

New All Payer Model

Consumer Engagement Communication Strategy

Vision: Maryland, as a state, embraces a culture of health to enhance the health and well-being of its residents.

Mission: To foster a healthcare system with a culture of robust and meaningful consumer engagement that has ongoing consumer participation in system decisions and achieves the Triple Aim, as evidenced by

- Improved individual and population health
- Improved experiences with the health care system
- Reduced costs to the Maryland health care system

Goal(s):

I. 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.

Objective 1. Create connections between 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.

Objective 2. 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.

II. 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 healthcare system.

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.

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.

Objective 3. Educate consumers about the most appropriate settings to receive care.

Objective 4. Educate consumers employ care planning and self-management tools.

Measures:

Levels of consumer engagement in their health and health care vary greatly. In order to effectively design new programs and improve existing ones, it is critical that there be awareness of the knowledge and engagement levels of individuals and populations.

Payers, providers, regulators, and other organizations –as well as consumers themselves—can benefit from measures that are reliable, valid, and relevant to the audience(s) and, ideally, assess knowledge

and engagement comprehensively. Potential domains of health care engagement may include commitment, ownership, informed choice, navigation, confidence/trust, and health outcomes.

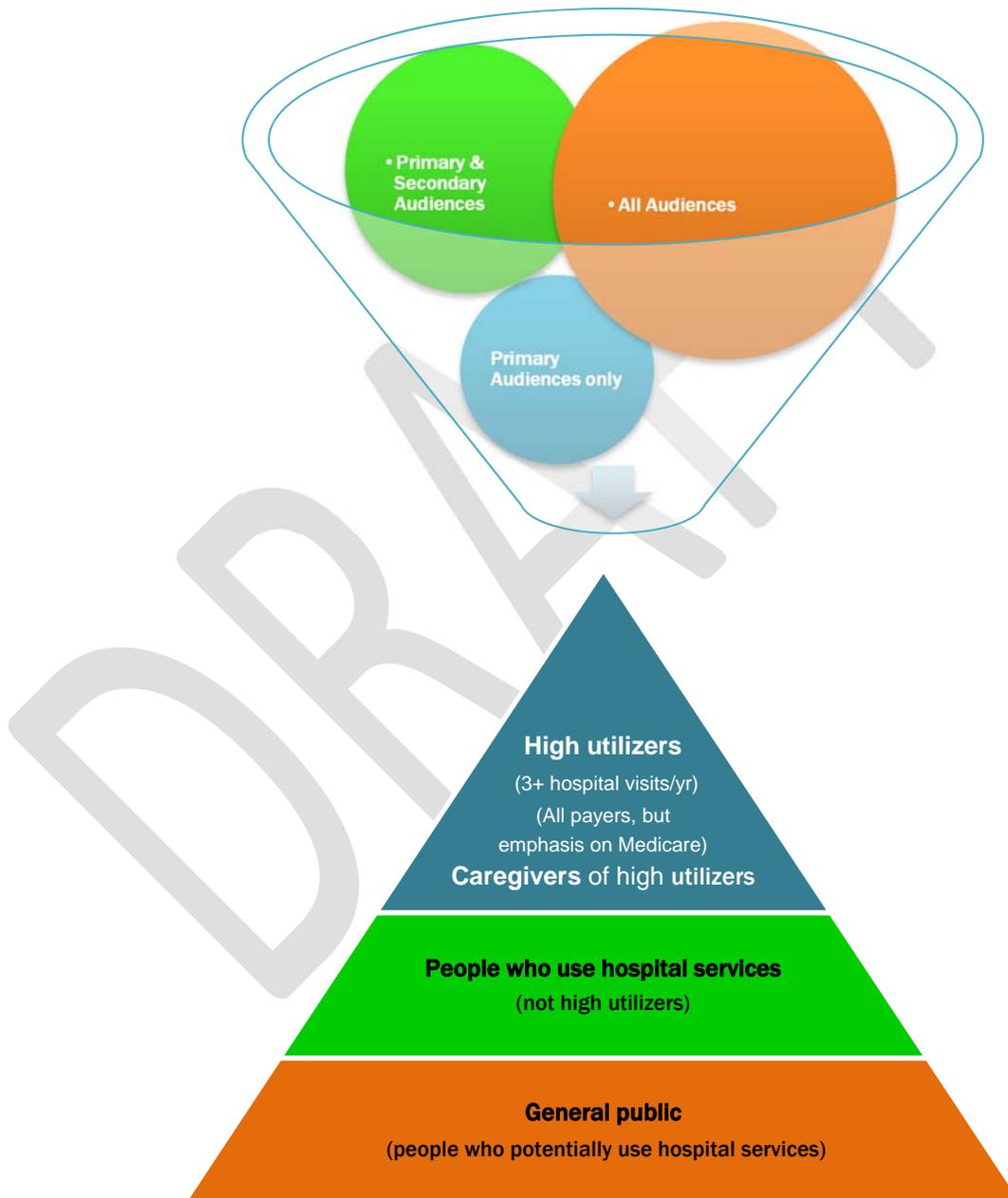
Recommendations of reviewers for DF - (1) a few powerful measures may be more useful for this document than getting too far into the nitty gritty; and (2) we may want to address here, or in the report, any recommendations on current health literacy/cultural competency measures

