The Lewin Group
Engaging Members in Plan Governance During COVID-19: A Panel Discussion
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Alana Nur: Thank you. Welcome, everyone, to our webinar, Engaging Members in Plan Governance During COVID-19, A Panel Discussion. My name is Alana Nur and I am with The Lewin Group. Today's session will include presentations followed by a panel discussion and live question-and-answer with presenters and participants. The session will be recorded, and we will be posting a video recording along with today's slides at ResourcesforIntegratedCare.com.

The audio for the presentation automatically streams through your computer. Phone lines are also available. You can access the phone number by clicking the black phone icon at the bottom of your screen.

This webinar is supported by The Medicare and Medicaid Coordination Office at the Centers for Medicare and Medicaid Services. MMCO is helping beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality healthcare that includes a full range of covered services in both programs. To learn more about current efforts and resources please visit our website or follow us on Twitter for more details at @integrate_care.

At this time, I would like to introduce our moderator for today. Renee Markus Hodin is the Deputy Director of Community Catalyst Center for Consumer Engagement and Health Innovation. For the past 20 years Renee has worked to bring the consumer perspective to the forefront of health and health innovation. Renee?

Renee Markus Hodin: Thank you, Alana. Welcome everyone. I am so pleased to be with you today for this webinar on member engagement in plan governance during COVID-19. As Alana mentioned, I am with the Center for Consumer Engagement and Health Innovation at Community Catalyst, a national healthcare advocacy organization working to elevate the voice of consumers in health and healthcare.

I have had the wonderful opportunity to work with The Lewin Group and with the Medicare/Medicaid Coordination office over the last several years on a variety of webinars on the topic of member engagement including a three-part series we did last year in 2019 on member engagement in plan governance. I encourage all of you to visit after the webinar the Resources for Integrated Care website that was referenced just before this to access those webinars.

I also wanted to share that this year I had the pleasure of facilitating the inaugural Integrated Care Community of Practice which was a learning community of health plans each of which serve low-income, older adults and people with disabilities. The community of practice participants were plan staff that hold responsibility for incorporating meaningful member feedback into their organizational governance structures. We met over five months to share challenges and promising practices.

Interestingly we launched the community in March just as we were all thrust into this new world. So engaging members while adhering to physical distancing protocols were very much top of

mind for participants in the community of practice. We were all learning together and in real-time, so to speak. So, in today's webinar we will share those lessons.

Now I first want to take a few moments to introduce today's speakers and offer a roadmap for our time together. We will start our with brief overviews, as Alana mentioned, from each of our three organizational representatives. First, we will hear from Robyn Rohr from CareSource in Ohio. Robyn is a Senior Consumer Insight Manager at the plan. In that role she has developed and maintained a robust member advisory committee program across multiple markets and lines of business. Robyn was a speaker at one of last year's webinars, and then she served as a guest faculty member for the Community of Practice earlier this year.

Next, we will hear from Natalie Wang from the SCAN Health plan in southern California. Natalie is a Project Manager in the Healthcare Services Department at the plan working on projects related to seeking member feedback and insights and addressing social determinants of health. Natalie is responsible for running the Member Advisory Committees and ensuring insights from those committees as incorporated into various initiatives and programs. She also runs the plan's community-based organization advisory committee. Natalie was a member of our Community of Practice and so we are happy to have her join us today.

Next, we will hear from Monica Gossett from UCare in Minnesota. Monica is the Community Outreach Manager at the plans. She has served as the lead for multiple member advisory committees and she oversees the Community Relations team that promotes UCare products and services at over 300 events each year. She also manages the UCare Foundation Grant process. Like Natalie, Monica was a member of our inaugural Community of Practice.

I am also thrilled to share that we will be joined today by Mary Harmon who is a member of one of the CareSource Member Advisory Committees and we will introduce Mary a bit more later in the program.

Thank you to all of our speakers for being with us today. Why don't we go to the next slide?

Here are the learning objectives for the session today. By the end of the session participants should be able to identify strategies for engaging member advisors using phone or video conference platforms. They should identify strategies for overcoming the digital divide for member advisors who either lack that necessary technology to participate or who might be unfamiliar with how to use it. Then finally participants will be able to identify and access specific tools to use in supporting member engagement in plan governance.

Let's go to the next slide to talk about the agenda. Very quickly, we will start as we typically do with some polls to get a sense of who is in the audience. Then we will get brief overviews, as I mentioned earlier, from our three organizational representatives. Robyn will start, followed by Natalie and then Monica and each will share with us information about their organizations and the structure of their advisory committees so that we all get sort of a baseline understanding of what things looked like before the onset of COVID-19.

The bulk of our time today, however, will be spent in a conversation that I have the privilege of moderating among Robyn, Monica, Natalie and Mary in which they will talk about how they have pivoted their approaches since the onset of the pandemic. Following that discussion, we

will leave plenty of time for questions and answers for all of you. Finally, of course, we ask you stay on very briefly to complete an evaluation of the webinar. Those are very important to us.

Okay, lets go onto the polls and get a start to understanding who is with us today. As you will see on your screen the first poll is asking what setting do you work in. Which of the following best describes your professional area? I am sorry, I believe the first one you are seeing is actually about your professional area. So, if you can just check off which one describes it best, only one even though many of you probably have multiple roles. We will just give it a minute.

Okay, why don't we go to the results and see who is with us today. Based on our results we have a majority of participants from health plan administration or management followed by what looks to be health plan and case managers or care coordinators. So, we have a sprinkling across the various categories as well. Okay. Let's go to the next slide, please.

Now we will go back to that other poll. Let's find out what setting you work in. Again, one choice. You can choose the best answer. Again, many of you may operate in multiple settings but if you could pick the setting that best describes where you work. We will give everybody just a few more seconds to make their choices.

Okay, why don't we take a look at the results. Not surprisingly since we heard who the health plan manager or administration was the most popular choice among the professional area, that vast majority of you are in health plans followed by, again, a sprinkling across the board including consumer organizations, community-based organizations, long-term care facilities. That's great. It sounds like we have got our target audience for sure but also folks that may be able to learn from our speakers today and then take those lessons out into the community or whatever other setting you work in.

