

# **Evidence-Based Decision Making In Healthcare**

## ***Communicating Policies and Addressing Risk***

**Dr Jay K. Varma**  
**<https://drjayvarma.com>**

# Announcing Your Policy

- You have followed the GRADE process and clearly written down...
  - What your question is
  - Why you rated evidence up or down
  - Benefits and harms
  - Judgements regarding feasibility, acceptability, affordability, equity/ethics/justice
- Next critical question: what is your audience?

# Know Your Audience

- What is their level of knowledge about the topic?
- What do they care about?
  - Duty, justice, money, power, attention?
  - Something else?

# What Values Animate Them?

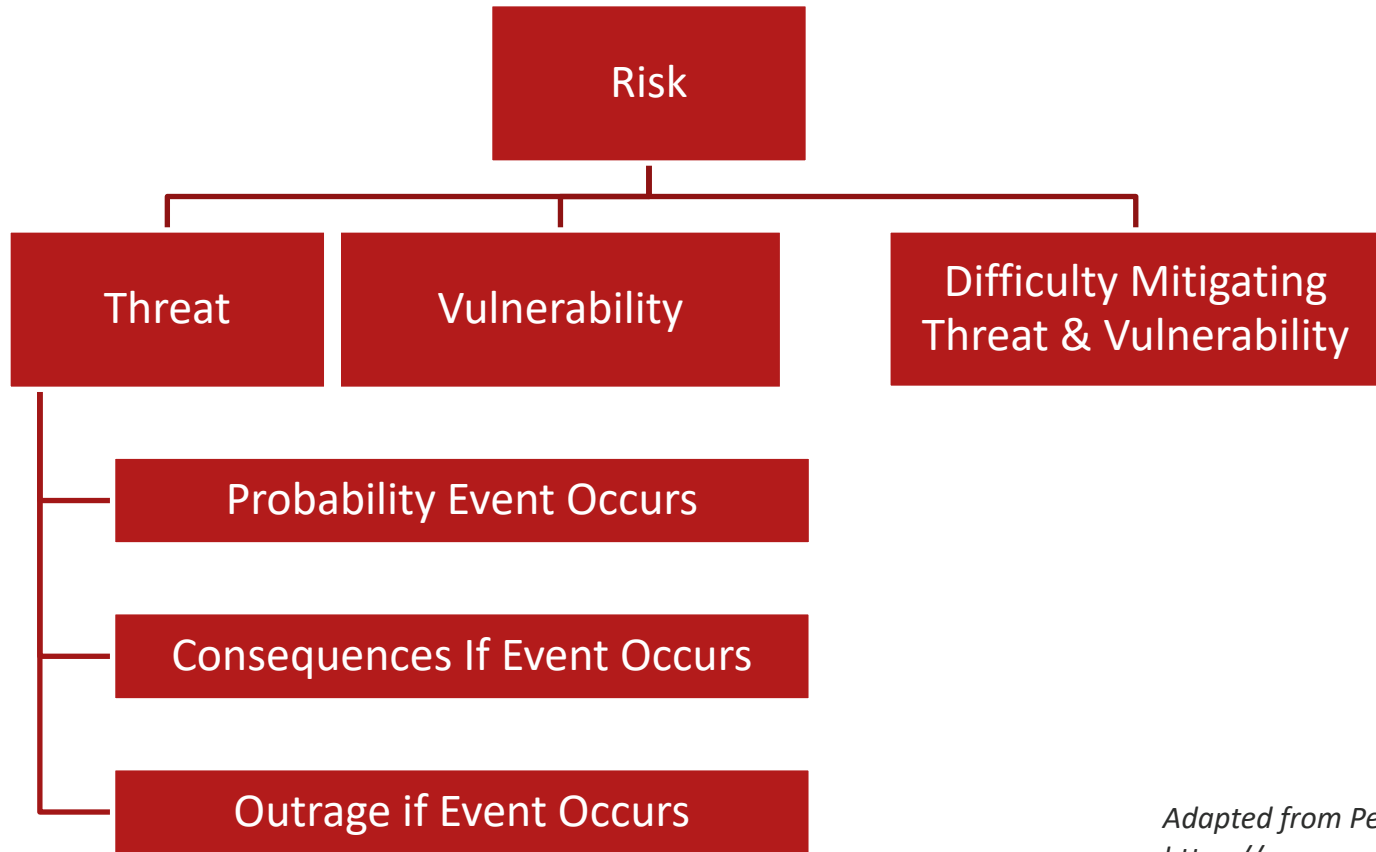
- Collective rights vs. individual rights?
- Stability vs. change?
- Autonomy vs. hierarchy?
- Status vs. equality?

