



Meeting Agenda  
**Consumer Engagement Task Force**  
March 6, 2015 \* 9:30 a.m. to 12 p.m. \* HSCRC

**Meeting Objectives:**

- Advance knowledge of providers' and stakeholders' existing and planned New All-Payer Model implementation activities
- Review and discuss recommendations from CETF Charge #1 Subgroup
- Review relevant work from other NAPM workgroups, taskforces, and subgroups

- I. Welcome and Introductions
  
- II. Review of Minutes from January 30 Task Force Meeting
  
- III. Presentation: “University of Maryland Medical System Preliminary Population Health Management Strategy”  
*Patrick Dooley, Senior Director for Population Health Management*
  
- IV. Summary of Meeting Proceedings: 2/27 Care Coordination Workgroup
  
- V. Update from Consumer Outreach Task Force
  
- VI. Update from Consumer Outreach & Engagement Subgroup
  
- VII. Review and Discussion: Subgroup #1 Preliminary Recommendations
  
- VIII. Next Steps in Addressing Charge #2
  
- IX. Action Items
  
- X. Public Comment
  
- XI. Next Meetings

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	Theressa, Barbara, and Susan	3/6/15	Open
1-30-15	Share various resources discussed during meeting.	Leni and Tiffany	2/16/15	Open

## Opportunities for Maryland Investment in Care Coordination

Activity	State-level	Regional-level	Local-level	Implementation Strategy
<b>Build/secure a data infrastructure to facilitate identification of individuals who would benefit from care coordination</b>				
1. Combine <b>existing</b> data sources for the purpose of identifying individuals who would benefit from care coordination	X			1. Use BRFA funds to fund CRISP to accomplish this activity
2. Secure <b>new</b> data sources. Specifically, request the use of Medicare patient-level data for the purpose of identifying individuals who would benefit from care coordination and chronic care management	X			2. MHA to coordinate hospitals to make a special request of CMS for access to Medicare data together with the State
3. Develop procedures and policies to <b>secure patient consent</b> for the sharing of data for purposes of care coordination	X			3. Use BRFA funds to secure contractor to develop patient consent process
4. Engage a vendor for the purpose of storing, cleaning and normalizing the Medicare data and other Medicare related data sets Maryland may be able to obtain	X			4. Use BRFA funds to purchase capabilities from an existing qualified vendor
5. Use data to <b>identify individuals</b> who would benefit from care coordination and chronic care management	X			5. Use BRFA funds to secure contractor to convene leaders in developing best possible approaches to stratifying patients based on needs for use by hospitals and other providers
<b>Encourage patient-centered care and patient engagement</b>				
1. Standardize patient consent forms	X			1-4. Use BRFA funds to secure contractor to convene providers and create standardized consent forms, health risk assessment, and care plan elements
2. Standardize elements needed in care plans	X			
3. Standardize health risk assessment elements	X			
4. Standardize elements in discharge summaries to aid transitions to LTPAC providers as well as home-based settings	X			

Activity	State-level	Regional-level	Local-level	Implementation Strategy
5. Make key elements easily visualized through CRISP.	X			5-6. Use BRFA funds to have CRISP create easily visualized access to care plan data elements
6. Develop approach to identify patients with care plans through CRISP, together with identification of care managers and providers	X			
7. Develop processes to avoid duplication of resources across provider systems, including coordination of resources for health risk assessments		X		7. Use BRFA regional planning processes to avoid duplication of resources
8. Lead a state-level campaign to encourage individuals to 1) participate in care plans and 2) complete and share medical orders for life sustaining treatment	X			8. Ask HSCRC consumer engagement workgroup to assist in developing a plan and campaign for engaging patients and families in care planning and consents
9. Educate patients about care coordination resources and opportunities			X	9-10. MHA to lead effort for statewide education and coordination of efforts with support of consumer work group
10. For care coordination, first connect patients with providers with whom they have a relationship			X	
<b>Encourage collaboration</b>				
1. Facilitate collaborative relationships among providers, patient advocates, public health agencies, faith-based initiatives and others with a particular focus on resource planning, resource coordination, and training		X		1. Use BRFA funds to provide regional planning resources, including technical resources to support regional planning efforts 1. Work with DHMH to create web-based inventories of community services available in the State

Activity	State-level	Regional-level	Local-level	Implementation Strategy
2. Facilitate somatic and behavioral health integration	X			2. Use BRFA funds to develop approaches that can be deployed on a regional and local level. Improve integration and deployment of community-based resources. Coordinate with dual eligible ACO efforts
3. Facilitate care integration between hospitals and long-term care/ post-acute services		X	X	3. Use BRFA funds to develop approaches that can be deployed on a regional and local level. Coordinate with dual eligible ACO efforts. Develop gain sharing/P4P approach. Develop limited demonstration approach for 3 day waiver.
4. Support practice transformation through technical assistance and dissemination of information on best practices	X			4. Use practice transformation grant funding (applied for)
5. Create standard gain sharing and pay for performance programs	X			5. Use BRFA funds to develop standard approaches to pay for performance and gain sharing opportunities in Maryland. Work in coordination with MHA approach for hospital-based services.
6. Encourage providers to take advantage of new Medicare Chronic Care Management payments	X			6. Use practice transformation grant funding (applied for) and encourage implementation.

