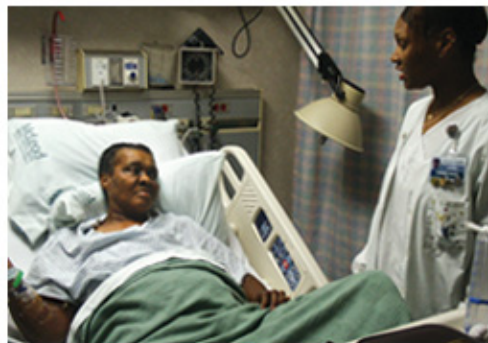




## LEADERSHIP GUIDE



# LEADERSHIP GUIDE

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## ***Remaking American Medicine™...Health Care for the 21<sup>st</sup> Century***

*"Between the health care we have and the care we could have lies not just a gap, but a chasm. The American health care delivery system is in need of fundamental change...Public awareness of shortcomings in quality is critical to securing public support for the steps that must be taken to address those concerns."*

*-- Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century  
2001 Report of the Institute of Medicine*

Dear Colleagues:

*Remaking American Medicine™...Health Care for the 21<sup>st</sup> Century* is a four-part primetime television series intended for broadcast on PBS in early 2006 being produced by Crosskeys Media®. The series tells the stories of individuals and institutions struggling to address the significant problems that now plague our health care system. It will focus on the breathtaking advances being made in improving the quality of patient care and will feature compelling profiles of providers and patients who are working together to change fundamentally the way health care is delivered in the country. The goal of *Remaking American Medicine* is to inspire and empower viewers, by demonstrating what transforming the quality of patient care can mean to all Americans.

*Remaking American Medicine* will also serve as the culmination of a nationwide outreach initiative designed to mobilize the public into demanding – and supporting – sweeping change throughout the American health system. A national public outreach campaign is underway to help spread the word about the pioneering work being accomplished in improving health care. More than 30 national organizations have agreed to serve as National Partners, including health care providers, purchasers, consumers and patient advocates, health care experts and government and regulatory groups. They are committed to quality improvement and they are encouraging their members to promote the series and become involved in this important campaign.

We are grateful to our lead corporate sponsor, the Amgen Foundation and our major underwriter, The Robert Wood Johnson Foundation®. The Nathan Cummings Foundation, the Josiah Macy, Jr., Foundation, The Centers for Medicare & Medicare Services (CMS), an agency of the U.S. Department of Health and Human Services, and the Agency for Healthcare Research and Quality have also provided support for the campaign.

This Leadership Guide was designed to help you participate in this important initiative. We hope it will prove useful to you.

Sincerely,

Frank Christopher  
Co-Executive Producer  
*Remaking American Medicine*

Matthew Eisen  
Co-Executive Producer  
*Remaking American Medicine*

## A System in Need of Critical Care

"We envision a system of care in which those who give care can boast about their work, and those who receive care can feel total trust and confidence in the care they are receiving."

-- Donald M. Berwick, MD, president and CEO  
Institute for Healthcare Improvement



The U.S. health care system is in crisis. We spend over a trillion dollars on our health care each year. As much as a third of those dollars is wasted, either by not helping patients or, even worse, harming them. No individual, rich or poor, is immune to the shortcomings of American medicine. Business-as-usual in our health care system is simply not acceptable. So what can we do differently? What can we do better? What can we fundamentally change?

The answers to these and many other questions will be explored in *Remaking American Medicine...Health Care for the 21<sup>st</sup> Century*, which takes an approach that does not seek to assign blame, but to call attention to solutions.

In the series, we'll see how families, patients, physicians, educators, administrators, consumer advocates and policy-makers are addressing the problems that plague our health care system.

Through their stories, struggles, ideas and innovations, the series seeks to inspire not just health care providers, but the patients they serve, to work together to change fundamentally the quality of American health care for the better.

*Remaking American Medicine* demonstrates:

- A system that is struggling to determine what isn't working and why.
- A system that respects the individuality, values and culture of its patients. One in which informed patients are able to take more control over their health care decisions.
- A system that embraces the rapid advance of digital technology.
- A system in which treatment decisions are formed by the latest scientific and clinical evidence.
- A system in which the dedication of resources toward quality of medical care is considered a wise investment.
- A system in which cooperation and coordination are valued.

The change that is taking place is revolutionary. It comes from the bottom up and the top down. Consumer advocates, policy-makers and the business community are beginning to demand that the practice of medicine be fundamentally transformed to become more accountable for safety and quality. Growing numbers of those within health care are making the same plea. At the same time, many medical practitioners, administrators and experts in quality improvement have begun a series of dramatic, even breathtaking, changes in their work practices, systems and institutions.

The greatest enemy to quality health care is indifference. *Remaking American Medicine* is a wake-up call. It can serve as a rallying point in the effort to change the way health care is delivered - and received - in our country. The revolution has begun. Now we must help move it forward.

## How to Use this Guide

The goal of *Remaking American Medicine* (RAM) and the national campaign is to stimulate a nationwide dialogue and to issue a call to action, community by community. One of the most important methods of effecting this change will be with the active involvement and support of scores of local coalitions representing everyone -- private purchasers, providers, government and regulatory groups, consumer advocates, patients and their families.

This Leadership Guide is meant to serve as an informational and organizational tool that will support this grassroots initiative. It is designed to serve as a resource for community-based coalitions at all stages of development. For those who are just beginning the process, the Guide includes information about the series and the national outreach campaign including a description of the National Partnership Program and some of the key strategic elements such as the *Champions of Change*.

It provides suggestions on how you may be able to work with PBS stations and how to establish a local coalition. The RAM team will support you in your coalition efforts by creating promotional materials and by calling attention to the excellent tools and resources produced by National Partners and other organizations dedicated to quality health care. The Guide includes recommendations on how to reach out to local communities and contains background information on two specific issues that will be addressed in *Remaking American Medicine* -- patient/family-centered care and chronic care.

There are currently more than 20 *Remaking American Medicine* coalitions forming across the country. We are grateful for their support and encourage you to contact them. We encourage RAM coalitions to focus on the subjects addressed

in the series. However, each group is expected to assess their respective communities and proceed with quality initiatives that best reflect local interests, needs and concerns.

Several individuals provided guidance during the creation of this Guide. They are:

- Jennifer Trotter, communications manager, New Mexico Medical Review Association
- Beth Heinrich, public relations specialist, OMPRO
- Ferne Barrow, senior director, Outreach, WETA, Washington, D.C.
- Karin Kennedy, program director, Center for Medicare QIO Operations, Health Care Excel
- Marc McCombs, director of corporate communications, West Virginia Medical Institute

We wish you well in this important endeavor. We know your efforts will have a positive effect on the lives of your friends, families and communities. If you have any questions, please do not hesitate to contact the *Remaking American Medicine* team at Devillier Communications, Inc. (See Chapter 18.)



## The Series

*"Improving the quality of the care hospitals deliver is not a project or a campaign...it is the fabric and fiber of how doctors, nurses and other caregivers must approach their work every day, patient by patient. It is creating the kind of systems that not only changes what is done and how it's done, but involves patients, families and the community at large. It is work that never ends."*

-- Dick Davidson, president  
American Hospital Association



**R**emaking American Medicine ... Health Care for the 21<sup>st</sup> Century is ambitious in scope, journeying across the nation to

follow an array of pioneering individuals and institutions as they work to bridge the "quality chasm." The series is being produced by Crosskeys Media, the award-winning filmmaking company, and will focus on advances in improving the quality of health care. The series is intended to empower viewers to become advocates for better care for themselves, their loved ones and for the communities in which they live.

Major themes that will be explored in the series include: providing chronic disease care that is efficient, effective and centered on the needs of the patient; transforming acute care to ensure patient safety; involving local communities in efforts to improve medical care for everyone; and adopting new technologies that ensure the delivery of safer and more effective care.

### Working Titles

**The Hospital** begins by introducing viewers to health care as it actually is, not as they believe it to be. The program then profiles acute care facilities that are struggling to deliver care that is safer, more effective and more efficient, and ultimately yields dramatic improvements in patients' lives.

**Chronic Disease** reveals the enormous challenges facing a health care system largely unprepared to address the needs of the nearly 100 million Americans now suffering from chronic illnesses. The program will explore innovative models of care that not only save resources and improve the health of those with chronic illnesses, but also are fundamentally transforming the relationship between patients and their providers.

**Community by Community** examines how models of excellence in acute care and chronic disease management are being expanded to entire communities. This program will look at efforts to improve health care within a local region, while at the same time exploring the economic, political and social forces that often stand in the way of such reform efforts.

**Creating Change** looks at the challenges facing those attempting to improve the quality of the entire health care system. The program examines three levers of change that have the potential to drive improvement efforts: innovative education programs; patient advocates working both inside and outside the system; and collaborative efforts among the major stakeholders in health care.

The series is being produced in consultation with an independent panel of leading health care experts and presented on PBS by public television station, KQED/San Francisco.

## National Outreach Campaign

*"We need to move beyond the handful of innovators. I believe we have enough understanding of the problem and enough experience improving health care to engage a broader group. But they need to understand what's possible...and how to do it."*

-- Risa Lavizzo-Mourey, MD, MBA, president and CEO  
The Robert Wood Johnson Foundation



The national outreach campaign is intended to help motivate, re-energize and inspire individuals, organizations and institutions to support the improvement of health care in their respective communities. The goal is to stimulate a national dialogue about the importance of improving American health care and to facilitate the development of coalitions that will amplify such a conversation throughout the country.

The outreach effort will promote best-practice models, raise public awareness about opportunities for improving the quality of health care, encourage Americans to become their own health care advocates and maximize the support and resources of the public television system.

### National Partnership Program

The National Partnership Program was designed to create a unique synergy while leveraging the credibility and enormous capacity of Partners to connect with all Americans. As of May 2005, 35 prestigious organizations representing health care

providers, purchasers, consumer/patient advocacy groups, quality experts and government and regulatory agencies have agreed to participate as National Partners. Fully committed to quality improvement, these organizations, which reach more than 100 million Americans, support the objectives of the series and the public awareness campaign.

Leaders from each Partner organization serve on the National Awareness Advisory Committee (NAAC). The NAAC's important advice will guide the implementation of the national outreach campaign. The committee is also encouraging their respective members/affiliates and constituents to become involved in the campaign, participate in local coalitions and ultimately, join in the quality improvement movement.

National Partners have mounted numerous national campaigns and have produced a wide variety of resources and tools. Their research, quality analysis, statistics, publications, brochures, videos and interactive online forums are referenced throughout this Guide. We do not have sufficient space to mention all of their good work, so we encourage you to log on to their Web sites and learn more about their commitment to quality improvement.

**Tip:** Appendix A provides a current list of National Partners and members of the National Awareness Advisory Committee. Or you may log on to the *National Partners* section of [RAMcampaign.org](http://RAMcampaign.org).

## Connecting with Quality Improvement Organizations (QIOs)

*"Better care should be rewarded, and thanks to growing support from health care providers and other stakeholders, we have better approaches to doing so than ever before."*

-- CMS Administrator Mark B. McClellan, MD, PhD



Thanks to the support of the American Health Quality Association and the authorization of the Centers for Medicare & Medicaid Services (CMS), scores of Quality Improvement Organizations (QIOs) are supportive and involved in the campaign. To date, 25 QIOs are forming coalitions and planning activities with their local PBS stations. Some examples include:

The Alabama Quality Assurance Foundation, in collaboration with Alabama Public Television, plans to conduct a series of quality rallies around the state focusing on individuals and institutions that are leaders and proponents of quality health care. These *Champions of Change* will be featured in a program, produced by Alabama Public Television, that will air in connection with the national series.

In Missouri, Primaris Health and KETC/St. Louis are developing a coalition that will conduct a massive statewide outreach campaign. A key element of the campaign will be a four-part local

series that will complement each of the programs in the national series.

CIMRO-NE, which is partnering with Nebraska Public Television, is developing a coalition that represents a diverse array of Nebraska health care providers, purchasers, consumers, patient advocacy groups, quality experts and government and regulatory agencies.

The New Mexico Medical Review Association (NMMRA) RAM coalition involves all three PBS stations in the state. NMMRA plans to develop local programming with the stations, create a resource guide and Web site, and promote the quality improvement work of the coalition and the series.

Florida Medical Quality Assurance, Inc. (FMQAI), is developing a coalition of community organizations in collaboration with WEDU, the Tampa public television station. The coalition will produce a local call-in program focusing on diabetes in the Hispanic community. The program will demonstrate diabetic care from three perspectives: patient, provider and community organization.

