



WISEWOMAN™

Well-Integrated Screening and Evaluation
for Women Across the Nation

Connecticut WISEWOMAN Program

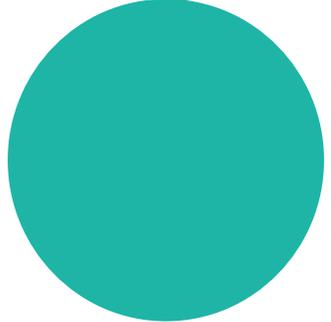
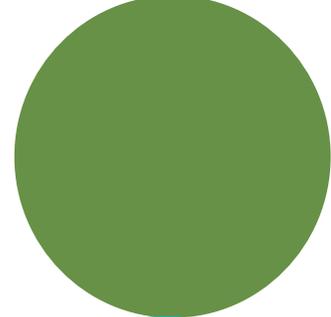
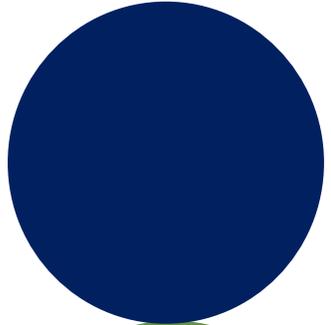
The role of academic detailing in
reaching underserved women:

A Process Improvement Model



The Consultation Center
at Yale

Agenda



Connecticut WISEWOMAN Program Overview

WISEWOMAN Evaluation Planning Process Overview

Process Improvement Initiative for Strategy 4
(Innovation Component)

Reflections and Implications for Year 3

Connecticut WISEWOMAN Program Overview



CT WISEWOMAN Program Overview

Connecticut Early Detection & Prevention Program (CEDPP): *An integrated program*

Connecticut Breast and
Cervical Cancer Early
Detection Program
(CBCCEDP)

+

Connecticut
WISEWOMAN Program
(WWP)

