

Healthcare Identifiers Service - Communication Strategy

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1. Executive Summary and Introduction

This document sets out the Communication Strategy for the introduction of the Healthcare Identifiers (HI) Service, and the associated plan of communications activities, which has 3 phases:

Phase 1 – Design of the HI Service and development of supporting legislation

Phase 2 – Implementation of the HI Service and planning for use

Phase 3 – Promotion and Launch of the HI Service

This strategy is a living document that will be added to over time.

A Communication Strategy is necessary to ensure that consistent and accurate messages about the HI Service and about the role of healthcare identifiers are available to both the healthcare sector and the wider Australian community.

This strategy sets out the key audiences that will be targeted with information on the HI Service, and the communication messages, tools and channels that will be used to disseminate information to the different groups.

2. Vision for the HI Service

The HI Service aims to provide a nationally consistent approach to identifying individuals and healthcare providers – an important first step in building a secure e-health system in Australia.

The vision is: the right health information about the right individual at the right time.

3. Background

In February 2006, the Council of Australian Governments (COAG) agreed to a national approach to developing and implementing a system for healthcare identifiers for individuals and providers in order to accelerate work on a national e-health system to improve safety for patients and increase efficiency for healthcare providers.

COAG affirmed this decision in 2008 and agreed to universally allocate individual healthcare identifiers and to conduct public consultation on national health privacy legislative proposals, including security and privacy arrangements for healthcare identifiers.

Public consultation on proposals for legislative and privacy arrangements to support the introduction of healthcare identifiers was conducted in July to August 2009. A second round of consultation occurred from 20 November 2009 to 7 January 2010 and included release of exposure draft legislation for healthcare identifiers.

4. Need for a communication strategy

A Communications Strategy is needed to:

- Raise awareness of the HI Service and the immediate as well as longer term e-health benefits that introduction of healthcare identifiers will support

- Set out a framework for consulting with stakeholders, including the community, in the development and design of the HI Service
- Achieve a common understanding among jurisdictions, NEHTA, healthcare providers and other organisations of the benefits of healthcare identifiers and the process for implementing them including design, legislation, implementation, launch and adoption.
- Address risks that may arise if there is a lack of consistent and clear communication on the HI Service with various stakeholder groups

This Strategy will be implemented through 3 phases:

Phase 1 – Design and development - This phase is about the design of the HI Service and the development of the legislation – including, the exposure draft and process for the introduction of the legislation to Parliament. The target audience are those key stakeholders with an interest in the legislation and/or in the detail of the design.

Phase 2 – Implementation – This phase is about implementation and planning for adoption of the HI Service. The target audience is healthcare providers and organisations, IT vendors and jurisdictions who need to get ready for the introduction of the HI Service.

Phase 3 – Promotion and Launch – The third phase is about the lead up to the promotion and launch of the HI Service. The key target groups here will be healthcare providers and consumers, as well as a range of other stakeholders who will help to promote and champion the benefits of healthcare identifiers as part of the broader e-health work.

This plan sets out in more detail the target groups, messages, activities, communications tools, timing and who/what will be responsible for certain activities, for each of these three phases.

5. Governance and management of Strategy

5.1. Lead Organisation and Collaborating Partners

This plan has been developed through a collaborative effort involving NEHTA, a sub-group of the NHIRF Working Group and DoHA staff.

Key oversight bodies and partners include:

- Australian Health Ministers and associated committees
- National E-Health Information Principal Committee (NEHIPC)
- The National Health Information Regulatory Framework (NHIRF) Working Group – A jurisdictional working group tasked by Health Ministers to develop the regulatory framework to support healthcare identifiers and health information privacy.
- State and territory jurisdictions
- NEHTA
- Medicare Australia, as HI Service Operator, and Department of Veterans' Affairs
- The National E-Health Communications Forum – A group, convened by NEHTA, of communications representatives from NEHTA, jurisdictions, peak non-government organisations and health professional organisations with an interest in e-health

5.2. Roles and Responsibilities of Each Partner

NEHTA is the lead organisation with responsibility for the Communications Strategy.

DoHA has a role in assisting NEHTA in maintaining and updating the Strategy as changes are required.

DoHA and NHIRF Working Group are key contributors to the content and advising on extent to which the Strategy meets communications needs and objectives for the HI Service.

5.3. Working together – principles for joint communication

The following principles are designed to ensure communication between and from the various agencies involved in the development and implementation of national e-health, particularly healthcare identifiers, are consistent, coordinated and effective.

