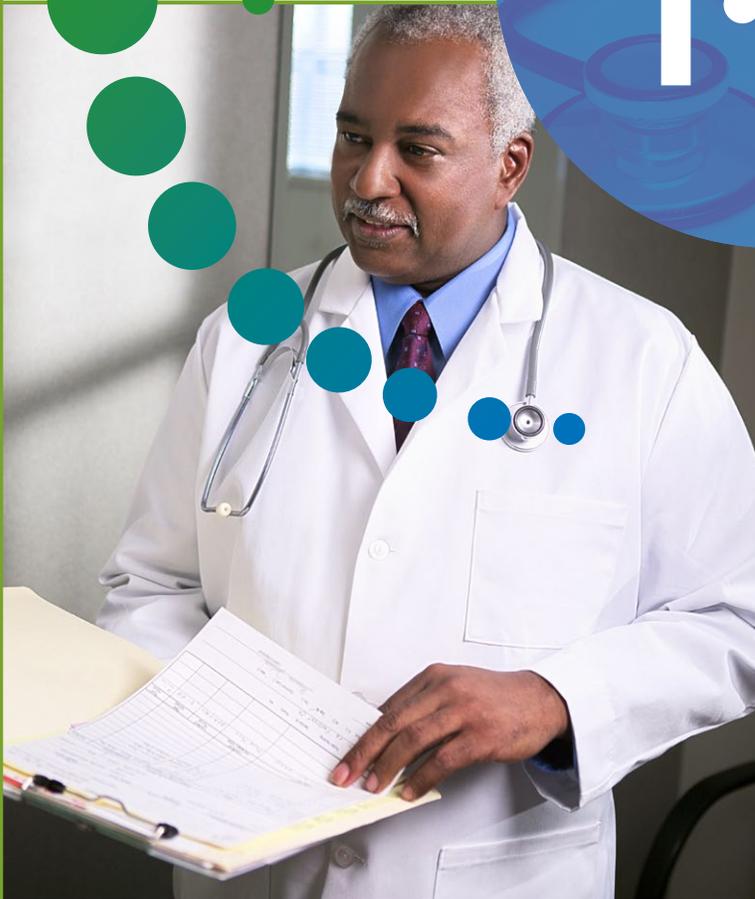




THE  
**1·2·3**

**APPROACH**  
TO PROVIDER OUTREACH

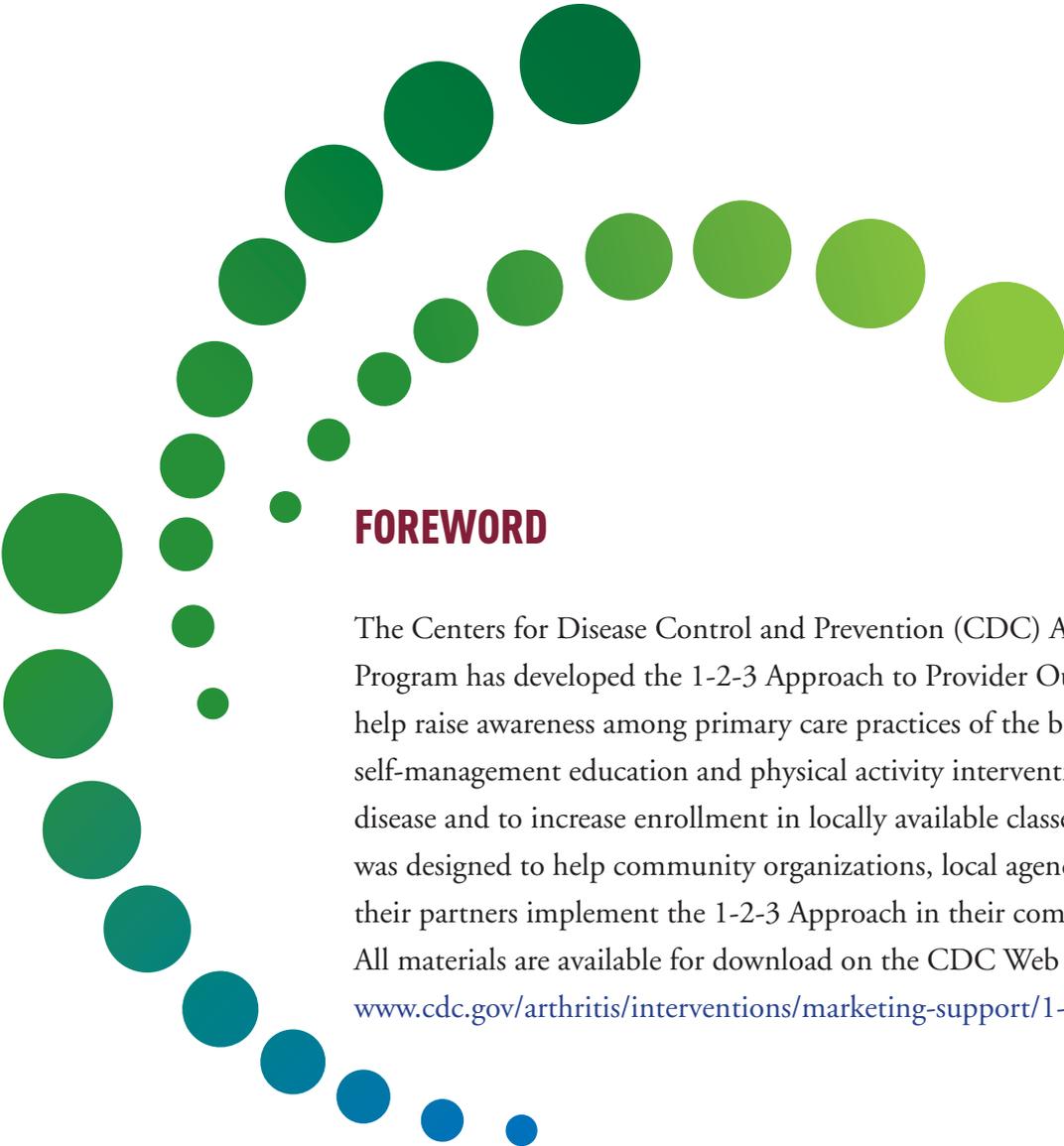


**Marketing Chronic Disease Interventions to Primary Care Practices**

National Center for Chronic Disease Prevention and Health Promotion  
Division of Population Health







## FOREWORD

The Centers for Disease Control and Prevention (CDC) Arthritis Program has developed the 1-2-3 Approach to Provider Outreach to help raise awareness among primary care practices of the benefits of self-management education and physical activity interventions for chronic disease and to increase enrollment in locally available classes. This toolkit was designed to help community organizations, local agencies, and their partners implement the 1-2-3 Approach in their communities. All materials are available for download on the CDC Web site at [www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach](http://www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach).



# Table of Contents

<b>1. Introduction .....</b>	<b>5</b>
Why Provider Outreach? .....	8
What Is the 1•2•3 Approach? .....	9
How to Use This Toolkit .....	10
<b>2. Developing a Marketing and Promotion Plan.....</b>	<b>11</b>
Getting Started.....	13
Choose Interventions to Promote .....	14
Choose Locations .....	14
Identify Providers.....	14
Establish Your Marketing Team .....	16
Manage Your Outreach Initiative.....	17
Strategies For Success .....	18
🔄 What You'll Need.....	20
<b>3. Preparing for Provider Outreach.....</b>	<b>21</b>
Train Your Marketing Staff.....	23
Prepare Marketing Materials .....	24
Customizing and Printing the Materials .....	25
Provider Materials .....	26
Patient Materials.....	29
Templates for New Materials .....	32
🔄 What You'll Need.....	36
<b>4. Conducting Provider Outreach: The 1•2•3 Approach.....</b>	<b>39</b>
Step 1: Make Initial Contact.....	41
Step 2: Conduct the Outreach Visit .....	42
Step 3: Follow Up .....	45
🔄 What You'll Need.....	46

