Resources for Integrated Care
Enrollee Advisory Committees Through a Health Equity Lens
March 14, 2024

Brittany Jackson (Moderator)

Welcome everyone. My name is Brittany Jackson, and I am with The Lewin Group. I am honored to serve as your event facilitator today.

Before we begin, we would like to orient you to the platform. Audio should automatically stream through your computer's speakers. Please make sure that your computer is connected to reliable Internet and that the speakers are turned up.

If you are experiencing any difficulties with your connection, please turn off your network VPN for the duration of this event. There is no phone dial in option. The recording will be available after the event. **Next Slide.**

In the center of your screen, you will see the slides for today's presentation. Below the slide presentation are resources you may download, including a PDF of today's slides along with a question-and-answer box where you can enter questions for our presenter or chat with the webinar team. If you need support, our team will also send helpful messages via the Q&A box.

Closed captions are available. If you select the resources icon, you can move the windows around to fit your screen. If you minimize a box and want to bring it back, you can click on the associated icon on the bottom of your screen. **Next Slide.**

Welcome to the webinar, "Enrollee Advisory Committees Through a Health Equity Lens." We are grateful you took the time to join us today and are looking forward to sharing promising practices to support enrollee advisory committees or EACs. **Next slide.**

Today's session will include a presentation from our esteemed presenter, a moderated conversation, and will close with time for questions and answers.

The recording and a copy of today's slides will be available at https://www.resourcesforintegratedcare.com/. **Next Slide.**

This webinar is supported through the Medicare-Medicaid Coordination Office at the Centers for Medicare and Medicaid Services (CMS). MMCO is helping beneficiaries dually eligible for 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 dually eligible beneficiaries, 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, please visit our website or follow us on Twitter, recently rebranded as X. Our handle is @Integrate_Care. You will also find us on LinkedIn. **Next slide.**

The roadmap for our time together today is as follows. We will start with a few introductions and sharing learning objectives, followed by collecting some information from the audience via two polls.

Then we will hear from our esteemed presenter, Pam Burnett, Senior Manager of Health Equity and Quality at Health Care Service Corporation Blue Cross Blue Shield, will present on enrollee advisory committees (EACs) health equity implementation and best practices. After the speaker presentation, we will flow into a moderated conversation before we engage in audience. Q&A.

If you have questions, please type them into the ask a question box as we go and we will answer as many as we can. We will close by sharing additional resources and requesting your feedback on the information shared today. **Next slide.**

At this time, I'd like to introduce our presenter. Pam Burnett is a Senior Manager of Health Equity and Quality at Health Care Service Corporation Blue Cross Blue Shield. Pam and her team have been doing amazing work, which we're excited to hear about soon. Pam will share a bit more about herself in just a few moments, and again, my name is Brittany Jackson, and I am serving as your moderator and facilitator today. **Next slide.**

This event will accomplish the following learning objectives identify the role that EACs can play to address social determinants of health or SDOH, and improve health equity for health plan enrollees implement EAC operations that take into consideration the cultural and linguistic preferences of committee members, understand the impact that EACs have on implementing effective care coordination strategies through a health equity approach recognize opportunities to leverage EAC informed and person centered approaches to improve healthcare coordination for dually eligible individuals and encourage health plan leadership and staff to actively participate in the development and implementation of EACs. **Next slide.**

Okay, as noted earlier, we are going to poll the audience before we launch into today's presentation. The goal of these questions is to get a better sense of our audience members today. To ensure all participants are able to participate in this poll, I will read each response option aloud. To participate, you can chat in your response or click the button corresponding to your response. You should see a pop up on your screen asking.

So, this first poll question:

In what care setting do you work?

Response options include:

- Health Plan
- Ambulatory Care Setting
- Long-Term Care Facility
- Home Care Agency
- Community - Based Organization
- Consumer Organization
- Academic / Research

- Other

So, we will give it just a moment for the poll results to populate and for you all to participate in the poll and then I will share out the response. Okay, the top two answers for this poll are health plan and other.

Thank you and for any of you who've listed other, feel free to chat in. We would love to learn more about what setting where you work.

Alright, **next slide and next poll.**

Okay, our second poll asks: Which of the following best describes your professional area?

