Visual Abstract 101

Kara Gavin, Media & Policy Public Relations Manager

Emily Smith, Multimedia Designer

INSTITUTE FOR HEALTHCARE POLICY & INNOVATION
UNIVERSITY OF MICHIGAN

After this session you will know…

1. the term "visual abstract" (if you don't already)
2. the history behind them
3. how to create an effective message
4. how to create a visual abstract
5. where to find the resources you need for creating visual abstracts
6. how to disseminate your visual abstract

What is a **visual abstract**?

What is an ~~visual~~ **abstract**?

Abstract

a summary of the contents of a book, article, or formal speech.

Source: dictionary.com

Abstract

a summary of the contents of a book, article, or formal speech.

Source: dictionary.com

JAMA | Original Investigation

Out-of-Network Bills for Privately Insured Patients Undergoing Elective Surgery With In-Network Primary Surgeons and Facilities

Karan R. Chhabra, MD, MSc; Kyle H. Sheetz, MD, MSc; Ushapoorna Nuliyalu, MPH; Mihir S. Dekhne, MS; Andrew M. Ryan, PhD; Justin B. Dimick, MD, MPH

IMPORTANCE Privately insured patients who receive care from in-network physicians may receive unexpected out-of-network bills ("surprise bills") from out-of-network clinicians they did not choose. In elective surgery, this can occur if patients choose in-network surgeons and hospitals but receive out-of-network bills from other involved clinicians.

OBJECTIVE To evaluate out-of-network billing across common elective operations performed with in-network primary surgeons and facilities.

DESIGN, SETTING, AND PARTICIPANTS Retrospective analysis of claims data from a large US commercial insurer, representing 347 356 patients who had undergone 1 of 7 common elective operations (arthroscopic meniscal repair [116 749]; laparoscopic cholecystectomy [82 372]; hysterectomy [67 452]; total knee replacement [42 313]; breast lumpectomy [18 018]; colectomy [14 074]; coronary artery bypass graft surgery [6378]) by an in-network primary surgeon at an in-network facility between January 1, 2012, and September 30, 2017. Follow-up ended November 8, 2017.

EXPOSURE Patient, clinician, and insurance factors potentially related to out-of-network bills.

MAIN OUTCOMES AND MEASURES The primary outcome was the proportion of episodes with out-of-network bills. The secondary outcome was the estimated potential balance bill associated with out-of-network bills from each surgical procedure, calculated as total out-of-network charges less the typical in-network price for the same service.

RESULTS Among 347 356 patients (mean age, 48 [SD, 11] years; 66% women) who underwent surgery with in-network primary surgeons and facilities, 20.5% of episodes (95% CI, 19.4%-21.7%) had an out-of-network bill. In these episodes, the mean potential balance bill per episode was $2011 (95% CI, $1866-$2157) when present. Out-of-network bills were associated with surgical assistants in 37% of these episodes; when present, the mean potential balance bill was $3633 (95% CI, $3384-$3883). Out-of-network bills were

Visual abstract

A visual summary of the information contained within an abstract.

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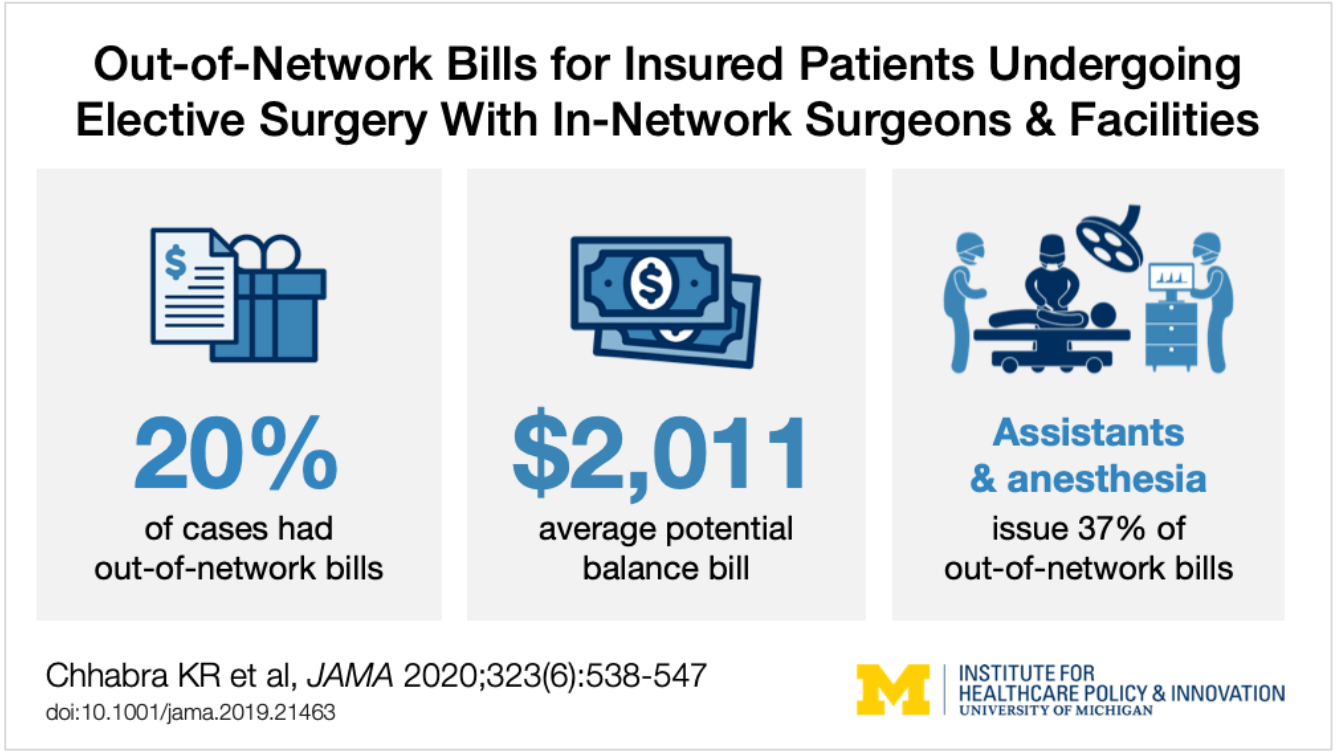