ROUGH IDEAS FOR MEASURES [TT To Complete]

- Improve degree of consumer engagement by X on annual surveys of health insurance members.
- Did your insurer provide a list of consumer engagement contacts at each hospital in your community?
- Did your insurer provide a list of in-network care providers available after regular business hours?
- Hospitals: How many consumers participate on annual or other reports of the hospitals?
- Proportion of consumer vs. non-consumer representatives attending policy meetings.
- Comfort level of consumer representatives to actively participate at meetings and feel their input is valued and appreciated, not token.
- Audit CAPS surveys for useful questions.
- There are numerous possible measures on engagement: visits to NAPM website. Traffic to tools provided. Number of subscribers to telehealth other resources. Posts/comments on NAPM related articles. Shares of NAPM news articles etc. These are all measures of engagement with identified content. It is more difficult to measure the behavior change which is the ultimate goal.

Audiences and Messages:

Segmentation of target audiences shows the priority of audience groups; however, the messaging framework builds upon itself and funnels messages to audiences based on their priority. Primary audiences will be exposed to the general messages designed for all audiences as well as more specific messages focused on the behaviors we want to encourage specifically within our primary target audiences.



Messaging Framework:

The messaging framework below conveys key information and concepts to share with consumers in order to increase their engagement with the health system and, ultimately incentivize and empower them to be more active in their health. These proposed messages were developed based on the findings of the focus groups and community forums conducted by the Consumer Outreach Task Force. The messaging framework does not represent the final language to be used on communications materials, rather it outlines the concepts to be shared with consumers in order to heighten their awareness of the NAPM, increase their engagement with the health care system, and motivate them to take a more active role in self-management.

