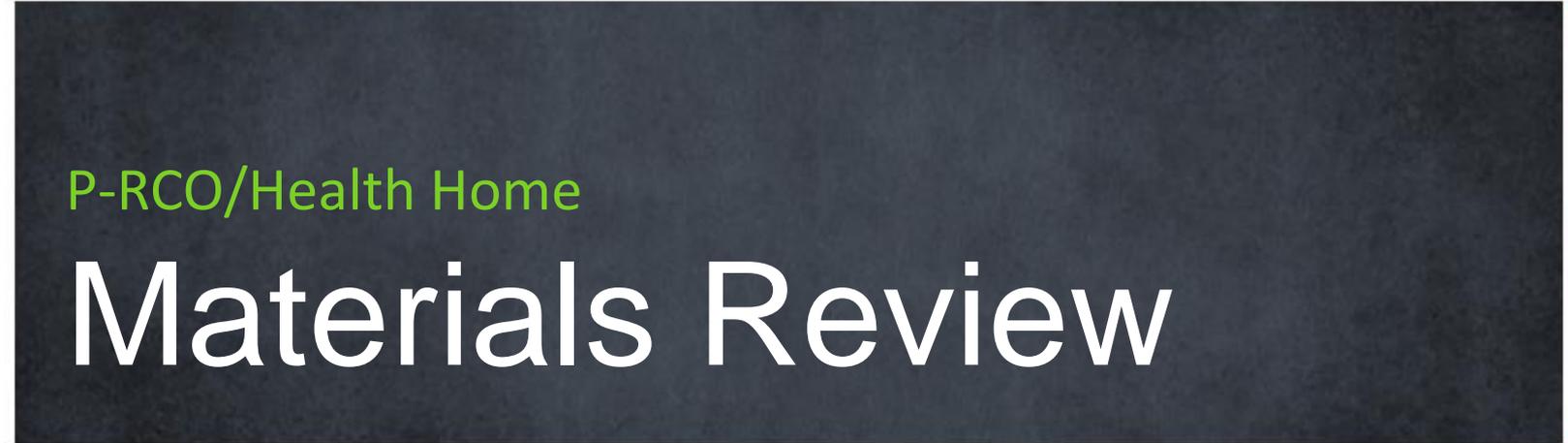


Patient Compliance through
Communication 



P-RCO/Health Home

Materials Review





Read This:

YOUR BEST FRIEND MAY BE ONE OF THE FAMILY, BUT WHEN IT COMES TO YOUR ASTHMA, IT IS IMPORTANT TO TAKE STEPS TO MAKE SURE THAT YOU AVOID TRIGGERS THAT COULD CAUSE AN ASTHMA ATTACK. YOU CAN KEEP YOUR PET OUTDOORS, FOR EXAMPLE, OR YOU CAN MAKE SURE THAT YOUR PET DOES NOT SLEEP IN YOUR BEDROOM OR ON YOUR BED. WASHING SHEETS, COVERS, PILLOWS EVERY WEEK HELPS, TOO



Read This:

Your best friend may be one of the family, but when it comes to your asthma, it is important to take steps to make sure that you avoid triggers that could cause an asthma attack. You can keep your pet outdoors, for example, or you can make sure that your pet does not sleep in your bedroom or on your bed. Washing sheets, covers, pillows and towels every week helps, too. (10 pt type)



Read This:

Your best friend may be one of the family, but when it comes to your asthma, it is important to take steps to make sure that you avoid triggers that could cause an asthma attack. You can keep your pet outdoors, for example, or you can make sure that your pet does not sleep in your bedroom or on your bed. Washing sheets, covers, pillows and towels every week helps, too. (14 pt.)





Read This:

If you cannot read well, you might think this paragraph is about taking care of your pet or adopting a pet. In fact, this is about the fact that you cannot always tell who has a literacy issue because people hide it well. When people do not read well, they look for context clues in graphics or layout. You can take simple steps when you design materials to help people understand what it is you want them to do. When patients understand, compliance goes up. When compliance goes up, everyone wins.



