MARYLAND
Health Services Cost
Review Commission

Final Report

Health Services Cost Review Commission
Consumer Engagement Task Force

September 9, 2015

Contents

I. Executive Summary

In December 2014, the Maryland Health Services Cost Review Commission (HSCRC) established a Consumer Outreach and Engagement Workgroup to explore opportunities for and challenges in engaging consumers in the state's New All-Payer Model (NAPM), a unique health care delivery system transformation initiative. The workgroup was composed of two task forces: the Consumer Outreach Task Force and the Consumer Engagement Task Force. This report represents the work of the Consumer Engagement Task Force (CETF), which was charged with developing recommendations on strategies to engage consumers at multiple levels in the NAPM. The CETF met from January through September 2015. A list of the members can be found in Appendix A.

At its core, the NAPM has the goal of achieving the "Triple Aim" of: (1) improving the patient experience, including quality and satisfaction; (2) improving health of populations; and (3) reducing the per capita cost of health care.[1] Through its exploration, the CETF concluded that, to achieve the Triple Aim, consumers must have access to a health care delivery system that is reflective of their needs and preferences and equips them to be fully engaged in and take ownership of their health and health care. Moreover, the CETF maintains that the HSCRC must assume a leadership role in promoting and supporting the multi-stakeholder collaboration and commitment required to develop such a system.

True consumer engagement promises tremendous benefit to the people who use health services, as well as to health care providers and institutions. Successful consumer engagement requires proactive and committed leadership. It is imperative that the HSCRC embraces a continued leadership role to promote a coordinated, collaborative, and person-centered health care system.

To enable this level of consumer engagement, the CETF recommended vision and mission statements, as well as goals and objectives for the HSCRC and other stakeholders seeking to transform the health system. The goals are viewed as essential to consumer participation and, therefore, the success of the system as it is reoriented to be more responsive to consumers' needs as both "patients" and "clients." Extensive effort is needed to ensure that consumers understand this reorientation so they can make informed decisions and engage in the personal lifestyle changes, self-care, and system design that are essential to health system transformation.

Benefits of Consumer Engagement to Consumers and the Community

Engaging consumers in health care delivery system design and personal decision-making can produce substantial and enduring benefits for the individual, community, and overall health care system. Fully engaged consumers may experience:

- Improved understanding about their health condition, its related treatment options, and how to access the appropriate services to optimally manage their health
- Improved relationships with health care providers

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[1] Framework developed by the Institute for Healthcare Improvement can be found at: http://www.ihi.org/engage/initiatives/tripleaim/pages/default.aspx; last accessed 9/4/15.

- Improved experience and satisfaction with their health care
- Personal sense of value, ownership, and influence in health care decision-making
- High-quality health care
- An informed, responsive, and more efficient health care system

Benefits of Consumer Engagement to Health Care Providers and Institutions

Because person-centered systems must be created and, presumably, funded by institutions, it is imperative that hospitals appreciate the potential benefit to their operation and commit to consumer engagement processes. Institutions that meaningfully engage the consumer can experience:

- Patients' improved understanding of their medical condition(s) and treatment options, resulting in improved outcomes and more efficient use of resources
- Greater confidence that their programs meet the needs of consumers and communities, including those with unique cultural or social needs
- Improved relationships and cooperative partnerships with the individuals and communities they serve
- Streamlined processes for receiving information and insight from the community and applying that insight to inform policy decisions

Communications Strategy: The Mission and Primary Goals

A set of nine principles, detailed later in this report, serve as guidelines for consumer engagement. Our mission is to foster a health care system driven by a culture of robust and meaningful consumer engagement that addresses the Triple Aim.

The CETF established two strategic goals, each with accompanying objectives, to support the recommended mission for consumer engagement activities.

Goal #1

Establish a person-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.

Goal #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.

Principal Recommendations

This report places each of the recommendations below into a larger strategic context substantively outlined in this report. The recommendations include:

1. Allow for a meaningful, ongoing role for consumers at HSCRC through continued representation of Commissioner(s) with primary consumer interest, and through a newly created standing advisory committee with diverse representation.
2. In collaboration with key stakeholders, develop a statewide public education campaign specific to the NAPM that is part of a broader campaign to promote health and wellnes.
3. Convene an interagency task force that allows consumer to participate in the design and implementation of a statewide public education campaign
4. Provide 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.
5. In coordination with the HSCRC Standing Advisory Committee (SAC), the Maryland Health Care Commission (MHCC) and other key stakeholders, consider development of a Consumer Gold Star system for hospitals based on consumer engagement standards.
6. Define Community Benefit dollars to include consumer engagement initiatives and promote these dollars for this use, particularly for those supporting vulnerable populations.
7. Continue to encourage and incentivize independent and collaborative approaches to support people who are at risk of becoming high utilizers.
8. Encourage hospitals to provide current, consistent, and transparent information on average procedure costs using the data made readily available by the MHCC (www.marylandqmdc.org) and new pricing transparency tools being created, and make this available on the NAPM's website and/or other appropriate websites.
9. Include discussions about patient and family decision-making and preferences about advanced directives in the context of consumer engagement and educating consumers.

II. Statement of Purpose

The Maryland Health Services Cost Review Commission ("HSCRC" or "the Commission") created the Consumer Outreach and Engagement Workgroup to complete an exploration that would provide the Commission guidance on incorporating a consumer engagement approach in its efforts to implement the New All-Payer Model (NAPM). The Workgroup was composed of two Task Forces—the Consumer Outreach Task Force and the Consumer Engagement Task Force (CETF)—with the rationale that each would perform distinct yet complementary tasks to provide a comprehensive assessment and approach for involving consumers in planning and evaluating the impact of health system transformation.

The CETF was composed of 15 representatives from consumer advocacy groups, professional associations, local public health, community-based organizations, and health service providers. (A complete listing of the members is provided in Appendix A.).

A. CETF Charges

The CETF had two separate but related charges:

1. Provide a rationale for health literacy and consumer engagement within the context of the NAPM—and related reform initiatives—that includes core principles of consumer engagement, key audiences and messages that will motivate them, and opportunities for reaching these audiences. This work should reflect the work of the Community Outreach Task Force and other HSCRC workgroups, including Care Coordination and Performance Measurement.

2. Address avenues/strategies to provide consumers with ways to: (i) engage with decision makers, regulators, and others on the impact on individual and/or community health issues of the design and implementation of the reform initiatives and principally the NAPM; and (ii) ensure an appropriate and consumer-friendly communications process for those directly impacted by the NAPM's goals.

The purpose of this report is to provide the HSCRC with recommendations on the overall approach, goals, and objectives essential to promoting consumer engagement that will enable successful implementation of the NAPM. The report guides and supports the HSCRC's patient-centered focus and inclusive approach to the design and implementation of this unique model. The HSCRC commissioned this work in full recognition of the central role that consumers—both current and potential users of hospital services—have on its ultimate success. In compiling its recommendations, the CETF considered the complexity of the task; racial, social, cultural, and educational diversity of the target audiences; multiplicity of current and potential stakeholders and the opportunities for their engagement through different avenues and at different levels; potential messengers; and the core messages that can be incorporated in next-phase development of a full Communications Plan.

