

Organizing -- Community by Community

"Remaking American Medicine opens a window on what health care could be in all of our communities. The series shows us doctors and health care administrators committed to rigorously evaluating their own efforts and working more closely with each other and with patients to deliver care proven to produce the best results. The series has the potential to help bring this vision into focus in every community."

-- David Schulke, executive vice president
American Health Quality Association



The following is a suggested series of activities that you may wish to undertake when organizing or participating in a RAM coalition.

Log on to RAMcampaign.org. Visit *Connect with Others* to determine if a RAM coalition is forming in your community. If so, contact the chairperson or facilitator. If your community already has a coalition focusing on quality-related issues, you may suggest they bridge their activities with your RAM coalition and join the campaign.

Take Ownership. If a RAM coalition has yet to form, and you want to take charge, meet with your management team. Introduce them to the series and the campaign. Review how the local coalition can be of benefit to your community. If they agree that improving the quality of health care fits within your institutional mission, enlist their support and take a leadership position.

Put Together an Exploratory Group. As previously noted, seek out members of the National Partners and reach out to other local health care organizations, consumer advocacy groups, civic and faith-based

organizations and policy-makers who are involved in health care issues. Invite their leaders to participate in an exploratory meeting. Be sure to include your local PBS station.

Convene the Group. After introducing *Remaking American Medicine* and the outreach campaign, you will want to discuss:

- Health care quality issues that are of concern to the group.
- Preliminary objectives of mounting a local campaign.
- Community leaders who may become involved and champion the cause.
- Coalition structure and decision-making processes.

If there is a consensus to move forward, the group should select a chair and determine a clear delegation of responsibilities including the establishment of a:

- **Steering Committee:** responsible for helping set campaign goals and defining the parameters of the outreach effort. The steering committee should oversee the initial community assessment, create a strategic plan of action and manage the campaign.
- **Development Committee:** responsible for seeking campaign resources.
- **Content Advisory Committee:** responsible for providing advice and support for matters related community events.
- **Communications Committee:** responsible for developing the marketing materials, undertaking a publicity and advertising campaign and leveraging the coalition's internal communications capabilities.

Conduct a Quality Improvement Needs

Assessment. Once the coalition is officially formed, one of the most important first steps will be to properly evaluate and determine the specific quality issue that will serve as the basis for the campaign. This effort will be critical for clarifying the purpose of the campaign and developing a consensus of support.

As mentioned earlier, PBS stations have considerable experience in the area of community assessment, as will undoubtedly other coalition members.

The Community Tool Box provides detailed information on how to conduct community assessments including sample surveys. A summary of their recommendations, together with our suggestions in italics follows:

- Determine the goals for performing the survey, including how the results will be used in the campaign. (*Discuss the expertise of coalition members and what relevant research they may already have undertaken related to the health quality issue.*)
- Decide how to define "community" for this assessment - metropolitan area, county, or state. (*If your coalition intends to conduct a statewide campaign, include individuals who represent urban, suburban and rural areas. Be sure to also include minority and underserved audiences.*)
- Decide how to obtain survey responses, through interviews (phone, e-mail, face-to-face) or written responses. (*An online survey will facilitate the process and minimize costs.*)
- Before rollout, test the survey instrument on a small group to be sure that questions are clear and relevant. (*This should involve representatives from each of the major stakeholders - providers, purchasers, patients, consumer advocates and policy-makers.*)
- Administer the survey and collect, tabulate and summarize the results. (*The assessment should be conducted within 30 to 45 days of the convening of the coalition.*)

Develop an Action Plan. Once the community assessment is complete and the quality issue is selected, the Steering Committee should supervise the production of an Action Plan that will serve as a blueprint for the entire campaign. The Plan should:

- Define the goals of the campaign and the purpose of the coalition.
- Set expectations. Your plan should provide a statement of need and identify key target audiences and other important stakeholders.
- Recommend a series of strategies and tactics to be undertaken by the respective committees, including a reasonable timetable.
- Propose a realistic budget. Define the level of in-kind support expected by each coalition member. Identify local *Champions of Change* and quality experts.
- Provide a list of potential financial supporters for the campaign.
- Recommend a formal method of evaluation.

