

LOCAL OPIOID OVERDOSE PREVENTION USING ACADEMIC DETAILING: IMPLEMENTATION GUIDE

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INTRODUCTION

The following document details the basics of setting up an academic detailing program to disseminate the [CDC's 2016 Guideline for Prescribing Opioids for Chronic Pain](#) by using the interactive communication strategy known as academic detailing.

Using the strategy of "academic detailing", personalized visits from a trained outreach educator can arm busy clinicians with the critical support, tools, and evidence to provide the very best care to their patients. When clinical health educators provide support to clinicians and build trusting, long term relationships, those clinicians then make better, evidence-based decisions, and those decisions improve the health of diverse populations, including underserved patients who need it the most.



Busy clinicians need an accurate, ongoing source of current data about the comparative effectiveness, safety, and cost of treatments. Clinicians have many competing demands for their time; trying on their own to assemble current evidence from a continuous influx of research is incredibly challenging. As a result, many clinicians may be unaware if better alternatives exist for prescribing, prevention, screening, and patient education.

Academic detailing is a behavior change strategy that has been proven to successfully combine an interactive outreach approach with best evidence, trained academic detailers meet with clinicians to assess individual needs, and needs of the practice. These educators then offer tailored, evidence-based clinical recommendations, around public health topics that are of the most urgent need, including but not limited to the nation's opioid crisis.

LEARNING MODULE: UNDERSTANDING THE USE OF ACADEMIC DETAILING

E-Module on the Foundations of Academic Detailing (AD)

101 Webinar:

[Video Introduction to Academic Detailing](#)

NaRCAD Team Overview

Introduction to AD Primer:

[A General Guide to Academic Detailing](#)

Principles Overview

Webinar:

[A History of Academic Detailing](#)

Jerry Avorn, MD, Co-Director of NaRCAD

Chart:

[The Structure & Planning of an Interactive, 1:1 Academic Detailing Visit](#)

NaRCAD

The Beginning of AD: [Improving Drug-Therapy Decisions through Educational Outreach](#)

New England Journal of Medicine

THE BASIC STRUCTURE OF AN INTERACTIVE, 1:1 ACADEMIC DETAILING SESSION:



PLANNING AN OPIOID SAFETY INTERVENTION

Planning an Implementation: Areas for Identification & Consideration

PLANNING AREA	ELEMENTS TO INCORPORATE
<p>Area 1: Intervention Planning <i>(Identifying a patient-specific gap in care; choosing specific clinical focus areas to promote behavior change.)</i></p>	<p>Identify:</p> <ul style="list-style-type: none"> ▪ AD Topic area and sub areas selected ▪ Data sources used to determine areas ▪ Stakeholders involved, including community partners ▪ Needs assessment ▪ Evidence review for materials ▪ Identification/recruitment of detailers ▪ Training curriculum implemented ▪ Development/adaptation of materials ▪ Identification of key messages
<p>Area 2: Clinician Audience Selection <i>(Identifying target providers for behavior change messaging; determining local context for application of intervention.)</i></p>	<p>Identify:</p> <ul style="list-style-type: none"> ▪ Location/geography for intervention ▪ Types of practice (<i>primary care, specialty, dental, etc.</i>) ▪ Goal number of clinicians to receive detailing ▪ Review and incorporation of other local interventions or related resources (<i>including complementary or competing</i>)
<p>Area 3: Field Visit Indicators <i>(Identifying metrics to collect and track 1:1 visit interactions and data.)</i></p>	<p>Identify:</p> <ul style="list-style-type: none"> ▪ Type of visit (<i>individual, small group, initial visit vs. return visit</i>) ▪ Number of outreach visits completed; % of targeted clinicians reached ▪ Number of minutes spent per visit in direct academic detailing ▪ Key messages delivered ▪ Commitment to change agreed upon ▪ Follow-up metrics (<i># of visits that had follow-up scheduled, format of follow-up, etc.</i>) ▪ Resources requested and delivery format
<p>Area 4: Outcome and Evaluation Metrics <i>(Identifying ways in which evaluation can be implemented.)</i></p>	<p>Consider:</p> <ul style="list-style-type: none"> ▪ Evaluation of attitudes (<i>via survey</i>) and satisfaction ▪ Self-reported increase in knowledge ▪ Changes in process of care ▪ Changes in use (<i>decrease or increase</i>) of targeted test or treatment (<i>e.g. screening, referrals, prescribing</i>) ▪ Changes in patient outcomes for targeted condition (<i>feasibility will depend on availability of relevant data and determining time frame for changes in these outcomes</i>)

MESSAGING, & MATERIALS

Detailers who are trained in the techniques of 1:1 interactive, persuasive communication with clinicians to promote behavior change, can use the following set of key messages in order to emphasize key guidelines as determined by the CDC in 2016, and apply those guidelines to care.

