

## Meaningful Consumer Engagement: Training the Consumer

Operator: Ladies and gentlemen, thank you for standing by, and welcome to the Meaningful Consumer Engagement Webinar Series: Training the Consumer conference call.

At this time, all participants are in a listen-only mode. Later we will conduct a question-and-answer session. Should you require assistance on today's call or if you'd like to ask a question, please press star, then 0.

I would now like to turn the conference over to our host, Ms. Jessica Daniels. Please go ahead.

Jessica Daniels: Thank you, operator. Welcome, everybody, and good afternoon. My name is Jessica Daniels. I work at The Lewin Group out of Falls Church, Virginia. Thank you for joining us for the Meaningful Consumer Engagement Webinar Series and today's webinar on Training the Consumer. This is a discussion of training approaches, tools and content with a consumer engagement expert and experienced consumer.

First I'd like to introduce you to our platform for this session.

All microphones will be muted during the presentation.

If your slides are not advancing, please push F5 on your computer keyboard. And also please note that the icons circled at the bottom of the screen, these icons indicate various functionalities for you. The gray and white icon with the CC indicated will enable closed captioning if you need it.

After the presentation we will begin a Q&A. Questions at any time can be asked through the red icon. That is your question-and-answer button. Please, you can also indicate over the phone line through the operator if you would rather do it that way. We will select as many questions as time allows. All other Q&A will be posted to the Resources for Integrated Care website next week.

Operator, at this time can you please describe how participants can ask a question over the phone line?

Operator: If you'd like to ask a question on today's call, please press star, then 0 on your touchtone phone and you'll hear an acknowledgement tone. If you're using a speakerphone you would need to pick up your handset before pressing the numbers. Once again, it is star, then 0.

Jessica Daniels: Thank you. Additionally, on the Resources for Integrated Care website found within the Consumer Engagement Webinar Services pages you can find this presentation and, next week, the post-recording. The presentation is currently available for download -- or the presentation slides are currently available for download if you do not currently have it.

To get to the correct page the easiest way is to use the Search field and type Training the Consumer from our home page found at [www.resourcesforintegratedcare.com](http://www.resourcesforintegratedcare.com). You can see the

bottom of the slide and the first page results from the search will take you directly to that webinar resource.

At the conclusion of the presentation we will ask you to complete a quick survey of the webinar. Please take the time to complete this. We review all of our answers to make future webinars a greater success. Please contact [RIC@lewin.com](mailto:RIC@lewin.com) if you have any questions or additional comments.

This is the third of three webinars that are presented in conjunction with Community Catalyst and The Lewin Group and supported through the Medicare-Medicaid Coordination Office, MMCO, in the Centers for Medicare and Medicaid Services. Community Catalyst is a national, nonprofit health advocacy organization that works with the consumer advocates in over 40 states to bring the consumer voice to decisions affecting their healthcare.

The Lewin Group is a healthcare policy and research consulting organization that has worked extensively with government, provider organizations and subject matter experts to support Medicare-Medicaid-eligible beneficiaries and other high-risk populations. Together with CMS we support providers in their efforts to deliver more integrated, coordinated care to beneficiaries. To learn more about current efforts and other resources please visit our [ResourcesforIntegratedCare.com](http://ResourcesforIntegratedCare.com).

This webinar is 30 to 40 minutes of presentation, like I said, followed by 15 minutes of Q&A.

So, at this time I'd like to introduce to you our three speakers that we have for you.

William Dean, Moderator, Manager, Delivery System & Consumer Engagement from Community Catalyst. As part of Community Catalyst's Voice for Better Health team, William builds collaborative working relationships with delivery systems serving vulnerable populations. Through the Meaningful Consumer Engagement Toolkit he has developed, William provides technical assistance to delivery systems, providers and consumer advocates as they work together to elicit input from consumers, caregivers and the community. A lawyer and former geriatric social worker, William previously led the Subcommittee on Aging and Long-term Care for the California State Senate, where he staffed legislation and conducted oversight and informational hearings.

Our next speaker, Dr. Erin McGaffigan, is an independent consultant in consumer engagement and training. Dr. McGaffigan is a Ph.D. and is a consultant with extensive experience in the area of community-based long-term services and support for elders and people with disabilities. Her expertise includes research on consumer advisory committee practices, the development of participant-directed models, the creation of innovative peer-support strategies and the engagement of cross-disability advocacy groups in policy design. Dr. McGaffigan has assumed various consultant roles since 2006, including her most recent work in forming the development of long-term services and support models for managed care as well as working with peer groups to develop new opportunities for peer expansion.

