

Question & Answer (Q&A): Successfully Engaging Members in Plan Governance

Webinar participants asked these questions during the January 2019 webinar, Successfully Engaging Members in Plan Governance. We have edited speakers' responses for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

[https://www.resourcesforintegratedcare.com/MemberEngagement/2019 ME Webinar Series/Successfully Engaging Members In Plan Governance](https://www.resourcesforintegratedcare.com/MemberEngagement/2019_ME_Webinar_Series/Successfully_Engaging_Members_In_Plan_Governance)

Featured Speakers:

- Leena Sharma, Project Manager/Senior Policy Analyst, Center for Consumer Engagement in Health Innovation, Community Catalyst
- Marc Cohen, Ph.D., Research Director, Center for Consumer Engagement in Health Innovation, Community Catalyst
- Angela Addo, Manager, Community Development, Aetna Better Health of Michigan
- Kathryn Hanfland, Community Development Coordinator for Southwest Michigan, Aetna Better Health of Michigan
- Kristina Rossi, Ph.D., Director, Consumer Experience, CareSource
- Robyn Rohr, Senior Insight Manager, CareSource

Representation

Q1: Was there any resistance to offering a stipend from plan leadership or did they understand the value in compensating members for their time and insights? How would you advise other plans whose leadership may not see the value in a stipend or similar investments that help consumers participate?

Kristina Rossi: We have not encountered leadership resistance to offering a stipend. We typically offer a 15 to 30 dollar gift card, depending on the product line and market. I would recommend that other plans point out that the stipend helps members understand what is in it for them. We like offering some kind of thank-you to members for making time in their days to come to meetings and provide their input. When you have smaller councils, the cost is not significant.

Angela Addo: Our Executive Leadership team was in full support of offering a stipend for our members. They value all of the input from the members. Our advisory council members find the stipend to be valuable compensation for their time, as well. Council members are dedicated to attending the meetings and the plan believes that it is important to support their attendance in any way possible. Members use stipends to purchase items such as toiletries, diapers for their children, and groceries. As our members are low-income, the stipend serves as extra support to help members meet their needs.

Q2: Leena and Marc, how can Medicare-Medicaid plans (MMPs) accommodate individuals with limited English proficiency at consumer advisory council (CAC) meetings?

Leena Sharma and Marc Cohen: MMPs use several strategies to accommodate individuals who have limited English proficiency. Examples of strategies include having interpreters available, taking the time to translate relevant documents, and conducting meetings in the prevalent language of the CAC members (and having interpreters for speakers of other languages). Spanish is often the most popular.

Q3: For the plans, have you made any accommodations in your CAC meetings for members with limited English proficiency?

Kristina Rossi: We have an interpretation service provider that can provide accommodations as needed, although we have not had many requests for that service. It is the same vendor we use for interpretation services for our member services and other outreach; this makes finding a resource straightforward because we do not have to do the scouting ourselves.

Angela Addo: We have not needed to accommodate members with limited English proficiency. However, in the case that we do encounter this situation, we will have an onsite interpreter present at the meeting via our interpreter services vendor. We also have a member of the community development team who speaks Spanish as a first language and can assist with translation, as needed.

Recruitment and Training

Q4: Do you place a term limit on how long advisory council members can serve on the committee? If so, how long?

Robyn Rohr: We no longer require council members to sign a “charter/contract” that binds them to a specific timeframe for participation. After two years of participation, we determine if it’s time to “refresh” the membership. If we determine a refresh is appropriate, we discuss the “graduation” of the group during a quarterly meeting, and provide them with a personalized “Certificate of Completion” as a token of our appreciation.

Angela Addo: We do not place a term limit on the council members. The membership status for community partners is contingent on them attending at least three of the four meetings per year. Our health plan might consider terms limits in the future to bring in a fresh perspective.

Q5: What are the most important training topics for CAC participants?

