ANNEX 1
FOCUS AREA – EDUCATE AND COMMUNICATE

COORDINATING AGENCIES: S.C. Medical Association (SCMA),
S.C. Hospital Association (SCHA)

PRIMARY AGENCIES: BlueCross BlueShield of South Carolina (BCBSSC); S.C. Department of
Alcohol and Other Drug Abuse Services (DAODAS); S.C. Department of
Health and Environmental Control; S.C. Department of Labor, Licensing
and Regulation; Chernoff Newman

SUPPORTING AGENCIES: S.C. Department of Health and Human Services, S.C. Educational
Television, S.C. School Boards Association, Behavioral Health Services
Association of South Carolina Inc., Faith-Based Organizations, Local
Coalitions, Hospitals & Medical Practices, Other Professional
Associations & Private Sector Partners

I. INTRODUCTION/PURPOSE

The Focus Area 1 communication and education initiative supports existing efforts in South
Carolina to help address the opioid crisis. The two coordinating agencies – joined by BCBSSC –
will work to advance the conversation that physicians have with their patients regarding pain
and pain management, as well as to raise general population awareness of the dangers of opioid
use.

A. Focus Area 1 will endeavor to encourage open dialogue between physicians and their
patients, family members, and the community at large around realistic expectations for
experiencing and managing pain to help stem the opioid crisis and surge in overdose
deaths.

B. Potential measurable objectives include:
   i. Reduction in the number of opioid prescriptions dispensed annually by South
      Carolina physicians
   ii. Increases shown in alternative modes of therapy used by patients for pain
       management

C. Focus Area 1 will also continue existing efforts to educate and inform the people of
   South Carolina about the grave consequences associated with prescription pain
   killer/opioid abuse.

D. Measurable objectives for this goal include:
   i. Raising the general population awareness of the dangers of opioid use, as measured
      by research
   ii. Providing county alcohol and drug abuse authorities, other partners, and
       stakeholders throughout the state with the tools they need to directly impact
       populations throughout the state.
II. ASSESSMENT

A. The new initiative noted above is primarily centered on implementing and elevating key discussions on opioids, pain, and prescribing. These conversations occur:
   i. Physician to physician
   ii. Physician to patient
   iii. Hospital to physician
   iv. Hospital to patient
   v. Insurance carrier to hospitals, physicians, and patients

B. The following guidelines will inform this first initiative’s development:
   i. Tagline development
   ii. Messages, materials, and calls to action with a common voice, look, and feel
   iii. Creation of all calls to action to specifically resonate with each audience

C. The ongoing initiative noted above – the “Just Plain Killers” campaign created by DAODAS and Chernoff Newman – will continue to disseminate messages and resources via:
   i. www.JustPlainKillers.com
   ii. Social media (i.e., Facebook, Twitter, Instagram)
   iii. Paid traditional and social media

III. GOALS & TIMELINE

A. Plan campaign that seeks to create realistic expectations of pain and its management, as well as develop campaign messages.

B. Engage in campaign design and initial implementation.

C. Conduct strategic dissemination of pain management campaign and the campaign’s initial evaluation.

D. Refine the campaign and conduct final evaluation.

E. Execute Year 2 of the “Just Plain Killers” campaign with messages that support the pain management campaign spearheaded by SCMA, SCHA, and BCBSSC.
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Goal 1: Plan campaign that seeks to create realistic expectations of pain and its management, as well as develop campaign messages
(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

<table>
<thead>
<tr>
<th>Agency</th>
<th>Objective</th>
<th>Timeline</th>
<th>Measure of Success</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCMA, SCHA, BCBSSC</td>
<td>Conduct formative research through environmental scan.</td>
<td>near-term</td>
<td>Complete scan</td>
<td>On target</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS, Chernoff Newman</td>
<td>Meeting of campaign partners to confirm priorities and availability of information to guide campaign development and evaluation thereof, including potential metrics.</td>
<td>near-term</td>
<td>Consensus on campaign priorities &amp; identification of metrics</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS, Chernoff Newman</td>
<td>Message testing and testing of campaign visual identity concepts with partners.</td>
<td>near-term</td>
<td>Completion of message and visuals testing</td>
<td>On target</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS</td>
<td>Begin to develop strategic outline for campaign implementation, including a dissemination plan.</td>
<td>near-term</td>
<td>Completion of strategic outline</td>
<td>On target</td>
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**Goal 2: Engage in campaign design and initial implementation**  
*(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])*

