Maryland Health Services Cost Review Commission

Consumer Engagement: Opportunities and Strategies

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Dianne Feeney, HSCRC
Leni Preston, Maryland Women’s Coalition for Health Care Reform
Russ Montgomery, DHMH
Maryland’s Vision for Transformation

- Transform Maryland’s health care system to be highly reliable, highly efficient, and patient-centered.
- ...a health care system in which multi-disciplinary teams can work with high need/high-resource patients to manage chronic conditions in order to improve outcomes, lower costs, and enhance patient experience.
- Aligned collaboration at the regional and state levels, the state and regional partnerships can work together to improve the health and well-being of the population.
The 9 Transformation Domains and Consumer Engagement

1. Clearly articulate the goals, strategies, and outcomes that will be pursued and measured
   - E.g., obtaining consumer input for measurement goals including patient satisfaction

2. Establish formal relationships through legal, policy, and governance structures to support delivery and financial objectives
   - E.g., consumer advisory boards, patient consent for information sharing

3. Understand and leverage currently available data and analytic resources
   - E.g., identify existing shared data resources that can identify need or coordinate care

4. Identify needs and contribute to the development of risk stratification levels, health risk assessments, care profiles and care plans
   - E.g., Patient-centered care across the care continuum
The 9 Transformation Domains and Consumer Engagement (cont.)

5. Establish care coordination people, tools, processes, and technology
   - E.g., comprehensive care coordination programs that fully engage patient and family
6. Align physicians and other community-based providers
   - E.g., alignment of goals across care continuum can be enhanced when patient is looped in to the process
7. Support the transformation with organizational effectiveness tools
   - E.g. continuous quality improvement requires consumer involvement and feedback
8. Develop new care delivery models
   - E.g. engage patients and families in their defined care goals
9. Create a financial sustainability plan
   - E.g. public support and involvement for infrastructure investment is critical – community health trusts
Topics in Today’s Presentation

- The current consumer situation and health literacy
- Gaps and opportunities for initiatives and involvement with consumers
- Appropriate messaging strategies based on the target audience
- Learning more about your patient population and existing engagement through surveys, social networking, etc.
- Concepts to heighten awareness of system transformation, increase engagement, motivate activation and self-management
- Measurement and feedback approaches that will be critical to understanding effectiveness of RP strategies
Consumer Engagement
All-Payer Model: Consumer Engagement Opportunities

Opportunities
- Build ownership – Consumer participation in planning and implementation
- Identify and develop new partners – New partnerships with hospitals, community-based organizations and roles for consumer advocates
- Engaging patients in their care – Patient-centered care requires that consumers, patients and families play a lead role
- Engaging patients in their health – Providers have multiple opportunities, such as preventive care and care coordination, to actively engage patients and their families to change behaviors

Outcomes = Triple Aim with Care Aware Consumers
- Improve the patient experience of care (including quality and satisfaction)
- Improve the health of populations
- Reduce the per capita cost of health care
HSCRC Consumer Engagement Task Force
January – September 2015

Charge 1

- Provide rationale for health literacy and consumer engagement within the context of the New All-Payer Model (NAPM)
- Define audiences, identify messages, and propose engagement strategies as appropriate, including:
  - Systemic adjustments
  - Education and communication strategies

Charge 2

- Advise decision-makers, regulators, etc. on the impact of system transformation on individual and community health issues
- Provide guidance for ensuring an appropriate and consumer-friendly communications process
- Make recommendations for enhanced ways for consumers to provide feedback and for hospitals to act on that input
**Consumer Engagement – Get It!**

**The Path to Consumer Engagement**

**CONSUMER ENGAGEMENT: A DEFINITION**

“Engaged consumers are those who make informed decisions about their own health care and are empowered to actively engage in the health of their community.”

**Phase 1:**
**Health Insurance Literacy**
Individuals have the ability to understand the complex terms, concepts, and financial implications when purchasing health insurance in order to pick the “right” plan.

**Phase 2:**
**Health Care Literacy**
People understand their benefits and are comfortable navigating the health care system to get timely, effective care in the most appropriate setting.

**Phase 3:**
**Full Patient/Consumer Engagement**
Individuals have the knowledge to make informed decisions about their own health and to actively engage in the health of their community.

