
Health Care For All New York

Using the SHIP to Invest in Consumer Engagement in
Health Care



Agenda

- What is Health Care for All New York?
- Defining Consumer Engagement and Its Benefits
- Investing in Consumer Engagement through the SHIP
 - Direct Care
 - Organizational Design and Governance
 - Policy-Making

HCFANY Leadership



We also have over 170 member organizations across the state, and partner closely with other coalitions like Medicaid Matters New York.



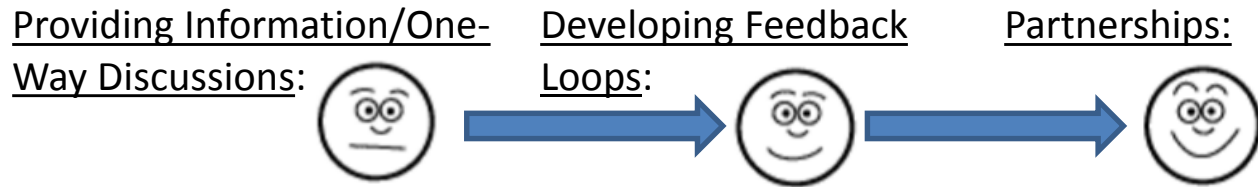
The Case for Consumer Engagement

- Patient engagement means “...patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system – **direct care, organizational design and governance, and policy making** – to improve health and health care.”¹

1. Direct Care	Integrating patients’ values, experiences and perspectives into prevention, diagnosis, and treatment
2. Organizational Design and Governance	Integrating patients’ values, experiences, and perspectives into the design and governance of health care organizations such as hospitals, ACOs, clinics, and nursing homes
3. Policy-Making	Developing a health care system that is oriented around and responsive to patients’ perspectives

¹ Kristen L. Carman et al., *Patient and Family Engagement: A Framework For Understanding the Elements and Developing Interventions And Policies*, Health Affairs, February 2013, vol. 32, no. 2: 223-231, doi: 10.1377/hlthaff.2012.1133.

There is a continuum for all three levels:²



Direct Care	Patients receive a brochure about their diagnosis.	Individual patient care plan documents patient treatment preferences.	Treatment decisions are made together between doctors and patients.
Organizational Design and Governance	APC practice surveys patients about their care experiences.	APC practice involves patients as advisers or advisory council members.	Patients co-lead APC quality improvement committees.
Policy-Making	Focus groups are conducted to understand patients' primary care challenges.	Technical assistance providers and APC practices base work plans on patient priorities.	Equal representation on decision-making bodies allocating SHIP resources.

² Based on Kristin L. Carman et al. Health Aff 2013;32:223-231; also see Consumers Union/CSSNY letter to NYDOH dated October 26, 2015.

Consumer Engagement Improves Health Care

Literature review of 40 quality improvement initiatives found engaging patients produces concrete outcomes:³

- Improved relevance and clarity of written materials
- Increased provider and staff satisfaction and reduced turnover
- Reduced medical errors

³ Deborah Roseman et al., *Early Lessons From Four 'Aligning Forces for Quality' Communities Bolster The Case for Patient-Centered Care*, Health Affairs, vol. 32, no. 2 (2013): 232-241, DOI: 10.1377/hlthaff.2012.1085

Consumer Engagement Improves Health Care

“The attributes of patient-centered care, ***as articulated by patients and consumers themselves***, provide a clear path forward. If we build a truly patient-centered system in collaboration with consumers, they will embrace it, benefit from it, and help ensure its success.”⁴

SHIP will be more successful, more permanent, and more efficient if consumers are brought in as true partners!

⁴ Christine Bechtel and Debra L. Ness, *If You Build It, Will They Come? Designing Truly Patient-Centered Health Care*, Health Affairs, May 2010, vol. 29, no. 5: 914-920, doi: 10.1377/hlthaff.2010.0305; see also Esther Han et al., *Survey Shows That Fewer Than A Third of Patient-Centered Medical Home Practices Engage Patients in Quality Improvement*, Health Affairs, February 2013, vol. 32, no. 2: 368-375, doi: 10.1377/hlthaff.2012.1183.