- Health Plan Case Manager / Care Coordinator
- Health Plan Customer Service
- Health Plan Administration / Management
- Medicine / Nursing / Physician Assistant / Other Provider
- Pharmacy
- Social Work
- Advocacy
- Other

And we'll give it just a moment so that we can also see the top responses here.

Thank you all again for your participation in the polls.

Okay, for this one, it looks like the top two answers are health plan administration and management, as well as health plan case manager or care coordinator, which seems right on par for this presentation. Thank you all so much for participating in these brief polls. **Next slide.**

Okay, now I am looking forward to an engaging EAC presentation. So, without further ado, Pam, I am going to turn things over to you.

Pam Burnett

Thank you so much, Brittany. First, I want to thank Brittany and the Lewin team and also MMCO for allowing me the opportunity to do a bit of knowledge sharing today. As Brittany stated, my name is Pam Burnett and I work for Blue Cross Blue Shield of Illinois, which is a division of Healthcare Services Corporation.

A big portion of my career was actually spent in the field of telecommunications as a certified project manager. And then almost five years ago, I transitioned into the field of healthcare insurance. I have experience in the enterprise project management office, also with Medicaid operations.

And then I currently work on our health equity and quality team, where I serve our Medicaid, Medicare, and also dually eligible populations. **Next slide, please.**

So, just a bit of background on HCSC. Again, we serve Medicaid, Medicare, and dually eligible enrollees for our Medicaid services. We serve in three states, Illinois, Texas, and New Mexico. For Medicare, we support Illinois, Texas, New Mexico, Oklahoma, and Montana.

And then in our MMAI planner, MMP is Illinois. And then we have D-SNP populations in Texas, New Mexico, and Oklahoma. So, when we look at our total population survey, we have over a million Medicaid enrollees, right around a little over 197 thousand individuals for Medicare. And then when we look at our financial alignment initiative individuals, we're around 27k. We also do not just in our dually eligible segment, but in all of our populations that we support, we do look at data broken down by race and ethnicity.

So, as we talk about our dual eligibles today, just to give you a little bit of the lay of the land, from a race and ethnicity standpoint, about 44% of that membership is White, 24% is Black, 18% Hispanic, 11% Asian, and then 3% unknown. **Next slide, please.**

So, one of the main things that we, of course, are looking at today is how did we go about applying our health equity lens to formulating and developing our EAC committees.

And so, of course, we like to go, and we look at the background, right. Just to make sure we're all on the same starting ground. So, we know in 2023 there was a Final Rule that came out that said all dual eligible special needs plans must have established and maintained one or more EACs for each state in which the D-SNP is offered.

Part of that Final Rule also said that we needed to make sure that we were improving health equity for our underserved populations. So, when we think about that, we thought about how do we and what are the things we need to consider when applying a health equity lens, right. And first of all, it involves intentionally looking at the potential positive and negative impacts of long standing systemic social and health inequities. You have to consider the themes of how your organization can be inclusive and avoid bias and stigmatization. So that's pretty self-explanatory. But you also have to recognize and reflect the diversity of the dual eligible population. That includes your marketing materials, your presentations, even your outreach scripts.

You want to make sure that you're providing culturally and linguistically appropriate, easy to understand information, and you want to ensure that everyone, regardless of their race or ethnicity, has an opportunity to achieve optimal health. **Next slide, please.**

So, when we thought about our EAC, right, we went back to some of the basic principles that we use in project management.

And so, we started with planning, right, being intentional. We knew that this first year of us having our EAC, which was in 2023, was going to include some wins and successes, along with some bumps, bruises, and learning lessons along the way. So, we knew our first year of those quarterly EAC meetings was going to be foundational for establishing our structures, processes, and participation needed to continue and build equitable and actionable EACs, right? So, some of our initiative, our initial activities that we started off with to address health equity with the EAC included, first of all, meeting with our internal teams, because our internal stakeholders are a very big part of this.

This is not something one department can do in a silo. So, we met with legal, our care coordination, our duals teams, and our operation teams. Before even kicking off our EAC, we wanted to make sure that everybody understood what the Final Rule was and then that also giving them opportunity to share experience and provide input to the creation of the EAC. This planning was a pivotal part in helping us to secure our leadership support to create a dedicated EAC staff role for the dually eligible population. The other thing that was a key initial activity was analyzing a variety of our data sets.

