Organizational Buy-In: Making Member Engagement a Top Priority

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Member Engagement Webinar Series
Organizational Buy-in:
Making Member Engagement a Top Priority
Organizational Buy-In: Making Member Engagement a Top Priority

- This is the third session of the “2017 Member Engagement Webinar Series”

- Each session will be interactive (e.g., polls and chat functions) with an introduction, expert-led presentation, and Q&A discussion

- Video replay and slide presentation are available after each session at: https://www.resourcesforintegratedcare.com
Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare and Medicaid Services (CMS) to ensure beneficiaries enrolled in Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

- To learn more about current efforts and resources, visit Resources for Integrated Care at: https://www.resourcesforintegratedcare.com
Organizational Buy-In: Making Member Engagement a Top Priority

- Developed by:
  - The Lewin Group
  - Community Catalyst’s Center for Consumer Engagement in Health Innovation

- Hosted by:
  - The Medicare-Medicaid Coordination Office Centers for Medicare and Medicaid Services
Learning Objectives

This webinar will emphasize:

- Strategies used by plans serving Medicare-Medicaid beneficiaries to create a culture of meaningful member engagement

- The resources plans can use to build a dedicated and robust system for soliciting on-going feedback from members

- Approaches to enhancing internal communications to help staff understand the importance of engagement and how to achieve it
Organizational Buy-In: Making Member Engagement a Top Priority

POLL 1
What is your primary role?

- Administrator
- Clinician
- Educator
- Researcher
- Consumer Advocate
- Care Coordinator
- Family Caregiver
- Other
Organizational Buy-In: Making Member Engagement a Top Priority

POLL 2
In which setting do you work?

- Managed Care Organization
- Ambulatory Care Setting
- Long-term Care Facility
- Home Care Agency
- Community Based Organization
- Consumer Organization
- Academic/Research
- Other
Webinar Outline/Agenda

- Strategies for Consumer Engagement and Empowerment
- Member Engagement as a Top Priority
- Supporting and Investing in Member Engagement
- Q&A
Presenters

Bob Master, M.D.
Founder and Former President and Chief Executive Officer Commonwealth Care Alliance

Roger Uminski
Director of Health Administration Inland Empire Health Plan

Michelle Bentzien-Purrington
Vice President of Managed Long Term Services and Supports and Duals Integration Molina Healthcare, Inc.

Gabriel Uribe
Independent Living and Diversity Services Manager Inland Empire Health Plan
Strategies for Consumer Engagement and Empowerment

Bob Master, M.D.
Founder and Former President and Chief Executive Officer
Commonwealth Care Alliance
Commonwealth Care Alliance (CCA) was founded in 2003 and is a non-profit care delivery organization that cares for dually eligible beneficiaries, many of whom have complex health and social needs.

In 2004, CCA launched the Senior Care Options (SCO) Program for dual and Medicaid eligible individuals ages 65 and over.

In 2013, CCA began serving dually eligible individuals, ages 21-64, through the One Care demonstration project.

By 2016, CCA had over 18,000, dual and Medicaid eligible of all ages and had scaled our interdisciplinary team model of primary care across Massachusetts.

Consumer-responsiveness and involvement have always been critical to CCA’s model of care and organizational identity.
CCA’s Framework of Consumer Engagement

- CCA was founded by advocacy and consumer organizations: Health Care for All and the Boston Center for Independent Living with a responsibility to nominate the Board of Directors.

- CCA staff and its partnering organizations develop a set of initial “key principles” for consumer involvement, including a vision of local and centralized councils.

