The Lewin Group
Recruiting Members and Supporting Participation in Plan Governance
March 5, 2019 12:30 pm EST

Alana Nur: Thank you so much. My name is Alana Nur. I'm with the Lewin Group. Welcome to the webinar, "Recruiting Members and Supporting Participation in Plan Governance."

This is the second session of our 2019 Member Engagement and Plan Governance webinar series. Today's session will include a 60-minute presenter-led discussion, followed up with 30 minutes for a discussion among the presenters and participants. This session will be recorded, and a video replay and a copy of today's slides will be available at www.resourcesforintegratedcare.com.

The audio portion of the presentation will automatically stream through your computer. Phone lines for this presentation are also available. To access that number, click the black Phone widget at the bottom of your screen.

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To learn more about current efforts and resources, please visit our website or follow us on Twitter for more details. Our Twitter handle is @Integrate_Care.

At this time, I'd like to introduce our moderator. Renée Markus Hodin is the deputy director of Community Catalyst Center for Consumer Engagement and Health Innovation. For the past 20

years, Renée has worked to bring the consumer perspective to the forefront of health and health innovation. Renée?

Renée Markus Hodin: Thank you. Thanks so much, Alana, and welcome to everyone who's joined us wherever you are. I'm just really honored to be with you all today for this second webinar, as Alana mentioned, in our series on Member Engagement and Plan Governance.

Also, as Alana mentioned, I'm the deputy director of the Center for Consumer Engagement and Health Innovation, and as I've said before on a previous webinar, you can tell from our name alone that the topic of this webinar is near and dear to our hearts because our mission is to ensure that the people served by our health system, particularly those who need more from that system, are engaged in all efforts to improve it.

So, we are at our first slide about our speakers. I'm really pleased to introduce our speakers and also use this as an opportunity to offer a roadmap for what we'll be covering today.

We'll be starting off with brief interviews from each of our two organizational representatives. First we're going to hear from Ken Pariseau from the Neighborhood Health Plan of Rhode Island. Ken is the Member Experience Advisor at the plan. In that role, he's responsible for the overall coordination of the member experience activities and programs established by Neighborhood's leadership team. He also manages cross-functional teams to ensure that the voice of the member drives the plan's member-centered improvement activities.

And prior to that, he was the external affairs manager for the plan, where he was responsible for developing and managing relationships with key community stakeholders such as consumer advocates, service providers and community organizations.

I'm also thrilled to share that Ken is joined today by a consumer member of the Neighborhood Health Plan of Rhode Island's Member Advisory Committee, Deanne Gagne. I have a lot to say about Deanne's background and experience and what she brings to the committee, but I'm going to defer and let her tell her own story a bit later on. Next slide, please.

Next, we're going to hear from MaCayla Arsenault from the Central Oregon Health Council. MaCayla is the project coordinator at the Central Oregon Health Council, which is the body that oversees the state's coordinated care organization in Central Oregon. In this role, she facilities several committees aimed at improving the health and wellbeing of Central Oregonians. She also serves as the coordinator for the Regional Community Advisory Council, a topic that we'll be spending a lot of time on today.

Like the folks from Rhode Island, I'm also excited that MaCayla will be joined today by Linda McCoy, who's the chairperson of the Central Oregon Health Council's Community Advisory Council. Like Deanne, there is so much I could say about Linda and the unique perspective that she brings to the council, but luckily we'll have the chance to hear from her later and hear her story directly when we get to another section of the program.

So, thank you all for being with us today. Next slide, please.

Here are our learning objectives for this session. By the end of today's webinar, participants should be able to, one, recognize strategies that health plans use for recruiting a diverse group of members for roles in plan governance; two, identify approaches for addressing barriers to member engagement by providing things like transportation, stipends or other types of supports; and third, to be able to describe strategies for supporting members participating effectively through training and also by creating an environment that encourages them to freely offer their insights into plan operations. Next slide, please.

Here's the agenda for today's program. We'll start, as we typically do, with some polls to get a sense of who's in the audience. Then we'll get brief overviews from our two organizational representatives. Ken, followed by MaCayla, will share with all of us information about their organizations, the structure of their consumer or community advisory councils, how they've recruited and support members to serve on it, and, importantly, the kinds of impact it's had on plan operations.

However, the bulk of our time today will be spent in a conversation that I have the privilege of moderating among Ken, MaCayla, Deanne and Linda. That will be our panel discussion. Following that, we'll leave plenty of time, as we always do, for questions and answers from all of you.

And finally, I just want to make a note here to ask you to stay on to complete a brief evaluation of the webinar. These really matter a lot to us. We take what you say to heart and try to adjust for the next time.

So, let's go to the next slide and get started with our polls.

Okay, our first question is: In what setting do you work? This is a question we ask all the time. Do you work in a health plan, in an ambulatory care setting, long-term care facility, home care agency, community-based organization, consumer organization? Are you in academia or in a research role? Or something altogether different? So if you'll just select the button that best describes the setting that you work in—and you can only choose one—we will calculate those results. I'll give it another couple of seconds.

Okay, why don't we take a moment to see the settings that our participants work in? Though I imagine we're still getting some answers coming in, clearly the vast majority of our participants today are representatives of health plans. That's terrific. One of our key audiences.

Let's go to our next poll. This poll is to just dig a little bit deeper and find out the professional area that you work in. Are you a health plan case manager or care coordinator? Do you work in customer service at a health plan? Are you in administration or management in a health plan or other type of health care? Are you a provider of some sort? Pharmacy, social work, advocacy, policy and research? Or, again, something altogether different.

Again, you can just choose one button, though you may have multiple hats. Choose one and hit Submit, and we'll give you a couple seconds to do that, and then we'll look at the results.

Why don't we take a moment to just see where folks are coming from, what part of the world they live in? It looks to me that we have the majority of people in health plan administration or management and a good chunk of people who are in case management or a coordination role. Terrific.

Thanks so much for letting us know who's in the audience and letting the speakers know that we have such a diverse set of participants within the health plan arena.

I'm going to now turn things over to our first speaker, which is Ken Pariseau from Neighborhood Health Plan of Rhode Island. Ken, take it away.

Ken Pariseau: Thanks, Renée. Hello, everyone. I'm happy to be a part of this webinar this afternoon and to share with you some of the work that we're doing in Neighborhood to bring the voice of our members into our health plans to drive quality process improvement. Next slide, please.

Neighborhood is a not-for-profit health insurance company that was established 25 years ago this year. We serve about 1 in every 5 Rhode Islanders, which is about 195,000 members. Eighty percent of our members are on Medicaid, and in our Medicare-Medicaid Plan, which we call Integrity, we serve a little under 16,000 members. Next slide.