- Governments are responsible for the overarching National E-Health Strategy and as part of that strategy the legislative framework that supports identifier services and health information privacy
- NEHTA is responsible for design and implementation of the national healthcare identifier services and will provide technical and design materials
- Jurisdictions should ensure communications use agreed key messages for general e-health, policy and implementation
- Communications about regulatory support should be in context of national e-health and privacy
- Communication content will be provided or approved by people most able to give accurate information

Sound communication is also being facilitated by the establishment of a **National E-Health Communications Forum** convened by NEHTA and comprising jurisdictional and private sector organisations working together across Australia. Initiatives of this group will include:

- Shared ownership of the new e-health website for Australia to be launched in late November, using the site to promote collaborations and new projects as well as plain English explanations about health identifiers;
- Shared communications wiki to settle unresolved and outstanding issues, and share accurate information; and
- Ongoing meetings via teleconference to develop marketing and communications solutions for e-health and share opinions.

Comment [TR1]: NEHTA to check/update text here on the status, activity and role of this group

6. Aims and Objectives

6.1. Aim of the HI Service

A key benefit of using healthcare identifiers is that they provide a more reliable way of referencing patient records and information, particularly in electronic information management systems.

Healthcare identifiers are designed to improve information management and communication in the delivery of healthcare and related services.

The HI Service will establish a national foundation for identifying healthcare providers and consumers across the Australian healthcare system as an important building block for future e-health initiatives.

6.2. Communication Aims for the HI Service

Public consultation on the introduction of healthcare identifiers for individuals and providers will build on promoting positive messages around e-health.

The clinical, safety and convenience benefits of e-health will form the basis of a communications campaign to promote the benefits of healthcare identification.

Healthcare identification is critical to the future e-health system and it will be important for the Australian community to understand the connection between the proposed HI Service and the immediate as well as longer-term benefits of e-health.

7. Target Audiences for the HI Service

The HI Service has different benefits for the broad range of healthcare stakeholders. Tailored communications are therefore required. This section outlines the audience groups that will need to be targeted with specific messages and information about the HI Service. The communication tools and channels that will be used to communicate with these different groups are then outlined in the sections that follow.

The key audience segments are:

- Healthcare consumers, the wider public and media
- Healthcare providers, organisations, related research and better practice organisations
- Australian, State and Territory governments, including Ministers and regulatory agencies
- Key stakeholders including consumer advocacy groups, privacy stakeholders and peak health professional bodies
- Health information technology industry and vendors

8. Key Messages

Communications material will be developed to target the specific information needs of healthcare consumers and providers. Key messages will focus on privacy, quality, safety and convenience, and be used to explain the benefits of e-health to the community.

Examples of specific messages that will be used are as follows:

Consumers and public:

- Currently, healthcare providers share information about patients, for example through prescriptions, referrals and discharge summaries. The HI Service will help ensure that the information is about the right person and attached to the right record.
- Currently, healthcare providers use name, age and address to identify patients. Healthcare identifiers are similar, but more accurate and more suited to the digital age of the 21st century
- The HI Service is a necessary foundation for a safe and efficient quality e-health system and is the first step in the e-health journey towards the introduction of individual electronic health records
- Mismatching of patients with their records and results is a documented problem for the health system and a clear link has been established between avoidable patient deaths and poor medical records management
- Consistent identification of individuals and providers is critical in all health communication
- There will be many convenience benefits such as not having to repeat tests

Healthcare providers:

- Healthcare identifiers are designed to improve information management and communication in the delivery of healthcare and related services
- Healthcare identifiers are designed to improve identification of healthcare providers, the location of healthcare services and individual healthcare consumers
- Healthcare provider identifiers will be allocated to providers who need them

- The use of healthcare identifiers will be limited to the healthcare sector for the purpose of delivery healthcare services
- Greater efficiency means savings in time and money over the long run.

Community and stakeholder perceptions of the HI Service have been determined through focus groups (July 2009) and consultation on the healthcare identifiers legislation (July-August 2009).

Future market research is also planned to gain further insight into community perceptions of healthcare identifiers so that key messages to specific audience groups can be further refined. The proposal for future market research to be undertaken by NEHTA is outlined at [Attachment A](#).

9. Channels and tools to convey the HI Service Messages

A number of channels, such as media, online, champions, etc have been identified as providing the most effective way of promulgating key messages and communication on e-health. A summary of these communication channels is provided at [Attachment B](#).

These channels will also be used to communicate information about healthcare identifiers with a diverse range of audience groups.