The Coalition Action Plan may focus on such strategies as:

- Raising awareness of the selected quality issue - motivate individuals to learn more, enhance their ability to acquire and process the information and allow them to be effective consumers of the information.
- Supporting an attitudinal change - inspire and empower the public and providers to join efforts to improve dramatically the quality of health care and become better advocates for their own health care and for the care of their families.
- Mobilizing the community to take effective action - share best-practice models and conduct outreach activities that will provide useful information and inspire audiences to join the quality care movement.
- Pursuing behavioral change - engage the community in a constructive dialogue that will ideally result in sustainable coalitions, i.e., on-going involvement and support of the quality movement.

Chapter 17 provides suggestions on how to formally evaluate an outreach campaign.

Moving Forward. Once the Plan is written and approved, the chair should assign specific tasks to each committee and schedule a regular series of coalition meetings. General guidelines for maintaining a successful coalition are as follows:

- Set realistic goals, including a reasonable timetable of proposed activities.
- Utilize the skills, interests and expertise of each coalition member.
- Communicate openly and on a regular basis.
- Be as inclusive as possible.
- Keep track of the commitments made by the coalition members; follow-up to see they are fulfilling these commitments.
- Be appreciative of the time and resources contributed by each coalition member.

Tip: To facilitate the initial discussions, you may wish to download the RAM PowerPoint™ presentation which provides an overview of the series and the campaign. It is available on RAMcampaign.org.

Tip: Stay in Touch. Devillier Communications, Inc. (DCI), which is responsible for the national campaign, would like to learn about your efforts. We encourage you to get in touch as soon as your coalition is formed. Lee Allen, project director, can be reached at lallen@devillier.com.

Community Outreach

"Quality improvement experts, doctors, hospitals, consumers and policy-makers must all acknowledge that we can do better and work together to improve the quality of care in a systematic and measurable way for all Americans."

-- *A Measure of Quality: Improving Performance in American Health Care*
a report from the American Health Quality Association



The Communications Committee should provide oversight and be responsible for all of the marketing and promotional efforts. As mentioned earlier, the coalition should include the local PBS station which has a vested interest in the series. The Committee may also wish to invite a newspaper to become a member of the coalition. In addition to mounting a media relations campaign, the Communications Committee should coordinate the following activities:

- **RAM coalition Web site.** A coalition Web site can serve as a major resource and vital tool for enlisting community support. It can facilitate information sharing among coalition members, feature the local *Champions of Change*, provide information about related quality improvement best practices, provide campaign promotional materials and describe the work of the Partner organizations. One of the coalition members may agree to host the site, which can also be linked to RAMcampaign.org.
- **Speakers Bureau.** In addition to the *Champions of Change* and the designated campaign spokesperson, the coalition should select quality improvement experts who will make themselves available to the media as well as for public presentations. The Committee will be responsible for seeking

appropriate community venues and supporting the appearances of each of these individuals.

- **Marketing materials.** Each coalition is expected to produce promotional flyers, brochures or resources guides, such as a *Consumer Guide to Health Care Quality*. These items can be customized based on templates produced by the national campaign and promotional materials produced by National Partners. They should be accessible on the campaign Web site and distributed at coalition-sponsored events. Ideally, these materials will be bilingual.
- **Advertising.** The Committee should consider asking a local newspaper to run Advertorials in support of the campaign. It should also provide ad slicks (e.g., templates) to each of the coalition partners for placement in their in-house magazines and newsletters.
- **Online support.** The Committee should encourage coalition partners to have their Web sites link to the campaign site and feature "conversations" with coalition spokespersons and host community forums on the issue. Whenever possible, certain coalition members should be encouraged to produce Webinars or provide videostreaming of important events. The Committee should also send campaign E-Alerts to coalition members, colleagues and employees.

Tip: Utilize the *Press Room* on RAMcampaign.org to download graphics, logos and pictures.

Coalition Outreach Tools and Resources

“Today, all of us need to work together toward the day when every dollar we invest in health care buys a dollar’s worth of value and the day when Americans don’t just ‘have the best health care in the world’ -- rather, that they actually get the best quality health care, consistently, in their own hospitals and physicians’ offices.”

