Improving Outcomes with Better Communication and Patient Education

Implementing a Patient Education Program in Your Hospital

May 5th, 2009
Agenda

- Krames Background
- The Benefits of a Comprehensive Patient Education Program
- Recommendations for your patient education program
- Overview of Krames Solutions and Benefits
- Case Study – Lehigh Valley Health Network
- Conclusion / Q&A
Krames Background

• Leading patient education for 35 years
• Who we reach:
  – Over 40 million patients
  – 86% of hospitals
  – 80% of VA hospitals
  – 1,500 corporations
  – 300,000 physicians and nurses
  – 150 managed care companies
  – Major pharmaceutical companies
  – 10 International Distributors
The healthcare industry now spends an unnecessary $73 billion per year in hospital stays and doctors visits simply because patients don’t understand what their doctor is explaining or how to properly take prescribed medication.¹

Patients remember approximately 10 percent of what they read, 25 percent of what they hear, 45 percent of what they see, 65 percent of what they hear and see, 70 percent of what they say and write, and 90 percent of what they say as they perform a task.²

Of those online, 86% are concerned about the reliability of the information they find at 25,000+ health-related websites, and 75% cite their doctor’s direction as the most important source for guidance to quality health content³.
The Benefits of Patient Education

- Improved outcomes / Reduced readmissions
- Time savings and workflow efficiency
- Increased patient satisfaction scores
- Compliance with Joint Commission and CMS
- Help patients manage costly chronic diseases
- Risk Management / Informed consent support
- Improved patient confidence
- Overall enhancement of quality care
Improving Outcomes

• Increased focus on readmission rates
• May affect CMS payments
• Many readmissions are preventable
• AHRQ study\(^4\)
  – Informed patients 30% less likely to be readmitted
  – Outpatient expenses reduced by $412 for well-informed patients
• Krames patient education has been shown to improve outcomes
Accreditation, Compliance, Reimbursement

• Joint Commission standards\textsuperscript{5}
  – Patients must be given sufficient information to make decisions and to take responsibility for self-management activities related to their needs. Patients, and, as appropriate, their families are educated to improve individual outcomes by promoting health behaviors and appropriately involving patients in their care, treatment, and service decisions.

• Core Measures
  – Educating patients is a critical component of performance measures

• 2009 National Patient Safety Goals
  – Requires education on many topics
Patient Satisfaction

• Patient Satisfaction affects CMS Reimbursement
• Communication is most critical
• 77% of patients would switch hospitals for better communication
• Discharge instructions are included in HCAHPS
• Other Key areas – Communication, medication instruction
• Patient education practices also critical to communication by doctors and nurses
Patient Education

Dextrose, Morphine Sulfate Solution for Injection

What is this medication?

MORPHINE is a pain reliever. It is used to treat moderate to severe pain.

This medicine may be used for other purposes, ask your health care provider or pharmacist if you have questions.

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:
- history of addiction
- drug abuse or addiction
- head injury
- heart disease
- frequently drink alcohol containing drinks
- inter
- kidney
- liver
- lung disease

Pain Management

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<thead>
<tr>
<th>Nurse Communication</th>
<th>Doctor Communication</th>
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<td>No nurses “always” communicated well</td>
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<td>Nurses “usually” communicated well</td>
<td>Doctors “usually” communicated well</td>
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<td>Nurses “sometimes” or “never” communicated well</td>
<td>Doctors “sometimes” or “never” communicated well</td>
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<tr>
<td>Average For All Reporting Hospitals In The United States</td>
<td>74%</td>
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Doctor Communication

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Medication Instruction

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<td>No staff “always” explained</td>
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<td>Average For All Reporting Hospitals In The United States</td>
<td>59%</td>
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Discharge Information

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<tr>
<td>No nurses did give patients this information</td>
<td>No doctors did give patients this information</td>
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Communicating About Pain

You have a right to have pain treated. Unreduced pain can limit eating, sleeping, and activity. Tell your healthcare provider where and how much you hurt. It may not be possible to relieve all the pain. But your healthcare provider can help you reach a pain level you can live with.

