

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

In the Matter of)
)
Joint Petition of Anthem, Inc., Blue Cross) CG Docket No. 02-278
Blue Shield Association, WellCare Health)
Plans, Inc. and the American Association)
of Healthcare Administrative Management)
for the Expedited Declaratory Ruling)
and/or Clarification of the 2015 TCPA)
Omnibus Declaratory Ruling and Order)

TRACFONE WIRELESS, INC.’S COMMENTS

TracFone Wireless, Inc. (“TracFone”), by its attorneys, supports the Joint Petition of Anthem, Inc., Blue Cross Blue Shield Association, WellCare Health Plans, Inc. and the American Association of Healthcare Administrative Management (collectively, the “Petitioners”) requesting an expedited declaratory ruling and/or clarification regarding certain aspects of the Commission’s 2015 TCPA Omnibus Declaratory Ruling and Order (“*2015 Declaratory Order*”).¹ Specifically, Petitioners ask the Commission to clarify that the *2015 Declaratory Order* regulates healthcare providers and all other “covered entities” and “business associates” as those terms are defined by the Health Insurance Portability and Accountability Act (“HIPAA”)² in the same manner for purposes of compliance with the TCPA and Commission rules implementing the TCPA.³ Grant of the Joint Petition will clarify for all HIPAA-covered entities and business associates the kinds of permissible communications with consumers and

¹ See *Rules and Regulations Implementing the Telephone Consumer Protection Act of 1991 et al.*, CG Docket No. 02-278, WC Docket No. 07-135, Declaratory Ruling and Order, 30 FCC Rcd 7961 (2015).

² 42 C.F.R. § 1320d *et seq.*

³ See 47 U.S.C. § 227; 47 C.F.R. § 64.1200.

will ensure that consumers continue to receive important communications that they welcome and that benefit their health.

INTRODUCTION

TracFone is the largest prepaid wireless telecommunication service provider in the United States with over 25 million subscribers. TracFone, doing business as SafeLink Wireless[®], is also the nation's largest wireless or wireline Lifeline provider, serving more than four million low-income, Lifeline-eligible, households in over 40 states. Low-income consumers are eligible to receive TracFone's SafeLink Wireless[®] Lifeline service if they meet a certain income thresholds based on the size of their households or if they participate in a qualifying government assistance program, such as, for example, Medicaid or the Supplemental Nutrition Assistance Program. Low-income consumers who qualify for SafeLink Wireless[®] Lifeline service receive a handset (provided at TracFone's expense), a specified quantity of airtime minutes each month, and unlimited texting. Commencing December 1, 2016, Lifeline customers also will receive specified amounts of broadband Internet access service.

TracFone partners with several Managed Care Organizations ("MCOs"), including Health Maintenance Organizations, to offer its SafeLink Wireless[®] Lifeline service to the MCOs' Medicaid enrollees. As part of the enhanced Lifeline service offered by TracFone to Medicaid enrollees through the MCOs, TracFone does not deduct minutes for any calls placed by those enrollees to their health plans. This feature enables Medicaid enrollees who receive TracFone's Lifeline service to communicate with their health plans without affecting their allotment of minutes for a particular month. TracFone's MCO partners communicate health-related information via text to SafeLink Wireless[®] Lifeline customers. Those text messages include appointment reminders, prescription refill reminders, health tips about various issues

such as nutrition, stress management, and smoking cessation, and other health care-related educational information, including guidelines for maternal health and child development. All of the text messages contain solely informational, non-telemarketing material targeted to the specific health needs of the recipient.

In accordance with the requirements of the TCPA and the Commission's regulations implementing the TCPA, the MCOs obtain prior express consent from their Medicaid plan members to receive informational texts.⁴ Every text message also includes information regarding how to opt out of receiving health care-related texts. Therefore, plan members can choose to cease receiving text messages at any time. However, the vast majority of TracFone's Lifeline customers who are enrolled in health plans with TracFone's MCO partners want to receive these messages given that only a de minimis percentage of plan members have opted out of receiving the texts.

