

Consumer Advisory Board 2017: *Consumer Engagement and Communication Plan*



2017

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NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD
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I. BACKGROUND: 2015 CONSUMER ENGAGEMENT PLAN

The Consumer Advisory Board (CAB) was created to make sure that the voice of the consumer (including caregivers) is heard in all Connecticut (CT) State Innovation Model (SIM) Test Grant activities.

A. VISION

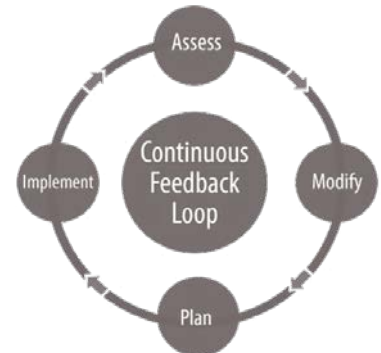
The overarching vision of the CAB is to ensure that all the planned innovations identified in the SIM will lead to positive health outcomes for consumers across CT, including;

- 1) Achieve health equity and reduce disparities
- 2) Improve quality of care and care experience
- 3) Engage and empower consumers in their care
- 4) Lower health care costs

B. GOALS

To achieve this vision, the CAB established the overarching goal of a Comprehensive Multichannel Consumer Engagement and Communication Plan encompassing **internal and external** processes. As part of the Consumer Engagement and Communication Plan, we will deploy a multi-pronged strategy to focus on communication and support for effective advocacy and shared learning:

- 1) Strategies for sharing, collecting, disseminating information within SIM governance and with consumer populations statewide
- 2) Implement a Continuous Feedback Loop
- 3) Outreach strategies that include everyone and every community in this process



C. OBJECTIVES

- 1) Develop and implement a multi-channel communication and engagement plan that incorporates in-person and web strategies
- 2) Coordinate communication and activities between consumer representatives across the CT SIM Governance Workgroups
- 3) Implement a process review of selected CT SIM PMO (Program Management Office) information materials to ensure that information is accessible to all consumers, and linguistically/culturally relevant
- 4) Identify, secure and maintain partnerships with community based organizations and cross-sector stakeholder groups to promote active participation of consumers statewide

D. STRATEGIES

In-Person Events

- 1) Community Conversations
- 2) Listening Forums
- 3) Educational Forums
- 4) Focus Groups

Web-Based Strategies

- 1) Meeting Support
- 2) Interactive Website
- 3) Social Media



E. IMPORTANCE OF HEALTH EQUITY

Health equity is a central issue and a desired outcome for SIM CAB. Health equity is the attainment of the highest level of health for all people. Everyone deserves an equal opportunity to lead a healthy life, regardless of their race, gender, sexual orientation, or socioeconomic status. To achieve health equity, CAB works to eliminate avoidable health inequities and health disparities requiring short-term and long-term strategies, including:

- 1) Attention to social determinants of health and language accessibility
- 2) Focus on communities that have experienced major obstacles to health
- 3) Promotion of equal opportunities for all people to be healthy and to seek the highest level of health possible.
- 4) Continuous efforts to involve consumer voices to advocate for health equity after eliminating avoidable health inequities and health disparities.

As the CT SIM Innovation Model moves from initial planning into implementation and evaluation, we need to ask, “How do we prioritize and utilize information from the continuous feedback loop to achieve CAB goals and attain health equity?”

II. 2017 CONSUMER ADVISORY BOARD STRATEGIES AND ACTIVITIES

A. INTERNAL AND EXTERNAL COMMUNICATIONS STRATEGIES

As SIM CAB is growing, so must our strategies to address disenfranchised communities and those experiencing health disparities. The following internal and external communications strategies will be utilized to raise the consumer voice in SIM Governance and engage consumer feedback toward systems change.

