



CONSUMER ENGAGEMENT STRUCTURES AND MECHANISMS: CURRENT PATIENT INVOLVEMENT IN ORGANIZATIONAL GOVERNANCE AMONG PROVIDERS PURSUING VALUE

- *Consumer engagement is important at every level of value-based care delivery, not only in direct patient-care but also in the design and oversight of new payment and delivery models.*
- *Health care providers are committed but struggling to recruit, train, and actively involve consumers in organizational governance.*
- *Organizations with long-standing regulatory requirements regarding board composition and patient involvement – like Federally Qualified Health Centers – can offer key lessons for other providers.*

The Health Care Transformation Task Force conducted an environmental scan and survey to identify consumer engagement structures and mechanisms utilized by provider organizations in the design and governance of value-based payment programs. The Task Force interviewed senior decisions-makers involved in consumer-engagement related activities and efforts within their respective organization. For the purposes of this paper, the term “consumer” is used to refer to patients and/or consumers of health care products and services. The term is inclusive of caregivers, such as family members and contracted service providers, and organizations which represent consumers, such as community organizations or consumer advocates.

Methods

The interviews were conducted using a structured survey that asked interviewees to qualitatively describe and quantitatively evaluate their organizations’ current consumer engagement structures.¹ Both Task Force members and non-member providers participated in the interviews, which were conducted by Task Force members and staff. The resulting interview pool was a diverse set of thirteen provider organizations including nine Integrated Delivery Systems (IDS), two Physician Groups/Networks, one Federally Qualified Health Center, and one Accountable Care Organization. Our interviewees at each IDS came from a variety of leadership positions including clinical, strategy, patient engagement, quality, and communications.

¹ The quantitative questions utilized a Likert scale, which is a rating system used to measure a response to a statement or research inquiry. Examples of questions utilizing Likert scales can be found below in Table A & B.

Analysis

Terminology related to consumer engagement

The interviewees used similar terminology to discuss and address consumer engagement within their organizations. When talking about engaging or involving patients or consumers in governance activities, organizations most frequently used the following terms:

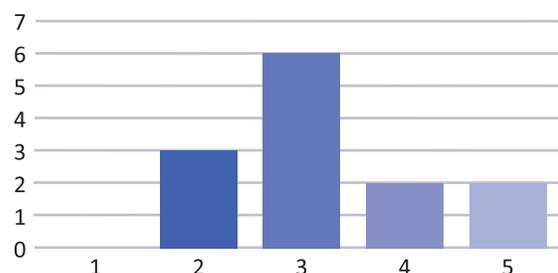
- Patient/consumer engagement;
- Patient/person-centered care; and,
- Voice of the patient/consumer.

Additionally, “community engagement” and “person” were terms used with some frequency among various organizations. While terminology varied to some extent, a common theme among participants was a deliberate transition away from “patient” to “consumer.” As one member indicated, this shift in language creates a focus on the “lifelong relationship with those we serve.” However, the physician groups in the interview pool expressed a preference for using “patients” over “consumers.”

Organizations also varied in explicit inclusion of consumer engagement in the organization’s value statements. While a majority of organizations (61.5%) reported inclusion of consumer engagement terminology in their vision, mission, or value statements, over a third (38.5%) reported they were either unsure of consumer engagement inclusion, or that engagement was only partially included in the stated mission.

In addition to variance in terminology and value statements inclusion among participants, the organizations’ view of consumer engagement also varied among interviewees, as demonstrated in Table A.

Table A
How unified is your organization’s view of consumer/patient engagement? (n = 13)
1 = not at all unified, with different departments having different view, 5 = highly unified



Existing Consumer Engagement Structures

Participants reported a wide range of structures currently in place for engaging consumers as partners in governance and value system design and refinement efforts, with 91.7% of participants reporting an increase in the number of organizational structures that include consumer/patient representation in recent years, including:

- Patient and Family Advisory Councils;
- Advisory Boards with Consumer Representation;
- Quality Improvement Committees;
- Community Benefit Taskforces;
- Patient Advocate Offices;
- Corporate Boards with Consumer Representation;
- Boards or Committees Designing Alternative or New Care Models;

- Shared care/ shared decision-making systems;
- Portals of websites for gathering consumer insight; and,
- Focus groups for gathering consumer input, and Patient experience surveys.