+

Connecticut Colorectal
Cancer Program

+

Connecticut
Comprehensive Cancer
Program



WISEWOMAN™
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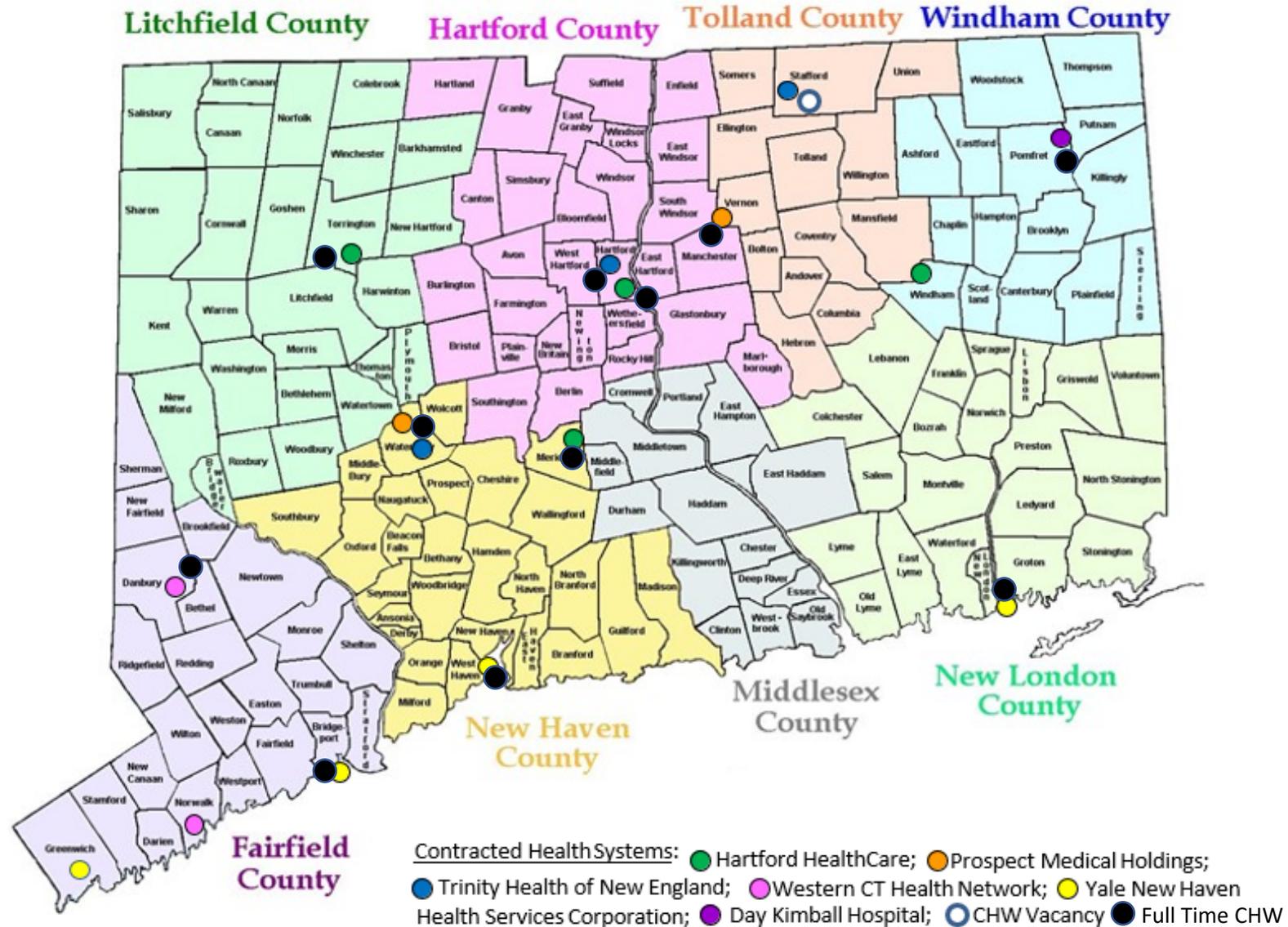
CEDPP

WISEWOMAN Program Partners

- WISEWOMAN DPH Team
 - Supervisor/Nurse Consultant
 - Program Manager
 - Data Manager
 - eHealth Consultant
- Six health systems (21 hospitals)
- External Evaluation Team
- UCONN School of Pharmacy



CT WISEWOMAN Program Overview



CT WISEWOMAN Program Overview

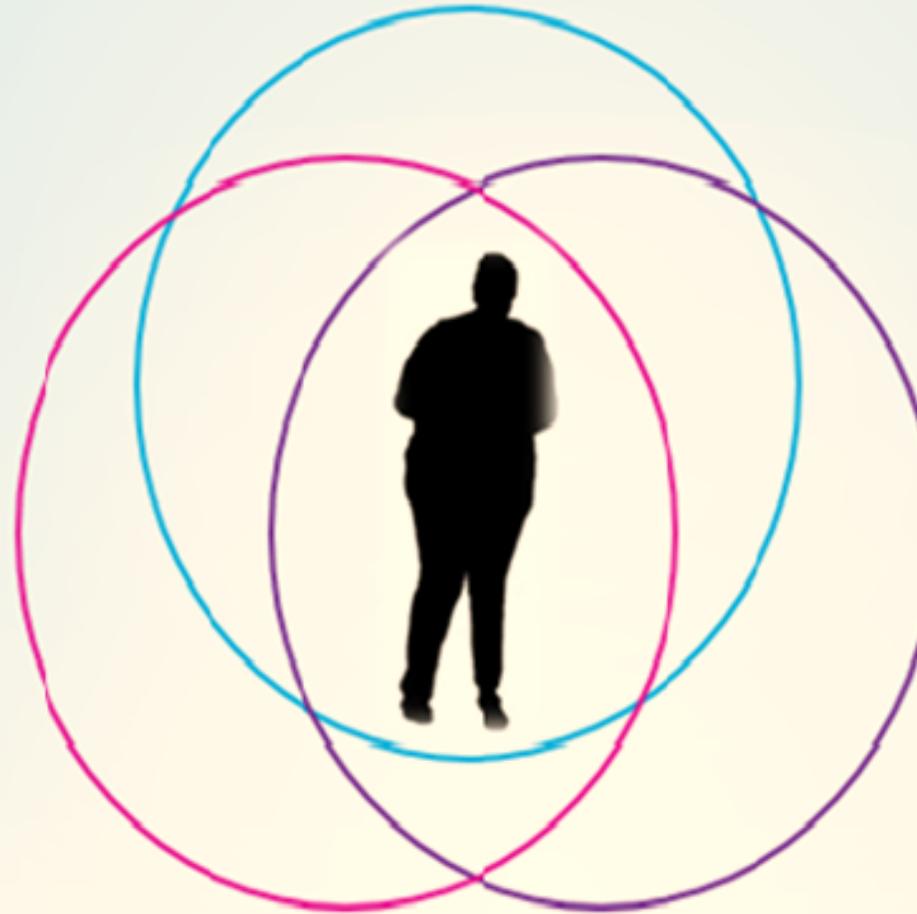
CEDPP Project Director
Health Systems Navigator