1. Use non-opioid treatment as the first line for acute or chronic pain
2. If opioids are needed, start prescribing at the lowest effective dose
3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications
4. Ensure patients' safety by avoiding concurrent prescribing of opioids with benzodiazepines or other sedating drugs
5. Offer treatment for patients with Opioid Use Disorder (OUD), including MAT

Campaign key messaging should always be delivered with the support of educational materials, including a 4-page detailing aid and corresponding pocket card to be presented to clinicians and left with those clinicians to use as tools to assist in adopting new opioid safety practices. The following CDC detailing aid includes key messages beginning with action verbs, providing detailers with wording and a framework to converse with clinicians and encourage behavior change around key areas of practice as informed by the CDC guidelines.

Selection of content from 4-page fusion detailing aid, which NaRCAD recommends using during AD implementation

WHAT CAN PROVIDERS DO?



First, **do no harm**. Long-term opioid use has uncertain benefits but known, serious risks. CDC's ***Guideline for Prescribing Opioids for Chronic Pain*** will support informed clinical decision making, improved communication between patients and providers, and appropriate prescribing.

PRACTICES AND ACTIONS



USE NONOPIOID TREATMENT

Opioids are not first-line or routine therapy for chronic pain (*Recommendation #1*)

In a systematic review, opioids did not differ from nonopioid medication in pain reduction, and nonopioid medications were better tolerated, with greater improvements in physical function.



START LOW AND GO SLOW

When opioids are started, prescribe them at the lowest effective dose (*Recommendation #5*)

Studies show that high dosages (≥ 100 MME/day) are associated with 2 to 9 times the risk of overdose compared to < 20 MME/day.



REVIEW PDMP

Check prescription drug monitoring program data for high dosages and prescriptions from other providers (*Recommendation #9*)

A study showed patients with one or more risk factors (4 or more prescribers, 4 or more pharmacies, or dosage > 100 MME/day) accounted for 55% of all overdose deaths.



AVOID CONCURRENT PRESCRIBING

Avoid prescribing opioids and benzodiazepines concurrently whenever possible (*Recommendation #11*)

One study found concurrent prescribing to be associated with a near quadrupling of risk for overdose death compared with opioid prescription alone.

LIBRARY OF FREE EDUCATIONAL TOOLS FOR DETAILERS:

CDC: GUIDELINES & TOOLS TO AID IN AD IMPLEMENTATION

[Interactive Training Series: Modules to Apply CDC's Guidelines for Prescribing Opioids](#)

[Guidelines for Prescribing Opioids for Chronic Pain](#)

[Infographic: Why Guidelines for Primary Care Providers?](#)

[Pharmacists: On the Front Lines](#)

[Pocket Guide: Tapering Opioids for Chronic Pain](#)

[Guideline for Prescribing Opioids for Chronic Pain: Recommendations](#)

[Checklist for Prescribing Opioids for Chronic Pain](#)

[Nonopioid Treatments for Chronic Pain](#)

[Assessing Benefits and Harms of Opioid Therapy](#)

[Calculating Total Daily Dose of Opioids for Safer Dosage](#)

Pocketcard created by NaRCAD that can be left behind with clinicians to remember the new practices to adopt.

WHAT CAN PROVIDERS DO TO HELP?

START LOW AND GO SLOW

When opioids are started, prescribe them at the lowest effective dose (*Recommendation #5*)

OFFER TREATMENT FOR OPIOID USE DISORDER

Offer or arrange evidence-based treatment (e.g. medication-assisted treatment and behavioral therapies) for patients with opioid use disorder (*Recommendation #12*)

USE NONOPIOID TREATMENT

Opioids are not first-line or routine therapy for chronic pain (*Recommendation #1*)

REVIEW PDMP

Check prescription drug monitoring program data for high dosages and prescriptions from other providers (*Recommendation #9*)

AVOID CONCURRENT PRESCRIBING

Avoid prescribing opioids and benzodiazepines concurrently whenever possible (*Recommendation #11*)

DETAILER RECRUITMENT & SELECTION

“Recruitment is important. When recruiting detailers, it is more important to make sure to recruit people who have the bandwidth to do the detailing, rather than making sure they have the perfect clinical background.”
 - NaRCAD-trained Opioid Safety Academic Detailer, 2019

Recruiting detailers is one of the most important components of a strong AD program. The criteria below should be considered when selecting the best professionals to attend a 2-day training and begin field work to implement a program on opioid safety.

