

March 31, 2009

Health Information Security and Privacy Collaboration

Kansas State Project Communication Plan

Prepared for

RTI International

230 W Monroe, Suite 2100
Chicago, IL 60606

Jodi Daniel, JD, MPH, Director

Steven Posnack, MHS, MS, Policy Analyst

Office of Policy and Research

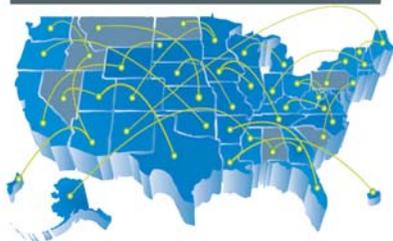
Office of the National Coordinator for Health IT

200 Independence Avenue, SW, Suite 729D
Washington, DC 20201

Prepared by

Consumer Education and Engagement Collaborative
Kansas HISPC III Consumer Education and Engagement Team

Health Information Security & Privacy
COLLABORATION



Contract Number HHSP 233-200804100EC
RTI Project Number 0211557.000.007.100

Contract Number HHSP 233-200804100EC
RTI Project Number 0211557.000.007.100

March 31, 2009

Health Information Security and Privacy Collaboration

Kansas State Project Communication Plan

Prepared for

RTI International
230 W Monroe, Suite 2100
Chicago, IL 60606

Jodi Daniel, JD, MPH, Director
Steven Posnack, MHS, MS, Policy Analyst
Office of Policy and Research
Office of the National Coordinator for Health IT
200 Independence Avenue, SW, Suite 729D
Washington, DC 20201

Prepared by

Victoria Wangia, Kansas
Helen Connors, Kansas
Christina Stephan, Kansas

Identifiable information in this report or presentation is protected by federal law, section 924(c) of the Public Health Service Act, 42 USC. § 299c-3(c). Any confidential identifiable information in this report or presentation that is knowingly disclosed is disclosed solely for the purpose for which it was provided.

Contents

Section	Page
1. Introduction	1-1
2. Goal	2-1
3. The Plan	3-1
4. Understanding the Communication Environment	4-1
5. Audiences	5-1
6. Principles	6-1
7. Objectives	7-1
8. General Tactics	8-1
9. Specific Objectives, Strategies, and Tactics	9-1
Appendixes	
A: Acknowledgments	A-1
B: Sample Core Messages	B-1
Why Do Kansans Need Electronic Health Records?	B-2
Electronic Prescribing	B-3
Key Health Information Technology Terms.....	B-4
Benefits of Health Information Technology.....	B-5
E-Health	B-6
Privacy and Security	B-7
C: Newsletters	C-1

1. INTRODUCTION

In 2008, the Employee Benefit Research Institute conducted a health confidence survey and found that “Americans generally feel centrally maintained electronic medical records that can be shared by authorized health care providers are important, but they have reservations about confidentiality, [and] 62% indicate they are not too or not at all confident that such records would remain confidential.”¹

The American Recovery and Reinvestment Act (ARRA)—Health Information Technology for Economic and Clinical Health Act—signed into law by President Obama on February 17, 2009, is anticipated to accelerate adoption of health information technology (health IT) by physicians and hospitals. The bill changes existing federal law to include new provisions for patients’ rights in the context of electronic health information and electronic health information privacy and security protections. To mitigate consumers’ concerns as the adoption of health IT occurs, the public will need to be informed of these changes and, specifically, be informed of their rights and the protections provided regarding the use and exchange of their electronic health information. Increasing consumers’ awareness about privacy and security safeguards may mitigate their reservations about the use and exchange of their electronic health information.

¹ Fronstin P. Findings from the 2008 EBRI Consumer Engagement in Health Care Survey. *Issue Brief*. November 2008. Available at: http://www.ebri.org/pdf/briefspdf/EBRI_IB_11-20081.pdf. Accessed April 14, 2009.

2. GOAL

This communication plan seeks to help organizations in Kansas to develop materials that will increase the public's awareness of the changing health IT environment, including education on patient privacy and information security matters as they relate to electronic health information. This goal will be accomplished in a way that responds to changing priorities and needs, so that communication activities remain aligned with national and state priorities.

The long-term outcome expected when the communication plan is implemented is in alignment with the Office of the National Coordinator for Health Information Technology's (ONC's) 2008–2012 strategic plans, addressing both the patient and population health. Effective education of consumers should contribute to fostering an environment for health IT adoption that allows for (1) the transformation to higher quality, more cost-efficient patient-focused health care through electronic health information access and use by care providers and by patients and their designees in Kansas and (2) the appropriate, authorized, and timely access and use of electronic health information to benefit public health, biomedical research, quality improvement, and emergency preparedness in Kansas.

This plan is an evolving and living document that can be further expounded on and revised as needed.

3. THE PLAN

This communication plan was developed by the Kansas Health Information Security and Privacy Collaboration (HISPC) Consumer Education and Engagement Team, consisting of team members from the University of Kansas Medical Center, Center for Health Informatics (Drs. Helen Connors and Victoria Wangia), and the Kansas Health Institute (Dr. Christina Stephan), with input from the Kansas Health Policy Authority (KHPA), the Kansas Department of Health and Environment (KDHE), the Kansas e-Health Advisory Council, the Kansas HISPC Harmonizing State Privacy Law (HSPL) Team, and the broader HISPC Consumer Education and Engagement Collaborative (CEEC) and Advisory Committees, namely, the Kansas HISPC Consumer Education and Engagement Workgroup and the Kansas HISPC Steering Committee (see Appendix A for a list of names).