Medical Provider

MTM Site Point Person

MTM Pharmacist

Clinical Navigator



Registered Dietitian

Behaviorist/Mental Health Specialist

Diabetes Prevention & DM Specialist

Community Health Navigator

WISEWOMAN Program Strategies

Strategy 1: Track and monitor clinical measures shown to improve healthcare quality and identify patients with hypertension.

Strategy 2: Implement team-based care to reduce cardiovascular disease risk with a focus on hypertension control and management.

Strategy 3: Link community resources and clinical services that support self-management and lifestyle changes for women at risk for cardiovascular disease.

Strategy 4: Train Community Pharmacists via academic detailing to increase bi-directional referrals and uptake of services. [Innovation Component]

Connecticut WISEWOMAN Innovation Component: What is Academic Detailing (AD)?

- **Academic Detailing:** *involves providing educational outreach to prescribers (pharmacists) by trained health professionals who provide education and technical assistance*
- **Aim of initiative:** to train and implement Community Pharmacist Detailers surrounding Academic Detailing and the CT WISEWOMAN Program to increase bi-directional referrals and uptake of services



Community pharmacies are accessible and involve healthcare professionals that eligible women trust, acting as an ideal funnel for participants to CEDPP services.

WISEWOMAN Program Evaluation Planning Process Overview



Evaluation Planning Overview

Same evaluation contractor for CEDPP

- *Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP)*
- *Connecticut WISEWOMAN Program (WWP)*
- *CT Colorectal Cancer Program*
- *CT Comprehensive Cancer Program*



Identifying inefficiencies for our Year 2 evaluation...

Understand context

Identify Opportunity

Evaluation questions designed to examine inefficiencies were developed as part of the Year 2 evaluation planning; these improved the development of **Process Improvement Opportunity Statements**.

Explore and refine opportunity

To inform each process improvement initiative, the CEDPP team and external evaluator discussed ways to collect data (for example: surveys, focus group discussion with contractors, meetings, site visits) to better understand inefficiencies identified in our Process Improvement Opportunity Statement.

Develop metrics to assess impact

Baseline performance metrics were established for each process improvement initiative to ultimately identify if the process improvement initiative contributed to change/impact over time.

Monitor results, learn and respond!

Performance metrics were revisited at the end of the initiative to see if any observable improvements were made. Results informed changes to processes to improve efficiencies and program outcomes

Process Improvement Initiatives by Strategy

Strategy 1: Track and monitor clinical measures shown to improve healthcare quality and identify patients with hypertension.

Strategy 2: Implement team-based care to reduce cardiovascular disease risk with a focus on hypertension control and management.

Strategy 3: Link community resources and clinical services that support self-management and lifestyle changes for women at risk for cardiovascular disease.