B. CETF Methodology

The CETF employed a holistic approach in fulfilling its responsibility to the HSCRC. At its initial meetings, the CETF reached consensus on a set of definitions and core principles upon which to predicate its work (see Appendix B). Next, it conducted a research phase through a survey of literature and presentations that included national research and trends and Maryland-specific initiatives related to concepts relevant to implementation of the NAPM and consumer engagement. A summary of its exploration is provided in Appendix C. The full CETF met monthly, and a subgroup met on a more frequent basis. A second subgroup—composed of representatives from the Consumer Outreach Task Force and the CETF—ensured that the work of the task forces was aligned.

C. Vision and Mission

To guide its own work, and that of the HSCRC, the CETF proposes a broad and *aspirational* vision and mission grounded in the need to create an effective communications strategy.

> ***Vision:*** A fully coordinated, integrated health care system in which all Marylanders can achieve optimal health.
>
> ***Mission:*** Foster a health care system driven by a culture of robust and meaningful consumer engagement that addresses the Triple Aim, as evidenced by:
>
> - Ongoing consumer participation in system decisions
> - Improved individual and population health
> - Improved experiences with the health care system
> - Efficient use of health care resources and reduced costs

III. Background

In January 2014, the HSCRC began implementation of the NAPM, a new hospital reimbursement system that is unique to Maryland and recognized as a national model. The result of an agreement with the Center for Medicare and Medicaid Innovation (CMMI), the NAPM provides an exciting opportunity to address a prevailing theme in health care—the Triple Aim—while maintaining and improving Maryland's unique system. The NAPM's goals to improve health outcomes, enhance quality and patient satisfaction, and reduce per capita health care costs across the system will directly and positively affect Maryland residents. Achieving these goals will require consumers who are currently and potentially affected by transformation across the health care system to be better informed and fully engaged in their own health care and have a meaningful role in the design of the health care system.

The NAPM is but one of the building blocks Maryland has in place to ensure its residents have access to both coverage and care. Examples of other programs include, but are not limited to, the Maryland Health Benefit Exchange (MHBE), the Chesapeake Regional Information System for our Patients (CRISP) (the state's Health Information Exchange), the Maryland Health Care Commission's (MHCC's) Health Care Quality Reports, and Maryland Health Homes for individuals with chronic conditions. The design, implementation, and oversight of the various initiatives and opportunities to modernize health care rest with multiple agencies and organizations; however, they are part of an integrated approach to reforming the health care system whose overall success rests, in part, on the success of each individual component. A proactive approach to informing and engaging all stakeholders—including consumers—is essential to the success of each program and especially important to the overall success of the NAPM.

Consumers do not distinguish between initiatives overseen by different agencies and organizations. Therefore, the HSCRC must continue to foster partnerships to implement an effective, cohesive, and all-encompassing consumer engagement approach. This would align the numerous initiatives currently underway to transform and modernize Maryland's health care system.

IV. Introduction to Consumer Engagement

Consumer Engagement, a relatively new concept being applied nationally and in Maryland's health care system, has evolved from the longer standing concept of "patient engagement. " The limited yet growing body of work on the topic falls short of arriving at a standard definition for "consumer" or offering a common distinction between "patient" and "consumer." For the purposes of this report, "patient" will be defined as a person who directly interacts with health care providers and services about personal health concerns. "Consumer" will be defined as a person who is a current or potential user of health services.[2] Consumers may be those who make decisions about accessing health care for themselves or loved ones, including choosing among health plans, services, and health care providers.

With the passage of the Affordable Care Act and the innovative approaches it encourages, the concept of "consumer engagement" is now considered and applied broadly. Other countries are more advanced in this area, with Australia emerging as a global leader in consumer engagement in health care. In its 2012 report, *Consumer and Community Engagement Framework,* Health Consumers Queensland discusses the value of engaging consumers in designing health care systems and offers specific ways consumers can be included in this effort. The report asserts that:

"Effective engagement is embedded in an organisation's [sic] culture and practice. It informs health service organisations about the needs of the people who use their services and people who may be potential users of services who may, for different reasons, experience barriers to access. It is a mechanism that can enable health service organisations to better plan, design and deliver services that meet the needs of the people who use them, to gather feedback about initiatives and reforms that will impact upon service delivery and to monitor the quality and safety of providers to deliver improved services for consumers, their families and carers [sic]."

Generally, there are two schools of thought in the consumer engagement arena. One focuses on activities aimed at influencing behavior change in individuals to increase their level of "activation" in managing their health and health care, while the other focuses on identifying structural and procedural enhancements that can create an environment in which consumers have ready access to information, support, and resources that enable them to be actively involved in their own health and health care. Given the context in which this exploration was solicited, the CETF chose to emphasize the second framework due to its interdependence with the first one.

Types of Consumer Engagement

In the emerging field of consumer engagement, three categories of engagement are routinely considered as ways to meaningfully involve consumers in optimizing and reforming health care. They include:

- **Information and Education:** This refers to creating and making accessible to consumers information that they understand and can act upon to make informed health care decisions for themselves or an individual for whom they are providing care.

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[2] Health Consumers Queensland. (2012). *Consumer and Community Engagement Framework.*

- **Advisory Capacity:** This type of engagement entails enlisting consumers in an advisory capacity to provide input on programs and services. In this role, consumers may influence decision-making.
- **Feedback Process:** This category of engagement formally secures feedback from consumers about experiences as a patient or caregiver. This solicited or unsolicited information can be used to refine or create programs and services.

A. Benefits of Consumer Engagement

There is an emerging consensus in the health policy community that informed and engaged consumers are vital to achieving the Triple Aim. The expectation is that when consumers are armed with the right information, they will demand high-quality services from their providers, choose treatment options wisely, access care in appropriate locations, and become active participants and self-managers of their own health and health care.[3] Moreover, these informed and engaged consumers can have a positive impact on the design of the delivery system model.

There is a paucity of research that quantifies the impact of consumer engagement. However, as the field continues to expand, the CETF anticipates more research results similar to a 2012 study of Medicaid beneficiaries that found that patients who lack the skills to manage their health care incur costs 8 to 12 percent higher than those who are highly engaged in their care, even after adjusting for health status and other factors.[4] These findings are corroborated by innumerable anecdotal reports on the benefits individuals and the health care system realize as a result of consumer involvement.

