

Integrated Communications Team Agenda March 10

9-10:30 a.m., Waterpark 204

Integrated Communications Team minutes 3 10 04

1. Rocky Mountain Health magazine redesign.

Tania Zeigler's explanation of the new design:

- It better weaves brand into the magazine.
- Portrays more "health" and less sick care.
- Skewing to a younger audience.
- More room for content – especially graphics and photos.
- More enticing cover.
- Better use of back cover – prime space that previously was devoted to the class registration form.
- Required info, such as Medicare, presented in more interesting ways and not in government language.
- Writing and editing so that it comes off as a constant conversation with our members, and to be interactive (health quizzes, BMI calculator, etc.)
- Will do new readership survey to see if it's making the desired impact.
- It fits with findings of a program office readership survey, in which members said they want more facts, what is medical world saying today. Should be about their interests, not about the health care system. Don't want it to sound like a sales pitch. Top 5 topics in the survey: dietary supplements, wt mgmt, pros and cons of trendy diets, alternative medicine, men's health (especially as it relates to sports fitness).

Action, as a result of feedback from the group (Tania accountability, with Steve backing):

- Consider design or even title change to avoid confusion with Rocky Mountain Health Plans.
- Ensure we're prepared to handle increased demand when we write about programs (access to complementary medicine went to three weeks after the last issue).
- Set up better system to get magazine distributed in the medical offices – raise awareness among staff and physicians.

- E-mail the magazine to brokers. (Tania to check with Mike Gallagher)
- Add clinical contract providers to mailing list. (Tania to check with Lupi Goin)
- Distribute the magazine in the community – health clubs and community affairs events.
- Fashion the content for fall issue so more appealing and useful for distribution at open enrollment.
- Explore translation options.

2. Ad agency visit.

June McNeill outlined hoped-for outcome of visit: agency to understand the strength of Colo region and the vulnerabilities in Colorado discovered through our marketing study.

In advance, they'll get our top 10 stuff, our marketing study, key initiatives guide, how products build a total solution for purchasers.

They've been asked to be prepared to answer: if we want space at the top of the pyramid (position ourselves as the health advocate), how do we address the perception gaps at the base of the pyramid (competence, service, etc.). How do the three message themes work with the direction the agency is headed. What is meant by convenience. How much can image advertising be customized for Colorado.

Since their plan includes repositioning health education, will include time with the health ed leaders.

Also time with COS, to help them understand the network model needs.

Group Feedback: How much of what they do has to be consistent across the program, and how much is customizable? Answer: That's what we need to find out. Initially, looks like TV is pretty uniform because of costs. Print, outdoor and radio might be able to tailor it more.

Need to have senior programs in the health prevention discussion.

June to send the final agenda to entire Int Comm team.

A fear that the ad campaign will look like it is driven by California, and the Colorado needs will be overlooked.

3. New member.

Focus is on all members, not just patients.

Bill Wright: the key is to get the right new member operations – bonding, etc. Communications then can support whatever process is created.

Problems are in volume – Thousands of new members in January, so lots of resources needed to make each feel welcome. Ways to make the number more manageable: focus on truly new members (not as much resource for KP returnees). Focus on households. Think of ways other than one-on-one outreach.

Many medical offices doing things on their own to welcome new members. Lack of standardization projects a disorderly image and causes customer service problems. On the other hand, we could find best practices among the medical offices and make those standard practice.

Need to flag new members so their first visit is special. Can KP HealthConnect help us?

Sandra Gutierrez in program office shared services has done some work in this area. Consult with her.

Consult with pharmacy on lessons learned from their new member outreach programs.

Brokers can help us distribute new member information – it adds to the services they can offer employers.

Action: Steve to seek executive sponsorship to create a cross-disciplinary group to design processes for welcoming new members. Processes need to address bonding issues. Processes should differ by type of new member, for example: triple option, Medicare, traditional HMO, patients who already are in chronic specialty care, parents with kids, etc. We will seek to have the project a LMP project. Seek assistance from consulting services.

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9-10:30 a.m., Waterpark 204

Conference call No.: 877-706-8228 passcode 673378

Attachments:

[Ad Agency Creative Brief](#)

[Ad Agency Scope of Service](#)

[Tacit Knowledge Transfer](#)

Member magazine. Tania Zeigler. Description of the redesign of Rocky Mountain Health, and what we hope to accomplish. **Action:** input on how to make best use of this key member communication tool. **15 mins.**

New members. Steve Krizman/Tania Zeigler. Start the discussion about how we welcome new members into the organization. Corporate Communications has some ideas about improving the mailings, but that is just one piece of a much bigger picture. **Action:**

Brainstorm ideas to improve the new member welcome, and identify a small subgroup to put together an action plan. **20 mins.**