The plan includes communication strategies, tactics, action steps, and message materials that can be used to educate rural consumers about health IT and electronic health information exchange (see Appendix B for sample messages). The plan does not contain an exhaustive list of specific ideas for each strategy; rather, it provides some options to review and select for further exploration and refinement. The sample messages are not necessarily intended to be expressed to audiences exactly as worded here. They are intended as guides in determining what information to present. The messages may be phrased differently, or supported with different factual examples, based on specific needs, occasions, or audiences. However, for this plan to succeed, key messages must be worded in the most effective manner for the specified audience, and they must be repeated frequently and in a variety of ways over time.

4. UNDERSTANDING THE COMMUNICATION ENVIRONMENT

Successful strategies for communicating messages on health IT and electronic health information exchange require an in-depth understanding of local populations, specifically focusing on the identified target audience. The focus on rural consumers was chosen because Kansas is largely rural and also has many frontier counties. Rural and frontier health care consumers have distinct educational needs regarding patient privacy and electronic health records that are different from their urban counterparts. These differences can be attributed to rural demographics and rural health care systems. Also essential to address is the fact that the health care needs and services in frontier counties can be different from the needs and services in rural counties.

Literature reviews revealed some key aspects of the environment that informed the selection of the rural target audience and, consequently, the selection of subpopulations within the broader rural consumer audience:

- Of the 105 Kansas counties, 38 are designated rural and 31 are frontier. Counties with less than six residents per square mile are designated frontier by KDHE. Rural counties have 6.0 to 19.9 residents per square mile, and 80% of the 69 counties have populations with fewer than 10 residents per square mile.²
- Residents of frontier and rural counties, on average, have lower incomes and less education than statewide averages.²
- Between 1990 and 2000, the Hispanic/Latino population of Kansas doubled (7% of the state population).²
- Six frontier and rural counties have a Hispanic/Latino population of more than 20%.²
- Twelve of the 69 Kansas frontier and rural counties (17.4%) have an elderly population of 25% or more.²
- Kansas frontier and rural counties have a population that is much older than the state average. More than 20% of the population is older than age 65 in 6 of the 10 counties.²
- In Kansas, the low German-speaking Mexican Mennonite farmworker population is fast-growing.³
- Natural disasters such as tornadoes are common in Kansas, and access to health information during and after disasters is critical.

² Kansas Health Institute. *Forum Brief*. Available at: http://74.125.95.132/search?q=cache:omluEzHe9KkJ:www.forumsinstitute.org/pubs/kansas/rural_health.pdf+forums+and+kansas+rural+health&cd=4&hl=en&ct=clnk&gl=us. Accessed April 14, 2009.

³ Treaster C, Hawley S, Paschal A, Molgarrd C, Romain T. Addressing health disparities in highly specialized minority populations: case study of Mexican Mennonite farmworkers. *Journal of Community Health*. 2006; 31(2):113-122.

- Health IT and health information exchange (HIE) privacy and security subject matter can be difficult to communicate to a general public that is inundated with messages and information.
- Health IT and HIE patient privacy and data security terminology continues to evolve, and audiences may not be aware of the development. Recognized references include a glossary developed through the HISPC project and a document developed by ONC and the National Alliance for Health Information Technology (NAHIT) that defines key health IT terms.
- Resources allocated for health IT and HIE have been limited.
- Health care providers in small practices typically face greater challenges in the adoption of health IT than do larger practices.
- Safety net clinics in Kansas provide health care services to the medically underserved in Kansas and face challenges adopting electronic health records.
- Kansas citizens live in areas where they must cross the state line to receive some of their medical and public health services or in areas that serve citizens of other states. This phenomenon affects all parts of the state and both rural and urban communities alike.
- Populations with disabilities should be considered a target audience for education.
- Some public health information systems interface with clinical information systems in Kansas. Local health departments also provide health services to populations in rural Kansas. In addition to engaging health care providers, stakeholders from public health organizations should be engaged.

5. AUDIENCES

The audiences that we seek to reach are as follows:

- A. The primary audience is the general public in rural (includes frontier) communities with special attention to the Hispanic/Latino population, the low German-speaking Mexican Mennonite farmworker population, the elderly, the medically underserved populations, and populations with disabilities (all addressed as “consumers” in this plan). This audience is often most effectively and economically reached through opinion leaders, health care providers, legislators, and government officials but can also be reached directly through focus groups, the mass media, large-circulation publications, and other means. Other subsets of the general public should be of particular interest for future communication purposes.
- B. We believe the following audiences can reach rural consumers:
 - *Opinion leaders* are groups or individuals who are interested or active in public affairs, who provide forums for public discussion of policy, or who are in a position to shape public opinion. Examples include foundations, government agencies, community groups, advocacy groups, news reporters, and newspaper editorial writers. Maintaining good connections with this audience is an effective way of informing the broader public that is more difficult to reach directly.
 - *Kansas legislators* are involved in legal and policy reform, and their decisions can greatly influence the behaviors and attitudes of consumers and health care providers in regard to health IT and HIE.
 - *Kansas health care providers* can communicate effectively to consumers if they understand key messages and have incentives.

