To: Program Improvement Advisory Committee
From: Health Impact on Lives Sub-committee
Date: December 20, 2017
Subject: Member Outreach and Stakeholder Engagement Recommendations

Executive Summary: Member engagement is when members are listened to and empowered by member-centered, culturally-competent, and, above all else, trusted systems to engage actively in all decisions made with respect to their own care and their systems of care. To cultivate meaningful member engagement, it is critical that Health First Colorado (Colorado's Medicaid program) members have the opportunity to participate in their own care and improve the systems that care for them. The goal is to develop and use multi-touch, multi-channeled approaches to meet members where they are on the ladder of engagement and to create an easy glide path by which members access benefits and participate in decision making about their own care. It also means helping members become individual and systems advocates by advancing them up the ladder of engagement. Each rung on the ladder represents a progressive action taken by the member where they become more invested in their own health care and/or their systems of care.

The Health Impact on Lives sub-committee recommends the Department of Health Care Policy and Financing (Department) take specific steps to improve the member engagement strategies of the Accountable Care Collaborative (ACC) with the highest priority being to build more trust between members and the providers and entities, including the Department and its contractors, that serve Health First Colorado members. The sub-committee's recommendations are as follows: 1) establish a standard member engagement framework and strategic plan for systems stakeholders, including Regional Care Collaborative Organizations (RCCOs), providers, community partners, and future Regional Accountable Entities (RAEs)[1], 2) collaborate with local community partners, 3) employ a greater use of mixed-methods research approaches, 4) treat members as partners and advocates, 5) initiate and facilitate processes to converse with diverse member populations in community-based settings, 6) conduct comprehensive staff and provider trainings to improve competencies around member experiences, and 7) deploy smarter use of technology and social media platforms.

Background and Methodology: In Spring 2017, the Health Impact on Lives sub-committee began work to understand and to improve ACC strategies around member engagement. Each regional care collaborative organization (RCCO) had an opportunity to present and share their approach to member engagement. Member engagement was

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[1] Health Impact on Lives acknowledges the impending transition of the ACC. While these recommendations are built from RCCO data and apply for the remaining contract period, the sub-committee intends for these recommendations to be the foundation for member engagement strategies for the RAEs of ACC Phase II. The sub-committee also recommends that the Department assess the adoption of these recommendations and make the necessary adjustments during the first year of the Phase II.

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also identified by Health Services Advisory Group (HSAG) as one of the topic areas to focus in on during their annual RCCO site review. The review included evaluations of lessons learned, both challenges and successes, around member engagement. After convening all seven RCCOs and reviewing the findings from HSAG, the sub-committee identified seven key recommendations for driving more meaningful engagement with members.

Delivery System Recommendations:

1. **Framework and Strategic Plan:** All seven RCCOs offered separate and distinct frameworks of member engagement. However, all had similar themes and concepts. Historically, RCCO member engagement work has been reported through the Member Engagement contractual deliverable. While this deliverable captures specific member engagement activities, it does not require a defined engagement strategy and measurable milestones.

<u>Sub-Committee Recommendation</u>: Member engagement should occur at Micro and Macro levels.

At the Micro level, member engagement is when members are <u>actively</u> involved in all decisions made with respect to their own care as well as their systems of care. Systems actors, including providers, RCCOs, behavioral health organizations (BHOs), RAEs, and the Department of Health Care Policy and Financing (Department), facilitate member engagement by listening to, empowering, and building consistent and long-lasting relationships with members through member-centered, culturally-competent, and, above all else, trusted strategies and approaches.

At the Macro level, member engagement is when there is an intentional organizational culture which values the voice, experience, and involvement of its members. This organizational culture strives to ensure that members are adequately represented in policy development, program creation, evaluation, and governance activities. These members must reflect the diversity of the broader membership and must be trained and supported by the respective system actor.

To help facilitate this this multi-level engagement, the Department should require and actively monitor a coherent member engagement plan that articulates strategies and measurable goals that promote meaningful member engagement at both the Micro and Macro levels. This plan should be developed in active collaboration with members and be delivered to the Department within thirty days on ACC Phase II implementation. The Department will review these plans and work align the described strategies with its own initiatives and those of other stakeholder workgroups.

2. **Community Partners:** Many RCCOs noted the most successful member engagement came when they leveraged long-standing community partners to meet the

members where they were and to build upon and reinforce the existing trust between the community partner and their respective members.

Sub-Committee Recommendation: RCCOs should work with their members to develop a process to strengthen community partnerships. This process should include a way to identify those community partners that provide safe and welcoming environments and those community partners that are not trusted. RCCOs should work with their members to develop strategies that improve the relationship between the latter community partners and members.

RCCOs should create integrated engagement models that station staff at community organizations such as community health centers, schools, recreation centers, physician waiting rooms, VA centers, food banks, criminal justice facilities, detoxification programs, soup kitchens, and homeless shelters. RCCOs should also pay close attention to member-led organizations such as Independent Living Centers, Senior Centers, Cultural Centers (including faith-based), clubhouses, and other member-led, community-based initiatives.

By positioning their services the various focal points, RCCOs not only brings these services in closer proximity to a member but also help to integrate health and wellness into a member's daily fabric and build upon and reinforce the existing trust between the member and the community partner.

