

Remaking American Medicine™...Health Care for the 21st Century
Coalition Leader's Teleconference
October 25, 2005 - 2:00 pm ET

Presenters:

RAM Coalition Subcommittee Co-Chairs:

Marc Boutin, vice president, Policy and Advocacy National Health Council
Carolyn Pare, CEO, Buyers Health Care Action Group

Featured Coalition Presenters:

Jennifer Lawson, general manager, WHUT-TV, Washington, DC
Deneen Richmond, executive director, D.C. Delmarva Foundation
Jennifer Trotter, communications manager, New Mexico Medical Review Association
Tish Bravo, public affairs producer, KNME-TV, Albuquerque
Gail Thomas Strong, outreach director, WFYI-TV, Indianapolis
Ellen Murphy, public relations director, Health Care Excel, Indiana
Larry Jopek, vice president, Community Partnerships, WEDU-TV, Tampa
Dave Ruscitti, corporate communications coordinator, Florida Medical Quality Assurance, Inc.

Conference Call Moderators:

Linda Devillier, president, Devillier Communications, Inc. (DCI)
Barbara Lohman, senior vice president, DCI
Lee Allen, project director, DCI

NOTE: A copy of the accompanying PowerPoint™ presentation for the call is located in the *Resources* section of RAMcampaign.org.

CALL

Linda Devillier: I want to thank everybody who's taking the time this afternoon to participate in this first coalition leaders teleconference. We have over 50 people who have registered and we do appreciate your time. We also have some wonderful presenters. I assume that everyone who has been good enough to listen in today has downloaded the PowerPoint™ presentation. If you don't have it, be sure to go on to the RAM campaign Web site.

I want to mention that there are colleagues available to take questions whose names are not on the agenda. This includes Frank Christopher of Crosskeys Media® who is producing *Remaking American Medicine*. There are three times during this call when you can ask your questions.

I also want to mention the RAM team: Barbara Lohman, Lee Allen, Allan Childers, and Ajeenah Amir who will also make presentations and take questions.

The goal of this conference call is to inspire, motivate, and hopefully, learn from one another. We've invited coalition leaders in four markets to provide examples of how they are proceeding on behalf of the series and quality improvement. As you know, we currently have 32 coalitions and they're all doing a great job. But we only have time to feature four today. The RAM coalitions are the foundation of this campaign.

They are meant to leverage the promotional campaign that is building around the series and to use it as a catalyst to mount a public awareness effort in their respective communities or states.

We are very grateful for the support from so many QIOs and PBS stations. In many cases they have taken the leadership role. However, there are other organizations that are very involved and I would like to tip my hat to all of you. Of course, our National Partners are crucial. Without their support, this campaign would not be successful.

Now to quickly review the PowerPoint™, each coalition has been asked to determine what issue or issues related to the series would best resonate in their community. Everyone received the *Leadership Guide* several months ago that provided guidance on how to proceed at the local level.

For example, we asked coalition leaders to establish alliances with key stakeholders and to reach out as broadly as possible – to include diverse interests. We also asked coalitions to feature local *Champions of Change*, individuals and institutions who are leading the quality improvement movement in each community. We suggested that RAM coalitions take advantage of the lessons learned and to capitalize on the national promotion effort around the series.

We're very pleased to announce 370 organizations are currently participating in the 32 RAM coalitions across the country. That's about 130 more than we had in June when Lee Allen made his presentation at the National Awareness Advisory Committee. We're also pleased that 15 National Partners are engaged at the local level. However, we would love to get more Partners involved in RAM coalitions.

I promised I would make my presentation very brief. Before I turn this over to Mark Boutin, let me quickly explain the roles of the co-chairs. The National Awareness Advisory Committee (NAAC) consists of representatives from each National Partner. The NAAC has met twice. This past summer we created three subcommittees to provide even more support for this campaign. Mark Boutin and Carolyn Pare were kind enough to volunteer to serve as co-chairs. A complete list of those committee members is at the back of this PowerPoint™ presentation. Please feel comfortable in contacting any of them. They are there to assist you.