6. PRINCIPLES

Consultation with a communication expert informed the determination of the principles that follow. These principles are recommendations on how communications should be carried out:

- Adhere to agreed-on key messages and submessages.
- Present information and examples in language and at levels of detail consistent with the interest level and expertise of the intended audience.
- Capitalize on specific opportunities to capture interest. These may include planned events, such as community health fairs, conferences, passage of significant legislation, or other news events or news coverage.
- Coordinate with other entities doing similar work toward similar goals.
- Use research, focus groups, audience feedback, or other techniques wherever possible to gauge effectiveness of language, messages, and communication vehicles.
- Influence the broader public over time through smaller, strategic audiences such as opinion leaders.
- Capitalize on positives, such as stated favorable public perceptions about how technology can facilitate coordination of care.
- Respond forthrightly, and with sound information, to public concern or criticism about health IT and HIE.

7. OBJECTIVES

This Kansas communication plan seeks to increase the public's awareness of the changing health IT environment, including education on patient privacy and information security matters as it relates to electronic health information, through the following objectives:

- providing cohesive messages that support national and state goals for adoption and use of health IT and HIE
- advancing state law reform efforts that promote interoperable health IT adoption and use and HIE
- increasing the understanding about the condition, challenges, and value of health IT and HIE, highlighting privacy and security issues
- increasing support and public trust of health IT by educating Kansas consumers, opinion leaders, policy makers, and health care providers
- increasing awareness about the critical need for consumer engagement and education
- increasing awareness and understanding of health care data use
- increasing understanding about relevant state and federal laws and reform efforts
- increasing the public's and health care providers' participation in HIE and their adoption and use of health IT

More specifically, the objectives include the following:

- generating awareness and providing assistance with appropriate assessment of risks and benefits of health IT and HIE (including medical identity theft issues and access to health information during the occurrence of natural disasters and after)
- generating awareness and increased understanding of the following:
 - basic health information flow
 - health IT (personal health records, electronic health records, community health records, and e-prescribing), HIE, and related privacy and security matters
 - the use of health care data for population health (public health, research, and quality improvement)
 - relevant legislation (such as ARRA and the Health Insurance Portability and Accountability Act [HIPAA] rule changes) and legislative issues
 - patient rights and preferences
 - patient HIE participation issues, such as consent
 - protection of sensitive health information
 - national, state, and regional health IT and HIE initiatives
- generating awareness about the significance of continued and widespread consumer education and engagement
- conducting targeted outreach
- conducting routine evaluation of the impact of communication efforts among specific audiences, with adjustments as needed

8. GENERAL TACTICS

The following tactics can apply to more than one strategy listed in Section 9. The order is not sequential, and some tactics may occur concurrently:

- Retain the services of a literacy expert.
- Retain the services of an expert on translation and 508 compliance (and other disability considerations).
- Retain the services of a communication expert (graphic design, marketing/public relations).
- Tailor the messages, tools, and delivery of messages to the target subpopulations identified above.
- Involve representatives from national and state consumer advocate organizations in the communication plan implementation.
- Involve individual consumers from the specified subpopulations in all relevant stages of the communication plan implementation and evaluation.
- Consult with the U.S. Department of Health and Human Services (HHS) Office of Civil Rights, the HHS Office of Minority Health, and others as needed.
- Support the widespread adoption and use of the communication plan.
- Identify health IT adoption champions in the communities and involve them.
- Engage consumer advocates, because their activism enables them to influence policy.
- Educate health care providers so they can communicate electronic health information to their patients.

9. SPECIFIC OBJECTIVES, STRATEGIES, AND TACTICS

In this section, we describe a series of objectives, the strategies we developed to achieve them, and the tactics we employed to target an audience of rural consumers in Kansas.

Objective 1: Generate awareness and understanding of basic health information flow.

Strategy for Objective 1: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to set priorities for communications that send unified messages to support statewide goals.

Tactics for Objective 1:

- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following (see Appendix C for additional information about these newsletters):
 - *Kansas Connections*
 - Kansas Rural Health Information Service
 - Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
 - *Rural Papers*
- Create a fact sheet with concise messaging and frequently asked questions (FAQs).
- Post materials on a state web portal.
- Include messaging in a press kit.
- Develop a short video for Kansas:
 - Identify best practices in producing the video.
 - Obtain video production details from Oregon, Colorado, and Massachusetts HISPC Phase III representatives.
 - Coordinate video production.
- Include messaging in local newspapers.
- Review past HISPC deliverables for messaging and customize for the Kansas audience.
- Develop radio and TV public service announcements (PSAs):
 - Contact West Virginia and New York HISPC Phase III representatives who developed PSAs for consumer and provider education. (West Virginia developed PSAs for both audiences.)

Objective 2: Generate awareness and increase understanding of health IT (personal health records, electronic health records, community health records, and e-prescribing), HIE, and related privacy and security matters.

Strategy for Objective 2: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to set priorities for communications that send unified messages to support statewide goals.

Tactics for Objective 2:

- Develop and update useful educational materials to be in alignment with ARRA and the ONC strategic plan.
- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service
 - Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
 - *Rural Papers*
- Create a fact sheet with concise messaging and FAQs.
- Post materials on a state web portal.
- Include messaging in a press kit.
- Develop a short video for Kansas.
 - Identify best practices in producing the video.
 - Obtain video production details from Oregon, Colorado, and Massachusetts HISPC Phase III representatives.
 - Coordinate video production.
- Include messaging in local newspapers.
- Develop radio and TV PSAs:
 - Contact West Virginia and New York HISPC Phase III representatives who developed PSAs for consumer and provider education.
- Retain the services of an advertising agency/graphic designer and identify participants in the branding process.
- Convene participants either in person or electronically and clarify the process and goals for the new identity.
- Work with the selected designer to develop a brand/logo/tagline.
- Involve participants in reviewing the brand/logo/tagline.

