

## Section 2.8 Plan

# Communication Plan

This tool describes the importance of having a communication plan to support the Community-Based Care Coordination (CCC) program and how to construct and manage the plan.

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**Time needed:** 2 hours to review

**Suggested other tools:** CCC Program Change Management, Communication Plan Template

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## Table of Contents

How to Use .....	1
Introduction.....	2
Importance of a Communication Plan .....	2
Identifying Key Messages to Communicate .....	3
Message Characteristics.....	4
Building the Communication Plan.....	5

## How to Use

1. **Review** the first two sections to understand the importance of a communication plan in planning, designing and implementing a Community-based Care Coordination (CCC) program.
2. **Recognize** how to identify key messages to communicate to various audiences, and key characteristics of a message.
3. **Review** the communication plan template as an example for building a communication plan for your CCC program.

## Introduction

At different times throughout the lifecycle of any program there are key messages that must be delivered to people in different roles, as well as reminders that should be delivered and other communication needs that must be met. While most people who manage a program fully intend to communicate regularly, many find that communications are delayed because of the intensity or demands of the program. Often in an organization, program managers assume they have adequately communicated about the program because they physically see those involved every day. Yet, in reality, they have not communicated relevant details in an effective, timely manner to those who need to know.

## Importance of a Communication Plan

A communication plan for a particular program helps ensure that important and regular communications are made to the people who need the information. The communication plan ensures that the right message is delivered to the right stakeholders by the right staff, using the right medium, and at the right time.

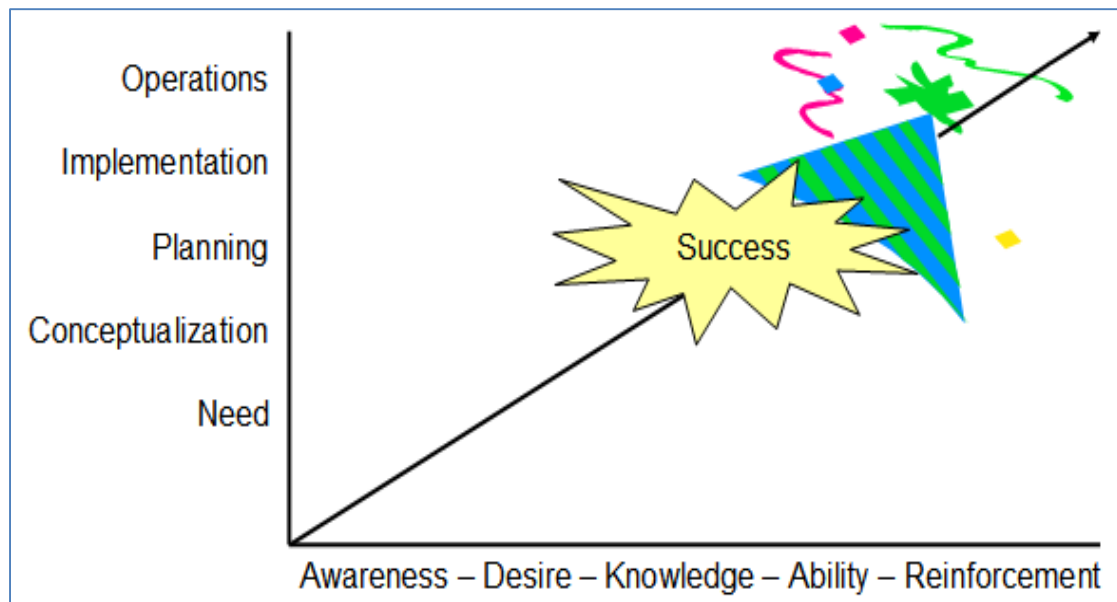
The following *two examples* illustrate the importance of communication:

1. A small hospital decided to engage in an accountable care organization (ACO) and hired a community-based care coordinator (CC). Executive leadership made the decision, sent an announcement to all staff regarding the ACO, and held a special meeting of the medical staff to introduce them to the ACO. The hospital's case manager heard about the ACO and hiring of the CC from the general announcement. Assuming the new CC position would put the case manager out of work, the case manager immediately began to look for another position, and resigned two weeks later. Hospital administration was very surprised that the case manager was so unhappy, and now had to recruit a replacement at the same time the new CC was still in training. Had it been anticipated that the case manager's role may overlap with the new CC's role, and direct communication with the case manager in advance of the all-staff announcement and been made, the ensuing problem could have been prevented.
2. A similar hospital, upon becoming a part of an ACO, did very well in engaging hospital staff and community representatives to embrace the ACO and the new community-based care coordinator (CC). Although an introduction to the ACO was included in a medical staff meeting prior to the general announcement, many medical staff members either did not attend the meeting or were unclear about the role of the CC. As soon as the CC began recruiting patients into the care coordination program, the medical staff became alarmed. They discouraged their patients from joining the care coordination program and complained to administration that the hospital was attempting to recruit their patients away from them. While it can be difficult to communicate effectively with the medical staff, it is vitally important that several messages about such an important change be communicated early and often, and especially to key thought leaders and informal leaders.