Rate explanation. June McNeill. June will present the communications material we will use to help explain our rates to purchasers. We would like to do it with storytelling, so this session can begin the thinking about what stories illustrate our points best. **Action:** Feedback to June to help her tell the rate story. **15 mins.**

Advertising agency. June McNeill/Jean Barker. Our new advertising agency will send reps to meet with leadership later this month. Any thoughts on what we want them to know about Colorado? **Action:** Feedback to June and Jean. **10 mins.**

Brand conference. All. Discuss what we learned. **Action:** Agree on a list of next steps and accountabilities. **30 mins.**

NOTE: April 14 meeting will be at East Denver, Harvey-Howe Room, 2nd floor, near allergy

Integrated Communications Team Agenda Feb 11 9-10:30 a.m. Wednesday, Feb. 11

Waterpark 204

Conference call No.: 877-706-8228 passcode 673378

Advertising. June McNeill. Overview of our advertising and marketing plan for 2004. Description of the different kinds of advertising. What are the results we're looking for? **Action:** How best to communicate advertising plans to staff and physicians? Is there a need to communicate with members and/or purchasers?

New members. Michael Marcus. Results of recent research on new member experience. **Action:** discuss implications for communications to our various audiences.

Financials. Sean Miller. Discussion of latest draft of financials talking points. **Action:** plan for disseminating the info to our various audiences; input on content of the talking points.

Medicare. Sean Miller. Update on how and when we communicate Medicare changes resulting from federal legislation. **Action:** input from group on timing and communication content issues; agreement on who and how of communicating Medicare changes.

Brand. Steve Krizman and Jean Barker. Followup to Bernard and Christine's visit. Any updates on Brand Leadership Conference in Hollywood. **Action:** none; information and discussion.

Integrated communications minutes for Jan. 14

1. **Brand.** Discussion of upcoming JLT meeting with Bernard and Christine. **ACTION:** several Int Comm Team members to attend. Michael Marcus cannot, but wants to be sure we ask Bernard: Are we going full speed ahead on projecting Brand messaging, even though we aren't yet consistently delivering the Brand? The Team wants to project to Christine and Bernard where KP Colorado stands on Brand: we've had formal presentations at Leadership Forum and several work groups, we've sent staff to formal Brand training, we formed a Reputation Task Force, we coordinated Top 10 communications, and the Int Comm Team itself is an example of putting Brand into action. We may be stalled a bit on the formal Brand education piece.
2. **Key Initiatives.** Discussion of plan to introduce Leadership Forum to a communication piece to be distributed to all staff and physicians that puts the 2004 Key Initiatives into context (new products, KP HealthConnect and new medical offices). **COMMENTS:** The piece should not be too preachy, and should give marketplace realities. It should be focused on the Key Initiatives, and not be the "KP Bible" on mission/vision, etc. **ACTION:** Mike G. asked that we look at a magazine put together by the state of Colorado to attract business – as a template for a similar piece that KP could do to attract groups. Steve, June and Mike will talk offline.
3. **Kaiserpermanente.org all-audience launch.** Discussion about how to promote the new-look Website and to whom. **COMMENTS:** The site isn't as easily accessed as WebMD. Program office will purchase advertising with Web search engines in order to get our site higher priority in search hits. Bill Wright said we should look at the online piece as part of our future state, in which KP's niche is outside the exam room and actually in the health information / quality business. He suggests that we become the Good Housekeeping Seal of Approval for health information. **ACTION:** Jacque will do a news release and post it on our Internet site; Tania will have article in Rocky Mountain Health; corporate communications will distribute materials to raise staff and member awareness; June will oversee communications with brokers and purchasers.
4. **Financials.** Discussion about messaging when we announce our 2003 profit margin (at one time estimated at \$100 million, but now more like \$85 million). **COMMENTS:** Mike G. noted that colo insurance commissioner Doug Dean earlier that day said there will be an bill introduced to limit HMO profits to 7 percent a year. Dean is opposed – said that over the last decade, health insurance profits were under 1 percent. Can't look at a single year and draw conclusions in this business. Focus of our financials message should be on talking about our investments in new facilities and equipment, such as KP HealthConnect. We need to reacquaint staff with where our profits go, so they can better explain to members. Need to further explain to staff the relation between profits and their salaries/bonuses. Other points to include: our financial stability has allowed us to moderate rates for 2004 (avg. 9 percent); our financial position allowed us to take a wait-and-see approach to no-fault, rather than blindly adopting a blanket rate increase as our competitors have done; need to adjust messaging to accommodate

Colo Springs. **ACTION:** Sean Miller to do talking points, which can then be used for news release, staff and physician communication, customer service talking points, broker and purchaser communications and member communications.

5. **Annual calendar.** Call for updates to 2004 planning calendar. **ACTION:** Steve will ask Ted to post on our Intranet site once updates are in.