Objective 3: Generate awareness and provide assistance with appropriate assessment of risks and benefits of health IT and HIE (including medical identity theft issues).

Strategy for Objective 3: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to communicate and update risks and benefits of health IT identified in HISPC Phase III.

Tactics for Objective 3:

- Develop and update useful educational materials to be in alignment with ARRA and the ONC strategic plan.
- Review HISPC Phase III CEEC deliverables on HIE benefits and risks, and use relevant messages.
- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service
 - Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
 - *Rural Papers*
- Create a fact sheet with concise messaging and FAQs.
- Post materials on a state web portal.
- Include messaging in a press kit.
- Develop a short video for Kansas:
 - Identify best practices in producing the video.
 - Obtain video production details from Oregon, Colorado, and Massachusetts HISPC Phase III representatives.
 - Coordinate video production.
- Include messaging in local newspapers.
- Develop radio and TV PSAs:
 - Contact West Virginia and New York HISPC Phase III representatives, who developed PSAs for consumer and provider education.

Objective 4: Generate awareness and increase understanding of the use of health care data for population health (public health, research, and quality improvement).

Strategy for Objective 4: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to set priorities for communications that send unified messages to support statewide goals.

Tactics for Objective 4:

- Develop and update useful educational materials to be in alignment with ARRA and the ONC strategic plan.
- Include messages in an e-mail or web newsletter on health IT and HIE such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service

- Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
- *Rural Papers*
- Create a fact sheet with concise messaging and FAQs.
- Post materials on a state web portal.
- Include messaging in a press kit.
- Develop a short video for Kansas:
 - Identify best practices in producing the video.
 - Obtain video production details from Oregon, Colorado, and Massachusetts HISP Phase III representatives.
 - Coordinate video production.
- Include messaging in local newspapers.
- Develop radio and TV PSAs:
 - Contact West Virginia and New York HISP Phase III representatives who developed PSAs for consumer and provider education.

Objective 5a: Generate awareness and increase understanding of relevant legislation and legislative issues (federal).

Strategy for Objective 5a: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to communicate messages on federal legislation and legislative issues.

Tactics for Objective 5a:

- Develop and update useful educational materials to be in alignment with ARRA and the ONC strategic plan:
 - Develop messages specific to the consumer/patient working with the literacy, translation, disability matters, and communication specialists.
 - Focus on the changes in HIPAA.
 - Focus on patient rights included in the bill.
 - Educate consumers on electronic health information protections specified in the federal legislation.
 - Inform consumers on the penalties involved for breach and the definition of breach.
 - Keep consumers informed of federal legislation updates that affect them.
- Review HISP CEEC Phase III deliverables on patient rights and tips on protecting health information and customize them for Kansas.
- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service

- Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
- *Rural Papers*
- Create a fact sheet with concise messaging and FAQs.
- Post materials on a state web portal.
- Include messaging in a press kit.
- Develop a short video for Kansas:
 - Identify best practices in producing the video.
 - Obtain video production details from Oregon, Colorado, and Massachusetts HISPC Phase III representatives.
 - Coordinate video production.
- Include messaging in local newspapers.
- Develop radio and TV PSAs:
 - Contact West Virginia and New York HISPC Phase III representatives who developed PSAs for consumer and provider education.

Objective 5b: Generate awareness and increase understanding of relevant legislation and legislative issues (state).

Strategy for Objective 5b: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to communicate messages and tools (inclusive of those developed through previous health IT initiatives such as HISPC, if pertinent) to legislators, consumers, health care providers, opinion leaders, and others as identified.

Tactics for Objective 5b:

- KHPA will work along with previous HISPC team members (note that the HISPC project will have ended when this plan is implemented), a communication expert, a literacy expert, and a language translation expert to develop pertinent tailored messages about state law reform progress for the consumers, opinion leaders, legislators, and health care providers.
 - KHPA and the previous Kansas HISPC Consumer Education and Engagement Team members will disseminate the messages through select media/forums (such as a web portal, newsletter, focus groups) to consumers, health care providers, opinion leaders, and others as identified.
 - Previous Kansas HISPC Consumer Education and Engagement Team members and the HSPL team members will identify materials for messages from other states, the online consumer education and engagement toolkit, and other pertinent HISPC deliverables.
- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service

- Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
- *Rural Papers*
- Summarize HISPC harmonizing state law collaborative findings in a fact sheet.
- Involve opinion leaders and integrate messages in materials they recommend.
- Identify health care provider organizations and use their recommended communication channels.

Objective 6: Generate awareness and increase understanding of patient rights and preferences.

Strategy for Objective 6: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to set priorities for communications that send unified messages to support statewide goals.

Tactics for Objective 6:

- Review HISPC Phase III CEEC deliverables on patient rights under HIPAA and tips on protecting health information and customize them for Kansas.
- Develop and update useful educational materials to be in alignment with ARRA and the ONC strategic plan.
- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service
 - Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
 - *Rural Papers*
- Create a fact sheet with concise messaging and FAQs.
- Post materials on a state web portal.
- Include messaging in a press kit.
- Develop a short video for Kansas:
 - Identify best practices in producing the video.
 - Obtain video production details from Oregon, Colorado, and Massachusetts HISPC Phase III representatives.
 - Coordinate video production.
- Include messaging in local newspapers.
- Develop radio and TV PSAs:
 - Contact West Virginia and New York HISPC Phase III representatives who developed PSAs for consumer and provider education.