Our third speaker, Althea McLuckie, Consumer Member of New Mexico's Mi Via Advisory Committee at Centennial Care and CEO of National Participant Network. Althea facilitates the actions and growth of the nonprofit in collaboration with its membership of people who direct their own services and support. After decades of experience, she understands the benefits of participants contributing to the design, implementation and quality improvement of all systems affecting their lives. Ms. McLuckie has physical disabilities and is the mother of a teenager who is medically fragile. They have both been enrolled in participant-directed services since they were available, and Althea helped design the first statewide comprehensive waiver program in New Mexico supporting these activities, known as Mi Via. She continues to serve on the Mi Via Advisory Committee and is currently the Chair of the Membership Task Force.

Now, before I hand the presentation over to William Dean, I'd like for all participants to take a quick poll to see the types of organizational representation we have today. So if you look at your screen, please indicate the type of organization that you represent. Are you from a health plan? Are you an advocacy organization? Are you a provider? Are you from the state? Are you a consultant? Or are you from an academic organization? I'll give you just a minute to respond.

Okay, wonderful. Thank you for your participation.

Now, William Dean, would you like to speak at all to the representation that we have here?

William Dean: Again, we're just really grateful to have you here with us. It looks like a wonderful assortment of plans and providers and advocates and state and academics coming to learn from our experts here and to figure out ways to make sure that we have meaningful consumer engagement in our dual-eligible demonstration projects as well as in our delivery systems.

So with that I'll go ahead and go through the agenda for today's discussion. Again, thank you, Jessica, and welcome to everyone to our third webinar about meaningful consumer engagement.

First we're going to go over member development and training techniques for consumer advisory committees that foster meaningful engagement, especially with older adults and with persons with disabilities.

Next we'll discuss what the scope of that training often looks like as well as what approaches work best with particular individuals and particular communities.

The discussion will continue with a review of the training tools and content that consumers want and need to both structure and deepen their engagement.

Throughout the webinar, Althea McLuckie will react to the tools being presented and provide a thoughtful perspective from the point of view of a consumer who's been actively involved in a consumer advisory committee in New Mexico.

At around the midpoint we'll conduct a couple of polls in order to learn more about your needs, and then we'll conclude the presentation and have a brief question-and-answer period.

Voices for Better Health, with generous support from the Atlantic Philanthropies, is committed to building a consumer voice in the healthcare delivery system. We provide technical assistance and consulting services to health plans, provider groups, advocates and consumers as well as their family members working together to improve care delivery.

Essential to this work is our Meaningful Consumer Engagement Toolkit, which we've had two webinars on already, the first one on consumer advisory committees and the second one on member meetings. Today's webinar is based on two most recently released tools, the first entitled Training Consumers for Engagement, and the second, which is essentially a sample committee membership handbook for consumers that you can tailor to your needs, is entitled Advisory Committee Member Handbook Template. You can find these tools on our website at [www.communitycatalyst.org/meaningful-consumer-engagement](http://www.communitycatalyst.org/meaningful-consumer-engagement).

So with that I'd like to turn it over to Dr. Erin McGaffigan and Althea McLuckie to lead us in our discussion. Erin?

Erin McGaffigan: Thank you, William. Thank you, Jess.

As mentioned, my name is Erin McGaffigan, and I have been involved in consumer engagement activities since 2001, and it is of extreme interest of mine at the research side, so I'm very ecstatic to be here, and thank you for having me.

My focus today will be threefold. First I will dive a little into the benefits of training, which is this first slide, and then I will move into the wide range of topics that should be addressed when training members to be active members of committees. Third, I will describe helpful methods for providing training, especially recognizing that consumers will come to the table with varying levels of experience. You will notice I will jump between the words of "consumers," "members" interchangeably, but I also recognize that the term "participant" is preferred in some local circles.

Training is an important part of the equation for both members and staff, and it's really key to making engagement in committees effective. So our focus for today, for the most part, will be on training of consumers. The tools that Bill had just mentioned, Training Consumers for Engagement tool specifically, while focusing on training for members, actually helps provide guidance to staff, as well, on how to make training effective. The Advisory Committee Member Handbook Template is actually a member-facing tool that provides concrete examples of how to train committee members through the sharing of tools and resources.

Of course, there are other tools that exist on the Meaningful Consumer Engagement Toolkit that go hand in hand with what we're discussing today, so, for instance, there's a Mechanics of Consumer Advisory Committee Meetings tool which I want to call to your attention, because it provides concrete strategies on how to make committee meetings effective. Again, all these tools are on the website.

So, why training? These quotes on the slides are from my extensive research in these three states. I talk to many consumers, program administrators and community advocates about what makes

the engagement work well and not work well. Many people from all three of these lenses actually spoke about the importance of members being informed.

So, the first quote was from a program administrator, and it says, "It's hard for members to understand the complexities that exist. There was this sort of essential tension all the time, like I somehow could do it if I wanted to; I just didn't want to. And I kept saying to them, it's a finite amount of money. I can't spend more than is appropriated to the program." So this particular person is speaking to the boundaries of the program and how members not understanding the boundaries created both frustrations for the members as well as the program administrator himself.