Your Role

Tell your healthcare provider about the pain and your health history. Be sure to:
- Mention all the medications you take. This includes any you buy over-the-counter.
- Mention any herbs, teas, or vitamins you take, too.
- Mention any pain relief techniques you use, such as massage or meditation.
- Measure pain as directed.
- Follow your treatment plan. Tell your healthcare provider how well treatment works.

As pain is reduced, you’ll feel better. Less pain means less stress on your body and mind.

Your Healthcare Provider’s Role

Your healthcare provider will help you measure and manage pain. You will be told about your pain control options. These will most likely include medications. Options like physical therapy and acupuncture may also help.

Note for Family and Friends

It may be hard to understand how your loved one feels. But the pain he or she has is real. You may not be able to stop the pain. You can help in other ways, though. Spend time with your loved one. This helps distract from the pain. And help him or her take medications on time, if needed.

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Patient Education and Risk Management

- 45% are unable to recall major risks
- 60% do not understand or read the consent form\(^8\)
- Patient recall after consultation is only 43%; this drops to 38% 4 to 6 weeks later.\(^9\)
Patient Education and Risk Management

- Informed consent is a process
- Communicating, ensuring patient comprehension, establishing rapport
- Provide patients with access to education throughout the continuum of care
• Focus on preventative care
  – ARRA provides $1 Billion in funding for prevention and wellness programs\(^{10}\)

Additional Factors Influencing Patient Education

Getting a Flu Vaccination

There is a flu vaccine available, a vaccine that is easy to reach. And it is more effective than ever before. A Flu vaccine is your best chance to avoid the flu. The vaccine given in the form of a shot (injection) or a nasal spray. It’s best to get vaccinated each October or November, before the flu season starts. This can be done at your doctor’s office or at a health clinic.

**Flu Facts**

- The flu vaccine will not give you the flu.
- The flu is caused by a virus, not bacteria.
- The flu can be deadly, especially for people in high-risk groups. About 36,000 people die of complications from the flu every year.
- Influenza is the same as “influenza virus” the 24-hour bug that causes fever and chills. This is most likely due to a group of related infections— not the flu.

**Flu Symptoms**

Flu symptoms tend to come on quickly. Fever, chills, fatigue, cough, chills, nausea, and muscle aches are symptoms of the flu. Children may have upset stomach or vomiting, but adults usually don’t. Fever goes up, then goes down, and then goes up again. Follow the advice of the medicine and take it off the shelf. Your flu vaccine is right for you.

What to Avoid if You Have the Flu

- Avoid all except basic fluids.
- Avoid all except basic fluids.

Controlling High Blood Pressure

High blood pressure (hypertension) is called the silent killer. This is because many people who have it don’t know it. Normal blood pressure is less than 120/80. Know your blood pressure and remember to check it regularly. Doing so can save your life. Here are some ways you can help control your blood pressure.

**Choose heart-healthy foods**

- Select lean cuts, low-fat foods.
  - Limit canned, dried, cured, packaged, and salted foods. These can contain a lot of salt.
- Use 10% or less of what is recommended every day.
  - Choose lean meats, fish, or chicken.
  - Eat whole grains pasta, brown rice, and beans.
- Eat 5-6 ounces of lean meat or fat-free dairy products.
- Ask your doctor about the DASH eating plan. This plan helps reduce blood pressure.

**Maintain a healthy weight**

- Ask your healthcare provider how many calories to eat a day. Then stick to that number.
- Ask your healthcare provider what weight range is healthiest for you. You may be overweight, weight loss of only 10 lbs can help lower blood pressure.
  - Limit salt and sodium.
  - Get regular exercise.

**Get up and get active**

- Choose activities you enjoy. Find one you can do with friends or family.
- Participate in aerobic exercises such as walking, running, or swimming.
- Make sure to do the other activities.
- When you walk, aim for 2-3 miles a day.
  - Eat 5-6 ounces of lean meat or fat-free dairy products.
  - Ask your doctor about the DASH eating plan. This plan helps reduce blood pressure.