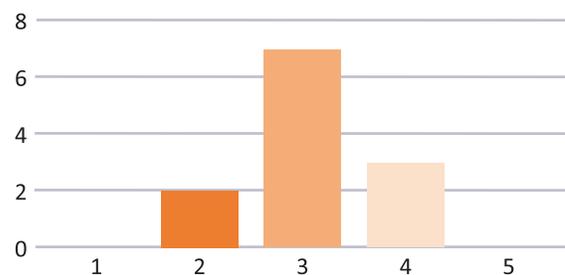
Overall, more local-level (i.e., regional) structures were reported than system-level (i.e., corporate) structures. At the local level, the most common engagement structures in place were patient and family advisory councils with eleven participants, and patient advocate offices, portals or websites for gathering consumer insight, and patient experience surveys, each with eight participants. At the system level, the two most frequently reported structures were quality improvement committees (eight participants) and portals/websites (seven participants). The interview results suggest that developing patient and family advisory councils presents a clear opportunity for providers to better incorporate the consumer perspective at the highest levels of governance.

Participants also sought to better leverage the organization’s health information technology (IT) infrastructure to support active patient engagement and care coordination. A few organizations responded that their patient/consumer portals have proven effective, while others noted common challenges to launching a highly-effective consumer portal, including lack of funding, poor interoperability among various IT systems, and difficulty getting consumers to use the portal. One participant described how consumer focus groups were integral to design and improve their consumer-facing portal. Evaluating the success of consumer-facing portals – and consumer input in the portal development – remains an area for future analysis, considering the level of investment many providers are making in health IT.

Overall Effectiveness of Consumer Engagement Mechanisms

Participants gave mixed responses as to how effectively their organization includes consumers in governance and value system design/refinement. The organizations that reported effective inclusion of consumers in governance and design/refinement activities credited active patient/community board members and leadership commitment to this area. Regarding the feedback received from consumers/patients through various structures, organizations reported varying levels of reception. One participant noted that their marketing team has helped to champion change by actively listening to consumers and encouraging the organization to act on this feedback. Overall, the perception of cross-departmental coordination of various consumer engagement structures was relatively neutral (see Table B).

Table B
How effectively is your organization coordinating consumer input across multiple structures? (n = 12)
1 = highly ineffective, 5 = highly effective



The participants reported many of the same barriers to including consumers in governance and system reform activities, including difficulty with identifying and onboarding consumers (particularly non-retired consumers), lack of staff and resources, and an underlying resistance to change. Echoing these barriers, one participant added that it is often difficult to balance the various organizational priorities, including consumer engagement in governance, with the top priority being delivering excellent patient care every day. The underlying takeaways seemed to be that a sweeping culture change is needed to help shift the way things have always been done. Also, provider organizations need additional expertise and

assistance about how to best engage consumers. Although it presented a small portion of respondents in this sample, Federally Qualified Health Centers and/or community health centers possess a wealth of knowledge and experience about how best to recruit, retain, and engage consumer participants in governance. FQHCs require 51% of the board to be comprised of community members.² Their expertise in this area should be utilized by the delivery system more broadly in the journey towards more integrated consumer engagement.

Conclusion

The transition to value-based payment has generated more momentum for implementing high-quality, patient-centered care and involving the consumer voice in shaping the new system of value-based care; however, significant opportunities remain to improve engagement in the design, implementation, and oversight of value-based care models. While the interviews revealed a recognition of the importance of consumer engagement, focusing on engagement and consumerism remain new concepts for many, and significant variation exists in how consumers are included in structures and mechanisms, especially at organizations with both local and system levels of governance.

This project revealed four important opportunities for further analysis and best practice development:

1. Consumer recruitment;
2. Consumer training;
3. Operational structure to support consumer engagement; and,
4. Integrations across “silos of patient engagement” within organizations (i.e., marketing, care management, wellness promotion, and technology to support consumer engagement).

As the health care industry continues to strive towards the implementation of consumer engagement structures at both the system and local level, there exists a great opportunity for community-based organizations and community health centers to share their expertise and experience with other stakeholders. Due to specific regulations mandating majority patient/community representation on the board of directors for FQHCs, these organizations can provide valuable insights and strategies about how to best engage consumers in system governance. Additionally, many patient and consumer advocacy organizations offer resources and training opportunities for both providers and consumers. Further multi-sector dialogue and execution leadership from provider organizations is needed to identify and scale successful consumer engagement strategies in the pursuit of person-centered, value-based care that keeps the patient at the center.

This is a product of the Health Care Transformation Task Force under the leadership of the Advisory Group for Consumer Priorities. The Advisory Group is comprised of Task Force members and other stakeholders from leading U.S. health care consumer/patient advocacy organizations, providers and payers who are dedicated to bringing consumer perspectives and priorities to the Task Force and its work groups and ensuring their incorporation into Task Force work products. The Advisory Group provides expertise about how execution of consumer priorities and partnership with consumers at all levels of care delivery can help enhance empowered consumer engagement in their own health and health care.

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² “Health Center Program Compliance Manual.” Health Services and Resources Administration. Available at <https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>

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