

Connecticut State Innovation Model

Consumer Advisory Board Goals and Objectives for Consumer Engagement and Communication

I. Overview

The Consumer Advisory Board (CAB) was created to make sure that the voice of the consumer is heard in all Connecticut (CT) State Innovation Model (SIM) Test Grant activities. The overarching vision of the CAB is to ensure that all of the planned innovations identified in the SIM will lead to positive health outcomes for consumers across the state of Connecticut. To achieve this vision, the CAB seeks to strengthen the positive impact of SIM innovations on consumers, particularly those who are at-risk and underserved; along with, strengthening the communication between the SIM and consumers of health services. To do this, the CAB needs a strong engagement and communication plan so that the members can speak with consumers about the SIM and how it will affect them.

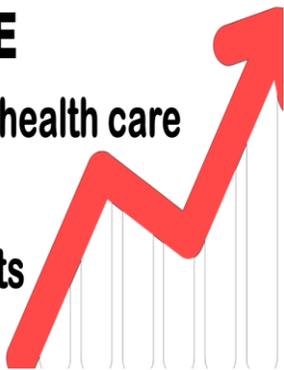
IMPROVE

health and health care

for 80% of

CT residents

in 5 years.



The CT SIM is carrying out several major initiatives, including:

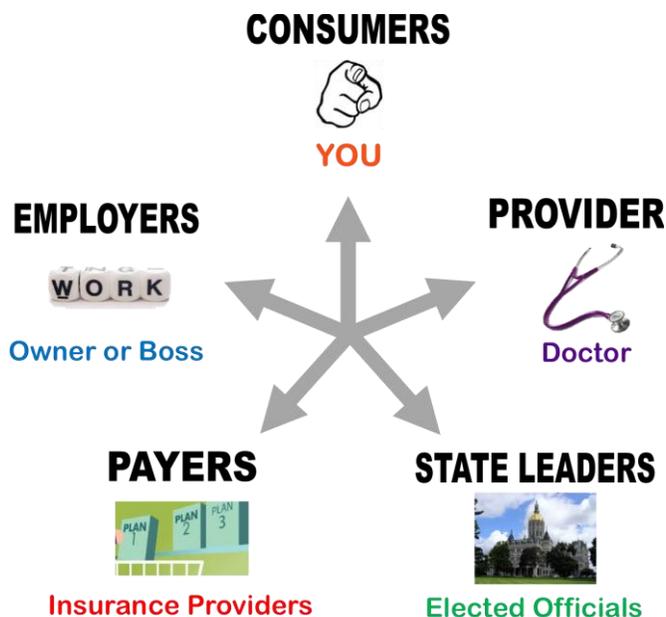
- Transforming [primary care](#),
- Increasing the capacity of the [healthcare workforce](#),
- Identifying [health information technology](#) solutions,
- Creating a [population health plan](#),
- Implementing Medicaid quality improvement and Shared Savings (MQISSP),
- Implementing [Value-Based Insurance Design \(VBID\)](#), and
- Evaluating the CT SIM outcomes.

Through these initiatives, it is anticipated that Connecticut residents will experience the following outcomes:

- Improving health,
- Reducing [health disparities](#),
- Improving quality of care and the [care experience](#),
- Engaging and empowering consumers in their care, and
- Lowering health care costs.

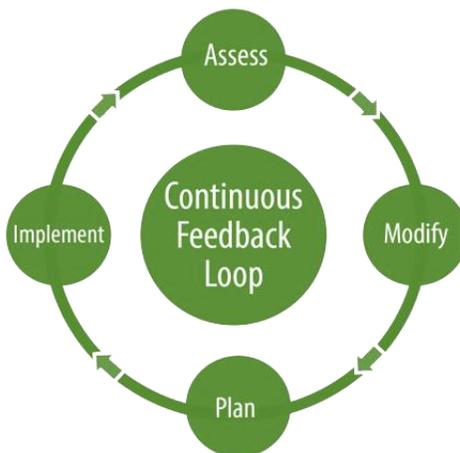
As the CT SIM seeks to achieve these outcomes for all residents, the CAB has identified four additional areas of focus that members plan to explore using a more comprehensive approach. **The focus areas are:** [Behavioral health](#), [Health equity](#), [Population health](#), and [Workforce](#). These issues are just the start. As new issues or concerns are identified consumer input will be sought to inform the healthcare innovation process.

