

The War on MEDICAL MISINFORMATION

EXPERTS PRESCRIBE THE USE OF VETTED CONTENT FROM CREDIBLE SOURCES, WARN AGAINST VESTED INTERESTS WITH WASTEFUL WAYS

Written By Bruce Shutan

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hen it comes to health care, web browser searches and social media are rife with misinformation, confusion and conflicts of interest. This is especially true during the coronavirus pandemic when the alarming difference between knowledge and ignorance is a matter of life or death and critical to flattening the curve on outbreaks.

The editors of more than two dozen cardiology-related scientific journals published an editorial expressing alarm about medical misinformation and reiterating the importance of debunking myths. For self-insured employers and their industry partners, the challenge is to ensure that health plan participants can access credible and trustworthy information about health conditions and remedies to help them make better decisions.

Since medical information is so easily accessible, navigating such terrain is oftentimes a treacherous endeavor. Experts say the trouble with online content is that it's not policed and the first items that appear in a web browser are determined by search engine optimization vs. credibility rankings. It's potentially a recipe for disaster when diagnosing and treating illnesses.





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“The Internet is really a double-edged sword,” cautions Jenny Wan, manager of sales and marketing of Health Portal Solutions. “If I wake up in the middle of the night not feeling good and Google an article that gives me the wrong advice, I may end up in the emergency room.”

Perhaps no topic is more prone to misinformation and confusion now than the coronavirus pandemic, especially when it comes to assessing the efficacy of testing and apprehension about returning to work, observes James Burkholder, president and CEO of Health Portal Solutions. A recent study published in the journal *BMJ Global Health* noted that more than 25% of the most-viewed YouTube videos in English on Covid-19 were factually incorrect or misleading.



Jennifer Dressler, director of clinical services for WebMD Health Services, recalls an email circulating in early March suggesting how people could self-diagnose for Covid-19 that went viral on social media. The conclusion was that an ability to hold one’s breath for 10 seconds without coughing meant someone didn’t have the virus – a false claim that was erroneously attributed to Stanford University.

“Even some people with seasonal allergies can’t hold their breath

without coughing,” she says.

“If people don’t investigate what they’re reading and it gives them pause, they can really hurt themselves.”

NEED FOR TRANSPARENCY

It’s critically important to disseminate thoroughly researched and vetted health care content from credible sources in a secure portal, Burkholder explains. With that mission, he says, comes a responsibility to avoid or at least clearly mark information that relies on advertisements from prescription drug manufacturers and others that have a vested interest in the products or services they’re marketing.

As with any media operation, comingling advertising with editorial content can be a slippery slope if the former dictates the latter. In the case of WebMD Health Services, there’s a disclaimer on the website landing page stating there are no financial relationships with any advertisers, while the wellbeing portal for employers and health

plans is devoid of advertising.

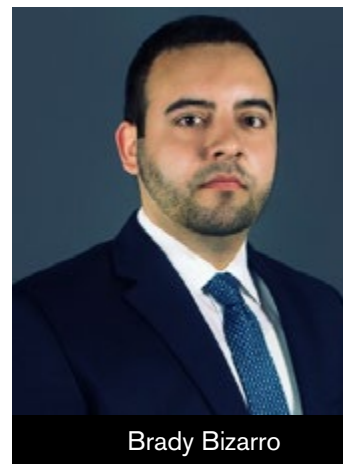
WebMD Health Services, which is part of the WebMD brand of companies, developed an internal culture that encourages sharing and vetting clinically driven content based on behavior change science methodologies prior to disseminating that information.

With more than 60 million eligible participants having access to its digital telephonic and online services through their health plan or employer, it’s one of the nation’s most well-known, trusted and highly regarded source for health care information. WebMD.com, the source for public information, has its own editorial accountability with policies and procedures at the bottom of the landing page for complete transparency.

“There are so many things you need to pay attention to so that people don’t associate you with the newest, latest and greatest Viagra pill that’s popping up and flashing, or it then takes you to additional links and you can’t close all your browsers,” Dressler cautions.

There are also legal considerations that involve disseminating health information to employee populations. “As an employer, you don’t want

to go beyond providing information,” explains Brady Bizarro, a health care attorney and director of legal compliance



and regulatory affairs for The Phia Group, LLC. "You don't want to be an advocate for any particular drug or service. Even though it might be in the best interests of the plan, and therefore the employee, to select the lower-cost option, the liability is too great to interfere."

IN SEARCH OF INDEPENDENCE

Basing medical decisions on information provided by sources with a vested interest in the outcome can exacerbate an already pressing problem with the nation's health care system, warns Al Lewis, a seasoned health and wellness expert who founded Quizzify. In a nutshell: dramatic overuse of medical services.

Those that receive industry funding invariably will be advocating for more of something and have a better position on Google searches because of bigger marketing budgets and higher profits, he explains.

Among the worst offenders, or those with the least amount of credibility, are medical specialty societies in the areas of urology, radiology, gastrointestinal, diabetes, dentistry, etc., Lewis laments. However, not all such organizations fall into this trap. He cites as examples the American Academy of Family Medicine, Society of General Internal Medicine and Endocrine Society.



Al Lewis

"Three times out of four, employees are going to opt for more medical care when the answer is less medical care," he says.

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It behooves content developers in the commercial market to include links to external sources that have the luxury of maintaining their independence. Dressler cites several examples that include federal, state and local government, as well as the U.S. Centers for Disease Control and Prevention and World Health Organization. Others involve various .org designations and accrediting bodies such as through the National Committee for Quality Assurance.

Bizarro suggests avoiding content that hasn't been peer reviewed by the *New England Journal of Medicine* or similar publications, and not certified or at least promoted by federal agencies such as the Department of Health and Human Services or Centers for Medicare & Medicaid Services.

