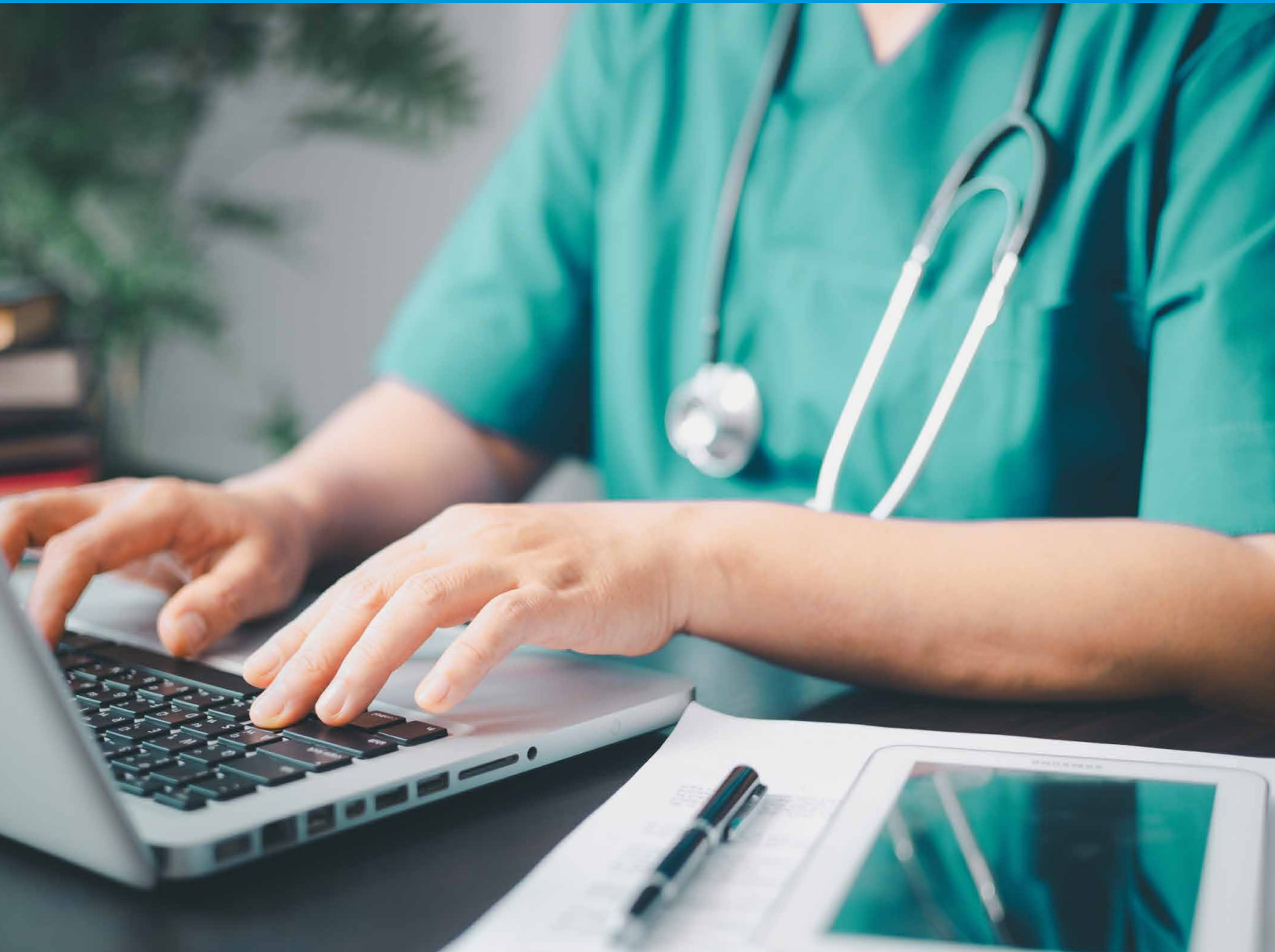


**HCCIntelligence™**  
**PREMIER**

**Media Toolkit: Engaging the Community  
and Amplifying Your HBMC Practice**



**HCCI**  
HOME CENTERED CARE  
INSTITUTE

## Introduction

This toolkit is intended to help your practice understand how to promote the importance of home-based medical care in your community, particularly to potential patients and caregivers. It will also help you identify the key messages and media tactics you can use to reach your target audience most effectively.

The goal of this toolkit is to provide an easy-to-follow guide to help you deliver compelling messages, reach stakeholders and media, and effectively position your practice and home-based medical care as integral components of healthcare for the homebound and those with difficulties leaving the home.