So, we looked at SDOH data, we looked at our claims data. We looked at HEDIS data. We looked at health plan enrollee experience data. What surveys did we have that we could pull information from of what members were looking at? These analyses helped us identify disparities and also helped us inform EAC meeting topics and also our agenda items. **Next slide, please.**

So then in the second part, like again, if we're thinking about project planning, we looked at "define," right, and we used the data driven approach. So, we wanted to make sure that we knew the populations in the various states that we were trying to serve.

So, we used data to identify and recruit representatives. We pulled again various different internal reports to ensure the different states that we understood what that membership demographics looked like.

We had reports that we shared that had address information, phone number information, email, race, gender, language preference, because that was all going to be part and necessary for the registration process, as well as we wanting to understand, because we serve various states, what the populations and the uniqueness to those populations were in each particular state.

We also made sure that we used statistical techniques like randomization as we were doing outreach to have a process where we could do sampling of health plan enrollees, right. We knew we could not reach every member all the time, right. But just making a concentrated effort to make sure that as we were planning each quarter, that we were reaching out to members that we had not reached out to the previous quarter or that we knew in a particular county or zip code, right. We were just ensuring that that plan would eventually cover outreach to all of our members.

We also use city, county, and zip code data, although we are currently still in a virtual setting. Our plan is, as part of the 2024 layout by third quarter is to do in-person meetings. So that is going to be very helpful with us determining the location of those meetings to help reduce some of those SDOH barriers, like transportation as an example.

The other thing that we did is we also used the data to identify health equity challenges that are discussed with our EAC enrollees. So, for example, we combine state and county level data with population health and SDOH data to give us insights that the enrollees may be experiencing related to things like food insecurity, housing, employment, and social supports. To ensure that we have the right resources in place to be able to share that information with our enrollees during the meeting. And then once again, I can't stress enough that we use various tools like our HEDIS dashboards to understand disease

prevalence of the population and identify possible areas where interventions could help improve health equity.

So, an example would be if the plan staff again looked at the HEDIS data, we identified disparities. We had internal discussions within our health equity team and with some of our other external partners to explicitly discuss what those gaps were and how we could address those gaps. **Next slide, please.**

So, then the next step was engagement. And so, that included our EAC participant recruitment. And so, we wanted to make sure that we use the following enrollee-centered approaches to engage and recruit our EAC participants.

So, we used a third-party vendor, third party partner, actually, that we work with to conduct that initial outreach to the members and also ultimately register the members for that while they have them on the line for our quarterly meetings. So, we wanted to make sure that we made the process as easy for that enrollee that was interested in attending as possible. We also offered participants the option to request an interpreter as part of that registration process.

They asked the question if they would need an interpreter, so we could make sure that we had the resources available to support that. And just in a live example in our EAC this month, we actually had someone come back and say Vietnamese. And so, we were able to know that with the tool we use for translation that they would be able to select Vietnamese language as the preference so that they could see the meeting in a language that would be meaningful to them.

We also have an interpreter available. It is a Spanish speaking interpreter at the beginning of the meeting. So, as we're going through those support slides and providing information regarding the translation tool that they are receiving, in a language that would be helpful and culturally sensitive for them.

We also partnered with an event management and marketing company, and we had several discussions of looking at marketing materials, looking at the language of the registration process to ensure that it was culturally appropriate.

We made sure that the marketing materials and the photos represented the member or an enrollee demographic that we were doing the outreach to.

We also launched text campaigns to recruit potential EAC members and then also our third-party partner as part of that outreach plan, they follow up with those participants that did register three days prior to the meeting, just with a nice reminder call, just letting them know the meeting would be taking place. **Next slide, please.**

So, then we move to implementation. And so, with implementation we consider to be pretty much the management of the meeting, right. And so, we implement and manage our meeting in the following ways. We work very closely with our duals teams and a lot of our other internal stakeholders to ensure that we are compliant in the activities that we plan for, the agenda, the decks that we show. We want to make sure that we're in compliance with all of that.

So, we work very closely with our operations team in co-managing the meeting and walking through the presentations and all of the documents together. Again, we held virtual meetings for all of 2023. We do plan to go to in-person meetings in 2024 and then we also worked with a marketing firm with our meetings, they facilitate our meetings and a lot of our materials for us.

And that firm is facilitated by a minority woman owned vendor. They support and understand health equity. And so, our conversations flow very naturally as we're talking about things like culturally sensitive marketing materials.