Our first Advisory Council meeting was held in December of 2016. Our current participants include members. We have family caregivers of members. We have a community advocate who works with the Senior Agenda Coalition. We have a housing provider who works in housing for seniors and individuals with disabilities. We also have a number of Neighborhood staff who are on our committee. A number of people from our product team. Somebody from quality improvement. Our member advocate in the organization as well as myself, the member experience advisor. Next slide, please.

Our meetings are held quarterly. They're held during lunchtime at a Community Health Center in Providence. The agenda includes a number of different items. It includes always follow-ups from our previous meeting. There can be updates which can be provided either by the product staff or by other health plan staff that attend the meeting. We are always looking for feedback from our members in regards to some of the health plan activities that are currently underway or feedback around some materials that we might be utilizing. There can be business-area presentations that are generally driven by interest that members express in different departments or on different topics.

Most of the meeting time is set aside for members to share issues that they are aware of and that they can offer suggestions for improvement because the group's primary focus is getting feedback from our members around what needs to be improved and what their suggestions are for improvement. Next slide, please.

We recruit members from a variety of channels. Some come through our member advocate who has a lot of contact with our members; from our care management team; from our member

services department; from our community partners such as the Senior Agenda Coalition and Advocates for Action, who Deanne is involved with. We also recruit members from our statewide Implementation Council that was set up for our demonstration grant.

And we really look for members who will be active participants who have an interest in driving some improvements at the health plan, and also who are connected to other members. For example, Deanne is involved with a number of organizations that have our members involved, so when she speaks, she speaks for herself as a member but she's also speaking on behalf of the members that her organizations work with. Next slide, please.

We get feedback in a number of different areas. We get feedback from issues that are raised by members about the health plan. We also look for feedback around questions that the health plan may have. The two examples that we have here, we were talking about the nurse advice line at one of our meetings, and the members were confused. They had never heard about our nurse advice line. They didn't know how to contact it. So we brought this information back into the health plan, and there's information that's easier to access now on our webpage, and the nurse advice line phone number is now listed on all of our member ID cards.

The other example mentioned here, we were about to launch a postcard for flu season, and our health and wellness specialist came to the MAC and got feedback from our members in terms of the content and the format of the card. That feedback was incorporated before it was approved by the state and sent out for our members. Next slide.

I think I'm going to turn it over now to MaCayla.

MaCayla Arsenault: Thank you, Ken. As mentioned earlier, I'm the project coordinator for the Central Oregon Health Council, and with me today is Linda McCoy. She is a board member and chair of our Community Advisory Council. I just want to say it's a privilege to share the work that we're doing. Next slide.

The Central Oregon Health Council is the community-governing entity over our regional coordinated care organizations. Oregon established coordinated care organizations in 2012. CCOs are locally governed accountable care organizations that provide comprehensive and financially integrated care for the Medicaid population in Oregon. There are 15 CCOs distributed regionally across Oregon. This includes PacificSource Community Solutions, serving Central Oregon. Next slide, please.

The Health Council was established in 2011 as the governing entity for PacificSource Community Solutions. PacificSource Community Solutions serves approximately 48,000 Medicaid beneficiaries in Central Oregon. Of those, about 1,600 also have Medicare. The Health Council gives PacificSource Community Solutions members a voice at the table through our Community Advisory Council and also a seat at our board of directors, closing the distance between consumer experience and the health care administration. Next slide, please.

Oregon requires that the majority of the CAC be Medicaid beneficiaries or their caregivers or family members. Oregon also requires representation from each county government served by the CCO.

On our CAC, we have 11 total members, including six consumer members. We have representation from persons with disabilities, public health, school districts, behavioral health and some Latino communities, just to name a few. Each CAC member serves a three-year term.

We have monthly meetings that rotate around our region for easier access. Though most of our members attend in person, we do provide a call-in and video conference option. We hold our meetings in locations like public health departments, county buildings and other community venues. The Health Council provides mileage reimbursement.

An example of the impact that the CAC had, following local news reports on immunization exception rates, the CAC required the Health Council to set up a panel to share data information about the issue. The CAC recommended to create a task force, which the CAC members participated in. As a result, the task force decided to implement the CDC's Assessment, Feedback, Incentives and eXchange program, or AFIX. The program was funded, and immunization rates rose. Up-to-date two-year immunization rates rose by 7% in the first year. Next slide, please.

For CAC recruitment, we utilize relationships with community partners that regularly interface with Medicaid members, such as community health workers. We empower CAC members to spread the word about the CAC and provide the CAC members with informational flyers and business cards. We provide information about the CAC on member-facing materials that the CCO sends out. We also invite community members to our meetings. Our meetings are open to the public, and we also provide a space for public comments.

We seek members who are already engaged in the health system or who represent diverse relevant communities such as people with disabilities or Latino. Like I said before, CAC members serve a three-year term; however, they can reapply. Next slide, please.

For our board of directors, we have 15 board members. Two of the seats are CAC members, one of whom is a consumer member. On our board we have executive leadership from the largest physical, behavioral and oral health clinics in the area, and county commissioners from the counties that the CCO serves. We have a seat for the Central Oregon Intergovernmental Council as well as a seat that represents long-term care.

We hold board meetings monthly, and they're held back to back with CAC meetings, making it easier for CAC members to attend board meetings. We also provide a call-in video conference option.

A couple of examples of successful collaboration between the board and the CAC. One was selecting our Regional Health Improvement Plan focus areas. These areas are such as behavioral health, diabetes and oral health, and this plan is shared by stakeholders throughout our community.

The second example was developing a communications plan about the Health Council to promote transparency and also to encourage more public engagement.

Thank you. I'll pass it off to Renée.

Renée Markus Hodin: Great. Thank you, MaCayla, and thanks again to you both, MaCayla and Ken, for providing us with the overview of your organizations and the advisory bodies. It was particularly good to hear both about advisory committees as well as consumer participation on the board, so thanks for that, MaCayla.

I just wanted to say that I think that the presentations that you just gave offer us a perfect launch pad for our next section, in which we're going to dig a little bit deeper into the inner workings of both your recruitment as well as your support of consumer members. As promised, we'll also have the wonderful chance to bring Deanne and Linda into the active conversation. We will, in fact, start with them.

Deanne and Linda, I'm hoping that you can take a moment to just introduce yourselves and talk about how you came to join the Advisory Committees—or in your case, Linda, Council—of your organizations. Why don't we start with Deanne, and then we'll go to Linda.

Deanne Gagne: Thank you. My name is Deanne Gagne, and I currently work for Advocates in Action, Rhode Island. I'm a coordinator. I promote Advocates in Action, Rhode Island, and the Cross Disability Coalition, which is an initiative of the Developmental Disabilities Council.

