

State of Oregon
Public Employees' Benefit Board

Implementation of Vision 2007

Report on Communications and Technical Implementation Strategies

Part III: Communications Plan

Foundation for Accountability
Portland, Oregon

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Recommended Communications Plan 2005

Background:

The Vision 2007 approach does not significantly affect health benefits for 2005. PEBB expects to issue an RFP in January 2005 which could result in changes for some or all members in their 2006 benefit options. If new programs are approved for 2006, PEBB members may have a new set of choices to consider during open enrollment in the Fall of 2005.

The Communications Advisory Committee identified four audiences that are appropriate targets for sustained outreach and engagement:

- Members
- State government and union thought leaders
- Health system leaders
- Potential partners (e.g., purchasers)

During 2004, some work has been done with each of these groups, including customization of materials and direct communications about the vision.

This document presents recommended communications activities for 2005 to set the stage for the launch of the new programs. Each audience is discussed separately.

Purpose:

PEBB’s strategic communications efforts should be aimed at preparing key stakeholders to support and participate in the implementation of the new Vision.

Each stakeholder audience – and various groups within it – will have a unique type of interest and specific information needs. PEBB may have a specific goal for each audience:

Members	Ensure they understand the reasons for making changes and their implications for them
Thought leaders	Ensure they understand the rationale, urgency and importance of proposed changes, their potential benefits and potential risks
Health system leaders	Ensure they understand the seriousness and breadth of PEBB’s strategy and have an opportunity to provide input and shape its execution
Partners	Ensure they understand PEBB’s strategy, the importance of sending consistent signals to the provider community, and how they can collaborate in seeking system change.

Resources:

Several foundational documents should be used as the basis of all communications activities, and each should be adapted as needed to the appropriate audience and topic (see exhibits). They include:

- Executive Vision Presentation (PowerPoint)
- Positioning Statement
- Recommended Vocabulary
- Talking Points
- *Did You Know?* template and prototype articles

Milestones - 2005

January: RFP issued
June: Decisions made regarding 2006 benefits and vendors
July-October: Communications to members about specific changes
August 16: Deadline for open enrollment materials

1. Member communications

Purpose: Ensure that members understand the reasons for making changes and their implications for them.

Principles:

- The goal is not to explain the “Vision” to the members, but to have them think about health care and their role in a new way.
- Messages should be closely tied to what we want people to do. (call to action)
- Strategy should position PEBB as the member’s advocate (e.g., PEBB is providing leadership, has vision to get you the best possible health care).
- PEBB is transparent – aboveboard, open, clear - in providing these options to the member.
- Messages need to address the role of the doctor – not avoid it.
- Don’t criticize members’ current expectations of the system, but emphasize the need for the health care system to be more effective and more efficient.
- Downplay big, vague ideas (like “evidence based medicine”) and focus on small, clear examples (like helping people select the right drug to lower cholesterol).
- Set the stage for later changes in the delivery system or benefit design that may support the Vision 2007.

Approach:

PEBB will reach members through a communications program that is organized around the monthly member newsletter. The program will highlight one theme each month and develop simple, clear communications materials to be displayed in the newsletter. Staff will share these materials with all interested communications partners, including unions, public health agencies, plans, and the general media. Topical materials should be provided to these partners two months prior to newsletter publication, if possible. The “*Did you know..?*” article will include a provocative factoid, coupled with specific actions the member can take if this topic is of concern to them and a testimonial from a recognized Oregon expert. (see prototype in Exhibit 1) Where appropriate, PEBB will inform the health plans about each topic and encourage them

to also share relevant physician education materials with their providers. The series will challenge members to ask themselves hard questions about the quality of care they can expect and to begin to understand the opportunities they have to influence their care. Ideally, repeated exposure to important facts about health care will help members understand the rationale behind future PEBB strategies that may call for different provider networks or different ways that members access their providers. Possible topics for the newsletter series are listed below.