It's worth your time to get it right at the beginning

- Improved patient compliance and better outcomes
- Patient empowerment via improved communications
 - Most patients want to do the right thing, if they only knew what that was
- Improved patient and staff satisfaction
- Less wasted time and frustration for staff
- Fewer phone calls and emails for staff



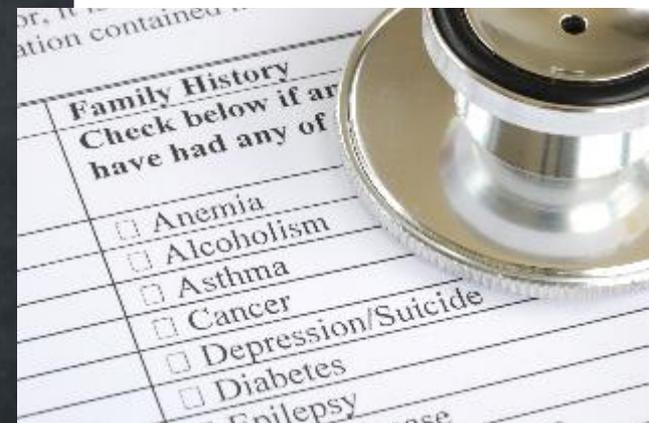
What you need to know....



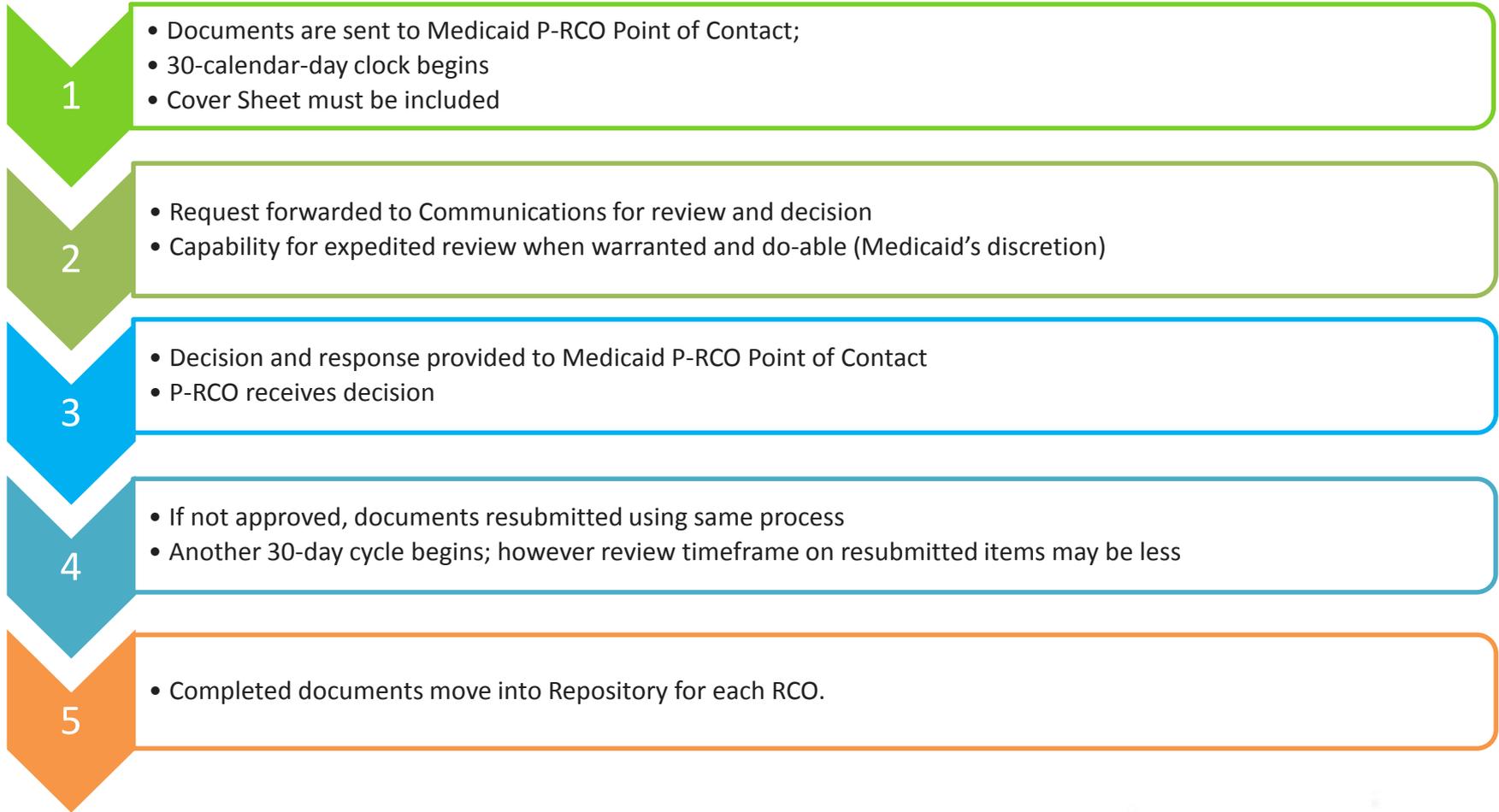
- Interim guidance for now
 - Based on other states' experience with MCOs
 - Based on Federal regulations, guidelines, and best practices
 - Goal is to be as close as possible to final rules as possible
- Final Rules and Guidance will be issued in 2016 based on experience to date, contract changes and other needed refinements
 - Development of model documents, definitions and language expected
- Ensure consistency and understanding across regions for core items

