



Briefing - Hospital All-Payer Model Contract
House Health and Government Operations Committee
4 February 2016

The *Maryland Women's Coalition for Health Care Reform* is a nonpartisan, statewide alliance working to promote health equity through high-quality, comprehensive and affordable health care for all. Today I am here in my capacity as the Chair of the Health Services Cost Review Commission's Consumer Engagement Task Force.

The Task Force was comprised of 15 members from a diversity of stakeholder groups including hospitals, behavioral and public health, community clinics, and those with expertise in health literacy and consumer advocacy. We met from January - September 2015 when we presented our report. I have included with my written testimony the Executive Summary¹ of that report, which addressed the Task Force's two charges:

1. Create a communications strategic plan to build consumer engagement by identifying key audiences, messengers and messages; and
2. Within the construct of the All-Payer Model implementation: (a) incorporate into the communications plan, specific strategies and paths to engage with decision makers, regulators and others on the impact on population health and that of individuals; and (b) to ensure appropriate avenues for consumer feedback at all levels.

We undertook this work with the understanding that:

- Maryland's health care reform landscape is comprised of multiple pieces - the All-Payer Model, Maryland Health Benefit Exchange, Patient-Centered Medical Homes, ACO's, etc. - and each of these must fit together - much like a jig-saw puzzle. In other words, they are inter-dependent with the success of each dependent upon the success of the others despite the fact that they are housed with different agencies or organizations.
- Second, that there is a pathway to consumer engagement, which we informally defined as a consumer who not only "owns" their own health but one who is actively engaged in the health of their community. To reach that utopia, consumers must be both literate in health insurance and in health care - i.e. understanding how to traverse the complexities of the delivery system to achieve optimal health. Current data shows that only 12% of adults have average health literacy meaning that nearly 9 out of 10 lack the skills to manage their own health. And, minorities are disproportionately represented in this category.

¹ The full report is available at - <http://www.hsrc.state.md.us/documents/md-maphs/wg-meet/ce/09-02/CETF-Commission-Report-FINAL.pdf>

True and effective consumer engagement has value for both the individual and the system. To reinforce this point, the Task Force adopted a mission to "foster a health care system driven by a culture of robust and meaningful consumer engagement that addresses the Triple Aim. - improved health outcomes, enhanced quality and patient satisfaction, and reductions in per capita health care costs. We framed this with two specific goals:

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

From this we defined a broad audience for a communications strategy that moves well beyond the more traditional "patient engagement." While the Medicare and high-utilizer populations are key targets for the All-Payer Model, true success will only come if we view the entire population as our audience with messages targeted for the three primary audience sectors - high utilizers, those who use hospitals, and the general public.

We then created a comprehensive list of messengers, core messages, and recommended paths to engagement, as well as strategies for all stakeholders, policy makers, hospitals and providers, and consumers, and proposed metrics to measure success. Our key recommendations included:

- Creating an HSCRC Standing Advisory Committee, along the lines of that for the Exchange, with broad representation:
- Developing a comprehensive communications plan for the All-Payer Model with the goal of placing that within larger campaign, such as *Get Healthy Maryland!* That would allow for initiative-specific campaigns that should fit together like that jig-saw puzzle
- Establishing a multi-agency task force for successful design and implementation.
- Providing options and opportunities that 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.
- Creating standards for consumer engagement within the construct of community benefit.

With the All-Payer Model, Maryland has become a model for the transformation of our delivery system and the same is true for HSCRC'S process for consumer engagement. This has been an exciting process and HSCRC'S Commissioners and staff are to be commended for their very proactive approach. This should be a model for other agencies. Now it is time to move forward with the recommendations in the report. Speaking for our Coalition, as well as the Task Force members, I know we are committed to getting the report "off the shelf" and putting it into action in cooperation with the HSCRC and others. In this way, Maryland will continue to lead in this area as in it has so many others.