Benefits to Consumers and the Community

Engaging consumers in health care design and decision-making can produce substantial, enduring benefits for the individual, community, and the health care system. Individuals who have the resources and mechanisms to be engaged experience:

- Improved understanding about their health condition, its related treatment options, and how to access the appropriate services to optimally manage their health
- Improved relationships with health care providers
- Improved experience and satisfaction with their health care experience
- Personal sense of value, ownership, and influence in health care decision-making
- High-quality health care
- An informed, responsive, and more efficient, health care system

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[3] Academy Health Care. (2007). *Improving Quality Health Care: The Role of Consumer Engagement.*

[4] Institute for Patient- and Family-Centered Care. (2014). *Individual and Family Engagement in the Medicaid Population: Emerging Best Practices and Recommendations.*

Benefits to Health Care Providers and Institutions

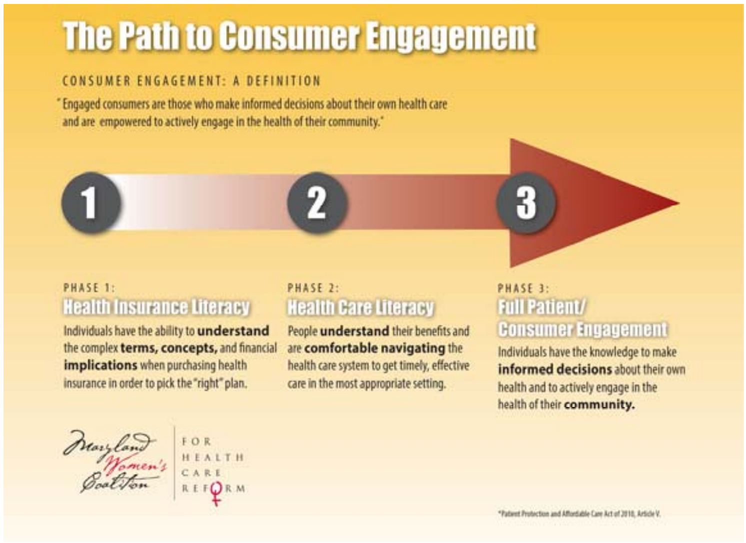
Because person-centered systems must be created and presumably funded by institutions, it is imperative that they appreciate the potential benefit to their operation and commit to consumer engagement processes. Institutions that meaningfully engage the consumer can experience:

- Greater confidence that their programs meet the needs of consumers—particularly those with unique needs—as well as the community at large
- Improved relationships and cooperative partnerships with the individuals and communities they serve
- Streamlined processes for receiving information and insight from the community and applying that insight to inform policy decisions
- More efficient use of health services by informed, empowered consumers
- Reduced privacy concerns, which are top-of-mind issues for consumers
- The enhanced opportunity for care coordination for patients

B. The Path to Consumer Engagement

The CETF's work was predicated on a recognition that consumer engagement is a process that begins with an individual's level of health literacy. The Institute of Medicine defines health literacy as "the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions." Nationwide, it is estimated that 80 million Americans have low health literacy, which can be linked to poor health outcomes.[5]

Figure 1. Path to Consumer Engagement



The Path to Consumer Engagement

CONSUMER ENGAGEMENT: A DEFINITION

"Engaged consumers are those who make informed decisions about their own health care and are empowered to actively engage in the health of their community."

PHASE 1:
Health Insurance Literacy
Individuals have the ability to **understand** the complex **terms, concepts,** and financial **implications** when purchasing health insurance in order to pick the "right" plan.

PHASE 2:
Health Care Literacy
People **understand** their benefits and are **comfortable navigating** the health care system to get timely, effective care in the most appropriate setting.

PHASE 3:
Full Patient/ Consumer Engagement
Individuals have the knowledge to make **informed decisions** about their own health and to actively engage in the health of their **community.**

*Patient Protection and Affordable Care Act of 2010, Article V.

As illustrated in Figure 1, the second step along the path to engagement is "health care literacy."[6] This, with health insurance, is often incorporated into the broader term of "health literacy." However, it can be useful to separate out these two concepts becuase research shows that serious impediments may remain after someone becomes insured. A survey of Health Insurance Marketplace Assister Programs found that 90 percent of newly-insured individuals nationwide report post-enrollment

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[5] Berkman, Nancy D., Stacey L. Sheridan, Katrina E. Donahue, David J. Halpern, and Karen Crotty. 2011. "Low Health literacy and Health Outcomes: An Updated Systematic Review." *Annals of Internal Medicine* 155 (2): 97–107.

[6] Source: Maryland Women's Coalition for Health Care Reform.

problems with their insurance and 44 percent of newly-insured people report that they do not know how to use their insurance. [7]

The final step to consumer engagement is predicated on an understanding that individuals who have become "health care aware" through insurance and care literacy are now prepared to take full ownership of their own health in partnership with their providers. It is possible that these consumers will also be empowered to positively impact the health within their communities.

C. Current State of Consumer Engagement Infrastructure

The CETF's independent research, internal professional expertise, and insights gained from subject matter experts led to the conclusion that Maryland's health care system currently requires a significantly improved infrastructure and integration of programs to support a statewide consumer engagement effort. There are, however, elements of consumer engagement that can be found at all levels in the state. Examples provided below include tools hospitals are currently using, and longer standing community partnerships of "Total Patient Revenue" hospitals where consumer engagement has been at the center. These examples—as well as many other hospital, state, local, community, payer, etc. programs and initiatives in the state—can be leveraged to form the foundation for the vital infrastructure and coordinated growth of successful consumer engagement programs needed to advance the NAPM.

Examples: Hospital Consumer Engagement Tools

- Patient and Family Advisory Councils (PFACs) composed of patients, family members, clinicians, staff, and administrators. PFACs provide a structure to receive and respond to consumer input. The Agency for Healthcare Research and Quality (AHRQ) asserts that PFACs are one of the most effective strategies for involving families and patients in the design of care. PFACs do not exercise fiduciary or ultimate decision-making over an institution. However, they can provide valuable input into areas such as program development, implementation and evaluation, capital projects, staff selection, and clinical tools and practices.[8]
- An individual's knowledge of Patients' Rights.
- Knowledge of, and access to, a formal process to provide feedback (concerns, complaints, and recommendations) that can be used to address immediate concerns but also to provide a basis for future governance and operating decisions.

In April of 2015, the CETF conducted a survey of the websites of Maryland's 46 acute care hospitals with the purpose of evaluating the ease with which consumers could access information regarding the three areas above. While it is understood that more hospitals currently may have all three of these elements available, the findings highlight opportunities for improvement. Figure 2 below summarizes the findings.

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[7] Kaiser Family Foundation *Survey of Health Insurance Marketplace Assister Programs: A First Look at Consumer Assistance under the Affordable Care Act*

[8] AHRQ Guide to Patient and Family Engagement found at: http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/howtogetstarted/index.html
Last access 9/3/15.

Figure 2. Hospital Website Survey of Consumer Engagement Tools

Consumer Engagement Elements	Number of Institutions
Patient Rights	39
Formal Complaint and Response Process	27
Patient & Family Advisory Council (PFAC)	7
Possess All Three	5

The CETF was also briefed by the Maryland Hospital Association on its 2013 hospital survey, which included a question regarding the presence of a PFAC in their institution. Of the 30 respondents, 40 percent said they had a PFAC; 40 percent said they did not; and 20 percent said they had no plans to establish a PFAC.

