

MIIPs: Minimally Invasive, Cost-Effective Care

Founders of the Interventional Initiative discuss the goals and challenges of the organization and how they are attempting to bring MIIPs to the forefront of the health care system.

WITH ISABEL NEWTON, MD, PhD, AND SUSAN JACKSON, MBA, RT(R)(CV)

What is the Interventional Initiative, and what are its goals?

The Interventional Initiative is a not-for-profit 501(c)(3) organization with the mission of educating and engaging the public about the value of minimally invasive, image-guided procedures (MIIPs). We reach people with our message through several public-facing multimedia productions and outreach initiatives.

Most people have never heard of MIIPs. Once they learn that they offer shorter recovery times, less pain, fewer complications, and are lower risk than most conventional treatments, they are eager to find out more. Some patients are facing complicated diagnoses, and a MIIP may be their only option. Our mission to engage the public about these procedures is a long-term commitment toward improving patient access. We do this by increasing public awareness of the full breadth of diseases treated with MIIPs to empower patients to make informed health care decisions. A common question we are asked is, “What can be treated with

a MIIP?” So we created a campaign called “There’s a MIIP for That!” to visually convey the vast number of diseases and conditions that can be treated without a scalpel (Figure 1).

For those who have heard about MIIPs and are curious to learn more, we found that there weren’t many resources available. The internet is full of information, but very little of it focused on MIIPs, and even less of that is understandable by most people outside the medical profession. Only 12% of American adults have proficient health literacy, and most available materials that are generated are far above this literacy level. Meanwhile, health care consumers are becoming increasingly dependent on the internet to find out more about their chronic diseases, treatment options, and doctors who offer cutting-edge solutions. We saw this as an opportunity to provide comprehensive information about MIIPs in formats that are easy to understand, and thus we set about creating MIIP-specific materials to supplement our other initiatives. To con-

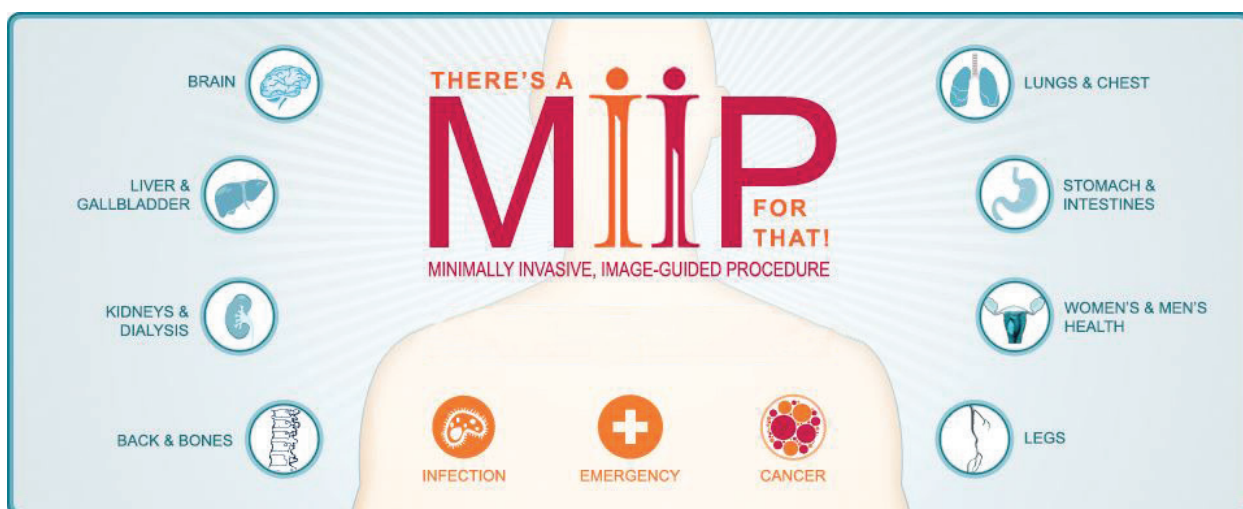


Figure 1. The vast number of diseases and conditions that can be treated using MIIPs.

nect with the greatest number of people, we follow the Centers for Disease Control and Prevention (CDC) recommendation of generating materials at the 6th grade health literacy level. We promote engagement by producing content that is clear and visually appealing, according to the CDC guidelines and the feedback from our test groups.

What void or opportunity prompted you to start the Interventional Initiative?

