

Shaping physicians' perspectives on childhood lead poisoning: Outcomes from academic detailing sessions



Erika Marquez, PhD, MPH; Erick López, PhD; Amanda Haboush-Deloye, PhD



Lead testing landscape in Nevada

- One of the lowest testing rates in the nation
- Lead exposure not perceived as issue in Nevada
- Low testing rate may conceal number of children truly affected

Lead exposure landscape in Nevada

- About 300,000 homes built before lead paint ban
- Large portion of our population has a high lead exposure risk
 - people of color, immigrants, low income populations

Downstream



Midstream



Upstream





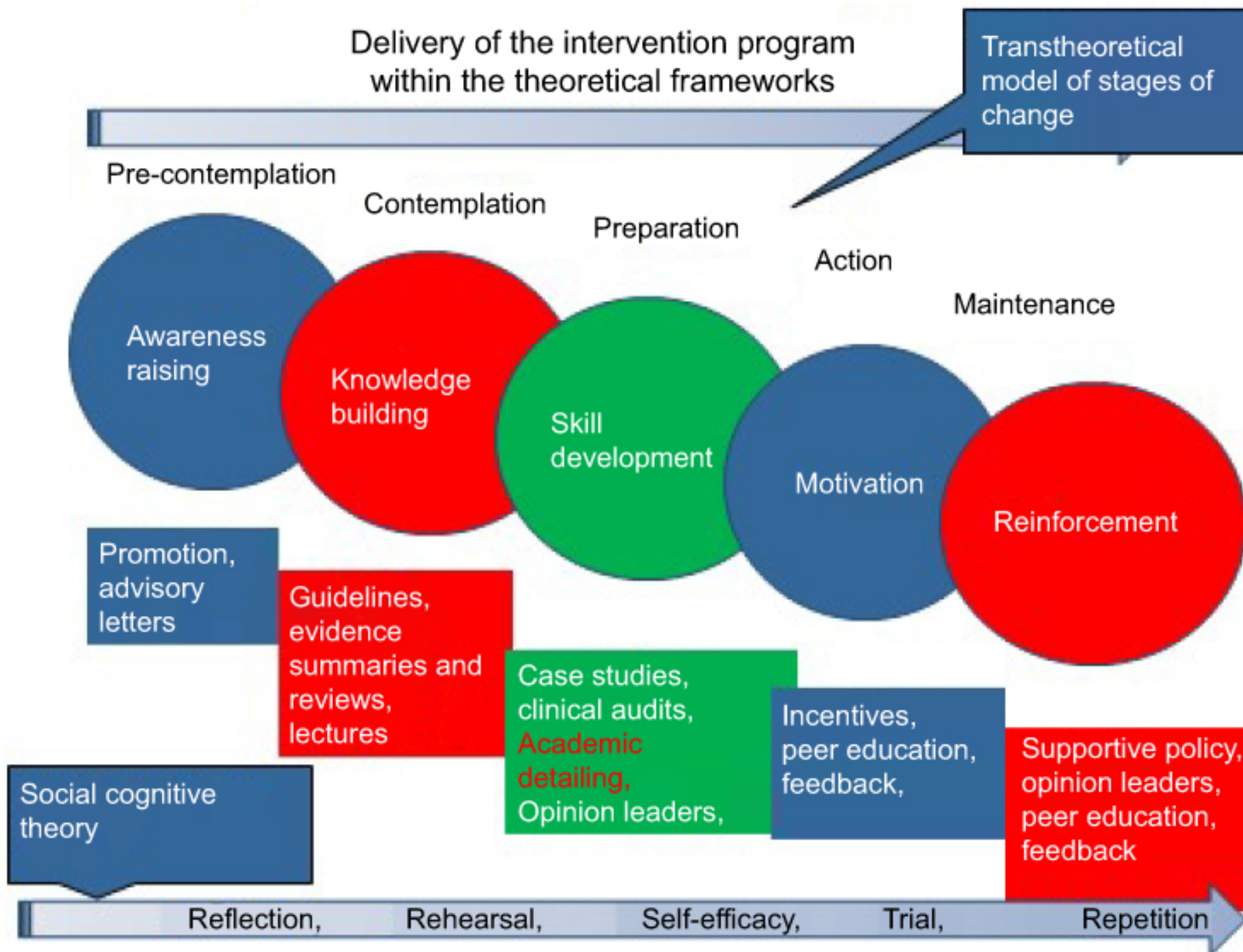
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Interactive approach that *briefly* provides the best evidence-based recommendations tailored to specific health care professionals

