

# Academic Detailing on Opioid Safety



**ADOPS**  
Academic Detailing on Opioid Safety

North Central District Health Department

**Program Features:**

- FREE 2.5 sessions with an educator from NCDHD
- First visit in your office; future visits virtual
- Visit incentives include a medication lockbox for your patients
- Free CME/CEUs

**Free lunch for participants!**

**Don't wait! Space is limited!**  
Call or email today to sign up:  
(860) 559-5492  
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# Outline

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- Why Academic Detailing?
- Evidence of Academic Detailing
- Steps in Academic Detailing
- Academic Detailing on Opioid Safety (ADOPS)
- ADOPS Implementation & Results
- Pharmacist Survey Responses
- Prescriber Survey Responses
- Questions

# What is Academic Detailing?

- An interactive educational outreach to physicians to provide unbiased, non-commercial, evidence-based information about medications and other therapeutic decisions, with the goal to improve patient care.
- Based on effective communication/ behavior change/marketing approaches used by pharmaceutical industry sales representatives to increase use of products.

# Why Academic Detailing?

- Difficulty to manage large volumes of drug information
- Challenges with large group presentations and attention of audience
- Need for information to be tailored to medical practices
- Systematic overviews (Cochrane) cover selected fields, but are lengthy and hard to wade through – may not be recently updated
- Important findings are not in journals – FDA alerts, ‘Dear Doctor’ letters – important trial data presented at clinical meetings

# Evidence for Academic Detailing

- High rates of physician acceptance rate from 1:1 calls to physicians (Avorn & Soumerai, NEJM 1983)
- Significant 14% reduction in inappropriate prescribing (Avorn & Soumerai, NEJM 1983)
- Benefit-cost analysis based on actual expenditures: saved \$2 for every dollar spent (Soumerai & Avorn, Medical Care 1987)
- Significant reductions in inappropriate medications in nursing homes & improved patient memory (Avorn et al., NEJM, 1992)
- Cochrane Review (2007) 69 studies evaluated educational outreach visits and found these visits, overall, improve the care delivered to patients.

# Steps in Academic Detailing

- Introduction
  - Who you are, why you are at visit, how you can assist
- Needs Assessment
  - How do you deal with opioid misuse and overdose prevention and monitoring in your practice?
- Key Messages/Features/Benefits
  - Are a limited number of important points that are relevant, compelling and succinct, and are generally specific practice recommendations.
  - Illustrates why topics are critical for clinician's practice, emphasizes both key characteristics and benefits of the target behavior
  - Linked to materials to be shared; goal to have practitioner accept as many messages as possible

# Steps in Academic Detailing

- Understanding Barriers and Enablers
  - Anticipate potential challenges (barriers) to message acceptance and how to overcome concern (enablers)
  - Resistance due comfort with current practices that seem to work in most cases/ not seeing the benefits of change.
  - Feel change will have negative effects on practice (workflow, time, difficult patient encounters, etc.)
  - Lack of understanding of what is needed and the confidence/time to engage in change.
- Identifying and Handling Objections
  - Manage different types of objections- clinician stalling decisions (stalls), not sure (on the fence), indifferent to change, and stops (clear objections based on evidence/expert opinion)

# Steps in Academic Detailing

- Summary
  - Overview of key messages that the clinician agreed, and a general sense of where the conversation concluded.
  - Check to make sure that the key concerns have been covered.
  - Answer questions and avoid repeating messages not well received.
  - Allow the clinician to take ownership of the change and visualize how it might be implemented.
- Close
  - Set up a future appointment and highlighting topics for next visit



# Academic Detailing on Opioid Safety (ADOPS)

- Prescribers and pharmacists have been inconsistent in their use of Connecticut Prescription Monitoring and Reporting System (CPMRS).<sup>1-4</sup>
- There is a clear need to continue to promote opioid safety to CT prescribers and pharmacists such as through greater use of the CPMRS, naloxone prescribing and dispensing, and timely referral for Medication-Assisted Treatment (MAT) Opioid Use Disorders. The involvement of health district staff is an untapped resource that could also help bridge local prescribers and pharmacies to their health districts on critical topics such as opioid safety.

Objective: To determine if an academic detailing program delivered directly on site to prescribers and pharmacies is a feasible and effective approach to change knowledge and promote positive clinical behaviors that advance opioid safety.