**Tip:** Appendix B provides a list of QIOs. For an update on their work, log on to [RAMcampaign.org](http://RAMcampaign.org) and go to *Connect with Others* to search the database.



## Working Effectively with PBS Stations

*"You cannot understand the future of public broadcasting if you do not grasp the power of this thing called localism. The strength of public broadcasting lies at the local level."*

-- Kenneth Tomlinson, chairman  
CPB Board of Directors



# PBS

Scores of PBS stations will be involved in the grassroots campaign on behalf of *Remaking American Medicine*, often working with QIOs and other National Partners. For those individuals who may be developing a local coalition but have little or no experience with public broadcasters, we hope the following information will be useful.

Outreach is a key component that sets public television apart from its commercial counterpart. Most notable is its ability to bring people together before, during or after a broadcast. Public broadcasting is able to provide this service because of its distinctive structure -- a national broadcast system that encourages local action. Outreach bridges the gap between community concerns and program content by providing opportunities to engage discussion, provide expert opinion, educate and inform.

**Outreach Director:** Most often the individual in charge of coordinating these activities within the station is the Outreach Director. We encourage you to contact this person as you begin your organizational efforts.

The following are the types of outreach activities most often conducted by PBS stations in support of a national/local initiative.

**Community Assessment:** Stations are well versed in discerning the needs of their communities. They have long-term relationships with important stakeholders, many of whom may wish to become involved in a RAM coalition. Stations are also constantly seeking feedback from their audiences and are experienced in employing qualitative and quantitative tools.

**Local Programming:** If additional resources become available, stations may agree to produce local programs that would be broadcast in conjunction with the national series. These activities, which are the prerogative of the station's Programming Department, may include:

- Covering coalition/quality-related news events on the station's news programs.
- Producing 30- or 60-minute documentaries.
- Hosting a live, studio-based community forum featuring expert panelists and *Champions of Change*. Phone banks of station volunteers often support call-in programs.
- Producing interstitial programming. These short, one- or two-minute pieces often air prior to and during the national broadcast. Interstitials may also be videostreamed on the station's Web site.

Note: Public radio stations may be asked to produce related programming. Many are joint licensees with PBS stations.

**On-Air Promotion:** Stations may produce and air 30- or 60-second promos for local programming efforts.

**Publicity Support:** Most stations have a public information department that has considerable experience working with the local press.

**Station Program Guide:** Station guides are an excellent community outreach tool. Editors tend to be more receptive to a story when a station has made a commitment to a particular issue. For example, if the station is involved in a RAM coalition and is producing related programming, the editor may include a feature article and/or run a bylined piece by a campaign spokesperson.

**Online Promotion:** In addition to placing information on their Web sites, stations may agree to provide links to coalition partner sites, provide a moderated forum on the issue and include postings of community-related events. If resources are available, stations may produce a Webcast of a coalition-sponsored town hall meeting. They may also videostream programming segments on their Web site.

**Community Outreach Materials:** Stations are adept at incorporating materials from a variety of sources which can be used for educational guides, promotional flyers, brochures, posters, etc. Stations are also beginning to make CD-ROM versions of their outreach materials available to interested parties.

**Community Events:** Stations may agree to co-host town hall meetings, community screenings, panel discussions, health fairs or other public forums.

### **PBS Station Incentive Grants Program**

The Amgen Foundation, the lead corporate sponsor for *Remaking American Medicine*, is underwriting a major competitive grants program designed to leverage the capabilities of the public broadcasting system. Twenty-two PBS stations have just been awarded grants to support the *Remaking American Medicine* campaign. These grantees will serve as catalysts for local coalition efforts and undertake a wide variety of outreach and promotional activities utilizing station staff and resources. We encourage you to work with them.

**Tip:** Appendix C provides additional information about public broadcasting, a list of the PBS Station Incentive Grantees and a list of Outreach Directors in the PBS system. Details about the Station Grantees can also be found on [RAMcampaign.org](http://RAMcampaign.org).

## Champions of Change

*"Real, meaningful, lasting change usually springs from a simple idea, a single inspirational source. A novel approach can spark waves of innovation that ultimately lead to breakthrough results never before imagined."*

-- *Ideas in Action: 2005 Progress Report*  
Institute for Healthcare Improvement (IHI)



At its core, *Remaking American Medicine* is a glimpse into the type of health care we all deserve. It is about the pioneering work of providers, patients and their families, private purchasers, government agencies and others committed to making health care in America safe, evidence-based, efficient and effective. We believe these people and institutions are best defined as *Champions of Change*.

Several *Champions* will be featured in the television series but there are literally thousands of individuals and institutions that deserve to be recognized for their dedication, struggles and contributions to improving health care. As part of the outreach campaign we encourage RAM coalitions to identify and support the work of their local *Champions of Change*. To facilitate your search and to give you some ideas about the types of individuals and institutions that may be designated as *Champions of Change*, you may wish to log on to Partner Web sites and other national groups that recognize outstanding individuals and institutions.

For example, each year, the American Hospital Association awards two national prizes:

- The Quest for Quality Prize honors hospitals for leadership and innovation in the creation of a culture of patient safety.
- The Foster G. McGaw Prize recognizes hospitals that have distinguished themselves through efforts to improve the health and well-being of everyone in their communities.

Since 2002, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), in collaboration with the National Quality Forum, has presented the John M. Eisenberg Award for Patient Safety and Quality to individuals and institutions throughout the country. To learn more, log on to JCAHO's Web site and look for *Patient Safety*.

The Association of American Medical Colleges' Web site features a rich compendium of quality information and potential *Champions*. From the home page, click on *Focus on Issues* and follow the link to *Ensuring Health Care Quality*. This section provides a list of hospitals that have teamed up with medical schools and providers to implement initiatives that advance improvement in the quality of health care. For example, click on the link to the Robert Wood Johnson Hospital in Hamilton, New Jersey to learn why this outstanding institution was recently awarded the 2004 Malcolm Baldrige National Quality Award.

The Institute for Healthcare Improvement (IHI) is a not-for-profit organization driving the improvement of health by advancing the quality and value of health care. Among other things, IHI helps accelerate change in health care by cultivating promising concepts for improving patient care and turning those ideas into action. IHI's recent publication, *Ideas in Action: 2005 Progress Report* features the 22 "bold individuals and organizations willing to take responsibility for building a better health care system." The report includes McLeod Regional Medical System in Florence, South Carolina; Luther Midelfort-Mayo Health System in northwest Wisconsin; Tallahassee Memorial Hospital in Tallahassee, Florida; Baptist Memorial Hospital in Memphis, Tennessee; and the Dominican Hospital in Santa Cruz County, California, among others.

**Tip:** Put a face on quality. Draw public attention to quality improvement and your coalition's work by identifying and highlighting the work of *Champions of Change*. Nothing will be more powerful in capturing public attention than by telling the compelling stories of quality health care pioneers. Log on to [RAMcampaign.org](http://RAMcampaign.org) to see profiles of *Champions of Change*.

Another IHI program, *Pursuing Perfection: Raising the Bar for Health Care Performance*, encourages and supports the outstanding work of such institutions as Hackensack University Medical Center in New Jersey and the Cambridge Health Alliance in Massachusetts, among others. To learn more about these actual *Champions of Change*, log on to the IHI Web site.

Other sources for *Champions* include the Center for Health Care Strategies whose core work is to identify and demonstrate best practices in Medicaid-managed care. The American Cancer Society's Web site features consumer-driven involvement in quality of care for cancer patients. The American Health Quality Association provides scores of success stories by clinical settings, and the National Library of Medicine has *Changing the Face of Medicine*, which celebrates the lives and achievements of America's women physicians.



## Seeking Quality Health Care

*"Quality is the degree to which health care services increase the likelihood of desired health outcomes and are consistent with the best professional knowledge."*

-- Kenneth W. Kizer, MD, MPH, National Quality Forum



The objective of *Remaking American Medicine* is to raise awareness of the importance of improving the quality of health

care. Dr. Kenneth Kizer of the National Quality Forum, one of our National Partners, was recently quoted in the spring 2005 issue of *Hub* magazine describing why he believes there is an increasing interest in this subject.

Dr. Kizer said, "High quality has always been sought in health care. What's different now is the convergence of several disparate forces. These forces include: (1) knowledge of the quality deficiencies, i.e., widespread awareness that we're not doing as well as we thought we were, indeed, that we're not doing very well at all in some areas; (2) rising health care costs disproportionate to the rest of the economy, which is due in part to poor quality of care; (3) purchasers are now engaged in a way they never have been before...; and (4) consumers asking why can't they get the same level of service in health care that they get in other industries. The discontent with health care is further fueled by patient safety concerns - not only is health care inefficient and often not user friendly, but it actually can be dangerous. This confluence of forces is making quality improvement health care's essential business strategy."

A critical element of this issue is to help consumers compare the work of individuals and institutions across the country. Several National Partners play a critical role in setting quality standards, providing accreditation and disseminating this information to consumers.

The Joint Commission on Accreditation of Healthcare

Organizations (JCAHO), an independent, not-for-profit organization, is the nation's predominant standards-setting and accrediting body. More than 15,000 health care providers - from small, rural clinics to expansive, complex health care networks - use JCAHO standards to guide how they administer care to their patients and improve their performance. Their report, *Setting the Standard*, describes JCAHO's policies and standards. On JCAHO's Web site, one can access Quality Check<sup>®</sup>, a search engine that allows consumers to locate accredited health care organizations by name or by zip code.

The Centers for Medicare & Medicaid Services, along with the Hospital Quality Alliance has just unveiled *Hospital Compare*, a Web site that allows consumers to compare the quality of care at more than 4,200 hospitals in cities, counties or metropolitan areas across the nation. *Hospital Compare* provides side-by-side, hospital vs. hospital comparisons on 17 measures: eight related to heart-attack care, four to care for heart failure and five related to pneumonia care. The American Hospital Association, the Federation of American Hospitals, and the Association of American Medical Colleges launched the Hospital Quality Alliance in 2002.

The National Partnership for Women & Families produces a number of helpful quality products including *The State Experience in Health Quality Data Collection* and *Guidelines for Purchaser, Consumer and Health Plan Measurement of Provider Performance*. They also provide *A Guide to State Reports on Health Care Quality* that enables consumers to easily and quickly find out what information states have made public.

## Building Coalitions to Effect Change

*"It is critical that leadership from the private sector, both professional and other health care leaders and consumer representatives, be involved in all aspects of this effort."*

-- *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century*  
Institute of Medicine



As stated earlier, one of the primary goals of the national outreach campaign is to support the creation of *Remaking American Medicine* (RAM) coalitions that focus on improving quality health care in America - community by community.

The primary rationale for the development of a coalition is to accomplish a goal that may reach beyond the capacity of any individual member or organization. This may range from information sharing to coordination of services, from community education to advocacy. Although coalition building has become a popular grassroots approach, the concept is not new. In 1840, Alexis de Tocqueville, the first noted international researcher on American society, remarked that "Americans are a peculiar people...If, in a local community, a citizen becomes aware of a human need that is not met; he thereupon discusses the situation with his neighbors. Suddenly a committee comes into existence...and begins to operate on behalf of the need. A new community function is established. It is like watching a miracle."<sup>1</sup>

We do not expect miracles, but we do expect results. RAM coalitions, which are forming across the country,

will set goals, establish alliances, pool resources and take action. They will include representatives/members of the National Partners, PBS stations, and numerous other local organizations concerned about the quality of medical care in their community.

RAM coalitions are expected to:

- Represent diverse interests and involve all of the major stakeholders.
- Leverage the knowledge base and expertise of coalition members.
- Select a quality-related issue that is of concern to their respective communities.
- Underscore the importance of this issue with key target audiences.
- Recommend and institute positive change.
- Feature local *Champions of Change*.
- Build upon lessons learned.
- Empower all segments of the community.
- Capitalize on the national promotional campaign surrounding the national broadcast of *Remaking American Medicine*.

### Connect with Others

To become involved in a local RAM coalition, log on to [RAMcampaign.org](http://RAMcampaign.org) and select *Connect with Others*. You can quickly locate coalitions by community or state as well as organizations that focus on quality issues related to home health care, technology-driven quality improvement, patient safety, chronic care, acute care and other topics. You can also search for health-quality organizations designed for specific audiences or review best practice examples of quality improvement from around the country.

<sup>1</sup> *Developing Effective Coalitions: An Eight Step Guide*, Contra Costa County (CA) Health Services Department.

As mentioned earlier, National Partners are actively encouraging their members, affiliates and constituents to become involved at the local level. We encourage you to log on to Partner Web sites to learn more about each organization and to help you identify potential coalition partners in your community, state or region.