Now, I would like to turn this over to Mark.

Mark Boutin: Thank you Linda. My name is Mark Boutin and I'm the vice president of Policy Development and Advocacy at the National Health Council, which is an umbrella organization that promotes quality health care for all people.

We have 110 members and they are all national health-related organizations, 50 of which are patient advocacy organizations like the American Cancer Society and the American Heart Association, which are also national partners and are working with you at the local level in the coalition. Collectively our patient organizations represent approximately 100 million people with chronic diseases and/or disabilities.

But let me take a moment and just speak on behalf of the National Partners and tell you all how thrilled we are to be working with you in *Remaking American Medicine*. As you all know we hope to catalyze a paradigm shift in the way people think about their health care. And as a group we're trying to imagine how quality health care is

achieved through a partnership between informed and respected patients and their families and a coordinated health care team.

The challenge with all of this is that the evolution from a passive recipient of health care to active participation in management of care represents a true departure in the way health care is delivered. At the council we like to say "It's Your Health, You Call the Shots."

And we all know that the efforts to change such deep-rooted social behaviors around issues like health care require public awareness, some sort of sense of outrage, and mobilization. And we're excited because we think the PBS series is certainly going to promote awareness and may even provoke some outrage.

But the real issue or the real effort is going to come with the RAM coalitions. That's where we're going to mobilize patients and their families to challenge the system to make it more patient-centered or patient-focused. Now more than ever, patients and their families are really becoming ready to call the shots in their own health care. And as Linda said, I want you all to know that the National Partners stand right behind you.

We truly support your efforts and you should certainly feel free to contact us if our local chapters or affiliates can help you in your local coalition efforts or if there's anything that the coalition subcommittee can do to help you as you're planning your efforts to promote this series and promote patient-centered care.

And I'd also just like to put out a request to the group that if there are Partners on the call that have affiliated organizations in California or Texas that might be interested in leading coalition efforts in either of those two states, certainly let us know. We'd be more than happy to work with you.

And now I'm looking forward to hearing more from Carolyn and Barbara and Lee and certainly from our four RAM coalitions that are going to present from Tampa, Indianapolis, New Mexico, and Washington, D.C. Let me turn it over to Carolyn.

Carolyn Pare: Thanks Mark. I appreciate the opportunity to be on the call today. My name is Carolyn Pare and I'm the CEO of the Buyers Health Care Action Group out of Minnesota. We're actually a coalition of 35 large employers based in Minnesota and we've all been working together as a coalition for 15 years.

Let me tell you, since coalition work is basically my business I can tell you that there is nothing stronger than a community that coalesces around a common vision and works together in a multi-stakeholder way in order to achieve a particular stated collective goal.

One of the things that we've recognized in our 15 years of coalition work here in Minnesota is that there is so very much to do. There's plenty of opportunity, there are plenty of projects. And each one of us could go our individual ways and work on those specific projects. However we recognize that if we can take some time to engage the other stakeholders in our marketplace we end up with a much better product, a result that actually has far more impact in the community overall.

Sometimes when you're putting coalitions together you tend to stay with the group that you're most comfortable with. They might be other academic organizations, they might be other hospitals, they might be health plans with maybe some of the

providers they contract with, they might be advocacy organizations. And they address a certain slice of the pie.

That is important. I would just suggest however that if we bring all of those groups together at the same table and we do it with the purchaser and the consumer in mind as well, again we'll end up in a great place.

I think here in Minnesota we have a legacy of having both a lot of groups that are working on a lot of things. But we do come together periodically as a community to check in with one another, see what we're working on. And we work together in order to execute on something where we all have a shared perspective.

I'd encourage all of you who are building coalitions right now to really look towards the business community. The business community has incredible access to patients and to the consuming public through the information it needs to put out during employers' open enrollment time, throughout the year and especially with the tremendous push that's going on right now as employers move to more consumer-directed health plans and try to get more information out to their consumers. They can be a fabulous touch point for any coalition that needs to get information out to individual consumers.