A list of communication tools available to support this Strategy, such as media releases, brochures, targeted email communications etc is outlined at [Attachment C](#).

10. Key communication messages and tools for each phase

This section outlines the communications tools and messages for each of the 3 phases outlined earlier. More detail on the tools that will be used for different target audiences is provided at [Attachment D](#)

Phase	Objective	Target Audience	Key messages	Communication method
Phase 1 – <u>Design and development</u> – focusing on the design of the HI Service and the development of the legislation – including, the exposure draft and process for the introduction of the legislation to Parliament.	A well informed stakeholder audience, who have access to accurate and up-to-date information on the HI Service and associated legislation, as well as an opportunity to provide input during the legislative exposure and design phase	Consumer bodies	The legislation will allow the benefits of e-health to be realised and provide privacy protection.	Consultation and briefings. FAQs for consumers Website subscription service for updates
		Health providers, IT vendors	The legislation is being developed to be both robust and practical so as to improve healthcare practice.	Consultation and briefings. FAQs for providers Website subscription service for updates

	of the HI Service.	Key government agencies and regulators	The legislation and design will build on, and support, existing arrangements where possible. Any new requirements will be consistent with existing practice, providing extra protections where gaps exist.	Ongoing liaison, consultation and briefing with agencies and regulators.
		Privacy groups	Privacy is key consideration. Feedback from consultation will inform the development of the legislation	One-to-one stakeholder briefings and ongoing involvement in consultation
Phase 2 – Implementation focusing on implementation and planning for adoption of the HI Service.	A willingness by healthcare providers and organisations to prepare to use the HI Service and incorporate healthcare identifiers as foundation elements in their own healthcare management systems.	Healthcare providers		
		IT vendors		
		Jurisdictions		
Phase 3 – Promotion and Launch – focusing on the lead up to the promotion and launch of the HI Service.	Wider community understanding and acceptance of the HI Service and the role of healthcare identifiers in improving communication between health	Consumers		

Comment [TR2]: NEHTA to populate phase 2 activities/tools

Comment [TR3]: Medicare/NEHTA to populate phase 3 activities/tools

	professionals in the course of delivering healthcare.			
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11. Timeline for HI Service communications activities

Date	Phase 1 – Design and legislative development	Phase 2 – Implementation and Planning for Use	Phase 3 – Promotion and Launch
13-19 Nov 2009	Key stakeholder bodies one-to-one briefings (DOHA, NEHTA)		
16 Nov 2009	Release Privacy Impact Assessments on website (NEHTA)		
20 Nov 2009	Stakeholder Forum on the HI Service design and legislative proposals (NEHTA, NEHIPC, NHIRF)		
20 Nov 2009	Release Concept of Operations and other documentation on HI Service on website (NEHTA)		
Nov 2009		Release Case Studies summaries on how the HI Service will work in practice. (NEHTA)	Commence market research on e-health (NEHTA)
Dec 2009	Begin online forums on ehealthforaustralia website (NEHTA)		Launch ehealthforaustralia website (NEHTA)
7 Dec 2009	Release exposure draft legislation: <ul style="list-style-type: none"> ○ media release ○ email to stakeholders ○ put on website ○ advertising in national newspapers ○ call for comment (DOHA) ○ media briefing pack – user scenarios, FAQs (NEHTA) 		

Comment [TR4]: To be updated by NEHTA/Medicare

Date	Phase 1 – Design and legislative development	Phase 2 – Implementation and Planning for Use	Phase 3 – Promotion and Launch
15 Dec 2009		Launch Model Health Community <ul style="list-style-type: none"> invite key stakeholders and providers (NEHTA)	
Dec 2009			Commence campaign on e-health to build understanding of benefits of e-health for broader community. Base campaign on results of market research. (NEHTA with external consultants Campaign Palace/Hill & Knowlton)
21 Dec 2009	End consultation on exposure draft bill (DOHA)		
18 Jan 2010	Finalise legislation <ul style="list-style-type: none"> Final bill Explan memo 2nd reading speech Additional support material (DOHA)		
Feb-March 2010	Legislation to be introduced to Parliament (DOHA, Minister) <ul style="list-style-type: none"> Briefings required Media Release 		
March 2010	Conduct stakeholder consultation on Regulations for the Healthcare Identifiers Service to be issued under the Healthcare Identifiers Bill 2010.	Provider awareness campaign (following passage of legislation) (NEHTA)	Commence campaign on role of healthcare identifiers as key e-health foundation (following passage of legislation) (NEHTA)
Mid 2010			Launch HI Service (NEHTA)

12. Budget

This Communications Strategy is primarily covered within NEHTA's budget.

