

## Consumer Engagement Communication Strategy

### Goal(s):

- Engage, educate, and activate people who use (or are potential users of) hospital services in their own health care.
- Engage, educate, and activate people who use hospital services in health policy, planning, service delivery and evaluation at service and agency levels.
- Transformation of the health care delivery system to support consumer engagement.

**Comment [L1]:** see attached discussion points to address need to set as goal transforming the system.

**Comment [L2]:** See attached re. need to address the system vs. putting all of the emphasis on the consumer.

**Definition of Success:** Target audiences understand how the health system should be used to achieve and maintain good health with a positive experience, good outcomes and lower cost to them and the system, as evidenced by improved health and cost reduction to the Maryland health care system. .

**Alternate:** Target audiences have positive experiences and improved health outcomes which are aligned with a reductions in health care costs for individuals and the delivery system continuum..

### Objectives:

- Provide people who use (or are potential users of) hospital services with the information and resources needed to become health care aware consumers who are actively engaged in their own health care.
- Empower people who use (or are potential users of) hospital services to contribute to decisions affecting their lives by providing them with clear, culturally and linguistically appropriate, and actionable information and opportunities for effective interactions with health care professionals.
- Educate people who use (or are potential users of) hospital services about the most appropriate settings for them to receive different types of health care.
- Facilitate consumers' meaningful engagement in their own health care by educating and empowering people who use (or are potential users of) hospital services to employ care planning, self-management tools,, and care coordination services if needed.
- Create connections between government, hospitals, health care providers and individuals in the development of policies, procedures, and programs that will improve health outcomes, and patient satisfaction while lowering system costs.

**Comment [L3]:** added potential users of because it seems to me that care planning might include advance directives that should be done by full population

**Comment [L4]:** Is this strong enough ...see discussion question #1

### Measures:

Levels of consumer engagement in their health and health care vary greatly. In order to effectively design new programs and improve existing programs, knowledge and insight about a population or individual's level of engagement in health is critical. Payers, providers, regulators, and other organizations –as well as consumers themselves—can benefit from measures that are reliable, valid, and relevant to the audience(s) and, ideally, assess engagement comprehensively. Potential domains

Presented to CETF - 6.30.15

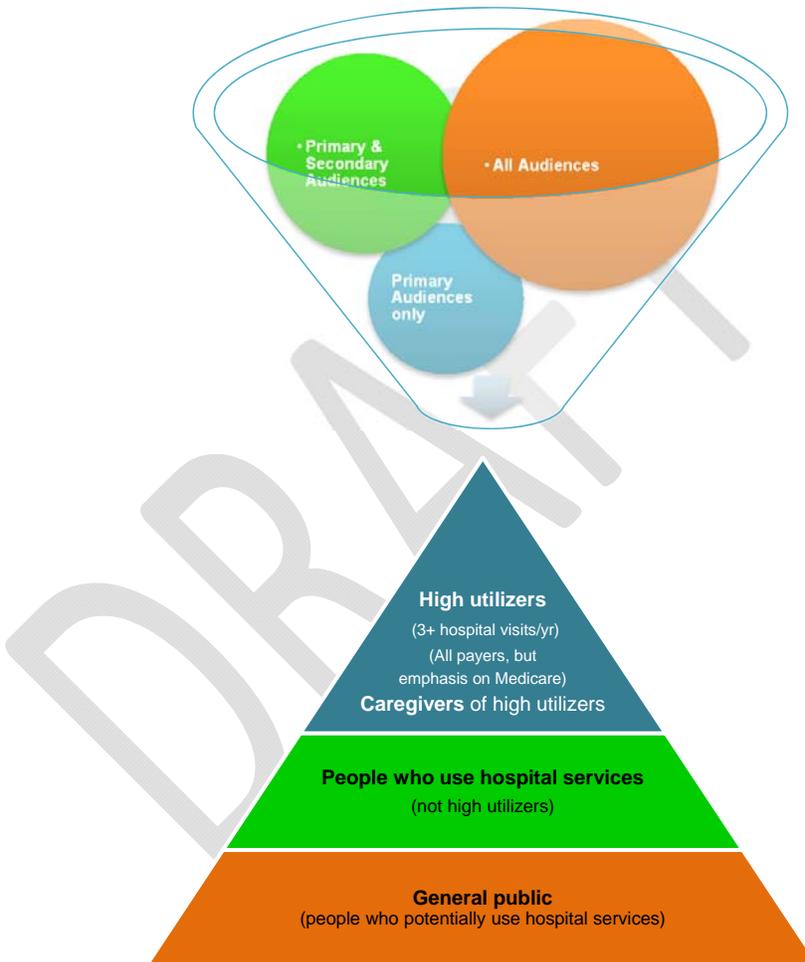
of health engagement may include commitment, ownership, informed choice, navigation, confidence/trust, and health outcomes.