Recruitment Criteria for Ideal Detailing Candidates

SKILL SET AREAS:	SKILLS SOUGHT:
I. COMMUNICATION SKILLS	<p><i>Ideal candidate will have all of the following skills:</i></p> <ul style="list-style-type: none"> ▪ Excellent written skills for documentation and team communication ▪ Excellent interpersonal skills ▪ Social intuition ▪ Ability to execute adult learning sessions ▪ Public speaking skills ▪ Persuasive communication skills ▪ Comfort in speaking across disciplines
II. PROFESSIONAL BACKGROUND	<p><i>Ideal candidate will have 1 or more of the following backgrounds:</i></p> <ul style="list-style-type: none"> ▪ Prior training or experience/foundation in clinical content (opioids) a plus but can be learned ▪ Background in public health, medicine, nursing, pharmacy, etc. ▪ Sales background helpful but not necessary ▪ Experience or training in motivational interviewing a plus ▪ Graduate students in clinical disciplines
III. RESOURCES TO DEVOTE TO PROJECT	<p><i>Ideal candidate will have:</i></p> <ul style="list-style-type: none"> ▪ Ability to participate in regular calls or check-ins ▪ Time to update reporting sheets (individual tracking and master tracking sheets) ▪ Time to make approximately 1 visit per week at minimum, or other agreed upon frequency ▪ Flexibility to make visits outside of working hours/other commitments

DETAILER TRAINING: ADAPTATION OF CURRICULUM, OBJECTIVES, AND APPROACH

As an adaptable approach, academic detailing has been implemented as a tool for opioid crisis response based on its ability to be both flexible and collaborative, especially within communities where investment in public health exists across multiple organizations, systems, and stakeholders. As such, NaRCAD's standard academic detailing techniques curriculum has been adapted in order to reflect opioid safety-related key messages.

NaRCAD provides small-group trainings that focus on the use of persuasive communication skills in partnership with opioid safety clinical knowledge. It is recommended that at least 2-4 trainees from a given jurisdiction are selected to participate in a 2-day training prior to any field work on opioid safety academic detailing.

The core of a robust academic detailing training involves practice in roleplaying a 1:1 interactive communication approach that is modeled after pharmaceutical sales representatives' technique in selling medical goods. This approach has been adapted to reflect the concept of behavior change as an agreed-upon goal that clinicians would, ideally, commit to at the end of a successful visit.

Academic detailing trainings should be hands-on and incorporate consistent opportunities for role play, as well as lecture, discussion, expert panels, modeling, and technical assistance resource review. AD trainings should prepare trainees to successfully visit high prescribers or other identified, target clinicians; deliver selected opioid-related key messages in alignment with the CDC's 2016 guidelines; serve as a free service and a resource for these clinicians; acquire information to ascertain clinicians' knowledge, attitudes, and awareness of best practices; serve as an ongoing point of contact and make repeat visits over time, including sending additional resources and information via e-mail.

Learning Objectives for a 2-day course in Academic Detailing Techniques for Opioid Crisis Interventions:

- ✓ Providing a foundational history of academic detailing as well as the reasoning behind its adaptability and fit for use as a strategy for the opioid crisis, especially as part of multifactorial, community-based interventions;
- ✓ Conveying the importance of academic detailing as a flexible strategy to improve vulnerable communities' clinicians in opioid prescribing, referral to treatment for opioid use disorder, and general patient education about the risks of using opioids;
- ✓ To work in small groups with healthcare professionals from similar and diverse backgrounds to share ideas in a supportive environment under the guidance of clinical expertise in opioid safety.

NaRCAD implements different approaches to role play based on trainees' clinical backgrounds and comfort level with content, as well as adapting messaging based on training teams' reporting of local context. Based on any trainee's jurisdictional challenges, facilitators in AD trainings will reflect realistic challenges in order to best prepare trainees to have maximum impact in working with providers during 1:1 visits.

