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**Continuing to Improve  
the Communication  
of Consumer-Involved  
Health Care Plans  
A Seminar for Health Care  
Communication Professionals**

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*Dennis Ackley*

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Homes  
TVs  
Boats  
Clothing  
Entertainment  
Centers  
Cars  
Jewelry

**Americans are  
the World's  
Greatest  
Consumers**

**Why Not Health Care?**

For one reason...  
we've told them they  
were spending some  
Insurance Company's  
money

**It's a Communication Problem**

**Look at Your Communication Materials**

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- “The insurance company pays...”
- “Your premiums are...”
- “Your co-insurance is...”
- “ ...on the insurance claim form...”
- “...your claim check from the insurance company...”
- Plus – the insurance company's logo is on the cover

Will the new  
Consumer-Involved  
Health Care Design  
fix the communication  
problem?

**Only if we fix  
the communication**

### **What We'll Cover**

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- What I'm telling your potential customers – to reinforce and challenge your approaches
- Health care plans are a business issue – why don't employees know that?
- How to turn the two negatives of CDH into a positive
- What employees can do to be better health care consumers
- How benefit communication can be better
- Techniques to help plan a successful CDH communication program

## **Attention employees:**

Health costs are rising.

We are cutting your benefits.

Call the Insurance Company  
if you have questions.

### **It's a Business Issue**

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#### **Simple and clear...but it misses key points**

- It's a business expense and business issue
- It's not some insurance company's money
- Most important aspect is not changing
- Employees can help control these expenses

## It's a Business Issue

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### Sources of Costs

must be  
balanced by

### Sources of Funds

- Claims paid
- HMO memberships
- Administration (5% - 8%)

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**Business expense**



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## It's a Business Issue

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### Sources of Costs

must be  
balanced by

### Sources of Funds

- Claims paid
- HMO memberships
- Administration (5% - 8%)

- Employer
- Employee

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**Business expense**



**Ultimately paid by  
customers**

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## It's a Business Issue

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### Sources of Costs

must be  
balanced by

### Sources of Funds

- Claims paid
- HMO memberships
- Administration (5% - 8%)

- Employer
- Employee

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### **Reduce costs...**

- cut coverage
  - lower benefit amounts
- These increase amount  
employees pay**



### **Company has less for:**

- research
- expansion
- advertising
- materials
- salaries

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## It's a Business Expense

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- The cost for the **Health Care Plan** is the company's fastest rising business expense – around 10 times faster than any other.
- **Health Care Plan** costs are projected to double in five years.

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## **It's a Business Issue**

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### **It is also the most emotionally sensitive issue facing an organization's workforce**

- Fear of being unable to obtain or afford needed health care
- Endless flow of new stories about rising health care costs – employees are already scared
- Sending more “health care costs are rising” messages only heightens concerns

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## **It's a Business Issue**

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### **Before addressing the business issue, show empathy – tell employees the Health Care Plan:**

- Most important benefit employees have
- Among the company's top HR priorities
- Revised plan covers visits to your doctor, emergency care, hospitalization and prescriptions
- Available for eligible family members
- Still provides up to \$X million of protection over lifetime of each enrolled person

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## **It's a Business Issue**

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**Unless the business issues are explained, the  
"rising cost" message sounds like ...**

**Grocery prices are rising!  
We are cutting your pay.**

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## **Communicating Consumer-Involved Health Care Plans:**

***Turning Two Negatives into a Positive  
and Turning Employees into Savvy Buyers***

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## **Consumer-Involved Health Care**

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### **A fix or fad?**

- Estimates from .5 to 1.5 million enrolled in CDH
- No standard design
  - an option or the only coverage?
  - rather lucrative benefits or stingy?
- Simply a high-deductible plan (\$1,000, 1,500 or higher) plus a spending-type account with employer money (\$500, \$1,000 or more)

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## **Consumer-Involved Health Care**

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### **Communication Challenges**

- First communication challenge – the negatives
  1. most people won't buy high-deductible car insurance – why medical?
  2. most people don't understand or use spending accounts

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## **Consumer-Involved Health Care**

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### **Communication Challenges**

