

It's All About the Fans: Succeeding in payment reform with consumer engagement



It's All About the Fans: Succeeding in payment reform with consumer engagement

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Consumer Attitudes Toward Health Care Costs, Value and System Reforms

- Most consumers believe that the American health care system is in need of reform.
- Consumers are eager for more from the health care system, especially regarding the quality of care.
- Consumers don't want to think or talk about how, when or why their healthcare providers are paid.
- Consumers do not like the word "value" associated with their health care.
- Consumers want to spend more time with their physicians and have better coordinated care among various providers.



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Key Learnings

- Utilize the following terminology:
 - “Improvements/changes to the payment and reimbursement system” instead of “payment reform”.
 - “Spending dollars more wisely” rather than efficiency and value
- When explaining measures, quality and guidelines, consumer concerns can be diffused by emphasizing that national medical experts/organizations created the guidelines and that they are based on scientific evidence and are not binding to anyone.



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Why Engage Consumers in Payment Reform?

- Engagement ensures the transparency of a typically “hidden” and distrusted health care system.
- Engagement ensures that the care delivery practices of payment reform remain patient-centered.
- Consumer engagement and/or patient experience is included as a key metric in most payment reform programs.



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Example: CJR Model – Linking Quality to Payment

- Composite quality score is a hospital-level summary quality score reflecting performance and improvement on the following measures:
 - Hospital Consumer Assessment of Healthcare Providers and Systems Survey measure (HCAHPS) also known as CAHPS Hospital Survey – Patient experience survey measure (NQF #0166)
 - Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) measure (NQF#1550)
 - Voluntary submission of THA/TKA patient-reported outcomes and limited risk variable data



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Barriers to Consumer Engagement

- Consumer capacity to engage
- Organizational policies, practices and culture
- Societal norms



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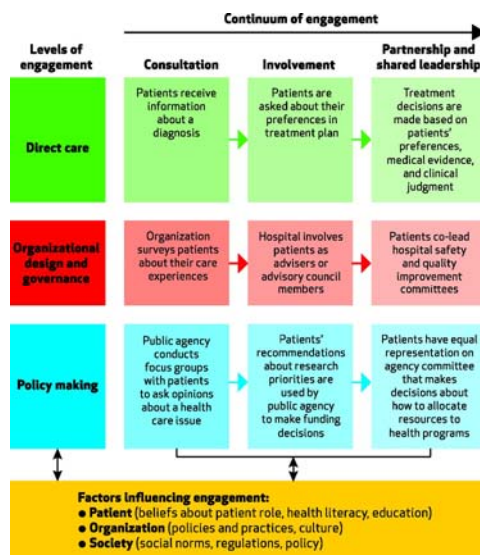
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Solutions to Barriers

- Consumer capacity to engage
 - Education
 - Exposure to multiple perspectives
- Organizational policies, practices and culture
 - Identify gaps / incongruences between policies and procedures and value placed on consumer input
- Societal norms
 - Invite patients and consumers to participate



A Multidimensional Framework for Patient and Family Engagement in Health and Health Care



Carmen KL, et al. Health Affairs 2013; 32:223-231
 Copy right by Project HOPE – The People-to-People Health Foundation

Patient / Consumer Engagement

*Embedding the patient voice
at all levels of care*

Ways to embed the patient/consumer voice:



Where to Start...

- Set a place at the table
- Build capacity for participation
- Listen
- Utilize
- Acknowledge



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All Stakeholders Working Together



Thank You!

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Payment Reform & Member Engagement in Colorado Medicaid

Presented by: David Ducharme

Aug-16



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Today

- Engaging stakeholders & members
- Accountable Care Collaborative
- Challenges
- Solutions
- What we've learned

Examples of Engagement

Collaborative (ACC) Program Improvement Advisory	Person- and Family-Centeredness Advisory Councils	Care Collaborative (ACC)- Medicare-Medicaid	and Developmental Disabilities Advocates' Communication	Behavioral Health Quality Improvement Committee	Benefits Collaborative Conflict Free	Children's Disability Advisory Group
Children's Services Steering Committee	Colorado Choice Transitions Advisory Council	First Choice Development and Implementation	Community Living Advisory Group	Community Living Quality Improvement Committee	Management - People with Intellectual and	Conflict Free Case Management Task Group
Home and Community Based Services Supported Living Services	Drug Utilization Review	Elderly, Blind and Disabled Waiver Stakeholder Group	Colorado Provider Rate Review Advisory	Home Care Information Exchange Meeting	Hospital Back Up Redesign Advisory Committee	Hospital Provider Fee Oversight and Advisory Board
Medical Quality Improvement Committee	Medical Services Board	No Wrong Door Planning Advisory Group	Nursing Facility Advisory Council	Nursing Facility Provider Fee Advisory Board	Nursing Home Innovations Grant Board Waiting Lists	Participant Directed Programs Policy Collaborative
Pharmacy and Therapeutics Committee	School Health Services Stakeholder Forum	Senior Dental Advisory Committee	Spinal Cord Injury Advisory Committee	State Medical Assistance and Services Advisory Council	- Services for People with Intellectual and/or	n Council - Division for Intellectual and