CMS Agrees!⁵

- The Transforming Clinical Practice Initiative hired consumer engagement experts to:
 - Facilitate patient/family partnerships in quality improvement and practice transformation
 - Provide a forum for patient advisors
 - Track practices where clinicians have successfully partnered with patients and share best practices across the network
- ACO Shared Savings Program requires beneficiary participation in organizational governance
- All FQHC boards are required to have boards on which patients have the majority of seats

⁵ Dennis Wagner (Director, Quality Improvement and Innovations Group, Center for Clinical Standards and Quality, CMS) and Debra Ness (President, National Partnership for Women and Families), "A Conversation Exploring Current Progress and Additional Opportunities for CMS Quality and Innovation Programs to Enhance Partnerships with Patients and Families, Presentation at the Institute for Patient- and Family-Centered Care Conference on Patient- and Family Centered Care, July 26, 2016.

How Should New York Support Consumer Engagement in the SHIP?

- Providing resources – funding and program support – at all three levels
- Making partnership the goal for practices and technical assistance providers

1. Direct Care

There are numerous sets of curricula for moving providers towards partnerships with patients- the Agency for Healthcare Research and Quality's [SHARE Approach](#) is one:

Step 1: Seek your patient's participation.

Step 2: Help your patient explore and compare treatment options.

Step 3: Assess your patient's values and preferences.

Step 4: Reach a decision with your patient.

Step 5: Evaluate your patient's decision.

This type of process should be documented and reflected in the individual patient care plans!

1. Direct Care

The RFP should be used to ensure this is happening in APC practices:

- This should happen in coordination with the practice transformation technical assistance – practices should not experience this as an additional, separate activity stream.
- The consumer engagement experts should work with the independent evaluator to identify the best ways to meaningfully assess whether or not practices are succeeding.
- The consumer engagement entity could work with consumers to develop a template individual care plan as TA for practices.

2. Organizational Design and Governance

The new RFP should be used to hire consumer engagement experts to coach practices and patients on partnering for quality improvement:

- Educating consumers about what to expect from an Advanced Primary Care practice
- Eliciting **actionable** feedback from consumers through surveys, focus groups, and advisory boards
- Training and convening participating patients

2. Organizational Design and Governance

There are already numerous toolkits to help practices do this...

- Community Catalyst's [*Meaningful Consumer Engagement: A Toolkit for Plans, Provider Groups, and Communities*](#)
- University of Wisconsin Center for Patient Partnerships, [*Patient Engagement in Redesigning Care Toolkit*](#)
- Institute for Patient- and Family-Centered Care, [*Advancing the Practice of Patient-And-Family-Centered Care in Primary Care and Other Ambulatory Settings: How to Get Started*](#) and [*Partnering with Patients and Families to Enhance Safety and Quality: A Mini Toolkit*](#)