# Academic Detailing on Opioid Safety (ADOPS)

- We have trained 9 health district staff in academic detailing (involved districts: North Central District Health Department, East Shore District Health Department, Torrington Area Health District, Ledge Light Health District, Uncas Health District).
- Two modules have been developed: 1 on the CPMRS and 1 on Naloxone. Both have been approved for 1.5 hours of continuing education credits for pharmacists and prescribers. Another has been recently developed on MAT.
- Detailing packets have been provided to each detailer along with portfolio cases, pens, and other small gifts. Packets include: a letter describing the project, an action plan to use to guide and track visits, flyer to promote project, prescriber/pharmacist resources for to use on each module, and information resources to distribute to patients. Detailers were also given flash disks of all content to give each person detailed and for themselves.

# ADOPS Implementation & Results

- Detailers started detailing in November 2019. the detailers have completed modules on approximately 12 prescribers and 9 pharmacists (as of this past summer 2020).
- COVID-19 created delays given restrictions. All current detailers have been provided materials on how to conduct virtual visits and several detailers attended webinars held by the National Resource Center for Academic Detailing (NaRCAD) on best practices on how to conduct virtual visits. 1-2 detailers have conducted visits virtually and shared their positive experiences with the project team.
- We have also conducted interim analyses of data from the action plans, and prescriber and pharmacist evaluation data. Responses very positive reflecting knowledge gained during visits, positive experiences during visits, and identification of key concerns around CPMRS and naloxone use.

# ADOPS Implementation & Results

## Sample Action Plan: CPMRS Module

**Pharmacist/Prescriber Academic Detailing Session 1 Action Plan**

Pharmacist/Prescriber: \_\_\_\_\_

Academic Detailer Name (Print): \_\_\_\_\_ Academic Detailer (Signature): \_\_\_\_\_

**Learning Objectives:**

1. Discuss the benefits of the Connecticut Prescription Monitoring and Reporting Program (CPMRS).
2. Identify the presence individual and practice-level facilitators and barriers to the use of the CPMRS consistently at time of new and continued users of controlled substances.
3. Describe the key components of the prescriber reports sent by the Department of Drug Control. (Prescriber Objective only)
4. Identify resources to assist with greater use of CPMRS, and engaging in safe opioid and other controlled substance prescribing and/or dispensing.
5. Outline an action plan for continued and increased use of the CPMRS.

**To achieve Learning Objective 1-Review/Reinforce the following key messages (Use CPMRS Brochure):**

(check the appropriate box (V1 or V2 or V3) if the information is covered during Visit 1 or Visit 2 or Visit 3)

V1	V2	V3	CPMRS provides CT prescribers and pharmacists dispensing of Controlled Substances II-V
V1	V2	V3	Access to comprehensive controlled substance prescription records.
V1	V2	V3	Access to controlled substance history report from other states.
V1	V2	V3	Ability to review prescribing history reports to identify possible forgeries and detect potential abuse.
V1	V2	V3	Access to unsolicited clinical alerts.

**To achieve Learning Objectives 2 & 5, engage in the following need assessments:**

V1	V2	V3	Explore facilitators to CPMRS use. List:
V1	V2	V3	Explore barriers to CPMRS use. List:
V1	V2	V3	Discuss the use of a delegate to look up in the CPMRS

# Pharmacist Survey Responses (n=8)

The activity met the following learning objectives for pharmacists:	Mean (1-5)
Discuss benefits of the Connecticut Prescription Monitoring and Reporting Program (CPMRS).	5.00
Identify the presence individual and practice-level facilitators and barriers to the use of the CPMRS consistently at time of new and continued users of controlled substances.	4.88
Describe key components of the prescriber reports sent by the Department of Drug Control (Prescriber Objective only).	4.75
Identify resources to assist with greater use of CPMRS and engaging in safe opioid and other controlled substance prescribing and/or dispensing.	5.00
Outline an action plan for continued and increased use of the CPMRS.	4.88
Identify the risk factors for opioid overdoses.	4.88
Identify best ways to reduce risk for opioid overdoses.	4.88
Describe national guidelines recommendations involving naloxone prescribing/dispensing.	4.88
Discuss key points about safe and effective use of naloxone and types of products.	4.88
Identify the facilitators and barriers to the prescribing/dispensing of naloxone with those at risk of opioid overdose.	4.88
Identify resources to assist with naloxone prescribing and dispensing.	5.00
Outline an action plan for any changes to increase prescribing/dispensing of naloxone use.	4.88