Through TracFone's relationship with its MCO partners, TracFone understands that there is a concern that the *2015 Declaratory Order* could be interpreted in a way that would prohibit certain health care-related communications that are permitted by HIPAA and thereby discourage important health care-related communications that benefit consumers. TracFone supports its MCO partners' goal of communicating with health plan members to facilitate positive health outcomes, but recognizes that MCOs, as well as all health plans, want to do so in a manner that complies with the TCPA and Commission's rules governing the initiation of voice calls and text messages to consumers. TracFone agrees with the Petitioners that the Commission should

⁴ The Commission's rules require that a caller initiating a call to a wireless telephone number using an automatic telephone dialing system or an artificial or prerecorded voice (commonly known as a robocall) must obtain prior express consent from the called party. *See* 47 C.F.R. § 64.1200(a)(1)(iii). Throughout these Comments, references to "calls" encompass voice calls and text messages.

clarify those portions of the *2015 Declaratory Order* that address health care-related communications to confirm that all HIPAA-covered entities and business associates are treated equally.

I. Health Care-Related Text Messaging Is An Important Communications Tool That Benefits All Consumers, Including Underserved Low-Income Populations.

Several studies described in the Joint Petition indicate that health care-related texts enable consumers to be more invested in their health, resulting in both better outcomes and lower costs for consumers. Petitioners refer to studies finding that text messages are effective in delivering health care reminders to get recommended screenings and vaccinations, to retrieve prescribed medications, and to reduce hospital readmission rates.⁵ Petitioners also stress the importance of being able to contact consumers' mobile phones, especially to reach young people, minorities, and low-income groups, all of whom are more likely to live in wireless-only households.⁶ In addition, Petitioners note that data support the view that consumers want to receive health care information via telephone and rarely opt out of receiving such communications.⁷ These statements are consistent with TracFone's experience with the effectiveness of sending text messages containing health-related information to consumers and are at the heart of TracFone and its partner MCOs' decision to initiate health-related text messages to health plan members who receive Lifeline service (with the prior express consent of those members).

As part of TracFone's partnership with MCOs, Medicaid enrollees who apply for SafeLink Wireless[®] Lifeline service (and who are determined to be qualified to receive Lifeline service) receive text messages (to which they have consented), including texts about their health

⁵ See Joint Petition, at 5-6 and 9.

⁶ See *id.* at 6-7.

⁷ See *id.* at 8.

plan and other health-related messages, such as reminders and targeted information about chronic health conditions.⁸ TracFone has recently partnered with CareMessage, a third party vendor that provides healthcare organizations with health-related content and mobile technologies, including text messaging services, to improve health literacy and self-health management. TracFone's MCO partners will be relying on CareMessage's text messaging services to send health-related messages to their plan members. CareMessage's own research and its review of previously conducted research regarding the benefits of text messaging to underserved populations (such as low-income households) corroborate Petitioners' statements regarding the critical role that text messaging plays in obtaining positive health outcomes.⁹ In particular, CareMessage's research indicates the following: (1) underserved populations (including low-income households) face barriers to obtaining quality health care; (2) a significant percentage of low-income households have cell phones; (3) low-income consumers want to receive health information via text; and (4) health texting programs improve health outcomes for low-income consumers.¹⁰ SafeLink Wireless[®] customers' receptiveness to receiving health-related text messages is consistent with Petitioners' assessment that "consumers overwhelmingly

⁸ Petitioners correctly point out that various states require companies that administer Medicaid benefits to provide certain health-related communications, such as texts to provide disease prevention information (Kansas) and use of Text4baby (Indiana), a federally supported text messaging program that provides information regarding maternal health and early child development. Therefore, MCOs that have Medicaid enrollees, including TracFone's MCO partners, are required by states to use text messaging to communicate health information to plan members. *See* Joint Petition, at 7 and 10.

⁹ For example, when a California Medicaid organization used CareMessage's text services to conduct enrollment outreach, it had a response rate that was double the usual response rate of more traditional forms of outreach, such as direct mail and phone calls. In addition, when a North Carolina health center serving low-income patients used CareMessage's text services to send glucose monitoring tips to diabetic patients, the number of patients with healthy glucose levels increased.

¹⁰ *See* Text Messaging and Health – How a simple technology can impact the health of the medically underserved, CareMessage (Exhibit 1).

elect to continue receiving automated outreach despite having easy and free mechanisms to opt out.”¹¹ Only a negligible percentage of SafeLink Wireless[®] customers have opted out of receiving health-related text messages delivered by their MCOs. If such health care messages sent via text were unwanted or considered to be bothersome, then it would be expected that many consumers receiving such messages would exercise their right to opt out. However, that has not been the case.