“Did You Know” Member Education Program

Examples of possible topics

	Topics	Sample “fact”
1	Unexplained variations	People in Bend are more likely to have back surgery than anywhere else in the U.S. – six times more likely than people in New York! Discuss why there are large variations like this, whether best practices are being followed, how different back treatments compare.
2	Using computers to improve safety	Only two Oregon hospitals have computers checking prescription drug orders for possible errors, drug interactions, problems with allergies, etc. Studies show computerized pharmacy ordering reduces dangerous mistakes by 1/3 – why aren't more hospitals using them??
3	Email your doctor	85% of Oregon doctors use email at home and with their colleagues, but only 5% use email with their patients. Emailing your doctor has been shown to reduce visits to the doctor, lost work time, and telephone tag.
4	E-prescribing	Your doctor could be sending your prescriptions to the drug store electronically – which would make it easier to check for mistakes or drug interactions, be faster and more accurate, and would automatically allow you to make sure it's covered on your drug list.
5	Heart disease	About 5,000 Oregonians will have bypass surgery this year – and another 5,000 will have angioplasty done. But studies show that for many of these people, the treatment won't allow them to live any longer or even avoid later heart attacks. It might be more important to lower their cholesterol aggressively and change their lifestyle. What can you do to avoid the doctor's scalpel??!!
6	Hysterectomy	Six thousand Oregon women will have a hysterectomy this year – and 37% of all women will have it done before they turn 60! American women are three times more likely to have a hysterectomy than British women and in the U.S., women with less than a 9 th grade education are twice as likely to have it done than women who've gone to college... When women are told the scientific reasons for having it done, the number of procedures goes down by 25%!
7	C-section delivery	26% of babies to first-time Oregon moms were delivered by c-section in 2003 – compared with just 11% in 1980! Many moms prefer c-sections as a matter of “patient choice” – but they're exposing themselves to the risk of significant surgery and higher costs for everyone.
8	Exercise	Exercise is one of the best things you can do for your health – reduces your chance of heart attack, stroke, hip replacement, diabetes, and even cancer! But only one-in-five of us are getting enough exercise to avoid those problems...
9	“Practice makes perfect”	For most complex operations, you should go to a surgeon and a hospital that does a LOT of them –where the team is very skilled at doing them and has worked closely together. For lung surgery, for example, a hospital that does a case very other day has a <u>four times lower</u> rate of deaths following the operation than one that does fewer than one a week.
10	Empowered patients	People who learn a lot about their illness, how to manage it, take control of their diet and behavior, and use medications effectively do much better than people who take a passive approach. People with arthritis who go through a training program, for example, report only one-half as much pain after 6 months as people who don't; people with diabetes who go through a training program report better quality of life and lower blood sugars than those who don't.
11	Health care costs	Where does all that money go?? The state pays an average of \$8,000 per year for each employee's health insurance – and it's going up 10% every year! What is all that money buying? Are state employees getting healthier each year??
12	Communicating with doctors	People who trust and talk openly with their doctors get the right diagnosis and get better faster than those who don't. What kind of doctor is right for you? Which doctors are best at really listening? How do you find them?
13	Length of doctor visit	The average time spent talking with a doctor during a visit is now 12.8 minutes. Can you get all your questions answered in 13 minutes? Can your doctor find out everything he or she needs to know in 13 minutes? What can you do to make sure you're getting the most out of that visit – or are there other ways to get your needs met??

Activities:

- Newsletter – monthly (see planning schedule, Exhibit 2)
 1. The 2004 Technical Advisory Committee and Chronic Disease Workgroup members will be asked to serve as Editorial Advisors.
 2. Physician members of the TAC will be asked to provide expert comments to support the *Did You Know?* series.
 3. Communications Advisory Committee members will be asked to review draft materials for clarity and tone
 4. The *Did You Know?* series should be evaluated with a simple survey after three months. (many agencies using SurveyMonkey now, possibility to piggy-back)
 5. FACCT will provide the first three draft articles. Later articles will be written by PEBB staff or through subcontract with an independent writer.
- Distribution of newsletter background information to unions, plans, others – monthly
- Visible presence on website of newsletter topic and content
- Chronic disease messaging – Living Well (see Exhibit 3)
- Member forums – Board “road show” Feb-March 2005 in 10 locations, particularly areas likely to have significant changes
- Regional purchaser forums - arrange meetings with regional purchasers on same dates as member forums
- RFP selection announcement: implications, summer '05, website FAQ, regional implications
- Open enrollment: additional cycle of Board “road show” visits, particularly to areas likely to have significant changes
- Access state employee e-mail systems with regular announcements of process, keep members current; potentially create a PEBB “tab” on state intranet home page

2. State government and union leadership communications

Purpose: Ensure that leaders understand the urgency and importance of proposed changes, their potential benefits and potential risks.