The cost of some activities (such as advertising consultation on exposure draft legislation) will be met by the Commonwealth Department of Health and Ageing.

13. Risk management plan

A number of risks arise when government initiatives and legislative proposals are the subject of public debate:

- Public criticism of Health Ministers and proposals;
- Lack of understanding and acceptance of the initiative; and
- Stakeholder scepticism and distrust.

There are risks associated with introducing the HI Service ahead of other relevant legislative developments, particularly in relation to privacy legislation reform and harmonisation. The Communications Strategy will continue to provide a consistent message about privacy protection to mitigate such concerns.

A risk arises if there is insufficient information in the public domain for support of a clear understanding of the HI Service and its benefits. NEHTA has finalised both the Concept of Operations document for the HI Service and the Security and Access Framework. These documents will be used as the consistent baseline source for information about how the HI Service will operate in practice. Based on these sources, Fact Sheets and FAQs will be developed for each target audience.

One objective underpinning this Communication Strategy is to reduce confusion or concern over the introduction of healthcare identifiers.

The following tables outline the risks broken down by target audience/stakeholder group.

Target audience	Risk	Mitigation strategy/response	Responsibility
Healthcare consumers, the wider public and media	Privacy concerns may cause the general public to be sceptical of the development of the HI service and the use of healthcare identifiers	Promote the legislative safeguards developed for the introduction of the HI service. Release Privacy Impact Assessments on website.	NEHTA
	Consumers may not understand the benefits of healthcare identifiers	Provide consistent, user-friendly documentation in a variety of formats to promote public understanding of e-health and the safety and quality benefits that healthcare identifiers will bring about.	NEHTA
Healthcare providers, organisations and related research and better	There many be insufficient understanding about the benefits of healthcare identifiers or how the HI Service is	Ensure information is provided to healthcare providers ahead of commencement of HI Service on what healthcare identifiers will mean for the way they work and the benefits	NEHTA

Target audience	Risk	Mitigation strategy/response	Responsibility
practice organisations	intended to work in practice, leading to low uptake of healthcare identifiers.	identifiers can bring about to business practice.	
	Healthcare providers may not understand responsibilities that relate to appropriate use of healthcare identifiers	Ensure sufficient supporting documentation and training is available to healthcare providers prior to the commencement of the HI Service.	NEHTA & HI Service Operator
Australian, State and Territory governments, including Ministers and regulators	There is a risk that inconsistent messages on the HI Service may result, leading to public confusion or distrust about the use of healthcare identifiers.	Develop consistent materials on e-health and healthcare identifiers that can be used by all jurisdictions. Work together with NEHTA and all jurisdictions to agree on content and key messages that need to be relayed on the HI Service.	NHIRF, DOHA and NEHTA
Key stakeholders including consumer advocacy groups, privacy stakeholders and peak health professional bodies	Key stakeholders may not have access to accurate information on which to provide informed feedback on the HI Service proposals	Ensure detailed documentation is available to build stakeholder understanding and inform potential feedback.	NEHTA, NHIRF
	Misunderstanding could lead to a lack of acceptance of the HI Service and lobbying by key groups during the passage of legislation through parliament.	Conduct one-to-one briefings with those stakeholder groups who are most likely to raise concerns to ensure they have access to accurate information and an opportunity to air concerns prior to discussion in a public forum.	NEHTA, NHIRF
Health information technology industry and vendors	Industry scepticism of the capacity of the HI Service to achieve the benefits being promoted.	Ensure well-researched documentation is produced to support all benefits claims being made, drawing on previous work that has already been done in relation to the National E-health Strategy and the National Health and Hospitals Reform Commission, as well as international experience.	NEHTA & DOHA

14. Monitoring and evaluation

Ongoing evaluation and assessment of the effectiveness of key messages and communications tools will be undertaken. Evaluation of communications activities will also help to inform future communications on the HI service over the three phases of this Strategy.

Evaluation tools may include:

- The results of market research
- Monitoring and analysis of media coverage
- Monitoring of orders for resource materials
- Monitoring of website hits
- Stakeholder feedback
- Attendance at public forums

The effectiveness of the strategy will be reflected in the level of awareness and understanding for each of the target audiences.

Reports on the Communication Strategy and related activities will be provided to the NEHTA Board on a regular basis.