# How Do They Feel About Change?

- Excited vs. supportive vs. neutral?
- Already upset about an unrelated issue that could make this policy change more difficult?

# Managing and Communicating Risk

- Every policy change involves risk
- Not changing policy is a decision that incurs risk
- Most difficult problem you will face as a leader is *managing and communicating risk effectively up and down chain of command*
- Having a framework to break risk down into its component units helps you analyze the problem and communicate effectively



*Adapted from Peter Sandman*  
<https://www.psandman.com/>

# Managing Outrage

- Hardest problem when communicating about risk
- What is the source of the outrage?
  - Are people upset because they think something is dangerous?
  - Do they think it's dangerous because they're upset?
- *Outrage is often because people are already upset*
- *Because they're upset, they perceive themselves at risk*

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# Manage Outrage = Manage Relationship

- Think about personal relationships
  - You fight about dirty dishes, errands, being late
  - But if the fight is intense, it's usually about the relationship, not cleanliness, supplies, or tardiness
  - The topic is ammunition in a fight about the relationship
- Outrage can be so severe it can trump self-interest

# Examples of Outrage

- How could this happen?
- Is this really happening again?
- Why don't they care about us?
- Someone has to be punished for doing that.
- This was so bad that I deserve to get paid for this.

# Not Always Too Much Outrage

- Not enough outrage
  - Car accidents
  - Lead poisoning
  - Climate change
- Level of outrage appropriate for the issue
  - Opiates
  - Hurricanes or other natural disasters

# Critical Question

- *Is the target audience's level of concern insufficient, excessive, or appropriate?*
- Excessive? Ameliorate their concern. Quell outrage.
- Insufficient? Make them concerned. Generate outrage.
- Appropriate? Help them get through this. Channel outrage into action and resolve.

# EXCESSIVE OUTRAGE

# Managing Excessive Outrage

- Often three groups of people
- “Uninterested”: Not interested in the fight
- “Attentive”: Watching fight, not sure which side to join
- “Interested”: Involved in the fight

# Tasks to Manage Excessive Outrage

- Keep the “uninterested” as “uninterested”
- Move the “attentives” into “uninterested” group
- Move some “interested” into “attentive” group

# Demands by Outraged People

- Greed: want something tangible, can be paid off
- Vengeful: want someone to take responsibility, someone needs to be punished
- Damaged self-esteem: feel an injustice has occurred, that their value has been diminished and/or needs disregarded
- Sometimes you need to meet 1, 2, or all 3 demands



# Managing Excessive Outrage

- Listen carefully and completely: eye contact, nod head
- Echo: “what I’m hearing is you’re concerned about...”
- State facts: “let me review what I’ve heard,” “what we can all agree on is...”
- Take action: meet demands as appropriate

# Managing Excessive Outrage

- If you do this well, you will eventually...
- Reduce the number of “attentives” and “interested”
- Make the “attentives” and “uninterested” view the “interested” as outliers, unnecessary to listen to them anymore

# INSUFFICIENT OUTRAGE

# Why Aren't They Outraged Enough?

- Checklist of nine questions to ask
- Helps you understand what the root of the problem is

# Are You Sure They're Underreacting?

- Might they be taking the risk more seriously than you're giving them credit for?
- Might you be taking the risk more seriously than it deserves?
- Might they be in denial, not apathetic, too terrified to let themselves feel it rather than insufficiently alarmed?
- If "yes" → trying to make the risk seem worse may not work

# Can You Engineer the Problem Away?

- Reducing the risk is sometimes easier and more effective than getting people to take it more seriously
- Especially if the risk is your fault
  - You have an obligation to think about whether you can eliminate it.
- If there is a feasible, cost-effective engineering answer, you should fix it, rather than communicate about it

# Are They Ignorant?

- Education is *sometimes* the problem
- If there are truths people don't know that would persuade them to take the risk more seriously, then this is the place to start

# Are They Misinformed?

- Much harder to correct than ignorance
- If there are falsehoods people think they know that are keeping them from taking the risk seriously enough, you have to start where they are
- Acknowledge the reasonableness of their opinion before you explain why it's wrong
- You can't just ignore what they think they know



# Do They Know How to Protect Themselves?

- ...do they know they know?
- Address with training
- Sometimes there is a feeling you don't know what to do, even if you actually do
  - When people feel powerless, wallow in apathy
  - Give them things to do, things they think they can do and think will work.