So I would encourage all of you that if you haven't already connected with the business community or with an employer coalition in your market that you work to get those groups in. I'm sure they'd be happy to use *Remaking American Medicine* as a rallying cry for the efforts that they already have underway in your communities and I think you'd find them incredibly supportive in your areas.

One of the ways that you can find out if there's a coalition in operation is by going to the National Business Coalition on Health, that's NBCH.org, and you can get a full listing of coalitions that are already represented by that umbrella organization and identify coalitions that may already be operating in your markets.

There are over 70 coalitions in the country that represent well over 7,000 employers in the United States. And so again I would encourage you to enlist the support of business through business coalitions in your markets. I think this is just such a fabulous campaign. I think it gives such a great opportunity to bring our communities together around a very, very important subject that affects all of us.

And so I'd encourage you. And should you have any questions about in fact how to tap into these coalitions, I'd be more than happy to answer those. With that I'll turn it over.

Linda Devillier: Thank you Carolyn, and now it's Barbara Lohman.

Barbara Lohman: Hi, this is Barbara Lohman. I'm very pleased to be involved in this call and to focus on a particular aspect of the coalition development process that we introduced to all of you just a few months ago.

This came as a direct result of the coalition subcommittee and your two co-chairs as well as some ideas that were suggested to us by Dr. Rollow at CMS and others on the National Awareness Advisory Committee to try and provide our coalitions with some very strategic and tactical ways to incorporate more consumer-oriented messages. And, as Mark has already alluded to, there was a wonderful phrase that

came out of the National Health Council called "It's your health, you call the shots" which we have incorporated within campaign.

We also created a White Paper that included some very specific suggestions on how coalitions/organizations can embrace this patient- and family-centered care agenda.

Hopefully all of you received it. If not, it is available on the RAM campaign Web site in the *Resources* section. So I would invite you to take a look at that.

There's a wonderful quote that we also borrowed from Beverley Johnson of the Institute for Family-Centered Care at the beginning of this section in the PowerPoint™ that I think encapsulates what it is we mean by patient- and 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. The reason that it makes so much sense and is so relevant in particular to *Remaking American Medicine* is because you will see through the series how that theme plays out throughout the four different one-hour programs.

Since this is an overarching theme of the series, we hope you will use this as a rallying cry.

This is a consumer-oriented message, one that will hopefully help educate, sensitize, and motivate the public. We want to motivate individuals to learn more about health care quality and how they as consumers and potential caregivers for their family should be better informed and involved.

We are hoping that this campaign, thanks to the hard work of the coalitions, can begin to create an attitudinal change about health care quality among the American public.

Several of the tactical ideas in the White Paper were suggested by the Coalition Subcommittee. I believe you will hear how RAM coalitions have already begun to incorporate these ideas in their efforts.

Here are just a few suggestions. Challenge hospitals and community providers to adapt the IOM's *Ten Simple Rules for the 21st Century Health Care System*, an interesting way to foster change within the hospital or provider community.

Patient and family caregiver involvement in hospital system design teams. This is something that Beverley Johnson's group has been particularly good at. This is an idea that coalitions could rally around.

These are just a few ideas from the White Paper.

Now I would like to turn this over to Lee Allen who deals the most on a day-to-day basis with RAM coalitions.

Lee Allen:

Greetings everyone. You know I've had individual conversations with all of you and you're doing great work in your communities. It was tough choosing the four RAM coalition presenters but, hopefully, we'll have other opportunities to share your collective efforts.

You know, DCI is providing guidance and advice throughout the campaign. In particular, we're encouraging National Partners to engage with their members/constituents in this campaign.

Many of our National Partners have invited us to speak to their members through teleconferences, such as the ones listed in the PowerPoint™ presentation.

In addition, we have been making presentations at statewide quality improvement conferences and with other RAM coalitions.