- Second communication challenge  
Creating savvy consumers out of people who – when it comes to health care – have never
  - shopped for price
  - compared value
  - considered alternatives
  - evaluated quality

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## **Turning Negatives into a Positive**

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- The CDH approach uses familiar components in unfamiliar ways
- CDH is an entirely new approach – it's 'upside down' compared to what employees know
- Requires an entirely new approach to communication

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## **Turning Negatives into a Positive**

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**The main feature of the CDH approach  
– the part every employee will use  
and needs to understand –  
is the account**

**“Spend it like it’s your money” – the power of  
the consumer-involved approach**

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## **Turning Negatives into a Positive**

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- Explain the account first – but employees will expect to hear about the plan first
- The account will likely pay all health care for majority of employees
- Communicate the CDH approach as a “program” made up of two parts – always explain them together – to turn two negatives into a positive

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## **Turning Negatives into a Positive**

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### **Communicating the account portion of CDH**

- **Not** “just like a Flex Spending Account – but different”
- Flex Spending Accounts are not widely used, not well understood, and infamous for “use it or lose it”
- Comparison also misses
  - **company money – not the employees’**
  - **money stays in at year end – not forfeited**

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## **Turning Negatives into a Positive**

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### **What the account covers**

- Same eligible expenses covered by the high-deductible plan
- Plus? – preventive care and wellness
- Plus? – specific things not covered by the plan
  - chiropractic
  - drug treatment
  - acupuncture
  - stop smoking programs
  - doctor-directed weight loss to treat disease

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## **Turning Negatives into a Positive**

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### **What the account covers**

- Or – all the IRS allows?
  - special equipment and improvements to homes and cars for medical care and necessity
  - Christian Science practitioners
  - prescription sunglasses
  - fertility enhancement
  - laser eye surgery
  - sterilization
  - ...and much more

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## **Turning Negatives into a Positive**

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### **How the account works**

- Payment methods
  - purchases paid directly
    - paperless and automatic
    - special debit card
  - purchases paid by employee and then reimbursed

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## **Turning Negatives into a Positive**

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### **How the account works**

- Account balance
  - automatically stays in account at year end
  - required wellness expenses?
  - maximum/caps?
  - show examples of saving for future expenses
- Account at termination and retirement
  - continued availability?
  - COBRA coverage?

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## **Names Matter**

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### **They “all sound the same” challenge**

- Health Care Reimbursement Arrangement
- Personal Budget Account
- Flexible Spending Account
- Medical Buying Account
- ... et al?

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## **Names Matter**

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### **Choose names that add clarity**

- Memory aiding – for employees who don't use benefits often
- Descriptive – the name is what the plan does
- Distinctive – so they don't all sound the same

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## **Names Matter**

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### **How about calling the account a “fund?”**

- Medical Buying Fund
- Careful Health Buyer's Fund
- It's Your Medical Money Fund

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## **Names Matter**

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### **Naming the high-deductible plan**

- Major Cost Protection Plan
- Catastrophic Cost Shield Plan
- High Expense Coverage Plan
- Massive Medical Expense Protection Plan
- Backup Protection Plan

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## **Names Matter**

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### **The two elements are a “program”**

- The Careful Buyer’s Health Program
- The Healthcare Purchasing Program
- The Consumer-Involved Medical Program

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## **Names Matter**

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### **Everyone must use the same names**

- If Administrator requires other names in its printed materials, website or call center – use them
- But ask Administrator to support your communication effort
- If high-deductible plan is named “Major Cost Protection Plan,” it’s easier to explain than if Administrator calls it “Custom PPO.”

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## **Consumer-Involved Health Care**

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### **New communication approach**

- From “insurance pays” to “you buy”

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## Consumer-Involved Health Care

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### **How “The Careful Buyer’s Health Program” Works *Health Fund...Your Buying Power***

Each year you are eligible, ABCorp. puts \$1,000 in your Health Fund for you to buy the eligible health care services [*provide list*] you decide are needed – including preventive care and checkups. What you don’t spend automatically stays in your Health Fund for you to use next year. If you need more, you are covered by your Major Cost Protection Plan.

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## Consumer-Involved Health Care

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### ***Major Cost Protection Plan...Your Shield Against Huge Expenses***

It provides protection from enormous medical expenses – up to \$5 million in benefits during the lifetime of each enrolled person.

