

Talking to the Media

R. Sean Morrison, MD

9th Annual Kathleen M. Foley
Palliative Care Retreat and
Research Symposium

Learning Objectives....

Why Talk to The Media?

- A researcher's responsibility begins with the journal publication
 - Policy makers and the public do not read *Journal of Palliative Medicine*
 - Creating change, influencing policy, and enhancing care requires audience specific messaging, effective use of the media, translation of research into practice

The Publication



JOURNAL OF PALLIATIVE MEDICINE
Volume 11, Number 8, 2008
© Mary Ann Liebert, Inc.
DOI: 10.1089/jpm.2008.0053

Variability in Access to Hospital Palliative Care in the United States

Benjamin Goldsmith, B.A.,^{1,2} Jessica Dietrich, M.P.H.,³ Qingling Du, M.S.,¹ and R. Sean Morrison, M.D.¹⁻⁴

Abstract

Background: Hospital palliative care programs provide high-quality, comprehensive care for seriously ill patients and their families.

Objective: To examine geographic variation in patient and medical trainee access to hospital palliative care and to examine predictors of these programs.

Methods: Primary and secondary analyses of national survey and census data. Hospital data including hospital palliative care programs were obtained from the American Hospital Association (AHA) Annual Survey Database™ for fiscal year 2006 supplemented by mailed surveys. Medical school-affiliated hospitals were obtained from the American Association of Medical Colleges, Web-site review, and telephone survey. Health care utilization data were obtained from the *Dartmouth Atlas of Health Care 2008*. Multivariate logistic regression was used to identify characteristics significantly associated with the presence of hospital palliative care.

Results: A total of 52.8% of hospitals with 50 or more total facility beds reported hospital palliative care with considerable variation by state; 40.9% (144/352) of public hospitals, 20.3% (84/413) of for-profit hospitals, and 28.8% (160/554) of Medicare sole community providers reported hospital palliative care. A total of 84.5% of medical schools were associated with at least one hospital palliative care program. Factors significantly associated ($p < 0.05$) with hospital palliative care included geographic location, owning a hospice program, having an American College of Surgery approved cancer program, percent of persons in the county with a university education, and medical school affiliation. For-profit and public hospitals were significantly less likely to have hospital palliative care when compared with nonprofit institutions. States with higher hospital palliative care penetration rates were observed to have fewer Medicare hospital deaths, fewer intensive care unit/cardiac care unit (ICU/CCU) days and admissions during the last 6 months of life, fewer ICU/CCU admission during terminal hospitalizations, and lower overall Medicare spending/enrollee.

Discussion: This study represents the most recent estimate to date of the prevalence of hospital palliative care in the United States. There is wide geographic variation in access to palliative care services although factors predicting hospital palliative care have not changed since 2005. Overall, medical students have high rates of access to hospital palliative care although complete penetration into academic settings has not occurred. The association between hospital palliative care penetration and lower Medicare costs is intriguing and deserving of further study.

6,941
Downloads

167 Citations

Most
downloaded
JPM article

Versus....The Media

“Palliative Care Expanding in Hospitals”

- Forbes

“Nation Gets 'B' for Hospital Support Care”

- WebMD

“Alabama gets a D in care ratings but UAB is way above the curve,

- The Birmingham News

“Palliative Care State-by-State Report Card Released to Congress”

- Sacramento Bee

“Utah's 'comfort care' gets a C from palliative care advocates”

- Salt Lake Tribune

“Minnesota ranks at top in care of very sick”

- Star Tribune

Estimated readership/reach: >10 million

“Never pass up an opportunity
to have sex or appear on
television”

....Gore Vidal

What's Your Experience?

Preparing your research for the media

1. Create Your Message(s)

- Who are your audiences?
 - Lay or professional press?
 - Local versus international versus national
- What are your findings?
 - Rule of 3
- What are their implications?
 - Rule of 3 (again)
- How do they affect the reader/listener?