Aileen Kantor, founder of Health Literacy Innovations, recommends that self-insured employers make available to their health plan members two invaluable resources. They include MedlinePlus, an online health information service of the National Library of Medicine and part of the National Institutes of Health, as well as PubMed, which comprises more than 30 million citations for biomedical literature from various sources.

One big concern is that most wellness vendors exceed the U.S. Preventive Services Taskforce recommendations, Lewis observes. For example, the taskforce suggests that only people in their 50s with a 10% risk of heart attack in the next 10 years take baby aspirin, while countless articles have extended it to other age groups. "What you read on the Internet about baby aspirin is wrong," he says. "You've got to look much harder at the actual data."

Quizzify heavily relies on material reviewed by Harvard Medical School doctors in its quizzes, along with the Mayo Clinic and U.S. Preventive Services Taskforce. Although WebMD is a commercial vendor, Lewis considers it another solid source alongside Choosing Wisely, a joint venture of *Consumer Reports* and the American Board of Internal Medicine.

CORRECTING COVID CONCERNS

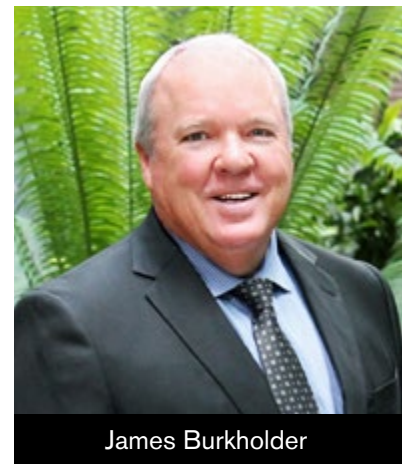
The value of carefully vetted material cannot be understated during the pandemic. Burkholder lauds Healthwise for doing "a tremendous job of continually updating information with regard to COVID-19." The nonprofit organization's evidence-based content, written by physicians in a way that health plan members can easily understand, offers "a good first line of defense for researching a medical problem," and avoiding unnecessary and expensive treatment, Wan adds.

Telemedicine also can resolve many minor health issues with the help of a board-certified physician whose virtual guidance can go a long way toward reducing wasteful spending.

"We integrate a lot with MeMD," she reports. Another trusted partner Wan cites is HealthDay, which recently refreshed its online videos and articles with more research-based content.

What's needed is a common-sense approach to health care education and communication in a post-pandemic world that balances the need to reopen for business with necessary precautions that protect employee populations.

For example, Burkholder touts a strategy built around frequent hand washing and social distancing, as well as added vigilance for people who are predisposed to serious medical conditions. Wan also sees a major role for telemedicine providers to help screen health plan members for COVID-19 and avoid trips to a doctor's office, urgent care or the emergency room where they may be put in harm's way.



Quizzify, whose mission is to raise health literacy through trivia challenges in the workplace, was embroiled in controversy over a question about hydroxychloroquine it fielded in early March before the medical establishment finally recommended it not be used to treat COVID-19. A handful of people

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who took the quiz were perplexed that it cast doubt on the efficacy of this treatment for the virus when President Trump was touting its promise. Ironically, the commander in chief made a stunning admission in late May about taking hydroxychloroquine to guard against the coronavirus.

“We looked at the science, and it was perfectly obvious that you should not be taking this stuff except when it was prescribed for particular ailments,” explains Lewis, whose trivia games have drawn more than 100,000 players.

There are plenty of other myths over the years that Lewis has sought to debunk as a health literacy advocate and educator. One is that high-end heartburn medicine such as Nexium or Prilosec safely provide relief. In fact, he says it spikes the stomach’s pH level and changes digestion, “which has consequences that we don’t really know about.”

Another example involves elective cardiac stents for single-vessel occlusion stable angina, which Lewis says are no better than exercise, diet and pills. As a result, he notes that Americans get far more stents than people in most other countries. The value of a statin to lower cholesterol also has been called into question. It won’t reduce the risk of a

heart attack “unless you’re in very specific sort of risk factor, demographic, etc.,” he cautions.

IMPROVING HEALTH LITERACY

Some resources can help connect the dots between informing employees about health topics, improving their health literacy and actually suggesting prudent avenues of care. Bizarro, for instance, recommends the Leapfrog Group, a nonprofit watchdog organization for health care consumers and purchasers alike that compiles information about providers and rates them based on quality and cost of care, including the number of hospital infections and readmissions.

Having access to credible information can improve health literacy, which in turn, helps individuals adhere to healthier lifestyles and saves money for both employees and employers. For example, Dressler notes that explaining how a person can decrease the need for prescription pain medication is linked to losing weight can, in turn, help alleviate the joint pain driving the need for medication relief.

Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand health information to make appropriate health decisions, according to Kantor. She says just one in six adults and one in three seniors are believed to have proficient health literacy, while those with low health literacy experience four times higher health care costs and two day longer hospital stays, as well as a higher rate of hospitalization and emergency services.



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"The average American reads at a fifth-grade reading level, and the health care industry produces information at a tenth-grade reading level," she explains.

Both the National Committee for Quality Assurance and Utilization Review Accreditation Commission have standards for health literacy while accrediting bodies are increasingly requiring them for accreditation, reports Kantor, whose company introduced the nation's first interactive health literacy software tool.

"Healthcare literacy is so very important," Dressler adds. "I know that there are so many different groups and entities out there that are trying to move that marker. And health care literacy definitely doesn't mean just understanding an appendectomy. It's that whole broad understanding about the cause and effect, the downflow influence and insurance costs." ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 30 years.



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