



**VIRTUAL EDUCATIONAL MATERIALS:
ADAPTING TOOLS FOR OPTIMAL ENGAGEMENT**

Tuesday, June 30th, 2020, 2:00 P.M. – 3:15 P.M. EST

National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [DoPE]
Brigham and Women's Hospital | Harvard Medical School

Webinar Goals:

- ✓ Considering clinicians' learning styles and needs during e-visits
- ✓ The role e-materials to encourage learning and behavior change
- ✓ Making materials accessible and interactive; practicing use
- ✓ Discussion/Q+A Session
- ✓ 30-60 second survey—tell us how we're doing & what you need.

Take a minute to change your chatbox settings.



To: All panelists v

Your All panelists

All panelists and attendees

Recording

Enter Full Screen

Zoom Webinar Chat



NaRCAD Technical Assistance

To: All panelists ▾

Your

- ✓ All panelists
- All panelists and attendees

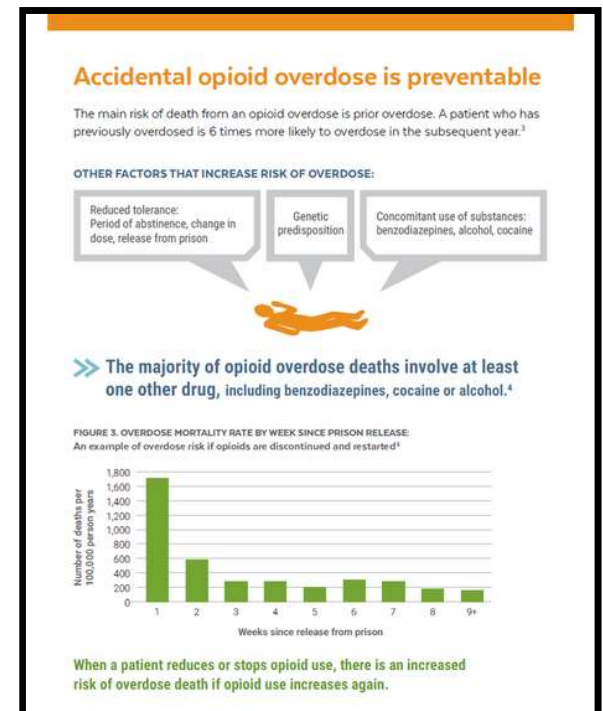
During the session, type your questions into the Q+A box.



e-Detailing materials are:

Visual aids that support a tailored, interactive conversation.

- ✓ Brochures or Detailing Aids
- ✓ Reference cards or “pocket cards”
- ✓ Risk calculators
- ✓ Checklists or other office tools
- ✓ Any patient-facing tools that clinicians can use
- ✓ Links to campaigns and other toolkits



Strong, well-designed materials:

- ✓ **Clarify** complex information
- ✓ **Customize** a visit to meet the needs of a clinician
- ✓ **Engage** clinicians in the conversation
- ✓ **Support**, but not replace, the conversation

e-detailing: 2 types of Needs Assessment

After your introduction, you typically ask open-ended questions to ascertain clinician needs around:

- Their practice in general
- The particular clinical topic you're detailing on.

Traditional needs assessment about clinical realities:

- ***“Tell me about your last visit with a patient with chronic pain.”***
- ***“What would you say is the top challenge you're having when you're supporting your patients with best practices in sexual health and HIV prevention?”***
- ***“What tools do you wish you had when you're taking care of your patients with diabetes?”***

e-detailing: 2 types of Needs Assessment

For e-detailing, you'll start with this:

Learning style needs assessment about preferred engagement style:

- *“How comfortable are you with Zoom on a scale of 1-10?”*
- *“How has COVID-19 impacted your practice?”*
- *“Have do you feel about online learning? What do you like best or least?”*
- *“Are you more of a visual learner, auditory learner, hands-on learner? Other?”*

What other questions could you ask?

Adapting materials for online learning

- Work with what you have, or what others have made
- Make simple changes—don't reinvent the wheel
- Ask for support from those who are tech-savvy or have graphic design experience
- Invest in time for tutorials on free graphics programs like Piktochart or Canva
- Don't have campaign materials yet?