Strategy 4: Train Community Pharmacists via academic detailing to increase bi-directional referrals and uptake of services. [Innovation Component]

Implementation of a new data collection tool and fidelity checklist to improve outreach, recruitment, and fidelity at outreach events

Implementation of team-based improvement strategies and provider education, as well as clinical guideline review to improve fidelity

Implementation of strategies to improve service delivery and participant retention

Implementation of training to improve bi-directional referrals

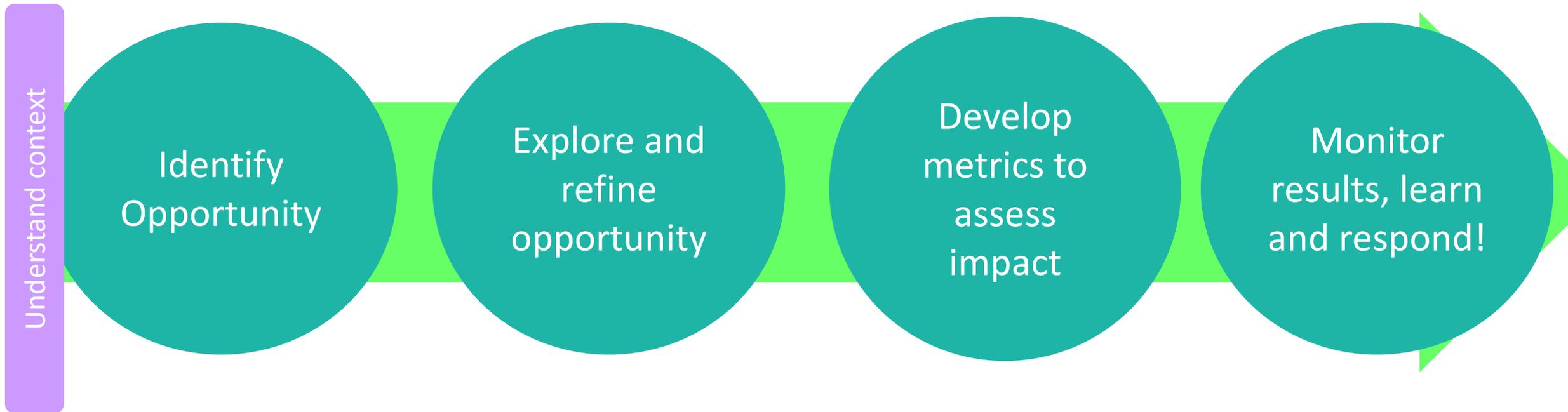
Process Improvement Initiative for Strategy 4

*The role of academic detailing in
reaching underserved women:
A Process Improvement Model*



Process Improvement Approach

We used Process Improvement Maps to articulate our work across each of these stages....



