

BOOST Education and Office Hours

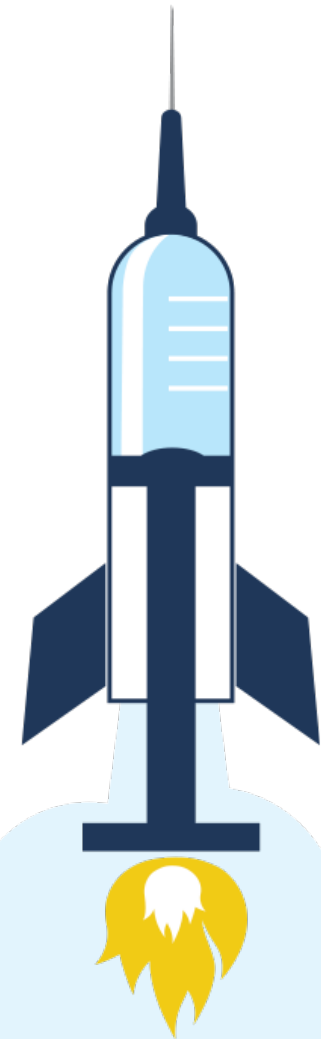
Managing Medical Misinformation: How To Address This Information Mess!

Erin O'Brien Vigne, MA, RN
Sing Palat, MD, CMD

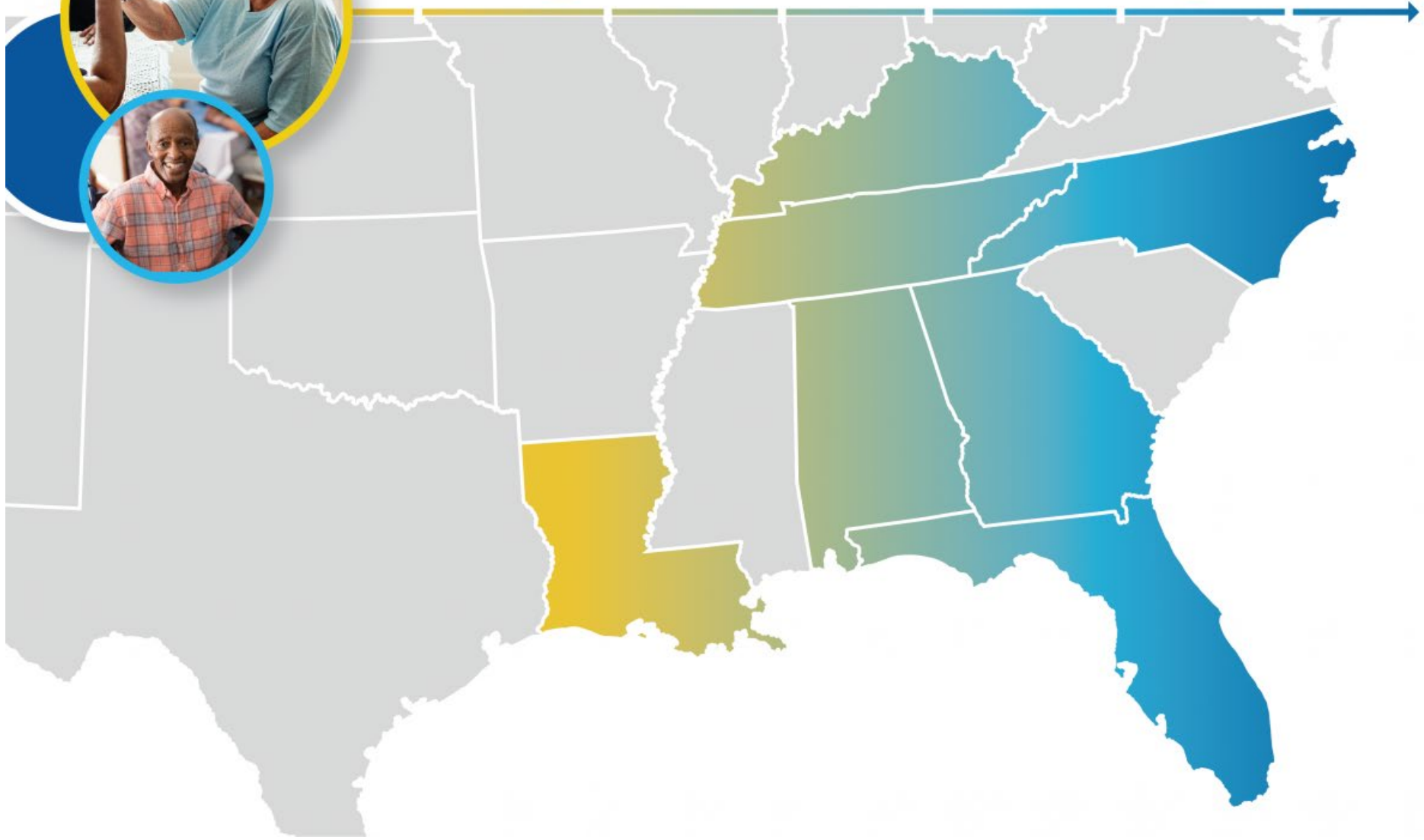
May 4, 2023

 **ALLIANT**
HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAL SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP



Making Health Care Better *Together*



About Alliant Health Solutions

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DIRECTOR OF CLINICAL AFFAIRS

Erin O'Brien Vigne, MA, RN, is the director of clinical affairs for AMDA-The Society for Post-Acute and Long-Term Care Medicine and is the quality improvement specialist for Moving Needles, a cooperative agreement initiative with the Centers for Disease Control. Prior to her work at AMDA, she was a research intervention nurse for the University of Maryland School of Nursing, where she spent a decade educating and learning from frontline staff and leadership in nursing homes and assisted living communities throughout Maryland. In 2022, she was an American Hospital Association Next Generation Leadership Fellow, where her project focused on developing practical and effective strategies to address the current staffing crisis in post-acute and long-term care.

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MEDICAL DIRECTOR

Sing Palat, MD, CMD, is the medical director for Optum Senior Community Care in Colorado and Utah and President of CMDA - The Colorado Society for Post-Acute and Long-Term Care Medicine. She completed medical school and an internal medicine residency at the University of Pittsburgh and a geriatrics fellowship at the University of Colorado. She is an assistant clinical professor at the University of Colorado, caring for long-term care patients and precepting students.