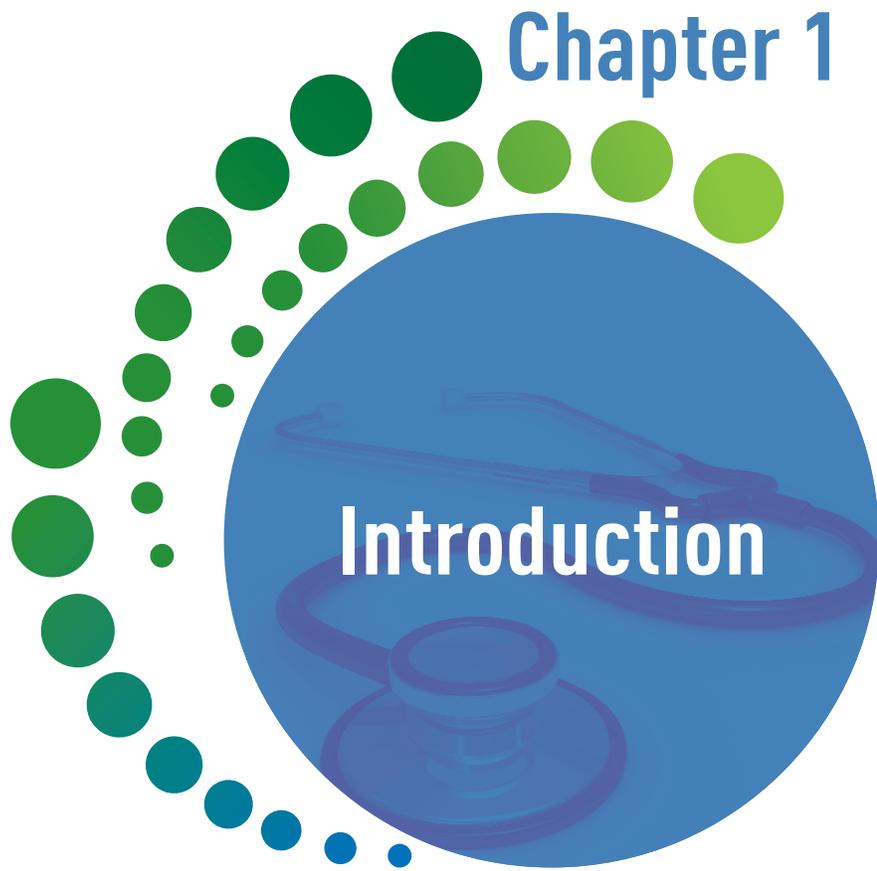
<b>5. Evaluating Your Outreach Efforts .....</b>	<b>47</b>
Evaluating Provider Outreach: A Real World Approach .....	49
Assessing Your Level of Effort.....	50
Asking Participants, “How Did You Hear?” .....	50
Summarizing Your Experience .....	52
 What You’ll Need.....	53
<b>6. Frequently Asked Questions .....</b>	<b>55</b>
Section 1: Implementing the 1-2-3 Approach to Provider Outreach.....	57
Section 2: About Self-Management Education and Physical Activity Interventions .....	64

## Appendices

Appendix A: Marketing Resources .....	67
Appendix B: References .....	67
Appendix C: Training and Marketing Tools .....	71
Marketing and Promotion Plan Template	
Phone Call and Outreach Visit Scripts	
Slide Presentation	
Provider Outreach Tracking Spreadsheet	
Provider Outreach Tracking Spreadsheet (completed sample)	
Appendix D: Customizable Marketing Materials .....	145
General Marketing Materials.....	147
Customized Samples .....	167
Intervention-Specific Materials .....	178
Appendix E: Evaluation Tools .....	261
How Did You Hear? Form—English	
How Did You Hear? Form—Spanish	
How Did You Hear? Data Entry Spreadsheet (completed sample)	
Evaluation Summary Report Outline	



# Chapter 1





# 1. INTRODUCTION

## In This Section

This section introduces you to the 1-2-3 Approach to Provider Outreach and the toolkit of supporting materials. You'll learn

- Why it's important to encourage health care providers to recommend self-management interventions to their patients with chronic disease
- How directly engaging providers can be effective in getting more people to use these interventions
- What the 1-2-3 Approach entails
- How to use this toolkit

Chronic diseases like arthritis, diabetes, heart disease, and lung disease are among the most common health problems in the United States (1), affecting the quality of life of millions of Americans. Scientists estimate that nearly one out of two U.S. adults has at least one chronic disease, and more than one in four adults have two or more (1). Chronic disease—especially arthritis—is one of the most common causes of disability (2). Managing these conditions can be complex and frustrating for both patients and health care providers. Current clinical practice guidelines emphasize the use of nondrug treatments for chronic diseases, such as self-management education and physical activity interventions (3-6). The Centers for Disease Control and Prevention (CDC) Arthritis Program ([www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach](http://www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach)) has identified a number of evidence-based, low-cost, effective self-management interventions that can reduce the symptoms of arthritis and other chronic diseases and improve quality of life. Conducted as self-management education workshops or physical activity classes, these interventions are offered in convenient locations in communities across the country.