The second quote is from a program quality lead. "I give them the data so they can come to their own conclusions." So this particular individual is saying that with a little bit of trust and a little bit of information combined with individuals' personal experiences, that is what led to the best recommendations.

The third quote is from a program participant himself. "If you want me to be a part of the improvement, I need to know a little bit more about it so I can represent us." So this program participant is speaking to really feeling as though to do the job I need to have the information, the context. And then also what's key about this quote is the linkage to representation. This person is saying, for me to represent others I need to know what this program is about and who they are so I can help represent the larger constituency group.

So, many people face challenges figuring out not only how to get people to the table. When they are at the table they also face challenges making engagement work. My research examined the benefits and the challenges of engagement and the factors that influence success.

So, for instance, when engagement worked well it led to improved program design, increased knowledge, not just of members but of health plan staff, as well, member empowerment, advocacy for funding and sustainability of programs, and of course relationship building and program participant satisfaction. When engagement worked not so well it had little to no impact, even though it required significant time and resources, which of course led to frustration and conflict.

So, in the research, why did people face challenges? Why did some people have such great outcomes and why not so great? It was really how you approached the committee work that was important. Training was a key factor in that.

So now I have shared the why. Let's discuss the what.

In the next slide, what is the scope of training, this slide highlights the wide range of training topics that can help members to be informed and effective in their roles of advisory committees. Committee members will come, obviously, with the diverse backgrounds and personal experiences that will help inform the comfort level with the engagement process.

So, for instance, people might come with a background in healthcare employment. They might already be sitting on a committee or two. Whereas other people might have little to no healthcare experience or might not even know much about the health plan that they're receiving services from. That, combined with not maybe sitting on a committee ever before, can give you a wide range of experiences. So it's important that training play a key role in helping to level the playing field despite these differences.

So let's go a little bit deeper in what we mean when we highlight these four training areas, starting with the base of the pyramid, healthcare system and its critical elements. As I mentioned in that first quote, understanding the boundaries of the program, maybe the funding sources, the eligibility populations as well as the departments within the health plan, can provide the context that can actually help people provide informed recommendations and input.

The second level of the pyramid, engagement benefits and opportunities, people are busy. Oftentimes they have to make choices on how to best use their time. People can be sick or have extreme -- or have multiple chronic conditions. So it's important for people to have the information in front of them to understand and make choices about where to spend their time.

So, for instance, you may have people who would much rather complete a survey or be a part of a focus group or be a part of a public forum or an advisory committee. And if people understand these options they will choose what works for them. I'm pretty sure that this has an influence on the retaining of people in your advisory committees if they play a role in this choice, an informed choice.

Next is engagement approaches. Nobody really likes to work in the dark, so members benefit from understanding how they will be engaged and the expectations you have of them. Most people will want to know the parameters, so, for instance, how frequently your advisory committee will meet, where it will meet, the accommodations you will provide and the decisions that will be made.

Of course, what will you do with the information you hear is just as important. I've seen a few occasions where people can end up confused or frustrated when they feel as though the input that they are giving is going nowhere. So it's important to share your expectations for engagement as well as what you plan to do with the information, maybe informing maybe performance improvement projects, for instance.

Last, but not least, skills, skill development. Being a part of committees is a group process. There are interpersonal skills and behaviors that help make the group work well -- for instance, coming to meetings prepared, benefits of asking questions when you don't know something, ways to constructively address conflict and ways to advocate for yourself and for your peers. There are some great resources that already exist to support training in these areas. Many are referenced in the Training Consumers for Engagement tool and the Member Handbook Template.

So, now that we have shared the what, let's go ahead and discuss the how on the next slide.

There are many, many ways in which to train members. For example, there are formal training processes and there are informal training processes. Formal training processes, obviously, are the sharing of resources and tools and even small group training sessions. Informal training processes are most likely what's happening often, and this is the one-on-one interaction, in person, by phone, or even email, between members of the committee and the staff.

It's important to recognize that training to be successful should include a wide range of these approaches to meet the various needs of members, and often also include a multiple or a combination of these methods, as well. So, for instance, we could talk about formal training sessions as a part of an orientation process. We could talk about individual conversations with members before and after these trainings. Individual conversations ongoing before and after the actual committee meeting are also key training opportunities, so, for instance, discussing the agenda ahead of time, answering questions and debriefing after a meeting.

Many community organizations such as centers for independent living, developmental disability councils, behavioral health peer networks and area agencies on aging already provide training to peers on a lot of topics, such as the nuts and bolts of service delivery system, which would be the bottom of that pyramid, and how to effectively influence the system, which would be the tip of that pyramid. So they could be great partners.