Let's go to our next slide and I am going to turn things over to our first speaker, Robyn Rohr, from CareSource. Robyn?

Robyn Rohr: Thanks Renee. Good afternoon everyone. As Renee mentioned, I am Robyn Rohr. I am a Senior Consumer Insight Manager with CareSource. I have been in this role about seven years and most of that I have been a part of managing our advisory council. Next slide, please.

CareSource has been around for about 30 years, the majority of which we have been serving low-income populations; primarily Medicaid. Within the last seven years or so we have also moved into the health insurance marketplace space as well as Medicare Advantage as well as our dual-eligible population that we refer to as our MyCare plan.

We serve members in Georgia, Indiana, Kentucky, Ohio and West Virginia. However, our dual-eligibles, or MyCare members, are only in Ohio. So overall we have about two million members, 30,000 of which are our dual-eligible, MyCare members. Next slide, please.

At CareSource I am part of a consumer experience department. We focus solely on member and provider feedback and insights. We get this feedback through a variety of channels. We do a multitude of experience and satisfaction surveys throughout the year. We have also within the last few years introduced a private, online feedback community which has been fantastic. We are able to do real-time surveys. We can do discussion boards. We have even recently started

introducing video focus groups which have been fantastic. We also have a very robust advisory council program.

We have done it in a variety of different approaches throughout the years but within the last four years or so we have landed on kind of a model where we have established groups of members who attend quarterly, focus-group style meetings. We find doing established groups of members really helps us build on learning from quarter to quarter and it also helps us work collaboratively with those members in driving improvement strategies and projects that we eventually rollout throughout the organization.

We get the different feedback insights through these different channels and then we roll it out not only to those area of the business for whom the topic might be relevant, but we also roll it out across the entire enterprise. So, all of our advisory council (inaudible) reports are shared out across the entire company. Then we work collaboratively with the business leaders and business owners throughout the different areas to improve member experience, satisfaction and health outcomes as well.

Then we also do ongoing surveys and different feedback projects to help us determine the effectiveness of these action plans over time, so we are also measuring efficacy as well. Next slide, please.

As I mentioned, the advisory council for the MyCare, dual-eligibles are held only in Ohio. We have three regions that we serve in Ohio and we do quarterly 90-minute, in-person meetings with these groups in these regions. We have started leveraging in the last few years an outside, third-party research vendor to help us with our efforts. We not only do these for our MyCare population, but we also do them for the majority of other plans and products too.

As many of you know these are very labor intensive and they really take a lot of time to do them currently. We found leveraging a research vendor to do more of the administrative tasks such as RSVPs, invites and follow-up before the meetings has been really kind of a game changer in making sure that our attendance is there and that we can spend our time on a little bit more of the value-added areas.

In addition to our MyCare members we also invite a host of other employees from CareSource too, business leaders or MyCare leaders in addition to care managers. They are able to really help with a lot of the kind of in-the-field type questions and also serve as kind of easy button, if members are having, any challenges that day. We also invite community advocates and ombudsman to each of the meetings.

Out of all the feedback channels that we use throughout CareSource, I just want to wrap up by saying I really feel that the advisory councils probably provide us with the richest and most robust feedback that we get through out of all of our other channels. I feel that they really provide a lot of those “aha” moments that we might not get through our surveys. They have probably driven some of the most, say, impactful improvement strategies throughout our organization. I will pass the ball to Natalie next.

Natalie Wang: Thank you, Robyn. Hi everyone. Again, am Natalie Wang, Project Manager with SCAN Health Plan. Next slide, please.

A little bit about SCAN. We are a Medicare advantage health plan headquartered in Long Beach; California are [inaudible]. I wonder if one of the speakers maybe has their speaker on? If they could mute their mic, thank you so much.

Our mission has always been keeping seniors healthy and independent, and our vision is that SCAN Health Plan is truly the best choice for seniors. We are a 4.5-star plan, which we are very proud of three years in a row, and we serve mostly Southern California, but we have a few service areas in Northern California as well. We are a growing plan and we currently have 215,000 members. Across our membership, we have around 14,500 SNP members. With our SNPS lines of business, we have the dual snip, chronic conditions SNPS and institutional SNP. Next slide, please.

At SCAN we have various ways of learning about our members so that we can best serve them. Of course, at the base level, we do rely on member data provided by just the regular streams; so, claims enrollment, etc. But we have also implemented other assessments and surveys; one of the main ones being our health risk assessment or an HRA, which is essentially a survey that focuses on health status, access to healthcare, and then identifying social determinants of health barriers that our members may be facing.

So, we have questions about transportation, housing, food, social isolation, and other questions on urinary incontinence, falls, risks, etc. We also engage members in various activities to learn more about their experiences with healthcare, and then particularly with SCAN, and then just generally learning about their healthcare needs. These activities include surveys; so, these are surveys on top of the HRAs. We have focus groups, interviews, and then of course, our main event, the member advisory committees, which I'll talk a little bit more about on the next slide.

We use data and insights gained from all of these different streams to just better understand the needs of our members and make sure that anything we create has a member voice in mind. It is honestly an ongoing effort to create programs and initiatives that are in line with the member's needs, and something keen to our mission. Next slide please.

So, at scan, as Renee mentioned, we hold two types of advisory committee. We have our member advisory committee and our (inaudible), and I'm getting a little feedback if one of the speakers could put themselves on mute. Thank you.

For our member advisory committees, which you'll see on the left side of the slide, we invite members to come to our headquarters in Long Beach. These are typically in person meetings, but of course we've shifted them all to online, which we'll talk to in the panel discussion. Each meeting is held on a specific topic. For example, last year, we held a meeting on the topic of technology and then another meeting on the impact of pain on quality of life.

These meetings are typically four hours long and with breaks in between, of course, and then we have anywhere from 16 to 30 members in participation at each meeting. Our main goal for the member advisory committees are learning from our members' experiences and doing our due diligence to incorporate their feedback and what we learned from the session into our initiatives and programs.

For our community-based organization advisory committees, the structure is similar, but here we invite representatives from various organizations to come to SCAN. It is typically a four-hour meeting that's also held in person. Similar to the member advisory committee each meeting is held on a specific topic. So last year we held a meeting on the topic of housing and homelessness. Our goal was really to understand the meeting topics through the eyes of our participants, which are, our community-based providers, as well as the seniors whom they serve.

