

Stakeholder Communications and Outreach for State Demonstrations



March 28, 2019

AGENDA

- ▶ **Welcome and Introduction** **1:30 – 1:35 PM**
Andrea Casart, Director, Division of Medicaid Expansion Demonstrations, State Demonstrations Group, Center for Medicaid & CHIP Services
- ▶ **It Takes a Community: Community Engagement Outreach and Strategic Communications** **1:35 – 2:00 PM**
Dr. MaryAnn Martin, Senior Director of Communications, State of Oklahoma
- ▶ **Communications: Strategic Planning and Execution** **2:00 – 2:20 PM**
Amy Hennessey, Senior Advisor, Office of Communications - Integrated Communications Management Staff, Centers for Medicare & Medicaid Services
- ▶ **Q&A** **2:20 – 2:28 PM**
- ▶ **Wrap-up and next steps** **2:28 – 2:30 PM**
Andrea Casart, Center for Medicaid & CHIP Services



It Takes a Community

Community Engagement Outreach and Strategic
Communications

Dr. MaryAnn Martin

Senior Director of Communications

State of Oklahoma

Oklahoma **HealthCare** Authority

SoonerCare Background

- The Oklahoma Health Care Authority was created by our state legislature in 1993 to be the single-state agency and administrator of Oklahoma Medicaid
- “SoonerCare” enrollment:
 - Total enrollment for State Fiscal Year 2018: 1,020,726
 - Total members served: 1,004,629
 - 26% of Oklahomans receive SoonerCare coverage

OHCA Context

- Categories eligible for SoonerCare in Oklahoma:
 - Children and parent/caretakers (TANF) (72%)
 - Pregnant women (4.5%)
 - Aged, blind, and disabled (17%)
 - Breast and Cervical Cancer (BCC) patients (0.1%)
 - SoonerPlan (family planning program) (6%)
- We do not have an able-bodied adult population in SoonerCare
 - Medicaid Expansion remains a topic of discussion in Oklahoma, with an active bill in the legislature Spring 2019
- Not a managed care state
- No statewide offices; we are located in the state capitol, Oklahoma City; under 600 FTEs, no field offices, or county-level presence
- We have care coordination in-house for SoonerCare members with complex medical needs
 - Nurse managers contact members on the phone

Community Engagement and SoonerCare

- After CMS granted states the flexibility to pursue community engagement requirements for Medicaid populations in 2017, Oklahoma governor signed 2018 legislation directing OHCA to apply for a demonstration.
 - If approved, this requirement will apply to the parent/caretaker category between the ages of 19 and 50 on SoonerCare.
 - Parent/caretakers with children under the age of 6 were exempted
 - Other exemptions include:
 - American Indians and Alaskan Natives
 - Pregnant women
 - Certified disabled or mentally ill, caretakers
 - Students enrolled part-time
 - Those over the age of 50

What is Strategic Communications?

“The purposeful use of communication by an organization to fulfill its mission” - Hallahan, Holtzhausen, van Ruler, Vercic, and Sriramesh (2007)

In strategic communications, we are:

- Methodical, but adaptive, agile and flexible
- Problem solvers
- Issue, reputation, and expectations managers
- Mindful of and sensitive to audiences - *all of them*
 - Internal, external, variations and mixtures of both
 - What are the power dynamics and hierarchies to consider in a given situation?
 - What are the liabilities and risks?
- We prefer to be proactive, not reactive, but...
- Crisis response is a big part of strategic communications
 - Any change to a Medicaid program could possibly be considered a crisis

A Strategic Communications Plan...Why You Need One

The community engagement requirements presented a number of challenges for OHCA:

- Parent/caretaker implications for this requirement
- Elected officials' interest in this legislation
- Community advocates' concerns regarding new requirements
- Internal process changes in preparation for submission of the waiver
- Abbreviated timeline to develop and submit our demonstration application (legislation passed Spring 2018, only had until end of year to submit)

Strategic communications helped us address these challenges and minimize the eruption or emergence of new ones.

Also, through the methodical and deliberate approach to stakeholder engagement, it ultimately helped our agency answer many of the questions required in a demonstration to craft a submission to CMS and state leadership.

