

Public Health Detailing Institute for High-Impact HIV Prevention

Virtual Institute – March 9-11, 2022
Summary & Evaluation Report

Report drafted by Facente Consulting



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
CENTER FOR LEARNING & INNOVATION

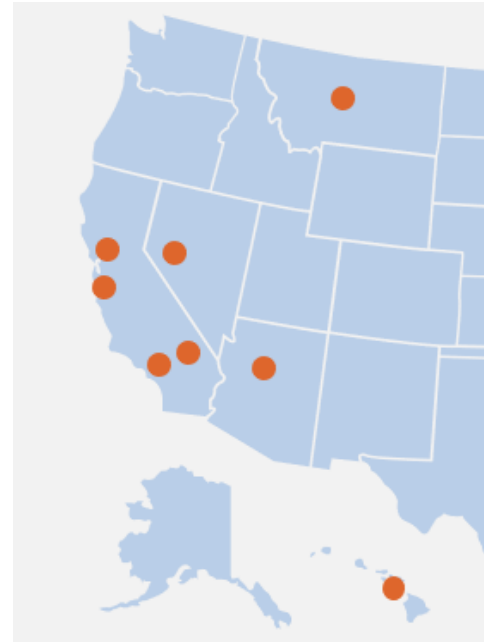


Acknowledgments

The 2022 Public Health Detailing Institute was designed and implemented by several collaborating partners including the Center for Learning and Innovation at the San Francisco Department of Public Health (SFDPH CLI) and the National Resource Center for Academic Detailing (NaRCAD). We thank these collaborators and the nine additional participating health departments, institutions, and agencies, which included:

- Arizona Department of Health
- California Department of Health
- Hawaii Department of Health
- Los Angeles County Department of Health
- San Bernardino County Department of Health
- Santa Clara County Public Health Department
- Southern Nevada Health District
- State of Montana Department of Health
- Virginia Department of Health

Exhibit 1. Map of West Region jurisdictions represented by Detailing Institute participants



Financial Support and Disclaimer

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I. Executive Summary

The Capacity Building Assistance (CBA) Program based at the Center for Learning & Innovation in the San Francisco Department of Public Health (getSFcba) and NaRCAD hosted a fifth annual Public Health Detailing Institute to introduce health departments to the concept and practice of public health detailing. The goal of the Institute was to help participants create responsive detailing programs to support the provision of PrEP (HIV pre-exposure prophylaxis).

In addition to staff and consultants from the host organizations, representatives from the Oregon AIDS Education and Training Center (AETC) served as session experts during the Institute.

The three-day Institute was offered virtually on the Zoom platform on March 8 – 10 (see agenda in Appendix A), with a pre-Institute session on February 15th to introduce participants to the concept of public health detailing. A total of 15

people from 9 health departments and U.S. jurisdictions attended the Institute. Outreach was conducted through the getSFcba and NaRCAD distribution lists, the CBA Provider Network (CPN), CDC contacts, and individual outreach to agencies previously requesting CBA related to detailing.

Participant satisfaction and self-reported impact of the Institute was measured via a daily reflection questionnaire and a post-Institute exit survey. Daily satisfaction was high, with 100% of respondents agreeing or strongly agreeing that they felt satisfied with each day of the Institute. Upon Institute conclusion, all respondents reported that they felt the Institute topics, activities, and materials were useful and relevant to their needs. When asked about the **impact of the Institute**, respondents reported a 53% improvement in **knowledge** of the topics covered; a 76% increase in **intention to use skills** taught in the Institute, and a 110% increase in **confidence** in their ability to perform practices taught in the Institute.

This report summarizes the Institute, including key evaluation findings that will inform the approach to future Public Health Detailing Institutes and the ongoing West Region Public Health Detailing Learning Community.