And so, finding that diverse vendor was very important to us in our pursuit to make sure that health equity was part of our EAC meetings. In our EAC meetings, we also have content and we make sure every quarter that we are including consistent information regarding SDOH topics regarding D-SNP benefits. We also have as a standing agenda item of redetermination and we also do special presentations, whether it's from our pharmacy team, care management, or disease management teams - the topics with disease management can change depending on the state that we're in and what is the prevalent disease state that we're looking at.

But we typically try to keep pharmacy also health equity care management as a standard part of that agenda.

Okay, and then I think I skipped the slide.

So, again with engagement, we always want to again make sure that we use the approach to have our third-party vendor conduct the outreach.

We do make sure that we offer the participants the option to have the interpreter. We remind them two to three weeks ahead of time. We use the launch text campaign, and then we also follow up with registered EAC participants three days prior to the phone call. **Next slide, please.**

And so, again, I think I skipped a little ahead of myself, but in the implementation meetings, this is where we are just making sure again that we are following and working with our internal teams to ensure we're in compliance. We want to make sure that we work with diverse vendor partners who understand health equity.

And then we also want to make sure that we're consistent with our topics related to SDOH needs. Redetermination, health equity, and care management. **Next slide, please.**

Also, as part of our implementation, we always want to make sure, again, we have our internal subject matter experts available.

That includes customer care coordination, quality improvement, our benefits team, and our pharmacy teams, because we want to make sure that we're able to, as much as possible, give the member and the enrollee the meeting information that will be most meaningful to them. And we also want to make sure that we have them there as a support staff, should any questions arise.

We also make sure that we use polls and surveys. We strategically place those throughout the presentation of the meeting to make sure we are engaging the enrollee in conversation and feedback. We don't leave all of our poll questions to the end because we want them to be able to respond to the question and then also give any feedback while that particular subject is relevant and top of mind for them.

With our virtual EAC meetings, we have pre-planning meetings, right. So, we're making sure that we're hosting dry runs with internal staff and the presenters one week before the meeting, so everybody is committed to the meeting and understands when they need to be there. We walk through the deck. We make sure we're capturing participant registration and information, because we do send them a gift card for attending the meeting and we'll talk a little bit more about that.

Again, we make sure we have one to three poll questions after each presentation so we can get that feedback immediately. And then we also leverage those survey and poll questions results to help shape the agenda as we plan the next quarter's meeting. We also again use a virtual Zoom-based translation service called Wordly.

That is what I was speaking to, where the member can actually select what language do they want to see the translation in. And so, we provide that service as well again, we do have internal staff available to help interpret during our EAC calls for our Hispanic members. **Next slide, please.**

And so, lastly, just going into a little bit more detail regarding feedback, survey, and reporting, again, we suggest the following strategies. We feel like that has really helped us to promote robust and meaningful feedback from our EACs - the post meeting surveys as I've kind of stated before, we do poll questions after each presentation.

But at the end though, we do a post meeting survey, right. Just so that we can understand any concerns immediately from the member as well as it gives us opportunities to give them opportunities to provide feedback on future topics or agenda items that they would like to see.

We also close that feedback loop by making sure that EAC participant concerns or recommendations are addressed immediately, and sometimes those need to be addressed in private, because of the sensitivity associated with the subject, and other times there are questions that may come up at the end, which is why we make sure that our staff remains on the call and our internal stakeholders, in case they have to answer a question at the end.

We also strive to capture self-reported participant demographics. So, in our registration process, we do collect information related to race, primary language, zip code, and gender, because that does help us with reporting and also planning future quarterly meetings.

We also implemented last year, a year end impact report, which actually turned out to be a fabulous report that was created by a member of my team. And in that report, they looked at all of the quarters for 2023 and they did a breakdown of our engagement and participation rate, breakdown of our participants related to race and ethnicity, age, and their location.

We did a summary of all of the poll questions and responses, and future engagement opportunities. The plan staff then reviewed this with all of our internal stakeholders. So, as we were going into and thinking about our planning in 2024, then we could incorporate some of those different things at the beginning of the year.

A good example of that would be our community affairs team, right. We implemented this year of having them join as well. So, as we're talking about disparities or certain diseases, and they know of community events that may be taking place in that area, they share that information with the enrollees on the call.