I came to be recruited by Ken, who I've known for over 10 years. He through his work with the outreach of the disabled community, he reached out to Advocates in Action, and in 2016 he had a conversation with me about joining the MAC, which is the Member Advisory Committee for Neighborhood Health.

And so, in 2016 I joined. That is a perfect opportunity to get voices in the room that wouldn't otherwise be in the room. It gives an opportunity, as Ken said earlier, to get my voice in the room, but also other people with disabilities, who, as I said before, I think that I'm also a member of Integrity for them. So it's a great opportunity to get my voice in the room with the plan, but also other individuals with disabilities as well who use Integrity.

Renée Markus Hodin: That's great, Deanne. So you're bringing multiple perspectives to the table when you come into the meeting room. That's helpful. Thank you.

Let's turn to Linda. Linda, can you do the same, introduce yourself and talk about how you came to join the Advisory Council?

Linda McCoy: Sure. My name is Linda McCoy. All six of my children that are still living at home with me are on the Oregon Health Plan. Four of my children are on PacificSource, which is the CCO, and the other two are on what's called Open Card, which is a fee-for-service program. All four of my adopted children have very high medical and mental health needs and

are also intellectually and developmentally disabled, so I really do understand the complexities of the Medicaid system. I know its advantages and its challenges.

In my day job, I work as an intentional peer support specialist. I work with severely and persistently mentally ill and the substance use disorder population. This provides me a great opportunity to just keep my hand on the pulse of the Medicaid patients to know what works and what needs to be improved.

My connection with the Central Oregon Health Council began in 2011 when I was serving as a NAMI representative for a local advisory board, and I was asked if it was okay to nominate me as a board member to the Health Council. To be honest, I said yes because I was never very good at saying no to things.

Later, I was able to be a part of creating the Community Advisory Council, which I am chair of. Our first meeting was in August of 2012.

Renée Markus Hodin: So you really have a long history here and come at it, again, not unlike Deanne, with wearing multiple hats. You're on personal experience as well as the experience that you get from the work that you do. Thank you for that.

I'm going to shift gears just a little bit. I appreciate you both introducing yourselves and letting us know how you got started with this work. I want to shift a bit into the issue of diversity of the members of the Advisory Councils or Committees.

As many people on the phone probably know, the population of people who are dually eligible for Medicare and Medicaid is quite heterogeneous, and that's in terms of race, ethnicity, age, disability, functional status, geography, and I'm sure there are many, many more ways that folks are quite different from one another. So, ensuring that you're capturing experience of that wide range of members is important, and yet, I know from my own experience that it's also a challenge for many plans.

I wanted to direct the next question to MaCayla and to Ken and ask how you work to ensure that you have a set of advisory members—consumer members, that is—that are reflective of that diversity. Can we start with MaCayla?

MaCayla Arsenault: Sure. We try to match our CAC demographics as closely as possible with the coordinated care organizations in our population, as much as possible. We work to seek out engaged members in spaces that they may already be engaged, who utilize relationships with community organizations, such as Latino community associations, organizations serving individuals with disability or those on low income, county health departments, health insurance assisters, the Confederated Tribes of Warm Springs.

I would say that one challenge that we have is geographic diversity, specifically in the rural outskirts of our region. Right now we're working to address this through rotating our meetings throughout the region, incorporating additional transportation resources such as mileage remember, as well as providing video conferencing options.

Renée Markus Hodin: That definitely would help with your geography challenge, and thinking about the map that you showed earlier, it does look like it's a fairly large area. Thank you.

Let's turn to Ken. Ken, can you address the same question about how you ensure that you have a set of members on your Advisory Committee that's reflective of the diversity of the folks that are in the plan?

Ken Pariseau: Sure. We were fortunate in our early recruiting effort for our MAC that we were able to recruit a group of members that reflected pretty well the diversity of our dual-eligible population. Our current members represent a diversity of disabilities, age and race. Our committee has individuals with physical and developmental disabilities, individuals with mental health issues, some older adults, an African American individual.

I believe this success reflects our efforts to recruit members through our staff who have contact with our members, as well as our community partners that we work pretty closely with. Two areas that we're working on in terms of growing our committee membership are increasing the number of members who are actively involved in the committee and also the number of family caregivers of members on the committee.

We believe that family caregivers have a valuable perspective in terms of interacting with the health plan, as they may represent members with more physical or emotional challenges who may be looking to get more involved in programs or need additional services, and we want to increase their voice and perspective on the committee.

Renée Markus Hodin: Thank you, Ken. That's useful. You did exactly what I said before: named at least one type of diversity that I had not named before in terms of including family caregivers in the committee, so thank you for that.

I'm going to shift gears once again and address something that was alluded to in several of the comments that MaCayla and Ken offered earlier. This is about supports and incentives, if you will, to allow people to participate.

As many of you know, people with complex health and social needs, especially low-income members, can face barriers that make it hard for them to attend these sorts of meetings. Many plans, including your own, help Advisory Committee members overcome these barriers by offering supports and incentives, and that could include—I mentioned some of these before—transportation, scheduling, stipends, translation, the location of meetings, the actual physical location of meetings and so forth.

I'm going to go back to Deanne and Linda first. When you're thinking about your participation in your respective advisory bodies, what types of supports and incentives have been most helpful to you? Let's start with Deanne here and then Linda, and then I'll turn it back over to Ken and MaCayla to fill in some additional information, if there is. Deanne, do you want to start?

Deanne Gagne: Sure. I think a couple of important things that have really helped me and other people be a part of the MAC is that people actually get a $60 stipend, which for many people with disabilities, they might not have a job, a paying job, so it's really a good incentive to have to make sure that you get people's voices in the room and that people don't feel like, "Oh, well, I'm not going to get"—not that you should be in the room just because you're going to get paid, but it's an incentive to actually have that extra money.

And also, just being able to have the people that you need in the room. I know I take a personal care attendant with me, and it's really important that she's there. As well as we meet during lunchtime, so it's really important to have food, to be honest.

Renée Markus Hodin: Food always helps. Yes, food always helps to draw.

Deanne Gagne: Yeah, exactly.

Renée Markus Hodin: I think you raised an interesting point about the stipend. You said it's not the reason people show up, but it is helpful. It seems to me that it also conveys the value of people's time, no matter where they're coming from. So I appreciate you talking about that.

Linda, can I turn to you and ask the same question about when you're thinking about your own participation, what's been most helpful to you in terms of supports?