Examples of some of the National Partners with community-based affiliates and individual members include:

The AARP, with more than 35 million members, has offices in all 50 states as does the American Heart Association, the American Stroke Association and the American Cancer Society. These organizations encourage individuals to connect with one another, geographically as well as through online communities.

The Association for Community Health Improvement (ACHI), supported by the American Hospital Association's Health Research & Educational Trust, provides a unique peer networking and educational resource for those working in hospitals and health centers, public health and community organizations. The ACHI works with more than 28 state and regional community health organizations.

The American Nurses Association has more than 150,000 members and is at the forefront of policy initiatives pertaining to health care reform. The National Hispanic Medical Association represents 36,000 licensed Hispanic physicians and the National Medical Association is the largest and oldest national organization representing African-American physicians and their patients in the United States.

The mission of the American Hospital Association (AHA), which represents and serves all types of hospitals and health care networks, is to advance the health of individuals and communities nationwide. The AHA has more than 4,600 members. The National Association of Children's

Hospitals and Related Institutions represents 181 children's hospitals, large pediatric units of medical centers and related health systems throughout the United States. The National Association of Public Hospitals and Health Systems represents more than 100 hospitals and health systems in many of America's largest metropolitan areas.

Several National Partners focus on the business community. The National Business Group on Health (NBGH) is the only national nonprofit organization exclusively devoted to representing the perspective of large employers and providing practical solutions to its members' most important health care problems. NBGH's members provide health coverage for more than 45 million U.S. workers and retirees, and their families.

The Buyers Health Care Action Group is a coalition of public and private employers working to recreate the health care system so consumers will get the care they need in the right place, at the right time and at the right price. The National Business Coalition on Health is a national, nonprofit membership organization of employer-based health coalitions.

## Coalition Organizational Tools

### The Community Tool Box

As a companion to this Guide, we suggest you take advantage of *The Community Tool Box*, a comprehensive, free Internet-based service designed to assist in developing community actions that address a range of health issues. On this site, which can be accessed at <http://ctb.ku.edu>, you will find scores of resources including guidelines, checklists, examples, and training materials. *The Community Tool Box* has more than 6,000 pages of detailed information related to coalition development and support.

Chapters that may be of particular interest include:

- Create and maintain coalitions and partnerships
- Assess community needs and resources
- Analyze problems and goals
- Develop strategic action plans
- Build leadership
- Advocate for change
- Evaluate the initiative

In addition, *The Community Tool Box* offers several ways to connect with others including links to online resources by category and core competency, a forum or chat room to create a "learning community" and expert advisors.

### ***Developing Effective Coalitions: An Eight Step Guide***

*Developing Effective Coalitions: An Eight Step Guide* is another excellent resource that provides clear direction on how to build an effective coalition. In addition to a clear definition of terms, the guide provides useful principles for initiating and maintaining effective coalitions. It features eight very specific steps. It is anticipated that the particular details of how local coalitions are formed and maintained will be unique to each community.

The guide was originally developed at the Contra Costa County (California) Health Services Department Prevention Program to assist public health programs in developing effective community coalitions for injury prevention. The ideas presented in the guide are an outgrowth of a Special Project of Regional and National Significance (SPRANS) grant awarded to the Contra Costa 26 County Health Services Department by the U.S. Department of Health and Human Services Maternal and Child Health Division. It was edited and printed by the Children's Safety Network at the National Center for Education in Maternal and Child Health.

*Developing Effective Coalitions* can be accessed at [www.preventioninstitute.org](http://www.preventioninstitute.org) under *Publications*.

### **HospitalConnect.com**

*The Collaboration Primer*, produced by the Health Research & Educational Trust, in partnership with the American Hospital Association, provides a series of proven strategies and tools to implement effective collaborative efforts. It can be accessed on AHA's Web site or HospitalConnect.com. Just click on to HRET, *Publications*.

*Community Care Notebook: A Practical Guide to Health Partnerships*, also produced by the Health Research & Educational Trust, is a comprehensive how-to guide. It provides real-life examples and practices drawn from the National Community Care Network Program as well as useful tools, templates and other resources.

**Tip:** Every National Partner is committed to improving the quality of health care. For additional information, including contacts, please refer to Appendix A.



## 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](http://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](mailto: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 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<sup>®</sup>, 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](http://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](http://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](http://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

**P**atient/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.

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### 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.<sup>2</sup>

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

<sup>2</sup> *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.<sup>3</sup>

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](http://nationalhealthcouncil.org).

<sup>3</sup> IFCC Web site ([www.familycenteredcare.org](http://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.<sup>4</sup>

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."<sup>5</sup>

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

<sup>4</sup> Centers for Disease Control and Prevention.

<sup>5</sup> 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.<sup>6</sup>

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."<sup>7</sup>

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](http://www.nchc.org)), among other sites.

<sup>6</sup> ICIC Web site ([www.improvingchroniccare.org](http://www.improvingchroniccare.org)).

<sup>7</sup> Wagner, 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

# APPENDIX A

## NATIONAL PARTNERS AND NATIONAL AWARENESS ADVISTORY COMMITTEE

### National Partners

- AARP ([www.aarp.org](http://www.aarp.org))
- Agency for Healthcare Research and Quality ([www.ahrq.org](http://www.ahrq.org))
- Alliance of Community Health Plans ([www.achp.org](http://www.achp.org))
- American Academy of Orthopaedic Surgeons ([www.aaos.org](http://www.aaos.org))
- American Academy of Pediatrics ([www.aap.org](http://www.aap.org))
- American Cancer Society ([www.cancer.org](http://www.cancer.org))
- American College of Physicians ([www.acponline.org](http://www.acponline.org))
- American College of Surgeons ([www.facs.org](http://www.facs.org))
- American Health Quality Association ([www.ahqa.org](http://www.ahqa.org))
- American Heart Association ([www.americanheart.org](http://www.americanheart.org))
- American Hospital Association ([www.aha.org](http://www.aha.org))
- American Nurses Association ([www.ana.org](http://www.ana.org))
- American Osteopathic Association ([www.osteopathic.org](http://www.osteopathic.org))
- Association of American Medical Colleges ([www.aamc.org](http://www.aamc.org))
- Association for Community Affiliated Plans ([www.ahcap.org](http://www.ahcap.org))
- Buyers Health Care Action Group ([www.bhcag.com](http://www.bhcag.com))
- Center for Health Care Strategies, Inc. ([www.chcs.org](http://www.chcs.org))
- Centers for Medicare & Medicaid Services (CMS) ([www.cms.gov](http://www.cms.gov))
- Grantmakers in Health ([www.gih.org](http://www.gih.org))
- Health Research & Educational Trust – American Hospital Association ([www.hret.org](http://www.hret.org))
- Institute for Family-Centered Care ([www.familycenteredcare.org](http://www.familycenteredcare.org))
- Institute for Healthcare Improvement ([www.ihl.org](http://www.ihl.org))
- Institute for Safe Medication Practices ([www.ismp.org](http://www.ismp.org))
- Joint Commission on Accreditation of Healthcare Organizations ([www.jcaho.org](http://www.jcaho.org))
- National Association for Home Care and Hospice ([www.nahc.org](http://www.nahc.org))
- National Association of Children's Hospitals and Related Institutions ([www.childrenshospitals.net](http://www.childrenshospitals.net))
- National Association of Public Hospitals and Health Systems ([www.naph.org](http://www.naph.org))
- National Business Coalition on Health ([www.nbch.org](http://www.nbch.org))
- National Business Group on Health ([www.businessgrouphealth.org](http://www.businessgrouphealth.org))
- National Health Council ([www.nationalhealthcouncil.org](http://www.nationalhealthcouncil.org))
- National Hispanic Medical Association ([www.nhmamd.org](http://www.nhmamd.org))
- National Medical Association ([www.nmanet.org](http://www.nmanet.org))
- National Partnership for Women & Families ([www.nationalpartnerships.org](http://www.nationalpartnerships.org))
- National Quality Forum ([www.qualityforum.org](http://www.qualityforum.org))
- The Robert Wood Johnson Foundation ([www.rwjf.org](http://www.rwjf.org))

## **National Awareness Advisory Committee**

- AARP  
*John Rother, Director of Policy and Strategy*
- AcademyHealth  
*W. David Helms, PhD, President and CEO*
- Accreditation Council of Graduate Medical Education  
*David Leach, MD, Executive Director*
- Agency for Healthcare Research and Quality  
*Christine Williams, Director, Office of Communications and Knowledge Transfer*
- Alliance of Community Health Plans  
*Jack Ebeler, President and CEO*
- American Academy of Orthopaedic Surgeons  
*Stuart L. Weinstein, MD, President, Board of Directors*
- American Academy of Pediatrics  
*Ed Zimmerman, Co-Director, Department of Practice and Research*
- American Board of Medical Specialties  
*David Nahrwold, MD, President of Executive Committee*
- American Cancer Society  
*Sheila Buchert, Director, Media Collaborations*
- American College of Physicians  
*David Sgrignoli, Senior Vice President of Marketing and Communications*
- American College of Surgeons  
*Linn Meyer, Director of Communications*
- American Health Quality Association  
*David G. Schulke, Executive Vice President*
- American Heart Association  
*Julie Del Barto, Communications Manager*
- American Hospital Association  
*Richard H. Wade, Senior Vice President for Strategic Communications*
- American Nurses Association  
*Barbara A. Blakeney, MS, APRN, BC, ANP, President*
- American Osteopathic Association  
*Martin S. Levine, DO, Chair, Bureau of Osteopathic Clinical Education and Research*



- Amgen  
*H. Christian Fibiger, PhD, Vice President, Neuroscience*
- Association of American Medical Colleges  
*Elisa K. Siegel, Senior Vice President of Communications*
- Association for Community Affiliated Plans  
*Meg Murray, Executive Director*
- Buyers Health Care Action Group  
*Carolyn Pare, CEO*
- Center for Health Care Strategies, Inc.  
*Lorie Martin, Director of Communications*
- Centers for Medicare & Medicaid Services  
*Sue E. Butler, Division of Partnership Development*
- Federation of State Medical Boards  
*Dale L. Austin, Senior Vice President and COO*
- Grantmakers In Health  
*Lauren LeRoy, PhD, President and CEO*
- Health Research & Educational Trust - American Hospital Assn.  
*Ted Pickens, Senior Director, Communications and Marketing*
- Institute for Family-Centered Care  
*Beverly Johnson, President and CEO*
- Institute for Healthcare Improvement  
*Jonathan Small, Director of Marketing and Communications*
- Institute for Safe Medication Practices  
*Allen J. Vaida, PharmD, FASHP, Executive Director*
- Joint Commission on Accreditation of Healthcare Organizations  
*Paul M. Schyve, MD, Senior Vice President*
- National Association of Home Care and Hospice  
*Mary St. Pierre, VP, Regulatory Affairs*
- National Association of Children's Hospitals and Related Institutions  
*Gillian Ray, Vice President, Public Affairs*
- National Association of Public Hospitals and Health Systems  
*Ed Martinez, Assistant Vice President*

- National Business Coalition on Health  
*Andrew Webber, President and CEO*
- National Business Group on Health  
*Helen Darling, President*
- National Health Council  
*Marc Boutin, VP, Policy Development and Advocacy*
- National Hispanic Medical Association  
*Elena Rios, MD, MSPH, President and CEO*
- National Medical Association  
*L. Natalie Carroll, MD, Immediate Past President*
- National Partnership for Women & Families  
*Debra L. Ness, President*
- National Quality Forum  
*Kenneth Kizer, President and CEO*
- The Robert Wood Johnson Foundation  
*John R. Lumpkin, MD, MPH, Senior VP,  
Director, Health Care Group*

## APPENDIX B

### QUALITY IMPROVEMENT ORGANIZATIONS

*Alabama - Alabama Quality Assurance Foundation*

Bill Hawkins, Phone: 800-760-4550 ext. 3124, Email: bhawkins@alqio.sdps.org  
URL: www.aqaf.com

*Arkansas - Arkansas Foundation for Medical Care*

Janna Williams, Phone: 501-375-1200 ext. 663 or 888-987-1200  
Email: jwilliams@afmc.org  
URL: www.afmc.org

*Alaska - Qualis Health (see Washington State)*

*Arizona - Health Services Advisory Group*

Bill Staples, Phone: 602-665-6168, Email: Wstaples@hsag.com  
URL: www.hsag.com

*California - Lumetra*

Carmella Gutierrez, Phone: 415- 677-2000, Email: cgutierrez@caqio.sdps.org  
URL: www.lumetra.com

*Colorado - Colorado Foundation for Medical Care*

Erich Kirshner, Phone: 303-695-3300, Email: ekirshner@coqio.sdps.org  
URL: www.cfmc.org