## Contact

### HCCI Marketing Department

Home Centered Care Institute  
1900 East Golf Road, Suite 950  
Schaumburg, IL 60173  
[HCCIInstitute.org](http://HCCIInstitute.org)

<b>Table Of Contents</b>	<b>Page</b>
<b>I. Introduction</b>	2
a. How to use the toolkit	2
b. Contact information	2
<b>II. Messages and talking points</b>	3
a. Key messages	3
b. How to use messages as talking points	4
<b>III. Media relations and how to share your story</b>	5
a. Determining your “news”	5
b. Determining which communications vehicle to use	6
i. Press release	6
ii. Opinion editorial	7
iii. Letter to the editor	8
c. Building a media list	8
d. Pitching stories to the media	9
e. Preparing for, and conducting, media interviews	10
f. Sharing news coverage with your networks	11
<b>IV. Social media best practices</b>	12
a. Facebook	12
b. X, the platform formerly known as Twitter	13
c. LinkedIn	14
<b>V. Next steps</b>	15
<b>VI. Appendix</b>	16
a. Press release template	16
b. Press release example	17
c. Opinion editorial template	19
d. Opinion editorial example	20
e. Letter to the editor template	21
f. Letter to the editor example	22

## Messages & Talking Points

The following key messages can serve as a foundational guide for developing talking points that best align with your practice. They will remind those in your practice who are responsible for communications about the key points (not every point...) you want to make now to achieve the outcomes you desire, like serving more patients and increasing awareness of home-based medical care among potential patients and their families. The messages lead with the problem, provide potential solutions, and explain how your practice contributes to the solution. This message structure contributes to communications that answer why your practice's news is timely and relevant.

**NOTE:** These messages are not intended to be used like a script, but a guide in how to effectively communicate about home-based medical care to educate patients and family caregivers about your practice.

## Key Messages

### ***Shortage of trained home-based medical care providers***

- ✓ In the United States more than 5.9 million of the 7 million people who are homebound or have difficulty leaving the home cannot access the medical care they need. Because of their limited mobility and a shortage of trained home-based medical care providers, many of these individuals rely on 911 and emergency rooms for basic care needs.

### ***House calls bridge gaps in care***

- ✓ House calls improve patient outcomes and satisfaction, are convenient for patients and their caregivers, lower costs, and help patients with advanced and chronic illness.

### ***[YOUR PRACTICE] offers home-based medical care/house calls***

- ✓ Providers at [YOUR PRACTICE] provide high-quality house calls to homebound residents of [YOUR CITY/REGION].

### ***Learn more***

- ✓ Visit [YOUR PRACTICE WEBSITE] to learn how to receive quality home-based medical care where you live.

## How To Use Key Messages As Talking Points

The formula below will help you create talking points using HCCI key messages as a foundation. The talking points can be used in any patient-, caregiver- or stakeholder-directed communications to explain why your practice offers home-based medical care and its benefits to the homebound.

### FORMULA

PROBLEM + SOLUTION + WHAT YOUR PRACTICE IS DOING + WHAT YOU NEED YOUR AUDIENCE TO DO

### PROBLEM

A specific problem that requires a solution that your practice provides.

### EXAMPLE:

There is a shortage of trained home-based medical care providers in [YOUR CITY/REGION] to care for the many homebound older adults who do not receive needed healthcare.

### SOLUTION

As broadly as possible, what is the solution to the specific problem outlined above?

### EXAMPLE:

Home-based medical care, otherwise known as “the modern-day house call,” is a lifeline to homebound [YOUR CITY/REGION] residents because the service offers quality medical care delivered in the comfort of a patient’s home.

### What Your Practice Is Doing

How is your practice uniquely contributing to the solution?

### EXAMPLE:

At [YOUR PRACTICE] , we care for homebound [YOUR CITY/REGION] residents through high- quality house calls that help meet patients’ care needs in the comfort of their home.

### WHAT YOU NEED YOUR AUDIENCE TO DO

The call to action to your target audience.

### EXAMPLE FOR CONSUMERS/PATIENTS:

Learn more about [YOUR PRACTICE’S] house calls and schedule your appointment today.

### EXAMPLE FOR STAKEHOLDERS:

Learn more about [YOUR PRACTICE’S] home-based medical care offerings and share this information with your networks.

## Media Relations And How To Share Your Story

Relationships with the media matter because they put your practice in front of potential patients, caregivers, and stakeholders via diverse media publications. Media coverage raises awareness, on a broad scale, of the innovative healthcare options you offer.

Media relations is a skill every home-based medical care provider can master and use to their strategic advantage. Generating media coverage can position your practice as the “go-to resource” in home-based medical care for your community, increase the number of patients your practice serves and, ultimately and most importantly, support a population in need – the homebound.

### The six steps to media relations are:

1. Determining your “news”
2. Determining which communications vehicle (“media materials”) to use, e.g., press release, Opinion-Editorial (Op-Ed), Letter to the Editor (LTE)
3. Building a media list
4. Pitching stories to the media
5. Preparing for, and conducting, media interviews
6. Sharing news coverage with your networks

### Determining Your “News”

Before you reach out to the media, first determine what it is you want a reporter to know, what is the “news” you are sharing?

Is the intent of your news to drive awareness of the need for the homebound in your community to receive care or is it about a new hire at your practice who focuses exclusively on home-based medical care?

Then think about your practice’s goals and what information or news you can share to advance the issue. Refer to the earlier key messages for ways to articulate your news clearly and concisely.

The next sections go into greater detail on the other key elements of media relations.

## Determining Which Communications Vehicle To Use

Once you know what you want to share with the media, the next step is to draft the material to tell your news. There are three main media materials commonly used to generate media coverage in TV, radio or newspapers across the country. Each has its own unique use, look, and feel. The information below outlines what each of these materials looks like and the type of content to include. When in doubt, check with the HCCI Marketing and Communications team for guidance.

