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COMMENTARY

Virtual academic detailing (e-Detailing): A vital tool during the COVID-19 pandemic

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ABSTRACT

As the coronavirus disease (COVID-19) pandemic continues its course in 2020, telehealth technology provides opportunities to connect patients and providers. Health policies have been amended to allow easy access to virtual health care, highlighting the field's dynamic ability to adapt to a public health crisis. Academic detailing, a peer-to-peer collaborative outreach designed to improve clinical decision-making, has traditionally relied on in-person encounters for effectiveness. A growth in the adoption of telehealth technology translates to increases in academic detailing reach for providers unable to meet with academic detailers in person. The U.S. Department of Veterans Affairs (VA) has used academic detailing to promote and reinforce evidence-based practices and has encouraged more virtual academic detailing (e-Detailing). Moreover, VA academic detailers are primarily clinical pharmacy specialists who provide clinical services and education and have made meaningful contributions to improving health care at VA. Amid the COVID-19 pandemic and physical isolation orders, VA academic detailers have continued to meet with providers to disseminate critical health care information in a timely fashion by using video-based telehealth. When working through the adoption of virtual technology for the delivery of medical care, providers may need time and nontraditional delivery of "evidence" before eliciting signals for change. Academic detailers are well suited for this role and can develop plans to help address provider discomfort surrounding the use of telehealth technology. By using e-Detailing as a method for both familiarizing and normalizing health professionals with video-based telehealth technology, pharmacists are uniquely poised to deliver consultation and direct-care services. Moreover, academic detailing pharmacists are ambassadors of change, serving an important role navigating the evolution of health care in response to emergent public health crises and helping define the norms of care delivery to follow.

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The current coronavirus disease (COVID-19) pandemic has contributed to a growing demand for nontraditional health care delivery modalities such as telehealth or virtual care.^{1–4} In China, where the COVID-19 epidemic initially emerged,

doctors and patients rapidly adopted telehealth technology to provide necessary health care amid a broad public health measure of physical isolation to reduce the transmission of severe acute respiratory syndrome coronavirus 2.⁵

As telehealth and virtual care demand increased because of an urgent public health crisis, new guidelines and policies have been developed (or amended) to support this changing environment for health care delivery. For example, recent U.S. legislation broadened Medicare coverage to include a wide range of services delivered through telehealth.^{6,7} Moreover, in response to the COVID-19 pandemic, this legislation waived a long-standing requirement for a pre-existing physician-patient relationship before the first telehealth visit.⁷

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Key Points**Background:**

- The advent of coronavirus disease has highlighted the demand for convenient access to vital health care information using telehealth technology.
- Recently, the U.S. Department of Veterans Affairs (VA) academic detailing program has adopted telehealth technology to expand its reach, which is called e-Detailing.
- The spectrum of care is quickly evolving, and the reactions of health care systems will depend on their ability to adopt and implement new technology, specifically during a pandemic when time and urgency add to the burden of a stressed health care system.

Findings:

- VA's commitment to Veteran-centered value-based health care that incorporates synchronous technology is driving a revolution in health care delivery models.
- VA's e-Detailing program helps the health care team to adjust to the use of video telehealth technology.
- Pharmacists are poised to deliver consultation to providers and direct-care services to patients as academic detailers and clinical pharmacy specialists.

In 2018, before the COVID-19 pandemic, the U.S. Department of Veterans Affairs (VA) adopted several viable telehealth technologies to improve health care access for Veterans, including VA Video Connect, with the goal of having 100% of the VA primary care and mental health teams capable of delivering telehealth care by the end of fiscal year 2020.⁸ In addition, as part of its mission to improve health care access, the VA Pharmacy Benefits Management (PBM) Service developed a virtual academic detailing (e-Detailing) model to improve the dissemination of critical health care information to providers in a timely fashion.^{9–12} This commentary will highlight the opportunities for leveraging academic detailing during a pandemic to deliver timely resources to frontline providers. We use the VA academic detailing program as a model for other large, integrated health care systems, but we believe that these opportunities could be adapted for other systems.

What is academic detailing?

