2016 Communications Guidebook: Recommended Messages to Reach the Unscreened

Emily Butler Bell, MPH
Associate Director, NCCRT
May 17, 2016
Objective

- Review the updated Communications Guidebook and how it fits into our overall 80% by 2018 strategy
- Highlight new resources and tools in the 2016 Update
- Provide an overview of recent market research with unscreened Hispanic audiences
- Generate ideas for using messages
- Q&A
NCCRT is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public.

- Co-Founded by ACS and CDC in 1997
- Collaborative partnership of 100+ member organizations
- Work is conducted throughout the year through various Task Groups and Special Topic Meetings
NCCRT Task Groups

- Policy Action
- Professional Education & Practice
- Community Health Centers
- Family History
- Public Awareness & Social Media
- Evaluation & Measurement
- Quality Assurance
NCCRT Tools, Resources and Publications

Available at: nccrt.org
Our 80% by 2018 Strategic Plan

1. Find ways to reach the newly insured
   - Partner with Medicaid
   - Work through exchanges and insurers
   - Mention ACA benefits in screening education materials

2. Find new ways to communicate with the insured, uninsured, well
   - Utilize media (print, digital, radio, TV, social media) to reach target audiences
   - Focus on key messages and themes

3. Implement long term intensive efforts to reach low socio-economic populations
   - Implement new strategies to reach underserved populations

4. Make it increasingly easy for the consumer to take action
   - Provide clear guidance

5. More effectively engage payers, employers, and providers
   - Develop new ways to engage payers, employers, and providers
   - Implement technologies to support payers

6. Increase percentage of Americans with health insurance
   - Increase awareness
   - Increase enrollment
   - Increase retention

7. Make colonoscopy affordable and accessible to everyone who needs it
   - Increase access to screening
   - Increase colonoscopy uptake

8. Increase percentage of Americans with health insurance
   - Increase awareness
   - Increase enrollment
   - Increase retention

9. Partner with three to five state Medicaid programs to help them promote screening in the context of their state’s interests
   - Partner with state Medicaid programs
   - Promote Medicaid expansion
   - Increase awareness

10. Make colonoscopy affordable and accessible to everyone who needs it
    - Increase access to screening
    - Increase colonoscopy uptake
    - Increase awareness

11. Use the pledge to engage the right groups in an effective way
    - Use the pledge to reach key stakeholders
    - Use the pledge to reach key policy makers

12. Measure and report on progress
    - Establish key performance indicators
    - Track progress and report results

13. Increase percentage of Americans with health insurance
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    - Use the pledge to reach key stakeholders
    - Use the pledge to reach key policy makers

20. Measure and report on progress
    - Establish key performance indicators
    - Track progress and report results
Four Strategic Plan Goals to Achieve 80% by 2018

Consumers
*Move consumers to action*

Systems
*Use providers, payers, and employers to support screening*

Policy
*Increase access and remove barriers to screening*

Process
*Maintain momentum*
New Communications Tools

80% by 2018 Communications Guidebook

– Tested messages to mobilize key audiences:
  • The newly insured
  • The insured, procrastinator/rationalizer
  • The financially challenged

Hispanics/Latinos & CRC Companion Guide

– Tested Spanish messages
– Perceptions of CRC and barriers to screening among unscreened Hispanics/Latinos
– Recommendations for reaching unscreened Hispanics/Latinos

nccrt.org/80by2018
Barriers to Consumer Screening – **Factors**

**#1: Affordability**
- “I do not have health insurance and would not be able to afford this test. I do not feel the need to have it done.”

**#2: Lack of symptoms**
- “Doctors are seen when the symptoms are evidently presumed, not before.”

**#3: No family history of colon cancer**
- “Never had any problems and my family had no problems, so felt it wasn't really necessary.”

- #1 reason among 50-64 year olds & Hispanics
- Nearly ½ uninsured
- #1 reason among 65+ year olds
Barriers to Consumer Screening – **Factors**

**#4: Perceptions about the unpleasantness of the test**
- “I do not think it is a good idea to stick something where the sun don’t shine. The yellow Gatorade I cannot stomach.”

