

APPENDIX 17

Wisconsin HIT/HIE Communication, Education, and Marketing Plan

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1. Communication, Education, and Marketing (CEM) Goals, Objectives, and Principles

A. CEM Goals and Objectives

High-Level Goal(s):

Inform and raise the awareness of consumers and the health community¹ about the benefits of health information technology and health information exchange.

Near-Term Goals and Objectives:

1. Design and implement a comprehensive HIE communication and educational program.

- a. Begin gathering information that will be critical to message development through various methods, such as stakeholder meetings, town halls, surveys, and focus groups, within 90 days of the SDE assuming responsibilities.
- b. Develop and deploy messages to a broad spectrum of prioritized stakeholders through community partners within 6 months of receiving the results of the stakeholder input.
- c. Develop and deploy targeted messaging to enhance public transparency regarding uses of protected health information (PHI) maintained by HIEs in Wisconsin and individuals' rights related to uses of PHI.
- d. Develop measures to evaluate the success of the initial communications and education campaign within 6 months of receiving the results of the stakeholder input.
- e. Develop and implement a continuous quality improvement plan after 6 months into the campaign.

2. Develop and implement an ongoing marketing program within the SDE to solicit financial support and engage consumers and the health community in the adoption and use of HIE services.

- a. Once the Strategic and Operational Plan is approved by the ONC, immediately develop marketing strategies and tools to begin communicating the benefits to target stakeholders that are most likely to help capitalize the statewide health information network and services.

¹ Health community is defined as any person or entity that provides, pays for, purchases or facilitates health care.

- b. Develop a marketing strategy and tools that target stakeholders who are most likely to contribute to the sustainability of the statewide health information network and services within 60 days of the SDE assuming responsibilities.
- c. Survey the consumer market to identify HIE services they are most likely to use and purchase.

B. CEM Principles

Wisconsin’s communication, education, and marketing plan adopts a number of common principles to successfully accomplish its goals and objectives. These principles are described in the following table.

Table 1 – CEM Principles

PRINCIPLE	REASON
Communicate in plain language	Complex communication and the use of jargon can result in no message being heard, general confusion about the message, or a completely wrong interpretation of the message.
Deliver linguistically and culturally appropriate messaging	Information and messages that are professionally translated/interpreted into languages of commonly encountered cultural groups and checked for cultural appropriateness creates trust and promotes ownership by all communities.
Be credible	Without a credible communication approach or credible communicators, individuals will simply not believe in the end goal.
Involve critical and diverse constituencies	Promotes ownership among recipients so they feel they are a necessary part of the program.
Have communicators who are trusted and respected in their respective communities	If the recipients of the message do not trust or respect the communicators, the messages “fall on deaf ears.”
Install visible management support	<i>Active</i> management commitment gives credibility to communication. Must be seen to demonstrate support.
Develop enhanced face-to-face communication	Audience is involved; communication is two-way and provides a feedback mechanism.

Avoid information overload	Too much information leads to confusion and irritation. Accurate and timely information is key.
Deliver consistent messages	Inconsistency in messages leads to loss of credibility and causes frustration and confusion. Consistency leads to predictability and understanding about what to expect.
Stick to the message and vary its delivery	People learn in different ways. Using multiple communication methods increases the likelihood of the message being understood by broader audiences.
Tailor communication to audience needs: Give information <i>audiences</i> want, not what <i>you</i> want to tell	Makes information “real” to the audience. The audience is more likely to listen if the information is provided in context to their current frame of reference.
Develop a centralized coordinated communication system	Ensures a consistent approach.
Manage expectations	Encourages audience to believe in what you to tell them.
Listen and act on feedback	Encourages support in the approach by being responsive to the needs of the audience. Ensures that the approach meets changing audience needs.
Adapt messages for various cultures	The use of trusted media sources (community/ethnic/news media) and messages provided in various languages ensures better chances of reaching specific populations.

2. Elements of Communication, Education, and Marketing

A. Stakeholder and Communication Partner Analysis

An effective plan for communications and education involves collaboration with key stakeholders and their respective partners. Wisconsin is unique in its capabilities to convene its diverse stakeholders and collectively develop a forum for consensus.

Targeted key messages about the benefits of health information technology and health information exchange will be developed in a consistent, standardized manner yet tailored for different audiences.

The following table illustrates the stakeholder types, specific groups within each stakeholder type, and their respective community partners/collaborators who may need to be engaged directly or indirectly throughout the project by the project team and on an ongoing basis by the State Designated Entity to provide and deliver credible messages to specific groups.

Table 2 – Stakeholder Matrix

Stakeholder Type	Specific groups within the stakeholder type needing targeted messaging	Community Partners/Collaborators--organizations or groups that could provide and deliver credible messaging to specific groups within the stakeholder type
Hospitals/Staff (including Critical Access Hospitals and Veterans Administration (VA) Hospitals)	CEOs Hospital Direct Care Givers Hospital IT	<ul style="list-style-type: none"> • American Association of Family Practitioners (Wisconsin Chapter) • Media outlets • Rural Wisconsin Health Cooperative • Schools of Nursing • Veterans Administration • Wisconsin Dairyland Healthcare Information and Management Systems Society (HIMSS) Chapter • Wisconsin Health Information Management Association • Wisconsin Health Information Technology Extension Center (WHITEC) • Wisconsin Hospital Association • Wisconsin Medical Society • Wisconsin Nurses Association • Wisconsin Organization of Nurse Executives • Wisconsin Vocational/Technical Association
Clinics/Staff	Bilingual clinical/support staff	<ul style="list-style-type: none"> • American Association of Family Practitioners

Stakeholder Type	Specific groups within the stakeholder type needing targeted messaging	Community Partners/Collaborators--organizations or groups that could provide and deliver credible messaging to specific groups within the stakeholder type
	<p> Clinic Administrators Clinic IT Nurse practitioners Nurses Medical Interpreters Physician assistants Physicians Social Workers Ambulatory practices Correctional Facility Clinics Family Planning Clinics Federally Qualified Health Centers Free Clinics Rural Health Clinics Tribal Health Clinics University Clinics Veterans Administration Clinics </p>	<p> (Wisconsin Chapter) <ul style="list-style-type: none"> • Department of Veterans Affairs • Great Lakes Inter-Tribal Council • Media outlets • Office of Rural Health • Rural Wisconsin Health Cooperative • Schools of Nursing • Veterans Administration • WHITEC • Wisconsin Dairyland HIMSS Chapter • Wisconsin Department of Corrections • Wisconsin Health Information Management Association • Wisconsin Medical Group Management Association • Wisconsin Medical Society • Wisconsin Nurses Association • Wisconsin Primary Health Care Association • Wisconsin Vocational/Technical Association </p>
<p> Laboratory/ Pharmacy </p>	<p> Independent Labs Mail-order Pharmacies Pharmacists Pharmacy Benefit Networks Retail Pharmacies Wisconsin State Lab of Hygiene </p>	<ul style="list-style-type: none"> • Media outlets • Pharmacy Society of Wisconsin • State of Wisconsin Lab Survey Agency • University of Wisconsin System (School of Pharmacy) • Wisconsin Lab Association
<p> Other providers </p>	<p> Alcohol and Other Drug Abuse (AODA) providers Chiropractors Dentists Emergency Medical Technicians Mental Health Providers </p>	<ul style="list-style-type: none"> • Media outlets • Wisconsin Chiropractic Association • Wisconsin Dental Association • Wisconsin EMS Association • Wisconsin Psychiatric Association • Wisconsin United for Mental Health • Wisconsin Mental Health Council • Wisconsin Department Health Services Divisions:

Stakeholder Type	Specific groups within the stakeholder type needing targeted messaging	Community Partners/Collaborators--organizations or groups that could provide and deliver credible messaging to specific groups within the stakeholder type
		<ul style="list-style-type: none"> ○ Public Health ○ Long Term Care ○ Mental Health and Substance Abuse
Public Health	<p>Epidemiologists Local Health Officers and staff Schools of Public Health Tribal Health Departments</p>	<ul style="list-style-type: none"> • Media outlets • UW Population Health Institute • Wisconsin Association of Local Health Departments and Boards • Wisconsin DHS Division of Public Health • Wisconsin Public Health Association
Home and Community-Based Care	<p>Assisted Living Community-Based Residential Facilities Home Health Hospice K-12 Schools Nursing Homes Rehabilitation Centers</p>	<ul style="list-style-type: none"> • Media outlets • Wisconsin Association of Homes and Services for the Aging • Wisconsin Board on Aging and Long Term Care • Wisconsin Department of Health Services Divisions: <ul style="list-style-type: none"> ○ Long Term Care ○ Mental Health and Substance Abuse ○ Public Health ○ Quality Assurance
Patients	<p>All patients Patients with health care disparities Patients with Limited English Proficiency (LEP) Patients with physical or developmental disabilities Racial and ethnic minority populations Seniors Tribal Nations Veterans</p>	<ul style="list-style-type: none"> • Advocacy Organizations (not an all inclusive list): <ul style="list-style-type: none"> ○ ABC for Health ○ Black Health Coalition of Wisconsin ○ Cancer Center ○ Coalition of Wisconsin Aging Groups ○ Disability Rights Organization ○ Disability Rights Wisconsin ○ Latino Health Council ○ Refugee Services ○ Retired Volunteer and Senior Program ○ United for Mental Health ○ United Refugee Services of Wisconsin ○ United Way of Wisconsin ○ Wisconsin AARP

Stakeholder Type	Specific groups within the stakeholder type needing targeted messaging	Community Partners/Collaborators--organizations or groups that could provide and deliver credible messaging to specific groups within the stakeholder type
		<ul style="list-style-type: none"> ○ Wisconsin Association of Mental Health ○ Wisconsin Literacy Inc. ○ Wisconsin Volunteer Referral Center • Disease-based organizations, such as: <ul style="list-style-type: none"> ○ American Cancer Society (Midwest Chapter) ○ Aids Resource Centers • Aging and Disability Resource Centers • HIPAA Collaborative of Wisconsin • Labor unions • Media outlets • Patient Ombudsman • Primary care physicians/clinicians • Tribal Health Directors • University of Wisconsin Extension • Veterans Administration • Wisconsin Department of Health Services (list of programs is not all inclusive) <ul style="list-style-type: none"> ○ Arthritis Program ○ Comprehensive Cancer Control Program ○ Diabetes Prevention and Control Program ○ Heart Disease and Stroke Prevention Program ○ Oral Health Program ○ Tobacco Control Program ○ Well Woman Program • Wisconsin Department of Veterans Administration • Wisconsin Library Association • Wisconsin Primary Health Care Association
Healthcare Payers/Health Plans	Abri Health Plan Anthem Blue Cross Blue Shield Arise Health Plan Children's Community Health Plan, Inc. Dean Health Plan	<ul style="list-style-type: none"> • Media outlets • Office of the Commissioner of Insurance • Wisconsin Association of Health Plans • Wisconsin Counties Association • Wisconsin Department of Health Services

Stakeholder Type	Specific groups within the stakeholder type needing targeted messaging	Community Partners/Collaborators--organizations or groups that could provide and deliver credible messaging to specific groups within the stakeholder type
	<p> Family Care Organizations Family Care/Partnership Organizations Group Health Cooperative of Eau Claire Group Health Cooperative of South Central Wisconsin Health Insurance Risk Sharing Plan Humana, Inc. <ul style="list-style-type: none"> • iCare Managed Health Services Medicaid and Badger Care Plus MercyCare Health Plans Network Health Plan Physicians Plus Insurance Corporation Security Health Plan Third-Party Administrators for Self-Funded Plans United Healthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation Wisconsin Education Association Trust Wisconsin Physicians Service Insurance </p>	
<p>Health Care Purchasers</p>	<p> Employers (private and government) Individuals </p>	<ul style="list-style-type: none"> • Employer coalitions, such as: <ul style="list-style-type: none"> ○ Business Health Care Group ○ The Alliance ○ Wisconsin Manufacturers and Commerce • Independent Insurance Agents of Wisconsin • Media outlets • Professional Insurance Agents of Wisconsin • Wisconsin Association of Health Underwriters • Wisconsin County Association
<p>Health Care Quality Organizations (HIOs)</p>	<p> Metastar Thedacare Center for Healthcare Value Wisconsin Collaborative for Healthcare Quality Wisconsin Health Information Organization Wisconsin Hospital Association Wisconsin Medical Society </p>	

Stakeholder Type	Specific groups within the stakeholder type needing targeted messaging	Community Partners/Collaborators--organizations or groups that could provide and deliver credible messaging to specific groups within the stakeholder type
Health IT Vendors/Regional Health Information Exchanges	Device vendors EMR vendors HIE vendors Wisconsin Health Information Exchange Lab vendors	<ul style="list-style-type: none"> • HIMSS
Education	Colleges/Universities Vocational Programs	<ul style="list-style-type: none"> • Medical College of Wisconsin • Midwest Community College Consortia • Population Health Institute • Department of Family Medicine • Population Health Sciences • University of Wisconsin • Wisconsin Area Health Education Center • Wisconsin Vocational/Technical Association
Taxpayer		<ul style="list-style-type: none"> • Legislators/Elected Officials • Media outlets • Wisconsin Association of Accountants • Wisconsin Department of Revenue • Wisconsin Institute of Certified Public Accountants • Wisconsin Taxpayers Alliance
General Public		<ul style="list-style-type: none"> • Faith-based organizations • Community Centers • Legislators/Elected officials • Libraries • Local Chambers of Commerce • Media Outlets • State and local government agencies
Government	Legislators/Elected Officials State and local government agencies Policymakers	<ul style="list-style-type: none"> • Governor's Office • Media outlets • State Health IT Coordinator • Wisconsin Legislative Council

B. Communications and Education Messaging

The Communications and Education matrices for WIRED for Health (Table 3) and the Medicaid HIT Incentive Program (Table 4) are work plans that detail the following for the planning and implementation phases of the state HIE and the Incentive Program:

- Communication and education needs/topics (i.e., messaging or education topic)
- Audiences (i.e., stakeholder types that may need to receive a targeted message or education—refer to the Stakeholder matrix, Table 2 for the specific groups within the stakeholder type and the community partners and collaborators that could provide and deliver the messages or education)
- Coordinator or Expert assigned to each topic (i.e. the person or persons who would serve a lead role or are a subject matter expert for this topic development)
- Medium and delivery methods (i.e., format, storage, and/or transmission tools that could be used to store and deliver information or data and channels or vehicles that could be used for disseminating the message or education)
- Resources needed (i.e. types of staff or skills needed to develop and manage content)
- Frequency (i.e., how often the message or education needs to be delivered)
- Timing (i.e., when the message or education needs to be delivered)
- Expected results (i.e., how we will know if the message or education delivered is successful)

Identifying these components will help ensure the right stakeholders get the right message, the right way, at the right time. The Wisconsin Medicaid Program is developing a State Medicaid HIT Plan in collaboration with the WIRED for Health planning effort. Much of the planning is being done jointly, such as in the area of communications and education, to share and coordinate resources where it makes sense and to ensure the promotion of HIT adoption and HIE among Medicaid providers aligns with the broader state plan for statewide HIE for all providers.