”



Academic Detailing



Aligned with Providers Value



Rigorous research



Proven scientific applications



Issues that concern their patient populations



Alternative delivery methodologies

Proven Effective

- Systematic review of 69 studies found **AD improved medical practice**⁴
- 14% reduction in inappropriate prescribing⁵, more effective than materials alone⁶
- Savings of *up to* \$5.47 in healthcare costs for every \$1 invested in AD



Why use academic
detailing?

Academic Detailing

SUPPORTING PROVIDERS & HEALTH SYSTEMS THROUGH ACADEMIC DETAILING

Introduction



Needs
Assessment



Key Message



Understanding
Barriers &
Enablers



Handling
Objections



Summary &
Close



Commitment to
Implement EBP



Critical Action

Recommend at least 1 specific evidence-based practice (key message).



Critical Action

Obtain commitment to implement at least one key message.

Best practices to promote behavior change in physicians

- Address 3-4 most important points
 - Must be understood and accepted for any behavior change to occur
- Potential Barriers/Potential Solutions
- Linked to program materials

Academic Detailing Visit Guidance

Case # _____

Introduction – Key Elements

- Childhood lead poisoning is entirely preventable.
- More than just homes contain lead. Imported items like folk remedies and makeup may expose children, as well as everyday items like keys mini-blinds and ceramics.
- Lead is associated with serious health effects that are frequently untreated or misdiagnosed. Reduced IQ and behavior problems are early symptoms while brain and nervous system damage and reduced brain volume may be clinically identified
- Just 3% of Nevada's 217k children are tested under the CDC-mandated schedule. Compare this with Arizona, where the construction is similar but childhood testing is 24.24% statewide and as high as 39.6% in some counties. Nationally, more than 10% of children are screened.

Needs Assessment Questions

- Do you have any experience with lead exposure in your practice?
- Do you serve low SES, high-minority populations or refugees?
- How do you screen for lead?
- Have you ever had a positive test? How did you respond?

Key Messages to Deliver

1. Low-level exposure comes from housing and non-traditional routes: brought into home
2. CDC Guidelines require screening at 12 and 24 months or at least once before age 6 if not previously tested
3. These tests are covered by Medicaid, NV Check Up and most private insurances
4. Reporting all tests and demographic data is essential to better understanding the lead risk

Parts of Detailing Aid to Reference

1. Lead Sources
2. Lead Overview
3. Regulatory Requirements
4. Reporting Handout, SNHD Reporting Form

Potential Barriers for these Messages

1. I don't have this problem in my clinic
2. I don't have time
3. There is no real danger of lead exposure
4. Universal screening isn't needed

Related Enablers/Solutions

1. The population you serve is among the highest of statistical risk
2. Testing removes the need for working a lead screening questionnaire and may save you time
3. New research is showing exposure as low as 5 µg/dL can have serious health effects that may not be obvious during a visit and can only be found with a test
4. If testing saves or improves the life of just one child, wouldn't it be worth it

POC Name: _____ Type: _____
Clinic Name: _____ Address: _____
Telephone: _____ Email: _____
Scheduled: _____ at _____ Actual: _____ at _____

Visit Minutes _____ Follow-Up Date/Time _____

Attended: MD/DO _____ PA _____ NP _____ Support _____

Which Kids Tested _____

Testing Type _____

Follow CDC Guidelines: Y/N Why _____

Medicaid Patient Percent _____

Use Lead Screening Tool Y/N _____

Source of Tool _____

Is Compliance a Concern Y/N Barriers _____

Messages Covered 1.Y/N 2.Y/N 3.Y/N 4. Y/N _____

Resources Given/Requested _____

EMR Software _____

Materials Shared

IS YOUR CHILD
LEAD POISONED?
the symptoms are hard to spot



DON'T DELAY
do a lead test today

Test for Lead at 12 and 24 Months
or at least once between 3-6 years

Ask your child's doctor for a Lead Test!

