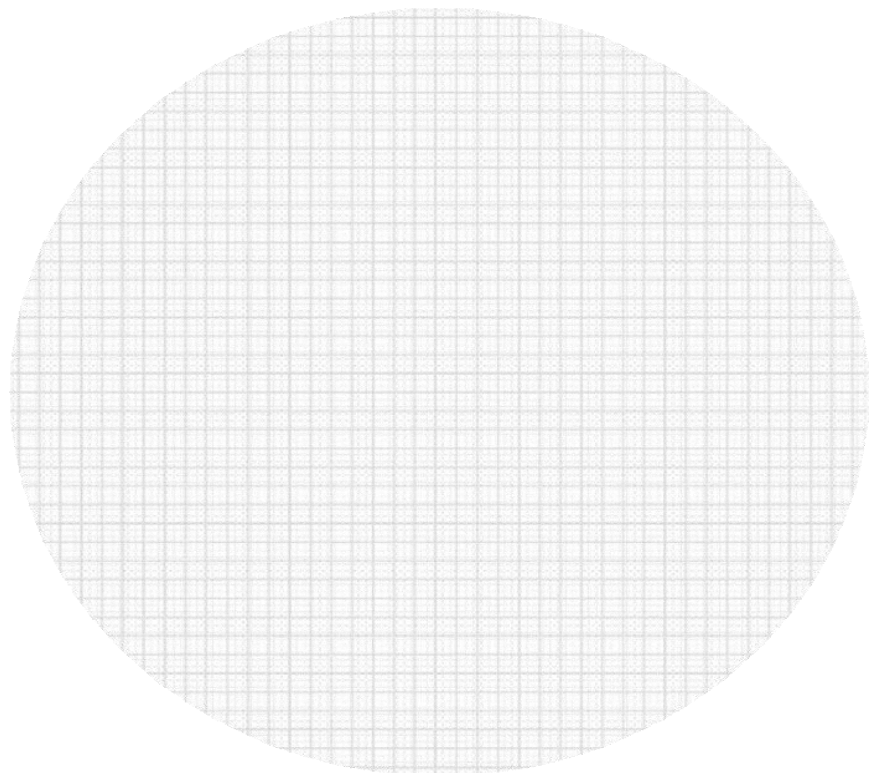




Conversation Guide to Improve COVID-19 Vaccine Uptake




Authors:

- Barbara Balik, EdD, MS, RN, Leadership Faculty, Institute for Healthcare Improvement; Aefina Partners
- Kate Hilton, JD, MTS, Leadership Faculty, Institute for Healthcare Improvement; Atlantic Fellows for Health Equity, George Washington University
- Teaka Isaac, Associate Project Manager, Institute for Healthcare Improvement

Purpose and Use of This Guide

About three in ten adults in the US,¹ including health care workers² and others, do not want to receive the COVID-19 vaccine. This leaves far too many health care staff³ and other adults prone to the virus and its spread. It also means that those disproportionately affected by COVID-19, especially Black, Indigenous, and People of Color, may be further at risk for infection due to lower vaccine uptake by themselves and others who may expose them.

This guide is intended to help health care staff and leaders have trust-building conversations about the vaccine, both at work and at home. Trust-building⁴ is a key component of addressing and correcting inequities in health care. Exploring people’s feelings about the vaccine through respectful, trust-building interactions⁵ over time offers the potential to increase the uptake of vaccinations.

The content of this guide is derived from previous learning about conversations with colleagues and patients about “What matters to you?,”⁶ the *Conversation Guide to Support Staff Well-Being During COVID-19*,⁷ and the *IHI Psychology of Change Framework*.⁸ Many of the skills are based in narrative health care⁹ and can help with an array of trust-building conversations about a multitude of topics, including COVID-19 vaccine uptake.

The guide helps health care staff and leaders begin to quickly engage in effective conversations about COVID-19 vaccination, enabling learning in practice and resolving issues that arise from such conversations. These are rich, learning conversations — not intended to convince or persuade people to get the vaccine, but rather to listen and learn about reasons and feelings for not getting vaccinated.

