

Meeting Minutes  
**Consumer Engagement Task Force**  
January 30, 2015 \* 9:30 a.m. to 12 p.m. \* HSCRC

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**Scribe:** Tiffany Tate

**In Attendance:**

Dianne Feeney, Donna Jacobs, Theresa Lee, Karen Ann Lichtenstein (p), Susan Markley (p), Leni Preston, Doug Rose (p), Tiffany Tate, Hillery Tumba, Gary Vogan (p)

Guest: Lynn Quincy    Audience: 1

**I. Welcome and Introduction of New Staff**

Dianne Feeney welcomed the group and introduced Tiffany Tate who will be serving as Staff Liaison and Project Manager of the HSCRC's Consumer Engagement Task Force. Dianne also congratulated Task Force Chair, Leni Preston, who recently received the Consumer Health Advocate of the Year Award from Families USA.

**II. Update on New All-Payer Model Implementation**

Dianne reviewed a presentation that summarized the New All-Payer Model and the impetus for the Task Force's formation. She also discussed the five-year process the HSCRC is engaged in to reduce readmissions at or below the national Medical level.

**III. Charge #1 Follow-Up**

- The group reviewed the latest recommended revisions to the Principles and Definitions.
- Suzanne Schlattman from Health Care for All (HCFA) shared details about the first Community Forum regarding the NAPM. Nearly 130 people attended, largely representing the provider and community-based organizations community. They would like more community involvement at future forums so will be enlisting support of groups like the NAACP and churches.

Taskforce members in attendance observed that the majority of the audience didn't know about the NAPM and, presently, was not concerned about being engaged in the implementation.

Suzanne shared a flyer describing the NAPM that will be distributed at the forums. There was discussion about the target audience, coordination with other stakeholders in the community engagement effort, and the Call to Action. Leni asked for an opportunity for the Taskforce to provide feedback on the flyer. The Taskforce will compile comments for Suzanne.

- Lynn Quincy, Associate Director of Health Policy Reform at Consumers Union, shared results from national focus groups they conducted to learn how to engage consumers in healthcare issues. Key findings include:
  - It is best to anchor new information to existing knowledge
  - Consumers feel strongly about perceived high healthcare costs
  - Consumers' connotation of healthcare "quality" relates to their relationships with their providers and staff, not performance measures (eg. readmissions, accreditation, etc.)
  - In general, healthcare quality is not "top-of-mind" concern for consumers.
  - Consumers respect hospitals as a business and their need to make a profit
  - Consumers are not impressed by emerging technology and innovation (eg. care coordination, EHRs) as they feel these features should be a given in healthcare.
  - Motivators for action: emotion, clear instructions, information from a trusted source and tied to personal experience.

Lynn's Summary and Recommendations:

- Clearly define the action we want consumers to make.
- Consumers will appreciate knowing that there is a regulatory body overseeing hospitals.
- Carefully consider selection of messenger. Consumers want a single messenger. For many, hospitals may not be the most trusted messenger among consumers.
- Engage and educate consumers when they are at/in the hospital or at other points within the healthcare system.
- Enhance the consumer complaint system in hospitals.
- Give information on a "need to know" basis.
- Establish measurements for success to determine timing and the specific Call to Action.

There was discussion about existing systems to accept consumer complaints, consumers shopping around for best care, and how the NAPM is an advantage over other states since consumers do not have to shop around for the best price. A concern was raised about how reaction to these results might inspire an adversarial relationship between consumers and hospitals.

#### **IV. Charge #2**

There was discussion about the relationship between hospital reimbursement and HCAHP scores and how, in the future, these scores may be factored into calculations for reimbursement.

There was discussion about confusion about the roles of various agencies and stakeholders. It was suggested that a list be developed to include a description and role of these entities.

There was discussion about mechanisms for accepting consumer complaints and barriers to filing complaints. Theresa Lee shared that consumers can file a complaint on her website. The website also includes links to agencies that are responsible for addressing consumer complaints. She will share a breakdown of the nature of the calls. Barbara Brookmeyer and Susan Markley said they may be able to get information from their local Ombudsman Program.

Dianne reviewed slides that summarized the work to date of the Care Coordination Workgroup. Recommended key strategies include:

- Focus on populations with greatest opportunity to improve care and increase return on investment
- Produce care plans and individualized care management for select high-risk patients
- Implement approaches to modify risk
- Monitor outcomes

The group will discuss the findings of Care Improve Care Coordination Workgroup at next meeting.

**V. Next Meetings**

The date of future taskforce meetings will be announced.

The Charge #1 Subgroup will meet on February 6.

**VI. Meeting Action Items**

Date	Action	Responsible	Due Date	Status
1-30-15	Provide feedback to Health Care for All on NAPM handout	Charge #1 Subgroup	2/10/15	Open
1-30-15	Share breakdown of consumer complaints	Theresa, Barbara, and Susan	3/6/15	Open
1-30-15	Share various resources discussed during meeting.	Leni and Tiffany	2/16/15	Open