

Communication Strategy Approaches

Karen Hale, OHA, presented on the Communications and Outreach strategy that OHA received from Brink Communications. OHA is working with Brink and seeking PDAC input on:

- Develop key messages based on findings
- Create message grids for specific audiences
- Provide communications and outreach strategies
- Update materials based on findings

The goal for the one-year strategy is to:

- Deliver a clear, consistent message about its value to the healthcare community
- Provide regular and timely information that is easy to understand
- Build support among target influential users first

The strategic approaches that shape and establish the framework for Brink's recommendation are:

1. OHA is offering a solution to a specific need identified by Oregon's healthcare community
2. The Directory may be a harder sell for those who have to pay
 - a. The group also reviewed the criteria and examples for the Medicaid enterprise on slides 25-26
3. The Provider Directory will get more robust over time
4. Data security and data sharing need to be addressed head on
5. Early adopters will set the tone for those who follow
6. Success stories will help drive participation
7. When it comes to support and assistance available, OHA should be clear at the outset
8. Continuing to cultivate relationships with key leaders will pay off in the long run
9. Audiences need regular reminders about the long-term goal to reduce costs and improve to patient care
10. A coordinated OHIT approach to communication is best
11. Long-term sustainability needs to be addressed

Communications strategy and tactics (slides 37-45)

The group discussed communications strategies and tactics for the Provider Directory.

Strategy 1: Build support with HIE organizations first to ensure success and pave the way for those who follow

Go-live, or phase 1, will target the HIE use case and flat-file directory users. A smaller pool of users will have access to collect data on accuracy, usability, and value of the system. Once they have validated the data are correct, the Provider Directory will be rolled out more broadly.

The group reviewed exit criteria which consisted of meeting a data accuracy metric and user satisfaction criteria. They cited that certain elements may be more crucial to be accurate than others. For those elements, the accuracy rate should be as close to 100% as possible. It only takes one time for a user to have a problem with the data to stop using it. Examples of elements are those needed to coordinate care and exchange patient information like name, address, phone, fax, etc. If incorrect, there is a risk for exposing Protected Health Information (PHI).

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- Of note, if the fax is wrong, but it's still the right organization it's not as big of an issue. If it at least is correct for the same organization - that is more important.

Comments/additions for the user satisfaction criteria included:

- How easy it was to get an extract (if the system is not having issues and is easy, assume things are going well)
- How long and efficient was the enrollment/onboarding process

Strategy #2: Conduct targeted outreach to influential adopters

OHA is looking to have a good cross section of organizations who represent various provider sizes and types.

Strategy #3: Find and tell success stories throughout the rollout period

OHA will be using the soft-launch users to provide and share their success stories.

Comment: Keeping track of the people in early adoption and seeking feedback from those who use it the most will be most helpful

Strategy #4: Provide regular updates to the broader healthcare community

OHA will focus on getting the most up to date information to providers and their staff.

One of the tactics that is not used by as much by the office of Health IT today is social media on OHA and OHIT's LinkedIn accounts.

Comments:

- Social media is important. One organization gets a better response from social media than anything else. May not be providers directly but their staff. They use Twitter, Facebook, and LinkedIn.
- Using social media may be a good way to reach rural providers
- Facebook may be better for a direct update; may get lost in the conversation on Twitter

Another tactic that was highlighted was engaging key professional associations and large health organizations such as:

- Medical Society of Metropolitan Portland (the Scribe)
- Oregon Medical Association
- Oregon Primary Care Association
- Oregon Society of Healthcare Executives
- OHSU (OHSU Health Magazine)
- Oregon HIMSS

Committee members also added:

- MGMA
- AHIMA

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- OHA divisions in the field such as the Primary Care Office
- Health licensing boards

Strategy #5: Engage the media at key points during the rollout, packaging the Provider Directory with Common Credentialing whenever possible

Publications avenues include:

- Health Leaders news
- Journal of American Medical Informatics Associations
- Gartner
- Modern Healthcare
- Executive Leaders
- Hospitals & Health Networks

Oregon media avenue include:

- Portland Business Journal
- Oregon Public Broadcasting
- The Lund Report
- The Oregonian
- Portland Tribune

The group added:

- Oregon Board of Medical Examiners (OBME) quarterly
- Bend Bulletin
- Statesman Journal
- Registered Guard
- Mail Tribune (Medford)

Strategy #6: Keep policymakers informed about major milestones and successes

One member commented that in addition to key legislators in the state, we should also consider federal legislators; The project is 90/10 funded so sharing the successes of the program is important

Key messages and audience grids (handouts)

Provider Directory key messages were shared with the group. Feedback included:

- Message #1 should focus on being patient-centered and putting patients first. This is providing a benefit to patients through the efficiencies of the system.
- Messages should be clear that the Provider Directory is not replacing something but is supporting, enhancing, and improving what is in place today
- Meeting a regulatory component should be added to the key messages

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- Some of the key message bylines needed to be augmented
- Weave in that the Provider Directory compliments the Common Credentialing system by providing an easy to use (fill in blanks)

The Provider Directory audience grid was shared with the group. The audience grid contained messages that were targeted for certain types of users/audiences.

Additions the group suggested to the matrix include:

Target audience: C-Suite Executives

- Motivators: Costs and savings
- Barriers: Lots of pessimism about government
- Leading messages: Simplification and savings, border states (be clear what it will and will not contain)

Also, one of the key messages was around having Common Credentialing as a primary data source that feeds the system - depending on timing it could be a positive or negative to be associated with Common Credentialing

Target audience: Provider

- Motivators: It's more accurate, patients will be referred to the correct address, one place to get information on who providers are and where they practice
- Barriers: Concern over accuracy
- Leading messages: Simplification and savings, border states (be clear what it will and will not contain), how it is more accurate

Target audience: Trade publications and other associations

- Barriers: Who has access to the information
- Leading messages: Quickly locate accurate data

Other target audiences that need to be added to the grid are IT folks and credentialing staff

Public Comments and Closing (slides 47-48)

There were no public comments.

OHA is looking for PDAC feedback on the name of the Provider Directory. PDAC members can vote on a name and sign up for UAT here:

<https://www.surveymonkey.com/r/6HJLJ6Z>

The next PDAC meeting is on July 18, 2018; next PD-SME meeting is on June 13, 2018.