Despite the availability and effectiveness of self-management education and physical activity interventions (7), participation is low (8). Many health care providers don't know about their benefits and aren't aware that classes are offered locally. Medication is often the first and sometimes only treatment prescribed for chronic disease management. However, audience research has shown that providers are willing and interested in learning more about

self-management interventions, preferably through in-person visits by staff knowledgeable about them (9). Getting providers to recommend these interventions is important because their recommendations are a powerful motivator for patients. In fact, audience research analyzed by CDC found that patients expect to learn about self-management interventions such as self-management education and physical activity classes from their doctors (10).

To raise awareness about the benefits of and enrollment in these interventions, CDC has developed the 1•2•3 Approach to Provider Outreach. This direct educational outreach approach is designed to encourage primary care providers (PCPs)—physicians, physician assistants, and nurse practitioners—to recommend self-management education and physical activity interventions to their chronic disease patients. This toolkit describes the 1•2•3 Approach and provides community organizations, local agencies, and their partners with suggestions, tips, and tools for using one-on-one interactions with providers to increase enrollment in local workshops and classes. The marketing guide and materials will help you and your team:

- Establish or extend relationships with local PCPs
- Inform them about the benefits of chronic disease self-management interventions and the availability of local classes
- Encourage them to encourage their patients to enroll in programs, and ultimately
- Increase participation in these classes

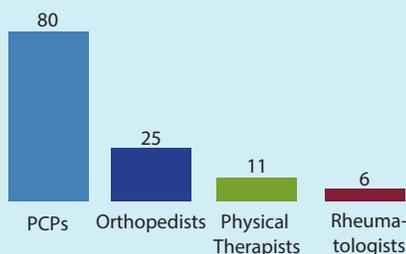


## Targeting Providers: By the Numbers

Primary care practices are a valuable channel for getting information about chronic disease self-management to the right patients. For many chronic diseases, the majority of medical visits are to PCPs. For example, a nationally representative survey of U.S. adults\* found that 92% of people with osteoarthritis visit a physician in a year. The majority (80%) of them see PCPs, but some visit other types of providers as well (16).

Here's a closer look at the waiting rooms in which you are likely to find patients with osteoarthritis:

Percentage of Patients with Osteoarthritis Who Visit Various Health Care Providers in a Single Year



\* Medical Expenditure Panel Survey, 2002–2005 (16).

If you plan to market interventions to specialty practices, note that the techniques described in this marketing guide are based on information collected from PCPs; specialists, like rheumatologists, were not surveyed in the development of this approach.

## WHY PROVIDER OUTREACH?

Pharmaceutical companies typically use face-to-face outreach with health care providers to market their products. This marketing strategy—called “pharmaceutical detailing” and conducted by sales representatives—has proven successful in influencing providers’ prescribing habits and increasing sales of a company’s products.

Universities and other nonprofit organizations have adapted this strategy as a way to reach out to providers with information for managing a variety of health conditions. Evaluations of these “academic detailing” approaches show that they have an impact on the recommendations providers make to their patients, particularly for chronic, difficult-to-manage conditions like arthritis, diabetes, and heart disease. Several states across the country now partner with universities to offer academic detailing to area providers.

Using the detailing model, you and your intervention marketing team can effectively promote chronic disease self-management education and physical activity classes to PCPs in your community. Here are some important points to consider when developing your provider outreach approach:

- **Providers are eager for more treatment options.** For example, in a quality improvement initiative in osteoarthritis with PCPs, providers voiced concerns about the effectiveness of current medical treatment options and noted that they would welcome additional tools for managing the condition.
- **PCPs are open to outreach visits.** Research indicates that providers are open to educational visits from informed, nonmedical personnel. In audience research with PCPs about arthritis interventions, in-person visits were identified as the preferred mode of contact for disseminating information on self-management education and physical activity interventions (9).
- **In-person contact is highly effective.** Providers are more likely to recommend an intervention after an outreach visit and are more responsive to outreach conducted in person. An interactive visit that educates providers may be most effective. In academic detailing, in-person outreach supplemented with print or online materials has been shown to lead to changes in physician behavior (11–14).