Objective 7: Generate awareness and increase understanding of patient HIE participation issues, such as consent.

Strategy for Objective 7: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to set priorities for communications that send unified messages to support statewide goals.

Tactics for Objective 7:

- Develop and update useful educational materials to be in alignment with ARRA and the ONC strategic plan.
- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service
 - Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
 - *Rural Papers*
- Create a fact sheet with concise messaging and FAQs.
- Post materials on a state web portal.
- Include messaging in a press kit.
- Develop a short video for Kansas:
 - Identify best practices in producing the video.
 - Obtain video production details from Oregon, Colorado, and Massachusetts HISPC Phase III representatives.
 - Coordinate video production.
- Include messaging in local newspapers.
- Develop radio and TV PSAs:
 - Contact West Virginia and New York HISPC Phase III representatives who developed PSAs for consumer and provider education.

Objective 8: Generate awareness and increase understanding of protecting sensitive health information.

Strategy for Objective 8: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to set priorities for communications that send unified messages to support statewide goals.

Tactics for Objective 8:

- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service
 - Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
 - *Rural Papers*

- Create a fact sheet with concise messaging and FAQs.
- Review Massachusetts HISPC Phase III deliverables focused on behavioral health information.
- Post materials on a state web portal.
- Include messaging in a press kit.
- Develop a short video for Kansas:
 - Identify best practices in producing the video.
 - Obtain video production details from Oregon, Colorado, and Massachusetts HISPC Phase III representatives.
 - Coordinate video production.
- Include messaging in local newspapers.
- Develop radio and TV PSAs:
 - Contact West Virginia and New York HISPC Phase III representatives who developed PSAs for consumer and provider education.

Objective 9: Generate awareness and increase understanding of national, state, and regional health IT and HIE initiatives.

Strategy for Objective 9: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to communicate national, state, and regional health IT and HIE initiatives.

Tactics for Objective 9:

- Develop and update useful educational materials to be in alignment with ARRA and the ONC strategic plan.
- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service
 - Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
 - *Rural Papers*
- Create a fact sheet with concise messaging and FAQs.
- Post materials on a state web portal.
- Include messaging in a press kit.
- Develop a short video for Kansas:
 - Identify best practices in producing the video.
 - Obtain video production details from Oregon, Colorado, and Massachusetts HISPC Phase III representatives.
 - Coordinate video production.

- Include messaging in local newspapers.
- Develop radio and TV PSAs:
 - Contact West Virginia and New York HISPC Phase III representatives who developed PSAs for consumer and provider education.

Objective 10: Generate awareness about the significance of continued and widespread consumer education and engagement.

Strategy for Objective 10: Continue working with KHPA as the health IT coordinating entity for the state, the e-Health Advisory Council, KDHE, and other organizations to generate awareness about the significance of continued and widespread consumer education and engagement.

Tactics for Objective 10:

- Develop and update useful educational materials to be in alignment with ARRA and the ONC strategic plan.
- Involve the University of Kansas Medical Center, Center for Health Informatics, in researching consumer attitudes and behaviors in regard to health IT and HIE and in researching other areas that support the need for continued education and engagement.
- Identify opinion leaders and health care providers in communities and involve them in promoting consumer education and engagement.
- Identify legislators who are supportive of consumer education and engagement and meet with them to request their assistance in convincing others.
- Include messages in an e-mail or web newsletter on health IT and HIE, such as the following:
 - *Kansas Connections*
 - Kansas Rural Health Information Service
 - Kansas Health Consumer Coalition's *Consumer Connection* html newsletter
 - *Rural Papers*
- Include messages in briefings to legislators.
- Include messages in the materials for legislators and health care providers.

Objective 11: Conduct targeted outreach.

First Strategy for Objective 11: Develop communication methods to reach consumers and stakeholders in rural markets.

First Set of Tactics for Objective 11:

- Review HISPC CEEC Phase III guidelines on engaging consumers and apply them where relevant.
- Work with the organizations to streamline educational and outreach efforts already under way.

- Train-the-trainer (train individuals from communities to go back to their communities and educate other members of the community).
- Involve the following, for example: Kansas Department of Social and Rehabilitation Services; Kansas Disability Rights Center of Kansas (DRC), Center on Independent Living, Kansas Commission on Disability Concerns; Kansas Council of Agricultural Workers and Low-Income Families; Kansas State Department of Education Migrant Office; Kansas Association of the Medically Underserved; Kansas Rural Communities Foundation; Kansas Department of Aging; Kansas Department of Health and Environment—Kansas Office of Local and Rural Health (OLRH); Kansas State Department of Education Migrant Office; Kansas Center for Telemedicine and Telehealth; Kansas Health Consumer Coalition; AARP Kansas; Kansas Hospital Association; Kansas Health Care Association; and Kansas Health Institute.
- Involve the following:
 - respected members of the community, such as community leaders
 - hospital administrators
 - Rotary Club
 - Chamber of Commerce
 - locals (and discover the best locations/sites for recruitment)
 - parish nurses
 - area agency on aging
 - K-State Extension Office
 - University of Kansas Rural Health Education and Services
 - Kansas Rural Health Options Project (public/private partnership of not-for-profit and governmental organizations, including Kansas Department of Health and Environment's Office of Local and Rural Health, the Kansas Hospital Association, the Kansas Board of Emergency Medical Services, and the Kansas Medical Society)
- Get to know the communities by, for example, attending functions in small communities such as city meetings and cookouts.
- Educate at county fairs and through the Wheat State Tour.
- Consider town hall meetings.
- Distribute consumer educational materials through doctors' offices.
- Identify a web presence (city websites may be effective).
- Develop a website that the community can access or integrate work into a website that the community accesses frequently.
- In Kansas City, leverage the employer to reach the consumer.
- Include other venues for outreach, such as the Allied Health and Health Professionals conferences/meetings, county health organizations, and community boards.
- Partner with the Kansas American Health Information Management Association (KAHIMA). (Volunteers train-the-trainer on myPHR.)