- One-third of membership of the CCA Board of Directors historically have been consumers or consumer representatives.
Consumer Engagement in CCA’s Senior Care Options Program

- Commonwealth Care Alliance works closely with its SCO sites and members to:
  - Build a community around health care issues
  - Train primary care teams on the importance of encouraging member involvement in their care
  - Proactively solicit feedback from SCO members, their family and caregivers through town-hall style Local Member Meetings and a 12-member Ambassadors Group
  - Work with consumers to develop their expertise and confidence
CCA dedicated resources to create a Local Member Meeting Coordinator position

To increase member access and engagement, CCA:
  - Provides transportation to and from meetings, healthy refreshments and giveaways
  - Holds meetings in Spanish, English, Russian, Cape Verdean Creole, Vietnamese, Hindi, Haitian Creole and Portuguese

Meeting format encourages two-way information flow – opportunity for consumer input, analysis of feedback, and communication between consumers and governing board

Debriefing Committee is made up of executive leadership and program/department staff (Member Services and Clinical Team).
Consumer Engagement in CCA’s One Care Program

- Commitment to Consumer Engagement
  - Dedicated budget to create a Consumer Liaison position
  - Liaison has direct access and reporting relationship to executive leadership
  - Liaison’s work space is near the executive leadership offices

- Resources committed to create two multi-regional Consumer Advisory Committees
CCA brought the Stanford Chronic Disease Self-Management Program (CDSMP) to Massachusetts in 2006.

CCA provided resources to have a staff member trained to lead CDSMP and to implement the program for the SCO members and, later, to the One Care members.

In 2007, CCA implemented the Stanford Diabetes Self-Management Program.

These programs are offered in English and Spanish.
In 2009, CCA dedicated significant resources to create the Department of Health Education and Caregiver Training (HECT) to:

- Oversee the implementation of Local Member Meetings
- Expand educational programs and offer them in multiple languages
- Develop and pilot other educational programs, e.g.,
  - Cardiovascular disease one-on-one program
  - Lay-led depression program “Busy Hands, Healing Minds”
- Implement the Families-Caregivers Initiative
Obtaining Buy-In Throughout the Organization

- Before contracting with new primary care sites, leadership emphasizes the CCA model of consumer engagement and empowerment as a means to improve quality.

- HECT staff members visit primary care sites to introduce member and family caregiver programs.

- HECT staff members participate in the orientation of new staff, including information about the importance of consumer feedback, educational programs and family-caregiver activities.

- HECT staff members present to clinicians about evidence-based self-management programs resulting in increased referrals via electronic medical records.
Making Member Engagement a Top Priority

Roger Uminski
Director of Health Administration
Inland Empire Health Plan

Gabriel Uribe
Independent Living and Diversity Services Manager
Inland Empire Health Plan
Outline of Topics

- About Inland Empire Health Plan (IEHP)
- Consumer Advisory Committees
  ✓ Objective
  ✓ Overview
  ✓ Outcomes
- Coordinated Care Initiative Advisory Committee
  ✓ Overview
  ✓ Member engagement with county programs and service providers
- Inland Empire Disabilities Collaborative
  ✓ Mission
  ✓ Engaging with members through community based organizations
About IEHP

- Established by Riverside and San Bernardino Counties in 1995 as a not-for-profit, public entity
- Began operations as a mixed/independent practice association HMO in 1996
- Serves over 1.2 million members (1 in 4 residents in coverage area)
  - Over 120,000 seniors and persons with disabilities
  - Over 24,000 dually eligible members
- Lines of Business
  - Medi-Cal
  - IEHP DualChoice Cal Mediconnect Plan (Medicare-Medicaid Plan)
Consumer Advisory Committees

- **PPPC**
  Public Policy Participation Committee

- **PDW**
  Persons with Disabilities Workgroup

- **CCI-AC**
  Coordinated Care Initiative Advisory Committee
Objective & Approach

- Develop Meaningful Beneficiary Engagement
- Create Dedicated Beneficiary Engagement Team
- Integrate Beneficiary Voice Into Delivery Systems
PPPC & PDW Overview

- Focused Consumer Advisory Committees
- Subcommittee of the IEHP’s Quality Improvement Committee
  - ✓ Organizational and board visibility
- Comprised of 15+ beneficiaries and key MCP leaders (25-30)
- Members of PPPC and PDW set the agenda and decide on items to discuss during meetings
- IEHP provides stipend and transportation

Why This is Important to Us?
Nothing About Us Without Us
Self-Determination

- Member Centered Care
  - Self subject matter expert

- Member Needs:
  - Access
  - Communication
  - Education
  - Medical/Pharmaceutical
  - Social
Outcomes