*Patient Protection and Affordable Care Act of 2010, Article V.*
Low Health Literacy: The Impact

- **Less likely to:**
  - Select the best insurance plan for their circumstances
  - Know how to read health labels & take medications
  - Take preventative actions

- **More likely to have:**
  - Poorer overall health status – later diagnoses of disease
  - More hospitalizations & emergency care
  - Higher mortality rates

- **Only 12% of adults have average health literacy.**
  - That means – nearly 9 out of 10 lack the skills to manage their own health.

- **36% Americans have basic or below basic health literacy – highest levels in minority populations:**
  - 41% Hispanic Americans
  - 24% African Americans
Multiple Factors to Consider for a Broad Consumer Engagement Approach

- Best Practices for Consumer Engagement
- Diversity of Consumer Issues & Concerns
- Population Health
- Consumer Feedback (Concerns, Complaint, & Commendations)
- Health Insurance & Care Literacy
- Patient, Family & Consumer Advisory Boards
- Program Evaluation
- Care Coordination
- Total Patient Revenue/Global Budgets & Consumer Engagement
- Performance Measurement
Key Principles of Consumer Engagement – Identified by Consumer Engagement Task Force (CETF)

#1 - Participation: People and communities participate and are involved in decision-making about the health care system.

#2 - Person-centered: Engagement strategies and processes are centered on people, communities, and personal preferences.

#3 - Accessible and Inclusive: The needs of people and communities—particularly those who may experience barriers to effective engagement--are considered when determining steps to enhance accessibility and inclusion.

#4 - Partnership: People, including health care providers, community-based and health related organizations work in partnership.
Key Principles of Consumer Engagement – Identified by Consumer Engagement Task Force (CETF) – cont.

#5 - Diversity: The engagement process values and supports the diversity of people, culture, and communities.

#6 - Mutual Respect and Value: Engagement is undertaken with mutual respect and the valuing of other's experiences and contributions.

#7 - Support: People and communities are provided with the support and opportunities they need to engage in a meaningful way with the health care system.

#8 - Influence: Consumer and community engagement influences health policy, planning and system reform, and feedback is provided about how the engagement has influenced outcomes.

#9 - Continuous Improvement: The engagement of people and communities are reviewed on an on-going basis and evaluated to drive continuous improvement.
Recommended Consumer Engagement Goals for Maryland

**Goal #1**
- Establish a person-centered health care delivery system with an ongoing role for consumers to participate in the design and implementation of policies and procedures at all levels.

**Goal #2**
- Engage, educate, and activate people who use, or are potential users of hospital services, in their own health care in order to promote efficient and effective use of the health care system.
## Communication Strategy: Sample Recommended Strategies

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stakeholders</td>
<td>Develop a statewide public education campaign to promote health and wellness.</td>
</tr>
<tr>
<td>Policymakers</td>
<td>Foster a consumer-centered health care system with policies and procedures informed by stakeholder involvement:</td>
</tr>
<tr>
<td></td>
<td>• Consumer perspective represented on HSCRC and standing advisory committee</td>
</tr>
<tr>
<td></td>
<td>• Educate consumers on opportunities to serve on and/or interact with HSCRC and hospital patient and family advisory councils</td>
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<tr>
<td></td>
<td>• Standardize hospital processes for receiving consumer feedback and establish data systems to aggregate and analyze feedback</td>
</tr>
<tr>
<td></td>
<td>• Develop and promote a Consumer Gold Star system for hospitals based upon consumer engagement standards</td>
</tr>
<tr>
<td>Consumers</td>
<td>• Provide consumers with information and resources needed to make wise decisions and better manage their care.</td>
</tr>
<tr>
<td></td>
<td>• Create a sense of ownership and involvement in the NAPM for the prime audiences by educating Marylanders about the NAPM and instilling pride and excitement that Maryland is creating a unique model of delivery system transformation</td>
</tr>
<tr>
<td></td>
<td>• Engage local and regional news media to distribute frequent updates about the NAPM to their audiences</td>
</tr>
</tbody>
</table>
Strategy for Hospitals and Providers

- Incentivize hospitals to support patients and caregivers ability to manage their own care, including access to community based health care resources.
## Audiences, Messages, and Messengers

<table>
<thead>
<tr>
<th>High utilizers &amp; caregivers (3+ hospital visits/yr)</th>
<th>Need to know how to manage specific health problems and work with a care team to avoid unnecessary hospitalization.</th>
<th>All of the below, plus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who use hospital services (not high utilizers)</td>
<td>Need to know in general where to go for episodic or diagnostic care. How to play an active role in managing their health. Have a relationship with primary care provider.</td>
<td>All of the below, plus:</td>
</tr>
<tr>
<td>General public (people who potentially use hospital services)</td>
<td>Need to know Maryland is doing something unique. How to get the right care, in the right place at the right time. Care options available and how to make their health care desires known.</td>
<td>All of the below, plus:</td>
</tr>
</tbody>
</table>

