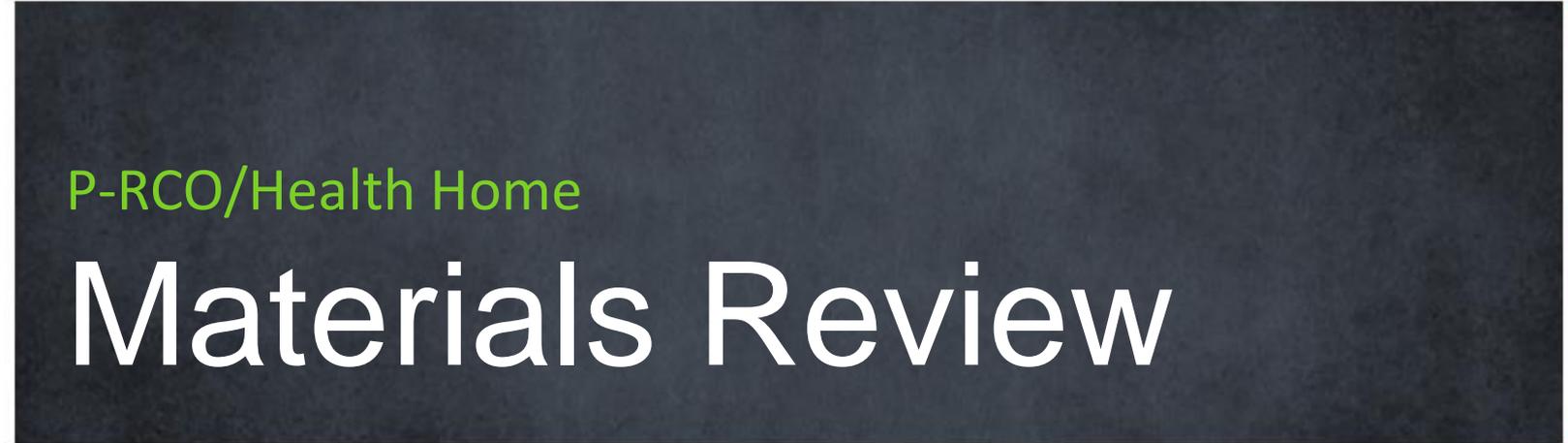


Patient Compliance through
Communication 



P-RCO/Health Home

Materials Review



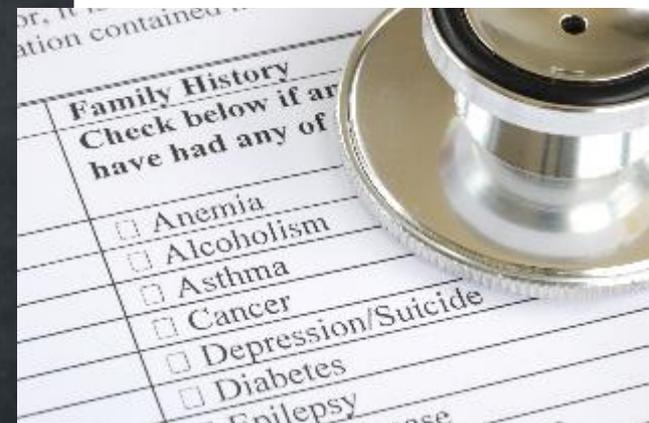
What you need to know....



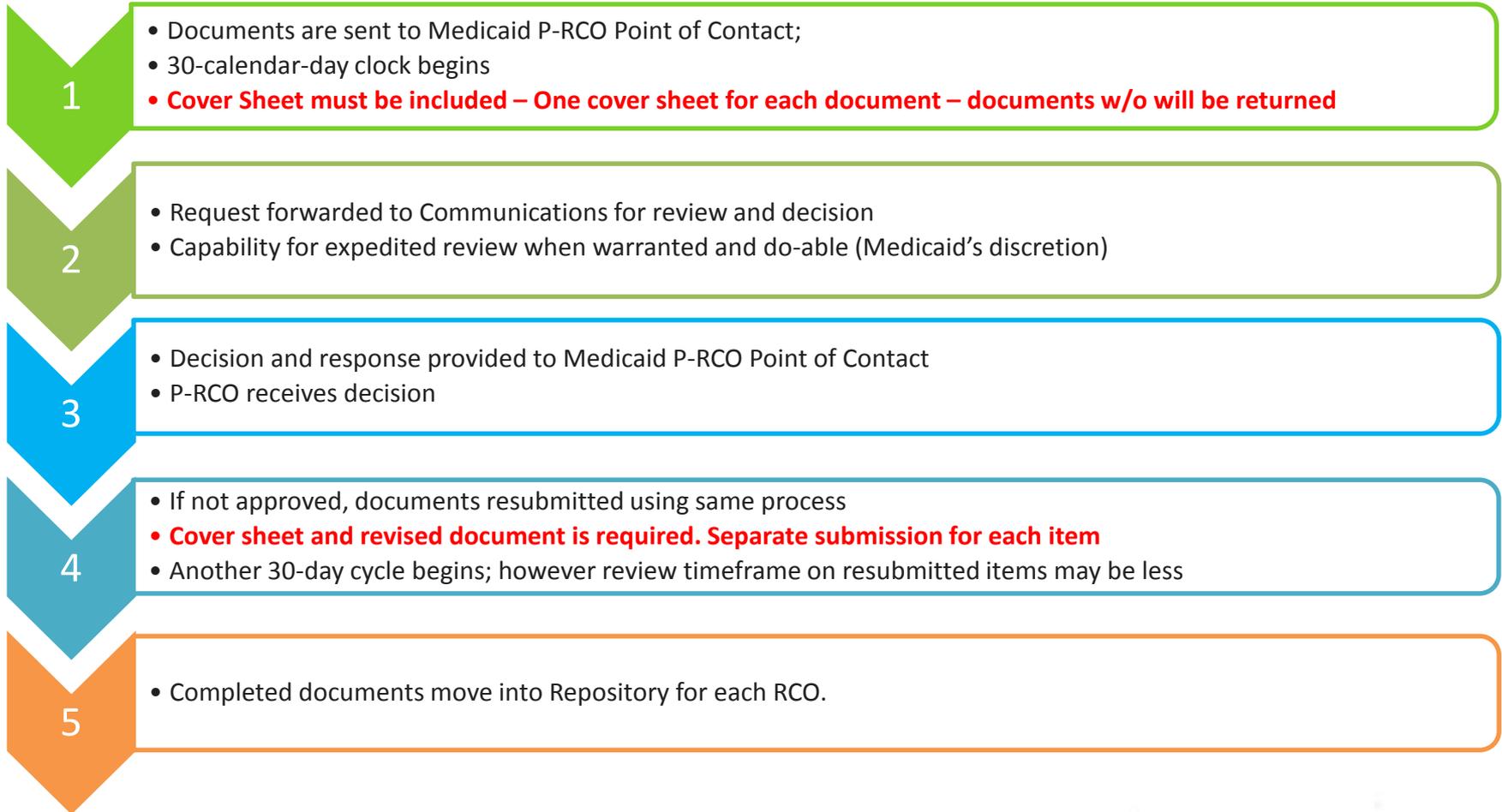
- Interim guidance for now
 - Based on other states' experience with MCOs
 - Based on Federal regulations, guidelines, and best practices
 - Goal is to be as close as possible to final rules as possible
- Final Rules and Guidance will be issued in 2016 based on experience to date, contract changes and 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