- Improved trust between beneficiaries and IEHP
- Access to member services via e-mail
- Development of PIN system – individuals with limited speech
- Review of remote video-interpreting program for urgent care facilities
- Health education programs updated to meet the needs of seniors and persons with disabilities
- Review annual member marketing strategy and outreach initiatives
CCI Advisory Committee Overview

- Bi-Monthly Meetings
- Forum for Structured Input
- Direct Access Between Service Providers and Beneficiaries

- Beneficiaries
- Managed Care Plans
- Ombuds Program
- Health Insurance Counseling & Advocacy Program (HICAP)
- County Long Term Services and Supports Programs
- Regional Offices on Aging
- Independent Living Centers
- Caregiver Unions
- Regional Center for Developmental and Intellectual Disabilities
- Skilled Nursing & Community Based Adult Services Facilities
- Regional Hospitals / Physicians
- Community Based Organizations

The Key To Buy-in

Everyone Is At The Table
CCI Advisory Committee Website

- Website
  - Program Overview
  - Meeting Materials
  - Calendar of Events
  - Resources
  - Updates
Engagement – County Programs

- Programs
  - ✔ Multipurpose Senior Services Program
  - ✔ In Home Supportive Services
    - ➢ Caregiver Unions
  - ✔ Office on Aging
  - ✔ Adult Protective Services
Engagement – Providers

- Programs
  - Resource and Referral Program
  - Community Based Adult Services
  - Recuperative Care Options
  - Care Plan Options
Result: Better Help Meeting Beneficiary Needs

- Higher Program Participation Rate
- Better Care Coordination
- Faster Request Response Across Service Providers
- Interagency Trust
INLAND EMPIRE
DISABILITIES
COLLABORATIVE

SUPPORTED BY A PARTNERSHIP BETWEEN

LOMA LINDA UNIVERSITY
HEALTH
PossAbilities
Inland Empire Health Plan
ACCESS
COMMUNITY ACCESS CENTER

We NETWORK to build cooperative relationships.
We promote ADVOCACY with and for people with disabilities.
We PARTNER to host events that benefit the community at large.
MISSION

To promote equal opportunity, universal access and full participation of seniors and people with disabilities, the IEDC focuses on all aspects of life, including health, education, advocacy and employment.

We NETWORK to build cooperative relationships.
We promote ADVOCACY with and for people with disabilities.
We PARTNER to host events that benefit the community at large.
6,000+ Resource Cases

- 60% Cal MediConnect (Demo)
  - Advocacy
  - Caregiver Assistance
  - Home Modifications
  - Homeless Services
  - Housing
  - Senior Services

Related Projects

- Accessible Clinics Project
- IEHP Access Clinic
Supporting and Investing in Member Engagement

Michelle Bentzien-Purrington
Vice President of Managed Long Term Services and Supports and Duals Integration
Molina Healthcare, Inc.
About Molina Healthcare, Inc.

Taking care of kids, adults, seniors and families for over 35 years

Molina Healthcare was founded by emergency room physician Dr. C. David Molina in 1980. After having treated patients with everyday ailments in the ER because they had no primary care physician, Dr. Molina opened a clinic especially for them. Today Molina Healthcare continues his mission, serving millions of people through Medicaid, Medicare and the Marketplace, as well as other government-sponsored programs for low-income families and individuals.
Encouraging and Supporting Member Engagement

**Engage**
- Dedicated Member Engagement Teams
- Member Advisory Committees
- Surveys
- Focus Groups
- Compliments & Complaints

**Support**
- Transportation
- Alternative participation methods
- Reminders
- Stipend
- Healthy food served
- VIP greeting
- Caregivers welcome
- Childcare provided

**Feedback**
- Education and empowerment
- Expanded access, alternative service delivery
- Use of technology
- How to improve

**Action**
- Benefit training and wellness classes
- Network changes
- Population based advisory groups
- Quality improvement projects
- Community partnerships
- Mobile and internet tools
- Caregiver training & tools
- Housing supports