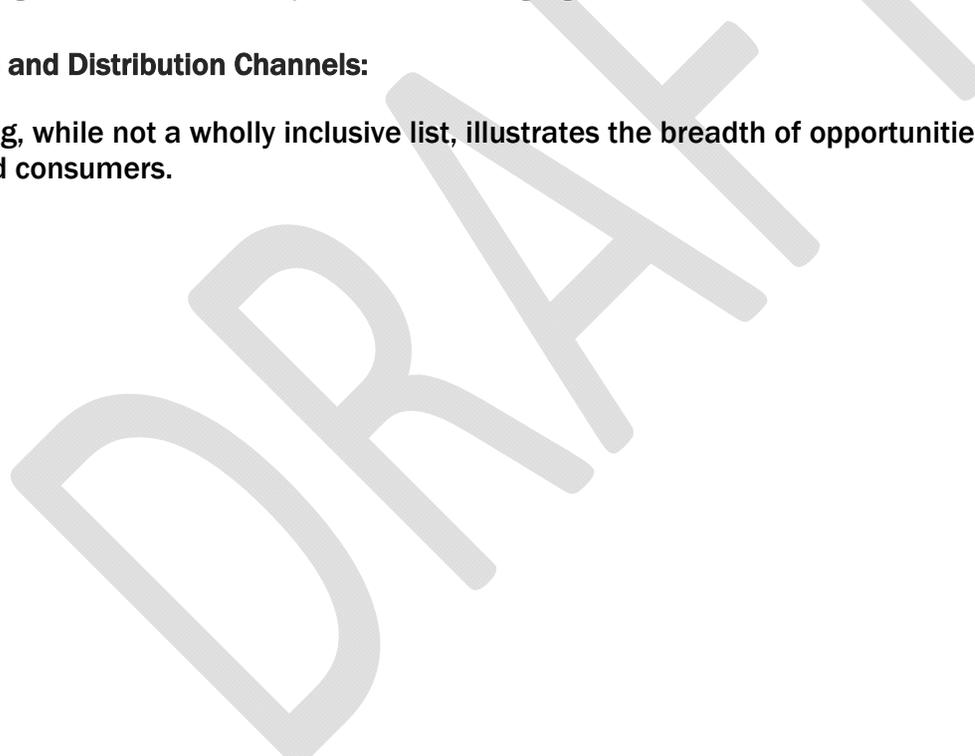
All	<ul style="list-style-type: none"> • Maryland is doing something unique and <i>you</i> are a part of it. • Maryland sets the rates hospitals are paid. • In Maryland, there is no variation in charges to self-pay and insured patients. • New All Payer Model will help you to get the right care, in the right place, at the right time. • Your health. Your life. – Your hospital is here to help you be as healthy as possible. <ul style="list-style-type: none"> ○ Prevention is the most affordable care - see your doctor, eat healthy, live well. ○ Know where to get the care that best meets your needs (you might pay more if you get care in the wrong setting). ○ Shop for health care quality. Shop for health care that meets your needs. ○ High cost does not always equal high quality care. ○ Teamwork among providers will make it easier for you to get care. ○ You can control who sees your health information.
Primary & Secondary	<ul style="list-style-type: none"> • What's your plan to get healthy and stay healthy? • Are you confident that you can manage your own health? • Who is your primary care provider? • Before you leave the hospital make sure you have a plan and understand: <ul style="list-style-type: none"> ○ What you should do when you leave the hospital ○ Who you should call if you have a problem <u>when you leave</u> the hospital ○ Who you should call <u>before</u> you go to the hospital again ○ Where to go if you need help looking after yourself • Do you have confidence in how your care is being managed? • What are the primary causes for readmissions to hospitals and do you know how to prevent this/these? • What support or services do you need to keep you from having to go back to the hospital?

Primary	<ul style="list-style-type: none"> • Do you understand who is managing your care? • Do you understand your care options? • Are you confident you or your caregiver can manage your health and stay out of the hospital?
Engaging Messengers	<ul style="list-style-type: none"> • Consumers/patients who have appropriate information about disease prevention and tools targeted for their specific circumstances will have better health outcomes with lower costs to the system. • Individualized engagement is critical. Meet the patient where they are and consider their cultural background, literacy level, and prior experience with the health care system. • Dialogue, collaboration, and shared decision-making with consumers produce better outcomes. • "Health literate" consumers are more likely to make good decisions and adopt a healthy lifestyle

** The messaging framework does not represent the final language, rather the core information or concept to be conveyed.*

Messengers and Distribution Channels:

The following, while not a wholly inclusive list, illustrates the breadth of opportunities to engage with patients and consumers.



