

Meaningful Consumer Engagement Webinar Series June 3, 2014, 2-3pET

CONSUMER ENGAGEMENT WEBINAR SERIES Webinar Questions

Engagement and General Information

Q: What does MOU stand for?

A: MOU stands for Memorandum of Understanding, the agreement between the Centers for Medicare and Medicaid Services (CMS) and the state that establishes the parameters of that state's Financial Alignment initiative. For a list of examples, click [here](#).

Q: How should information about consumer recommendations and responses from health plans be shared?

A: It is recommended that every participating health plan or provider group (collectively, "delivery system") establish a "feedback loop" in which consumer input, collected at each meeting by a secretary or minutes taker, is reported to the governing board of the delivery system. Any resulting changes to policies and programs impacting consumers are then communicated back (through a letter, newsletter, website or other media) to the consumers whose input resulted in the change, or to all consumers.

Q: Do you utilize consumer advisory groups to help gather information on consumer preferences related to accessing services and care as part of the advisory committee?

A: Yes, both plans use their advisory committees to get feedback from members on what is not working in their programs and services, and any suggestions/ideas that they may have for either improvements to existing, or suggestions for additional, programs and services.

Q: Detail how some of the consumer feedback and concerns are worked into to the process of providing services and care.

A: Both plans share consumer feedback and concerns with the relevant person or groups to make necessary improvements. This may include program managers, clinical groups, primary care providers, care management organizations, and/or contracted providers. At Neighborhood Health Plan, issues are also reviewed and acted upon by the Member Satisfaction Workgroup, comprised of several members and managers from all the departments that "touch" members (e.g. Medical Management, Utilization Management, Behavioral Health, Pharmacy, Member Services). Each of these departments has the ability to implement changes to improve programs and services for members.

Q: What are some examples of how to encourage consumers to increase their engagement (other than stipends and transportation)?

A: There are many ways to incentivize consumers to engage. Please See Community Catalyst's [Checklist for Diversity, Incentives and Barriers](#) for a more complete explanation.

Q: What are some examples of changes or improvements to healthcare systems that have been made as a result of consumer input?

A: Examples include:

- ☑ Improvements in member materials
- ☑ Redesign of the provider directory
- ☑ Changes in the PA (prior authorization) processes for DMEs and Pharmacy
- ☑ Changes in how the health plan informs members of denials of requests or reduction in services
- ☑ Changes in state policy regarding out of state transportation
- ☑ Focused training for specialty providers regarding the unique needs of members
- ☑ Improving the state transportation vendor and process

Q: Please provide feedback from your established advisory committees and consumers on their perceptions about the consumer engagement process?

A: In general, members like the opportunity to be involved and to be able to contribute to the improvement of plan services. Some see this as an opportunity to get out of the house, meet new people, develop a social network and do something constructive. For others, it's about giving back to the community and a way to channel their desire to advocate for themselves and others. In some instances, advisory committee members choose to get involved in additional activities. For example, at Neighborhood Health Plan, some committee members have testified before the legislature, spoken at press conferences and other community events, and participated on the Member Satisfaction Work

Group. In addition, several members have sat on a Board of Directors' Planning Committee and some participate at the plan's booth at health fairs.

Funding Questions:

Q: Is the incentive payment \$60/person or \$60 dollars for whole group? A: Modest incentive payments are used by both plans. At Neighborhood Health Plan, each participant is given a payment of \$60.00 per meeting.

Recruitment:

Q: What are examples of detailed steps to developing recruitment strategies and approaches?

A: Please see Community Catalyst's tool: [Recruitment for Consumer Engagement](#).

Q: What are examples of what outreach materials look like and how does an organization process the feedback?

A: Outreach materials should be inviting, welcoming and easy to understand, in the language and format understood by the recipient. For consumers who are blind or visually impaired, it may be necessary to use large font, translate the outreach materials into Braille or communicate with them by telephone. Generally speaking, consumer input is collected by the committee secretary or minutes taker and summarized into issues to be resolved and recommendations for review by the delivery system's governing board, or by a "debriefing committee" comprised of the consumer advisory committee's facilitator and delivery system senior management and/or executive staff.

Q: How do you get internal buy-in?

A: Internal buy-in starts at the top. Ideally, the CEO will demonstrate his/her commitment to hearing from members in order to help drive quality and process improvement. This commitment will be demonstrated in regular communications to staff and to the larger community, but also in the dedication of resources for staff and incentives such as stipends, food and transportation.