Attachment A – Market research on healthcare identifiers

NEHTA proposes to undertake further market research to build an understanding of public and stakeholder opinion with regard to the various e-products and e-health concepts likely to come into focus in the coming months, including healthcare identifiers.

The research will involve studying the knowledge, perspectives and opinions of the general public and then, with this information, holding a series of discussions with opinion leaders and direct stakeholders for whom e-health products and services carry direct relevance.

The format for proposed market research is as follows:

Quantitative

A survey of maximum 15 minutes average duration, of 1,650 adults made up as follows:

- A stand-alone sample of 350 across New South Wales
- 350 similarly across Victoria
- 350 again across WA
- 600 across Queensland

This will enable NEHTA to find out the public's knowledge of e-health and NEHTA and its reactions to various e-health proposals including personal health records, patient identifiers, transfer of health information, access to medical and hospital records, present levels of treatment and care and options for improvement and reform and associated issues.

Special modules can be added for particular groups such as people with chronic illnesses, parents with dependent children and young people with no health problems. Even if there were not enough members of these groups in the survey for a statistically valid sub-sample, it could provide an indicative guide to their views and reactions.

Qualitative

Mini-groups (of 3 or 4 people each) with direct stakeholders. As a starting point for discussion, there will be a separate group for each of the following:

- GPs
- Carers – urban
- Carers – rural
- Patients with long-term, complex and chronic conditions – urban
- Patients with long-term, complex and chronic conditions - rural

“Rural” includes small regional towns whose population needs to drive a long distance to get to the nearest hospital. Focus groups will also be held with key opinion-formers and community leaders with interest in public and community health issues. Such groups, we expect, would be held in Sydney, Melbourne and Brisbane. We envisage 5 or 6 such groups being done.

The content of these groups or interviews would include a presentation on the proposed NEHTA product and reforms, followed by a structured discussion about all presentation, marketing and policy issues arising in relation to the topic.

Attachment B – Channels for communicating on e-health

The following channels have been identified by NEHTA as providing the most effective method of communicating with a diverse range of audience groups on e-health, including communication on the HI Service.

Media

- National media
- Industry media
- Consumer publications
- Stakeholder media
- Jurisdictional media

Online media

- NEHTA – This website at www.nehta.gov.au is a key source of important documents on the HI Service, including the Concept of Operations and three Privacy Impact Assessments on the healthcare identifiers project
- Department of Health and Ageing – A dedicated website to provide information on the Healthcare Identifiers Service has been established at www.health.gov.au/ehealth. The site contains key publications on the legislative development process, submissions received in response to publications and supporting documents such as FAQs. The site also provides a 'subscribe' service for anyone who wishes to receive updates on the HI Service.
- The new national e-health web site www.ehealthforaustralia.com.au is a jurisdiction-owned website that will be launched in December 2009 and is strongly positioned to give timely and accurate information about the healthcare identifiers to the general public.

Each of these websites contain promotional information about the HI Service with direct links to the each other to maximise the reach of these online channels.

Champions of e-health in Australia

The government will enlist "champions" who are leaders in the community to speak about e-health and the need for the first step - "healthcare identification". Third-party comment from key stakeholders will add more influential "voices" to community debate.

NEHTA will use its channels to directly identify communication champions (for example, via its Clinical Leads group led by Dr Mukesh Haikerwal) within its networks in order to disseminate information widely throughout the stakeholder group and to the wider public.

Model Health Community

A key component of communicating how the HI Service will operate can be seen in a Model Health Community being set up in Canberra from 15 December 2009. This will be used to show a GP office, a HI Service operator and other examples of a healthcare identifier in use. The model health community will be seen by stakeholder representatives as well as Members of Parliament.

Communications Working Group for E-Health

A new Communications Working Group for E-health comprising jurisdictional and private sector organisations working together across Australia has been convened by NEHTA. (See [Attachment B](#)). The new working group will provide a conduit for the accurate dissemination of information about the HI Service.

Key agencies

- Medicare Australia as initial Service Operator for the HI Service is able to provide information on the HI Service to both consumers and providers through its website, Medicare offices, and a dedicated telephone inquiry service.
- NEHTA
- State and territory health agencies
- Regulatory bodies, including the Privacy Commissioner, who will eventually provide advice on any concerns individuals may have with potential breaches of HI Service legislation

Healthcare providers

- Healthcare providers and hospitals may be the first point at which consumers come to find out about the HI Service. Ensuring providers have accurate information to support consumers queries is therefore important.
- Practice nurses and practice managers who have time to respond to questions from the public also represent an important vehicle for communication

Attachment C – Communication tools for e-health

A range of communication tools have already been developed by NEHTA. These are detailed below, as are some additional tools that could also help to communicate messages about e-health, and the role of healthcare identifiers in supporting future e-health initiatives.