**Manage stress**

- Make time to relax and enjoy life. Find time to laugh.
  - Visit with family and friends, and keep up with hobbies.

**Limit alcohol and quit smoking**

- More than 2 drinks per day.
  - Women: More than 1 drink per day.
  - Talk with your healthcare provider about cutting smoking. Smoking increases your risk for heart disease and stroke. Ask about local or community programs that can help.
Additional Factors Influencing Patient Education

• Increased adoption of healthcare IT
  – $19 Billion in financial incentives to aid in the adoption of HIT\textsuperscript{10}

• Focus on greener operations across the entire facility
  – Increasing need for an electronic solution
Building Your Patient Education Program

- Employing Health Literacy principles for effective content
- Standardization
- Essential Content for Regulatory Compliance
- Access Across the Continuum
- Multiple Media
- Workflow
- Controlling costs / ROI Considerations
Health Literacy

• Poor health literacy results in $69 billion in health care costs annually.¹¹
• 53% of adults have intermediate health literacy.
• 14% have below basic health literacy
• 27% to 30% of adults receiving Medicare and Medicaid have below average health literacy
• Adults age 65 and older have lower literacy than younger adults¹²
Health Literacy

- 20% of the American public cannot read above Grade 5.\textsuperscript{13}
- Most adults read between the 8\textsuperscript{th} and 9\textsuperscript{th} grade level.
- Most healthcare materials have been written at or above the 10\textsuperscript{th}-grade level.\textsuperscript{11}
- Visual presentations have been shown to be 43% more persuasive than unaided presentations\textsuperscript{14}
Health Literacy

Text
• Focus on key information. Main point should receive primary spot and most space.
• Use simple, concrete words.
• Break information into small, logical pieces.
• Provide step-by-step instructions
• Give practical tips to improve daily lives

Art / Visuals
• Convey key messages. Images reinforce key content
• Carry information. Show good examples, instruct on how to do something

Interaction
• Use the content as a teaching tool
Health Literacy

Swine Influenza (Swine Flu)
Swine influenza, also called swine flu, is a illness that mainly affects the lungs. This illness is caused by a virus (germ) that usually infects pigs (swine). This virus has now spread to humans and is easily passed from one person to another. This leaflet answers some questions you may have about swine flu.

How Does Swine Flu Spread?
The swine flu virus can spread from infected pigs to humans that come in contact with them. The virus can then be passed among people the same way the regular flu spreads—through the air in droplets when someone with the virus coughs, sneezes, or talks. You can also become infected when you touch a surface on which the droplets have landed and then bring the virus to your eyes, nose, or mouth. Touching used tissues, or sharing utensils, drinking glasses, or a toothbrush with an infected person can expose you to the swine flu virus, too.

Note: You cannot become infected with swine flu from eating pork or pork products that have been properly handled and cooked.

What Are the Symptoms of Swine Flu?
Swine flu symptoms are about the same as regular flu symptoms. These include:
- Fever, usually higher than 100°F, and chills
- Sore throat
- Headache
- Body and muscle aches
- Dry cough
- Runny nose
- Tiredness and weakness
- Diarrhea and vomiting

Call your healthcare provider for advice if any of the above symptoms become severe. If swine flu is in your area, your healthcare provider may have you tested.

How Is Swine Flu Treated?
If swine flu is in your area and your symptoms are severe, your healthcare provider may prescribe medications called antivirals. These must be taken within 2 days of when your symptoms start. Antivirals work by stopping the swine flu virus from reproducing in your body. This gives your body’s immune system a chance to fight the virus. After taking the medication, your symptoms may be milder and you may recover quicker than without the medication. The medication can also prevent serious complications such as pneumonia. Antivirals come in the form of pills, liquid, or inhaler.

If your symptoms are mild, your healthcare provider will likely tell you to follow the self-care measures listed below.