- Hospitals
- PCP & pharmacists
- Specialists
- Payers
- Faith & community organizations
- Caregiver support groups
- Social workers/case managers
- Long-term care providers
- Behavioral health providers
- DHMH/Local Health Departments

- Consumer advocacy groups
- Advocacy and support groups for chronic conditions

- News media
- MHBE/Connector Entities & Partner Organizations
- Members of town and county councils
- Local community activists

### Audience Messages

<table>
<thead>
<tr>
<th>Audience</th>
<th>Messages</th>
</tr>
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</table>
| All      | Maryland is doing something unique and you are a part of it.  
|          | There is an agency that sets the rates hospitals are paid. *Concept:* Hospitals do not have the freedom to set their own pricing.  
|          | Transformation of the health care delivery system should help you to get the right care, in the right place, at the right time.  
|          | Your health. Your life. – Your hospital is here to help you be as healthy as possible.  
|          | o Prevention is the most affordable care - see your doctor, eat healthy, live well.  
|          | o Teamwork among hospital and in the community, will make it easier for you to get care.  
|          | o Know where to get the care that best meets your needs (you might pay more if you get care in the wrong setting).  
|          | o Make good decisions by being informed about the cost of your health care and your financial responsibility  
|          | o Shop for health care that meets your needs.  
|          | o Shop for health care quality; high cost does not always equal high quality care.  
|          | o You can control who sees your health information.  
|          | o Use the tools that are available to help make health care decisions that are best for you.  
| General public |  
| People who use hospital services |  
| High utilizers |  

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## Messaging Framework

### Audience

<table>
<thead>
<tr>
<th>Primary &amp; Secondary</th>
<th>People who use hospital services (not high utilizers)</th>
<th>People who use hospital services (3+ hospital visits/yr)</th>
</tr>
</thead>
</table>

### Messages

- Create a plan to get healthy and stay healthy
- Be active in managing your own health
- Find a trusted person to help manage your care
- Make sure a trusted person knows how you want to be cared for if you can’t make decisions for yourself.
- Have a relationship with your primary care provider
- Before you leave the hospital make sure you have a plan and understand:
  - What you should do when you leave the hospital
  - Who you should call if you have a problem *when you leave* the hospital
  - Who you should call *before* you go to the hospital again
  - Where to go if you need help looking after yourself
- Know what might cause your readmission to the hospital
- Know how to access the support and services you need to keep you from having to go back to the hospital
## Messaging Framework

<table>
<thead>
<tr>
<th><strong>Audience</strong></th>
<th><strong>Messages</strong></th>
</tr>
</thead>
</table>
| High Utilizers (3+ hospital visits/yr) | - You and your care team manage your health to stay out of the hospital  
- Stay involved in managing your own health care  
- Create a trusted relationship with your providers  
- Understand your care options |
## “Primary” Audience Messengers

<table>
<thead>
<tr>
<th>Primary Audience Messengers</th>
<th>High utilizers Caregivers/Guardians</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospitals</td>
<td>• Home health</td>
</tr>
<tr>
<td>o Medical staff</td>
<td>• Pharmacists</td>
</tr>
<tr>
<td>o Hospital volunteers and clergy</td>
<td>• Primary care physicians</td>
</tr>
<tr>
<td>o Discharge planners</td>
<td>• Caregiver support groups</td>
</tr>
<tr>
<td>o Case Managers/Patient navigators</td>
<td>• Urgent care providers</td>
</tr>
<tr>
<td>o Billing office</td>
<td>• Social workers/case managers</td>
</tr>
<tr>
<td>o Web-based resources</td>
<td>• Long-term care facilities/providers</td>
</tr>
<tr>
<td>• Payers</td>
<td>• Rehabilitation facilities/providers</td>
</tr>
<tr>
<td>o Managed Care Organizations</td>
<td>• Behavioral health providers</td>
</tr>
<tr>
<td>o Insurance Carriers</td>
<td>• DHMH/Local Health Departments</td>
</tr>
<tr>
<td>• Community health workers</td>
<td>• DSS offices</td>
</tr>
<tr>
<td>• Community health clinics</td>
<td>• Department of Aging</td>
</tr>
<tr>
<td>• Faith and other community-based organizations</td>
<td>• Maryland Access Point</td>
</tr>
<tr>
<td>• Rehabilitation centers</td>
<td>• Philanthropic Foundations</td>
</tr>
</tbody>
</table>
## “Secondary” and “All” Audiences Messengers

