

Prescription for Health

Communicating with Primary Care Clinicians
via Professional Societies

Center for the Advancement of Health

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ACRONYMS

AAFP	American Academy of Family Physicians
AANP	American Academy of Nurse Practitioners
AAP	American Academy of Pediatrics
AAPA	American Academy of Physician Assistants
ABFP	American Board of Family Practice
ACNP	American College of Nurse Practitioners
ACP-ASIM	American College of Physicians – American Society of Internal Medicine
AGS	American Geriatrics Society
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
CFAH	Center for the Advancement of the Health
CME	Continuing Medical Education
RWJF	The Robert Wood Johnson Foundation
SGIM	Society of General Internal Medicine

INTRODUCTION

If research produces new and better ways to help doctors help patients improve their health behaviors, how can those findings best be brought bear on changing the routine practice of primary care professionals?

In a series of studies conducted by the Center for the Advancement of Health (CFAH), primary care clinicians from across the country were asked to identify their best sources of information about effective strategies to help their patients quit smoking, increase their physical activity, and change eating habits. There was widespread agreement that professional societies were the preferred source of such information, easily trumping the government and the pharmaceutical industry as the most highly trusted transmitter of new knowledge.

When the Robert Wood Johnson Foundation (RWJF), in collaboration with the Agency for Healthcare Research and Quality (AHRQ) funded *Prescription for Health*, it called on CFAH to assess the potential of the major primary care professional societies to serve as the dissemination vehicles for finding that will be generated by this important initiative

This manual is based on the information gathered to assess this potential.

Its purpose is to encourage *Prescription for Health* investigators to make sure their findings have an impact beyond a single Practice-Based Research Network (PBRN) and beyond a single primary care professional group. The goal is to reach the broadest audience of primary care professionals possible with information that would allow them to replicate the effective intervention you have developed and tested.

This manual will help busy investigators with little experience in research dissemination to develop and execute a plan to make sure that your colleagues nationwide benefit from your research network's work and insights.

Background

The *Prescription for Health* program is managed by the national program office under the direction of Dr. Larry Green. The first round of grants was recently awarded to 12 practice-based research networks. The grants are for 16-month innovation studies, which will focus on new models of care or tools for changing health-related behaviors. The second round of grants will be awarded in 2004 and will support additional innovation studies as well as controlled studies to further test and refine the first round of innovations. Further information about the *Prescription for Health* program is available at <http://www.prescriptionforhealth.org>.

The Center for Advancement of Health is an independent nonprofit organization funded by foundations to promote greater recognition of how psychological, social, behavioral, economic and environmental factors influence health and illness. The Center advocates for the highest quality research and communicates it to the health care community and the public. The fundamental aim of the Center is to translate into policy and practice the growing body of evidence that can lead to improving and maintaining the health of individuals and the public. The Center receives core funding from the John D. and Catherine T. MacArthur Foundation. Further information is available at www.cfah.org.

General Findings

A Web site review and interviews of key informants in ten societies yielded a wealth of information that is summarized in Appendix B. These summaries include a) a brief profile of each society; b) descriptions of the existing channels of communication; c) the channels of communication recommended by staff and other key informants; and d) detailed information about those channels, such as contact person, form of submission, mode of distribution and timeline from submission to publication.

In the course of gathering this information, we learned that:

- ◆ News letters, list serves and Web site announcements are inexpensive, wide-reaching channels and are appropriate for brief announcements but are less useful for transmitting more complex messages or findings.
- ◆ Highly recommended but high-cost and labor intensive approaches to reaching those who are likely to incorporate new approaches include workshops and continuing education programs.
- ◆ Presentations at annual meetings attract a less committed audience than do continuing education programs or workshops. However, the person-to-person contact of even a large-group presentation can be a powerful incentive for participants to consider adopting new strategies.
- ◆ The processes by which articles are submitted to journals are remarkably similar across all societies investigated. The devil is, however, in the details.
- ◆ Submission of a proposal for a presentation, workshop or continuing education program differs across societies.
- ◆ The use of low-cost channels like Web sites and newsletters may be most appropriate to announce early findings, events where findings will be presented, or developments in the *Prescription for Health* program in an individual site or at large.
- ◆ High-cost and more labor intensive communication channels, such as journals or conferences are appropriate for later, more substantial study findings. Consider, however, that while empirical articles may be persuasive, they rarely provide practical guidance.