At this point I'm going to go ahead and pass it over to Althea McLuckie to talk a little bit about her perspective. Althea?

Althea McLuckie: Thank you. Erin brought up some excellent points, my favorite being that learning to work as a team always requires commitment and collaboration from all members as well as staff.

I'm from New Mexico, and our programs planned well by including stakeholders early on in the actual design of the program. Future members helped with developing the contract language, logo design, rights and responsibilities, a feasible target wage for long-term support staff and everything else but the kitchen sink.

This not only helps programmatically, but it also worked to overcome the typical consumer reactions to serving in an advisory committee that are illustrated on the slide. Historically, we've felt like guinea pigs or like we're hanging on for dear life while the rest of the group drags us behind, or maybe like we've been blindsided by a pie full of acronyms hitting us in the face, or just feeling plain skeptical when we sense condescension or some other form of communication that lacks in authenticity.

The time invested in building respectful relationships creates an atmosphere in which participants are eager to learn and contribute. Our initial stakeholder group naturally evolved to become what we call the Mi Via Advisory Committee, and this happened once the program was underway. Because many of us had helped with the design, we already had the intimate knowledge of the program's critical elements. And the group continues to be involved in decisions regarding program changes. But our new members are able to be brought up to speed with just a few one-on-one phone calls prior to the first meeting they attend in person.

The second critical point that Erin mentioned was concerning response to consumer member efforts. About a quarter to a third of each meeting's agenda within Mi Via is devoted to following up on the actions taken as a result of consumer member recommendations, and this really keeps us eager to continue to make the time in our lives to contribute to this valuable work.

And I'll mention one final key element in the success of Mi Via's Advisory Committee. While consumers are expected to follow established meeting norms in order to work productively, our uniqueness and diverse perspectives are cherished. I've served on other advisory boards where members were expected to act almost in the capacity of adjunct staff. We'd have to fill out reports and attend to administrative responsibilities like setting up meeting spaces or sending out emails announcing meetings. And this can really result in confusion for consumers as well as creating feelings of under-appreciation.

The expectations within Mi Via, however, are quite clear. Our role is to share our experience of the program and involve our perceptions in the improvement of the quality as consumers. Because our roles are clear and we all understand our essential value from the onset, our group partners really, really well.

Back to you, Erin, or are we going to a poll question?

Erin McGaffigan: I'll take it. I actually wanted to take a moment to really reflect on your great points there, Althea.

And the first thing I heard loud and clear was the linkage between the training and the development of trust. So I think I'd like to highlight that you can't underestimate the approach, the training approach, the use of multiple methods, and the opportunity that can give you to develop that trusting relationship that will take your outcomes to be more productive.

The other thing I would say is that piggybacking on Althea's point is it really is a mix between the sharing of information about external -- external of the person and then as well as mixing that with the personal experience. So what makes engagement so successful is when people have enough information to then put their personal experiences into context, so not missing those personal experiences just because they're trained on much bigger stuff.

So I think from there we take it to poll questions.

Jessica Daniels: Thank you, Erin, and thanks, Althea. It's wonderful to hear some of this knowledge that you guys have and experience on consumer engagement and training the consumers, both from the administrative and from the grassroots level.

Now, for all participants on the line, I want for you to think about your current environment and consumer engagement and training your consumers to answer a couple of poll questions that we have.

So the first question that we have states with what training content do you feel you and/or your partners might need the most assistance with? And you can -- there are five options. Select all that apply, the first one being healthcare system and its critical elements. Maybe engagement benefits and opportunities. What about your engagement approaches and/or policies? Or beneficiary engagement skills? Or maybe none of the above. But please go ahead and select your answers, and we'll give you just a minute.

Wonderful. It looks like just about everybody's answered. So, Bill, I'm looking at these results. Do you have any comment?

William Dean: Yes, I think that it's quite instructive that the approaches and the beneficial engagement skills are at the top, because it's really kind of the heart of training and of consumer engagement to have those subjects covered. I don't know if Erin has something to add to that, since she was the principal author of the tools here. But, yes, I'm actually quite -- I'm not surprised by the results.

Erin McGaffigan: Yes, this is Erin. I have to say it's exciting, because of course a lot of people understand that skills, interaction, group skills are very important, but to see people speak to the engagement approach as an important training area, that is actually new for me, and it's exciting to hear, because sometimes I feel like that is missing in training. So that's great.

Jessica Daniels: Let's go ahead and move on to our last poll question that we have. And this is very similar. Check all that apply. There are five options. The question states with what training methods do you feel you and/or your partners might need the most assistance? Is it with one-on-one interaction? Do you struggle and need more assistance with small group interaction? Or maybe it's sharing of resources and tools. Think about your peer monitoring and training. Or is there something completely different, which would apply to none of the above? Go ahead and select all that apply. I'll give you guys just a minute.