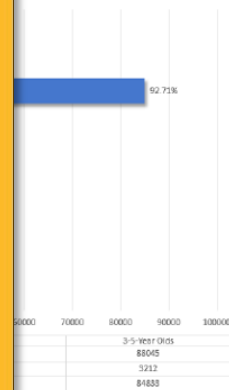
For more information visit www.nvclppp.org or call
Northern Nevada: 775-884-0392 Southern Nevada: 702-895-1040



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6 in Clark County



condition under NRS

at 12 months, 24 months, or

in Medicaid receive a blood

level in children

Wednesday, March 11, 2020

Lead Overview

Lead Hazards and Their Causes

Lead Sources in Clark County

Traditional and Non-Traditional Sources

Lead Cases and Response

For Elevated Blood Levels

Resources for Families

Of Children with Elevated Blood Lead Levels

Lead Testing and Reporting Requirements

Changes to NRS 442.700 effective July 1, 2019

Who should be tested?

- **ALL** children enrolled in Nevada Medicaid or Nevada Check Up¹ are **required** to receive a blood lead test at 12 months and 24 months of age or at least once before age 6 if not previously tested. Completion of a risk assessment questionnaire does **not** meet the Medicaid requirement.^{2,3}
- **ALL** children are encouraged by the Nevada Department of Health and Human Services to receive a blood lead test at 12 months and 24 months of age or at least once before age 6.

What you need to know:

ALL tests - both positive and negative, capillary and venous - **must be reported**, including those conducted in your office.

ALL lead tests must include the child's name, sex, race, ethnicity, date of birth, address and zip code, sample collection date and type, and provider's name and contact information.

As of 2012, the current reference value for an elevated blood lead is **at or above 5 ug/dL**.

As a reminder: capillary blood test results at or above the current reference value **must** be confirmed by a venous test.

Refer to the Council of State and Territorial Epidemiologists for the most current reference value that indicates an elevated blood lead test.

Report blood lead test results through these methods:

You are encouraged to report electronically.

1. The Southern Nevada Health District offers secure online disease reporting at: SouthernNevadaHealthDistrict.org/DiseaseReports/Forms/Disease-Reporting
2. To report by fax, send the Nevada Confidential Morbidity Report Form to 702-759-1414



1. Nevada Check-Up Manual, 2014, <https://www.nvclppp.org>
2. CMS Informational Bulletin, Nov. 30, 2015, <https://www.cms.gov/medicare/coverage/policyguidance/downloads/i15113015.pdf>
3. NRS 442.700 Screening for Amount of Lead in Blood of Children, <http://nrs.leg.state.nv.us/nrs-442.html#NRS442.700>

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Methods

What we did

- Time period: April - September 2019
- 20 medical practices
- 24 academic detailing sessions
- Collected 75 surveys

Analysis

- Assessed barriers to lead testing
- Compared report cards before and after academic detailing
- 2018 Report Card vs. 2019 Report Card