### Press Release

The most common way to provide information, and share an announcement or event, with media is by issuing a press release. Think of a press release as a streamlined way to share your practice's information/news with media in a single page, including quality quotes underscoring the news. A press release contains the following elements:

- **Headline.** The headline should be succinct and attention grabbing. Think, "What details would make me want to keep reading if I were a reporter?" Summarize the main point for the headline. For example, "Convenient House Calls Available in Chicago."
- **Sub-headline.** This draws the reader in further and gives more detail in one sentence. If your headline is "Convenient House Calls Available in Chicago," the sub-head could say "[YOUR PRACTICE] serves homebound adults in Chicago area with quality medical care delivered in the comfort of their homes."
- **Lede.** This is the most important information in the release. It is the first section after the headline and sub-head. The lede is one to three sentences and answers who, what, when, why, and how. After the reporter reads the headline, sub-head and lede of the press release, he or she has all relevant details to either keep reading and/or cover your story.
- **Background and quotes.** The remainder of the press release provides supporting details—for example, the number of homebound adults in Chicago and/or why the practice expanded into home-based medical care. The body includes a quote or two from a high-profile individual related to the news (e.g., the lead provider and/or practice manager at the practice). Quotes must sound authentic and provide "color" to your release. Reporters often lift quotes verbatim, so they must be compelling and original.
- **Call to action.** This is usually the last sentence of the release and points to how someone learns more information. It's usually a website or phone number.
- **Boilerplate and media contact information.** At the end of the release, a boilerplate with two to three sentences about the organization submitting the release is included (e.g., your practice), along with a media contact name (someone who can field and manage media inquiries generally on a 24X7 basis) and their email and phone number.

*See Appendix for example press release and a template to use.*

## Opinion-Editorial (Op-Ed)

Unlike a news story prepared by a journalist, an op-ed is a commentary drafted by a member of the public or someone serving in a professional capacity and published in a newspaper or other outlet. Op-eds express an opinion about a timely topic that is important to the reader. Anyone with an opinion worth sharing can draft and submit an op-ed, yet only a small percentage of submitted op-eds are accepted for publication. Op-eds vary in length, anywhere from 400- 1000 words. Always check your local newspaper for length requirements and other submission guidelines before submitting.

### An op-ed contains the following elements:

- **Lede/Opening.** This is the reason for writing the op-ed. The issue you care about deeply and want others in your community to know about (e.g., medical care access issues for homebound patients). The lede should be one to two sentences and sums up your opinion.
- **State your case.** Provide backup information for why you hold this opinion, with facts, evidence, research, stories, and anecdotes to establish credibility and illustrate your point. State your case clearly and succinctly.
- **Call to action.** Tell readers what you need them to do to support your case. Is it contact your office for more information on home-based medical care? Or is it contact your city council member or state representative, urging them to expand medical benefits to cover home-based medical care? Whatever it is, make sure it's clear and actionable.
- **Closing.** Always finish with a strong closing line that reinforces the lede and call to action.

### Before embarking on an op-ed, keep the following in mind.

**When you submit matters.** Op-eds have a greater chance of acceptance when tied to a local/national debate or news event rather than something that comes across as written on a "pet project" rarely discussed in the public discourse. As a rule, submit your op-ed as close to the news event/debate it is related to as possible, with a maximum of up to five business days after

said event, at which point, it will likely be considered "old news." Keep your eyes peeled for local news stories around geriatric healthcare issues, which are opportunities to submit an op-ed.

**Authors matter.** Op-eds have an increased chance for publication if authored by experts in the subject matter at hand. Consider individuals in your practice with authority on the topic, like a home-based medical care provider at the forefront of delivering this type of care for years or the practice head.

*See Appendix for example op-ed and a template to use.*

## Letter To The Editor (LTE)

Letters to the editor (LTE) are short, letter-like opinion pieces appearing in print and online publications like daily newspapers or specialty magazines. LTEs have a clear opinion and call to action but are much shorter than op-eds (usually between 150-300 words). They are usually written in response to an article appearing in the publication and offer either a counterpoint or additional information.

Same as with op-eds, check the submission guidelines for your target publication to determine word count and how to submit the LTE. Often, submission is through an online portal or sent directly to a specific staffer at the publication.

### LTEs contain the following elements:

- **Salutation.** Since this is a letter to the editor, check whether past LTEs in the target paper or publication begin with a salutation and/or reference the specific article the author is replying to.
- **Lede/Opening.** This is the reason for writing the letter. Like the op-ed, the lede is the one to two sentences that concisely explain your opinion.
- **State your case.** With limited word count, include only the most important backup information that reinforces your opinion, be it facts or anecdotes.
- **Call to action.** Tell readers exactly what they need to do – visit a website, contact their state representative, learn more, etc.
- **Closing.** Finish strong and end with a memorable line and your contact information.

See Appendix for example letter to the editor and a fully developed template to use.

## Building A Media List

Now that your press release, op-ed or LTE is drafted, you'll next create a media list of reporters and news outlets to which you will "pitch" stories.