E-health branding

An 'e-health branding' has been developed by NEHTA to cover all communication activities relating to e-health throughout the country.

A consistent branding and style for all communication documentation is especially important given that e-health involves all jurisdictions and a range of key stakeholders. NEHTA's role is to bring consistency across these jurisdictions to ensure a smooth transition of e-Health services and infrastructure across the country.

Consistent branding of communication tools and activities allows brand recognition to be developed within target audiences.

Conference strategy

NEHTA has a well-developed conference strategy, and draws on opportunities to promote e-health at conferences, public forums and seminars to key target audiences. This involves giving speeches, distributing information kits, organising an information booth and sponsoring conference events.

A list of Conferences that NEHTA is going to attend is maintained on the NEHTA website that informs target audiences of opportunities to meet with NEHTA staff to discuss e-Health related issues, including the role of healthcare identifiers in the broader e-health context.

E-Health marketing products

Marketing or promotional products are devices designed to deliver, reinforce or maintain a message after the delivery of the primary message.

NEHTA has developed a number of promotional projects to support its communications activities. Some examples of marketing products include:

- Calendars - A small plastic desk calendar with the e-Health branding and short message would be a good tool to remind target audiences of the e-Health message when with a patient, including messages about healthcare identifiers as appropriate. For example, doctors could place the calendar on their desks and when they go to look up a date for a follow up appointment with their patient, they use the desk calendar and therefore are reminded of e-Health.
- E-health pens - NEHTA has branded pens which are good marketing device that can be used in conference situations where these products are in demand by participants. Their value derives from their immediate usefulness. It is not likely that doctors or other health care professionals are going to hold on to these products for a long time. However, their value is that they attract visitors to the e-Health information booth, allowing staff to talk to them and offer them other information products.

E-Health newsletter

Newsletters can play an important part in keeping key target groups informed about changes to all e-health initiatives. NEHTA has a number of regular newsletters that it uses to update stakeholders on progress with the HI service initiative. These are available both electronically and in print form.

Web based information

The joint governments' new e-health web site will be provide a channel for the dissemination of information on healthcare identifiers to all target audiences.

The website www.ehealthforaustralia.com.au is a jurisdictional-owned site being developed by NEHTA and will be launched at the beginning of December 2009. This website is strongly positioned to give timely and accurate information about the healthcare identifiers to the general public.

A website is a medium that can provide two way communications. Visitors to the web site will be encouraged to provide feedback and sign up for regular publications such as the e-Health newsletter, media releases or even hot issues emails.

An online live forum will also be launched on www.ehealthforaustralia.com.au to coincide with future public consultation. This will enable instant responses by a panel of experts to be made to public questions about the proposed HI Service and for feedback to be collated for consideration by governments.

A links from this central website will be provided to related websites including the Department of Health and Ageing, NEHTA and individual jurisdictions.

Media strategy

The role of healthcare identifiers as a first step in laying the foundations for an e-health future requires a proactive media strategy outside of the regular opportunities that arise from key project milestones. Also, potentially negative issues such as participant privacy and the unfounded threat of an "Australia Card" need to be dealt with upfront.

To achieve this, the issue of privacy will be addressed in all media releases and promotional publications.

The presence of respected spokespeople in information campaigns contributes to persuasive communication. Key spokespeople from NEHTA and the Commonwealth will be identified and engaged to undertake media appearances to communicate the desired messages on healthcare identifiers. States and Territories should also nominate potential spokespeople who have a profile at the local level and would be appropriate for communicating information about the HI Service.

Media releases

Media releases will be issued at key milestones to specialised media on developments in relation to healthcare identifiers.

Depending on the activity, a media release may be issued by the Australian Health Ministers Conference (AHMC), the Commonwealth Health Minister or NEHTA.

Editorial in local and regional papers

Journalistic resources in local and regional papers can be extremely limited and most welcome additional copy to help fill the pages. This provides a good opportunity for NEHTA to convey information about the introduction of the HI Service in a semi-controlled manner and to reach grassroots audiences still heavily reliant on the local paper as an information source.