- Target rural publications and media (TV, radio, newspaper) for coverage of the issues or submit editorial pieces for publication.
- Make a concerted effort to meet in person with legislators representing rural parts of the state to make sure they understand the issue and can explain its benefits to their constituents.
- Identify and approach key rural leaders/opinion leaders with the idea of serving as ambassadors to their communities.
- Hire professionals with expertise in communicating effectively with rural populations to further develop strategies for reaching these markets with appropriate messages.
- Hold community meetings to educate residents.

Second Strategy for Objective 11: Enlist support from the state, including the Kansas legislature, policy makers, and the governor’s office/administration.

Second Set of Tactics for Objective 11:

- Designate one or two stakeholders as the primary contacts on health IT and HIE and register as lobbyists. Travel during the session on an as-needed basis and meet with legislators or staff to provide information on and promote the health IT and HIE effort.
- Write and distribute to legislators and the governor’s administration a monthly (or some other time interval) e-mail newsletter with updates on the Kansas health IT efforts.
- Work with legislative champions to develop strategies for communicating effectively with the legislature and the administration.
- Work with groups that can support the Kansas health IT efforts.
- Maintain a calendar of key events, milestones, and other occasions that can provide opportunities for communication and outreach work.

Third Strategy for Objective 11: Advance development of a website on health IT that includes privacy and security messages, building on the Kansas HISPC Phase III online toolkit.

Third Set of Tactics for Objective 11:

- Work with the Georgia Department of Community Health to identify best practices for development of their web portal.
- Continue integration of health IT and privacy and security messages into a web portal easily accessible by consumers around the state.
- Continue to retrieve materials for the website from the HISPC Phase III toolkit currently on the University of Kansas Medical Center for Health Informatic’s website at <http://www2.kumc.edu/healthinformatics/HISPC/Toolkit.htm>.

Fourth Strategy for Objective 11: Develop a comprehensive press kit and effective marketing materials.

Fourth Set of Tactics for Objective 11:

- Work with the Kansas Health Online (KHO) project team, KHPA, the KU School of Journalism, and a communication and public relations/marketing expert to develop materials and a press kit.
- Post the materials and press kit online. Publicize and distribute materials and press kit.
- Include messaging developed for the objectives in this communication plan.

APPENDIX A: ACKNOWLEDGMENTS

Kansas HISPC Consumer Education and Engagement Team

- Helen Connors, RN, PhD, Dr PS (Hon), FAAN—University of Kansas Medical Center (*Kansas HISPC Steering Committee Chair*)
- Gina Maree, LSCSW—Kansas Health Institute
- Christina Stephan, MD—Kansas Health Institute
- Victoria Wangia, PhD, MS—University of Kansas Medical Center (*Kansas HISPC Consumer Education and Engagement Project Manager*)

Core HISPC Multi-State Consumer Education and Engagement Collaborative Team

State Project Directors/Managers

- Colorado: Phyllis Albritton
- Georgia: Alicia McCord-Estes, PMP
- Kansas: Victoria Wangia, PhD, MS
- Massachusetts: Jerilyn Heinold, MPH
- New York: Ellen Flink, MBA
- Oregon: Dawn Bonder, JD
- Washington: Peggy Evans, PhD
- West Virginia: Patty Ruddick, RN, MSN

Kansas HISPC Consumer Education and Engagement Workgroup

- Karen Blackwell
- Helen Connors
- David Cook
- Corrie Edwards
- Tom Field
- Lee Flamik
- Joy Jacobsen
- Karl Koob
- Barbara Langner
- Suzanne Morgan
- Mary Reed
- Kevin Sanderson
- Susan Sankey
- Christina Stephan
- Chris Tilden
- Maren Turner