To start, identify local media outlets (e.g., TV, radio, newspapers, community news outlets, blogs, etc.) and identify which reporters, editors, or producers at each outlet cover the type of news you will be looking to share ☑ likely healthcare and business editors and reporters (print), program managers (radio), and producers (TV).

If the outlet is small, there may be no reporters covering specific topic areas, like business, health, sports, etc. In that case, the individual listed online as the "newsroom contact" or "assignment editor" is the person to go to with your story idea.

Find the phone number and email address for each reporter and compile them into a single list for ease of outreach. Once the media list is complete, you'll be ready to start sharing your news.

*Note:* for LTEs and op-eds, reporters responsible for reviewing these submissions vary. Check with the specific outlet for submission guidelines.

### A sample media list could look like the following:

Outlet name	Reporter name	Beat/title	Email	Phone #
WSJV-TV NBC	John Doe	Producer	jdoe@TV.com	555-555-5555
KRSP-FM, today's top hits	Jane Jones	Morning host	Jane@radio.FM	555-555-5555
Daily Herald	Sam Smith	Health editor	sam@daily.com	555-555-5555



## Pitching Stories To The Media

Now that you have an idea of what you want to say, which media vehicle to use, a media list and an idea of timing, the next step is to reach out to reporters. Called a “media pitch,” sharing your news with reporters is as simple as an email and phone call follow-up to reporters on your media list.

### Below are media pitch best practices to set yourself up for success.

#### 1. Prepare and send your pitch email.

Equipped with your media list, write several brief emails, each personalized with the reporter’s name. Be sure to send a separate email to each contact on your list (do not CC or BCC). Include your phone number and email address for their follow-up questions. If you have a press release, include it in the body of the email at the bottom (do not attach it, as that can trigger a “junk” email flag being attached to it). Reporters and editors are very busy and need to make fast decisions – so be succinct and straightforward, but respectful. If alerting them to an upcoming event, send your initial email no later than a week before, and **try to not be too promotional** in your outreach. Reporters want news, not marketing information.

#### 2. Call to follow up.

Follow-up is critical. The story is unlikely to materialize unless you call and make a compelling verbal pitch that offers an interview with a spokesperson or offers the reporter the opportunity to attend an event. An effective follow-up call stresses why your practice’s work is important and interesting to readers. Follow-up calls help establish a relationship with reporters and make it more likely they answer your call or email the next time.

#### 3. Work with the reporter and prepare your spokesperson.

If a reporter says they are writing a story based on your news, work with him/her to fully understand their story angle and coordinate between the reporter and your spokesperson who will be interviewed. **Reporters operate on incredibly tight deadlines so be prepared for reporter requests with less than 24-hour turnaround times.** Prepare the rest of the staff ahead of time for that type of turnaround timeframe, too.

## Preparing For, And Conducting, Media Interviews

Now that your news is out and a reporter is interested in speaking with your practice, it's time to prep your spokesperson. Mastering how to tell a compelling "story," one that delivers a clear message with a concrete ask, is vital to effectively communicating to media.

### Before the interview:

#### 1. Know your audience going in.

Conduct light research on the reporter and media outlet before the interview (e.g., is the outlet a healthcare publication or a weekly community paper geared to older adults?). Search for a reporter's previous stories and how they covered topics like yours in the past. The more you know, the more you can prepare.

#### 2. Anticipate questions and criticisms.

Prepare for an interview by anticipating likely questions the reporter may ask (e.g., what is a house call? How is it paid for?) and any potential challenging questions (e.g., Doesn't telehealth make home-based care unneeded?).

#### 3. Prepare, practice, and expect the unexpected.]

Prepare for media interviews like you would a job interview. Prepare how to respond to any circumstances beyond your control (e.g., Zoom platform fails mid-interview, the reporter calls 20 minutes late, etc.) Practice in front of a mirror and/or record yourself. The more prepared and practiced you are, the more comfortable you will be sharing your story. And remember that the more interviews you do, the more comfortable you will likely get with them. But do not get too comfortable since everything you say can be used in the story. Be prepared for the reporter to record the interview, too. They do this for accuracy in their reporting.

### During the interview:

#### 4. Determine and deliver your messages.

Use messages during media interviews by answering the question asked or bridging to the question you wish was asked. Remember: it's not what an interviewer asks you; it's how you incorporate your key messages into the answers to tell the full story. But remember, like all skills, bridging takes practice. The more you do it, the more you will be able to do it seamlessly.

*Bridging is...when the interviewee moves the conversation from a challenging question posed by the reporter to a topic the interviewee more wants to discuss. Bridging is most often used for negative or tough questions but can be used when a reporter starts down a line of questioning that is off topic from what the interviewee wants to discuss.*

For example, if the reporter asks about a topic that has nothing to do with the message you want to talk about or is something highly controversial, a bridge could be, "That's an interesting question, but the most important thing to focus on is..."

#### 5. Think before you speak.

When asked a question by an interviewer, stop, reflect – and then answer. Never fear silence; it gives you the opportunity to think carefully about how to respond.

