

Academic Detailing at Kaiser Permanente Northern California

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Who we are

- Fully integrated health care delivery system in Northern California
- Mutually exclusive partnership between multi-specialty self-managed, self governed medical group (8000 physicians) and not-for-profit health plan
- Electronic health record (KP HealthConnect) with essentially 100% e-prescribing and capacity for data retrieval for QI and drug-use-management activities
- Partnership of equals between Pharmacy organization and physicians

Our approach to physician education

- Comprehensive
- Multiple interventions
 - Multiple times
 - Multiple formats
- Address knowledge and skill gaps
- Address process improvement
- Education not enforcement, with goal of commitment, not compliance

Types of interventions

- Didactic sessions
- Hands on workshops
- Videoconferences
- Enduring materials (print, web based, DVD)
- Individual feedback
- Academic detailing
- Reminders
- Patient education materials

They don't know they should

- Clearly stated clinical priorities
 - Referral systems
 - Charting tools
- Communication materials
 - Presentations
- Educational programs

Don't believe the change applies to them

- 1:1 conversation with peer or DEC
 - Chief communication
 - Data

Operations don't support the change

- Referral forms
- Access/Capacity

Barriers to physician change

Patient Demand

- MD/Pt Communication tips
- Health Education materials
- Call Center communication

Need new skills

- Skill training
- Learning resources

Don't believe they should

- Influence of opinion leaders
- Chief communication
- Widespread evidence messages

They can't remember to make the change

- Data prompts
- PIMs prompts
- DEC reminders
- Consult conversation

Academic Detailing Training

- Started in 2002
- Trained hundreds of physicians and pharmacists
- 1-3 day training sessions
- Yearly updates
- Major expense was participant time, covered by organization

Context of academic detailing interventions

- Used for prescribing, referrals, imaging
- Recommendations based on evidence (including evidence of comparative effectiveness)
- Internal and external benchmarks
- Internal sharing of unblinded performance data with individual physicians for more than a decade
- Mostly done by pharmacists and physicians
- Occurs in the context of established & trusted relationship between physician and “detailer”

Outcomes

- Participants were fully engaged
- Participants felt significantly more confident in these skills after the course
- 68% reported having 3 or more face to face conversations
- Anecdotaly was successful in changing behavior

Group Academic Detailing

- Study funded by AHRQ
- Evaluated specific lab ordering, 14 primary care teams, 120 physicians
- Treatment teams met as groups with a trained facilitator to develop process to improve lab ordering
- Physicians liked participating: treatment teams improvement was twice that of control teams

Conclusions

- In an integrated system, multiple interventions can and should be used to facilitate change
- Academic detailing is an effective, though resource intensive, part of a comprehensive approach
- Academic detailing requires skills which physicians may not have, but can easily learn