2. Translate Your Message (aka Master the Sound Bite)

- Keep it simple (but not simplistic)
 - Remember your audience
 - Avoid technical/scientific jargon
 - Define your terms if you aren't sure
- Be short and to the point
- Put your findings into perspective
 - Tell a story
 - Use a real world example

3. Draft your Talking Points

3. The Study

ORIGINAL INVESTIGATION

Cost Savings Associated With US Hospital Palliative Care Consultation Programs

R. Sean Morrison, MD; Joan D. Penrod, PhD; J. Brian Cassel, PhD; Melissa Caust-Ellenbogen, MS; Ann Litke, MFA; Lynn Spragens, MBA; Diane E. Meier, MD; for the Palliative Care Leadership Centers' Outcomes Group

Background: Hospital palliative care consultation teams have been shown to improve care for adults with serious illness. This study examined the effect of palliative care teams on hospital costs.

Methods: We analyzed administrative data from 8 hospitals with established palliative care programs for the years 2002 through 2004. Patients receiving palliative care were matched by propensity score to patients receiving usual care. Generalized linear models were estimated for costs per admission and per hospital day.

Results: Of the 2966 palliative care patients who were discharged alive, 2630 palliative care patients (89%) were matched to 18 427 usual care patients, and of the 2388 palliative care patients who died, 2278 (95%) were matched to 2124 usual care patients. The palliative care patients who were discharged alive had an adjusted net savings of \$1696 in direct costs per admission ($P = .004$) and \$279 in direct costs per day ($P < .001$) including sig-

nificant reductions in laboratory and intensive care unit costs compared with usual care patients. The palliative care patients who died had an adjusted net savings of \$4908 in direct costs per admission ($P = .003$) and \$374 in direct costs per day ($P < .001$) including significant reductions in pharmacy, laboratory, and intensive care unit costs compared with usual care patients. Two confirmatory analyses were performed. Including mean costs per day before palliative care and before a comparable reference day for usual care patients in the propensity score models resulted in similar results. Estimating costs for palliative care patients assuming that they did not receive palliative care resulted in projected costs that were not significantly different from usual care costs.

Conclusion: Hospital palliative care consultation teams are associated with significant hospital cost savings.

Arch Intern Med. 2008;168(16):1783-1790

3. Talking Points: Set the Stage



- Palliative care is a new team-based medical specialty that focuses on improving quality of life patients with serious illness and their families.
- Palliative care teams provide an added layer of support to patients, families, and their doctors
- Palliative care is provided at the same time as life-prolonging and curative treatments.

3. Talking Points: Study Background



- Research clearly demonstrates that palliative care teams improve patient and family quality of life in the setting of serious illness.
- We performed this study to examine the effects of palliative care on hospital costs.
- We compared hospital costs for patients who received palliative care as an added layer of support to identical patients who did not receive palliative care
- Our study was performed in 8 hospitals representing research hospitals, community hospitals, and cancer centers that were spread throughout the country

3. Talking Points: The Findings

1. Costs for palliative care patients who left the hospital alive were on average almost \$ 280/day or \$1,700/admission than patients who did not receive palliative care
2. For patients who died in the hospital, savings were even greater – an average of almost \$375/day or \$5,000/admission
3. It's very important to note that survival in both groups was exactly the same

4. Talking Points: The Implications

1. By sitting with patients and families, identifying their values and goals for care, and matching treatments to those goals, palliative care results in substantial cost savings for hospitals.

4. Talking Points: The Implications

2. What this means for the average American is that at a time when medical costs are skyrocketing and hospitals are cutting costs and services, we have discovered a way to not only to improve quality of life [and survival] for the most seriously ill but also make more resources available for all patients – young and old.

4. Talking Points: The Implications

3. What this means for hospitals is that establishing a palliative care team will likely result in \$3-5 million savings per year – the difference between operating in the black versus the red for many institutions.

4. Talking Points: The Summary



Palliative care is one of the few areas in medicine that we truly achieves the triple aims of healthcare:

Better quality of care

Better health,

Lower costs.

Your Turn....

Press Releases

- Alerts the press about a possible story
- Key elements
 - The Hook
 - What would you like the news headline to be?
 - The Lead Paragraph
 - One paragraph explaining the study's background and methods
 - The Body Paragraph(s)
 - Your main message and quote
 - Sub messages and quote (co-author)
 - The Summary Paragraph
 - Background and implications (quote)

Let's Talk to the Media...