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

Criteria - Content

- 1) Purpose of the document is clear and the desired behavior or action on the part of the reader/viewer is immediately evident
- 2) Content is accurate, complete and consistent with purpose and planned use of the submission. “Need to Know” information is stressed. Clinical documents have been reviewed by RCO clinical personnel
- 3) Content is written at the 6th-8th grade level or less for recipients
 - 1) Lowest level for “core” documents
 - 2) Appropriate level for others
 - 3) Lowest level prevails on mixed use documents
- 4) Brand names are not present or visible except for educational materials presented to a patient by a clinician; permission secured for use of copyrighted materials
- 5) Information is presented in an objective manner, without negative bias or inference regarding competing organizations

Criteria - Organization

- 1) Layout is visually appealing and supports clear communication of the core content to the intended audience(s). Document quality is clear and readable. (No copies of copies!)
- 2) Concepts presented are limited to 3-5 concepts for members, 5-7 for health professionals
- 3) There are headers and summaries to aid organization and to provide message repetition. Related items grouped together
- 4) RCO/HH organization is clearly identified as author, minimum contact information is included

Criteria – Writing Style

- 1) Writing Style uses active voice and conversational style.
- 2) Writing is friendly, interesting and engaging
- 3) Common words and examples are used
- 4) Little technical jargon
- 5) Little or no use of acronyms

Criteria – Appearance and Layout

- 1) Page/sections are uncluttered. There is ample white space and good contrast
- 2) Upper and lower case letters are used throughout (Capitals are used only when grammatically appropriate)
- 3) Lists, tables, grids and charts are used only when they enhance understanding of content
- 4) Materials for members/recipients use a body copy typeface of at least 12-14 point with a serif.
 - 1) There are no stylized letters
 - 2) Other typefaces are clear, spaced out, and readable
 - 3) Ragged right margins are used when possible

Criteria – Illustrations/Graphics/Appeal

- 1) Illustrations/graphics are simple and/or familiar to the reader/audience
- 2) Images reflect the diversity of the intended audience, and are culturally and age appropriate
- 3) Illustrations/graphics are used to amplify the text and to illustrate desired behavior or action.
- 4) Images are proximate to the copy they illustrate
- 5) Material presented matches as closely as possible the logic, language and experience of the intended audience
- 6) There are things that invite interaction as a result of the communication (e.g. questions, responses, suggested action, etc.)

Keep in mind...

- Understand that everything is not “a rush”
- The Agency has 30 days to review and respond
- Each document requires a cover sheet
 - Any submission (or resubmission) coming without a cover sheet will be returned
 - Cover sheet and document to be reviewed should be named (short name) the same
- Use existing resources – Agency documents
- New website page – Links to helpful documents and websites

http://medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.7_CommunicationResources.aspx

Keep in mind...

- Sell the benefits of what you have to offer
 - Make it “fun, easy and popular”
 - “What’s in it for me?”
- If the document is for both recipients and providers, then the standard for recipients will apply
- Items that were approved during Health Home Readiness Review may not be approved for RCOs
- If changes have been recommended, those need to be made (brochures reprinted, etc.). – Having available stock on hand will not negate the need.

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

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.

Remember!

- We share the mutual goal of:
 - Educating recipients
 - Increasing compliance
 - Reducing missed appointments
 - Improving recipients' overall quality of life via improved health outcomes

- Writing it “easy to read” will help achieve those goals



Questions?

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