

**The AHRQ Evidence-Based Care (EBC) Challenge
Webinar Audio, March 7, 2013**

Slide 1:

Allison. Alright, hello and welcome and thank you everyone for joining us today for this webinar entitled the Evidence-Based Care Challenge for NPs and PAs Using Evidence in the Retail Clinic Setting.

Slide 2:

My name is Allison Rein and I'm a Senior Director at AcademyHealth and I'll be moderating this webinar. Before we proceed, I wanted to extend a big thank you for taking the time out of your busy schedules to join us and for your interest in the ARHQ Evidence-Based Care Challenge and ARHQ's Community Forum.

Slide 3:

Today's webinar agenda will start with a brief overview of the community forum and the EBC Challenge and then we will hear from representatives of the winning team. Finally a member of the EBC Challenge Advisory Committee will dive into how the challenge fits within the larger retail clinic environment and the importance of evidence based care. Then we want to hear from you in the audience during our open Q and A session. During this time, feel free to ask questions about the ARHQ community forum, the EBC Challenge and also the winning resources.

Slide 4:

Before we get started, we do have a few technology reminders to walk through. Audio for today's presentation will be delivered to you through the phone. So if you're having difficulty during the presentation, click the audio button at the top of the WebEx screen and then click teleconference. You will then be prompted to either type in your phone number to have WebEx call you or you can dial in directly with the toll free number and access code provided.

Slide 5:

We will be collecting questions throughout the presentation so please feel free to type us a message in the chat box which is located on the right side of your screen. Please note that you have the option to send your question to us privately by selecting the send to host one option or publicly by choosing the everyone option in the drop down menu. And finally, if you are having any technical difficulties, please do not hesitate to send us a private chat or email to our colleague, Jess Fernandez, with your questions and she will be sure to assist you.

Slide 6:

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2

So now it's my distinct please to introduce Dr. Joanna Siegel who will be speaking to you about the AHRQ Community Forum. Dr. Siegel is a senior research scientist at the Agency for Healthcare Research and Quality and is coordinating the community forum efforts. Thank you, Joanna.

Slide 7:

Joanna. Thank you. Hi everybody. I'm glad you could join us. Just to give you a bit of background, the Evidence-Based Care Challenge is part of our Community Forum initiative. The community forum began in 2008. Its goals are to enhance input to ARHQ's Effective Health Care program, input both from the general public and from specific stakeholder groups. So the community forum has two related goals. First to help the Effective Health Care program identify more systematic and more effective approaches for obtaining public views on issues central to health care research. And second, relevant to this project, to support the involvement of stakeholder groups including patients, consumers, providers, and others who have an interest in ARHQ's research in the EHC program. The organizations working on this community forum initiative include the lead AIR, CMTP, Consumers Union, AcademyHealth and others.

Slide 8:

For those of you who might not be familiar with the EHC program, this program has the goal of providing evidence on health care intervention to consumers, providers, and policymakers. It's part of the research program at ARHQ and it houses ARHQ's comparative effectiveness research activities. EHC program research includes systematic reviews of the literature on specific interventions as well as observational studies and other research. Its purpose is to provide current, unbiased evidence on comparative effectiveness of health care interventions to help patients, consumers, providers, and policymakers make informed choices among alternatives.

Slide 9:

AHRQ distributes the findings of the EHC program research in the form of free research summaries about the benefits and risks of treatments for different health conditions. There are consumer and clinician guides and also often policymaker guides targeting these different audiences. Nurse practitioners and PAs are an important emerging audience for AHRQ products and they were the audience for the Evidence-Based Care Challenge that's the topic for today's presentations.

Slide 10:

But before we move to that, I want to draw your attention to a work group that AHRQ has recently established to increase our interaction with the nursing community. The EHC program nursing work group is a group of 10 nursing professional organizations that are working with AHRQ to assure that we include research relevant to nursing practice.

Slide 11:

The work group is charged with fostering dialogue between AHRQ and the nursing community and providing insights on how we can effectively involve nurses in, for example, generating topics for the research we do, sharing research findings and communicating with nurses about the resources we have available. If you have questions on these activities, I've included an email address for Cheryl Thompson here. She's the contact person for the nurse's working group and please feel free to get in touch. Thank you and now I will turn it back to Allison.