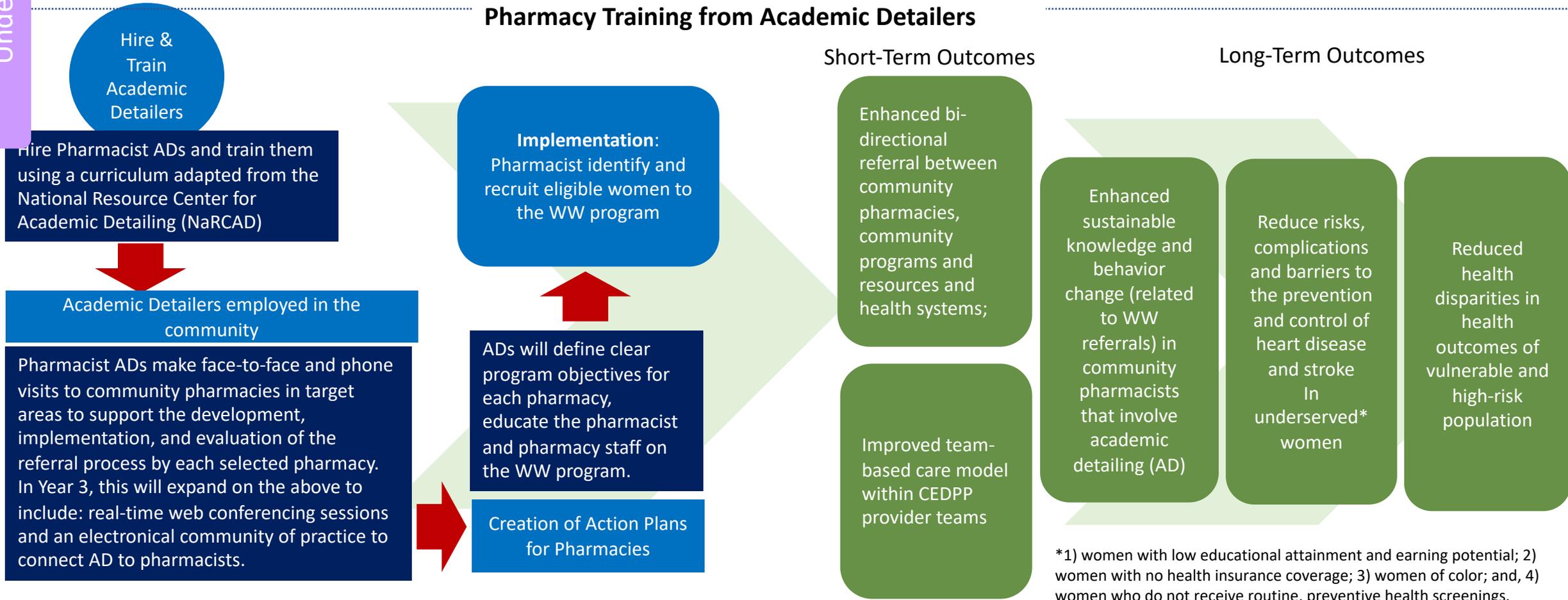
Overview of the process improvement initiative for Strategy 4: Train and implement Community Pharmacist Detailers surrounding Academic Detailing and the CT WISEWOMAN Program to increase bi-directional referrals and uptake of services [Innovation Component]

Understand context

Section 1. Pharmacy Training from Academic Detailers- Background

Academic detailing (AD) provides educational outreach to prescribers by trained health professionals who offer face-to-face education and technical assistance. The AD training program for pharmacists includes content on topics related to cardiovascular health disparities of women 40-64 and the importance of referrals to the WWP in helping to reduce those health disparities. The central aim of this initiative is to train and implement Community Pharmacist Detailers surrounding Academic Detailing and the CT WISEWOMAN Program to increase bi-directional referrals and uptake of services.

Pharmacy Training from Academic Detailers



Section 2. Process Improvement Opportunity Statement

Academic detailing (AD) is shown to have sustainable impact on provider education and behavior. Systematic reviews have shown AD to have significant impact on provider behavior change (O'Brien et al., 2019). As a **process improvement initiative**, the team prioritized improving two processes: 1) Increase the # of bi-directional referrals and, 2) Increase the # of pharmacy-based recruitment. Data described in Section 4) to gain insight into *how* to facilitate these processes that led to improvements in the prioritized areas. Performance Metrics (described in Section 5) were established to assess progress over time.

Identify
Opportunity

Section 3. Data Collection Process

To inform this **process improvement initiative**, the CEDPP team and external evaluator had a discussion to look ways to improve processes that were identified:
• Increase the # of bi-directional referrals
• Increase the average number of pharmacy-based recruitments into the WW program

Explore and
refine
opportunity

Section 4. Selected Process Improvement Initiatives

Given community pharmacies are highly accessible and involve health care professionals that patients commonly trust, pharmacies represent a valuable public health resource to CT to support in reducing uncontrolled hypertension by supporting participants to learn about factors associated with cardiovascular disease, risk, and uncontrolled hypertension. Based on the findings above, the CEDPP team identified the following **process improvement interventions**:

- 1) Pharmacist Training:** This will include program details, importance of pharmacist identifying potential clients, potential ways client may be identified, screened and engaged, and
- 2) Collection of Academic Detailing Process Data:** documentation of referral source (if pharmacy, which one), collection of feedback from WW sites and pharmacists re: usefulness of the AD visits and approach, screening efforts to identify potential WW participants, and suggestions for improvement to the pharmacy referral process.