Health care staff, in particular, must recognize that **this approach differs from “I’m an expert professional, I care about you, and I’ll recommend what I think you should do.”**

Principles

- Trust building is an ongoing series of conversations, not a one-time event.
- Trust-building behaviors, used consistently over time by health care staff and leaders, is a meaningful step toward addressing inequities with vaccination as well as other inequities found throughout health systems.
- It’s important to understand *why* — the reasons and feelings underlying a person’s choice to not get vaccinated are essential to increasing the likelihood of successful conversations.
- Build together rather than feeling you have to fix everything now.
- Adapt this guide to your own local language and culture and improve it through emergent learning in conversations with others.

The purpose of the conversations is to listen and communicate that people possess agency — the ability to choose to act with purpose — and control over their decisions. Ask open-ended questions, listen, confirm what you heard, validate people’s lived experience, and invite deeper reflection about initial comments. Be comfortable with silence; practice curiosity and inquire to listen. The intent of these conversations is not to fix or persuade, but to understand. Each person has the agency to make their own choice.

Preparing for Conversations

Before conversations occur, individuals need to establish a foundation for success by preparing themselves.

1. Take Your Pulse

This guide emphasizes transitioning *from* “how to get this person to do what **I** want them to do” to “how to get this person to do what **they** want to do.”¹⁰ This process requires the ability to create a psychologically safe environment¹¹ — one in which it is safe to say what they are concerned about and not be judged or criticized.

Conduct an emotional inventory. How do you feel when people do not want to get the vaccine? Check your mindset and prepare to set arguments aside. Join people where they are, without judgment. Show up with sincere curiosity.

2. Resistance to Change Is Normal

Resistance to change¹² is expected as a normal part of the psychological process. Feelings such as fear and uncertainty often underpin people’s reasons for not receiving the COVID-19 vaccine.¹³

Avoid getting into a dueling stance by stating why “I am right and you are wrong.” The brain will defend its own story. Rather, invite people to explore their emotional sources of resistance, rather than confronting them with forceful arguments. Respect people’s agency — the ability to choose to act with purpose. From the start, be explicit that it is their choice whether or not to get vaccinated.

3. Racism Is a Public Health Crisis

Health care providers must understand health disparities in order to advance health care equity.¹⁴ That includes understanding the history and present-day impact of racism among those who identify as Black, Indigenous, or People of Color, many of whom often experience discrimination while accessing and using health care. They may not trust health care services, research, or government-funded initiatives due to prior experiences. Given a history of medical and research abuse in these communities, health recommendations are routinely scrutinized with anxiety.

Consider what it means for those who identify as Black, Indigenous, or People of Color to choose to be vaccinated, whose anxieties are rooted in this history of racial discrimination and for health care workers who are concerned about job security if they decide not to get vaccinated. Show up ready to acknowledge, respect, and be present to people’s lived experience.

Guiding Effective Conversations about COVID-19 Vaccination

The tables that follow include actionable ideas that health care staff and leaders can quickly implement to guide effective conversations about COVID-19 vaccination. The focus is on having rich conversations to listen and learn about reasons and feelings for not getting vaccinated — and then seeking to have a dialogue about questions and concerns so that people can consider vaccination.

