

## Marketing Community-based Interventions to Primary Care Practices: *The 1.2.3 Approach*

**Satellite Conference and Live Webcast**  
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Produced by the Alabama Department of Public Health  
 Video Communications and Distance Learning Division

## Faculty

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## Overview

- Key learnings from audience research with PCPs
- Marketing strategy and materials
- Key learnings from the pilot test
- Lessons from the field

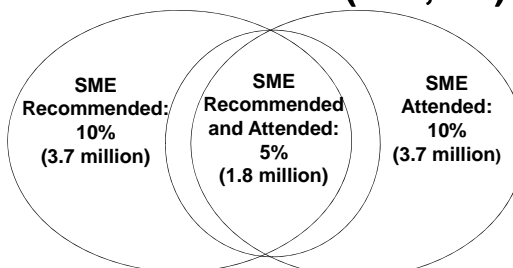
## Background

- Community-based programs complement clinical care
- Audience research suggests:
  - Dr. referral / recommendation powerful influence on PWA
  - PWA expect Dr.'s to tell them about Self-Management Education (SME) programs

## Background

- Few patients are referred to community-based programs by their Primary Care Provider (PCP)
- Attempts to elicit referrals have had limited success

## The Importance of Provider Recommendation (N=2,500)

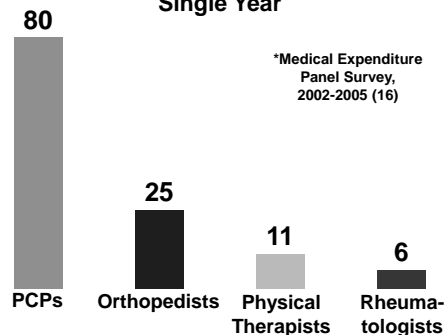


Patients who receive recommendation 18 times more likely to go than those who don't get recommendation. – Murphy '09

### Majority of People with Chronic Disease See PCPs

- Primary Care Providers (PCP):
  - Physicians
  - Nurse Practitioners
  - Physician Assistants

Percentage of Patients with Osteoarthritis Who Visit Various Health Care Providers in a Single Year



### Increasing Recommendations from Provider Offices

- Purpose
  - Develop strategies to entice primary care providers (and their staff) to refer patients to self-management education and physical activity interventions

### Increasing Recommendations from Provider Offices

- Process
  - Literature review
  - Formative research
    - In-depth interviews
      - 32 providers, 8 managers
    - Survey
      - 400 providers and staff

### Audience Research Methods

- Respondents recruited from pre-existing database of primary care providers
- Inclusion criteria
  - See 20 or more patients per month with arthritis

### Audience Research Methods

- Diversity in:
  - Profession
  - Specialty
  - Practice size
  - Geography
  - Patient race / ethnicity

### **PCP Audience Research**

- **Key Learning #1:**
  - **Don't call it a referral**

### **In-depth Interview Results**

- **Recommendation, not referral**
  - **Insurance company rules govern referrals**
    - **"If program low cost rather than covered by insurance . . . Free to recommend it unfettered"**

### **PCP Audience Research**

- **Key Learning #2:**
  - **PCPs welcome information about community programs**

### **In-depth Interview Results**

- **Awareness and use of local programs**
  - **See referral to community resources as part of their job**
  - **PCP's likely making referrals to PT, weight loss programs and exercise facilities (YMCA)**

### **In-depth Interview Results**

- **Unaware of community based-arthritis programs, but idea "very warmly received"**

### **On-Line Survey Results**

- **Awareness and use of local programs**
  - **80% recommend community programs at least several times per month**
    - **60% several times per week**

### **On-Line Survey Results**

- 56% reported being aware of programs for arthritis
  - YMCA, medical facilities, senior centers
  - PA / NP more aware (71%) than MD (51%) and Office Managers (50%)
- 20% aware of E-B programs described

### **PCP Audience Research**

- **Key Learning #3:**
  - Providers top concerns about community-based programs:
    - Cost
    - Convenience
    - Credibility

### **On-Line Survey Results**

- **Factors influential in decision to recommend**
  - 1 = not influential; 5 = very influential
    - Low cost (average rating = 4.64)
    - Convenient location (4.63)
    - Convenient times (4.49)

### **On-Line Survey Results**

- Led by trained instructors (4.49)
- Evidence-based / effective (4.43)
- Small recommendation influential (4.15)
- Not for profit / not sell anything (4.14)

### **PCP Audience Research**

- **Key Learning #4:**
  - Preferred method to learn about community programs:
    - 1:1 visits from people knowledgeable about program (academic detailing)

### **In-depth Interview Results**

- **Learning about local programs**
  - Top sources for general arthritis info
    - Medical journals, conferences, other professionals, pharmaceutical representatives

### **In-depth Interview Results**

- Learning about local programs
  - In-person meeting with program representatives
  - Follow-up with print materials
  - Print materials without personal contact not effective

### **On-line Survey Results**

- How to introduce the program to the practice
  - Bring materials to the office (average rating 4.17)
    - 80% very / somewhat effective
  - Conferences (3.21)
    - 41% very / somewhat effective

### **On-line Survey Results**

- Newsletters / e-mail / journals (3.15)
  - 39% very / somewhat effective
- Send materials by mail (3.7)
  - 36% very / somewhat effective

### **Conclusion: Provider Outreach Strategy**

- Academic detailing approach
  - Personal visits to PCP practices to inform them about programs

### **Conclusion: Provider Outreach Strategy**

- Pitch and leave-behind materials oriented to PCP's top concerns:
  - Cost (to participant)
  - Credibility
  - Convenience

