Developing and Managing an Academic Detailing Program for Tobacco Cessation: Question and Answer with the Wisconsin Tobacco Prevention and Control Program (TPCP) and the University of Wisconsin Center for Tobacco Research and Intervention (UW CTRI)

Background and Overview

After the Master Settlement Agreement with the tobacco companies in 1998, the state of Wisconsin's Department of Health Services (DHS) Tobacco Prevention and Control Program (TPCP) funded the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) to put in place two elements of the treatment component of Wisconsin's comprehensive tobacco prevention and control program. The first element was to work with health care providers and systems to integrate evidence-based tobacco cessation into their practice and to make it the standard of care. The second element was to manage the contract for and provision of Wisconsin Tobacco Quit Line services.

As part of a population-based health systems approach to tobacco control, UW-CTRI developed an on-the-ground, statewide academic detailing outreach program to offer education and technical assistance to clinics, hospitals, clinicians, quality improvement staff, insurers, and health care systems to integrate evidence-based tobacco dependence treatment into health care practice. At its peak, the program employed six regionally-based cessation outreach specialists who were hired, trained and managed by UW-CTRI. Because of budget cuts, the outreach training and technical assistance program currently employs four specialists. Outreach Specialists' duties include the following:

- Provide training and technical assistance on evidence-based tobacco dependence treatment and assist with quality improvement and integration of cessation treatment protocols for clinics, hospitals, health care systems, insurers, dental practices, social service agencies, and substance use and mental health programs.
- Promote the Wisconsin Tobacco Quit Line (WTQL) and assist health care systems to refer patients to the quitline as a cessation treatment extender.
- Collaborate with medical and health professionals and UW-CTRI staff to create training guides, fact sheets, videos, and other materials including translation of leading-edge research and best practices into practical, systems-level tobacco dependence treatment.

In the Q&A section below, UW-CTRI program staff respond to questions about the academic detailing outreach program, how it has changed over the years, and their greatest challenges and learnings.

Q: Briefly, how did the idea for the academic detailing outreach program come about?

A: The academic detailing outreach program was developed by reviewing the evidence about what works to increase adherence to clinical practice guidelines and change physician prescribing patterns. Academic detailing originated as a way to educate prescribers and improve physician prescribing behavior, and has been in widespread use for purposes other than improving providers' cessation practices for a number of decades.

Q: Academic detailing program costs typically include personnel, travel, training, and equipment. How did the state allocate funding for the program? How has the state been able to sustain funding for the program over the years?

A: The State Department of Health Services contracted with the UW-CTRI to create a tobacco cessation program. This is done via a renewable 12-month grant agreement based on an approved work plan and budget. Helping health care providers to assist their patients in quitting was the primary strategy, built on the fact that the vast majority of smokers see a health care provider each year. The state allocated funding for this work because supporting health care providers and systems to help their patients quit has a population-based effect on smoking-related illness and death through improved patient health. By helping health care systems identify and document every patient who smokes, and by offering patients an evidence-based cessation intervention, tobacco dependence treatment becomes the standard of care. This academic detailing work is primarily funded through state general revenue dollars that come to the state tobacco control program. Funding from year to year is dependent

on state funding to the Tobacco Prevention and Control Program (TPCP), as well as overall TPCP program needs and priorities. Like many states, the state tobacco control program funding has declined over the years.

Q: What criteria did the state look for in selecting a vendor to run the outreach program?

A: The state looked to UW-CTRI as cessation experts in Wisconsin, and also as the lead agency for and author of the U.S. Public Health Services' Clinical Practice Guideline for Treating Tobacco Use and Dependence. The state wanted an agency with expertise in tobacco cessation evidence, as well as demonstrated experience working with health care providers and translating evidence into health care practice.

Q: What criteria does UW-CTRI use in hiring outreach specialists?

A: The requirements for outreach specialists are a minimum of a bachelor's degree, excellent communication and presentation skills, an ability to work independently, and a passion for the work of changing health care clinician behavior and practice. Experience with health care or health care systems is desirable, but not required. We have candidates give a 3-minute presentation during the interview process so that we can gauge their presentation skills and potential to be an effective trainer.

Q: What sort of training (initial and ongoing) is required for outreach specialists?