Given that consumers welcome and benefit from receiving text messages that provide health-related information, it is essential that entities communicating with consumers regarding health issues understand the legal standards with which they must comply. Petitioners correctly assert that the Commission’s *2015 Declaratory Order* raises questions for HIPAA-covered entities and business associates as to whether they can rely on a consumer’s provision of a telephone number as consent to receive text messages. TracFone agrees with Petitioners that the Commission should clarify its *2015 Declaratory Order* to state definitively that all rulings in that order applicable to health care-related communications are applicable to HIPAA-covered entities and business associates as well as to health care providers.

II. The Commission Should Clarify That Its Rulings Regarding Provision of a Wireless Telephone Number As Constituting Prior Express Consent and Regarding the Healthcare Exemption Apply to HIPAA-Covered Entities and Business Associates.

Petitioners assert that the Commission should clarify the *2015 Declaratory Order* to find that the provision of a wireless telephone number to any HIPAA-covered entity or business associate, and not just to a health care provider, constitutes prior express consent to receive non-telemarketing healthcare calls subject to HIPAA. TracFone agrees that this clarification is necessary to provide clear guidance to entities, including health plans, that provide health-related

¹¹ Joint Petition, at 8.

services to consumers, regarding the types of calls that may be placed to consumers' wireless telephone numbers and the consent required for those calls.

In the *2015 Declaratory Order*, the Commission addresses two issues regarding healthcare calls: (1) it clarifies the scope of prior express consent to receive non-telemarketing calls when an individual provides his or her wireless telephone number to a health care provider; and (2) it establishes a healthcare message exemption for calls initiated by healthcare providers if those calls meet several conditions.¹² For each of these issues, the Commission limited its statements to telephone numbers provided to a health care provider. TracFone agrees with Petitioners, for the detailed reasons contained in the Joint Petition, that the Commission's narrow application of its rules to healthcare providers, while excluding other HIPAA-covered entities and business associates, is inconsistent with HIPAA and inconsistent with Commission precedent. TracFone will not repeat those arguments here.

As a way to remedy the Commission's failure to include HIPAA-covered entities and business associates in the clarifications contained in the *2015 Declaratory Order*, Petitioners suggest two changes. First, in the *2015 Declaratory Order*, the Commission states:

We clarify, therefore, that provision of a phone number to a healthcare provider constitutes prior express consent for healthcare calls subject to HIPAA by a HIPAA-covered entity and business associates acting on its behalf, as defined by HIPAA, if the covered entities and business associates are making calls within the scope of the consent given, and absent instructions to the contrary.¹³

Petitioners propose that the Commission further clarify its ruling to state that provision of a telephone number to a HIPAA-covered entity or business associate, "whether by an individual,

¹² See *2015 Declaratory Order*, ¶¶ 140-48.

¹³ *Id.* ¶ 141. The Commission cites to the HIPAA definition of "health care" and stresses that the "call must be closely related to the purpose for which the telephone number was originally provided." See *id.* nn.473 and 474.

another covered entity, or a party engaged in an interaction subject to HIPAA” constitutes prior express consent for “treatment, payment and health care operation calls subject to HIPAA.”¹⁴

TracFone generally supports Petitioner’s proposal to include HIPAA-covered entities (which includes health care providers and health plans) and business associates who receive telephone numbers because all of the HIPAA entities work together to provide healthcare services to individuals and an individual may provide his or her telephone number to any one of those entities. However, TracFone suggests that the Commission not limit the types of calls permitted based on provision of a telephone number to calls related to “treatment, payment and health care operations.” As Petitioners note, such calls are already permitted by HIPAA without obtaining any prior authorization from the individual.¹⁵ In the *2015 Declaratory Order*, the Commission specifically finds that provision of a telephone number evidences consent for “healthcare calls” and refers to the HIPAA definition of health care. “Health care” is defined, in part, as follows:

Health care means care, services, or supplies related to the health of an individual. Health care includes, but is not limited to, the following: (1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body¹⁶

Thus, a “health care” call is broader than a “treatment” call in that the purpose of the call could include preventive care and services related to the health of an individual that are not necessarily direct treatment of the individual. For example, a “health care” call could include the types of health information text messages that are sent to TracFone’s SafeLink Wireless[®] customers who

¹⁴ Joint Petition, at 18.