-- Carolyn Clancy, MD, director
Agency for Healthcare Research and Quality



Given the wide range of quality issues that may be addressed by RAM coalitions, we suggest that coalitions take advantage of the marketing and consumer-oriented information provided by National Partners and other organizations. For example:

The Agency for Healthcare Research and Quality (AHRQ) provides the most recent quality measurements and quality statistics. As part of its effort to make health care safer and reduce medical errors, AHRQ has developed materials that will help patients choose wisely when it comes to their health care. On their Web site, under *Consumer Health*, you will find such items as:

- *Your Guide to Choosing Quality Health Care*
- *Five Steps to Safer Health Care* (also in Spanish)
- *20 Tips to Help Prevent Medical Errors* (also in Spanish)
- *Quick Checks for Quality*

AHRQ’s *Improving Health Care Quality: A Guide for Patients and Families*, which is also in Spanish, provides a series of tips on how to become a more

informed consumer and advocate for quality health care such as:

- What affects health care quality
- How to become involved
- How health care quality is measured
- Where to find measurement tools
- How to make more informed health care decisions
- How you can find out about clinical trials
- A list of resources including Internet sites and telephone numbers

The American Hospital Association (AHA) Web site has an extensive Resource Center that includes consumer and health leader links as well as statistics and recent studies. (See Appendix E.) The brochure, *The Patient Care Partnership* is available in seven languages. It can be found on AHA’s home page under the section entitled *Communicating with Patients*.

As mentioned earlier, *Hospital Compare*, a Web site produced by CMS along with the Hospital Quality Alliance, provides information on local hospitals as well as a helpful series of patient tools including a hospital checklist and a description of a patient’s rights when in the hospital.

AHA in collaboration with the Institute for Family-Centered Care (IFCC) has produced an excellent resource guide entitled *Strategies for Leadership: Patient- and Family-Centered Care*. In addition, IFCC has created numerous flyers and videos

including *Tips for Group Leaders and Facilitators on Involving Patients and Families on Committees and Task Forces*.

On AARP's Web site, under *Health*, click on *Staying Healthy*, then on *Check-ups and Prevention* to access a series of consumer-friendly tips including *How to Talk to Your Doctor* and a downloadable brochure, *Handbook for Mortals: Talking with Your Doctor*. On the American College of Physicians Web site, search for *Patient Safety* and download *Patient Safety Tips* and *Patient Safety FAQs*.

The Health Disparities Collaboratives is an initiative of the Health Resources Services Administration's Bureau of Primary Health Care designed to reduce disparities in health outcomes for poor, minority, and other underserved people with chronic diseases. The Health Disparities Collaboratives Web site is home for a community of learners who are committed to improving health care. It provides the centralized portal for communication as well as a forum for sharing the challenges, successes and lessons learned.

Healthfinder[®], developed by the U.S. Department of Health and Human Services, is a guide to reliable consumer health and human services information. It provides lists of online publications, clearinghouses, databases, Web sites and support and self-help groups, as well as referrals to government agencies and nonprofit organizations that produce reliable information for the public.

Tip: In Appendix E you will find the URL of each organization mentioned in this chapter, as well as other related Web sites, brochures, videos, etc. We also encourage you to log on to RAMcampaign.org and click on *Resources*.

Taking Action Community and Statewide Events

"Concerns about access to health care will also continue to be accompanied by efforts to ensure that the care people do receive is of high quality. We have seen the beginning of what we expect will be increased involvement by funders in supporting efforts to reduce medical errors and improve patient safety."

-- Lauren LeRoy, PhD, president and CEO
Grantmakers in Health



There are many strategies and outreach activities that may be conducted by RAM coalitions. These efforts will greatly depend upon the resources, capabilities and ultimately, the support of their respective members.