And then lastly, and most importantly, I can't stress enough how important it is to compensate the EAC participants fairly for their time and their expertise. We share thank-you letters with them. We make sure that we have the information to get them a gift-card because we know this would not be possible without them.

So, we want to ensure that our enrollees feel valued and that we recognize that they don't have to take the time, but we're very appreciative of them taking that time. And last slide, I believe that is it for my presentation. Yes.

Brittany Jackson (Moderator)

Wonderful. Pam, thank you so much for that insightful and informative presentation. So now we are going to move into our moderated conversation.

So, on the next slide, you'll see our first question.

Okay. Reflecting on the information you shared, what are your top three promising practices for engaging with EAC participants with diverse cultural and linguistic needs?

Pam Burnett

So, thank you for that. I think I can think of three things that we primarily look at. So first of all, we want to make sure that our health plan staff are supporting EAC members through the onboarding or registration process, right. So, our EAC, as I said, meets virtually on a quarterly basis. And so, as part of that registration process, we make sure that our third-party partner, who conducts that virtual and telephonic outreach, that they're very personable with the members when they are asking them regarding joining the EAC.

When we receive the member information, we conduct that virtual registration for our meetings via Zoom, and so, they get registered as soon as they express the interest of attending the meeting. We also again track that data. I can't express enough how important the data is in helping you shape future meetings.

And so, we make sure that we're tracking that attendance, gender, age, race, ethnicity, and also the geographical data. This helps us in understanding who we are expecting to attend the calls, right. Making sure that we're asking again, the member about the translation services upfront.

We do a lot of work, as I stated, with our internal stakeholders as part of the plan, right.

And working directly with our care coordinators to make sure that as they're doing their daily contact, or with our members or enrollees, that they are making sure that they share the EAC information with those members and that we also want to make sure that the members have a comfort level of we have the right resources on the team to understand and ask any questions, right, of any process and topics that are discussed. And then lastly, everybody in our internal team that supports EAC is just great.

I mean, they are engaged, they understand the importance of the enrollees, they are actively involved in the meeting. They stay on the meeting the entire time to make sure that they can support any member questions throughout EAC meetings. So that would be one thing.

It's just making sure you have the right support in place for not just the registration, but also as your meeting is going on and then also post meeting.

The other thing we did I talked a little bit about earlier is Wordly, right. So, we wanted to make sure we had a built-in and easy-to-use translation and capturing service. So, within the Zoom app there is a Wordly function.

And what it does is it provides AI translation and captioning, so it supports that live translation during the meeting. It's very user friendly. Again, the member can select a drop down and see which language is most appropriate for them.

And then also we make sure that the enrollees with diverse language needs can follow along in real time and be able to use the translation services during our EAC meeting.

And then the third thing is, even though we all know sometimes technology may fail, we do make sure that we have a Spanish speaking support staff member who stays on the call in the beginning. She does give directions to them of how they can go in and use Wordly and help them with any troubleshooting of that translation service, should they have that during the call.

And then for our members, again, with our support staff, they do make sure that as other presenters are presenting, we have our duals team that definitely engages, to be able to answer any questions or any topics that come up. They monitor that chat to make sure we are providing responses in a timely manner.

Brittany Jackson (Moderator)

Wonderful, thank you so much, Pam.

Alright, **on the next slide**, you'll see our next question. What are some strategies that work well to ensure EAC meetings are productive for both the health plan and participants?

Pam Burnett

So, some of the tactical strategies that we use is, first of all, we leverage our data again to inform discussions.

So, we use data to understand the dynamics of the population in that particular state that we are meeting with. So as an example, we look at our social determinants of health data. We look at those dashboards.

We look at our population health dashboards so we can understand in advance our members' needs and what likely barriers that they may have. We look at the claims data to make sure that we understand the medical diagnosis and the common conditions, which help us identify trends and also note disparities that are impacting that population.

We again look at data to make sure that we understand the race and ethnicity and any other demographics that may be unique to that particular population. And so, we take all of this information, and we develop timely and relevant topics that, again, are specific to the EAC enrollees in that state. So, to give you an example, our data analysis indicated to us that in one of our particular states, diabetes was a prevalent member condition there.

So, we brought in a health educator who actually did a presentation about diabetes during the meetings. We brought in our community affairs team to share upcoming community events that were relevant in those areas that were related to diabetes management and control.

