Engaging Members in Plan Governance During COVID-19: Tips for Health Plans

Health plans derive significant value from engaging members in designing, participating in, and assessing their care systems.[1] By soliciting and responding to member voices, plans can ensure that policies and procedures are responsive to the needs, preferences, and values of members and their families and caregivers. One of the ways health plans can engage members dually eligible for Medicare and Medicaid is by including them in plan governance, such as establishing member advisory committees and placing members on governing boards. Engaging members in these ways can help plans understand and address barriers to high-quality and coordinated care.

Plans have developed a number of successful strategies for engaging members and their caregivers in governance. However, because of the COVID-19 pandemic and its associated physical distancing protocols, health plans now face new challenges to effective member engagement. This tip sheet highlights promising practices for member engagement in plan governance during COVID-19 for health plans serving dually eligible individuals, and is informed by participants in the Resources for Integrated Care Community of Practice held in 2020. It also offers guidance for leveraging alternative modes of communication in order to engage new advisors who bring greater diversity and representation to plan governance.

Tips for Engaging Current Member Advisors

The COVID-19 pandemic, and its associated physical distancing protocols, poses challenges for continuing to engage members who already participate in plan governance. Plans may consider using some or all of the following strategies to engage current member advisors.

- **Check on their well-being.** As part of building relationships with member advisors, staff with responsibility for advisory committees may check-in on advisors' well-being between virtual meetings. These calls may supplement regular care coordination by checking on advisors' health and safety and identifying any unmet needs. If this conversation identifies unmet needs, advisory committee staff can assist the advisor by contacting appropriate plan staff. If advisory committee staff do not speak the language of an individual advisor, they may engage staff who speak that language or an interpreter to facilitate this outreach.

- **Assess their access to, and familiarity with, technology.** Calls from plan staff to find out what technology advisors use and what supports will help them participate fully.

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[1] Centers for Medicare & Medicaid Services. (n.d.). Person & Family Engagement Strategy: Sharing with Our Partners. Retrieved from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Person-and-Family-Engagement-Strategy-Summary.pdf

- **Provide devices to members without adequate technology.** If member advisors do not have the technology necessary to participate on video conferencing platforms, plans may lend laptops or tablets (e.g., iPads) to use during the pandemic, or provide them with accessible Wi-Fi devices that will allow them to connect to the internet.

- **Send written materials ahead of meetings.** Be sure that member advisors receive the agenda and related materials approximately one week in advance of meetings. Sending the materials by mail will relieve members of the need to print them on their own or to switch between screens during the meeting. These materials should also be available in alternate formats that meet the needs of members who are blind or have vision loss.

- **Provide written instructions for participation in meetings.** Even the most tech-savvy member advisors may need help accessing and participating in online meetings. A detailed guide to participating in online meetings, with as many visual images as possible to help members who are newer to online platforms, can provide key assistance. CareSource, a Medicare-Medicaid Plan in Ohio, developed a 15-page guide for members that covers everything from signing on, to keeping microphones muted until speaking, to answering common troubleshooting questions. *(See* Additional Resources *below).* Again, formats for these materials should also meet the needs of members who are blind or have vision loss.

Incentives for Participation

Health plans often provide their member advisors with incentives that help them overcome barriers to participation (e.g., transportation reimbursement, child/elder care), as well as show appreciation for their time and commitment (e.g., refreshments, stipend, gift card). During COVID-19, health plans can continue to provide member advisors with gift cards using mail or electronic means. For more tips on incentives, read
https://www.resourcesforintegratedcare.com/Member_Engagement/Spotlight/2020/Participation_In_Governance_Innovative_Stipends_Incentives.

- **Designate staff for specific meeting functions.** Ensuring that meetings go smoothly requires an "all-hands-on-deck" approach with several plan staff taking on discrete, but essential, roles. Necessary roles may include:
    - Staff members to call all members ahead of a meeting to remind them about the meeting and to address any questions or concerns about participating in the meeting.
    - A staff member to host a "practice" session for members on the day before the meeting so they become more familiar with the technology.
    - A skilled staff person to serve as the facilitator during the actual meeting. This person should not only be skilled at engaging a variety of members, but also comfortable with the technology platform and the available tools that can enable full participation.
    - A separate staff person as a troubleshooter who is responsible for fielding questions from members who encounter technology problems during the meeting.
    - A staff person to take notes and to monitor the chat box for questions or comments.
- **Evaluate the experience.** Calls to each meeting participant within a week of the meeting can help plan staff understand their experience participating in the online meeting and to better identify what they might need to feel more comfortable in future meetings.

Diversity and Inclusion

Plans will want to continue providing language interpretation at meetings for limited or non-English-speaking member advisors. Some videoconference platforms enable language interpretation. For example, a Zoom meeting host can pre-assign interpreters to separate audio channels,[2] and attendees tune into these designated channels, if needed, to hear the interpreter rather than the host's channel. Make sure all written communications with member advisors meet plain language standards[3] and are translated into all the primary languages of the limited or non-English-speaking member advisors.