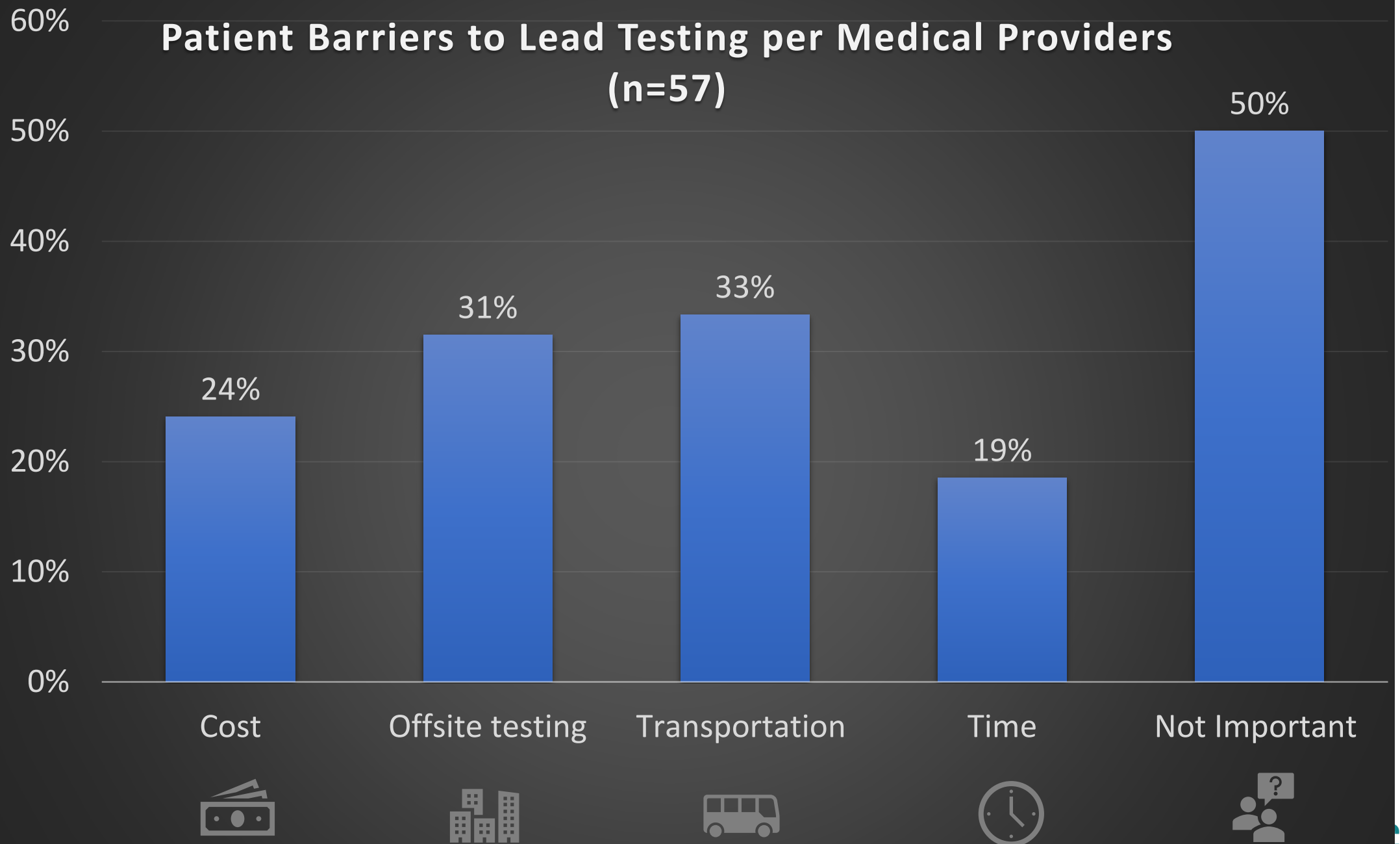
Exclusion criteria for analysis

- Excluded Q4 of 2019, need time to observe change
- Medical school, emergency medicine
- Missing or incomplete data