### Secondary Audiences: People who use hospital services

All of the above plus:
- Consumer advocacy groups
- Advocacy and support groups for chronic conditions
- ER waiting rooms (to reduce inappropriate use)

### All Audiences: General Public

All of the above plus:
- News media (traditional and online including local newspapers, magazines, and radio stations)
- Faith and other community-based organizations (materials, meetings, health fairs, etc.)
- Urgent care providers
- MHBE/Connector Entities & Partner Organizations
- Members of town and county councils
- Local community activists
Development of Materials: Take A Consumer-Focused Approach

- Appeal to a broad base of Marylanders recognizing that all residents are potential users of hospital services.
- Adhere to minimum standards for cultural/linguistic appropriateness and the accessibility and efficacy of the messages.
- A best practices checklist:
  - Consumer perspective in development of materials
  - Surveys and/or focus groups used to solicit consumer feedback prior to mass production
  - Materials reflect the cultural and linguistic diversity of the populations served
  - Involve health literacy experts to ensure application of basic health literacy and CLAS
  - Materials to be written at a 6th grade reading level
  - Ensure electronic materials are Section 508 compliant
  - All materials and information, as appropriate, available in at least one format that is appropriate for all ability types and literacy levels
  - All materials and information, as appropriate, is available in print, online, and mobile formats allowing each consumer to select the format that is most helpful to the individual
## Potential Measures of Consumer Engagement

<table>
<thead>
<tr>
<th>Goal 1: Establish a consumer-centered health care delivery system with an ongoing role for consumers to participate in the design and implementation of policies and procedures at all levels.</th>
<th>HSCRC Consumer centered advisory committee</th>
<th>Suggestion to establish a standing advisory committee similar that of the Maryland Health Benefit Exchange</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1.</strong> Create connections among government, hospitals, health care providers, community-based organizations, and individuals in the development of policies, procedures, and programs that will improve health outcomes, and patient satisfaction while lowering system costs.</td>
<td>Hospital meaningful use of Patient Family Advisory Committees</td>
<td>New measure to be developed Need to define “meaningful”</td>
</tr>
<tr>
<td><strong>Objective 2.</strong> Engage, educate, and activate people who use hospital services in health policy, planning, service delivery and evaluation at service and agency levels to ensure ongoing consumer support of and participation in Health System decisions.</td>
<td>HCAHPS question on consumer overall rating of hospitals</td>
<td>HCAHPS in use since 2012</td>
</tr>
</tbody>
</table>
## Potential Measures (cont.)

### Goal 2: Engage, educate, and activate people who use or are potential users of hospital services in their own health care in order to promote efficient and effective use of the health care system.

<table>
<thead>
<tr>
<th>HCAHPS CTM-3 Questions</th>
<th>CTM-3 currently in use (since January 2014)</th>
</tr>
</thead>
</table>
| 1-The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital.  
2-When I left the hospital, I had a good understanding of the things I was responsible for in managing my health  
3-When I left the hospital, I clearly understood the purpose for taking each of my medications.                                  |                                             |

### Objective 1. Provide people who use or are potential users of hospital services with the information and resources needed to become health care aware consumers who are actively engaged in their own health care.

For users of hospital services:
- # of individuals with personal health records
- Volume of materials disseminated about options for engaging in care

For potential users of hospital services:
- Visits to NAPM websites tools provided
- Number of subscribers to telehealth resources
- Posts/comments on NAPM related articles
- Volume of sharing of NAPM news articles, etc.

New measures need to be developed. Need to determine universe of websites, and electronic resources we want to monitor.
## Potential Measures (cont.)

