Maryland Health Care Reform Coordinating Council

Education and Outreach Workgroup

Draft White Paper

October 18, 2010

Charge

Much of the success of health care reform will depend on how individuals and organizations respond to and use the new health care delivery system. Engaging the public in health care reform implementation is essential. However, the volume and complexity of the Affordable Care Act create communication challenges. A critical component of the Health Care Reform Coordinating Council's (HCRCC) role must be to provide information about how reform may affect different individuals and stakeholders, and how they may participate in the implementation process.

Critical questions this group should address include:

(1) How should the state communicate to various constituencies the significant changes that will occur as health care reform unfolds at both the federal and state level?

(2) What type of plan for a coordinated and comprehensive outreach and education strategy should be developed to meet the needs of different groups, including consumers, providers, insurers, employers, and others?

(3) How will Maryland assure that efforts are effective and culturally and linguistically appropriate?

(4) How should the state address current needs for information on reform implementation and its implications, as well as develop a long-term strategy for ongoing effective communication about the new health care system?

Process

The Education and Outreach Workgroup was co-chaired by Marilyn Moon, Commission Chair, Maryland Health Care Commission, and˜Joy Hatchette, Associate Commissioner, Maryland Insurance Administration. There was no assigned membership; in an effort to be as inclusive as possible, participation in the workgroup was open to any interested party.

The workgroup [WILL HAVE] met three times between September 2010 and October 2010. The goals of the first meeting were to review the charge and provide background information on existing State and federal health reform outreach resources, key health reform implementation dates, and basics on developing a communications plan. A panel of speakers discussed lessons learned from past experience with Medicare Part D implementation. The co-chairs solicited feedback to inform short-term and long-term needs assessments. The goal of the second meeting was to delve deeper into discussions of (1) who are the audiences that we need to reach, (2) what are the topics we need to communicate, and (3) what are the channels of communication we should use. Three break-out sessions were organized to discuss these questions. Written comments were also accepted via the HCRCC website. The second meeting included information on Massachusetts' communications campaign for state health reform, and Maryland's past experience conducting outreach to businesses to promote the Health Insurance Partnership. The third meeting [WILL BE] devoted to reviewing and gaining public input on the draft white paper of options.

Inventory of Some Government Outreach Resources

Most people rely on friends and family for information when making health care decisions. In addition, health reform is receiving significant media attention, which informs public opinion about the new law from a variety of perspectives. As more provisions of the law are

implemented, information will be increasingly communicated from health care providers, insurers, brokers, and employers.

The government may not be the initial source of information to which people turn. However, the many current public efforts in Maryland to educate consumers, businesses, health care providers, and others about health coverage and reform can be leveraged to conduct outreach and serve as a basic source of accurate information. Public outreach efforts in Maryland include products, such as publications and web resources, as well as individual contacts, including on-the-ground outreach staff and staffed hotlines. While some public outreach efforts target audiences for income-based programs or other subsets of the population, others are more general. Some examples of State outreach efforts follow.

- **Maryland Insurance Administration Consumer Education and Outreach**
  Staff conducts outreach at many community events/locations to help consumers with insurance questions and provide information.

- **Office of the Attorney General Health Education and Advocacy Unit**
  Helps consumers with denied referrals or claims.

- **Maryland Health Insurance Plan**
  State and Federal health insurance for individuals unable to obtain private coverage.

- **Maryland Department of Aging Senior Information and Assistance**
  120 local Senior Information and Assistance offices throughout the state are staffed to provide assistance in determining need for services, make referrals to appropriate agencies, and offer case management/coordination for persons requiring ongoing services. The Maryland Department of Aging (MDoA) recently received federal funding through the Affordable Care Act to provide outreach and assistance to Medicare beneficiaries regarding benefit coverage, including coverage for preventive services; and provide options counseling through Aging and Disability Resource Centers (ADRC). Options counseling helps people understand, evaluate, and manage the full range of services and supports available in their communities.

- **Maryland Department of Disabilities Constituent Services**
  Staff provides information and assistance to individuals as they navigate the human services system.

- **Health Insurance Partnership**
  Premium subsidy program for small business.

- **Department of Labor, Licensing and Regulation One-Stop Career Centers**
  One-Stop Career Centers are located in each county to match people with jobs.

- **Department of Health and Mental Hygiene "Get Health Care"**
  Hotlines, contact information for applications for Medicaid, Primary Adult Care (PAC), Maryland Children's Health Program (MCHP), Medical Assistance for Families, Local Health Department resources, and other health-related programs.

- **Department of Human Resources Economic Assistance Programs**
  Online services, call centers, local Departments of Social Services to determine eligibility for Medicaid, MCHP, and other health and non-health programs.