In each calendar year, you decide how to use the \$1,000 ABCorp. money in your Health Fund to help you pay the first \$1,500 of eligible medical plan expenses (the deductible) for each enrolled person.

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## Consumer-Involved Health Care

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After the deductible each year, for each enrolled person, the Major Cost Protection Plan helps you buy additional eligible medical expenses:

**Plan Covers 80% of Next \$12,500.** You pay remaining charges until you have paid \$2,500 in eligible expenses, not including the deductible. This is the “out-of-pocket maximum.” If you have even higher expenses...

**Plan Covers 100% of Remaining Eligible Expenses.** If you pay \$5,000 toward the out-of-pocket maximum (not including the deductible), the plan covers 100% of the remaining eligible expenses for that year for all enrolled family members.

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## Consumer-Involved Health Care

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### **New communication approach changes the way all health plan options are explained**

- In conventional display of medical options
  - show account on top row of chart – “Not Available” for all options except CDH
  - show lifetime plan max next – to highlight same high level coverage for all options
  - mention account money each time high-deductible amount is shown

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## Consumer-Involved Health Care

	Careful Buyers' Health Program	High Value Plan	Managed Plan
<b>Health Fund</b>			
Individual Enrollment	\$1,000	Not	Not
Family Enrollment	\$2,000	Available	Available
<b>Medical Plan Features</b>			
Lifetime Maximum	\$2 million for each enrolled person		
Calendar Year Deductible	use Health Fund to help pay first...		
Each person	\$1,500	\$250	\$600
Family maximum	2 times above	3 times above	3 times above

## Consumer-Involved Health Care

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### Sample Employee Message Points

- You know prices of TV, shoes, tires – have bought them or will buy in future
- Knowing price is first step in becoming smart shopper
- Do you know price of
  - emergency room for non-emergency
  - brand name drug over government-approved generic
  - extra night in hospital

## **Consumer-Involved Health Care**

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### **Sample Employee Message Points**

- New program gives you company money to buy health care you need
- Buying health care is more important and challenging than TV, clothes or even car
- As you become more involved in health care purchasing decisions, your consumer skills will grow – ensuring the money is spent wisely

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## **Re-Communicating Flex Spending Accounts**

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- The possibility of sizable expenses under CDH makes the conventional accounts more important
- Need total re-communication
- Check legal/technical issues to use “use it or lose it” money first
- Tone down – “use it or lose it” – if in 20% tax bracket, saving \$20 for every \$100...if leave \$5 in account, ahead \$15

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## **Consumer-Involved Health Care**

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### **Teach users to be consumers**

- Develop education strategy and measures
  - what do “consumers” need to know?
  - who will teach?
  - what will they do with new knowledge?
  - how will success be measured?

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## **Consumer-Involved Health Care**

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### **Teach users to be consumers**

#### *Possible Techniques*

- Health care professionals conducting onsite workshops
- Consumer updates in employee newsletter
  - prices charged for services and Rx
  - success stories
  - average costs for often-used treatments

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## Consumer-Involved Health Care

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### Teach users to be consumers

#### *Possible Techniques*

- Point-of-use reminders...at the moment
- Wallet cards: things to ask the doctor...
  - for generic prescription
  - if similar, less expensive name brand would work (list possible exchanges)
  - for mail order Rx for long-term medications
  - about side effects
  - what foods/other medicines to take or avoid
  - how to avoid condition in the future

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## Consumer-Involved Health Care The Web Experience

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## Consumer-Involved Web Experience

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### **The basics**

#### *Enrollment Choices*

**Tutorial** ...explain the choices, how options work

**Expense modeling** – comparison among options:

- By out-of-pocket expenses plus employee contributions
- By using the traditional spending account...or not
- By doctor – “I must use Dr. Jones”
- By hospital – “I must be able to go to Mercy Hospital”

**Online enrollment** ...linked to voice response and call center

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## Consumer-Involved Web Experience

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### **The basics**

#### *Coverage Information*

**Coverage description**...what's covered and excluded and what procedures are required

**Doc finder**...by experience, specialty, education, location, discounts, open to new patients, etc.

**Claims status and processing info:** like an online checkbook – current Fund balance, purchases, next step for processing, etc.