*Connecticut - Qualidigm*

Allyson Schulz, Phone: 860-632-6361, Email: aschulz@qualidigm.org  
URL: www.qualidigm.org

*Delaware - Quality Insights of Delaware*

Paula Savini, Phone: 302-478-3600 ext. 105, Email: psavini@deqio.sdps.org  
URL: www.qide.org

*District of Columbia - Delmarva (see Maryland)*

*Florida - Florida Medical Quality Assurance, Inc.*

David Ruscitti, Phone: 813-354-9111 ext. 3255, Email: druscitti@flqio.sdps.org  
URL: www.fmqai.com

*Georgia – Georgia Medical Care Foundation (GMCF)*

Lee Millman, Phone: 678-527-3427, Email: lmillman@gmcf.org  
URL: www.gmcf.org

*Hawaii - Mountain-Pacific Quality Health Foundation*

Keely Kalama-Lakey, Phone: 808-440-6015, Email: kkalama-lakey@hiqio.sdps.org URL:  
www.mpqhf.org

*Idaho - Qualis Health (see Washington State)*

*Illinois - Illinois Foundation for Quality Health Care*

Erin Williams, Phone: 630-928-5820, Email: ewilliams@ilqio.sdps.org

URL: [www.ifqhc.org](http://www.ifqhc.org)

*Indiana - Health Care Excel*

Ellen Murphy, Phone: 812-234-1499 ext. 215, Email: emurphy@inqio.sdps.org

URL: [www.hce.org](http://www.hce.org)

*Iowa - Iowa Foundation for Medical Care*

Deb Innis, Phone: 515-223-2900 ext. 8224, Email: dinnis@iaqio.sdps.org

URL: [www.ifmc.org](http://www.ifmc.org)

*Kansas - Kansas Foundation for Medical Care*

Lisa Williams, Phone: (785) 273-2552, Email: lwilliams@ksqio.sdps.org

URL: [www.kfmc.org](http://www.kfmc.org)

*Kentucky - Health Care Excel (see Indiana)*

*Louisiana - Louisiana Health Care Review*

Tammy Franklin, Phone: 225-926-6353, Email: tfranklin@lhcr.org

URL: [www.lhcr.org](http://www.lhcr.org)

*Maine - Northeast Health Care Quality Foundation (See New Hampshire)*

*Maryland - Delmarva Foundation*

Nicki Shugart, Phone: 410-822-0697, Email: nshugart@mdqio.sdps.org

URL: [www.delmarvafoundation.org](http://www.delmarvafoundation.org)

*Massachusetts - Massachusetts Quality Improvement Organization*

Sue C. Kelman, Phone: 781-419-2740, Email: skelman.mapro.sdps.org

*Michigan - Michigan Peer Review Organization*

Sue Burns, Phone: 248-465-7375, Email: sburns@mpro.org

URL: [www.mpro.org](http://www.mpro.org)

*Minnesota - Stratis Health*

Kate Johnston, Phone: 952-854-3306 or 877-787-2847

Email: kjohnston@stratishealth.org

URL: [www.stratishealth.org](http://www.stratishealth.org)

*Mississippi - Information and Quality Healthcare*

Carole Kelly, Phone: (601) 957-1575 ext. 209, Email: ckelly@msqio.sdps.org

URL: [www.iqh.org](http://www.iqh.org)

*Missouri - Primaris*

Andy Shea, Phone: 800.735.6776 ext. 136, Email: ashea@moqio.sdps.org

URL: [www.primaris.org](http://www.primaris.org)



*Montana - Mountain-Pacific Quality Health Foundation*

Peg Donahue, Phone: 406-443-4020 ext. 5845 or 800-497-8232

Email: [pdonahue@mtqio.sdps.org](mailto:pdonahue@mtqio.sdps.org)

URL: [www.mpqhf.org](http://www.mpqhf.org)

*Nebraska - CIMRO of Nebraska*

Keri McDermott, Phone: 402-476-1399 or 800-458-4262

Email: [kmcdermott@neqio.sdps.org](mailto:kmcdermott@neqio.sdps.org),

URL: [www.cimronebraska.org](http://www.cimronebraska.org)

*Nevada - HealthInsight (see Utah)*

*New Hampshire - Northeast Health Care Quality Foundation*

Robert Aurilio, Phone: 603-842-8240 or 800-772-0151 ext. 140

Email: [raurilio@nhqui.sdps.org](mailto:raurilio@nhqui.sdps.org)

URL: [www.nhcqf.org](http://www.nhcqf.org)

*New Jersey - PRONJ*

Cari Miller, Phone: 732-238-5570, Email: [cmiller@njqio.sdps.org](mailto:cmiller@njqio.sdps.org)

URL: [www.pronj.org](http://www.pronj.org)

*New Mexico - New Mexico Medical Review Association*

Jennifer Trotter, Phone: 505-998-9744, Email: [jtrotter@nmqio.sdps.org](mailto:jtrotter@nmqio.sdps.org)

URL: [www.nmmra.org](http://www.nmmra.org)

*New York - IPRO*

Spencer Vibbert, Phone: 516-326-7767 ext. 588, Email: [svibbert@nyqio.sdps.org](mailto:svibbert@nyqio.sdps.org)

URL: [www.ipro.org](http://www.ipro.org)

*North Carolina - Medical Review of North Carolina*

Mary Margaret O'Connell, Phone: 919-380-9860, Email: [poconnell@mrnc.org](mailto:poconnell@mrnc.org)

URL: [www.mrnc.org](http://www.mrnc.org)

*North Dakota - North Dakota Health Care Review, Inc.*

Barbara Groutt, Phone: 701-852-4231, Email: [bgroutt@ndqio.sdps.org](mailto:bgroutt@ndqio.sdps.org)

URL: [www.ndhcri.org](http://www.ndhcri.org)

*Ohio - Ohio KePRO*

Suzana Iveljic, Phone: 216-447-9604, Email: [siveljic@ohqio.sdps.org](mailto:siveljic@ohqio.sdps.org)

URL: [www.ohiokepro.com](http://www.ohiokepro.com)

*Oklahoma - Oklahoma Foundation for Medical Quality*

Tracie LaGere Litsch, Phone: 405.840.2891 or 800-658-2285

Email: [tlitsch@okqio.sdps.org](mailto:tlitsch@okqio.sdps.org)

URL: [www.ofmq.com](http://www.ofmq.com)

*Oregon - OMPRO*

Tonia Holowetzki, Phone: 503-279-0100, Email: [tholowetzki@ompro.org](mailto:tholowetzki@ompro.org)

URL: [www.ompro.org](http://www.ompro.org)

*Pennsylvania - Quality Insights of Pennsylvania*

Krista Davis, Phone: 717-671-5425, Email: kdavis@paqio.sdps.org

URL: [www.qipa.org](http://www.qipa.org)

*Puerto Rico - Quality Improvement Professional Research Organization - QIPRO*

Brenda Agosto, Phone: 787-641-1240, Email: bagosto@prqio.sdps.org

URL: [www.qipro.org](http://www.qipro.org)

*Rhode Island - Quality Partners of Rhode Island*

Cyndi Forcier, Phone: 860-632-2008, Email: cforcier@riqio.sdps.org

URL: [www.riqualitypartners.org](http://www.riqualitypartners.org)

*South Carolina - Carolina Medical Review*

Diana Zona, Phone: 803-731-8225 or 800-922-3089

Email: dzona@scqio.sdps.org

URL: [www.mrnc.org](http://www.mrnc.org)

*South Dakota - South Dakota Foundation for Medical Care*

Kent Norland, Phone: 605-336-3505 or 800-658-2285

Email: knorland@sdqio.sdps.org

URL: [sdfmc.org](http://sdfmc.org)

*Tennessee - QSource*

Anthony Culver, Phone: 901-682-0381 or 800-528-2655 ext. 2606

Email: aculver@tnqio.sdps.org

URL: [www.qsource.org](http://www.qsource.org)

*Texas - Texas Medical Foundation*

Karen Leach, Phone: 512-329-6610 or 800-725-9216

Email: kleach@txqio.sdps.org

URL: [tmf.org](http://tmf.org)

*Utah - HealthInsight*

Terri Rose, Phone: (801) 892-6678, Email: Trose@utqio.sdps.org

URL: [www.healthinsight.org](http://www.healthinsight.org)

*Virgin Islands - Virgin Islands Medical Institute Inc.*

Margaret Nelthropp, Phone: 340-712-2400, Email: mnelthropp@viqio.sdps.org

URL: [www.vimipro.org](http://www.vimipro.org)

*Virginia - Virginia Health Quality Center*

Tina Perry, Phone: 804-289-5314, Email: tperry@vaqio.sdps.org

URL: [www.vhqc.org](http://www.vhqc.org)

*Washington - Qualis Health*

Todd Langton, Phone: 206.368-2460, Email: toddl@qualishealth.org

URL: [www.qualishealth.org](http://www.qualishealth.org)

*West Virginia - West Virginia Medical Institute*

Marc McCombs, Phone: 304-346-9864 or 800-642-8686

Email: mmccombs@wvmi.org URL: [www.wvmi.org](http://www.wvmi.org)

*Wisconsin - MetaStar, Inc.*

Kay Simmons, Phone: 608-274-1940, Email: [ksimmons@metastar.com](mailto:ksimmons@metastar.com)

URL: [www.metastar.com](http://www.metastar.com)

*Wyoming - Mountain-Pacific Quality Health Foundation (see Montana)*

## APPENDIX C

### CONNECTING WITH PUBLIC BROADCASTING

The following is an overview of the public broadcasting system for those who wish to involve their local public television and radio stations in support of *Remaking American Medicine*.

#### **Public Broadcasting Service (PBS)**

PBS is a private, nonprofit media enterprise owned and operated by the nation's 349 public television stations. Founded in 1969, its mission is to "use the power of noncommercial television, the Internet and other media to enrich the lives of all Americans through quality programs and education services." Available to 99 percent of American homes with televisions and to an increasing number of digital multimedia households, PBS serves nearly 100 million people each week. Over the years the PBS system has addressed an array of health care issues. More than 100 of the nation's PBS stations are also co-licensees with public radio stations. Additional information about PBS can be found on their Web site – [www.pbs.org](http://www.pbs.org).

#### **National Public Radio (NPR)**

NPR is an internationally acclaimed producer and distributor of noncommercial news, talk and entertainment programming. A privately supported, nonprofit membership organization, NPR serves more than 760 independently operated, noncommercial public radio stations in all 50 states, the District of Columbia, Puerto Rico and Guam. Each station designs its own format by combining local programming with offerings from NPR and other sources. Additional information can be found on [www.npr.org](http://www.npr.org).

#### **The Corporation for Public Broadcasting (CPB)**

CPB is a private, nonprofit corporation created by Congress in 1967. Public broadcasting has a fundamental commitment to develop and fund quality, culturally diverse programming for the American public. CPB provides resources to more than 1,000 locally operated public radio stations and public television stations across the country. It provides the largest source of funds for public radio and television programming. Additional information can be found on [www.cpb.org](http://www.cpb.org).

#### **National Center for Outreach (NCO)**

NCO assists stations with community outreach efforts. NCO encourages meaningful outreach at the local level and provides resources, training and financial support to public television stations. NCO produces The Public Television Outreach Directory that provides two points of station contact -- the General Manager and the Station Outreach Director. This directory can be found by clicking on the icon on at [www.nationaloutreach.org](http://www.nationaloutreach.org).

# **PBS STATION INCENTIVE GRANTS**

## **Project Abstracts**

### **Arkansas Educational Television Network** **Dan Koops, Outreach Producer** **Conway, AR**

AETN is partnering with the Arkansas Foundation for Medical Care, their Quality Improvement Organization, to find the state's most innovative examples of individual and institutional quality improvement models and local *Champions of Change*.

Targeting issues of chronic disease and access to health care, AETN will produce a statewide viewer call-in program and develop a collection of print publications that include statewide health care resources and an educational traveling exhibit that will appear at health-related conferences, workshops and professional medical trainings throughout the state to maximize the reach of *Remaking American Medicine*.

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### **Detroit Public Television** **Anne Patten, Director, Outreach and Program Promotion** **Detroit, MI**

Detroit Public Television and MPRO, Michigan's Medicare Quality Improvement Organization, are partnering to promote better understanding of health literacy and its impact on health care.

The Detroit coalition includes the Henry Ford Health System, Wayne State University, Detroit Medical Center, St. John's Health, the American Medical Association and the State of Michigan's Surgeon General's office. The effort will include a needs assessment that has already identified such issues as understanding medical advice, completing health insurance forms, and overcoming cultural barriers.

