

Minnesota Department of Health

Baskets of Care Communications Plan

Background:

The concept of baskets of care was included in the 2008 Minnesota health reform legislation. It seeks to bundle payments for a set of health care services to create incentives for “relevant” health care providers—here defined as health care delivery groups, health plans and employers—to collaborate and develop innovative ways to deliver effective, high-quality and lower-cost health care services. The law defines a “basket” or “baskets of care” as a collection of health care services that are paid separately under a fee-for-service system, but for which multiple provider groups can combine in delivering a full diagnostic or treatment procedure to a patient.

The Minnesota Department of Health (MDH) formed a Baskets of Care Steering Committee to lead this effort and contracted with the Institute for Clinical Systems Improvement (ICSI) to facilitate the following actions:

1. Define seven baskets of care that are evidence-based
2. Identify quality measures for each basket that would enable consumers to compare the quality of services delivered by different providers
3. Identify obstacles to the adoption of baskets of care and recommend approaches to address them
4. Educate provider groups (health plans, employers and providers) on the baskets and how they can use them to package their services.

The MDH Baskets of Care Steering Committee reviewed potential baskets of care candidates resulting in eight recommended baskets:

- Asthma (children)
- Diabetes (two baskets)
- Low Back Pain (acute)
- Obstetric Care
- Preventive Care (adults)
- Preventive Care (children)
- Total Knee Replacement

This proposal from ICSI is to help facilitate Action #4 above—to educate relevant provider groups on the baskets of care and how they can use them to package their services.

Baskets of Care Communications Subcommittee

ICSI convened a Baskets of Care Communications Subcommittee twice to provide multi-stakeholder input into this plan. Subcommittee members included:

Organization	Representative
Baskets of Care Steering Committee Member	Dr. Michael Tedford
Minnesota Medical Assn.	Scott Smith, Editor
Minnesota Hospital Assn.	Janice Hennings, Director of Communications
Minnesota Medical Group Management Assn.	Candy Simerson, Vice President
Fairview Physician Associates	Brenda Jaye, Marketing and Communications Manager
National Assn. of Orthopaedic Nurses	Joan Henely, RN, Mayo Clinic
Minnesota Chiropractic Assn.	Dr. Chuck Sawyer, Senior Vice President, Northwestern Health Sciences Univ.
Business Health Care Action Group (BHCAG)	Kris Soegaard, Chief Operating Officer
HealthPartners Health Plan	Carrie Tichey, Senior Director Network Management
MN Department of Health	Leyla Kokmen, Health Reform Communications Coordinator
ICSI	Jim Trevis, Director of Marketing and Communications
ICSI	Cally Vinz, Vice President, Clinical Products & Strategic Initiatives
ICSI	Joann Foreman, Clinical Systems Improvement Facilitator

Caveats to Plan Development

1. Communications resources are limited based on the ICSI contract with MDH. The following plan will thus focus on creating clear messaging and helpful tools, leveraging stakeholder communications tools and opportunities, using a number of venues to deliver the baskets of care messaging and educational materials across Minnesota, and directing provider groups to MDH as the repository for materials, updates and ongoing management of the project. Per MDH's request, ICSI will also provide additional tactics that would not be covered under the contract budget that it recommends to further help provider groups innovate in developing baskets.
2. The MDH proposal calls for reaching relevant provider groups. This plan focuses primarily on care delivery systems that would establish and deliver baskets of care (these could include integrated health systems, stand-alone clinics, as well as virtual networks comprised of various independent provider groups), and the health plans and/or employer groups that would support them. One of its goals is to ensure that educational elements are inclusive and not exclusive of certain provider groups. It also acknowledges that patient awareness of baskets is important, but based on resources sees health plans and/or employers as shouldering the educational role for baskets of care to their members/employees.

Objectives:

1. Educate relevant health care delivery systems, health plans and employers about the concept of baskets of care as well as the MDH defined baskets of care.
2. Educate these groups on how they might innovatively develop their baskets of care.
3. Inform these groups about the planned early adopter Summit in November to garner participants.