The initial set of message topics include:

1. General awareness of the WIRED for Health Initiative
2. HIT and HIE Terminology
3. WIRED for Health Act (State Designated Entity (SDE) Law)
4. SDE Request for Applications and Selection

5. Public comment period on Wisconsin's HIE Strategic and Operational Plan
6. HIE Procurement Process (RFI, RFB, RFP)
7. ONC Approval of Wisconsin's HIE Strategic and Operational Plan
8. Wisconsin's planned HIE architecture and services
9. Positive benefits and value of HIT and HIE
10. Process for governing data use and access ("Who decides how information will be used?")
11. Privacy protection and security of electronic personal health data/records held in an EHR and HIE, and patient rights
12. Consent model
13. Funding for statewide HIE infrastructure and services
14. Crisis and Incident Response
15. WIRED for Health Project Status—Planning Phase
16. WIRED for Health Project Status—Implementation Phase
17. Medicaid HIT Incentive Program

Prioritizing the audiences to receive communications and education will ensure stakeholder types and specific groups within each stakeholder type with an immediate need for information get the information first. Hospitals and health care professionals, such as physicians that are eligible for the Medicare and/or Medicaid HIT incentive payments, and patients have an immediate and on-going need to know what is happening with regard to HIE statewide. Other audiences will need to know only when information is relevant to them and their particular situation. A variety of strategies aimed at communicating information to and obtaining information from specific target populations will be developed to meaningfully involve them in the implementation of statewide HIE. Communications and educational materials developed and disseminated to the public by the Department and/or the SDE about HIT and HIE (e.g., the Statewide Health Information Network and HIE services), regardless of the medium, will comply with any applicable state and federal Limited English Proficiency and American Disability Act requirements.

The messages must be developed with input from the various committees and address all five HIE domains: governance, finance, policy and legal, technical infrastructure and services, and business and technical operations. How to deliver and channel the messages will vary depending on the target audience. For example, HIT and HIE education and information for patients could be managed at the clinics and hospitals, similar to the way information about HIPAA is managed. Media will also be helpful in communicating to various audiences at

proper times in the process. Answering the questions, what is the BENEFIT to ME and COST will be important for all audiences.

Table 3 – Communications and Education Matrix—WIRED for Health

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
General awareness of the WIRED for Health Initiative	<ul style="list-style-type: none"> Hospitals/staff 	Project Manager SDE Executive Director State Health IT Coordinator	<ul style="list-style-type: none"> Talking points WHA weekly newsletter Direct emails White Paper Web postings WHA, RWHC, DHS eHealth, and WIRED for Health Web sites WIRED for Health SharePoint site DHS eHealth Updates LISTSERV WIRED for Health Board hospital members 	<ul style="list-style-type: none"> Bi-weekly update on WIRED for Health progress from Project Mgr Communication specialist/Technical writer Web administrator LISTSERV administrator 	Bi-weekly or as new updates or deadlines occur	May 2010 through end of project	<ul style="list-style-type: none"> Hospital CEOs, CIO's, and direct care givers know the state-level, state-coordinated effort exists, what it is, and how this effort will help eligible hospitals achieve the meaningful use criteria related to HIE Hospital CEO's, CIOs, and direct care givers know the vision, mission, and goals of WIRED for Health Hospital CEOs, CIO's, and direct care givers know what is expected of them and know where to go to get additional information Hospital CEOs, CIOs, and direct care givers are able to communicate with others about the WIRED for Health initiative Regular progress updates and feedback loop established
General awareness of the WIRED for Health Initiative	<ul style="list-style-type: none"> Clinics/staff 	Project Manager SDE Executive Director State Health IT Coordinator	<ul style="list-style-type: none"> Talking points WMS Medigram Direct emails Web postings CEO to CEO Report WMS, DHS eHealth, WIRED for Health and other partners' Web sites WIRED for Health SharePoint site DHS eHealth Updates LISTSERV Field staff and agent education WIRED for Health Board 	<ul style="list-style-type: none"> Bi-weekly update on WIRED for Health progress from Project Mgr Communication specialist/Technical writer Web administrator LISTSERV administrator 	Bi-weekly or as new updates or deadlines occur	May 2010 through end of project	<ul style="list-style-type: none"> Clinicians know the state-level, state-coordinated effort exists, what it is, and how this effort will help eligible professionals achieve the meaningful use criteria related to HIE Clinicians know the vision, mission, and goals of WIRED for Health Clinicians know what is expected of them and where to go to get additional information Clinicians are able to communicate with others about the WIRED for Health initiative Regular progress updates and feedback loop established

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
			physician members				
General awareness of the WIRED for Health Initiative	<ul style="list-style-type: none"> • Labs/Pharmacy • Other providers • Public Health • Home and Community-Based Care • Health care payers/health plans • Health Care Purchasers • Quality Health Information Organizations (HIOs) • Health IT Vendors/Regional HIEs • Education • Government 	Project Manager SDE Executive Director State Health IT Coordinator	<ul style="list-style-type: none"> • Talking points • Articles • Direct emails • Web postings • DHS eHealth, WIRED for Health and other partners' Web sites² • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV • WIRED for Health Board members and committee co-chairs 	<ul style="list-style-type: none"> • Bi-weekly update on WIRED for Health progress from Project Mgr • Communication specialist • Web administrator • LISTSERV administrator 	Bi-weekly or as new updates or deadlines occur	May 2010 through end of project	<ul style="list-style-type: none"> • Stakeholders know the state-level, state-coordinated effort exists, what it is, and how this effort will help eligible professionals achieve the meaningful use criteria related to HIE • Stakeholders know the vision, mission, and goals of WIRED for Health • Stakeholders know what is expected of them and where to go to get additional information • Stakeholders are able to communicate with others about the WIRED for Health initiative • Regular progress updates and feedback loop established

² The plan is to have a primary Web site(s) serve as the source of information for certain message topics published on the Web and the other sites would have links on their sites to the source information to ensure consistent messaging. It is our expectation the SDE would maintain the source site for state-level HIE information, and WHITEC would be the source site for EHR adoption technical assistance information. We want to avoid duplicate, potentially inconsistent messaging on Wisconsin organization's Web sites.

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
General awareness of the WIRED for Health Initiative	<ul style="list-style-type: none"> • Patients • Taxpayers • General Public 	Project Manager	<ul style="list-style-type: none"> • Talking points • Articles • Direct emails • Web postings • Go to editorial boards with a concise message regarding vision, mission, and goals • Develop letters to the editor to raise general awareness • DHS eHealth, WIRED for Health, and other partners' Web sites • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV • WIRED for Health Board members and committee co-chairs 	<ul style="list-style-type: none"> • Bi-weekly update on WIRED for Health progress from Project Mgr • Communication specialist • Health literacy expert • Web administrator • LISTSERV administrator 	As needed	May 2010 through end of project	<ul style="list-style-type: none"> • Taxpayers and the general public know what the WIRED for Health initiative is and why it matters • Taxpayers and the general public that want more information on the Wired for Health initiative know where to go to get the information • Regular progress updates and feedback loop established
HIT and HIE Terminology	<ul style="list-style-type: none"> • All • Media Outlets 	Project Manager	<ul style="list-style-type: none"> • Glossary of terms and definitions (i.e., dictionary) • Wiki/Word on partners' Web sites • WIRED for Health SharePoint Site • Hand-held accessible 	<ul style="list-style-type: none"> • Communication specialist/Technical writer • Web administrator 	Update as needed once developed	Jul 2010 through end of project	<ul style="list-style-type: none"> • HIT and HIE terms are defined, understood, and used consistently, especially by the media outlets • Media coverage of HIT and HIE will reflect an understanding of the terminology and the benefits of adoption and use of the technology
WIRED for Health Act - (State Designated Entity (SDE) law)	<ul style="list-style-type: none"> • Not-for-profit HIOs • Health Community (i.e., providers, payers, purchasers, 	Project Manager	<ul style="list-style-type: none"> • Press release • Talking points • FAQs • Articles • eHealth, Wired for Health Board and partners' Web sites • WIRED for Health 	<ul style="list-style-type: none"> • Communication specialist • Web administrator 	As needed	May – Dec 2010	<ul style="list-style-type: none"> • Individuals and organizations understand the purpose of the WIRED for Health Act and its relevance