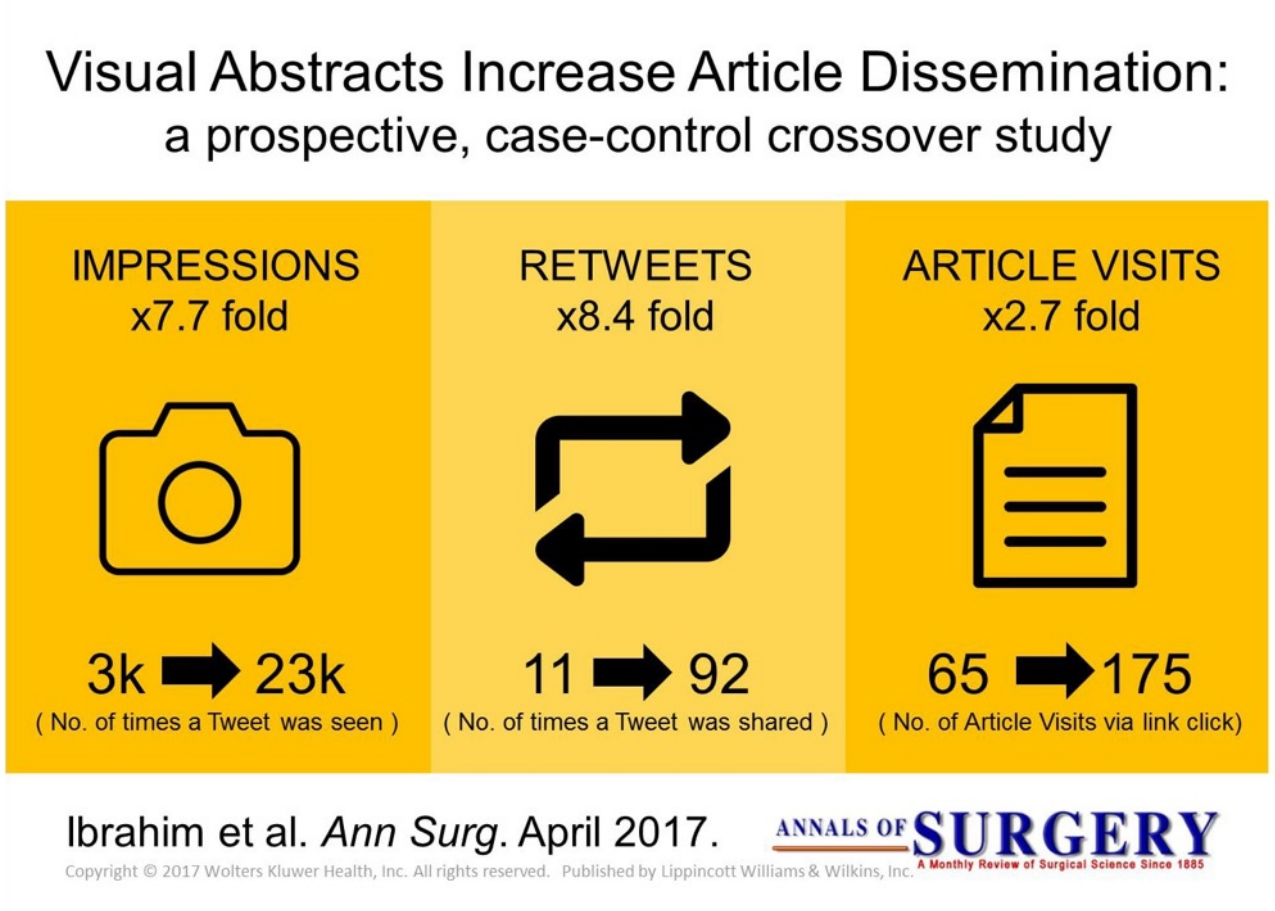
Where did
visual abstracts start?

At Michigan!

Assistant Professor **Andrew Ibrahim, MD, MSc**, during his RWJF Clinical Scholars time, in his role as social media editor of the *Annals of Surgery*

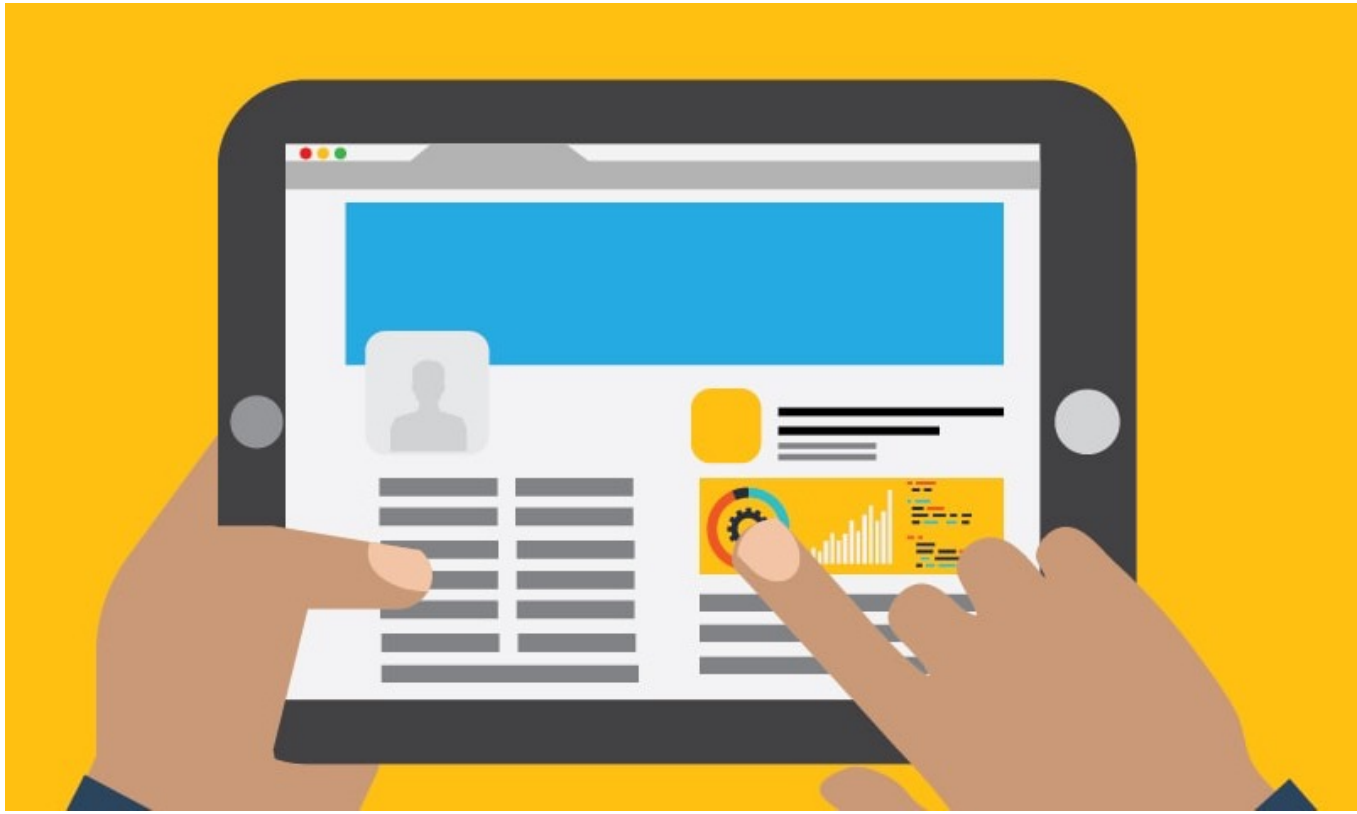
A “movie trailer” for research

- Catch the eye
- Draw reader to the full paper
- Accompanied by link to paper
- Convey key messages and citation info



Adoption

- **First ones:** July 2016
- **May 2017:** 20 major journals
- Now, **95+ journals** create or ask authors to create (including CDC, BMJ, JAMA, NEJM)
- Many others doing them
- **#VisualAbstract** on Twitter



Making a Visual Abstract:

Crystallizing your message

Finding the essential points

- Start with your abstract
- Try an ‘elevator speech’ out loud
- Keep boiling!
- Key components:
  - Title that grabs
  - Main findings in numeric/icon form
  - Population
  - Process/intervention
  - Data sources, caveats
  - Citation & logo(s)

Level of language

- Who's your audience?
- Clear headline:
  Why should they stop to look?
- What jargon can you avoid or explain?
- Where can you substitute icons or numbers & arrows for words?

Choose your variety

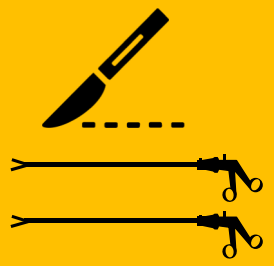
- Number of outcomes
  - Need to show randomization, process or intervention?
  - Can icons & a few numbers tell most of the story?
- Figure and quote
- Qualitative list

If this were a talk, what would you want audience members to remember?