Section 6 provides an overview of the specific findings that informed the development of these **process improvement interventions**.

Develop
metrics to
assess
impact

Section 5. Performance Metrics (PM): Baseline

The following **performance metrics** were established to see if the **process improvement intervention** selected (i.e. **Pharmacist Training and Collection of Academic Detailing Process Data**) would contribute to changes in these metrics over time. These performance metrics were revisited at the end of the intervention to note if any observable improvements were made (described in Section 8). Such data will be tracked using CT WW online database, Med-IT® and obtained from the WW sites closest to the target geographic areas

Performance metrics that reflect the time period of September 30, 2019 to December 2020:

- # of eligible women were approached by Pharmacist (and # that were approached but were deemed ineligible/did not want to be referred).
- # of women referred to the WWP by Pharmacist
- # of pharmacy referrals that led to successfully WW enrollment
- # of pharmacy referrals that led to WWP's MTM referral back to the pharmacies

Section 8. Summary of Performance Metrics Results

The following represents a summary of the performance metrics statuses pre-intervention (reflecting a time period of September 2019 to March 2020) and post-intervention (reflecting a time period of April 2020 to December 2020). The improvement status showcases, at a glance, whether performance metrics saw an improvement (green), no change (yellow), a decline in improvement (red), or unknown (gray). Notes on the improvement statuses are noted below the chart.

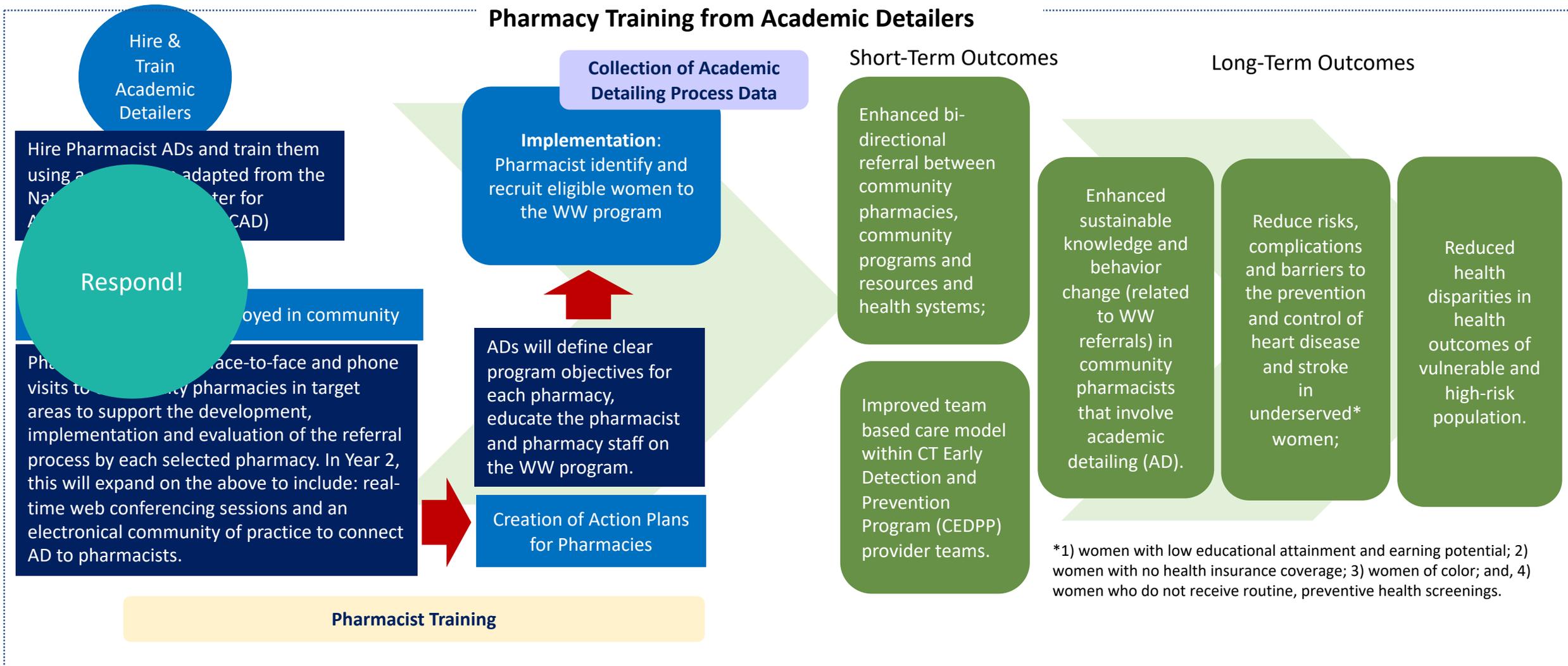
	BASELINE September 2019 to March 2020	Follow Up April 2020 to December 2020	Improvement Status
Pharmacist Training & Collection of Academic Detailing Process Data 	Unknown* # of referrals lost to follow-up/ineligible		
	15 women referred to the WWP by a pharmacist		
	0 pharmacy referrals that led to successfully WW enrollment		
	Unknown* pending WW enrollment (including reasons due to COVID)		
	19 pharmacy sites designated fully detailed** Visit 1: 28, Visit 2: 25, Visit 3: 19		
	101 Pharmacies contacted to participate		