Process Purpose

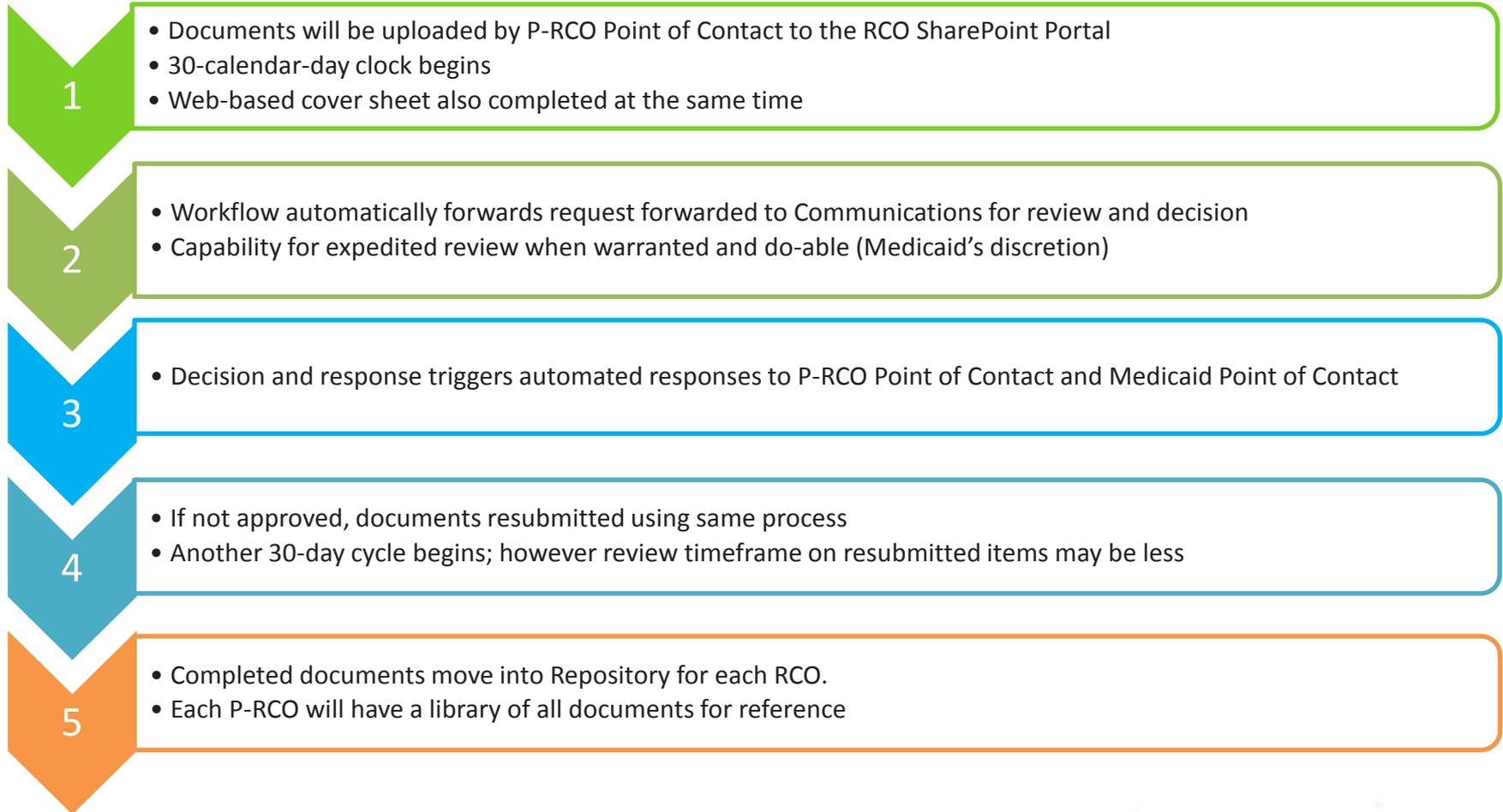
- Monitor “core documents” (mentioned specifically in contract) for contract compliance
- Monitor general communications, marketing, outreach and education activities of P-RCO/HH programs
- Ensure that P-RCO/HH enrollees and providers are clearly and appropriately informed about programs and services including how to access and use them so improved health outcomes may be achieved.
- Designed to minimize administrative burden on P-RCOs and Medicaid staff



Materials Review Process – For Now



Materials Review Process – Coming Soon!