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Objectives



At the completion of this session, learners will be able to:

- List common causes for the propagation of health care misinformation
- Demonstrate evidence-based strategies for debunking misinformation
- Identify ways in which confronting health care misinformation overlaps with the roles of post-acute and long-term care medical directors and providers

Definitions

Misinformation

Information that is incorrect but is not spread to cause harm

Disinformation

Information that is incorrect and is spread to cause harm

The difference is **Intent**.



Contagious Rumors in the Time of COVID - Renée DiResta | 2022 ABIMF Forum President
Lecture. <https://www.youtube.com/watch?v=BFTZVSWT6e0>

What Contributes to the Mess



Repeat
Exposure



Declining
Trust



Polarization



Social Media



Echo
chamber

Images from Unsplash

Setting the Stage

- We are ALL vulnerable!
- Uncertainty and fear lead to information “hunger” and vulnerability
- **Disinformation campaigns** are deliberate, orchestrated, and a very lucrative business
- Combination of a shift in how we get and share information, and a decline in trust
- COVID-19 presented a new challenge: waiting for data and navigating the “informational void”
 - **How do you share information when there is no scientific consensus?**
 - **How do we give guidance when we are still learning?**
 - **“A lie can go around the world before the truth gets its pants on”**



ABIM Webinar on Medical Misinformation and trust on 1/19/23. Contagious Rumors in the Time of COVID - Renée DiResta | 2022 ABIMF Forum President Lecture. <https://www.youtube.com/watch?v=BFTZVSWT6e0>. Your Local epidemiologist, Katelyn Jetelina, 1.20.23. Photo by [Barry Weatherall](#) on [Unsplash](#)