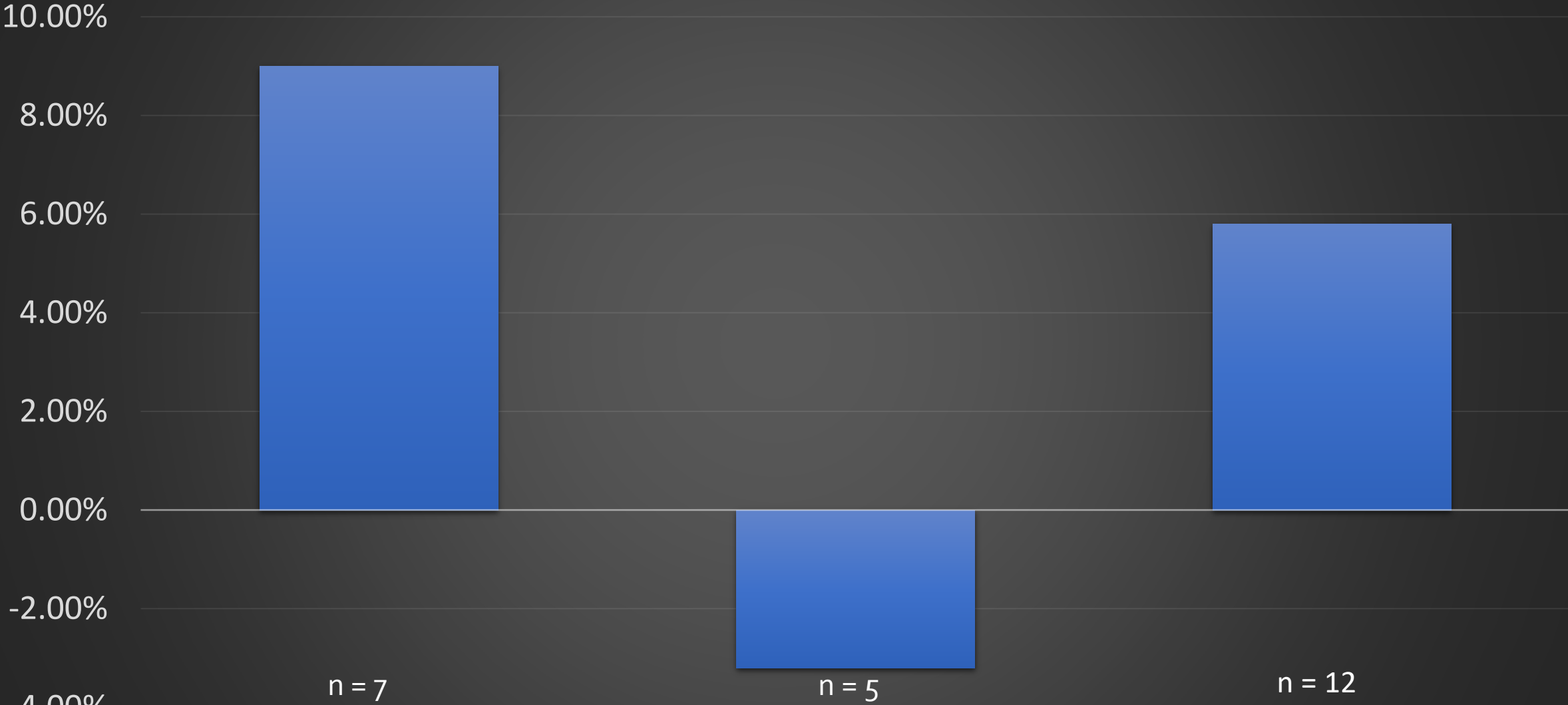


What we did

Patient Barriers to Lead Testing per Medical Providers (n=57)