I'd also like to remind you about the coalition resources including the *Leadership Guide* and *The Community Toolbox*, which were developed with funding from The Robert Wood Johnson Foundation®. You can find other references in Chapter 10 of the *Leadership Guide*. In addition, National Partners have a wide array of outreach resources, including Web sites, publications, and brochures you can use in coalition building efforts.

And we encourage you to log on to RAMcampaign.org. It's an excellent way to connect with others, by going on to "Connect with Others" where you can find others involved in quality improvement efforts throughout the United States. Also on the Web site, in the Resources section, are PowerPoint™ presentations, promotional flyers, press materials and video clips. I hope all of you are receiving your monthly campaign e-newsletter. We encourage you to invite your coalition members to sign up for the monthly e-newsletters.

As Linda stated earlier, we currently have 32 coalitions, involved in different levels but the four RAM coalitions that you will hear from today include a PBS station and local Quality Improvement Organization.

First we'll hear from Jennifer Lawson who is a pro at building consensus, having been the top programmer at PBS for a number of years. She is now a general manager at WHUT in Washington, D.C.

Jennifer Lawson: Thank you, Lee. And first let me say it's a real pleasure to join you on this call along with Deneen Richmond who's the executive director of the Delmarva Foundation in D.C. and one of our key partners in this campaign.

And it's not only that we are located on the campus of Howard University which is associated with Howard University Hospital, but that the building in which our station is housed was formerly Freedman's Hospital.

And so it's quite commonplace that many visitors to our station say "Oh gee, I was born in this very building," because for many years Freedman's Hospital was the only hospital providing care for the largely African-American community in Washington, D.C. So that's the sort of genesis of our connection with this campaign.

We serve a large audience - our signal reaches over three million people in the greater Washington area. But our primary audience is an audience for whom we believe this series is of critical importance. We have a very large and diverse community in Washington and many people suffer from a range of health care problems.

We intend to use the series to focus really in two directions. One is what we call WHUT "Caring for Your Health," and the other is "Quality Care for All." These two areas will be where we focus our efforts in this yearlong campaign.

Preventive care. We plan to look at health issues that affect our communities -- breast cancer, diabetes, high blood pressure and HIV/AIDS. And these are diseases that hit minority communities particularly hard.

The other, "Quality Care for All," will help citizens connect through partnerships with health care providers and with concerned organizations. We hope to build a lasting coalition of people who will then begin to look at the health care policies and the issue of patient-centered care.

We identify very strongly with the themes of *Remaking American Medicine*. And as a public television station we know well the value of having a well-produced television series that serves as the heart of a campaign and gives people in the community something concrete to talk about and take real action steps. So that's what we are planning to do.

Our main campaign goals are to increase the awareness of health care policy issues, particularly on patient-centered care and to encourage preventive health care and health maintenance that should strengthen the family and community.

We have as our coalition partners a range of organizations and institutions. Deneen Richmond and the Delmarva Foundation have already been mentioned. Howard University Hospital will also be a partner, as will the American Hospital Association and the D.C. Department of Health. Our local NBC affiliate has for years focused on preventive health care and we will link them as well.

Lee Allen has been terrific in reminding us of the wealth of materials that this particular series has produced. This is not just a television series -- this is a full-blown campaign. And every time we say, "Lee, we were thinking about developing this," Lee says, "Remember, look in your *Leadership Guide*. We already have A, B, and C."

At our station we plan to create two local television specials and we will promote the series and all of the related materials on our Web site.

We also plan to sponsor two community forums and we'll produce a series of on-air promotional spots.

We have a commercial radio partner, WHUR, which is also located on the campus of Howard University. WHUR is frequently the number one station so we plan to take advantage of our relationship with WHUR to help promote the series and our campaign.

Another fortunate aspect of our campaign is the wonderful relationship that we have with the other public broadcasters in our community including Maryland Public Television and WETA-TV, which also covers a large area in Northern Virginia.

In addition to our individual station efforts, we are also exploring the idea of a regional summit on the theme of "envisioning the ideal in patient-centered care." In addition to the event, we would create promotional spots both for the summit and for the series that we would co-brand and run on all three of the stations.