# Are They Paying Attention?

- Even when people are well-informed, well-trained, and feeling efficacious, they may still forget to stay focused on the risk you want them focused on
- They get busy and it falls off their radar screens
- Teaching people how to keep reminding themselves about the risks they should worry about and the precautions they should take

# Is There Motivated Inattention?

- Sometimes, they don't want to pay attention to a risk
- "it can't happen" *or*
- "it can't be prevented" *or*
- "my boss doesn't mean it about safety."
- First diagnose the rationales behind the inattention, then develop a strategy to address it

# Can You Get them More Outraged?

- Mobilize their outrage
- Think through which three or four outrage components you can most productively trigger

# Can You Get Them Less Outraged at the Precautions?

- "The parents keep spoiling our fun with all those warnings."
- "How dare you make me wear that helmet!"
- Reducing outrage about precautions is a powerful strategy for getting people to take risks more seriously

# **APPROPRIATE OUTRAGE – CRISIS COMMUNICATION IN HEALTH**

# Cognitive Biases

- Important to understand biases that all humans have when communicating and listening
- These apply to all fields, not just health
  - Too much information
  - Not enough meaning
  - Need to act fast
  - What should we remember?

# Too Much Information

- We notice things that are already primed in memory or repeated often
- Bizarre, funny, visually-striking, or anthropomorphic things stick out
- We boost the importance of things that are unusual or surprising
- We notice when something has changed



# Too Much Information

- We are drawn to details that confirm our own existing beliefs
- We notice flaws in others more easily than flaws in ourselves

# Not Enough Meaning

- We find stories and patterns even in sparse data
- We fill in characteristics from stereotypes, generalities, and prior histories whenever there are new specific instances or gaps in information
- We imagine things and people we're familiar with or fond of as better than things and people we aren't familiar with or fond of

# Not Enough Meaning

- We simplify probabilities and numbers to make them easier to think about
- We think we know what others are thinking
- We project our current mindset and assumptions onto the past and future

# Need to Act Fast

- To act, we need to be confident in our ability to make an impact and to feel like what we do is important
  - In reality, most of this confidence can be classified as overconfidence - without it we might not act at all
- To stay focused, we favor the immediate, relatable thing in front of us over the delayed and distant

# Need to Act Fast

- To get anything done, we're motivated to complete things that we've already invested time and energy in
- To avoid mistakes, we're motivated to preserve our autonomy and status in a group, to avoid irreversible decisions. If we must choose, we prefer options that are perceived as least risky or preserve status quo
- Do quick, simple thing > important complicated thing, even if ultimately better use of time and energy

# What Should We Remember?

- We edit and reinforce some memories after the fact
- We discard specifics to form generalities, e.g., implicit associations, stereotypes, prejudice
- We reduce events and lists to their key elements
- We store memories differently based on how they were experienced

# How to Communicate

1. Don't over-reassure
2. Proclaim uncertainty (don't just acknowledge it)
3. Don't fake consensus
4. Validate emotions, your audience's and your own
5. Share dilemmas

# How to Communicate

6. Acknowledge that health competes with other values
7. Avoid “noble lies”
8. Admit and apologize for errors
9. Provide anticipatory guidance
10. Give people things to do
11. Avoid overloading with information
12. Deflect and return to key messages



# Giving People Things to Do

- Reason to do it for themselves
  - It helps me
- Reason to feel good about doing it
  - Appeal to sense of altruism
  - Appeal to sense of worth (“I’m a good person”)

# Avoid Information Overload

- Information does not change behavior
- Emotions change behavior
- Information helps cement behavior change
  - Gives people cognitive synergy between emotions and logic
  - Gives people positive feedback to support their decision

# Avoiding Re-Stating Mis-information

- Repeating misinformation can actually propagate misinformation
  - E.g., vaccines, politics
- Short declarative sentences
- Start with conclusion

# Deflecting Distracting Questions

- What I am focused on...
- What's most important is...
- To put this into perspective...
- What I know is...
- What I am most concerned about is...

# Goals and Audience

- Goals: Decide what you want to accomplish
  - Not what you want to say
  - Focus on the outcome to achieve
- Audience: Who do you need to reach to achieve your goals?
  - Characterize them by attitudes, values, emotions, needs, behaviors, knowledge, trusted messengers

# Appeals

- Everything that predisposes your audiences toward your goals
- Pre-existing needs, attitudes, emotions, etc.
- Remind your audiences of those appeals and hook them to your goals
- Make your messages about your audiences' relationship to your topic

# Barriers

- Everything that predisposes your audience against your goals.
- Whether you should address them or concentrate on the appeals depends on the situation

# Messengers

- Chosen to fit your audiences and appeals
- Who will be credible to your audience?



# Messages

- Test your messages
- Plan on probably needing to revise and test again
- Stay on message

# Scenarios In My Experience

- Antibiotic resistant bacteria
- Anthrax exposure in postal workers
- Ebola in the US in 2014