- **[Note: Per Linda's suggestion we should have a section on measures. I can suggest lots of quantitative measures such as impressions, but think a focused discussion on the more meaningful outcomes focused measures is necessary. - HT]**

DRAFT

Presented to CETF - 6.30.15

**Audiences and Messages:** Segmentation of target audiences shows the priority of audience groups; however the messaging framework builds upon itself and funnels messages to audiences based on their priority. Primary audiences will be exposed to the general messages designed for all audiences *as well* as more specific messages focused on the behaviors we want to encourage specifically within our primary target audiences.



**1: Target audiences and messages.**

**Messaging Framework\*:**

<b>All</b>	<ul style="list-style-type: none"> <li>• Maryland is doing something unique and <i>you</i> are a part of it.</li> <li>• Shop for health care quality. In Maryland, procedure cost should not influence your choice of hospital.</li> <li>• The New All Payer Model will help you to get the right care, in the right place, at the right time.</li> <li>• Teamwork among providers will make it easier for you to get care.</li> <li>• Prevention is the most affordable care - see your doctor, eat healthy, live well.</li> <li>• You control who sees your health information.</li> <li>• Know where to get your care (it costs you to get care in the wrong setting)</li> <li>• Use “affordability” in language rather than “cost”</li> <li>• Your hospital - working to keep you healthy. The money follows the patient – if your hospital performs well they will get more money.</li> <li>• Are you confident that you can manage your own health?</li> </ul>
<b>Primary &amp; Secondary</b>	<ul style="list-style-type: none"> <li>• Are you confident that you can manage your own health?</li> <li>• Who is your primary care provider?</li> <li>• Who should you call <u>before</u> you go to the hospital?</li> <li>• Who should you call if you have a problem <u>when you leave</u> the hospital?</li> <li>• What should you do when you leave the hospital?</li> <li>• Do you have confidence in how your care is being managed?</li> <li>• What are the primary causes for readmissions to hospitals and do you know how to prevent this/these?.</li> </ul>
<b>Primary</b>	<ul style="list-style-type: none"> <li>• Do you have a care plan? Do you understand the elements of the care plan? Do you know who to ask questions of?</li> <li>• Do you understand what you can do to stay in good health?</li> </ul>
<b>Engaging Messengers</b>	<ul style="list-style-type: none"> <li>• Consumers/Patients who have culturally and linguistically appropriate information and tools targeted for their specific circumstances and which promote prevention will have better health outcomes with lower costs to the system.</li> <li>• Meet the patient where they are.</li> <li>• Dialogue and collaboration produce better outcomes...</li> <li>• "Health literate" consumers are more likely to incorporate healthy into their daily living</li> </ul>

**Comment [L5]:** This should probably be more nuanced -. Their treating providers share their information without their consent- allowed by HIPAA. They can opt-out of the HIE, but not granularly control at all.