We're excited by the possibility of working together as broadcasters and with the opportunity of working together with people like Deneen Richmond from Delmarva as well as the many other health care organizations in the area. And we might add that our community is a fairly visible one at a national level.

Linda Devillier: Thank you very much Jennifer. Now I would like to introduce Jennifer Trotter.

Jennifer Trotter: I'm the communications manager with the New Mexico Medical Review Association (NMMRA). I really appreciate this opportunity to speak today on our RAM efforts here in New Mexico. NMMRA is the state's Medicare Quality Improvement Organization (QIO) for New Mexico. Our work on RAM began more than a year ago. We began by creating a coalition that would include all three of the state's PBS stations as well as providers and stakeholders that we work with closely on an ongoing basis to improve health care quality.

NMMRA received support from the Centers for Medicare & Medicaid Services (CMS) to produce local programming and materials and to devote a portion of our work specifically on diabetes care among Hispanic populations in our state. However, our work is much broader than that. Our coalition is open to anyone involved in health care quality improvement, no matter what their focus is.

But, because diabetes was being targeted, our coalition recruitment efforts began with a group that was already established in the state called the New Mexico Health Care Takes on Diabetes coalition. NMMRA has had a long-time relationship with this group and its executive director -- so it was really easy to win their support early for RAM efforts.

We also approached other stakeholders with whom we have relationships. Eleven people from the 22-member diabetes group in fact attended our first coalition meeting. They recognized the opportunities through this project to promote the group's efforts as well as those of each individual member.

Other coalition members were recruited through our quality improvement management teams. We have teams that work on nursing home, home health, hospital, and physician office projects -- all of whom have become involved. We also tapped into our consumer advisory council. And we also got all three PBS stations involved very early in this project. We now have 30 members on our coalition. Because our CMS funding ends this month, we focused our attention the past year on things that could be done in anticipation of RAM, including building a groundwork of support. For example, last winter we began collecting success stories that we sent on to Devillier Communications and to CrossKeys for consideration in the national series. In the spring we collected additional ideas for our coalition to consider for local programming. I'm going to have Tish talk a little bit more about KNME's role in just a minute. Then over the summer we collected even more stories for a printed resource guide.

We developed content for our Web site where visitors can join our coalition or submit information for our resource guide. The site lists all of our coalition members and it also links to RAMcampaign.org. In a couple of weeks we'll post our resource guide there as well.

Our coalition was really helpful in assisting all three of our PBS stations in connecting with health care providers in their respective communities and learning

about all the great things that are being done to improve care and underscore the importance of patient-centered care.

Before I have Tish talk about KNME efforts I did want to mention that the PBS station down in the southern part of New Mexico is very involved. KWRG in Las Cruces helped produce local programming that focused on building awareness around diabetes prevention and care especially amongst Hispanics.

KWRG worked with local diabetes health care workers and their state university's cooperative extension services to film cooking classes that will give diabetics tips on how to prepare healthy food. This program will air next month and again around the national series.

We are helping the station to produce refrigerator magnets in English and Spanish that graphically show healthy food portions to help diabetics form better eating habits. I'll let Tish speak about the three short film segments they are going to produce.

Tish Bravo:

Yes, we plan to tie in with the series by hosting a series of follow-up shows that will air across the state. They will be a form of town hall meetings with a studio audience and a panel of experts including medical providers. The programs will also have a call-in element to encourage our viewers in the rural area to also participate.

To enhance this programming, we spent the past couple of months creating a series of segments that profile some of the local *Champions of Change*. One is about a local grassroots nonprofit organization that is focusing on diabetes prevention education.

Another is a senior mentor program at the university where they match up first year medical students with senior citizens in the community to help improve doctor-patient communication.

The third one is a tele-health clinic that is using video conferencing technology to help battle the Hepatitis C epidemic that exists in the rural portions of the state where there are no specialists who can address the complicated treatment of Hepatitis C.