Susceptibility

- Repeat exposure
- False information spreads farther, faster, and deeper than the truth (6x faster BEFORE the pandemic)
- Micro targeting / Echo chambers
- Motivated reasoning: a person starts their reasoning with a predetermined goal
 - Alignment with their affinity group
 - In this case, priming is not helpful
- **GOOD News:** Exposure does not equal being “infected” with misinformation
- **Challenge:** Our information is often scientifically updated, and this presents a challenge for diagnosing misinformation and promoting trustworthiness



van der Linden, S. Misinformation: susceptibility, spread, and interventions to immunize the public. *Nat Med* **28**, 460–467 (2022). <https://doi.org/10.1038/s41591-022-01713-6>. Your Local epidemiologist, Katelyn Jetelina, 1.20.23

Influence and Expertise Have Been Decoupled

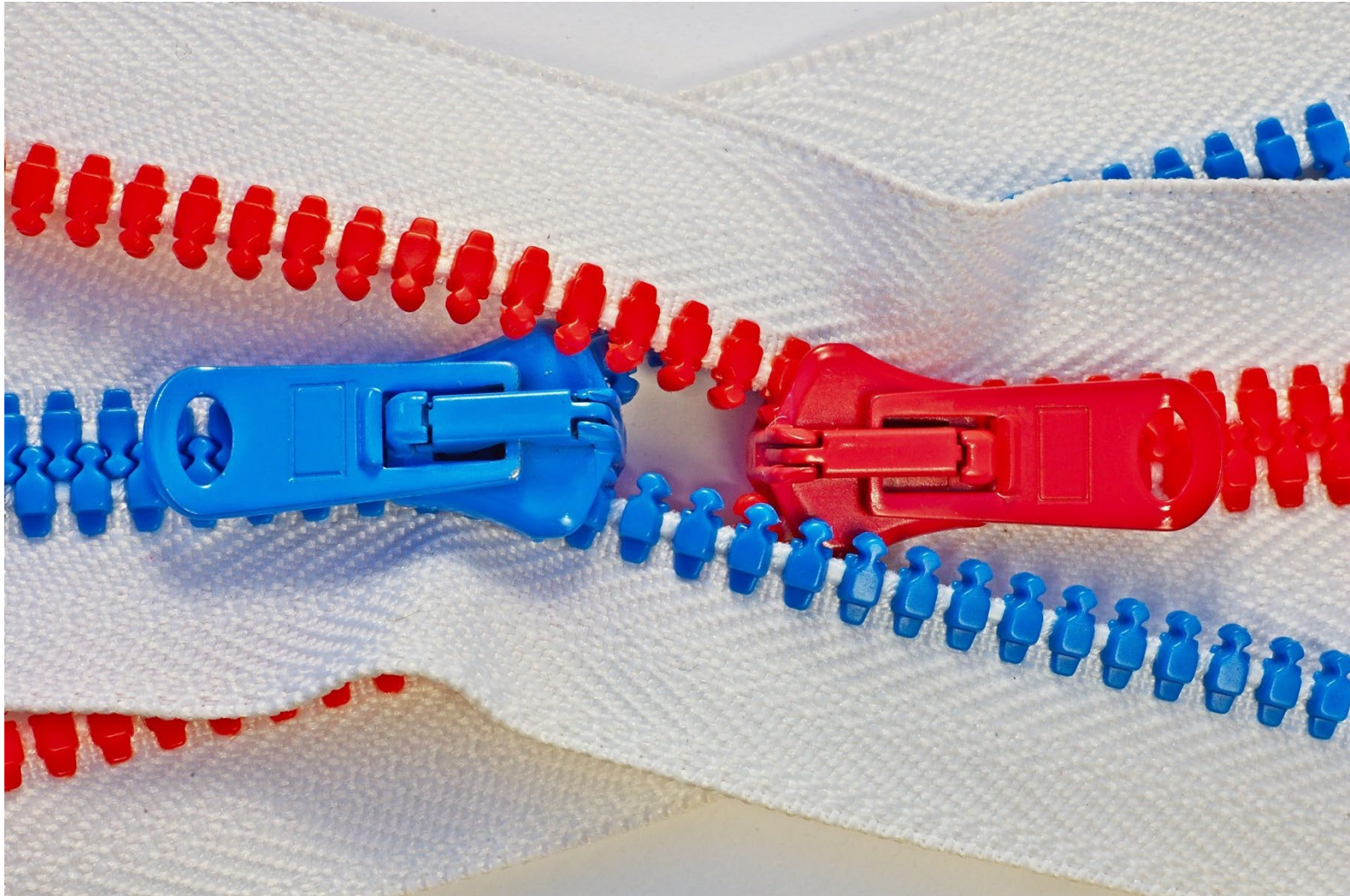
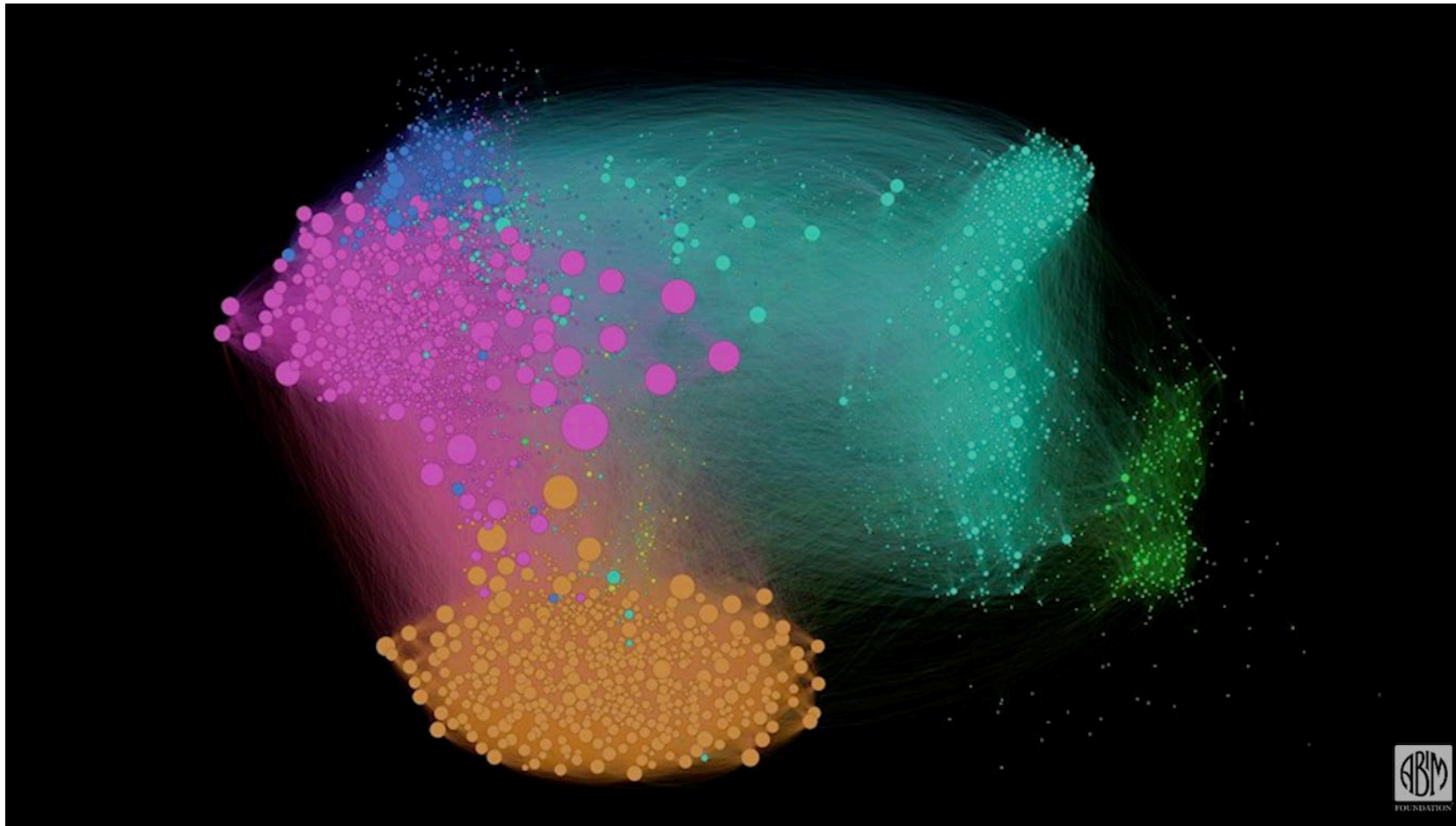


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Mapping Twitter Conversations



Contagious Rumors in the Time of COVID - Renée DiResta | 2022 ABIMF Forum President Lecture.
<https://www.youtube.com/watch?v=BFTZVSWT6e0>. Image by Gilad Lotan. Used with permission from the speaker.
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Strategies Used to Spread Misinformation



Repeat It Often

- “The more a claim is repeated, the more familiar it becomes and the easier it is to process.”