And then we also, with those poll questions, even after we do that education session, we engage the EAC members in that discussion by asking them to provide their input, using some poll questions to prompt them to what insights or what barriers to care or even possible solutions that they may have, which then helps us inform improvements to our chronic care management efforts. The other thing that I'll say is that we also like to ensure that we have meaningful content and organizational support during the meeting. I've kind of gone over this a couple of times, but just to stress enough that one team cannot do this by themselves, right. And so, with all of the internal support that we have, we make sure that we're getting input prior to the meeting.

We're getting input after the meeting. We make sure that we create a multifaceted agenda to develop relevant and meaningful content.

We also, again, take that direct member feedback, and that's what helps us determine some of our special topics as part of that next quarter's agenda. Again, in looking at the disease states and the prevalence to that D-SNP community, we also use that to determine special topics.

In the example I gave with diabetes, there's another example where we noticed a high diagnosis in one of our states related to hypertension, right. And so, as we plan our meetings, we look for those special topics that would be most meaningful to the population there.

In the meeting introduction, we always start off with a statement related to the importance of the EAC and why it was created.

We stress to the enrollees of having their voice and hearing their voice. We stress that this gives them the opportunity to actively engage in their health plan, and also it gives them the opportunity to provide input on plan improvements or changes.

The agenda is also structured to make sure that we include benefit information, right. Because when we think about benefit information, it is a form of literacy. So, we make sure that we are including D-SNP information specific to that D-SNP population and their benefits, supplemental information, and their pharmacy benefits, right.

We want to make sure that is uniquely tailored and specific, so they understand what applies to the dually eligible population. We share information related to support services that may be offered through our care coordination team. We do the health education elements, right. And then we also, every quarter, make sure that we have a health equity component of the meeting in there, where we focus on information about sharing data from our actual health equity plans.

We talk about removing health care barriers and also addressing any SDOH needs, such as food insecurity, transportation, isolation, those types of things. We also make sure we have a regulatory update section in our deck and our presentation, right, where we include information that we receive from our state regulators or our federal regulations on topics, such as redetermination.

In fact, as an example, redetermination is such a critically important topic that we make sure that it is a standing agenda item on our EAC meetings and that we have a team member who is working directly with redetermination and understanding those regulations present at that meeting, as well.

Again, our Zoom polls do help us to gauge member understanding throughout the meeting. The questions in the chat and the responses help us engage that as well. And then we ensure that we have the appropriate representation where the teams are presenting, where sometimes they will even invite another staff member from their team just to make sure that if any questions are in the chat when they're presenting, that they can give those real-time answers and questions to that and then we also try to make sure to not have these same agenda items every month.

We do rotate topics, especially when it comes to disease barriers and some of our SDOH needs. And then the last thing that I'll share is: the feedback. I can't stress enough how important that feedback is; because it really is going to help shape those meetings, right. It's going to help you understand if the member is grasping the understanding of the topic just covered or, did it present more questions, right. And then we actually need to revisit that topic in a different way or a more detailed way.

Next quarter, we also, at the end of the meetings, again, give the member the opportunity to ask questions, to give any comments, issues, or concerns. Sometimes if we can see that the member is sharing personal information, we try to step in and stop them right away and get a care coordinator who can work with them immediately offline to address those. We also distribute meeting minutes to our internal staff that were participating and supporting that quarter to make sure that they understand any feedback we received and any open action items that were specifically related to those areas; because we want to make sure we close the loop and that the enrollee is reached out to and their concern is addressed. And then again, our duals team is very instrumental in helping us make sure that we are

connecting the members to the right resources, even if they're not on the phone, because closing that loop is very important to get that continued member participation.

Brittany Jackson (Moderator)

Excellent. Wonderful. Thank you so much, Pam.

Alright, on the next slide, what advice would you give plan staff members experiencing challenges engaging enrollees through EACs?

Pam Burnett

Recently I happened to be at a youth event and a topic that was being discussed there was called pivoting and perseverance. And so, we always have to keep that in mind, right. If you have different states and communities in your EAC meetings, you can't view that as a one size fit all.

So, we need our enrollees' input to be successful. When a strategy isn't working, you've got to be flexible enough to pivot without losing that passion to persevere and keep trying new approaches.

