

NaRCAD'S Data Collection & Tracking Quick Reference Guide

OVERVIEW: There are several stages of data collection and tracking during an academic detailing (AD) intervention. Before you start, you need to collect and review existing data to assess the gap in care you want your detailing project to address. When you choose the outcome you'll be measuring, you should make sure that it is clearly related to the detailing intervention you're implementing. The detailing visit tracking data that you collect should provide as accurate as possible a measure of the outcome(s) you have chosen. Once the detailing intervention is complete, it's important to look at all the data you've used across the project period. This process is explained in more detail below.

I. COLLECTING AND REVIEWING DATA TO DETERMINE THE GAP IN CARE

You should assess potential data sources and methods for program evaluation early in your program planning, even before you are ready to implement any intervention. It's important to think about the cost and accessibility of different data sources before you get started on your evaluation. First, determine what level of data you need (e.g., *local, state, or national data*) and then consider how you will obtain that data. This initial data will help you determine the gap in care that you want your detailing intervention to target. In addition to making the case for your intervention with stakeholders, you can use this data to inform your evaluation efforts down the road.

DATA CAN INCLUDE:

- ✓ **Patient clinical outcomes** (e.g., *what actually happens to their health?*)
- ✓ **Patient process outcomes** (e.g., *what care do they get?*)
- ✓ **Previous detailing intervention data**

DATA CAN BE OBTAINED FROM:

- ✓ **Local or state health departments**
- ✓ **Centers for Disease Control and Prevention**
- ✓ **Prescription Drug Monitoring Programs (PDMP)** (*if evaluating controlled substance prescribing*)
- ✓ **Insurance companies** (e.g., *claims data*)
- ✓ **Surveys from previous detailing interventions** (e.g., *satisfaction surveys, change in knowledge surveys*)
- ✓ **Tracking data from previous detailing interventions** (e.g., *number of clinicians visited, location of clinics visited, detailing topics covered*)

CONSIDER AND INVESTIGATE THE FOLLOWING:

- ✓ **What do your existing local data resources cost/ are free data available?**
- ✓ **What would it cost you to gather data yourself** (e.g., *an environmental scan or a community needs assessment*)?

- ✓ **Are there data that aren't available right now for your pre-intervention planning that you would want when you are doing your program evaluation?**

II. LOOKING AT DATA QUALITY

Consider all the potential sources of data that might be available to you and assess the quality of the data. Understand that the primary purpose for which the data were originally collected will drive which elements are recorded rigorously and which are not (e.g., *if there is a regulatory mandate for data, like the Prescription Drug Monitoring Program, then the elements that are mandated will be accurate and other elements may not be as accurate*).

III. PREDICTING CHALLENGES

Use your evaluation preparation time to identify possible problems in your potential data sources by asking these types of questions:

- ✓ **What kind of problems might there be in data collection that would skew your analyses?**
- ✓ **How would you identify those problems?**

Remember that there will be limitations in every data source that you use. For example, if you're using electronic health record (EHR) medication data, you want to be aware that it will show you a prescription that was written for a patient, but it won't show you whether that prescription was filled by the patient. Similarly, if you're looking at referrals to harm reduction services, you won't know whether a patient went to that referral. In some situations, you'll be able to use multiple data sources as a way to check for accuracy (e.g., *filled prescriptions could be in both claims data and PDMP data*). Be aware of data source limitations and prepare for them ahead of time.

IV. DEFINING & MEASURING OUTCOMES

Make sure the outcome you are measuring is clearly related to the detailing intervention you are conducting. Interventions likely address some of your desired outcomes, but few interventions address all of them. Without planning and forethought, you risk putting effort and resources into measuring an outcome that you can't control or change.

When choosing outcomes, you should assess the available data and data quality. You should recognize that not every beneficial outcome can be easily quantified. Consider when proxy outcomes are reasonable and be realistic by defining outcomes that you can measure accurately. Refer to NaRCAD's **EVALUATION QUICK REFERENCE GUIDE** to learn more.

V. COLLECTING DETAILING INTERVENTION DATA

Your targeted outcomes for evaluation should guide your collection of data during your detailing intervention. Intervention data can include:

DEMOGRAPHIC DATA

- ✓ *Name of clinician*
- ✓ *Clinical site and type of practice*
- ✓ *Address*
- ✓ *Email*
- ✓ *Phone number*
- ✓ *Date of contact*

DETAILING VISIT DATA

- ✓ *Method of outreach*
- ✓ *Length of visit*
- ✓ *Key messages covered*
- ✓ *Barriers*
- ✓ *Commitment to behavior change*
- ✓ *Follow-up visits*

CLINICIAN SELF REFLECTION AND SATISFACTION DATA

- ✓ *Knowledge, attitudes, and beliefs of the clinician being detailed*
- ✓ *Clinician satisfaction with the detailing visit*

You'll also want to consider how your team will track the above data. Many AD programs use a Word document or Excel spreadsheet to track demographic and visit data, while other programs use automated platforms such as, [Salesforce](#), [REDCap](#), and [Smartsheet](#). To collect clinician data, programs often create surveys using [Google Forms](#), [Survey Monkey](#), or [Qualtrics](#). There are several examples of data tracking documents and surveys on NaRCAD's **EVALUATION TOOLKIT**.

VI. EVALUATING PROGRAM IMPACT

When evaluating your program impact, you'll want to review and re-assess the data you collected to identify the gap in care in **SECTION 1** (e.g., *the number of PrEP prescriptions in your jurisdiction before the detailing intervention*) and the visit tracking data in **SECTION 5** (e.g., *the clinician's commitment to prescribing more PrEP*). You'll then want to gather updated data from **SECTION 1** (e.g., *the number of PrEP prescriptions in your jurisdiction after the detailing intervention*) and see if the data you collected in **SECTION 5** correlates with that. If there isn't a correlation, spend time thinking about why there isn't and the limitations that may exist in your data or your detailing intervention.

Please reach out to the NaRCAD team at narcad@bmc.org with additional data collection and tracking questions.