Search



National Resource Center for Academic Detailing [NaRCAD] 857.307.3801



ABOUT

LEARNING CENTER

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Learn how to make evidence engaging, accessible, and relevant to frontline care.

To search by clinical topic, please visit [The Detailing Directory](#).

PROVIDERS CAN HELP PREVENT HIV IN COLORADO BY PRESCRIBING PrEP.

PROUD
~~TO BE~~
PrEPped

WHAT IS PrEP?

- PrEP is a once-daily pill that can help prevent HIV transmission for people who are HIV negative.
- PrEP is safe. Few adverse effects have been observed.
- PrEP was FDA approved in 2012 as the fixed-dose antiretroviral medication Truvada®.

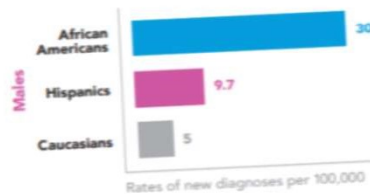
PrEP can reduce the risk of HIV by more than **90%**!

WHO MAY BENEFIT FROM PrEP?

- Men who have sex with men (MSM)
- Anyone with a partner with or at risk for HIV
- Transgender individuals
- People who inject drugs

HIV DISPARITIES AND PrEP: YOU CAN MAKE A DIFFERENCE!

African Americans and Hispanics in Colorado are at disproportionate risk for HIV!



Though they comprise 12% of the U.S. population, African Americans accounted for 45% of HIV diagnoses in 2015. Nationwide pharmacy data show that only 10% of PrEP prescriptions are written for African Americans.

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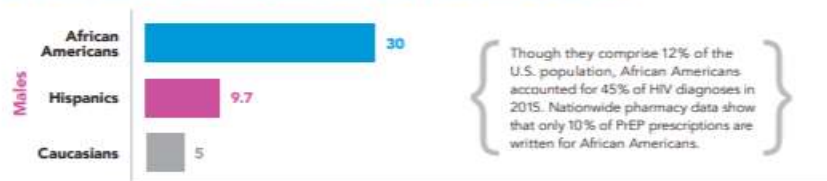
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Rates of new diagnoses per 100,000

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KEY MESSAGES

- Take a thorough sexual history once a year on all patients.
- Test for STIs, including extra-genital testing when indicated.
- Talk about PrEP as one method for preventing HIV.
- Test for HIV. Only begin PrEP after confirming patient is HIV negative.
- Follow up with patients on PrEP every 3 months for HIV/STI testing and PrEP prescription refill.

SEXUAL HISTORY

- Partners: Do you have sex with men, women or both?
- Practices: In the past year, what type(s) of sex have you had: vaginal, oral, anal receptive, anal insertive?
- Protection from STIs: What methods do you use to prevent STIs (STDs)? If you use condoms, how often?
- Past history of STIs: Have you ever had an STI?
- Pregnancy: Are you trying to conceive or father a child? Are you trying to avoid pregnancy?
- PrEP: Do you think a daily pill for HIV prevention would improve your sexual health?

BASELINE ASSESSMENT

(PrEP PRESCRIBED WITHIN 7 DAYS OF DOCUMENTED NEGATIVE HIV TEST)

- | | |
|---|---|
| <input type="checkbox"/> Screen for symptoms of acute HIV (fever, fatigue, myalgia/arthritis, rash, headache, pharyngitis, cervical adenopathy, night sweats, diarrhea) | <input type="checkbox"/> Serum creatinine (contraindicated if CrCl<60 ml/min) |
| <input type="checkbox"/> HIV test: 4 th generation Ag/Ab preferred; 3 rd generation if 4 th not available (plus HIV viral load if concern for acute HIV) | <input type="checkbox"/> Pregnancy test* |
| <input type="checkbox"/> STI screening: gonorrhea & Chlamydia NAAT (urine or vagina, rectum, pharynx), syphilis screen. Rectal swabs can be self-collected. | <input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg)* |
| | <input type="checkbox"/> Hepatitis C Antibody* |

