Discussion Brief: Knowledge Dissemination and Outreach Education Implementation Strategies

By Katie Letheren and Marie Teichman; Reviewed by Michael Fischer, MD and Bevin Shagoury

The continued advancement of health research has created a seemingly ever-growing delay between the publication of new clinical evidence and the integration of these findings into health systems. Researchers in the United States estimate it may take an average of 17 years before clinical findings are implemented into practice. In light of this, there is a strong focus on policy and research efforts aimed at reducing this “know-do” gap.

The National Institute of Health’s “Blue Highways,” highlights the importance of practice-based research methods in order to ease the transition from academic clinical settings to practice. In order to stop the widening gap, these methods must be applicable regardless of varying levels of accessibility.

As part of the US Communities Initiative, in conjunction with the Agency for Healthcare Research and Quality (AHRQ), this panel discusses many strategies being used to close this gap and improve health care delivery for underserved populations.

Understanding the “Know-Do” Gap

In order to close this gap, we must first understand why this disconnect exists. Panelists agreed it can be due to a variety of different reasons including, but not limited to:

• Heavy workloads of medical professionals coupled with the high volume of new research findings being published (often from various organizations with differences in their recommendations for integration)
• Language used to present findings which can be highly technical and not easily absorbed by target audiences
• Clinicians’ beliefs that their patients are different from those participating in controlled trials or studies, therefore doubting the applicability of findings;
• The lack of correct tools, resources, time, or access to the appropriate personnel needed at the point of care to carry out new procedures

Closing the Gap Through Academic Detailing and Outreach Education

By assessing what is happening in the clinical setting and what should be happening based on evidence, academic detailing is the foundation for identifying and assessing a program’s needs, as well as the needs of individual clinicians.

• The process begins with identifying a priority clinical area (such as a highly prevalent condition in the target population), evaluating current patterns of care or outcomes in the target population and comparing those to ideal outcomes.
• By determining the cause of the gaps in care, messages and interventions can be designed to provide clinicians with the evidence and tools they need.
• The focus of this process encompasses two-way conversation as the clinicians describe their daily challenges, while detailers can provide specific actions to support clinicians’ individual needs.
• Effective academic detailing allows for tailored, action-based recommendations that clinicians can immediately begin to implement into patient care.
• Motivational interviewing, adult learning theory, behavior-based messages, social marketing, handouts, and visual aids are all effective communication strategies for health professionals to better adopt best practices.

Key Points for Success
Panelists described eight key factors that contribute to the success of academic detailing and its correct implementation:

• **Relationships matter**: The presentation of high-quality evidence without the creation of a solid, trusting relationship between clinicians and detailers through several face-to-face interactions will decrease the effectiveness of the program.

• **Language matters**: Clinical outreach education must be presented in a practical, straightforward manner that can be easily absorbed by the target audience.

• **Well-trained academic detailers**: A good academic detailer must be able to engage in a two-way conversation, assess the needs of the particular physician or practice, and adopt the presentation accordingly. They must be able to determine, in real-time, which messages are making the most impact and which require more review or support.

• **Timing of delivery**: Detailers must avoid clinician “brain freeze,” stemming from the presentation of too much information or too many options at once.

• **Leadership matters**: In order for outreach education methods to be successful, leadership must be committed to making changes within the organization and provide support for new practice application.

• **“Exemplars” as the tipping point**: Using personal stories or “exemplars” of clinicians who have integrated new evidence into their practices and have shown successful results can be a strong motivator for others.

• **Assess individual practice patterns**: It is important to analyze individual practice patterns in order to address specific needs of the individual or organization—for example, is there a gap for all providers or just a few? What are various clinicians doing differently??

• **Use of technology to complement detailing**: Practice has shown that the key to successful web-based academic detailing is the creation of social relationships prior to supplementing face-to-face interaction with technology. This can be helpful to cover large geographical areas, however it cannot replace the trust built through personal relations.

Challenges to Implementation

• **Measuring the impact**: Providing reliable data to measure the impact of academic detailing to show its success as an intervention is often difficult.

• **Initial investment required**: Organizations can be reluctant to make the required investment for academic detailing despite likely improvements to patient outcomes and reduction of excess care.

Potential Solutions

• **To determine success**: Evaluate process measures focused on which actions were taken by clinicians. For instance, did the volume of tests ordered change in correlation to the suggested educational message?

• **Qualitative as well as quantitative measuring**: Measuring academic detailing through quantitative measures is challenging, however there are various qualitative techniques that can supplement to measure the program’s effectiveness, such as physician self-assessments and surveys.
**Enrich the GHDonline Knowledge Base**

*Please consider replying to this discussion with the following information:*

1. As a clinician, have you ever worked with an academic detailer? If so, what was the experience like and how did it affect your practice?
2. As an academic detailer, what have you found to be the most effective practices when working with providers? Is there anything you suggest adding to the “Key points for success” section above?
3. What can we do to further reduce the “know-do” gap taking into consideration our current understanding of why it exists?
4. Academic detailing is a very resource intensive service, is there a way to implement this practice in a more cost and time effective way?

**Key References**