## Identifying Key Messages to Communicate

The ADKAR<sup>1</sup> model of communication is depicted below. It recognizes that, in a program that introduces a large amount of change, a number of messages is required across the continuum or lifecycle of the change. The model illustrates the relationship between types of messages and phases:

- **Awareness** needs to begin as soon as a new program **need** is identified.
- **Desire** helps turn an uncertain **concept** into interest in specifics.
- **Knowledge** about any new program is essential for all stakeholders, although at different levels. Throughout the **planning** process, stakeholders need to understand their role in making any program successful.
- **Ability** and skills to take part in a program **implementation** must be fine-tuned.
- **Reinforcement** of the benefits the new program provides helps ensure ongoing **operations** are successful. Communication does not end with implementation. Continued success requires continual communications – about successes, challenges, course corrections, and results.



## Message Characteristics

In compiling a communication plan, every message should be described with respect to:

- **To whom the message should be delivered.** Any given message may need to be conveyed to different people in different ways and at different times. In the first example above, anticipating that the case manager (and potentially others) should know about the hiring of a CC personally and in advance of a general message should have been staged on a communication plan.
- **From whom the message should be delivered.** Some messages are more sensitive than others, or will have a greater impact when delivered by certain types of messengers. In the second example above, using key members of the medical staff – formal and informal leaders – to deliver the ACO message would very likely have been more effective.
- **The medium in which the message should be delivered.** Finding the most effective medium or media by which to convey a message is as important as the message itself. In the first example above, a brief meeting with the case manager by the case manager’s immediate superior, or even with the immediate superior and executive sponsor of the ACO, would not only have delivered the message regarding the CC’s hiring, but would have sent the message that the organization is very serious about keeping the case manager. It would also have provided an opportunity for the case manager to have questions and concerns addressed. Too often organizations rely on email to send every communication. The number of email messages received in a day can be overwhelming, and important messages often get lost. Many health care professionals do not check email on a regular basis, even when using an electronic health record. Meetings of large groups of people are probably the next least effective medium for disseminating important messages. Oftentimes, it may be necessary to use a mixture of media to convey messages—for example, through email, meetings, memos, posters, or information in newsletters. However, for key messages to key people, a personal call, quick huddle, or handwritten note may be much more effective, and ultimately more efficient than having to overcome the consequences that resulted from lack of an appropriate communication.
- **When the message should be delivered.** Timing with respect to delivering key messages is very important. To avoid having key communications fall through the cracks – even when carefully planned – a communication plan linked to an automated calendaring function is essential. Frequently, important messages will have to be delivered several times.

### Components of a Communication Plan

Key Message	To Whom	From Whom	Medium	When
<message to be delivered>	<to whom message is to be delivered>	<from whom message is to be delivered>	<how message will be delivered>	<when message will be delivered>

A few key considerations:

- One-way vs. two-way communications. If immediate feedback is necessary, it is essential to provide an opportunity for two-way communication (e.g., telephone call, huddle, or meeting).
- Plain language, not “techie-speak” or professional jargon, should be used to ensure messages are clear to all recipients.
- Feedback mechanisms (e.g., who to call with more questions, links to additional information on an intranet or via the internet) should be included in one-way communications.
- A mix of messengers, media, and delivery dates for important communications will provide greater assurance that they will be received, rather than a one-time communication.

### **Building the Communication Plan**

Build your communication plan using a template. (See *Communication Plan Template*.) Although the examples relate to participation in an ACO, they are not necessarily reflective of how any one specific organization may decide to present its communications. Adapt and fill in gaps as necessary. If desired, use task management software (e.g., MS Outlook or Project) for ease of tracking and keeping the plan up-to-date.

## Communication Plan<sup>2</sup>

Key Message	To Whom	From Whom	Medium	When	Date
We are investigating participation in an ACO	Executive leadership Medical staff	Administrator	Joint leadership meeting	As soon information is available and before decision made	
	Medical staff	CMO, Dr. B and Dr. T	Individual contacts with key members of medical staff	Shortly after introductory meeting	
Project manager appointed	Resources with a need to know	Administrator	Project team meeting	When project manager is appointed	
We have additional specifics on ACO participation	Executive leadership Medical staff	Administrator	Joint leadership meeting	Once a more cohesive package of costs and benefits are compiled	
We have applied to be an ACO; we will learn later if accepted. Contact project manager for additional information.	Medical staff Department heads	Project Manager	Email, newsletter	Once application is made	
We have hired a community-based care coordinator	Case Manager	Administrator	Personal meeting	Before CC starts working	
	Department heads	Administrator	Department head meeting	Same day as case manager	
	Medical staff	CMO; guest speaker	Special meeting, brochure, one-on-one with key members, archived presentation	As soon as CC is on board	
Introduction to Care Coordinator	Primary care providers with bulk of targeted patients	Care Coordinator	Personal telephone call	During first week of work	

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## References

<sup>1</sup> The ADKAR model of communication was first described in the *The Perfect Change* by Jeff Hiatt, founder and administrator of Prosci Research.

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### For support using the toolkit

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