Exhibit 2. Promotional flyer for the 2022 Detailing Institute

CPN
BUILDING THE CAPACITY
OF THE NATION'S HIV
PREVENTION WORKFORCE

5th Annual Public Health Detailing Institute for High Impact HIV Prevention March 9-11, 2022

Overview: Public Health Detailing is an evidence-based approach to encourage clinical practice change through brief, educational, one-on-one provider visits. To expand PrEP provider capacity, the 2022 Institute will bring together West Region state and local health departments (HDs) preparing to launch or enhance their PrEP Detailing programs. Participants will build their detailing skills and receive customized TA. Special topics include e-Detailing and pharmacy-focused Detailing.

Key Dates

Orientation to Public Health Detailing
January 6, 2022, 11AM-12:30PM PST ([Register for the webinar](#))

Virtual Institute
March 9-11, 2022 [Apply](#)

Target Audience:

- HDs and their affiliated partners from the West Region of the U.S.
- **New programs:** we encourage a program manager and lead detailer participate
- **Established programs:** 1-2 new staff requiring detailing training may apply

Space is limited to 20 participants. Preference will be given to new programs. **Applications are due January 25, 2022;** those accepted will be notified in early February.

For questions about eligibility, please email get.sfcbaf@sfdph.org

Hosted by getSFcba in collaboration with NaRCAD for the West Region

West Regional Technical Assistance

POPULATION HEALTH DIVISION
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We are accredited to provide continuing education units (CEUs) for Registered Nurses (RN), Licensed Marriage and Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC), and Licensed Educational Psychologists (LEP).

This publication was made possible by cooperative agreement P52-0-1504 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Funded by Centers for Disease Control and Prevention

II. Rationale for Detailing Institute

What is Detailing?

Academic detailing uses the effective techniques of pharmaceutical industry “detailing” (brief, educational, one-on-one visits with busy clinicians in the office, a clear “ask” for change in clinical practice, and free tools or resources that promote and facilitate the desired practice change). Additionally, academic detailing utilizes providers or other health experts who may focus their interactions with a smaller number of influential/targeted providers.

Public health detailing is an adaptation of academic detailing, an approach to changing clinicians’ prescribing behavior pioneered by a group at Harvard Medical School in the 1980s¹. In contrast to the pharmaceutical model, public health detailing is designed to help clinicians adopt an evidence-based practice change, rather than prescribe a branded product, with the goal of advancing both individual and population health. Public health detailing may use trained non-clinical professionals to conduct provider visits with a larger volume of providers, focusing on public, as well as individual, health.

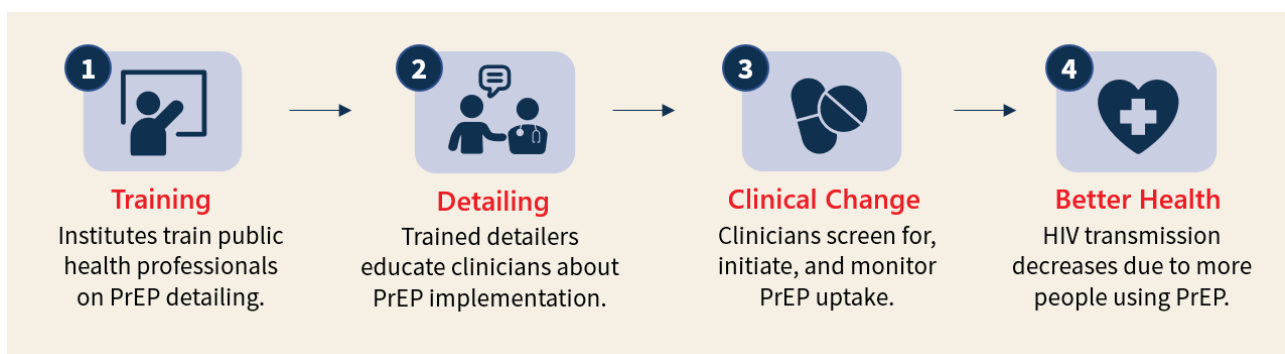
Why Focus on Detailing for PrEP?

Highly effective biomedical HIV prevention is an urgent public health intervention that require clinician involvement and investment. By educating clinicians on PrEP via detailing programs, public health agencies can, conceivably, improve the health of people at risk of HIV, and reduce HIV transmission in their jurisdictions.