**Billing questions**...answers via email

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## **Consumer-Involved Web Experience**

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### **Nice to haves**

- Prescription information
  - costs at local pharmacies
  - personal prescription history
  - possible prescription alternatives – some patients taking X have good results taking less expensive Y...may we send your doctor a note?
  - drug information – food, activities, medicines to avoid, potential side effects, overdose dangers

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## **Consumer-Involved Web Experience**

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### **Nice to haves**

- How to choose a doctor
  - how doctors select doctors
  - list of key considerations, questions to ask, things to look for
- Dependent enrollment updating
- Ordering replacement ID card
- Estimating value of double coverage – including value of Fund

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## **Consumer-Involved Web Experience**

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### **Nice to haves**

- Health information
  - newsletters, bulletins, reminders
  - food content ...calories, fat
    - in brand name foods
    - in fast foods (national chains)
  - suggested recipes
  - content, concerns and attributes of supplements, herbs and vitamins
  - possible alternative remedies

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## **Consumer-Involved Web Experience**

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### **Personal health related content**

- Personal health assessment – self scoring, suggestions, norms
- Workout schedules and log
- Doctor appointments ...over the web
- Doctor emails and referrals
- Online posting of lab/test results
- Lifestyle topics ...safety, sleep, depression, and disorders
- Simple self-diagnosis – symptoms, concerns, treatment and outcomes

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## Eight Things Employees Can Do to Reduce the Cost of Health Care Claims

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### Things Employees Can Do to Reduce the Cost of Claims

- 1. Practice preventive care – checkups, screenings, immunizations**
- 2. Don't ignore a persistent health problem – if it becomes more serious, it's more expensive**
- 3. Live healthy – exercise, eat well, avoid risky activities – use seat belts & helmets, stop using tobacco, etc.**

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## **Things Employees Can Do to Reduce the Cost of Claims**

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### **4. Use lower cost alternatives**

- Generic drugs vs. brand names
- Mail order drugs for ongoing medication vs. regular pharmacy
- Network/preferred providers vs. non-discounted providers
- Use nurse phone line or website for common ailments before going to doctor

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## **Things Employees Can Do to Reduce the Cost of Claims**

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### **5. Talk with your doctor**

- Ask how to improve your health
- Describe past illnesses, current medications, all symptoms of current ailments – helps avoid misdiagnosis
- Understand the benefits of the proposed treatment and possible side effects
- Ask what foods or other medications you should or should not take with new medications
- Ask “why” – it’s your health, and to large extent, your money

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**Things Employees Can Do to Reduce the Cost of Claims**

- 6. Follow your doctor's advice – complete all treatments and prescriptions**
- 7. Learn about your condition – use the internet or the library – be your own advocate, not your own doctor**
- 8. Act like a customer if you are not satisfied – be sure you are getting what you are paying for**

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**Turning Employees  
into Health Care  
Consumers**

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## **Turning Employees into Health Care Consumers**

- Demographics may not matter much
- Money and health issues bring out emotional reactions
- Personal values may affect CDH success
  - motives
  - needs
  - wants
  - drives
  - aims
  - impulses

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## **Secret of Consumer-Involved Health Care**

### **Not all people**

- Want to become savvy health care shoppers
- Are passionate about their health
- Want to learn about health issues
- Trust the medical profession
- Are interested in alternatives
- Care about costs
- Seek needed care
- See a need to evaluate quality

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## **Health Care Interest Spectrum**

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### **High Interest**

- Health Perfectionists – you cannot do too much to improve your health
- Family Well-Being Protectors – I will do everything to keep my family healthy
- Cutting Edgers – the latest is the greatest in improving my health
- Nearly Hypochondriacs – I am so susceptible, I need lots of medical attention

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## **Health Care Interest Spectrum**

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### **Low Interest**

- Avoiders – ...when I'm at death's door
- Distrusters – doctors just want your money
- Natural Health Pursuers – I believe in nature, not doctors
- Procrastinators – maybe next year
- Deniers – too many pounds, cigarettes, six packs, and no exercise – but I'm fine
- Followers – I just do what my doctor says