Other Considerations for Training Adaptation on Opioid Safety within Local Communities:

- Community stigma and its specific manifestations
- Local resources available or lacking
- Other concurrent interventions, including those related to supporting vulnerable populations through various initiatives such as transportation access, harm reduction, and access to care
- Geographic challenges, including terrain and transportation
- Treatment availability and options within the community
- Clinic features, including size, ease in scheduling/access, availability of clinicians.

PREDICTORS OF PROGRAM IMPLEMENTATION SUCCESS & CHALLENGE

When implementing an academic detailing intervention, particularly as part of a multifactorial, community-level intervention in response to an identified public health crisis, various factors should be examined to predict both successes as well as barriers to success.

Figure 11. Factors Informing Successful Detailing Implementation

DOMAIN	KEY CHARACTERISTICS
HEALTH DEPARTMENT LEADERSHIP	Prioritization/time commitment Recruitment of detailers Engagement of stakeholders
LOCAL INTEGRATION AND NETWORK	Connections to hospital/practice systems Linkages to relevant clinicians Identification of potential problems
TRAINEE SKILLS AND EXPERIENCE	Pace of skills acquisition Comfort with communication/education Ability to engage with clinicians
COMMUNICATION AND LEARNING	Engagement with external resources Peer-to-peer feedback and support Adoption of successful strategies Troubleshooting challenges
HEALTH DEPARTMENT LEADERSHIP	Prioritization/time commitment Recruitment of detailers Engagement of stakeholders

Figure 12. Analysis of Characteristics resulting in Successes and Barriers to Success

KEY CHARACTERISTIC	SUCCESSES IF CHARACTERISTIC EXISTS	CHALLENGES IF CHARACTERISTIC LACKING
STRONG LEADERSHIP <i>within the local health department</i>	Building stronger teams via excellent recruitment and consistent involvement	Less effective recruiting decisions + less connected teams
PRE-EXISTING CONNECTIONS <i>to health-care providers, systems, and networks in the local community</i>	More efficient implementation, stronger buy-in from community	Harder to gain initial access for visits or buy-in from community
BALANCED TRAINEE SKILL SET <i>(clinical knowledge + excellent communication skills)</i>	Able to be flexible and more effective in connecting with clinicians	Harder to answer specific questions or determine how to support clinicians
REGULAR TEAM COMMUNICATION <i>between team detailers & NaRCAD</i>	Understanding of individual roles, increased group morale and support	Gaps between visits and support, isolated detailers
ONGOING LEARNING OPPORTUNITIES <i>via peer-to-peer networking & clinical content refreshers</i>	Chances to share successes and request assistance with challenges; increased knowledge of clinical info	Less connection to strategies and support; limited knowledge on clinical content updates

POST-TRAINING CONSIDERATIONS:

Considering the Need for Ongoing Technical Support for Detailer Field Visits

Trainees who are trained in the process and technique of academic detailing as a strategy for health improvement can receive technical support of phone, e-mail, and virtual resource support during field work, including AD tools on [NaRCAD'S Learning Center](#) and [Opioid Toolkit](#). For more details and examples of supportive program implementation materials, please see this guide's addendum with selected links to toolkit materials.

Considering Resources, Commitment To Program, and Regular Communication:

Commitment: Field work for any opioid safety AD initiative should entail a minimum commitment **of 2-5 hour per week** to accomplish a minimum of 10 visits (*or 10 total hours minimum*), over the course of the program, which typically lasts for 3-6 months, as determined by the department of health, or as determined by the end of a funding period.

Pre-work and post-visit data: All detailing programs should consider that commitment to an intervention involves much more than 1:1 face time with a clinician. Commitment per visit includes preparation for (and data collection after) a 15-20 minute 1:1 clinical education visit with a frontline prescribing clinician in the county that the detailer is covering as agreed upon in collaboration/partnership with the department of health. Data collection should always include details from the visit, including but not limited to those on the example sheets in this implementation guide.

Regular peer-to-peer calls: Monthly calls between detailers and their program staff should be scheduled during the phase of the project wherein field work is occurring, to have regular opportunities to discuss troubleshooting, trends, and receive peer support. Peer support and building morale and confidence is a key component of an academic detailing intervention's success, as well as providing regular opportunities to talk about the opioid safety-related clinical content and discuss any needs for clinical content refreshers or more in-depth training on particular subareas of opioid safety.