Wonderful. Thank you. We had nearly everyone put in their results and their answers this time around. Bill and Erin, would you like to piggyback off of these results?

William Dean: Well, I'm particularly surprised and encouraged by the peer mentoring and training opportunities that people feel like they want and need, and I think that's a great opportunity to have a different model of training that isn't sort of your traditional maybe someone instructing from the front of the room but to have a lot of peer interactions that people within an advisory committee can really help each other because they all come with a set of skills that might be different from one another. And so that is particularly encouraging.

Jessica Daniels: Erin, do you have any comment?

Erin McGaffigan: Yes, I agree. This is great. I'm not surprised that people feel like they need least amount of assistance with one-on-one interactions. I think people have that now. But I think there's a lot of that type of training already occurring, so this pointing, as William said, to sharing of resources and tools and peer mentoring is great.

Jessica Daniels: Wonderful. All right, well, at this time, let's go ahead and proceed through the presentation.

Erin McGaffigan: Thank you, Jess.

So, the next two slides provide you with an overview of what is in the Meaningful Consumer Engagement Toolkit's new Member Handbook Template. The first slide highlights the key areas of this Handbook Template.

So, providing members with a handbook is just one training method, as we discussed, that can be referenced for orientation as well as ongoing as questions arise. They are a great reference tool and support informed engagement, so I don't think a lot of people consider this a specific training tool.

Developing and sharing the tool should grow and change with the needs of the group, so please consider that. What you share now might be different than what you share two years from now. You might find there are new needs and new skills and new tools to be added to your handbook. And also consider this a template to be tailored as needed.

Our Member Handbook Template, as you can see, addresses the four layers of the pyramid that we described earlier. So the outreach letter describes the benefits of joining, which is research driven, such as getting a chance to be heard, improving your care and the care of others, developing new skills, meeting new people and helping you improve the healthcare system.

A leadership letter actually demonstrates the leadership buy-in for engagement and communicates how the consumer involvement will inform the delivery system, again, minimizing that black hole opportunity.

The next piece on the accommodations form is just not a form but a training tool, because it communicates that the delivery system wants to make it possible for the members to participate and provide a simple form to make that happen. So by sharing this you share with people examples such as large print, Braille, personal assistance, transportation and interpreter services are available to help them be effectively engaged.

Program overviews get at the bottom of that pyramid that we were discussing by providing simple background information on the program so you're able to level that playing field.

The consumer advisory committee charter provides clear information on the committee's purpose and the roles and responsibilities of not just committee members but the staff as well, to ensure that the engagement is successful. Now, we bolded this because it's discussed in further detail on the next slide.

Now, the nondisclosure and confidentiality agreement form clearly addresses any health plan concerns about the sharing of personal healthcare information or proprietary information. The key here is simplicity. I've seen a few forms. They're rather lengthy. I know it's a mix of trying to

get simplicity and at the same time upholding legal muster, but for it to be a training tool it's key that it be simple.

The handbook is a great place to provide advocacy tips and ways to address conflict. These are concrete examples of how to provide the personal skills development we were talking about.

Biographies and contact lists support peer-to-peer communication. They provide members a chance to understand who is in the room, not just members, but the staff, as well, their backgrounds, and the possible -- the commonalities to provide the sense of comfort and minimize intimidation. So you can see how this tool can actually help with that peer-to-peer training process.

Additional tools and resources are here for those eager to read and learn more. So, for instance, links are provided to simple overviews of Medicare and Medicaid rules and effective facilitation strategies. This is one way to meet people where they are at, providing extra resources for those seeking to know more, while not making your handbook overly complex.

A glossary of terms, last but not least, builds on the terms of maybe your contract and provides members with some point of reference commonly used jargon. Even so, every effort needs to be put in place to make sure your meetings are simple and accessible to all, so, of course, you minimize the jargon to the extent you can. But this is a good background tool to help people after meetings to really try to digest some points made.

So the next slide goes slightly deeper by highlighting the contents of our sample committee charter, part of the Handbook Template. The committee charter is an important resource for training, as well. More specifically, the charter can be one way to help train members on your engagement approaches, as discussed in that pyramid earlier.

Our sample charter addresses the seven topics listed on this slide. More specifically, the purpose of your engagement highlights very simply why you are asking for someone's involvement. So, for instance, this could say simply that you want help on improving the health plan's delivery approach. You want to improve member education and outreach, and/or you want to identify and address your access issues.

Meeting frequency and location prepares members for the time they need to devote to the process such as quarterly meetings and attendance requirements, as well as the basic meeting logistics such as whether or not your meetings are wheelchair accessible and have access to public or private transportation.

