

# Physician Outreach Tips and Tools

## Overview

Primary care physicians are the gatekeepers to assessment and treatment and a potential link/referral to community resources, which can provide support, services, and education for patients and family members. The information presented here is designed to provide tips and tools for Alzheimer's Disease Demonstration Grants to States (ADDGS) grantees and project partners engaged in physician outreach programs. It presents information in four sections. These sections are:

- Creating collaborative relationships with primary care physicians
- General principles for establishing and sustaining physician outreach programs
- Additional examples of ADDGS project physician outreach tools and tactics
- Relevant publications for additional information

The tips and tools bring the reader key pieces of information about successful and replicable physician outreach activities. The information presented comes from the direct experience of ADDGS grantees.

## Creating Collaborative Relationships with Primary Care Physicians

The primary goals of a physician outreach program are to:

- Increase knowledge
- Decrease obstacles
- Decrease uncertainties

In 2003, the Wisconsin Office of Continuing Medical Education and the Wisconsin Alzheimer's Institute at the University of Wisconsin School of Medicine and Public Health completed a statewide needs assessment that included identifying the learning and practice needs of primary care physicians. The study found that knowledge and practice obstacles, identified by the physicians, led to uncertainties about the ability to diagnose dementia related disorders, manage complications of dementia and deal with the multiple needs of patients and families. The Wisconsin Alzheimer's Institute is an ADDGS grantee partner organization.

Further description of the Wisconsin needs assessment can be found at:

<http://www.medsch.wisc.edu/wai/profeduc/profeduc.html>.

**Contact information:** For additional information, contact **Barbara Lawrence** BSN, MS, Wisconsin Alzheimer's Institute Senior Outreach Specialist at 608-829-3302 or [blawrence@wisc.edu](mailto:blawrence@wisc.edu).

**ADDGS Example:** In 2005, the state of **North Dakota's** Department of Human Services also completed a Physician Educational Needs Assessment using a postcard surveying tool. The survey was developed to determine the educational needs of medical providers related to recognizing the early signs of dementia and understanding treatment options. The survey was used to determine the curriculum for physician education at two major medical centers and several rural hospitals.

- [Survey form](#)

**Contact information:** For further information, contact the ADDGS Program Administrator **Sheryl Pfliger** at the North Dakota Department of Human Services (701) 328-4645 or [sopfls@state.nd.us](mailto:sopfls@state.nd.us).

## **General Principles for Establishing and Sustaining Physician Outreach Programs**

In March 2006, ADDGS grantees and partners from five states (IA, MI, MN, ND, and WI) participated in a physician outreach workgroup designed to share best practices for physician education. This section describes the workgroup's general principles for establishing and sustaining physician outreach programs.

### **A. Physician Outreach programs must be designed with, for and by physicians.**

Successful programs:

#### **i. Identify a Physician Champion. A peer mentor who is:**

1. Recognized and respected by their peers
2. Motivating and enthusiastic
3. Good working knowledge of Alzheimer's disease
4. Able to articulate the specific benefits that the physician education will provide

#### **ii. Utilize adult teaching methods accepted by physicians including:**

1. Web-based / e-medicine
2. Didactic – traditional
3. Peer mentor
4. Written literature (evidence based)
5. Case Study

#### **iii. Address identified physician issues**

1. Use needs assessment, focus groups or other survey methods
2. Provide answers to common questions about diagnosis and treatment

#### **iv. Provide Continuing Medical Education (CMEs) accredited by the Accreditation Council for Continuing Medical Education, when possible**

**B. Successful programs use state and local partnerships and existing networks to develop programs and spread the word.** Tactics used achieve this goal are to:

- i. Incorporate physician outreach project activities into regular work of community agencies (such as Alzheimer's Association and Area Agency on Aging)
- ii. Partner with other organizations/groups with pre-existing connections to physicians you would like to reach. These could include:
  1. Medical professionals, centers, and community
  2. Related community services and resources (aging, Alzheimer's, health)
  3. Educational institutions
  4. Other community network of services

**C. Identify essential education components**

- i. Restrict presentations to a small number of specific points or goals. For example:
  1. The importance of early diagnosis
  2. The availability of community resources: You don't have to do it alone
  3. Introduction to the 10 Warning Signs
- ii. Introduce recommendations that can be immediately and easily incorporated into the physician's daily routine. Include easy-to-use tools (e.g. checklists)
- iii. Focus on direct contact with physicians, when possible
- iv. Build in evaluation measures to track changes in practice

**Additional examples of ADDGS project physician outreach tools and tactics**

This section describes three specific outreach tools and tactics used by ADDGS grantees to educate physicians on the diagnosis and treatment of Alzheimer's disease.