All of the participants who come across Southern California, anywhere from we have anywhere from project managers, case managers, to members of the C suite attend these events. All of these organizations either have a program that serves seniors, or the organization is dedicated to serving seniors. This is a great opportunity for us to also identify ways that SCAN can better collaborate with our community partners to deliver coordinated services to our SCAN members, and to really make sure that we're not doing anything in a silo. Now I will pass it over to Monica at UCare.

Monica Gossett: Hi, thanks Natalie. Again, I am Monica Gossett and, I am the Community Outreach Manager at UCare. UCare is an independent nonprofit health plan, and we are located in Minneapolis, Minnesota. We provide health coverage and services across Minnesota and in the western part of Wisconsin. We work in partnership with healthcare providers and community organizations and our members consist of individuals and families enrolled in Minnesota health care programs such as Minnesota Care and medical assistance, Medicare eligible individuals, adults with disabilities, individuals and families choosing health coverage through [MinnSure] our insurance marketplace.

We currently have over 500,000 members and we focus on making health coverage simpler and easier to understand. We work to expand access and we always try to go the extra mile. Just a note about the bike in the bottom right corner. That is our staff on the five-seat bicycle. We do ride it and it's been all of the state of Minnesota and we've even ridden it on a frozen lake in winter. Next slide, please.

UCare believes that member feedback helps us build a strong plan. In addition to the member advisory committees that I will discuss in the next slide, we have a few other ways for our members to get engaged. The Ambassador Program is for those members who want to share positive UCare experiences with others. They share stories online through video photos, social media posts, and participate in person volunteering at community events with us. We currently have over 600 ambassadors. Champions are UCare Medicare members who want to affirm the value of their coverage and services to legislators. They receive information about legislative matters affecting Medicare. Champions are sometimes invited to personally express their views when we have meetings with our Minnesota congressional delegation and policymakers. The member feedback community is an online-only group where members share their views on health plan experiences through surveys and focus groups. Next slide, please.

We currently have five-member advisory committees; one for each of the products we offer. Members are recruited from a class of state to represent both rural and metro areas. The senior member advisory committee consists of 20 or more Medicare members and the committee membership stays the same for several years. The member advisory committee is made up of our

Medicaid members. We currently have 18 and they too serve for several years. Our (inaudible) member advisory committee is made up of dual eligible and Minnesota senior health option members. This membership is highly diverse, and we recruit new members for each meeting because we hold our meetings with one diverse population at a time because we usually need an interpreter.

Our disability advisory committee includes SNBC and the DSNP members along with the care coordinators and other community advocates. They serve for several years. Our individual and family committee has members who have purchased their insurance on the exchange. This committee has varied ages. Some people in their twenties to people in their fifties. Most of our committees meet three to four times a year. At these meetings members receive updates from UCare staff on product development, benefits we're thinking of putting, enhancements, marketing plans. They see marketing, advertisements and commercials before anyone else, legislative developments and other special events and activities we think would be of interest.

We really encourage and expect our members to ask questions, give direct feedback on their topic and share their experiences. We report this information to our board of directors on a regular basis and it's also shared across the organization to various departments. We hold an open comment time at each meeting where members are welcome to ask a question or share a comment about a topic that may not have been on the agenda. They receive a stipend or a gift card for attending. Information is heavily weighted in our decision-making process. If we bring a wording of a newsletter, we're going to put out a flyer and they say, “Well, this doesn't really sound right, or we don't understand this,” we definitely take their advice and we change it and try to make it better.

Member advisory committees are important to us as the input and feedback from these meetings provide us with better understanding of our members and they help us to improve our plan and our services. Now I will pass this back to Renee.

Renee Markus Hodin: Great thank you, Monica and thank you all; Robin, Natalie and Monica for providing us with really great background about your organizations and about the way that you solicit a member input in your governance structures. Those presentations really provide a perfect launchpad for our next section in which we are going to discuss how each of you have pivoted your work with your advisory bodies since March. But before we get started, as I promised earlier, I want to introduce Mary Harmon and welcome her into the conversation.

Mary is a resident of Youngstown, Ohio, and is retired from a career in clerical and office work. Since retiring she has been doing a lot. She has been volunteering at a senior center, offering her computer skills to help older adults, other older adults and she has started a small business making jewelry, flower arrangements and other knick-knacks. Mary has both Medicare and Medicaid and is a member of CareSource’s MyCare Ohio plan. And for most importantly, for this conversation, she has served on the CareSource member advisory council since 2019.

So welcome Mary. Glad to have you in the conversation. Great. All right, well, let's get started. I am going to, start off, even though I said I was going to pivot to, you know, the COVID-19 era, I thought it would be helpful for us to just understand a little bit more about your, methods for gathering member feedback before COVID-19.

So for our health plans, let's get started and just, I wanted to ask you all, for maybe one challenge you encountered and on the other hand, maybe one strategy that worked well for gathering member feedback from your advisory council again, pre COVID-19. Robyn, why don't we start with you. Then we will go to Natalie and then Monica.

Robyn Rohr: Sure. Thanks Renee. So, I think as we were developing these councils our biggest challenge revolved around recruiting members and getting sufficient numbers to attend the meetings. We started out with a lot of different strategies; our care managers doing, personal invitations, but we found that the invitation net just wasn't quite wide enough to get enough members in the room for the meeting. We started casting a wide net by inviting a large random group of members that we mapped by address to be near our meeting location.

This also really helped us get a diverse group of members as well. So different ethnicities, some numbers with disabilities. We have got a really diverse group by doing that. We also in our invites, instead of doing it in a corporate way on letterhead, we developed some more warm and fuzzy, fun invitations, that looked more inviting. It also caught their attention and I think it let them know that this isn't the same kind of an intimidating corporate type environment, that it was something that, that might want to enjoy being a part of. So, I think that was really successful. We now have landed on you know actually having to sometimes turn away a lot of extra people who were saying, “Hey, I want to participate too.”

We are forming new advisory councils to accommodate some of those individuals. We find if the room is too full, if we have 30 people in the room and we're trying to do it in the focus group style, it's just not conducive to getting good feedback from everybody. So, doing these virtually, which we'll talk about in a little bit has also helped us kind of tasks that are net and be able to include a lot more members as well.

