

Why Academic Detailing?

Academic detailing is an educational process which incorporates many of the promotional techniques used by pharmaceutical company sales representatives.¹ Academic detailing involves educational outreach through a personal visit by a trained person to health professionals in their own settings.² As described by Soumerai, the key components of academic detailing interventions include: (1) Investigating the baseline knowledge and motivations for clinical behavior patterns and potential barriers to behavior change, (2) Defining clear educational and behavioral objectives, (3) Establishing credibility through a respected organizational identity, (4) Referencing authoritative and unbiased sources of information and presenting both sides of controversial issues, (5) Stimulating active participation in educational interactions, (6) Using concise graphic educational materials, (7) Highlighting and repeating the essential messages, and (8) Providing positive reinforcement of improved practices in follow-up visits.¹ Successful academic detailing programs are developed as tailored interventions to overcome barriers to behavior change using simple messages, and are delivered by a respected colleague.³

Research suggests that traditional methods of education, such as didactic, lecture-based continuing medical education (CME) sessions, have little to no effect on the behavior of health professionals.^{3,4,5} Other educational strategies such as audit and feedback, provider incentives, and administrative regulations have been found to have only variable effectiveness.⁵ However, academic detailing has consistently demonstrated effectiveness at promoting behavioral change among health care professionals in a variety of clinical decision-making areas, including blood transfusion practice⁶, antibiotic utilization⁷ and managing psychiatric disorders.⁸ (Soumerai, 1998)^{1,2,3,5} Interestingly, a 2007 review of the literature found that academic detailing is less effective at its initial application, changing

physician prescribing practices, than at changing other types of practice, such as providing screening tests.²

More specifically to the population targeted by the EPIC program, educational outreach has been demonstrated to be an effective method of changing the behavior of pediatric primary care providers in several clinical areas. In collaboration with the Connecticut's Children's Trust Fund and its Help Me Grow program, CHDI supported the dissemination of a presentation on developmental surveillance and screening to 150 child health practices in 2004. Follow up chart audits showed that twice as many children were identified as at risk for developmental delay after practices had the presentation, and twice as many children were identified in practices that had the presentation compared with practices that did not.⁹ Another study from Connecticut showed improvements asthma management and outcomes following practice participation in office-based education.¹⁰ Schechter showed that teaching practice staff pain management techniques to ease children's discomfort with immunizations was effective as reported by families' subsequent reports of pain associated with their children's immunizations.¹¹ Gaines found that physicians receiving educational outreach visits about developmental coordination disorder (DCD) significantly improved their knowledge about DCD and their ability to identify and diagnose children with this condition.¹²

¹ Soumerai SB, Avorn J. Principles of educational outreach ('academic detailing') to improve clinical decision making. *JAMA*.1990;263(4):549-56.

² O'Brien MA, et. Al. Educational outreach visits: effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews* 2007, Issue 4. Art. No.: CD000409. DOI: 10.1002/14651858.CD000409.pub2.

³ Soumerai, S. B.,McLaughlin, T. J. & Avorn, J. (1989) Improving drug prescribing in primary care: a critical analysis of the experimental literature. *Milbank Quarterly*, 67, 268–317.

⁴ Freemantle, N., Harvey, E. L., Wolf, F., Grimshaw, J. M., Grilli, R., & Bero, L. A. (2000). Printed educational materials: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev*(2), CD000172.

⁵ Bain, K. T. (2007). Barriers and strategies to influencing physician behavior. *Am J Med Qual*, 22(1), 5-7.

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- ⁶ Soumerai, S. B., Salem-Schatz, S., Avorn, J., Casteris, C. S., Ross-Degnan, D., & Popovsky, M. A. (1993). A controlled trial of educational outreach to improve blood transfusion practice. *Jama*, *270*(8), 961-966
- ⁷ Finkelstein, J. A., Davis, R. L., Dowell, S. F., Metlay, J. P., Soumerai, S. B., Rifas-Shiman, S. L., et al. (2001). Reducing antibiotic use in children: a randomized trial in 12 practices. *Pediatrics*, *108*(1), 1-7.
- ⁸ Soumerai, S. B. (1998). Principles and uses of academic detailing to improve the management of psychiatric disorders. *Int J Psychiatry Med*, *28*(1), 81-96.
- ⁹ McKay, K. (2006). Evaluating model programs to support dissemination. An evaluation of strengthening the developmental surveillance and referral practices of child health providers. *J Dev Behav Pediatr*, *27*(1 Suppl), S26-29; discussion S34-27, S50-22.
- ¹⁰ Cloutier, M. M., & Wakefield, D. B. (2011) Translation of a pediatric asthma-management program into a community in Connecticut. *Pediatrics*, *127*(1), 11-18.
- ¹¹ Schechter, N. L., Bernstein, B. A., Zempsky, W. T., Bright, N. S., & Willard, A. K. (2010) Educational outreach to reduce immunization pain in office settings. *Pediatrics*, *126*(6), e1514-1521.
- ¹² Gaines, R., Missiuna, C., Egan, M., & McLean, J. (2008). Educational outreach and collaborative care enhances physician's perceived knowledge about Developmental Coordination Disorder. *BMC Health Serv Res*, *8*, 21.