Strategies:

1. Develop an inclusive list of relevant provider groups to be educated based on each of the initial baskets of care.
2. Identify champions who can explain as well as extol the benefits in creating baskets to care delivery systems, health plans and employers.
3. Develop a compelling elevator speech and supportive key message platform, and expand upon the existing MDH Q&A to engage provider groups.
4. Reach relevant provider groups statewide 3-4 times through multiple educational and communication venues.
5. Establish a centralized repository (MDH Web site) to which all target audiences would be directed for all baskets of care materials and updates on the initiative.
6. Create tools to help providers understand how to set up baskets of care as well as communicate them to their patients.

Tactics:

1. Develop a List of Relevant Health Care Providers to Be Targeted

- 1) Urban and rural medical groups, hospitals and integrated health care systems
- 2) Independent primary care clinics
- 3) Multi-specialty and specialty groups that could offer specific baskets (e.g., orthopedic groups and total knee replacement)
- 4) Minnesota health care and medical associations
- 5) Health plans
- 6) Health care purchasers (employers, employer groups, government agencies)
- 7) Experts in public policy
- 8) Consumer advocacy groups

A list of planned targets is shown in Appendix A.

2. Identify Basket Champions

Based on the numerous meetings of baskets of care subcommittees, ICSI will work with MDH and others in the health care community to identify those who indicated they were strong supporters of the concept. The goal would be to identify at least one champion from an integrated care delivery system, clinic, health plan and employer. They would be leveraged to support multiple educational efforts, such as participation in Webinars, interviews with the trade media, and assistance with messaging and collateral.

3. Deliver Baskets of Care Information Multiple Times

Audiences need to receive a message at least 3-4 times to help ensure awareness. The following tactics will be used to serve that purpose:

1. Health Care Communicators Briefing

- As part of the planned MDH Baskets of Care Summit, we recommend holding a session for key communication attendees from health care delivery groups, health care and other trade associations, and health plans to:
 - provide them with tool kit materials (rationale sheet, white papers, PowerPoint presentation, patient-engagement sheet) that facilitates their communications efforts to their constituent, as well as
 - Solicit their support to help disseminate information to their various constituencies
 - Set up a process to track the number of times various audiences have received the baskets of care messages.

These various groups would be encouraged to use their existing communications channels to reach their constituencies. For example, ICSI has the means to deliver all baskets of care materials to its 58 medical groups and six Minnesota health plan sponsors. Similarly, trade association groups as well as groups like BHCAG can use their Web sites, e-newsletters, mailing lists or presentations at scheduled meetings to deliver the baskets of care messages to their constituents.

2. Published articles

- Work with the editors of Minnesota Physician, Minnesota Medicine and Metro Doctors place baskets of care articles. These could range in content from an overview on baskets of care concept and MDH activities to profiles of early adopter medical groups setting them up (e.g., November Summit coverage). The goal would be at least two publication articles with statewide reach, and one regional publication.

3. On-line advertising

- Some health care groups like Minnesota Medical Assn. offer affordable on-line ad opportunities. These updateable ads allow for rapid changes in messaging and can be used to direct interested provider groups to the MDH Web site where all baskets of care materials will be stored. The number of people clicking through these ads to the MDH Web site can be measured. The goal would a minimum of 1,500 hits over three months.

4. Webinars

- To educate as well as clarify issues, and begin to engage provider groups to explore baskets of care, a dialog is needed. Two Webinars are recommended. One would be part overview of rationale and concept, plus update attendees on current status of the initiative. The second Webinar would leverage findings arising from the planned November Summit to focus more on implementation.

5. Summit

- MDH has indicated it plans to hold a Summit on baskets of care later this fall. The communications plan will help promote this Summit, and help uncover participants through its connection with relevant providers.

6. Consumer Media

- As awareness grows, and if provider groups exploring baskets are identified, later in the year the plan calls for engaging the state consumer media. For example, the Minneapolis Star Tribune has a series on the changing health care landscape and should be open to cover this topic. This tactic will introduce consumers to the concept.