Personal Testimonials

- Taking down misinformation can lead to more attention: “This was removed from Facebook, but you can see it here!”

Kernel of Truth!

- Mixing true and false information
- “A Healthy doctor died two weeks after getting a COVID-19 vaccine” fails to provide context

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Your Local epidemiologist, Katelyn Jetelina, 1.20.23.

Strategies Used to Spread Misinformation



Intentionally Vague

- Blending different data to get the intended results

Fake experts

- Credentials, Logos

Appear Mainstream

- Fringe views appear mainstream

Easily spread

- If it's interesting, it must be true!



How do we make an impact?

If We Can't Stop Misinformation, What Can We Do?

1. Build trust

- Build and maintain trust with our teams as leaders
- Teams need to trust each other

2. Educate

- Finding accurate information
- Identify mis- and disinformation
- Pre-bunking and debunking

Based on Frances Frei's Ted Talk and IHI's *Conversation Guide To Improve COVID-19 Vaccine Uptake*

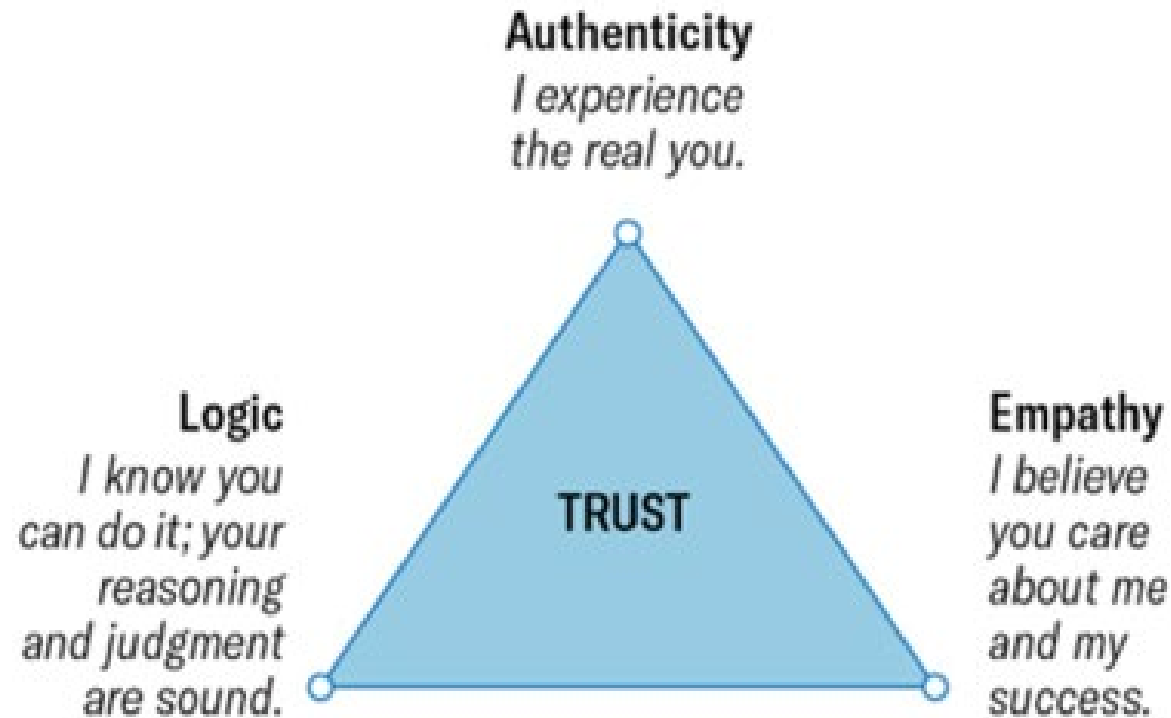
https://www.ted.com/talks/frances_frei_how_to_build_and_rebuild_trust?language=en