The federal website www.healthcare.gov provides a clearinghouse of factual information on health reform. Its "Information for You" is targeted by audience, to families with children, individuals, people with disabilities, seniors, young adults, and employers. The "Find Insurance Options" feature links to State resources. The website is available in Spanish, www.cuidadodesalud.gov, and other languages are under development. The website will continue to be populated with additional information over time, for example insurance product pricing.

In addition, many private foundations and community-based organizations are producing materials on health reform and/or actively conducting outreach. For example, the Kaiser Family Foundation recently released a short web video, "Health Reform Hits Main Street,"[1] which explains the basics of the law. Maryland must determine how best to leverage federal, State, local, and private resources.

Lessons from Prior Initiatives

Health reform is unique in terms of its scope and complexity, as well as its incremental approach to implementation and the many key unknowns that still exist. For example, critical decisions yet to be made regarding the structure of the exchange, entry to coverage, and the nature of the safety net will drive outreach messages. Despite the uniqueness of health reform, there are lessons to be learned from past efforts to communicate changes in health care. The lessons highlighted below are gained from experience with Maryland's implementation of Medicare Part D and the Health Insurance Partnership, as well as Massachusetts' experience implementing state health reform. It is important to note the very different funding levels for past initiatives. Massachusetts' outreach campaign had a budget of $7.3 million over three years. Major costs consisted of media buys and a public relations firm procurement. In contrast, there was no formal budget when the Maryland Health Insurance Partnership was rolled out.

- It takes a community effort.
- Build partnerships and keep them alive.
- Partner with elected officials to help gain media attention.
- Maintain message consistency through train the trainer approaches.
- Continue education and training as programs evolve.
- Segment the audience.
- Communicate "news you can use" to an individual.
- Ensure messages are simple, and linguistically and culturally appropriate.

[1] Available at http://healthreform.kff.org/the-animation.aspx.

- Be accessible to answer questions, even when answers are not yet known.
- Use venues that are appropriate to the target audience, and adapt materials to the site and audience.
- A variety of approaches is critical.
- There is a need for basic information, as well as more detailed reference information.
- Opportunities for outreach are everywhere, from ballparks to churches, pharmacies to grocery stores.

Needs Assessment

The co-chairs sought input from workgroup participants on a needs assessment for education and outreach. Discussions were structured around three primary questions: (1) who are the audiences that we need to reach, (2) what are the topics we need to communicate, and (3) what are the channels of communication we should use. Public input provided to the workgroup at the first two meetings and via the HCRCC website is synthesized below under these three categories. While outreach to consumers garnered most of the attention of the workgroup, Maryland's health reform communications strategy will need to address outreach to providers, employers, insurers, brokers, and others affected by reform. The need to tailor approaches to different jurisdictions or geographic areas was emphasized.

Audiences: Who are the audiences that we need to reach?

There was agreement on the need to segment audiences according to their information needs and motivators. Messages would then need to be tailored by audience. The major categories defined by federal outreach efforts include families with children, individuals, people with disabilities, young adults, seniors, and employers. These groups made sense to workgroup participants, but there was much emphasis on the additional needs of vulnerable populations.

Vulnerable populations are characterized by low income, low health literacy or illiteracy, individuals with disabilities, behavioral health needs (substance abuse, mental health, developmental disabilities), lack of stable housing, involvement with the criminal justice system, limited English proficiency, citizenship status, or racial or ethnic groups experiencing health disparities. Notably, 62% of Maryland's uninsured population is made up of individuals from racial and ethnic minority groups. Strategies for outreach will need to be tailored to the diverse needs of different racial and ethnic minorities. There is a need for cultural sensitivity, which requires much more than simply translating materials into additional languages. Regarding translation, more languages than just Spanish will be needed.

People need to be reached whether they are residing in their homes in the community, or other settings such as assisted living facilities and nursing facilities. It was noted that many individuals from vulnerable groups may have never had health coverage previously, and may distrust the health system. Some groups, such as undocumented immigrants, will remain without coverage even after the full implementation of the Affordable Care Act. But, families with undocumented parents may include citizen children who are fully eligible for benefits.

The need for distinct messages was identified for insured versus uninsured populations, where the insured may fear change and need to have anxieties alleviated. Segmentation by geography—urban, suburban, rural—was also raised. Strategies might target women, as the

health care decision makers of most households. Self-employed individuals were also identified as having specific information needs. Information needs and motivators will vary greatly among consumers, health care providers, large and small employers, insurers, and brokers.