So, as we talk about approaches, we look at our communication approach, right. We use a multi-communication approach, making sure that we utilize text, email, and or phone calls, where applicable and appropriate. We also make sure that our phone and text outreach scripts have been approved by our regulators and that we are using the most effective language.

We ensure that it's beneficial for our EAC focused health plan staff to put that supportive structure in place to aid and comfort with the process and to encourage better outreach and engagement efforts. So, for example, you want to ensure that your outreach script emphasizes the importance of member feedback and engaging them and hearing their policy. I mean, hearing their voice right and their voice will help with forming policies and procedures. We rely on the outreach scripts for both our EAC recruitment and for our actual EAC meetings. Our leadership and regulations teams review those scripts to make sure that we have accurate and consistent language. And then, to further assist the EAC with the specific meeting of the registration, we also engage internal staff members that work on our community facing team, right, like our community relations board. We look at some of our other populations that are also doing member advisory meetings, like our Medicaid population or our Medicare member appreciation meeting, to see what information we can glean from what they're doing. And then we also make sure that as we're interfacing with some of our external community-based organizations, that we're sharing EAC as an opportunity with them and also understanding what information they may have as an external stakeholder, that may help us in developing our meeting content.

So, speaking of meeting content, that would be the next thing, right. Is to make sure that the data that I've mentioned several times, that we use that to solicit EAC member topics and that we're shaping the agenda and developing appropriate and relevant meeting content.

We also strive to make sure that the EAC members, if there is a specific topic that they've mentioned or they provided in that feedback, we make sure that we include that in the next quarter's meeting. We get the right subject matter experts in that next meeting to be able to address that.

Our real time polls help us to make sure that we have another way to, again, understand in real time; does the member, do they appear to be grasping the information? Is this the subject that we need to cover in more detail next month?

And then we also want to make sure that we always have a poll question that is tailored to things of SDOH needs. As an example, in one state, we may find that food insecurity or food options is a pressing topic for them. However, in another state, it may be transportation. And so, that's where I'm talking about the flexibility in planning that meeting and being open minded and using the responses that you are receiving to help shape that EAC agenda.

And again, member incentives, right. We do state within our regulatory guidelines, but we want to make sure we're offering members incentives, such as a thank you letter, to reinforce that we are appreciative of their valuable time and their feedback. And we do offer them a $25 Walgreens gift card for them attending the meeting.

Brittany Jackson (Moderator)

Wonderful, Pam.

Thank you. Next, please walk through a successful example of implementing an EAC suggestion.

Pam Burnett

Okay, sure. So, this is a SDOH barrier that actually has come up in various of our member facing meetings. Whether it was our MMAI meeting or Medicaid meetings, and that was: concerns related to our transportation, and transportation vendors.

And so, the members were expressing concerns centered around late arrivals, driver disrespect, and a few other issues. So, what we did with that information is we collaborated with one of our health equity partners, who assisted us with getting some established focus groups to really dive in and understand these concerns better. And so, the focus group that they put together, they came back with a summary of recommendations from those participants of the focus group that included things like, education of members on transportation services accessibility.

They wanted to see more follow up once a member had used the transportation services to kind of ensure that they were satisfied, they also mentioned retraining drivers, dispatchers, and staff in general, and felt like there were some changes that needed to be made to some of their transportation protocols. So, our partner helped us take this information. They compiled it in a final report, and we reviewed it with our internal staff.

And so, one of the things that was an outcome of that was actually the transportation vendor's driver training. So, we developed and put together some training.

Some of the topics that were included were: trauma informed customer service, maintaining professional boundaries, developing emotional intelligence, and HIPAA training. So, we took all of that information, it was compiled, put into a training deck, and then we trained this transportation vendor and their drivers with this information.

And so, we then re-met with the focus group, took that information back to them, right, and assured the members that the training had taken place. We were looking to see and would be doing follow up with them to see if they saw any improvements in their experience with this particular transportation vendor.

And so, as a result of that, the feedback that we received in those follow up meetings is that they actually had seen some of that improvement, and it did increase enrollee satisfaction with that transportation vendor since that intervention had been implemented.

Brittany Jackson (Moderator)

Excellent. Thank you so much, Pam, for sharing that wonderful example.

Okay. Time flies when you're having fun. So, we have about one more minute for our last panel question, and that last question is, please describe how the plan uses and shares EAC feedback.