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
	public health etc.) • General Public		SharePoint site • DHS eHealth Updates LISTSERV • WIRED for Health Board members and committee co-chairs				
SDE Request for Applications (RFA) and Selection	• Not-for-profit HIOs (during application process) • All (upon SDE selection)	WIRED for Health Governance Committee State Health IT Coordinator	• Public Notice—solicit letters of interest and add interested parties to distribution list for draft and final RFAs • Direct email message to known potential applicants • Talking points • Press release upon selecting the SDE • eHealth, Wired for Health Board, and partners' Web sites • State of Wisconsin's Public Notice Web site • WIRED for Health Board and committee members	• Communication specialist • Web administrator	As needed	Jun 2010 – Aug 2010	• Interested organizations that are potentially qualified get the message, submit a letter of interest, and apply for consideration • Organizations and individuals believe the process for selecting the SDE is transparent, open, and fair
Public comment period (July 16-31) on Wisconsin's HIE Strategic and Operational Plan	• General Public • Health Community (i.e., providers, payers, purchasers, public health etc.)	Project Manager	• DHS leaders meet in person with certain groups that may have concern about the plan, particularly the legal and policy aspects • Public Notice • WIRED for Health Board Press release • eHealth, Wired for Health Board, and partners' Web sites	• Communication specialist • Web administrator • LISTSERV administrator	One time messaging	June – July 2010	• Individuals and organizations get the message about the public comment period • Interested individuals and organizations review the plan and submit comments • Patient advocacy organizations and other entities that are particularly concerned about sharing health information get advance notice and information about the plan prior to it being released for public comment • Public comments are considered and the Strategic and Operational Plan is updated to reflect the input

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
			<ul style="list-style-type: none"> • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV • WIRED for Health Board and committee members • Post public notice at all (477) public libraries and the local health departments (LHDs) (provide talking points on WIRED for Health to library and LHDs so they can field questions) 				
HIE Procurement Process (RFI, RFB, RFP)	<ul style="list-style-type: none"> • Health IT Vendors 	SDE Executive Director	<ul style="list-style-type: none"> • Public notice • Articles/updates in Healthcare Informatics; Health Data Management; HIT/HIPAA Update News Service; HIMSS HIE Lights Newsletter; HIS Talk • Newspaper ad • Wisconsin VendorNet • DHS and SDE Web sites • HIT Trade organizations (e.g., HIMSS) 	<ul style="list-style-type: none"> • Project manager • Contract administrator • Technical writer • Web administrator 	As needed	Oct 2010	<ul style="list-style-type: none"> • Health IT vendors receive timely notification of procurement opportunities • Health IT vendors know the process for submitting bids and /or proposals and know where to go to get additional information • Health IT vendors believe the process is fair, open, and competitive
ONC Approval of Wisconsin's HIE Strategic and Operational Plan	<ul style="list-style-type: none"> • All stakeholders 	State HIT Coordinator	<ul style="list-style-type: none"> • DHS, SDE, and partners' Web sites • Partner organizations' newsletters • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV 	<ul style="list-style-type: none"> • Web administrator • LISTSERV administrator 	One time messaging	Upon response from ONC	<ul style="list-style-type: none"> • Stakeholders get the message that the plan is approved and formal implementation is beginning

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
Wisconsin's planned HIE architecture and services	<ul style="list-style-type: none"> • Health IT Vendors • Health Community (i.e., providers, payers, purchasers, public health etc.) 	Project Manger	<ul style="list-style-type: none"> • WIRED for Health SharePoint site • DHS, SDE, and WHITEC Web sites • Articles/updates in Healthcare Informatics; Health Data Management; HIT/HIPAA Update News Service; HIMSS HIE Lights Newsletter; HIS Talk • Blog updates • FAQs document • Compliance/technical specifications • HIMSS EHR Vendor Association • HIMSS HIE Liaison Roundtable 	<ul style="list-style-type: none"> • Communication specialist • Technical writer • Web administrator • LISTSERV administrator 	As needed	Aug 2010	<ul style="list-style-type: none"> • Informs health IT vendors about the WIRED and how they can participate. Directs them as to where to go to find more information. Provides vendors with a clear understanding of the requirements for their products to function properly in accordance with the WIRED for Health architecture and standards • Informs the health community, particularly hospitals and clinics on what services will be implemented and when, and expectations of the health community

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
Positive benefits and value of HIT and HIE	<ul style="list-style-type: none"> Health community (i.e., providers, payers, purchasers, public health etc; tailored messages for each audience type) Patients General Public 	Project Manager SDE Executive Director State HIT Coordinator	<ul style="list-style-type: none"> For current WIRED for Health Board Members/ Committee co-chairs, talking points on benefits and value tailored by stakeholder type Go to editorial boards with a concise message about the benefits and value of HIT and HIE Develop letters to the editor to raise awareness of HIT and HIE benefits and value Messages and articles through health trade associations (e.g., WHA newsletter and WMS Medigram) Articles in journals and publications (e.g., Wisconsin Medical Journal) Messages and newsletter articles through consumer/patient advocacy organizations like aging groups, health plans, and patients' physician/provider Information sharing at meetings, events, and gatherings across the state, such as Rotary Clubs, etc. Set up information booths in public places, such as shopping malls Brochures for placement in clinics and ER waiting 	<ul style="list-style-type: none"> Public relations/ communications consultant for message development and testing Communications specialist Health literacy expert Web administrator LISTSERV administrator 	Bi-weekly to monthly	June 2010 and ongoing	<ul style="list-style-type: none"> Awareness raised on how HIT and HIE improves access to more timely health information and provides opportunities to improve health decisions, safety, and outcomes Stakeholders clearly understand, widely accept, and embrace the benefits and value of EHRs and HIE Shared vision and goals for EHR adoption and use and HIE in Wisconsin Physicians proactively communicate the value and benefits of HIT and HIE to their patients and to other physicians and clinicians not yet using HIT in their practices Patients want and expect their providers to use an EHR system and electronic HIE to manage and coordinate their care Awareness raised on how HIT and HIE will impact and enhance capabilities for research, population health, surveillance, and emergency preparedness

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
			rooms • Webinars/ educational sessions • Townhall Meetings • Recorded presentations/ speeches on subject posted on Web • Elevator speech • DHS eHealth, WIRED for Health, SDE, and partners' Web sites • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV • WIRED for Health Board members and committee co-chairs • SDE Governing Board				

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
Process for governing data use and access (“Who decides how information will be used?”)	<ul style="list-style-type: none"> • Patients • Health Community (i.e., providers, payers, purchasers, public health etc.) • General public 	<p>Governance Committee</p> <p>Legal/Policy Committee</p>	<ul style="list-style-type: none"> • SDE policies and procedures • DHS eHealth, WIRED for Health, and other partners’ Web sites • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV 	<ul style="list-style-type: none"> • Communications specialist • Health literacy expert • Web administrator • LISTSERV administrator 	As needed	March 2010 and ongoing	<ul style="list-style-type: none"> • Patients, health community, and general public know and understand how data use and access are governed by the SDE
Privacy protection and security of electronic personal health data/records held in an EHR or HIE, and patient rights	<ul style="list-style-type: none"> • General public • Patients • Health Community (i.e., providers, payers, purchasers, public health) 	Legal/Policy Committee	<ul style="list-style-type: none"> • Talking points and FAQs about what data is used and stored, how the data is used, and how the data is safeguarded/ protected • Standard language from Legal/Policy Committee for inclusion in Notices of Privacy Practice • Brochures for placement in clinic and ER waiting rooms 	<ul style="list-style-type: none"> • Public relations/ communications consultant for message development and testing • Communications specialist • Health literacy expert • Web 	Often	July 2010 and ongoing	<ul style="list-style-type: none"> • Patients and the general public understand that in many ways electronic records are more secure than paper records and access to electronic records is more easily tracked than with paper records • Patients understand how their electronic personal health information is secured and safeguarded • Patients, providers, and the general public accept and trust in HIT/HIE