Principles:

- Leaders need to understand why PEBB is taking on a new role, and that the Vision changes will affect most state employees and many others.
- Leaders need to provide support to PEBB in this role, or at least not undercut the proposed changes.
- Leaders should feel that PEBB has heard any concerns they may have.
- Leaders should not feel blind-sided by the changes, when they occur.
- Leaders should be in a position to answer questions from colleagues and subordinates about the rationale and implications of the changes.
- Most communication with leaders should occur in person, from senior PEBB representatives (senior staff and Board members).
- Leadership outreach should use a well-defined and consistent set of messages, but be adapted to the particular role or concerns of each situation.
- Outreach should take advantage of existing meetings (e.g., OUS Presidents' Council).
- Initial orientation and periodic (every 4-6 months) updates will be important through January 2006.

Approach:

Outreach will occur at two levels:

1. to key statewide leaders through personal meetings with PEBB Board members and senior staff, and
2. through an “ambassador” program that reaches senior and middle-management at state agencies, and other influential thought leaders.

Activities:

- Leadership outreach plan needs to be extended through 2005. At a minimum each group on 2004 Outreach Plan should be scheduled for a contact in May 2005, prior to final Board decisions, and again in September 2005, before open enrollment directly affects members.
- Develop presentation and “leave-behind” materials for Ambassador Program meetings to make it easy for local “ambassador” to lead discussion.
- Ambassador program should be structured to reach every state agency in January to April 2005, with a second round of visits in August-October 2005, to prepare for open enrollment. It will include local union leaders, shop stewards, and benefits managers. Program needs to be particularly sensitive to collective bargaining process, to ensure that these communications do not undercut collective bargaining nor appear to subject proposed changes to negotiation. Program should be to explain changes, not to solicit input.

LEADERSHIP OUTREACH PLAN

Revised 11/24/04

<u>Organization</u>	<u>Board/staff</u>	<u>Date</u>
<u>Executive Branch</u>		
Governor's Office and DAS Leadership	Jean Thorne David Hartwig Bruce Goldberg	9/29/04
Public Information Officers	Jean Thorne Ingrid Norberg	11/19/04
Agency Heads	Jean Thorne David Hartwig	11/23/04
Agency Human Resources Managers	Jean Thorne Sheryl Warren	12/1/04
OUS Administrative Council	Jean Thorne	11/17/04
OUS Human Resources Managers	Jean Thorne	12/1/04
<u>Employee Leadership</u>		
SEIU and AFSCME Leadership Governor's Office, DAS	Jean Thorne David Hartwig Diane Lovell Chuck Mendenhall Sheryl Warren	10/4/04
Leadership from Other Labor Organizations DAS Labor Relations staff	Jean Thorne David Hartwig Diane Lovell Paul McKenna Peter Callero	11/10/04
OUS Interinstitutional Faculty Senate	Jean Thorne Peter Callero	12/3/04
ODE Labor-Management Group	Diana Jones	11/16/04
PSU Labor-Management Group		12/04

Legislative Branch

Legislative Staff Leadership	Jean Thorne	11/10/04
Other Key Legislative/Exec Staff (LFO, Human Services Committee, Health Policy Commission, BAM)		12/04
Key Legislators		12/04-1/05

Partner Organizations

OMPRO (Diabetes Collaborative)	Jean Thorne	10/22/04
Health Care Quality Corp.	Jean Thorne Bruce Goldberg	11/17/04
Patient Safety Commission	David Hartwig	12/7/04
OMA, ARC		
OAHHS		

Purchasers

Health Care Purchasers' Coalition	Jean Thorne Diane Lovell	11/17/04
Oregon Business Council staff	Jean Thorne Diana Jones	12/2/04

Ambassador Program - Pilots

Goal

Identify and test forums for presenting PEBB ideas to a broader membership base in order to solicit meaningful feedback and reaction to messages. Create an ongoing bridge to members, providing an avenue to listen to member concerns and design effective communications.

How to proceed

1. Identify existing labor management groups that meet regularly, are mature and sophisticated groups, have demonstrated success in addressing issues, and are open to discussions about PEBB plans.

Since issues and challenges of the health care delivery system vary significantly by area of the state, seek out approximately 10 different labor management groups that are representative of the geographic spectrum of variety.