**A. Academic Detailing**

Academic detailing is an educational approach which has been used by pharmaceutical companies to conduct physician outreach. This approach involves brief visits to staff at physician offices. In 2004, **Michigan** designed six 15-minute academic detailing

modules. Each module has a visit agenda and script, training for representatives making visits, and evaluation tool. The development of materials included input from the Michigan Public Health Institute, Alzheimer's Association, Michigan State University, University of Michigan, and Office of Services to the Aging and Mental Health & Substance Abuse from the Department of Community Health. Each visit is made by a team made up of a retired physician, a representative from the local Alzheimer's Association chapter, and a representative from the local Area Agency on Aging.

- [Sample letter of introduction to academic detailing for physicians](#)
- [Sample detail team modules](#)

**Contact Information:** For additional information contact **Marci Cameron**, ADDGS Project Director, Division of Community Services, Bureau of Mental Health and Substance Abuse Services at (571) 335-0226 or email: [cameronm@michigan.gov](mailto:cameronm@michigan.gov).

## **B. Memory Care Folder**

**Minnesota's** ADDGS grant helped to create a Memory Loss folder for physicians to give to their patients. The folder serves a dual purpose. It provides educational material for local physicians on the resources available to their patients and includes all the materials that a family needs to help them decide if there is an issue with significant memory loss (family questionnaire, 10 warning signs etc.), how to get help, and other helpful materials to answer care related questions. The Memory Loss folder has provided an entrée with physicians/clinics to begin the discussion of working together. The folders have been very well received by physicians, clinic staff and their patients and have led to a number of referrals and further opportunities to work together. Of note, the grantee and its partners identified that the use of non-threatening language, using the term "memory loss" versus Alzheimer's, has significantly helped open door with both physicians and families.

- [Folder cover \(includes list of community partners\)](#)

- [Sample cover letter for physicians](#)
- [Sample cover letter for patients](#)
- [List of Folder Contents](#)

**Contact Information:** For additional information contact **Donna Walberg**, ADDGS Project Coordinator, Minnesota Board on Aging at (320) 230-3040 or email: [ddwalberg@msn.com](mailto:ddwalberg@msn.com).

### **C. Virtual Grand Rounds**

Grand rounds are a recognized method of formal continuing medical education for physicians, presenting clinical problems in medicine by focusing on current or interesting cases. In 2005, **North Dakota's** ADDGS grantee and partners conducted a "virtual grand rounds" specifically aimed at dementia diagnosis and treatment using statewide telehealth resources.

The "virtual grand rounds" was made available via North Dakota's BTWAN (Bioterrorism Wide Area Network) or BT1 system, a high-tech videoconferencing system. The BTWAN system, supported by a grant to the North Dakota Department of Health and the ND Health Care Association, can connect up to 41 locations throughout the state. Along with emergency information, it is available for daily communications and educational uses.

- [Sample Letter of introduction for physician](#)

- [Sample Agenda / Flyer](#)

**Contact Information:** For additional information contact **Sheryl Pfliger**, ADDGS Program Administrator, North Dakota Department of Human Services (701) 328-4645 or [sopfls@state.nd.us](mailto:sopfls@state.nd.us).

There are more than 200 local and statewide telehealth/telemedicine networks in the United States, for more information on your state's telemedicine network, contact your state Department of Health.

For additional background information on "virtual grand rounds", see: [http://tie.telemed.org/articles/article.asp?path=telemed101&article=virtualGroundRounds\\_swetal\\_tpr04.xml](http://tie.telemed.org/articles/article.asp?path=telemed101&article=virtualGroundRounds_swetal_tpr04.xml)

## Relevant Publications for Additional Information

### A. Adams et al. (2005) Physicians' Perspectives on Caring for Cognitively Impaired Elders. *Gerontologist*.2005; 45: 231-239.

This study aims to develop an in-depth understanding of the issues important to primary care physicians in providing care to cognitively impaired elders.

You may be able to access this article free of charge through your state agency library or information service. Free access to the abstract and a link to purchase the full text is also available at: <http://gerontologist.gerontologyjournals.org/cgi/content/full/45/2/231>.

### B. **SPECIAL SECTION:** Educating physicians in the detection of Alzheimer's disease and other dementias. *Clinical Gerontologist*.2005; Vol 29(2).