Document Submission Guidelines

A Complete Submission:

- Must include cover sheet with complete information
- Contact must be person who can respond to questions about the submission
- Booklets should be submitted as a bookmarked PDF
- Storyboards, scripts may be submitted for items not yet produced
- Websites should include site map, screen shots and links to test navigation
- Naming convention for submission should be followed during manual process period
- Original documents should be submitted (Color documents should be in color)
- Scanned documents should be clear

Cover Sheet

Materials Review – Cover Sheet

All Fields Required Except As Noted

Resub Document Number _____ (Medicaid Use Only) Date Submitted _____
Region _____ RCO Name _____
Short Document Name _____

RCO Contact _____ Phone _____

RCO Contact Email _____

Planned Use _____ Date of First Planned Use _____

- | | |
|--|--|
| <input type="checkbox"/> Enrollee Education – Clinical | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Enrollee – Member Information | <input type="checkbox"/> Paid Advertising |
| <input type="checkbox"/> Enrollee – Outreach/Marketing | <input type="checkbox"/> Online / Social Media |
| <input type="checkbox"/> Provider Communications | <input type="checkbox"/> Internal Operations |
| <input type="checkbox"/> Corporate Communications | <input type="checkbox"/> Other: What? _____ |

If yes, to Enrollee Education - Clinical, who has reviewed content for accuracy?
Name/Title _____

Intended Audience Enrollees Providers RCO Employees
 General Public Other: Who? _____

Submission Type Original Resubmission of Previously Reviewed Document

Content: Original Content Only
 Contains purchased or copyrighted content, used by permission

Notes for Reviewers (Optional)

The Cover Sheet:

- Provides reviewer key information in one location
- Provides information for tracking purposes

What Must Be Reviewed?

Core Documents: Primarily Documents for Enrollees

- Plan ID Card/Correspondence
- Enrollee handbooks, benefit summaries
- Provider listings, other documents related to enrollee use of benefits
- Documents explaining enrollee appeal and grievance procedures
- Standard enrollee/potential enrollee communications as specified in the contract (e.g. enrollee “welcome” letters)
- Any document/communication that addresses enrollee freedom of choice, emergency care, and rights & responsibilities
- Membership information, (e.g., policies, procedures, rules)
- Websites / social media / emails

What Must Be Reviewed?

Non-Core Documents

- Health-related enrollee/potential enrollee education
- Provider Communications (printed materials, presentations, charts, handouts)
- Advertising and Marketing materials (in all forms)
- ALL Enrollee Materials excluding clinical (e.g. drug-specific) education documents and directions provided directly to an enrollee by a pharmacist, physician or other health professional.
- Any materials provided to enrollees by a subcontractor or affiliate business organization
- Retrospective review of any previously unreviewed material at the request of the Agency)

Examples

Documents:

- Brochures, Handouts, Flyers for Providers and Enrollees
- Fact Sheets
- Presentation Materials such as slides, charts
- Membership rules, subscriber agreements, member handbooks, wallet card instructions
- Communications about contractual changes, and changes in providers, co-pays, benefits, plan procedures

Electronic Documents:

- Websites
- Social Media (emails, texts, Facebook pages, etc.)

More Examples

Marketing:

- Scripts or outlines for telemarketing or other presentations
- Physician/Provider Presentation Materials (charts, slides, handouts)
- “Town Hall” or other forums and related materials
- Materials for health fairs and similar outreach materials
- Press Releases
- Surveys – printed/mailed and online

More Examples

Advertising:

- Ads for newspaper, magazines
- Ads for TV, Radio (script or storyboard submitted)
- Direct mail items
- Outdoor/Billboard/Banner advertising
- Internet/Online ads
- Posters
- Promotional items (giveaways)
- Yellow Page/Phonebook ads

What does not have to be reviewed

Some documents and communications may not need to be reviewed by Communications, but may be required as part of the Readiness Review process. Questions should be submitted to Communication Division Director or the P-RCO POC.

