



Stakeholder Workgroup Series Outreach and Information Summary Report

I. Purpose/Goal

Overall Goal:

To solicit recommendations from external stakeholders for the development of state contract procurement documents.

Outreach and Information Goal:

To inform the Letter of Intent (LOI) process by providing recommendations for the initial enrollment and ongoing outreach and communication needs for individuals enrolled in the program, as well as communication to providers, stakeholders and others affected by the Integrated Care Initiative.

II. Methodology

- From **July 9, 2012 – August 21, 2012**, the RI Executive Office of Health and Human Services (EOHHS)/Medicaid Program organized a series of workgroup meetings.
- Each workgroup met 3 times over this 7 week period.
- Each workgroup covered topics selected as imperative to the planning, development, implementation, and monitoring of these initiatives.
- The 3 topic areas selected were as follows:
 - Outreach and Information
 - Services and Supports
 - Oversight, Evaluation, and Continuous Improvement
- An invitational announcement letter/email was developed and sent to stakeholders for participation in the workgroup series in the weeks prior to the start of the meetings.
- Stakeholders were asked to forward workgroup invitation letters/emails to any other interested parties.
- In order to have well-rounded input, state representatives as well as topic experts from the community were selected as workgroup facilitators.
- An email listserv was developed to send continuous workgroup updates and workgroup handouts.
- All workgroup presentations and handouts were posted to the RI Executive Office of Health and Human Services website at www.ohhs.ri.gov under “Integrated Care”
- An email box was set up at integratedcare@ohhs.ri.gov for any questions and comments related to the Integrated Care Initiative.

III. Summary of Input Process

The Information and Outreach Work Group held their Stakeholder meetings on the following three dates: 7/25/12, 8/16/12 and 8/21/12, all from 9-11 am at the RI Council of Community Mental Health Organizations, Inc. (RICCMHO).

- An invitational announcement letter/email was developed and sent to stakeholders for participation in the workgroup series in the weeks prior to the start of the meetings.
- Stakeholders were asked to forward workgroup invitation letters/emails to any other interested parties.

Kathy McKeon served as the Community Chair, Robin Etchingham and Michelle Szylin served as the EOHHS Leads and D. Beaton, Jennifer Bergeron and Lisa Kirshenbaum provided project support.

Workgroup Session I

Introductions were made by Kathy McKeon. Using a PowerPoint Slide presentation, the two EOHHS Leads provided participants with an overview of the Integrated Care Initiative and the Work Group's purpose and goals. In addition, a data presentation and walk-through of the two models was delivered by Alison Croke.

Participants were asked to focus the Work Group discussion on outreach, information and communication needs as it relates to the Integrated Care Initiative. Participants were asked how the State can best communicate the potential changes to the current healthcare delivery system to the following populations:

- Individuals that will be enrolled in the program
- Institutional and community based providers, physicians, community mental health providers, support workers, etc.

Workgroup Session II

A panel discussion was held with experts from the following areas:

- Culturally-diverse Senior Center, Medicaid LTC, Division of Elderly Affairs/ SHIP Program, Community Action Program (CAP) serving elders and self-directed clients, the Diocese of Providence/ Hispanic Outreach, and United Way/211 and the POINT.

The panel of experts shared their experiences with assisting elders and adults with disabilities as well as provided input on how to best implement the Integrated Care initiative. A list of recommendations is available as a supplemental document.

Workgroup Session III

Participants were given an overview of Medicaid data on the Medicaid/Medicare Eligible (MME) population. This data outlined trends that focused on the diverse needs of the MME population such as: multiple chronic conditions, evidence of dementia or other behavioral health needs, nursing facility utilization, etc.

- The workgroup facilitator shared the draft recommendations with the workgroup and requested additional feedback and comments to be sent to the "Integrated Care" email.

IV. Final Group Recommendations

Enrollment Considerations

If possible, the state should consider allowing an extended enrollment period to ensure consumers have adequate time to make an informed decision on the model that will best meet their needs. Ideally, a detailed outreach and information plan would be completed prior to rolling out the enrollment process. Ultimately the time it takes for the outreach rollout plan should determine when the enrollment should start.

Consumer Communications/Outreach

Consumer Print Materials

Messaging to consumers should be brief, using simple terms and visuals to communicate when possible, and should focus on demonstrating the positive aspects of these new health care delivery systems. Additional considerations include:

- Include key questions that consumers will likely have, such as: “Will I be able to still see my doctor?” or “Will I still be able to get my prescriptions?”
- Avoid using FAQs altogether or, if necessary, keep the FAQ to one page; and
- Provide a phone number on all print materials to help answer questions they may have.

Marketing Strategy/Messaging

Develop a comprehensive and multi-faceted rollout plan that reaches individuals, caregivers, providers and other community based organizations by using high touch and individualized contact through info lines, options counseling and SHIP volunteers. Rollout plan must be cognizant of:

- aligning marketing and messaging with other ACA initiatives or MME eligibility deadlines such as Medicare Part D or Medicare Advantage enrollment deadlines; and
- the differences amongst the MME populations: young adults with disabilities who do not utilize LTSS or may not be connected to traditional healthcare or support services are different from adults who are elderly who may get some services and therefore have a contact person they see regularly.