Easing Flu Symptoms
- Drink lots of fluids such as water, juice, and warm soup to prevent dehydration. A good rule is to drink enough so that you urinate your normal amount.
- Get plenty of rest.
- Ask your healthcare provider about nonprescription or other medications for fever and pain. Take any medication only as directed. Do not give aspirin to children under age 18. It can cause a rare but serious illness called Reye’s syndrome.
- Call your doctor if your fever rises over 101°F or you become dizzy, lightheaded, or short of breath.

Taking Steps to Protect Others
- Wash your hands often, especially after coughing or sneezing. Or, wash your hands with an alcohol-based hand gel containing at least 60 percent alcohol.
- Cough or sneeze into a tissue. Then throw the tissue away and wash your hands. If you don’t have a tissue, cough or sneeze into the crook of your elbow.
- Stay home at least 5 days after you first feel sick or until your fever and cough are gone.
- Don’t share food, utensils, drinking glasses, or a toothbrush with others.
- Ask your doctor whether others in your household should receive antiviral medication to help them avoid infection.

How Can Swine Flu Be Prevented?
At this time, there is no vaccine to prevent swine flu. But there are things you can do to avoid becoming infected with swine flu.
- Wash your hands often. Frequent handwashing is one way to prevent infection.
- Carry an alcohol-based hand gel containing at least 60 percent alcohol. Use it when you don’t have access to soap and water. Alcohol gels kill most germs and are safe for children.
- Avoid touching your eyes, nose, or mouth.
- At home and work, clean phones, computer keyboards, and toys often with disinfectant wipes.
- If possible, avoid close contact with others, especially if swine flu cases have been identified in the area where you live.

Wearing a surgical respirator can help protect against getting swine flu. The mask prevents the spread of infected droplets when infected people cough, sneeze, laugh, or talk.

You should still get the regular flu vaccine every year. Your healthcare provider can answer any questions you have about this.

Handwashing Tips
Handwashing is one of the best ways to prevent the spread of swine flu and other common infections. Follow these steps:
- Use warm water and plenty of soap. Work up a good lather.
- Clean the whole hand, under your nails, between your fingers, and up the wrists.
- Wash for at least 15 seconds. Don’t just rinse—rub well.
- Rinse, letting the water run down your fingers, not up your wrists.
- Dry your hands well. Use a paper towel to turn off the faucet and open the door.

Using Alcohol-Based Hand Gels
Alcohol-based hand gels are also a good choice for cleaning your hands. Use them when you don’t have access to soap and water, or your hands seem visibly dirty. Follow these steps:
- Squeeze about a tablespoon of gel into the palms of one hand.
- Rub your hands together briskly, cleaning the backs of your hands, the palms, between your fingers, and up the wrists.
- Rub until the gel is gone and your hands are completely dry.

To Learn More about Swine Flu
Visit the Centers for Disease Control and Prevention (CDC) website:
http://www.cdc.gov/swineflu/key_facts.htm
Health Literacy

Our Recommendations:

• SMOG Readability Calculator (Simple Measure of Gobbledygook) – 5th to 8th grade levels

• SAM Scale – Download the book
  *Teaching Patients with Low Literacy Skills* free at
  [http://www.hsph.harvard.edu/healthliteracy/doak.html](http://www.hsph.harvard.edu/healthliteracy/doak.html)
Compliance

• Joint Commission Standards

Patients must be given sufficient information to make decisions and to take responsibility for self-management activities related to their needs. Patients, and, as appropriate, their families are educated to improve individual outcomes by promoting health behaviors and appropriately involving patients in their care, treatment, and service decisions. 5
Compliance

- Core Measures
  - Smoking Cessation
  - Heart Failure
  - Heart Attack
  - Pneumonia
  - Pregnancy
  - Stroke
  - Pediatric Asthma
  - Mental Health
  - Influenza
  - Risk Factors
Compliance

- National Patient Safety Goals
  - Comprehensive drug information
  - Anticoagulant information
  - Infection Control
    - Hand washing
    - Healthcare Associated infections
      - MRSA, VRE, C-DIFF, PNEUMONIA
  - Central Line
  - Pre-Op / Post-Op care
- Fall Prevention
- Focus on behavior change
- Suicide prevention
- Warning sign content for patients and families

Preventing Falls: In the Hospital

At some point, you may need care in a hospital or other facility. People may ask how well you can move around. Answer this question honestly. If you have a high risk of falling, the staff will take extra steps to help keep you safe. Remember, always ask for help when you need it. Here are some tips to keep you safe in the hospital.