PrEP has been shown to be more effective at preventing HIV acquisition (>90% reduction in risk of acquisition²⁻⁷) than any other HIV prevention method besides treating HIV-infected persons with potent antiretroviral therapy, or “TasP (Treatment-as-Prevention)”. To be effective at the population level, PrEP must be offered by a range of clinicians including those providing primary care. Many clinicians not focused on infectious disease or HIV care may need an effective introduction to enable and encourage them to screen, initiate, and monitor patients on PrEP.

Exhibit 3 summarizes how public health detailing for PrEP can result in clinical changes that lead to decreased HIV transmission.

Exhibit 3. Using PrEP detailing to improve HIV-related outcomes.



II. Evaluation Findings

Overview of Evaluation Process

The pre-Institute session was evaluated using a short questionnaire. The Institute itself was evaluated using daily reflection surveys and a post-Institute exit survey to assess the experience of participants and the impact of the Institute on their detailing skills, intentions, and confidence (Exhibit 4).

Ultimately, 9 people completed the pre-Institute evaluation (response rate: 60%), 9 people from six jurisdictions completed the Day 1 reflection (response rate: 60%), 10 people completed the Day 2 reflection (response rate: 67%), and 11 people took the combined Day 3 reflection + post-Institute exit survey (response rate: 73%). Findings are summarized in the following sections.

Exhibit 4. Evaluation approach

1. Short questionnaire to assess pre-Institute session
2. Daily reflection surveys (Day 1, Day 2, Day 3) to obtain feedback on each day of the Institute
3. A Post-Institute exit survey (in combination with the Day 3 daily reflection survey) to assess overall Institute satisfaction and self-reported impact

Findings from the pre-Institute session

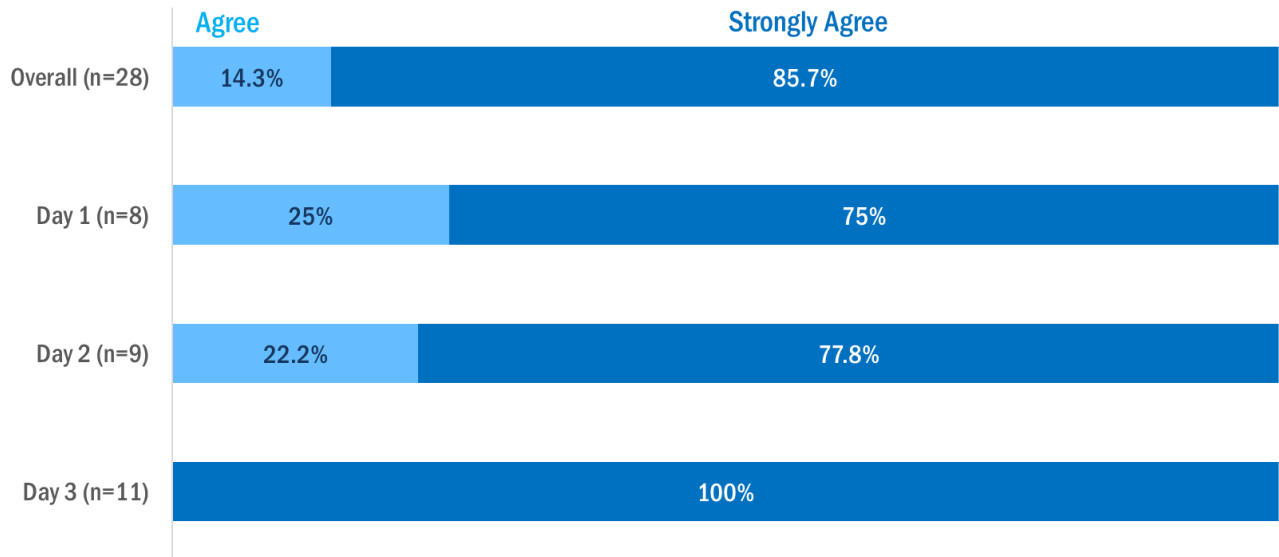
After the pre-Institute session, all respondents (n=9) agreed that the session was useful in introducing them to the upcoming Institute. All respondents (n=9) also agreed that they had a basic understanding of the Public Health Detailing jurisdictional planning document shared at the session. Lastly, all respondents (n=9) agreed that they were looking forward to participating in the upcoming Institute. In open-ended responses, one person shared that they “really enjoyed the presentation and breaking out into smaller groups to work on the case study.”