What makes up a **visual abstract?**

Components of Effective Visual Abstract

Survey of 1,033 Surgeons:
Barriers to Developing Surgical Scientists…

Pressure to be Clinically Productive	Excessive Administrative Duties	Concern about Work-Life Balance
		
88%	64%	60%
(Percent of Surgeons)	(Percent of Surgeons)	(Percent of Surgeons)

Keswani et al. *Ann Surg*. Sept 2016.

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ANNALS OF SURGERY
A Monthly Review of Surgical Science Since 1885

Components of Effective Visual Abstract

Summarize key question being addressed

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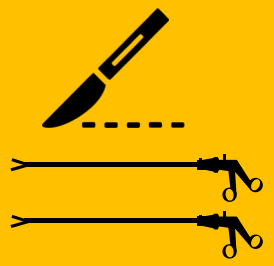		
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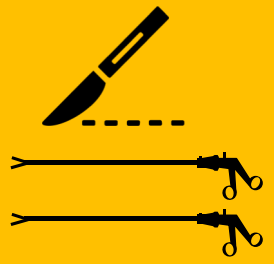		
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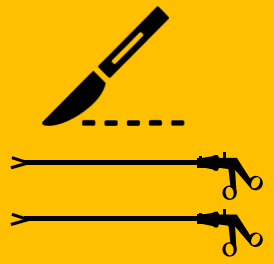
List outcome variables

Pressure to be Clinically Productive	Excessive Administrative Duties	Concern about Work-Life Balance
		
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Visually display outcomes

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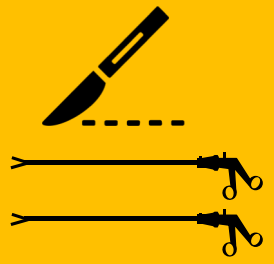		
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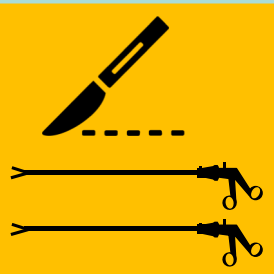		
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List outcome variables

Visually display outcomes

Quantify outcomes with units

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Designing a **visual abstract**

Design Principles

1 Contrast

2 Repetition

3 Alignment

4 Proximity

Design Principles

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Show the differences.

CONTRAST
contrast

Contrast
Contrast

contrast
contrast

contrast
contrast

Opioid Prescribing Guidelines for Chronic Pain:
Do They Improve Outcomes?

Guidelines aim to:

- increase effectiveness of pain treatment
- reduce risk to patients
- improve communication between patients and providers

Opioid prescribing is declining

Guidelines may change prescriber behavior, even without enforcement

What are health systems using in place of opioid analgesics?

Based on presentation by:
Amy Bohnert, PhD, MHS
Associate Professor, Psychiatry, University of Michigan
Research Investigator, The Center for Clinical Management Research, Department of Veterans Affairs

Opioids: Policy to Practice
#OpSummit19

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Avoid underlining

If you want to call attention to words, *find a way to emphasize it other than underlining it.*

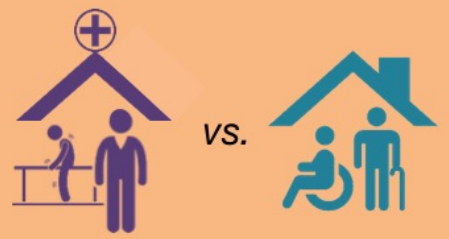
Hyperlinks are OK because there is a purpose and it is universally recognized.

Hospitals with Higher 90-Day Bundle Payments for CABG Procedures…

High payment hospitals had …

⬆ Post-acute Care

4x higher utilization of inpatient (vs. outpatient) rehabilitation



13% vs. 3%

(percent of patient using inpatient rehabilitation)

⬆ Physician Payments

2x higher use of inpatient evaluation and management (E&M) services

1.5 vs. 0.7

(number of inpatient E&M claims per day)

⬆ Readmissions

2x higher rate of patients with multiple readmissions

7% vs. 4%

(percent of patient with multiple readmissions)

Citation (include author, title, journal, date).

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Hospitals with Higher 90-Day Bundle Payments for CABG Procedures...

INCREASED POST-ACUTE CARE

x4.4 (13% vs. 3%)

utilization of inpatient (vs. outpatient) rehabilitation

MORE PHYSICIAN PAYMENTS

x2.4 (1.5 vs. 0.7)

use of inpatient evaluation and management serivces claims per day

INCREASED MULTIPLE READMISSIONS

x1.8 (7% vs. 4%)

rate of patients with multiple readmissions

Guduguntla et al. *JAMA Surg* August, 2018.

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Opioids: Policy to Practice
#OpSummit19

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Design Principles

1 Contrast

2 Repetition

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Living Through a Disaster Leads to Less Healthy Behaviors

20,671 Individuals
59,450 Interviews

1,451 unique disasters
60% exposed

16%
less likely to be physically active

21%
more likely to gain weight

Sue Anne Bell (@sueannebell) *et al.* PreHospital and Disaster Medicine (In Press).

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NIH
National Institutes of Health

Finding images

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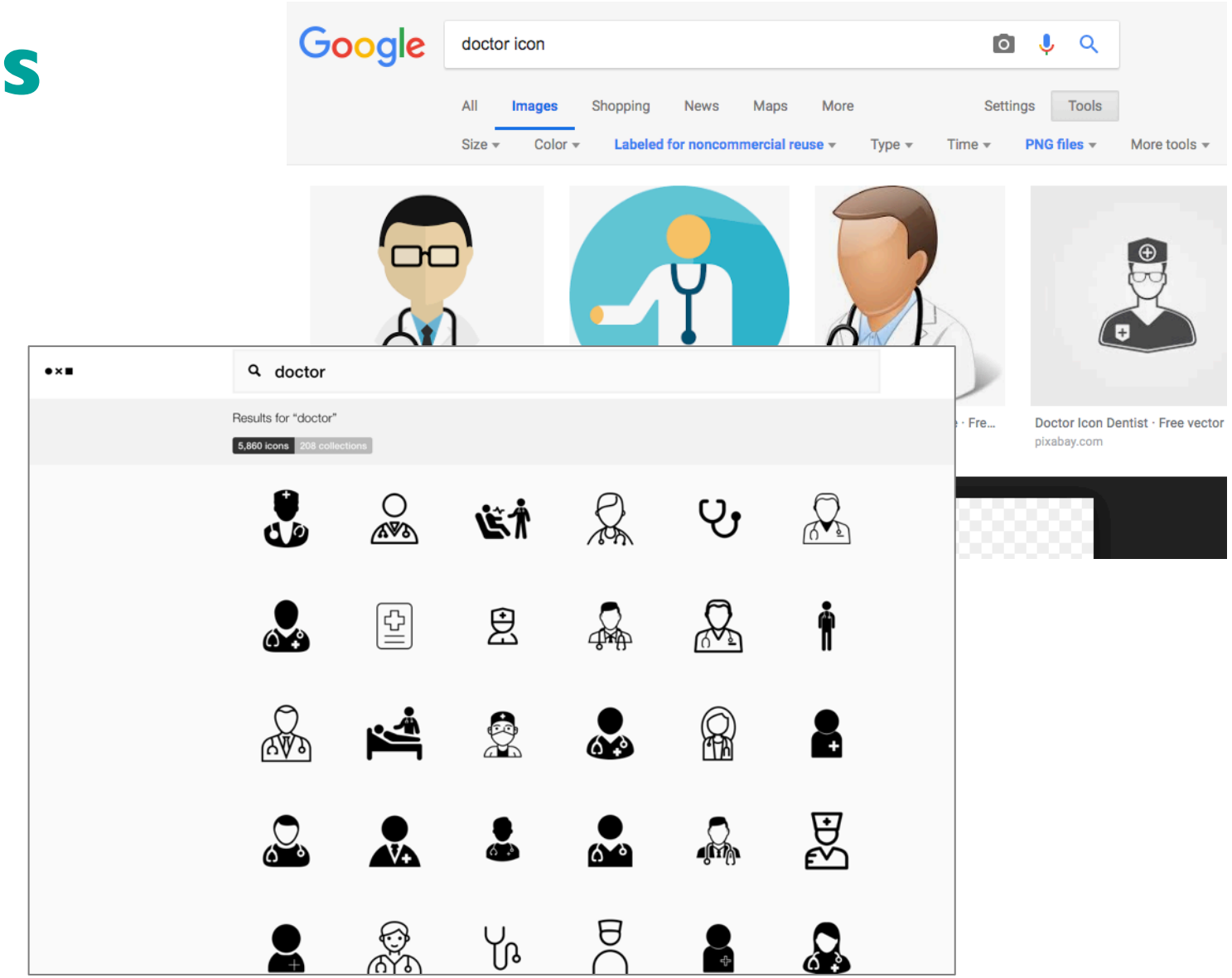

