

Call to Action/Action Alert Template – July 31st Notes

1. **Who** are you mobilizing to “take action” (e.g. health providers, school nurses, teachers, parents, child care centers, etc.)? Carry forward & further specify the target audience(s) from Q2 of the worksheet. Identify 1 but no more than 3 segments to mobilize.

(1) Providers target them first:

(a.) Pediatricians

(b.) Family Physicians

(c.) Internists

Ideas for later: (2) Also do complementary ones for families.

(3) Have youth help draft – do a youth focus.

(4) Med students.

Notes: Language among these can be the same or very similar. Do a series of infographics and a survey.

2. **What is the evidence-based “ask”, action, or change** that the people identified in question one will be asked to do? Consider **key message(s)** or resources to be communicated or promoted to the target audience, and behaviors to target. (Carry forward and refine from Q 6 and 7 of domain group worksheet.)

Key ask/action/change:

Be more [whatever the aspect of the medical home is] with your patient.

First one is definitely culturally competent: Be more culturally competent with your patients.

Now, **refine by audience or segment**, if needed. Include key **data, resources, or visuals** (infographic, chart, photo, colors, etc.), if appropriate to improve messaging-effectiveness for each audience. *Be as detailed as possible with your ideas.*

Who	Audience-specific Message	Data/Resource	Visual
Peds	Keep all the same. Think there are very different knowledge bases.	Provide data on health disparities. Very frightening if you see specific data. Have map with infographic. Add culturally competent data. Pull question on culturally-competent data. There is a question in national survey for each component of medical home. Could probably drill down to each of those. Make sure people know it is about them, they all need to take care.	KAAP (visuals/graphics)
FP		Don't target too much. Really same message. A well-designed infographic can speak well to all. Visual: SIMPLE with easily accessible URLs. Did you know you can access this? You can code for this? Like the idea of patient in the center and components around it. QR code. Look at what is already out there, see what we can model.	Interpretation, Vaccine, ...
Internists			

3. **How** could you **get the word out** about this action alert to the people identified in question one? **Who** should disseminate?

Who	Communication Channels/ Network Partnerships
Peds	(1) KAAP – Executive Director, Chair/Pres, member champion (2) MCOs, clinic partners.
FP	(1) KAFP – Tarah, Chair/President; member champion; Jeremy Presley is current president. (2) MCOs/Clinic partners.
Internist	(1) ACP – ED ; Pam knows who ACP is – Isaac Capolii think is current chair/pres. (2) MCOs/Clinic partners.

4. **When** should this be activated? When should it be archived? Consider the timeline for this action alert/call to action.

Start Date:

End Date: Restart. Keep updating.

1 infographic of cultural competency by Oct meeting.

Survey: work with KU on that with the needs assessment. Start work at next KU/KDHE planning meeting.

Infographic series: New one per quarter.

Medical providers – what about other providers, like psychologists, etc.? KS Board of behavioral health. All of the auxiliary or support organization so everyone is on the same page about what a medical home is. If we go out to these peripherals, not staying focused on objective, so wait on others. The objective is to get more people on board with BEING a medical home. Can build from there based on response and survey needs. Then if we get people to self-identify, can proliferate that.

Cultural competency first.

Then coordinated care as second aspect with an infographic.

5. **Sketch it!** Use this space to provide a visual of how you want images, data, messages, etc. organized for the action alert. Use shapes and label them by content so it's clear to the designer how you want to utilize the space proportionately. A proof of the design will be shared back with the group.

Patient in the middle.

Portrait vs. landscape layout.

Child – universal representation. Icon/graphical/silhouette-type representation (vs. photos). No pastels. Needs to be compliant.

Could show all components of medical home, like all as petals of the sunflower, but each one would emphasize that particular aspect of the medical home and it would highlight that.

Expand outreach to other types of providers over time so they all understand, same priorities.

Specialty – providers focusing on medical complexity, this would be the specialty.

Care coordination – if talking longer term... if we really want to see outcomes, should be included on the larger scale. We need to design a system that is sustainable longer time. Looking at getting care coordination funding that is fundable, billable.

Need to be able to bill for direct and indirect. They are in the process of developing provider opportunity.