A RAM Content Advisory Committee should include institutional leaders, policy-makers, consumer advocates and quality experts. This Committee will provide important advice when conceptualizing each event and recommend how best to leverage the collective contacts and knowledge of the coalition. The Advisory Committee shall work closely with the Communications Committee when designing such community events as:

Town Hall Meetings Ideally co-sponsored by the local PBS station, a town hall meeting will provide

an excellent platform and opportunity to feature a local *Champion of Change* while discussing the importance of improving the quality of health care. Speakers could include local policy-makers and quality experts as well as patient and consumer advocates. Reporters would be invited to attend the event and interview coalition spokespersons. RAM materials would be available for all of the attendees. Ideally, the meeting would be taped and segments could be incorporated into future news coverage and/or documentary programming. The town hall meeting could also be webcast and videostreamed on the RAM coalition or PBS station Web site.

Health Care Forums The coalition may want to participate in pre-scheduled, statewide, health care forums that will bring together health care providers, purchasers, policy-makers and advocates. These events may focus on critical health care policies including the issues related to limited resources. The coalition should request that its particular issue be incorporated within the program. If successful, it will be incumbent upon the coalition to serve as a resource, including contributing expert speakers. The coalition should agree to promote the forum and announce the results to all of its members.

Statewide Roundtables The coalition may wish to leverage an annual event, such as the Patient Safety Awareness Week which takes place the

second week of March, to take action on a statewide basis. The governor could provide an official proclamation and a statewide roundtable event would feature leaders selected from each stakeholder group. Keynote speakers and participants could include policy-makers (e.g., state representatives, mayors and council members); prominent health care professionals (representatives of the state hospital associations, hospital administrators and public health agencies); consumer advocacy organizations; and business leaders. Ideally, the event would be broadcast live and videostreamed on the coalition's Web site.

Community Screenings In anticipation of the national premiere, the coalition may wish to sponsor a series of community screenings that feature segments of *Remaking American Medicine* and local programming produced by the PBS station. These events could take place in a variety of venues. The screenings might feature a follow-up panel discussion with coalition experts, policy-makers and consumer advocates. To facilitate attendance and impact, the coalition should promote each event and reach out to all segments of the community.

Community Health Fairs Health care providers and purchasers often sponsor community or statewide health fairs which allow an excellent forum for sharing information on an informal basis. The coalition should seek an opportunity to participate in or create a community health fair that will focus on their selected issue. The health fair would provide an opportunity to feature local *Champions of Change*. If the coalition creates such an event, it may wish to invite its local PBS station to serve as a co-sponsor. Ideally the coalition will host an information booth where quality-related videos can be seen and promotional, bilingual materials will be freely disseminated. It may also wish to conduct a mini-survey focusing on the coalition's quality issue. The survey results should appear in local outreach efforts.

Discussion Groups Throughout the year, coalition members should be encouraged to host informal discussion groups at their respective organizations. The discussion groups can be held at hospitals, health care clinics or community centers. To facilitate these conversations, a RAM Discussion Guide and video clips will be available later this year.

In addition, coalitions may want to utilize in local discussion groups *Pursuing Perfection in Health Care*, a seven-part video series with companion discussion guides intended to help raise the bar on health care performance. Each of the videos features a stand-alone story of how health care organizations are overcoming specific challenges to the delivery of quality care. The series, which can be purchased on www.IHI.org, includes:

- *The Quality Chasm*
- *Involving Patients in Redesigning Care*
- *Planning for Chronic Disease*
- *Improving Care at the End of Life*
- *Engaging Doctors in Redesigning Care*
- *Safety as a System Property*
- *Navigating Complex Systems of Care*

Tip: Review the Partner Web sites for videos that may be used for local events. For example, the Institute for Family-Centered Care has one entitled *Creating and Enhancing Patient and Family Resource Centers* and the Institute for Safe Medication Practices has available several videos including the award-winning film, *Beyond Blame*.

Working with the Media

"The news media play a critical role in defining the context of the public and political debate...They need to improve and expand that effort."

-- Michael L. Millenson, *Demanding Medical Excellence*



Health care is one of the dominant issues today, regularly registering in the top five of public surveys. Health care media coverage has tended to focus on questions of either cost or access. RAM is fundamentally different. The series raises questions about why and how the American public should expect to receive quality health care. The media is increasingly interested in quality-related issues. For example, the Institute of Medicine's statistics on medical errors and recent studies on concerns about the health care system and the number of patients that are injured or killed due to medical error, are routinely reflected in print stories and broadcast coverage.