Pam Burnett

So, one of the things that we implemented, as I was talking about the first year being foundational, right. And you kind of hit some bumps and bruises along the way, and you develop some learning lessons from that, right. So, one of the things that we did is we implemented immediately following the EAC meeting, the internal staff has a post meeting call, and during that call they discuss any priority concerns to make sure that follow up action items are assigned, that we have some timelines associated as to when we can expect the information to be relayed to the enrollee. We also share again our detailed meeting minutes, which includes meeting information, the responses to the poll questions, open actions, and any next steps that were determined during that post meeting.

And then the other thing is our annual impact report, which we implemented last year. And so, again, this report was shared with our internal health plan staff and also our leadership. The report included collective data of all of our quarterly meetings, and it included things like meeting engagement rates, participant demographics, and member feedback. We also requested from the third-party partners that support us, we asked them to do impact reports, as well. So that they could provide us details around the registration process and outreach process and any follow-ups that they did. And so, this information was very instrumental in helping us design and make changes or help us understand gaps and concerns that were related to how our meetings were being structured. It allowed us to be able to make some changes as we went into 2024.

It also gives us the opportunity to formulate any feedback that we may need to pass back up to our regulators as we talk about shaping and informing future policies. And then we also make sure from a health equity standpoint, that we're understanding what were the greatest concerns, SDOH barriers, disease disparities, so that we're making sure that we are

appropriately planning interventions for that. Just to give a couple of quick examples, we learned that 50% of our EAC participants in Texas that were attending always or on a regular basis. We had a question that came up from them basically several times in our Texas and New Mexico meetings about supplemental benefits. So, we make sure that is part of our agenda each quarter where we're explaining the over-the-counter benefits; a flexible spending overview and how they can more effectively and efficiently utilize that card.

Brittany Jackson (Moderator)

Wonderful, Pam. Thank you. Okay, we are going to move to audience Q&A.

We have a question here: how many internal staff are involved in supporting the EAC meetings? Is it one person or a team of five? How many, Pam?

Pam Burnett

So, we have the various departments that we have supporting us. So, it's usually anywhere from one, usually one, maybe two people from each department.

We have our duals team, which they help us, again, with a lot of operations and compliance things. We have our care management team; somebody is on there representing that. We have our pharmacy team. We have a team that works directly with benefits.

So usually if you think about that, I would say we have an average of five to seven areas that we're probably addressing. And so, we have one to two people, usually, again, one from those areas. So, our internal staff, as we're supporting this meeting, could probably, I would estimate be somewhere between like eleven and 14 people.

Brittany Jackson (Moderator)

Alright. Excellent. Thank you so much, Pam. You have covered so much in this presentation. It has been so wonderful and insightful.

And as I said, time flies when you are having fun, it's been great. We are right at the half hour, at the close of this event, so we can move forward to the **next slide**.

Thank you so much for attending. If you have any additional questions or comments, please email RIC@Lewin.com, and as a reminder, the slides for today's presentation, a recording, and a transcript will be available on the Resources for Integrated Care website shortly.

Additional resources referenced during today's presentation are also included at the end. So, I will go to the next slide, which is our evaluation slide. Please complete our brief evaluation of the webinar so that we can continue to deliver high quality presentations.

We would also like to invite you to provide feedback on other RIC products, as well as suggestions to inform the development of potential new resources by using the link included on the slide. **Next slide, please.**

And then, as I mentioned, here are a few recently released RIC resources, you can look through these on your slide deck. But we have our integrated care in Action podcast,

strategies for advancing health equity - part one, our new updated behavioral health integration capacity assessment, or the BHICA, and then also a resource guide addressing bone health across the life course for dually eligible women with disabilities. **Next slide, please.**

Okay, and I just want to highlight a few key RIC EAC resources for you all today on the slide. These will help you in support of your EAC journey.

And on the **next slide**, you'll see an additional CMS resource to continue to support you on your journey. And finally, on the last slide, this slide contains the reference from today's presentation.

Thank you again. A huge thank you to our speaker, Pam Burnett, for sharing such meaningful and wonderful insights and information with us. Thank you, Pam, for your engaging and informative presentation, and thank you to our audience members for your participation.

This concludes today's webinar. Have a wonderful rest of your day.