SITUATION ANALYSIS

An accident victim is brought unconscious to the ER. The medical team scans her electronic health record (EHR), providing a full medical history and revealing an underlying health condition that must be addressed to save her life. This is the promise of health information technology (health IT) – smarter health decisions through coordinated information. The Obama Administration sought to ignite a national movement to overhaul the nation’s health care system – moving from outdated paper records to health IT to advance health care quality. The Administration created the Office of the National Coordinator for Health Information Technology (ONC) to bring this mandate to reality.

Challenge:
Health care providers – particularly smaller and rural practices – saw electronic health record adoption as burdensome, with substantial costs, workflow disruptions, productivity loss, and difficulties in qualifying for government adoption incentives. Ketchum created Putting the I in Health IT® to personalize health IT benefits. The campaign helps providers, caregivers, and patients step into the hero’s shoes – demonstrating the personal benefits of electronic health records. And the campaign lets providers know they don’t have to do it alone – ONC resources can ease the burden.

Results:
In 2012, 72% of office-based physicians had adopted an electronic health record system, up from 42% in 2008. As of June 2013, 59% of primary care physicians received federal incentives for successfully adopting electronic health records: 43% of primary care physicians and 49% of nurse practitioners sought personalized adoption assistance through ONC-funded Regional Extension Centers.

RESEARCH

Initial focus groups and in-depth interviews showed the obstacles we faced not only in reaching skeptical and resistant health care providers, but convincing them to overhaul the way they work and assume significant expense and business interruption to adopt electronic health records:

• Negative view of federal incentive programs – complex, overwhelming, no certain pay-off.
• High electronic health record awareness, but challenges in adopting and qualifying for incentives (cost, workflow disruption, short-term loss of productivity, training, staffing, privacy and security protections).
• No awareness of ONC resources to assist in electronic health record adoption – including Regional Extension Centers.
• Government “mandating” health IT adoption when providers faced other business challenges.

The initial research helped segment health providers by attitudes and behaviors regarding adoption of electronic health records (adopting, planning to adopt, not planning to adopt). We then tested in focus groups tailored campaign messages to providers depending upon where they fell in the spectrum of adoption behavior.

Subsequent research confirmed we hit the bulls-eye with the Putting the I in Health IT® campaign platform and messaging – demonstrating positive response with providers and consumers. Research also found that providers responded well to testimonials from peers who had already adopted electronic health records – confirming our strategic approach. Further research tested usability, messages, and materials featured on the new campaign website, www.HealthIT.gov. Summary of research conducted with providers, patients, and caregivers:

Environmental Scan/Audience Segmentation

• Literature review of physician attitudes about and experience with electronic health records, May 2010.
• Physician segmentation profiles (national and by region) based on syndicated data and other research to identify health IT early adopters, current implementers, and non-adopters, December 2010.
• Literature review/articles about consumer engagement in health IT, August 2011.
ONC Message & Materials Testing

Over the course of the campaign, Ketchum conducted a total of 42 in-person focus groups among primary care providers, patients, and caregivers.

- Focus groups among providers to test initial campaign messages and materials – June 2010.
- Provider and consumer focus groups to further test messages and materials – August-September 2011.
- Consumer focus groups to explore attitudes and test messages and video concepts – July 2013.

Additional message and materials testing:
- In-depth interviews with nurse practitioners at the annual meeting of the American Academy of Nurse Practitioners – June 2011.
- In-person and online web usability testing with providers, patients, and caregivers to refine website architecture, organization, and user experience – summer 2011.

Surveys among Providers, Patients, and Caregivers

- Online survey fielded by Ipsos of 422 U.S. medical professionals (nurse practitioners, internists, family physicians, pediatricians) to measure attitudes and use of health IT – April 2013.
- Online survey fielded by Ipsos of 2,000 patients (cardiovascular, diabetes, cancer), seniors, and caregivers to measure attitudes and use of health IT – July-August 2013.