Slide 12:

Allison. Great, thank you Joanna. So now for a little bit of context about the Evidence-Based Care Challenge. The Challenge offered teams of nurse practitioners and physician assistants the opportunity to translate existing AHRQ research reports into provider friendly resources for use in the retail clinic setting. Teams had the choice of basing their resources on evidence from either the acute otitis media updates or the screening for children and adolescents report plus AHRQ's health literacy report. These reports selected by the advisory committee for this challenge are full length, detailed documents. So one goal of the challenge was to convert these into user friendly resources that could be easily deployed at the point of care by retail clinic providers. So a little bit more about the purpose of the challenge. The primary goals of the challenge were to encourage the development of relevant and useful resources that could be easily adopted by NPs and PAs and others who work to provide care in the retail clinic environment.

Slide 13:

Also to increase awareness of the Effective Health Care program and its product among this target audience, to learn and experiment about different ways that might be effective to communicate with the retail NP and PA communities and also to introduce and expand use of evidence from AHRQ Effective Health Care program to a really important clinical audience.

Slide 14:

So a little bit about the nuts and bolts here. We actually launched the challenge in June of 2012. There was a fair amount of preparation work in advance of that and a big thank you again to our advisory committee members who really made a lot of the decision making and early planning possible. We had an intent to submit target of August so that we would get a sense for how many folks were interested in pursuing the challenge and then we left the challenge open until mid-October so that people would have ample opportunity to cultivate ideas, make relationships and the ultimately execute on development of a resource. We proceeded with judging in late November and made some final decisions at the end of 2012 and are now in the dissemination phase and have a number of activities, including this webinar, to support that. So that's a little bit about the timeframe.

Slide 15:

In terms of the judging process, all entries were reviewed by a panel of expert judges and a big thank you to them for their time and contributions as well. The panel was composed of people from academic settings, from active practitioners, patients, and also representatives from convenience care organizations and the retail clinic industry in general. And we had some criteria that we developed at the outset obviously to try and assess the resources that were coming in and that was used to guide the judging process.

Slide 16:

So submissions were scored on a 100 point scale and we really focused on effectiveness. So how well would they highlight and effectively communicate the underlying resource, the evidence resource, how useful would it be at the point of care, how scalable would it be. So how easy would it be to take this resource and spread it to others and we also were looking for creative submissions and also wanting to see some multi-disciplinary engagements, so team composition was another dimension that we focused on.

Slide 17:

In terms of prizes, we were able to offer the first place team \$7,500 in --- funding which was really intended to be used to implement the resource in their retail setting environment and make any enhancements that they might need to in order to go from sort of a template or pilot to a real world practical tool. Second place, we provided support for designated team members to attend a relevant professional conference and here the intent was really to hopefully provide an opportunity for them to share what they did as part of the EBC Challenge and not only the resource but their experience as well. And third place, we offered two members of the team to receive a one year subscription to Up To Date which is an evidence based peer reviewed information resource to inform point of care decisions. And of course, all winners deserve an incredible amount of appreciation and so we've been featuring them on blog posts, list services, social media, etc. and that, you know, all the organizations have been involved in this effort have been promoting their fantastic work. So I think that is all the information generally. Of course, we're happy to provide additional details as folks have questions.

Slide 18:

But now it's my distinct pleasure to introduce the first place winning team, QR Medica. So Kelly McGee and Lindy McGaughy and Paul Vineyard have joined us today and will share information about their winning resource. So QR Medica Team, the floor is yours.

Slide 19:

Paul. Thanks. Hi, this is Paul Vineyard. Can everybody hear me OK?

Allison. Yes, we can, loud and clear.

Paul. So, hi, I'm Paul. I'm one of the team members for QR Medica and on behalf of our team, I have the honor of thanking AHRQ and AcademyHealth for selecting our team's project as the winner of this challenge. We thank you all for your support and guidance. We also appreciate this opportunity to discuss our project, our team, our rewarding experience and how we plan to move forward with your continued support.

Slide 20:

This slide lists our team, a very diverse group, who have collectively brought forth this concept with innovation, passion, and commitment. Our team was first born by Kelly McGee, a nurse practitioner with --- Health who discovered this challenge at the Retail Clinicians Education Congress.

Slide 21:

When we decided to embark on this challenge, our team envisioned a method of delivering evidence based care, research in a cohesive and exciting manner that reaches out to patients and providers bringing both knowledge and understanding to the forefront. Q Medica was designed to instantly deliver accurate data and multimedia information into the hands of patients and providers creating a synergy between diagnosis, treatment, and patient education. Sharing knowledge and working together to determine the best steps for treatment and recovery will ensure the best patient/provider relationship which will of course, provide many further benefits to both. And I'll hand that over to Lindy.