**#5: Doctor did not recommend it**
- “I fear it will be uncomfortable. My doctor has never mentioned it to me, so I just let it go.”

**#6: Priority of other health issues**
- “I just turned 50 and I am dealing with another health issue, so it's on the back burner.”

#1 reason among Black/African Americans; #3 reason among Hispanics
Five Priority Audiences

- Hispanics are a priority audience due to their low screening rate (52%).
- African Americans are a priority audience due to their high colorectal cancer incidence rate.

The outreach gaps include low socio-economic groups and the newly insured, but also include some surprises, such as individuals with insurance who are just not responding to our traditional, rational messages about screening.
## Six Core Motivators

<table>
<thead>
<tr>
<th>Motivator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support and Testimony</strong></td>
<td>Hearing about someone else's screening experience relieves concerns and provides reassurance that the procedure is not as bad as perceived. It can also help make the connection about why screening is important.</td>
</tr>
<tr>
<td><strong>Empowerment and Control</strong></td>
<td>Feeling accomplished and proud comes with making a positive impact on health, allowing them to fix and prevent issues.</td>
</tr>
<tr>
<td><strong>Physical Survivor/Expectation</strong></td>
<td>They want to stay in good health for as long as possible and may need to better understand the impact that the role of screening plays in that decision, as well as the toll that colorectal cancer can take on people like them.</td>
</tr>
<tr>
<td><strong>Trust</strong></td>
<td>Trust in a healthcare provider or other messenger can motivate to action.</td>
</tr>
<tr>
<td><strong>Options</strong></td>
<td>Some consumers need a different pathway to screening and want to be informed, knowledgeable, prepared and responsible about their health.</td>
</tr>
<tr>
<td><strong>Affordability</strong></td>
<td>Becoming more knowledgeable about screening coverage and options is important to these audiences.</td>
</tr>
</tbody>
</table>
Activating Messages that Motivate

There are several screening options available, including simple take home options. Talk to your doctor about getting screened.

Colon cancer is the second leading cause of cancer deaths in the U.S., when men and women are combined, yet it can be prevented or detected at an early stage.

Preventing colon cancer, or finding it early, doesn’t have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.
Reaching Unscreened Hispanic Audiences: Research Findings

There is a lack of information among Hispanics about what colon cancer is and the tests used to screen for colon cancer. This lack of info is a huge barrier to getting this population screened.

There is also a lack of specific knowledge that a colonoscopy is used to detect and prevent cancer.

Fear, especially, fear of the unknown, came to the top as a major barrier. This fear often leads to procrastination or putting off the test.
Reaching Unscreened Hispanic Audiences: Research Findings

Affordability or lack of insurance is another top barrier among this population.

Among males, the “machismo” effect also holds them back from making health decisions, including CRC screening.
According to Hispanics, physicians are either not giving a recommendation for screening or are not being stern enough in their recommendation.

Colon cancer as the #2 cancer killer among Hispanics is a particularly motivating message for Hispanics.
Respondents felt that this message spoke to them because of their age.

The fact that they are at higher risk for cancer as they get older made sense to Latinos and was eye-opening, especially for those who felt healthy.

The idea of a simple test at home was an added bonus.

“Even if you are healthy” was a key motivator.
This message intended to communicate clearly the idea of prevention.

Colorectal cancer “prevention” is a very important motivator but also very difficult to communicate.

- The messages we set out to test were not being effective in communicating that colon cancer can be prevented through a screening test.
- Many participants equated prevention to healthy eating and saw the tests as only a way of “detecting” and not “preventing”.
- The term “colorectal cancer screening” itself communicates “detection” and not “prevention”. 

Colon cancer starts with a polyp in the large intestine. Polyps are very common in people age 50 and older, but they can be detected and removed before they turn into cancer. Don’t die of cancer. Talk to your doctor about colon cancer prevention.