PLANNING

Electronic Health Record Adoption Objectives

- Encourage primary care providers to seek personalized help in adopting electronic health records from ONC-funded Regional Extension Centers. Goals:
  - Enroll 100,000 primary care providers (key target for Regional Extension Centers).
  - Assist a majority of providers in small, rural practices.
- Encourage providers to register and qualify for federal electronic health record incentive payments. Goal established by the federal government:
  - 100,000 providers qualifying for incentives by the end of 2012, demonstrating adherence to stringent federal health IT use requirements to improve health care quality.

Communications Objectives

- Reach providers and consumers through the campaign’s communications vehicles. Goals:
  - 1 million visitors to ONC’s existing policy website and new site, www.HealthIT.gov; 100,000 visits to the Health IT Buzz blog.
  - 100,000 reached through ONC’s new social media channels.
  - 100,000 reached through conference exhibits, speeches.
- Generate 100 million earned media and 25 million paid media impressions.
- Recruit 300 stakeholder organization partners to support and spread Putting the I in Health IT® campaign messaging.
- Enroll 10,000 providers in two continuing education modules on protecting the privacy and security of electronic health records.

Primary Audiences: Health care providers

- Key targets: Primary care providers, particularly those in smaller, rural practices – greater burden, fewer resources to adopt electronic health records.

Secondary Audiences: Patients, consumers

- Segmentation: Chronic conditions, caregivers, family health decision makers.

Ketchum developed audience segments based on data from Manhattan Research and other sources. We segmented providers according to age, current technology use, practice size, and geographic region. Using an audience strategy based on the Diffusion of Innovation theory, we grouped providers into where they fell on the electronic health record adoption spectrum:

- Converted Providers (25%): Eager to try health IT; see advantages of electronic health records.

  Tailored Messaging: Best practices to achieve meaningful use of electronic health records and higher-end applications; encouragement to tell patients about health IT benefits.

- Planners (41%): Need peer reinforcement; concerned about workflow interruptions when adopting electronic health records.

  Tailored Messaging: Information about registering for electronic health record incentives; help provided by Regional Extension Centers; how to find a local center.
• **Not Planners (14%) and Ambivalents (20%):** Risk adverse; concerned about penalties for not adopting electronic health records.

**Tailored Messaging:** Information on electronic health record benefits; implications of not adopting; transition deadlines and milestones; how to register for incentive payments.

**Strategies**
- Personalize the benefits of health information technology by positioning health care providers as heroes for adopting health IT to improve health care quality and patient care.
- Leverage strong peer-to-peer credibility among medical professionals by showcasing early-adopter champions of electronic health records.

**EXECUTION**

The campaign focused on grabbing providers’ attention, so we chose the element of surprise. We weren’t delivering yet another government compliance message. It was the opposite. *Putting the I in Health IT®* is about placing the individual in control – taking public policy and making it personal and relevant. We collected health IT champion stories in which the “I” overcomes adversity to achieve personal triumph – with electronic health records at the heart of every message and every communications channel.

- Created a campaign portal – [www.HealthIT.gov](http://www.HealthIT.gov) – housing resources to help in health IT adoption and listing local contacts for Regional Extension Centers so providers don’t have to walk this tough road alone.
- Highlighted testimonials on HealthIT.gov, Health IT Buzz blog, and YouTube videos; in media interviews and provider publication ads.

- Created toolkits and trained Regional Extension Centers on conducting grassroots provider outreach.
- Exhibited and managed ONC speeches at key medical and health IT conferences.
- Garnered campaign partnerships with medical and consumer stakeholders.
- Created a mobile-optimized Health IT Buzz blog to showcase ONC resources, programs, and accomplishments; provider/patient testimonials; and policy announcements.
- Conducted link building and social media promotion for new content on HealthIT.gov and Health IT Buzz blog.
- Launched social media/online presences: LinkedIn; YouTube; listserv; Twitter, Flickr, and Scribd.
- Created two continuing medical education training modules on health IT privacy and security issues.
- Launched geo-targeted mobile advertisements allowing providers to call a local Regional Extension Center from mobile phones.
- Drove traffic to HealthIT.gov with Google and YouTube ads.
- Promoted Health IT Buzz blog posts on top publisher websites through Outbrain.