In order to generate local coverage, it will be essential for the Communications Committee to become familiar with the overarching issue of improving the quality of health care as well as the specific health care issue selected by the coalition. As noted earlier, a number of National Partners produce the latest

research and information about quality of care. To learn more, we encourage coalitions to log on to the Web sites of the:

- Agency for Healthcare Research and Quality
- American Health Quality Association
- American Hospital Association
- Institute for Healthcare Improvement
- Joint Commission on Accreditation of Healthcare Organizations
- Centers for Medicare & Medicaid Services
- National Quality Forum

To further assist your research, we have provided background information about two important health-quality issues that will be featured in the series. (See Chapter 16.) We also believe the national media relations campaign will raise awareness about the importance of quality improvement and help stimulate interest in local initiatives.

RAM coalition Communications Committees will most certainly have considerable experience working with the press. With that in mind, here are just a few items for review before initiating your campaign.

Get Prepared

Review the coalition's assessment survey. You may be able to incorporate some of the most important points made by the respondents, including their relevant experience, within your press materials. Review recent press coverage on the selected issue. Determine who has been interviewed on this

subject and their respective positions. Interview the coalition's quality experts and thoroughly discuss the issue with the Steering Committee.

Develop Key Message Points

Once the issue has been clearly defined, develop three or four message points that will serve as the foundation for the public relations and marketing campaign. Whenever possible, attempt to interweave your coalition's message within the topics being covered by the series. *Remaking American Medicine* will focus on 1) efforts to transform hospitals so they are safe, effective and efficient; 2) the challenges of providing chronic disease care that truly meets the needs of the patients; 3) involving local communities in efforts to improve medical care for everyone; and 4) the levers of change that are driving nationwide improvement efforts, including medical education, patient advocacy and collaborative efforts among all the stakeholders invested in the system.

Prepare Coalition Spokespersons

Provide media training with spokespersons, including the coalition chair, quality experts and *Champions of Change*. Make sure everyone is comfortable with key message points and knows how to respond to different types of media inquiries. Above all, your spokespersons must be positioned as credible, knowledgeable and responsive sources.

Build an Effective Press List

Single out reporters, editors and producers who have already covered this issue or whom you believe will be responsive to the subject. Then, broaden your list to include reporters who may cover health care from various angles - consumer, business or policy-related. Editorial boards will be receptive to a local story if it affects the entire community and the spokesperson is well known within the community.

On the broadcast side, promote the human-interest side to the story. Make sure your spokesperson is comfortable in providing short sound bites. For television, remember to suggest an appealing visual element as part of the story.

If you decide to conduct a town hall meeting, health fair or community forum, encourage local broadcasters to run PSAs and invite reporters to cover the event. You may also want to invite a health care reporter to serve on a panel or moderate a forum.

Consider how patient/consumer-oriented tools may be developed and co-branded with your PBS station. Keep in mind that print and broadcast media maintain Web sites that include re-purposed content, and increasing numbers of newspapers feature online chat sessions with experts.

Involve the Media

At the beginning of the campaign, arrange briefing sessions for your major newspapers. Ideally, conducted by the coalition chair and coalition experts, these meetings should be held with:

- Health care reporters. Introduce them to the overall goals of the campaign, describe the coalition membership and briefly describe proposed activities. Be sure to provide ideas and contacts for local stories. You may also wish to prepare an online resource directory that the media can print as a sidebar.
- The managing editor. In addition to briefing the editor about the campaign, you may wish to invite the managing editor to co-host or participate in a town hall meeting, health care forum or statewide roundtable.
- The editorial board. In addition to the chair, bring several quality experts to the meeting. Describe how your issue affects the community and encourage the editorial board to support the campaign.
- The advertising department. Suggest that the advertising department produce one or more

Advertorials in support of the campaign.
(The coalition will need to find a sponsor for this activity.)

Make your Story Personal

Focus on the health care challenges, solutions and the related success stories taking place in your community. Showcase community events and feature local *Champions of Change* and other individuals who are affected by the health care issue.

Leverage the coalition

Ask members to promote the campaign in their newsletters and magazines, on their respective Web sites and listservs and in employee or constituent mailings.