4. Collateral and Presentation Support

MDH has done a good job of creating background materials and an initial Q&A. The ICSI Baskets of Care Communications Subcommittee has identified additional questions to be addressed, and more will develop as ICSI works on other components of the contract in uncovering barriers. ICSI will provide these to MDH for response.

Beyond enhancing existing MDH materials, the communications plan will develop the documents below to educate and motivate provider groups to explore baskets of care:

- **Key message platform.** This will be developed with input from the various health care stakeholders represented in the communications subcommittee. It will evolve over time. It will include an elevator speech that has strong, compelling reasons to pursue baskets of care in order to help galvanize providers. The platform will provide a consistency of messaging for whatever groups help communicate the baskets story.
- **Expanded Q&A.** Questions generated in the communications subcommittee and also from the portion of the ICSI contract meant to uncover barriers will be provided to MDH.
- **Annotated bibliography**—to support MDH’s current background materials
- **White papers**
 - One to explain the concept and the rationale behind it
 - One to illustrate the benefits to provider groups in implementing, and how patients could or have benefited from a baskets approach
- **Building Basket Examples:** Four examples of how to implement a basket of care
 - Two providing a “how to” set up a basket of care based on both an integrated system and a smaller and/or rural clinic. These would focus on things to consider, questions to ask, how to address risk, likely scenarios for linking up with other departments or facilities, how to know if one can be innovative and competitive in the basket they set up.
 - Two showing how actual medical groups are setting up their own baskets of care (generic and if providers identified).
- **Patient Basket Primer:** Provider handout to explain the overall concept and benefits of baskets of care to their patients. This would be of help to employers and health plans as well in formulating materials.

These items would complement those already created by MDH, such as:

- MDH Baskets of Care Backgrounder
- MDH Baskets of Care FAQs
- Scope and Components on each of the Baskets of Care
- General comments and responses about the baskets concept
- MDH’s annotated bibliography

ICSI will also create PowerPoints aimed at provider organizations as well as patients. Medical trade associations, business and consumer advocacy groups can use these to share the baskets of care concept at regularly scheduled meetings.

5. Central Web Site

A key communications strategy is to use outbound communications to direct provider groups to the MDH Web site to stay current, download materials and request additional guidance. As part of its current contract and as it has been doing to date, ICSI will similarly post these materials on its Web site through 2009.

The Web site serves two main purposes. One is the clearinghouse for downloadable collateral, presentations, and other support materials. The other is to facilitate the ongoing conversation that will be needed to move baskets of care from concept to implementation.

Appendix A—Relevant provided groups to be reached.

Minnesota Medical Groups & Hospitals	Health Plans	Health Trade Assns.	Patient Advocacy/ Employer Groups
ICSI 58 medical groups/ hospitals members.	MN Council of Health Plans	MN Medical Assn.	Business Health Care Action Group
Others reached via medical assns., etc.	Blue Cross Blue Shield	Minnesota Hospital Assn.	Chambers of Commerce
	Medica	MN Academy of Family Physicians	Citizens League
	HealthPartners	MN Academy of Pediatrics	The Center for Cross-Cultural Health
	Metropolitan Health Plan	MMGMA	American Diabetes Assn. Minnesota
	PreferredOne	MN Academy of Physician Assistants	American Cancer Society
	UCare MN	MN Nurses Assn.	American Lung Assn.
	PrimeWest Health System	MN Medical Directors Assn.	Amherst H. Wilder Foundation
		MN Assn. of Community Health Centers	Local Public Health Assn.
		MN Chiropractic Assn.	Health Services Advisory Council
		MN Center on Aging	Indian Health Services
		Rural Health Resource Center	Women's Health Leadership Trust
		Stratis Health	
		Neighborhood Health Care Network	