<https://www.ihl.org/resources/Pages/Tools/conversation-guide-to-improve-COVID-19-vaccine-uptake.aspx>



Photo by [Brett Jordan](#) on [Unsplash](#)

Three Drivers of Trust



From: "Begin with Trust," by Frances Frei and Anne Morriss, May-June 2020

Pre-Bunking



- Effective
- Free online games demonstrate tools to fight disinformation — can lead to a healthy skepticism

<https://www.goviralgame.com/en>

0 LIKES | CREDIBILITY

AISHA
Producer. Entertainer. Author. Professional skateboarder.

Going viral is easier said than done, though. There's a reason why your crazy uncle Bob isn't an influencer. Some tactics work better than others. Let's try it out!

AISHA
It's a wonderful world

Social distancing? I'd rather be social dis-dancing 🧑🏻🧑🏻

POST THIS ON SOCIAL MEDIA

NOT THIS ONE

Inoculation Against Misinformation



- Proactive
- Practice creates a defense against manipulation, i.e., antibodies
- Requires boosters
- Target specific needs of a community



Van der Linden, S. Misinformation: susceptibility, spread, and interventions to immunize the public. *NatMed* 28, 460–467 (2022). <https://doi.org/10.1038/s41591-022-01713-6>. Photo by [Diana Polekhina](#) on [Unsplash](#)

Make Inoculation Common

- Town Hall
- Specific disease focus
- Debunk internet stories using a checklist
- Morning huddle to review orders
- Time-out after important decisions have been made to regroup
- Psychotropic meeting med review
- Just-in-time teaching on walk rounds
- Sign out with other clinicians



Four Guiding Principles of Changing Behavior: R-U-L-E



R: Resist the righting reflex

U: Understand the person's motivation, explore

L: Listen

E: Empower

Rollnick S, Miller WR, and Butler CC. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: Guilford Press.

The Art of Debunking: A Therapeutic Treatment



- Post exposure
- Correction backfiring risk is small and should not deter debunking

Battling Falsehoods in the COVID-19 Pandemic, *JAMA Health Forum*. 2022;3(4):e221587. doi:10.1001/jamahealthforum.2022.1587. Photo by [Priscilla Du Preez](#) on [Unsplash](#)

Four Steps to Debunking Misinformation



1. Lead with facts. Use simple points, expert sources
2. Warn about myths - only once, so as not to repeat them
3. Expose techniques of manipulation: How and why the myth is false
4. Conclude with the facts again. Provide a credible alternative explanation

van der Linden, S. Misinformation: susceptibility, spread, and interventions to immunize the public. *Nat Med* **28**, 460–467 (2022).
<https://doi.org/10.1038/s41591-022-01713-6>

Address Historic Mistrust

- Acknowledge that we have not been trustworthy
- Lead with that acknowledgment
- What have we done to fail this patient
- We need to earn trust



Photo by [Brett Jordan](#) on [Unsplash](#)

Pro Tips for Debunking



- Make information simple, easy to digest and accessible
 - Lessons from marketing: reach, resonance and relevance. For example, humorous memes
- Get to the “Why”; i.e., Why is this resonating with people?
 - “Now I can understand why you believe this...”
- Be empathetic, make space to connect with people
- Lead from where you stand; i.e., your personal story, lived experience
- Know your audience; misinformation is not evenly distributed
- Use community credible messengers to deliver the correction
- Here is the most reliable information that we have currently

Do's and Don'ts for Debunking Misinformation



- **Don't** lead with the myth: “You might have heard this myth. Let me do a myth bust”
 - Limited time, may only remember the misinformation
- After sharing the facts, **Do** share the causes of the misinformation if you know it
 - “This is why you are hearing this misinformation, but it’s not true”
- **Don't** just label the information as false or incorrect, people need to know “why”
- **Do** utilize your relationships with patients, families and colleagues. Providers and nurses continue to be trusted sources of information
- **Do** put your quarter in and **have the conversation**
- Do share your personal testimonial, “Here is my personal lived experience of the vaccine”