**OUTCOMES/EVALUATION**

**Adoption Goals Surpassed!**

- **134,202 primary care providers** received Regional Extension Center assistance (134% of goal).
  - 43% of all primary care physicians and 49% of all nurse practitioners.
  - 56% from rural, small practices.
  - 115,556 primary care providers working with Regional Extension Centers are now live on an electronic health records system (116% of goal).
- Nationwide, **70% of critical access and other small, rural hospitals** worked with Regional Extension Centers.
- As of June 2013, **400,960 or 77% of eligible providers registered** for electronic health record incentives; **4,477 hospitals registered** (89% of eligible hospitals).
305,778 health providers – representing 59% of nation’s eligible medical professionals – received federal incentive payments by meeting stringent government requirements for using health IT to improve health care quality (306% of goal).

4,024 or 80% of eligible hospitals qualified for and received federal incentive payments.

72% of office-based physicians had adopted an electronic health record system by 2012 – up from 42% in 2008.

44% of non-federal acute care hospitals had adopted at least a basic EHR by 2012 – more than triple the adoption rate of 12% in 2009.

The percentage of hospitals with certified EHR technology increased by 18% between 2011 and 2012, rising from 72% to 85%.

73% of providers have e-prescribing capabilities as of 2012, compared to 33% of providers in 2009.

94% of community pharmacies actively e-prescribe.

Many providers use EHR system functions to engage in technology-supported activities to increase efficiency and health care quality. Since 2011:

- Physicians able to exchange secure messages with patients increased 40% from 2011 to 2012.
- More than 190 million electronic prescriptions have been sent by clinicians using EHRs, reducing the chances of medication errors.
- Clinicians sent 4.6 million patients an electronic copy of their health information from their EHRs.
- More than 13 million reminders about appointments, required tests, or check-ups were sent to patients using EHRs.
- Clinicians checked drug and medication interactions to ensure patient safety more than 40 million times through the use of EHRs.
- Providers shared more than 4.3 million care summaries with other clinicians when patients moved between care settings, resulting in better outcomes for their patients.

Provider Survey Results
(Source: Online survey of 422 U.S. primary care providers, April 2013)

- 76% currently use an electronic health record system in their practice (adopters); 15% are in the process of implementing an electronic system (implementers); 9% are not using an electronic system and are not in the process of implementing (non-implementers).
- Majority surveyed are familiar with the federal electronic health record incentive programs.
  o 89% of primary care physicians.
  o 80% of nurse practitioners.
- Most frequently cited electronic health record system benefits by adopters:
  o Ability to work remotely because of electronic access.
  o Better care due to availability of records.
  o Time savings due to e-prescribing.
- Most frequent electronic health record features and functions used by adopters:
  o Implemented drug-drug and/or drug-allergy interaction checks more easily.
  o Avoided medication allergies.
  o Alerted to critical lab values.

Communications Goals Surpassed

- 336 million earned (336%), 138.5 million paid media impressions (554%).
- 1,917,914 website visits (192%); 360,558 Health IT Buzz blog visitors (361%); 22,066 mobile blog visitors; 414 blog Facebook “likes,” blog ranked #64 among top health blogs by Technorati.
- 20,148 Twitter followers; 11,008 tweets/retweets; 241,578 referrals to HealthIT.gov or Health IT Buzz blog; 257,701 YouTube views; 70,369 Flickr views; 42,054 Scribd reads; 56,000 listserv subscribers; 2,646 LinkedIn members (702%).
- 448 stakeholder pledges (149%).
- 17,662 providers enrolled in continuing medical education modules (177%).
- 128,137 reached through conference exhibits; 164,610 through ONC speeches (293%).