Renee Markus Hodin: Great, thanks. Natalie, same question to you.

Natalie Wang: Sure. So, at SCAN we want to make sure that our meetings include members that are representative of our population, and we do have a lot of Spanish speaking members in our membership. So, one challenge that we faced was getting Spanish speaking members to attend our events and to make sure that we provided (inaudible) accommodations and resources and tools to make sure that they felt included and comfortable in our meetings.

So, to make sure that we had, Spanish speaking members represented, excuse me, we conducted outreach and recruitment in Spanish with our member services department. And we basically pulled language preference data from our system to identify our outreach population. So, then we did outreach in English and Spanish kind of separately. Then once we got members to attend and they were so happy to have outreach in their language to have all of our forms and documents in their language as well, which was mailed to them, we then held the meetings.

We hold some meetings in both Spanish and English at the same time. So, we have English speakers and Spanish speakers in the same room. For this to all work we have one bilingual facilitator and then one bilingual staff that's just helping to translate throughout the event. It is important to note though that translation does take a lot of time because you're essentially doubling the time of the regular session. So to make sure that we weren't going over our time

because our events are already four hours long, which is very long, what we do is we start the first hour of the meeting as a large group discussion with everybody. That means we have our bilingual facilitator and bilingual stuff translating every word that's spoken. Then for the next hour or so we will break out into small focus groups to talk to do our activities and other small, more focused discussions we will put all the Spanish speakers in the same group so that they can completely speak in Spanish and then we'll have our translator and facilitators helping to take notes and document things. Then at the end of the session, for the last hour or so, the full group will come back together to, to review kind of all the feedback that we had received.

Renee Markus Hodin: Wow, that's a really involved strategy. Thanks for sharing that, Monica. Why don't we turn to you and ask the same question of you about, you know, challenges or strategies that have worked in before COVID?

Monica Gossett: Yes. We have faced challenges engaging are the diverse populations of our dually eligible members at member meetings. We have been having difficulty with our non-English-speaking members open up and give us their thoughts and opinions. So, we asked Hmong colleagues to attend an advisory committee that we were going to be having for Hmong members. The staff member identified a gap. What we typically would do we would give members a Target gift card for attending as an incentive, and then provide a snack of fruit and cookies. Our staff member suggested instead we provide a gift card to a more culturally relevant place, a place where these members would actually shop. So, we arranged with a small Hmong grocery store to provide $50 store credit for the members. Then we brought a bag of rice and offered persimmons, which we were told as a special treat for them.

By shifting the spot process to consider what our members would appreciate we immediately noticed a greater openness and a willingness to answer our questions at that meeting. For example, when we asked if they used our customer service line before they would say, “Yes,” but really not give us any further information. After we changed how we talk, how we brought things to them and how we, approach them they opened up and in that meeting, they told us they were actually confused by our customer service line questions where it would say press one or press two and they would usually hang up and not complete the call.

Since we have made this change, we have tried it with other groups, especially, specifically Latino and in our Somali member populations and have, have seen similar improvements.

Renee Markus Hodin: Wow. That is fantastic. Thanks for sharing the very kind of culturally appropriate approaches that you used. I wanted to turn to Mary now, and again, we are still talking about before COVID, and maybe if you could just give us a little bit more information about how you came to be involved in the member advisory council at CareSource and a little bit, give us a feel for what your experience was, again, before the pandemic hit.

Mary Harmon: Yes. I received an invitation in the mail and was curious to find out what that was about. So, I answered yes. They sent me an invitation. I attended the meeting and I found it extremely interesting to be able to ask questions about the healthcare that I was receiving and also to hear questions from the other people who were on this members advisory committee. It helped open up more thought process in answering questions and also giving experiences that I had. So, that was my experience before, and it was very helpful.

Renee Markus Hodin: Great. And can I assume that you were attending meetings in person before the pandemic hit?

Mary Harmon: Yes, I'm sorry. Yes, every three months. I would go to the meetings and found them very interesting and very helpful. I looked forward to them not only to ask questions that were related to me and what I was going through, but also give me information that I found out during those three months to share with them. Also, as Robyn mentioned, they would invite different people to come in to help us understand what their programs were for seniors. So that was also extremely helpful.

Renee Markus Hodin: Wow, thank you. I really appreciate learning what your experience was like. I am going to shift us now, shift gears over to our current environment which we have been alluding to throughout the presentation so far and talk about how life has changed with respect to you know, gathering member input. So obviously so much of our daily lives has changed since the onset of the pandemic. Again, I wanted to start with our representatives from the plans and ask how you have pivoted to stay connected with your current member advisors since March.

So why don't we start with Natalie here and we'll go to Monica next and then Robin.

Natalie Wang: Hi. So, this is Natalie. For SCAN the advisory committees are structured a little bit differently in that we get a new batch of members. We recruit for new batch of members for every single meeting that we hold. That is, each meeting again is around 20 to 30 members. We are doing this to make sure that we expand our member reach and get input for more members. So after every single meeting on a certain topic, we will come together internally and we'll discuss all the feedback that was received and we will organize them into things that we learned, things that we can actionize and things that maybe we should plan for in the future. We will put it together and kind of a nice summary or a paper and we'll mail it out to all the members who participated and then disperse it within SCAN internally as well to the different departments.

So, we still do this. We still conglomerate all of that information, but we do rely on mailing and email now to get the word out, back out to members and make sure that you know, they're in attendance and that we have the correct information. During COVID-19 the plan is still doing all of these activities and engaging members in the same way, but recruitment and the format of meetings look a little bit different because everything is done either telephonically or via Zoom.

Renee Markus Hodin: Got it. Okay. Thanks. I think we will have an opportunity to dig into that further in a bit. Monica, why don't we get an overview of how things have shifted at UCare?

Monica Gossett: Yes. So, most of our member committees are the same people at each meeting. Since we switched to the teleconference format it has been difficult to speak to members informally like we used to before and after the meeting. We miss the personal touch that in meeting in person meetings used to provide. I try to contact each person individually by phone or email prior to our meeting our virtual meetings now to check in with them for a few minutes, see how they're doing, focus some time just on them and get a chance to chat.