Tip: Log on to RAMcampaign.org. Download and customize press materials that you may wish to incorporate in your campaign. These can be found in the *Resources* and *Press Room* sections.

Campaign-related Issues

Patient/Family-centered Care and Chronic Care are two important issues that will be explored by *Remaking American Medicine*. With that in mind, we felt it would be useful to refer coalitions to several organizations that are considered leaders in those fields, as well as to additional resources in those areas.

Patient/Family-Centered Care

"What is good for families and patients is often good for the health care system as well. Family-centered care is a winning proposition for all concerned."

-- Beverley Johnson, president and CEO
Institute for Family-Centered Care, *Pediatric Nursing*



Patient-centered health care is defined as quality health care achieved through a partnership between informed and respected patients and their families, and a coordinated health care team. Patients and their families manage their health care in partnership with a coordinated team that recognizes, respects and acts upon their individual goals, needs, values, preferences, cultural wishes, and/or other self-identified factors.

According to the Foundation for Accountability, a person-centered health system has four dimensions:

Health: The system will help most people understand, be responsible for, and be able to take care of their own health to the maximum degree possible.

Health care: The system will make available the most effective professional and institutional resources to assist people when they can no longer manage their own health without help. The system will embrace and promote the principles of "patient-centeredness" - self-care, personalization, transparency, redesign, quality, justice and control.

Financing: Every individual and organization - from the patient to the medical school to Medicare - will accept responsibility to use expensive resources appropriately and efficiently.

Citizenship: Society will embrace an explicit consensus of our responsibility to each other - and the limits of that responsibility.²

The Institute for Family-Centered Care (IFCC) is dedicated to this issue. It defines family-centered care as an approach to health care that offers a new

²
Innovators and Visionaries: Strategies for Creating a Person-Centered Health System, September 2003.

way of thinking about the relationships between families and health care providers. Family-centered providers recognize the vital role that families play in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. Family-centered practitioners assume that families, even those who are living in difficult circumstances, bring important strengths to their health care experiences.

Family-centered practitioners acknowledge that emotional, social, and developmental support are integral components of health care. A family-centered approach to care empowers individuals and families and fosters independence; supports family care giving and decision making; respects patient and family choices and their values, beliefs, and cultural backgrounds; builds on individual and family strengths; and involves patients and families in planning, delivery and evaluation of health care services. Information sharing and collaboration between patients, families and health care staff are cornerstones of family-centered care.³

The Institute for Healthcare Improvement (IHI) is working to identify best practices and promising system changes that enable patient-centered care. IHI is focusing its work in three areas that it believes will contribute to a complete framework for a patient-centered health care system. Specifically, IHI will work to articulate changes that: enable health care providers to reliably meet the needs and preferences of patients; enable fully informed, shared decision-making; and include patients and their loved ones on health care improvement and design teams.

For more information about this initiative, log on to the IHI Web site.

Tip: On IFCC's Web site, one can find a wide range of excellent resource guides, videos, and publications as well as potential local *Champions of Change*. Click on *Special Topics* and learn about the exemplary work of Family Resource Centers in Minneapolis, St. Paul, Philadelphia, Seattle, Boston, Phoenix and Chicago, among other cities.

Tip: The National Health Council, a nonprofit association of national health-related organizations has Putting Patients First[®], a public educational program designed to empower consumers and patients. Public service ads are available to coalition members and the Council expects to unveil a complete new set of communications tools in the summer of 2005. For additional information, log on to nationalhealthcouncil.org.

³ IFCC Web site (www.familycenteredcare.org).

Chronic Care

"Meeting the complex needs of patients with chronic illness or impairment is the single greatest challenge facing organized medical practice."