Slide 22:

Lindy. Hi, this is Lindy. The key to the QR Medica project is proving easy access resources to patients, guardians, and providers. This system of connecting the patient with the provider begins when the patient enters the clinic. Video presentations and their active kiosks, easy to read handouts and poster for smart devices get the patient's guardian instant access to information about the --- that interest them. This knowledge will empower the patient and guardian with best practices for diagnosis and treatment of those conditions. As patient and provider meet, patients will already know what to expect from the provider. Therefore, by lowering anxiety, providers will be able to better discuss diagnosis and treatment information working with an informed patient to determine best solutions.

Slide 23:

The process continues be providing similar instant resources to providers using a one stop network of reliable information regarding the diagnosis and treatment of the most common conditions found in retail clinics. This includes common medications, average costs, recommended doses and possibly other methods of treating conditions. By combining accurate research with today's technology, QR Medica delivers the valuable information provided by evidence based research in ways that both patient and provider

will find easy to access, easy to understand, and easy to implement in their clinics and lives ensuring everyone gets equal access to reliable and accurate medical information. QR Medica is also designed with expansion in mind. While acute otitis media was the focus of this challenge, the QR Medica platform was designed to incorporate the most prevalent conditions in retail clinic settings and can easily be expanded with additional research and multimedia solutions. The system we have designed offers a comprehensive approach to health care, creates true consistency among provider networkers and bring reliability to both patients and providers. At this time, Kelly will talk about some of the ways we hope to disseminate the information. Kelly? Can you hear me?

Slide 24:

Kelly. Yes, there you are. Alright, I just unmuted myself. In looking at, this is Kelly McGee, and looking at resourcing the medical community, we're looking at disseminating the information through posters in clinics and pharmacies, potentially doing an article in Drug Store News, have a booth at the Convenient Chair Association Retail Clinician's Education Congress. That would be in the year 2014 poster presentation at the American Academy of Nurse Practitioner's National Convention June 2014. That convention would provide access to about 5,000 nurse practitioners. Also looking at the Ohio Association of Advanced Practice Nurses Convention and meeting in the fall of 2013, doing a poster presentation potentially. Looking at developing a smart device application, utilizing YouTube videos with the nursing students to disseminate some of the information and partnering with ENT associations, pediatric associations, and family practice associations. So those were some of the ideas that we are looking at in disseminating the information.

Slide 25:

Looking at working with Evidence-Based Care Challenge, as an experienced provider in the retail health clinic setting, we recognize the frequency of acute otitis media in our market place and therefore we chose this topic because we felt we could provide the most impact in our clinics by addressing this particular condition. We also know what it is to struggle with maintaining current knowledge of medical research. Therefore we felt this challenge could positively affect our professional lives as well as other providers struggling to keep up in such a face paced environment. We wanted to dedicate our time and efforts to realizing a big picture solution that could be deployed anywhere, access at any time, and through media types. We did this with the hope of relieving some of the everyday struggles faced by providers in the convenient care market. Finally, providing consistency in diagnosis and treatment and patient education throughout the retail clinic market can only strengthen its place in today's medical world.

Slide 26:

Our team brings to the table a wide range of knowledge and skill sets, personal perspectives and passion for what we do as professionals. As experienced and passionate providers in our market area, we lead our clinics in customer service and commitment to our clinics and patients. That commitment lead to, lead us to this challenge where we felt

we could add value through our knowledge, our clinic environment, best practices, and practical solutions. There can be no doubt that medical practices and technology are merging together more and more each day. With that realization and current technology capabilities, it seems only natural to blend this information into practical knowledge that can be easily accessed by patients and providers alike. Adding a marketing and advertising and design perspective to our theme provided the missing link but seemed to allude many development efforts such as this. The ability to mesh technology into marketable format provides the ability to deliver on a large scale platform, getting some buy in from major stakeholders and hopefully create some sustainability in this market.

Slide 27:

Working with AHRQ and AcademyHealth provided an exciting technology to our team, the open format where innovation was welcomed allowed us to explore the normal box of evidence based research. We appreciated being welcomed as participants and the attention given to our project during the development. The acute otitis media research document was thorough and well formatted by extracting the key session points of every section within the large document. We were able to identify that information which we, as experienced practitioners, we utilize and rely on for accurate and thorough diagnoses and treatment every day. In summary, it was a privilege to contribute a viable solution to an industry wide need. Our hope is that together we can strengthen the use of evidence based research and the convenient chair market place and improve patient/provider relations through accurate medical information and patient education across the globe.