El cáncer de colon comienza con un pólipos en el intestino grueso. Los pólipos son muy comunes en las personas mayores de 50 años, pero pueden ser detectados y eliminados antes de que se conviertan en cáncer. No muera de cáncer. Hable con su médico sobre la prevención del cáncer de colon.
Almost everyone could relate to this message and the family was clearly the key motivator.

“Don’t procrastinate any longer” made them reflect about the ways in which they are procrastinating.

This message made them consider if they are doing a disservice to their families by not getting screened.
Leading with the statistic was key. It provides a clear call to action and makes it relevant for Hispanics.

Fear motivates them to action, while the idea that the cancer can be prevented gives them hope.

While the idea of colon cancer prevention was positive, many equated that prevention with healthy eating.

Colon cancer is the second-leading cancer killer in the U.S. among Hispanics, but it doesn’t have to be. Colon cancer can be prevented or found at an early stage. Getting screened is absolutely necessary! Call a doctor today.

El cáncer de colon es la segunda causa de fallecimientos por cáncer entre los hispanos de EE. UU., ¡pero es algo que se puede evitar! El cáncer de colon se puede prevenir o detectar en sus etapas tempranas. ¡Es absolutamente necesario que te hagas un examen de detección! Llama al médico hoy mismo.
When this message was chosen it hit home very strongly at an emotional level.

This message addresses “machismo” since it discusses a man being too stubborn to get screened.

The message was most effective for fathers, particularly those who may have been putting off screening tests because they are too “macho.”
Recommended Channels and Messengers

Latinos Want Information in Many Ways

Television
- Univision and Telemundo
- Sports
- Novelas
- Medical Shows
- News

Internet
- Facebook
- WebMD
- Search Engine
- News Feed

Community
- Churches
- Supermarkets
- Hospitals
- Health Fairs
- Community Centers

More Outlets
- Text Messaging
- Radio
- Newspapers
- Insurance Magazines
- Brochures
- Billboards
2016 80% by 2018 Communication Guidebook

- Web banner ads
- Medical office slides
- Social media messages
- Sample letters
  - CEO champion letter (CEO to CEO)
  - Email from a hospital to staff
  - Email from a CEO to employees
- Press release templates
  - Announce signing the pledge
  - Announce a new initiative
  - Announce a success story
- Sample media pitch
- Radio and TV scripts

Available at: Nccrt.org/80by2018
2016 80% by 2018 Communication Guidebook

GET SCREENED FOR COLON CANCER

You Have Options.
There are non-invasive methods for colon cancer screening. Ask your doctor today.

GET SCREENED FOR COLON CANCER

Talk to Your Doctor.
The second leading cause of cancer can be prevented or detected with early screening. Ask your doctor today.

LEARN MORE ABOUT COLON CANCER

Get Screened.
There are simple take home options available. Ask your doctor today.
Hispanics/Latinos Companion Guide

- English and Spanish tri-fold brochure
- Postcards and flyers (insert your own logo!)
- Social media messages
- Radio and TV scripts

– Available at: Nccrt.org/80by2018

Sample Tweets for Spanish Speakers

Tweet #1
Mi nombre es María y perdí a mi padre a causa del cáncer de colon. Llamame a tu doctor hoy! My name is María and I lost my father to colon cancer. Please call your doctor today!

Tweet #2
Eres muy importante para tu familia. Hazle el examen de colon hoy. You are very important to your family. Get screened today.

COLON CANCER CAN BE PREVENTED
EL CÁNCER DE COLON PUEDE SER PREVENIDO

Si tienes 50 años o más, ¡NECESITA HACERSE LA PRUEBA DE DETECCIÓN DEL CÁNCER DE COLON!

El cáncer de colon puede ser prevenido. Muchas personas con cáncer de colon o con pólipos en los mismos, y el riesgo de llegar a tener cáncer de colon es mayor con la edad. Por esta razón, los hombres y las mujeres necesitan hacerse las pruebas de detección del cáncer de colon a partir de los 50 años de edad. Incluso si tienen un buen estado de salud, algunas personas con cáncer de colon en su familia pueden necesitar empezar a hacerse las pruebas de detección a una edad más temprana.

