

## Question & Answer (Q&A): Recruiting Members and Supporting Participation in Plan Governance

***Webinar participants asked these questions during the March 2019 webinar, Recruiting Members and Supporting Participation 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://resourcesforintegratedcare.com/MemberEngagement/2019 ME Webinar Series/Recruiting Members and Supporting Participation in Plan Governance](https://resourcesforintegratedcare.com/MemberEngagement/2019_ME_Webinar_Series/Recruiting_Members_and_Supporting_Participation_in_Plan_Governance)**

### **Featured Speakers:**

- Ken Pariseau, Member Experience Advisor, Neighborhood Health Plan of Rhode Island
- Deanne Gagne, Consumer Member, Neighborhood Health Plan of Rhode Island Advisory Committee
- MaCayla Arsenault, Project Coordinator, Central Oregon Health Council
- Linda McCoy, Consumer Member and Chair, Central Oregon Health Council Advisory Council

### **Member Feedback and Representation**

**Q1: Deanne and Linda, how do you ensure you are representing other members' experiences? What are some ways you hear feedback from other members that you can bring to the council?**

**Deanne Gagne:** I am a coordinator for Advocates in Action, Rhode Island, and the Cross Disability Coalition. I have been working for both organizations for many years, so people know I am on the Advisory Board and come to me to describe issues they are experiencing. Members talk to me directly and request I bring their feedback to the advisory board. Depending on how many times a certain issue comes to me, I determine whether or not to take it back to the advisory board and say, "Some people have been having this issue. What can we do about it?" Or, "You are doing such a great job. People said they really like this."

**Linda McCoy:** I am involved in a number of other committees and connected with organizations in the community. I work in the community through school districts, the health department, and even some correctional facilities. These represent different settings where I have the opportunity to be around consumers, hear their needs, and then bring them back to the council.

**Q2: How do you ensure topics requested by members are included on the agenda?**

**Deanne Gagne:** It is important for me to share topics that I hear from other members. I bring these topics up when it is time to share any feedback or concerns during the meeting.

**Linda McCoy:** At the end of our CAC meetings, we often ask for any items the members want to put on a future agenda. MaCayla, myself, and sometimes the vice-chair and the innovator agent, typically put the future agendas together the month prior. So I play a very active role in determining the meeting agendas and ensuring topics requested by members are included.

**Term Limits**

**Q3: MaCayla, why did you choose a three-year term limit? What are the benefits of using that length of time?**

**MaCayla Arsenault:** Our community advisory council (CAC) decided to pick a three-year term limit because it provides a chance for people to participate, while knowing they do not have to serve indefinitely. We start the three-year term limit from the time that they apply, which staggers our member turnover. Setting a three-year term limit also provides a time for CAC members to step down if they wish to do so. Additionally, our CAC has to maintain 51 percent consumer members. Currently, when members lose Medicaid coverage, they can continue to serve as consumer representatives until their three-year term is up. After that, they can apply to serve on the CAC as community members. Starting in 2020, new regulations will only allow consumers who lose Medicaid coverage to serve as consumer members of the CAC for up to six months after they lose coverage.

**Q4: Ken, have you considered implementing term limits?**

**Ken Pariseau:** Our Member Advisory Council (MAC) is relatively new, particularly compared to the length of the one in Oregon. We are still working on getting more members on our MAC. If we get to a point where we have a consistently large number of people wanting to participate, we will consider implementing term limits. Having term limits can ensure the freshness of the ideas and perspectives that different people bring in. Right now we are focused on increasing the number of members and we do not want to let go of the members who have already committed to the MAC. If we have so many people hoping to be on the committee that we need to set some time limit to their participation, we will certainly consider putting one in place.

## Committee Roles

**Q5: MaCayla, do all of your consumer members need to be members themselves, or can they also be family members or caregivers?**

**MaCayla Arsenault:** They can also be family members or caregivers. To be a consumer member on our CAC, they either need to be a Medicaid beneficiary or a family member or caregiver of a Medicaid beneficiary at the time that they apply.