*Not a contraindication, but follow-up indicated if positive

FOLLOW-UP ASSESSMENT EVERY 3 MONTHS

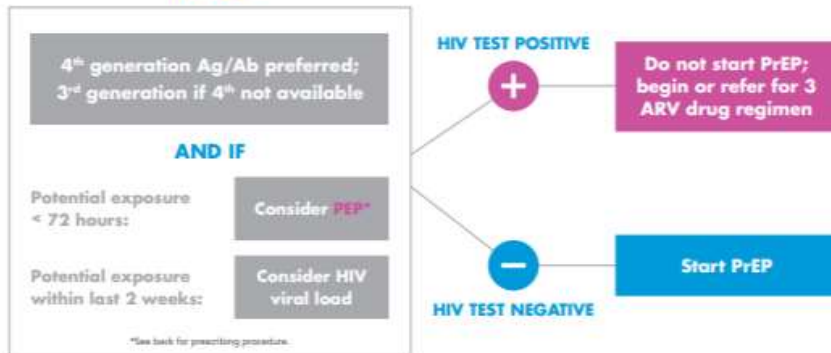
- | | |
|---|--|
| <input type="checkbox"/> HIV test | <input type="checkbox"/> STI screening |
| <input type="checkbox"/> Screen for symptoms of acute HIV | |

OTHER

- | | |
|--|---|
| <input type="checkbox"/> Serum creatinine, every 6 months | <input type="checkbox"/> Pregnancy test, as appropriate |
| <input type="checkbox"/> Hepatitis C Antibody, every 12 months | |

TESTING FOR HIV AND PRESCRIBING PrEP

HIV TEST:



PRESCRIBING PrEP

Truvada[®] 200/300mg

(emtricitabine 200mg/tenofovir disoproxil fumarate 300mg)

1 tablet PO daily, 30-day supply with 2 refills (after negative HIV test)

ICD-10: Z20.6 Contact with and (suspected) exposure to human immunodeficiency virus

PATIENT COUNSELING

- **Daily dosing** is recommended, though imperfect, yet regular, adherence can still provide significant protection for men who have sex with men. Intermittent dosing is not currently recommended.⁴
- PrEP reaches maximum protection **in blood** after approximately 20 days of daily oral dosing, **in rectal tissue** at approximately 7 days and **in cervicovaginal tissues** at approximately 20 days.
- **Combining prevention strategies**, such as condoms plus PrEP, provides the greatest protection from HIV and other STIs. Reinforce the need for HIV and STI testing **every 3 months** for optimal sexual health.
- Identify and address barriers to **medication adherence**.

SIDE EFFECTS AND POTENTIAL RISKS⁵

- PrEP is generally well-tolerated. About 10% of patients experience **nausea and fatigue** in the 1st month of treatment. This typically resolves after 3–4 weeks.
- Decline in **renal function**: consider more frequent monitoring in patients with risk factors for kidney disease.
- Decrease in **bone mineral density**: caution in those with osteoporosis or history of pathologic fracture. Consider baseline DXA for patients with history of or at risk for osteoporosis.

WHAT IF MY PATIENT HAS A POSITIVE HIV TEST ON PrEP?

- Discontinue PrEP immediately to avoid potential development of HIV drug resistance.
- Determine the last time PrEP was taken and recent pattern of taking PrEP.
- Ensure establishment with HIV primary care for prompt initiation of a fully active ARV treatment regimen and counseling/support services.
- Report new HIV diagnosis to Colorado Department of Public Health & Environment: 303-692-2694.

PrEP IS AFFORDABLE IN COLORADO

Health First Colorado (Colorado's Medicaid Program) and most insurance plans pay for PrEP.

Additional assistance is available through:

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- Patient Advocate Foundation (<400% FPL), copays.org
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PRESCRIBING POST-EXPOSURE PROPHYLAXIS (PEP)

Three antiretroviral drugs are recommended for PEP regimen:

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OR

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- Potential HIV exposure within past 72 hours and patient has not taken PrEP for past 7 days
- Provide 28-day supply of PEP, and then transition to only PrEP

RESOURCES

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REFERENCES

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TO BE
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What did we see?

Which elements are key to include?

- Current, relevant data/statistics
- Charts and graphs
- “Myths vs. facts”
- Images to convey relationships
- Action-based key messages!
- “How to” implement those messages.
- Algorithms
- References
- Contact information
- Links to additional content
- Tools and resources
- Logos, other sources of information or funder sponsorship

Tips & Reminders: Content & Design

- **Sharing data: Less is more.**
 - Don't overwhelm with too many statistics.
 - More can always be shared.
- **Ask yourself:**
 - How can I illustrate the issue with the most direct content? (*E.g. best stats*)
 - How can I encourage interactivity? (*E.g. use of linked risk calculators.*)
- **Word economy.**
 - Real estate is precious, but overloading will overwhelm with too many words.
- **Break up the text with images.**
 - Choose compelling images that illustrate your message.
 - Consider diversity and reality to break stereotypes. (*E.g. stock images.*)
 - Check royalty information!