2. Test the concept with two pilot groups that are convened by CAC members who have broad understanding of PEBB's plans and challenges for the 2006 plan year. One pilot would be within the Department of Education, the other at Portland State University.

Develop materials aimed specifically for this in-between audience, drawing upon the core set of ideas from leadership presentation to explain why PEBB's 2007 Vision is important to pursue now. Test ideas and messages in anticipation of larger roll out of ideas to follow in early 2006.

3. Clarify that the role of the labor management group in these discussions is to provide an informal sounding board for input only, rather than serving as forums for decisions or negotiations. PEBB will present ideas that are planned changes, and will not be asking for input about the decision. Instead the group will be asked react to the ideas and suggest ways to communicate them to members.
4. On a parallel track, PEBB will seek or create opportunities to meet with benefit managers (within both state agencies and OUS settings) to solicit their perspective on how proposed changes will be perceived by members and to test messages.

The benefit managers may provide a useful source of feedback on proposed plan design changes, since they are closer to the member concerns and more removed from labor negotiations. It may be appropriate to tailor materials for this audience as well.

3. Health system leader communications

Purpose: Ensure that Oregon’s health care leaders understand the seriousness and breadth of PEBB’s strategy and have an opportunity to provide input and shape its execution

Principles:

- Health care leaders need to believe PEBB is serious and committed.
- Health care leaders need to see where their organizations fit, and how they can contribute to and benefit from shared success.
- PEBB will be better able to shape a realistic program if it gets candid input from health system leaders.
- PEBB can not “negotiate” or engage unfairly with specific organizations within the marketplace and must use consistent messages across the entire community.
- PEBB will try to ensure that all eligible and interested health care organizations are informed about and have an opportunity to participate in the selection process.
- Health care organizations will be interested in program details and business issues. Communications with them should generally be specific and formal.

Approach:

Outreach will occur through the formal RFI and RFP bid process, through direct discussions with staff and board members, and through public presentations at conferences and meetings.

Activities:

- Maintenance of comprehensive list of potential bidders and interested parties (trade associations, etc.)
- Develop short quarterly newsletter with updates of process and Board decisions, to be sent by email to health system list
- Identify association conferences and working sessions (e.g., board meetings) appropriate for Vision presentations (e.g., OAHHS, OMA, OSPA, Q-Corp) and seek opportunities to present in Spring and Fall (i.e., after RFP process and before launching changes)

- Create and publicize “Council of Innovators” of providers and other organizations who are helping PEBB achieve its vision
- Conduct series of health care stakeholder forums in late Spring 2005, following completion of RFP process, to solicit input on most effective implementation approaches for each major change
- Develop informational packet and web site explaining 2006 changes to provider community; partner with associations for distribution
- Prepare op-ed articles or offer interviews to health system trade publications, including the SCRIBE, AOI Viewpoint, Oregon Business Magazine, Portland Business Journal. *Use affirmative, positive language to communicate PEBB strategy and optimism.*

4. Purchasing and Policy Partner communications

Purpose: Ensure they understand PEBB's strategy, the importance of sending consistent signals to the provider community, and how they can collaborate in seeking system change.

Principles:

- PEBB is the state's leader in purchasing strategy and health system transformation. It will have to commit resources to communicating its Vision to potential partners and negotiating mutually acceptable strategies.
- PEBB Vision will be difficult to implement at the provider level without support from other major purchasers.
- PEBB should ask other purchasers to use some or all of the technical criteria in their own contracting process.
- PEBB should be willing to adjust its criteria to meet needs and constraints of other key partners, and come to agreement about common requirements, incentives, etc.

Approach:

Outreach will occur at two levels:

1. As informal communications to other purchasers through meetings and conversations, and
2. As formal negotiations to engage other purchasers in common requirements and standards.

Activities:

- Identify priority list of purchasers and brokers
- Identify key purchasers in areas of possible local pilots
- Meet with appropriate purchasers – to influence 2006 purchasing if possible.

COMMUNICATIONS EXHIBITS

1. Sample *Did You Know?* Article
2. Proposed 2005 newsletter planning schedule
3. Recommended chronic disease messages
4. Executive Vision 2007 presentation slides (master set)
5. PEBB Positioning Statement – 9/24/04
6. Recommended vocabulary
7. Recommended Vision 2007 talking points
8. Communications Advisory Committee members