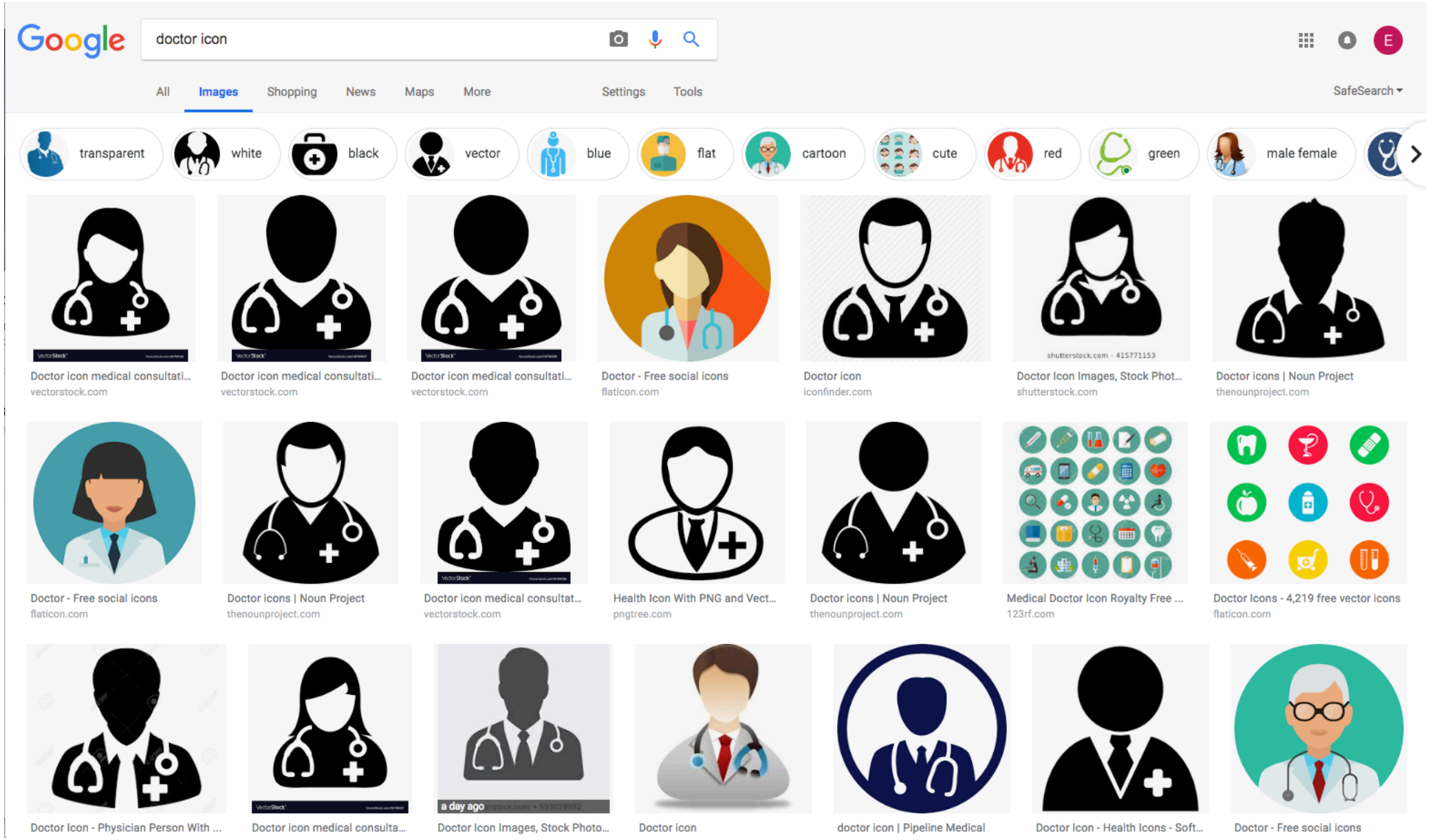
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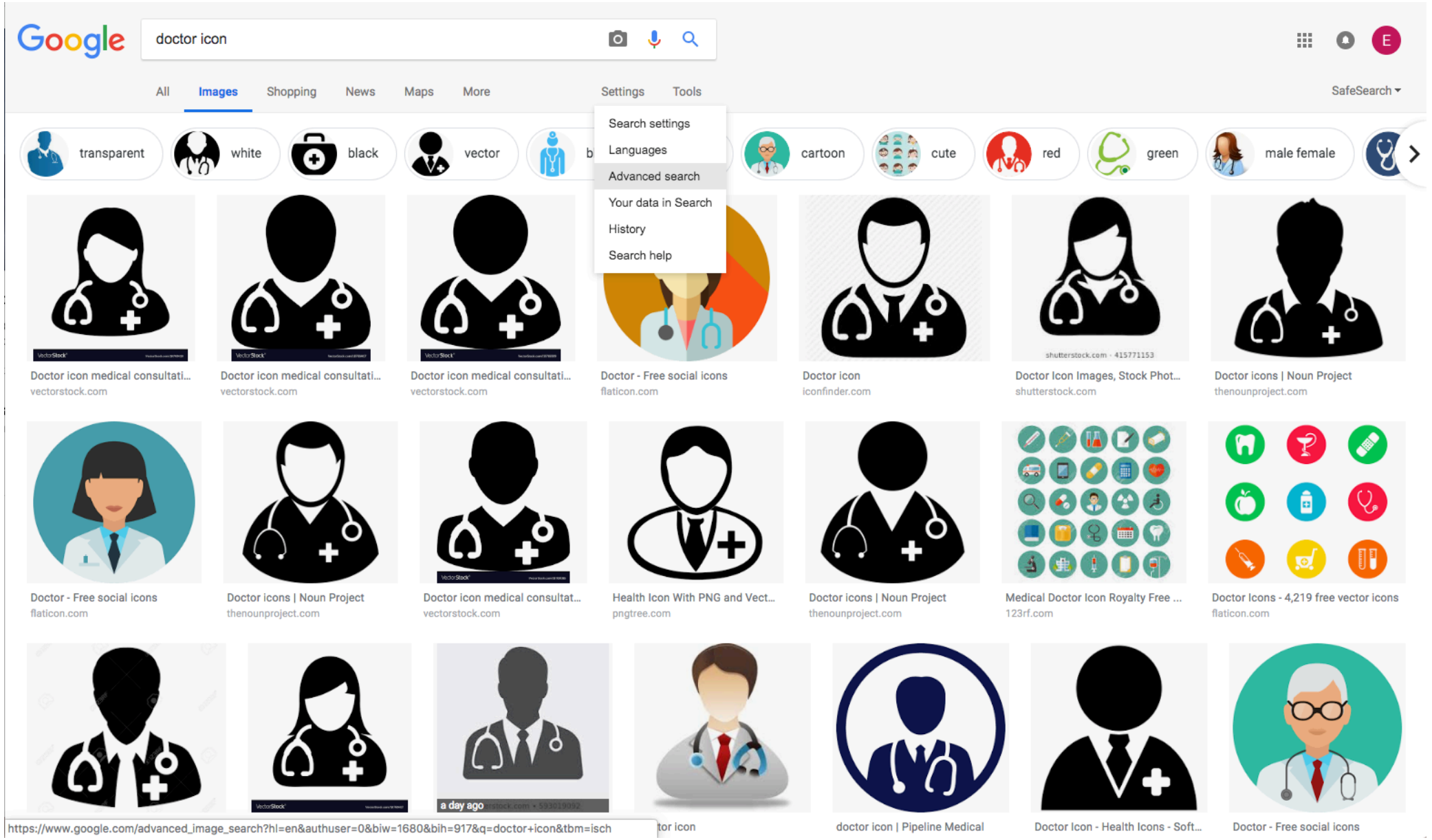
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More
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Tools
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Languages
Advanced search
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History
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transparent
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black
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cartoon
cute
red
green
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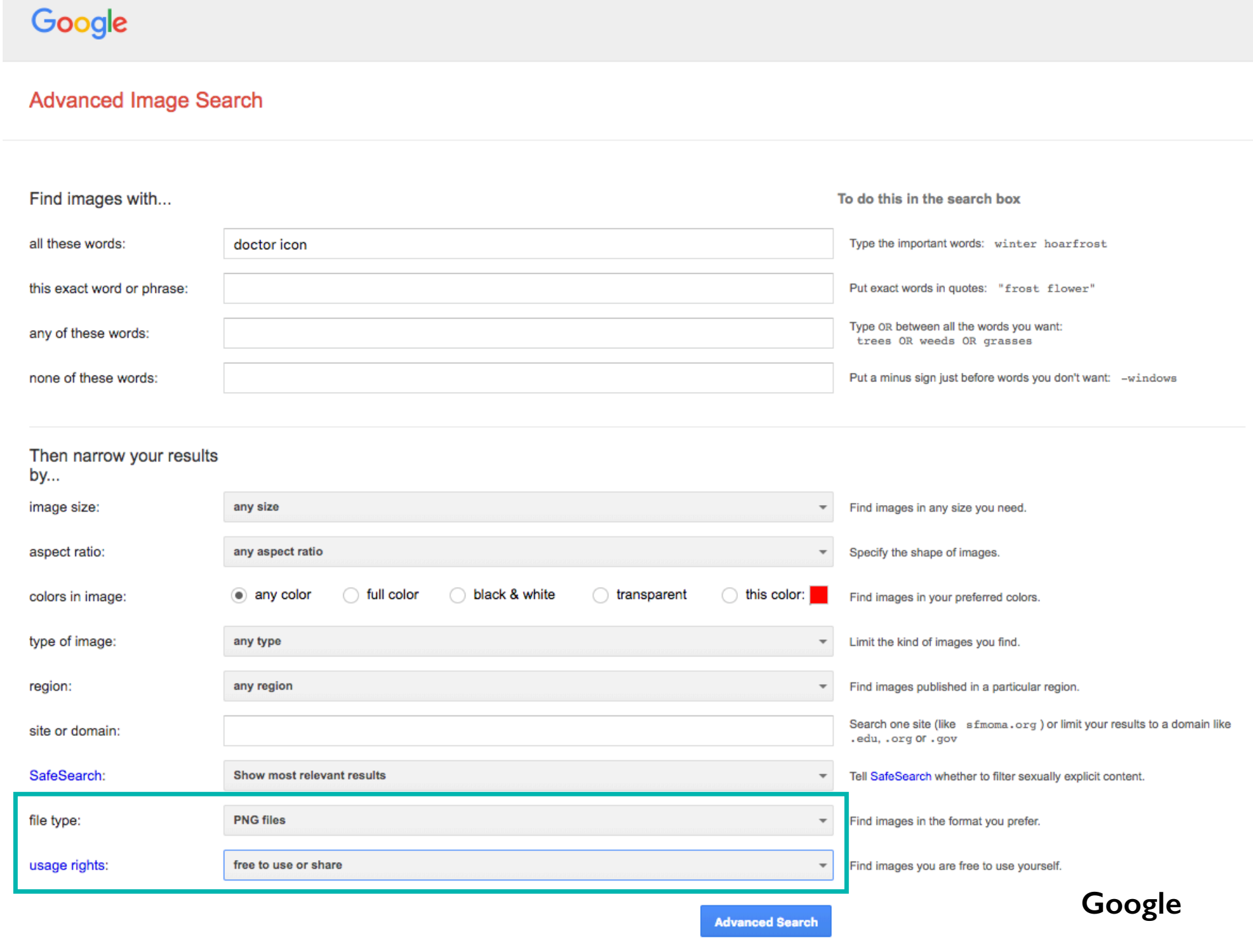