Timeline for Executing Plan

	September	October	November	December
Content and Tools Development	<p>Develop list of relevant provider groups to target and identify champions</p> <p>Complete elevator speech and key message platform with MDH</p> <p>Develop tool kit materials. MDH approval and post on MDH and ICSI Web sites</p>	<p>Hold 1st Webinar. Focus on concept and updates</p> <p>Complete rest of tool kit materials—4 scenario sheets, PowerPoint, white paper</p>	<p>Provide Summit attendees, invited communicators with tool kits</p>	<p>Hold 2nd educational Webinar (moved to after Summit as much more will be known and Webinar can provide more concrete and valuable information)</p>
Media	<p>Draft trade media article on concept and share with MDH for approval/joint authorship.</p>	<p>Draft trade media article on updates to program and share with MDH for approval/joint authorship</p>	<p>Target other media—Metro Doctors, Assn. pubs with background materials to write own articles</p>	<p>Trade media article(s) published</p> <p>Pitch consumer media on concept, and coordinate interviews with MDH media relations</p>
Social Media		<p>Use ICSI blog and Twitter accounts to direct audiences to Web sites</p> <p>Promote Summit</p>	<p>Use ICSI blog and Twitter accounts to direct audiences to Web sites</p>	<p>Use ICSI blog and Twitter accounts to direct audiences to Web sites</p>
Online Ads	<p>Begin online ads to direct provider groups to MHD Web site. First to direct browsers to sign up for Webinar. *(Only if new</p>	<p>Continue on-line ads—two this month. 1) Direct to posted baskets, final reports. 2) Promote Summit</p>	<p>Continue on-line ads—two this month. 1) Promote Summit 2) Promote 2nd Webinar.</p>	<p>Continue on-line ads—two this month. 1) Direct to tool kit materials 2) Promote 2nd Webinar</p>

	health reform Web site is ready)			
Summit		Promote during 1 st Webinar, on- line ads and Social Media channels Contact provider group leaders and invite communicators to briefing	Attend Summit. Hold health care communicators briefing session. Provide attendees with tool kits to help disseminate information	Initiate any tactics made possible by outcomes of Summit—white paper
Q&A	Provide MDH with additional questions raised based on activities. Help MDH continually update its Q&As	Provide MDH with additional questions raised based on activities. Help MDH continually update its Q&As	Provide MDH with additional questions raised based on activities. Help MDH continually update its Q&As	Provide MDH with additional questions raised based on activities. Help MDH continually update its Q&As

Key Messages: Providers, Health Plans, Employers, Patients.

The plan will build upon messages below. Foremost will be the development of an elevator speech that quickly makes a compelling case for establishing baskets of care. Messages will address the values that the MDH Baskets of Care Steering Committee identified were critical to the success of the baskets of care initiative—equitable, comprehensive and comparable. Additional messages will be added if/as barriers are uncovered during execution of the plan.

Definitions
A basket of care is a collection of health care services that are paid separately under a fee-for-service system
In developing a basket, care can be delivered outside of a traditional medical setting, for example by nurses in a school, or by a qualified administrator at an employer facility
A basket of care is a collection of health care services that are paid separately under a fee-for-service system, but for which multiple provider groups can combine to deliver a full diagnostic or treatment procedure to a patient

Legislation Messages:
The Minnesota law does not require providers and payers to use baskets of care
Baskets of care rules don't apply to services paid by Medicare, state public health care programs through fee-for-service or prepaid arrangements, workers' compensation or no-fault auto insurance
The Minnesota Department of Health will publish price and quality information on a group's' baskets of care six months after it locks in its prices
Baskets of care are not required to be included in pay-for-performance programs
Payers electing to make baskets of care available to beneficiaries must use a single, non-negotiable rate for each basket of care
Purpose/Benefit Messages:
The concept of baskets of care seeks to bundle payments for a set of health care services together in a way that improves health care and reduces costs
Embracing the concept of baskets of care may result in better ways to provide care that improve quality and reduce costs
Baskets of care can spur clinics and hospitals to jointly work together to improve patient outcomes and reduce costs
If many providers create baskets of care, consumers will be able to compare quality and costs among them and make more informed decisions about where they receive care
Baskets of care can help consumers and patients to be more involved in their own care
Developing a basket of care is intended to make care delivery more coordinated, efficient and of higher quality at a lower cost
Grouping services into a basket of care can give a provider group a competitive advantage over other medical groups