- ◆ Every society has a different calendar. Meetings occur throughout the year, journals are published on different schedules, continuing education programs take place in a variety of formats and venues.

YOU ARE GOING TO NEED A PLAN!

Your Communications Plan

In order for *Prescription for Health* to have an impact, investigators and network staff will not be able to conduct business as usual. You cannot assume that publishing a single manuscript in a single journal will be sufficiently compelling to get busy practitioners to reorganize their routine practices to implement your intervention.

If it was worth conducting the research and doing so has produced robust findings, it is worth doing more than this to make sure your colleagues benefit from what you have learned.

There are four steps to be taken when formulating your communications plan. These four activities should be undertaken by the appropriate group within the PBRN and should include investigators, others who were involved in the study, and perhaps staff from the *Prescription for Health* program office.

Step 1. Identify communication goals

Step 2. Select specific targets of communication

Step 3. Products

Step 4. Phases of a communication plan

Once you have completed these steps, you will be ready to develop and implement your plan efficiently and effectively.

STEP 1. IDENTIFY COMMUNICATION GOALS

What do you have to communicate?

Probably the most basic idea that is driving you to communicate about your project is that you have developed an approach to delivering care that has been effective in changing an indicator that has been linked elsewhere to patient behavior change, and thus to the reduction of health risks, e.g., advising all smoking patients about quitting.

This is important, because without this basic documentation of effectiveness, there is little incentive for someone to understand how you achieved the change. On the other hand, the standard format for a journal article reporting on original research rarely allows room for a description of the intervention that would allow for it to be reproduced.

What to do?

Consider setting a couple of specific communications goals along the lines of:

- Raise awareness of primary care clinicians about the potential of action plans to spark and maintain behavior change.
- Establish your PBRN as a resource for using hand-held devices for nutrition counseling by physicians.
- Change the way primary care clinicians approach weight control in kids.

Be ambitious here. You may have few resources, limited time and little expertise, but you can tailor your approach later on when you get specific.

STEP 2. SELECT SPECIFIC TARGETS OF COMMUNICATION

In order to reach a wide audience that is likely to act on your findings, you need to be very specific about who the audience is and the potential of your findings and methods to persuade them to experiment with them.

Take a look at the list of primary care societies in Section 2 and set priorities.

- Are your findings more suitable for one group over all others?
- Are there sub-groups within a professional society that are more likely to respond?
- Are there any groups that could have a multiplier effect if they were to really understand your findings fully?

Ideally, you would find ways to reach all the primary care societies listed in Appendix B. Given the convention that original research is not generally re-packaged and re-published as original research in multiple journals, you are going to need to find alternative strategies to broadcast your results throughout all of primary care.

Keep this in mind as you set priorities among audiences.

STEP 3. PRODUCTS

If you have conducted a solid study and are confident about your findings – AND your findings have implications for the delivery of some health risk behavior change intervention in primary care, then you should plan to devote time *beyond* the preparation of a single journal article. Before you get overwhelmed by (or dismiss) this charge, remember:

FORM FOLLOWS FUNCTION

What are the communications aims you have set for yourselves?

How can you accomplish them most efficiently using the communications vehicles offered to you by the primary care professional societies?

In our survey of the societies, we found that there is a variety of strategies that could be used to reach your colleagues that can be arrayed along a continuum of intensity ranging from the announcement of the study being undertaken to a half-day workshop on implementing your intervention for which attendees could earn continuing education credits.