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
	etc.)		<ul style="list-style-type: none"> • Focus Group Meetings • Town hall Meetings • Information pushed out through consolidated community partners' distribution list • DHS eHealth, WIRED for Health, SDE, and partners' Web sites • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV • SDE Governing Board 	administrator			
Consent Model	<ul style="list-style-type: none"> • Patients • Consumers/ Patient Advocacy groups • Health Community (i.e., providers, payers, purchasers, public health etc.) 	Legal/Policy Committee	<ul style="list-style-type: none"> • Talking points and FAQs on what the consent model is, how it works, and patients' rights regarding consent • Brochures for placement in clinic and ER waiting rooms • Standard language from Legal/Policy Committee for inclusion in Notices of Privacy Practice • Focus Group Meetings • Town hall Meetings • Information pushed out through consolidated community partners' distribution list • DHS eHealth, SDE, and partners' Web sites • WIRED for Health SharePoint site 	<ul style="list-style-type: none"> • Public relations / communications consultant for message development and testing • Communications specialist • Health literacy expert • Web administrator • LISTSERV administrator 	Often in the next 12 months and then as needed	July 2010 and ongoing	<ul style="list-style-type: none"> • Patients understand the consent model and process for HIE and very few patients opt out

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
			<ul style="list-style-type: none"> • DHS eHealth Updates LISTSERV • SDE Governing Board 				
Funding for statewide HIE infrastructure and services	<ul style="list-style-type: none"> • All 	Finance Committee	<ul style="list-style-type: none"> • Talking points • FAQs • Articles • Direct emails • Public forums/presentations • Web postings • DHS eHealth, WIRED for Health and other partners' Web sites³ • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV • WIRED for Health Board members and committee co-chairs 	<ul style="list-style-type: none"> • Communications specialist • Web administrator • LISTSERV administrator • Public presenters 	At least twice a month	July 2010 and ongoing	<ul style="list-style-type: none"> • Stakeholders understand the value and costs of the HIE infrastructure and services and are willing to contribute to the cost of the services relative to the benefit they receive
Crisis and Incident Response	<ul style="list-style-type: none"> • General public 	SDE Executive Director	<ul style="list-style-type: none"> • Press and media channels • SDE Governing Board 	<ul style="list-style-type: none"> • Public relations / communications consultant for message development and testing • Communications specialist • Web administrator • LISTSERV 	As often as needed	Messaging will be developed in advance of crises for high-risk, high-impact crises and messages will be delivered as soon as crisis/incident is known	<ul style="list-style-type: none"> • Impact of a crisis or incident, such as a PHI breach, is minimized and properly managed/controlled

³ The plan is to have a primary Web site(s) serve as the source of information for certain message topics published on the Web and the other sites would have links on their sites to the source information to ensure consistent messaging. It is our expectation the SDE would maintain the source site for state-level HIE information, and WHITEC would be the source site for EHR adoption technical assistance information. We want to avoid duplicate, potentially inconsistent messaging on Wisconsin organization's Web sites.

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
				administrator			
WIRED for Health Project Status— Planning Phase	<ul style="list-style-type: none"> • WIRED for Health Board and committees • Key stakeholders • Project team 	Project Manager and staff leads	<ul style="list-style-type: none"> • WIRED for Health SharePoint site • Weekly project management staff meetings • WIRED for Health bi-weekly meeting with DHS Secretary • WIRED for Health Board and committee meetings • DHS eHealth, WIRED for Health, SDE, and partners' Web sites • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV • WIRED for Health Board members and committee co-chairs • Project staff leads for each committee 	<ul style="list-style-type: none"> • Project manager • Web administrator • LISTSERV administrator 	At least weekly	Feb 2010 – Sep 2010	<ul style="list-style-type: none"> • Regular project statuses and functional feedback loop in place
WIRED for Health Project Status— Implementation Phase	<ul style="list-style-type: none"> • SDE Board and Committees • Key stakeholders • Project team 	Project Manager and staff leads	<ul style="list-style-type: none"> • WIRED for Health SharePoint site • Weekly project management staff meetings • WIRED for Health bi-weekly meeting with DHS Secretary and SDE Executive Director • SDE Board and committee meetings • DHS eHealth, WIRED for Health, SDE, and partners' Web sites 	<ul style="list-style-type: none"> • Project manager • Web administrator • LISTSERV administrator 	At least weekly	Oct 2010 through end of project	<ul style="list-style-type: none"> • Regular project statuses and functional feedback loop in place

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator/ Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
			<ul style="list-style-type: none"> • WIRED for Health SharePoint site • DHS eHealth Updates LISTSERV • SDE Board members and committee co-chairs • Project staff leads for each committee 				

Table 4. Communications and Education Matrix—Medicaid HIT Incentive Program

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator / Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
<p>Awareness: What is the Medicaid EHR Incentive Program?</p> <ul style="list-style-type: none"> • Eligibility Requirements • Summary MU Rule • States Planning Effort-Project Update) 	<ul style="list-style-type: none"> • Hospitals/staff (Medicaid Acute Care and Children's Hospitals) 	Wisconsin Medicaid	<ul style="list-style-type: none"> • Information Pamphlet • Webcasts/Webinars • DHS Medicaid EHR Incentive Web site • ForwardHealth Portal Public Site • WHA and RWHC Web sites • Other Professional Organization Web sites, Newsletters, and Conferences • ForwardHealth Provider Portal-Secure Login (Portal Message) • ForwardHealth Update (Newsletter) 	<ul style="list-style-type: none"> • Medicaid EHR Incentive Policy Expert • DHS Publication Staff • DHS Web administrator 	As Needed	Starting September 2010	<ul style="list-style-type: none"> • Hospital CEOs, CIO's, Administrators, and direct care givers know about the Medicaid EHR Incentive Program and the actions they must take to meet both the eligibility requirements and the meaningful use criteria • Hospital CEOs, CIO's, Administrators, and direct care givers know what is expected of them and know where to go to get additional information • Hospital CEOs, CIOs, Administrators, and direct care givers are able to communicate with others about the Medicaid EHR Incentive Program • Regular progress updates and feedback loop established

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator / Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
			<ul style="list-style-type: none"> • WHA weekly newsletter 				
<p>Awareness: What is the Medicaid EHR Incentive Program?</p> <ul style="list-style-type: none"> • Eligibility Requirements • Summary MU Rule • States Planning Effort-Project Update) 	<ul style="list-style-type: none"> • Clinics/staff (Medicaid Providers) 	Wisconsin Medicaid	<ul style="list-style-type: none"> • Information Pamphlet • Webcasts/Webinars • DHS Medicaid EHR Incentive Web site • ForwardHealth Portal Public Site • WHITEC Web site, webinars, and marketing collateral) • Other Professional Organization Web sites, Newsletters, and Conferences • ForwardHealth Provider Portal-Secure Login (Portal Message) • ForwardHealth Update (Newsletter) • WMS Medigram • Wisconsin Medical Society 11th Annual Coding & Practice Management Symposium • Field staff and agent education 	<ul style="list-style-type: none"> • Medicaid EHR Incentive Policy Expert • DHS Publication Staff • DHS Web administrator • Provider Field Rep (HP) • WHITEC Incentive Outreach Specialist 	As Needed	Starting September 2010	<ul style="list-style-type: none"> • Clinicians and Administrative Staff know about the Medicaid EHR Incentive Program and the actions they must take to meet both the eligibility requirements and the meaningful use criteria • Clinicians and Administrative Staff know what is expected of them and where to go to get additional information • Clinicians and Administrative Staff are able to communicate with others about the Medicaid EHR Incentive Program • Regular progress updates and feedback loop established
<p>Awareness: What is a certified EHR?</p>	<ul style="list-style-type: none"> • Hospitals/staff (Medicaid Acute Care) 	Wisconsin Medicaid	<ul style="list-style-type: none"> • DHS Medicaid EHR Incentive Web site including a link to ONC Web site 	<ul style="list-style-type: none"> • Medicaid EHR Incentive Policy Expert 	As Needed	Starting September 2010	<ul style="list-style-type: none"> • Hospital staff and Clinic Staff understand what a certified EHR is and are able to easily find information on the vendors/products that have