Linda McCoy: Sure. It's not as important right now because I'm working a fulltime job, but before when I was a stay-at-home mom, it would have been impossible for me to attend meetings without the mileage reimbursement. Some of our communities that the meetings are held in are as far as 75 miles from my home, so it's been very helpful.

Renée Markus Hodin: I'm thinking about that map that MaCayla showed as well before. It gives you a real feel for how far these can be. Thank you for that.

As I said, I want to turn it over to Ken and MaCayla. It was really helpful to hear from Deanne and Linda about their specific experiences, but there may be other people that need other types of supports, and I wanted to see if there are other things that you wanted to add to the list. Let's start with you, Ken. Anything that Neighborhood Health Plan of Rhode Island provides?

Ken Pariseau: Sure. As Deanne mentioned, we offer our members a stipend of $60 per meeting, and I think to your point, Renée, we really feel like that is a sign of valuing the time that they spend with us. To support members who have children, we also offer an additional $25 stipend to help out with childcare support.

The Advisory Committee meets at noontime, and as Deanne mentioned, we provide lunch. Members who need transportation, we provide cab service. For members who may have attendants who support them, the attendant can attend meetings if they would like.

We meet at one of our Community Health Centers in Providence, so it's a fairly central location for people. It's wheelchair accessible. It's a nice facility. It's easy to get in and around and out of.

Renée Markus Hodin: That's great. Thanks for adding to what Deanne shared. MaCayla, do you want to add to what Linda shared?

MaCayla Arsenault: Sure. We offer a $45 stipend plus mileage reimbursement to and from the meetings, and that seems to be helpful for folks that live on the outskirts that I mentioned earlier. Also, like I mentioned earlier, we rotate our meetings throughout the region and provide the call-in video conferencing options.

We also provide transportation for members that go to meetings or conferences that may be located outside our region. And then, we hold our board and CAC meetings back to back, and in between those two meetings we provide lunch for all.

We also ask members for their thoughts and preferences on the time of day or location of the meetings and make accommodations specifically for members based on what they've put in their CAC application or just through conversation.

Renée Markus Hodin: So they can make specific requests even if it's not something that's on your usual list of supports?

MaCayla Arsenault: Right.

Renée Markus Hodin: Oh, that's great. Great, thank you. I'm going to shift gears a bit again to talking about how we keep people coming back to the meetings that they have signed up for once they've been recruited. Again, you've all shared how—or you, MaCayla and Ken, have shared how your plans recruit diverse members, but tell us a little bit about how you retain those members once you've recruited them.

I'm going to start with MaCayla and then go to Ken. MaCayla?

MaCayla Arsenault: Sure. We provide education on the subjects that will be covered before asking for CAC input. The staff, CAC and board members, we serve lunch to them, like I said, in between those meetings, and this really provides a time for the staff, CAC and board members to kind of get to know each other.

We hold a combined meeting once a year, combined CAC and board meeting, and they work side by side on different issues or projects. We recently started including CAC meeting minutes inside our board packet so the board's abreast of what's going on during our CAC meetings.

We empower members to be a force of change by encouraging them to share their experiences and concerns that they're seeing or hearing about in their communities. CAC members have existing ties in the communities and serve as a liaison between the community and the Health Council through their participation on the CAC.

We provide opportunities for CAC members to attend meetings outside our region that are relevant to the work of the CAC. Last year, for example, we paid for our CAC members to attend adverse childhood experiences training.

We encourage members to participate in committees or groups that are essential to the work of the Health Council and ask them to be a liaison between the committees and the Health Council. And this might include, for instance, being part of the Regional Health Improvement Plan workgroup or a committee on non-emergent medical transportation.

We also help members recognize how important their time and participation are by closing the loop on projects and making sure to show that their input and feedback were valuable and the results are changed or if it helped further the conversation on the topic. It's important to demonstrate the value that their participation provides.

Renée Markus Hodin: Yeah. Wow. There was so much there. I took away a couple of things. Your initial and ongoing education so that folks know what's going on maybe even before they enter the meeting room. It sounds like they have important roles so it's not just kind of window dressing. And I also heard the idea of that direct connection and feedback to the highest levels of the organizational structure, so to the board, in fact. Those are all really great.

Let me take a minute to turn to Ken and just hear a little bit about how you work to retain members in the Neighborhood Health Plan of Rhode Island's Member Advisory Council.

Ken Pariseau: Sure. We work to create a safe, positive experience in which we invite members of the committee to share their experiences with the health plan, with an emphasis on those areas needing improvement and giving them the opportunity to offer their suggestions for improvement. From the time of the member's first meeting, we work hard to build a sense of safety and comfort in the group.

I think there's a sense from our Advisory Committee members that they appreciate the chance to make a contribution to the health plan. Members have talked about the value that the health plan brings to their life, and they see this as a way of giving something back. I think they see results from the work that they do. When there are issues that members bring to the group and we bring back to the health plan, we keep them informed of the progress or status of those suggestions or improvements. I believe this helps members feel listened to in the committee and valued by the health plan.

I think this experience helps build connections in the group and a sense of community. Our MAC members seem to enjoy being a part of the MAC, and they seem to enjoy spending time with each other. A number of the members also serve on other quality improvement groups in the organization. The Advisory Committee also offers members the opportunity to get more education about health plan services. As they bring up issues, we bring in staff to talk about programs, whether it's behavioral health, care management or member services.

I think the feeling of giving back to the health plan and in some ways contributing to the health plan's improvement is a valuable experience for the members and something that increases their interest in remaining part of the Advisory Committee.

Renée Markus Hodin: Thank you. Ken, that's really helpful. I appreciate the things that you echoed from MaCayla in terms of important roles and education and all of that. I also appreciated the intangibles that you mentioned around the enjoyment, the community that you create. And also this idea of making sure that people know what's happened with their feedback. That's been a little bit of a running theme, I think.

Just as a little promo for folks out there, we have another webinar in this series coming up at the end of this month, focusing specifically on that idea of those feedback loops, so stay tuned for more information. I think Alana will probably mention that before we sign off today.

Let me go back to Deanne and Linda because we heard about the kinds of things that the plan does to make sure that you want to continue to participate, but let me ask both of you, What keeps you interested in continuing to participate? Deanne, would you like to start?

Deanne Gagne: Sure. What keeps me interested is having an opportunity to share my experiences and other people's experiences with Neighborhood Health, Integrity, and also to share concerns and suggestions that we might have. To know that people's voices are being heard and that my opinion and other people's opinion matter.

Also, I can't stress enough how much the MAC group is really a kind of tight group. We've been meeting since 2016, and people really value each other and they really want to hear from people, but not only in the meetings but outside the meetings as well. So I think it lends a very good atmosphere.