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## **Financial Interest Spectrum**

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### **High Interest**

- Tiffany Buyers – highest price equals best health care
- Ultimate Quality Pursuers – research leads to best health care – pay whatever it costs
- Value Shoppers – research leads to best quality and best price

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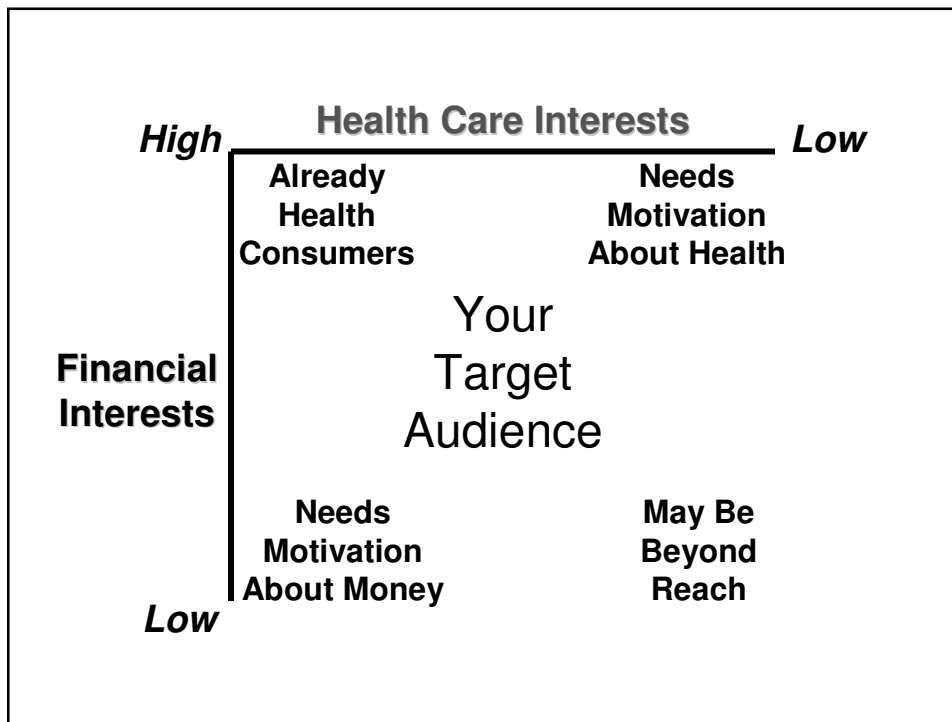
## **Financial Interest Spectrum**

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### **Low Interest**

- Low Price Buyers – lowest price matters – all doctors and hospitals are about the same
- Defeatists – I'll have to pay what they charge
- Protectionists – not going to insult my doctor by asking about her prices
- Too Busy – don't have the time to haggle over price

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### Information Isn't Knowledge

- Information availability and more choices – what nearly all employees say they want – the illusion of control
- Amount of available health care information is overwhelming – knowledge is in shorter supply
  - two people with same condition often don't have same symptoms or respond the same way to the same therapies
- People are skeptical about reliability of information
- People still seek people for advice

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With all the time and  
energy invested in  
benefit communication,  
***why don't employees get it?***

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### **Benefit Communication Basics**

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#### **Adult Learning – sequential steps**

Step 1 – **Awareness** – Get my attention

Step 2 – **Motivation** – Make me care

Step 3 – **Understanding** – Help me  
obtain what I need to know

Step 4 – **Appreciation** – “I get it”  
– I want to know more

Ask any teacher, “Can you teach the unaware and unmotivated?” – too often benefit communication skips those steps

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## **Benefit Communication Basics**

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### **“Bulletpointization”**

- “If you make it short enough, they’ll read it”
  - ignores adult learning principles
  - the unmotivated won’t read – no matter how short or simple
- A content-free list does not contribute to understanding
- Focus on “what’s in it for me” rather than the elements of the plan

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## **Benefit Communication Basics**

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### **“Pricetagization”**

- “Show employees how much the coverage costs so they’ll appreciate their benefits”
- Not a bad thing – but generates little understanding or appreciation
- Employees like “total comp statements” – reassures they have coverage – but what are they supposed to do with cost the info?
- If putting price tags on things increased understanding, prices tags on art would make us art connoisseurs
- Make the cost memorable – conduct a contest