Outreach activities will include a training conference for physicians to suggest ways of improving patient-doctor relationships, screening events and a feature story on health literacy that will appear on DPTV's weekly public affairs program, *American Black Journal*.

---

### **Iowa Public Television** **Mary Bracken, Outreach and Communications Coordinator** **Johnston, IA**

Iowa Public Television is working with the Iowa Foundation for Medical Care (IFMC), their state Quality Improvement Organization, and a broad network of partners to produce four segments for *Living in Iowa*, a weekly statewide public affairs program produced by the network. These segments will address how to get patients to be better advocates for their health care.

The current coalition consists of the IFMC Medicare Consumer Advisory Council, which includes representation from the AARP, as well as the Iowa Department of Elder Affairs, the Iowa Medical Society and the Iowa State Medicaid agency. The outreach will target nursing homes,



home health agencies and hospital partner groups, and the station will produce an Iowa health care consumer toolkit for these target audiences.

The coalition will conduct an extensive statewide assessment of consumer health care needs to guide them for the development of programming content and collateral materials.

---

#### **KETC**

**Amy Shaw, Director of Education Services**  
**St. Louis, MO**

KETC is partnering with Primaris, the Quality Improvement Organization for Missouri, to better educate the public about health care delivery. Their coalition includes members from the Missouri Hospital Association, the Missouri Department of Health and Senior Services, and the Missouri Academy of Family Physicians.

Working with the three other Missouri stations, KETC will produce four, half-hour documentaries focused on health care issues raised in *Remaking American Medicine*. They will also produce four to six interstitials to encourage Missouri residents to become advocates of their own health care.

KETC will also create a DVD resource kit that will include programming, materials and resources on the quality health care movement in Missouri and how to access those resources.

---

#### **KRWG**

**Edith Treadwell, Creative Services Director**  
**Las Cruces, NM**

Because diabetes has reached epidemic proportions in New Mexico, KRWG intends to address the issue by increasing awareness of the symptoms, helping to motivate diabetics to take control of their own care, and presenting simple life style changes.

The New Mexico coalition includes La Clinica de Familia's Promotora Program, the Cooperative Extension Service at New Mexico State University's College of Agriculture and Home Economics and the New Mexico Medical Review Association, the statewide Quality Improvement Organization.

KRWG plans two live call-in programs and will develop materials in both English and Spanish. The station will produce bilingual magnetic cards that will contain bullet points listing diabetes symptoms to watch for, as well as care and lifestyle pointers.

---

#### **KSPS**

**Kerry Faggiano, Manager, Corporate Marketing and Outreach**  
**Spokane, WA**

KSPS intends to implement a statewide campaign involving KTNW/Tri Cities, KYVE/Yakima, KBTC/Tacoma, KWSU/Pullman and several public radio stations. The goal is to inform, educate and motivate rural citizens to take more responsibility for their own health care and address issues of access.

KSPS' coalition includes Qualis Health, the state Quality Improvement Organization, AARP, the American Hospital Association, Spokane Public Schools, Inland Northwest Health Services, Northwest Telehealth, Community Health Education and Resources (CHER), TEVA Neuroscience, Holy Family Hospital and Rockwood Clinic area health care providers.

The campaign will include a live call-in program addressing rural medical issues and feature segments profiling local *Champions of Change*. KSPS will host program screenings and discussions, and produce print and online collateral materials that will also be available in Spanish and Russian.

---

**Louisiana Public Broadcasting**  
**Bob Neese, Promotions Manager**  
**Baton Rouge, LA**

Louisiana Public Broadcasting (LPB) working with the Louisiana Health Care Review, the state Quality Improvement Organization, will produce a live town hall meeting called *Louisiana Public Square*. The goal will be to deepen citizens' understanding of future health care delivery and how quality health care data can be used to help patients become advocates of their own health care. Other coalition members include the Louisiana Nursing Home Association, Louisiana Hospital Association, Volunteer Hospital Association, The HomeCare Association of Louisiana and Louisiana State Medical Society.

The outreach effort includes a series of statewide Patient Education Seminars that will underscore the importance of quality health care. Speakers consist of physicians, a representative from the Senior Health Insurance Information Program, a Medicare Provider and a representative from the Governor's Office.

LPB is working with the LSU Public Policy Research Lab to evaluate their town meeting and other outreach activities to measure the shifts in attitudes by project stakeholders and consumers about health care delivery.

---

**Maryland Public Television**  
**Faith Michel, Director of Outreach**  
**Owings Mills, MD**

MPT will utilize *Remaking American Medicine* and its resources to conduct targeted outreach around the issue of cardiac care for senior women. Coalition partners will include the Delmarva Foundation, local American Heart Association chapters and the Maryland Department of Aging.

MPT is hosting a Leadership Summit on senior wellness and will use the feedback received from the event to assess needs for outreach to senior women.

The station will host screening and discussion events within senior communities, at regional health events and at public libraries to encourage discussion of the issue. With partners, MPT will develop healthy heart checklists to be distributed at community events and screenings and to consumers via mailings and the project Web site.

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**Nebraska Educational Telecommunications**  
**Bill Kelly, Executive Producer, News & Public Affairs**  
**Lincoln, NE**

Nebraska Educational Telecommunications (NET) is addressing the issue of patient safety. It is working with CIMRO-Nebraska, the statewide QIO and a coalition of 15 other organizations including the Nebraska Department of Health and Human Services, Division of Aging, Nebraska Office of Public Health and Nebraska Association of Home and Community Health Agencies, among others.

NET will produce segments for its weekly news magazine *Statewide* that highlight Nebraska issues and best practices dealing with patient safety. It also intends to hold community screenings across the state to engage key stakeholders in these discussions.

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**New Jersey Network**  
**Elizabeth Christopherson, Executive Director**  
**Trenton, NJ**

Based on research from the New Jersey Collaborative Center for Nursing of Rutgers University, it appears that New Jersey will be suffering a nursing shortage of 43% by 2020. New Jersey Public Television & Radio, along with their coalition, intends to stimulate a statewide dialogue on the nursing shortage.

A forum, hosted by NJN will be broadcast and promoted to health care constituents, medical professionals, state agency officials, nursing education leaders and other decision-makers. The goal will be to engage participants to suggest solutions to this problem. An evaluation will track the next steps for the coalition to take in addressing the issues.

NJN will also address this issue in their nightly news program, *Healthwatch*, and produce segments highlighting best practices that will also appear on *NJN News* that also airs on WNET/New York.

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**Rocky Mountain PBS (KRMA)**  
**Claudia L. Dunning, Foundation Relations**  
**Denver, CO**

Rocky Mountain PBS is working with the Anti-Defamation League and the Colorado Foundation for Medical Care, their statewide Quality Improvement Organization, on an outreach project called *Healthy Impact!* The goal is to explore the link between mental and physical health care discrepancies and cultural competence on the part of medical professionals.

Representatives from the Littleton Adventist Hospital, the Colorado Foundation for Medical Care, Regis University, Anthem BlueCross BlueShield and the Asian Pacific Development Center, among others, have convened three initial steering committee meetings. Their goal is to create awareness about how vulnerable populations overcome barriers in their interactions with health care providers.

Rocky Mountain PBS will produce two specials as part of their weekly public affairs program, *Colorado State of Mind*, on the results of the quality improvement efforts undertaken by the *Healthy Impact!* project and *Remaking American Medicine*. They also plan to host a community Teleconference Summit and discussion for partners to deliver project results.

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#### **South Carolina ETV**

**Carolyn Holderman, Director of Higher/Medical Education  
Columbia, SC**

In response to South Carolina's majority rural population and its residents, which are nearly leading the nation in percentages of chronic diseases, the primary goal of the SCETV campaign will be to educate the public, and senior citizens in particular, on this important issue.

SCETV's coalition includes Carolina Medical Review, the Quality Improvement Organization that serves both North and South Carolina, the local chapter of AARP, the South Carolina Hospital Association, the South Carolina Medical Association and others. The station plans to produce a town hall meeting recognizing *Champions of Change* and health care features to be broadcast on Clemson University's daily program entitled *At Home, Southern Style*.

Community involvement activities will include presentations at fall medical conferences, workshops for senior citizens and a *Remaking American Medicine* event on Senior Citizen Day at the South Carolina State Fair.

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#### **South Dakota Public Broadcasting**

**Sherri Rodgers, Director Education and Outreach  
Vermillion, SD**

South Dakota Public Broadcasting (SDPB) will partner with the South Dakota Foundation for Medical Care, the state Quality Improvement Organization and other medical groups in the state to address the issue of access to health care. The goal will be to inform minority residents, rural residents, the underserved, and other consumers about their rights and responsibilities. Potential coalition members include the South Dakota Department of Health, the South Dakota Nurses Association, and the South Dakota Association of Healthcare Organizations.

The outreach effort will include a special prime time edition of SDPB's weekend health program, *On Call*, community screenings, discussions and statewide family events on issues raised in *Remaking American Medicine*. One screening will be held on a Reservation community that will target Native Americans. Special collateral materials will be produced that will target youth and families.

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#### **Twin Cities Public Television**

**Ann Sunwall, Senior Outreach Officer  
St. Paul, MN**

TPT is developing a Community Healthcare Awareness Initiative (CHAI), in partnership with Stratis Health, the statewide Quality Improvement Organization. Other prospective partners include the Metro Area on Aging, Hospice Minnesota, Dakota Area Resources and

Transportation for Seniors (DARTS). Activities will address issues of chronic health care for their aging and immigrant populations. The focus of the campaign will be to demystify hospice services and increase awareness of health care advancements and specific health care resources for these communities.

TPT plans two companion programs to support their *Remaking American Medicine* campaign. Stratis Health will hold a community forum on these issues and TPT will videotape and incorporate it in an hour-long documentary that will explore issues at a state level. A local documentary will focus on statewide best practices and *Champions of Change*.

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**The University of North Carolina TV**  
**Mary Cay Corr, Diversity Coordinator**  
**Research Triangle Park, NC**

UNC-TV will build on their successful three-year health initiative entitled *HealthWise* to address the issues of health literacy and chronic care for seniors. Current coalition members include the Governor's Emerging Issues Task Force, a University of North Carolina health initiative combining the resources of the sixteen constituent campuses of the University of North Carolina, North Carolina Health and Wellness Trust Fund Commission and the North Carolina Cooperative Extension Services.

UNC-TV's outreach campaign will include hosting a health summit/training workshop with health experts addressing the issue of health literacy for seniors. Their Web site will contain a special health section including materials written by these experts. In addition, each month throughout the campaign, UNC-TV will produce a segment on health care quality that will be featured in their series, *Focus on Health*.

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**WCVE/WHTJ**  
**John H. Felton, VP for Programming and Production**  
**Richmond & Charlottesville, VA**

WCVE/WHTJ will partner with the Virginia Health Quality Center (VHQC), the state Quality Improvement Organization, the Virginia Commonwealth University's Medical College and two local NPR stations to address issues of access. WCVE/WHTJ will produce a local public affairs program to air in conjunction with *Remaking American Medicine*. The stations will also work with VHQC to produce a "Health Care Passport," a pocket-sized guide to medical tests and other issues that patients should be aware of when communicating with their physicians.

WCVE/WHJT plan to develop a companion health area on their Web site and to develop a partnership with an online community guide at the City of Richmond Web site to expand their outreach activities to the broader community.

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**WEDU****Larry Jopek, VP of Community Partnerships**  
**Tampa, FL**

WEDU is partnering with the Florida Medical Quality Assurance, Inc. (FMQAI), the state Quality Improvement Organization, and the Tampa Bay Healthcare Collaborative, which consists of many citywide health care organizations. The campaign will focus on the issue of diabetes within the Latino/Hispanic communities.

Activities are intended to engage local and statewide stakeholders, health care professionals, community organizations, non-professional caregivers, consumers and the Hispanic population, in particular. Outreach will include a local call-in program with a panel discussion and a viewer help line with calls answered by the American Diabetes Association. Callers will receive a bilingual booklet answering questions about prevention and treatment.

FMQAI is also producing a documentary on diabetes aimed at the Hispanic community. It will be offered to all Florida PBS stations.

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**WETA****Ferne Barrow, Senior Director, Outreach and Education**  
**Arlington, VA**

WETA will focus its campaign on a patient-centered approach that will address the risk of heart disease among African-American women by heightening awareness of the disease.

WETA's coalition includes the Delmarva Foundation of the District of Columbia and the local D.C. office of the American Heart Association (AHA) and several local African-American churches. WETA and the coalition intend to hold a series of forums entitled, *Remaking the District's Medicine: The Intersection of Faith and Health*, to explore treatment and prevention options. The forums will also feature clips from *Remaking American Medicine*.