Renée Markus Hodin: Great. Thanks for adding that. Linda, how about you? What keeps you coming back?

Linda McCoy: Well, I would agree with some of what she said, and also that it's an opportunity for our members to all be kind of that conduit from the community. When we see an issue that's going on, to be able to have a place to take it to, to say, "Hey, this is what happened to me. This was my experience I had when I tried to re-enroll and something went amiss. How can you help me?" And so, it's been very important to be able to have a place to take our voice.

Renée Markus Hodin: Yeah, that's a testament to what I think Ken and MaCayla both emphasized about who they're looking for when they're recruiting people. They're looking for people who do have a connection to the communities, and you just closed that loop, Linda, about how because you are a conduit to the community and have relationships in the community, you can bring that information to, in your case, the Health Council. So thank you for that.

I want to shift now to the issue of training or onboarding. Many members who serve on advisory committees or boards have never participated in health plan committees before, or anything even close to it. I think that may be different for our two consumers here just based on the

introductions they gave us earlier, but I do want to talk about the kinds of training, and that could be known as training or it could be known as onboarding or orientation. People will call it different things, and I think it looks differently.

But let's turn to the plans. Let's start with MaCayla and Linda and ask you both to share what it is that the Health Council provides to members of the Advisory Council or the board that helps them participate effectively. MaCayla, maybe you can start, and then, Linda, you can add to that.

MaCayla Arsenault: Sure. Our onboarding process looks like this: When I hear of someone who may be interested in the CAC, I meet with them one on one and provide them with in-depth information about the committee. I provide them background information on the CAC. I explain the roles and responsibilities of CAC participation and also how the CAC fits into the larger picture. After that, if they're still interested, then I invite them to the next meeting, and Linda kind of takes it away from there.

Renée Markus Hodin: So, Linda, what happens when they come to the meeting, these interested applicants?

Linda McCoy: Well, obviously first I would greet them and make sure that they feel very welcomed there. At any meeting, we have an opportunity for public comment, so sometimes a visiting member will share some experiences they've had. And then from there, if they're interested in being a part, then we have an application process that MaCayla can explain if she wants.

Renée Markus Hodin: MaCayla, do you want to pick it up from there? What happens with the application process?

MaCayla Arsenault: Yeah, once they attend that next meeting and they've applied—if they're interested, they apply, and then at that meeting, Linda introduces them as the CAC applicant. It gives the person the opportunity to introduce themselves, introduce why they'd like to be a part of the CAC, and then it also provides a chance for the CAC members to get to know that person, either by asking them questions during the meeting or after the meeting.

And then after the meeting, our CAC votes electronically for the CAC membership, and then if they're approved, then Linda and I will also sit down with them and ask them any questions, and they also get paired up with a buddy that's already on the CAC.

Renée Markus Hodin: Okay, great. Sounds like it's a series of warm handoffs between you as the coordinator, MaCayla, and you as the chair of the CAC, Linda.

Let me turn to the other side of the country to Rhode Island and ask you, Ken, if you want to share the type of training or education or onboarding that you provide to members to help them participate effectively?

Ken Pariseau: Sure. Our process is pretty informal. If someone expresses interest in being on the Advisory Committee, we usually have a phone interview either with myself or the member

advocate. We'll review the purpose of the committee, what members do during meetings, how meetings are structured. If the member is interested, we invite them to a meeting.

New members receive an orientation packet, which includes a number of items. One of the items is the mission, vision, values of Neighborhood, and we sort of go over that with them because that's an important component of the service on the committee.

We also provide a document that talks about the expectations of membership in terms of the roles, what we're looking for in terms of participation, connecting with other members and bringing concerns to the group. And really encouraging members to see themselves as being change agents.

We discuss confidentiality. We speak to its importance in developing safety and comfort in the committee, and we have members sign a confidentiality agreement. We highlight the emphasis on identifying areas that need improvement and wanting their suggestions for improvement.

We also discuss being good listeners, being respectful of other's opinions, the importance of all actively participating. And then we work hard to model those behaviors at all the Advisory Committee meetings.

Renée Markus Hodin: Really, really quite practical, nuts-and-bolts things as well as a little more how to create a good atmosphere, that's what I'm hearing.

Deanne, talk about the kind of onboarding you received and how it might have been helpful, and if you have thoughts about any additional training that might be helpful.

Deanne Gagne: I actually ended up talking to Ken a little bit about what the MAC would be, and I also received a packet, as Ken was talking a little bit about earlier. I just feel like that gave me a good starting point of what was expected, the responsibilities, the expectations of what this committee would be.

I think that when you do sit on an advisory committee, you have to know those things because it's very important to know what the role is and what is expected. I've sat on many advisory committees, and sometimes you're just thrown into it and you just kind of learn as you go, but this was a good opportunity to really know what's expected.

I think doing more of that, having a packet that you can look at and reference, is a good way to go.

Renée Markus Hodin: It sounds to me from what you've said, what all of you have said, it also sounds like it's really great to have a person, a point of contact, who you can reach to talk about issues on the advisory committee or council and do some planning with, too. I think that sounds like it's a useful partnership ongoing beyond the original onboarding or orientation.

I am going to turn now back to all of you just for some final thoughts in this section. We will obviously be hearing more from you during our question-and-answer section with our

participants. But I wanted to ask you all sort of a generic final question, which is, What's the one thing that you know, now that you've been engaged in this work for a while, about working with an advisory committee or board or serving on an advisory committee or board that you would want other plans or Consumer Advisory Committee members to know?

I think I'm going to start with the plans and then give the final words to our consumer members. Ken, do you want to start, and then we'll go to MaCayla.

Ken Pariseau: Sure. I would think that it is very important for health plans to find ways to bring the voice of the member into the health plan, and then to take action based on what you've learned from your members.

Renée Markus Hodin: Great, thanks. MaCayla, how about you?

MaCayla Arsenault: Sure. Mine is that it takes persistence to recruit and retain consumer members as your board members, but they face many barriers and their input is incredibly valuable, and they need to know that.

Renée Markus Hodin: And you talked about the ways that you share that, so thank you. As I said, I want to give the final word to our consumer representatives here. Deanne, do you want to start?

Deanne Gagne: Sure. I think one thing I would say is that members' voices really do matter, and getting various backgrounds in the room, like caregivers, staff, people who have the health care plan, on the Advisory Board, getting them in the room. Because if your voice isn't in the room, you can't really make any change happen.

Renée Markus Hodin: Thanks for reiterating the discussion we had earlier about diversity. Linda, you get the final word on this.

Linda McCoy: Like MaCayla, I would just say that everyone's opinion is very important and that we are all more the same than we are different.