Before the Conversation

Do	Don't	Steps to Try
<ul style="list-style-type: none"> • Prepare yourself first — identify how you feel or react to those who do not want the vaccine • Ensure that you have the presence of mind to join people where they are • Expect resistance and see it as an opportunity for exploration 	<ul style="list-style-type: none"> • Get frustrated or angry • Assume you can convince others solely with facts about vaccine safety • Think others should do what you recommend because you are an expert 	<ul style="list-style-type: none"> • Talk with a trusted colleague about your feelings toward people who do not want to be vaccinated and how those feelings may come up in a conversation • Identify tools to help guide conversations such as asking open and honest questions (see Appendix A) and practice the skills • Be clear on your why — what is your purpose in having these conversations?
<ul style="list-style-type: none"> • Recognize that concerns about receiving the vaccine come from a variety of sources and underlying feelings — and that it is rarely about you as a person • Recognize the previous experiences with racism in health care that may be involved 	<ul style="list-style-type: none"> • Judge people negatively if they do not want the vaccine or believe misinformation • Ignore people's lived experience with inequities • Make it all about you and your ego or expertise • Offer a hurried or quick-fix response (i.e., "Here's what I think you should do") 	<p>Be ready to:</p> <ul style="list-style-type: none"> • Listen with curiosity and attention — sit in silence, look at the person, no multitasking, do not interrupt • Give the person time to explain their reasons for not seeking the vaccine <p>Ask clarifying questions in a nonjudgmental, open approach:</p> <ul style="list-style-type: none"> • "Here's what I heard you say... [insert]. Did I get that right?" • "I'm not sure I understood what you meant when you said..." <p>Practice a conversation with a trusted colleague</p>

During the Conversation

Do	Don't	Steps to Try
<ul style="list-style-type: none"> • Articulate the purpose — why you are having the conversation — and ask for permission to talk about it • Seek to understand people's concerns while withholding judgment • Ask with curiosity by using open-ended questions 	<ul style="list-style-type: none"> • Assume you know why someone does not want to get the vaccine • Ask: "Why don't you want to get the vaccine?" — this can lead to defensiveness • Ask yes/no questions • Ask leading questions that blame: "What about the safety of your patients and family members?" • Label people — yourself or others (e.g., "anti-vaxers," "anti-science," "conspiracy theory believers") • Use language that disrespects people's agency (e.g., "refused," "noncompliant," "resistant") 	<ul style="list-style-type: none"> • Ask permission: "Is it okay to talk with you about your concerns with the vaccine?" • "My purpose for talking with you is to understand your thoughts and feelings about the vaccine and to answer any questions you might have." • Ask questions that start with "What," "How," and "Please tell me about..." to learn what the person currently believes and feels — for example: "I'm curious. How do you feel about getting vaccinated? In your view, what are the pros and cons of being vaccinated?" • Demonstrate that you are listening: "Here's what I heard you say... [insert]. Did I get that right?"
<ul style="list-style-type: none"> • Elicit people's values (like health and family) and connect those values to your own; describe how your shared value motivated you to be vaccinated • Connect any factual information to what you heard matters to the person • Provide information based on what people share with you • Keep information short, clear, using everyday language • Cite a mutually-respected source of evidence, which may include the lived experience of the person's peers • Invite people to reflect on whether there is anything that would influence their thinking (e.g., "If you were to consider getting the vaccine, what might change your mind?") 	<ul style="list-style-type: none"> • Share a large amount of information or lecture • Use jargon or abstract terms • Seek to influence or change their view • Be argumentative or overly technical • Use positional power (e.g., "In this department that I lead, I expect everyone to get vaccinated") 	<p>Use nonjudgmental questions and affirmations:</p> <ul style="list-style-type: none"> • "I heard you express concerns about the safety of the vaccine, especially for someone with your health issues. Is that right?" • "That is a valid concern. A lot of people share that concern. It is okay to be uncertain." • "I've been closely following the development and safety considerations of the vaccine. Would it be okay with you if I share what I've learned about that?" <p>Summarize the pros and cons discussed in the conversation:</p> <ul style="list-style-type: none"> • "I heard you express concerns about the safety of the vaccine, if it was tested enough, and if it's safe for Black patients. Did I hear that correctly?" • "You mentioned the positives about the vaccine include not being hospitalized or worried about your family's safety. Is that right?" • "I am concerned about my family's health, too. That is what drove my decision to get vaccinated." • "I'm curious. What might change your mind if you were to consider getting the vaccine?" • "What other information might help you make the decision to get the vaccine?"