Membership terms and positions provide members with an understanding of the length of the commitment and the various leadership positions that may be available, such as a chairperson, vice chairperson or a secretary role.

So we already discussed a little bit about the meeting accommodations, so I'm going to go ahead and move right to the roles and responsibilities. This part of the charter applies very clearly the expectations for all those involved, both members and staff. For members, some of the things

that you can say in the charter is it's important that people come prepared, review materials ahead of time, ask questions, provide feedback, and focus on solutions that benefit a wide range of members. For staff, the members can actually read that their responsibilities are to provide information and training, ample notice for meetings, share accessible materials way ahead of the meeting and provide informal support, including access to peer support, as well.

So, as briefly touched upon in the previous slide, the decisionmaking and the conflict resolution strategies prepare the members that conflict is a normal part of the group process and provide helpful strategies to support constructive conflict. So, for instance, you could have pieces in your charter about striving for consensus, the use of active listening, and minimizing assumptions about where others are coming from.

This goes hand in hand with maybe a more formal code of conduct that lays out the rules of group interactions so all members are well informed of what is and is not allowed in a group process. This would be where you might want to hint to, again, or very, very clearly state the importance of maintaining confidentiality, treating each other with dignity and respect and avoiding assumptions based on group identity.

So, Althea, I'm hoping you can comment on some of these slides.

Althea McLuckie: I would love to. I believe we need the next slide set. Thank you.

First of all, from the consumer perspective the photos on this slide pretty much say it all when it comes to dreaded paperwork. None of it is pleasant from the consumer point of view, but we recognize how necessary it is. And Erin did a great job with detailing a lot of the rationale behind each of the paperwork pieces, and we certainly agree with them.

I did want to point out that the roles section of the handbook can also serve to show how members are valued. For example, in New Mexico the consumers are the ones who primarily set up the agendas and request when there are experts needed to inform us of something specific, and then it's the staff's responsibility to find the experts to educate us. That's a slightly different power dynamic than many of you might be used to.

I also want to add that collaboration on the -- either the initial development or redevelopment of things like bylaws or the handbook, if it includes consumers it's much more likely to be used by us. Typically our favorite parts are bios and contact lists. This helps us get to the right people at the right time. And as much as staff is looking to streamline efficiency, folks who are living with disabilities or illness find saving time paramount.

One thing that New Mexico does is we have the names and contact information for all advisory committee members shared in multiple places. It's in newsletters and on the website and in emails and that kind of thing. And this ensures that participants can reach out to us, and generally they -- I get calls in the evenings, on the weekends when others are not available, and generally I've been told that it's much easier to speak with me because I share similar experiences, and so other participants tell me candidly what's going on in their lives. And then this in turn supports my ability to speak for the larger community beyond my own household.

And that's really all I have to say on this. Erin did too perfect a job.

Erin McGaffigan: Yes, right. Thanks, Althea.

So, I think it's important to highlight two things, Althea, that you said. One is really the paperwork overwhelming piece. We give everybody a template, and you'll notice it's pretty short and it's pretty simple, and there's an intention there. And I think there is a give and take between materials being too much and being -- becoming a doorstopper. And I have to say I think the health plans specifically are amazing at providing resources or guidebooks at the member level that are easy to read. So I think that this should be carried over to the advisory committee point, as well.

Don't forget that members -- the reason why you're developing these committees is to get member feedback on how to improve your practices. So when you're developing your advisory committee practices, it only makes sense to the extent it's possible to involve members in the design of those materials and practices, as well.

So, I'm going to ahead and, if that's okay, swap to the next slide on representation training. This is going to be the last point of my piece.

The research that I've conducted really points to representation as being a big concern from people who are attempting to create engagement strategies. And you see it and you feel it in this quote. "They say they are leaders, but I don't know who they're leaders of, and so there's not really a structure within to actually allow them to glean information from other participants."

So, what is the problem? The research points that many service delivery leaders feel as though consumers they engage oftentimes focus on their own individual needs rather than the needs of a broader constituency group, or oftentimes they may be wearing more than one hat, such as a member, a family caregiver and an advocate hat, but they don't always clearly communicate or understand the link between what are they saying in one moment and the hat they are wearing and the feedback they are providing. So why is this happening?

It's evident that representation expectations are not always communicated by staff, and as a result they're often not well understood by the member on the committee. So the question is what do we do about it? Training of members and even staff play an important role in addressing this representation dilemma. I am going to provide some concrete strategies to address the training need on the next slide.

So, there are two major ways delivery system staff can address this concern pertaining to representation. First, staff need to educate committee members on their roles and responsibilities, as discussed previously within the charter. You need to use multiple methods for training, again, one-on-one interactions, formal training, informal training and even peer support, to communicate representation responsibilities.