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator / Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
<ul style="list-style-type: none"> How do I know if I have a certified EHR? 	<ul style="list-style-type: none"> and Children's Hospitals) Clinics/staff (Medicaid Providers) 		<ul style="list-style-type: none"> ForwardHealth Portal Public Site including a link to ONC Web site WHITEC webinars and education tools 	<ul style="list-style-type: none"> DHS Publication Staff DHS Web administrator Provider Field Rep (HP) WHITEC Incentive Outreach Specialist 			been certified by the ONC
<p>Awareness/ Outreach & Training: Targeted Communication to those who indicated participation in 2010</p> <ul style="list-style-type: none"> Registration Process Eligibility Requirements (understand Patient Volume) 	<ul style="list-style-type: none"> Hospitals/staff (Medicaid Acute Care and Children's Hospitals) Clinics/staff (Medicaid Providers) 	Wisconsin Medicaid	<ul style="list-style-type: none"> ForwardHealth Provider Portal-Secure Login (Portal Message) WHITEC outreach activities DHS Direct Contact, webinars, and onsite visits 	<ul style="list-style-type: none"> Medicaid EHR Incentive Policy Expert Provider Field Rep (HP) WHITEC Incentive Outreach Specialist 	As Needed	Starting Fall 2010	<ul style="list-style-type: none"> Hospital staff and Clinic Staff understand how to register for the Medicaid EHR Incentive Program Hospital staff and Clinic Staff understand the eligibility requirements, and understand whether or not they will be able to meet them Hospital staff and Clinic Staff know what is expected of them and where to go to get additional information Relationship built with Wisconsin Medicaid staff providing the Hospital Staff/Clinic Staff with support system
<p>Recruitment: DHS Identified Targeted Communication (based upon claims and encounter data)</p> <ul style="list-style-type: none"> Registration Process 	<ul style="list-style-type: none"> Hospitals/staff (Medicaid Acute Care and Children's Hospitals) Clinics/staff (Medicaid Providers) 	Wisconsin Medicaid	<ul style="list-style-type: none"> ForwardHealth Provider Portal-Secure Login (Portal Message) WHITEC outreach activities DHS Direct Contact, webinars, and onsite visits 	<ul style="list-style-type: none"> Medicaid EHR Incentive Policy Expert Provider Field Rep (HP) WHITEC Incentive Outreach Specialist 	As Needed	Starting Fall 2010	<ul style="list-style-type: none"> Hospital staff and Clinic Staff are made aware of the program and their potential eligibility Hospital staff and Clinic Staff understand how to register for the Medicaid EHR Incentive Program Hospital staff and Clinic Staff understand the eligibility requirements, and understand whether or not they will be able to meet them Hospital staff and Clinic Staff know what is expected of them and where to go to get

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator / Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
<ul style="list-style-type: none"> • Eligibility Requirements (understand Patient Volume) 							additional information <ul style="list-style-type: none"> • Relationship built with Wisconsin Medicaid staff providing the Hospital Staff/Clinic Staff with support system
Outreach & Training: Process to apply and participate in the program <ul style="list-style-type: none"> • How to register • What information they will need to supply • Timeline of application • Appeals Process • Audit Plan 	<ul style="list-style-type: none"> • Hospitals/staff (Medicaid Acute Care and Children's Hospitals) • Clinics/staff (Medicaid Providers) 	Wisconsin Medicaid	<ul style="list-style-type: none"> • Information Pamphlet • Webcasts/Webinars • DHS Medicaid EHR Incentive Web site • ForwardHealth Portal Public Site • ForwardHealth Provider Portal-Secure Login (Portal Message) • ForwardHealth Update (Newsletter) • WHITEC Web site, webinars, and marketing collateral • Professional Organization Conferences • Provider Trainings 	<ul style="list-style-type: none"> • Medicaid EHR Incentive Policy Expert • DHS Publication Staff • DHS Web administrator • Provider Field Rep (HP) • WHITEC Incentive Outreach Specialist 	As Needed	Starting January 2010	<ul style="list-style-type: none"> • Hospital staff and Clinic Staff understand how to register for the Medicaid EHR Incentive Program • Hospital staff and Clinic Staff understand the eligibility requirements, and understand whether or not they will be able to meet them • Hospital staff and Clinic Staff know what is expected of them and where to go to get additional information
Outreach & Training: How to meet Medicaid Meaningful Use Requirements	<ul style="list-style-type: none"> • Hospitals/staff (Medicaid Acute Care and Children's Hospitals) • Clinics/staff (Medicaid Providers) 	Wisconsin Medicaid	<ul style="list-style-type: none"> • Information Pamphlet • Webcasts/Webinars • DHS Medicaid EHR Incentive Web site • ForwardHealth Portal Public Site • ForwardHealth Provider Portal-Secure Login (Portal Message) • ForwardHealth Update (Newsletter) • WHITEC Web site, 	<ul style="list-style-type: none"> • Medicaid EHR Incentive Policy Expert • DHS Publication Staff • DHS Web administrator • Provider Field Rep (HP) • WHITEC Incentive Outreach 	As Needed	Starting January 2011	<ul style="list-style-type: none"> • Hospital staff and Clinic Staff know what is expected of them and where to go to get additional information

Communication Needs / Topics	Audience (Stakeholder Type)	Coordinator / Expert	Medium/Delivery Methods	Resources Needed	Frequency	Timing	Expected Result
			webinars, and marketing collateral • Professional Organization Conferences • Provider Trainings	Specialist			
Recruitment: Encourage EHR Adoption • Benefits of adoption • Discussion of how to overcome barriers to adoption (i.e. Financing Solutions)	• Hospitals/staff (Medicaid Acute Care and Children's Hospitals) • Clinics/staff (Medicaid Providers)	Wisconsin Medicaid	• WHITEC webinars and education tools • DHS Medicaid EHR Incentive Web site • ForwardHealth Portal Public Site • Other Professional Organization Web sites, Newsletters, and Conferences TBD—Currently doing research on EHR adoption which will provide guidance on effective methods of communication and information needed	• Medicaid EHR Incentive Policy Expert • WHITEC Outreach Specialist	TBD	TBD	• Hospital staff and Clinic Staff understand the value provided by EHR technology • Hospital staff and Clinic Staff have tools/solutions to the barriers they face when trying to adopt EHR technology
Targeted Communication : Coordination of Medicare/Medicaid Payments to Acute Care Hospitals	• Hospitals/staff (Medicaid Acute Care Hospitals)	Wisconsin Medicaid	• WHA weekly newsletter • DHS Medicaid EHR Incentive Web site • ForwardHealth Portal Public Site • ForwardHealth Provider Portal-Secure Login (Portal Message) • DHS Direct Contact – Provider Services Calls	• Medicaid EHR Incentive Policy Expert • DHS Publication Staff • DHS Web administrator • Provider Field Rep (HP)	As Needed	Starting January 2011	• Hospital staff knows what they need to submit to the State and what they need to submit to CMS in order to qualify for both Medicaid and Medicare EHR incentive payments • Hospital staff knows what is expected of them and where to go to get additional information

C. Branding and Message Mapping

Branding for the State Designated Entity and health information exchanges will be important. This branding needs to be integrated with all of the related HITECH programs.