A concerted editorial push will take place across Phases 1 - 3 of this Strategy. Articles should also be prepared for Health and Ageing publications such as Better Health Outcomes and Regional Health Check. States and Territories could consider relevant publications in their jurisdictions that could be targeted.

Radio interviews

Interviews with spokes people in local and specialty media provide an effective way of educating communities and addressing concerns that arise about e-health and the introduction of healthcare identifiers. These would help to generate community debate and would add to the project's credibility. Spokespeople will be offered to media outlets at regular intervals to humanise the concept and generate interest.

Lifestyle programs

Briefings and spokespeople could be offered to producers to promote e-health on television and radio lifestyle programs such as Sunrise, Good Morning Australia, The Today Show, Life Matters, The Health Report etc. These are a good way of reaching mass audiences in a relaxed format and for discussing the concept outside the constraints of news formats.

Calendar of events

It will be important to develop a calendar of events setting out both broader e-health milestones and key steps in the introduction of the HI Service. The calendar will include dates of major announcements, including passage of relevant legislation and launch of the HI Service. This way, media coverage can be organised to coincide with newsworthy events.

Advertorial

This is a paid form of editorial and provides an effective means of conveying information in a controlled and strategic manner. NEHTA will explore opportunities to promote key developments through advertorial in specialist publications such as Australian Doctor and Medical Observer. Consideration will have to be given to MCGC processes if this is undertaken.

Case studies

A series of practical and specific case studies illustrating how healthcare identifiers will work in practice is being developed by NEHTA through its stakeholder reference groups. These will also be updated regularly and added to media information kits and to the website.

Tools to maximise stakeholder involvement.

In addition to the tools outlined above, the following communications activities should be undertaken for maximum penetration of the stakeholder organisation target group.

Relationships and networks

Formal approaches will be made to stakeholder organisation managers and/or communications officers to inform them about development of the HI Service and to determine possible opportunities to disseminate information on healthcare identifiers.

The National E-health Communications Forum (See Attachment B) has been established with this aim in mind.

Organisation journals and newsletters

Most stakeholder organisations and institutions have well-established journals and newsletters that are circulated among their client base. They are usually well read, trusted sources of information and present good opportunities to build and raise awareness about e-health to generate discussion and interest among key target groups.

Examples include:

- The Divisional Newsletter produced by the Australian Divisions of General Practice, which services 123 Divisions of General Practice around Australia.
- The National Rural Health Alliance produces a quarterly publication called Party Line, which devotes substantial editorial space to discussing issues relevant to rural and remote health consumers.
- National Networks is a bi-monthly newsletter from the GP Branch within the Department of Health and Ageing, servicing groups and individuals outside community general practice. The target organisations include all Divisions of General Practice, State-based organisations, Rural Workforce Agencies, doctors peak groups, State-Territory Health Departments, other departments with an interest in GP issues, health care professionals, university faculties with a GP focus and consumer groups.
- Health Insurance Commission – produces a range of regular newsletters such as Medicare Forum, PBS Bulletin Board and HIC Pathology Notes that provide updates on health-related issues.

e-bulletins

An increasing number of organisations are producing and circulating electronic information bulletins for the benefit of their clients and to save on production time and costs. Examples include the Collaborative Health Informatics Centre's (CHIC) e-Forum and the National Rural Health Alliance's e-Forum. NEHTA already draws on these tools to disseminate information, and will continue to do so as work on the HI Service progresses.

Business breakfasts

Special breakfast briefings are popular forums because they don't eat into valuable work time and allow interactive dialogue with key players. Options for opportunities in this area are being explored to coincide with key milestones in the development and launch of the HI Service.

Direct mail

The old-fashioned mail-out is still effective in reaching specific target audience members, through letters, information releases, brochures and flyers. These can be done on an adhoc basis and used when important information needs to be delivered in a specific time line.

Opportunities to "piggy back" information on other mail outs occurring can be used.

Government forums and communication networks

Possibilities for tapping into relevant government forums and functions at both federal and state level will be explored. These include meetings, program launches, consultation rounds, staff forums and committees.

State and Territory Specific Initiatives

This Healthcare Identifiers Communications Strategy builds on the partnership between the Commonwealth, the States and Territories, to progress the development and implementation of the HI Service. Representatives from each jurisdiction are well placed to convey the key messages on e-health at a grassroots level. State and Territory representatives have valuable local knowledge, skills and networks, which should be utilised, where possible, to inform and educate all Australians about e-health.