You can't stop there, though. The second piece of this is to be part of the solution. So you really need to figure out how to work with members to connect them to their peers, to learn about the needs of others, may even support individuals in group conversations within local peer groups or forums.

In addition, think about how you can support a general understanding around cultural and disability sensitivity by providing maybe some disability awareness and cultural humility training. Also, think about sharing some basic demographic data so that people around your table understand who they're representing.

Encourage and support engagement in local community events, as well. It's important that within this that you think about the formal two-way communication process that needs to be connected to these local conversations. So we have to make sure that what is being heard at the local community is being funneled to the committee and what the committee is doing as a result is being funneled back to the community, again, going back to that minimizing the black hole, so connecting members on your advisory committee to the local constituency groups, not just expecting that, but supporting that process, as well.

So I'm going to send it back to Althea.

Althea McLuckie: Thank you, Erin.

I want to close with a couple of different stories. One of the best meeting facilitators that I have ever had the pleasure of working with had the defining and sometimes annoying trait of just relentlessly asking for solutions or recommendations. If you aired a complaint, you'd best be prepared with an idea for an improvement. And so over time this trained our entire group of stakeholders to not only bring their own concerns but to expand that experience and see how addressing that concern would help or hurt others.

I encourage everyone to remember that we all start with our own perceptions, and that's what leads to the recommendation -- the recognition, sorry, of larger issues. In New Mexico a couple of the Mi Via participants who are consumers mentioned struggling with opening envelopes sent out by the program, and this complaint led to a greater discussion, and this revealed that not only were the envelopes tough to open, the way the addresses were being misplaced within that cellophane window created a horrible failure rate of delivery. They couldn't be read by the post office. This in turn affected enrollment, timely submittal of forms, payments, everything.

So we made recommendations that sparked changes, and then this solved a host of those bigger problems. Staff then shared with us about all the tedious hours they had wasted trying to encourage consumers to respond when all along it was -- the problem had been the envelopes, and without the feedback from the advisory committee prompted by that one individual voicing their one complaint they would've never known.

Erin also mentioned how wearing multiple hats can be confusing, and as someone afflicted by what I have coined multiple chapeaus, I can relate. Again, in New Mexico we helped address this

by established meeting norms in which folks identify themselves and their roles in their bios, when meeting introductions are done, and every time they speak.

So, for example, I might say, "As the mother of a child who is medically fragile, I appreciate the option of participating in meetings by phone." Or, "As the CEO of a national participant network, I've seen this issue addressed in other programs by having members paid to codevelop orientation tutorials."

The Mi Via Advisory Committee recognizes and applauds our members' varied roles in the community. The more channels that are open the greater likelihood that more people will be reached, and the more information that can be gathered by us serving as community leaders can be brought back to the program advisors, and this of course benefits everybody.

I've seen wonders worked during breaks in meetings, and I'm sure we all have, when individuals connect around non-work-related interests. A discussion -- and, again, in New Mexico this is actually relevant -- a discussion of Native American pow wow dance competitions may lead to new ideas regarding how to reach that isolated demographic.

However, as Erin mentioned, the challenge is how to harness all this information. I've been involved in a lot of training -- what are Robert's Rules of Order, how to properly fill out your stipend form, and so on and so forth -- and they are all useful. But for most consumers those trainings are to help close the gap between corporate and individual dealings.

The most important trainings I've ever given or received are those based around the concept of how to tell your story. This helps us figure out what key points we need to make in a certain time, or how to convey our maybe not-so-welcome emotions in a way that doesn't alienate the listener, or how to remain positively memorable to others. But, most importantly, the best trainings teach us how to retain our humanity and infuse that into the larger systems so they can better serve us and make lives better.

That's all I have to say. Thank you for listening, and, I don't know, Erin, if you have any reaction.

Erin McGaffigan: No, I think you've said it all. Thank you.

Jessica Daniels: Okay, great. Thank you both, Althea and Erin.

So, at this time, we've just got about five minutes remaining, let's turn our attention over to a few questions and answers that we've received. If you have a question, please use the AT&T operator or type the question in the Q&A field through the icon.

Operator, at this time would you remind our participants how to ask questions over the phone line?

Operator: Certainly. If you'd like to ask a question, please press star, then 0 on your touchtone phone. You'll hear an acknowledgement tone. If you're using a speakerphone, please pick up the handset before pressing the numbers. Once again, that is star, then 0.

Jessica Daniels: Okay, wonderful. Thank you.

Our first question that's come in is directed towards Erin and Althea. And the question is when new members join a consumer advisory committee would you recommend health plan staff do the training alone or with community partners and other experienced consumers?

Erin McGaffigan: This is Erin. I personally feel like the more collaboration with the community the more efficient your process is going to be. I think the key is to dedicate resources to the process. I think to expect everybody to come in, your community organizations and your staff, and speak to a training topic without a lot of discussion ahead of time about the goal of the training is going to be problematic. So thinking about the resources that go into implementing engagement activities, thinking about the prep for these meetings, and I think that's the key area. Althea, thoughts on that?