Academic detailing is a multifaceted service that involves collaborative outreach through unbiased, targeted educational interventions designed to improve clinical decision-making.^{13–17} It is based on relationship building and provides specific practice-change recommendations to providers. Academic detailing has repeatedly proven to be an effective strategy for influencing provider behavior on a variety of topics, including prescription of benzodiazepines,^{18–20} antibiotics,^{21–23} nonsteroidal anti-inflammatory

drugs,^{24,25} and provision of naloxone.^{9,26} In the VA system, academic detailing is primarily conducted by clinical pharmacy specialists trained in specialized communication techniques designed to influence behavior. However, other health professionals (e.g., physicians and nurses) have conducted academic detailing in other, non-VA settings.^{27,28} Although academic detailing was originally developed for in-person interactions, there was a need to leverage telehealth technology to provide this service to providers in remote locations. As one of the early adopters of e-Detailing in a large integrated health care organization, the VA PBM National Academic Service has been working intimately with several regional program leads in the Veterans Health Administration to enhance the adoption of e-Detailing. The public health challenges introduced by the recent COVID-19 pandemic (e.g., shelter-in-place, quarantine, and physical isolation orders) further highlighted the demand for virtual communication modalities that preserve the high-value, in-person academic detailing interventions.

Current state

The challenges faced by health care systems to provide timely, comprehensive, and equitable health care are not unique. Busy health professionals face increasing pressure to make rapid assessments and succinct plans for their patients while synthesizing new practice research and integrating population health tools. Academic detailers identify opportunities to disseminate critical information and initiate collaborative practice change that yield tremendous returns. The spectrum of care is quickly evolving, and the reactions of health care systems will depend on their ability to adopt and implement new technology, specifically during a pandemic when time and urgency add to the burden of a stressed health care system.

The incremental value of integrating clinical pharmacists into the health care continuum has been empirically demonstrated through improved patient outcomes, which includes the prevention of adverse drug reactions,^{29,30} medication optimization,^{31,32} and decreased morbidity³³ and mortality.^{34–36} Clinical pharmacy specialists have established themselves as value-added clinicians in the health care system.³⁷ Working in collaborative practices across many states,³⁸ clinical pharmacists are well positioned to play important roles during a public health crisis.³⁹ In the Veterans Health Administration, highly trained clinical pharmacy specialists are, in many cases, equipped with doctorate-level and postgraduate professional residency training coupled with expanded specialized skills in academic detailing that add to the dynamic value and mission of the pharmacy profession and its contributions to public health.^{13,40} With evidence dating back more than 30 years,⁴¹ academic detailing principles have translated into positive outcomes in the management of infectious diseases, cardiology, respiratory disease, post-traumatic stress disorder, substance use disorder (e.g., opioid use disorder and alcohol use disorder), and pain management.^{10,42–45} Nevertheless, barriers to academic detailing implementation such as problems with access, technology, and gaps in care continue to exist.⁴⁶ Consequently, resolving these barriers, especially in the presence of a pandemic when academic detailing can have an important role, is an important public health issue.

The core principles of academic detailing can be adapted to a virtual platform, thereby extending its influence, especially when physical isolation orders are in place to protect the public.^{14,47} Although it is understandable that patients or providers may prefer to be seen in person,^{48,49} evidence suggests that the effectiveness of academic detailing on the virtual platform is comparable.^{14,49} The ability of an academic detailing program to elicit meaningful practice change hinges on the interpersonal relationships developed between the detailing team and clinic staff. As academic detailing professionals become more skilled at assessing the needs and barriers endemic to the practice environment, interventions are more likely to be clinically meaningful. For example, VA providers in the emergency department who were paired with academic detailers reduced the rate of potentially inappropriate medications for older adults.¹² This study demonstrated the ability of academic detailing to adapt within a dynamic, face-paced practice environment such as emergency medical care.¹² Moreover, academic detailers are experienced practitioners with strong interpersonal skills and a deep understanding of clinical decision-making and are able to effectively engage a multitude of health care disciplines, thus expanding the potential for meaningful impact.

As the volume of traditional in-person clinic visits shifts to virtual medicine, staff may find it advantageous to engage patients in synchronous virtual care and address outliers on the basis of population health surveillance.^{15,50} Academic detailing programs build collaborations among providers, nursing, pharmacy, social work, mental health, and dieticians to help meet population health needs. The fragmented nature of health care makes population health management increasingly important. Leveraging educational outreach with audit and feedback by sharing with health care teams the opportunity to use population health tools can improve the quality of care offered by busy providers. The refined practice built around evidence-based recommendations, population-based medicine, and virtual care allows providers to continue engaging patients in a “business as usual” scenario.