When asked if they had any concerns or questions about the Institute, one person was concerned about budget and staffing limitations that could reduce motivation for detailing implementation. The same person was interested in learning how to develop a virtual detailing campaign and customize it despite limited resources. Another person was concerned about troubleshooting challenges that pop up during the first few months of implementation.

Daily Satisfaction

When asked about satisfaction with each day of the Institute on a 4-point scale ("Strongly disagree", "Disagree", "Agree", "Strongly agree"), all respondents either agreed or strongly agreed that they felt satisfied, with 85.7% of all responses in strong agreement (Exhibit 5).

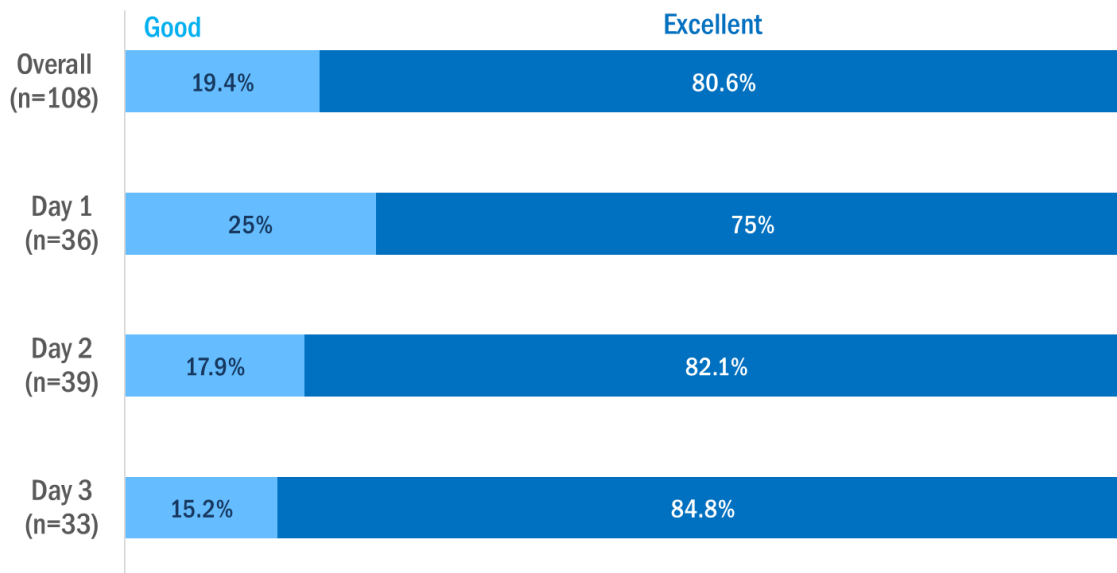
Exhibit 5. Daily satisfaction was high for all three days of the Institute and overall, with all respondents agreeing or strongly agreeing that they felt satisfied. No respondents disagreed or strongly disagreed.



Session Ratings

When asked to rate each day's sessions on a 4-point scale ("poor", "fair", "good", "excellent"), all respondents rated all sessions as "good" or "excellent", with "excellent" making up 80.6% of all responses (Exhibit 6).

Exhibit 6. Session ratings for each day were high, with all sessions rated as "good" or "excellent." No participants rated any sessions as "poor" or "fair".



Length and Flow

All respondents felt that the length and flow of each day of the Institute was about the right amount of length and the right amount of content, for all three days of the Institute (Exhibit 7). One person noted that "it turned out great as a virtual platform." Some participants qualitatively acknowledged the challenge of the virtual format, explaining even though organizers "did the best [they] could in a Zoom environment, that Zoom itself "makes concentration really hard for this length of time." One person asked for more breaks, whereas another wanted more time to process, such as sessions spread out over more days. Another person wanted more presenters to break up "back-to-back" breakout sessions.