These 'mini documentaries' will air in conjunction with the town hall forums, which will run in collaboration with the national series.

Jennifer Trotter: Thanks Tish. We also have produced a Community Resource Guide that includes all of these segments as well as other stories and community. This 28-page booklet will be useful for consumers as well as helpful with our local media efforts.

We hope to create an updated electronic version of this Community Resource Guide a little closer to when the series is broadcast.

We will continue to hold coalition meetings since our members are important to identifying local *Champions of Change* and to help promote the series to their members. We are also hoping to gain additional funding for the call-in program. Our greatest benefit in this process at least for the quality improvement organization, has been the opportunity to increase the work we're doing with all of our stakeholders and providers. In this project, everyone can benefit and receive recognition for the work they are doing.

I know that we haven't been able to go into a lot of detail but I do encourage you to contact Tish or me if you have questions or need additional information about what we're doing in New Mexico.

Lee Allen: Thank you so much. Now we are at the point where we'll have our first Q&A. I did want to remind everyone that the transcript of this call and the PowerPoint™ presentation will be on RAMcampaign.org for the next couple of months.

Lee Allen: Any questions out there?

Christine Williams: This is really just a comment. I'm at the Agency for Health Care Research and Quality and we are actually holding three town hall meetings this fall focusing on health care quality.

We're actually working with three PBS stations in Chapel Hill, North Carolina, Oklahoma City and Philadelphia. I would be happy to share any of the lessons learned with coalitions as they plan local events with their PBS stations.

Linda Devillier: Thank you, Chris, very much. Any other questions?

Lee Allen: I've had the good fortune of working with Gail Thomas Strong on a number of community outreach projects over the last eight years. Gail's leadership in coalition building has led to WFYI's involvement in many health care projects. So we're pleased that Gail, along with Health Care Excel, is leading the ramp-up effort in Indiana.

Gail Thomas Strong: Hello everyone. Ellen Murphy and I are going to go back and forth just a little bit. You can see from the slides that our campaign has zeroed in on a couple overarching themes, mostly on patient/family-centered care and helping people learn how to make more effective health care decisions for themselves or their families.

WFYI's involvement in this campaign really began with the initiative of Ellen Murphy from Health Care Excel.

Ellen Murphy: Thank you, good afternoon. I am the public relations director for Health Care Excel here in Indiana. I want to just briefly comment on the uniqueness of our partnership and how the QIO community has partnered with this PBS station.

When I learned about the RAM campaign and what we wanted to do here at Health Care Excel, I had a little research to do.

I contacted a number of stations across Indiana. Gail called me out of the blue in response to my email query. It was wonderful to know that there's a partner out there who understands how to really delve into the health care issues. And from that initial inquiry, we have been very lucky to bring a variety of partners throughout the state. This series has allowed our QIO to step out of the realm of the Medicare population in a lot of respects. We've had a lot of good experience with our coalition meetings and I'll go ahead and let Gail get into the specifics.

Gail Thomas Strong: When Ellen and I met and began to plan the initial steps of the RAM campaign, one of the first things we did was to compare the list of who knew whom in the community. Indianapolis is well situated in that we are not only the state capital

but a local community so it means we can often work at both the local level and the state level simultaneously. And our partnership list, part of which you see on the slides, is an example of that.

So, we gathered a list of folks together and invited them to explore a topic with us. And at that initial meeting we talked about RAM, about who might be some important audiences be for us to communicate with, what might important messages be, and the possible strategies.

That became the genesis of our proposal. We decided there were important messages and different strategies for consumers, for health care practitioners and for policy-makers.

I will say what helped us push this process forward more quickly is that WFYI had a lot of history with some of these partners. So while we certainly enlarged our table, existing relationships helped us to get through those initial stages.

At this point we've had a few events including a screening at which Frank was able make a presentation at a statewide conference. We have met about four or five times with our coalition partners and anticipate another meeting in a couple of weeks.

We are currently figuring out all the venues and opportunities to communicate and to layer on the unique communication capabilities of both Health Care Excel and WFYI.

