Academic Detailing: Frequently Asked Questions

Q: What is academic detailing?
A: *Academic detailing* is defined as structured visits by trained personnel to health care practices for the purpose of delivering tailored training and technical assistance to health care providers to help them use best practices.[2, 3] It is sometimes called educational outreach, educational detailing, or educational visiting.[1] Academic detailing has typically been delivered face-to-face, but Web-based and other technologies are being explored as alternative channels. Although this document focuses on the use of academic detailing in clinic or hospital settings, it can also be used with health insurers, pharmacies, quality improvement staff, dental practices, mental health and substance abuse providers, and other health care organizations.

Academic detailing has been used across many preventive, acute, and chronic disease care settings to provide education and improve best practices, clinical service delivery, and quality of care.[4-7] The frequency of academic detailing visits may vary from one visit to multiple visits with additional feedback sessions.[8] Academic detailing is typically conducted by trusted, highly trained experts who are often health care providers themselves (e.g., nurses, health educators, respiratory therapists).[7, 9, 10] These experts often build a relationship over time with health systems, helping health care providers and administrators understand how the education and technical assistance provided can address a specific clinical or quality issue. Although they may have trouble "getting in the door" at clinics and hospitals at first, access typically improves once they demonstrate over time that they can provide reliable, evidence-based information that aligns with the goals or objectives of the providers or health systems.

Q: What are the goals of academic detailing in tobacco control?
A: Academic detailing for tobacco control is used to provide education and technical assistance to promote the use of evidence-based best practices to increase screening and treatment for tobacco dependence. These best practices are recommended in the Public Health Service's Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*.[10-12] Academic detailing for tobacco control may include making tobacco interventions part of routine clinical practice. Examples of these interventions include the "5 A's" (Ask, Advise, Assess, Assist, Arrange) or a briefer version such as the 2 A's + 1 R (Ask, Advise, Refer).[11, 13]

Education or technical assistance can be provided to:

- **Change the system of care** to promote routine use of evidence-based interventions for tobacco use identification and cessation so these interventions become the standard of care. Examples of these changes include integrating tobacco dependence treatment into the clinical workflow and adding decision support prompts and messages related to tobacco use identification, intervention, and referral to electronic health records. For more information on system changes related to tobacco cessation, see the following resources:
    - *A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment.*
    - *Healthcare Provider Reminder Systems, Provider Education, and Patient Education.*
    - *Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update*
    - *Addressing Tobacco Use through Healthcare Systems*.
- **Increase clinician referrals to state tobacco quitlines, health systems' own tobacco treatment services, or local tobacco cessation resources** by setting up routine referral systems to cessation resources (e.g., systems that use faxes or electronic health records).[9, 14-16] Specific

education or technical assistance may be needed to help practitioners modify electronic health records or the clinical workflow.

- **Increase the appropriate use of cessation medications.**[1, 17]

Q: How is academic detailing integrated with other tobacco cessation efforts?
A: In practice, academic detailing is typically part of a broader effort to improve tobacco dependence treatment in health systems and to support community-based efforts to increase cessation.[10, 12, 18, 19] This approach includes changing policies within the health system, such as making all facilities and grounds tobacco-free or providing comprehensive health insurance coverage for tobacco cessation treatments. It also includes the use of effective community-based strategies, such as mass media campaigns, higher prices for tobacco products, smoke-free environments, support for quitlines, and support for interventions delivered by cell phone.[19]

Q: What evidence exists to support the use of academic detailing in tobacco control?
A: Academic detailing has not been formally recommended by the Public Health Service's Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*, or *The Guide to Community Preventive Services.* However, this approach has been tested and evaluated in several studies, and the results showed

- Increased adoption and use of the "5 A's."[20-22]
- Increased frequency of tobacco cessation counseling.[17, 23-25]
- Increased use of cessation medications when appropriate.[17]
- Increased use of fax and electronic referrals to quitlines.[9, 10, 12, 14-16 25, 26]

Q: What are the next steps for a state that is interested in implementing academic detailing?
A: State officials who are interested in using this approach can

1. Find out who in their state is already doing academic detailing. Are other public health programs in the state using this approach? Are there people in the state using academic detailing for public health that they could consult and learn from to build a model for tobacco control? What organization(s) are these people connecting with to provide academic detailing? What strategies are they using (e.g., using contractors or state public health nurses)?
2. Reach out to other states that have used this approach for tobacco control to discuss options for getting started.
3. Contact their CDC Project Officer to discuss additional approaches.

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