

CONSUMER ENGAGEMENT WEBINAR SERIES

Webinar #3 Training the Consumer Webinar Questions & Answers

- 1. Can you speak to confidentiality when recommending a member-at-large contact a committee member with questions (Both from the member and committee member perspective)? How do you communicate this opportunity to members?**

**From Althea McLuckie:** In NM, the committee members all sign an agreement up front that allows their contact information to be shared with the public, and we also sign a confidentiality agreement, so the confidentiality of the member-at large who contacts us is protected. As folks with disabilities, as a group, we tend to be very sensitive to issues of confidentiality, and I don't know of any instance when that was violated. Not sure what "opportunity" refers to, but we invite anyone to contact our committee members via announcements on the website, in newsletters, and during public meetings.

**From Erin McGaffigan:** I think everyone needs to be clear on the purpose of contact. Is it to share information on the committee, provide peer guidance on how to direct his or her services, other? This should be described in any place where the committee member's contact information is shared. Everyone should be clear on the purpose of communication and any restrictions to this communication. You share not only how to reach the person, but also the ways in which the member may be of assistance and any confidentiality expectations. The key is sharing this information in ways it can be understood (non-legal terms) and through multiple venues (website, handbook, newsletters, member services, case manager).

- 2. If you have a large population that is enrolled, how did you get buy in and commitment from some members and not the entire membership? Did you place a limit on the number of committee members that can participate?**

**From Althea McLuckie:** In NM, we have an election process, for a set number of positions. The number of "seats" was determined as a percentage of the number of members, and each seat has a "demographic" that must be met: for example, x number of people must have developmental disabilities, x number must live in rural areas, x number must be members (not family members or guardians) etc. We have three year terms for membership, and elections every year, during which a third of the membership rotates off the committee, and new members are chosen by the rest of the committee members, although anyone can nominate a potential new member. Announcements for nominees begin three months prior to the elections, and the announcements are made via website, newsletters, and any other direct contact with members.

**From Erin McGaffigan:** I don't think I am clear on what type of commitment and buy-in this question is seeking. That being said, 100 percent representation is often unfeasible (but knowing this provides you with knowledge to make representation as strong as possible). There are ways to seek representation that is effective (representation that has both breadth and depth). For instance, for breadth, it is important to understand "who" needs to be represented (e.g., demographics such as members' age, gender, disability, and geographic diversity). Once this information is known, then you seek committee members who can reflect these characteristics, to the extent feasible. For depth in representation, it is important for committee members to understand their role to represent a diverse range of individuals who may or may not be like them. This will require receipt of accessible information on the members' wide range of characteristics alongside training that broadens an individual's understanding of differences and how they can impact access and service delivery (for

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instance, disability and ethnic diversity and sensitivity training). There then needs to be well communicated expectations about representation and support to help members represent others. For instance, committee members can be supported to attend local forums in order to seek input and report back on behalf of the committee.

Effective representation is not linked only to the number of individuals you have on your committee (per the comments provided above). You could have 20 uninformed people representing their sole viewpoints with no feedback loop with the membership they are intended to represent. You may find that a group of more than 15 individuals may lack opportunities to hold intimate conversations and a committee smaller than 8 may lead to very low attendance (also impacting the ability to have meaningful conversations).

#### **3. Is there a need to share Policies and procedures as to why things are done the way they are? What about Medicare/Medicaid specifics? Memorandum of Understanding (MOUs)?**

**From Althea McLuckie:** In my experience, the greater the depth of understanding, the better. However, not everyone may want the same level of detail in their deliberations. I would recommend that staff be given the latitude to share why things are done the way they are should anyone ask, and that there be an agreement in writing for the staff, so they feel comfortable speaking on various topics. The same for Medicaid/Medicare regulations. Most folks in NM, and essentially everyone who gets elected to the advisory committee, have a fairly broad and deep knowledge of those regulations. However, if they don't already know, it can be helpful to provide links to and even summaries of those regulations for member review. My only experience with MOUs relates to financial contracts, and I'm not sure how that relates here. If you're referring to whether or not members need access to the details in a MOU, I would say, in general, no, unless there are binding policies within those MOUs.