<ul style="list-style-type: none"> • Offer a recommendation while recognizing that this is their choice • Affirm that the choice is theirs to make 	<ul style="list-style-type: none"> • Lecture • Take away their sense of decision-making • Tell them what to do 	<p>Affirm:</p> <ul style="list-style-type: none"> • “I believe in the efficacy and safety of this vaccine. I’ve received this vaccine myself. And I respect that ultimately this is your decision, and only you can make it.” • “The choice is yours. Is there any other information or conversation that might help in your decision?”
<ul style="list-style-type: none"> • Expect this to be several conversations 	<ul style="list-style-type: none"> • Assume this will be one conversation where you change the person’s mind • Make it about you — take it personally if the person chooses not to be vaccinated now 	<p>Ask permission to continue the conversation:</p> <ul style="list-style-type: none"> • “Thanks for helping me to understand your thinking about the vaccine. Would it be okay to have another conversation next week to see if you have other thoughts or questions, and for me to share information about your concerns?” • “I’d love to circle back and see how you feel in another week. Would it be okay for us to speak again then?”
<ul style="list-style-type: none"> • Thank people for being willing to have an honest conversation with you 	<ul style="list-style-type: none"> • Fail to acknowledge that it takes courage to speak openly and honestly 	<ul style="list-style-type: none"> • “I appreciate that we are able to have a candid conversation on your feelings about the vaccine. It helps me understand your concerns better. Thank you. I am here for you.”

After the Conversation

Do	Don’t	Steps to Try
<ul style="list-style-type: none"> • If you agreed to follow up, be accountable to your commitment to build trust • Honor the choice that the person makes • Thank them for their willingness to continue the conversation with you 	<ul style="list-style-type: none"> • Fail to follow up • Get frustrated, short, or angry if they choose not to be vaccinated • Be overly enthusiastic, if they choose to be vaccinated 	<ul style="list-style-type: none"> • “We talked about checking in again this week, and I want to honor that. How are you feeling about being vaccinated? Do you have any new concerns, or have any of the concerns we discussed changed?” • “Thank you for continuing this conversation together. I appreciate the thought that you have given to the choice you are making.”
<ul style="list-style-type: none"> • If the person chooses to be vaccinated, find out when the vaccination is scheduled and/or how it went • If it is a positive experience, ask if they would be willing to speak to their friends and family about getting vaccinated 	<ul style="list-style-type: none"> • Miss the opportunity to engage a potential vaccine champion, especially someone who deeply understands people’s concerns about the vaccine and decided to get vaccinated nonetheless 	<ul style="list-style-type: none"> • “I am curious about your experience with the vaccine. How do you feel about having made this choice?” • “I hear you say it was a positive experience. I wonder if you are interested in speaking to other friends, family, or staff about it?” • “I’m so happy we are partnering on this together.”

When Specific Concerns Arise in the Conversation

A survey of employees of Yale Medicine and Yale New Haven Health system identified themes of reluctance,¹² which in turn affect strategies for increasing COVID-19 vaccine uptake. The table below addresses some of the most common concerns, which may be integrated with the principles and guidance described above.

Safety of Vaccines

(e.g., concerns about short-term side effects; long-term safety; prior allergic reactions; existing auto-immune disorder; currently pregnant, breastfeeding, or planning pregnancy)

Do	Don't	Steps to Try
<ul style="list-style-type: none"> • Make sure you understand the safety concerns • Appreciate that many believe the vaccine was “rushed” and thus question its safety • Ask follow-up questions to understand specific questions or concerns (e.g. “I’ve heard the vaccine can cause sterility”) • Offer sources of easily understandable information designed to answer specific questions about risks and benefits, both known and unknown, for getting the vaccine among people with similar safety concerns (e.g., women who are pregnant, breastfeeding, or planning to get pregnant) 	<ul style="list-style-type: none"> • Stay with broad concerns – “it’s not safe” • Interrogate • Judge • Cajole, pressure, persuade, or convince • Blame or shame 	<ul style="list-style-type: none"> • “I often hear that people are concerned about the vaccine safety – that they are worried that it was developed in a hurry.” • “That is a valid concern. A lot of people share that concern.” • “I could share some information about the vaccine’s development [or other specific concern] that has helped others with the same worry. Please let me know if that would be helpful.” • “I heard you say that you are concerned about the safety for people with auto-immune conditions [or other specific reason], is that right?” • “I have some information that has helped others. Would it be okay if I shared it with you?” • “I am aware of a public session that is being led by [someone who originally shared the same safety concern]. Would it be helpful to you to hear about

