

Building consensus and trust

How 4 healthcare leaders battle
misinformation in times of crisis





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Internal unity is the first step

Inaccurate and misleading information has become costly and dangerous, especially during the COVID-19 pandemic. A Centers for Disease Control and Prevention (CDC) study¹ conducted early in the pandemic found that 39% of respondents had used unsafe disinfection products such as bleach on their food and skin to keep from getting the virus. A Johns Hopkins study² estimated that misinformation surrounding COVID-19 vaccinations has resulted in between \$50 million and \$300 million worth of total harm every day since May 2021.

During a recent webinar sponsored by Elsevier, healthcare leaders discussed how their organizations have addressed such misinformation — both internally among clinicians and externally to the public.³

Openness to change

With public health recommendations continually changing early in the pandemic, healthcare leaders had to respond quickly to shifting, and sometimes contradictory, protocols.

Leaders at Ballad Health in Johnson City, Tennessee, regularly communicated their recommendations through outside press outlets and their own marketing and communication departments, and sometimes had to reverse their previous recommendations.

“What we taught our organization and what we learned was, as scientists, we should be able to change our minds in the face of evidence that comes to us in real time. So that’s what we did,” said Amit Vashist, M.D., Senior Vice President and Chief Clinical Officer.



Ballad leaders also targeted misinformation internally by forming a corporate, emergency-operation command center. Leaders staffed the center with senior executives and prominent physicians who were charged with evaluating changing guidelines, therapies and recommendations.

The command center enabled leaders to communicate more efficiently across the health system. “We could break through barriers really fast,” Vashist said.

Vashist and his team also formed a COVID-19 treatment panel, comprising physicians, intensivists, hospitalists and emergency department physicians. A pharmacist vetted new drug treatment recommendations and the panel worked closely with Ballad’s clinical informatics team to embed approved therapies into the health system’s clinical pathways. These internal committees ensured unity among clinicians and leaders, which helped them craft a cohesive message to share with the public.

‘A single source of truth’

As a content provider, Elsevier sought to cut through the noise of rapid misinformation by providing “a single source of truth” in the form of a cohesive and rigorous internal content strategy, said Louise Chang, M.D., Global Vice President, Clinical Solutions Content Strategy and Partnerships.

Elsevier’s dedicated content team regularly identifies reliable and relevant information, surveys peer-reviewed literature, and then curates and develops content based on the best available scientific evidence, publishing it on digital platforms as soon as it is available. This editorial process put Elsevier in the position to continually push out the latest evidence regarding COVID-19 to get it in the hands of clinicians quickly.

Elsevier welcomes questions and comments from its customers to maintain what Chang calls “a healthy feedback loop.” Keeping these lines of communication open helps Elsevier “be responsive and iterative,” she said, which is necessary as information and relationships evolve.

Dynamic communication

Cheng-Kai Kao, M.D., Associate Chief Medical Information Officer, University of Chicago Medicine, also leveraged informatics methods, including clinical digital support and an electronic health record (EHR)-embedded integrated clinical pathway program to ensure that the content was easily accessible to clinicians. Having such trusted and readily available information helped physicians make informed point-of-care decisions. It also established internal consensus, which was key to delivering a clear and unified message to providers and patients, he said.

Information spreads rapidly. Healthcare leaders need easy access to technology that helps them make last-minute changes to their communication channels, including EHRs, telehealth modules and internal newsletters.

Vashist recommends that medical stakeholders work closely with clinical informatics teams to combat this.

Long-term relationship-building

Battling misinformation is a long game, experts said. Building trust by investing in and partnering with community groups, for example, takes time.

David Rottinghaus, M.D., Chief Medical Officer, Butler (Pa.) Health System, says his organization keeps lines of communication open with local school municipalities.





Hospital leaders began meeting at least weekly with school leaders during the beginning of the pandemic and have continued this practice.

Butler Health leaders also regularly release census and mortality data to maintain transparency.

“We think that if we’re clearer with [this] information, and we have more folks on the hospital and health system side reaching out to the community and getting involved in different areas, it builds that trust,” Rottinghaus said.

In addition, Butler leaders launched a food institute to combat hunger, which benefits the community and strengthens relationships, Rottinghaus added.

Campaigning for awareness

Since the start of the pandemic, many healthcare

organizations have been thrust into the role of public health authority, experts said.

“Our community basically expects us, sometimes more than the city and the county public health departments, to be the [expert] source of correct medical and scientific information,” Vashist said.

Hospital leaders have not taken this responsibility lightly. They have tailored their messaging to meet the needs of different groups — like “running a campaign,” Kao said.

They partner closely with health departments, Veteran Affairs groups, medical schools and other institutions to address misinformation. University of Chicago Medicine leaders also work with a diverse group of influencers or community health workers to help disseminate information across populations, as well as partnering with government.



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This isn't always straightforward, Kao said. For example, it may be easier to reach some groups through social media, while others will be more accessible via cable TV. University of Chicago Medicine uses both platforms, making televised appearances and leveraging social media to bridge information gaps.

Signals of support from clinicians and other staff also can go a long way toward building trust. For example, having physicians and nurses wear stickers in support of flu shots or vaccines “embeds subtle visual cues in the environment,” Kao said. “It helps people [when they know] that, hey, there are actually a lot of people doing this.”

Embracing ambiguity

The medical community historically has presented scientific consensus “as being good or bad or 100% true or not true,” said Brook Watts, M.D., Senior Vice President for Quality and Chief Medical Officer, Community and Public Health, at The MetroHealth System in Cleveland. However, in medicine, there is often more than one right answer.

For example, most providers encourage women to screen for breast cancer starting at age 40. Evidence shows that the best age for screening varies by individual and population, but “that’s not how we’ve presented it,” Watts said.

Nuances such as these are better addressed by dependable providers with whom patients already

have relationships, such as primary care physicians, Watts said. “There is something to be said for having a trusted relationship with someone who can help you interpret health information.”

By maintaining a focus on dispensing clear and accurate information — particularly during challenging times like the ongoing pandemic — healthcare leaders can help ensure that the public can easily understand the key takeaways and nuances of news that are being conveyed.

How ClinicalKey helps build consensus

Healthcare providers must be knowledgeable about the latest evidence and best practices. But with information spreading so rapidly, consensus is difficult even among small groups. Accurate, accessible clinical information is invaluable.

[ClinicalKey](#) provides this critical information with full-text references, including journal articles in press, allowing them access to the latest findings before they’re even available in print.

1. Gharpure, Radhika et al. “Knowledge and Practices Regarding Safe Household Cleaning and Disinfection for COVID-19 Prevention — United States, May 2020.” *Morbidity and Mortality Weekly Report* 69(23):705-709, Centers for Disease Control and Prevention, June 12, 2020

2. Bruns, Richard et al. “COVID-19 Vaccine Misinformation and Disinformation Costs an Estimated \$50 to \$300 Million Each Day.” *The Johns Hopkins Center for Health Security*, Oct. 20, 2021

3. Chang, L. et al. “The COVID-19 ‘infodemic’: How 4 systems are combating health misinformation” [webinar]. *Becker’s Hospital Review* and Elsevier, April 12, 2022

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