Media and Marketing

Presentation to ABIM Foundation Learning Network
July 9, 2013

www.choosingwisely.org
Outline

• Introduction of staff providing communications support
• Background on campaign
• Using traditional and social media
• Communications resources
• Branding/logo usage
• Grantee communications highlights and sharing
• Questions
Staff

- Kelly Rand, Program Manager, Choosing Wisely Campaign
- John Held, Director of Communications, ABIM Foundation
- Beccah Rothschild, Senior Outreach Leader, Consumer Reports
- Lane Rasberry, Wikipedian-in-Residence, Consumer Reports
Background

Fundamental Principles
- Primacy of patient welfare
- Patient autonomy
- Social justice

A Commitment to:
- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- A just distribution of finite resources
- Scientific knowledge
- Maintaining trust by managing conflicts of interest
- Professional responsibilities

Authored by the ABIM Foundation, ACP Foundation, and European Federation of Internal Medicine
Background
Messaging

Focus groups with physicians revealed they:
• Recognize there are a lot of unnecessary tests and procedures

• Do not see themselves as the problem - responding to patient requests for more tests and procedures

• Do not consider themselves “stewards” of resources

• Want to do the right thing for their patients - deliver the best care possible and not cause undue harm

• Want to be part of the solution, and terms like “wise choices” resonated
Messaging

Research helped refine our focus:

• The messengers (physicians) are trusted – have patients best interests at heart.

• Action is simple, non-threatening – have a conversation!

• This is not about cost. This is about quality and patient safety, not dollars and cents.
Choosing Wisely is an initiative of the ABIM Foundation to help physicians and patients engage in conversations about the overuse of tests and procedures and support physician efforts to help patients make smart and effective care choices.
Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

Asymptomatic, low-risk patients account for up to 45 percent of unnecessary “screening.” Testing should be performed only when the following findings are present: diabetes in patients older than 40 years-old; peripheral arterial disease; or greater than 2 percent yearly risk for coronary heart disease events.

1. Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

2. Don’t perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.

Non-invasive testing is not useful for patients undergoing low-risk non-cardiac surgery (e.g., cataract removal). These types of tests do not change the patient’s clinical management or outcomes and will result in increased costs.

3. Don’t perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.

4. Don’t perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.

Patients with native valve disease usually have years without symptoms before the onset of deterioration. An echocardiogram is not recommended yearly unless there is a change in clinical status.

5. Don’t perform stenting of non-culprit lesions during percutaneous coronary intervention (PCI) for uncomplicated hemodynamically stable ST-segment elevation myocardial infarction (STEMI).

Stent placement in a noninfarct artery during primary PCI for STEMI in a hemodynamically stable patient may lead to increased mortality and complications. While potentially beneficial in patients with hemodynamic compromise, intervention beyond the culprit lesion during primary PCI has not demonstrated benefit in clinical trials to date.
Society Announcements

Phase I
April 4, 2012

Phase II
February 21, 2013
Choosing Wisely in the Media

[Logos of various media outlets]
American Society of Clinical Oncology Identifies Five Key Opportunities to Improve Care and Reduce Costs: The Top Five List for Oncology

Lavelle A. Schuyler, Thomas J. Smith, David B. Raghunath, Douglas W. Blayney, Patricia A. Grant, Thomas Marie Maloney, and Dan E. Tollefsbol

INTRODUCTION

Advancements in the prevention, diagnosis, treatment, cure, and management of cancer have contributed to improved equitable access to care, quality of life, and declining death rates in the United States. With those successes come increased costs to a level that is now causing serious financial burdens on patients, families, and society at large. Current trends remain unchanged: the Centers for Medicare and Medicaid Services (CMS) project that U.S. health care spending will reach $3.9 trillion and account for 19.3% of the nation's gross domestic product by 2018.8 Although cancer care represents a notable portion of the health care costs, its cost is rising precipitously? and will increase as our population ages and the disease becomes more prevalent.

The basis for the rising costs of care is complex and is due, in part, to unnecessary use of health-care services. The Congressional Budget Office estimates that 30% of care delivered in the United States goes toward unnecessary tests, procedures, physician visits, hospital stays, and other services that do not improve a patient's health.9 In this issue, regional variations in health-care costs have been examined, and the cause of the variation is the result of physician use of tests and treatments that are not evidence-based.10 Physicians and their colleagues in higher cost regions not only provide more care and services, but they tend to avoid providing care whose value is not supported by evidence.11 It can be concluded that if physicians in higher cost regions similar to those followed by Medicare patients similar to that followed by CMS patients, the cause of the variation in health-care costs may be attributable to the higher cost of care in these regions.