Primary	<ul style="list-style-type: none"> • High utilizers • Caregivers 	<ul style="list-style-type: none"> • Hospitals <ul style="list-style-type: none"> ○ Medical staff ○ Hospital volunteers and clergy ○ Discharge planners ○ Case Managers/Patient navigators ○ Billing office ○ Web-based resources • Payers <ul style="list-style-type: none"> ○ Managed Care Organizations ○ Insurance Carriers • Community health workers • Community health clinics • Rehabilitation centers • Home health • Pharmacists • Primary care physicians • Caregiver support groups • Urgent care providers • Social workers/case managers • Long-term care facilities/providers • Rehabilitation facilities/providers • Behavioral health providers • DHMH/Local Health Departments • DSS offices • Department of Aging • Maryland Access Point
Secondary	<ul style="list-style-type: none"> • People who use hospital services 	<p>All of the above plus:</p> <ul style="list-style-type: none"> • Consumer advocacy groups • Advocacy and support groups for chronic conditions • ER waiting rooms (to reduce inappropriate use)

Tertiary	<ul style="list-style-type: none"> • General public 	<p>All of the above plus:</p> <ul style="list-style-type: none"> • News media (traditional and online including local newspapers, magazines, and radio stations) • Community organizations (materials, meetings, health fairs, etc.) • Urgent care providers • MHBE/Connector Entities & Partner Organizations • Members of town and county councils • Local community activists
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A Consumer Centered Approach to Materials Development:

Recognizing that all residents could potentially use hospital services, develop materials to appeal to a broad base of Marylanders. The CETF recommends the following checklist be used as a minimum standard to ensure the cultural/linguistic appropriateness of all materials created, as well as the accessibility of the materials and efficacy of the messages and materials provided by government, hospitals, health and social services providers, insurance carriers, and others.

Minimum considerations:

- ✓ Consumer representatives were involved in developing materials
- ✓ Surveys and/or focus groups were used to solicit consumer feedback on the design, format, and final language of materials prior to mass production
- ✓ Materials reflect the cultural and linguistic diversity of the populations served
- ✓ Health literacy experts were involved in the development of materials to ensure that basic health literacy and CLAS standards were followed in the development of materials
- ✓ Materials for consumers are written at a 6th grade reading level
- ✓ All electronic materials are Section 508 compliant
- ✓ All information is available in at least one format that is appropriate for all ability types
- ✓ All information is available in at least one format that is appropriate for all literacy levels (audio and video recordings or reading assistance for people who cannot read)
- ✓ All information is available in print, online, and mobile formats allowing each consumer to select the format that is most helpful to him/her

A note about plain language
 The taskforce recognizes that this report does not model plain language standards, as the target audience is members of the HSCRC who are accustomed to reviewing material with a high reading level.

Strategies and Tactics: Toward creating a health care system with a culture of consumer engagement

I. For All Stakeholders

- A. Develop a statewide public education campaign to promote health and wellness**
- **Establish a descriptive, compelling, and memorable brand for the NAPM including a logo with visual style guidelines (colors, fonts, imagery, etc.) and tagline with consistent supporting messages (see Messaging Framework)**
 - **Ensure that all consumer engagement materials are branded with core visual elements and messages**
 - **Develop standard materials as templates that can be customized with branding and sub messages specific to diverse stakeholders including hospitals, primary care practices, specialty care practices, advocacy and support groups for chronic conditions, etc.**
 - **To the extent possible, develop materials with a neutral appearance that complements the branding and visual style guides of as many hospitals as possible.(Be realistic about the extent to which this is possible, if branding styles are too disparate complement the look and feel of MHA materials.)**
 - **Allow hospitals, social service providers, consumer advocates, etc. to localize NAPM materials as appropriate for the distinct communities they serve while being careful not to compromise the brand.**

