

Marketing Evidence-based Programs for Arthritis Patients to Primary Care Providers in Michigan

**Satellite Conference and Live Webcast
Monday, June 10, 2013
12:00 – 2:30 p.m. Central Time**

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

**Annemarie Hodges, MA
Public Health Consultant
Michigan Department
of Community Health**

Staffing: Who?

- Those responsible for outreach were full-time arthritis program staff
- No previous sales, pharmaceutical, or academic detailing experience
- Using the guide was essential to training, familiarizing ourselves with the approach

Selected Interventions: What?

- **PATH – Personal Action Toward Health**
 - Michigan's name for Stanford's Chronic Disease Self-Management Program
- **EnhanceFitness senior adult physical activity program from Senior Services / Project Enhance**

Selected Interventions: What?

- **MI Arthritis Program staff** are more familiar with the programs in our immediate area, which provided ease in coordinating outreach with broader program elements like scheduling / promotion
- **Self-management education and physical fitness programs** are complementary

Outreach Approach: Where and When?

- **Greater Lansing / Ingham County** (population about 300,000)
- **Lansing is MI's capital**
 - State government, MSU, General Motors, and Sparrow Health System are major employers in the area
- **Conducted outreach activities** (part of pilot) July 2010 – April 2011

Outreach Approach: Where and When?

- Conducted outreach activities (part of pilot) July 2010 – April 2011

Outreach Approach: Why?

- To expand reach of programs
 - Was a logical next step in efforts to grow PATH and EF
- To determine if it is possible to forge productive partnerships with providers
- To enhance sustainability

Outreach Approach: How?

- In Phase I (June-Nov 2010), all staff participated in all / most phases of the outreach
 - i.e. making initial contact, preparing materials, going on outreach visits, making presentations, doing follow-up

Outreach Approach: How?

- In Phase II (Nov 2010-Apr 2011), there was greater division of tasks
 - Divided roughly into coordination and outreach activities

Outreach Approach: How?

- At outset, made initial contacts by phone and email attempted to arrange group meetings with providers to maximize contact with the least time commitment
- Later, made in-person initial calls and outreach visits and placed less emphasis on addressing groups

Outcomes: To What Effect?

- Made initial contact with 15 practices
- Conducted outreach visits with 9 practices during the pilot period

Outcomes: To What Effect?

- Established solid relationships with 6-7 practices
 - Fallen off over time due to time constraints
 - Currently send materials out to 3-4 practices
- The average number of contacts to secure an outreach visit was 3

Lessons Learned

- Approach is time consuming and requires a long-term commitment to yield referrals
- Staff without training in sales, marketing, outreach, or experience in medical settings can find it intimidating / difficult

Lessons Learned

- Familiarity with EB programs you are promoting
 - Being able to speak about them firsthand can help establish credibility and increases one's own confidence

Lessons Learned

- Providers may prefer in-person visits, but does not guarantee cooperation / access
- EMR, PCMH initiatives may help or hinder outreach efforts
 - Figure out how / if what you're offering may help in those efforts somehow

Lessons Learned

- Important to keep your goals in mind while also being flexible and responsive to practice needs
- Important to have a reasonably full and extended schedule to promote
 - Instills confidence in program(s) and gives providers lead time

Lessons Learned

- Determining if referrals are occurring can be difficult
- A template for scheduling contacts and "tickler" file for follow-ups is a good idea
 - Too easy for other activities to take priority otherwise

Looking Forward

- Arthritis Program staff and partners looking forward to June 2013 release of revised materials
- Will re-train ourselves, then partners
- Plan to start a marketing / outreach working group to support community-based partners

Looking Forward

- Will focus on delivery systems at the state level, rather than practice-by-practice outreach
- Hope local partners' activities will be complementary
 - Top down and bottom up

Contact Information

Annemarie Hodges, MA
Public Health Consultant
MI Department of Community Health
(517) 335-8402
hodgesa5@michigan.gov