### **Provider Outreach Strategy**

**The 1.2.3 Approach to Provider Outreach: Marketing Chronic Disease Interventions to Primary Care Practices**

### 1.2.3 Approach Materials

- For Marketing Team
  - How-to-Guide
  - Call and Visit Scripts
  - Training Video
  - Planning and Evaluation Templates
  - Customizable Materials
    - For Providers
    - For Patients

### Broad Steps in Provider Outreach Process

- Plan
- Prepare
- Conduct Outreach
- Evaluate

### Provider Outreach Process: Plan

- Which workshops are you targeting?
- What provider groups are nearby?
- Who can do your outreach?
- Budget (dollars and time)
- Tool: Marketing and Promotion Plan Template

### Provider Outreach Process: Prepare

- Train outreach staff
  - Tools: call scripts, training video

### Provider Outreach Process: Prepare

- Customize materials to leave behind
  - For provider
    - Overview
    - Intervention specific

### Provider Outreach Process: Prepare

- For patient
  - Brochure
  - Intervention info / schedule

### **Provider Outreach Process: Conduct Outreach**

1. Set up visit
2. Make visit to PCP practice
3. Repeated follow-up

### **Provider Outreach Process: Conduct Outreach**

1. Set-up visit
  - Phone or drop in to request appointment
  - Tool: script

### **Provider Outreach Process: Conduct Outreach**

2. Make visit to PCP practice
  - Tool: Pitch script
  - Leave behind materials
3. Repeated follow-up

### **Making an Outreach Visit**

- Insert video clip here

### **Provider Outreach Process: Evaluate**

- Track outreach contacts
  - Tool: Outreach Tracking Spreadsheet

### **Provider Outreach Process: Evaluate**

- Track “How did you hear” from participants
  - Tools: Standard questions
  - “How did you hear?” Spreadsheet

### **Provider Outreach Process: Evaluate**

- Qualitatively assess marketing effort
  - Tool: Evaluation Summary Report Template

### **1.2.3 Approach to Provider Outreach**

- Plan
- Prepare
- Conduct outreach
  1. Set-up visit
  2. Make visit
  3. Follow-up
- Evaluate

### **Provider Outreach Materials**

- Customizable leave behind materials
  - For Providers
    - Introductory flyer / fax; Overview fact sheet
    - Intervention-specific fact sheets and evidence summaries
    - Office posters

### **Provider Outreach Materials**

- For Patients
  - Brochure
  - Intervention-specific info cards

### **Intervention Specific Materials**

- For Providers
  - Fact Sheet
  - Evidence Summary
- For Patients
  - Patient Information and Schedule card

### **Intervention Specific Materials**

- Self-Management Education
  - Arthritis Self-Management Program
  - Arthritis Toolkit
  - Better Choices, Better Health for Arthritis
  - Chronic Disease Self-Management Program



### **Intervention Specific Materials**

- **Physical Activity**
  - Active Living Every Day
  - Arthritis Foundation Aquatics Program
  - Arthritis Foundation Exercise Program

### **Intervention Specific Materials**

- EnhanceFitness
- Fit & Strong!
- Walk with Ease

### **Provider Outreach Pilot-test**

- Conducted June 2010 – April 2011
- Sites
  - Florida                      – Minnesota
  - Kansas                      – South Carolina
  - Michigan                    – Senior Services /  
Seattle

### **Pilot-Test Activities**

- Intervention: all sites promoted CDSMP
  - 5 promoted another as well
- Targeted Practices: average = 14, range 4-26
- Staffing: 3-8 staff involved; most used 4
- Offices visited per site: average 10

### **Pilot-Test Activities**

- Types of contact made to set-up visit
  - 35% email
  - 33% telephone
  - 21% drop-off visit
  - 10% mailed materials

### **Pilot-Test Results**

- 39% of targeted practices allowed visit
- Participants who heard of class at PCP practice: range 0-24 per pilot site

### **Pilot-Test Results**

- **Who mentioned it?**
  - 44% Doctor
  - 20% Nurse or MA
  - 3% Front desk/administrative staff
  - 29% Brochure, poster or flyer
  - 10% Other

### **Pilot-Test Key Learnings**

- **It takes time . . .**
  - To customize materials
  - To get foot in door at PCP practice
  - For repeated follow-up
  - For PCP recommendation to produce participant
- **. . . and time flexibility**
  - Meet PCPs at their convenience

### **Pilot-Test Key Learnings**

- For PCP recommendation to produce participant
- **. . . and time flexibility**
  - Meet PCPs at their convenience

### **Pilot-Test Key Learnings**

- **Providers:**
  - Are generally receptive
    - May need to overcome for-profit sales mentality
  - Knowledge of self-management varies
  - Resonate with self-management in terms of health care reform

### **Pilot-Test Key Learnings**

- **Have to be flexible in your approach**
  - 30 minutes staff meeting presentation
  - 2 minute hallway conversation
- **Personal contact is critical**
  - Even if start with group presentation, personal contact key to commitment to make referral

### **Pilot-Test Key Learnings**

- **It is all about relationship building**
  - Start with those you know
  - Office manager and front desk staff important
  - Referrals increased over time as relationships developed

### **Pilot-Test Key Learnings**

- **Follow-up, follow-up, follow-up**
  - **Allows for repetition of key messages**
  - **Needs to be timely**

### **Warnings**

- **This is a long-term strategy**
  - **Do not expect immediate results**
- **This is one element in a multiple-strategy marketing plan**