Slide 28:

Allison. Great, thank you so much to everyone on the team and particularly those of you who joined us today for the presentation. We will now move on hearing from the second place team which was the PAWS team lead by Janette Capaci, a nurse practitioner from South Carolina and she was very excited to present on the webinar. But due to some unforeseen circumstances is able to be on the line but not able to actually speak that well. So instead my colleague, Emily Moore, will briefly describe the resource for the folks on the webinar and we'll use just a few of the slides to give you a general sense of the submission. We, of course, encourage you to look at the resource further on the AHRQ website and if you have additional questions during this course of this brief presentation, feel free to send them via the chat function and perhaps Janette will be able to help us address them during the Q and A. So now I will turn to you, Emily.

Slide 29:

Emily. Thanks, Allison. The PAWS team created a double sided tri-fold brochure on otitis media intended to help patients navigate treatment decisions with their provider at the point of care. This colorful brochure used paw print images and patient friendly acronyms to deliver messages on evidence based guidelines.

Slide 30:

The PAWS team chose to create a brochure because it was easily reproducible and accessible at the point of care. This paper based resource would not rely on access in technology and would be available at both the provider visit and the pharmacy.

Slide 31 (Slide 32 skipped):

The PAWS team believes that their resource enhances care delivery by promoting active patient involvement in the decision making process. The brochure includes a decision making tree of options that providers and patients can discuss during the visit. After the visit, patients can also look back to this resource for their reference. Finally, the team envisioned that this resource would be utilized by the provider, pharmacy technicians, and nursing students in a collaborative care model.

Slide 33 (Slide 34-36 skipped):

The PAWS team was one of the largest of the three winning teams and included staff members from across the retail clinic. The team included a nurse practitioner, pharmacist, store manager, shift supervisor, and photo lab supervisor. The team credited the CDS --- clinic one store, one team approach for encouraging this team composition.

Allison. Great, thank you so much Emily for stepping in. And just as a reminder, if folks have further questions about the PAWS team submission, please feel free to submit them for discussion during the Q and A. So our final team presentation will be lead by the Tympanic Trio team and presenting today we have Nicola Archie and Tara Jones. So on to you ladies.

Slide 37:

Nicola. Hi, my name is Nicola Archie representing the Minute Clinic. I would like to thank the AHRQ for allowing us to be selected as one of the winning teams and providing us with this valuable opportunity.

Slide 38:

The key feature of our submission is that it's an interactive teaching tool in the form of a flip book. It is very user friendly and easily accessible because it's right at the fingertips during a patient visit.

Slide 39:

Alright, OK, this is what the actual flip essentially looks like. You would have a provider view and on the other side, the patient view. So each side that's being viewed determines what each person is seeing.

Slide 40:

It is intended to be used by health care providers to effectively describe and educate patients about the cause and treatment and prevention of ear infections. This tool will be used to teach a wide variety of individuals with different literacy levels and backgrounds. This flip book is simple, it's easy to use. It is an effective way to communicate important information to the patient in a way that they can understand and at the same time, it also empowers education to the provider.

Slide 41:

As far as dissemination of our research or resource, the short term goal is to attend the Retail Clinician Education Conference in May of 2013 and show this resource during a break out session. Long term, we plan to introduce the resource to other clinical settings, physician's offices, urgent care, things of that nature.

Slide 42:

During the expansion of our resource, we would like to potentially transform the flip book from paperback to hard cover and also to refine the resource to ensure that it continues to meet the population's needs. We would like to educate in the clinical setting. In the future, we also plan to transform our resource into a digitally enhanced computer based application that the patient and provider can have access to in the office or even at home.

Slide 43:

We definitely believe that it would be an awesome, it would be awesome to expand our resource to include a variety of medical conditions that we treat on a daily basis in the convenient care setting to be used as a guide during the education and treatment process. We would like to incorporate a variety of things like viral upper respiratory tract infections, varingitis, conjunctivitis, and other forms of dermatological conditions that the patient can actually see. And then finally, we would definitely like to implement this resource into our retail setting because I definitely think it would be a valuable tool, something that our organization can definitely use to educate other patients as well. And now I'm going to be turning this over to Tara Jones.

Slide 44:

Tara. Hi, I'm Tara Jones and so the EBC Challenge was very appealing to our group because of our drive to improve health care literacy, educate our colleagues, and to be a part of the exciting growth of evidence based research. Doing the EBC Challenge was very compelling because we challenged, we were able to challenge ourselves as individuals professionally and educationally and we drew from each other strengths to create this resource. We found out about the challenge through Minute Clinic's weekly newsletter, What's Up Wednesday.