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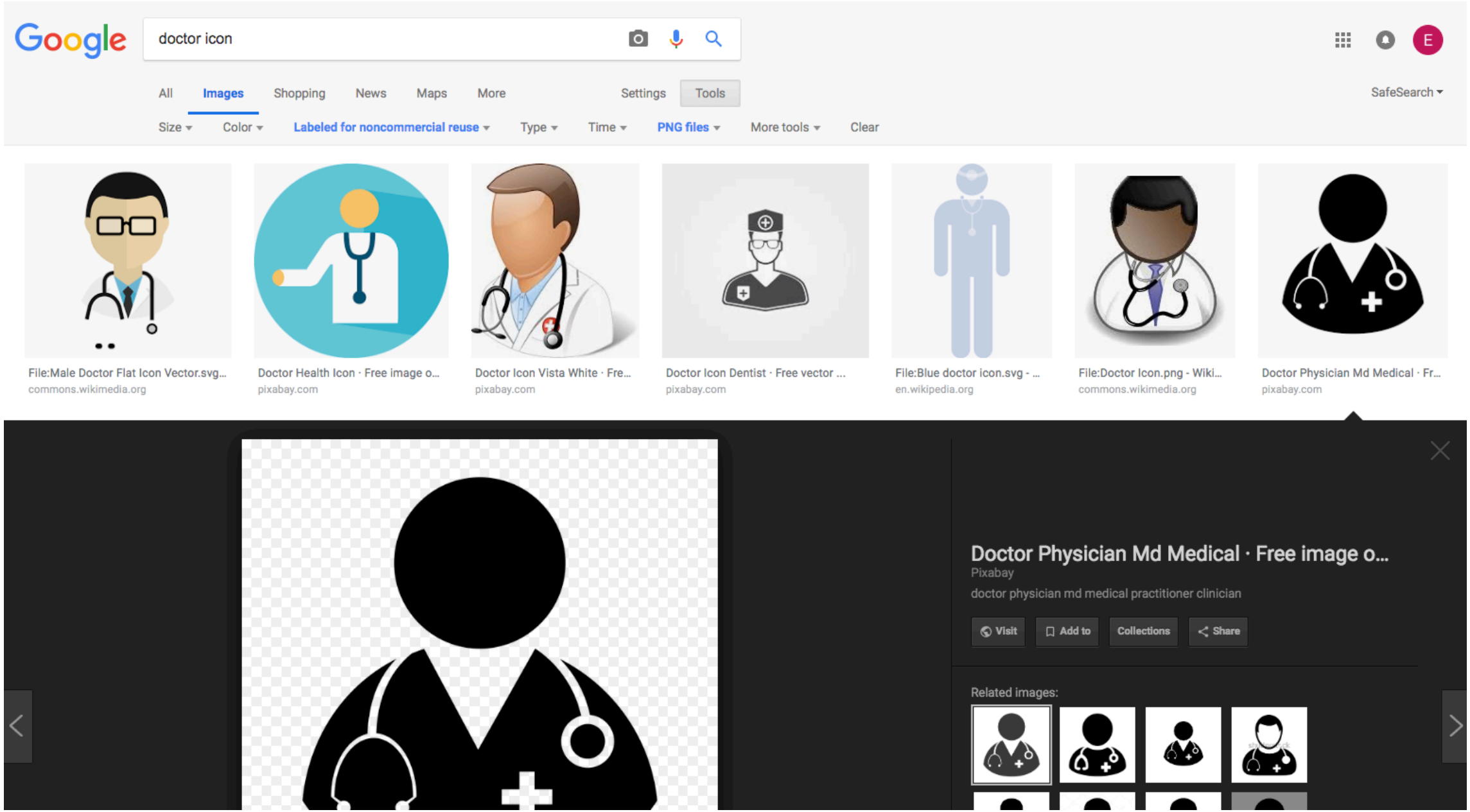
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Tools
SafeSearch
Size
Color
Labeled for noncommercial reuse
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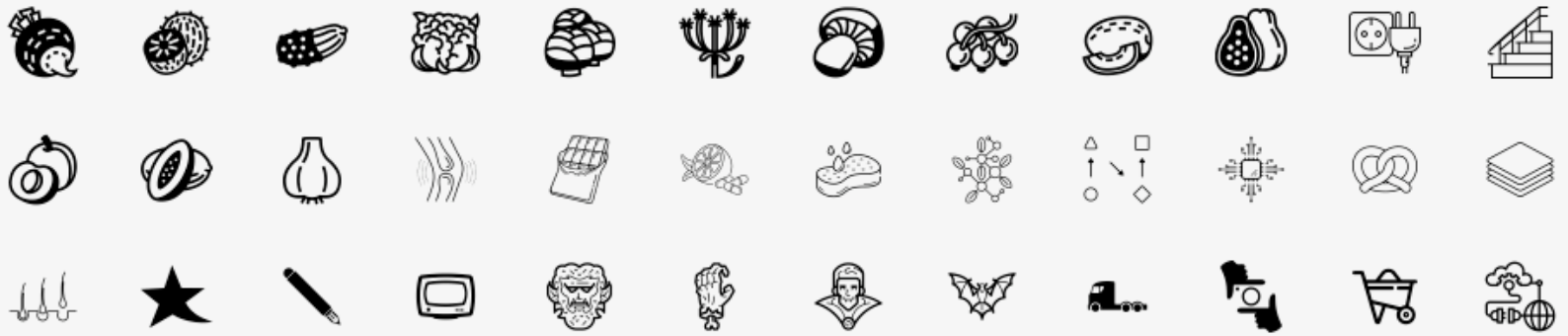