Keep Things Within Reach
- Keep the things you use often within easy reach, like nurses, water, remote control, and the light cord.
- With the more present, practice using the call button before you really need it. Keep it within reach. And don’t be afraid to use it when you need it!
- Learn how to turn the light on and off from your bed. Also, know how to use the bed control.

Get Help to Move Around
- Don’t go up or down stairs, even to use the bathroom. Call someone to help.
- Set up slowly and with help.
- Don’t try to move IV poles or other equipment on your own.
- Use your walking aid as instructed by the staff. Be sure to use handrails in hallways.
- The staff may use a gait belt to keep you safe as you move around. This fits snugly around your waist. It allows another person to support you as you walk together.

A Note to Family and Friends

When someone is in the hospital, falling is more likely. You can help your loved one reduce this risk:
- Keep personal items in the same place. Stick with a routine.
- Learn about the guidelines the staff has in place to prevent falls. Follow them.
- Get patience on using safety equipment and moving your loved one.
- When ceiling your loved one, keep it simple. Go one step at a time.
- Notify staff about any mental or physical changes you notice in your loved one.
Standardization

Of those online, 86% are concerned about the reliability of the information they find at 25,000+ health-related websites, and 75% cite their doctor’s direction as the most important source for guidance to quality health content

• Content given in consultations should be available in the home
• Consistency across the continuum is critical
Access Across the Continuum

• Pre-Op
  – Access from the home / Mail
  – Reduces cancellations
  – Improves recall and reduces risk of wrong site / wrong procedure

• Consultation / Point of Care
  – Improves communication
  – Saves caregiver time
  – Supports informed consent
Access Across the Continuum

• Post Op / Discharge Instructions
  – Improves compliance
  – Should focus on behavior change
  – Reduces readmissions
• Recovery
  – Content accessible from the home
  – Promotes loyalty / Supports brand
  – Further promotes wellness

After Minimally Invasive Heart Surgery: At Home
You will need at least 2-3 weeks of healing before you can go back to your normal routine. While you are healing, follow your doctor’s advice. Call your doctor if you have questions.

Follow-Up Visits
Follow-up visits with your doctor help make sure that you’re healing well. To check your healing, you may have tests. These may include chest x-rays, electrocardiograms to show the movement of your heart muscle, and echocardiograms (ECHO) to show if there are any changes in your heart’s rhythm. If you are taking medications, blood tests may be done to check your medication levels.

Incision Care
Your incisions may be bruised, itchy, numb, or sore for a few days. If strips of tape were used to close an incision, your doctor will tell you when you can wet and remove them. It’s often in about a week. When you shower, gently wash your incisions with warm (not hot) water and soap. Avoid wetting until your doctor says they’re dry, as they affect your blood flow. To help prevent infection, avoid using skin lotions around incisions.

When to Call the Doctor
Call your doctor if you have:
- Chills, sweating, or a fever over 100.4°F for more than a day
- A cold or infection
- A heartbeat that seems fast or slow, or that is skipped beats
- No bowel movement within 2 days of surgery
- Shortness of breath while resting
- Weight gain of more than 3 pounds in 1 day or 5 pounds in 1 week
- An incision that swells, oozes, or becomes red or tender
- Pain in your chest or shoulder that gets worse with deep breathing or coughing
- Pulse over 110 beats per minute

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Multimedia

Video learning conventions can increase retention by up to 16 times that of text alone\textsuperscript{15}

Nearly half of consumers (48\%) would fill out and online medical assessment to get personalized health information.\textsuperscript{16}