Slide 45:

The experience that we had working together as a collaborative team was a bit challenging at first because we had to formulate and manage our time wisely to meet certain deadlines and also to create a balance between our work and home life to accomplish the task at hand. I felt that our team worked well together because Nicola and I have worked together and gone to school together during the past ten years and we work very well together. However, it was refreshing to have the medical advice from Dr. Cuny to pull the project together. We feel that it is always important to use and engage in evidence based practice because it guides our treatment plans and protocols.

Slide 46:

Our experience using the AHRQ research reports were fundamental because the reports were extremely descriptive, comprehensive, informative and educational and the reports provided a lot of critical evidenced based information necessary to complete our project.

Slide 47:

We believe that engaging with AHRQ and integrating evidence into practice is very important because it provides standards and measures that are factual, research fosters continuing education, treatment guidelines and protocols and through research, we are able to develop new technological advancements and research is the key to the future of medicine. And that's our presentation.

Slide 48:

Allison. Great, thank you so much Nicola and Tara. So now I'm pleased to introduce one of our wonderful advisory committee members, Dr. Mary Jo Goolsby. Dr. Goolsby is the Vice President for Research, Education, and Professional Practice that American Academy of Nurse Practitioners. She oversees AANP's continuing education program and all of their research initiatives. The education component of her position includes the development of educational activities, coordination of expert panels, creation of clinical tools, and accreditation of formal nurse practitioner continuing education program. She's been an adult nurse practitioner for over 25 years and so I wish to thank her very much for her contributions and I will turn it over to Dr. Goolsby. Mary Jo, are you on the line?

Dr. Goolsby. Can you hear me?

Allison. We can now. Thank you very much.

Dr. Goolsby. I'm sorry. Well thank you so much and you'll have to excuse my voice but I really appreciate that we were invited, the organization to participate in the advisory committee. AANP had a great commitment to promoting the awareness of the Effective Health Care program resources because we think it's just critical that all health care providers take advantage of tools such as these that synthesize evidence so that we can translate it into clinical care and decision making and we think that's important across all

different settings including retail based care. It's pretty amazing to watch the growth of retail based care over the past few years and it just indicates that health care consumers are really desiring high quality health care but offered through a very convenient model of care. And so while we have, as an organization, used carrots to help people become aware of the effective health resources because we get so much messaging every day, we find that it's really helpful to help people cut through that clutter. I really think that AHRQ came up with a very innovative and successful pilot project to get people in retail based care familiar with the tools and did look at how they could be implemented in their practice. Listening to the presentations, I'm just pretty much amazed at the variety. I think you've got some really good projects that came out of here but you got high tech projects, low tech projects. You've got projects that help people form team work and collaborations from just within their organization and others where they reached outside of their organization. So I just think it was extremely productive and successful. I think that the material that was developed through this pilot has certainly application to the retail settings but I think it also has translation beyond and I hope that other health care providers will look at the resources and see how they can be used in their environments. And we just hope that people will take advantage of the opportunity to look at these resources and also to ask questions in the remainder of the call. Thanks.

Allison. Great, thank you so much Dr. Goolsby.

Slide 49:

So we're now at the audience Q and A portion of the webinar and we've been collecting questions throughout the presentation. So we will sort of read the questions and then ask specific presenters to weigh in.

Slide 50:

But we encourage you to continue to submit your questions throughout this discussion. I wanted to just pick up on something that Dr. Goolsby mentioned because when we had the, all of the submissions come in, all of the judges reflected at how really wonderful it was that given their busy clinical schedules, all of these care providers took the time to respond to this challenge and that what they responded with was really a very thoughtful presentation. And so we wanted to acknowledge all of the work that they did with respect to their particular resources but also the level of effort that they expended just in identifying colleagues, both within and outside of their usual circles to try and develop something that responded to the challenge. And that was exactly the kind of collaboration that we were trying to foster and further. And so we really hope that it was useful not only for the teams who participated but could perhaps inspire some others to engage in similar activities. And so actually our first question is a little bit on a related note. So and I think this is actually a question that's relevant to all of the teams who participated. If you were to advise another group of NPs or PAs or even a broader clinical team who wanted to create an evidence based resource, what would be your guidance or advice to them both in terms of how they should assemble their teams but also with respect to, you know, the topic they might pick or how they should think about integrating it into their practice environment?

So I will turn it over because you guys got first place, we're going to put the pressure on the first place team. So QR Medica, if any folks on the line want to speak to that, that would be great.

Lindy. Well this is Lindy and I'd like to say that one of the most important things is the diversity of your team. We had students that were currently enrolled in nursing school that gave us fresh perspectives and we had a great IT member of our team that had a vision for the information that we were able to glean from the AHRQ research. So the diversity of our team was truly priceless for us.