RCCOs should report on their respective partnerships and any challenges through the Member and Stakeholder Engagement deliverable. The Department should aggregate these challenges and provide respective guidance and assistance.

3. **Mixed-Methods Approach**: While most RCCOs have utilized traditional "top-down" approaches in member engagement (i.e. developing member advisory councils, receiving member feedback on communication materials, etc.), nearly all RCCOs identified challenges initiating and facilitating grassroots processes that aim to understand and to learn from the diverse member populations and their experiences with Medicaid. Moreover, assessment of member engagement has largely been limited to standardized surveys such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Sub-Committee Recommendation: RCCOs should integrate more on-the-ground, qualitative approaches into their plans for and assessments of meaningful member engagement. Methods can include, but are not limited to: 1) focus groups with hard-to-reach populations, 2) ethnography (participant-observation, in-home interviews), 3) Photovoice[2], 4) community mapping, and 5) analyzing appeals and grievances as well

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[2]Photovoice is a qualitative method used for community-based participatory research to help individuals share their experiences around a particular research topic. This methodology puts cameras into the hands of participants and asks them to express their points of view or represent their communities by photographing scenes that highlight particular themes. Common themes include community concerns, community assets, social issues, and public health barriers.

as customer service calls. RCCOs should actively partner with their respective primary care medical provider (PCMP) and community partner networks to develop and implement these methods in order to understand a member's experience at all touch points within the care system and to build more data-driven strategies that address member and community needs.

RCCOs should report on their respective approaches and any challenges through the Member and Stakeholder Engagement deliverable. The Department should aggregate these challenges and provide respective guidance and assistance.

4. **Treating Members as Partners and Advocates**: Many RCCOs spoke about how the most successful regional initiatives were when members were treated as partners in the work. This included proactively involving members in the decision making process and providing feedback during and after the initiative's implementation.

Sub-Committee Recommendation: Trust is developed when people work together as partners. RCCOs should proactively solicit member input and develop information feedback loops in order to improve systems operations, member experience, and member trust and to amplify the voice of members in relevant systems conversations. These tactics should enhance member trust by clearly communicating why the RCCO is contacting the member, how member input will be used, and how members will "see the fruits of their labor and input." Moreover, RCCOs should develop other opportunities for members to become partners in the broader work of the RCCO. These opportunities could include: 1) partnering with members at healthcare events, such as outreach fairs and advisory council meetings, to promote and co-present the RCCO's work; 2) hiring and training more members as community liaisons and peer advocates; 3) using member testimonials in outreach materials; 4) developing training and education forums for members that empower them to successfully fulfill their respective engagement roles within the RCCO, and 5) conducting advisory meetings that convene members with deep system knowledge and connection to their peers, occur in the evenings, provide food, cover daycare services for parents with children, provide incentives, and cover all expenses.

RCCOs should report on their respective member development strategies and any challenges through the Member and Stakeholder Engagement deliverable. The Department should aggregate these challenges and provide respective guidance and assistance.

5. **Engage with Diverse Member Populations**: Many RCCOs stated that the number of members participating in their member advisory councils was limited and the diverse spectrum of the member experience was not always represented at councils and through feedback mechanisms.

Sub-Committee Recommendation: RCCOs should initiate and facilitate venues and processes that allow RCCOs and members to converse about the member experience. This could include the following techniques: 1) mobile member advisory committee meetings that meet at various locations throughout the region, 2) telephonic town halls that allow for broader geographic coverage, and 3) targeted strategies to engage with specific cultural groups such as the disability community, justice-involved members, non-English speakers, refugees, etc. to address specific needs. RCCOs should also leverage community partners with whom members already have established and trusted relationships.

RCCOs should report on their respective strategies through the Member and Stakeholder Engagement deliverable.

6. **Provider Education and Engagement**: Many RCCOs identified a need to improve staff and provider competencies regarding the member experience. This included not only benefits and services but also training around the lived realities of members.

Sub-Committee Recommendation: RCCOs should develop and conduct comprehensive trainings regarding benefits, services, social determinants, and cultural customs to ensure a holistic competency level for staff and network providers. These trainings can include, but are not limited to: relevant community networks, equity literacy, Bridges Out of Poverty curriculum, disability-competent care, motivational interviewing, member experience scenarios, trauma-informed care, and cultural competency. These trainings should also provide members to directly communicate their experiences with the larger provider network.

RCCOs should report on their respective provider education and engagement strategies and any challenges through the Member and Stakeholder Engagement and Network Adequacy deliverables. The Department should aggregate these challenges and provide respective guidance and assistance.

7. **Technology and Social Media Platforms**: Technology-based member engagement strategies varied across all RCCOs. Most RCCOs had used traditional IVR calls and mailings, but few had begun to explore social media and mobile applications.

Sub-Committee Recommendation: RCCOs should actively explore using smart technology and social media platforms such as texts, email, videos, Facebook, and telehealth and other mobile applications to improve open and bidirectional engagement with members. For each strategy, RCCOs should define their targeted content and audience, acknowledging that not all member populations will be engaged through each mechanism. RCCOs should also ensure that all applicable members have equal access to the respective technology. The Department should also provide RCCOs guidance on how protected health information can be appropriately shared.

RCCOs should report on their respective technology strategies and challenges through the Member and Stakeholder Engagement deliverable. The Department should aggregate these challenges and provide respective guidance and assistance.