COLLECTING & TRACKING VISIT DATA & CLINICIAN SATISFACTION IN OPIOID SAFETY AD PROGRAM INTERVENTIONS

Sample Tools for Data Collection:

[Form for Logging Practice Visits and Follow-Up](#)

[Large-group Tracking List Sheet & Detailing Visit Targets](#)

[Post-Detailing Session Evaluation Form](#)

Individual Visits: Detailing Session Notes Form

Targeting Clinics: Clinicians who are targeted are often recruited by high prescribing data, or as an effort to reach as many clinicians and clinics/health systems/hospitals in the region each detailer is covering who are struggling with the clinical topic/key messages that are listed below, among others.

Key Messages List:

1. Start Low and Go Slow (includes calculating doses)
2. Use Non-Opioid Treatment
3. Review the PDMP
4. Avoid Concurrent Prescribing
5. Offer Treatment or Referral for OUD (Opioid Use Disorder)

Other Topics:

6. Naloxone
7. Harm Reduction
8. Titration
9. Inherited Patients
10. Other (describe in notes)

		NOTES:
Clinician Name:		
Clinic:		
Visit Occurred:		
Length of Visit:		
General Reception:		
Key Messages Covered:		
Other topics covered		
Commitment and Time Period		
Follow-up visit plans		
Resources Offered		
Resources to send		

ADDENDUM: FREE TOOLS FOR AD OPIOID SAFETY PROGRAM IMPLEMENTATION

PUBLIC HEALTH AD PROGRAMS: OPIOID SAFETY CAMPAIGN MATERIALS

California Department of Public Health | Prescription Drug Overdose Prevention Initiative

Prescribing Guidelines ([PDF](#))

CDC Tapering Pocket Guide ([PDF](#))

Opioid Prescribing and Treatment Resources ([PDF](#))

Prescription Drug Monitoring Program – [CURES](#)

Referral and Treatment Services Locator ([PDF](#))

Related Publications ([PDF](#))

Full Resource Sheet which contains all resources listed above ([PDF](#))

CDC and MBC Guidelines Comparison ([PDF](#))

The New York Department of Health and Mental Hygiene | Opioid Analgesic Campaign

[Letter from the Health Commissioner](#)

[Preventing Misuse of Prescription Opioid Drugs](#)

[Opioid Calculator](#)

[Buprenorphine Pamphlet for Providers](#)

[Naloxone / Harm Reduction Palm Card](#)

[Naloxone Guidelines](#)

The San Francisco Department of Public Health | Opioid Stewardship Campaign

Detailing Brochure: [Prescribing Naloxone to Patients Who Use Opioids](#)

The Rhode Island Department of Public Health | Prescription Drug Overdose Prevention Program

Fact Sheet: [Updated Regulations on Acute Pain Management](#)

Agreement: [Sample Patient - Provider Agreement for Opioid Treatment](#)

Consent: [Sample for Treatment with Opioids for Non-Cancer related Chronic Pain](#)

Evaluation: [Opioid Risk Tool](#)

OTHER SUPPORTS AND TOOLS

- [Interactive State Map of MAT \(Medication-Assisted Treatment\) Providers](#) | SAMHSA
- [Medication-Assisted Treatment \(MAT\) Training 1-pager for MDs](#) | [1-pager for NPs & PAs](#) & [Learning Objectives](#)
- Provider Tool: [Principles for more selective and cautious opioid prescribing](#) | University of Washington Pain Center
- Opioid Risk Calculators: [AMDG Opioid Dose Calculator](#) | [Opioid Risk Tool](#) | University of Washington Pain Center

PATIENT-FACING MATERIALS FOR PROVIDERS

General Resources:

- **Patient Handout:** [Benefits and Risks of Treatment with Opioids](#)
- [Patient Brochure:](#) Safe Use of Opioids
- [Patient Tear-off Sheet:](#) Non-Opioid "Prescription" for Pain Care

Take Charge Ohio Initiative (*examples of patient-facing material design*):

- **Patient 1-Pager:** [Risks of Opioids](#)
- **Patient Brochure:** [Overview of Initiative with Opioid Use Statistics](#)
- [Patient and Clinician Safe Prescribing Plan](#)
- **Public Flier:** [Knowing When Someone is at Risk](#)
- **Public Posters:** [Safe Storage and Handling of Opioids](#) | [Non-Opioid Treatment](#) | [Pain is Part of the Healing Process](#)