

Ruth Adewuya, MD (host):

You're listening to Stanford Medcast, Stanford CME's podcast where we bring you insights from the world's leading physicians and scientists. If you're new here, consider subscribing to listen to more free episodes coming your way. I am your host, Dr. Ruth Adewuya. This episode as part of the COVID-19 mini series Addressing Up-to-Date Insights on COVID-19. In today's conversation, I am joined by Dr. Kevin Schulman. He's a Professor of Medicine and the Associate Chair of Business Development and Strategy in the Department of Medicine. He's also the founding Faculty Director of the Master of Science in Clinical Informatics Management Program at the Stanford School of medicine.

Ruth Adewuya, MD (host):

Thank you for chatting with me today, Dr. Schulman. In an article published January 6 in the New England Journal of Medicine, you together with Dr. Stacy Wood, a Professor of Marketing at NC State University layout some of the challenges that we face and continue to face around COVID-19 vaccination communication. Today, I'd like to unpack a little bit of that article. What are some things that have shaped Americans' attitudes towards COVID-19, and in the larger sense, disruptions or changes to the healthcare landscape?

Kevin Schulman, MD:

COVID-19's really been a tremendous public health challenge, obviously. And for whatever reason, it also became a political issue over the last year. And so we've had public health interventions that have come forward, very effective ones, masks and social distancing. And we've had a divergence of views about how to adopt those technologies and how to keep us safe. And so, as we were thinking about the vaccine and the vaccine rollout, the question was how do we avoid that? How do we avoid the politicization of the vaccine in an effort to speed adoption?

Kevin Schulman, MD:

The biggest set of attitudes that come out of polling data have to do with political preferences and how political preferences are shaping attitudes towards the virus, and towards the vaccine. On the vaccine side, it's really interesting when you think about last summer. It's hard for any of us to remember back then, but the vaccine was actually a political instrument of the Republicans and the Democrats were concerned about it. And now that the vaccine's come to market, it's shifted a little bit.

Kevin Schulman, MD:

But our idea is to really get beyond that and really unpack it. What our goal here is as a country is to go back to work, to have our children go back to school. In order to do that, we think we need to get to somewhere around 80%, 85%, 90% of the population to have the vaccine. And that's an enormous challenge as an analogy think about Apple. I've been talking a lot about Apple on this. When Apple is going to launch a new product, they'd probably a year or two thinking about their messaging, their communication strategies, who's their target audience, how are they going to reach them coming up with a measurement strategy so as they do communications to assess the real-time feedback and whether they're working or not. And then they go to market with this launch program.

Kevin Schulman, MD:

And after all that work, if they got 30 or 35% of the market, they'd be really happy. We're dealing with a situation where we've done none of that. We've not had two years. We've not had much time at all.

We've actually launched the vaccine before there was a communication strategy and that's made our efforts a little bit more complicated. And we haven't announced this national goal where Apple's happy with 30%, we're going to have to get to 85%.

Kevin Schulman, MD:

And so we have to adopt this communication framework to make sure we're effective. And we shouldn't be fooled to say, "Well people are really looking around for a vaccine right now." There's definitely a proportion of the population that says on surveys that they definitely want to get the vaccine. That's 20, 25, 30% of the population, which is great, but that's not 80% of the population. And what we're very concerned about is things that we're doing today are going to make our job even harder to get the tail of the distribution in for a vaccination.

Ruth Adewuya, MD (host):

In your opinion, is it realistic that there is this goal to get 80% of the population vaccinated?

Kevin Schulman, MD:

At some level, we have no choice. Today's headline is on school reopening again and locally here, this is a huge debate. California is lagging behind other states in terms of school reopening, but we all want our kids back in school. We want the teacher back in school and we want that to be done safely. Well, how are we going to do that? And we're going to have to get the community to be safe. And so, yes, this is a really challenging circumstance, but we have no other choice. This is the only way forward to get us back to the way we were two years ago.

Kevin Schulman, MD:

There's no question from a marketing perspective, you would get an F in any of my classes if you said, "Here's my strategy" the way we're rolling it out nationally. But there's lots of opportunities for us to have huge impact locally, regionally. It's not too late. We have to succeed here. I mean, there really is no fallback. If we don't want to fill up the ICU with COVID positive patients, we have to get the American public vaccinated. And so there are things we can do. There are things we can do now. The mixed messages we're getting about the challenges of the rollout, does that mean the vaccine's bad? Does that mean there's a production issue? Is one dose better than two doses? A month ago, two doses were bad and one dose would be better and now it's flipped.