Lee Allen: Last October when I began working on the RAM campaign, one of the first QIOs that I had the opportunity to speak with was the Florida Medical Quality Assurance, Inc. Dave Ruscitti shared with me an ambitious idea on how they wanted to partner with WEDU in Tampa. Dave is now going to provide you with an update on this campaign.

Dave Ruscitti: Thanks Lee. I'm the Corporate Communications coordinator for Florida Medical Quality Assurance and we are the Florida QIO.

To begin with, we received a special grant through the Centers for Medicare & Medicaid Services (CMS) in partnership with seven other QIOs across the country, including New Mexico. We all decided the one thing we had in common was a similar issue -- diabetes and how it affects the Hispanic community. We used that as our focus for this program and then approached WEDU and Larry Jopek.

We began to reach out and form an initial committee that is listed on the slide.

Our committee decided on the range of outreach activities including local programming. Now I'll turn it over to Larry Jopek.

Larry Jopek: Since we had some segments from Lumetra, we decided to incorporate them in a program that would feature a panel of experts from different fields to discuss diabetes, specifically how it affects the Hispanic community.

The program, Viva la Vida!, was produced in English and Spanish (there is a SAP channel that runs the latter). We have already run the program and have a companion book, "Controlling Your Diabetes" which can be downloaded on our Web site or to FMQAI's. We're in the process of setting up a date, probably in February,

where we will have at our studios all the members from the Tampa Bay Health Care Collaborative, which focuses on the underserved community with a lot of clinics in which doctors volunteer.

We decided it was a perfect partner because so many of the organizations in that coalition want to get people involved with taking charge of their health. We expect to have a screening of our program at either a luncheon or a breakfast in our studio.

By the way, in September when we were taping the original program, we had a kick-off breakfast where we invited members of the medical community to join us for a roundtable discussion.

We are also planning on working with the local NPR station, WMNF-FM, to do a couple of programs in Spanish – in February and again around the national series.

So the project is moving along. And, we've also produced some print ads that have appeared in our Premier magazine.

Lee Allen: Dave and Larry, if anyone on the call is interested in getting a copy of your program could you make that available?

Larry Jopek: Absolutely, you can just shoot me an email; ljopek@wedu.org and we can send you a DVD.

Lee Allen: I've seen the program and it's excellent. And now we'll have another brief Q&A.

Janice Selinger: Yes, this is Janice Selinger from NJN. I just had a question whether you had more of a timetable as to when the series will air. I saw something that talked about June now. Is that what it looks like?

Frank Christopher: First of all thank you for participating in this meeting. It's really inspiring to listen to all the good work. We are submitting a fine cut of one of our programs that focuses on community-wide transformation. We're submitting that to PBS. It should arrive on their desks on Monday. And as you know we've been in discussion with them since the inception of this project and they were very enthusiastic about it and quite impressed with the level of work on the coalition level as well as the incentive grant program on the PBS station level.

So there's a great enthusiasm for it. However as you would expect, they need to see a program. This is our first edited full program. They've seen excerpts up to this point. That should give them a sense of the flavor and style of the series based on this first program. And we should have some response from them I'd say by the middle of November.

But our feeling from discussions that the earliest it should broadcast would be June. And we're hoping that this first program will give us something of a commitment for exact programming, but if they need to see all four programs then that probably will - that decision probably won't be reached until after the first of the year.

Linda Devillier: Other questions?

Lee Allen: Since there are no further questions, I would just remind everyone that we'll be putting up an edited transcript up and keeping the PowerPoint™ in the *Resources* section of RAMcampaign.org. We encourage you to share the information with your

colleagues either at your stations or your quality improvement organization or within your national organization.

So we thank all of you for your time and energy today and particularly to the eight folks who shared information with us today. I'll just turn it back over to Linda for closing comments.

Linda Devillier: I want to add a big thank you to our co-chairs and all of our presenters. Thank you everybody, have a great afternoon.

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