Consider these as candidate “products” for your study:

- Press release saying that the study has started
- A brief description of the study aims and method, including a list of participating practices
- Sample editorial and letter to the editor for a clinical journal about the importance of PBRN research on your topic, using your study as a case in point.
- Article describing findings for submission to a peer-reviewed journal
- A narrative account of the intervention, including a description of the barriers that were common across practices and lessons learned about implementation.
- An implementation protocol, based on a consensus among participating practices.
- A “tool kit” for implementation that includes the protocol, hints and tips, any non-proprietary program materials developed for your study, contacts for technical assistance.
- PowerPoint presentation and talking points that includes basic information about the study, participating practices, method, and findings aimed at a research audience
- PowerPoint presentation and talking points that includes basic information about the intervention, the strength of your findings, what you learned about implementation for a clinically-oriented audience
- Learning objectives for continuing education application.
- Brief article with fill-in-the-blanks announcing the presentation or availability of any of the above.

STEP 4: PHASES OF A COMMUNICATIONS PLAN

Before you settle on a communications plan, think through these phases of action.

During the research design phase:

It is often the case that plans to communicate research findings are developed once the data are analyzed.

Try to avoid this simple pitfall.

If, as you are implementing the research design, you are able to articulate the research questions in such a way that the answers will be of interest to the target audience, you will have a much more persuasive argument for your approach and your findings. One of the virtues and challenges of the *Prescription for Health* initiative is that it is implementation research and, by definition, involves in the research design people who are intimately familiar with implementing innovations in primary care practice.

Despite this, you will benefit from stepping outside your project briefly and reflecting on the answers and information you would want to know if you were planning to replicate the intervention you are conducting. For example:

- How much did the intervention cost in terms of time and resources?
- What kind of training was required, of whom and by whom, and how much time did it take?
- Are any of the roles interchangeable?

As you conduct the research:

As you conduct the research, encourage members of the network to talk about it widely, both for the purpose of listening to the communications preferences of your colleagues and to prime target audiences for the subsequent release of findings. You can create anticipation by communicating about the research topic and design. You can also find out how and where your colleagues would prefer to learn about your findings.

When the study is completed but before the release:

Test the language and clarity of findings – and your overall message – with your colleagues.

Identify the range of “products” in addition to an article describing the research methods and findings (see Step 3 above).

Prepare and distribute talking points about the study: What did you do? What did you find? Why is it important? Who participated? The aim is not to squelch free speech among your colleagues but rather to ensure that a clear, strong and consistent representation of your study is widely available.

Make sure everyone from your PBRN who is going to speak publicly about this work is “on message” and has the documentation and background information they need to do so.

As you release the findings:

Circulate the communications plan and a summary of findings and products among the network. Ask for comments and further suggestions.

Give advance notice to the national program office and your colleagues in the larger *Prescription for Health* network. If a peer-reviewed journal article is the first release of information from your study, you may wish to supplement the journal’s pre-publication publicity (if any) by issuing an embargoed press release to see if you can get coverage on the Web sites or in newsletters of other professional societies.

Executing the plan:

Allocate responsibility for putting the plan into action.

Stick to your timelines.

Designate an inquiry-triage contact person who knows what products are available and can match the inquirer’s needs with the right information.

Be proactive and opportunistic. There is no way that you can take into account all contingencies in your planning. But maintaining the group’s enthusiasm for what you have found and the desire to have your work make a difference opens many doors: presentations to local groups, opportunities to write an editorial or letter to the editor of a journal can help reinforce the importance of what you have found.

STEP 5. DEVELOPING THE COMMUNICATIONS PLAN

As you can see from the above description, today should be the first day of your communications planning activities and the development and executing of that plan should maintain a place on the agenda of each one of the meetings of the *Prescription for Health* PBRN group in your PBRN.