A: Newly-hired outreach specialists spend three to six months learning about the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence, as well as the most recent research and clinical advances in tobacco cessation. This includes time spent learning from external experts as well as from UW-CTRI researchers and other UW-CTRI outreach staff. The new outreach specialists also spend time familiarizing themselves with health care contacts (individual clinicians, systems, etc.) in the region of the state they will be serving. Finally, they spend time learning about our outreach contacts database (similar to a Customer Relationship Management or CRM system). Each outreach specialist documents their work and their contacts with clinicians and health systems in our database, which helps provide a record of our work and continuity should staff turnover occur. At the end of this training and orientation period, the new staff person presents our basic Continuing Medical Education (CME-CE) to a group of UW-CTRI staff and one or two external clinicians. This provides the opportunity for us to examine the staff person's mastery of the subject matter, presentation skills, and readiness to be a trainer.

Q: How many clinics, physician groups, etc. are assigned to each outreach specialist? Is the outreach specialist supposed to approach all clinical groups in their region? Is there a priority to who they approach? What if clinic has multiple settings that cross regions?

A: We divide the state into outreach regions based on population. For example, the outreach staff person working in and around Milwaukee has a region of six counties, based on the population density. The outreach staff member in northern Wisconsin covers 27 counties because that area of the state is much less densely populated. If a clinic or system has sites that cross our outreach regions of the state, outreach staff work collaboratively to meet the training and technical assistance needs.

Outreach staff could potentially work with all the health care systems (outpatient and inpatient), dental practices, mental health, and substance abuse providers in their region. They reach out to all of these providers, and cultivate champions in individual practices as well as health care systems. Our outreach priorities guide where outreach staff spend their time. Those priorities are (in order): outpatient, hospitals, community health centers, mental health and substance abuse providers, and dental practices. We base these priorities on where smokers and tobacco users are most frequently accessing health care services.

To facilitate having a large effect with a small outreach staff, we have also focused our work on professional associations, such as the Pharmacy Society of Wisconsin, the Wisconsin Association of Physician Assistants, the Wisconsin Hospital Association, the Wisconsin Primary Health Care Association (Community Health Centers), the Wisconsin Medical Society, the Wisconsin Dental Association, the Wisconsin Nurses Association, Marquette Dental School, etc. By providing training, technical assistance, and materials (toolkits and fact sheets) through these associations, we can reach a large percentage of providers in the state, which often leads to onsite training and technical assistance follow-up opportunities.

Q: How do outreach specialists engage busy providers in tobacco dependence treatment?

A: We employ a variety of strategies, including the following:

- Working through physicians, nurses, medical assistants, and quality improvement staff.
- Joining health care system tobacco cessation committees and work groups.

- Identifying clinician cessation champions.
- Garnering referrals from clinicians we have worked with (word of mouth).
- Being the go-to source for the latest cessation research and how to apply it in practice.
- Creating practical, how-to resources that are convenient and easy for clinicians to use (fact sheets, videos, manuals).
- Respecting clinician schedules by providing training and technical assistance at times when they do not have patients scheduled (e.g., lunchtime, early morning).
- Providing grand round presentations.
- Showing how to incorporate referral to the state quitline into their practice workflow as a treatment extender.
- Demonstrating how UW-CTRI training and technical assistance can help providers meet health care provider or health system performance measures or quality indicators, such as those associated with Meaningful Use of Electronic Health Records (EHR), Joint Commission hospital accreditation, and other quality improvement initiatives.

Q: How has the program evolved to address the changing landscape of health care?

A: We started with solely training and now provide training and technical assistance. Training is still in our repertoire, but our work now consists largely of technical assistance support to help systems integrate evidence-based tobacco cessation into health care practice, workflow, and systems. This represents a shift from why it is important to identify and treat patients who use tobacco to how to do so. More clinicians understand the well documented adverse health effects of tobacco use, but don't know how to address tobacco use with their patients. We tailor our approach to the interests and needs of the clinicians and systems we work with, and these change over time. For example, we currently tie our cessation education work to how it will help meet Affordable Care Act requirements. We also place increased emphasis on helping systems integrate evidence-based tobacco use identification, treatment, and documentation systems into electronic health records. This includes working with health systems to leverage the completely electronic, closed-loop referral of patients to the state quitline using electronic health records.