¹⁵ *See id.* at 13 (citing 45 C.F.R. § 164.502).

¹⁶ 47 C.F.R. § 160.103.

receive health services from TracFone’s MCO partners. As described above, individuals want to receive such messages and studies have shown that health-related text messages improve the health of recipients. Moreover, given that the Commission’s initial clarification did not limit calls that are permitted based on provision of a telephone number to “treatment, payment and health care operations” calls, there is no reason to impose that limitation now.

Second, Petitioners request that the Commission clarify that all HIPAA-covered entities and business associates be treated equally for the “healthcare exemption” set forth in paragraph 147 of the *2015 Declaratory Order*. As currently stated, the healthcare exemption only applies to situations in which a patient provides a wireless telephone number to a healthcare provider and calls (meeting several strict conditions) are placed “by or on behalf of a healthcare provider.”¹⁷ TracFone fully supports Petitioners’ proposal for the Commission to revise the healthcare exemption to apply to all HIPAA-covered entities and business associates that receive an individual’s wireless telephone in the course of providing healthcare services. This revision is necessary to ensure that all HIPAA-covered entities and business associates may rely on the exemption to provide individuals with the critical medical information encompassed by the exemption.

¹⁷ *2015 Declaratory Order*, ¶ 147.

CONCLUSION

For the reasons set forth in these Comments, TracFone respectfully urges the Commission to grant the Joint Petition consistent with the views expressed herein.

Respectfully submitted,

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Exhibit 1

Text messaging and health

How a simple technology can impact the health of the medically underserved.

CareMessage

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 @caremessage

Introduction

How can text-messaging interventions impact the health of underserved populations?

Medically underserved patients continue to face barriers in access to quality care. Safety-net providers such as Federally Qualified Health Centers (FQHCs) and charitable clinics are often under-resourced and tasked with choosing between a myriad of solutions available to improve care. Text messaging (short message service, or SMS) is a low-cost, nearly ubiquitous technology option for providers to reach and support underserved populations.

In the following pages we have examined how text-messaging programs can impact the health of vulnerable populations.

[Who uses cell phones in the United States?](#)

[Who is receptive to health text messages?](#)

[Can text messages improve health outcomes?](#)

[Designing a health text campaign](#)

CASE STUDY

St. Anthony Medical Clinic

Founded in 1950, St. Anthony Medical Clinic is located in the Tenderloin neighborhood of San Francisco, CA. They treat over 3,000 patients a year, many of whom are homeless and uninsured. With funding from the David and Lucile Packard Foundation, CareMessage and the Public Health Institute conducted a pilot study in 2014 to examine whether a text-messaging intervention could improve the health of St. Anthony's patients.

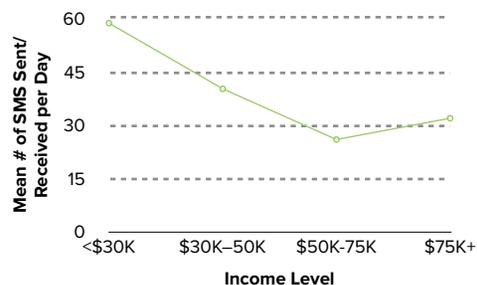
"I thank u [sic] all for taking the time to send and answer my questions. I am grateful for the texts. It helped me get up and out into the real world."

*- 43 year old patient
St. Anthony Medical Clinic*

Who uses cell phones in the US?

90% of American adults own a cell phone and 81% use their cell phone to send or receive text messages, making it the most prevalent cell phone activity of all time.¹

The text message (SMS) is over 20 years old with the first text sent in 1992. Nearly all (98%) of text messages are opened by the receiver compared to an open rate of 17% for e-mail.² One study showed that income was inversely proportional to texts sent and received - low-income households texted approximately 59 times per day compared to their higher-income peers who texted on average 32 times a day (see figure).³ In addition, less educated participants sent and received text messages more than those with a higher education.



SMS TEXT MESSAGING

Short message service (SMS) allows the transfer of a 160 character message over the phone. A smart phone is not required to send a text message.