Topics: What are the topics we need to communicate?
There was agreement on the need for clear, concise, and simple information communicated from a trusted source. Information should be factual and apolitical. Given the level of misinformation circulating, there is a need to dispel common myths, but this may be viewed as politically charged. It is important to not over-promise what reform will deliver, and to communicate the new responsibilities and penalties for individuals and employers. People need information that is relevant to their individual situation. Important topics cited were eligibility and enrollment, effective dates of changes, appeals processes, and promotion of wellness and prevention. Information should have emotional meaning if it is to resonate. The use of personal anecdotes is useful for this.

A culture of health care needs to be emphasized, particularly for individuals who may have never had insurance previously. Efforts will need to be taken to communicate the value of coverage, and how to use insurance coverage and the importance of seeking preventive care and early treatment. It is also important to help people understand how to maintain seamless access to coverage, which is a currently challenge due to the need to redetermine eligibility, or as people's eligibility for different programs changes.

Given the incremental nature of implementation of the different provisions of the law, it is important to carefully sequence communications. People need information that is timely. A balance needs to be struck between disseminating information early enough to allow for multiple contacts, but not so far ahead that people cannot yet act on the information. The prioritization of messaging is also important; there needs to be a balance between providing useful information without overwhelming the audience.

Channels of Communication: What are the channels of communication we should use?
Information should be provided in venues appropriate to the audience. It is necessary to understand where people get information. Materials should be adapted to the site and audience. It was agreed that a communications strategy should have a layered approach, not relying on any single vehicle. Extensive input was provided listing potential partners for outreach and the format that outreach might take.

Potential partners include health care providers, particularly in urgent care and emergency settings; community health workers; health care settings such as Federally Qualified Health Centers; a wide array of social services providers, such as shelters; elementary and secondary school systems and institutions of higher education; churches, synagogues, and faith-based organizations; a wide array of community-based and advocacy organizations; elected officials; government sites such as the Motor Vehicle Administrations and post offices; grocery stores; laundromats; business groups; brokers; labor unions; libraries; and senior centers. Partners must be seen as trusted sources by the target audience. Peer outreach and education models were recommended. The many public and private workers who currently interface with the public will need to be well-educated about reform.

Comments encouraged the HCRCC to consider a number of elements to determine the optimum location and role for an ombudsman's office, including the needs and diversity of Maryland's residents; the past and future role of public and private organizations that provide education, outreach, and ombudsman services; and the role of navigators within the new exchange.

The many suggestions related to the format of outreach agree that a multi-faceted approach is necessary. Suggestions include print materials such as brochures, flyers, and posters; hotlines; features for organizational newsletters or the media; web-based media such as a Facebook page and Youtube videos, without over-relying on the internet given the divide between those who have access and those who do not; smart phone applications; in-person fairs and public events such as community forums, trainings, and seminars; television; radio; bus ads; and others. The importance of having trusted, one-on-one interpersonal contacts was emphasized as essential to help people get questions answered and navigate the complex health care system. Staff working to conduct outreach should have cultural competency training.

Options

Different options for the HCRCC to communicate about health reform are described below. They are divided into shorter-term and longer-term options, although planning for even longer-term options should begin soon. The numbering of options does not reflect order of priority. Maryland's outreach strategy should be scalable, depending on the level of available funding.

Shorter-Term

1. **Continue to Coordinate Government Outreach Activities**
   Maryland has already begun to coordinate the State's health care coverage and health reform information through the HCRCC website, www.healthreform.maryland.gov. This website has Maryland-specific updates on reform, as well as links to existing State resources for coverage. Individual State agency websites link back to the HCRCC website. A web resource is in no way sufficient to conduct outreach, but as a starting point it can provide a valuable means of sharing information. As more provisions of the law are implemented it will become even more important to continue to coordinate Maryland's State and local government resources.

2. **Further Develop a Maryland Asset Inventory**
   The inventory of government outreach resources listed above is only the beginning of an effort to coordinate potential channels of communication at the State and local levels. It does not begin to delve into the many community-based, faith-based, and larger private organizations as well as business groups and health care provider associations that will be crucial to communicating effectively about reform. We need to understand where the different resources exist in order to coordinate outreach efforts, and assess where gaps still remain.

3. **Formalize a Public/Private Coalition**
Maryland is fortunate to have an existing infrastructure of public and private entities at the State and local levels to help conduct education and outreach. Organizations are already conducting outreach, and have volunteered to help through the workgroup process. Formalizing a public/private coalition can help clarify roles, ownership of the message, information flow, and can help coordinate resources efficiently. A central calendar could track different outreach events conducted by members of the coalition. Community-based organizations can help Maryland deliver the message on health reform; they have the trust on the ground with targeted groups, particularly for vulnerable populations. Information must flow up as well as down. It is equally important that grassroots organizations provide input into the communications strategy, for example by helping the State understand how to motivate different audiences and by testing messages with audiences. The coalition would provide a forum to continually evaluate and evolve outreach and education activities.