#### 6. Headline your answer and flag key points.

Reporters like sound bites. Use a one-sentence answer to make your point succinctly, then expand on the idea if you want. Use "flags" or phrases that signify something is important. Common flags are:

- The important thing to remember is...
- The real issue is...
- We were surprised to learn...

**7. Use simple, direct, concise language.**

Avoid jargon and high-literacy language, you want your comments to be understood by the largest number of people.

**8. Don't be afraid of the silence or saying, "I don't know."**

Provide your answer and then let the reporter fill the silence, don't continue talking unless you have something substantive to say. Taking pauses can also help the reporter who is likely taking notes to keep up and ask any follow-up questions. And if you don't know the answer to a question, tell the reporter you don't know and/or you'll try and find out, and that you'll follow up. Then, follow up in a timely manner.

**9. Localize, personalize, and humanize.**

Make messages relevant to your audience whenever possible, using anecdotes to connect with readers/viewers/listeners, and including local information.

**10. Repeat your message. (Then repeat it again.)**

Share key messages early and often, don't fear repetition. The more you repeat a message the more likely the reporter will recall it when creating their story.

## Sharing News Coverage With Your Networks

You did it. A story mentioning your practice is published in the newspaper or in a blog or appeared on TV or radio. Congratulations! Now you want as many potential patients and other practices as possible to see the story.

### Here are a few ways to share the news:

- 1. Social media.** Post a link to the story on Facebook, X (the platform formerly known as Twitter), and LinkedIn, anywhere you can share with your followers and to the public at large. Additional details are in the next section.
- 2. Newsletter/Website/Blog.** Share the information in your practice's communications that go out to your audiences and on your website and blog.
- 3. Partner Newsletters/Websites/Blogs.** Does your practice belong to any associations, and do your care providers belong to professional membership groups? If yes, consider sharing the story with these organizations and encourage them to share in their newsletters, on their websites, etc.
- 4. Email.** Share the story via email to your patients and wider network and ask them to share it with their contact for further reach.
- 5. Share it with HCCI, too.** Share your success with HCCI so they can share with their network.

## Social Media Best Practices

An additional and complementary way to reach reporters and your target audience directly is through social media. Creating a Facebook, X (the platform formerly known as Twitter), or LinkedIn account is an easy way to post updates about your practice for the public (you will likely want to set these up as business social media accounts – as opposed to personal accounts – as they will be used for business purposes). Each social media channel has a slightly different audience makeup, so be sure to follow the best practices below to optimize your posts.

### Facebook

Facebook is a popular social media site for sharing content: text, news articles, photos, videos, etc. Along with making connections, called “friends,” with people or organizations, Facebook has “pages” where organizations/entities/individuals share content for the like-minded. Facebook is a true social media giant where one can do everything. Average Facebook users are slightly older than other social media platforms, providing a great opportunity to reach older adults and caregivers with your practice’s information.

#### How to Structure Posts:

- **Keep it brief.** Because Facebook does not have a character limit for posts, it can be tempting to write a lengthy one. Shorter is better as it captures more eyeballs and encourages discussion/reaction.
- **Use a visual, when possible.** If a chart or photograph is available, append it to your posts. Visuals, infographics, and short videos increase the likelihood that users will like, share, or respond to your posts.
- **Attribution matters.** Mention people or organizations referenced in the post with an “@” followed by their name. This leads to engagement with the post, and someone who is tagged may even share your post, leading to further engagement.
- **Time it correctly.** The best times to post on Facebook are 12:00-4:00 p.m. Monday-Friday, and more exposure comes later in the week.

#### How to Strike the Right Tone:

- **Use your voice.** People who liked your practice’s page want to hear from you. Share interesting information and suggest ways your followers can get involved or learn more.
- **Identify, share, and amplify timely news.** There is an abundance of healthcare stories shared on Facebook that may be relevant to your followers. Join the conversation by sharing news articles from local and national outlets that speak to your work, the issues facing home care today, and proposed solutions to address these challenges.

#### How to Engage with Others:

- **Post news people can use.** Facts and statistics are appealing on social media and great for dissemination, even if they come from a different source than your own organization. Be sure to leverage statistics and facts that speak to the issues your practice wants to elevate.
- **Post vetted facts and information.** Just because someone else posted it on the internet does not make it true. Do your due diligence on articles and facts to make sure they are true. Posting inaccurate information will reflect poorly on you and your practice.

## X, the platform formerly known as Twitter

X is a popular social media site where users can share short messages (280 characters or less) with a large audience. X allows users to share videos, photos and other graphics along with text in their tweets. X is one of the most diverse platforms in terms of users—be it younger and older people, organizations, government entities, patient advocacy organizations, research organizations, private medical practices, independent physicians, etc. Keep this diversity of audience in mind as you develop content for your practice’s X account.

### How to Structure Tweets:

- **Keep tweets short.** Attention spans on X are short; keep your tweets short, too. Do not max out your character count. Aim for 140 characters or less.
- **Attribution and tagging matters.** Mention people or organizations referenced in the tweet with an “@” followed by their handle. This will improve your chances for more follows, engagement, and retweets in the future. The use of embedded # hashtags can also help your tweets show up in searches for a subject, e.g., #hbpc #housecalls.
- **Use a visual, when possible.** If a chart or photograph is available, append it to the tweet. Visuals, infographics, and short videos increase the likelihood that users will favorite, share, or respond to your tweet.
- **Time it correctly.** The best times to post on X are 12:00-3:00 p.m. Monday-Friday.