Tips & Reminders: Test your content!

- **Field test with others!**

- Colleagues within your program
- Other clinicians/healthcare professionals
- Share with external contacts for fresh eyes

- **Ask field testers:**

- “Is this clear? Why or why not?”
- “Is it engaging? Why or why not?”
- “What’s missing?”
- “What would you change?”

- **Practice!**

- Do a ‘live’ practice run to see how well-prepared you are to toggle between content pieces.
- Pause to make notes as you go.
- Practice until you’re comfortable enough, yet able to think on your feet.
- Record and playback.
- Play around with your platform on your own.

Tips & Reminders: Access, Sharing, Follow-up

- Have a **follow-up e-mail** ready to go.
 - *Write the commitment and agreed-upon follow up time in the e-mail.*
 - *Send your e-mail immediately after the visit.*
- **Share attachments** of detailing aids & other materials discussed or requested.
- Share links **via chatbox and e-mail** for easy forwarding to clinicians' colleagues.
- Include **links in your e-mail to scheduling** apps or websites that colleagues can use to set up a visit with you.

Revisiting our example:

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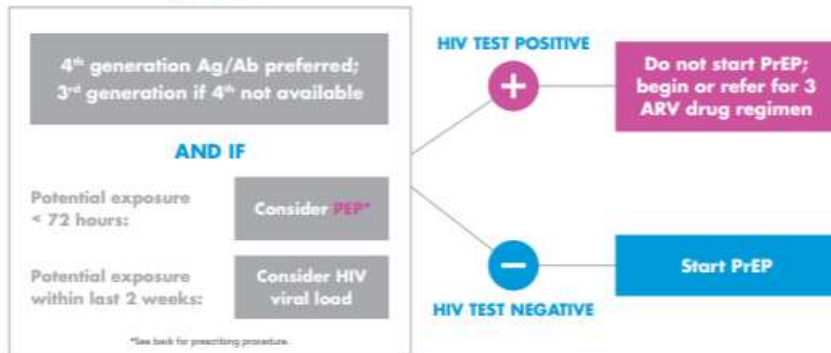
Race	Rates of new diagnoses per 100,000
African Americans	30
Hispanics	9.7
Caucasians	5

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COLORADO
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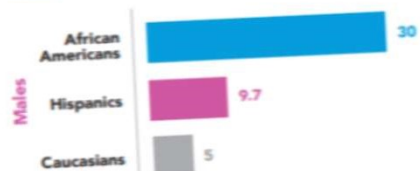
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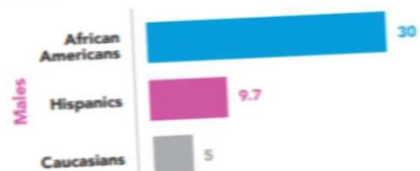
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Some tools will be easier to adapt than others

Example: Patient-facing “Rx” pad for pain care

PATIENT'S NAME: _____ DATE: _____

PAIN PRESCRIPTION

R.I.C.E.

- Rest:** Avoid activities that cause pain or discomfort, or increase swelling.
- Ice:** Apply ice or cold compress for 15 minutes, repeating every 2-3 hours.
- Compression:** Wrap affected area or use supportive device.
- Elevation:** Elevate the affected area above your heart, especially when lying down.

Available over the counter:

- Ibuprofen (generics, Advil, Motrin):** 400mg (two 200mg tablets), every 4-6 hours, as needed for pain or swelling
- Naproxen (generics, Aleve):** 220mg every 12 hours, as needed for pain or swelling
- Acetaminophen (generics, Tylenol):** 325-650mg, every 4-6 hours as needed for pain (do not exceed 4,000 mg in a day; or 3,000 mg if over 65)

CLINICIAN SIGNATURE: _____

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CLINICIAN SIGNATURE: _____

What you should know about opioid pain medicines

Most patients will not need an opioid prescription for short-term pain.