*Unknown= data was not requested to be collected at baseline. These measures were added resulting from CQI review

**Once a Pharmacy has received 3 visits they are considered a "fully detailed" pharmacy site and can appropriately refer potential participants to the WWP

Section 7. Pharmacy Training from Academic Detailers- Process Map (Post-Intervention)

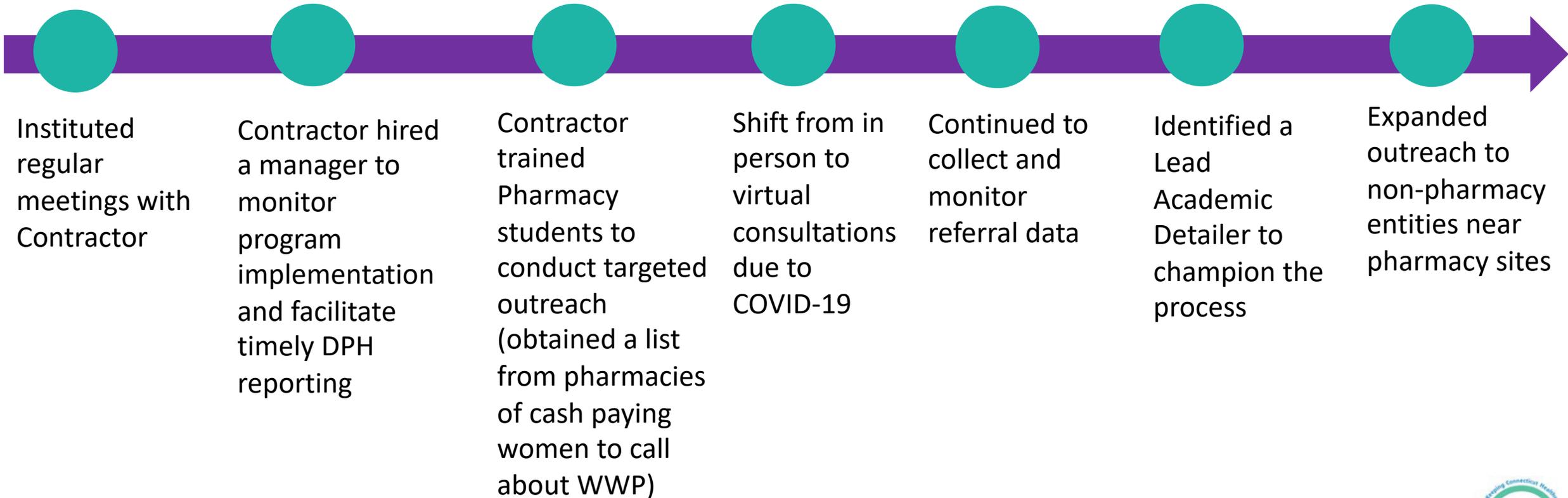
The **Review of MED-IT data, and Review of Cycle Notes** process improvement interventions are denoted in the Process Map in the yellow and purple boxes respectively to show where these interventions were implemented within the context of the AD program process.