WETA will produce several interstitials for broadcast that will feature designated activities of local health care ministries and other potential *Champions of Change*. They will also expand their outreach and promotion efforts to libraries, hospitals, community-based clinics and other African-American special interest groups.

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**WFYI****Gail Thomas Strong, Outreach Director**  
**Indianapolis, IN**

WFYI is working with Health Care Excel, the state Quality Improvement Organization, and other community partners on a three-pronged outreach campaign to enhance providers' knowledge of transformational change, inspire health care consumers to seek better health care and inform policy-makers about best-practice models. Other coalition members include the Indiana University School of Medicine, Riley Hospital, and the Indiana Primary Health Care Association.

With their partners, WFYI will convene a statewide health care conference entitled *Sparkling Transformational Change* with over 1,000 health care providers attending. Conference presentations will focus on improving the delivery of health care.

The campaign will involve a variety of activities including local productions, radio spots, conference presentations, Web-based discussion forums and community screenings.

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#### **WHUT**

**Jennifer Lawson, General Manager**

**Washington, D.C.**

WHUT's campaign will focus on health care policies and preventive care for breast cancer, diabetes, high blood pressure, HIV/AIDS and diseases affecting minority communities.

WHUT-TV will use the *Remaking American Medicine* series to initiate a major campaign highlighting two themes: "Caring for Your Health" and "Quality Care for All." The first will emphasize preventative care and look at the role of the individual. It will emphasize the themes of access and making the best use of local acute and preventive care facilities and resources. The second will examine regional health care policies.

WHUT's current coalition includes the Delmarva Foundation, their local Quality Improvement Organization, Howard University Hospital, the D.C. Department of Health, the American Hospital Association, the National Medical Association and NBC 4.

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#### **WHYY**

**Willo Carrey, Executive Director, Wider Horizons**

**Philadelphia, PA**

Outreach for *Remaking American Medicine* will build on WHYY's expertise and partnerships in chronic illness, care-giving and end-of-life issues, and expand its commitment to education about health care issues as presented in the series through their Caring Community Coalition.

In addition to the coalition, the Quality Improvement Organizations in Pennsylvania, New Jersey and Delaware and National Partner organizations, the station has identified other health care and medical education organizations that will be invited to participate in community dialogues and outreach efforts including a town hall meeting in their station's studio. WHYY will also produce a special radio program addressing these issues on their NPR series, *Voices in the Family*, hosted by Dan Gottlieb.

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#### **WTTW**

**Shaunese Teamer, Manager of Community Outreach & National Publicity**

**Chicago, IL**

WTTW is partnering with the Illinois Foundation for Quality Health Care (IFQHC), the state Quality Improvement Organization, and the American Diabetes Association to address the cultural differences in treating diabetes within the Hispanic and African-American communities.

Working in conjunction with the IFQHC, the partners are developing an assessment tool to determine Chicago's geographical areas most in need of diabetes information. The results will be used to develop a grassroots campaign intended to encourage community involvement. It will consist of developing and disseminating materials about the importance of diabetes screenings.

WTTW will produce a local program that will include a round table discussion on the issue as well as produce segments for *Chicago Tonight*, its local public affairs program. The station will produce flyers and posters and develop radio and Web-based activities to support the campaign.

IFQHC is also producing a documentary on diabetes targeted to underserved audiences and is working with WTTW, WILL/Urbana and WSIU/Carbondale to broadcast the special throughout the state.

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chris\_seifert@montanapbs.org  
www.montanapbs.org

**Nebraska****Nebraska Educational  
Telecommunications (NET), Lincoln**

Steve Graziano  
Manager of Television Program  
Services  
402-472-9333 x304  
mynptv.org/nptv

**Nevada****KL VX, Las Vegas**

Candace Thompson  
RTL Coordinator  
702-799-1010 x420  
cthompson@klvx.org  
www.klvx.org

**KNPB, Reno**

Sherri Dangberg  
Director of Community Outreach/RTL  
775-784-4555 x108  
sherri@knpb.org  
www.knpb.org

**New Hampshire****New Hampshire Public Television,  
Durham**

Lynn Zuccarelli Austin  
Outreach Coordinator  
603-868-4332  
laustin@nhptv.org  
www.nhptv.org

**New Jersey****NJN Public Television, Trenton**

Ellen Mushinski  
Director of Educational Initiatives  
609-777-5101  
emushin@njn.org  
www.njn.net

**New Mexico****KNME, Albuquerque**

Colleen Keane  
Educational Services Manager  
505-277-8296  
ckeane@knme.org  
www.knmetv.org

**KRWG, Las Cruces**

Edith Treadwell  
Creative Services Manager  
505-646-2042  
etreadwe@nmsu.edu  
www.krwg-tv.org

**KENW, Portales**

Vangie Encinias  
RTL Coordinator  
505-562-2112  
v\_encinias@hotmail.com  
www.kenw.org

## **New York**

### **Mountain Lake PBS (WCFE), Plattsburgh**

James Howard Jr.  
Director of Outreach and Educational  
Services  
518-563-9770 x130  
jim\_howard@mountainlake.pbs.org  
www.mountainlake.org

### **Thirteen/WNET, New York**

Macenje 'Che Che' Mazoka  
Director of National  
Partnerships/Community Events  
212-560-2890  
mazoka@thirteen.org  
www.thirteen.org

### **WCNY, Syracuse**

Pete Headd  
VP of Educational Services/Outreach  
315-453-2424 ext. 235  
pete\_headd@wcny.org  
www.wcny.org

### **WLIW, Plainview**

Terrel Cass  
President and General Manager  
516-367-2100  
terrel\_cass@wliw.pbs.org  
www.wliw.org

### **WMHT, Schenectady**

Mary Hunt  
Director of Community Services  
518-357-1741  
mhunt@wmht.org  
www.wmht.org

### **WNED, Buffalo**

Pamela Johnson  
Vice President for Education/Outreach  
716-845-7006  
pjohnson@wned.org  
www.wned.org

### **WNYE, Brooklyn**

Terence M. O'Driscoll  
Station Manager  
718-250-5826  
terence@wnye.org  
www.wnye.org

### **WPBS, Watertown**

Thomas Hanley  
President & General Manager  
315-782-3142  
tom\_hanley@wpbs.pbs.org  
www.wpbstv.org

### **WSKG, Binghamton**

Carolyn Weston  
Educational Services/Outreach  
Coordinator  
607-729-0100  
Carolyn\_weston@wskg.pbs.org  
www.wskg.com

### **WXXI, Rochester**

Shelley Figueroa  
Coordinator, Education & Outreach  
585-258-0278  
sfigueroa@wxxi.org  
www.wxxi.org

## **North Carolina**

### **UNC Center for Public Television, Research Triangle Park**

Diane Lucas  
Director of Programming and Outreach  
Division  
919-549-7064  
dlucas@unctv.org  
www.unctv.org

### **WTVI, Charlotte**

Beverly Dorn-Steele  
Director of Education & Outreach  
Services  
704-371-8840  
bds@wtvi.org  
www.wtvi.org

## **North Dakota**

### **Prairie Public Television (KFME), Fargo**

Marie Lucero  
Director of Promotions  
Prairie Public Television  
701-239-7535  
mlucero@prairiepublic.org  
www.prairiepublic.org

## **Ohio**

### **WCET, Cincinnati**

Patsy Carruthers  
Director of WCET Learning Services  
513-381-6532  
patsy\_carruthers@wcet.pbs.org  
www.cetconnect.org

### **WBGU, Bowling Green**

Michael Fitzpatrick  
Assistant Director Broadcast Services  
419-372-7001  
fitzpatrick@wbgu.bgsu.edu  
www.wbgu.org

### **WGTE, Toledo**

Kathy Smith  
Director of Early Learning & Outreach  
419-380-4638  
kathy\_smith@wgte.pbs.org  
www.wgte.org

### **WNEO/WEAO, Kent**

Maria Mastromatto  
Director of Educational Services  
330-667-4549  
maria@wneo.pbs.org  
www.ch4549.org

### **WOSU, Columbus**

Marcelita Haskins  
Coordinator, Educational Services and Outreach  
614-292-9678 x49867  
haskins.2@osu.edu  
www.wosu.org

### **WOUB, Athens**

Suzanne Roberts  
Outreach Coordinator  
740-593-0359  
roberts1@ohiou.edu  
www.woub.org/tv

### **WPTD, Dayton**

Gary Greenberg  
Educational Services Manager  
937-220-1692  
gary\_greenberg@wptd.pbs.org  
www.thinktv.org

### **WVIZ, Cleveland**

Roy Norris  
Senior Director of Educational Services  
216-739-3830  
rnorris@WVIZ.org  
www.wviz.org

## **Oklahoma**

### **Oklahoma Educational Television, Oklahoma City**

John McCarroll  
General Manager  
john\_mccarroll@oeta.pbs.org  
www.oeta.onenet.net

## **Oregon**

### **KSYS, Medford**

Sharon May  
Outreach Coordinator  
541-779-0808  
sharon@soptv.org  
www.soptv.org

### **Oregon Public Broadcasting, Portland**

Slavica Bubic  
Ready to Learn Coordinator  
503-293-1943  
slavica\_bubic@opb.org  
www.opb.org

## **Pennsylvania**

### **Penn State Public Broadcasting (WPSX), University Park**

Darcy Gustafson  
Director of Educational Outreach  
814-865-3333 x320  
dan149@psu.edu  
www.wpsx.psu.edu

### **Pennsylvania Public Television Network, Hershey**

Jane Staver  
Administrative Assistant  
717-533-6011  
jstaver@state.pa.us  
www.pptn.state.pa.us

### **WHYY, Philadelphia**

Art Ellis  
Communications Director  
215-351-1262  
aellis@whyy.org  
www.whyy.org

### **WITF, Harrisburg**

Elizabeth Reed  
Educational Services Coordinator  
717-221-2806  
beth\_reed@witf.org  
www.witf.org

### **WLVT, Bethlehem**

Barbara Cohenour  
Vice President, Education and Outreach  
610-867-4677 x122  
barbarac@wlvt.org  
www.wlvt.org

### **WQED, Pittsburgh**

Annette Waldron  
RTL Coordinator  
412-856-4251  
annette\_waldron@wqed.pbs.org  
www.wqed.org

### **WQLN, Erie**

Kimberly Fabrizio  
Educational Services Director

(814) 864-3001 ext. 153  
kfabrizio@wqln.org  
www.wqln.org

### **WVIA, Pittston**

Calesta Schmitt  
Education Services Coordinator  
570-602-1182  
calesta\_schmitt@wvia.pbs.org  
www.wvia.org

### **WYBE, Philadelphia**

Stacey Woodland  
Outreach Manager  
215-483-3900  
stacey\_woodland@wybe.pbs.org  
www.wybe.org

## **Puerto Rico**

### **WIPR, San Juan**

Ileana Rivera Santa  
External Resources Director  
787-764-2036  
irivera@cprdp.gobierno.pr  
tutv.puertorico.pr/

### **WMTJ, Rio Piedras**

Maria Lopez  
Assistant VP--Distance Learning  
787-766-2600  
ac\_mlopez@suagm.edu  
www.suagm.edu

## **Rhode Island**

### **Rhode Island PBS, Providence**

María del Pilar Velásquez  
Director of Educational Services  
401-222-3636 ext. 211  
m.velasquez@Rlpbs.org  
www.Rlpbs.org

## **South Carolina**

### **SCETV, Columbia**

Cameron Risher  
Community Relations Manager  
803-737-3260  
crisher@scetv.org  
www.scetv.org

**SCETV, Rock Hill**

Susan Collier  
Producer/Director/Outreach  
803- 324-3184  
scollier@scetv.org  
www.scetv.org

**WJWJ, Beaufort**

Cameron Risher  
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803-737-3260  
crisher@scetv.org  
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**WRET, Spartanburg**

Cameron Risher  
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803-737-3260  
crisher@scetv.org  
www.scetv.org/

**WRJA, Sumter**

Cameron Risher  
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803-737-3260  
crisher@scetv.org  
www.scetv.org

**South Dakota****South Dakota Public Broadcasting (SDPB), Vermillion**

Sherri Rodgers  
Director of Education and Outreach Services  
605-677-6454  
Sherri.Rodgers@state.sd.us  
www.sdpb.org

**Tennessee****Nashville Public Television, Nashville**

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Educational Outreach Coordinator  
615-259-9325 Ext. 241  
nnikolai@wnpt.net  
www.wnpt.net

**WCTE, Cookeville**

Becky Magura  
Station Manager / RTL  
931-528-2222 ext. 11  
becky\_magura@wcte.pbs.org  
www.wcte.org