II. For Policy Makers

- A. Foster a consumer-centered health care system with policies and procedures informed by stakeholder involvement**
- **Create a position for a consumer representative on the Health Services and Cost Review Commission (HSCRC), whose principal role is to represent the interests of consumers.**
 - **Create an HSCRC standing advisory committee with broad representation from diverse consumer groups and other stakeholders to advise on the NAPM implementation, including evaluation of responsiveness to consumer feedback (concerns, complaints and commendations (see MHBE and MMAC as examples)**
 - **Educate consumers and consumer groups about how to effectively impact: NAPM implementation, including opportunities to serve on and/or interact with HSCRC SAC and hospital patient and family advisory councils, or other hospital policy boards**
 - **Standardize hospitals' process for receiving feedback from consumers including for comments, complaints and commendations; and, ensure that there is a meaningful evaluation of, and response to, complaints at the agency level.**
 - **Develop and distribute information about how to provide consumer feedback for both state agencies and hospitals - in multiple formats (print and electronic) and that is culturally and linguistically appropriate for diverse populations**

- **Hospitals to provide multiple opportunities for consumers, representing the diversity of its community, to provide meaningful input on hospital policies such as Patient and Family Advisory Councils or seats on relevant policymaking bodies.**
- **Develop and promote a Consumer *Gold Star* system for hospitals based upon consumer engagement standards to include:**
 - **websites that reflect a commitment to consumer engagement and appropriate service to the community**
 - **effectiveness in ensuring that patients understand their rights**
 - **effectiveness of the consumer feedback process, including access to information and process for prompt and meaningful responses to consumer concerns**
 - **multiple opportunities for patients/consumers to participate in patient and family advisory councils and other hospital policy boards**
- **Provide incentives to support regular, longitudinal and effective consumer engagement in the development of policies, procedures, and programs by hospitals, health care providers, health care payers, and government.**

III. For Hospitals and Providers

A. **Incentivize hospitals to support patients and caregivers ability to manage their own care, including access to community based health care resources**

- **Incentivize ongoing collaborations between hospitals and community based organizations including health and social services organizations, faith communities, neighborhood associations, fraternal organizations (rotary clubs, lions clubs, masons, etc.) and other groups working to better their communities**
- **Promote the use of Community Benefit dollars to advance consumer engagement initiatives**
- **Incorporate clear simple case management screening during discharge that covers social *and* health aspects necessary for a successful care transition. Ensure active listening and teach back methods are used during this screening.**
- **Reward the use individualized attention and support for patients who are at risk of becoming high utilizers such as:**
 - **Medication therapy management**
 - **Motivational interviewing**
 - **Health coaches**
 - **Peer support specialists for behavioral health and other special populations**
 - **Community clinical teams doing in home assessments**
- **Encourage and reward Emergency Department based patient navigation that connects patients with appropriate community based resources (primary care, behavioral health care, social work case management, etc.).**
- **Require hospitals to provide current, consistent, and transparent information on average procedure costs using the data made readily available by the Maryland Health**

Care Commission (www.marylandqmdc.org) and make this available on NAPM and/or other appropriate website(s)

- Collaborate with current recipients of Regional Transformation Planning Grants, and future grantees to encourage them to engage consumers in developing their transformation plans.

IV. For Consumers

A. Provide consumers (patients, caregivers, etc.) with the information and resources they need to make wise decisions and better manage their care.