**Q6: Linda, in addition to serving as the CAC chair, you sit on the board of directors. What training did you receive to prepare you for that role?**

**Linda McCoy:** I met with the executive director of the Central Oregon Health Council for a thorough orientation. There was a slide presentation on how plans are focusing on curbing medical costs and improving patient care. I participated in a lot of trainings, including some statewide conferences and board retreats. I also read a lot of materials about health care reform, including a report showing what the care coordination organization (CCO) was planning and the expectations for CCOs.

**Q7: Ken, can you describe your plan's Member Advocate role?**

**Ken Pariseau:** Within the organization, our Member Advocate serves as an ombudsman. If a member is having difficulties navigating the health plan or encountering barriers to care, the Member Advocate is a resource and works on their behalf from inside the health plan. Members also bring their individual issues to the MAC. At the end of MAC meetings, our Member Advocate speaks with members about their issues or concerns and then raises these topics to relevant departments within the health plan. The Member Advocate is one way that we ensure we hear member voices and respond to their concerns.

**Q8: MaCayla and Linda, what criteria do you use to approve CAC applicants? How do CAC members vote on applicants?**

**MaCayla Arsenault:** We have to maintain at least 51 percent consumer members, so that is the first criteria we consider. The CAC members talk to applicants at meetings to get to know them. After the meeting, everyone votes by email.

**Linda McCoy:** We want to recruit members who are proactive in the CAC member role and feel motivated to take on tough challenges related to navigating the health care system. Our CAC members are advocates for themselves, as well as for others. We try to have representation from all geographical areas of Central Oregon, as well as diversity in members' cultures and ethnic backgrounds.

## Supporting Member Participation

### **Q9: How did you determine the stipend amount you provide to participants in your advisory committees?**

**MaCayla Arsenault:** Our stipend is \$45. This reimburses members for their time and shows that we value their commitment to the CAC member role. We also provide mileage reimbursement for travel to and from the meetings. Our members are grateful to receive the \$45 stipend because it helps remove some of the barriers they face getting to CAC meetings.

**Ken Pariseau:** We believe it is important to fairly compensate members for their time and contribution to the improvement of Neighborhood's programs and services. We also want to assist with any barriers that may make it more difficult to participate. We currently provide a \$60 stipend for the meeting and a \$25 stipend to assist with any child care needs.

### **Q10: MaCayla, how do you ensure that people joining meetings by phone or video are included equally in meeting discussions?**

**MaCayla Arsenault:** We try to make sure people in the room talk loudly enough so that anyone on the phone can hear. Linda does a good job of asking people on the phone for their input when there are discussions.

### **Q11: Do you have participants who speak a language other than English? If so, what types of language services do you provide?**

**Ken Pariseau:** Currently, we only have members who speak English. If a member who cannot speak English attends, we would provide an interpreter.

**MaCayla Arsenault:** We offer non-English speaking members translated materials and interpreters at meetings, as needed.

### **Q12: Ken, what does the orientation packet contain?**

**Ken Pariseau:** The packet describes Neighborhood Health Plan's mission, vision, and values. We include a two-page document that talks about the MAC, with information on how often we meet, when we meet, and how long the meetings last. It also talks about the stipend and the responsibilities that MAC members will have in terms of participating, bringing their concerns to the group, and engaging with other members. The packet also contains a confidentiality agreement for MAC members to sign, which contributes to the sense of comfort and safety people feel in meetings. We have a form that people fill out with their demographic information to ensure we have current contact information, such as email and cell phone numbers. We also distribute a flyer that discusses the member advocate role.

**Q13: Do you have any recommendations for other plans who are starting new advisory committees?**

**MaCayla Arsenault:** Connect with your community partners and recruit engaged members. Additionally, provide some foundational education on your Advisory Committee and the role that they play.

**Ken Pariseau:** It is really important to connect with community partners, as well as the staff within your organization who have contact with members. At Neighborhood Health Plan, that includes the member advocate, care managers, and member services staff. One of the questions we ask both our internal staff and external providers is, "Who are the people out there who are articulate and outspoken, particularly in areas that they have concerns about?" It is nice to hear the good stuff that we are doing, but we also need to hear about the things we can improve on in order to get better. We look for members and family caregivers who will be candid and thoughtful about areas for improvement, as well as hold us accountable for taking action on such improvements.