Consumer Engagement in Total Patient Revenue (TPR) Community Partnerships

Prior to the NAPM, several Maryland hospitals operating under a similar "Total Patient Revenue (TPR)" reimbursement model chose community partnerships and patient engagement to achieve their goals. Presentations and conversations with hospital and public health staff found that there are thriving programs and collaborative partnerships around the state that embody consumer engagement elements. Some examples include: (1) a program in Carroll County that utilizes a coalition of community members, community-based organizations, and health care providers to address mental health issues; (2) a Lower Shore (Worchester, Wicomico, and Somerset Counties) diabetes management program that involves a partnership between the community and health care providers; and (3) an initiative in a Western Maryland institution that utilized patient feedback to improve discharge planning.

D. Consumer Engagement Guiding Principles

To develop the specific objectives, strategies, and metrics that are the substance of this report, the CETF agreed to a core set of principles to advance the mission to "foster a health care system driven by a culture of robust and meaningful consumer engagement that addresses the Triple Aim." The CETF recommends that the HSCRC adopt the following guiding principles.

Principles

- **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 and personal preferences.
- **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, cultures, and communities.
- **Mutual Respect and Value:** Engagement is undertaken with mutual respect and the valuing of others' 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.

V. Developing a Consumer Engagement Communication Strategy

Given the complexity and timeframe for the completion of the CETF's work, it was determined that one of the most productive and useful outcomes would be to provide the HSCRC with a strategic structure on which to build a full communications plan. The following provides such a structure specific to the NAPM. However, as stated above, there should be an integration of communications strategies across Maryland's multiple reform initiatives.

An NAPM-specific communications plan should be developed to build on the strategies proposed by the CETF, which should be considered as one element of a fully-integrated and coordinated statewide health care awareness campaign.

The following discussion provides the key elements of the Communications Plan. The full document can be found in Appendix D.

> *For consumers to engage and remain engaged, their involvement experience must be positive and their impact visible.*

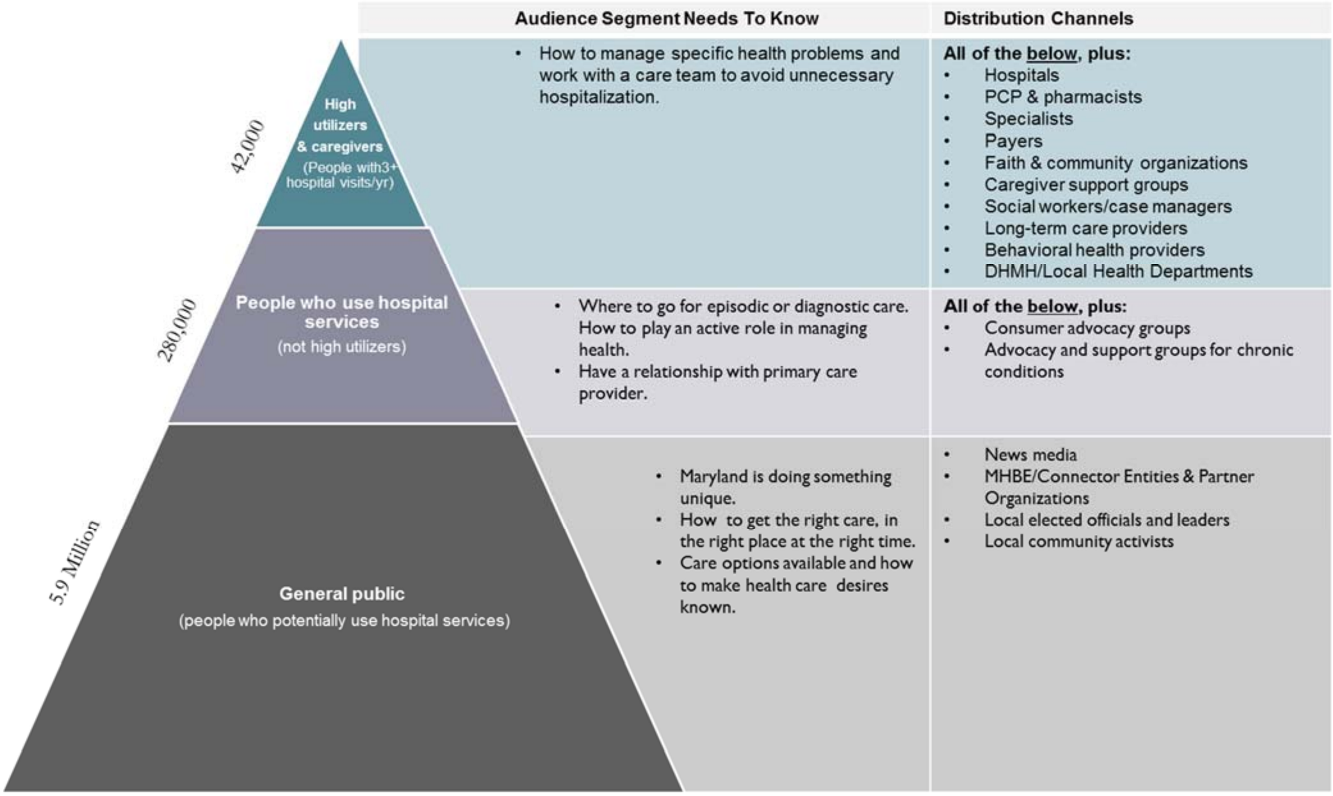
A. Prioritizing the Audiences and Defining the Distribution Channels

The CETF focused first on identifying target audiences. Given the definition of "consumers" as people who are current or potential users of health services, the CETF recognized that all Marylanders are among the target audiences for this initiative. The CETF segmented the audiences into three groups based on the frequency and level of their interactions with the health care system. Next, CETF worked to (1) articulate messages that might inspire the necessary behavior changes among each audience groups and (2) identify the messengers well-positioned to reach each audience segment.

Figure 3 below illustrates this segmentation noted above. It is important to note that the primary NAPM audiences—those who use the hospitals more than three times in a year—will be exposed to a set of general messages designed for all audiences in addition to targeted messages focused on the behaviors that should be encouraged specifically within the primary target.

Based on the themes identified through this exploration, the CETF compiled an extensive group of messengers and/or distribution channels for each of the three audience segments. Figure 3 provides examples for each group; a more complete list can be found in Appendix D (the Communication Strategy). During the development of a communications plan, this list would be further refined to ensure the most effective communication avenues and positive outcomes.