RACE and ETHNICITY

85% of Black, non-Hispanic and 87% of Hispanic adult cell phone owners text compared to 79% of White, non-Hispanics.¹

TEXTING vs. SMART PHONE

Only 34% of households earning less than \$10,000 have a smart phone⁴ while 78% of households earning less than \$30,000 can send and receive texts.³

HOUSEHOLD INCOME

One study found that 89% of homeless veterans had a cell phone.⁵ Almost 80% of cell phone owners with a household income of less than \$30,000 per year send and receive text messages.¹

CELL PHONE vs COMPUTER

84% of households earning less than \$30,000 per year have a cell phone while only 52% have internet at home.¹ Only 62% of households earning less than \$25,000 have a home computer.⁶

CASE STUDY

St. Anthony Medical Clinic

Of the 101 patients enrolled in the health text-messaging program at St. Anthony's, 34% did not have a high-school diploma and 37% were without a job. All participants owned a cell phone and **95%** reported using their phone to send and receive texts with 92% reporting reading text messages on their phone frequently or often in the past month. During the three-month program, patients received interactive text messages to help them manage their chronic health condition(s). At the end of the study, **93%** of participants reported reading the health text message on the same day it was sent.

Sources

¹Duggan, Mauve. *Cell Phone Activities 2013*. Pew Research Center's Internet & American Life Project. Washington, DC: September 16, 2013.

²Roggio, Armando. Using Ecommerce Text Messages in 2014. PracticalEcommerce. <http://www.practicalecommerce.com/articles/72255-Using-Ecommerce-Text-Messages-in-2014>

³Smith, Aaron. *Americans and Text Messaging*. Pew Research Center. Washington, DC: September 19, 2011.

⁴Smith, Aaron. *Smartphone Ownership 2013*. Pew Research Center. Washington, DC: June 5, 2013.

⁵McInnes DK, Sawh L, Petrakis BA, et al. The potential for health-related uses of mobile phones and internet with homeless veterans: results from a multisite survey. *Teemed J E Health*. 2014;20(9):801-9.

⁶File, Thom and Ryan, Camille. *Computer and Internet Use in the United States: 2013*. U.S. Census Bureau. <http://www.census.gov/content/dam/Census/library/publications/2014/acs/acs-28.pdf>

Are vulnerable populations receptive to health text messages?

Research shows that many people in low-income communities are interested in receiving health information via text and the vast majority of individuals participating in these programs are satisfied with the text messaging programs.

INTEREST IN HEALTH TEXT MESSAGES

Over 95% (n=58) of an urban African American population with acute decompensated heart failure (ADHF) indicated interest in a text messaging program following discharge from the hospital.¹

One study reported that 99% (baseline n=468) of WIC participants had no concerns about enrolling in a government-sponsored pregnancy and postpartum text message program.²

One study of low-income urban Latino parents found that all participants (n=54, 100%) reported being interested in receiving immunization reminders for their children via text message.⁴

SATISFACTION AND RETENTION

All participants stated that they would recommend the text-messaging program to a friend or family member and most participants strongly agreed that the the program was easy to use and helped them improve their self-management of ADHF.¹

93% (n=46,990) of surveyed users of a government-sponsored text message program stated that they would refer the text message program to a friend.³

Of the 42 participants enrolled in a three-month pilot study of an SMS program for diabetes, 39 completed the study (93% retention rate). All participants who completed the program found the texts useful and 97% stated they would recommend the program to other people with diabetes.⁵

CASE STUDY

St. Anthony Medical Clinic

Of the 101 participants enrolled in the text-messaging program, 80 participants completed the three-month survey (79% retention rate). The majority of participants (n=75, 94%) indicated that the educational texts received during the program helped them better manage their chronic condition(s) and 93% of participants who completed the program reported that they would recommend the CareMessage text program to a friend with the same chronic condition(s).

Sources

¹Nundy S, Razi RR, Dick JJ, et al. A text messaging intervention to improve heart failure self-management after hospital discharge in a largely African-American population: Before-after study. *J Med Internet Res*. 2013;15(3):e53.

²Gazmararian JA, Elon L, Yang B, et al. Text4baby program: An opportunity to reach underserved pregnant and postpartum women? *Mater Child Health J*. 2014;18(1):223-32.