Q: How has the focus of Academic Detailing initiatives in WI changed with the advent of electronic health records?

A: Our academic detailing work now includes training and technical assistance to assist clinicians and systems to integrate the evidence-based identification and treatment of patients who use tobacco into their electronic health record and workflow. Outreach staff spend time helping health systems to strategize: staff and clinician roles, including who will ask about tobacco use, who will provide the tobacco cessation intervention with the patient, and will the intervention include a referral to the state tobacco quitline or an internal or community tobacco cessation resource, and how each part of this work will be documented, coded, billed, and reported.

Q: Over the years, what have been the biggest challenges in operating the academic detailing outreach program?

A: Our biggest challenges to date have been the following:

- Maintaining consistent funding in the face of state budget cuts.
- Making the case for the health and economic benefits and return on investment of clinician and health care system change.
- Diversifying program funding sources.
- Championing the value of cessation within a state comprehensive tobacco control program.

Q: What are the primary outcome measures for the program? How do you track or monitor these outcomes?

A: Outcome measures include the following:

- The number of clinicians, health care systems, insurers, etc. reached.
- Results of integration and quality improvement initiatives.
- The number of provider referrals to the state quitline.
- The number of providers identifying, treating, and documenting patients who use tobacco.

Each staff person documents the details of their work in our outreach database. This includes contact information for the people they worked with at a site as well as detailed notes on the training or technical assistance provided and any future work plans for this site. We aggregate information from the database to report on our work to the program funders.

In addition, to measure changes in clinician behavior and health system changes around cessation, we monitor data from the following:

- A statewide HMO quality measure reporting system (http://www.wchq.org/reporting/).
- The Behavioral Risk Factor Surveillance System (BRFSS; WI has added questions about health professional advice).
- The National Cancer Institute (NCI)-sponsored Tobacco Use Supplement to the Current Population Survey (TUS-CPS).
- The CDC National Health Interview Survey.
- The National Ambulatory Medical Care Survey (NAMCS).
- The Office of the National Coordinator for Health Information Technology.
- Other national performance and quality measure reports and surveys.

Q: How does the Academic Detailing initiative measure success (i.e.., what are the performance measures or key outcome measures for this initiative)?

A: Our biggest success has been the significant increase in the integration of the 5A brief intervention model from the Clinical Practice Guideline Treating Tobacco Use and Dependence. By 2005, Wisconsin had surpassed the national median by 28% in the rate that clinicians discuss evidence-based treatment options (counseling and medication) with their patients who smoke. Similarly, 72% of Wisconsin physicians advise their patients who smoke to quit, compared to the national average of 58%. People who smoke in Wisconsin and make a serious attempt to quit increased from 46% in 2003 to 59% in 2008. Finally, the percentage of Wisconsin residents with insurance coverage for tobacco cessation medication went from 68% in 2002 to 88% in 2006. Those with insurance coverage for tobacco cessation counseling increased from 42% in 2002 to 94% in 2006.

Another indicator of the success of our academic detailing has been the shift in recent years by Wisconsin mental health and substance abuse providers. The majority now believe that their patients who smoke can and do want to quit. Nearly 90% now also believe that they have a professional responsibility to assist their patients who smoke with evidence-based tobacco cessation.

Q: What advice would you offer a state that is considering developing an academic detailing program for tobacco cessation?

A: Best practices include the following:

- Identify and meet the needs of the clinicians and systems. To do this, we conduct an assessment of the system's current approach to tobacco identification and intervention with patients who use tobacco, and work with them to make improvements toward the evidence-based standard of care.
- Identify and foster the development of cessation champions within sites and systems.
- Have outreach specialists live in and thereby understand the geographic area they serve enhances the program's credibility.
- Have an affiliation with an academic institution facilitates entrance to some clinicians and systems (Note: UW-CTRI is affiliated with the University of Wisconsin School of Medicine and Public Health).
- Include the state quitline as it is an attractive referral resource for health care providers and systems.
- Provide onsite, in-person service, especially during the relationship-building phase.
- Enhance effectiveness by hiring outreach staff that are outgoing and proactive, with excellent communication skills.