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## **Benefit Communication Basics**

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### **“One Bucketization”**

- Communication media are like buckets, but some carry certain messages better
- Ask not, “Can we put it on the web?” (yes, of course) Ask, “What are the best ways to get the message understood in the way we intend?”
- People are different, they don’t all seek, use or trust the same medium

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## **Benefit Communication Basics**

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### **“Electrification”**

- Most web users scan – not read (harder to read off screen than paper)
- It takes longer to read a screen (lower resolution)
- Employees expect info on web to be delivered faster than paper
- Strongest self-service technique – but has “trust issues”

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## **Benefit Communication Basics**

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### **“Employees as Customerization”**

- Do **not** treat your employees like customers – do not sell to them, hype your message to them, or use your customer advertising themes on them
- Do treat your employees like
  - valuable resources
  - adults
  - perhaps...adult family members

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## **Benefit Communication Basics**

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### **“Advertizingization”**

- Do **not** send out “teasers”...start communicating months in advance... give them bite-sized pieces
- Why tease employees about an emotionally sensitive issue?
- Adults want to take action and understand the big picture of “why” and “what”

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## **Benefit Communication Basics**

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### **“Guess What’s Coming Newsletterization”**

- If not distributing a regular HR communication (you should) then don’t lead “bad news events” with a special newsletter
- Use ongoing communication – even if memos – for announcements
- “One-offs” can build more cynicism than appreciation (self-serving for the employer)
- HR newsletters should provide information of value to employees – not rationalization for coming changes

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## **Benefit Communication Basics**

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### **“Q & Aization”**

- Communication should be viewed as complete and assertive
- Q&As leave the impression:
  - you must ask right question to get the right answer
  - You might not be smart enough to know what to ask
- Q&As are good for follow-up
- Q&As are poor format for long explanations
  - must read entire piece to get all info
  - lawyers want key points repeated throughout (What if employee reads only one answer?)

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## **Benefit Communication Basics**

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### **“Personalization”**

- Data warehouses allow personal, targeted communication – recent actions, age, sex, pay, length of service, zip code, etc.
- “Sender-directed” personalization often goes over like “get well” card from a stranger
- “User-directed” personalization does work – keeps user in control

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## **Benefit Communication Basics**

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### **“Employee Decision Makingization”**

*Letting employees decide isn't always a good leadership strategy*

- Employees prefer choices – just ask them
- What if you give employees a survey – or do a focus group – about health care?
  - “Give us lower-cost insurance – my neighbor has Acme Health Insurance and she pays less.”
  - “Increase our benefits.”
  - “Reduce our contributions.”
  - “Males don't need maternity coverage – give us a refund.”
- What will you do with this information?

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## **Benefit Communication Basics**

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### **“Passivevoiceization”**

- Too often, the reason for negative things or odd action is never explained
  - hardship and loan provisions
  - use it or lose it in spending account
  - summary annual report
  - summary plan descriptions
  - on and on...

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## **Benefit Communication Basics**

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### **“Lifestyleization of Communication”**

- Event-oriented access to information is terrific
- Life-style education works – but only where no preparation is needed. (“I’m 58 and want to learn how to use my 401(k) to build my retirement” ...or...“I just got bad news from my doctor and I want to learn how to buy life insurance.”)
- Using life-style changes to spark motivation sounds good – too bad some things must be dealt with far in advance

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## Benefit Communication Basics

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### “The Legal Documentization of SPDs”

- SPDs have become the first line of defense for claim denial
- Lawyers, rightly so, are adding detailed protective (legalistic) content
- Who reads 80-page SPDs (other than lawyers who are paid to)?
- Do employees think HR is out of touch – does HR believe employees will read these things?
- Follow the prospectus model – then send out 4-page highlights.