### How to Strike the Right Tone:

- **Use your voice.** This is your practice’s X account so keep it professional. Create a personal account to share your own opinion, if desired, and keep the practice account for practice news and updates only.
- Entice your reader to click. When sharing reports, statements, releases, or other newly released public information, make sure your introduction provides enough of a “teaser” to inspire your reader to click and read more.
- **Start conversations.** The purpose of retweeting and commenting on other users’ tweets is to start conversations about 1) your practice and 2) the need for home-based medical care. The more you engage, the more you’ll be viewed as an expert.

### How to Engage with Others:

- **Follow the right people/organizations.** X works on a follower/following basis—the more relevant the individuals/organizations you follow and follow you back, the more likely your content will end up in the right hands to produce conversations.
- **Schedule some tweets, but not all.** Use free a version of a program such as Hootsuite to schedule several tweets for the week to ensure a steady stream of information, but be sure to tweet in real-time as well to engage with followers (e.g., retweet their content and “chime in” or respond to their conversations).
- **Live tweet industry events you participate in.** Share interesting quotes or stats if you are at an event – as the event is happening. Don’t forget to use the event hashtag if they have one. You can (and should) also tweet @ speakers and moderators.
- **Share news people can use.** Facts and statistics are appealing on social media and great for sharing, even if they come from a different source than your practice. Share content frequently to build a rapport and increase your chances of getting retweeted, but again, be sure it is vetted and correct information.

## LinkedIn

LinkedIn is known as the “professional” or “career” social media network. It is made up of personal and organization/ employer profiles, displayed like a resume. The platform has a diverse array of users, including patient advocates, patients themselves, caregivers, medical practices, physicians, nurse practitioners, other healthcare providers, etc. LinkedIn groups help organize people and organization profiles and offer a place to share comments directly with people who would most likely be interested in the subject matter. LinkedIn works similarly to X and Facebook, where users can post comments/news in their “feed” and comment on other posts.

### How to Structure Posts:

- **Keep it brief.** Even though you have the character space, your post may be as simple as sharing an article with a short 2-3 sentence personal commentary or sharing a photo from an event.
- **Attribution and tagging matters.** Mention and tag people in LinkedIn posts with the “@” symbol to capture their attention and potentially the attention of those in their network. The use of embedded # hashtags can also help your posts show up in searches for a subject, e.g., #hbpc #housecalls.
- **Use a visual.** Like all social platforms, photos, charts, and graphs will grab the attention of your audience more than a block of text.
- **Time it correctly.** Because LinkedIn is a professional network, users tend to be most active during working hours. Optimal post times are 7:30-8:30 a.m., 12:00 p.m., and 5:00-6:00 p.m. on Tuesdays, Wednesdays & Thursdays.
- **Comment and share original content.** LinkedIn is an optimal way to drum up interest in your practice’s events and news.

### How to Strike the Right Tone:

- **Use your voice.** Similar to X, this is your practice’s account, so keep it professional. Take the opportunity to insert your practice into conversations related to home-based medical care, advocate for your opinions, and represent your position in the industry. Be unique and add insights that are unique to your practice.

### How to Engage with Others:

- **Like, and comment on, posts.** Join the conversation and establish your presence by interacting with others on their posts. Give your opinion and perspective on the issue – it doesn’t have to be long, just make yourself known.
- **Repost.** You can repost content from individuals, companies, and HCCI, by clicking the share button on their posts. This allows you to share the post on your practice’s feed and include a comment about the topic. You do not always need to include a comment, but if you have insights to share, it can be as simple as one sentence.
- **Join groups.** You can search for groups by name or keyword or see those recommended for you by LinkedIn. Search around—it will allow you to find more people and organizations interested in issues like home-based medical care and maybe even make a connection that will help you. Once in a group, you can explore the latest topics, actively participate in conversations and send messages to other members.

## Next Steps

This guide should be referred to often as it can help position your practice in a hyper-competitive media environment. By following the best practices outlined here, your practice can effectively spread the word about available services and reiterate the importance and availability of home- based medical care to potential patients and their caregivers in your community.

If you have any questions about launching your media relations activities, please contact the HCCI Marketing Department.

**Good luck in your media efforts.**

###

## APPENDIX A. Press Release Template

**FOR IMMEDIATE RELEASE:** Tuesday, Mar. 30, 2021

**CONTACT:** John Doe, (555) 555-5555, JDoe@organization.org

**THIS IS A HEADLINE AND IT IS BOLD ALL CAPS**

*This Subhead is Italic Initial Caps*

The press release is written here.

“You will notice that the font has a serif. Newspapers and magazines use serif fonts because they can be read more quickly,” said Tom Knowsitall, president of Knowsitall Incorporated. “This second sentence is a second quote all on its own. Non-seraph fonts are pretty and modern, but the copy cannot be read as quickly as fonts with a seraph. People may doubt this, but it is true.”