Racism

Do	Don't	Steps to Try
<ul style="list-style-type: none"> • Ask a person who identifies as Black, Indigenous, or Person of Color about their health care experience (e.g., “What has been your experience in getting health care in the past? I recognize that far too many Black patients have had bad experiences, and I want to understand yours.”) • Recognize many people are not used to and uncomfortable with having conversations about race and inequity in health care • Use terms like Black, Indigenous, Latinx, and Person of Color to acknowledge people’s lived experience • Show good intent and invite people to correct you in the conversation • Ask permission to learn more in order to better partner with them in their health care 	<ul style="list-style-type: none"> • Ignore this topic, or ignore it if the person brings it up • Make assumptions • Speak for others — or tell others how they feel • Cajole, pressure, persuade, or convince as the expert 	<ul style="list-style-type: none"> • “I have heard from other Black patients and community members that past and current experiences of racism in health care has resulted in a lack of trust and is an experience of trauma. This is important and valid. Would it be okay to talk about your experience?” • “Learning more may help the two of us in our relationship begin to build trust that has been historically broken.” • “During this conversation, please tell me if I misunderstand or am just plain wrong. My intent is to honor your experience and how the effects of racism impact you. I am here to listen and learn. I respect that all decisions are yours to make.” • “Maybe we could...” “Perhaps we should...” • “What do you think? How does that sit with you?” • “Only you can make this choice.”

Scale Up Conversations across Staff and Community Populations

Every conversation is an opportunity. To scale up vaccine conversations with health care staff and community members, develop a relational strategy (i.e., a strategy built on forming or leveraging existing relationships) with an aim to increase the uptake of COVID-19 vaccines across the health system and the community. Actively partner and co-design with community members in developing a workable strategy. For instance, NHS North West London and their work on vaccine equity co-production is a good example of a scale-up strategy.¹⁵

1. Combine qualitative community insights with quantitative analysis to make sense of variation in vaccine uptake across your health system and community.

Identify staff and community members that have expressed the most concerns about receiving the COVID-19 vaccine. Stratify data by race, age, language, neighborhood, role within the organization, or other distinguishing characteristics.

Gather qualitative insights through conversations (like those outlined above) with members of these subpopulations. Look for patterns and trends on specific reasons or concerns about the vaccine. Listen to your staff and community within the lens of systemic racism.

2. Identify and recruit peer influencers as vaccine champions and deploy a relational strategy.

Identify and recruit peer influencers as vaccine champions from subpopulations that have expressed the most concerns about receiving the COVID-19 vaccine. Look for trusted messengers and members of the community to whom their peers relate.

Co-produce a relational strategy with vaccine champions. Avoid taking a top-down approach. Collectively decide on aims. For example, in the next five days, vaccine champions might agree to conduct ten one-to-one conversations with ten peers that have expressed concerns about getting the vaccine. Distribute power to those willing to accept responsibility.

Explore other cultural forms of influence within specific subpopulations. Identify and recruit other key stakeholders and organizations whose values and interests align with supporting this work.

3. Use rapid implementation of improvement methods to test and measure conversational approaches to increase vaccine uptake.

Conduct weekly huddles across vaccine champions and other stakeholders to share challenges and learning in an open and inclusive way. Include data and stories such as updates on vaccine uptake and learning from conversations. Prioritize key barriers that need to be addressed.