Stakeholder Communications/ Outreach

Stakeholder Information and Training

Utilize stakeholders, provider trade associations, sister agencies and other information support agencies such as The POINT to coordinate and facilitate education and training for providers, physicians, nurses, etc. Provide stakeholders with copies of all consumer focused letters and other outreach documents prior to rollout in order to help consumers understand their options and make informed decisions. Key stakeholders include, but are not limited to:

- SHIP counselors, the POINT/ 211 staff, CAP agencies, Case management agencies
- OSCIL, PARI, RI Mental Health Centers, culturally diverse Social Service agencies
- RI Health Centers, Physicians, Pharmacists, LTSS providers (ALR, NF, Home Care etc.)

V. Conclusion

The Outreach and Information workgroup provided detailed recommendations for consideration. The comprehensive list of recommendations has been provided as an addendum to this summary (See Appendix A). The panel discussion held during Workgroup Session II yielded the most robust recommendations and highlighted some non-traditional methods for outreach that should be considered.

Common Themes:

- Utilize networks such as: sister agencies, trade associations, information and resource, community and faith based organizations to help deliver the message and assist consumers in making an informed choice.
- Allow adequate time to rollout the enrollment process by outreaching to the individuals or organizations that assist the individual consumer.
- Develop creative mechanisms to reach consumers that may not be connected to a traditional LTSS provider, senior center, or community based organization, etc.

Appendix A

Final Recommendations Outreach & Information Workgroup

Consumer Communications/Outreach

Consumer Print Materials

- Give example of the change, pros and cons
- Show positive aspects of this change
- Key words: don't use "change"; instead use "improved," make it client-friendly, "Will I be able to still see my doctor?" Emphasize: "You will still have coverage."
- Use less words and simple terms; more images
- Use flow chart describing what's going to happen; highlight very basic choices
- In English and Spanish
- Have phone number on all materials.
- 5th grade reading level; 3rd grade reading level (Hispanic)
- If doing a FAQ, keep content to one page.

Marketing Strategy/Messaging

- Have good rollout plan so people are getting information in advance.
- Be clear about describing two choices (MCO vs. Enhanced PCCM)
- Be POSITIVE about the message.
- BRAND it
- Have in-person support, like SHIP counselors
- Beef up the options counseling effort
- Have a dedicated Information Line for this effort
- Have consumers review proposed materials; test messaging...i.e., with people on Medicaid who have low-literacy skills and language other than English; also differentiate between duals w/o LTSS (potentially younger) and duals w/ LTSS.
- Timing of messaging is important. Consumers get a lot of mail.
- Rite Aid and CVS for in-store education; Grocery stores; Dunkin Donuts
- Homeless shelters; Emergency rooms; Bus signs
- PSAs; Radio, esp. for Hispanic customers
- Use church bulletins and other non-traditional marketing; such as "the Backpack Express"
- Utilize community-based orgs; use pre-enrollment information sessions offered at senior centers
- Train the trainers (key stakeholders that touch consumers)

Key Points

- Young duals are different than duals with LTSS; Duals with LTSS are connected to someone because they are receiving services. Sometimes young duals without any services may not be connected to health care or support services.
- There's a lot of change going on at the same time: ACA, Ford Foundation, Duals- that impact consumers. Maximize marketing and messages. Align consumer outreach efforts.
- People wait until the last minute to make a decision; will put off until they are actually accessing care and then will notice a change in delivery system.
- Consumers and family members often don't know the difference between Medicaid and Medicare.
- For Phase I, be clear that you are speaking specifically to their Medicaid benefit and not the Medicare benefit. You'll need to highlight Phase II, because that's the reason why we are doing this.

- One of the best selling points of this concept is that, eventually, the three medical cards that recipients have today could eventually be one. The recipient could have one card and not worry about which one will pay for certain services, and which one would pay for others.
- Enrollment Issues:
 - Use phased-in enrollment. PCCM separate from MCO enrollment?
 - Allow a longer time to enroll (enrollment period)
 - Do you have to enroll every year? (Recertify)

Stakeholder Communications/ Outreach

Stakeholder Information and Training

- DEA-sponsored Academy Trainings are very good.
- Work with the POINT on educating physicians, nurses, providers, etc.
- Give stakeholders that see consumers a copy of the enrollment letter as well as training. Keep them in the loop. Whatever information goes out to consumers has to go out concurrently to the stakeholders that touch consumers.
- Utilize trade organizations to reach providers.

Stakeholder Groups to Include

- SHIP counselors, the POINT/ 211 staff
- CAP agencies
- Case management agencies
- All LTC providers (Assisted Living, Nursing Homes, Home Care agencies, etc.)
- OSCIL, PARI
- RI Mental Health Centers
- Internal Communications: state agency staff
- Physicians, Pharmacists
- RI Health Centers
- AARP
- Companies that hire adults with disabilities (SSDI)
- Churches
- VA
- Social Service agencies that serve Hispanic customers

Marketing Strategy/Messaging

- Get Providence Journal coverage

Key Points

- Outreach and Enrollment will overlap with ACA roll out. Coordinate efforts on the state level.
- State needs to decide how long this outreach, education and marketing will take, then make decision on the when to enroll/ make change.