<table>
<thead>
<tr>
<th>Objective 2. Support consumers’ decision-making by providing clear, culturally and linguistically appropriate, and actionable information and opportunities for effective interactions with health care professionals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-measuring each of health literacy, language services and individual engagement related to patient-centered communication, (0-100 score derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit) 2-HCAHPS questions- Consumer ratings on communications with doctors and nurses, and responsiveness of hospital staff</td>
</tr>
<tr>
<td>1-CCAT would be a new survey to implement in the state 2-HCAHPS in use since 2012 Monitor for increase in percentages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 3. Educate consumers about the most appropriate settings to receive care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-HCAHPS questions- Consumer rating of Discharge Information they received 2-Prevention Quality Indicators(PQI)- hospitalizations for ambulatory sensitive conditions 3-Appointment within 7 days after hospital stay 4- Person discharged where primary provider notified</td>
</tr>
<tr>
<td>1-HCAHPS in use since 2012- monitor for increase in percentage 2-PQI measures currently in use in Maryland- monitor for decrease 3-NAPM measure (Medicare only- claims) 4- NAPM measure (CRISP collects)</td>
</tr>
</tbody>
</table>
### Potential Measures (cont.)

<table>
<thead>
<tr>
<th>Objective 4. Support consumers in the appropriate use of care planning and self-management tools.</th>
<th>1-HCAHPS questions-Consumer rating of Communication About Medicines</th>
<th>1-HCAHPS in use since 2012-monitor for increase in percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Care plan usage for identified high risk target populations</td>
<td>2-New measure to be developed and implemented- monitor for increase in percentage</td>
<td>2-New measure to be developed and implemented- monitor for increase in percentage</td>
</tr>
<tr>
<td>3-Percentage of patients with chart documentation of advanced directives</td>
<td>3-New measure to be implemented in the state. Could build upon the current law that requires Medical Order for Life Sustaining Treatment (MOLST). Derived from EHR. Monitor for increase in percentages by hospital over time</td>
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</tr>
<tr>
<td>4-Claims for advanced directive discussions</td>
<td>4-CPT code 99497 covers a discussion of advance directives with the patient, a family member, or surrogate up to 30 minutes. (See CETF Report)</td>
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Consumer Engagement Tips: How does your community view you?

On-line reviews = overlooked source of information:

- “What can I say. I'm a fan.”
- “If I could give zero stars I would.”
- “… need to analyze their current methods and better develop their protocols.”
- “We waited 3 hours... Looks like an issue of someone at the top either not knowing what is going on or not caring what is going on.
- “Your hospital is more of a business than health care facility”
- ”I do dig the lobby's piano. Next time, to fill the excruciating waits more productively, I'll sneak in a dry martini, do a Lounge Lizard act, and self-medicate whilst tickling the ivories as loved ones upstairs medicate on cocktails via IV drips.”
Consumer Engagement Tips: What does your website say about you?

- Patients Rights and Protections? 80.4%
- How to Submit a Compliment or File a Complaint? 58.7%
  - Joint Commission “Speak Up Program”
- Patient Portal for Medical Information? 23.2% (of 30)
  - Medical records – 12.3%
  - Medication lists – 26.7%
  - Clinical information – 26.7%
  - Discharge & transition summaries – 23.3%
Consumer Engagement Tips: Make Room for Consumers

- Create “meaningful” opportunities to engage consumers – Example of Patient & Family Advisory Councils
  - Hospital websites with information about Advisory Councils – 15.2% vs.
  - Hospital survey results*
    - YES = 40%
    - Planning to – 40%
    - NO = 20%

* MHA 2013 survey – 30 respondents
Community Benefit to Benefit the Community: Partnership Opportunities

Engage your community in a meaningful way by serving as a resource in their lives and providing additional supports that enhance the population’s health.

- Financial literacy – Consumer advocates, tax preparers & educational institutions
- Health Literacy – Consumer advocates, CBOs, FQHCs, Connector Entities
- Environmental issues – Environmental health advocates, CBOs & FQHCs
- Social supports – Consumer advocates, CBOs & FQHCs
- Legal issues – Consumer advocates, Connector Entities
**Consumer Engagement: Selected Resources**

- **AHRQ – Patient & Family Engagement**

- **CMS – From Coverage to Care**

- **Coalition Checklists**
  - [www.mdhealthcarereform.org](http://www.mdhealthcarereform.org)

- **UMD Extension – Smart Choice for Health Insurance**
  - [http://extension.umd.edu/insure](http://extension.umd.edu/insure)

- **UMD – Horowitz Center for Health Literacy**
  - [http://sph.umd.edu/center/hchl](http://sph.umd.edu/center/hchl)
Questions

- Dianne Feeney, HSCRC – dianne.feeney@maryland.gov
- Leni Preston, Maryland Women’s Coalition for Health Care Reform – leni@mdchcr.org