Before COVID-19 we always provided members with lunch at in-person meetings. So now we send a $10 gift card for a restaurant with a personal note inviting them to have lunch on us. Sometimes we also send a small gift or trinket with the materials we are sending out before

meetings. For example, this month we are sending UCare branded face masks for our senior advisory members.

Renee Markus Hodin: Oh, that's super creative. That's great. You know some of these things are hard to do, you know, to continue doing, you know, as we are following physical distancing protocols, but it sounds like you found some really terrific ways to keep it going. Robyn, how about at CareSource? Let's just get a little overview of how you've made the shift.

Robyn Rohr: Sure, similar to Monica, we do have those established groups, as I had mentioned before, and we've really created a great bond with them. I think everyone really looks forward to meeting quarterly and getting together not only with the CareSource folks but with the other advisory council members as well. We were a little bit worried that that would be difficult to continue once we were trying to go for, you know, through a social distancing approach. So, we do also, we were really concerned too that the meetings need to be tech savvy. Too still connect was going to be a problem with these members because we do know that a lot of them lack basic computer skills. We were really worried that we'd lose this connection. However, I am really happy to say, and I'll talk a little bit more about it later, but we were able to pull these meetings off ritually very successfully. I think we really hadn't skipped a beat.

It has been fantastic way for members to gain some even from new skills that they may not have had in being able to connect virtually with even not so much just us and the other council members, but also with friends and family as well. Also, between the meetings we do make phone calls and send emails to each of the council members about three weeks prior to the quarterly meetings. We do this to check in with them to make sure things are going okay for them and to also ensure that they're aware of and have what they need prior to the next meeting. And so we found the last two quarters when we've done these virtually we really haven't missed a beat and we've really been able to maintain that close bond with these groups and get the same amount of feedback that we were in person. So, we're very pleased with that.

Renee Markus Hodin: Oh, wow. That's great. Thank you, Robyn. I appreciate that not missing a beat is, is somewhat the topic of our next discussion which is just digging in a little further. It sounds like the shift to virtual engagement has been fairly smooth for you and potentially for others. But I think we know it's not necessarily the case for everyone, especially members who have limited resources, or if they're older adults who may or may not have the same level of experience with the technology or even those who don't have reliable internet access. And so, I'm hoping we can just dig down a little bit further and talk about some of the challenges you've encountered since pivoting to, you know, these online platforms and then how you overcame them. Why don't we start with Monica here?

Monica Gossett: Well, we've definitely found out that it's not a one size fits all situation. Different people have different comfort levels with technology and are working with different technology. Some people have phones. Some people have computers. Some people have iPads. Some of our older adult advisory groups are not comfortable connecting with video. We encourage them to, so we offer a practice session for members who are less comfortable and unfamiliar but still want to try the virtual format.

So, a day before the meeting we have a practice session. Members can call in, get connected. They can get any necessary troubleshooting help that they need. Not all our members are comfortable even with this option. So, we have now sent out all our handouts and all our materials in paper form before each meeting. So, the members who are calling in still have everything in front of them. We have also provided tablets to some of our lower income members for their use during COVID so they can connect remotely. We, again, work with these members to get up to speed on how to use the tablet.

I mean, it is a challenging time and we still want to connect so we have to, you know, change the way we are looking at doing things and making sure that they're getting all the information they can from our presentations and meetings.

Renee Markus Hodin: Great. Thanks, Monica. It sounds like, you know, preparation and backup and training, and even in some cases providing the actual technology. So, lots of different ways to overcome challenges. Robyn let's return to you. You said not missing a beat, but I assume it wasn't just, you know, magically happening that you took some steps to make that happen.

Robyn Rohr: Sure. It was, it was definitely a lot of, a lot of extra effort, but similar to UCare we did have concerns about making sure that those members who are less comfortable with technology could still be able to intend and engage in the meeting. We did leverage a Zoom platform. So while, you know, a lot of the members we were hoping would join by video, and most of them actually are, we did want to make sure that those members who still weren't comfortable with joining via smartphone or computer would be able to engage. So, we do allow them to join via phone only as well. Similar to Monica, we do send if we're going to be reviewing materials, which we'll be doing for Q3, sending those ahead of time with our reminder invitations to make sure that they will also be able participate equally as those who are on video.

The other thing that we did and I will, Renee will be able to share this with all the participants as well, is we developed a very comprehensive step by step instruction packet to help those members feel more comfortable with accessing the virtual meeting. So we developed something that had screenshots of exactly what they would be seeing for all the different options; if they were joining via phone only, if there were joining via a tablet or smartphone, or if they were joining via a laptop or PC.

So, we had each of those three options and it really did help make sure that those members were able to connect. We had very few problems with members connecting actually. The one thing we did also do is we had a troubleshooter on the line who was available. So, if someone who had RSVP'd to the meeting had not joined in the first few minutes that troubleshooter outreach to that member and help them connect. I think every meeting we would have one or two people that did need that extra help connecting. I highly recommend doing that as well to make sure that all the numbers who have want to come are able to successfully connect. I will pass to Natalie.

Natalie Wang: Thank you. SCAN is a Medicare Advantage plan. Most of our membership are seniors 65 and older. So, we had to keep this in mind for our going to an internet platform or Zoom, particularly to hold our member advisory committees. We typically, in our in-person meetings, have around 25 people members in attendance. But we decided that that would just be

too many for us to be able to use Zoom effectively and be able to troubleshoot the issues that the participants are having while they are online. So, we decided to hold multiple smaller meetings, in lieu of one large meeting where each meeting has about three to five members instead. So, this way we also have our troubleshooter, similar to what the others were saying, on the line so that we can help troubleshoot those three to five members at the beginning of the meeting. In order to reach our previous participation numbers were holding around five smaller sessions, rather than the one four-hour session.

In order to participate in the zoom meetings members do have to have internet access or cellular data and they have to have a smartphone, computer or tablet or anything that can basically access the application. We are still in the testing phases. We just held our advisory committee via Zoom, and we didn't have any issues, but we are also testing other ways to connect with members and especially for those members who maybe do not have an access to reliable internet or a tablet or an iPad or a smartphone at that. So, we are also doing one-on-one telephonic interviews with members. That means that just have a phone or a way to get on the line. What we will do is we will have only two SCAN staff on the other end of the line. So, one note taker and one facilitator, and we will just do a really deep dive interview on this topic at hand.