Allison. Great, thank you. Any other words or wisdom or sage advice from the QR Medica team?

Paul. This is Paul. Can you hear me?

Allison. We can. Thank you.

Paul. Yes, I would like to add just one small thought here and I come from a background completely outside of the medical community. But my background is in promoting concepts such as marketing and advertising, things like that and not just in web but in training and other resources. And the key element that gave me, gave us the inspiration for this concept was when you want to create something that you want people to use, you have to identify first your market. And for us and for this project, we felt that there was two markets. There was the provider end which is its own unique definition of what they would need and how they would need it. But then there's also the dictation portion where the idea is how do you get that information into the hands of those folks so that not only can they use it, but they'll actually want to use it. So I would express making sure that you have a marketing strategy in hand before you start to really fully develop a project because that's ground work where everything else is going to deride from. So that would be my advice.

Allison. Great, thank you. So now I'll open it up to some of the other teams. So, you know, if you had to do it again or if you were trying to, you know, induce some of your colleagues in other clinics to take a stab at creating an evidence based resource, what would be your advice to them? And I don't know, Jeanette, if you're able to speak to this. I know you're having some trouble with your voice today so I don't want to put you on the spot. Maybe the --- Trio team wants to weigh in on this question.

Nicola. Sure, this is Nicola. I would definitely agree with what Paul said. For our team, I think when we initially decided to do the project, we thought about how could we deliver this information in a simplified way that would be easy to get, easy to disseminate. But we also had some challenges because we didn't have a graphic designer because when you create something, you want it to be enticing, something that the population that you're trying to serve can, you know, look at it, use it, understand it. So I think having a very diverse team and also thinking about how you would like to deliver the information is important as far as marketing is concerned.

Allison. Great, thank you. And we did a chat from Janette so thank you Janette. And her suggestion was to really assemble a team with a shared vision and mission for the project. So I think that's really important. So I think we've got a lot of great feedback on that particular question. There's also some curiosity on the line with respect to sort of what's next? You guys all spoke about your dissemination plans and various meetings where you hope to present and share your experience and also what you've built. But I'm curious to hear a little bit more about what you're doing to use the resource in your clinic, the clinic environment where you practice and, you know, where you are with respect to implementation and what, if any, challenges you might be facing with that effort? So, again, we'll pass it to the QR Medica team to start with that.

Kelly. This is Kelly McGee. I am in discussions with the Director of Education at Take Your Health and initially we're looking at putting it on the LCD screen in regards to the information that the patient sees when they're sitting out waiting on an appointment. So initially that's what we're working on at Take Your Health, to get it on the LCD screen. And so I just was talking to them last week about that.

Allison. Great, thank you. Jeanette, feel free to chat something in to us. --- Trio team, any thoughts on that question?

Nicola. This is Nicola. Currently our main focus right now is to definitely get the information out during the conference that's coming out in May. Our senior management team is definitely aware of what we've done and, you know, we would definitely need some seeding money to get the information across. But they're definitely aware and they're working with us to see what we can go about doing to get it across to our other clinics.

Allison. Great. I mean, I would be curious for those of you have had some experience deploying this in the clinic, you know, what the reaction has been from various practitioners, people you're training and even, you know, to the extent that you have an information yet, the experience of the patients. I don't know if anybody has any observations yet or if it's sort of too soon to say. And so thinking about that, I'll just read what Janette sent in which is at this point, they're not using the resource in their clinic but their goal is certainly to develop the brochure and use in their clinic and hopefully spread to others as well.

Lindy. Some of the patients, this is Lindy with QR Medica, some of the patients that we've talked to I think are really very excited about the QR codes. Having access on their smart devices to those QR codes which then brings up the information that they would like to have right there in the palm of their hand. Those of us who are providers are accustomed to having, you know, apps that we can access but the patients were really excited about having that access to that information right there on their smart devices.

Allison. Great, thank you. Any other comments?

Paul. This is Paul.

Allison. Go ahead, Paul.