Tips for Engaging New Member Advisors

The physical distancing requirements associated with the COVID-19 pandemic may unexpectedly help overcome some of the common time and transportation barriers to member participation in plan governance activities. In fact, the shift to online engagement brought on by the COVID-19 pandemic may open opportunities to recruit new member advisors, especially those from communities not currently represented within an existing group of member advisors. Some members may have experienced a change in circumstance (e.g., job loss, shift to remote learning) that allows additional time or greater flexibility to devote to plan governance activities. Other members are spending more time at home and may feel isolated, so involvement with plan governance could provide an important social connection with others and a sense of purpose.

Plans can consider how to use this moment, and the increased use of online platforms, to expand the diversity of their member advisor pool. In addition to paying attention to representation across products, plans can evaluate their current roster of advisors based on a series of demographic and non-demographic factors that could include:

Demographic Factors		Non-Demographic Factors
• Age • Socioeconomic factors • Gender • Relationship status *(including family and other supports)* • Race, ethnicity	• Education level • Language spoken • Living arrangements/ type of residence • Religion • Sexual orientation/gender identity	• Medical condition/disability type • Services used *(e.g., long-term services and supports)* • Geographic location *(urban vs. rural, neighborhood)* • Lived experience *(e.g., immigrant/refugee, formerly incarcerated, formerly homeless)* • Primary care site

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[2] See, e.g., Zoom. Language interpretation in meetings and webinars. Retrieved from https://support.zoom.us/hc/en-us/articles/360034919791-Language-interpretation-in-meetings-and-webinars

[3] Plain Language Action and Information Network. (n.d.). Checklist for Plain Language. Retrieved from https://plainlanguage.gov/resources/checklists/checklist/

Key Recruitment Approaches During COVID-19

There is no single best approach to recruiting new member advisors, but some strategies may be more effective than others during the pandemic. Plans may consider using one or more of the following strategies:

- **Advertise via technology and social media.** Use the plan's member portal and website, as well as social media accounts (e.g., Facebook, Twitter, Instagram) to highlight existing engagement opportunities, how these strategies make an impact within the organization, and how to learn more about engagement activities.

- **Leverage electronic records.** As appropriate and allowable, plans may use membership records to identify potential advisors who may fill gaps in representation (e.g., geographic location, age, race/ethnicity). For certain categories of member advisors (e.g., medical condition, services used), ask authorized plan personnel to use the plan's electronic health records system to identify potential advisors with these attributes. Ask clinical staff to contact them through the patient portal, email, mail, or to give them written information at an upcoming visit.

- **Involve plan staff.** Engage clinical, administrative, care coordination and community outreach staff. Talk with clinical, administrative, and community outreach (e.g., community health workers, doulas, health coaches) staff at the beginning of recruitment to explain the purpose of engagement and any specific criteria for potential candidates. Send them electronic information they can share with consumers they consider good candidates.

- **Reach out to community-based organizations.** Look outside the four walls of the plan. Conduct outreach to community-based organizations that serve the types of members the plan is seeking. During the pandemic, these kinds of organizations may be encountering an even greater number of members and may have good suggestions for potential advisor candidates. These organizations could include:
  - Congregations and other religious gatherings
  - Social or cultural organizations
  - Senior centers
  - Area Agencies on Aging
  - Centers for Independent Living
  - Social service agencies
  - Support groups, including those online
  - Disease-specific groups (e.g., local chapter of the American Diabetes Association)

Additional Resources

These resources provide additional information on member engagement in plan governance, including during COVID-19.

▶ **Engaging Members in Plan Governance During COVID: A Panel Discussion (2020)**

This Resources for Integrated Care webinar features promising practices from three health plans for staying connected to member advisors and supporting their continued involvement during COVID-19.

▶ **Member Engagement In Plan Governance Webinar Series (2019)**

The Member Engagement in Plan Governance Webinar series from Resources for Integrated Care is designed to help health plans engage members in plan governance. It includes guidance for health plans on recruiting members and supporting their participation, as well as gathering and using member feedback.

⚙ **Change Package: Person-Centered Engagement at the Organizational Level**

Developed by Community Catalyst's Center for Consumer Engagement in Health Innovation and the Health Care Transformation Task Force, and supported by the Robert Wood Johnson Foundation, this Change Package is a guide for leaders and staff at organizations across the health care spectrum – hospitals, large medical practices, health clinics, health plans, accountable care organizations, and more – to aid in developing meaningful person-centered engagement structures at the organizational level.

📄 **CareSource MyCare Zoom Instructions**

Created by the member experience department at CareSource, a Medicare-Medicaid Plan in Ohio, these step-by-step, visual instructions provide a template for plans to use as they help their member advisors connect to online platforms and participate in meetings.