More Information: Colorado.gov/hcpf/committees-boards-and-collaboration

Accountable Care Collaborative Program Improvement Advisory Committee



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Accountable Care Collaborative (ACC)

- Colorado's primary payment reform vehicle
- Designed to be patient centered
 - Fosters client connections to medical home
 - Connects members to medical and non-medical services to support health
 - Clients given access to education and special programs
 - Offers the full benefits of Health First Colorado



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Program Improvement Advisory Committee (PIAC)

- Primary avenue for stakeholder engagement
- PIAC identifies areas of potential improvement for focus of quarterly, public meetings (changed to monthly)
- Requires diverse membership, and must include;
 - Members
 - Member's families
 - Advocacy groups and organizations
 - Charitable, faith-based or service organizations within the community



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PIAC Sub-committees

- Serve as the primary working bodies of the PIAC
- Tasked with investigating certain areas of focus
- Expected to present written recommendations to the PIAC and HCPF on program design and improvement strategies.
- May appoint ad-hoc committees and workgroups as necessary.



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PIAC Sub-committees (cont.)

Provider and Community Issues

Health Impact on Lives: Health Improvement

Improving and Bridging Systems

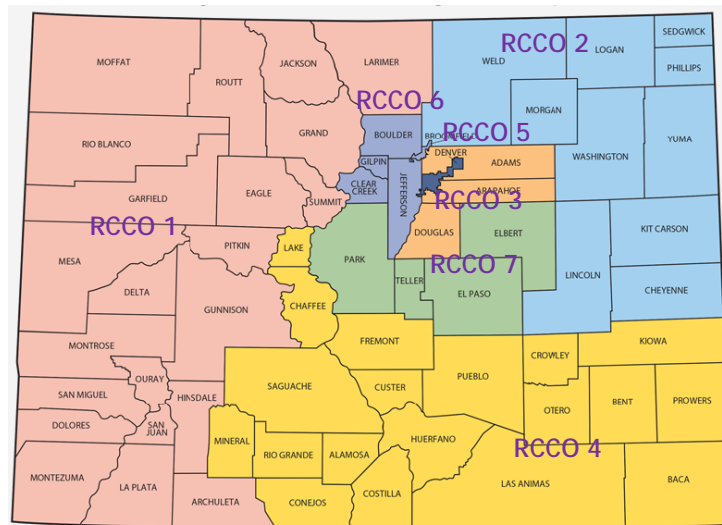
Medicare-Medicaid Program

Payment Reform (transitioned into Bridging Systems)



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Regional PIACs



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Member Engagement in the ACC

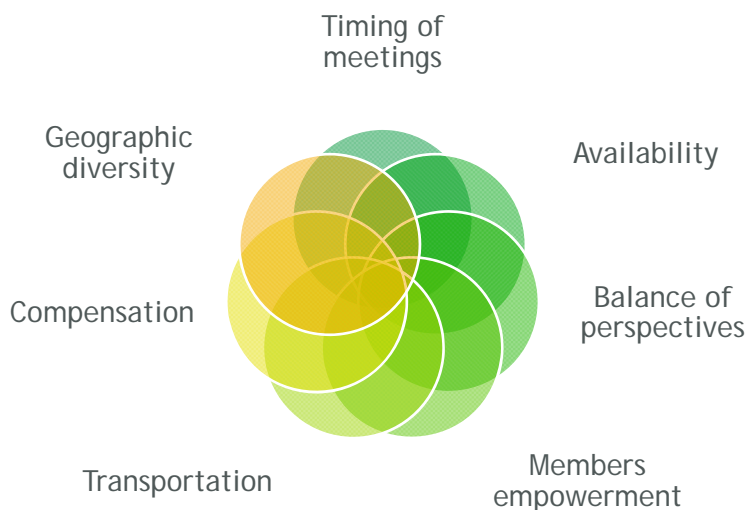
- 1281 pilots (Prime, ACC: Access KP) were discussed thoroughly at PIAC and sub-committee level
- Member participation in state committees
 - Member input as perpetual agenda item (P&CI)
- MMP Sub-committee has strong history of member engagement
- RCCO deliverables (Member Outreach and Stakeholder Feedback Report)
- Member participation in regional PIACs



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Member Engagement Challenges



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Member Engagement Solutions

- Participatory opportunities at variety of times
 - State level meetings during business hours, RCCO level outside of business hours
- Separate meetings for providers and members to promote open discussion
- In-person and virtual engagement opportunities
- When possible, provide incentives for participation
- When available, support travel and transportation costs



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What We've Learned

- Payment reform is complicated; even the experts can't agree on the best approach
- While interests in payment reform can differ from clients, the providers who are getting paid understand payment reform the best
- Member engagement is difficult. Often we rely on and leverage our partners' experiences with member engagement and advocacy
 - Committees designed specifically to include these partners.
- Member engagement is critical. We must continue to learn from our member's lived experiences



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Questions or Concerns?



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