Draw on assets of the group to co-produce new tests of change. Adapt methods that don't work and spread those that do. Identify specific actions with clear timelines.

4. Draw on collective learning to improve your approach to conversations.

Work with your peers, patients, partners, and community to adapt and improve this guide — make it your own!

Appendix A: Trust-Building Methods and Resources

The skills developed through these COVID-19 vaccine conversations are based in [narrative health care](#) and can help with an array of difficult conversations about other topics.

Activate People's Agency

Activating people's agency refers to the ability of an individual or a group to choose to act with purpose. Agency has two components: 1) power, or the ability to act with purpose; and 2) courage, or the emotional resources to choose to act in the face of difficulty or uncertainty. To create the conditions that activate people's agency, leaders at all levels can co-design people-driven change, co-produce in authentic relationship, unleash people's intrinsic motivation, distribute power and adapt in action.

- [IHI Psychology of Change Framework](#)

Create Psychological Safety

To create the conditions for psychological safety, be accessible and approachable. Acknowledge the limits of current knowledge and be willing to display fallibility. Invite participation and input, and when people speak up, thank them. Highlight failures as learning opportunities. Hold people accountable in a fair and consistent way.

- [Three Ways to Create Psychological Safety in Health Care](#)
- [Why Is Psychological Safety So Important in Health Care?](#)
- [Circle of Trust® Touchstones](#)
- [Habits of the Heart](#)

Use Motivational Interviewing

Motivational interviewing is a patient-centered method for enhancing the intrinsic motivation to change people's health behaviors by exploring and resolving ambivalence. Studies have illustrated the efficacy of motivational interviewing to encourage positive health behavior change around vaccination, substance abuse, oral health, diet, and exercise.

- [Definition and Four Processes](#)
- [The Spirit of Motivational Interviewing](#)
- [Ask-Tell-Ask: An Effective Way to Give Information and Advice](#)
- [Ask-Tell-Ask Skills Checklist](#)

Ask Open and Honest Questions

The intent of asking an open and honest question is to help another person come to a deeper understanding of their own lived experience. Open questions invite narrative rather than a yes or no response; do not show preference for a specific answer; and promote exploration and authenticity rather than jumping to early conclusions, assumptions, or analysis. The best mark of an open, honest question is that the questioner could not possibly anticipate the answer.

- [The Redemptive Power of Questions](#)

Listen for Understanding

In the practice of listening for understanding, people still themselves to receive and take in another person. The objective is to listen to *understand*, not to respond. Technology is off, thoughts are parked, attention is given, and curiosity is piqued. Listen for the emotions behind the words, and for commitment (or lack thereof) to what is being expressed.

- [What Happens When You Really Listen: Practicing Empathy for Leaders](#)

Use Appreciative Inquiry

Appreciative inquiry invites people to reflect on and start from past successes and positive experiences. For instance, “Tell me about a time that you felt pride in your approach to staying healthy during the pandemic.” Invite people to reflect on how to build on their unique assets and lived experiences.

- [What Is Appreciative Inquiry? A Brief History and Real-Life Examples](#)

Elicit What Matters to People

Asking people “What matters to you?” connects people to their intrinsic motivations and values. It activates people’s emotional resources to choose to act.

- [“What Matters to You?” Conversation Guide](#)
- [“What Matter’s to Older Adults? A Toolkit for Health Systems to Design Better Care with Older Adults](#)
- [A Conversation Guide to Support Staff Well-Being and Joy in Work During and After the COVID-19 Pandemic](#)