Message mapping should be developed for each target group to assure the messages are focused and consistent, regardless of the channel used to provide the information. Message maps are sets of organized statements or messages that address certain topics or concerns. Each map identifies up to three unique messages that address a specific topic or issue. Each topic or issue may be addressed by several layered message maps.

Message maps should be developed as a specialized tool for communicating effectively in high-stress, high-concern, or emotionally charged situations. A message map provides multiple benefits. It provides a handy reference for spokespersons who must respond to questions on topics requiring timeliness and accuracy. Multiple spokespersons can work from the same message map to ensure the rapid dissemination of consistent and core messages across multiple communication outlets. Message maps provide a unifying framework for disseminating information on various issues.

When selecting communication and education strategies and channels, the communicator or educator should keep in mind that, according to marketing research, it takes one to three exposures to develop aided awareness, it takes 3 to 6 exposures to reach a level of unaided awareness, it takes 6 to 10 exposures to shape an attitude, and 10 exposures or more to motivate a behavior. [Third Edition of *The Successful Marketing Plan* by Roman G. Hiebing and Scott W. Cooper](#)

D. Feedback and Measuring Effectiveness

Feedback is key to ensuring the ongoing effectiveness of communications. In addition to determining whether people feel the communicators are doing a credible job, feedback will focus on finding the answers to a series of questions, for example, whether people:

- Understand the benefit of the health information exchange;
- Feel they have been involved in what is happening;

- Feel they have had a chance to voice their opinions;
- Feel their questions have been answered;
- Feel they have been appreciated for their participation

Some of the methods and options that may be used to measure effectiveness include:

- A basic competency tool for key stakeholders could be developed using web-based technology that would identify key HIT and HIE topics. The end-users of the competency tool will self assess skills and understanding of key HIT and HIE topics based on a competency range of 1 to 4, where 1 is no knowledge of a particular subject area and 4 is extensive knowledge and understanding of a subject area. The self-assessments would cross a variety of WIRED for Health technology issues and concerns. Once the baseline information is developed, again using web-based technology, specific web cast trainings to target specific areas or groups could be developed. By developing an initial baseline competency assessment with follow-up training, including pre- and post-testing, the WIRED for Health CEM Committee can address concerns related to building awareness and targeting key stakeholders of varying degrees of competency.
- Town hall meetings and focus groups may be used to develop and test targeted messages and to evaluate effectiveness.
- Surveys may be used to evaluate the effectiveness of messages to specific target groups.

By evaluating feedback on an ongoing basis, continuous quality improvement methods can be applied to the messages and the methods of delivery to assure effective communication, education, and marketing.

E. Marketing HIE Services

Understanding how the HIE technology works and the advantages and benefits to patients when used by physicians and health care organizations is critical to successfully marketing the HIE services to be delivered by the state-level health information network. This should include an educational segment on how the HIE works, specifically noting assurances that data integrity and security will be maintained throughout the exchange of information. Additionally, the marketing materials should include details regarding the type of data that can be exchanged and how the information made available through the HIE can be integrated into a physician's or health

care organization's electronic health record. There should be an emphasis on the value to the consumer of the HIE service.

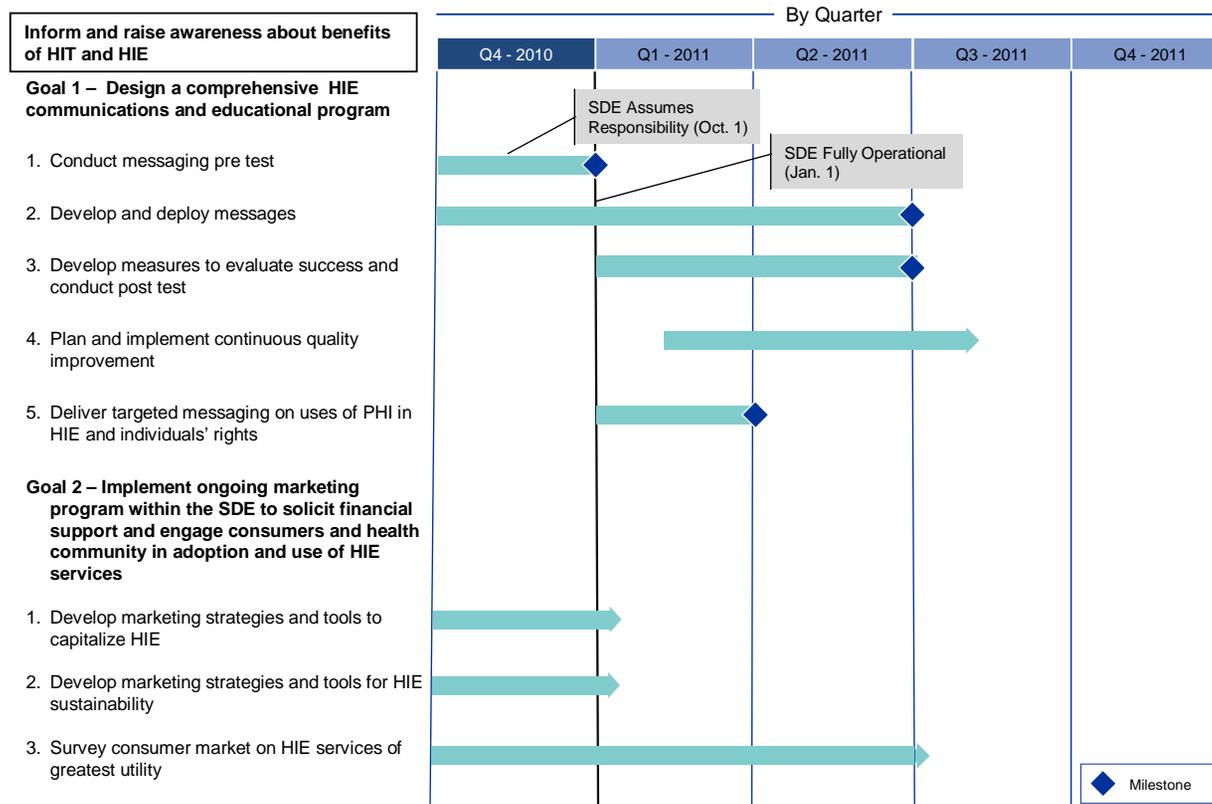
Elements of an effective marketing strategy should include:

- Defining sales goals and strategic objectives
- Conducting market research and performing an industry analysis (strengths, weaknesses, opportunities, and threats (SWOT))
- Performing a target audience analysis
- Defining strategies and tactics, including positioning, general strategies, and marketing mix (products, pricing, distribution, promotion)
- Developing projections
- Performing a budget and a financial analysis
- Developing performance measurements and performing an evaluation.

By collecting and evaluating metrics on the HIE services on an ongoing basis, improvements to the services can be identified and acted upon based on patient, provider, and/or healthcare system feedback and satisfaction, and the effectiveness and value of HIE can be continually communicated.

3. Communications, Education, and Marketing Timeline

The following calendar year timeline illustrates the sequencing of CEM goals and objectives and the estimated length of time required to implement the communications, education, and marketing strategy.



4. Crisis Communications

A. Purpose and Objectives

To mitigate the impact of a crisis or incident and serious negative repercussions for the organization, as well as, maintain a level of trust with the community, the SDE will need a Crisis Communication Plan. The purpose of a Crisis Communication Plan is to effectively manage communications through formal, clearly defined channels in order. The following is intended to serve as a crisis communications guide for the SDE to help manage communications around a crisis or incident.