Figure 3. Consumer Engagement Communication Audiences and Distribution Channels



Audience Segment Needs To Know	Distribution Channels
• How to manage specific health problems and work with a care team to avoid unnecessary hospitalization.	**All of the below, plus:** • Hospitals • PCP & pharmacists • Specialists • Payers • Faith & community organizations • Caregiver support groups • Social workers/case managers • Long-term care providers • Behavioral health providers • DHMH/Local Health Departments
• Where to go for episodic or diagnostic care. How to play an active role in managing health. • Have a relationship with primary care provider.	**All of the below, plus:** • Consumer advocacy groups • Advocacy and support groups for chronic conditions
• Maryland is doing something unique. • How to get the right care, in the right place at the right time. • Care options available and how to make health care desires known.	• News media • MHBE/Connector Entities & Partner Organizations • Local elected officials and leaders • Local community activists

B. A Consumer-Centered Approach to Material Development

The CETF recommends minimum standards for developing consumer-oriented materials in support of the NAPM and other related reform initiatives. Because all residents could potentially use hospital services, it is critical to adopt policies to tailor materials so they resonate and will be understood by the various segments. The considerations listed below should ensure the cultural and linguistic appropriateness of materials created, as well as the accessibility and usefulness of materials provided by government agencies, hospitals, health and social services providers, insurance carriers, and others.

Minimum Considerations for Material Development

- Consumer representatives are involved in developing materials

- Surveys and/or focus groups are 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 are involved in the development of materials to ensure that basic health literacy and Culturally and Linguistically Appropriate Services (CLAS) standards were followed in the development of materials
- Materials for consumers are written at or below a 6th grade reading level
- All electronic materials are Section 508 compliant, so they are presented in a manner that is accessible to audiences with disabilities or limitations
- 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

C. Consumer Communications Strategy Recommended Goals and Objectives

Effective consumer engagement requires that individuals *own* their own health and health care, and that the HSCRC take ownership of a proactive consumer engagement plan that supports its commitment to a person-centered health care system. Therefore, it is imperative that the HSCRC embraces the principles, goals, objectives, and strategies outlined in the following recommendations and assumes a leadership role in implementing the overall communication strategy.

Goal #1

Establish a person-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 1.1 Create connections among 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 1.2 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.

Goal #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.

Objective 2.1 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 2.2	Support consumers' decision-making by providing clear, culturally and linguistically appropriate, and actionable information and opportunities for effective interactions with health care professionals.
Objective 2.3	Educate consumers about the most appropriate settings to receive care.
Objective 2.4	Support consumers in the appropriate use of care planning and self-management tools.

D. Strategies and Tactics

The following strategies and tactics are described below based on the stakeholder group that would have primary accountability for implementation. Each of these is directly linked to the objectives and strategies discussed in much greater detail in Appendix D.

For All Stakeholders

- Develop a statewide public education campaign to promote health and wellness and give consumers a sense of ownership of their health

For Policy Makers

- Foster a consumer-centered health care system with policies and procedures informed by stakeholder involvement

For Hospitals and Providers

- Incentivize hospitals to support patients' and caregivers' ability to manage their own care, including access to community based health care resources

For Consumers

- Provide consumers with the information, tools, and resources they need to make informed decisions and fully comprehend how to better manage their care
- 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
- Engage local and regional news media to distribute frequent updates about the NAPM to their audiences

E. Budget Estimate for Statewide NAPM Communication Strategy

To provide the HSCRC with an initial estimate of the required budget for a statewide NAPM-focused communications strategy, the CETF obtained cost estimates from two marketing and communications firms. These estimates ranged from $1.2 to $2.4 million for the initial campaign development and rollout. Both firms noted that the exact budget would vary based on the final scope of work and the extent/geographic coverage of any media buy associated with a campaign.

The CETF also undertook preliminary research to determine the cost of care interventions that support consumer engagement in both rural and urban settings. Because of the differences in the population, needs, and cost of living in various communities throughout the state, the cost of care interventions varies from place to place. The CETF notes that many of the proposed care interventions are underway in some parts of the state and are being considered by Regional Transformation Initiatives in other parts of the state.

Greater specificity will be required to develop a full project budget and funding resources. This would have to be based on the scope of work, the financial incentives and obligations of key stakeholders, and the range of funding options.

Two factors should be taken into account when considering both the communications and care interventions aspects of the budget. One factor is the potential to leverage the work currently under way through the Transformation Planning Grants and other hospital and community-based initiatives, as well as future grant opportunities. The second factor is the innovative approach Maryland is taking to delivery system reform with the NAPM. This should provide a range of funding opportunities that would include state-based agencies and organizations, foundations, and local and national entities.

VI. Evaluating Consumer Engagement

As previously mentioned, consumer engagement in health care is an emerging field. Consequently, the CETF was unable to locate validated metrics or tools that could directly and comprehensively evaluate the impact of consumer engagement on health outcomes, patient experience or satisfaction, provider satisfaction, improved program design decision-making, access, or utilization.

There are some measures that are currently available or that can be more readily developed with existing or potential data sources on the identified consumer engagement goal and objective "impact" areas, and there are areas where measures must be developed. Therefore, as illustrated in Figure 4, the CETF provides for consideration an initial non-exhaustive set of measures that could be adopted from:

- Existing data sources (e.g., Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS], Medicare claims, CRISP encounter information)
- Developed potential sources but not currently collected (e.g., the Communication Climate Assessment Toolkit (C-CAT))
- New sources that could potentially address the identified goals and objectives in which there are measurement gaps (e.g., HSCRC standing advisory committee, Patient Family Advisory Committees at hospitals)

It is important to note that there may be a "many to many" relationship for the candidate measures and the goals and objectives with which they are listed.

Figure 4. Potential Measures of Consumer Engagement

Goals and Objectives	Possible Measure(s)	Notes
Goal 1: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.	HSCRC Consumer centered advisory committee	Suggestion to establish a standing advisory committee similar that of the Maryland Health Benefit Exchange
Objective 1. Create connections among 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.	Hospital meaningful use of Patient Family Advisory Committees	New measure to be developed Need to define "meaningful"
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.	HCAHPS question on consumer overall rating of hospitals	HCAHPS in use since 2012
Goal 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.	HCAHPS CTM-3 Questions 1-The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital. 2-When I left the hospital, I had a good understanding of the things I was responsible for in managing my health 3-When I left the hospital, I clearly understood the purpose for taking each of my medications.	CTM-3 currently in use (since January 2014)
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.	For users of hospital services: • # of individuals with personal health records • Volume of materials disseminated about options for engaging in care For potential users of hospital services: • Visits to NAPM websites tools provided • Number of subscribers to telehealth resources • Posts/comments on NAPM related articles • Volume of sharing of NAPM news articles, etc.	New measures need to be developed. Need to determine universe of websites, and electronic resources we want to monitor.
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.	1-measuring each of health literacy, language services and individual engagement related to patient-centered communication, (0-100 score_ derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit 2-HCAHPS questions- Consumer ratings on communications with doctors and nurses, and responsiveness of hospital staff	1-CCAT would be a new survey to implement in the state 2-HCAHPS in use since 2012 Monitor for increase in percentages
Objective 3. Educate consumers about the most appropriate settings to receive care.	1-HCAHPS questions- Consumer rating of Discharge Information they received 2-Prevention Quality Indicators(PQI)-hospitalizations for ambulatory sensitive conditions	1-HCAHPS in use since 2012-monitor for increase in percentage 2-PQI measures currently in use in Maryland- monitor for decrease 3-NAPM measure (Medicare only- claims)