- 1) Increase consumer engagement and communication at every level of the continuous feedback loop.
- 2) Utilize multiple communication platforms to connect with consumers, including developing a social media presence, creating a more accessible website, and increasing community partnership.
- 3) Inform to Action - Target consumer engagement feedback toward systems change and impact.
- 4) Prioritize three Focus Areas where consumer engagement feedback can be utilized to improve health care delivery and outcomes by 1) influencing systems change, 2) promoting provider-consumer partnerships, and 3) engaging and empowering consumers.

B. PRIORITY FOCUS AREAS FOR CONSUMER ENGAGEMENT

The following are **three priority focus areas** for future Consumer Engagement and Communications Plan activities along with illustrations and examples of activities for consideration and discussion:

- 1) **INFLUENCE SYSTEMS CHANGE**: ORGANIZE DIVERSE CONSUMERS TO INFLUENCE THE DESIGN AND IMPLEMENTATION OF PERSON-CENTERED, CULTURALLY-APPROPRIATE HEALTH CARE REFORM ACTIVITIES AND PUBLIC POLICY.
- 2) **PROMOTE PROVIDER-CONSUMER PARTNERSHIPS**: ENGAGE HEALTHCARE PROVIDERS TO DEVELOP CULTURALLY-COMPETENT AND RELEVANT KNOWLEDGE ABOUT DIVERSE CONSUMER NEEDS. PROMOTE COMMUNICATION AND PARTNERSHIP BETWEEN PROVIDERS, CONSUMERS, AND CAREGIVERS TO SUPPORT BETTER HEALTHCARE AND BETTER OUTCOMES.
- 3) **ENGAGE AND EMPOWER CONSUMERS**: IDENTIFY CONSUMER AND COMMUNITY-SPECIFIC ISSUES, AND SHARE CULTURALLY-RELEVANT INFORMATION TO FACILITATE DIVERSE CONSUMER INTERACTION WITH THE HEALTHCARE SYSTEM, PARTICULARLY FOR COMMUNITIES FACING BARRIERS TO EFFECTIVE CARE.

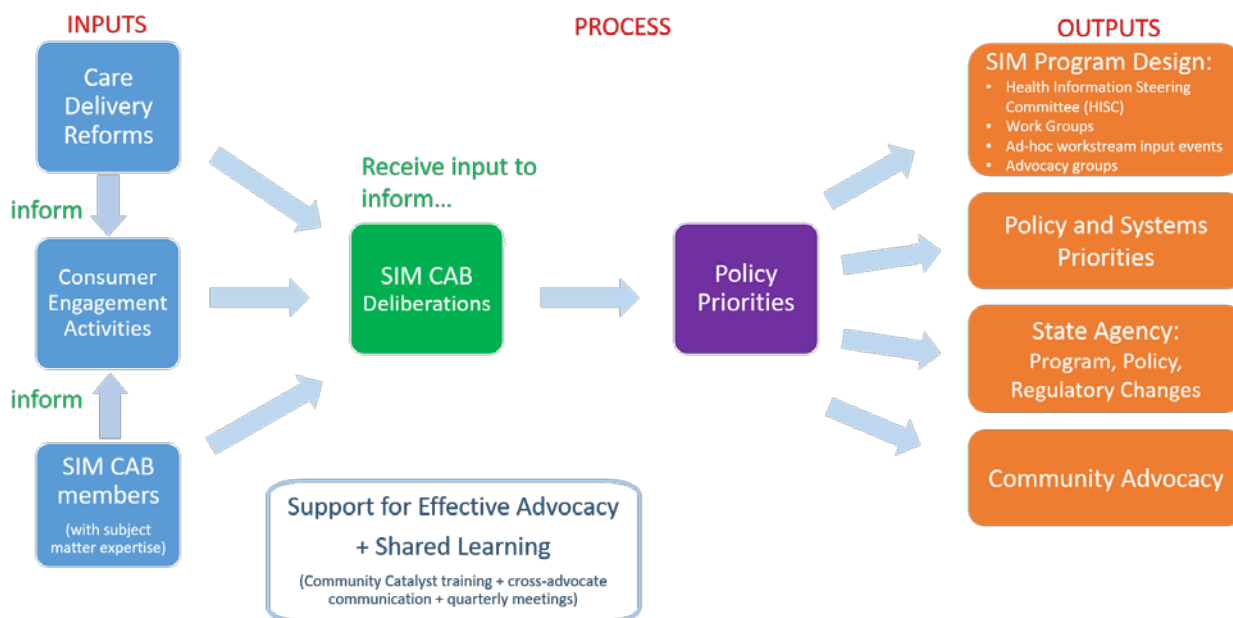
Our work on these three focus areas will be informed by the principles and goals of the care delivery reforms that are already underway through the CT SIM. We will also be informed by the experience and subject matter expertise that each of our consumers and advocates brings to their work on the CT SIM.