The objectives of a Crisis Communication Plan are as follows:

- Prepare the SDE board and staff to effectively and nimbly manage crisis communications;
- Help the SDE board and staff respond in a unified, professional manner that reinforces leadership and creates loyalty;
- Strategically enhance the organization's brand/role, and the public's understanding of the value provided by health information exchange;
- Manage the distribution of critical, often sensitive information to the media, stakeholders, and public;
- Inform partner organizations of the SDE's position to help shape a consistent sector-wide response.

A crisis or incident is any situation that has the potential to threaten the integrity or reputation of the SDE, its board, and the widespread acceptance and trust in HIT and HIE. Usually, a crisis or incident is brought on by human error or a technology failure and is escalated by adverse or negative media attention. These situations can involve any kind of legal dispute, theft of data or a data breach, accidental release of personal health information to an unauthorized individual, etc. that could be attributed to HIT or HIE. It can also be a situation where the media or general public believes the SDE did not react to one of the above situations in the appropriate manner or not quickly enough. This definition is not all encompassing, but rather intended to describe types of situations when this plan would be activated. If handled correctly the damage can be minimized.

The tenets of a Crisis Communications Plan assume the best course of action in a crisis is tell it all, tell it fast, tell the truth, and tell it to the most important audience first.

When a situation arises that may be a crisis or an incident, the first action should be for the SDE President/CEO to contact the SDE Board of Directors. The second action should be to assemble a Crisis Communication Team.

Key steps in preparing for a crisis or incident and being ready to respond include:

1. Identifying crises issues—developing a briefing book with message maps for key communication trigger points.
2. Developing a core Crisis Communications Plan.
3. Identifying and training a core Crises Communication Team.
4. Preparing canned messages for the most likely crisis scenarios. Messages should be created for all high-impact events, even if the likelihood of occurrence is low.
5. Identifying expert spokespersons for each identified crises issue and ensuring they are available to speak on demand in the event of said crisis.
6. Establishing a rigid escalation procedure—ensuring the appropriate individuals have approved the briefing materials and only the identified spokespersons will speak to the media using the approved briefing materials.

B. Identifying Crises Issues/Events

To more effectively plan for the response to a crisis or incident, it is valuable to identify high-risk areas that have the potential to create the need for a Crisis Communication Plan. Crises fall into two broad categories:

1. Overt acts and acts of omission.
2. Issues of competence or lack thereof in matters of public perception.

Some examples of potential crisis events are listed below:

1. Patient data is exposed due to a security breach
2. Incorrect diagnosis made due to incorrect data transfer. If the HIE transfers data incorrectly, either mis-population of a data element or the loss of critical information (i.e. allergy to drug)
3. System crash resulting in the system being unavailable for an extended period of time, limiting provider's ability to access information on their patients

Crises can stem from many root causes including but not limited to:

- Human error
- Clerical error
- Unauthorized procedures

- Inadequate supervision
- Inadequate quality control
- Misuse of confidential information
- Errors of judgment
- Miscommunications/misunderstandings (including due to language barriers)
- Accidents
- Adversarial stakeholders
- Contract breaches
- Inadequate standard operating procedures
- Denial of access to service or inappropriate provision of services due to language barrier
 - A specific clinical service
 - A prescription
 - Hospital admission
- Security breach

C. Developing a Crisis Communication Plan

While each crisis will have its own unique needs, all should rely on a core Crisis Communication Plan. The Crisis Communications Team will need a comprehensive plan to properly respond to crises issues. The plan establishes how the crisis management lead is appointed, the assignment of a spokesperson, the communications timeline, key messages, priority audiences, and preferred methods for distributing the messages. Responses to a crisis event must consider a wide range of consequences (e.g., legal, financial, public relations, effects on administration, and effects on operations).

Core Principles:

- Responses to a crisis or incident should be made within 24 hours, and every effort should be made to shorten the span of non-communication. It is imperative to provide timely and accurate information to mitigate rumors and maintain control over the messages.
- Talking points and key messages must go through an approval process dictated by escalation procedures (i.e. legal, compliance, and the director of communications) prior to distribution.

- Briefing materials (talking points and key messages) should be distributed to the SDE Board of Directors and partner organizations.
- Talking points, key messages, and briefing material templates should be prepared in advance of a potential, high-risk crisis for crises that have either a high likelihood of occurring or have a significant negative impact if the crisis occurs.
- All communications should be uniformly translated to the required languages and made accessible to the SDE Board of Directors and partner organizations.
- Develop a central communication hub, such as a Web site.

Important action steps:

1. Determining a crisis communications management lead person who is responsible for ensuring all tasks are completed (most likely the Director of Communications).
2. Determining the crisis communication spokesperson who will answer all media and other inquiries (most likely the SDE President/CEO).
3. Assessing the situation to determine the facts.
4. Determining the appropriate response/action.
5. Creating the plan of action for internal and external communications.
 - a. Coordinate response with Department of Health Services Communications Director.
 - b. Prioritize audiences to receive communications.
 - c. Contact translator/interpreter as needed.
6. Developing factual, detailed messages that reflect the status of the crisis, the organization's response, and, if possible, proactive steps to resolve the situation. There should be canned messages prepared in advance on hand for high risk crises or incidents.
7. Preparing talking points and providing a script for the receptionist receiving incoming calls. These should be prepared in advance for high-risk crises or incidents and translated as needed.
8. Determining which mechanisms to use in disseminating messages, i.e. determine if a press conference, press release, and/or web updates are necessary.
9. Assessing what resources and solutions are necessary to manage and resolve the crisis.
10. Appointing staff to:
 - Serve as the official spokesperson and manage media;
 - Keep the chairs of the Board, the Secretary of DHS, and the Governor's office informed;
 - Contact partners, allies, members, etc. and assist with sector-wide talking points, if appropriate; and

- Record crisis details, actions taken, external responses, and resolution.

D. Creating a Crisis Communication Team

The Crisis Communication Team is essential to identify what actions should be taken. The core team should be comprised of the following staff: Public Relations Officer, Communications/Marketing Specialist, Legal Counsel, Compliance Officer, and SDE President/CEO. This core team should be trained on the content of the Crisis Communication Plan to provide them with the skills to facilitate the creation and dissemination of the organization's messages on the crisis or incident.

Each crisis or incident will also involve a subset of staff with subject matter expertise on the issue. It is important to engage them in the drafting of the talking points and factual, detailed messages that reflect the status of the crisis or incident. Also, the use of external resources may become important to obtain subject matter expertise on an issue or topic. For each identified crisis issue, there should be at least one subject matter expert identified to provide the Crisis Communication Team with a resource in the event of a crisis or incident.

E. Designating a Spokesperson

One individual should be designated as the primary spokesperson to represent the SDE. This individual will be responsible for making official statements and answering media questions throughout the crisis. A backup to the designated spokesperson should also be identified to fill the position in the event the primary spokesperson is unavailable.

In addition to the primary spokesperson and the backup spokesperson, individuals who will serve as technical experts or advisors should be designated. These resources might include a financial expert, a leader in the community including bilingual community leaders, clinician, public health official, security expert, interpreters as needed, etc.

It is important to establish in advance, the basic approach and core messages. It is also important to hold media training for any identified spokesperson, to prepare the individual on how to interact with the media.

While one individual should be designated as the primary spokesperson, it is important to plan for the larger effort needed to create and disseminate the core messages conveyed by the designated spokesperson. There should

be one designated crisis communication management lead, directing and coordinating all aspects of the organization's response including managing the messages and the media. They will work closely with the spokesperson to provide scheduling support and ensure the appropriate talking points have been developed. In some cases, particularly in the event of a "small crisis," the crisis communication management lead may act as the designated spokesperson. In others, the jobs may be divided to facilitate efficient handling of the situation. Most likely, but not necessarily, the two roles will be filled by the SDE's Director of Communications and the President/CEO, respectively.