Goals and Objectives	Possible Measure(s)	Notes
	3-Appointment within 7 days after hospital stay 4- Person discharged where primary provider notified	4- NAPM measure (CRISP collects)
Objective 4. Support consumers in the appropriate use of care planning and self-management tools.	1-HCAHPS questions- Consumer rating of Communication About Medicines 2-Care plan usage for identified high risk target populations 3-Percentage of patients with chart documentation of advanced directives 4-Claims for advanced directive discussions	1-HCAHPS in use since 2012- monitor for increase in percentage 2-New measure to be developed and implemented- monitor for increase in percentage 3-New measure to be implemented in the state. Could build upon the current law that requires Medical Order for Life Sustaining Treatment (MOLST). Derived from EHR. Monitor for increase in percentages by hospital over time 4-CPT code 99497 covers a discussion of advance directives with the patient, a family member, or surrogate up to 30 minutes. The add-code of 99498 covers an additional 30 minutes of discussion. In July 2015 CMS proposed to cover these discussions for Medicare patients.

VII. Compelling Consumer Engagement Themes

The overarching themes and concepts that emerged during the research phase largely informed the CETF's recommendations. The themes include:

- Consumer engagement efforts must offer a clear call to action. Consumers' continued engagement is dependent on their input and perception that their actions have an impact.
- Because individuals' motives are different than institutions' motives, successful engagement efforts must ascertain the motivating factors for both groups.
- Health care information should be disseminated and consumer engagement activities should be led by sources that consumers trust.
- Sensitivity to diversity and the multitude of cultural differences are critical in engagement efforts.
- Consumer engagement requires extraordinary commitment from health care leadership at all levels.
- Ideally, consumers should be engaged, both prior to and at the point of contact with the health care system.
- A more robust and consumer-friendly feedback process (i.e., concerns, complaints, and commendations) is needed.
- Advanced directives planning is indicative of consumer engagement.

VIII. Recommendations

The HSCRC holds an important leadership role in influencing statewide adoption of meaningful consumer engagement in the use and design of the health care system. Based on extensive exploration of the current state of, and opportunities for, consumer engagement, the CETF makes the following recommendations. These are presented as specific activities the HSCRC can undertake to foster a person-centered, collaborative, coordinated system in Maryland.

1. Allow for continued meaningful, ongoing role for consumers at the HSCRC:
    a. Include continued representation of Commissioner(s) with primary consumer interest.
    b. Create an HSCRC Standing Advisory Committee (SAC) with representation that reflects the gender, racial, ethnic and geographic diversity of the state and a diverse cross-section of consumers, consumer advocates, relevant subject matter experts, and other stakeholders (see the MHBE and the Maryland Medicaid Advisory Committee [MMAC] as examples). In addition to providing expertise in the area of consumer engagement, the SAC would advise on the NAPM implementation, including evaluation of responsiveness to consumer feedback (concerns, complaints and commendations), and ensure that there is a clear infrastructure and process to provide the SAC with information from hospital patient advisory councils and other policy making boards, as well as providers and organizations working with potentially impacted consumers.

2. In collaboration with key stakeholders, develop a statewide public education campaign specific to the NAPM that is part of a broader campaign to promote health and wellnes.

3. Convene an interagency task force that allows consumers to participate in the design and implementation of a statewide public education campaign. As its foundation, this would have the advancement of consumer engagement and ownership in individuals' health with the use of the CETF's Communication Strategy as the foundation. Its charge and activities should be coordinated with the proposed SAC to ensure consumer representation. Moreover, it should be in coordination with the Maryland Department of Health and Mental Hygiene, Department of Human Resources, the MHBE, the MHCC, and all other relevant state agencies producing consumer-oriented information regarding engagement with the health care system.

4. Provide 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.

5. In coordination with the SAC, the MHCC and other key stakeholders, consider development of a Consumer Gold Star system for hospitals based on consumer engagement standards to include:
    a. Websites that reflect a commitment to consumer engagement and appropriate service to the community
    b. Educating patients about their rights
    c. An effective and meaningful consumer feedback process that includes access to

    information and a process for prompt and substantive responses to consumer concerns
    d. Multiple opportunities for patients/consumers to participate in patient and family advisory councils and other hospital policy board

6. Define Community Benefit dollars to include consumer engagement initiatives and promote these dollars for this use, particularly for those supporting vulnerable populations

7. Continue to encourage and incentivize independent and collaborative approaches to support people who are at risk of becoming high utilizers such as:
    a. Medication therapy management.
    b. Motivational interviewing.
    c. Health coaches.
    d. Peer support specialists for behavioral health and other special populations.
    e. Community clinical teams doing in home assessments.
    f. Incorporate clear simple case/care management screening during discharge that covers social and health aspects necessary for a successful care transition. Ensure that active listening and "teach back" methods are used during this screening.
    g. Emergency Department-based patient navigation that connects patients with appropriate community based resources (primary care, behavioral health care, social work case management, etc.).
    h. Collaboration with current recipients of Regional Transformation Planning Grants and future grantees to encourage them to engage consumers in developing their transformation plans.

8. Encourage hospitals to provide current, consistent, and transparent information on average procedure costs using the data made readily available by the MHCC (www.marylandqmdc.org) and new pricing transparency tools being created, and make this available on NAPM and/or other appropriate website(s).

9. Include discussions about patient and family decision-making and preferences about advanced directives in the context of educating and engaging consumers.

IX. Acknowledgements

The CETF commends the HSCRC Commissioners for their understanding of the value of engaging consumers at all levels. Their commitment to this effort has been both meaningful and substantive and stands as a model for other state reform efforts. We also wish to recognize the leadership of Donna Kinzer and to thank the HSCRC staff. In particular, Steve Ports and Dianne Feeney have made critical contributions to the work of the CETF and to the content of this report. Theressa Lee of the MHCC also deserves recognition for her expertise and insights and her dedication to the concept of consumer engagement. In addition, the CETF's work would not have been possible without the able assistance of Tiffany Tate, project consultant.

This report represents not an end, but rather a beginning, to ensure that consumers are fully engaged not only in their own health, but also in the evolution and success of Maryland's NAPM. The members of the CETF are grateful for the opportunity to inform that process and are committed to supporting this effort as we move forward.