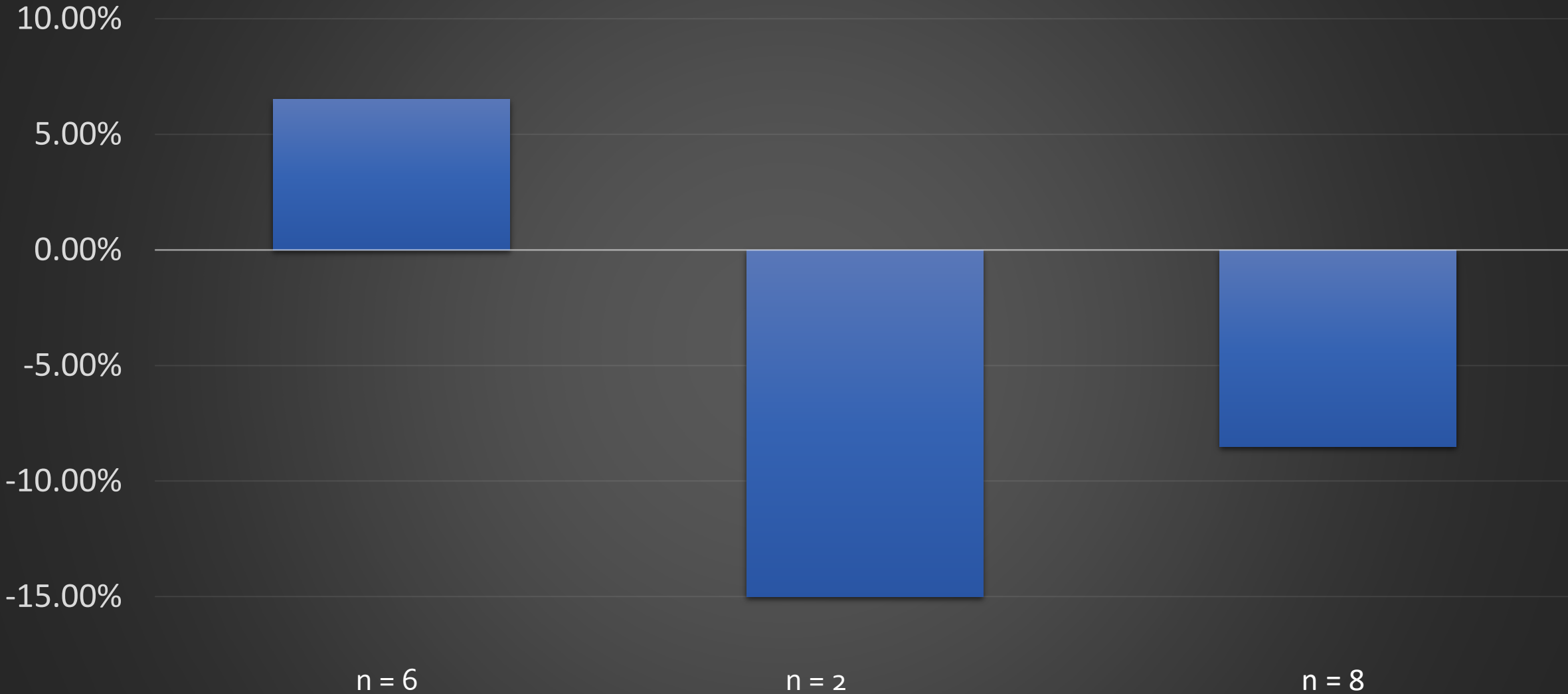


Average Percentage Change of Medical Practices
Lead Testing 1 Year Olds



■ Series1	Avg % increase	Avg % decrease	Net Avg % Change
	9.00%	-3.20%	5.80%

Average Percent Change of Medical Practices Lead Testing 2 Year Olds