CONCLUSIONS

The key to improving the cost of cancer care is to be a cost effective, high-quality care while reducing unnecessary expenditures for our patients, their families, and society at large.

Supplemental material is available at http://www.jco.org.

To address this issue, ASCO established the Cost of Care Task Force in 2009 to examine the magnitude and develop strategies to address these challenges.12 The task force, which reviewed the release of a policy statement, addressed this issue with the release of a policy statement that advocated for the use of multiple factors that are not correlated with the cost of cancer care.13 The statement was intended to be a call to action, not a detailed analysis of the costs of cancer care. In January 2010, ASCO released a policy statement that was intended to be a call to action, not a detailed analysis of the costs of cancer care. In January 2010, ASCO released a policy statement that was intended to be a call to action, not a detailed analysis of the costs of cancer care. In January 2010, ASCO released a policy statement that was intended to be a call to action, not a detailed analysis of the costs of cancer care.
“We have created a medical ecology based on overprescription and overconsumption on the part of both physicians and patients,” Erb said. “What Choosing Wisely has done is legitimize our ability to cut back on what’s unnecessary.”
Consumer Reports: The Campaign

Consumer Reports, in conjunction with the ABIM Foundation, has developed 84 two-page pamphlets, covering 41 topics.
- Of the 84, there are 22 Regular reports, 35 in Plain English and 27 in Spanish.
- All are available for your use, including distribution, at: [http://consumerhealthchoices.org/campaigns/choosing-wisely/#materials](http://consumerhealthchoices.org/campaigns/choosing-wisely/#materials)

To get consumer feedback on the pamphlets, we conducted usability tests to enhance the participatory design methodology of creating them as well as a post-creation evaluation before expanding dissemination.
Main Usability Test Findings

- One word descriptors to describe the content included informative, excellent, condensed, educational, interesting, and useful.
- One word descriptors to describe the look included clean, organized, slick, specific, discreet, and pleasant.
- The blue boxes on page two were the highlight:
  - Engaging
  - Clear
  - Specific
  - Relevant
  - Actionable
  - Trustworthy
Post-Creation Pamphlet Evaluation

We were interested in learning:

✓ What are consumers taking away from the materials?
✓ Are the materials successful in changing consumer behavior?
  ‣ Will it prompt a conversation with their health provider?
  ‣ Will it prompt the consumer to research further?
✓ Are the materials trustworthy?
✓ Are the materials written in an appropriate language?
✓ Are the results consistent across pamphlet topics?
✓ Do results differ by analytical subgroups?
Main Post-Creation Pamphlet Evaluation Findings

1. Theoretical and realistic interest in seeing the pamphlets differed greatly.
   - Initial interest in seeing the pamphlets was low (11% - 16%)
   - After reading the pamphlets, over 50% of the respondents indicated they would be interested in receiving this type of information in the future
   - 72% became interested in the pamphlets when the topic is relevant to their life

2. The pamphlets are written in clear & understandable language for consumers.
   - 85% felt the materials were clear and uses language they can understand
   - 75% felt the pamphlets had enough information to help them make a decision
   - 65% indicated that the materials taught them new information
   - 43% were persuaded to change their opinions based on what they read

3. Participants are Willing to Change Behavior/Take Action.
   - 64% indicated they are likely to have a conversation with provider
   - 61% indicated they are likely to research the topic themselves further online
   - 47% agreed that the materials prompted them to ask their HCP more questions
Twitter

- An online social media and networking platform that lets users send and read messages of up to 140 characters.
- More than 500 million registered users sending over 340 million tweets a day.