Hacer las pruebas de detección puede ayudar a encontrar y a prevenir el cáncer de colon. Si se detecta un pólipos lo temprano como que podrían convertirse en cáncer, esto también se puede tratar más fácilmente.

OPCIONES DE PRUEBAS DE DETECCIÓN DEL CÁNCER DE COLON

Hoy muchas opciones de pruebas están disponibles para la detección del cáncer de colon para las personas que están a un riesgo normal de llegar a tener cáncer de colon. Las dos más comunes son:

1. Colonoscopía
   Se usa un tubo delgado y flexible que tiene una pequeña cámara en el extremo para ver todo el colon y el recto. Las imágenes se ven a través de este tubo, y son vistas médicamente que harán que usted pueda ver lo que está sucediendo en el recto del cáncer. Con una colonoscopía, los doctores pueden encontrar y escoger los pólipos en el colon, antes de que se conviertan en cáncer. La extracción de los pólipos puede ayudar a prevenir el cáncer antes de que empiece. Si los resultados de su prueba son normales, recomendamos hacer la prueba de detección cada 10 años.

2. Prueba de heces fécales
   Las pruebas de heces fécales, como la prueba inmunoquímica fecal (FIT, final), son pruebas que se pueden hacer en casa. Una prueba FIT es usada para encontrar pequeños cantidades de sangre en las heces fécales. Si no se ve sangre en las heces fécales, se debe hacer una prueba más detallada. Esta prueba puede comenzar un juego de prueba FIT y los instrucciones de uso en el consutento de su doctor. La prueba puede identificar un signo inusual de sangre, basada en el análisis de su prueba.

Si tiene 50 años o más, ¡haga una colonoscopía! Las pruebas de la colonoscopía tienen el poder de encontrar pólipos y cáncer temprano.

Si tienes 60 años o más, ¡haga una colonoscopía tales veces al año mientras sigues viviendo!

CONSEJOS PARA LA PREVENCIÓN

1. No fumadores
2. Salud alimentaria
3. Ejercicio regular

Hi, my name is Maria. I lost my father to colon cancer. He was too stubborn to get screened, but the cancer might have been prevented if he did. Don’t let your family lose you, too. Get screened, and prevent colon cancer.

Models used for illustrative purposes only.

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Generate Custom Materials with MIYO

“Make It Your Own” is a free web platform for creating customized, small media products to promote screenings and healthy behaviors.

MIYOworks.org

Getting screened doesn’t have to be expensive.

Simple, affordable tests for colon cancer are available. Get screened!

Talk to your doctor about which colon cancer screening is right for you.

Call 1.888.555.5555 today to schedule your appointment.

HCI
GW Cancer Institute
Social Media

Colorectal Cancer Awareness Month
Social Media Toolkit

March 2016

https://smhs.gwu.edu/cancercontroltaptap/
Tailor Messages with State-level Statistics

- Number needed to be screened by state to reach 80% by 2018
- Estimated number of new colorectal cancer cases and deaths that would be avoided in each state by 2030

In DC:
- NNS: 39,900

nccrt.org/about/80by2018-impact-by-state/
Tailor Messages with State-level Statistics

The American Cancer Society has launched a new web tool to make it easier for those involved in the cancer fight to find and share cancer statistics.

CancerStatisticsCenter.cancer.org
Partners are using the messages
Partners are using the messages

How can you prevent colorectal cancer?

There are several different screening options. If you're 50 or older or have a family history of colorectal cancer, it's time to talk to your doctor about the best option for you.
Partners are using the messages

DON'T TAKE CHANCES WITH COLON CANCER.

Screening Facts

Dear %%%First Name%%%,

Did you know colorectal cancer is the second leading cause of cancer death in the U.S., when men and women are combined?* Screening may prevent cancer through detection and removal of precancerous growths, as well as detect cancer at an early stage.

There are actions you can take to help protect your health. Talk to your doctor about getting screened. Several screening options are available, including simple take home options. For questions about your benefits, call the number on the back of your member ID card.

