

How-To Guide: How to Communicate to Employees About High-Value Health Care

This guide is for employers and other health care purchasers who are 1) implementing a new high-value health care benefit design, such as insurance products featuring an accountable care organization (ACO), 2) entering year two of offering a high-value benefit design, or 3) want to drive employees into a specific high-value benefit design. This guide outlines **CPR's Toolkit for Communicating to Employees About High-Value Health Care**, which includes resources that purchasers can use to help employees understand the benefits of a high-value plan design and encourage enrollment or retention in the plan.

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***Disclaimer:** The tools provided in this guide are for information purposes only; Catalyst for Payment Reform is not providing legal advice. Some messages in the general toolkit may resonate with your situation and population, while others may not. You will want to customize the messages for your situation.*

Development of the Toolkit

Purpose & Goals

Purchasers and payers are creating innovative benefit and provider network designs aimed at delivering higher-quality, more affordable care to employees. Given the amount of effort required to design and implement these offerings and their potential to enhance the value of health care, purchasers want to ensure employees understand their value.

Purchasers have a front-and-center role when it comes to communicating to their employees about cost, quality, benefit design, provider networks, and member experience, and it can be overwhelming to ensure they're hitting all the key



points and crafting messages that resonate with employees and drive them to action. This may be especially true for purchasers that have large and diverse populations.

In July 2017, Catalyst for Payment Reform (CPR) brought together three large employer-purchasers with a shared interest in communicating effectively about high-value health care to their employees. Over the course of a year, CPR, the purchaser participants, and a subject matter expert – Benz Communications - worked together to address challenges and develop a set of resources to support purchaser efforts. These resources comprise the Toolkit for Communicating to Employees About High-Value Health Care.

CPR's Collaborative on Communicating High-Value Health Care

From July 2017 through June 2018, the purchaser participants, CPR staff and Benz Communications, met monthly. During the first few months, each participant discussed its high-value health plan offering, annual enrollment communication strategy, communication challenges, and developed a post-annual enrollment survey to test assumptions on what helps and hinders employees during the enrollment process. Once the group was past annual enrollment, participants discussed post-annual enrollment stakeholder feedback and survey results. From there, the collaborative focused on ongoing communications strategies and special topics, such as behavioral economics and financial wellbeing. From these discussions, CPR staff worked with the participants and subject matter expert to develop a set of tools purchasers could use to support communications about their high-value health plans.

Participants & Funding

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Components of the Toolkit for Communicating to Employees About High-Value Health Care

Health care purchasers can use components of the toolkit to learn: 1) general recommendations for designing benefits and building an attractive employee contribution

structure; 2) the power of “personas” to target the right employee groups with communications; 3) best practices to get employees to select a high-value health care offering; 4) messages that speak to what employees care about when it comes to benefit design; and 5) how to understand the population’s decision-making and motivators through surveying. In some cases, the tools focus on ACO health insurance products, i.e., reference ACOs as the high-value health plan strategy. However, purchasers can customize this toolkit for high-performance plans, tiered plans, and others.



The toolkit comprises the following:

- Infographic
- Best Practices Tip Sheet
- Personas
- Key Messages
- Post-Annual Enrollment Employee Survey

Below, we describe the purpose of each of these resources and what a purchaser needs to know to use them effectively.

Infographic

This Infographic helps purchasers quickly and easily understand what many employees really care about when it comes to high-value health care. It lists the top 4 reasons why employees don’t enroll in high-value health plans and cites motivators behind employees deciding to enroll in them.

Best Practices Tip Sheet

This resource gives employers best practices when it comes to designing and marketing the offering, as well as getting internal stakeholders and employees on board. These tips will ensure your strategy hits the mark.

Personas

Personas embody key characteristics that inform the purchaser message for a defined population. This resource features five common employee profiles/personas to allow a purchaser to target messaging to maximize the effectiveness of their high-value benefits strategy.

Key Messages

These Key Messages are aimed at employees and their dependents and cover topics, including cost, quality, benefit design, provider network, and member experience, as well as some general messages. This resource identifies whether a message is applicable for pre-launch (Year 1) communications or year 2 and onward. Purchasers will need to determine which messages are most applicable to a situation and adjust them as needed.

Post-Annual Enrollment Employee Feedback Survey

This survey is designed to be administered after the annual enrollment process is complete. It targets both those employees who made the switch to a new high-value plan option and those who did not make a change and assesses why they made that decision. Employers should use the findings from this survey to inform their ongoing communications strategies.

We recommend programming the employee survey so that upon completing annual enrollment, employees get direction to complete the survey immediately. The survey includes “skip logic” so that the response to the question about whether or not the employee enrolled in the new plan determines which questions the employee sees next.

Conclusion

Effective communications are essential for a successful rollout of any high-value plan option(s). Employees must be able to understand the benefits of these plans and be driven to take action and choose the option that is best for themselves and their families. **Purchasers can use the Toolkit for Communicating to Employees About High-Value Health Care and take the guesswork out of their communications strategy!**