

## ON THE LEARNING CURVE

## Using the Media to Convey Your Message

I suspect that by this point, most of us have tired of hearing about pandemic 2009 influenza H1N1. We have learned many important medical and public health lessons as a result of this epidemic. However, the lesson—or really the reminder—that I would like to focus on is the importance of the media in shaping health messages, and the role that you as a pediatrician can play.

I am seeing the impact of media coverage every day in my clinic, when I have patients refuse the H1N1 vaccine. Often, they seem hesitant to share their concerns. My next question is, “Are you concerned about the Redskins cheerleader video?”

For those who haven’t come across this story, a young woman who works with the Redskins cheerleaders was diagnosed with dystonia, a neurologic condition, after receiving a seasonal flu shot. There is a great deal of controversy surrounding this story, but I will use it to illustrate one simple point—a quick Internet search on this topic revealed at least as many media stories claiming or implying that this young woman became ill after receiving

the H1N1 flu shot as there were stating that she became ill after receiving the seasonal flu shot (which is what she actually received).

This is what my patients are seeing as well; most of those who refused the H1N1 vaccine because of this story were requesting the seasonal flu shot. Clearly, this is an example of how messages in the media are having effects on public health.

As pediatrician leaders, we must be aware of the impact of the media and know that it can be used to promote child health.

Good, accurate media coverage can have a very positive impact on our communities,

and negative, inaccurate coverage can have the opposite effect. Print, radio, and television are all outlets we can use to help make sure the media are working with us and not against us. Sometimes, we may actively look for somewhere to share our message, but sometimes reporters may come looking for us.

Most of us have not gotten much training in how to communicate with the media, and it can be very different from com-

municating with families and patients.

Here are a few tips if you are doing an interview, or writing a letter to the editor or an opinion piece:

► **Plan what you want to say.** Know what the most important messages you want to convey are, and be sure to address those. Don’t allow yourself to be sidetracked by lots of background details and statistics. While these details are important, in the context of a media interview or short written piece, they could distract from the key message.

► **Keep your message brief and concise.** Most television segments are approximately 30 seconds, only a small part of which will be your interview. That means you will usually have one statement that gets on the air. Think about this as you talk, and try to state the most important points of your message succinctly and frequently. Remember that reporters are looking for “sound bites,” and think about what you want yours to be; that puts you in more control of the message. Even if you have something published, most op-ed pieces are only 400-600 words. That is shorter than this article.

► **Have no fear.** For interviews, don’t be afraid to ask ahead of time what types of

questions you can expect so that you can prepare. Don’t be afraid to say, “I don’t know.” Definitely don’t say, “No comment.” That sounds like you are hiding something. Don’t feel like you have to agree with things that are misleading or erroneous. However, don’t get argumentative with the reporter—that will never end well.

► **Dress and act professionally.** This is not the time to wear your favorite light-up tie.

► **Smile, and enjoy yourself.** If you are having fun, you will appear more confident and relaxed.

The media doesn’t have to be something that is avoided at all costs. If you have the opportunity, you can use it to share important health messages and improve the health of children in your community. ■

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BY LEE SAVIO BEERS, M.D.

## Use of EMRs Urged to Implement Advanced Medical Home

## VITALS

**Major Findings:** Electronic medical records are essential to make pediatric medical homes a success, but systems for pediatricians fall short.

**Source of Data:** Expert commentary.

**Disclosures:** Dr. Johnson reported that he receives royalties from ICA Corp.

BY CHRISTINE KILGORE

WASHINGTON — Pediatricians cannot truly provide an advanced medical home for their patients until they implement fully functional electronic medical record systems.

Although the current systems must still be improved to meet the needs of pediatricians, research is steadily accumulating that demonstrates the benefits of EMR systems for the specialty, Dr. Kevin B. Johnson said at the annual meeting of the American Academy of Pediatrics.

Papers published in the pediatric literature have shown, for instance, that integrated guidelines resulted in better guideline compliance, that physician-patient communication during visits was positively—not negatively—affected by computer-based documentation, and that electronic immunization tracking helps with case finding and improves coverage.

And for meeting the objectives of the medical home, EMR systems just make sense. “The most recent [national] conversation about the advanced medical home definitely thinks about the EMR as a key component of the infrastructure we need,” said Dr. Johnson, a pediatrician who is vice chair of the biomedical informatics department at Vanderbilt University Medical Center in Nashville.

The advanced medical home requires the use of EMRs that store and offer immediate access to all clin-

ical data and test results, for instance, and that provide clinical decision-making support and links to other consultants and health care professionals.

EMRs also should provide the communication and scheduling systems that are needed for ongoing access to care and nonurgent advice, as well as open access scheduling (well-child care appointments in 1-2 days versus weeks, and more than 50% of appointments open each day).

“There is a lot of communication required in the medical home,” he said.

Communication is one area where currently available EMR systems fall short, however, and it’s an area that pediatricians must speak up about, Dr. Johnson said. “Most systems don’t [meet all our needs] because frankly [the vendors] don’t understand what we want.”

When Dr. Johnson queried the AAP’s “EMR review” Web site for perspective submitted over the past 2 years, he found other areas for improvement.

Sixteen percent of the 32 pediatricians who submitted information relevant to his query were not happy, for instance, with the immunization data handling/analysis capabilities on their systems. The same number—16%—said that growth parameters were not satisfactory, and 28% were not satisfied with their system’s developmental milestone decision support.

“Your job,” he told the pediatricians, “is to help the systems get better.”

Dr. Johnson encouraged pediatricians to post reviews to the AAP’s EMR Review Project Web site, which can be found at [www.aapcocit.org/emr](http://www.aapcocit.org/emr). Pediatricians can also use the site to learn what systems

their local colleagues are using, the pediatrician said.

National data indicate that about 15% of all practices have a basic EMR system (with patient demographics, problem lists, prescription orders, medication lists, clinical notes, and the ability to view lab results and images), whereas only 6% have a “fully functional” EMR system that allows them to send lab and radiology orders, for instance, and has evidence-based decision-making support.

“From what we know about pediatric primary care, the numbers are about the same,” Dr. Johnson said.

Pediatricians often tell him that they have a computer-based documentation tool but are hesitant to use it during visits because they “fear that it impacts patient-provider communication,” he noted.

In a study published last year, however, Dr. Johnson and his associates at Vanderbilt analyzed pediatric visits that were audiotaped or videotaped and found that any differences in communication dynamics between visits involving paper documentation and visits involving computer-based documentation “were in favor of computer-based documentation.”

The amount of conversation was slightly higher for visits involving computer-based documentation, for instance, as were the number of open-ended questions and “rapport-building statements” (*Pediatrics* 2008; 122:590-8).

Numerous other studies have suggested that the use of computers in the exam room is not associated with worsening satisfaction, and his experience at Vanderbilt suggests that “parents love the technology,” said Dr. Johnson. ■



**The advanced medical home requires the use of EMRs that store and offer access to all clinical data.**

DR. JOHNSON