C. CAB ACTIVITIES: NEXT SIX MONTHS

CAB members will focus on the following priority action items for the next six months, through **December 2017**. While these activities may concentrate efforts on a specific focus area, their outcomes may involve or impact all three areas.

- 1) Develop Use Cases to inform CAB Communication Infrastructure Needs
- 2) Establish a key list of action steps for the coming year that will be informed by feedback gathered through forums, listening sessions, informed by interactions with PCMH+ Committees, etc.
- 3) Create and publish a compendium of key learnings from all CAB events to date
 - a) Develop 2-3 work products targeting consumers to expand the learnings from past Listening Sessions
- 4) Identify and compile key messages from past listening forums and consumer engagement events
 - a) Present key messages to the CAB and to issue-based convenings of consumer representatives across SIM governance
 - b) Develop a strategy to incorporate key messages into action steps, based on key list of action steps and input from the issue-based convenings
- 5) Host two consumer engagement forums on population-specific issues. Utilize the newly established feedback loop to share key messages with SIM consumer representatives and incorporate into action steps
- 6) Conduct and compile background research on PCMH+ Oversight bodies and other Patient/Family Advisory Councils by
 - a) Meet with representatives of at least five of the PCMH+ Oversight bodies or other Patient/Family Advisory Councils, as identified through research
 - b) Identify PCMH+ Oversight body or Patient/Family Advisory Council goals and challenges and determine strategy to empower consumer members of these groups

Focus #1: Influence Systems Change



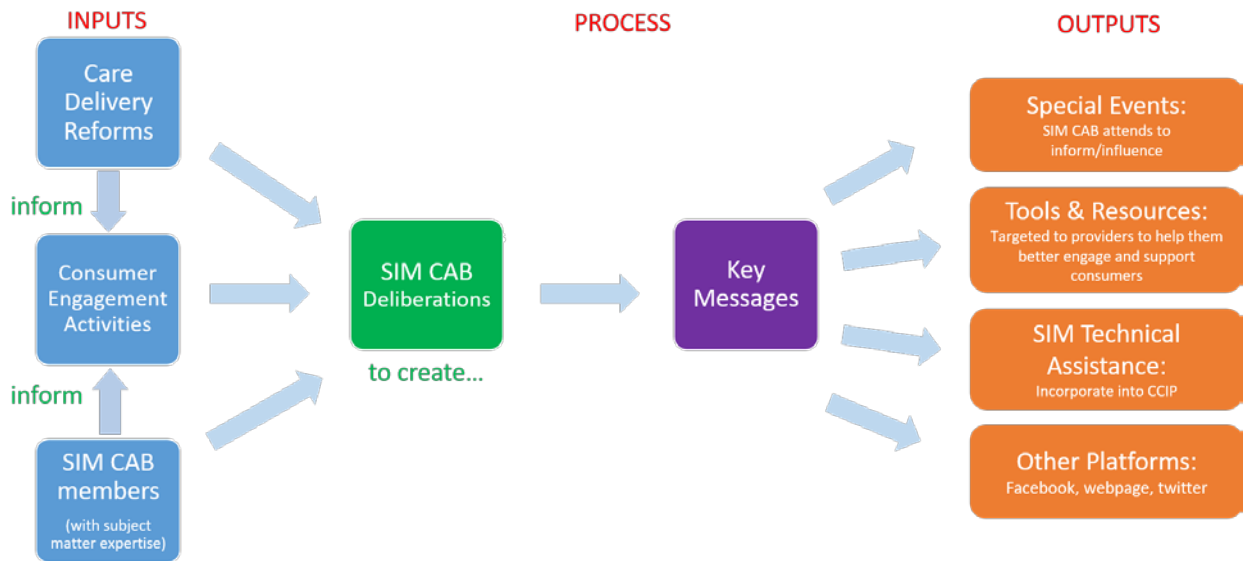
Our first focus involves influencing the design and implementation of health care reforms and public policy with an immediate feedback process involving the voice of the community. Ways for consumers to influence SIM care delivery reform planning include participating in the work groups, the CAB, and the Healthcare Innovation Steering Committee, and sharing information developed through the continuous feedback loop.