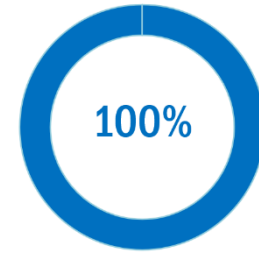
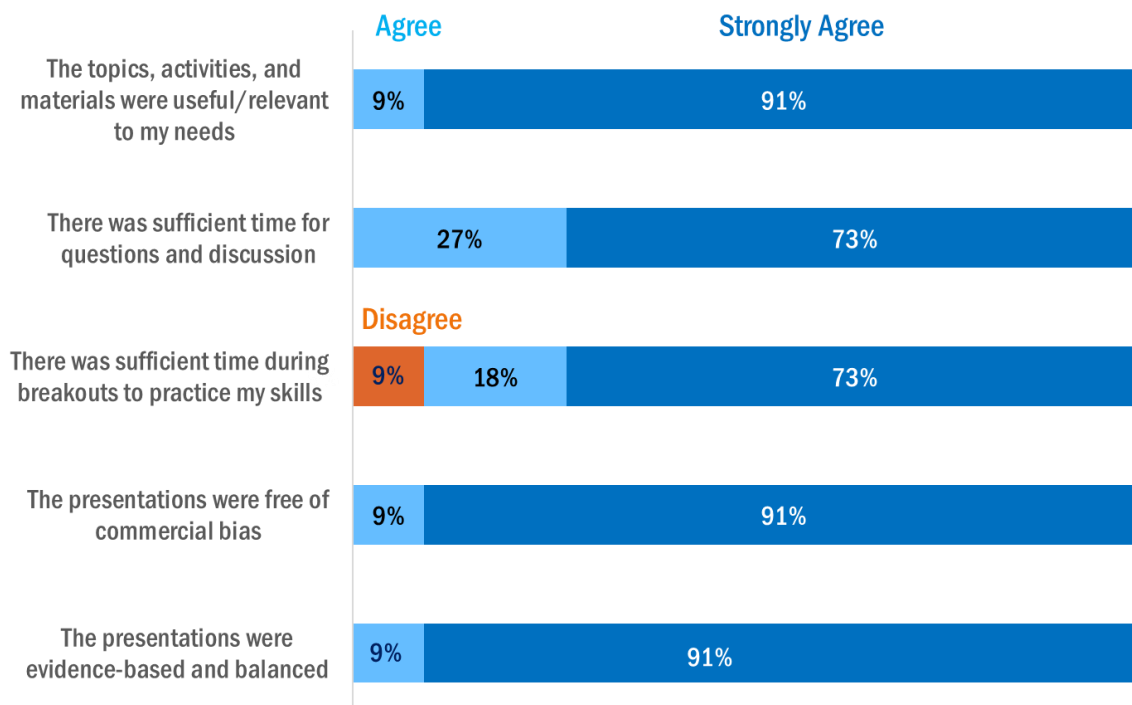


Exhibit 7. All respondents (n=11) felt that the length and amount of content was appropriate, for all Days of the Institute.

Overall Satisfaction

Respondents (n=11) were asked about how much they agreed or disagreed with various statements about the Institute (Exhibit 8). All agreed that the topics, activities, and materials were relevant to their needs. All agreed that there was sufficient time for questions and discussion. All but one person (n=10) agreed that there was sufficient time during breakout sessions to practice skills. Lastly, all agreed that presentations were free of commercial bias, evidence based, and balanced.