³Text4baby. Understanding the Impact of Text4baby. https://www.text4baby.org/templates/bee_20/images/HMHB/2impact%20factsheet%202014.pdf

⁴Ahlers-Schmidt CR, Ablah E, Rogers N, et al. Low-income urban Latino parents' perceptions of immunization text reminders. *Ethn Dis*. 2014;24(2):229-35.

⁵Dobson R, Carter K., Cutfield R, et al. Diabetes text-message self-management support program (SMS4BG): A pilot study. *JMIR mHealth uHealth* 2015;3(1):e32.

Teemed J E Health. 2014;20(9):801-9.

Can text messages improve health outcomes for the underserved?

Underserved populations experience many financial and environmental burdens that can impact their health. Research shows that people facing these challenges often find it more difficult to attend medical appointments,¹ take their medication,² manage their disease(s)³ and are more likely to smoke⁴ and be obese.⁵ However, studies show promising results of the impact that SMS (texting) programs can have on these areas of health.

APPOINTMENT NO-SHOWS

Patients receiving a text-message reminder are 48% more likely to attend an appointment, according to one meta-analysis.⁶

MEDICATION ADHERENCE

A randomized controlled trial found that text-messaging improved medication adherence for patients at risk of **cardiovascular disease** - 91% of patients receiving text messages adhered to their prescription regimen compared to only 75% of patients who did not receive text messages.¹⁰

COST-EFFECTIVENESS

One study found that investing \$5,000 in an SMS appointment reminder system could result in nearly \$250,000 in increased revenue for clinics.⁸ Another review found that SMS appointment reminders cost 55-65% less than phone reminders.⁹

SELF-CARE

A review of clinical trials found that patients with **type 2 diabetes** who received health text messages had a 50% greater reduction in HbA1c when compared to the control group.⁷

WEIGHT LOSS

Patients enrolled in a three month weight loss program with a text-messaging component lost seven times more weight than those who did not receive texts (5.6 lb. and 0.82 lb., respectively).¹²

SMOKING CESSATION

Smoking quit rates were 35% higher among patients who received an intervention with text messages compared to controls who didn't receive texts.¹¹

CASE STUDY

St. Anthony Medical Clinic

St. Anthony Medical Clinic has served a low-income population in San Francisco, CA for the past 64 years and recently initiated a health text-messaging program to educate their patients on their chronic disease(s). Almost all of the participants who completed the program reported that they learned useful information from the CareMessage texts (n=78, 98%). There was also a slight increase in the average health quiz score administered before and after the text message program. All but five participants indicated that the program helped them better manage their health condition(s) (n=75, 94%).

Sources

¹Kaplan-Lewis E, Percac-Lima S. No-show to primary care appointments: Why patients do not come. *J Prim Care Community Health*; 4(4):251-5.

²Mojtabai R, Olsson M. Medication costs, adherence, and health outcomes among Medicare beneficiaries. *Health Aff*. 2003; 22(4):220-9.

³Mezuk, B, Chalkiat A, Xinjun Li, et al. Depression, neighborhood deprivation and risk of type 2 diabetes. *Health Place*. 2013;23:63-9.

⁴CDC. "Current Cigarette Smoking Among Adults - United States, 2005-2013. *MMWR*, 63(No.47):1108-1112, November 28, 2014. <http://www.cdc.gov/mmwr/pdf/wk/mm6347.pdf>

⁵Ford ES, Li C, Zhao G, Tsai J. Trends in obesity and abdominal obesity among adults in the United States from 1999-2008. *Int J Obes (Lond)*; 35(5):736-43.

⁶Guy R, Hocking J, Wand H, et al. How Effective Are Short Message Service Reminders at Increasing Clinic Attendance? A Meta-Analysis and Systematic Review. *Health Serv Res*. 2011;47(2):614-632.

⁷Saffari M, Ghanizadeh G, Koenig HG. Health education via mobile text messaging for glycemic control in adults with type 2 diabetes: A systematic review and meta-analysis. 2014;8(4):275-285.

⁸Downer SR, Meara JG, Da Costa AC, et al. SMS text messaging improves outpatient attendance. *Australian Health Review*. 2006;30(3):389-396.

⁹Guroi-Urganci I, de Jongh T, Vodopivec-Jamsek V, et al. Mobile phone messaging reminders for attendance at healthcare appointments. *Cochrane Database of Systematic Reviews*. 2013;(12):1-50.