Robyn Rohr: We have found that the most important training revolves around helping the members gain the skills needed to be an effective participant in the focus group style discussions. These skills center around being respectful of other’s opinions, abstaining from side-conversations, and staying on topic. We also strive to empower the member to be the “voice” of other MyCare [dually eligible] members, and to consider how topics may apply to others, as well as themselves.

Q6: What strategies do you recommend for recruiting new members, particularly from under-represented communities?

Leena Sharma: Some of the best ways to recruit consumers are through community-based organizations, senior housing facilities, churches, food banks, and by building relationships with resident service coordinators. Many health plans also collaborate with community-based organizations and conduct outreach together; when people in the community see a trusted organization with a health plan, they are more likely to be receptive to what their health plan is asking.

Marc Cohen: When we were looking at our analysis of what plans were doing to facilitate participation, we noticed a correlation between the number of accommodations a health plan offers to potential participants and their success recruiting and retaining committee members. The more accommodations and incentives plans offer, such as transportation, providing food at meetings, and translation services, the easier it is to attract people and retain them.

Kathryn Hanfland: We provide transportation, a well-balanced lunch, and a sense of family. People know who is going to be at the council meetings. They know they are going to see their favorite people.

Kristina Rossi: We send invitations to a large number of members within the area that is hosting the meeting and that has helped us recruit a diverse group of members. We also offer transportation and food at the meetings. Those things, I think, provide some incentive. We may also consider providing child care depending on the members we are trying to recruit.

Q7: How do you choose people that will be a best fit for the consumer advisory council? What is your application process and what types of information do you gather from potential members?

Kathryn Hanfland: Our application captures basic demographic and background information, prior or current experience on other advisory councils, why they want to be on the committee, best times for their availability to attend meetings, transportation needs, interpretation needs, and membership category. We collect that information and then select members based on the existing diversity of the advisory council.

Kristina Rossi: We start with an invitation to a broad group of members; we could send around 3,000 invitations to recruit about ten regular attendees. We verify eligibility before each meeting, confirm we have accurate contact information, and ensure that members understand what we are looking for and what we expect in terms of participation. This has been successful in finding members who are motivated to participate in the program.

Meeting Facilitation

Q8: How do facilitators refocus the discussion on global issues or challenges when committee members start sharing personal items? What language do you use?

Angela Addo: We generally ask to table the issue brought up by the member and say that we will connect them with a care coordinator; care coordinators often attend the meetings. For example, we might say, "Thank you for sharing that. We want to table that issue but we do want to make sure it is addressed before you leave the meeting."

Kristina Rossi: We have a very similar approach. We want to make sure the person feels heard. We maintain their privacy and then let them know we will talk with them at the end of the meeting.

Q9: What things you have done that helped your participants speak up and feel comfortable participating?

Kristina Rossi: When we notice a member is not speaking up often, we will try to involve them by asking questions directly to them to draw them out and include them. On the other hand, if certain participants are speaking up more than others, we may thank them for their feedback and gently remind them that we would like to hear from others, as well.

Kathryn Hanfland: Over the years, there has been a great rapport established that helps engage members. We start off all of our meetings with an ice breaker. People find that relaxes them and gets them ready for engagement in the actual meeting itself.

Angela Addo: When people join we always emphasize that this is about the member. A lot of the changes and things we do will not be successful unless we have input from our members. When members understand just how important it is for them to share their input and they see how our advisory council meetings are really about the members, they become more comfortable speaking up.

Feedback

Q10: When you got started, were you fearful that feedback and suggestions might be unrealistic, or things that you could not do?

Kristina Rossi: We try to set expectations up front that we want their feedback regardless of whether it is something we can change immediately or not. However, we explain that we may not be able to address some larger issues immediately and some issues may not be feasible to tackle. It is important to explain how we are implementing the feedback we are receiving.

Kathryn Hanfland: We have a similar approach. Additionally, if we cannot tackle the issue right away, we communicate that to the members. We share with the council members what we discussed with our executive leadership, whether there are any updates about the process, and the current status of their suggestions. We assure them we did not forget about their question or concern, that we are still working on it, and that we will get them an update as soon as we can.