■ Series2

Avg % increase

6.50%

Avg % decrease

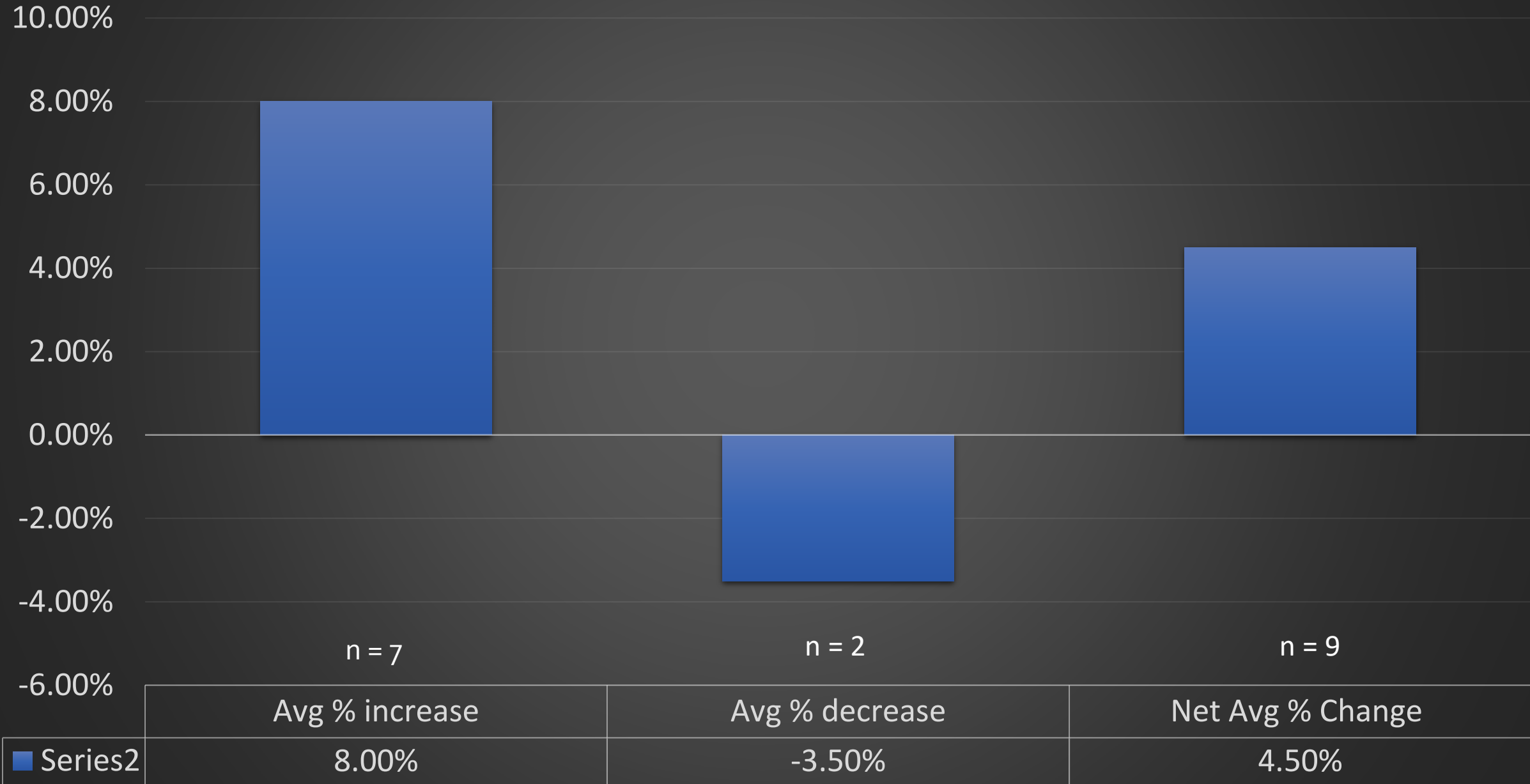
-15.00%

Net Avg % Change

-8.50%

Average Percentage Change of Medical Practices

Lead Testing 3-6 Year Olds





Survey Results (n=75)