###

*About Knowsitall Incorporated*

*This is a boilerplate in italics.*



## APPENDIX B. Press Release Example

**FOR IMMEDIATE RELEASE:** June 15, 2023

**CONTACT:** Arlyn Riskind, (202) 43109495, arlynriskind@gmail.com

### **IN JUST ONE YEAR, MORE THAN 1,700 NEW PATIENTS BENEFITING FROM MEDICAL “HOUSE CALLS”**

*National nonprofit celebrates success of the Illinois House Call Project’s 14 medical practices and their ‘Champions’ on providing home-based primary care in the state*

**Chicago, IL**— In Illinois, medical practice “Champions” of the Home Centered Care Institute’s (HCCI) Illinois House Call Project (ILHCP) have spent the past year working to provide care and close the gap on the nearly 200,000 residents in the state requiring, but not yet receiving, home-based primary care (HBPC). In just one year, these 14 participating practices have provided care to 1,732 new patients, already putting them over halfway to the project’s total three-year goal of serving 3,000 new patients.

Selected in April 2022 by HCCI, a national, Illinois-based nonprofit focused on spreading awareness, and increasing the adoption, of HBPC — also known as “the modern-day house call” — this group of medical Champions is comprised mainly of physicians, nurse practitioners, physician assistants, and supporting practice leadership and staff. They generally provide primary care services (e.g., annual check-ups, diagnosis and treatment of acute and chronic conditions, vaccinations) in a patient’s home, or place they call “home,” resulting in improved health outcomes, enhanced quality of life for patients and caregivers, and a reduced overall cost of care, according to the Journal of the American Geriatrics Society.

“When we launched the Illinois House Call Project, we never imagined that the Champions would be able to serve so many new patients in such a short period of time,” said Julie Sacks, president and COO of HCCI. “They are clearly addressing a critical need. Each number served represents a person, most likely someone who is elderly and homebound who had previously been unable to get essential care. Now that person — someone’s mother, grandfather, or sister — is receiving care in the home, reducing personal stress as well as stress on the healthcare system.”

Through the ILHCP, HCCI is providing Champions with ongoing professional education to develop skills and mentorship in best practices as well as in raising awareness about the value of HBPC in their communities. Some of the Illinois Champions are independent professionals, others come from hospital systems, and three are from subspecialty groups, representing dentistry, dermatology, and wound care.

“The first year participating in the Illinois House Call Project has been exciting! We have learned about the many opportunities that exist for our practice and have had the opportunity to meet in-person and virtually, and receive helpful information to improve our processes,” said Letasha Lewis, APN, FNP-c, clinical administrator, and nurse practitioner of Frontier Healthcare Systems. “It has also been helpful to know that we have a team of experts [at HCCI] that we can call on for advice when needed. We have grown and look forward to future possibilities in this program.”

Among the 2.1 million older adults living in Illinois, at least 12% are 85 years of age or older. More than 700,000 residents have ambulatory difficulties, and 40% of Medicare beneficiaries across the state have four or more chronic conditions. Approximately 260,000 individuals are homebound\*, with only 26% receiving HBPC. The unmet needs in Illinois are great; as mentioned, it's estimated that nearly 200,000 residents require HBPC.

“Having completed the first year of the ILHCP, we are now preparing to expand our reach and serve more patients,” Sacks said. “In early 2024, we are planning to select a new cohort that will include hospice and palliative care programs — those that are interested in either adding HBPC or growing an existing HBPC program. Hospice and palliative care programs that add HBPC create opportunities to serve patients earlier in the course of their illness and better integrate HBPC with other aspects of home-based care.”

Learn more at [hccinstitute.org](http://hccinstitute.org).

\*Calculated using data from the 2019 American Community Survey 1-year Estimates and a journal article (Ornstein, Katherine A., Bruce Leff, Kenneth E. Covinsky, Christine S. Ritchie, Alex D. Federman, Laken Roberts, Amy S. Kelley, Albert L. Siu, and Sarah L. Szanton. “Epidemiology of the homebound population in the United States.” *JAMA internal medicine* 175, no. 7 (2015): 1180-1186.)

###

### ***About the Home Centered Care Institute***

*The Home Centered Care Institute (HCCI) is a national nonprofit focused on advancing home-based primary care. Established in 2014, HCCI is partnering with medical practices across all 50 states and beyond to ensure that medically complex homebound and home-limited patients have access to high-quality care in their homes. HCCI engages with providers, practices, healthcare systems, academic medical centers, industry experts, and others, to raise awareness and support the expansion of home-based care. HCCI is growing this essential workforce through education, consulting, analytics, and advocacy. For more information, visit [www.hccinstitute.org](http://www.hccinstitute.org)*

## APPENDIX C. OP-ED Template

### **Lede/Opening**

[State your reason for writing here.]

### **State your case**

[State your case here. Include facts, references, research, or stories and anecdotes that illustrate your point here to establish credibility.]

### **Call to action**

[Include a call to action, asking readers to follow up with some activity, such as joining in calling on policymakers to address the issue.]

### **Closing**

[End with a strong, positive statement in support of your case.]