1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree

# Pharmacist Survey Responses (n=8)

Evaluation of the presentation:	Mean (1-5)
The content was organized and easy to follow.	5.00
The materials distributed were pertinent and useful.	5.00
The presenter was well-prepared.	5.00
The presenter was knowledgeable about the topics.	5.00
The presenter communicated information clearly.	5.00
The presenter was able to answer the questions.	5.00
Participation and interaction were encouraged.	5.00
The length of the sessions were sufficient.	5.00
The detailing sessions met my expectations.	5.00
I will be able to apply the knowledge I learned.	5.00
Rate the overall quality of the sessions (Using scale of 0 being poor, 10 being excellent)	9.75

1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree

# Pharmacist Survey Responses (n=8)

- On a scale of 0 to 10 with 0 being not likely and 10 being extremely likely, how likely are you to CONSISTENTLY use the Connecticut Prescription Monitoring and Reporting Program (CPMRS)? Mean= 9.75
- On a scale of 0 to 10 with 0 being not likely and 10 being extremely likely, how likely are you to CONSISTENTLY identify patients needing naloxone and either prescribe or recommend prescribing of naloxone? Mean 8.0.
- Have qualitative data/comments on CPMRS, naloxone, and other aspects.

# Prescriber Survey Responses (n=8)

The activity met the following learning objectives:	Mean (1-5)
Discuss benefits of the Connecticut Prescription Monitoring and Reporting Program (CPMRS).	4.63
Identify the presence individual and practice-level facilitators and barriers to the use of the CPMRS consistently at time of new and continued users of controlled substances.	4.50
Describe key components of the prescriber reports sent by the Department of Drug Control (Prescriber Objective only).	4.25
Identify resources to assist with greater use of CPMRS and engaging in safe opioid and other controlled substance prescribing and/or dispensing.	4.63
Outline an action plan for continued and increased use of the CPMRS.	4.25
Identify the risk factors for opioid overdoses.	4.75
Identify best ways to reduce risk for opioid overdoses.	4.75
Describe national guidelines recommendations involving naloxone prescribing/dispensing.	4.75
Discuss key points about safe and effective use of naloxone and types of products.	4.63
Identify the facilitators and barriers to the prescribing/dispensing of naloxone with those at risk of opioid overdose.	4.50
Identify resources to assist with naloxone prescribing and dispensing.	4.63
Outline an action plan for any changes to increase prescribing/dispensing of naloxone use.	4.50

1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree



# Prescriber Survey Responses (n=8)

Evaluation of the presentation:	Mean (1-5)
The content was organized and easy to follow.	5.00
The materials distributed were pertinent and useful.	5.00
The presenter was well-prepared.	5.00
The presenter was knowledgeable about the topics.	5.00
The presenter communicated information clearly.	5.00
The presenter was able to answer the questions.	5.00
Participation and interaction were encouraged.	5.00
The length of the sessions were sufficient.	5.00
The detailing sessions met my expectations.	5.00
I will be able to apply the knowledge I learned.	5.00
Rate the overall quality of the sessions (Using scale of 0 being poor, 10 being excellent)	9.75

1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree

# Prescriber Survey Responses (n=8)

- On a scale of 0 to 10 with 0 being not likely and 10 being extremely likely, how likely are you to CONSISTENTLY use the Connecticut Prescription Monitoring and Reporting Program (CPMRS)? Mean= 9.7 (n=7)
- On a scale of 0 to 10 with 0 being not likely and 10 being extremely likely, how likely are you to CONSISTENTLY identify patients needing naloxone and either prescribe or recommend prescribing of naloxone? Mean= 8 (n=7)
- Have qualitative data/comments on CPMRS, naloxone, and other aspects.
- Prescribers were asked to complete a knowledge assessment across both the CPMRS and Naloxone modules and all 7 respondents got the correct answers on 4 of the 6 questions. One of the questions one person got an incorrect answer and another question two individuals got incorrect answers.

# Conclusions

- ADOPS appears to be feasible to implement and received thus far positive evaluations.
- Feasibility is partly due to bringing the education to the busy clinicians and it being 1:1. The program's infrastructure ensures fidelity to the education process.
- There might be consideration of applying academic detailing concepts to other agency initiatives. We are exploring the expansion of the program to other health districts.
- ADOPS may also be a useful approach that can be used as a requirement of a plan that may reduce the extent of disciplinary actions against a licensee related to high risk dispensing and/or prescribing.

# Questions