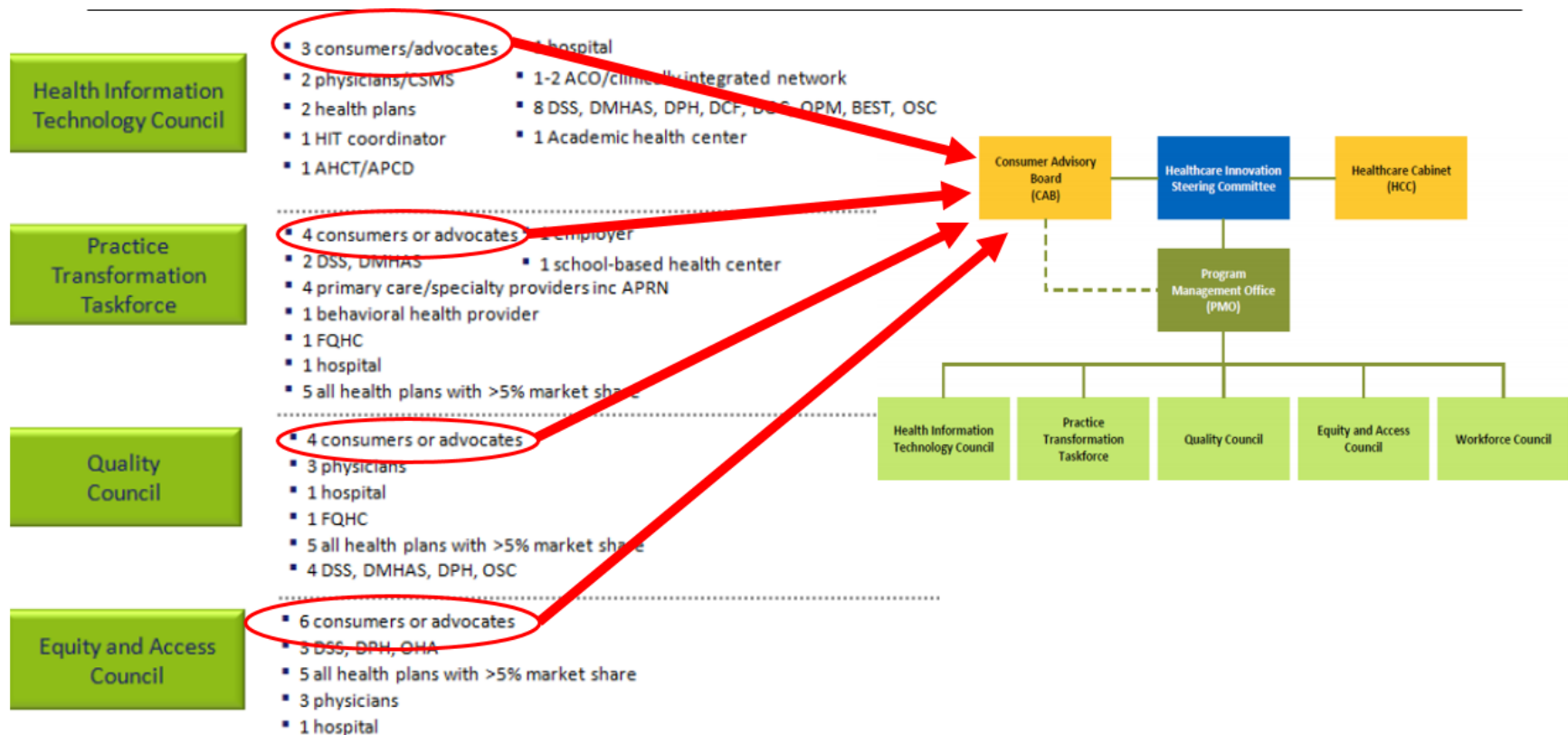
3. Policy-Making

Consumers and community groups need funding and support to participate in decision-making bodies:⁷

- Trainings and convenings
- Conducting outreach to encourage consumer participation
- Providing a forum for consumers working on multiple aspects of SIM, DSRIP, TCPI, and other transformation efforts in New York to work together
- Providing per diems and travel reimbursement to enable attendance – at a minimum, compensation for time should be considered

⁷ Melissa Burroughs, *Evaluating State Innovation Model (SIM) Grant States: A Scorecard for Consumer Advocate Engagement*, Families USA (September 2015), http://familiesusa.org/sites/default/files/product_documents/HST%20SIM%20Scorecard%20brief_web.pdf.

3. Policy-Making: Best Practices-Connecticut⁸



⁸ Connecticut Healthcare Innovation Plan, December 30, 2013, at 18, http://www.healthreform.ct.gov/ohri/lib/ohri/sim/plan_documents/ct_ship_2013_12262013_v82.pdf.

3. Policy-Making: Best Practices - Regional Convenings

- NYDOH Northeast Business Group employer engagement process – NY needs a comparable process for consumers
- New Mexico Health Councils⁹
 - Approximately 150 community meetings and public forums in four rounds:
 1. Orientation to SIM process,
 2. Identifying community needs,
 3. Identifying strategies, and
 4. Feedback on SIM model
 - Guiding question: Is the proposed model appropriate for your community? Will it work, or does it need to be modified?
 - Responses to be compiled into a report to SIM Steering Committee

⁹ Discussion with Melissa Burroughs, Families USA.

3. Policy-Making: Using Regional Convenings to Guide Decisions

Purpose:

- Learn what consumers see as the most important problems with primary care
- Get **actionable** feedback from consumers on the Advanced Primary Care model and other SIM initiatives (ex. APD)
- Identify activated consumers who can provide leadership throughout the SHIP effort

Agenda:

- AM Consumer and Community Groups
- PM Consumers Brought by Community Groups, safety net practices

There must be a connection back to decision-makers!

Thank you!

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