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## It's Not Someone Else's Money

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### Kill off the insurance lingo

- **Name of the plan** – Change “Monolithic Insurance Plan” to “The ABC Company Medical Plan”
- **Co-Insurance** – What’s a “co” - why is it insured? – say “you pay a small part of the price”
- **Premiums** – say “employee contributions”
- **Stop Loss** – Whose loss is being stopped? say “the Plan’s out-of-pocket-expense protection”

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## Words Matter – Be Clear

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### On the subject of words

*The dictionary is full, and you used...*

- **The Comprehensive Plan** – The judge says...  
“how can a comprehensive plan deny a claim?”  
– if it doesn’t cover everything, don’t imply it does – say “the plan”
- **Provides quality** – plans only provide money
- **Non Contributory Plan** – who is the non contributoree?

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## Words Matter – Be Clear

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- **Reasonable and customary** – stop repeating every time you use “eligible expense” – define “eligible expense” as
  - prescribed by doctor
  - covered by the plan, and
  - within reasonable and customary cost limitsAnd never repeat “reasonable and customary”
- **Pre-tax** – implies money is taxed when used – like in 401(k) – say “tax-free” because spending account money is never taxed

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### Words Matter – Be Clear

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- ***Out of area, out of network, in network*** – simply say, network, non-network, and out of area
- ***Family deductible*** – there is no such thing – families do not have a higher deductible than individuals – say “family maximum deductible”

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### Words Matter – Be Clear

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#### **Insurance Double Speak – too late to change**

- ***Formulary*** – why not “preferred”
- ***Pre-existing*** – nothing can exist before it exists
- ***Pre-certified*** – an odd usage, does not assure payment and does not “approve” the procedure (plans don’t provide advice)

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## Words Matter – Be Clear

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### Listen to the tone...

- *“Always remember”...“never forget to”...*
  - Sounds like developed by kindergarten teacher
  - Is that the employee relationship you want?
- **IMPORTANT** – underlining all caps and in bold – don’t escalate the type. Keep as much in text type, put a few key things in a box or use other graphic technique.

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## Benefit Communication Basics

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### Too Often Overlooked

- People-to-people is still most powerful technique – especially through “people of influence” (web is best information access technique)
- The “why” is most missing element. Why do you have a medical plan?
  - is the reason printed in your booklet?
  - is it to provide financial protection against expenses that can stem from catastrophic illness or injury?
  - is that why you have a deductible or co-pay?
  - is that why you provide several million in coverage?

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## **Benefit Communication Basics**

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### **Too Often Overlooked**

- Branding is out of alignment
  - do your materials look like they belong at your organization?
  - do they demonstrate your intended people values?
    - “we hire bright people who take responsibility and deal with ambiguity”
    - “here’s your 284-page SPD”
  - read aloud your mission statement or latest CEO letter while looking at your benefit materials – does it all fit together?

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**Ackley’s “I Wish” technique  
helps define the communication  
approach and aligns the  
messages with the  
organization’s values**

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## **Planning Your Health Care Communication**

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### **Get your communication team to fill in the blanks**

*"I wish we could create the perfect communication campaign that would..."*

- Get all employees to understand \_\_\_\_\_
- Use the most effective communication techniques including \_\_\_\_\_
- Accomplish these key things \_\_\_\_\_
- Overcome these obstacles and problems \_\_\_\_\_
- Eliminate frequent employee misunderstanding of \_\_\_\_\_

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## **Planning Your Health Care Communication**

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### **Get your communication team to fill in the blanks**

*"I wish we could create the perfect communication campaign that would..."*

- Alleviate the uncertainties of \_\_\_\_\_
- Strengthen and build upon employees' trust of company message by \_\_\_\_\_
- Involve the best people-to-people communication by \_\_\_\_\_
- Include leadership authority by \_\_\_\_\_

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## **Planning Your Health Care Communication**

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### **Get your communication team to fill in the blanks**

*"I wish we could create the perfect communication campaign that would..."*

- Ensure the same message is delivered through each touch point at the same time \_\_\_\_\_
- Explain how the change directly supports the organization's key business strategy by \_\_\_\_\_
- Demonstrate how the change directly supports the organization's intended people values \_\_\_\_\_

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## **Summary**

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- Make costs a business issue – don't ignore emotions
- Turn two negatives into a positive
- Present a "Program" – lead with "Fund"
- Talk "buyers" – not insurance
- Teach users to be consumers
- View audience by "values," not demographics
- Follow adult learning principles

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