Methods

Qualitative approach stemming from public hearing and comment requirement:

- Instead of only two, we convened over 40 meetings statewide with elected officials, but primarily community stakeholder groups and sister agencies, non-profit groups
- Used a deductive “snowball” approach to determine meetings based on previous meetings’ data collected
- Based meeting locations on data collection from internal data analytics unit in communications division
- Outbound calling campaign with potentially impacted members to follow up on data collection

Be mindful of limitations of methodology:

- Self-reported data is unreliable
- “Worst case scenario”

What did we find out?

- Limits of the agency's scope
 - We are not case managers or social workers
 - There are some barriers to access that the state Medicaid agency cannot address
- Local barriers to members' success in meeting requirements
 - Transportation (no mass transit system in OK, particularly in rural areas)
 - Finding jobs
 - Access to reliable child care
- Cross-sector collaboration will be essential to success
 - Our approach to stakeholder engagement alerted community groups that can help address these challenges to the need for their assistance, as well as to the potential changes

Lessons Learned

- Do not assume equal access to technology for Medicaid recipients
 - “Multimedia” should include digital media AND traditional media (newspapers, radio, etc.)
 - Use the media to your advantage to spread the word
 - Internet connectivity is particularly unevenly available to low-income populations
- Consider the geographic divides in your state and tailor approach accordingly
- Incorporate data and findings into your outreach after submission/upon approval
- There is no “one and done” approach to outreach
- Do not offer guarantees or talk in absolutes, build in uncertainty to messaging to minimize risk and manage expectations



Communications: Strategic Planning and Execution



*Amy Hennessy
Centers for Medicare and Medicaid Services
Office of Communications
March 28, 2019*

Communications Strategy

Process of identifying: best messages and mix of tactics (on-line/print materials, advertisements, social media, earned media, etc.) to accomplish the communications objectives.

Developing the Communications Strategy

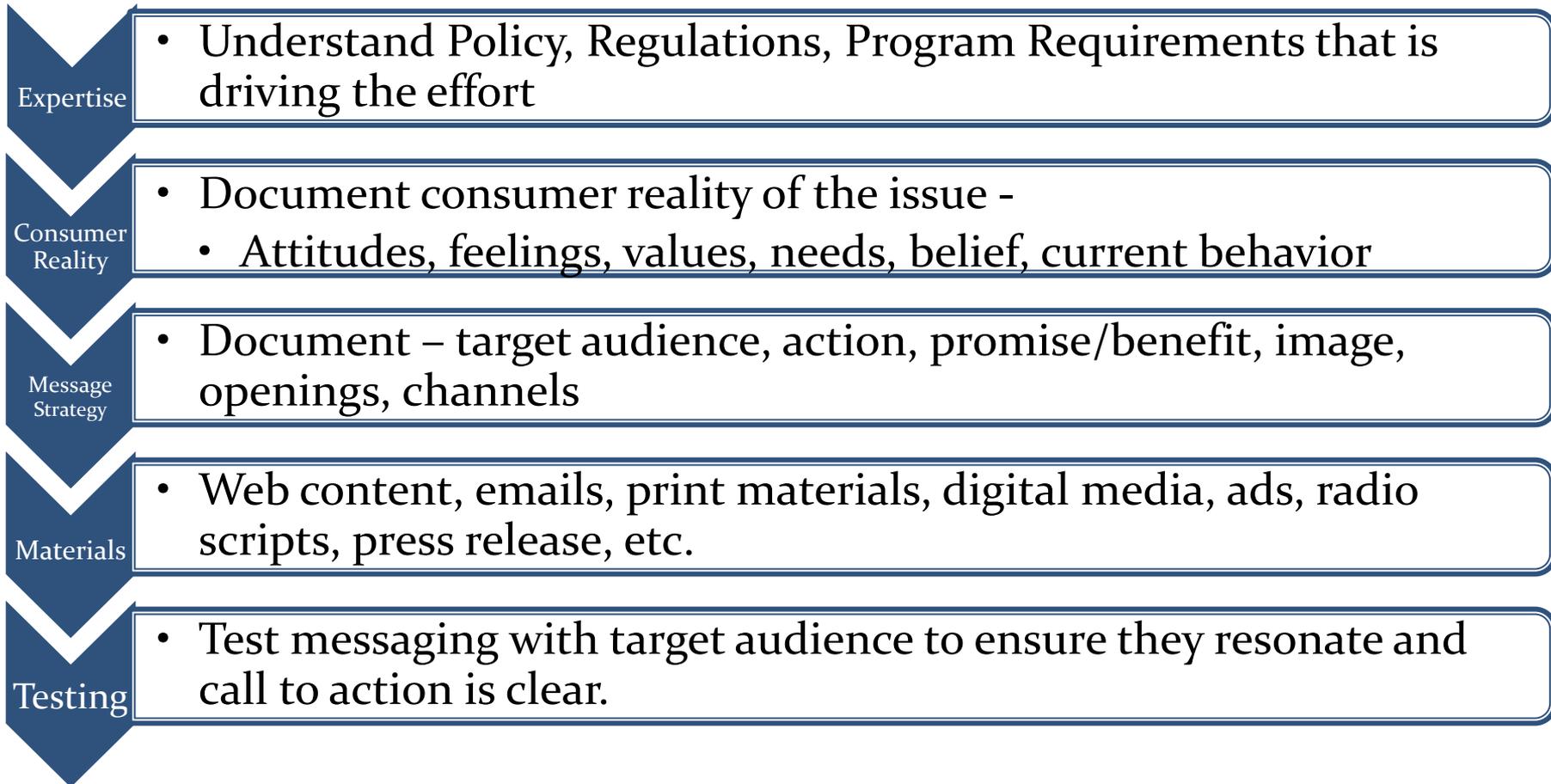
- Follow Behavior Change Communications Principles when developing communications efforts.
- **Behavior Change Communication:**
 - Seeks to develop and integrate **marketing** concepts
 - **Influence behaviors** that benefit individuals and communities