The Media

- For today
 - Print/On-line Media
 - Radio
 - Television/Video
- For another day...(sorry)
 - Social media (twitter, facebook, others)
 - Blogs
 - Op-Eds

“Denise Grady from the Times
would like to speak with
you...”

Information you need to know...

- What's the publication and who is the audience?
- Who is the journalist?
 - What do they cover? How do they cover it?
- What's their deadline?
 - If you can't meet it, say so
- What are they interested in talking about?
 - Are you reporting or commenting?
 - If the latter, are you an expert and if so, can you bridge to your message
- Who else are they speaking with?

Prepare ahead of time

- Set a specific time to speak: No more than 15-20 minutes
 - Now is never the time!
- Get yourself ready
 - Print out your talking points
 - Prepare for expected questions

The Interview

1. Introduce yourself

- Spell your name
- Give your title (short)
- Make sure they have your press release

2. The typical interview structure

1. “Tell me about your study?”
2. Questions?
3. “Is there anything else you would like to add or think is important?”

Stay on Message

- Use everyday language and define your terms
- Signal your message...
 - “The real issue is..”
 - “Our major finding was...”
 - “I feel strongly that...”

Stay on Message.

- If you are asked a multipart question
 - “You’ve asked me three questions, let me start with...”
 - “You’ve asked me three questions, which one would you like me to start with...”
- For difficult questions...
 - It’s ok to say “I don’t know the answer to that”
 - It’s better to say ““I don’t know the answer to that, but I do know...””

Stay on Message

- If you get muddled....stop, pause, take a deep breath, and then...
 - “Let me put it another way”
- If interrupted on a key point...
 - “Hold on, let me just finish this”
- If the reporter switches topics on you...
 - “Before we tackle that, I need to add...”

Stay on message

- If you are paraphrased or summarized inaccurately
 - “I’m sorry, let me say that again more clearly...”
- If a reporter makes a mistake or drops in a falsehood/misinformation in the midst of a question...
 - “Before I answer that, let me just correct something you said”

Finally....

- Accept that you can't control what is written
- Keep in touch with the reporter after the story is written
 - Reporters are human – they like feedback
- Remember, reporters are **not** your friends
- Know the difference between “off the record”, “background” and “on the record”

Everything is on the record!

Radio Interviews



“Hi! Marketplace reporter Nancy Marshall Genzer would like to interview one of you ASAP on your study coming out today. (Sean she interviewed you last time) She will tape and it will air on Marketplace tonight on the 6p ET hour. Which one of you are available? She would like to do this in the next hour and you would need to call her on her studio line at 202-416-2724. Once we set up a time, she will head into the studio and wait for your call”

Radio Interviews

1. Prepare

- How long is the interview?
- Live or taped?
- Rehearse your sound bites
- Don't use a cell phone

2. Pay attention to your voice

- Vary your pitch and tone
- Smile
- Speak slowly
- Stand

Radio Interviews

3. Expect personal or quirky comments
4. Keep your sound bites in front of you for reference
5. Never say “no comment”
6. Accept that the interview will be heavily edited
7. Listen to yourself

“Dr. Morrison, we received a call from Fox News to see if you would be willing to be on Bill O’Reilly tonight. They are interested in interviewing you about the latest developments in the Terry Schiavo case”

TV/Internet Interviews

- The reporter's goal is to produce good television
- Reporters are typically on your side
- Most reporters will work with you to get it right
 - If it's not live, it's ok to ask to do another take
 - Disc space is cheap
 - If it is live, it's ok to say, "I' afraid I wasn't very clear, let me rephrase that"

Prepare

- Setting: live or taped?
 - If live, in studio or remote
- How long is the spot
 - 2-5 minutes is the norm
- Dress for success
 - Men: Off-white shirt, navy/grey suit or blazer, tie with simple pattern, long socks
 - Women: Business suit/dress/pantsuit, off-white blouse, simple (not shiny jewelry), matte lipstick
- Watch the show ahead of your interview

In the Studio

- Where are the cameras?
- Where should you look?
 - At the interviewer?
 - At the camera?
 - Typically only for remote feeds
- What is the camera's field of view?
- Once the interview starts, ignore the cameras and begin a conversation
- Have Fun!!!