References

- ¹ Artiga S, Rae M, Claxton G, Garfield R. *Key Characteristics of Health Care Workers and Implications for COVID-19 Vaccination*. Kaiser Family Foundation. January 21, 2021. <https://www.kff.org/coronavirus-covid-19/issue-brief/key-characteristics-of-health-care-workers-and-implications-for-covid-19-vaccination/>
- ² Shekhar R, Sheikh AB, Upadhyay S, et al. COVID-19 vaccine acceptance among health care workers in the United States. *medRxiv*. 2021.01.03.21249184. <https://www.medrxiv.org/content/10.1101/2021.01.03.21249184v2>
- ³ Thomas L. Low acceptance of COVID-19 vaccine among healthcare workers in USA. *News-Medical.Net*. January 6, 2021. <https://www.news-medical.net/news/20210106/Low-acceptance-of-COVID-19-vaccine-among-healthcare-workers-in-USA.aspx>
- ⁴ Trust in Health Care. ABIM Foundation. <https://abimfoundation.org/what-we-do/rebuilding-trust-in-health-care/2018-abim-foundation-forum-rebuilding-trust>
- ⁵ *Guide to COVID-19 Vaccine Communications: A Practitioner's Guide to the Principles of COVID-19 Vaccine Communications*. Center for Public Interest Communications, University of Florida College of Journalism and Communications and the United Nations Verified initiative; 2020. <https://covid19vaccinescommunicationprinciples.org/>
- ⁶ “What Matters to You?” *Conversation Guide for Improving Joy in Work*. Boston: Institute for Healthcare Improvement; 2017. <http://www.ihl.org/resources/Pages/Tools/Joy-in-Work-What-Matters-to-You-Conversation-Guide.aspx>
- ⁷ Balik B, Hilton K, White K. *Conversation and Action Guide to Support Staff Well-Being and Joy in Work During and After the COVID-19 Pandemic*. Boston: Institute for Healthcare Improvement; 2020. <http://www.ihl.org/resources/Pages/Tools/Conversation-Guide-to-Support-Staff-Wellbeing-Joy-in-Work-COVID-19.aspx>
- ⁸ Hilton K, Anderson A. *IHI Psychology of Change Framework*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2018. <http://www.ihl.org/resources/Pages/IHIWhitePapers/IHI-Psychology-of-Change-Framework.aspx>
- ⁹ Schiffman R. Learning to listen to patients' stories. *The New York Times*. February 25, 2021. <https://www.nytimes.com/2021/02/25/well/live/narrative-medicine.html>
- ¹⁰ Becky Margiotta and Joe McCannon, Billions Institute.
- ¹¹ “Three Ways to Create Psychological Safety in Health Care.” Institute for Healthcare Improvement. <http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Amy-Edmondson-Three-Ways-to-Create-Psychological-Safety-in-Health-Care.aspx>
- ¹² Jaben M, Graban M. “The Science Behind Resistance to Change: What the Research Says and How It Can Help You.” KaiNexus Webinar, June 28, 2016. <https://www.youtube.com/watch?v=qJaajLuKh4U>

¹³ Roy B, Kumar V, Venkatesh A. Healthcare workers' reluctance to take the Covid-19 vaccine: A consumer marketing approach to identifying and overcoming hesitancy. *NEJM Catalyst Innovations in Care Delivery*. December 29, 2020.

<https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0676>

¹⁴ Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2016. <http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>

¹⁵ Vaccine Equity – Work with Us. NHS North West London Collaboration of Clinical Commissioning Groups. <https://www.nwondonccgs.nhs.uk/coronavirus/vaccine-equity-work-us>

Additional Resources

COVID-19 Vaccine Education: A Guide for Conversations with Nursing Home Team Members. AHRQ, Project ECHO, and Institute for Healthcare Improvement; January 2021.

http://www.ihl.org/Topics/COVID-19/Documents/Vaccine_hesitancy_word_update_012121.pdf

“For Physicians and Nurses: Answers to COVID-19 Vaccination Questions for Healthcare Providers.” Ad Council. December 29, 2020.

<https://www.youtube.com/watch?v=YgLkTMTGZt8&feature=youtu.be>

Sivashanker K, Duong T, Resnick A, Eappen S. Health care equity: From fragmentation to transformation. *NEJM Catalyst Innovations in Care Delivery*. September 1, 2020.

<https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0414>