-- Edward H. Wagner, MD, MPH, FACP, director
Improving Chronic Illness Care



The profile of diseases contributing most heavily to death, illness and disability among Americans changed dramatically during the last century. Today, chronic diseases - such as cardiovascular disease (primarily heart disease and stroke), asthma and diabetes - are among the most prevalent, costly, and preventable of all health problems. More than 90 million Americans live with chronic illnesses. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease. The prolonged course of illness and disability from such chronic diseases as diabetes and arthritis results in extended pain and suffering and decreased quality of life for millions of Americans. Chronic, disabling conditions cause major limitations in activity for more than one of every 10 Americans, or 25 million people.⁴

According to Dr. Ed Wagner, director of Improving Chronic Illness Care, the good news is that care of most major chronic illnesses has become

substantially more effective through recent progress in clinical and behavioral treatments. When properly applied to well-informed patients, newer treatments can lead to major reductions in suffering and avoid complications, including death.

But the bad news is that studies show that only a minority of people with these conditions is receiving appropriate treatment. Especially lacking is support for patients' efforts to manage their own health. These deficiencies in the quality of chronic illness care have been found in all types of medical settings - prepaid or fee-for-service, managed care and private practice, academic and community.

The Institute of Medicine (IOM) report, *Crossing the Quality Chasm*, highlighted this discrepancy between the medical care made possible by advances in clinical and behavior therapies and the care received by the majority of Americans. The report recommended that chronic illnesses, because of their human and financial costs, are the place to start working on improving the quality of care. The IOM report shifts the focus from the caregivers to the systems in which they work: "Current care systems cannot do the job. Trying harder will not work. Changing systems of care will."⁵

Improving Chronic Illness Care (ICIC), a national program of The Robert Wood Johnson Foundation, is dedicated to the idea that United States health care can do better. Providers who care for chronically ill patients can be better supported with guidelines, specialty expertise and information

⁴ Centers for Disease Control and Prevention.

⁵ Wagner, Ed. H. "The Changing Face of Chronic Disease Care." *Curing the System: Stories of Change in Chronic Illness Care*. May 2002.

systems. Overall health care costs can be lowered through better care delivery. All this is possible by transforming what is currently a reactive health care system into one that keeps its patients as healthy as possible through planning, proven strategies and management.⁶

ICIC has developed a Chronic Care Model to assist organizations in transforming the way that they care for patients with chronic illness. "The Chronic Care Model is not a quick fix or a magic bullet; it is a multi-dimension solution to a complex problem."⁷

The Chronic Care Model identifies six essential elements of a system that encourages high-quality chronic disease management:

- The Community -- Resources and Policies
- The Health System -- Organization of health care
- Self-management support
- Delivery system design
- Decision support
- Clinical information systems

The Model can be applied to a variety of chronic illnesses, health care settings and target populations. The result is healthier patients, more satisfied providers and cost savings throughout the system. To learn more about the Chronic Care Model as well as survey how a system's chronic illness care measures up, we encourage you to log on to ICIC's Web site. On this site you can also access excellent resources including the Chronic Care Bibliography (CCB) a comprehensive compilation of peer-reviewed literature on chronic illness interventions.

ICIC regional collaboratives build on the success of the Breakthrough Series pioneered by the Institute for Healthcare Improvement (IHI). The collaboratives bring together dozens of organizations in a city,

county or other region for an intensive, yearlong effort aimed at improving chronic illness care. For additional information about chronic care, log on to the IHI Web site or turn to Appendix E, Resources.

Tip: The 2002 report, *Curing the System: Stories of Change in Chronic Illness Care*, provides a list of individuals, institutions and organizations that have demonstrated excellence in chronic disease care. It can be accessed on the Web site of the National Coalition on Health Care (www.nchc.org), among other sites.

⁶ ICIC Web site (www.improvingchroniccare.org).

⁷Wagner, Ed. H. "The Changing Face of Chronic Disease Care," *Curing the System: Stories of Change in Chronic Illness Care*. May 2002.

Campaign Evaluation

"Evaluation should take place from the beginning of an initiative. That way, it can offer ongoing information and feedback to better understand and improve the initiative... If done properly, evaluation results should actually help sustain and renew the community initiative."