You may be able to access these articles free of charge through your state agency library or information service. Free access to the abstract and a link to purchase the full text is also available at: <http://www.haworthpressinc.com/store/product.asp?sku=J018>.

- i. Boise L. (2005) Improving dementia care through physician education: Some challenges. *Clinical Gerontologist*, Vol 29(2), 3-10.

Although clinical practice guidelines provide evidence-based recommendations for diagnosing and managing dementia, a number of barriers prevent their implementation in the primary care setting.

- ii. Harvey et al. (2005) Models of Physician Education for Alzheimer's Disease and Dementia Practical Application in an Integrated Network. *Clinical Gerontologist*, Vol 29(2), 11-22.

Two models were used to provide ongoing education about Alzheimer's disease for primary care physicians in a Veterans Health Administration (VHA) network including 8 facilities. The train the trainer model developed by

the John A. Hartford Foundation and the American Geriatrics Society was used to prepare physician leaders to conduct Memory Loss Tool Kit sessions for colleagues in their VHA settings. Includes Videoconference Grand Rounds Program.

- iii. Vickery, Barbara G. (2005) Effective Strategies for Changing Physician's Behavior: Insights from Research on Diffusion of Innovations. *Clinical Gerontologist, Vol 29(2), 25-34.*

The design and testing of new models for improving the quality of dementia care should draw on the broader literature on changing physician's behavior in health care and other settings. Knowledge about different types of strategies is likely to be effective in changing physician and health care organizational practices around care for dementia.

- iv. Austrom et al. (2005) A Care Management Model for Enhancing Physician Practice for Alzheimer Disease in Primary Care. *Clinical Gerontologist, Vol 29(2), 35-43.*

The essential components of the integrated program are: 1) a comprehensive screening and diagnosis protocol; 2) a multidisciplinary team approach coordinated by a geriatric advance practice nurse; and 3) a proactive longitudinal tracking system. The key role of the geriatric nurse practitioner is emphasized.

- v. Barclay, et al. (2005) Improving Quality of Health Care for Dementia A Consumer Approach. *Clinical Gerontologist, Vol 29(2), 45-60.*

The growing aging population and concerns about quality health care for people with dementia and other chronic illnesses have stimulated numerous efforts targeting health care providers. The "Partnering with Your Doctor" program is the first to explore the efficacy of a consumer "self-management" approach to improving dementia health care.

- vi. Mittman, Brian S. (2005) Improving the Quality of Dementia Care The Role of Education. *Clinical Gerontologist, Vol 29(2), 61-69.*

Evidence from other chronic diseases suggests that the overall impacts of dementia care education programs will be limited: significant, lasting improvements in healthcare quality and outcomes appear to require intensive, multi-level, multifaceted approaches comprising coordinated efforts by a broad spectrum of stakeholders. This Commentary examines the quality improvement programs presented relative to current thinking and insights regarding requirements for successful improvement.

**D. NCOA Center for Healthy Aging (2005). *MD Link: Partnering Physicians with Community Organizations*.** Retrieved June 23 2006, from <http://www.healthyagingprograms.org/resources/MD%20Link.pdf>

The purpose of this toolkit is to guide a physician champion in educating his/her colleagues about the benefits and practicalities of collaborating with community-based organizations that serve older adults. The helps physicians champion learn more about community organizations and share what s/he knows with others. It is not a how-to guide for building linkages between physicians and local organizations; however, it does include some suggestions for fostering such linkages.

**E. n4a. (September 2004). *Promising Practices: Engaging Physicians...Supporting Family Caregivers.*** Retrieved June 23 2006, from [http://www.n4a.org/pdf/Promising\\_Practices.pdf](http://www.n4a.org/pdf/Promising_Practices.pdf).

*Promising Practices* is designed to help Area Agencies on Aging (AAAs) and Title VI-Native American aging programs share success stories about an innovative physician outreach program, Making the Link: Connecting Caregivers with Services through Physicians. Promising Practices includes tips on physician outreach strategies that work and how to engage primary care providers to care for caregivers. The project is a partnership between National Association of Area Agencies on Aging (n4a) and the Administration on Aging (AoA) designed to help health providers identify caregivers at risk and refer them to services provided by AAAs.

**AoA's ADDGS National Resource Center is operated by RTI and the Alzheimer's Association.**

- For additional information about physician outreach tips and tools please contact **Kate Gordon** at (202) 638-8669 or **Diane Braunstein** at (202) 638-8664.
- For further information about the ADDGS program, please contact **Lori Stalbaum**, AoA Project Officer for the ADDGS program at (202) 357-3452.

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