Paul. I'm sorry. Yes, well I'm not a practitioner but I know a lot of people who are patient and who are parents and guardians and I think, you know, a large market is going to be the patients who want to be informed but they want to, maybe, have that access before they walk in the clinic. Having the LCD screen up there is going to be awesome because it's right there but I actually asked a few friends and colleagues to beta test our website from the perspective of being a patient or being a parent or whatever. Just go into the website. I gave them no advice, no navigation, just see what you come up with. And the response that I got back from the end users was that they enjoyed being able to log on to their computer, log on their app, their iPad or whatever and be able to empower themselves before they even walk into the clinic so that they're informed. And when I explained to them that we wanted to also, as a third way, provide tear sheets so that each condition, in this case, acute otitis media, would have its own tear sheet that, let's say you don't have a tablet or you don't have a smart phone or even if you don't have internet access, because there are certainly a few individuals out there that lack in technical literacy. The idea of having the additional tear sheet there that you can walk away with or take into the clinic when you see your provider and just having that information there in front of you is key and vital and I think it, the feedback I got was having that information is definitely going to reduce anxiety and make one feel like they have some choices. That's it.

Allison. Great, thank you. So I'm curious, you know, all of the winning teams used the same evidence based resource, so the otitis media report. And we used actually, based on a lot of input from our advisory committee, you know, we looked at the range of products available through the EHC program and these were two topics that were perceived as both really important and very clinically relevant for that particular care setting. But I'm curious to hear a little bit more from the teams about why otitis media over obesity screening for children and adolescents when clearly they are both so clinically important and significant? So not to pick on you guys again, but we're going to do that just because the ordering is easier. So for QR Medica folks, if you wanted to respond to that a bit.

Kelly. I can. This is Kelly McGee. We have a lot more patients presenting to the clinic with diagnosis of otitis media, or that's what we're treating the majority of the time. Not to say that children don't come into the clinic that have issues with obesity and what not. Generally our visits in that setting are 20 minutes. So you don't have a lot of time. We're always teaching, always teaching. But the reason that we picked otitis media was because it's more prevalent in the clinic setting that we're working in.

Allison. Great and Tympanic Trio team, did you all want to respond to this as well?

Kelly. Lindy, did you have anything to add to that?

Lindy. That is exactly what I was going to say. The time --- incidences really is the issue for us.

Allison. Great. Well thank you. That, I mean, we definitely, when we, when we got the submissions, we thought that's kind of curious. But it's really interesting to hear that perspective. There was a question that came in about whether or not any of these resources, I mean, we're aware that it's early in the stage of development and there's a lot that all of the teams want to do to enhance what they've developed and provide them, you know, through multiple media and various channels. But there was a question about expanding to other languages given the populations that you likely serve. And so I'm wondering if folks can spend a minute to talk about that and this time we'll really shake things up and start with the --- Trio team.

Nicola. I think that would be awesome. That's something I didn't really think of because of how challenging that process may be. But I think we could definitely reach a wider variety of people if we, you know, maybe put it into Spanish, which is more prevalent in the area that I'm in. We're currently based in Florida and that is like the second language apart from English where we are located. So that would definitely reach out to a lot of the patients that we do see. Currently in our clinics, we use something called the language line so that if there is a language barrier, we are able to contact someone on that language line so that they can translate information for us to the actual patient. So I believe, just like if you have consent forms that are in another language, having our, you know, research tool or resource in a different language, such as Spanish, would definitely be helpful in the setting that we are in.

Allison. Great, thank you. How about the QR Medica team. Any thoughts on that question?

Paul. Yes, this is Paul. I've got a fairly significant amount of experience with my professional role outside of this project in dealing with multi language components. The benefit to an electronic platform is when you develop it, it's done, and this is going to get technical for just one second, but it's done in a format called style sheet and the benefit is you can export that information in text format and there are organizations out there who specifically deal with translation. So the benefit it is because this is 98% web based, we'll be able to deploy it in multiple languages and of course the number of languages and how much time goes into that, you know, obviously there's funding and things like that involved. But the reality is you can easily do it on an electronic format because then when you log into the website, you can select a button that says well speak, you know, French or I speak Spanish or German or Russian or Mandarin. And it will automatically translate all of that information into your preferred language.

Allison. Great, thank you. So Dr. Goolsby, I wonder have you all, since you are responsible in your role for development of a lot of educational content and accreditation, is this something that's standard practice from your organizational perspective?

Dr. Goolsby. When you say this what are you talking about?

Allison. Translation to other languages.

Dr. Goolsby. Actually we're not seeing a lot of that begin done but we're seeing a great need. So for instance, like the National Kidney Disease Education Program and the National Diabetes Education Program do a really good job at translating their material. But I think it's pretty much limited elsewhere. So there is a huge need.

Allison. Great, thank you. So that's all the questions we've received through the chat function. But we actually also have some live questions from others in the room. So I get to stop talking for a minute and I'm going to turn it over to my colleagues.