-- The Community Tool Box



As noted earlier, the Action Plan should establish goals as well as recommend strategies and criteria for evaluating the results of its efforts. The purpose will be to determine how well the coalition accomplished its stated objectives. For example, did the coalition:

- Effectively inform the community, increase awareness of its selected quality health care issue and serve as a catalyst for change?
- Leverage the National Partnership Program and capitalize on the outreach capabilities of its local PBS and NPR stations?
- Encourage the community to connect with institutions dedicated to quality health care?
- Undertake successful outreach activities including the development of quality-related guides and useful resources?
- Increase access to coalition partners' educational tools and information?
- Empower individuals to become advocates for quality health care for themselves and their families?
- Establish a successful and sustainable effort that focused on the coalition's particular issue?

Quantitative measures might include:

- The breadth and depth of the coalition, e.g., involvement of local representatives/members of the National Partners and other groups.
- Involvement of each of the major stakeholders in the campaign.
- Level of money raised for the campaign.
- Number of coalition-sponsored events including diversity of audiences.
- Evaluation/satisfaction surveys taken immediately after community events.
- Number of requests of coalition-produced informational materials.
- Number of inquiries received via e-mail, on a dedicated telephone line or on a station phone bank.
- Number of visits to the RAM coalition Web site and types of requests.
- Number of stories about the campaign, including interviews with *Champions of Change*, Op/Eds and other types of media coverage.
- Range of promotional support provided by coalition members including online promotion to members and constituents.
- Ratings of locally produced programs as well as those for *Remaking American Medicine*.

Qualitative measures might address such issues as:

- Does the community have a better understanding of the importance of quality of health care?
- Can subsequent improved health care

practices be attributed, at least partially, to the work of the coalition?

- Are elected officials dedicated to the issue of quality health care?
- Will the coalition provide ongoing support of the campaign issue beyond the broadcast of *Remaking American Medicine*?

Tip: Each coalition will wish to establish its own evaluation criteria and standards for success. Once again, we suggest you log on to *The Community Tool Box*, which has an entire chapter dedicated to "Evaluating the Initiative".

In Summary

We hope this Guide will help you and your organization leverage *Remaking American Medicine* to its fullest. We encourage you to continue to visit the campaign Web site for updates on the series and promotional efforts that are being conducted by coalitions nationwide. Most importantly, stay in touch with the RAM team. We are interested in your work and eager to assist you.

To facilitate this communication, we are providing a list of campaign contacts. *Remaking American Medicine* presents a landmark opportunity for organizations throughout this country to promote quality health care improvement. With your help and support the PBS series and campaign can serve as a catalyst for change...community by community. We wish you the very best and thank you for your commitment to this important cause.

Campaign Contacts

Crosskeys Media (CKM)

Crosskeys Media, the producers of *Remaking American Medicine*, is a group of highly accomplished filmmakers with a long history of creating award-winning theatrical films, television programs, documentaries and non-broadcast videos.

Frank Christopher, Executive Producer:
Remaking American Medicine
(805) 650-8300 -- fc@crosskeysmedia.com

Matthew Eisen, Co-Executive Producer:
Remaking American Medicine
(619) 283-0480 -- me@crosskeysmedia.com

Devillier Communications, Inc. (DCI)

Established in 1984, DCI is a Washington, D.C.-based public relations and marketing firm that specializes in national outreach campaigns. The agency has a particular expertise in working with the public television system and over the years has provided promotional support for hundreds of PBS programs and series.

Campaign participants can call upon the RAM team at DCI's headquarters in Washington, D.C. or at their California or New Mexico offices:

Linda Devillier, President: Strategic counsel to campaign team. Available for presentations.
(202) 833-8121 ext. 3005 or ldevillier@devillier.com

Barbara Lohman, Senior Vice President: In charge of the entire campaign. Available for presentations.
(951) 340-0010 or blohman1@aol.com

Lee Allen, Project Director: Responsible for day-to-day operation of the campaign. Available for presentations. (202) 833-8121 ext. 3009 or lallen@devillier.com

Gail Rubin, Account Supervisor: Responsible for the national press effort. (505) 265-7215 or grpr@flash.net

Ajeenah Amir, RAM Project Coordinator: Responds to fulfillment orders and inquiries by National Partners and RAM coalitions. (202) 833-8121 ext. 3024 or aamir@devillier.com

Allan Childers, Webmaster: Webmaster for RAMcampaign.org. (202) 833-8121 ext. 3007 or achilders@devillier.com