To address these issues and to influence systems, the Consumer Advisory Board (CAB) and Consumer Engagement Contractor (CEC) will involve and engage consumers and caregivers to do activities, such as:

- 1) Organize listening forums, focus groups, and other activities to inform adjustments to existing programs or need for other SIM programs.
- 2) Consider collaborative efforts with other specific SIM activities.
- 3) Formulate specific policy objectives annually to inform policy makers. Hold Executive forums on matters of interest.
- 4) Create a Connecticut General Assembly (CGA) Public Health Committee (or Human Services Committee) Task Force or Workgroup on Healthcare Transformation to educate and raise consumer awareness of important issues concerning healthcare transformation in Connecticut. Such a group could meet at the Legislative Office Building (LOB) on a monthly or quarterly basis, and provide testimony on issues from the consumer perspective that can serve as a platform to affect change.
- 5) Meet with state agencies and state program leads to advocate for program policy.

- 6) Propose changes that would enable better care and outcomes.
- 7) Develop a web/social media communication infrastructure: Twitter, Facebook, and other social media platforms are means to promote/message information and support a bi-directional dialogue for continuous feedback loop.
- 8) Create a library of resources that payors, policy makers, state agencies, providers, and other advocates can use to inform their work.

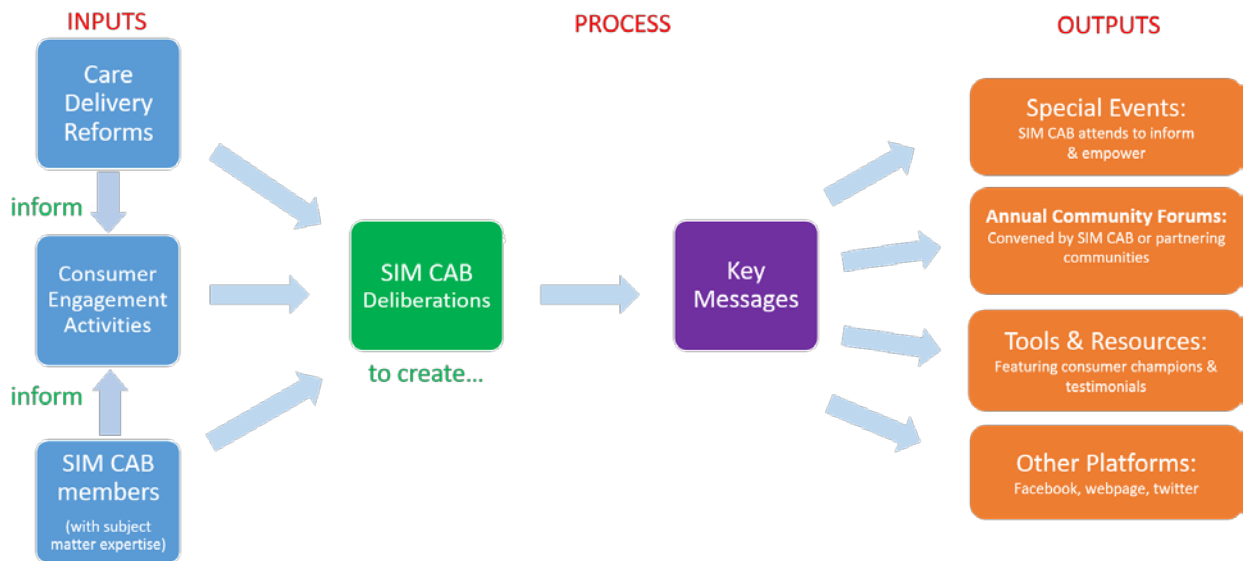
Focus #2: Promote Provider-Consumer Partnerships