Sincerely, [Name of Writer] [Writer's Title/Role] [Writer's Organization]

[Can include some background on the writer and writer's qualification for writing the Op-Ed and further establish their credibility as an expert]

## APPENDIX D. OP-ED Example

### **From volume to value: Primary care delivers**

APRIL 16, 2018

This op-ed was co-authored by John Rother and Glen Stream. It was originally published by Medical Economics here.

Innovative payment models are changing the way healthcare is paid for and delivered in the United States—for the better. The transition to a value-based healthcare system, one where physicians, other health professionals, and health systems are rewarded for high-quality services that improve patient outcomes, is underway. Evidence shows that primary care can help us live longer, healthier lives and can save our healthcare system \$13 for every \$1 spent. As the healthcare sector shifts toward rewarding value over volume, primary care should be at the heart of our efforts to promote simplicity, coordination, and affordability.

Now is the time to examine the many successful models for primary care delivery that save money as they improve patient outcomes and determine how we can accelerate these programs to reach even more patients. These include both pilot projects that should be expanded, as well as long-standing programs that strengthen the foundation of America's healthcare system.

### **Home-Based Primary Care and Medical Homes Deliver on the Triple Aim**

One example of a successful model for primary care is the CMS Independence at Home Demonstration, which offers home-based primary care to patients with multiple chronic conditions. The program saved Medicare over \$7 million in 2017—an average of \$746 in savings per Medicare beneficiary. As the program's latest progress report says, home-based primary care “allows healthcare providers to spend more time with their patients, perform assessments in a patient's home environment and assume greater accountability for all aspects of the patient's care.” This successful initiative was extended by two years, and expanded slightly in the Bipartisan Budget Act, but its enrollment remains limited to 15,000 beneficiaries.

Advanced Primary Care Medical Homes, which focus on care coordination and team-based practice, have also been shown to transform healthcare delivery and improve the quality and experience of care for patients. In this setting, healthcare providers are able to work together as “partners in care,” placing patients at the center of their care and ensuring that additional services, like behavioral health screenings and treatments, are readily accessible.

Initiatives like the Centers for Medicare and Medicaid Services' Comprehensive Primary Care Plus (CPC+) program, a five-year, multi-payer program, are expanding the medical home model across the country by encouraging team-based approaches to caring for patients.

The Independence at Home and CPC+ programs are just two examples of innovative payment models that not only reward quality but offer real benefits for patients. These initiatives reiterate the value of primary care and its ability to improve the overall quality of care and life for patients served while reducing costs. As we look to pay for value and outcomes rather than volume, we need to make programs like these available to practices across the country.

## **APPENDIX E.**

### **Letter To The Editor (LTE) Template**

#### **SALUTATION:**

[To whom it may concern, To the editor, etc.]

#### **LEDE:**

[State why you are writing the letter. One or two sentences, which are often the only sentences some readers will read – so they need to be compelling. Let the audience know why this is important.]

#### **STATE YOUR CASE:**

[Facts backing up why you are writing it. Could be statistics, anecdotes from your practice, what you are hearing from patients without identifying them, etc.]

#### **CALL TO ACTION/CLOSE:**

[If you have an ask to make of the reader, make it after making your case. Otherwise, wrap up by tying it all together.]

**AUTHOR**

**TITLE**

**PRACTICE**

**CONTACT INFO**

## APPENDIX F. Letter To The Editor (LTE) Example

To the editor:


Many people put off routine, preventive healthcare visits due to concerns about being able to leave their home, navigate transportation, or even walk the few steps into a medical facility. Unfortunately, there are hundreds of homebound or nearly homebound citizens living in [YOUR CITY] area who needed this type of care.

Home-based medical care could be the solution. Different from home health care, this “modern- day house call” links patients and healthcare providers, in-person and virtually. Providers have access to the most current technology so they can complete most medical tests in the home. They also train caregivers so that they, and their patients, feel less stressed and isolated.

In addition, these providers bring care into the home while taking all necessary safety precautions, allowing patients and their caregivers to avoid waiting rooms and reduce potential risk of exposure to viruses and other germs that could further harm vulnerable patients. House calls are a convenient and safe way to deliver routine medical care for people with limitations leaving the home.


Home-based medical care is available throughout [YOUR REGION] and is covered by most insurance plans.

Jane Doe, MD  
Primary Practice Physician  
Doe Family Medicine  
(123) 456-7890



**The HCCIntelligence™ Community provides exclusive access to a wealth of resources tailored for home-based medical care professionals.** Benefit from free access to all HCCIntelligence™ Premier Resources, free and discounted pricing for online courses, and webinars led by industry experts. Engage in 1-on-1 Office Hour sessions with a nationally Certified Professional Coder (CPC)® and connect with peers to enhance your practice’s performance and stay on the leading edge of home-based medical care.

Join the HCCIntelligence™ Community at [bit.ly/hccintelligence-community](https://bit.ly/hccintelligence-community).



The John A. Hartford Foundation  
HCCIntelligence™ is funded in part by a grant from The John A. Hartford Foundation.

HCCIntelligence™ is for educational and informational purposes only and should not be relied upon as medical advice. Information is accurate at the time of publication and is subject to change year to year.

**HCCI**  
HOME CENTERED CARE  
INSTITUTE

[hccinstitute.org](https://hccinstitute.org)