Althea McLuckie: Yes, I think that is a good point. I think that information that's shared is more likely to be retained when it's given by someone who has lived having to learn that information themselves. So usually that would be another consumer. But in the successful committees that I've been on the training is always done sort of tag team. There's a staff member who does functional things, for example, potentially how to participate via a webinar, whereas the meeting norms -- how to get your voice heard, how to make sure you're being kind and respectful to others -- comes best from another consumer in the group. I hope that helped.

Jessica Daniels: No, no. Absolutely. Thank you.

Another question that we've had that's come in is for Erin, and it says can you speak to confidentiality when recommending a member at large contact a committee member with questions, both from member and committee member's perspectives, and how do you communicate this opportunity to members?

Erin McGaffigan: Oh, that's a good question.

Althea McLuckie: And I also -- when you're done I have something to add.

Erin McGaffigan: Yes, I was going to say, I think Althea has a very concrete example of this happening within her own state.

I think using your tools and resources at your disposal, so in your handbook, making sure you -- first of all, when you train your members, helping to understand their role in representing the larger community, and then developing strategies maybe in your handbook to have some sort of formal communication process. Maybe there's an email. Maybe there's a local meeting and you educate people about how to make these connections.

And then also I think Althea has direct experience with the signing of kind of release forms that allow this to happen. Althea, do you want to take it from here?

Althea McLuckie: Yes, thank you, Erin.

That was one of the things I actually wanted to bring up earlier. In New Mexico, part of our paperwork forms along with confidentiality and conflict of interest, we also have folks sign a media release form, and this allows the program to publish, as I had mentioned, on the website and in newsletters, our contact information. So the opportunities to reach out to us are prolific, and we agree to it upfront. If you don't want to do that, then either you don't become a member or there are certain restrictions. Maybe it's only your email that you give out if you don't want to share your phone. So we have people coming to us from multiple channels all the time, and it's not an issue, because we've addressed it upfront.

Jessica Daniels: And is that why there's a need to share policies and procedures and specific guidelines to your consumers is so that they have an understanding about certain specifics and organizational structures?

Althea McLuckie: Yes. Yes, that's part of it.

Jessica Daniels: Great. Thank you.

Let me turn to the operator. Operator, do we have any questions that have come through the phone line?

Operator: Yes, we do. We have a question from the line of Whitney Robinson. Please go ahead. Whitney, your line is open.

Whitney Robinson: Hi, yes. I was just wondering how you get somebody, a member consumer, started or involved in building an agenda prior to the meeting.

Erin McGaffigan: Great question. Given time, I'll try to be really quick on this and say that you - - I think a lot of the plans right now kind of have an open committee process, and as you become more smaller and have the same membership over and over again in structured format of membership you develop relationships with people, and you might even have a standard -- a standing check-in with maybe a co-chair or a co-leader from the member side that can help to talk about the agenda items ahead of the meeting and really kind of prepare for that meeting. Althea?

Althea McLuckie: And I would say it's just a conversation. You ask. You say, "Okay, Althea, what's important to you at this point in time? What do you need to know? What do you want to share with the group?" And then we sort of build the agenda around that if the topics are broad enough to allow full discussion.

Erin McGaffigan: Great. Thank you.

Jessica Daniels: Great. Thank you. And for time's sake we've reached the bottom of the hour, so we've got some -- a lot of additional questions that have come through the line. We will compile all questions, and we will get answers and post these on our website at Resources for Integrated

Care. You can also view the recording of this webinar early next week, along with the other two webinars that we've done in this webinar series on advisory committees and member meetings. Some of the questions that have come through on incentives and on transportation and snacks during meetings can also be answered in some of the previous webinar Q&A or within the recording, so, please, I encourage you to visit [ResourcesforIntegratedCare.com](http://ResourcesforIntegratedCare.com).

So at this time I'd like to thank our speakers, William, Erin and Althea, for taking the time to share their knowledge and their expertise in how we train consumers.

So please go ahead, and if you have any additional questions, we have speaker biographies on our website along with their email addresses, feel free to reach out to them.

At this time we've got a very brief survey. It'll take about no more than 30 seconds to complete about the webinar so that we can continue to provide quality webinars to participants.

As a reminder, if you have any questions you can also email [RIC@lewin.com](mailto:RIC@lewin.com).

This presentation, again, is available for download on our Resources for Integrated Care website.

This concludes this webinar. Have a wonderful afternoon, and please reach out to us if you have any additional questions.

Operator: That does conclude the conference for today. Thank you for your participation and for using AT&T Executive Teleconference. You may now disconnect.