Today, MIIPs can be performed as an alternative or adjunct to surgery or other traditional treatments. MIIPs can treat a wide range of diseases, including cancer, stroke, aneurysms, stenoses, infections, trauma, pediatric diseases, and fibroids. Most people have never heard of MIIPs, even though they can be life-saving. As a result, many who might benefit from a MIIP go untreated or undergo a more-invasive or higher-risk treatment. Some patients are incorrectly told that medicine has nothing more to offer them, and they believe they are at the end of the line.

The US Department of Health and Human Services called a lack of health literacy a “critical problem,” and it is not unique to patients. Even the most astute primary care providers have little familiarity with the breadth of MIIPs, which limits their ability to inform patients of their MIIP options.

Although MIIPs offer cost savings, many hospital administrators and policy makers are unaware of their value and do not promote them at the institutional and systems levels. Interventional radiologists (IRs) and other specially trained physicians perform these cutting-edge procedures across the world, but most people have no idea that MIIPs exist. Advances in this field happen so fast that it is hard to keep up or even understand what is out there.

We formed the Interventional Initiative to bridge this significant knowledge gap. We believe that people deserve to understand all of their options so that they can choose the treatment that is best for them and their families. Studies show that patients who understand their options and who are empowered to make informed health care decisions have better outcomes.

What inspired you to include a documentary and podcast series as part of the initiative’s media presence?

The documentary actually served as the inspiration for the Interventional Initiative. The Western Angiographic and Interventional Society enthusiastically and generously sponsored us in the production of a documentary about interventional radiology, which became *Without*

a Scalpel. The focus and scope of this documentary evolved as we realized that the salient audience was not our own interventional radiology community, but rather the public who deserved to know about this fascinating and life-saving field of medicine. The more we delved into the documentary, the more we realized that we could not encapsulate all MIIPs in one film. It also became clear that a single documentary would not be enough to spread our message and provide the information that people clearly craved. We founded the Interventional Initiative to support and amplify this message through synergistic initiatives. This led to the other multimedia productions, including our short video series *Behind the Scrubs*, an interactive website with procedure explanations and glossary, and infographics, to name a few.

Who is the target audience, and how is the series distributed?

This series is for everyone who enjoys documentaries, medicine, or human interest stories. As people are entertained by the series, we hope that our message reaches patients, potential patients, family members, law/policy makers, hospital administrators, referring physicians, scientists, patient advocates, and caregivers. However, many of our outreach campaigns target women aged 25 to 55 years because they tend to make most of the health care decisions in a household.

Together with our partner Evolve Media, the series is produced by the Interventional Initiative and is distributed through a number of “on demand” platforms, including Amazon Video, Vimeo On Demand, TubiTV, and RealeyZ Indie Films. After many pitch sessions with television networks and through our own extensive research, we decided that on demand distribution fulfills our goal of providing a worldwide platform for a documentary series and allowing for long-term visibility and a forum to collect public feedback and promote interaction.

The trailers for *Episode 1: Bloodless* and *Episode 2: The Cancer Snipers*, as well as links to the full episodes and the press release, can be found at www.withoutascalpel.com.

How is the Interventional Initiative funded?

We are supported through grants and donations from individuals, medical practices, medical societies, and corporations. One hundred percent of these donations to the Interventional Initiative are tax deductible and goes to supporting our mission. Additionally, we are run by an all-volunteer leadership team.

What challenges, either expected or unexpected, has the initiative encountered, and how have these been addressed?

The anonymity of MIIPs and the interventional radiology specialty remains our greatest source of inspiration and also our greatest challenge. We also find that IRs are eager to help raise awareness but are uncertain of how to go about it. IRs who do participate in public-facing activities often use jargon or include images that are incomprehensible to people not in the medical field. As part of the Interventional Initiative, me (IN) and Susan, a professional marketing executive and former IR registered technologist, cofounded the initiative out of a passionate conviction that more people need to know about these amazing procedures. Susan's insight and strategic thinking guides our organization and has successfully elevated us in the eyes of the public in the 2 years since we were incorporated. Also, we have all taken the CDC Health Literacy course and were astonished by how much we thought we knew but didn't. We encourage others to take it as well—it changed how many of us speak to patients and their families.

Other challenges early on stemmed from our own anonymity. Everyone could agree with our mission; however, our organization started as a grassroots movement rather than a formal initiative through one of the established societies, so some people were understandably skeptical. But our successes and our integrity over the past few years speak for themselves. The documentary series has received wide and ardent praise from the medical community as well as experts in documentary filmmaking and the public. People also recognize that we seek to work synergistically with existing organizations, filling an unmet need that helps us all—health care professionals and patients alike.