¹⁰Wald DS, Bestwick JP, Raiman L, et al. Randomised Trial of Text Messaging on Adherence to Cardiovascular Preventive Treatment (INTERACT Trial). *Walker N*, ed. 2014;9(12):e114268-9.

¹¹Sphor SA, Nandy R, Gandhiraj D, et al. Efficacy of SMS text message interventions for smoking cessation: A meta-analysis. *Journal of Substance Abuse Treatment*. 2015:1-10.

¹²Siopis G, Chey T, Allman-Farinelli M. A systematic review and meta-analysis of interventions for weight management using text messaging. *J Hum Nutr Diet*. 2014;28:1-15.

What to consider when creating a health text campaign

Although text messages are only 160 characters long, there are many items to consider when creating a health text message. The best place to start is to identify the patient's needs.

Demographic information (e.g., age, sex, race, education level) and health information (e.g., diagnosis, severity of disease, readiness to change) of the patient or patient group should be considered when designing a text messaging program. Studies show that personalizing text messages can help patients engage with the program, their provider and ultimately their health.²⁻⁴

TARGETING

Targeted text messages are designed based on **group** characteristics.¹ For example, a group of Spanish speaking patients should receive a culturally relevant text in Spanish.

TAILORING

Tailored text messages are designed based on unique **individual** characteristics.¹ (e.g., a person's name, age, or race). Tailored text messages are significantly associated with greater intervention success.²

INTERACTIVITY

A meta-analysis found that bidirectional text messages had significantly higher rates of engagement than one-way messages.²

TOPE

Text messages that are positive and motivating are more effective than messages that issue commands or focus on the consequences of a behavior.³

FREQUENCY

The number of text messages delivered can impact a text-messaging intervention. Texts should not be sent too often that they become annoying or not often enough that the recipient does not recognize the sender.⁴

HEALTH LITERACY

With 77 million American adults at a basic or below basic health literacy level, it is essential that SMS interventions use simple language and focus on one behavior at a time.⁵

CASE STUDY

St. Anthony Medical Clinic

Before initiating the health text messaging campaign at St. Anthony's, a free clinic in San Francisco, CA, the exact wording and translation of the text messages were given careful attention. Text messages were created by a team of health specialists with expertise in disease management, health education, and health disparities. All text messages were reviewed and approved by St. Anthony's. The program was also translated into Spanish for the 58 participants who preferred to receive text messages in Spanish. Special attention was paid to the translation of these messages to ensure they were culturally relevant for participants.

Sources

¹Kreuter MW, Skinner CS. Tailoring: what's in a name? *Health Educ Res.* 2000;15(1):1-4.

²Head KJ, Noar SM, Iannarino NT, Harrington NG. Efficacy of text messaging-based interventions for health promotion: A meta-analysis. *Social Science & Medicine.* 2013;97(c):41-48. doi:10.1016/j.socscimed.2013.08.003.

³Muench F, van Stolk-Cooke K, Morgenstern J, et al. Understanding messaging preferences to inform development of mobile goal-directed behavioral interventions. *J Med Internet Res.* 2014;16(2):e14.

⁴U.S. Department of Health and Human Services. Health Resources and Services Administration. Using Health Text Messages to Improve Consumer Health Knowledge, Behaviors, and Outcomes: An Environmental Scan. Rockville, Maryland: U.S. Department of Health and Human Services, 2014.

⁵America's Health Literacy: Why we need accessible health information. An issue brief from the US Department of Health and Human Services. 2008.

Conclusion



As the healthcare system transitions to focus on improving health outcomes, engaging patients in the management of their care is critical. Text-messaging interventions are uniquely suited for underserved populations and a growing body of research has validated the efficacy of text-based health interventions.

“It has been a great experience for our patients to be more linked to their home clinic on appointments, health education tips regarding their chronic disease, and knowledge on different programs that we offer. This works well for our population who live busy lives and don't always have time to answer their phones.”

- *Diabetes Care
Coordinator,
St. Anthony Medical Clinic*

CASE STUDY

St. Anthony Medical Clinic

St. Anthony's continues to use the CareMessage system and has expanded the role of the program to include preventive screenings and group reminders. Future studies will evaluate clinical outcomes and cost savings associated with the use of these new programs.

caremessage™

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