In order to capitalise on these local resources and to ensure practical and coordinated communications over time, it is recommended that the following activities are undertaken:

- identify local spokespeople who can help to promote e-health

- identify local media who can be targeted for communications material as it is developed
- disseminate information to local stakeholders as developed
- provide feedback to the NEHTA on issues that arise at the local level
- assist with explain the role of healthcare identifiers to local healthcare providers using regular communications tools such as Area Health Service/hospital newsletters
- identify and obtain authorisation for use of locations and local spokespeople in the production of video for the interactive CD ROM
- consult with NEHTA before releasing E-Health communications material in their jurisdictions
- identify contentious issues at the local level that may relate to e-health
- identify opportunities to promote e-health in their State or Territory eg conferences, meetings etc.

State and Territory e-health representatives will be supplied with stocks of the core communications material for distribution within their State. FAQs and fact sheets will also be made available, where possible, for adaptation to local audiences. However, a system of national approval must take place before any fact sheets are produced.

Non campaign advertising

To supplement media coverage it is proposed that national non-campaign advertising be undertaken by providing a public notice on issues where it is imperative that information appears in the media (such as the release of the draft exposure legislation).

This type of advertising is limited to public notices where information is being provided to draw people's attention to activities being undertaken that may involve public participation such as meeting notices or public consultation processes that are a part of important processes of the E-Health initiative.

Other advertising such as description of E-Health services or the advantages of certain E-Health initiatives are considered campaign advertising and out of scope for this strategy due to the complexity of their development and large cost.

Attachment D – HI Service communication messages, tools and channels for audience segments

Healthcare consumers, the wider public and media

Communication tool	Key messages	Channel
FAQs and Factsheets	Healthcare identifiers will bring about improved quality, safety and accuracy in healthcare communication. Healthcare identifiers represent a key foundation element for e-health in Australia.	Website & Print format
Press releases and PR at key milestones	Promoting e-health to broader community, and role of healthcare identifiers as foundation element in improving safety and quality care.	Media outlets - Newspapers, TV, radio and use of prominent 'champions' for e-health in Australia.
Mailout	Advice on how consumers will be issued with a healthcare identifier and what this means. (Once legislation passed)	HI Service Operator

Healthcare providers, organisations, related research and better practice organisations

Communication tool	Key messages	Channel
Demonstration of using HI's in practice	Healthcare Identifiers provide the opportunity to improve current business practices. The impact on how healthcare providers currently deliver healthcare has been taken into account in building the service to maximise benefits and minimise disruption. As far as possible, the HI Service has been designed to be efficient and easy to implement.	<ul style="list-style-type: none"> o Model Health Community o Reference platform
Newsletters	Promoting e-health benefits to providers, and role of healthcare identifiers as foundation element.	Website, email subscription & distribution via professional organisations.
One-to-one briefings	The participation of healthcare	In person meetings with

	providers is important for the success of e-health in Australia.	representatives of peak professional organisations.
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Australian, State and Territory governments, including Ministers and regulatory agencies

Communication tool	Key messages	Channel
Briefings - Including an up-to-date Issues Brief	The development of the HI Service has been a collaborative effort by all jurisdictions and NEHTA. Revised elements of the legislation have taken into account stakeholder feedback. Consistent messaging across all jurisdictions is important to building understanding and acceptance of the HI Service.	Written documentation & in-person briefings by Departmental executive staff.
FAQs	Clear, user-friendly information has been developed to support consistent messaging and guide public statement and dialogue on the HI Service.	

Key stakeholders including consumer advocacy groups, privacy stakeholders and peak health professional bodies

Communication tool	Key messages	Channel
One-to-one briefings (Phase 1)	Stakeholder feedback is appreciated and has been taken into account in revising the design and legislative proposals for the HI Service.	In person
Stakeholder forum	It is understood that up-to-date and accurate information on the HI Service is important to build stakeholder understanding and facilitate input.	In person & supported by material on website
Email subscribe service	The importance of stakeholders having access to timely updates on the HI Service is acknowledged and provided.	Website
Key design and update documents.	Up-to-date and accurate information on the HI Service is important to build stakeholder understanding and facilitate input.	Website & hard copy for distribution at forums and to support one-to-one briefings.

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Health information technology industry and vendors

Communication tool	Key messages	Channel
Demonstration of using HI's in practice.	The IT industry is a valuable partner in ensuring the uptake of e-health in Australia.	Model Health Community
Technical documentation on the HI Service.	Detail on how the HI Service will work in practice is important to ensure timely uptake and build of systems to support healthcare identifiers.	Website, as well as forums, meetings and conferences.