- Educate and empower consumers to seek care in the most appropriate setting for their needs. Inform consumers about appropriate vs. inappropriate use of hospital services and provide realistic community-based alternatives.
- Develop patient informed care planning resources to promote personal responsibility for care including advance directive assistance, power of attorney for healthcare, etc.
- Provide patients and caregivers with a care-transitions roadmap that illustrates each step of the care transition and directs consumers to helpful community-based health and social service resources.
- Create a comprehensive, searchable guide to community-based resources (print and online) and allocate resources to keep this up to date. The guide should include the name and description of services as well as operating hours, average cost of services, payer types etc.
- Provide consumers with a *health care passport* to complement electronic data transfer. The health care passport will be a hard copy document that consumers can use to keep track of their health records including lists of health care providers, procedures, medications, vaccinations, etc. (Relying 100% on electronic health records and CRISP leaves out the most important person in the care team, the patient!)
- Incentivize hospitals and providers to offer consumers the option of electronic resources such as tele health, SMS follow up reminders, patient portals, health apps, etc. to help patients and caregivers participate more actively in self-care.
- Work with CRISP et al, to develop clear communication materials about the HIE, including one consent form that can be used for any hospital or community provider.
- Employ Singh Index of neighborhood disadvantage to identify localized communities with high rates of hospital readmission. Focus engagement strategies for high utilizers and care givers on these areas.

B. 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

- **Create a NAPM-specific website to serve as a single online resource that includes information on NAPM progress and successes as well as information directly relevant to consumers with links from that site to appropriate external resources, such as MHCC.**
 - **Use simple, memorable web addresses and links that are optimized for search engines.**
 - **Ensure that the front-end of this website appears sleek and easy to navigate, avoid adding information to a crowded existing site.**
- **Raise awareness of the NAPM and involve the public in the countdown.**
- **Modify display of state dashboard showing progress toward meeting NAPM goals so that it is meaningful to consumers (similar to a fundraising campaign). Promote this dashboard so that the public can easily find it.**
- **Mobilize grass-roots consumer advocates and community organizers and partners to act as “ambassadors” for the NAPM throughout the state in their home communities.**

C. Engage local and regional news media to distribute frequent updates about the NAPM to their audiences

- **Distribute frequent news releases and host press events to highlight NAPM successes, challenges; and, opportunities for consumer engagement.**
- **Issue frequent “report cards” illustrating progress toward meeting NAPM goals. Use this as a mechanism to celebrate successes and be transparent and forthcoming about challenges, possible solutions, and impact on consumers.**
- **Develop talking points and engage people who command public attention as “champions” to talk about the NAPMs goals for improved quality of care and patient experience to their captive audiences and local communities (elected officials, community activists, local athletes and celebrities, business leaders, faith leaders, etc.).**

A note about hard to reach populations

This document provides recommendations for general consumer engagement. It is critical to point out that effective engagement of hard to reach populations may require specialized efforts beyond what is proposed in this document. These include people with serious mental illness, active substance use disorders and cognitive impairment, as well as people who are isolated due to geography, language/culture, or immigration status.

Appendix A: Budget

Many of the recommendations included in this document can be implemented at relatively little cost; however, the proposed strategies are mutually reinforcing and build upon one another over time. The exact budget for implementation will vary based on the strategies selected and the firm hired to develop and coordinate consumer engagement activities. The taskforce contacted three marketing and communications firms to obtain quotations for completing this work. The budget range proposed is based on the information provided by these firms.

INSERT BUDGET RANGE. [Tiffany and Hillery to reach out to firms they know to obtain budget estimates.]

DRAFT

Appendix B: Consumer and Community Engagement Principles

LP Note - should we add our definitions too?

HT Note - should this be earlier in this document or in another part of the report?

LP - referenced in report and document as appendix?

- **Participation:** People and communities participate and are involved in decision-making about the health care system.
- **Person-centered:** Engagement strategies and processes are centered on people and communities.
- **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.
- **Partnership:** People, including health care providers, community and health-related organizations work in partnership.
- **Diversity:** The engagement process values and supports the diversity of people and communities.
- **Mutual Respect and Value:** Engagement is undertaken with mutual respect and the valuing of other's experiences and contributions.
- **Support:** People and communities are provided with the support and opportunities they need to engage in a meaningful way with the health care system.
- **Influence:** Consumer and community engagement influences health policy, planning and system reform, and feedback is provided about how the engagement has influenced outcomes.
- **Continuous Improvement:** The engagement of people and communities are reviewed on an on-going basis and evaluated to drive continuous improvement.