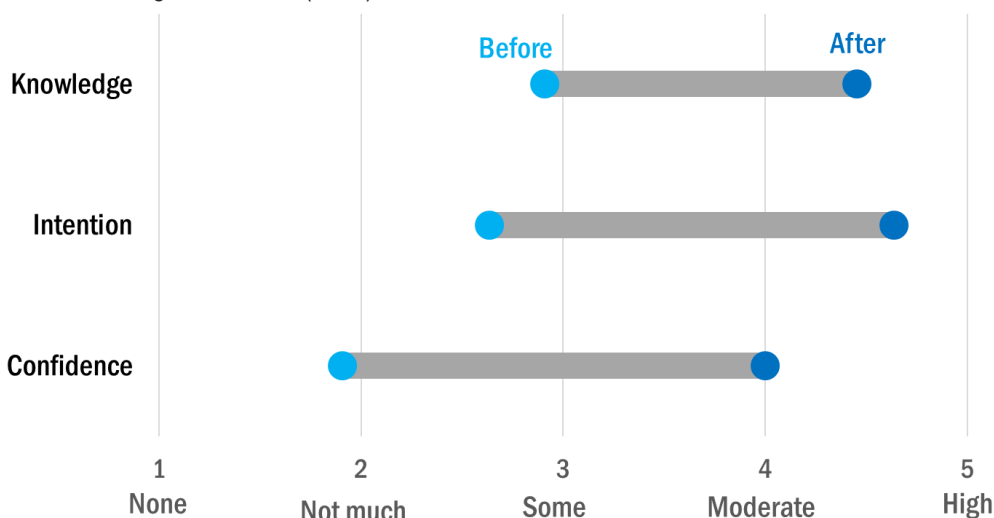
Exhibit 8. Satisfaction with different aspects of the Institute was high among respondents (n=11).



Knowledge, Intention to Use Skills, and Confidence related to Public Health Detailing

As shown in Exhibit 8, respondents experienced notable self-reported changes in knowledge, confidence, and the intention to use detailing skills after participating in the Institute, on average.

Exhibit 8. Average self-reported knowledge, intention, and confidence levels with respect to public health detailing increased during the Institute (n=11).



When asked about their **knowledge** of topics covered in the Institute on a scale of 1 to 5 (1=“none”, 2= “minimal”, 3= “some”, 4= “moderate”, 5= “high”), participants reported an average knowledge rating of 2.9 (“some”) before the institute (range 1-4) and 4.5 (“moderate” to “high”) after the institute (range 3-5), representing a **53% increase in knowledge**.

When asked about how much they intend to use skills taught in the Institute on a scale from 1 to 5 (1=“not at all”, 2= “not much”, 3= “somewhat”, 4= “moderately”, 5= “highly”), participants reported that before the Institute they intended to use skills with an average rating of 2.6 (“not much” to “some”) (range 1-5); after the institute they intended to use the skills with an average rating of 4.6 (moderate to high)(range 3-5), representing a **76% increase in intention**.

When asked about their **confidence** in their ability to perform practices taught in the Institute on a scale from 1 to 5 (1=“not at all”, 2= “not much”, 3= “somewhat”, 4= “moderately”, 5= “highly”), participants reported an average confidence of 1.9 (“not much”)(range 1-5) before the Institute and 4.0 (“moderate”) after the Institute (range 3-5), representing a **110% increase in confidence**. Notably, after the Institute, average confidence remained “moderate”, suggesting that the year-round Public Health Detailing Learning Community could be used to further boost confidence.

Before I was signed up for this, I did not know what AD was. Now I can't wait to put it into practice.

The most valuable aspect is that I am now able to perform my job.

Additional participant reflections and feedback

When describing what they liked about the Institute and what they found most valuable, responses centered around two common themes: 1) connecting with experienced detailers, (2) learning tangible frameworks and structures for implementing public health detailing, and (3) the opportunity role play and practice in a safe space.

When asked about what to improve, respondents asked for even more time role playing and more time together to learn and practice. One person felt like the Institute could have been opened up to a larger number of participants. As already mentioned, a few respondents had suggestions for making the Institute more spread out (over more days), with more breaks, or with more content between breakout sessions.

Respondents also shared gratitude for being included in the experience. One person described, “it was a time commitment that was well worth the investment.” Another noted, “I just want to thank everyone for making this happen and for all the passionate facilitators who help us gain confidence in our detailing skills.

Role-playing was hard, but with the practice and training leading up to it, I actually did better than I thought I would. As a result I feel more confident in my ability to Detail for real.