- **Cost, convenience, and credibility of interventions are key issues for PCPs.** Findings from academic detailing suggest that demonstrating the clinical relevance of the intervention is important for providers. In interviews with PCPs and office managers, their top questions or concerns about self-management interventions related to class fees, accessibility (e.g., class times, locations, and transportation options), instructor qualifications and training, and endorsements by patients and reputable organizations.
- **Staff members who are not clinicians can be influential.** “Office champions”—nonphysician staff members such as office or practice managers, nurses, and back office personnel—can influence a practice’s protocol and are an entrée to making contact with providers.
- **Provider recommendations are powerful.** Patients are more likely to use an intervention if it is physician-recommended. For example, people with arthritis are more than 18 times more likely to participate in a self-management education intervention when their provider recommends it (15).
- **It’s a two-way street; positive word-of-mouth from patients is just as important.** Survey data suggest that testimonials from patients are highly influential on a provider’s willingness to recommend an intervention.

## WHAT IS THE 1•2•3 APPROACH?

Central to the 1•2•3 Approach is a personal outreach visit with the provider. Rooted in the principles of social marketing, this approach adapts strategies used by sales representatives in pharmaceutical detailing and by researchers and educators in academic detailing. But you don’t have to be a marketer, sales rep, or educator to do effective provider outreach. The 1•2•3 Approach is easy to follow, requires little to no marketing experience, and can be implemented by organizations with limited resources. Pilot test findings (17) suggest that it’s a valuable way to raise awareness about the availability of local evidence-based self-management education and physical activity classes, and to encourage PCPs to recommend these classes to their patients with chronic diseases. Use the 1•2•3 Approach as a framework for planning and developing your activities and for training your marketing team.

 **See the sidebar for an overview of the 1•2•3 Approach to Provider Outreach.**

## The 1•2•3 Approach to Provider Outreach

By following this 3-step approach, your marketing team can build relationships with local providers and encourage them to recommend chronic disease self-management education and physical activity interventions to their patients.

### Step 1: Make Initial Contact

- Have contact information and scripts ready.
- Call the provider office and introduce the purpose of your outreach visit.
- Schedule a day and time for an in-person visit.
- Confirm the visit 24 hours in advance.

### Step 2: Conduct the Outreach Visit

- Arrive on time with all materials.
- Use the script and leave-behind materials to explain the interventions and encourage provider recommendations.
- Leave materials for the provider and for patients.
- Inform the provider and office staff that you plan to follow up on a regular basis.

### Step 3: Follow Up

- Note dates for followup on your calendar.
- Contact providers on a regular basis using phone calls, mailers, and additional in-person visits.
- Build ongoing relationships with local providers.



Providers are open to in-person outreach visits and are more likely to recommend an intervention after a visit.

## HOW TO USE THIS TOOLKIT

The sections that follow provide guidance on implementing the 1•2•3 Approach. Each section focuses on a set of related tasks—such as developing a marketing plan, preparing your staff and materials, and conducting the outreach. The tools needed to prepare for and complete these tasks—such as spreadsheets, scripts, and customizable templates—are included in the appendices. Both the approach and the toolkit were informed by pilot testing with state health department-based arthritis programs.

Once you have selected your team and identified their roles, provide each team member with the section and tools relevant to their tasks. Use the material as the basis for introducing staff to the general approach and for training them on individual tasks. We encourage your team to refer back to the materials for guidance as needed once you begin activities. Not every team member needs to become familiar with each section of the marketing guide; however, it is advisable to cross-train staff to ensure there is at least one backup for each task.

The toolkit is available online at [www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach](http://www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach). A PDF of the marketing guide and all customizable templates are available for download, along with the training video for viewing. Materials on the Web site are organized by task, as in this marketing guide.



**TIP ▶** If you have questions about the toolkit or need technical assistance with the materials, please contact us at [arthritisprogram@cdc.gov](mailto:arthritisprogram@cdc.gov).

---