The inclusion of key [stakeholders](#) in the CT SIM has been a defining principle since the start of planning. Stakeholders include healthcare providers, government agencies, employers, consumers and payers. Consumer representatives will continue to inform the process through their roles within the CT SIM governance structure and in concert with the CT State Agency leads responsible for implementation of the CT SIM. To ensure that positive health outcomes result from CT SIM innovations, as defined above, key stakeholders from the broader community will need to continue to be involved in the process.



II. Goals

The overall goal of the CAB’s Consumer Engagement and Communication Framework is to support meaningful integration of consumer perspective into the SIM process, while providing outreach and education to consumers about how the planned innovations identified in the CT SIM will change their experience with the healthcare system. To achieve these broad goals the overall Engagement and Communication Framework should encompass at least four primary work streams that include:

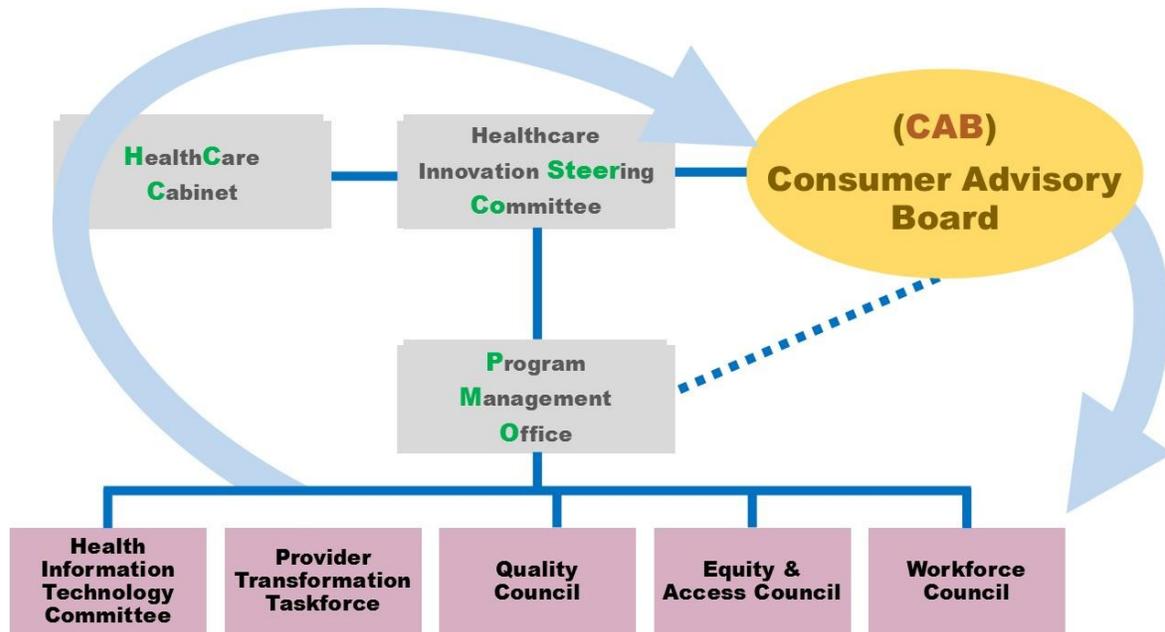


- Development of a [comprehensive multichannel engagement and communication plan](#) that encompasses both internal and external processes,
- Implementation of consumer engagement and communication strategies for sharing, collecting, and disseminating information within the existing SIM governance structure and consumer populations(s) statewide, and
- Establishment of a Continuous Feedback Loop to plan, implement, assess, and modify current strategies in the areas of CT SIM reform, consumer engagement, and related outcomes.
- Creation of outreach strategies that include everyone and every community in this process.

III. Objectives

To achieve the overall goals of the CAB's Consumer Engagement and Communication Framework the following objectives have been identified:

- 1) The multichannel engagement and communication plan will incorporate in-person and web-based strategies
- 2) Coordinate communication and activities between consumer representatives across the CT SIM Governance Workgroups.



- 3) Develop and implement a process for the review of selected informational materials developed by CT SIM Program Management Office (PMO) prior to distribution or publication to allow for the revision of such materials or the production of consumer facing versions of SIM information materials. The purpose will be to ensure that information is accessible to all consumers and also **linguistically and culturally relevant**. This means that plain language is used, that complex terminology is simplified, and delivered in a clear and concise format. The CAB acknowledges that language and cultural differences can be barriers to successful communication and understanding of systems. Documents need to be written using language, terminology, and images that make sense to everyone – including spoken formats.
- 4) Identify, secure, and maintain partnerships with community-based organizations and cross-sector stakeholder groups to promote active participation of consumers statewide. The CAB believes that we are all in this together and wants to assure that no one is left out so that the most benefit can be realized for everyone.