Identifying Inefficiencies

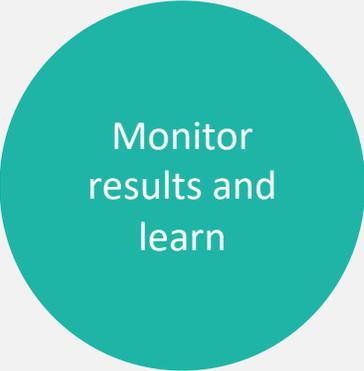
Identifying inefficiencies/issues based on baseline data

Course of action:



Section 8. Summary of Performance Metrics Results

The following represents a summary of the performance metrics statuses pre-intervention (reflecting a time period of September 2019 to March 2020) and post-intervention (reflecting a time period of April 2020 to December 2020). The improvement status showcases, at a glance, whether performance metrics saw an improvement (green), no change (yellow), a decline in improvement (red), or unknown (gray). Notes on the improvement statuses are noted below the chart.

	BASELINE September 2019 to March 2020	Follow Up April 2020 to December 2020	Improvement Status
Pharmacist Training & Collection of Academic Detailing Process Data 	Unknown* # of referrals lost to follow-up/ineligible	23 referrals lost to follow-up/ineligible	Gray
	15 women referred to the WWP by a pharmacist	79 women referred to the WWP by a pharmacist	Green
	0 pharmacy referrals that led to successfully WW enrollment	28 pharmacy referrals that led to successfully WW enrollment	Green
	Unknown* pending WW enrollment (including reasons due to COVID)	43 pending WW enrollment (including reasons due to COVID)	Gray
	19 pharmacy sites designated fully detailed** Visit 1: 28, Visit 2: 25, Visit 3: 19	21 pharmacy sites designated fully detailed** Visit 1: 48, Visit 2: 32, Visit 3: 21	Green
	101 Pharmacies contacted to participate	134 Pharmacies contacted to participate	Green

*Unknown= data was not requested to be collected at baseline. These measures were added resulting from CQI review

**Once a Pharmacy has received 3 visits they are considered a "fully detailed" pharmacy site and can appropriately refer potential participants to the WWP

Reflections and Implications for Year 3



Implications for Year 3

- Continue to implement the new process changes:
 - Lead Academic Detailer (champion)
 - Hybrid outreach method (phone and pharmacy visits)
 - Expanded outreach to nonpharmacy sites
- Great value in mapping out program strategies visually to more readily identify specific pieces of the process where inefficiencies exist
- Importance of thinking about process improvement **areas** from the beginning (begin with the end in mind)
- Importance of identifying performance **metrics** at baseline to effectively measure change over time
- Develop monthly contactor reporting templates to monitor these metrics

Year 3 Evaluation Planning

- Continue to monitor performance processes to identify new opportunities for process improvement in Years 3-5
 - Developed a tracking tool of process measures that we review monthly as a team
- Continue bi-monthly evaluation planning meetings across CEDPP Programs



Thank you

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