Renée Markus Hodin: That's great. Thank you for that final word.

Again, thank you all for being part of this part of our webinar today. We're going to shift gears now, and instead of me asking the questions, we're going to take questions from the participants in our webinar today. Just before we do that, we wanted to get a sense from all of you in the audience about how what you've heard so far today is resonating, so what we're going to do is pose two very specific questions and ask you to provide answers in the question-and-answer or Q&A box on the left-hand side of your screen.

Our first question is up there: Of the strategies that you've heard today, what strategies would you like to try at your plan in order to recruit—and this is specific to recruitment—members to participate in plan governance? Are you already using similar strategies?

What I'm going to do, as you enter your answers, I'm going to share those with the audience, so feel free to write in with your responses. It should start popping up for me fairly soon.

Someone from California talks about using similar strategies. Someone talked about the value of incentives and transportation. Someone talked about recruiting members from organizations where members are already engaged. That's something we heard from both Deanne as well as from Linda who came from NAMI.

Let's see. Somebody said, "We'd be interested in using stipends to gain member recruitment. An incentive. It's not full-on payment, but it is valuing their participation." Someone else talked about using transportation, food and stipends. Okay, some similarities there.

Providing communication on how feedback has impacted or been used by the plan, that's excellent. That's the feedback loop that we talked about before. And again, a little promo for our upcoming webinar; that will be the topic.

Let's see. Somebody wrote, "Upon enrollment, there should be a written or verbal survey about whether or not they would like to participate in the governance of the health plan." That's a great idea.

Let's see. Someone put that they have been successful in recruiting. Often the actual issue is setting term limits. Oh, interesting. I know that there was a little bit of difference between our organizational speakers on that issue.

But, yes, folks would love to have a stipend and feel empowered that their strengths are still worth compensation. Agreed. .

Let's see. I'll read a couple more before we go to the next question. Keeping communication open with members throughout the rest of the year helps with recruitment for the next meeting. Yes, recruitment is not a one-time event. It's an ongoing process. And of course, let's say it's just four times a year that you meet, there's lots of stuff that happens in between.

I'll just read a couple more. Somebody wrote, "We do member outreach via phone, and those who are particularly interested in their health plan governance, we ask if they're interested in participating in plan workgroups." Ah, that's a good idea if it's not just a Consumer Advisory Committee. It could be other types of workgroups.

Let's see. This is a good one from Texas, I believe. Somebody wrote, "We currently hold meetings at local restaurants and provide breakfast. Participants receive a gift card." I like the local restaurant, support of local restaurants, but also it's in the community.

One person wrote, "Announcements in member newsletter." That's terrific. I don't know if everybody has a newsletter, but that's a really good idea.

I'm going to turn now—there's so many more answers that have come in. I apologize for not being able to read them all, but I wanted to make sure we have the other question covered as

well. The next question is kind of the flip side of this, which is, Of the strategies that you've heard today, what strategies would you like to try at your plan or organization to support on an ongoing basis members participating in plan governance? Are you already using any similar strategies?

I think some of the things that people shared in that first question crossed over to support as well, but I'm excited to read some of your other answers. So again, please enter your response in that Q&A box on the left-hand side of your screen.

Okay. Food and transportation, that's always a good one, and I've seen that from a number of people.

Let's see. There's so many to read here. Well, I'm going to slip this one in because this was an answer to the last one, but I thought it's a good one and one we hadn't heard yet, per se. Somebody talked about recruiting members from their member concern line. I know I've heard that from people as well, if people care enough to call and complain, they might actually be good members of the Advisory Committee and they might even have solutions in mind.

Okay, I'm going to go back. Let's see. Somebody talked about wanting to also include caregivers. More for food and transportation. Oh, someone from California, actually, talked about the packet—I think this was referring to the packet that Ken mentioned—being a really good idea for consumers to know what steps they need to take, so understanding their responsibilities, giving them information about where to go.

Let's see. Ah, someone emphasized something that Deanne and Ken talked about, which is working to facilitate relationships between council members. Everybody likes to go someplace that they like the people that they're with. I really appreciate that as well.

Let's see. More food and transportation.

Let's see. Someone wrote, "I appreciate delegating research to participants in the plan to add accountability." Again, some more of that feedback loop and follow-up so the members understand what's happening and there's an action plan, I guess, in place to address their comments.

Somebody from California mentioned that they plan to identify departments that already have a relationship with the members. I think that includes what we heard from someone else earlier about the member concern line.

Here's someone from I think Minnesota talked about the value of the orientation packet. It makes for more informed members. I agree.

I'll just read a couple more. Somebody wrote, "Visit adult daycare centers and interview members at the site." Now, that's a really interesting point. We've talked a lot about the committee, but I think this might get at—if I'm interpreting this comment correctly, this might

get at the issue of how else do we hear from members. Not just in the formal bodies that we've been talking about, but this is another way of getting feedback. I appreciate that.

And we've got, of course, more for food and transportation and gift cards. Oh, this is interesting. Somebody wrote, "A gift card for every year of participation," so kind of a length-of-service reward. A meal, either breakfast and/or lunch. And of course, transportation.

Thank you all. This has just been fabulous how many responses we've gotten, both validating what we've heard from the organizations who've spoken today but also some new ideas. We will capture all of these. I want to thank you all for your responses.

I'm going to turn the program back over to Alana, who's going to moderate the Q&A section with all of you.

Alana Nur: Great. Thank you so much, Renée. Thank you to everyone who's provided your input. I hope it was really interesting to hear people's reactions to everything. Again, thank you so much, Linda, Deanne, MaCayla and Ken, for your presentations and the panel discussion that we've had so far.

Now we have an opportunity for questions from the audience. At this time, if you have any questions for any of our speakers, please submit them using the Q&A feature on the lower left of the presentation platform. You can type your comment just the same way that you were providing input on the discussions that we just had and present Submit to send it.

Thank you to everyone who have already started sending in their questions. As you think about the rest of your questions and start submitting them, we'll start asking them to our group.

Ken and MaCayla, I'll start with you. We've had a couple comments and some interesting insights, or at least mentions, of the term limits, and I know, MaCayla, you've said that you recently starting using a three-year term limit, and, Ken, you currently don't have term limits from your MAC. MaCayla, if we could start with you, and I'll turn to Ken as well. Do you have any thoughts on why you starting using a three-year term limit or what that benefits? What was the thinking behind it and how you picked three years? That would be great. MaCayla, I can start with you.