According to Pew Research Center’s Internet and American Life Project:
- 18 – 29 (27%)
- 30 – 49 (16%)
- 50 – 64 (10%)
- African Americans
- Urban residents
• Monitor trends/news using the search function
• Re-tweet (RT) news relevant to your audience
• Learn what resonates by monitoring RTs of your content and “favorites”
• Use a url shortener like bit.ly or goo.gl to save characters
• Post often

• https://twitter.com/ABIMFoundation
• @ABIMFoundation
• #choosingwisely
MHQP @MHQP
MHQP's #choosingwisely grant will help docs and patients talk about health care decisions ow.ly/lZHlq cc: @abimfoundation
Retweeted by ABIM Foundation
Expand

TMA Knowledge Center @TMAKnowledge
TMA wins "Choosing Wisely" grant, helps patients discuss with physicians about what tests are right for them bloggedarteries.texmed.org
Retweeted by ABIM Foundation
Expand
Facebook

- Online social networking service used by individuals and organizations to develop online profiles or common interest groups
- As of March 2013 Facebook had over 1.11 billion active users.
- http://www.facebook.com/theabimfoundation
Facebook

- 67% of all internet users use Facebook
- Women are more likely to be on Facebook than men
- Age breakdown:
  - 18 – 29 (86%)
  - 30 – 49 (73%)
  - 50 – 64 (57%)
  - 65+ (35%)

Source: Pew Research Center’s Internet and American Life Project
The OMA is proud to be among 21 grantees chosen by the ABIM Foundation to advance the Choosing Wisely® campaign.

21 Organizations to Engage Physicians and Patients in Conversations on...
www.abimfoundation.org

ABIM Foundation awards grants to advance Choosing Wisely® campaign in local and regional areas in US.

American Society of Echocardiography shared a link.
May 28

ASE was recently awarded a grant to develop a smartphone app to help patients and doctors determine if an echo is appropriate.

Choosing Wisely®
An initiative of the ABIM Foundation

ABIM Foundation awards grants to 21 organizations to advance the Choosing Wisely campaign.
Choosing Wisely®: Our List of Five Things Physicians and Patients Should Question

A Campaign to Improve the Nation’s Healthcare Quality and Safety

On February 21, the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) released its list of five things physicians and patients should question as part of the American Board of Internal Medicine (ABIM) Foundation’s Choosing Wisely® campaign. To date, 25 specialty societies have developed and released lists as part of the initiative.

This month we highlight our five items and provide a set of questions and answers to stimulate discussion of the campaign in your practice and with your patients. Further information about the campaign is available at http://www.entnet.org/choosingwisely and http://www.choosingwisely.org/.

In releasing the list, the AAO-HNSF would like to thank everyone who provided leadership and input during the list’s development. In particular, we would like to highlight the role of the Patient Safety and Quality Improvement Committee that spearheaded the AAO-HNSF list development process.

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The Medical Professionalism Blog

Grants Take Choosing Wisely® from Grassroots to Grassroots

Written by Daniel Wolfson on April 3, 2013

The Choosing Wisely® campaign has attracted a lot of attention from the so-called “grassroots” in the form of physician leaders, policy makers, researchers, delivery system leaders, journal authors and the media. This top-down strategy was necessary given a political environment that invoked terms such as “rationing” and “death panels.” Yet, the “grassroots” strategy of the Choosing Wisely campaign has sparked conversations about wasteful tests and procedures among leaders and organizations and has helped legitimize such conversations—and more importantly, actions—among those who can put words into action, moving the campaign from grassroots to grassroots. Cardiologist and American College of Cardiology leader, Dr. Blair Erb, in his “Curbing Overage” cover story in Modern Healthcare, said, “What Choosing Wisely has done is legitimize our ability to cut back on what’s unnecessary.”

With the aid of a generous grant from the Robert Wood Johnson Foundation (RWJF) the ABIM Foundation has in turn awarded 21 grants to specialty societies, state medical societies and regional health collaboratives. The aim of these grants is to bring Choosing Wisely down to the grassroots level – for physicians and patients to:

- learn about the recommendations from the specialty societies;
- have informed conversations; and,
- change attitudes of both physicians and patients that more is not always better.
Check a Wikipedia article’s history
From the history page, click “Page view statistics”
This article gets 130,000 views per month. What does that mean?
Press Releases

- Can be used to announce your grant, provide updates on your project, or promote an event
- Provide content for your website
- Help with SEO
- Promote through Facebook and Twitter
Communications Toolkit

- Campaign Key Messages
- Talking Points
- Press Release Tips
- Digital Communications
- Campaign Resources
www.choosingwisely.org

- 600,000 visits
- 2.25 million page views
- Nearly 30 specialty society lists
- Individual grantee pages
- Page analytics available
Materials From Consumer Reports

- Website
  http://consumerhealthchoices.org/campaigns/choosing-wisely/

- 84 pamphlets for consumers in English and Spanish:
  http://consumerhealthchoices.org/campaigns/choosing-wisely/#materials

- 5 videos
  http://www.youtube.com/user/consumerhealthchoice

- 2 Posters (revised “5 Questions” poster coming on July 15!)
  http://consumerhealthchoices.org/?s=poster

- Wallet card
  http://consumerhealthchoices.org/catalog/when-to-say-whoa-wallet-card/

- Newsletter
  http://consumerhealthchoices.org/connect/our-email-newsletter/
Medical tests before eye surgery
When you need them—and when you don’t

If you’re going to have cataract surgery or another eye surgery, you may be given some medical tests first. For example, you may have an electrocardiogram (EKG) to check your heart, or a complete blood count (CBC) to check for anemia, a low amount of red blood cells.