Measured value

For many facilities across the Veterans Health Administration dealing with the COVID-19 pandemic, “forward triage” (the sorting of patients before they arrive at the clinic) coupled with telemedicine is evolving as the de facto strategy to accommodate most nonemergency health care.⁵¹ The value of a proactive approach became immediately apparent to medical facilities concerned about frontline staff remaining healthy and limiting the spread of virus. “Forward triage” of patients enables a safe environment for patient and provider alike to discuss symptomatology without the risk of disease communication. Yet, even before the COVID-19 pandemic, telemedicine had established itself across primary and specialty care settings. It has been defined as “the wider application of care and case management principles to the delivery of health care services using health informatics, disease management and telehealth technologies to facilitate access to care and improve the health of designated individuals and populations with the intent of providing the right care in the right place at the right time.”⁵² One of the first innovations in value seen in telemedicine was in the Extension for Community Healthcare

Outcomes (ECHO) model.⁴⁷ In this model, medical experts engaged in scheduled collaborative discussions with primary care teams. The format included a didactic component targeting principles of medical care, followed by specific patient cases. The ECHO model blended a virtual grand round with the local attending room. Since its inception, the ECHO model has been adapted by many health care organizations and has demonstrated its value in management of chronic hepatitis C, chronic pain, dementia, and type II diabetes.⁵³⁻⁵⁵

Owing to the success of Project ECHO, the VA expanded the program for specialty care, called the Specialty Care Access Network—Extension for Community Healthcare Outcomes (SCAN-ECHO), to increase specialty care access.^{54,56-59} SCAN-ECHO hubs embraced a number of different specialty areas such as chronic pain, diabetes, hepatitis C and liver disease, heart failure, chronic kidney disease, and women’s health. Continuing the delivery of the “best care anywhere” remains a top priority of VA with forward-thinking tools such as telemedicine to coach staff and providers across the country.⁶⁰ In times of crisis, experienced telemedicine staff are tremendous resources for providing high-quality care. Several programs have engaged with SCAN-ECHO to help with complex pain management cases and have seen associated benefits from increased initiation of nonopioid medications among patients with chronic nonmalignant pain.⁵⁹ Moreover, facilities integrating telehealth to help veterans with substance use disorder find valuable return from Web-delivered cognitive behavioral therapy and in-home telehealth programs.^{53,54}

Academic detailing can be part of the solution to address the public health crisis owing to the COVID-19 pandemic, but its incorporation will depend on the ability of academic detailers to meet unique nuances of each provider’s practice and staffing allocation. Personalized outreach, tailored information to support care for existing patients, coordination of messaging among staff, and a clear presentation of the detailing services offered are needed to compete with daily emergent needs. For many providers, the value of a virtual encounter with an academic detailer may be unclear. By providing valuable information and resources for providers and ancillary staff, academic detailers will find clinical staff increasingly willing to meet and collaborate on meaningful practice change. When working through the adoption of virtual technology for the delivery of medical care, providers may need time and nontraditional delivery of “evidence” before eliciting signals for change. Academic detailers will want to develop flexible plans to help address provider discomfort surrounding video conferencing. Providers’ experiences with telehealth span a broad spectrum and, with coaching, can be positive and productive. Overall, e-Detailing is a part of the multidimensional strategy to meet providers in any location and enhance the practice of providers across VA.

Call to action

Despite the challenges of physical isolation owing to the COVID-19 pandemic, this scenario highlights the importance of leveraging virtual detailing to deliver critical outreach to frontline providers in a timely manner. The progressive expansion of telehealth, driven in part by the COVID-19 pandemic, offers promise of improved health care access. This is not the first major crisis during which VA demonstrated

its potential to transition health care delivery from traditional in-person health care to virtual health care. In response to Hurricane Sandy in 2012, the Manhattan VA telehealth service reported appreciable increases in virtual care for Veterans in primary care, triage, mental health, home health, and ancillary services.⁶¹ Although not everyone will continue to actively explore new practice opportunities, forward-thinking health professionals will recognize this tremendous opportunity and help others with onboarding. Academic detailing is well poised to help usher the migration of the clinical practice paradigm toward expanded virtual health care modalities.

VA's commitment to Veteran-centered value-based health care that incorporates synchronous technology is driving a revolution in health care delivery models. The skill level to conduct telehealth care across all health care practice settings requires optimization to improve efficient access to timely care.^{62,63} Clinical pharmacy specialists have a unique opportunity to deliver clinical services, leveraging telehealth technologies to advance communication with their patients and health care team members. By using e-Detailing as a method of both familiarizing and normalizing the health care team with video telehealth technology, pharmacists are uniquely poised to deliver consultation and direct-care services. Moreover, academic detailing pharmacists are ambassadors of change, serving an important role navigating the evolution of health care in response to emergent public health crises and helping define the norms of care delivery to follow.

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