Kevin Schulman, MD:

But remember, in this context, there is no concerted marketing effort to make consumers aware of what these issues are. And look, what really challenges professionals trying to keep up with all this. What are the data, what are reliable sources of data? And so it makes sense that the American public is confused about this. And it makes it all the more important that we pull out all the stops in terms of making sure our communication strategies are really robust.

Ruth Adewuya, MD (host):

What are some lessons from marketing that can be utilized when framing important public health messages?

Kevin Schulman, MD:

We kind of developed a framework for a communication strategy thinking about 12 different techniques and strategies that are used in consumer marketing and how they would apply to this circumstance, and how they should be customized. So we have strategies and then we have tactics, and the tactics are really based on local application of those strategies. So how do we test those strategies in our local market? So overall, this is kind of a roadmap to how do we think about these groups. But the other important insight for marketing is this concept of market segmentation.

Kevin Schulman, MD:

And so we in healthcare are used to a message. Here's the message about safety and efficacy of the vaccine. And unfortunately the population actually doesn't respond to one message. Again, if we were Apple, we would never have a single message. We'd have different messages for different sub segments of the population. And to get to 80% or 85%, we really need to think about strategies of who are the subgroups in our population as providers that we're most concerned about, what do I understand about their attitudes towards the vaccine and how do I shape or influence those attitudes?

Ruth Adewuya, MD (host):

Healthcare providers have and will continue to play a key role in vaccination communication. What are some things to keep in mind when having these conversations with patients?

Kevin Schulman, MD:

We start with within our organization. So here we're at Stanford, can we as a group trying to do some surveys and capture some information about the populations that we serve. So it's not up to the person on the front lines to discover all of this. Can we help them? Can we develop some communications tools and strategies? Can we teach them some ideas about responses to questions that would really help them get their point across to patients maybe in new and novel ways?

Kevin Schulman, MD:

One of the things we talked a lot about is numeracy and the challenge with numeracy across the United States. And so rather than respond to questions with statistics, our suggestion is to think about how to respond to questions with analogies. Some of these analogies, some of the questions or responses are these side effects are very low frequency. And so how do you explain that to people? The questions they have, "Am I going to get sick from COVID if I get the vaccine? Am I going to be hospitalized or die from COVID if I get the vaccine?"

Kevin Schulman, MD:

Our paper actually came out before the vaccine trials were published, but the event rates in the vaccine trials are very low. The event rate in the post-market experience is very low, but how do we communicate that to people? This is the chance of an adverse event say dying from COVID after the vaccine is about the same as the lifetime risk of dying in a car crash. People don't think twice about getting into a car because that's such a remote risk. So rather than say it's whatever percentage, communicating in terms of analogies is really important.

Kevin Schulman, MD:

The other thing is to think about stories and think about stories that are relevant to patients. People talk a lot about narratives right now in healthcare and I think this is an incredibly powerful tool that we

should think about. So if someone says, "What would you do?" A nice narrative is I'm a hospital medicine provider. I took the vaccine. It was fine. And I feel so much better coming home and reducing the risk that I'm bringing the virus back to my family. So stories, especially in these situations can go a real long way. We want to lay out the data for patients so they can make an informed decision. Unfortunately, that makes it really complicated for patients.

Kevin Schulman, MD:

We cannot imagine a more challenging situation where all of us are dealing just with the logistics of who's eligible for a vaccine. And how do we even set up vaccine clinics that we didn't have before? How do we notify people of who's eligible and handle our inbound emails that people that want access? And so there's enough on our plate. A normal person would say, "We're done," but we're not done. We really have to get to 80%. And unfortunately, we're the only ones who really understand that. And so it's really up to us to do everything we can to think about strategies to increase vaccine uptake at our hospitals, at our practices, in our communities.

Ruth Adewuya, MD (host):

Thank you so much for your time today.

Kevin Schulman, MD:

Oh and thank you. Thanks for doing this.

Ruth Adewuya, MD (host):

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