Renee Markus Hodin: Wow, that's a big, that's a big pivot, to these individual conversations. I appreciate hearing about all of the things that you all have done. Just going back to, you know, what Robyn said before about some of the plans that they put together to get their members comfortable accessing this (inaudible). Just getting a little bit of feedback there. We will, I just wanted to note that, as Robyn mentioned, we will be providing access to that template set of instructions that a CareSource put together. I know it was very helpful to folks in our community of practice and I think it will be helpful to participants on this call as well. That will become available. I did want to just, you know, test out with Mary about how the shift to virtual engagement has gone for you.

Mary Harmon: Well, for me, it was extremely smooth. I am very familiar with computers. I am not an IT person, but I am very familiar. Plus, as Robyn mentioned the information that they sent to get into Zoom and be a part of the meeting is very clear; very, very easy. Also, I am not afraid to ask for directions and information and walk me through it to make sure I'm doing it correctly. So, I did that. There was always someone available; very knowledgeable, very kind, very patient. So again, for me, it was very smooth to make the transition from, you know, face to face meetings to doing the virtual engagement. Yes.

Renee Markus Hodin: That's great that. You mentioned the step by step instructions that Robyn had talked about earlier. You said that they were helpful. What about them made them helpful? I just think it is worth diving into like the details here.

Mary Harmon: It is a small booklet. That's what I, that's how I look at it. It is page-by-page, step-by-step, not only words, but also visual. So, they have pictures to show you what the screen should look like.

Renee Markus Hodin: Oh, that does sound really useful. And I would imagine given your background and you know that you've been helping older adults at the senior center that that might be super familiar approach to you.

Mary Harmon: Yes, yes, yes. The visual, as you know, is important. Everybody is not able to just follow directions in words, but when you had that visual aid there it is definitely helpful. Absolutely. You know what you are looking for.

Renee Markus Hodin: Great. Well, thanks so much for your feedback on that. I want to shift gears one last time before we open it up for questions, to see, we've talked about, how it's gone, what you've done, all the creative creativity you've put into making this work. I guess I would say none of us would have ever wished for the pandemic to have happened, but I am curious to hear from each of you about whether there have been any opportunities that have opened up because of the shift to physical distancing pro protocols, and whether there's been any positive impact on your member engagement and plan governance. So again, why don't we hear… - we will start with Robyn, then maybe the Monica, then to Natalie. Then we will give you, Mary, the final word. Robyn?

Robyn Rohr: Thanks Renee. I do feel that it is opening the door for us to be able to connect, especially with some of our newer plans who have, you know, not quite as many members in them, especially in those rural areas where there might be not a very dense pocket of members around a specific meeting location to do in-person. So, it really does open the door for easily connecting with those members who might be in those more rural areas.

The other thing that it allowed us to do in our last two quarters is add some peer members who are part of our institutional population. In the past it was difficult for them to get to those in-person meetings, but we were able to add a couple long-term care members to each of our councils and each of the three regions this last time. And it was great.

They had some really great perspective from their side, from an institutional side. So that was definitely a perk out of the whole thing about having to go virtually. The other thing that I did notice is some of the members who tend to be a little bit more introverted and less likely to speak up at the in-person meetings did seem to participate a little bit more. We do the feedback kind of in a round robin and they did seem to have a little bit more confidence in speaking up and taking their turn. I think they could kind of formulate their thoughts ahead of time while everybody else was weighing in as well. So, it did engage those more introverted members a little bit more readily.

I do want to also add though; we want to ensure that those members who are a little bit more introverted aren't feeling pushed too far outside their comfort zone. So, I think there's a fine balance between calling all those numbers when we feel that they're comfortable in sharing, but also giving them the stage that they may not have as readily stepped forward to in-person. Monica?

Monica Gossett: Yes, I would echo what Robyn is saying. Her answers are very similar to us too. Location we have is not an issue right now. So, we have the opportunity and the potential to reach out to members across the state to participate in these committees because they were in-person and in Minneapolis. That was difficult for them in the past. Now they are online, and it opens up a lot more opportunities for them to attend and for us to engage more members.

For some of our member's transportation was an issue even though we offered the transportation reimbursement. The virtual option has resulted in greater buy-in from members because they can, like Robyn said, participate even though they may have been more uncomfortable in person but being in their home in a situation where they are comfortable, they are more willing to get engaged. It takes some of the fear out of it for them because they're not having to do it in person. At the same time, we still have to find ways to connect with all those members too because it's easier to do sometimes connect in person when they're sitting across from you, but virtually we work really hard to make sure we try to hear from everyone.

Renee Markus Hodin: Thanks, Monica. Natalie, any thoughts about new opportunities perhaps?

Natalie Wang: Yeah. I definitely echo what Monica and Robyn have said about expanding our reach to rural areas and being able to shift to virtual meetings to accommodate more people. One thing that I think another opportunity that arose for SCAN is because we are doing those one-on-one interviews, we are doing sessions that are only three to five members. We are finding that we are getting to go much deeper dive. We are able to dive much deeper into our members' experiences, their suggestions or thoughts around healthcare, around their providers, around the plan. We are getting a lot richer information and context from our members in that sense.

It is true though; it does take more resources to hold these kinds of more one-on-one experiences. It takes more staffing, a lot more planning, more time in general. So, while this approach has allowed us to really learn more per member, we do have to take into account that it takes more resources. So we have been trying to have a balancing act between the two, but I definitely say an opportunity that has arisen has been the amount of information that members are willing to share when they feel comfortable and when they feel like the plan has 100% of their attention on the member.

Renee Markus Hodin: Thanks. As I said, Mary, you get the final word. What has been kind of the silver lining, if there has been one, for you during this period?