- Handouts from community service agencies, qualified health organizations (items you do not have editorial jurisdiction over), including Medicaid
- Advance Directive forms
- Blank letterhead/fax cover sheets
- Employee recruitment and training documents
- Coordination of benefits notifications
- Health risk assessments read to a recipient
- Operational templates, guidelines or other materials for exclusive use of providers or care coordinators that will not be given to enrollees

General Guidelines

- Information focus is on “need to know” vs “nice to know”
- Focus is on desired behavior or action
- Clinical information reviewed for accuracy
- Seek to invite interaction with reader/viewer
 - Next step or action is clear
- Content must be easily understood
 - Literacy requirements
 - Readability – not just the grade level of words
 - Style – active voice, conversational
 - Organization – Headers and summaries

Good Examples

The Emergency Room

Go to the ER...

Go to the Emergency Room for serious health problems that can cause lasting injury or death.

The only time you should go to the emergency room is when you have a real emergency.

If the problem is not a real emergency, you may have to pay for the ER visit.

Do Not Go...

Do not go to the Emergency Room if you have a cold or any other health problem that your doctor can take care of in his or her office.

Do not go to the Emergency Room if you are going to the emergency room because you can't get a ride to your doctor's office. Call 1-800-362-1504 for help with a ride to your doctor's office.

Be ready for a real emergency...



- Ask your doctor's office for a number to call after hours. Use this number if your problem is serious, but not life-threatening—like your child throwing up. Calling your Patient 1st doctor or clinic first may reduce the time you have to wait if your doctor sends you to the ER.
- Call 911 or go to the emergency room if there is a bad injury, sudden illness or an illness that is quickly getting much worse.

If you're not sure...call your doctor

If you are not sure what to do, call your doctor's office. Your Patient 1st personal doctor (or a qualified person chosen by your doctor) can be reached by telephone 24 hours a day, seven days a week.

Reminder!

Your doctor must okay your emergency room visit. And, if your health problem is not a real emergency, you may have to pay for the ER visit.



Why this works:

- Information is “chunked”
- 2-3 points under each heading
- Graphics support text
- Color supports desired behavior

General Guidelines

- Information is presented in an objective manner, without negative bias or inference regarding competing organizations
- No plagiarism or use of copyrighted materials without permission – get permission! Give credit to others!
- No materials with commercial support by drug, device or other company
 - Exception for drug/device specific information provided by clinician to patient
- Must not promote specific providers, suppliers or otherwise steer recipients to particular vendors

General Guidelines

- **Layouts and Graphics**

- Uncluttered, good contrast
- Grids, charts, tables only used when enhance understanding of content
- Graphics amplify key points; are familiar to viewer /reader



General Guidelines

- Must be “readily accessible”
 - Language, disability requirements for help in understanding how to use benefits
 - 5% guideline for prevalent language
 - Notice that materials available in alternative formats on request (and how to request)
- Must be culturally sensitive and appropriate for audience
- Field / User testing strongly recommended

General Guidelines

- Basic usability standards on websites
 - Clean, uncluttered design
 - Wording is short, clear and task focused (no fluff)
 - Intuitive navigation – clear paths for user tasks
 - Electronic forms must be able to be saved and printed
 - Must be updated on a regular basis
 - Email/Text communications – need to have opt-in capability when enrolling

Early Issues

- Representation of P-RCOs as RCOs
- Wordiness, lack of simplicity in wording and focus
- Use of jargon, acronyms and more advanced language, not easy-to-read
- Use of capitalization – use upper and lower case in body text, judiciously in titles
- Materials carrying drug company logos
- Lack or poor use of graphics
- Photocopied (poorly) items; items printed from Internet
- Out-of-date documents

Words to the Wise...

FIGURE 1

Words to avoid in patient consultations

Word types to avoid	Definition	Example word	Alternative word
Medical words	Used to describe health	Condition	How you feel
		Dysfunction	Problem
Concept words	Used to describe an idea	Avoid	Do not use
		Wellness	Good health
Category words	Used to describe a group	Adverse	Bad
		High-intensity exercise	Use a specific example
Value judgment words	Require an example to convey their meaning	Adequate	Enough
		Significantly	Enough to make a difference

Created with information provided by the National Patient Safety Foundation.

Good grid!

FIGURE 2

Sample pill card

Used for	Name	How to take it	Morning 	Noon 	Evening 	Bedtime 
Blood pressure 	Lisinopril 5 mg tablet	Take 1 pill every morning				
Diabetes 	Insulin glargine	Inject 20 units at bedtime				 Inject 20 units

Created with tools available from the Agency for Healthcare Research and Quality.

Questions?

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