APPENDIX A. CETF Member Roster

Leni Preston, Chair
Chair/Executive Director
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Endowed Director and Chair,
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Steve Ports
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Tiffany Tate
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APPENDIX B. CETF Methodology

Through its exploration of the existing literature both within and outside the United States, the CETF agreed to a definition of consumer engagement, collected data and information on the current state of consumer engagement infrastructure in Maryland, identified strategies to implement consumer-centric communication strategy, and devised metrics that can be used measure the impact of this consumer engagement activities.

The CETF met at least monthly to expand their knowledge about consumer engagement and monitor progress towards the two charges. A subgroup, composed of members and interested professionals, met more frequently to collaborate on more involved activities of the workgroup. Finally, a few members from the CETF were represented on a subgroup that also included representatives from the Consumer Outreach Task Force. It was the role of this combined group to ensure alignment between the individual taskforces.

The CETF responded to the limited evidence-based on consumer engagement by seeking information and insight from individuals and organizations that had expertise or experience in related areas. These entities presented at task force and subgroup meetings and participated in e-mail discussions and one-on-one conversations. Below are the areas for which the subject matter experts and independent research provided the CETF's insight and guidance.

Expertise and Perspectives Explored

- Consumer Advocacy
- Care Coordination
- Population Health Management
- Health Care Quality Report
- Consumer Engagement in Total Patient Revenue (TPR) environment
- Geographic Targeting
- Patient/Consumer Engagement Infrastructures in Hospital Settings
- Disposition of Consumer Complaints by Hospital and Government Entities
- Online Resources to Support
- Performance Measures to Assess Consumer/Patient Engagement
- Consumers

APPENDIX C. Consumer Engagement Definitions and Principles

Health Services Cost Review Commission
New All-Payer Model: Consumer Engagement Taskforce
Proposed Useful Definitions and Principles

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The following are based on the Consumer and Community Engagement Framework[1] developed by Health Consumers Queensland and are proposed here as a basis for consumer engagement.

Proposed Useful Definitions

Consumers: Consumers are defined as current or potential users of health services. This may include family members as well as those who provide care in an unpaid capacity.

Community: Community refers to groups of people or organizations with a common local or regional interest in health. There are three primary ways in which a community may be formed: (1) geographic boundaries (neighborhood, region, etc.); (2) interests such as patients, health care providers, industry sector, profession, etc.; and/or (3) specific issue such as improvements to public health or groups that share cultural backgrounds, religions, or language(s).

Consumer Engagement: Consumer engagement informs broader community engagement. Health consumers are people who actively participate in their own health care and, more broadly, in health policy, planning, service delivery and evaluation at service and agency levels.

Community Engagement: Community engagement refers to the connections between government, communities and citizens in the development of policies, programs, services, and projects. It encompasses a wide variety of government community interactions, ranging from information sharing to community consultation and, in some instances, active participation in government decision-making. It incorporates public participation, with individuals being empowered to contribute in decisions affecting their lives, through acquisition of skills, knowledge, and experience.

[1] The full document can be found at http://www.health.qld.gov.au/hcq/publications/consumerengagement

Proposed Principles - Consumer and Community Engagement

#1 - Participation: People and communities participate and are involved in decision-making about the health care system.

#2 - Person-centered: Engagement strategies and processes are centered on people and communities.

#3 - 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.

***#4 - Partnership*:** People, including health care providers, community, and health-related organizations work in partnership.

#5 - Diversity: The engagement process values and supports the diversity of people and communities.

***#6 - Mutual Respect and Value*:** Engagement is undertaken with mutual respect and the valuing of others' experiences and contributions.

#7 - Support: People and communities are provided with the support and opportunities they need to engage in a meaningful way with the health care system.

#8 - Influence: Consumer and community engagement influences health policy, Planning, and system reform, and feedback is provided about how the engagement has influenced outcomes.

#9 - Continuous Improvement: The engagement of people and communities are reviewed on an on-going basis and evaluated to drive continuous improvement.

APPENDIX D. Communication Strategy

Maryland All Payer Model
Consumer Engagement Communication Strategy

Developed by the Consumer Engagement Task Force
September 9, 2015

Audiences and Messages

It is imperative to recognize that:

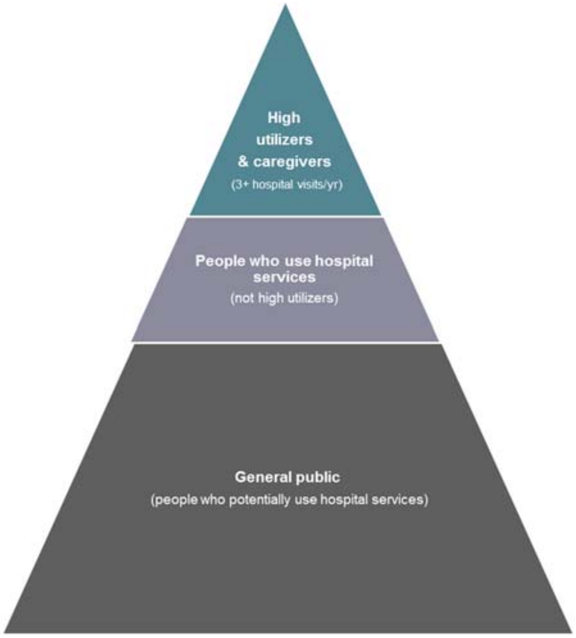
- Consumers/patients who have appropriate information about disease prevention and tools targeted for their specific circumstances will have better health outcomes with lower costs to the system.
- Individualized engagement is critical. Meet the patient where they are and consider their cultural background, literacy level, and prior experience with the health care system.
- Trust, dialogue, collaboration, and shared decision-making with consumers produce better outcomes.
- "Health literate" consumers are more likely to make wise decisions and adopt a healthy lifestyle

Audience Segmentation

All Marylanders are among the target audiences for this initiative. Target audiences are segmented based on their priority and include:

- People who are frequent users of hospital services (three or more hospital visits per year), and who need to know how to manage specific health problems and work with a care team to avoid hospitalization.
- People who use hospital services, but are not frequent users, and need to know where to go for episodic or diagnostic care; how to play an active role in managing health; and, how to establish a relationship with a primary care provider.
- The general public, who are potential users of hospital services and need to become aware of the care options available; know how to access timely and appropriate health services; be prepared to make their health care desires known; and understand that their actions can impact a unique initiative taking place in Maryland.

Figure 1: Target Audience Segmentation



Next steps are to articulate messages that will motivate the specific behavior change needed among each audience segment and identify the messengers well positioned to reach each audience group.

Messaging Framework

The messaging framework illustrated below in Figure 2 is based upon the audience pyramid and 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. The messaging framework for each audience builds upon itself and channels messages to audiences based on their priority so that people who frequently use hospital services, who require a greater level of engagement, will receive specific information tailored for them in addition to the more general information people who use hospital services but aren't frequent users, and the general public.

These proposed messages were developed in coordination with 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 and evolving health care system transformation, increase their engagement with the health care system, and motivate them to take a more active role in self-management.