Our second focus involves identifying and engaging healthcare providers to learn about specific consumer and caregiver communities and best practices related to providing more culturally-appropriate and person-centered care. Culture in this context extends beyond race/ethnicity to country of origin, gender identity, health literacy, disability status, etc. Person-centered care must encompass physical and behavioral health. To address these issues and to enable providers, we will involve and engage consumers and caregivers to do activities, such as:

- 1) Engage a patient advisory council to coordinate dialogues between providers and consumers, offer key messages to providers to better serve or communicate with consumers, identify consumer needs, and promote a shared decision-making health experience that may offer cost-savings
 - a) Empower the consumer voice to influence providers and other consumers in that practice. (One way of empowering consumers is through engaging consumers on other advisory boards.)
 - b) Learn more about patient-advisory councils to understand the extent to which they can be used in our CAB activities. Engage one or more patient advisory councils to better understand the process to assess the potential to effectively collaborate (or effect change) with them
- 2) Identify special provider events and arrange to conduct forums that promote the CAB's key messages
- 3) Develop specific programs or continuing education offerings to encourage providers to learn about the consumer perspective

Focus #3: Engage and Empower Consumers



Our third focus involves organizing consumer engagement activities around language accessibility and culturally-relevant information and tools that consumers and caregivers can use to maximize their health outcomes and get what they need from the health system. Person-centered care is at the heart of our SIM CAB activities yet little information is available to consumers and caregivers about their health, their choices, or how to play an active role in the coordination of their care.

While we want to improve the whole healthcare system and thus positively impact everyone's health outcomes, due to our focus on health equity and language accessibility, SIM CAB prioritizes the communities most disenfranchised by the healthcare system. These communities face health literacy issues and socioeconomic challenges, and struggle with coverage costs and inclusion. Provider behaviors may unknowingly create barriers for open and honest two-way communication. Therefore, CAB aims to empower consumers to communicate more effectively with providers, and achieve partnership or joint decision-making. To empower consumers and caregivers, we will involve and engage them to do activities, such as:

- 1) Share specific advice or key messages from and for community members, and separately for providers or policy makers in plain language
 - a) Create tools and resources featuring community members giving testimonials to inform providers, or a consumer champion with advice for consumers (ex: Southeast Asian Forum, Black faith community, Young Adult KASA group)
 - b) Develop a message card about SIM CAB to distribute to the community
 - i) Explain the mission of SIM CAB and the consumer voice

- ii) Share key messages with consumers
- 2) Continue to organize consumer engagement sessions focused on what information and tools consumers need to know about the health system in partnership with other consumer organizations
 - a) Conduct interactive forums with a focus on using the healthcare system: what you need to know about your doctor, preparing for a visit, you at the center of care, etc.
 - b) Be a good conduit for patient-centered care
 - c) Build out on the initial set of materials and tools based on early experience in the field
 - d) Organize focus groups to get feedback, identify issues, and address them
- 3) Identify educational programs and opportunities for consumers and caregivers
 - a) Offer for easy access the tools and resources that empower consumers, such as how to use a public scorecard, consumer experience surveys, Choosing Wisely, etc. Make statewide healthcare resources accessible and available to consumers
- 4) Increase the visibility and accessibility of CAB information to the public
 - a) Figure out a way to make CAB work products, events, and community known to the greater public
 - b) Make above materials available through website and perhaps social media
- 5) Develop a plan to ensure that the CAB process can sustainably continue to support consumers into the future