MaCayla Arsenault: Yeah, we decided to pick a three-year term limit—or, the CAC decided—and this kind of provided a chance when folks sign on, they know that they don't have to serve indefinitely. It can be a little bit daunting. But it can also provide a time for CAC members to step down if they wish to do so. And also, on our CAC we have to maintain 51% consumer members, and our consumer members are very important to us, and that three-year term limit allows folks who have been a consumer member but may have either gone off Medicaid, it allows them a chance to reapply for the CAC in a community role instead of that consumer role.

Alana Nur: That's great. That's really helpful. Ken, can you talk about—have you thought about having term limits before, or is that something you're thinking of in the future?

Ken Pariseau: Our MAC is relatively new, particularly given the length of the one that they have been holding in Oregon, and I think we're still working at trying to get a higher critical mass of members on our MAC. I think if we got to a point where we had a good, consistent, high number of folks wanting to participate, certainly a term limit would be something that we would certainly entertain, just to ensure the freshness of the ideas, the freshness of the perspectives that different people would bring in.

But I think because we're sort of focused on increasing the number of members, we don't want to let go of the members that have committed at this point. And we haven't had members who have told us that they haven't wanted to participate going forward at this point. So it hasn't become an issue yet. I would certainly welcome it becoming an issue if we have so many people clamoring to be on the committee that we need to set some time limit to their participation.

Alana Nur: Great. That makes a lot of sense. Ken, you brought up something that made me want to go back to MaCayla and ask you for your three-year term, does everyone switch out? Is it sort of three years starts, everybody starts new, and then at the end of three years, there's sort of a total refresh? Or are there overlaps between people's term limits?

MaCayla Asenault: This is MaCayla. We start the three-year term limit from the time that they apply, and that kind of staggers our members' turnover.

Alana Nur: Great. Thank you. That's helpful. Shifting gears a little bit to Deanne and Linda, we've touched on this a little bit during the presentation earlier, but something that's important is that you're able to represent not only your own experience but that of other members. I know you guys are both very involved outside of your committees. Can you talk a little bit about how you make sure that you're representing other members' experiences, whether you talk to them directly or through your other organization participation? Deanne, maybe we can start with you?

Deanne Gagne: Sure. I actually—as I said earlier, I'm a coordinator for Advocates in Action, Rhode Island, and the Cross Disability Coalition. Both organizations I work for, I have been doing this for 23 years, so people tend to come to me and they say, "Well, we know you're on the Advisory Board. This is the issue I'm having. Can you bring it back?" And this is what I continue to hear. And so, basically it's either they're talking to me directly and they want me to bring it back, or I end up having to have a phone conversation with people that are just saying, "Hey, this has happened to me."

So depending on how many times that it comes to me, that's what really makes me go back and say, "Hey, some people have been having this issue. What can we do about it? How is it going to resolve itself?" Or, "You're doing such a great job. People said they really like this." So it's really in person and on the phone.

Alana Nur: Thanks, Deanne. And, Linda, how about you? How are some of the ways that you hear feedback from other members that you can bring to the council?

Linda McCoy: Well, there's a number of other committees that I've been involved in, and so it's kind of I'm able to loop different organizations in the community. I do work out into the

community oftentimes through the school districts and the health department and even some of the correctional facilities, different things that I have the opportunity to be around consumers and hear their needs and then bring them back.

Alana Nur: Great. Thank you. MaCayla, I wanted to turn to you. You mentioned that you have the option that most people join in person, but there's option for phone or video for participants to join remotely. Are there things that you do or things you might recommend for how you make sure that those people are equally included in the discussions at meetings?

MaCayla Arsenault: Sure. One thing that we try to make sure of is that folks, when they're in the room, they talk loudly so the folks on the phone can hear. Also, Linda does a good job when there's discussions, she asks the folks on the phone for their input. I'd say that those are kind of two of the ways that we try to engage those on the phone into the discussion.

Alana Nur: Thanks, MaCayla. Ken, I wanted to ask, it sounds like you're trying to grow your committee, and that's great. What's the size of your committee now typically in terms of the people that are attending?

Ken Pariseau: We have I think six consumers. We have a couple of advocates. We have a couple of caregivers. And then we have generally three or four Neighborhood staff who participate each meeting.

Alana Nur: Great. Thanks, Ken. MaCayla, that reminds me, I wanted to ask you a question about I know you have the requirement for including consumer members and you have six out of 11 currently. Do those all need to be members themselves, or can they also be family members or caregivers?

MaCayla Arsenault: They can be family members or caregivers. To be a consumer member on our CAC, from the time that they apply they would either had to have been a Medicaid beneficiary or a family member or caregiver.

Alana Nur: Great. Thank you for that clarification. Deanne, I wanted to turn to you, and then, Linda, I can ask you the same. We just talked a little bit—you answered a little bit about how you hear about the types of feedback that others are experiencing or yourself. How do you go about making sure that those topics end up on the agenda? What kind of role do you play in making sure that those topics end up on the agenda for the meeting?

Deanne Gagne: I'm very outspoken, so usually I—when it's time for any feedback or concerns or whatever that Ken may ask, then that's when I go ahead and bring it up at the meeting. And so, he allows enough time for us to do that. And honestly, I would just do it anyway just because it's important to hear those.

Alana Nur: Absolutely. Thank you. Linda, I know you're serving as the chair, so you might play a slightly different role. What's your process for making sure that—or, how involved are you in creating the agenda?

Linda McCoy: At our CAC meetings, we do at the end of the meeting oftentimes put out the request for what items the members would want to have on a future agenda. And then MaCayla and myself and sometimes the vice-chair if he's available and the innovator agent, we put the future agendas together usually the month prior. I'm very active in knowing what's going to be on that and what we need to bring to the surface.

Alana Nur: Thank you, Linda. Linda, I'll stay with you. You also, in addition to serving as the CAC chair, are sitting on the board of directors. Can you talk a little bit about how you were brought onto that role or any type of training or orientation that you received to be prepared for that?

Linda McCoy: Sure. When I was first elected onto that board, I had a meeting with at the time she was the executive director of the Health Council, which was Dr. Robin Henderson. It was a very thorough orientation. They had a slide deck that I remember very clearly that it showed the out-of-control medical costs and the plans to try to curb those costs and improve patient care. And to me, that content was just fascinating. The whole idea of health care reform really became my secret life, and I started just reading everything I could get my hands on, learning all the acronyms and the terminology that was going to become my new vocabulary. Even reading things like the Lund Report and knowing what the CCO was going to be doing and what was expected of it.

I had the opportunity to participate in a lot of different trainings, including some statewide conferences and board retreats. The innovator agent has been very important, who is someone who is a link from the Oregon Health Authority to our specific CCO.

But I'm always looking for new information and just to be teachable.

Alana Nur: Thank you, Linda. Ken, I wanted to turn to you now. You mentioned that there's a member advocate who attends the committee meetings and is involved a little bit with recruitment. Can you say more about that person's role and their role at the MAC?