Mary Harmon: Well, it has been a, even though this is a tragic tragedy, tragic reason for us being virtual, it has been a help for me. I had an accident during this time. Someone hit me and left, and I had everything on my insurance except for [hit and stick]. So, I don't have a car right now. Okay? And I did get hurt. So, it's difficult for me to get on the business. By this being virtual I am, I don't have to worry about trying to get a ride to the meetings. I am able to, you know, participate in each quarterly meeting. I'm grateful. I hate, you know, we're in this pandemic, but on the other hand because of this pandemic I am able to, again, you know, be able to participate in all the meetings.

So that, that really touched my heart for the people who are struggling to get to the meetings, having, you know, to have caregivers bring them or get rides with other people. It made me more mindful of, you know, how blessed I was before, you know, having my car and just stayed able to get it in. And then, so.

Renee Markus Hodin: Wow. I'm so, so sorry to hear about the accident. But it's a really poignant thing to realize that you can still participate in these meetings.

Mary Harmon: Yes, yes, yes, yes. I wanted to add that I noticed that, as Robyn had mentioned, that a lot of the people who participated in the meeting, not everybody is very vocal. Some people just are quiet. But during these meetings now in the comfort of their own homes, whether they're in the Zoom meeting face-to-face or they're on their phones, a lot of people are participating more. They are speaking out asking questions for addressing concerns. So, I think that that's very interesting. I wanted to make sure I brought that up.

Renee Markus Hodin: Well, that's a very interesting observation, you know, coming from you as well. I feel like we could have called this webinar, you know, Making Lemonade, based on the conversation we just had. It's not easy of course to deal with what we're dealing with, but it sounds like, you know, the experience of the plans here and the experience of, you know, Mary, you know, taking advantage of what the plans have put together has been both interesting and positive in a lot of ways. And I really wanted to just lift up how, you know, important it is as you guys have said for plan representatives to just spend the time to check in with people because everyone's going through a lot right now. I think it means a lot in terms of, you know, building that bond, as someone said earlier and maintaining that bond just to check in how people are doing, because it is tough.

So, I just wanted to thank you all for the conversation. It was so terrific to hear from all of you. We are going to shift gears now, and instead of me asking the questions we are going to take questions from our participants, and I know that they've been coming in throughout. So, I'm going to turn the program back over to Alana who is going to moderate that section. Alana?

Question and Answer Session

Alana Nur: Great. Thank you so much, Renee. And thank you Monica, Robyn, Natalie, and Mary, for sharing all of your insights. We do have a few minutes for questions from the audience. Thank you to everyone who has already submitted questions either through the Q and A feature, or when you registered. If you have additional questions you can submit them using the Q and A feature on the lower left of the presentation screen. You can type your comment at the bottom and press “submit” to send it.

I will start then with some of the questions we have received so far. Mary, I will start with you. I am very sorry to hear about your accident. I am really glad to hear that you have been able to continue to attend virtual meetings with the CareSource member advisory council. And it sounds like things are mostly going well. As other plans are thinking about how they can shift a virtual counselor or how they can do that well, do you have any recommendations for other plans?

Mary Harmon: Well, I did hear the person speaking before you say that Robyn will be sending the information on how they send out pre-meeting directions. So that is a big deal. I promise you, whoever receives those will be very pleased, very pleased at how they set it up to walk, walk everybody through to be able to get in to the virtual engagement so that I think that'll be helpful.

Alana Nur: Thank you so much, Mary. Yeah, we are very glad and very grateful to Robyn and CareSource for sharing that. That is available and we sent it out in the chat. It is also on the webinar page where everyone went to register. So, you have that as a resource, and so glad to be

able to share that. I am really glad, Mary, that that's been helpful for you and especially all those visuals. Those are, those are really helpful.

Alright. I am going to turn to a question about recruitment. So, if this goes to Robyn, Natalie, and Monica, for all of you to answer, if you have recruited new members during COVID, how have you handled orientation or onboarding to your advisory committee? Natalie, maybe I will start with you as I know you have been bringing new folks on.

Natalie Wang: Yeah. Thanks for having me. So, we have been recruiting a few batches of members and what we're doing is we are sending all onboarding information via email and then also via mail. So, we do have a new member orientation packet that we send out to members. This just includes what our expectations of them are, how to be a good listener, how to participate and what kinds of things might be discussed, etc. We modified it a bit to make sure that, you know, it's still encompasses a virtual format. Then we mail that out to members.

But then also just to make sure that they show up and that they are aware of when their session time is, because now we have multiple sessions, we do send out multiple emails to them just reminding them of when their session date is, letting them know that they they'd like to reschedule they can do that. Then a few days before their session, we email them the zoom link.

Alana Nur: Thank you, Natalie. Robyn, maybe I'll go to you next.

Robyn Rohr: Sure. I think in addition to sending them the materials that they need we do do outreaches via phone to those members just to consult with them a little bit, have some conversations. A little bit more informally. We have not added the same number of members. As I mentioned, we only added a few long-term care members to our recent council, so it was easier to do more personal, outreaches to them, consult with them, talk with them individually a little bit about what to expect, how to be a good participant and also how to connect and also, again, those skillsets were being a good member advisory council participant.

Alana Nur: Great. Thank you, Robyn. Monica, if you've recruited new members how have you handled orientation or onboarding?

Monica Gossett: I am actually just right in the middle of that right now. What we are doing is the same as Natalie and Robyn sending out all the materials in paper form, but then I am meeting with them one-on-one in a Zoom type call so that they can see who I am, I can see who they are and we can get, I get a little chance to get to know them a little bit before the meeting. I can run through how our meetings usually go, talk about the people who will be attending, and just tell them some other agenda topics we have had in the past and how we used what we have learned to change. So that when they come in for the first time they feel a little bit more comfortable with what's going to happen and they kind of know how the agenda is going to go and this is how the meeting runs. So that's what we're doing.

Alana Nur: Great. Thank you. Natalie, a question for you. You are doing something a little bit more unique with these one-on-one interviews that SCAN Health Plan is doing. Do you have any tips or recommendations for other plans who might be interested in trying a similar approach?

Natalie Wang: Yeah, so I mean, definitely 100% you should find a way to record the call and go through compliance and all of that to make sure you have the right disclosures to say at the beginning of the call. But what we do is we have two or three SCAN staff people on the line as well, but we're only having one person, one SCAN staff person, excuse me, facilitate the event and ask the questions so that people aren't talking over each other because there's no video so telephonically it can get very messy if you have more than two people speaking at one time.