**Comment [L6]:** don't know that this is alternative but along lines of what worked w/ focus group

**Comment [L7]:** Just trying this out here and in next group.

**Comment [L8]:** Maybe make this a little more consumer-friendly w/ Do you have a plan to take care of yourself or your loved one?  
Is this just when leaving hospital?

**Comment [L9]:** my attempt at the fisherman analogy

\* The messaging framework does not represent the final language, rather the core information or concept to be conveyed.

**Messengers and Distribution Channels:**

<b>Primary</b>	<ul style="list-style-type: none"> <li>• High utilizers</li> <li>• Caregivers</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Hospitals</b> <ul style="list-style-type: none"> <li>○ Medical staff</li> <li>○ Hospital volunteers and clergy</li> <li>○ Discharge planners</li> <li>○ Patient navigators</li> <li>○ Billing office</li> <li>○ Web-based resources</li> </ul> </li> <li>• <b>Payers</b> <ul style="list-style-type: none"> <li>○ Managed Care Organizations</li> <li>○ Insurance Carriers</li> </ul> </li> <li>• Community health workers</li> <li>• Community health clinics</li> <li>• Home health</li> <li>• Pharmacists</li> <li>• Primary care physicians</li> <li>• Caregiver support groups</li> <li>• Social workers/case managers</li> <li>• Long-term care facilities/providers</li> <li>• Behavioral health providers</li> <li>• Local Health Departments</li> <li>• DSS offices</li> </ul>
<b>Secondary</b>	<ul style="list-style-type: none"> <li>• People who use hospital services</li> <li>•</li> </ul>	<p>All of the above plus:</p> <ul style="list-style-type: none"> <li>• Advocacy and support groups for chronic conditions</li> <li>• ER waiting rooms (to reduce inappropriate use)</li> </ul>
<b>Tertiary</b>	<ul style="list-style-type: none"> <li>• General public</li> </ul>	<p>All of the above plus?</p> <ul style="list-style-type: none"> <li>• News media (traditional and online)</li> <li>• Community organizations</li> <li>• Primary care providers</li> <li>• Urgent care providers</li> <li>• Health fairs</li> <li>• MHBE/Connector Entities &amp; Partner Organizations</li> </ul>

**Comment [L10]:** aren't we talking about more than nurses?

**Comment [L11]:** or is this same as case managers

**Comment [L12]:** why aren't these under secondary & same w/ urgent care providers

**Comment [L13]:** Health fairs are sponsored by organizations and health departments. Suggest removing this here and tried to address in #III below.

Strategies and Tactics:

**I. Consumer-centered policies informed by stakeholder involvement**

- HSCRC - create opportunity for consumer representation on Commission
- HSCRC - Create a standing advisory committee (SAC) with broad representation, including consumers (see MHBE and MAC as examples)
- Educate consumer groups on how to effectively impact the design and implementation of the NAPM including how to reach the appointed consumer advocate on the HSCRC SAC.
- Educate consumer groups on how to effectively impact hospital policies and procedures
- Standardize hospitals' consumer feedback process for comments, complaints and commendations. and ensure that there is a meaningful response to complaints at the agency level.
- Develop and distribute information on how to provide consumer feedback for both state agencies and hospitals - in multiple formats (print and electronic) and that is culturally and linguistically appropriate for diverse populations
- Hospitals to provide multiple opportunities for consumers, representing the diversity of its community, to provide meaningful input on hospital governance.
- Develop and promote a Hospital 'Triple A' rating system based upon consumer engagement standards.

Comment [L14]: WE may want to change order of these

Comment [L15]: is it really the governance - i.e. system of management - or policies we are looking at?