Lee. Good afternoon, this is Lee at the American Institutes for Research. I was just wondering for the providers in retail settings that are with us today if there are other medical or clinical conditions that you would like the Effective Health Care program to address through its product?

Allison. That sounds like a great invitation. I mean, it was definitely a source of a lot of discussion with our advisory committee when we were trying to figure out which of the products we could deploy for folks who work in the retail clinic environment. So this is a great opportunity for you to share some ideas with us.

Kelly. This is Kelly McGee. One of the, probably the second, one of the main things that we see in retail is sinusitis. So maybe that's an area that would be potentially looked at.

Female Participant. We see a lot of strep throat. We see a lot of upper respiratory infections, colds, which also require a lot of patient education as to why they don't need an antibiotic. We see a lot of urinary tract infections as well. So those acute, you know, self limiting conditions are really the things that we are seeing most frequently in our clinics. Although I must say, there, you know, there are some chronic conditions that are starting to find their place for treatment in the clinics as well.

Allison. Great, thank you. Anybody else?

Paul. This is Paul. I just wanted to say real quick, one of the things we did when we were designing the QR Medica concept was created a list of the most common conditions that we see. So if you visit the QR Medica site or if you revisit the PowerPoint we created, there is sort of a list there of some of the more common symptoms that we would like to expand into.

Allison. Great, thank you. And Janette, thank you for chatting in and she added a couple others. So bronchitis and also allergies and since spring time is upon us in Washington, DC, I'm sure many of us are feeling that acutely. So I know we have one other question in the room and I'll turn it to Dr. Siegel now.

Dr. Siegel. Hi, thanks. I, well before I get to my question, I want to also take the opportunity to let any of our listeners know that if you do come up with great ideas for topics where you think more evidence would help inform your practice, please visit our Effective Health Care program website and there's guidance for you on how to submit a question. And

these, this is definitely open to any and all. Please submit us your best ideas. I did have a question for our presenters and I've been really excited to hear about everyone's plans for continuing the work that they've started and putting their work into practice in their clinical settings. I'm wondering and I almost hesitate to ask because I'm picturing you all. I know you've got day jobs and you've taken a lot of time to work on these products. But as you're thinking about putting them in place, have you given any thought to how you would evaluate the contribution they make to your practice, whether patients are actually learning from them? Changing behavior? What your goals are and how you would try to capture that?

Female Participant. That is a great question and of course that would be key. If the product is not serving its purpose then, you know, changes would need to be made. But that's a great question, learning how to implement some kind of evaluation into the project would be really important.

Paul. This is Paul and I can say that one of the added benefits to the QR Medica project, because it is web based, there's two ways we can do it. If we're able to collect feedback for those who volunteer, and that would be both from the practitioners and patients as well because the web based system, there are analytics that you can automatically to draw to tell how many people are coming to our site, what pages they're visiting, how long they're staying, if they're accessing, let's say, a PDF file or a video. You can automatically derive a lot of that information through reporting but there's also the easy ability through the Quest feedback, which is an online forum that someone can fill out. And then there's, the obvious option of just talking to those individuals who are participating in the program as practitioners. And then, you know, having an open dialogue with the patients that are coming in. If we know that they're utilizing the system or they've picked up a tear sheet or they've seen a video, we can simply ask them hey, you know, what do you think? And then we can have our providers, you know, either check a tick box on a form or, you know, do some sort of basic reporting that way.

Slide 51:

Allison. Great, thank you. I mean, I think it's a really great question and I would encourage you all to think about it in your copious amounts of free time as Joanna mentioned. But, you know, it does seem like actually a really great angle for not only presenting the resource you developed initially but getting a good invitation to go back to the conference a year later and report on, you know, sort of what you found through your evaluation efforts. So maybe there's a little bit of a carrot somewhere in there. So that's all the questions that we have today. And so at this point, I think we can wrap up. Thank you all so much for your interest and really great questions and discussion. Just wanted to make sure our folks know where to find the resources. So here are the links for you to review the winning team's resources and of course to learn more about the EBC Challenge. And finally, if you have any questions about this effort or want to learn more about the Effective Health Care program, you should also feel free to reach out to Joanna Siegel and her contact information is listed on the slide. So thank you. I'd like to take a moment to thank our speakers again

for sharing their time and expertise, to thank you all for your interest in the EBC Challenge and also to express thanks for the wonderful group of colleagues and advisors that we've had throughout the process. We hope you found the session to be informative and useful and please note that in the coming weeks, an archived webinar recording will be posted on the Evidence-Based Care Challenge website.

Slide 52:

Thank you all for joining us and have a great day.