More role playing time would have been fun and instrumental in solidifying the content we learned. Practice makes perfect!

Sometimes I felt like there was more trainers/staff than there were participants so perhaps opening it up to more participants.

III. Reflections and Next Steps

The 2022 Institute was the fifth to date and the second to be offered virtually. In total, 15 participants attended on the Zoom platform, representing nine different health departments and jurisdictions. The Institute was well-received, with high satisfaction levels and self-reported increases in average knowledge, intention, and confidence related to public health detailing. At the end of the Institute, average confidence (although increasing by a marked 110%) was still rated as “moderate”, suggesting the opportunity for additional technical assistance opportunities to boost confidence levels. At the Institute, participants especially liked the opportunity to connect with experts to learn structured approaches to detailing and the chance to practice detailing skills with peers in role play activities.

Adapting the Institute to a virtual format is an ongoing learning experience, but evaluation findings suggest that participants were satisfied with the length, amount of content, and flow of each day. Some recommendations, such as adding more breaks or spreading out sessions over more days could be considered when designing the format of the next Institute if it remains virtual.

Lessons learned from the 2022 Public Health Detailing Institute will inform the Public Health Detailing Learning Community, which has been in operation since 2020, to engage Institute participants in ongoing learning around detailing for PrEP. The next “sprint” of the Public Health Detailing Learning Community will begin in May 2022, with Institute participants encouraged to attend.

IV. References

1. Avorn J, Soumerai SB. Improving drug-therapy decisions through educational outreach: a randomized controlled trial of academically based detailing. *N Engl J Med.* 1983;308(24):1457-1463.
2. Baeten JM, Donnell D, Ndase P, et al. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. *N Engl J Med.* 2012;2012(367):399-410.
3. Choopanya K, Martin M, Suntharasamai P, et al. Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomised, double-blind, placebo-controlled phase 3 trial. *The Lancet.* 2013;381(9883):2083-2090.
4. Grant RM, Lama JR, Anderson PL, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *New England Journal of Medicine.* 2010;363(27):2587-2599.
5. Liu AY, Cohen SE, Vittinghoff E, et al. Preexposure prophylaxis for HIV infection integrated with municipal-and community-based sexual health services. *JAMA internal medicine.* 2016;176(1):75-84.
6. McCormack S, Dunn DT, Desai M, et al. Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial. *The Lancet.* 2016;387(10013):53-60.
7. Molina J-M, Capitant C, Spire B, et al. On-demand preexposure prophylaxis in men at high risk for HIV-1 infection. *N Engl J Med.* 2015;373(23):2237-2246.

Appendix A: Agenda



2022 getSFcba Public Health Detailing Institute

Virtual Interactive Workshop

March 9-11, 2022

Day 1 – March 09, 2022		
Time	Content Area	Facilitation
11:00 am - 11:15 am PST (2:00 pm - 2:15 pm EST)	SFDPH Welcome & Introductions	Jonathan Fuchs, MD, MPH
11:15 am - 12:00 pm PST (2:15 pm - 3:00 pm EST)	PrEP Update: STATE OF THE SCIENCE	Jessica Bloome, MD, MPH
12:00 pm - 12:30 pm PST (3:00 pm - 3:30 pm EST)	LUNCH/BREAK	
12:30 pm - 1:30 pm PST (3:30 pm - 4:30 pm EST)	NaRCAD INTRODUCTIONS, REVIEW OF DETAILING AID & CLINICAL CONTENT	Michael Fischer, MD, MS; Bevin Kathleen Shagoury; Anna Morgan-Barsamian, MPH, BSN, RN, PMP
1:30 pm - 1:45 pm PST (4:30 pm - 4:45 pm EST)	BREAK	
1:45 pm - 3:00 pm PST (4:45 pm - 6:00 pm EST)	BREAKOUT: INTRODUCTIONS & GETTING IN THE DOOR	Jack Travers, PharmD; Mary Liz Doyle Tadduni, RN, MSN, MBA, PhD; Zack Dumont, BSP, ACPR, MSPHarm; Julia Bareham, BSP, MA
3:00 pm - 3:15 pm PST (6:00 pm - 6:15 pm EST)	BREAK	
3:15 pm - 3:55 pm PST (6:15 pm - 6:50 pm EST)	HEARING FROM PROGRAM IMPLEMENTERS ASHLEY ALLISON (OREGON); BRANDON MIZROCH, MD, MBBS (LOUISIANA); ALYSON DECKER, NP, MPH (SAN FRANCISCO)	Jonathan Fuchs, MD, MPH
3:55 pm - 4:00 pm PST (6:50 pm - 7:00 pm EST)	WRAP-UP, PLANS FOR DAY 2, & EVALUATION	Jonathan Fuchs, MD, MPH