Consider requirement that hospitals have PFACS and/or seats on relevant bodies

**II. Hospitals incentivized to support individuals ability to accessing community based health care resources and manage their own care**

- Require hospitals to provide transparent information on average procedure costs using the data made readily available by the Maryland Health Care Commission (www.marylandqmdc.org)
- Incorporate clear simple case management screening during discharge that coners social *and* health aspects necessary for a successful care transition. Ensure active listening and teach back methods are used during this screening.
- Encourage Medication Therapy Management for people at risk of becoming high utilizers.
- Encourage motivational interviewing for people at risk of becoming high utilizers.
- Encourage and reward Emergency Department based patient navigation that connects patients with appropriate community based resources (primary care, behavioral health care, social work case management, etc.).
- Promote the use of Community Benefit dollars to advance consumer engagement initiatives
- Encourage the use of Peer Support Specialist for behavioral health consumers

Comment [AE16]: Not sure if it fits there or elsewhere- you could also broaden in to say something like- encourage hospitals to engage with caregivers or patient advocates- such as peer support etc. Similar to the AARP request- caregivers need to be given info because often people leaving hospital aren't in a state to meet all their own health needs and fully understand their care plan.

**III. Health care aware consumers (patients, caregivers, etc.) provided with the information and resources they need to better manage their care.**

- Develop patient informed care planning resources to promote personal responsibility for care including advance directive assistance, POA for healthcare, etc.
- Develop clear public campaign with education materials in multiple formats to teach

consumers how to choose the right care, in the right place, at the right time.

- Provide materials in multiple formats that illustrates a care-transitions roadmap. This should include illustrations and helpful resources at each step.
- Create a searchable guide to community based resources (print and online) and allocate resources to keep this up to date.
- Provide consumers with a health care passport to complement electronic data transfer (Relying 100% on electronic health records and CRISP leaves out the most important person in the care team, the patient!)
- Offer consumers and caregivers electronic resources such as tele health, SMS follow up reminders, patient portals, etc.
- Work with CRISP et al, to develop clear communication materials about the HIE, including one consent form that can be used for any hospital or community provider.
- Recognizing that all residents could potentially use hospital services, develop materials to appeal to a broad base of Marylanders.

Comment [L17]: Needs to specify payer type accepted and wait times- or it is useless-

Comment [L18]: need to describe this

#### **IV. Create a sense of ownership of the NAPM among consumers including high utilizers, people who use hospital services, and the general public.**

- Create a NAPM-specific website for both the public and stakeholders (see #VI)
- Raise awareness of the New All Payer Model (NAPM) and involve the public in the count-down.
- Educate the general public about the NAPM and instill pride and excitement that Maryland is creating a unique model of delivery system transformation predicated on consumer involvement
- Develop a descriptive, compelling, and memorable brand for the NAPM Ensure that all consumer engagement materials are branded with core visual elements and messages
- Distribute frequent news releases and host press events to highlight NAPM successes , challenges. and opportunities for consumer engagement
- Modify display of state dashboard showing progress toward meeting NAPM goals so that it is meaningful to consumers (similar to a fundraising campaign). Promote this dashboard so that the public can easily find it (2 clicks or less).
- Issue frequent “report cards” illustrating progress toward meeting NAPM goals. Use this as a mechanism to celebrate successes and be transparent and forthcoming about challenges, possible solutions.and impact on consumers
- Develop talking points and engage people who command public attention as “champions” to talk about the NAPMs goals for improved quality of care and patient experience to their captive audiences and local communities (elected officials, community activists, local athletes and celebrities, business leaders, faith leaders, etc.)
- Mobilize grass-roots community organizers and partners to act as “ambassadors” for the NAPM in their home communities

## V. Ensure the cultural/linguistic appropriateness as well as accessibility and efficacy of materials provided by government, hospitals, providers, insurance carriers and others

### I. A note about plain language

*The taskforce recognizes that this report does not model plain language standards, as the target audience is members of the HSCRC who are accustomed to reviewing material with a high reading level.*

- 
- Involve consumer representatives in developing materials.
- Ensure basic health literacy and CLAS standards are followed . and that all materials are written at a 6<sup>th</sup> grade reading level.
- Ensure that all online materials are Section 508 compliant.
- Ensure that all information is available in at least one format that is appropriate for all ability types and literacy levels.
- Use surveys and/or focus groups to solicit consumer feedback on the design, format, and final language of materials prior to mass production.
- Provide information in formats that appeal to, and are accessible by, audiences across the spectrum of literacy and language needs.
- Build enough flexibility into consumer engagement materials to allow for localization of information and culturally appropriate translation of materials while being careful not to compromise the brand.