GLOSSARY

A Community Conversation is a group of individuals invited to help identify and prioritize community needs. Normally done in small group sessions, (i.e., 6 to 15 participants), it can be conducted with small subgroups in a larger, community setting. www.unitedwaywi.org/sites/.../Community%20Conversations%20Guide.pdf

Behavioral health refers to both mental health and substance use conditions.

Care experience is the actual experience a consumer has with the services that are provided. This can include the timeliness of scheduling an appointment, the courteousness of administrative staff, and the perceived willingness of the doctor to answer questions in a way that is understandable to the consumer.

CAB: Consumer Advisory Board

CEC: Consumer Engagement Contractor – currently the North Central Regional Mental Health Board (NCRMHB) is contracted to support SIM CAB in its work

CGA: Connecticut General Assembly; the legislature

CMMI: Center for Medicare and Medicaid Innovation

Comprehensive multichannel engagement and communication plan is an approach to sharing and receiving information through a variety of strategies that is tailored to the target audience.

Consumers: Community members with healthcare needs; includes caregivers

Health disparities can be understood as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups (www.fccc.edu)

Health equity is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" <http://www.cdc.gov/socialdeterminants/Definitions.html>

Health information technology involves sharing health related information through electronic based platforms. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/healthit/>

Healthcare workforce is the actual number of individuals who are providing health services, across disciplines and levels of care. <http://bhpr.hrsa.gov/healthworkforce/>

HISC: Health Innovation Steering Committee

Interactive information portal is located on the internet as a webpage that brings information together and makes it accessible to multiple groups and individuals. https://en.wikipedia.org/wiki/Web_portal

Linguistically and culturally relevant services means effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

LOB: Legislative Office Building; located in Hartford, CT

PCMH+: “Person-Centered Medical Home Plus (PCMH+)” means an upside-only shared savings initiative for Medicaid providers and beneficiaries established by the Department of Social Services. The goal of this program is to build on successful Intensive Care Management and PCMH initiatives to improve health and satisfaction outcomes for individuals currently served by FQHCs and Advanced Networks. The name of the program was changed from MQISSP to PCMH+ in 2016.

PMO: Program Management Office

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Population health plan extends beyond the individual and incorporates **health** outcomes of a group of individuals. Often, population is defined by geography, but can also include another defining group characteristic. <http://www.improvingpopulationhealth.org/blog/what-is-population-health.html>

Primary care is the care provided by a personal physician that is trained in health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. This person is typically the first contact with a consumer of health services. <http://www.aafp.org/about/policies/all/primary-care.html>

Quality measure alignment is the process of developing a more systematic approach to value-based payment in which payers tie financial rewards for providers to the same or similar quality targets.

SIM: State Innovation Model

Social determinants of health are the conditions in which people are born, grow, work, live, and age. Social determinants of health also include the wider set of forces and systems shaping the conditions of daily life. Examples of social determinants of health are access to health services, safe housing, food, education and employment. http://www.who.int/social_determinants/en/

Stakeholders can be understood as those individuals or groups that would be substantially affected by reforms to the system. The primary stakeholders in healthcare are consumers, providers, pharmaceutical firms, employers, insurance companies, and government. <https://sites.sju.edu/icb/health-care-reform-duties-and-responsibilities-of-the-stakeholders/>

Use Case: For the purposes of this Plan, use cases are examples of communication situations that are used to determine what technology and strategies are needed to support CAB’s communication needs and goals.

Value-based Insurance Design is an approach to increasing the quality of care a consumer receives while also lowering the costs of providing care by using financial incentives to promote cost efficient services and consumer choices. <http://www.ncsl.org/research/health/value-based-insurance-design.aspx>