Butterfield, S. Fighting false Information. ACP Internal Medicine Meeting News. Friday, April 29, 2022.
https://read.nxtbook.com/customnews_inc/american_college_physicians/imm_2022_news_fri_april_29/misinformation.html?utm_campaign=FY21-22_NEWS_IMDAILY_DOMESTIC_042922_EML&utm_medium=email&utm_source=Eloqua

References

1. Baron R. Strengthening patient trust in physicians and health systems. Accessed January 2, 2023. <https://www.ama-assn.org/delivering-care/patient-support-advocacy/strengthening-patient-trust-physicians-and-health-0>

2. DiResta, Renée. Contagious Rumors in the Time of COVID. 2022 ABIMF Forum President Lecture. 1/19/23, <https://www.youtube.com/watch?v=BFTZVSWT6e0>. Accessed Jan 20, 2023.

3. Earnshaw VA, Katz IT. Educate, Amplify, and Focus to Address COVID-19 Misinformation. *JAMA Health Forum*. 2020;1(4):e200460. doi:[10.1001/jamahealthforum.2020.0460](https://doi.org/10.1001/jamahealthforum.2020.0460)

4. Johnson C. Misinformation, Disinformation, or Not Enough Information? Published October 7, 2022. Accessed January 2, 2023. <https://www.medscape.com/viewarticle/981516>

5. Khullar D. Social Media and Medical Misinformation: Confronting New Variants of an Old Problem. *JAMA*. 2022;328(14):1393-1394. doi:[10.1001/jama.2022.17191](https://doi.org/10.1001/jama.2022.17191)

6. Miller W, Rollnick S. Motivational Interviewing: Helping people change. 3rd ed. New York: Guilford Press; 2012.

7. Rollnick, S., Mason, P., & Butler, C. (1999). Health Behavior Change a guide for Practitioners. Churchill Livingstone.

8. Sharfstein JM. Battling Falsehoods in the COVID-19 Pandemic. *JAMA Health Forum*. 2022;3(4):e221587. doi:[10.1001/jamahealthforum.2022.1587](https://doi.org/10.1001/jamahealthforum.2022.1587)

9. Smith T. 5 key terms future doctors must know to counter COVID-19 “infodemic” | American Medical Association. Published October 21, 2022. Accessed January 2, 2023. <https://www.ama-assn.org/delivering-care/public-health/5-key-terms-future-doctors-must-know-counter-covid-19-infodemic>

10. van der Linden S. Misinformation: susceptibility, spread, and interventions to immunize the public. *Nat Med*. 2022;28(3):460-467. doi:[10.1038/s41591-022-01713-6](https://doi.org/10.1038/s41591-022-01713-6)

11. Vosoughi S, Roy D, Aral S. The spread of true and false news online | Science. Accessed January 2, 2023. <https://www.science.org/doi/10.1126/science.aap9559>



Questions?



Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



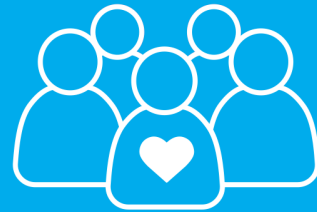
OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- Reduce opioid adverse drug events in all settings



PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections



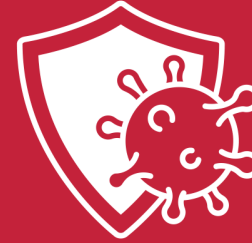
CHRONIC DISEASE SELF-MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk for kidney disease and improve outcomes



CARE COORDINATION

- Convene community coalitions
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- Identify and promote optimal care for super utilizers



COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans



IMMUNIZATION

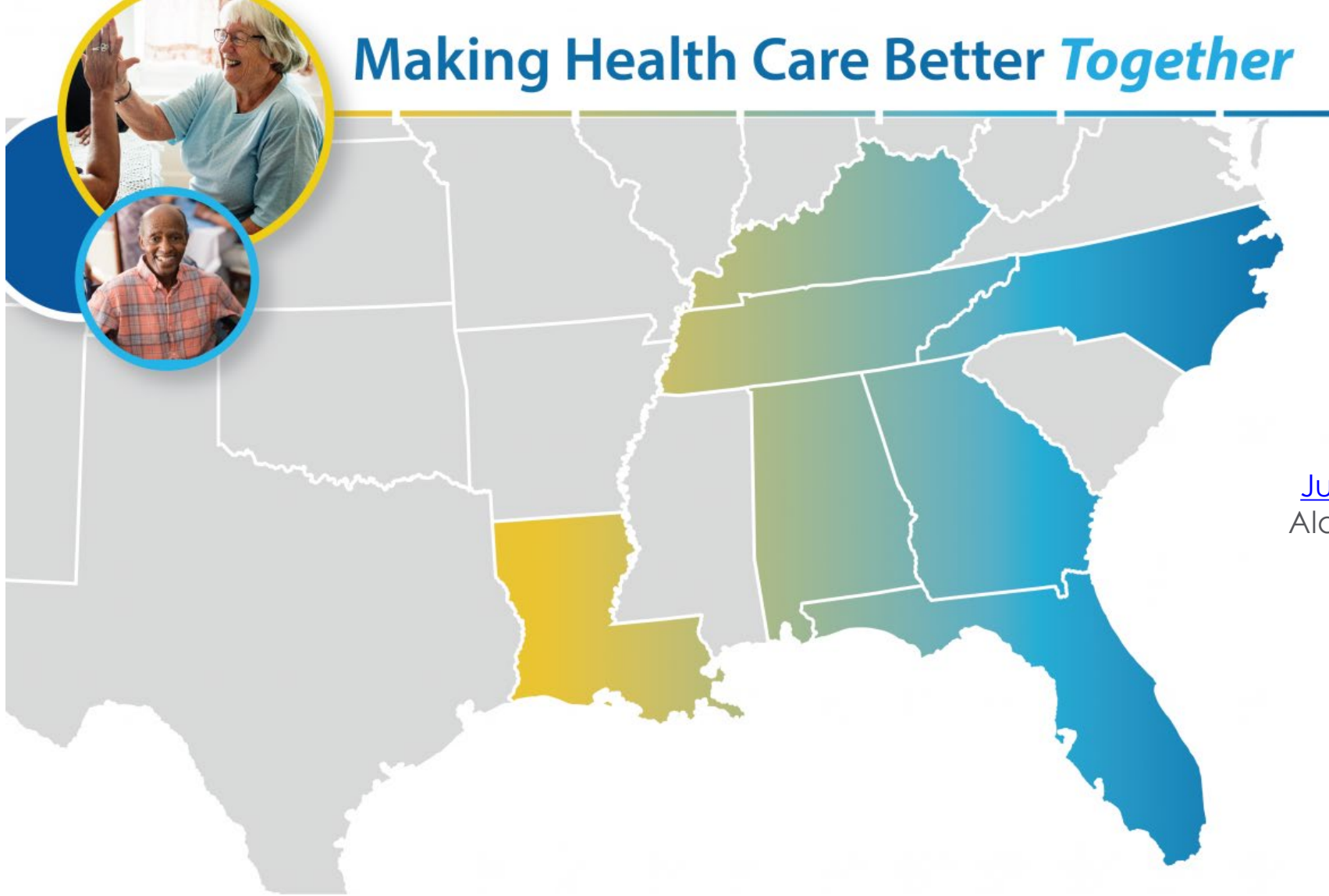
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

Making Health Care Better *Together*



Julie Kueker

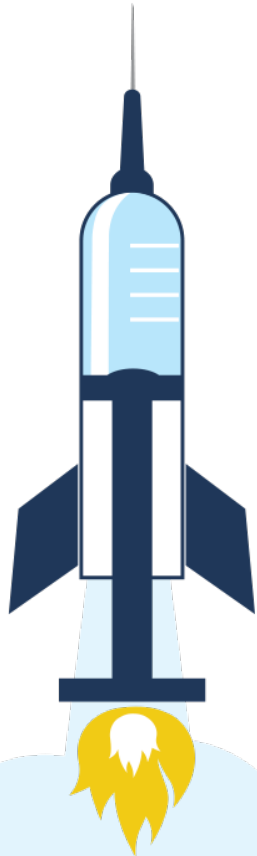
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Thank you



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