## VI. Provide materials that appeal to diverse audiences and stakeholders

- Develop standard materials as templates that can be customized with branding and sub messages specific to diverse stakeholders including hospitals, primary care practices, specialty care practices, advocacy and support groups for chronic conditions, etc.
- Use the NAPM website to act as portal from which stakeholders can download the templates for their use.
- To the extent possible, develop materials with a neutral appearance that complements the branding and style guides of as many hospitals as possible. (Be realistic about the extent to which this is possible, if branding styles are too disparate complement the look and feel of MHA materials.)
- Provide interactive “how to” materials that clearly illustrate various processes ranging from care transitions to submitting consumer feedback
- Deliver information in print, online, and mobile formats allowing each consumer to select the format that is most helpful to him/her.
- Create a single online resource containing consumer information relevant to the NAPM and link from that site to appropriate resources. Use simple web addresses and links so that web addresses are memorable and optimized for search engines. While existing sites may host this resource ensure that the front-end appears sleek and easy to navigate, avoid adding information to a crowded existing site.

**Comment [L19]:** Can't we say that the NAPM logo should be included on all relevant materials - would that address this?

Presented to CETF - 6.30.15

**Location Targeting:**

- Employ Singh Index of neighborhood disadvantage to identify localized communities with high rates of hospital readmission. Focus engagement strategies for high utilizers and care givers on these areas.
- Collaborate with recipients of Regional Transformation Grants and encourage them to engage consumers in developing their transformation plans.
- Phase more generalized engagement efforts (strategy IV) throughout the state starting in those areas with greatest numbers of high cost patients. (Efforts still need to be made throughout the state including in areas with lower cost patients. However, we can start with the low hanging fruit to begin to move the needle.)
  - Anne Arundel 3,601
  - Baltimore City 9,947
  - Baltimore County 7,742
  - Harford 1,875
  - Montgomery 3,697
  - Prince Georges 4,086

**Appendix A: Budget**

Many of the recommendations included in this document can be implemented at relatively little cost; however, the proposed strategies are mutually reinforcing and build upon one another over time. The exact budget for implementation will vary based on the strategies selected and the firm hired to develop and coordinate consumer engagement activities. The taskforce contacted three marketing and communications firms to obtain quotations for completing this work. The budget range proposed is based on the information provided by these firms.

**INSERT BUDGET RANGE. [Tiffany and Hillery to reach out to firms they know to obtain budget estimates.]**

**Appendix: Consumer and Community Engagement Principles**

- **Participation:** People and communities participate and are involved in decision-making about the health care system.
- **Person-centered:** Engagement strategies and processes are centered on people and communities.
- **Accessible and Inclusive:** The needs of people and communities, particularly those who may experience barriers to effective engagement, are considered when determining steps to enhance accessibility and inclusion.
- **Partnership:** People, including health care providers, community and health-related organizations work in partnership.
- **Diversity:** The engagement process values and supports the diversity of people and communities.
- **Mutual Respect and Value:** Engagement is undertaken with mutual respect and the valuing of other's experiences and contributions.
- **Support:** People and communities are provided with the support and opportunities they need to engage in a meaningful way with the health care system.

Presented to CETF - 6.30.15

- **Influence:** Consumer and community engagement influences health policy, planning and system reform, and feedback is provided about how the engagement has influenced outcomes.
- **Continuous Improvement:** The engagement of people and communities are reviewed on an on-going basis and evaluated to drive continuous improvement.

DRAFT