IV. Strategies

Both web-based and in-person strategies will be necessary to incorporate into the CAB Consumer Engagement and Communication Framework to ensure that the goals and objectives are achieved. The following strategies have been identified:

Web-Based

Meeting support to strengthen communication between consumer representatives across the CT SIM Governance structure, while maintaining public access as a priority. For example, Go To Meeting can be utilized to enable consumer representatives to share information and discuss SIM related topics, while also enabling interested stakeholders the opportunity to follow the discussion in real time.

Interactive website to be used to disseminate consumer-centered information that supports the role of consumers in healthcare today, while also collecting feedback to inform decision making that will either directly or indirectly impact consumers. For example, a topic driven discussion board can be created prior to a meeting to collect feedback on a topic that is placed on an agenda in order to gain a more informed perspective from a greater representation of consumers and other stakeholders.

Social media to initiate and sustain the engagement of a broad audience of consumers through tailored messaging pushed out through the SIM managed Twitter and Facebook accounts.



populations.

In-Person

Community Conversations to explore challenges and develop solutions related to the four priority areas identified by the CAB.

Listening Forums to receive feedback from consumers on various topics related to the CT SIM innovations and outcomes.

Educational Forums to provide information on implementation of SIM in populations of special interest and addressing health inequities caused by [social determinants of health](#).

Focus Groups with targeted consumer groups on specific topics to evaluate whether SIM strategies are leading to positive health outcomes, identifying gaps and barriers, along with identifying inequities between

This document was developed through the SIM Consumer Advisory Board Objectives and Goals for Consumer Engagement and Communication Writing Group. Members of the group included Jeffrey Beadle, Pat Checko, Michaela I. Fissel, Kevin Galvin, Theanvy Kuoch, and Fernando Morales.

IV. Glossary

A Community Conversation is a group of individuals invited to help identify and prioritize community needs. Normally done in small group sessions, (i.e., 6 to 15 participants), it can be conducted with small subgroups in a larger, community setting.

www.unitedwaywi.org/sites/.../Community%20Conversations%20Guide.pdf

Behavioral health refers to both mental health and substance use conditions.

Care experience is the actual experience a consumer has with the services that are provided. This can include the timeliness of scheduling an appointment, the courteousness of administrative staff, and the perceived willingness of the doctor to answer questions in a way that is understandable to the consumer.

Comprehensive multichannel engagement and communication plan is an approach to sharing and receiving information through a variety of strategies that is tailored to the target audience.

Health disparities can be understood as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups (www.fccc.edu)

Health equity is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" <http://www.cdc.gov/socialdeterminants/Definitions.html>

Health information technology involves sharing health related information through electronic based platforms. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/healthit/>

Healthcare workforce is the actual number of individuals who are providing health services, across disciplines and levels of care. <http://bhpr.hrsa.gov/healthworkforce/>.

Interactive information portal is located on the internet as a webpage that brings information together and makes it accessible to multiple groups and individuals. https://en.wikipedia.org/wiki/Web_portal

Linguistically and culturally relevant services means effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Population health plan extends beyond the individual and incorporates **health** outcomes of a group of individuals. Often, population is defined by geography, but can also include another defining group characteristic. <http://www.improvingpopulationhealth.org/blog/what-is-population-health.html>

Primary care is the care provided by a personal physician that is trained in health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. This person is typically the first contact with a consumer of health services. <http://www.aafp.org/about/policies/all/primary-care.html>

Quality measure alignment is the process of developing a more systematic approach to value-based payment in which payers tie financial rewards for providers to the same or similar quality targets.

Social determinants of health are the conditions in which people are born, grow, work, live, and age. Social determinants of health also include the wider set of forces and systems shaping the conditions of daily life. Examples of social determinants of health are access to health services, safe housing, food, education and employment. http://www.who.int/social_determinants/en/

Stakeholders can be understood as those individuals or groups that would be substantially affected by reforms to the system. The primary stakeholders in healthcare are consumers, providers, pharmaceutical firms, employers, insurance companies, and government. <https://sites.sju.edu/icb/health-care-reform-duties-and-responsibilities-of-the-stakeholders/>

Value-based Insurance Design is an approach to increasing the quality of care a consumer receives while also lowering the costs of providing care by using financial incentives to promote cost efficient services and consumer choices. <http://www.ncsl.org/research/health/value-based-insurance-design.aspx>