Then the other people on the line are note takers or are looking things up if the member has specific questions, things like that. Then another thing that we decided to do, and we normally do this for our regular events is have an agenda with all of the activities and for the telephonic interview portion. We decided to just have a bunch of different discussion questions and then kind of offshoot questions from the larger general topics so that we can guide the conversation and kind of make it natural. But then we ensure that the facilitators know that they can go off script if the member is going into an area that maybe we hadn't thought of. So then my tip for all the other health pants out there is to just make sure when you're creating your discussion guide and you're training your facilitators to make sure that they're using, you know, sixth or fifth grade level or lower language just so that you have smooth communication with your members and you're not being intimidating to them.

Alana Nur: Great. Thank you, Natalie. So, for Robyn, Natalie or Monica, have any of your plans conducted any types of evaluation or surveys to learn about members' experiences? And if so, what have you learned?

Monica Gossett: Hi, this is Monica. I didn't do a survey, but I did connect via email with our members after the meeting to see how the meeting went for them. Did they have any hiccups? How did it go? And from there, we did find out that we needed to send copies of all the presentations, all the handouts. We couldn't just have it online because some of our members were having trouble like being on their phone and pulling up the presentations. So, they preferred overwhelmingly to have me mail out hard copies of everything. And that way, if they were not comfortable or if they couldn't find something on their computer or they were just calling in, they had everything in front of them and could follow the meeting more closely.

Robyn Rohr: This is Robyn. I can also echo. We haven't necessarily done any official surveys with the members. We do save time at the meetings, especially at the end, we allow at least a 15-minute session to talk about, “Hey, what would you like to be discussing at these meetings? What do you want to have on the agenda for upcoming meetings?” just to make sure that they're getting their voices heard in terms of what types of topics want to be covered at these meetings. So, we're trying to be very responsive and make sure that the members are benefiting from these meetings as well as CareSource.

The other thing that we found is truly demonstrating that we are using their feedback and making a difference within that organization and taking action I think has been the biggest satisfier with the members. Each meeting we start off by saying what we've done with the feedback at the previous meeting. A lot of times we're able to, you know, show them whether it's on member communication materials that we've developed based on their feedback. I think the best, most rewarding part is when they see it going to all members, in the mail or something online or a new

collateral that's being put out to all members that was generated based on their feedback. I think that's a truly satisfying moment.

I think that's something that really creates a lot of satisfaction with participating in the advisory council. I think demonstrating that you're using their feedback is really one of those secret sauce to success.

Natalie Wang: This is Natalie. So, pre COVID we did do a paper survey for all members who were attending every single meeting. At the very end, we would give them a survey and ask questions about satisfaction with meetings, what aspects of the meeting they liked most. So, for us, because we are still testing out different formats and we asked them if they liked the SCAN engagement for the amount of SCAN staff in there, and talking with them, the open discussion format, the breakout session, or focus group styles, the activities, etc., so that we can get a taste of the types of things that kept them engaged. Then we asked them what they didn't like about the event. Also asking about their likeliness to attend one of our meetings in the future so that we know if they didn't like the event and they don't want to return then we would leave them off of the outreach list for the following sessions in the next years.

Then the last question we always ask is, "Do you feel like your feedback is valued at SCAN?" That's one of the ones that we consistently ask on every one of our surveys because at the end of the day that's where we're hoping to show our member feedback is truly valuable to us.

Alana Nur: Thank you, Natalie. And, and all of you, one last question then kind of piggybacking off of that and showing that importance. So COVID-19 has kept planned staff and leadership very busy, lots of competing priorities. How have you been able to keep momentum around using member input and feedback going? So, Robyn, Natalie, Monica, any of you can start.

Monica Gossett: This is Monica. I think in some cases, member feedback is even more important right now because we are all, this is a new situation for all of us. So more than ever, we need to hear how this is affecting our members and how is it affecting things that maybe we thought we had settled or organized or were running well, but how is it easy for them to get their prescriptions now? How are they doing getting to their doctors? You know, so many, there's so many, so many questions, it's kind of like a whole new world and we need their help to help us navigate it and to provide the best service for them.

So more than ever, we are depending on our member advisory committee that this time.

Robyn Rohr: This is Robyn. I will echo that. I think one of the biggest opportunities is really having those conversations about what barriers are they facing now that they're in a COVID-19 environment. So I think, you know, as much as we can try to predict as a plan some of the things that the members might be facing and how we can best support them I think the best thing we've been able to do is really directly ask them what kind of barriers are they finding? You know, how is CareSource doing at addressing some of those barriers and opening up those insights to what additionally, can we be providing in terms of support to the members?

Natalie Wang: This is Natalie. I agree with Monica and Robyn there wholeheartedly. And also I think a way to make sure that the focus is still on advisory committees while everyone in your organization is scrambling on other competing priorities is partnering with other departments to

put on advisory committees and topics that concern other departments. And maybe those departments are working on initiatives and programs that are in the making that are missing the member voice and really reaching the leaders of those departments and incorporating them in collaborating with them to put on an event and an event that benefits everybody.

Mary Harmon: This is Mary. I wanted to add something. One of the meetings that we had, one of the members she was taking care of or assisting, taking care of her parents who have COVID-19. So, it's not just what the member is going through personally, but it's also life goes on and all the things around you. So, I think that, you know, reaching out just to have someone to talk to is important.

Alana Nur: Thank you. Thank you for adding that Mary too. Thank you everyone for your responses Alright, at this time we are out of time. If you have more questions you can email us at @ricatlewin.com. The slides for the presentation today, a recording and a transcript will be available on our website shortly. Lastly, I do want to mention again that the Zoom Tips document that Robyn discussed earlier, and that Mary was speaking about is available for download. We sent a link in the chat. It is also on the same webinar registration page. Again, thank you so much Robyn and CareSource for allowing us to share that with the audience today.

Thank you everyone so much for joining. I really appreciate all of the speakers and all of the insights that they shared today. Please, for the audience, please complete our brief evaluation so we can continue to deliver high quality presentations and if you have any questions, please email us at @ricatlewin.com. Again, thank you so much to all of our speakers. Please stay safe and healthy everyone. And thank you so much for your participation.