Day 2 – March 10, 2022		
Time	Content/Objectives	Facilitation
11:00 am - 11:05 am PST (2:00 pm - 2:05 pm EST)	WELCOME	Alyson Decker, NP, MPH

EXPLORING PHARMACY DETAILING		
11:05 am - 11:45 am PST (2:05 pm - 2:45 pm EST)	MARIA LOPEZ, PHARM D (MISSION WELLNESS PHARMACY); LAUREN LINDER WEIR, PHARM D, BCPS, BCPP (MEDICAL UNIVERSITY OF SOUTH CAROLINA, COLLEGE OF PHARMACY)	Alyson Decker, NP, MPH
11:45 am - 12:15 pm PST (2:45 pm - 3:15 pm EST)	LUNCH/BREAK	
12:15 pm - 1:15 pm PST (3:15 pm - 4:15 pm EST)	BREAKOUT: NEEDS ASSESSMENT	Jack Travers, PharmD; Mary Liz Doyle Tadduni, RN, MSN, MBA, PhD; Zack Dumont, BSP, ACPR, MSPHarm; Julia Bareham, BSP, MA
1:15 pm - 1:30 pm PST (4:15 pm - 4:30 pm EST)	BREAK	
1:30 pm - 2:30 pm PST (4:30 pm - 5:30 pm EST)	BREAKOUT: KEY MESSAGES & BENEFITS	Jack Travers, PharmD; Mary Liz Doyle Tadduni, RN, MSN, MBA, PhD; Zack Dumont, BSP, ACPR, MSPHarm; Julia Bareham, BSP, MA
2:30 pm - 2:45 pm PST (4:30 pm - 4:45 pm EST)	BREAK	
2:45 pm - 3:50 pm PST (5:45 pm - 6:50 pm EST)	BREAKOUT: BARRIERS, ENABLERS, & HANDLING OBJECTIONS	Jack Travers, PharmD; Mary Liz Doyle Tadduni, RN, MSN, MBA, PhD; Zack Dumont, BSP, ACPR, MSPHarm; Julia Bareham, BSP, MA
3:50 pm - 4:00 pm PST (6:50 pm - 7:00 pm EST)	WRAP-UP, PLANS FOR DAY 3 (PREPARING YOUR ACTION PLANS), & EVALUATION	Alyson Decker, NP, MPH

Day 3 – March 11, 2022		
Time	Content/Objectives	Facilitation
11:00 am – 11:40 pm PST (2:00 pm – 2:40 pm EST)	WELCOME & REVISITING YOUR ACTION PLANS – BREAKOUT BY JURISDICTION	Brandon Mizroch, MD, MBBS; Ashley Allison; Anna Morgan-Barsamian, MPH, BSN, RN, PMP
11:40 am – 12:10 pm PST (2:40 pm – 3:10 pm EST)	LUNCH/BREAK	
12:10 pm – 1:15 pm PST (3:10 pm – 4:15 pm EST)	BREAKOUT: SUMMARY, CLOSE, COMMITMENT	Jack Travers, PharmD; Mary Liz Doyle Tadduni, RN, MSN, MBA, PhD; Zack Dumont, BSP, ACPR, MSPHarm; Julia Bareham, BSP, MA
1:15 pm – 1:30 pm PST (4:15 pm – 4:30 pm EST)	BREAK	



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