These tests may make surgery safer. For example, they may find medical problems that lead to a delay or change in your surgery. But most people don’t need these tests before eye surgery. Here’s why.

The tests usually aren’t helpful for low-risk surgery. Generally, cataract and other eye surgeries have very low risks of complications or problems, such as heart attack. There really isn’t anything doctors can do to lower the risk any further. Eye surgeries do not take long, and they use only a local anesthetic to numb the eye, often with a medicine to relax you.

Even so, many healthy people get a routine set of tests before eye surgery. In these cases, the tests don’t change the surgery or make it safer.

They can lead to more tests. The tests themselves are very safe, but they can cause false alarms. This can lead to anxiety and more tests. And they can needlessly delay your surgery. For example, one test may be followed up with another test, an ultrasound, a biopsy, or a test that exposes you to radiation, such as an X-ray or CT scan.
Materials From Consumer Reports

• Facebook:  
  https://www.facebook.com/ConsumerHealthChoices

• Twitter:  
  @TaraCRHealth  
  @ConsumerDavid  
  @CRHealth

• Media Tools (emailed on 7/8 and on OneHub)  
  ➞ About CR and About CR & CW  
  ➞ Quotes from John Santa, MD, MPH  
  ➞ Tweets
Welcome to the Choosing Wisely® Employer Toolkit! NBCH, with the generous support of Pacific Business Group on Health, partnered with Consumer Reports to create this toolkit for employers to use to educate their employees about the dangers and issues associated with the overuse of health care services.

These materials can help you launch the Choosing Wisely® campaign with our employees or integrate it with your current communication efforts, all with your own brand. These materials are intended for broad distribution. They’re written to “speak” to diverse workforces across a variety of industries.

The toolkit itself is organized into four pieces:

1) Materials for employers to learn about Choosing Wisely, and how to use the toolkit;

2) Materials for employers to use and distribute to their employees;

3) A series of Consumer Reports tip sheets that organize Choosing Wisely into topics that will be easy for employees to identify with; and

4) Links to a wide variety of Consumer Reports resources on health and health care.

We hope this toolkit is a useful resource, and we are interested in hearing your feedback about how you’re using these materials to educate employees. Please let us know if you have any questions, comments, or concerns. Colleen Bruce, Director of Value-Based Purchasing and Public Policy at NBCH can assist you.
Branding/Logo Use

• The *Choosing Wisely* registered trademark has been approved by the United States Patent and Trademark Office (USPTO).

• Please include the ® symbol following “Choosing Wisely” upon first mention.

• All grantees have signed agreements allowing use of the logo.

• The logo is for your organization’s use only.
Describing Your Grant

• Your grant was awarded by the ABIM Foundation, which received a grant from the Robert Wood Johnson Foundation (RWJF) to support this program. The grants are not directly from RWJF and should not be referred to as RWJF grants.

• Therefore, it is appropriate to reference the grants as follows:

  “[Organization name] recently received a grant from the ABIM Foundation to advance the Choosing Wisely® campaign. Support for this program comes from the Robert Wood Johnson Foundation.”

• Please remember to share all external communications with Kelly Rand (krand@abim.org) prior to publication.
For more information

- Choosing Wisely: [www.choosingwisely.org](http://www.choosingwisely.org)
- Consumer Reports: [www.consumerhealthchoices.org](http://www.consumerhealthchoices.org)  
  Beccah Rothschild: [rrothschild@consumer.org](mailto:rrothschild@consumer.org) or 415-431-6747 x 120
- ABIM Foundation: [www.abimfoundation.org](http://www.abimfoundation.org)
- The Medical Professionalism Blog: [blog.abimfoundation.org](http://blog.abimfoundation.org)
- Twitter: @ABIMFoundation
- Facebook: ABIM Foundation

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Thank you.