97% of providers

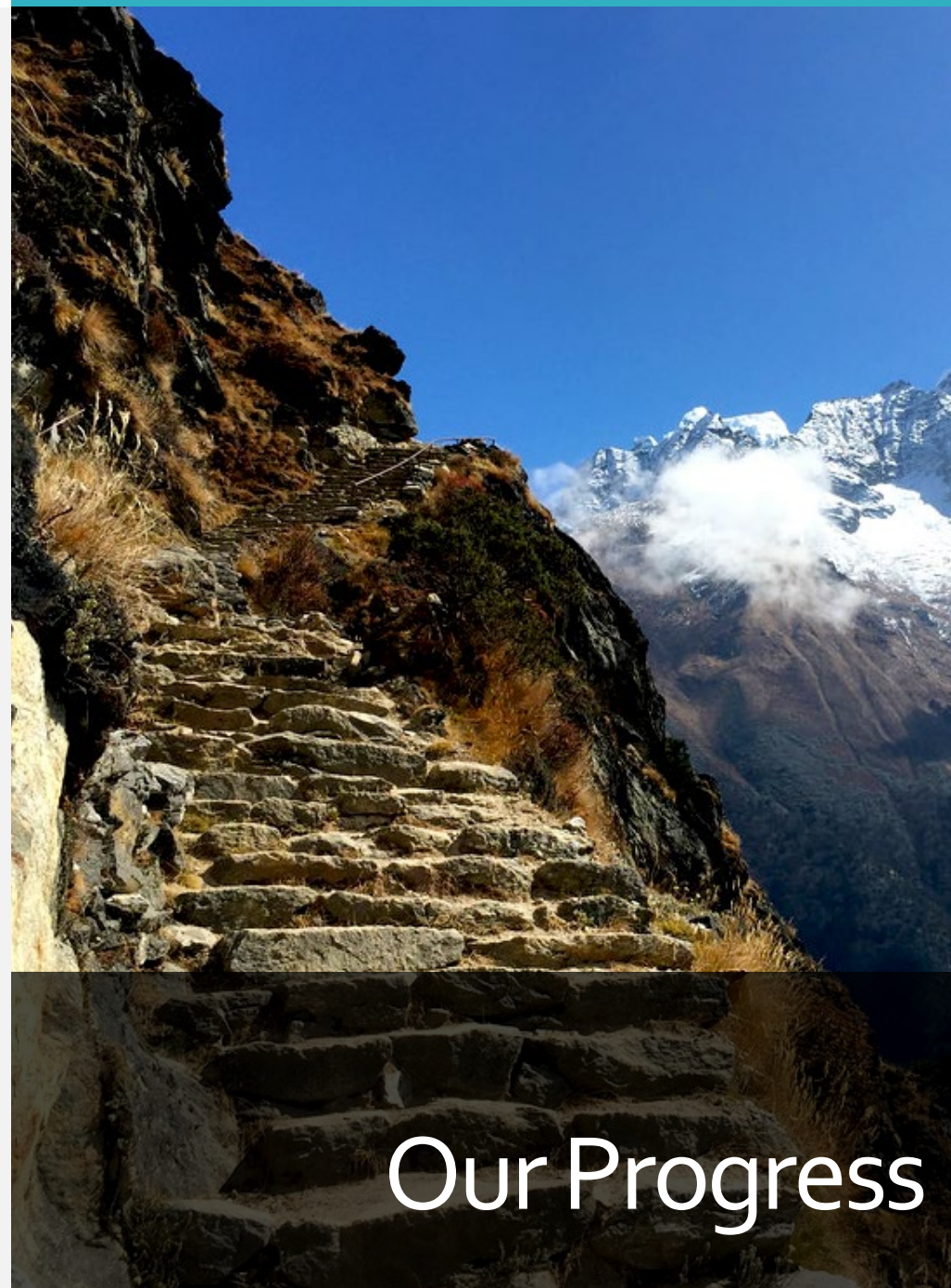
- increased their knowledge of the responsibilities & requirements for reporting blood lead tests

96% of providers

- increased their likelihood of ordering a blood lead test

97% of providers

- found the session useful



Our Progress




Implications


Take away: Academic detailing is effective for increasing lead testing among physicians


Key Recommendations	How to Implement
1. Identify gatekeepers	Reach out to Medical clinic managers
2. Harness key partnerships	Southern Nevada Health District called to schedule appointments
3. Use a multi-level approach	Upstream-- use public comments to inform legislators; Midstream-- academic detailing; Downstream-- outreach to parents
4. Engage in a recursive process	Reflect on challenges/success; recalibrate effort to improve efficacy; new iterations informed by past iterations (See 1 & 2; AD follow up visit--providers want quarterly reminders



Thank You

Erika Marquez, PhD, MPH 

erika.marquez@unlv.edu 

www.nvclppp.org 

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