4. **Develop Template Materials**
Given the agreement around the importance of having a consistent, fact-based message, there needs to be a common set of high-level materials that can be used as a starting point by the coalition of organizations conducting education and outreach. An organization could then provide additional, more detailed information depending on its mission and focus.

5. **Fully Leverage Federal Communications Tools**
Maryland should fully leverage federal tools such as www.healthcare.gov when developing its materials. The federal website provides a clearinghouse of factual information, and effectively simplifies and communicates complex information about the law. Maryland should use these descriptions as the basis for common messaging. Maryland may also advocate for further outreach support from the federal level, for example national public service announcements prior to implementation of major provisions of the law.

6. **Establish Partnerships to Communicate Immediate Changes**
Changes to the health care system have already been implemented as a result of the Affordable Care Act. Some of the changes include:
    - Young adults can stay on their parents' health insurance until age 26 (one year later than current Maryland law);
    - Insurers cannot deny coverage to children with pre-existing conditions or exclude their conditions from coverage;
    - Insurers cannot rescind coverage when people become sick;
    - Insurers cannot cap lifetime coverage;
    - Restrictions are placed on annual limits to insurance;
    - Preventive care is covered without cost-sharing;
    - Tax credits will be available for small businesses offering coverage;
    - A new temporary federal high-risk pool will provide coverage for people with pre-existing conditions.

Marylanders need information about these changes immediately. Efforts have already been undertaken to communicate the effects of recently implemented provisions. For example, the

Maryland Health Insurance Plan (MHIP) which operates the temporary federal high-risk pool ran radio advertisements and held media events publicizing the new program.

Some new key partnerships could help Maryland reach target audiences most likely to benefit from some of these provisions. For example, a partnership with two- and four-year institutions of higher education in Maryland could help publicize the ability of young adults to stay on their parents' coverage. Partnerships with elementary and secondary school systems could help publicize coverage protections for children with pre-existing conditions. Partnerships with health care provider associations could help publicize new free coverage for preventive care.

7. **Promote Existing Programs**
   The provisions of the law expanding Medicaid coverage don't take effect until 2014. However, many Marylanders are currently eligible for but not enrolled in existing health coverage programs, including Medicaid, MCHP, and PAC. Maryland can leverage the attention on health care resulting from reform to connect people to existing programs. Efforts to educate different groups about health reform can promote existing resources.

Longer-Term

8. **Procure Communications Strategy Expertise**
   Maryland needs the expertise to develop a comprehensive strategy for communicating about health reform to the many groups who will be affected—consumers, providers, employers, insurers, brokers, and others. Maryland recently received a $1 million grant from the Department of Health and Human Services to plan and develop consumer tools that will help Marylanders purchase affordable health insurance under the forthcoming Health Insurance Exchange. This grant includes close to $80,000 to procure expertise to plan a comprehensive outreach and communications strategy to reach the public in general, and small businesses in particular. While this is not on the scale of Massachusetts' investment in a communications strategy, it represents an invaluable opportunity to gain needed communication expertise. The needs identified in this white paper should inform the strategy.

9. **Coordinate Outreach with Exchange and Entry to Coverage Decisions**
   Many of the tactics for a communications strategy hinge on decisions to be made on the structure of the exchange and the nature of entry to coverage. For example, messages cannot be developed to encourage uninsured individuals to gain coverage through the exchange until there is a mechanism to do so. Thus, the direction of a communications strategy must closely track decisions about the exchange and entry to coverage, as well as the nature of the health care safety net and service for special populations. Moreover, needs identified through this workgroup should inform those decisions.

10. **Centralize Outreach Strategy in New Structure**
    Coordinating public and private outreach activities will require significant attention. While education and outreach activities will be decentralized in order to leverage the many public, private, State-level, and local partners, ownership of the strategy and messaging should be

centralized. The entity or structure charged with health care reform on a longer-term basis should have responsibility for coordinating education and outreach.

11. Pursue Private Funding

As discussed above, mobilizing Maryland's many community-based organizations will be essential to promote a culture of health care, connect people to the health system, and empower them as health care consumers. Community-based organizations will need resources to do this. Maryland should consider ways it can partner with community-based organizations to pursue private funding in support of education and outreach activities. It may also be possible to obtain foundation support for Maryland to be a role model for other states.