Screening Facts

GET SCREENED

Call your doctor to schedule an appointment.

GET INFORMED

Visit canercare.org for colon cancer facts.

SCREENING OPTIONS

Visit info.gov for screening information.

Follow Us

bcbsil.com

*The information provided in the email is based on research from organizations such as the American Cancer Society and the American College of Gastroenterology. It is not a substitute for medical advice and should not be considered a recommendation by Blue Cross Blue Shield of Illinois.

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Important Information | Disclaimer
Partners are using the messages

Effective Messaging to Reach the Unscreened
Through Facebook Kelly Wells Sittig, CCPH1
and Sarah Comstock, MSW2
Partners are using the messages

- Reach: 59,078 (unique people who saw the ads)
- Impressions: 318,367
- Daily budget per ad: $3-5

By Kelly Wells Sittig, CCPH and Sarah Comstock, MSW
2016 Dialogue for Action Poster Sessions
Partners are using the messages

Sea Mar Community Health Centers of Washington State is already using the Spanish radio PSAs on their radio station!
Thank you!

Emily.Butler@cancer.org

www.nccrt.org

Facebook.com/coloncancerroundtable
@NCCRTNews and tweet with #80by2018
Patient Engagement: Using POEMs

Amoreena Ranck Howell, MD, MSPH
National Network Family Medicine Residency, Unity Healthcare, Inc.
Objectives

1) Define a POEM.
2) List features of POEMs that make them ideal tools for increased patient engagement.
3) List at least one POEM relevant to CRC screening.
4) List available resources for both active and passive acquisition of POEMs, including the advantages of the two types.
POEMs vs. DOEs

• **Patient-Oriented Evidence that Matters**

  **Metformin Associated with Less Need for a Second Medicine**

  Patients who initially took an oral hypoglycemic other than metformin were significantly more likely to require a second oral agent. If prescribed a sulfonylurea, they were more likely to experience a cardiovascular event over the following year; if prescribed a thiazolidinedione or a DPP-4 inhibitor (gliptin), they incurred significantly more out-of-pocket cost of treatment.

  *Am Fam Physician.* 2015 Feb 15;91(4):261-262

• **Disease-Oriented Evidence**

  **Metformin inhibits proliferation and migration of glioblastoma cells independently of TGF-β2.**

What is a POEM

• **Patient-Oriented:**
  - Morbidity
  - Mortality
  - Symptom reduction
  - Quality of life
  - (Cost)

• **Evidence that Matters:**
  - Practice-changer
  - Common (clinical question encountered by a typical family physician at least once every 6 months)
Why focus on POEMs?

- Limited time in clinical practice
- Focus on the outcomes patients care about
- Don’t waste time merely confirming current practice patterns
CRC Screening Recommendations

**USPSTF, AAFP**
Patients 50 to 75 years of age should be screened with fecal occult blood testing, sigmoidoscopy, or colonoscopy (A). Routine screening in those 76 to 85 years of age is not recommended but may be considered in certain individuals (C). Persons older than 85 years should not be screened (D).

**ACS**
Screening should start at 50 years of age for those at average risk, with no age cutoff, using sigmoidoscopy, colonoscopy, double-contrast enema, computed tomography colonography, fecal occult blood testing, fecal immunochemical testing, or stool DNA testing.

**AGS**
Screening should not be performed in patients with a life expectancy of less than 10 years.

*Am Fam Physician.* 2016 Apr 15;93(8):659-667
Choosing Wisely

- **American College of Surgeons**
  - *Avoid colorectal cancer screening tests on asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.*

- **American Gastroenterological Association**
  - *Do not repeat colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy is negative in average-risk individuals.*
Choosing Wisely