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Customize any icon for the perfect fit

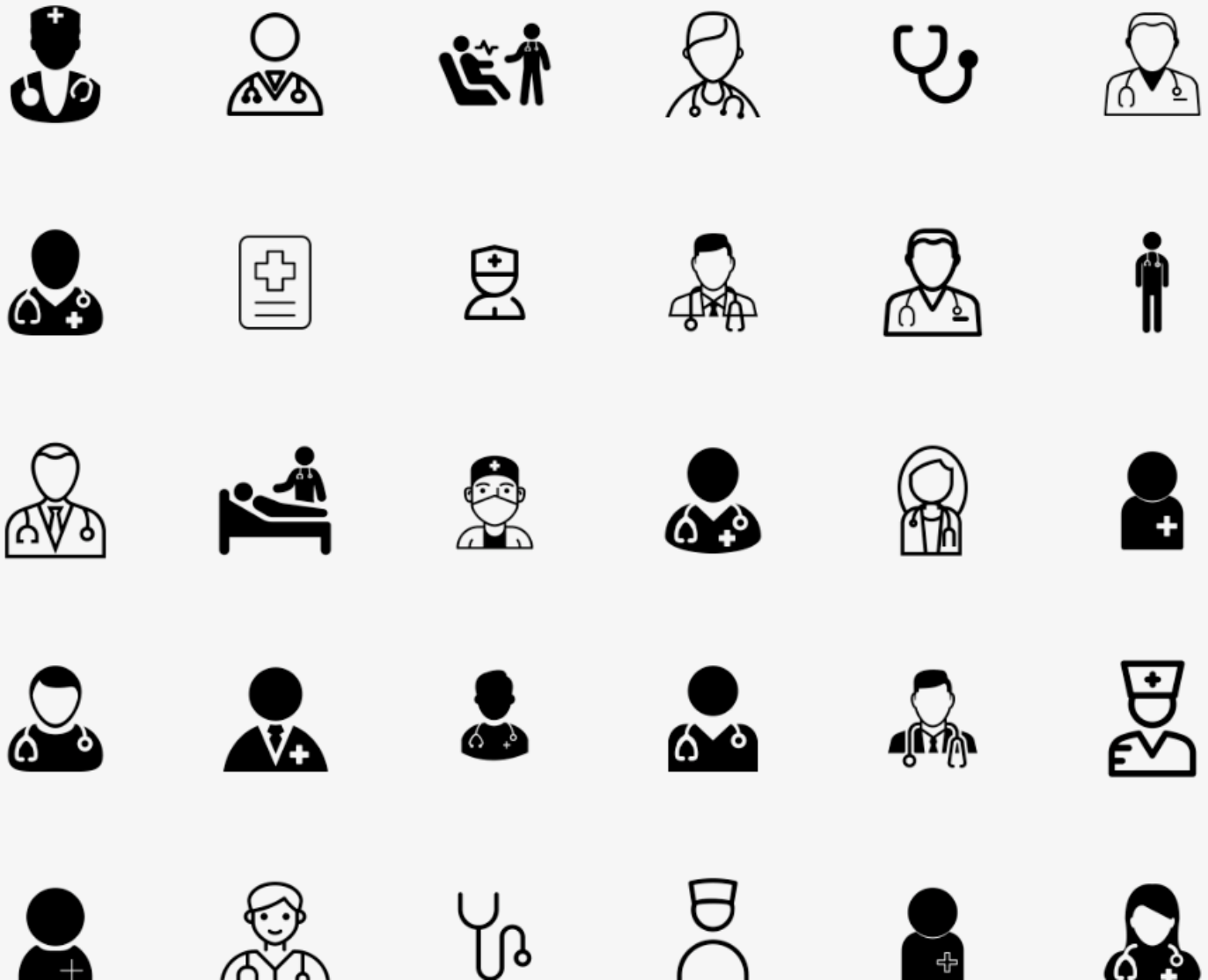
Try it out

Noun Project

doctor

Results for “doctor”

5,860 icons | 208 collections



Noun Project

doctor

Doctor

By Wilson Joseph
In the Doctor, Medical, Physician, Healthcare Vector Icons Collection