- Victoria Wangia
- Mary Beth Warren
- Brad Williams

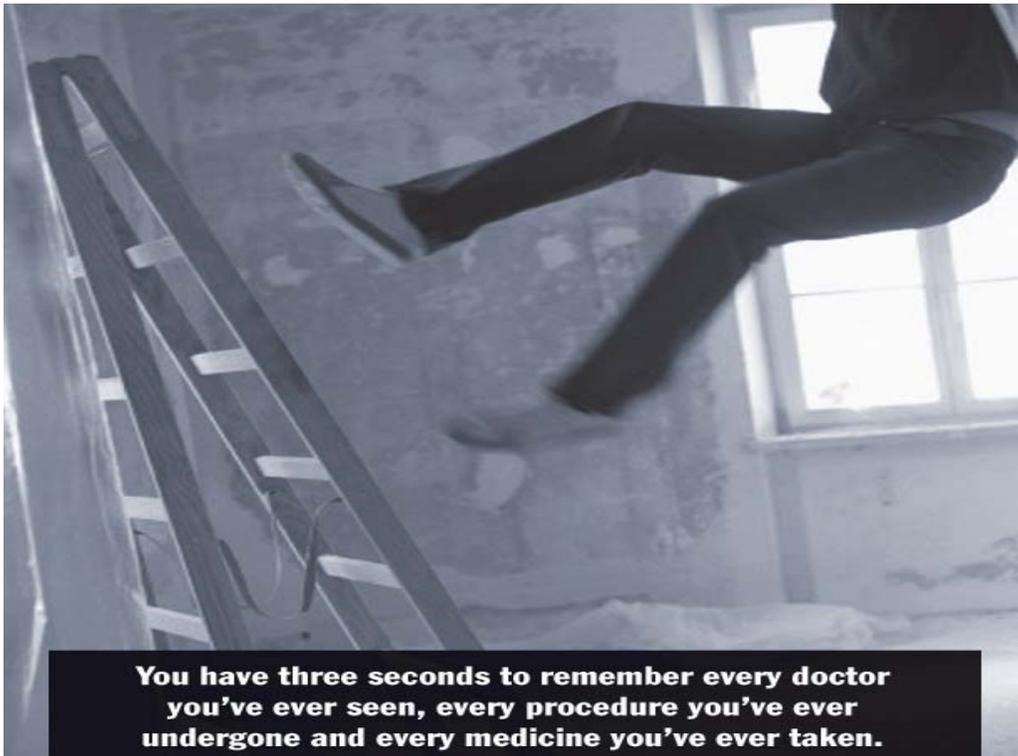
Kansas HISPC Steering Committee

- Karen Braman—Director of Pharmacy Services, Pharmacy Service Preferred Health Systems
- Rod Bremby—Secretary, Kansas Department of Health and Environment
- William L. Bruning—President and CEO, Mid-America Coalition on Health Care
- Helen Connors, RN, PhD, Dr PS (Hon), FAAN—University of Kansas Medical Center, Executive Director for the Center for Health Informatics; HISPC Steering Committee Chair
- Cathy Davis—Kansas City Quality Improvement Consortium
- Jeff Ellis—Partner, Lathrop and Gage, L.C.
- Jennifer Findley—Director of Education, Kansas Hospital Association
- Karla Finnell—Executive Director, Kansas Association for the Medically Underserved
- Mike Hammond—Executive Director, Association of CMHCs of Kansas, Inc.
- Melissa Hungerford—Executive Vice President, Kansas Hospital Association
- Tom Johnson—Blue Cross Blue Shield of Kansas
- Barbara Langner—Policy Director, Kansas Health Policy Authority
- Larrie Ann Lower—Executive Director, Kansas Association of Health Plans
- Gina Maree—Director of Health Care Finance and Organization
- Susan McClacherty—Systems Analyst, Kansas Health Policy Authority
- Marci Nielsen—Executive Director, Kansas Health Policy Authority
- Julie Roth—Partner, Lathrop and Gage, L.C.
- Linda Sheppard—Director, Accident and Health Division, Kansas Insurance Department
- Jerry Slaughter—Executive Director, Kansas Medical Society
- Ryan Spaulding—Director of Telemedicine and Telehealth, University of Kansas Medical Center
- Bob St. Peter—President and CEO, Kansas Health Institute
- Christina Stephan—Senior Researcher, Kansas Health Institute
- Victoria Wangia—Coordinator of Public Health Informatics, Research Assistant; Professor, University of Kansas Medical Center—Center for Healthcare Informatics
- Judith Warren—Director of Nursing Informatics, University of Kansas Medical Center—Center for Healthcare Informatics

APPENDIX B: SAMPLE CORE MESSAGES

Materials have been developed through HISPC Phase III, applying the messages shown on the following pages. The materials may need to be revised when this communication plan is implemented, and additional materials will need to be developed in alignment with the tactics identified in this plan. The materials that Kansas developed in HISPC Phase III will be available at <http://www2.kumc.edu/healthinformatics/HISPC/Toolkit.htm>

Why Do Kansans Need Electronic Health Records?



You have three seconds to remember every doctor you've ever seen, every procedure you've ever undergone and every medicine you've ever taken.

You could do just that if your medical history was all together, safe and sound, and in one place. That's why online medical records are such a great idea! They mean you can get to your medical information instantly. That could be a real life saver in the event of an accident, emergency, or sudden illness.

Electronic Prescribing

Electronic prescribing, or e-Prescribing, is when your doctor enters information about drugs you may need into a computer. This electronic prescription is sent over a secure network to the pharmacy you choose. The pharmacy receives the prescription and can begin filling it right away.

Benefits of e-Prescribing

- E-Prescribing is free.
- Drugs may be cheaper. When your doctor uses an e-Prescription, the computer may suggest alternative medications that may help you, but cost less.
- Your doctor can see a list of all the medications you take. The computer program can warn him or her about possible drug allergies or bad drug interactions.
- E-Prescribing complies with laws about who can see your medical information. You decide who has permission to know what medications you take.
- Medical mistakes sometimes happen when a pharmacist cannot read the handwriting on a prescription. Using a computer will make a prescription easier to read and will reduce mistakes.
- An e-Prescription is sent to the pharmacy by way of a computer. This means there will be fewer phone calls or faxes to the pharmacy.
- An e-Prescription goes directly to the pharmacy, so you do not need to drop it off and wait while it is filled.
- Your doctor can enter your insurance information into the e-Prescription system. This will make it easier for the doctor to prescribe a drug that is covered by your insurance.