Activity	State-level	Regional-level	Local-level	Implementation Strategy
<b>Connect providers</b>				
1. Develop plans to connect community based providers to CRISP	X			1-4. Funding source TBD.
2. Develop plans to connect long term and post-acute providers (LTPAC) to CRISP. Develop approaches to meet needs of LTPAC.	X			
3. Purchase/develop applications to facilitate interoperability among providers' EMRs to make clinically relevant information available to providers	X			
4. Purchase applications to facilitate collection of EMR data to use for population health and outcomes measurement	X			

Operational Plan  
**Consumer Engagement Taskforce**

**DRAFT**

This plan operationalizes the activities necessary to produce a strategic plan to provide the HSCRC guidance on implementing and maintaining a consumer engagement and outreach process. Ultimately, the plan will include, but not be limited to, recommendations on target audiences, messages, messengers, timeline, process for developing messages and identifying messengers, developing and maintaining a mechanism for feedback and ongoing engagement, and ongoing evaluation on the consumer engagement initiative.

Objective/Priority Action	Priority	Activities	Due Date	Responsible Party	Add'l Resources Required	Measurement of Completion
Clarify/expand charge of Taskforce and Subgroups		<ul style="list-style-type: none"> <li>Internal discussions with taskforce members</li> <li>Discussions with HSCRC</li> </ul>	March	Leni, Tiffany, Taskforce	None	Refined charge description
Gain understanding of hospitals' current and planned consumer engagement and outreach activities and consumer-relevant/resonant NAPM-inspired programs and services		<ul style="list-style-type: none"> <li>Schedule presentations from hospitals' GBR and Population Health Management Directors and TPR (total patient revenue) hospital representatives at Taskforce and/or subgroup meeting(s)</li> </ul>	March/ April	Leni and Tiffany	Hospital representatives	Summary of hospitals' current and planned activities
Learn options for mechanisms and processes to solicit input from consumers regarding their experiences and satisfaction with healthcare.		<ul style="list-style-type: none"> <li>Research existing systems of hospitals</li> <li>Research systems in use in Maryland and beyond</li> <li>Presentations from consumer engagement/feedback experts</li> </ul>	May	Tiffany, Leni, Subgroup #2  Tiffany, Leni, Subgroup #2 Tiffany, Subgroup #2	Consumer engagement/feedback experts	Summary of consumer feedback mechanisms and processes
Learn options for processes to synthesize and respond to feedback from consumers.		<ul style="list-style-type: none"> <li>Research existing systems of hospitals</li> <li>Research systems in use in Maryland and beyond</li> <li>Presentations from consumer engagement/feedback experts</li> </ul>	May	Tiffany, Leni, Subgroup #2  Tiffany, Leni, Subgroup #2 Tiffany, Subgroup #2	Consumer engagement/feedback experts	Summary of options of processes to evaluate and act on consumer feedback

## Communication Strategy for NAPM Message Dissemination

Stakeholder	Audience Reached	Message / Call to Action	Strategies/Medium/ Venue	Contacts / Representatives
<b>Consumers / Primary Audience</b>				
High-Utilizers				
Dual-Eligibles				
Medicare Beneficiaries				
<b>Healthcare Providers</b>				
Hospitals				MHA
Federally-Qualified Health Centers <ul style="list-style-type: none"> <li>Baltimore Medical System</li> <li>Chase Brexton</li> <li>Park West Medical Center</li> <li>South Baltimore Family Health Centers</li> <li>Total Health Care</li> </ul>				MACHC
Safety Net Providers				
Primary Care Providers				AAFP-MD, MedChi
Behavioral Health Providers				
Specialists				MedChi
Pharmacists				
Skilled Nursing Facilities <ul style="list-style-type: none"> <li>Keswick Multi-Care Center</li> </ul>	Seniors and family caregivers			Novella Tascoe
Local Health Departments				MACHO
Professional Associations <ul style="list-style-type: none"> <li>LifeSpan</li> <li>Maryland Nurses Association</li> <li>Maryland Hospital Association</li> </ul>	Skilled nursing, LTC			LifeSpan (dkauffman@smwpa.com)
Case Managers	Patients			American Association of Case