- Illustrated Handouts
- Video
- Interactive Media
Workflow

• Staff adoption relies on patient education accessibility
• Must save time for the caregiver
• Future points to electronic solutions
  – ARRA - $19 Billion to aid in adoption of HIT
• Access from the EMR
  – Interfacing with external applications
  – XML Content accessible directly from the EMR
    • ICD-9, CPT, MeSH
  – Content provided by your EMR vendor
ROI Considerations

• Understanding the value of patient education
• Reduced Cancellations
• Improved Compliance
• Patient Satisfaction
• Costs of Self Producing
• Value of Preventative Care
• Time Savings
• Risk Management and Informed Consent
• Patient Loyalty
Outcomes

• AHRQ Study\(^4\)
  – Informed patients 30% less likely to be readmitted
  – Outpatient expenses reduced by $412 for well informed patients

• Lehigh Valley Health Network
  – Our customer reported CHF Core Measures compliance went from 91% to 100%
Patient Satisfaction

• 77% of patients would switch hospitals for better communication\(^6\)
• Doctor and Nurse Communication
• Communication about medications: 68%
• Communication about pain management: 59%\(^7\)
• HCAHPS scores affect reimbursement
• Hospitalcompare.com
Time Savings*

**Time saved (per patient).**
- 0 minutes: 21%
- 1-5 minutes: 17%
- 6-10 minutes: 14%
- 11-15 minutes: 18%
- 16-29 minutes: 17%
- 30 minutes: 7%
- 31-45 minutes: 5%
- more than 45 minutes: 3%

Average time saved = 31 minutes per patient.

**Money saved (per patient).**
- $1-$3: 11%
- $4-$6: 12%
- $7-$10: 13%
- $11-$20: 6%
- $21-$50: 6%
- more than $50: 9%
- unable to determine: 44%

Average money saved = $18.37 per patient.

*Data from Krames customer Survey – Available upon request*
What We’ve Seen

• Large hospital system
• Time consuming process for retrieving documents
• Time consuming process for creating documents
• Savings found in translations, content development, and EMR integration
• Estimated savings of education solution:
  – $16,567 - $160,800 per year*

*Data from Krames customer Survey – Available upon request
Client Case Study

• Sheryl Repischak
• Lehigh Valley Health Network
• 1000+ bed; 3 sites; 61,000 inpatient admissions
• Krames On Demand – hospital wide online access
• CHF core measures compliance went from 91% to 100%
• Users adjusted quickly to the interface
• Content documented in the EHMR
What Krames Offers

• Point-of-care Patient Education
• Patient-facing Health Education
• Emergency Discharge Tools
• Multimedia Formats
• Flexible Deployment Options
• Content Integration
• Peace of mind
Krames Difference: A Complete Solution

No other patient education provider can offer more content, in more formats, for more points across the entire continuum of care.

- Doctor’s Office
- Clinics
- Pre-Op – Home
- In the hospital
- In the ED
- Aftercare – Home
- On the web
Point of Care Education

• Krames On Demand
• Krames Content Licensing
• Video
• Exit-Writer
Patient-Facing / Community Health Solutions

- Krames Video
- Krames Online
- Krames Content Licensing
- New Products
Integration with Workflow

• EMR Interfacing solutions
• Content for integration with your HIS or EMR
  – XML and HTML
  – ICD-9, CPT, MeSH Coding
• Content available in major EMRs
What Krames Can Do For You

• Save Time & Money
• Improve patient satisfaction
• Improve Joint Commission scoring
• Standardize Patient Education
• Compliment your Marketing
• Support your Brand
• Support your Systems Investments
• Reduce Risk
Thank You!
Sources


3. Pew Internet and American Life Project and Cyberdialogue

Sources


Sources

10. www.recovery.gov


Sources

14. **Persuasion and the Role of Visual Presentation**  

15. Anesth & Analg 87(3):531-6

   [www.staywellcustom.com](http://www.staywellcustom.com)