Using an opioid in the short term:

- increases your risk of falls and fracture
- may cause confusion
- may cause side effects (constipation, tiredness, nausea, feeling itchy)

If an opioid is needed, it should only be used for a short time.

Stop taking opioids as soon as possible.

Discard any unused tablets or pills:

- flush down the toilet
- throw in the trash after mixing pills with used coffee grounds or kitty litter



Balanced information for better care

PATIENT'S NAME: _____ DATE: _____

PAIN PRESCRIPTION

R.I.C.E.

- Rest:** Avoid activities that cause pain or discomfort, or increase swelling.
- Ice:** Apply ice or cold compress for 15 minutes, repeating every 2-3 hours.
- Compression:** Wrap affected area or use supportive device.
- Elevation:** Elevate the affected area above your heart, especially when lying down.

Available over the counter:

- Ibuprofen (generics, Advil, Motrin):** 400mg (two 200mg tablets), every 4-6 hours, as needed for pain or swelling
- OR**
- Naproxen (generics, Aleve):** 220mg every 12 hours, as needed for pain or swelling
- Acetaminophen (generics, Tylenol):** 325-650mg, every 4-6 hours as needed for pain (do not exceed 4,000 mg in a day; or 3,000 mg if over 65)

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Balanced information for better care

Practice is critical to success.

You'll need to practice **more** than you would for an in-person visit.

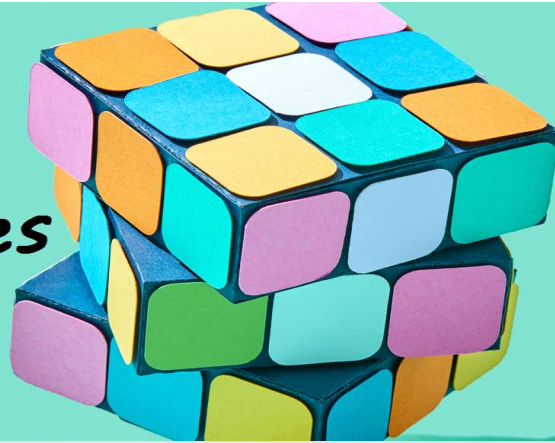
- Poor familiarity with materials can undermine your credibility
- Don't overly rely on materials to tell the story
- High potential of turning interactive conversation into a didactic presentation/lecture.
- Practice pausing and asking questions early and often
- Being ready to refer to evidence that supports each key message

To remember:

- It will take time to adapt prior materials, and/or build new ones.
- As with in-person visits, **every visit will be different**
- Mastery is about **being present and being able to pivot** vs. knowing all the answers
- **Strong follow-up** is even more critical to maintain the relationship and offer support in implementing change
- Clinicians are doing more and more **telehealth visits themselves**.
 - *Many understand the challenges of conveying information across this medium.*
- A **successful e-visit outcome might look different** than an in-person visit.
 - *Getting through the material and setting up a follow-up visit is a success.*
 - *It may take longer to build the relationship this way—have patience.*



Challenges



OPPORTUNITIES

**SHARE
YOUR
EXPERIENCE**





Please type your questions into the Zoom Q + A box.

We'll try to get to all of your questions, and we will post those we can't get to on our COP Discussion Forum.



Sneak peek: July Roundtables!

Registration Now Open

July e-Detailing Community of Practice Roundtables

"Adapting Educational Materials for e-Detailing"

July 22nd, 2020, 11:00AM-12:00PM EST (Morning Session)

July 22nd, 2020, 2:00PM-3:00PM EST (Afternoon Session)



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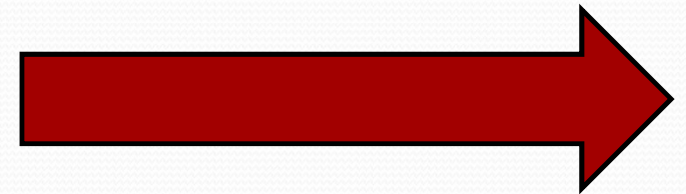
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- **1-hour peer discussions**
- Chat with **4-5 national and global peers**
- **Haven't registered yet?**
Sign up via link in chatbox!



Please take our 30-60 second survey!

Tell us what worked and what didn't on today's webinar.





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