

## **Key Takeaways from Physicians Forum**

*July 30, 2009 @ Tommy Toys in Chinatown*

### **How to Influence PCPs**

1. Pay-for-performance
2. Link quality-of-care measures to salary increases
3. Conduct more grand rounds and CMEs
4. Give credits for CMEs
5. Incorporate "ethnic profiling" so that all doctors know to test their API patients
6. Educate PCPs through surveys and offer monetary incentives (\$100-\$250 gift certificates, even movie tickets)
7. Have well-respected hepatologist reach out personally to PCPs with high API patient population
8. Reach the USCIS immigration doctors – there are only ~ 40 in San Francisco
9. Make it required training for all doctors, similar to the "pain and dying" sessions
10. Honor Roll may work - public acknowledgement of doctors who test/treat for hep B
  - Place ads in SF Medical Society publications showing Honor Roll
  - Publications will reach all ~4000 physicians in San Francisco as of August
11. Educate phlebotomists and have them educate their patients
12. Sell straight to the consumer, i.e. patients
  - "Does your doctor know" outdoor ad campaigns would be very effective
  - Easier to educate the patient than the doctor
  - The more knowledgeable the patients, the more motivated PCPs are to learn
13. Partner with CMA, AAFP, and other well-respected medical/health organizations and have them include hep B articles in their member newsletters
14. Approach vendors directly about adding hep B prompts into EMR systems
15. Pressure insurance companies to cover hep B testing
16. Work with insurance commissioner to pressure ins. companies to cover testing
17. Identify popular physician blogs and have them write about hep B
18. Add hep B section to UptoDate website (<http://www.uptodate.com>)

### **What Wouldn't Work**

1. Placing hep B materials in PCP offices – PCPs usually just throw these away
2. Placing ads in medical publications - PCPs already have too much to read
3. Activating peer champions – Doctors don't necessarily listen to other doctors, especially if they are younger (and Asian, cultural challenge)
4. Educating PCPs via pharmaceutical reps - While PCPs do learn about diseases through pharmaceutical reps, there is a certain negative bias

### **General Information**

1. Higher the HBV patient population, the more knowledgeable the doctors
2. Public is more aware of hep B as a direct result of SFHBF
3. Some of the doctors send their uninsured patients to SFHBF vaccination sites
4. People don't typically go to see their doctors about hep B because no symptoms
5. Hep B testing is not a reimbursable item with insurance companies
6. Only if liver enzymes are elevated do some insurance companies cover testing
7. Hep B is considered by insurance companies to be a pre-existing condition
8. PCPs resent having their arms twisted

### **Challenges for Doctors**

1. Gap in education - Hep B is not emphasized in training, mostly hep C
2. There is misinformation about the disease, especially in the in-language materials
3. Non-Asian doctors have difficulty communicating with monolingual parents