No need to attribute, you're NounPro

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1200px x 1200px

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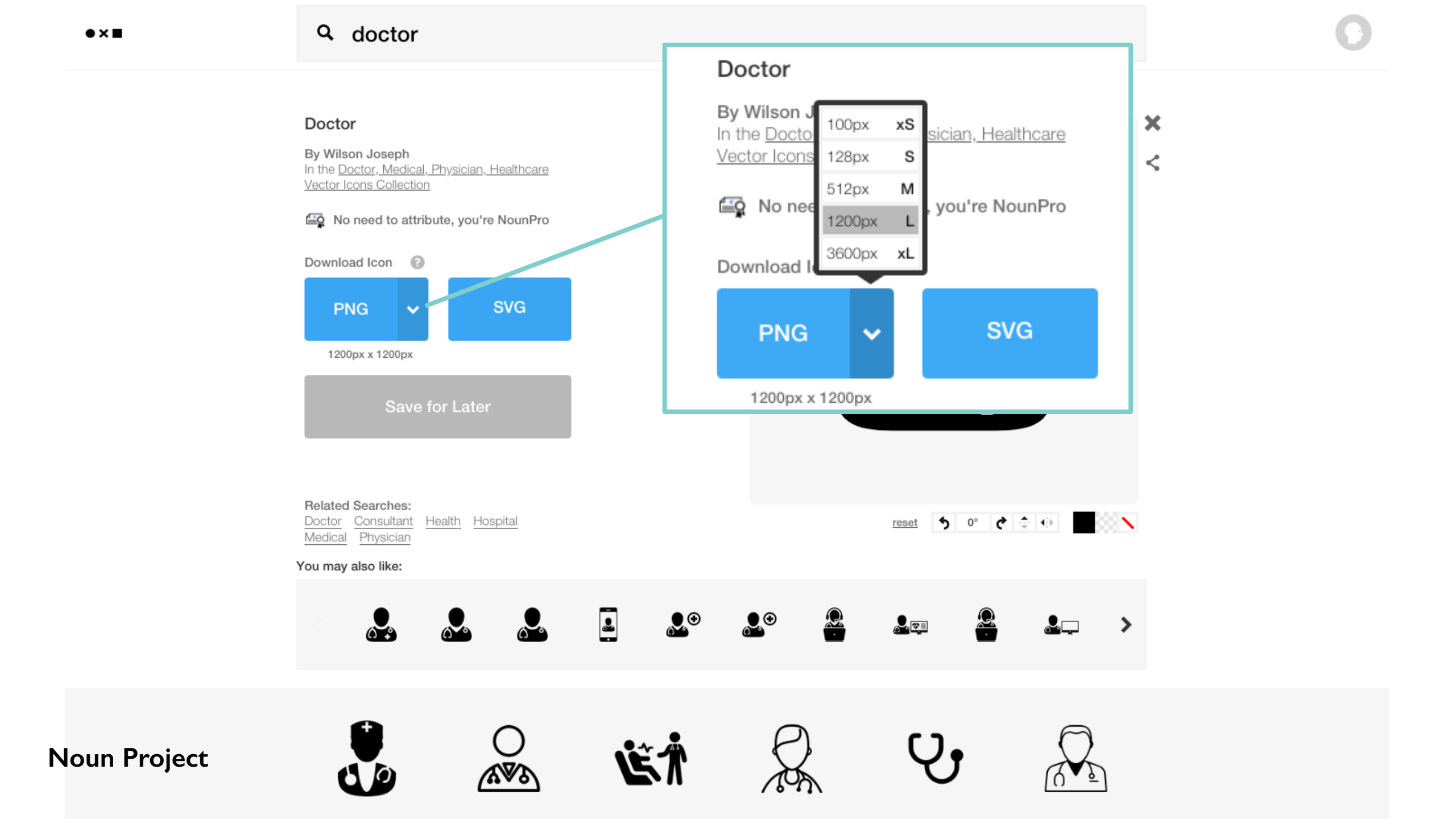

Noun Project

Noun Project

Check out the Noun Project add-in via PowerPoint!

Presentation3 - PowerPoint

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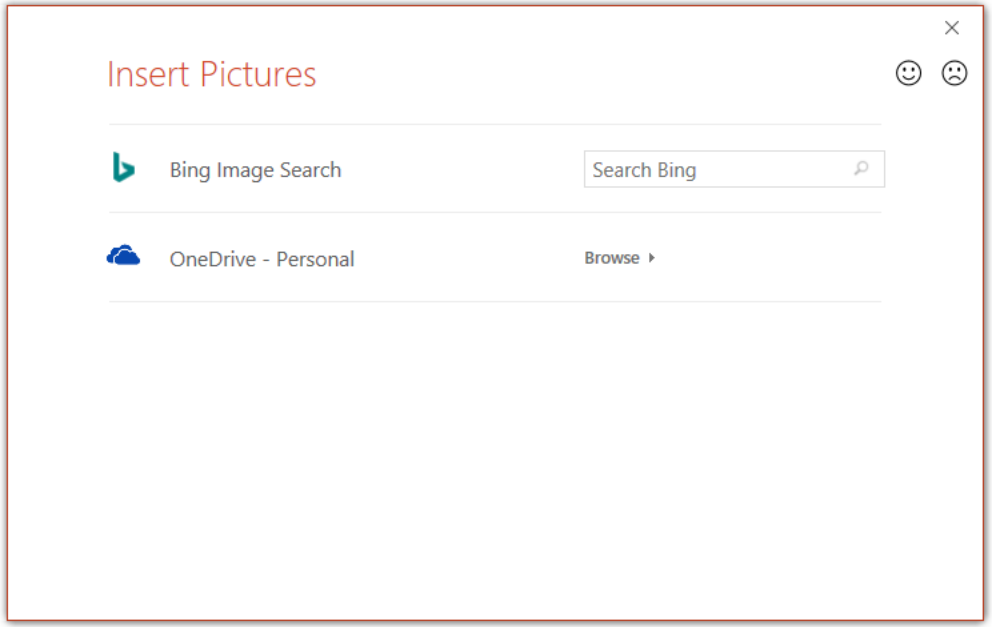

Slide 1 of 1

Notes Comments 102%

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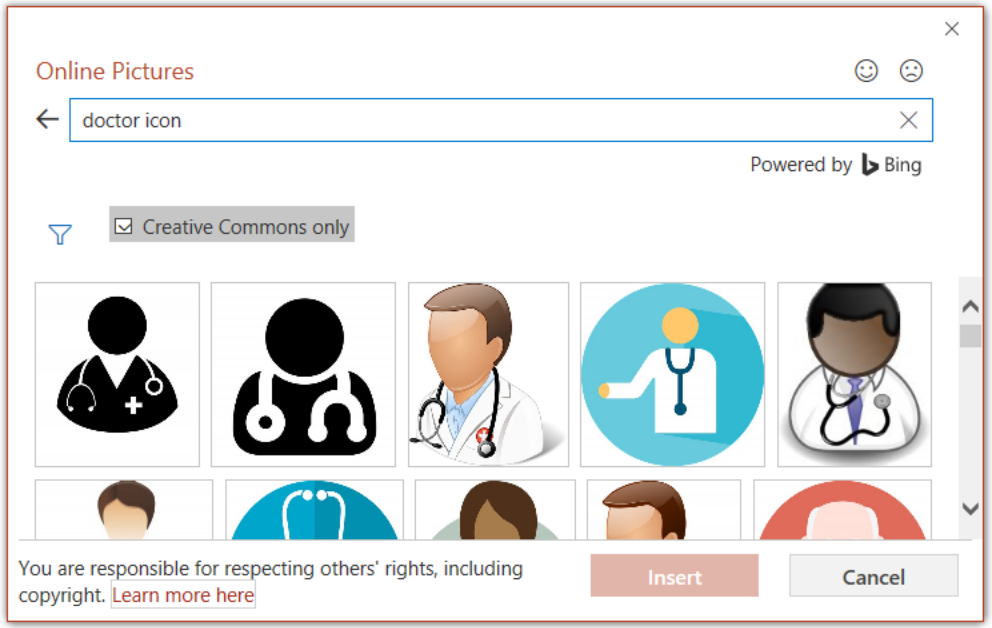