Stakeholder	Audience Reached	Message / Call to Action	Strategies/Medium/Venue	Contacts / Representatives
				Managers – MD Chapter
Home Health Care Agencies	Consumers and Providers			Janet Kinney, MB Home Care Services (janethcares@gmail.com)
Health Profession Schools				
<b>Social Service Providers and Agencies</b>				
Social Workers <ul style="list-style-type: none"> <li>Geriatric</li> </ul>	Geriatric consumers, providers			Rebecca Cornman, UM Geriatrics & Gerontology Education and Research Program (rcornman@umaryland.edu)
Social Service Programs <ul style="list-style-type: none"> <li>DSS</li> <li>WIC</li> <li>SNAP</li> </ul>				
Community Health Workers				
<b>Community-Based and Civic Organizations</b>				
Community-Based Organizations <ul style="list-style-type: none"> <li>Action in Maturity</li> <li>Civic Works</li> </ul>	At-risk, low-income, and disabled seniors			Action in Maturity ( <a href="mailto:ebriscoe@actioninmaturity.org">ebriscoe@actioninmaturity.org</a> ) Civic Works (emillett@civicworks.com)
Fraternities and Sororities				
Housing Providers <ul style="list-style-type: none"> <li>GEDCO</li> <li>CHAI</li> </ul>	Low-income seniors  Low-income seniors			GEDCO ( <a href="mailto:nbattle@gedco.org">nbattle@gedco.org</a> ) CHAI (mposner@chaibaltimore.org)

Stakeholder	Audience Reached	Message / Call to Action	Strategies/Medium/ Venue	Contacts / Representatives
Community Villages/Neighborhood Associations				
Faith Community				
Hospital Patient Advisory Board				
Hospital Volunteer Board				
<b>Businesses, Influencers, and Consumer Policy and Advocacy Groups</b>				
Legislators				
Policy-Makers / Health Advocacy Groups <ul style="list-style-type: none"> <li>• Maryland Legal Aid</li> <li>• AARP</li> <li>• Maryland Women’s Coalition for Health Care Reform</li> <li>• Maryland Citizen’s Health Initiative</li> <li>• Health Care for All</li> <li>• Maryland Rural Health Association</li> </ul>	Low-income seniors, advocacy groups, CBOs			Maryland Legal Aid (jgoldberg@mdlaborg)
Payers				
Insurance Brokers				
Mental Health Association				
DHMH				
DHR				
Maryland Health Benefit Exchange				
HSCRC				
MHCC				
VHQC				Carla Thomas (cthomas@vhqc.org)

Objective/Priority Action	Priority	Activities	Due Date	Responsible Party	Add'l Resources Required	Measurement of Completion
Learn options for vehicles to secure initial and ongoing input and feedback from consumers.		<ul style="list-style-type: none"> <li>• Research existing systems of hospitals</li> <li>• Research systems in use in Maryland and beyond</li> <li>• Presentations from consumer engagement/feedback representatives</li> <li>• Develop summary of learnings</li> </ul>	May	Tiffany, Leni, Subgroup #2  Tiffany, Leni, Subgroup #2 Tiffany, Subgroup #2 Tiffany and Leni	Consumer engagement/feedback experts	Summary of mechanism to secure consumer feedback
Compile list of audiences targeted for information about the NAPM.		<ul style="list-style-type: none"> <li>• Brainstorming among Subgroups #1</li> <li>• Solicit input from full Taskforce</li> <li>• Finalize list</li> </ul>	April	Subgroup #1, Taskforce Subgroup #1, Taskforce Leni and Tiffany	None	List of target audiences
Compile list of options for ideal messengers for delivering NAPM information to consumers.		<ul style="list-style-type: none"> <li>• Brainstorming among Subgroups #1</li> <li>• Solicit input from full Taskforce</li> <li>• Finalize list</li> </ul>	May	Subgroup #1  Leni and Tiffany  Leni and Tiffany	None	List of messengers
Compile lists of underlying messaging for various NAPM consumer engagement audiences		<ul style="list-style-type: none"> <li>• Brainstorming among Subgroups #1</li> <li>• Solicit input from full Taskforce</li> <li>• Solicit guidance/presentations from health literacy, plain language, and marketing experts</li> </ul>	April	Subgroup #1, Taskforce Leni and Tiffany  Leni, Tiffany, Taskforce	Health literacy, plain language, marketing experts	List of underlying messaging
Identify collaboration and coordination with Consumer Outreach Taskforce		<ul style="list-style-type: none"> <li>• Ascertain planned activities of Consumer Outreach Taskforce</li> <li>• Identify and pursue opportunities for collaboration and coordination</li> </ul>	April	Tiffany	None	Cohesive consumer engagement and outreach initiative