Here are some suggestions about a relatively painless approach to developing the plan:

- Identify three to five possible goals for your network, and through discussion with your fellow network members, modify and reduce the number to two or three. Communicate these within your network and accept comments and suggestions.
- Propose – and justify – the top three primary care groups you want to reach, based on your judgment, experience, contacts, the reputation and reach of the society, the type of intervention you are testing, and the likely strength of your methodology and findings. Allow your colleagues the opportunity to discuss the priority order of the top three societies and ask for ideas about ordering the remaining groups.
- Write a brief description of the article you hope to write to describe your methods and findings. Include take-home messages, assuming that the study strongly supports your hypotheses. Identify the journal you hope will review and publish the article.

Determine the embargo policy for your top choice journal. If you have powerful findings and want to disseminate them beyond the journal readership, you need to be certain that the embargo policy of the journal will not prohibit you from talking about them prior to publication.

Estimate the time it will take from the completion of data collection through the data analysis, article writing, submission, revision, acceptance and publication. Then, assuming you will be able to talk about your findings prior to publication without breaking the embargo of your chosen journal(s), set out to make a plan that includes the preparation of the paper plus a range of other activities.

- Here's the part where things get a little squirrely: there has been almost no research conducted comparing methods of communicating about the implementation of evidence-based innovations in practice and none that address the implementation of health behavior change. Publication of scientific articles is not an effective in prompt to change practice and standard articles generally don't include the information to support replication of an intervention. There is some literature available on the effectiveness (and lack thereof) of CME in changing practice, some documentation of the Institute for Healthcare Improvement approach to system change, and other bits floating around. But

it is not possible to say definitively what the most effective approach might be to accomplishing the aim of broad, meaningful dissemination of your findings.

So you will have to draw on your common sense and experience to decide what will be most helpful to your colleagues who might want to replicate your success.

As you put together your plan, based on your goals and the communications venues available through the various professional societies, consider the following:

1. What you have to offer is not only *that* your intervention works but also *how* it works. Many of your colleagues would like to be successful at helping their patients to change specific behaviors and are mostly interested in the *how*, especially if you can document that the intervention is effective.
 2. Brief articles and notices prompting readers to seek a detailed narrative (including hints and tips, lessons learned, case studies of successes and errors) available in various formats (print, Web-based, workshops at annual meetings) raise the visibility of the challenge of addressing health behavior change in primary care and offer the audience the opportunity to choose the most convenient method of learning about the intervention.
 3. There are real economies of scale to be realized. A single set of materials describing implementation of the intervention can be made available in print and Web-based formats and announced and/or advertised in multiple venues in multiple societies and distributed at conferences and workshops.
 4. Once is not enough. Your aim should be to present notices about your intervention and the supporting how-to materials over time to engage your colleagues. You know from your own experience that your interest in innovating waxes and wanes and that your interest in addressing a specific problem can be sparked by a tough patient or a personal experience. Keep seeking ways to call attention to your intervention over time. You'll catch the eyes of new people each time and the repetition of even a brief notice will remind your colleagues of the importance of addressing health behavior effectively.
 5. The timeframe: starting today, extend your plan out to one year past the publication date of your first peer-reviewed paper. Plan for a steady stream of information about materials and a Web site, for example, to go out in order of priority to the various professional societies. Plan to direct the more costly and labor-intensive efforts like in-person workshops and conference presentations for your high priority societies first.
- Your communications plan is like a budget: it is a management tool that should serve your purposes. You know you need to plan to communicate about your findings if they

are strong, so plan for that contingency. If they are not strong, revise your plan. If by the time you are ready to start broadcasting your findings, there are wonderful new technologies that would revolutionize the communication of your intervention to others, revise your plan. If new evidence becomes available about the most effective ways to transmit practice innovations, revise your plan. Schedule a formal revision of your plan annually.

- Don't sell communicating about your *Prescription for Health* intervention short. If this research was worth doing well, it is worth telling others about, even if your intervention didn't work. Make communications part of your regular meetings.