Key Health Information Technology Terms

Electronic Health Record

An electronic health record contains your health information. Only authorized doctors, nurses, and staff can create, view, and update these records. An electronic health record should meet the technical rules that ensure that it can be shared between, for example, hospitals, doctors' offices, and clinics.

Personal Health Record

A personal health record contains your electronic health information. It is controlled and managed by you. You decide who you would like to share your health information with. A personal health record should meet the technical rules that ensure that it can be shared between, for example, hospitals, doctors' offices, and clinics.

Health Information Exchange

Health information exchange is when hospitals, doctors' offices, and others share health information electronically. The exchange of health information should be done securely, maintaining your privacy.

Electronic Prescribing (e-Prescribing)

Electronic prescribing is when a doctor sends a prescription electronically to a pharmacy.

Benefits of Health Information Technology

There are many benefits of using health information technology, including the following:

You get higher quality care

A network of **electronic health records** will let your doctor access your health history quickly, no matter where you get treated. This could be very important, especially if there is an emergency. **Electronic health records** also reduce paperwork. They will all be kept together, even if you go to a different doctor's office, hospital, or clinic.

They improve your safety

Having your health history available through an **electronic health record** will reduce mistakes made by your doctor. This will also ensure that you don't have the same medical tests twice.

You will save money on health care

Electronic health records will make it easier for staff at the doctor's office to keep track of your health history and billing information. The doctor's office will save money by doing less paperwork. As a result, you will be charged less for your visit.

They improve the health of Kansans

You will be actively involved in your health care when you keep a **personal health record**. You will have direct access to your record, where you can see test results, refill a prescription, or check your medical history.

It's easier to talk to your doctor

When you have an **electronic health record**, you can talk to your doctor without making an appointment. Your record will be on a secure network that will allow you to e-mail your doctor any questions or concerns you may have. These e-mails will be private, just between you and your doctor.

Your health information is easily available

Through an **electronic health record**, your doctor will have access to your health history during a regular visit or during an emergency. Also, public health organizations can have access to your health information if there is a medical crisis. For example, if there is a flu outbreak, they can see right away if you have been immunized.

They improve your safety, privacy, and security

Electronic health records can support decisions made by your doctor or nurse, hence reducing medical errors. They can also control access to your medical records to protect your privacy and secure your records.

E-Health⁴

The term **E-Health** is short for electronic health. It refers to the use of computers and networks like the Internet to store and manage your medical records, instead of paper files. With E-Health, important information about your health is available when and where it's needed. E-Health is also sometimes called **health information technology**.

If you've ever changed your doctor, seen a medical specialist, visited a clinic, or checked into a hospital, chances are that you have a separate medical record in each of these places. These records include information about illnesses or injuries you've had, medicines you're taking, and the results of any medical tests you've had. Today, your medical records are likely stored in paper files, which are very difficult to look at all together as your complete medical history.

How e-Health can help you:

- You get better and safer care when your doctors have a more complete picture of your health.
- You can skip unnecessary duplicate tests, which are wasteful and often risky.
- Information that could save your life is available for those who treat you in an emergency.
- You don't have to answer the same questions about your health every time you visit a doctor or clinic or check into a hospital.
- Your information is safe and secure in a system that can only be used by the people who are caring for you, and only with your consent.
- You can better access and manage your own health records and those of your family.

⁴ Developed through the Kansas CEEC HISPC project (March 2009). Adapted from a New York HISPC publication.

Privacy and Security⁵

Federal and state privacy laws, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, are designed to protect both paper and electronic health records. Systems must be designed to meet these stringent requirements:

- Individuals should know how their personally identifiable health information may be used and who has access to it.
- Individuals should have control over whether and how their personally identifiable health information is shared.
- Systems must protect the integrity, privacy and security, and confidentiality of an individual's information.
- The governance and administration of electronic health information exchange networks should be transparent and publicly accountable.

⁵ Developed through the Kansas CEEC HISPC project (March 2009). Adapted from a West Virginia HISPC publication.

APPENDIX C: NEWSLETTERS

Following is some additional information about existing newsletters on health information technology and health information exchange:

- The Kansas Rural Health Information Service (KHRIS) is a free service of the Kansas Department of Health and Environment's Office of Local and Rural Health (OLRH) that is open to anyone interested in rural health. Individuals can register to receive e-mail or fax messages.
- The Kansas Health Consumer Coalition's *Consumer Connection* newsletters are free on the Web.
- *Rural Papers* is published by the Kansas Rural Center, and contributors to the Center receive the newsletter at no cost.
- *Kansas Connections* is a newsletter provided by Rural Health Education and Services. Each issue of this quarterly publication is filled with informative articles about health care issues in rural Kansas. Included are articles that describe what other communities are doing to strengthen and ensure rural health care and that showcase the benefits of life in a rural community for those who are considering rural health careers. The newsletter is distributed to over 10,000 people statewide, including the following:
 - U.S. (Kansas) and state legislators
 - rural physicians and pharmacists
 - hospital administrators
 - students and faculty
 - resident physicians