop follow up plan
- Create a "hook"
- Schedule next visit (if applicable)
- Provide additional materials upon request

AFTER THE VISIT



DATA FROM THE FIELD

SFDPH ACADEMIC DETAILING FOR NALOXONE PRESCRIBING



ACADEMIC DETAILING INTERVENTION FOR OPIOID SAFETY (ADIOS)

In 2015 SFDPH developed, delivered, and evaluated an academic detailing program addressing naloxone prescribing for opioid safety that targeted primary care providers practicing outside of the safety net system in San Francisco County. Funding was provided by the California Healthcare Foundation.

TARGET POPULATION

Eligibility Criteria



Primary care provider (MD, NP, PA)

Or sub-speciality including:

Infectious disease

Rheumatology

Hematology



Actively practicing



Outpatient



Prescribed opioids to MediCal patients

GETTING IN THE DOOR

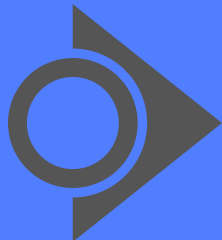
PHONE CALLS: 21 (53%)

EMAILS: 18 (45%)

IN-PERSON VISITS: 1 (2%)

46

providers
contacted



3+3

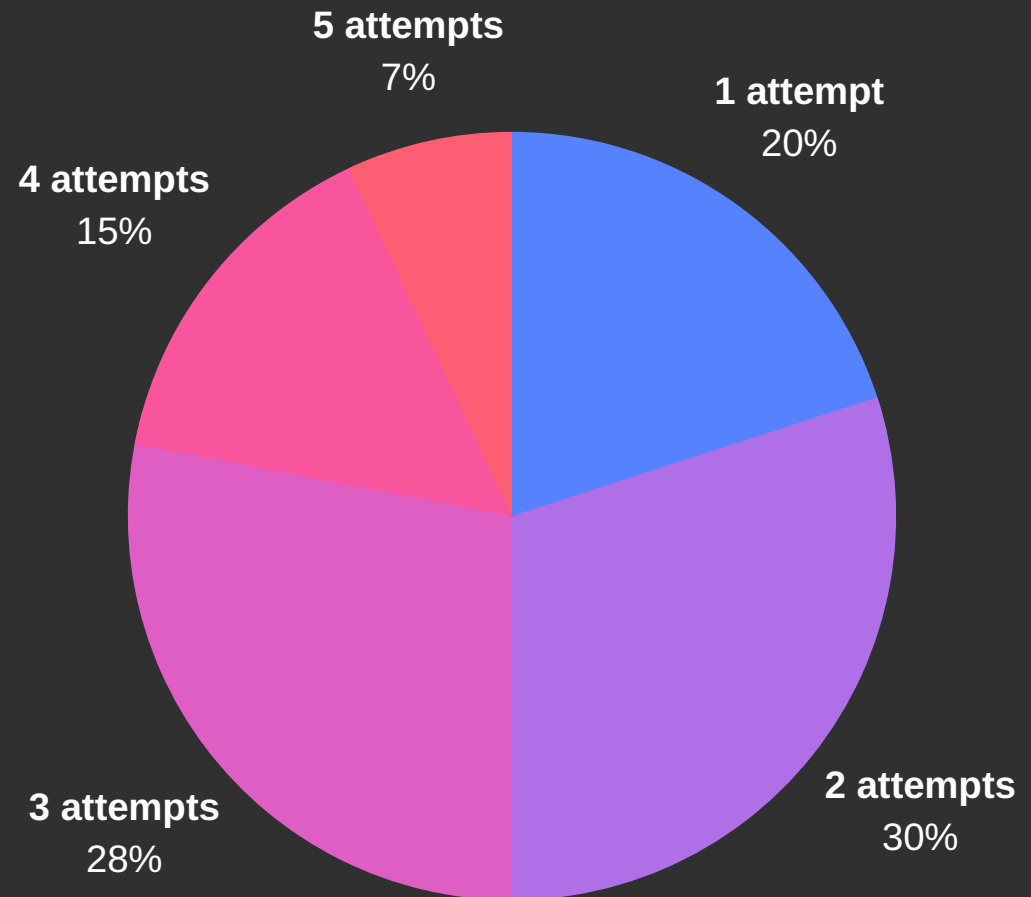
"too busy"
"not interested"



40

detailed
35 MDs, 4 NPs, 1 PA

NUMBER OF CONTACT ATTEMPTS PER PROVIDER REACHED



**MEAN DURATION OF
DETAILING:
28 MINUTES**

**Most common
training topics**

Indications for prescribing
Language use
Prescription examples
Pharmacy support

OVERDOSE TERMINOLOGY

Interviewer: How many times would you say you've had these bouts of delirium, or you stopped breathing because of opioids?

Patient: Ever? 8 to 10 times

Interviewer: And how many times has [naloxone] been used on you?

Patient: Oh boy. That would be really hard to answer. I'd say somewhere in the neighborhood of 12 or 15 times.

Interviewer: So, around 12 or 15 times someone has given you [naloxone] because you've stopped breathing because of opioids?

Patient: Yes. Medical staff each time. Because of the opioids, I've stopped breathing.



LIMITATIONS

GEOGRAPHIC
SCOPE

ACCESSING
DATA

RESOURCES &
TIME

58% of the 19 PROVIDERS

REACHED DURING FOLLOW UP HAD

PRESCRIBED NALOXONE

Those who received academic detailing had a significantly greater increase in naloxone prescriptions compared to those who did not receive the intervention

(IRR = 11.0, 95%CI 1.8-67.8, P=0.01)



ACADEMIC DETAILING

CAN BE SUCCESSFULLY
DELIVERED TO PRIMARY
CARE PROVIDERS

Detailing for naloxone co-prescribing was well-received by prescribers. Further research needs to be conducted around academic detailing and expanded opioid stewardship efforts.



Questions?

Comments?

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SFDPH

Substance Use Research Unit