- **Cancer Screening in Older Patients**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Men (years)</th>
<th>Women (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>76.3</td>
<td>81.1</td>
</tr>
<tr>
<td>65</td>
<td>17.8</td>
<td>20.3</td>
</tr>
<tr>
<td>70</td>
<td>14.3</td>
<td>16.5</td>
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<tr>
<td>95</td>
<td>2.9</td>
<td>3.3</td>
</tr>
<tr>
<td>100</td>
<td>2.1</td>
<td>2.3</td>
</tr>
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*Am Fam Physician. 2016 Apr 15;93(8):659-667*
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CRC POEMs

- **Immunochemical FOBTs Moderately Sensitive and Highly Specific for Colorectal Cancer**
  - Immunochemical FOBTs, [...] are moderately sensitive (73% to 89%) and highly specific (92% to 95%) for identifying colorectal cancer. In comparison, Hemoccult Sensa has a lower sensitivity (64% to 80%) and specificity (87% to 90%). Immunochemical FOBTs also have the advantage of requiring only one sample. (Level of Evidence = 1c)
  - *Am Fam Physician.* 2014 Aug 15;90(4):online
Levels of Evidence

- **OCEBM Levels of Evidence**

1a: Systematic reviews (with homogeneity) of randomized controlled trials

1b: Individual randomized controlled trials (with narrow confidence interval)

1c: All or none randomized controlled trials

2a: Systematic reviews (with homogeneity) of cohort studies

2b: Individual cohort study or low quality randomized controlled trials (e.g. <80% follow-up)

2c: "Outcomes" Research; ecological studies

3a: Systematic review (with homogeneity) of case-control studies

3b: Individual case-control study

4: Case-series (and poor quality cohort and case-control studies)

5: Expert opinion without explicit critical appraisal, etc

# Levels of Evidence

## Strength-of-Recommendation Taxonomy (SORT)

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Consistent, good-quality patient-oriented evidence</td>
</tr>
<tr>
<td>B</td>
<td>Inconsistent or limited-quality patient-oriented evidence</td>
</tr>
<tr>
<td>C</td>
<td>Consensus, disease-oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening</td>
</tr>
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</table>
CRC POEMs

- **No Increased Survival Benefit to Intensive Follow-Up After Colorectal Cancer Surgery**
  - Compared with minimal follow-up after surgery for colorectal cancer, intensive follow-up with regular computed tomography (CT), carcinoembryonic antigen (CEA) testing, or both results in more patients undergoing repeat surgery but no reduction in overall mortality or disease-specific mortality. Overall deaths were actually higher, but not significantly so, in the more intensive follow-up groups compared with the minimal follow-up group (18.2% vs. 15.9%). Serial testing of CEA was as effective as serial CT. (Level of Evidence = 1b)
  - *Am Fam Physician. 2014 May 1;89(9):752*
Information Mastery: Hunting vs. Gathering

- Hunting:
  - Finding an answer to a clinical question in real time

- Gathering:
  - New evidence delivered to you: alerts
Hunting Tools*

- UpToDate
- Cochrane Database
- DynaMed

- National Guidelines
- Specialty-specific journals (i.e. American Family Physician)

*Not comprehensive nor recommendation for specific product
Gathering Tools*

- Why? Evidence can change!

- Journal Watch
- Essential Evidence Plus
- DynaMed
- Cochrane Pearls
- BMJ Updates

*Not comprehensive nor recommendation for specific product
References/Resources

- **AFP EBM Articles:**
  - Keeping Up with the Medical Literature: How to Set Up a System  
    (http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_KeepingUp.pdf)
  - How to Find Answers to Clinical Questions  
    (http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_HowToFindAnswers.pdf)
  - Finding High-Quality Review Articles  
    (http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_FindingReviewArticles.pdf)
  - Identifying and Using Good Practice Guidelines  
    (http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_PracticeGuidelines.pdf)

- **AFP POEMs Collection:**
  http://www.aafp.org/afp/viewRelatedDepartmentsByDepartment.htm?departmentId=111

- **AFP Top POEMs:**
  http://www.aafp.org/journals/afp/authors/ebm-toolkit/resources/top-poems.html

- **ChoosingWisely.org:** http://www.choosingwisely.org/clinician-lists/
Thank You!

a.howell.md@gmail.com