**From Erin McGaffigan:** Knowledge is power. The key is accessibility (quality not quantity of the information received). There are two distinct ways in which one can provide input: informed and uninformed. The latter is usually seen in mail-in surveys and focus groups while the former is often more linked to committees. It is important to understand that the type of input you will receive will be directly impacted by the level of information a person receives prior to providing the input. Often times, program administrators can become frustrated if they receive feedback or recommendations that are not easily aligned to the boundaries of the program. Providing basic overviews, as a part of orientation and then ongoing and specific to the topics at hand, are helpful for ensuring that the input received is informed by the opportunities and challenges the health plans face. This is when the most creative and forward thinking can occur.

#### **4. Are the use of incentives (financial, coupons, etc.) needed to encourage participation in addition to reimbursement for transportation and snacks at meetings?**

**From Althea McLuckie:** From my perspective, this all depends on the amount of effort you expect from your committee members. In order to be an effective body with real engagement (vs an annual "public forum" type exchange), it is likely there will be multiple lengthy meetings per year, with members spending time reading and providing comments on documents between meetings, time spent in follow up after meetings, and possible public events. The time spent on these efforts is

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in addition to someone's job, family time, etc. Most professionals participating in these meetings/activities receiving wages-it's only fair that the time spent by other stakeholders is also recognized as valuable. Sometimes it comes in the form of meeting stipends. I have heard of one group that offers a great benefit of travel to an appropriate conference of the advisory committee members choice (but it has to be related to learning more about either health related public policy or disability specific issues) once for every two years of service to the group. This has led to long term commitment from members, but may not always be financially feasible for the parent organization.

**From Erin McGaffigan:** People, in general, have different motivations for engaging in committee work. Some may see it as a chance to create relationships, gain experience, or change the way services are provided. Others may participate simply to give back to their communities. Regardless of the reason, everyone's time comes at a cost. People will make a choice to participate in a committee meeting over doing something else, like volunteering for a local community charity, caring for a loved one, or working. Regardless of whether or not incentives are taken, they should be offered to recognize, symbolically, the sacrifice of time and resources that were required to prepare, attend, and follow up adequately for a meeting. A program's decision whether or not to provide incentives can be symbolic of the value they are placing on the engagement and the expectations they have of members. Health plans need to understand that attending a onetime event (like a public forum, focus group, or lunch event) requires a far less personal investment than participating in an ongoing committee (and the incentives should be reflective of these differences).

**5. Do you recommend mixing consumers and those we might think of as 'professionals' in the same advisory group, or is it more helpful to have a group devoted strictly to consumers?**

**From Althea McLuckie:** ABSOLUTELY MIX THEM! How else are they going to learn from one another?

**From Erin McGaffigan:** Often, the decision is made to separate "members" from "professionals" without much thought. Some argue that the member perspective is so important that it should be the only voice at the table. Others assume that these are very different groups, providing different types of input, and requiring different levels of support to provide feedback. We need to understand that this "them" and "us" is often artificial in nature: members are often professionals and professionals are often members. Also, committees are intended to address service delivery challenges, such as access barriers and challenges with cultural competence, and these challenges can be a natural consequence of this separation. Finally, there are two different ways in which to provide input: informed or uninformed. Focus groups and surveys are two examples of data collection methods intended to obtain untainted members' viewpoints. Committees are intended, by their purpose, to be places for discourse that ultimately informs recommendations. A member-only committee minimizes the opportunities to provide information from multiple viewpoints and to support the collective growth in knowledge that is required to improve programs and services. The challenge, ultimately, is ensuring that the member voice is strong and not crowded out by the "professional" voice (health plan staff or providers). There are ways to minimize this challenge, such as through the use of subcommittee structures, intentional member to staff/ provider ratios, ground rules, and strong facilitation.