However, even when there is buy-in at the highest levels of the organization, meaningful consumer engagement requires the support of many others in an organization, e.g. middle managers, front-line staff, etc. These staff members are the people the advisory committees will be talking about when giving feedback about service quality or the service experience and it is important for staff to understand the role of the committees and to be prepared to receive feedback, whether positive or negative. The concept of consumer engagement should be discussed in staff meetings and focus on what's in it for the organization, including:

- ☐ • Increasing the level of satisfaction with services
- ☐ • Increasing the level of social capital in the community
- ☐ • Earning the trust of a population, some of whom do not trust a medical model, insurance plans and managed care
- ☐ • Injecting innovation into service planning and delivery
- ☐ • Empowering consumers with information/education that often leads to taking responsibility for health management and well-being
- ☐ • Marketing the program through word of mouth
- ☐ • Enhancing the reputation of the organization in the community
- ☐ • Increasing the defensibility of policies and programmatic elements because they've been vetted by consumer

Q: Do you work with Medicare eligible members? Or, just Medicaid members?

A: Commonwealth Care Alliance's advisory committee is part of its One Care program for Medicare-Medicaid enrollees ages 21-64. At Neighborhood Health Plan's Rhody Health Options program, the Member Advisory Committee is for Medicare-Medicaid enrollees. Other advisory committees are made up of Medicaid members as those product lines are Medicaid-only.

Q: Do you have nontraditional group's participation in consumer boards like LGBT, elderly, minorities, etc.?

A: Both plans attempt to have their advisory committees reflect the diversity of their entire membership. For example, Commonwealth Care Alliance's advisory committee for its One Care program includes African Americans, Latinos, Asians, Native Americans and individuals who identify as gay or transgender. Its ongoing recruitment efforts include ensuring that the presence of nontraditional groups is at least proportionate to their presence in the program.

Q: How important is it for outreach/enrollment materials to be professionally designed? In CO, they are rolling out a "duals demonstration" in a Managed Fee for Service delivery system.

A: A professional approach to marketing is important in reaching the target population. For example, at Neighborhood Health Plan, all member materials are written by staff, reviewed by the State Medicaid agency, then professionally designed and produced. Some materials are reviewed by its member advisory committees during the development process.

Q: Do any of your Community Advisory Committees include requirements for random participant selection? If so, how do you meet the requirement?

A: While there are no requirements for random participant selection, it has been used in some instances. For example, Commonwealth Care Alliance decided to randomly select participants to invite onto the consumer advisory committee from its enrollee roster. However, even within its random selection, the plan had to control for race/ethnicity, gender, age, disability type and region to assure a diverse and proportionate selection of potential candidates.

Training and Staff

Q: Can you detail the process of advisory committee member training? Is it something that is only done at the beginning or is it ongoing?

A: Ideally, training should occur at the beginning of a member's term on the committee, but it should not stop there. For example, at Commonwealth Care Alliance, orientation/training is done with every new participant one-on-one or in group. Participants need enough information and context about the organization and its programs to do a good job as advisors. Additionally, at each meeting CCA gives a presentation on the topic we are seeking feedback about. This provides members with ongoing training opportunities.

Q: Please describe the role of the professional liaison that supports this committee.

The professional liaison is responsible for recruiting and training the committee members, overseeing all aspects of planning and running meetings and making sure feedback is shared with relevant staff. However, the liaison role is also akin to that of an emissary: he/she facilitates a relationship between the organization and the community. For example, at Commonwealth Care Alliance, the liaison represents consumer perspectives at policy and program development discussions and trains staff on person-centered care. In the community, the liaison attends consumer events and promotes the One Care program through talks and presentations.

Q: Some departments are understaffed and much of the work (recruitment, follow-up, admin, logistics) fall onto one person. Does success depend on a multi-person effort?

A: Dedicated staff and resources are critical to ensuring meaningful consumer engagement, and Neighborhood Health Plan and Commonwealth Care Alliance have both. Without dedicated staff, success will require a multi-person effort to ensure the voice of the member is regularly heard at the health plan and is influential in improvement activities.

Q: How do you limit the administration's control of the consumer group?

A: The consumer advisory committee represents collaboration between the health plan and its members. In order to encourage honest communication, agenda items tend to be rather open-ended. For instance, at Neighborhood Health Plan, members are asked what is working, what needs improvement, and suggestions/ideas for improvement.

Q: What are some approaches to dealing with consumer advisors who bring their own personal agendas, instead of working with the direction of the overall work of the Consumer Advisory Group?

A: Orientation and training are helpful on this point. It's also helpful to create a document (e.g. guidelines, bylaws etc.) that sets forth the rules under which the group operates. This document should clearly delineate the mission of the group, the limitations of the role, a code of conduct and consequences for violating the code. Consumer advisors should have a role in shaping ground rules for how the group will work together. These ground rules, together with a good agenda and facilitator who manages the agenda will help the advisory committee work more successfully.