What challenges remain?

Apart from our ongoing mission to reach more of the public, we also face roadblocks in how the health care system is organized and incentivized. This structure means that patients do not always find out about less-invasive treatment options, even though it means a lower cost to the patient and the system. Unfortunately, the current structure often relegates MIIPs to the last resort option. In medical school, we learn to start with the conservative, least-invasive options first and leave the most invasive ones for last. We need to remind ourselves of this when talking to patients about MIIPs.

Another challenge is connecting patients with IRs who are experts in a particular field. The Society of Interventional Radiology's (SIR) "Doctor Finder" feature

on its website is a good start, but it is clear that there are many more IRs out there providing quality services, and we want to help patients connect with these interventional radiology experts.

Finally, because we are a nonprofit, all-volunteer organization, we are always working to attract funding to enable us to continue serving the public and growing our initiatives. We are exploring several opportunities to make the organization more self-sustaining, but we need the support of individuals, grants, and organizations to continue to be able to produce high-quality, unbiased content at the appropriate health literacy level.

Do you view the initiative as primarily involving IRs, or are other specialties and team members included?

The Interventional Initiative is focused on educating the public about MIIPs. IRs and neurointerventional radiologists specialize in MIIPs and perform a large variety of these procedures throughout the body; therefore, we primarily showcase IRs and neurointerventional radiologists and the procedures they perform. Nonetheless, we recognize and value the fact that MIIPs are performed by other specially trained physicians, including vascular surgeons and interventional cardiologists. Because of the current structure of the health care system, neither they nor the MIIPs they perform suffer from the same anonymity that has plagued most MIIPs performed by IRs, so we concentrate our efforts primarily on shedding light where it is most needed.

What are you hoping for in terms of participation from other interventional colleagues?

We look to our interventional colleagues for support in a variety of ways—many have already joined the Interventional Initiative and contribute their energy and talents to the organization. Many believe in the cause and support it financially. Some have graciously allowed us to enter their hospitals and film them and their patients. We hear from many IRs who want to link to our resources on their websites and social media sites, and we are happy to assist. We would like to promote consistent, clear, public-facing messaging about MIIPs, and we welcome any interventionalists who want to work with us to achieve this goal.

...From industry?

The greatest help industry can give us is their support in the form of financial donations or in-kind donations of educational materials, graphics, and videos. We are also very appreciative of the forward-thinking compa-

FOR MORE INFORMATION

- The main website for the Interventional Initiative: www.theii.org
- The documentary series links, trailers, and press release: www.WithoutAScalpel.com
- A short video about our organization: <https://vimeo.com/195481612>

nies who help to spread the word about our organization, and some have supported theater showings of Episode 1 to help publicize the documentary series and spread awareness about MIIPs.

...From patients and others in the public?

We always appreciate their attention, interest, and feedback and want to encourage engagement and dialogue. It's all about reaching out and interacting with people who are searching for alternatives or do not even know that alternatives exist. We also want hospital administrators and lawmakers to take notice; in this age when our lawmakers are trying to overhaul health care with the goal of providing high-quality services to as many people as possible without bankrupting the system, MIIPs could be key. Instead of letting MIIPs be the option of last resort, presenting patients with these options alongside other first-line treatments could save patients morbidity and the health care system a lot of money.

What will the next media production entail?

Episode 3 is titled *HYSTERical* and focuses on women's health issues that can be treated through a pinhole, without a scalpel. We were recently at University of California, San Francisco Medical Center filming two patients undergoing uterine fibroid embolization (UFE) to treat their symptomatic fibroids. These women found UFE as a minimally invasive option after originally being told that they must have a hysterectomy. We also plan to profile a patient undergoing a MIIP to treat chronic pelvic pain due to abnormal veins in the pelvis (ie, pelvic congestion syndrome). Because this condition goes undiagnosed or misdiagnosed in most women who suffer from it, many patients go untreated or receive more invasive or inappropriate treatments. We also look forward to filming Episode 4 this summer—the topic is a surprise, so stay tuned!

On the short video front, we will be using footage we obtained from our booth at the SIR meeting this spring to generate a series titled "Ask an IR." We filmed interviews with over 75 IRs, nurses, technologists, and trainees. This series will focus on questions about MIIPs and the various conditions that can be treated and will be embedded on our website and disseminated through our social media channels. We will also continue to produce episodes of our short video series *Behind the Scrubs*, which is a deeper dive into specific MIIPs. ■

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