Ken Pariseau: Sure. Our member advocate, who is Rita Towers, her role in the organization is that she really is sort of an ombudsman. When members are having difficulties navigating the health plan, if they're bumping up against barriers, whether it's care management or seeing providers around access, she is a resource that we have for our members in terms of someone who can work on their behalf on the inside of the health plan.

On the MAC, she brings that perspective to the MAC also in terms of hearing what are the concerns of members in general that she can be attentive to. And she will frequently bring issues back to the business areas to bring it to their attention. Members also bring their own unique individual issues to the MAC, so frequently Rita will spend some time after the MAC concludes to sort of collect more information from the member and will then act on the member's behalf in trying to resolve the issue or concern that they're having difficulty with.

It's a role that we've had at Neighborhood for, oh, 18 or 19 years at this point, so it really sort of speaks to the member being the center of our health plan and is one of the ways that we really try to make sure that the member voice is heard and their concerns are responded to.

Alana Nur: Thank you, Ken. MaCayla, turning to you—and, Linda, feel free to jump in as well—you mentioned that when individuals are applying to be on the CAC, that they're approved by an electronic vote. Can you talk a little bit about the criteria you use to approve applicants or things that you're looking for to approve them?

MaCayla Arsenault: Sure. One thing is that we have to maintain at least 51% consumer members, so that's kind of the first criteria. The CAC will get a chance to meet them at the meeting and talk with them as well as view their application. When I say "electronic vote," we put the vote out by email after the meeting.

Alana Nur: Great. Thank you. Linda, anything that you would want to add on things that you're looking for when someone's applying?

Linda McCoy: Well, not only do we want people who have had challenges with the system, but also people who are going to be very proactive because there's always both sides of every situation. Some of the things that we've had that stand out in my mind as just very meaningful was recently one of our members brought as a guest to the meeting a young man who was homeless and had been living on the streets of Bend. And just his sharing his experiences I know was completely changing to all of us to just really know that personal touch to an experience.

So I think that's really important.

Alana Nur: Absolutely. Thank you so much. That's really helpful. Ken, can you say a little bit about the orientation packet and what it contains? I know Deanne mentioned it was really helpful. Can you say a little bit about what you include in it?

Ken Pariseau: Sure. We have Neighborhood's mission, vision and values, which we review. We have a two-page document that really talks about the Advisory Committee, some nuts and bolts in terms of how often do we meet, when do we meet, how long the meetings are going to last. It talks about the stipend.

But it also talks about the kinds of responsibilities that the Advisory Committee members are going to have in terms of participating, bringing their concerns to the group, engaging when they can with other members and bringing their concerns to the group. It really sort of spells out the roles and responsibilities of being a member.

We have a confidentiality agreement that we review, really sort of highlighting the importance of respecting confidentiality because that really contributes to the sense of comfort and safety that people feel at the committee. We've got a form that people fill out in terms of all their demographic information so that we have current email, cell phone numbers, all the ways that we can contact them.

And we also include—we have a flyer that we distribute at our community meetings that talks about the role of the member advocate, and we include that in that, also, knowing that our members have contact with other members and can be passing that information along to them.

Alana Nur: Thank you, Ken. We had a couple questions come in around how you determine the stipend level. You mentioned that that's something helpful for both recruiting and supporting people's ongoing participation. Ken and MaCayla—MaCayla, I'll start with you—can you speak a little bit about how you determined the amount of stipend and what was the thinking behind that?

MaCayla Arsenault: Sure. This predates me, and maybe Linda can provide some insight, but our stipend is $45, and that's to kind of reimburse and show value for their time. And then, we also provide that mileage reimbursement to and from the meetings. So far, we haven't—all the members are grateful to receive that $45 stipend and it kind of removes some of the barriers for them to getting to the meetings.

Alana Nur: Thanks, MaCayla. Ken, do you mind speaking a little bit about what went into the thinking around the level of your stipend?

Ken Pariseau: We've been running advisory committees at Neighborhood for 17 or 18 years at this point, and I believe initially the stipend was in some way defined by our Department of Health and Human Services in terms of what we could provide to members. That rings true for me, but quite honestly, it has—it's increased a little bit over time. I think we started at $50 and now it's $60. The state may play a role in that, but it sort of seems to be an amount of money that is satisfying to people and seems to be a good way of compensating them for the time they invest in the committee's work.

Alana Nur: Thanks, Ken. I know we're getting close to the end of our time, but I wanted to give a chance to ask both MaCayla and Ken for plans that may be just starting out with an Advisory Council program, do you have any brief recommendations that you might leave them with for how to get started? MaCayla, we'll start with you.

MaCayla Arsenault: Sure. This was said before: Connect with your community partners and recruit those members that are engaged, and really provide some good foundational education on your Advisory Committee and the role that they play.

Ken Pariseau: Yeah, I would echo that, as being really important in terms of connecting up with the community partners as well as staff within your organization that have contact with members. In our case, the member advocate or our care managers, folks in member services. I think someone put in a comment about getting people off the member concern line.

One of the questions that we ask both our internal staff and our external providers is, Who are the people out there who are not only articulate but tend to be outspoken, particularly in areas that they have concerns about? Because I think while it's always nice to hear the good stuff that we're doing, you really can't get better unless you hear about the things that you can improve on, so we really look for members and family caregivers that are going to be quite articulate and

outspoken about what are the things that we need to improve on, and then to hold us accountable for that.

Alana Nur: Great. Thank you so much, Ken.

At this time, we're wrapping up the webinar. If you have additional questions or comments, please email RIC@lewin.com. And thank you so much to all of our speakers and for answering all of those questions, providing such valuable information.

I would like to mention that we do have a resources slide that's available with some additional information that you may want to look into as well.

The slides for today's presentation, a recording and a transcript will be available on the Resources for Integrated Care website shortly.

We invite everyone to join us for our next webinar of the Member Engagement and Plan Governance series, "Gathering and Using Member Feedback in Plan Governance," on March 27.

If you missed the first webinar, you can also view the recording on the Resources for Integrated Care website.

And as a reminder, additional guidance about obtaining credits and accessing the links to the post-test can be found within the Continuing Education Credit Guide in the resource guide on the left-hand side of your screen.

Thank you so much, everyone, for joining us today. It would be wonderful if you could complete a brief evaluation of our webinar so that we can continue to deliver high-quality presentations. If you have any questions for us, please don't hesitate to email us at RIC@lewin.com.

Thank you again to all of our speakers and to Renée for moderating. Have a wonderful afternoon, everyone, and thank you so much for your participation.