Developing the Communications Strategy

2 Phases:

- 1. Communications Planning**
- 2. Communications Execution**

Communications Planning Overview



Communications Planning

Expertise

- Understand policy, regulations, program requirements that are driving the effort
- What the consumer experience will be as a result of this policy, regulation, etc.

Communications Planning

Consumer Reality

- Document the consumer reality of the issue
- Define your target audience
- Quantitative/Qualitative Research

Communications Planning

Message Strategy

- Shared and agreed upon selection of key messages on a topic
- Used as a blueprint when shaping communications plans and strategy documents
- Reference tool when creating specific communications materials
- Be selective with messages, audiences can only digest two or three at a time
- Messages are usually supported by “reasons to believe” and have a call to action

Communications Planning: Messaging Strategy

- Derived from documenting the consumer reality:
 - **Who** is target audience? Primary/Secondary
 - You are not the audience
 - **What action** do we want them to take?
 - **What benefit** are we offering?
 - **When and where** is our target audience open to receive our message? (When they are sick, at a doctor's office?)



Communications Planning

Materials

- Develop materials based on messaging strategy
- Taglines, web content, digital media, partner toolkits, radio scripts

Consumer Testing

- Consumer testing a set of materials is wise to ensure the message/content resonates
- Baseline Survey may also be conducted to help measure effectiveness of methods.

Managing the Effort: Communications Plan

- Communications Plan:
 - Much like a project plan
 - Helps facilitate the effort
 - Helps people think through the key elements of the strategy: objectives, target audience, messaging, etc.

Communications Plan

- General elements of a Communications Plan (but customizable)
 - **Purpose of the Effort**
 - **Background**
 - Should contain a fairly detailed explanation of the effort to get everyone on the same page. Information helps build “Expertise.”
 - **Communications Goals and Objectives**
 - What are we trying to do? Create awareness of new policy? Consumers take action (e.g. Fill out new/additional paperwork? Report new/additional information?)

Communications Plan

- **Overview of Audience**
 - Outlining the consumer reality
- **Message Strategy**
 - Messages with a “call to action”
- **Channels**
 - How will we get the messages, content, etc. to consumers or the target audience?
- **Materials**
- **Timeline**

Communications Execution Overview



Push

- Push Messaging to target audiences



Evaluate

- Did the target audience take action? How to improve?



Revise

- Tweak strategy where necessary – messaging, channels, etc.

Communications Execution



Push

- The big moment – Executing the Effort!



Evaluate

- Measure Effectiveness – Was it successful? Did we see behavior change? Methods – post outreach survey, media impressions, web hits, phone calls, etc.

Communications Execution



Revise

- Tweak the strategy where necessary – messaging, channels, etc.
- Revisions may be needed – e.g. policy changes
- A constant step for longer running projects.

Thank you!

Questions?