Communicate & Monitor Impacts
The Opportunity: Adapting Member Engagement for our Changing Populations

1980-2004

- Most members are families, pregnant women, and children
- Programs focus on physical health and limited integration
- Top diagnoses: pregnancy, asthma, diabetes

2005-2017

- Increasing number of older adults, members with disabilities and/or functional needs
- More integrated programs, including behavioral health, LTSS, Medicare and Medicaid services
- Top diagnoses: memory disorders, hypertension, and behavioral health
Building a Value Proposition for Organizational Buy-In

- Supports mission, vision, and values
- Improves member satisfaction and experience
- Improves outcomes
- Expands integrated care
Implementing Change: MLTSS State of Mind

Member Engagement

Training & Communications

Reporting & Analytics

Products, programs, and operations

Let the member’s voice be heard, it inspires

Lisa Hayes, Associate Vice President, MLTSS and Dual Integration describing person-centered care.
Member Engagement: Meeting Members Where They Are

- Expanded participation
- Addressed barriers to participation
- Population-centric subcommittees and focus groups
- Expanded community partnerships

“I found out I had transportation if I need it.”

“Kristen takes time and has become my lifesaver.”

-Molina Medicare-Medicaid Plan demonstration members
Training and Communications: Developing Awareness and Connecting the Dots

- MLTSS State of Mind
- Molina True Stories
- Department specific training
- Public policy and advocacy

From “I’m dying here emotionally” to “I’m so excited about going to work. It’s part-time but just to be useful.”

-Molina Medicare-Medicaid Plan demonstration member
Reporting and Analytics: Turning data into information

- Outcomes
- Quality
- Satisfaction
- Financial

Examples of Measures

- Member Satisfaction
- % Goals Met
- Improved Health Outcomes
- Transitions to Community Living
- Institutional Diversion
Products, Programs and Operations: Responding to Member Feedback

- Enhanced hearing, vision, transportation
- Caregiver support and training
- Specialized provider tools
- Housing specialists
- MLTSS quality programs and dashboards

“My next goal is to start, try to start, walking without my walker and my biggest goal is to get on the back of a motorcycle.”

- Molina Medicare-Medicaid Plan demonstration member
Highlights and Successes

- Established a dedicated corporate team of MLTSS and integration experts to drive and coordinate population-centric improvements

- Enhanced local Member Engagement Teams:
  - Expanded community partnerships
  - Expanded Member Advisory Committee membership and formed population-centric subcommittees and focus groups
  - Tailored incentives to encourage member engagement for people that are older, disabled and/or have functional limitations

- Finance and analytics enhanced reporting to drive population-centric information to drive improvements

- Human Resources expanded Volunteer Time Off (VTO) opportunities to promote employee engagement with members that reside in long-term care
Highlights and Successes (cont’d)

- MLTSS/Duals, Healthcare Services, and Training departments worked with local partners to implement caregiver training and support tools to better support members.

- MLTSS/Duals, Medicare, local Member Engagement Teams and Healthcare Services teams improved and added products and programs based on member feedback.

- Corporate and local Quality teams coordinated with multiple departments to implement initiatives to achieve and improve outcomes (STARS, HEDIS, CAHPS, NCQA, HCBS survey results, rebalancing, institutional diversion, member’s goals achieved).

- Giving members a direct voice to share their experiences through Molina True Stories established buy-in.

- Internal Communications publishes population-centric articles, True Stories, results to share with employees and members.
Questions
Organizational Buy-In: Making Member Engagement a Top Priority

POLL 3
Based on the information from our expert panelists, which strategies do you plan on using to build greater buy-in for member engagement in your organization? (Select all that apply)

- Hire dedicated staff
- Dedicate additional financial resources to engagement activities
- Incorporate information about member engagement in staff educational sessions such as new staff orientation
- Include information about member engagement activities in organizational newsletters or other communication
- Educate clinical staff about member engagement activities and strategies
- Other
Thank you for joining our webinar.

Please take a moment to complete a brief survey and provide us with feedback about this webinar.