**WKNO, Memphis**

Debi Robertson  
Promotion  
901-458-2521  
debi\_robertson@wkno.pbs.org  
www.wkno.org

**WLJT, Martin**

Sue Lasky  
Director of Education & Outreach  
731-587-7561 x18  
slasky@utm.edu  
www.wljt.org

**WSJK, Knoxville**

Frank Miller  
VP/Assist. GM/In-School Serv. Director  
865-595-0240  
fmiller@etptv.org  
www.wsjk-wkop.org

**WTCT, Chattanooga**

Kelly Lusk  
Dir. of Public Information and Community Outreach  
423-629-0045  
kelly\_lusk@wtci.pbs.org  
www.wtci-tv45.com

**Texas****Houston PBS (KUHT), Houston**

Ann B. Crider  
Director of Community Ed. & Outreach  
713-743-8414  
acrider@houstonpbs.org  
www.houstonpbs.org

**KACV, Amarillo**

Ramona Salgado  
Outreach Coordinator  
806-371-5474  
salgado-rc@actx.edu  
www.kacvtv.org/

Tina Maloney  
Outreach Coordinator  
806-371-5474  
maloney-cm@actx.edu  
www.kacvtv.org

**KAMU, College Station**

Elaine Hoyak  
Director of Development, RTL  
Coordinator  
979-845-5611  
elaine@kamugate.tamu.edu  
www.kamu-tv.org

**KCOS, El Paso**

Romie Ruiz  
Director of Promotions and Public  
Relations  
915-747-7686  
romie\_ruiz@kcos.pbs.org  
www.kcostv.org

**KEDT, Corpus Christi**

Donna Frank  
Dir. of Educational Services  
361-855-2213  
donnafrank@kedt.org  
www.kedt.org

**KERA, Dallas**

Yolette García  
Asst. Station Manager  
And News Director  
214-740-9286  
Ygarcia@kera.org  
www.kera.org

**KLRN, San Antonio**

Elisa Resendiz  
Education Outreach Coordinator  
210-270-9000  
eresendiz@klrn.org  
www.klrn.org

**KLRU, Austin**

Karen Quebe  
Outreach Coordinator  
512-475-9050  
kquebe@klru.org  
www.klru.org

**KMBH, Harlingen**

Maricela Rodriguez  
RTL Coordinator  
956-421-4111  
mrodriguez@kmbh.org  
www.kmbh.org

**KNCT, Killeen**

Ruth Wedergren  
Program Director / RTL  
254-526-1410  
ruth.wedergren@knct.org  
www.knct.org

**KOCV, Odessa**

Royce Bodiford  
General Manager  
915-335-6336  
rbodiford@odessa.edu  
www.odessa.edu/kocv

**KTXT, Lubbock**

Christine Hobbs  
Manager of Instructional Television  
806-742-2209  
christine.hobbs@ttu.edu  
www.ktxt.org

**KWBU, Waco**

Nan Holmes  
Vice President, Major Giving & Special  
Projects  
254-710-7881  
nan\_holmes@kwbu.pbs.org  
www.kwbu.org

**Utah****KBYU, Provo**

Jim Bell  
Creative Services Manager  
801-422-8427  
jim.bell@byu.edu  
www.kbyutv.org

**KUED, Salt Lake City**

Jacqui Voland  
Outreach Coordinator  
801-585-3523  
jvoland@kued.org  
www.kued.org

**KUEN, Salt Lake City**

Laura Hunter  
General Manager  
801-581-5852  
lhunter@uen.org  
www.kulc.org

**Vermont****Vermont Public Television,  
Colchester**

Elizabeth Ottinger  
Community Outreach Director  
802-654-3688  
eottinger@vpt.org  
www.vpt.org

**Virginia****Blue Ridge Public Television  
(WBRA), Roanoke**

Linda Pharis  
Director of Education  
540-344-0991  
lpharis@wbra.org  
www.wbra.org

**Community Idea Stations (WCVE),  
Richmond**

Sarah Bartenstein  
Director of Communications  
804-320-8729  
sbartenstein@ideastations.org  
www.ideastations.org

**Community Idea Stations (WHTJ),  
Charlottesville**

Judy McPeak  
Office Manager  
434-295-7671  
jmcpeak@ideastations.org  
www.wcve.org

**WNVT, Falls Church**

Debbie Brodsky  
Producer/Educational Outreach  
703-770-7103  
dmintz@mhznetworks.org  
www.mhznetworks.org

**WHRO, Norfolk**

Angie Callahan  
Director, Education & Children's  
Services  
757-889-9407  
angie.callahan@whro.org  
www.whro.org

**WVPT, Harrisonburg**

Pat Marcus  
Project Coordinator  
540-437-2452 x563  
pmarcus@wvpt.net  
www.wvpt.net

**Virgin Islands****WTJX, St. Thomas**

Lori Elskoe  
General Manager  
340-774-6255  
lelskoe@wtjx.org  
www.wtjx.org

**Washington****KBTC, Tacoma**

Sherri Stanton  
Membership Director  
253-680-7700  
sstanton@kbtz.org  
www.kbtz.org

**KCTS, Seattle**

Stefanie Malone  
Outreach Coordinator  
206-443-6770  
smalone@kcts.org  
www.kcts.org



**KSPS, Spokane**

Kerry Faggiano  
Manager of Marketing and Outreach  
509-354-7748  
kerryf@spokaneschools.org  
www.ksps.org

**KWSU/KTNW, Pullman**

Warren Wright  
Station Manager  
509-335-6542  
wrightw@wsu.edu  
kwsu.publictelevision.org

**KYVE, Yakima**

Mark Leonard  
General Manager  
509-452-4700  
mleonard@kyve.org  
www.kyve.org

**West Virginia****West Virginia Public Broadcasting,  
Charleston**

Shawn Patterson  
Director of Communications  
304-556-4908  
spatterson@wvpubcast.org  
www.wvpubcast.org

**Wisconsin****Milwaukee Public Television,**

Darlyne Haertlein  
Outreach/Viewer Services Supervisor  
414-297-7518 x77518  
haertled@matc.edu  
www.mptv.org

**Wisconsin Public Television,  
Madison**

Lynne Blinkenberg  
Director of Local Outreach  
608-265-6331  
blinkenberg@wpt.org  
www.wpt.org

**Wyoming****Wyoming Public Television, Riverton**

Maggie Viani  
Ready To Learn Coordinator  
(307) 857-2047  
mviani@cwcc.edu  
www.wyoptv.org

# APPENDIX D

## RAM STYLE SHEET

### A. Use of Series Title and Production Credits

#### Print and online:

*Remaking American Medicine*™ ...*Health Care for the 21st Century* – On first reference, include the trademark and the complete tagline. The trademark and tagline do not need to be included in subsequent use. *Remaking American Medicine* or the acronym, RAM, can be used in subsequent copy.

Whenever you first reference Crosskeys Media® include the copyright symbol. The symbol is not necessary on subsequent references.

### B. RAM Logo/Tagline Use

#### Print and online:

Maintaining consistency is essential regardless of reproduction method.

Logotype colors —

COATED

Spot: PMS 3278 C

Process: Cyan 100%, Yellow 55%, Black 5%

Web Match: Green 99, Blue 66

UNCOATED

Spot: Pantone Green U

Process: Cyan 100%, Yellow 59%

Logotype size —

The word “MEDICINE” should appear no smaller than 1 1/2 inches (9 picas) wide.

Logotype isolation —

A minimum “clear zone” of approximately the height of the M in MEDICINE should be maintained around the logotype. More generous distance from other elements is always encouraged.

The logotype may appear against any neutral background. Do not obscure the words by placing it over a busy background.

#### Broadcast Use of Animated Logo:

Until further notice, the animated logo includes the style elements of the graphic logo. In using the style elements of the logo for broadcast, such as in a local production entitled

*Remaking Missouri Medicine*, it should conform to the graphic style. For any variation, permission must be granted by Crosskeys Media.

Logo Font:

Remaking American Medicine = Laser; Tagline = Eras Bold  
Size of logo: Minimum size, 2" wide X .75" tall

Copy Font:

Fonts complementary to the logo: Verdana (first preference); Arial (second preference)

**C. Underwriter Credits**

Print and Online Use:

*Correct Use of Credit Line*

The series and accompanying national outreach campaign are made possible thanks to the following funders and supporters: the Amgen Foundation, lead corporate sponsor; The Robert Wood Johnson Foundation®, major underwriter; The Nathan Cummings Foundation; and the Josiah Macy, Jr. Foundation. Additional resources have been provided by the Centers for Medicare & Medicaid Services, an agency of the U. S. Department of Health and Human Services, and the Agency for Healthcare Research and Quality.

*Correct Listing of Underwriters*

Amgen Foundation, lead corporate sponsor  
The Robert Wood Johnson Foundation®, major underwriter  
The Nathan Cummings Foundation  
Josiah Macy, Jr. Foundation

*Correct Narrative References to Underwriters*

Amgen Foundation: "...the Amgen Foundation..." Only capitalize the "the" at the beginning of a sentence. "Lead corporate sponsor" should always follow any reference.

The Robert Wood Johnson Foundation®: Use the ® on first mention only. Always capitalize "The" when referring to the full name of the organization. When referring to them as "the Foundation" in subsequent copy, no need to capitalize the "t".

The Nathan Cummings Foundation: Always capitalize "The" when referring to their complete name. When referring to them as "the Foundation" in subsequent copy, no need to capitalize the "t".

Josiah Macy, Jr. Foundation: "the Josiah Macy, Jr. Foundation..." Only capitalize the "the" at the beginning of a sentence.

## **D. Contracting Federal Agencies**

### Credit line for print and online:

These federal agencies are providing support to Quality Improvement Organization (QIO) activities during the campaign. They are not considered underwriters. See the guidelines below when referencing these supporting agencies:

#### *Centers for Medicare & Medicaid Services (CMS)*

On the first reference use Centers for Medicare & Medicaid Services, an agency of the U. S. Department of Health and Human Services. On future references use Centers for Medicare & Medicaid Services (always use the ampersand and not the word “and”).

CMS may be used as an acronym in subsequent references. In a narrative when using, a “the” before the full name, there is no need to capitalize it unless at the beginning of a sentence (i.e., “...the Centers for Medicare & Medicaid Services...”)

#### *Agency for Healthcare Research and Quality (AHRQ)*

Healthcare in the title is always ONE word. First reference to the organization should contain the complete title. AHRQ may be used as an acronym in subsequent references.

# APPENDIX E

## RESOURCES AND TOOLS

### WEB SITE REFERENCES IN THE GUIDE

The following is a list of the organizations that are mentioned throughout the Leadership Guide and corresponding Web site addresses:

#### **Chapter 5 – National Outreach Campaign, *Champions of Change* Section**

- The American Hospital Association: [www.aha.org](http://www.aha.org)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO): [www.jcaho.org](http://www.jcaho.org)
- The Association of American Medical Colleges: [www.aamc.org](http://www.aamc.org)
- The Institute for Healthcare Improvement: [www.ihi.org](http://www.ihi.org)
- The Center for Health Care Strategies: [www.chcs.org](http://www.chcs.org)
- American Cancer Society: [www.cancer.org](http://www.cancer.org)
- American Health Quality Association: [www.ahqa.org](http://www.ahqa.org)
- National Library of Medicine: [www.nlm.nih.gov](http://www.nlm.nih.gov)

#### **Chapter 9 – Seeking Quality Health Care**

- JCAHO: [www.jcaho.org](http://www.jcaho.org)
- *Hospital Compare*: [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov) (from Centers for Medicare & Medicaid Services (CMS) and the Hospital Quality Alliance)
- National Partnership for Women & Families: [www.nationalpartnership.org](http://www.nationalpartnership.org)

#### **Chapter 10 – Building Coalitions, *Connect with Others* Section**

- AARP: [www.aarp.org](http://www.aarp.org)
- American Heart Association: [www.americanheart.org](http://www.americanheart.org)
- American Stroke Association: [www.strokeassociation.org](http://www.strokeassociation.org)
- American Cancer Society: [www.cancer.org](http://www.cancer.org)
- Association for Community Health Improvement: [www.communityhlth.org](http://www.communityhlth.org)
- American Nurses Association: [www.ana.org](http://www.ana.org)
- Health Research & Educational Trust: [www.hret.org](http://www.hret.org)
- National Hispanic Medical Association: [www.nhmamd.org](http://www.nhmamd.org)
- National Medical Association: [www.nmanet.org](http://www.nmanet.org)
- American Hospital Association: [www.aha.org](http://www.aha.org)
- National Association of Children's Hospitals and Related Institutions: [www.childrenshospitals.net](http://www.childrenshospitals.net)
- National Association of Public Hospitals and Health Systems:
- National Business Group on Health: [www.businessgrouphealth.org](http://www.businessgrouphealth.org)
- Buyers Health Care Action Group: [www.bhcag.com](http://www.bhcag.com)
- National Business Coalition on Health: [www.nbch.org](http://www.nbch.org)