Figure 2. Messaging Framework Audiences and Potential Messages

Audience	Potential Messages
All • General public • People who use hospital services • High utilizers	• Maryland is doing something unique and *you* are a part of it. • There is an agency that sets the rates hospitals are paid. *Concept*: Hospitals do not have the freedom to set their own pricing. . • Transformation of the health care delivery system should 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. o Prevention is the most affordable care - see your doctor, eat healthy, live well. o Teamwork among hospital and in the community, will make it easier for you to get care. o Know where to get the care that best meets your needs (you might pay more if you get care in the wrong setting). o Make good decisions by being informed about the cost of your health care and your financial responsibility o Shop for health care that meets your needs. o Shop for health care quality; high cost does not always equal high quality care. o You can control who sees your health information. o Use the tools that are available to help make health care decisions that are best for you.

Audience	Potential Messages
Primary & Secondary • People who use hospital services (not high utilizers) • High utilizers (3+ hospital visits/yr)	• Create a plan to get healthy and stay healthy • Be active in managing your own health • Find a trusted person to help manage your care • Make sure a trusted person knows how you want to be cared for if you can’t make decisions for yourself. • Have a relationship with your primary care provider • Before you leave the hospital make sure you have a plan and understand: o What you should do when you leave the hospital o Who you should call if you have a problem *when you leave* the hospital o Who you should call *before* you go to the hospital again o Where to go if you need help looking after yourself • Know what might cause your readmission to the hospital • Know how to access the support and services you need to keep you from having to go back to the hospital
Primary High Utilizers (3+ hospital visits/yr)	• You and your care team manage your health to stay out of the hospital • Stay involved in managing your own health care • Create a trusted relationship with your providers • Understand your care options

Messengers and Distribution Channels

Figure 3 below, while not providing a wholly inclusive list, illustrates the breadth of opportunities to engage with patients and consumers.

Figure 3. Audiences and Key Messengers/Opportunities

Audience	Key Messengers
Primary High utilizers Caregivers/Guardians	• Hospitals o Medical staff o Hospital volunteers and clergy o Discharge planners o Case Managers/Patient navigators o Billing office o Web-based resources • Payers • Community health workers • Community health clinics • Faith and other community-based organizations • 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 • Philanthropic Foundations

Audience	Key Messengers
Secondary People who use hospital services	**All of the above plus:** • Consumer advocacy groups • Advocacy and support groups for chronic conditions • ER waiting rooms (to reduce inappropriate use)
All General public	**All of the above plus:** • News media (traditional and online including local newspapers, magazines, and radio stations) • Faith and other community-based organizations (materials, meetings, health fairs, etc.) • Urgent care providers • MHBE/Connector Entities & Partner Organizations • Members of town and county councils • Local community activists

Strategies and Tactics for Consumer Engagement

Strategies must be applied at all levels in order to maximize the potential for successfully achieving a health care system with a culture of consumer engagement and all the benefits that brings. The text below outlines the strategies and tactics that can be undertaken by all stakeholders as well as at the policy maker, provider and consumer levels.

A note about reaching vulnerable populations:

This document provides recommendations for general consumer engagement. It is critical to note that effective engagement of some populations may require specialized efforts beyond what is proposed in this document. This includes people with severe mental illness, active substance

▪ For All Stakeholders

Develop a statewide public education campaign to promote consumer ownership of their own health and wellness.

- Coordinate with the Department of Health and Mental Hygiene, Department of Human Resources, Maryland Health Benefit Exchange, Maryland Health Care Commission, and all other relevant state agencies producing consumer oriented information regarding engagement with the health care system.
- Create an inter-agency task-force that includes consumer representatives, convened by HSCRC to design and facilitate the campaign. Its charge and activities should be coordinated with the proposed HSCRC Standing Advisory Committee.

- 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 "official" 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.)
- Encourage 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.

For Policy Makers

Foster a consumer-centered health care system with policies and procedures informed by stakeholder involvement:

- Continue to foster representation 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 representation that reflects the gender, racial, ethnic and geographic diversity of the state and a diverse cross-section of consumer groups and other stakeholders (see MHBE and MMAC as examples). The purpose would be to advise on the NAPM implementation, including evaluation of responsiveness to consumer feedback (concerns, complaints and commendations, and ensuring that there is a clear infrastructure and process to provide the Committee with information from hospital patient advisory councils and other policy making boards, as well as providers and organizations working with potentially impacted consumers. [or targeted populations]
- 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, and/or other hospital policy boards
- Promote standardizing hospitals' process for receiving feedback from consumers, including for comments, complaints and commendations
- Establish data systems to aggregate and analyze consumer feedback in a timely and transparent fashion
- Ensure that there is a meaningful evaluation of and response to complaints at the agency level.
- Continue to 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.

- 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
- Promote hospitals' providing 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.
- In coordination with the SAC, develop and promote a Consumer *Gold Star* system for hospitals based upon consumer engagement standards may include:
  - websites that reflect a commitment to consumer engagement and appropriate service to the community
  - ensuring that patients understand their rights
  - 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

For Hospitals and Providers

Incentivize hospitals to support patients and care-givers 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, particularly for those supporting vulnerable populations
- 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 independent and collaborative approaches to support 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 new pricing transparency tools being created, 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.

▪ 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.).

APPENDIX E. Resource List

American Hospital Association- Strategies for Leadership: Patient and Family Centered Care
http://www.aha.org/advocacy-issues/quality/strategies-patientcentered.shtml

Agency for Healthcare Research and Quality – Patient & Family Engagement
www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/modules/patfamilyengagement/index.html

Center for Advancing Health

Patient Engagement
http://www.cfah.org/engagement/

A New Definition of Patient Engagement: What is Engagement and Why is it Important
http://www.cfah.org/pdfs/CFAH_Engagement_Behavior_Framework_current.pdf

Centers for Medicare and Medicaid Services– From Coverage to Care
https://marketplace.cms.gov/technical-assistance-resources/c2c.html

Consumers Union

Engaging Consumers on Health Care Costs & Value Issues
http://consumersunion.org/research/engaging-consumers-on-health-care-cost-and-value-issues/

Consumer Attitudes Toward Health Care Costs, Value, and System Reforms: A Review of the Literature
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Institute for Patient and Family Centered Care- Patient and Family Advisory Committee Toolkit and other resources
http://www.ipfcc.org/tools/index.html

Maryland Citizens' Health Initiative Education Fund ("MCHI")/Health Care for All
http://healthcareforall.com/

Maryland Women's Coalition for Healthcare Reform- Checklists
www.mdhealthcarereform.org

University of Maryland Extension – Smart Choice for Health Insurance
http://extension.umd.edu/insure

University of Maryland – Horowitz Center for Health Literacy
http://sph.umd.edu/center/hchl

Urban Institute - Health Literacy
http://hrms.urban.org/briefs/Low-Levels-of-Self-Reported-Literacy-and-Numeracy.html