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<tbody>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS</td>
<td>Finalize strategic outline for campaign implementation including dissemination plan.</td>
<td>near-term mid-term</td>
<td>Completion of strategic outline</td>
<td>On target</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC</td>
<td>Create Pain Management Treatment Protocol to support provider/patient communication (and their family members).</td>
<td>near-term mid-term</td>
<td>Creation of protocol</td>
<td>On target</td>
</tr>
<tr>
<td>SCMA, SCHA</td>
<td>Incorporate new overarching messages into existing materials/websites including opportunities for SCMA and MUSC CME training programs (telehealth and Project ECHO for rural physicians).</td>
<td>near-term mid-term</td>
<td>Insertion of new messages into existing platforms</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC</td>
<td>Create new materials for each partner with tested messages and concepts that highlight effective communication strategies between physicians and their patients.</td>
<td>near-term mid-term</td>
<td>Creation of materials</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS</td>
<td>Develop brief social media research and execution plan targeting physicians and patients to inform social media teaser campaign/dissemination</td>
<td>near-term mid-term</td>
<td>Development of plan</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC</td>
<td>Begin social media teaser campaign and begin dissemination of activities and materials</td>
<td>near-term mid-term</td>
<td>Launch of social media teaser campaign &amp; material distribution</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS, Chernoff Newman</td>
<td>Check in with partners initially monthly (move to quarterly as appropriate) for review of available metrics</td>
<td>near-term mid-term</td>
<td>Monthly meetings</td>
<td>To be scheduled</td>
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### Goal 3: Conduct strategic dissemination of pain management campaign and the campaign’s initial evaluation

*(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond]*)

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<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS</td>
<td>Working with partners, continue to implement dissemination and evaluation activities by audience.</td>
<td>mid-term</td>
<td>Continuation of dissemination of evaluation</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS, Chernoff Newman</td>
<td>Check in with partners initially monthly (move to quarterly as appropriate) for review of available metrics</td>
<td>mid-term</td>
<td>Monthly meetings</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS</td>
<td>Refine campaign activities as appropriate based on evaluation findings</td>
<td>mid-term</td>
<td>Refinement of campaign</td>
<td>To be scheduled</td>
</tr>
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Goal 4: Refine the campaign and conduct final evaluation

*(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond]*)

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<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS</td>
<td>Engage in final campaign refinement based on evaluation results.</td>
<td>long-term</td>
<td>Refined campaign</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS, Chernoff Newman</td>
<td>Check in with partners initially monthly (move to quarterly as appropriate) for review of available metrics</td>
<td>long-term</td>
<td>Monthly meetings</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS</td>
<td>Confirm final evaluation plan that encompasses both initial and refined campaign activities</td>
<td>long-term</td>
<td>Creation of final evaluation plan</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC, DAODAS</td>
<td>Finalize evaluation analysis</td>
<td>long-term</td>
<td>Completion of evaluation analysis</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>SCMA, SCHA, BCBSSC</td>
<td>Develop report on evaluation results</td>
<td>long-term</td>
<td>Creation of evaluation report</td>
<td>To be scheduled</td>
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**Goal 5:** Execute Year 2 of the “Just Plain Killers” campaign with messages that support the pain management campaign spearheaded by SCMA, SCHA, and BCBSSC

*(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])*

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</thead>
<tbody>
<tr>
<td>DAODAS, Chernoff Newman, SCMA, SCHA, BCBSSC</td>
<td>Meet with partners to discuss separation of messaging between “Just Plain Killers” and new physician/patient campaign.</td>
<td>near-term</td>
<td>Meeting held</td>
<td>On target</td>
</tr>
<tr>
<td>DAODAS, Chernoff Newman</td>
<td>Conduct benchmark survey of South Carolinians regarding expectation around pain management.</td>
<td>near-term</td>
<td>Survey completed</td>
<td>On target</td>
</tr>
<tr>
<td>DAODAS, Chernoff Newman</td>
<td>Develop tag line, messaging, and visuals regarding pain management.</td>
<td>near-term</td>
<td>Development of campaign elements</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>DAODAS, Chernoff Newman</td>
<td>Test campaign elements with various focus group and the county alcohol and drug abuse authorities.</td>
<td>near-term</td>
<td>Completion of focus group testing</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>DAODAS, Chernoff Newman</td>
<td>Launch television PSAs, outdoor, radio, website elements, and social media channels.</td>
<td>near-term</td>
<td>Launch through various media</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>DAODAS, Chernoff Newman</td>
<td>Conduct post-campaign awareness survey.</td>
<td>mid-term</td>
<td>Survey completed</td>
<td>To be scheduled</td>
</tr>
<tr>
<td>DAODAS, Chernoff Newman, SCMA, SCHA, BCBSSC</td>
<td>Meet to discuss post-campaign evaluation.</td>
<td>mid-term</td>
<td>Meeting held</td>
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IV. CONCEPT OF THE OPERATION

A. The new physician/patient campaign will encourage open dialogue between physicians and their patients, family members, and the community at large around realistic expectations for experiencing and managing pain to help stem the opioid crisis and the surge in overdose deaths. Potential measurable objectives include: 1) reduction in the number of opioid prescriptions dispensed annually by South Carolina physicians; and 2) increases shown in alternative modes of therapy used by patients for pain management.

B. The continuation of the “Just Plain Killers” campaign – and integration of other Opioid Emergency Response Team efforts under this umbrella – will raise general population awareness of the dangers of opioid use, as measured by research. The campaign also seeks to reduce the stigma surrounding the issue of opiate-related drug misuse/abuse in South Carolina, and to support local offices, partners, and stakeholders throughout the state by providing them with the tools they need to directly impact South Carolina’s various populations.

V. AGENCY RESPONSIBILITIES

A. Each agency listed above is responsible for:
   i. Outreach to community partners, as related to each agency's initiatives
   ii. Tracking of progress
   iii. Updating annex as needed

B. Each agency commits to attending regular meetings regarding this annex.

VI. RESOURCES *(To be added at a later date)*