### **Chapter 13 – Coalition Outreach Tools and Resources**

- Agency for Healthcare Research and Quality: [www.ahrq.gov](http://www.ahrq.gov)
- American Hospital Association: [www.aha.org](http://www.aha.org)
- *Hospital Compare*: [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- Institute for Family-Centered Care: [www.familycenteredcare.org](http://www.familycenteredcare.org)
- AARP: [www.aarp.org/health/staying\\_healthy/prevention/](http://www.aarp.org/health/staying_healthy/prevention/)
- American College of Physicians: [www.acponline.org/ptsafety/](http://www.acponline.org/ptsafety/)
- Health Disparities Collaboratives: [www.healthdisparities.net](http://www.healthdisparities.net)
- *Healthfinder*<sup>®</sup>: [www.healthfinder.gov](http://www.healthfinder.gov)

### **Chapter 14 – Taking Action - Community and Statewide Events**

- Institute for Family-Centered Care: [www.familycenteredcare.org](http://www.familycenteredcare.org)
- Institute for Safe Medication Practices: [www.ismp.org](http://www.ismp.org)

### **Chapter 15 – Working with the Media**

- Agency for Healthcare Research and Quality: [www.ahrq.gov](http://www.ahrq.gov)
- American Health Quality Association: [www.ahqa.org](http://www.ahqa.org)
- American Hospital Association: [www.aha.org](http://www.aha.org)
- Institute for Healthcare Improvement: [www.ihl.org](http://www.ihl.org)
- Joint Commission on Accreditation of Healthcare Organizations: [www.jcaho.org](http://www.jcaho.org)
- Centers for Medicare & Medicaid Services: [www.cms.hhs.gov](http://www.cms.hhs.gov)
- National Quality Forum: [www.qualityforum.org](http://www.qualityforum.org)

### **Chapter 16 – Campaign-related Issues – Patient-centered Care**

- Institute for Family-Centered Care (IFCC): [www.familycenteredcare.org](http://www.familycenteredcare.org)
- National Health Council: [www.nationalhealthcouncil.org](http://www.nationalhealthcouncil.org)

### **Chapter 16 – Campaign-related Issues – Chronic Care**

- Improving Chronic Illness Care (ICIC): [www.improvingchroniccare.org](http://www.improvingchroniccare.org)
- Institute for Healthcare Improvement: [www.ihl.org](http://www.ihl.org)
- National Coalition on Health Care: [www.nchc.org](http://www.nchc.org)

## RESOURCES FROM THE AMERICAN HOSPITAL ASSOCIATION

As mentioned in the Leadership Guide, our National Partners have excellent resources and tools on their respective Web sites. We hope the following sites compiled by AHA are helpful to you and the members of your coalition as you build activities in support of the RAM campaign.

### FINDING HEALTH INFORMATION

#### **Deciphering Medspeak**

[http://www.mlanet.org/resources/medspeak/medspeaka\\_d.html](http://www.mlanet.org/resources/medspeak/medspeaka_d.html)

Glossary of terms commonly used by health care professionals.

#### **Health Information**

<http://health.nih.gov/>

Information on selected consumer health topics.

#### **Health Information Resource Database**

<http://www.health.gov/nhic/NewSrch.htm>

This database includes 1,800 organizations and government offices that provide health information upon request.

#### **Health Topics A to Z**

<http://www.cdc.gov/az.do>

Information on a variety of health topics.

#### **HealthWeb**

<http://www.healthweb.org/index.cfm>

Tool to facilitate access to health-related resources on the Internet. (Health sciences libraries of the Greater Midwest Region of the National Network of Libraries of Medicine and those of the Committee for Institutional Cooperation)

#### **Healthfinder**

<http://www.healthfinder.gov/>

Comprehensive, selective resource for health information on the Internet.

#### **KidsHealth**

[http://www.kidshealth.org/index\\_noflash.html](http://www.kidshealth.org/index_noflash.html)

Health information about children from before birth through adolescence. For children, teenagers and parents.

#### **MLA User's Guide to Finding and Evaluating Health Information on the Web**

<http://www.mlanet.org/resources/userguide.html>

Guidelines on finding the highest quality health information on the Web as well as examples of the best health Web sites.



**Men's Health**

[http://health.nih.gov/search.asp?category\\_id=25](http://health.nih.gov/search.asp?category_id=25)

Information on selected men's health issues.

**National Women's Health Information Center**

<http://www.4woman.gov/>

Health information for women.

**Toll-free Numbers for Health Information**

<http://www.health.gov/NHIC/Pubs/tollfree.htm>

Selected toll-free numbers for organizations that provide health-related information, education and support.

**MEDLINEplus at the National Library of Medicine at the National Institutes of Health (NLM)**

<http://www.nlm.nih.gov/medlineplus/>

MEDLINEplus brings together, by health topic, authoritative information from NLM, the National Institutes of Health (NIH), other government, nonprofit and health-related organizations.

**InfoNet**

<http://www.hopkinsmedicine.org/>

InfoNet from Johns Hopkins Medical Institutions offers an extensive list of advocacy and self-help organizations and Web sites on chronic diseases and aging that are searchable by condition.

## LOCATING A HEALTH CARE PROVIDER

**AMA Physician Select**

<http://dbapps.ama-assn.org/aps/amahg.htm>

Allows you to search for a physician by name or by medical specialty.

**Directories of Health Care Providers**

<http://www.nlm.nih.gov/medlineplus/directories.html>

Links to Web-based directories of physicians, dentists, hospitals, clinics, and other health care providers.

**Directory of America's Hospitals**

[http://www.usnews.com/usnews/health/hospitals/hosp\\_home.htm](http://www.usnews.com/usnews/health/hospitals/hosp_home.htm)

Find information on a hospital's location (by region, state, or distance from any ZIP code), type, specialization, and services offered.

**Quality Check**

<http://www.jcaho.org/quality+check/index.htm>

Quality Check has information about Joint Commission accredited organizations including: an organization's accreditation status, accreditation history, and latest performance report.

## PREPARING FOR YOUR HEALTH CARE EXPERIENCE

### **Choosing a Doctor**

<http://www.niapublications.org/engagepages/choose.asp>

Ideas that may help you find a doctor who is right for you. Also available in Spanish.

### **Making Better Health Care Choices**

<http://www.jcaho.org/general+public/making+better+choices/index.htm>

Guides to choosing ambulatory care, assisted living, behavioral health care, health plans, home care and hospice, hospital, laboratory service, and long-term care.

### **Your Guide to Choosing Quality Health Care**

<http://www.ahrq.gov/consumer/qnt/>

Consumer guide with checklists, questions, charts, and other tools for choosing health plans, doctors, treatments, hospitals, and long-term care.

### **Talking with Your Doctor: A Guide for Older People**

<http://www.niapublications.org/pubs/talking/index.asp>

Offers guidance for older people on how to communicate effectively with their physicians.

### **The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities**

<http://www.hospitalconnect.com/aha/ptcommunication/partnership/index.html>

Replacing the AHA's Patients' Bill of Rights, this brochure helps you understand what you should expect during your hospital stay with regard to your rights and responsibilities. Available in English, Arabic, Chinese, Russian, Spanish, and Vietnamese.

## PARTNERING FOR SAFE, HIGH-QUALITY HEALTH CARE

### **20 Tips to Help Prevent Medical Errors**

<http://www.ahrq.gov/consumer/20tips.htm>

Ways to work with your provider and others to make the health care system safer. Also available in Spanish.

### **20 Tips to Help Prevent Medical Errors in Children**

<http://www.ahrq.gov/consumer/20tipkid.htm>

Fact sheet to help parents help their children avoid medical errors. Also available in Spanish.

### **Be an Active Member of Your Health Care Team**

[http://www.pueblo.gsa.gov/cic\\_text/health/active-member/active\\_member.htm](http://www.pueblo.gsa.gov/cic_text/health/active-member/active_member.htm)

Guidelines on how to play an active role in reducing the risks related to using medications.

### **Five Steps to Safer Health Care**

<http://www.ahrq.gov/consumer/5steps.htm>

What you can do to get safer health care. Also available in Spanish.

**Report a Complaint about a Health Care Organization**

<http://www.jcaho.org/general+public/public+input/report+a+complaint/index.htm>

Form for submitting a complaint about the quality of care at a health care organization. Also available in Spanish.

**Speak Up: Help Prevent Errors in Your Care**

<http://www.jcaho.org/general+public/gp+speak+up/speakup.pdf>

Advice on how you can make your care a positive experience. Individual brochures are available for ambulatory care, behavioral health care, health care networks, home care, hospitals (English and Spanish), laboratory services and long-term care.

## GETTING THE SUPPORT YOU NEED

**Coping with Chronic Illness**

[http://www.cc.nih.gov/ccc/patient\\_education/pepubs/copechron.pdf](http://www.cc.nih.gov/ccc/patient_education/pepubs/copechron.pdf)

Information to help patients and their families cope with chronic illness.

**Self-Help Group Sourcebook**

<http://www.mentalhelp.net/selfhelp/>

A searchable database that includes information on over 800 self-help support groups, ideas for starting groups, and opportunities to link with others to develop needed new national or international groups.

**State by State Financial Resource Guide**

<http://www.patientadvocate.org/report.php>

Information for patients seeking financial relief for a broad range of needs including housing, utilities, food, transportation to medical treatment, and children's resources.

**National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control**

<http://www.cdc.gov/nccdphp/index.htm>

Information about chronic diseases and conditions, lists of publications from the National Institutes of Health and links to other sources of health information, health and education agencies, major voluntary associations, the private sector and other federal agencies.

**Partnership for Solutions**

<http://www.partnershipforsolutions.org/>

Addressing chronic conditions, this Web site developed by Johns Hopkins University and The Robert Wood Johnson Foundation communicates research findings to policy-makers, business leaders, health professionals, advocates and others. The site contains chartbooks, research syntheses, and other aids that can be useful in describing the issues faced by the chronically ill.

## **ADDITIONAL WEB SITES**

### **American Cancer Society**

<http://www.cancer.org/docroot/home/index.asp>

This site provides information on prevention (including diet, smoking avoidance, exercise, alcohol intake and hormones), risk factors, mammograms (with tips on how to get a good mammogram), breast self exams (BSE) and treatment options.

### **American Diabetes Association**

<http://www.diabetes.org/home.jsp>

This site has an online post-graduate course for health care professionals. You can search by state for local diabetes foundations, research and resources, some of which do have a fair amount of patient education material.

### **American Heart Association**

<http://www.americanheart.org>

There is an index to nearly 300 subjects from the American Heart Association (AHA). Information on nutrition, exercise and support groups are included.

### **American Lung Association**

<http://www.lungusa.org>

Contains patient education materials on lung health and disease. There are links to many local chapters of the Association, as well.

### **Arthritis Foundation**

<http://www.arthritis.org>

A very comprehensive site containing different types of treatment and causes of arthritis are included. There are links to 200 local chapters of the Foundation, as well as information on ordering video and audio tapes and other materials.

### **Centers for Medicare & Medicaid Services (CMS) – MedQIC**

<http://medqic.org>

A national knowledge forum for health care and quality improvement professionals. Created by CMS, MedQIC supports Quality Improvement Organizations and providers in finding, using, and sharing quality improvement resources

### **National Cancer Institute**

<http://www.nci.nih.gov/>

From the home page, click on "Cancer Information" for education materials on cancer for patients, health professionals and basic researchers.

### **National Diabetes Educator Program**

<http://betterdiabetescare.nih.gov/>

The National Diabetes Education Program has compiled a resource to help health care professionals deliver the type of ongoing, patient-centered care required to effectively manage diabetes. This Web site is designed for primary care providers, diabetes

educators, specialists, and organizations. It provides steps, models, guidelines, resources and tools for the process of making and evaluating effective systems change.

**National Heart, Lung, and Blood Institute**

*<http://www.nhlbi.nih.gov/index.htm>*

This site contains information on health and disease affecting the lungs and blood, and sleep disorders. Click on the "Educational Materials Catalog" link to see brochures, posters, audio and video material, etc. that are available to order.

**National Guideline Clearinghouse**

*<http://www.guideline.gov>*

Consumer information on specific health conditions, surgery, prescriptions, health plans and other health care issues. Start your search by typing keywords into the search box on this page, or click on the "NGC Resources" tab on the left, top side of the home page.



**[www.RAMcampaign.org](http://www.RAMcampaign.org)**

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