Slide 1 of 1

Notes Comments 102%

Finding the right images

- Identify the best visual to depict the information (the first choice is most likely not the final choice).
- Keep the audience in mind.
- Keep visual style in mind.
  - Departmental/unit brand colors
  - Solid colored icons vs cartoon-like images (ie. Clip Art)

THE BRAND. **THE BRAND. THE BRAND.**

brand.umich.edu

The University of Michigan's brand identity is one of our most valuable assets. It is recognized worldwide and immediately connects us with the hearts and minds of our audiences.

We encourage you to use the useful tips, guidelines and resources on this site to keep our brand consistent and strong.

LOGOS

DESIGN RESOURCES

EDITORIAL RESOURCES

CAMPUS ADVERTISING

TRADEMARKS & PERMISSIONS

WEB	WEB ACCESSIBLE COMBINATION
#FFCB05	Aa Aa Blue (#00274C)
#00274C	Aa Aa Maize (#FFCB05) Aa Aa White (#FFFFFF)

WEB	WEB ACCESSIBLE COMBINATION
#9A3324	Aa Aa White (#FFFFFF)
#D86018	Aa Black (#000000)
#A5A508	Aa Aa Black (#000000) Blue (#00274C)
#00B2A9	Aa Aa Black (#000000) Blue (#00274C)
#2F65A7	Aa Aa White (#FFFFFF)

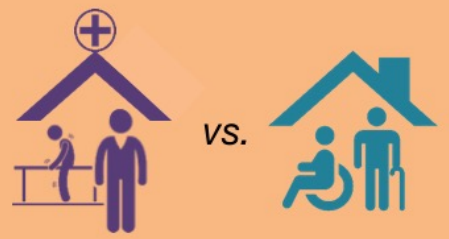
Before & After

Hospitals with Higher 90-Day Bundle Payments for CABG Procedures…

High payment hospitals had …

⬆ Post-acute Care

4x higher utilization of inpatient (vs. outpatient) rehabilitation



13% vs. 3%

(percent of patient using inpatient rehabilitation)

⬆ Physician Payments

2x higher use of inpatient evaluation and management (E&M) services

1.5 vs. 0.7

(number of inpatient E&M claims per day)

⬆ Readmissions

2x higher rate of patients with multiple readmissions

7% vs. 4%

(percent of patient with multiple readmissions)

Citation (include author, title, journal, date).

INSTITUTE FOR HEALTHCARE POLICY & INNOVATION
UNIVERSITY OF MICHIGAN

Hospitals with Higher 90-Day Bundle Payments for CABG Procedures…

INCREASED POST-ACUTE CARE

x4.4 (13% vs. 3%)

utilization of inpatient (vs. outpatient) rehabilitation

MORE PHYSICIAN PAYMENTS

x2.4 (1.5 vs. 0.7)

use of inpatient evaluation and management serivces claims per day

INCREASED MULTIPLE READMISSIONS

x1.8 (7% vs. 4%)

rate of patients with multiple readmissions

Citation (include author, title, journal, date).

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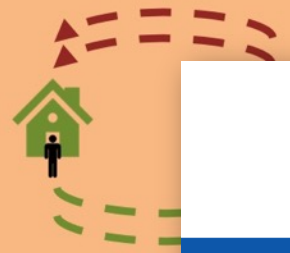

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Living Through a Disaster Leads to Less Healthy Behaviors

Sue Anne Bell (@sueannebell) *et al.* PreHospital and Disaster Medicine (In Press).

In a national longitudinal cohort

using Health and Retirement Study data (@HRSisr) combined with Federal Emergency Management Agency disaster declaration data

Comparing those who experienced a disaster versus those who did not

1,451 unique disasters
60% exposed

16% <u>less</u> likely to be physically active

21% <u>more</u> likely to gain weight

adjusted odds ratio, change over time in health risk behaviors adjusting for many potential confounders

SCHOOL OF NURSING
UNIVERSITY OF MICHIGAN

NIH
National Institutes of Health

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59,450 Interviews

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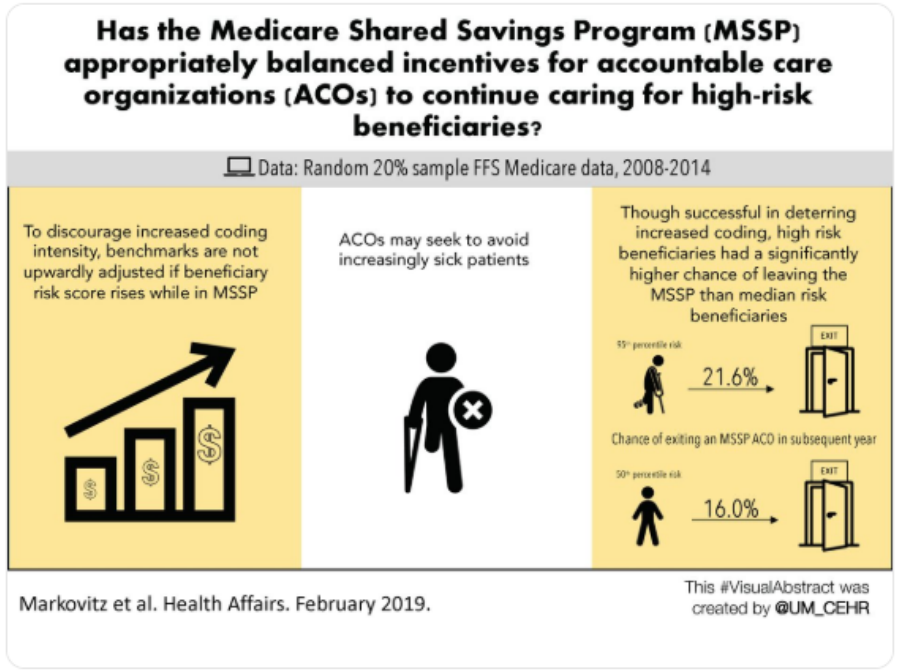
Disseminating a **visual abstract**

Twitter

- Tweet it as soon after paper/talk as you can!
- ALWAYS include a link to your paper
- Tag your co-authors, mentor, journal, funding agency, center/department/program
- Use common hashtags for the topic & #VisualAbstract
  - Visit www.symplur.com/healthcare-hashtags/
- Share several times over the next week
- Ask others to share
- Share again when the work is timely

Check out @AdamMarkovitz's article in this month's @Health_Affairs: the MSSP has deterred ACOs from coding more intensely d/t not upwardly adjusting benchmarks; high risk beneficiaries still left the MSSP at a significantly higher rate than median risk bit.ly/2RHqLbl



7:48 AM - 6 Feb 2019

4 Retweets 7 Likes

Other means

- Make a LinkedIn post and embed it
- Use it as a slide in talks
- Embed it on your professional profile
- Share by email
- Share with center/department/ institution communicator