



The Importance of Consumer Engagement for Payers, Providers, and Community-Based Organizations

This resource provides stakeholders with background on the importance of educating and engaging consumers and patients in value-based care efforts. It focuses on presenting the link between consumer engagement in health care and the delivery of high-quality patient-centered care, how consumers currently perceive value in health care, and messages that are likely to resonate. The Task Force also includes an original patient education graphic intended to educate patients on the impact of value on their care.

1. Why Engage Consumers in Understanding Value-Based Care

The movement from fee-for-service to value-based payment and care delivery involves myriad policy, programmatic, and technological changes that directly affect health plans (payers) and providers (this term includes the wide range of providers and clinicians). These are the stakeholders whose voices have held enormous weight with policymakers over the last decade. While there is growing recognition that consumer priorities and experiences should be centered, this recognition has not translated into payers and providers having direct conversations with consumers on the topic.

How can consumer engagement improve the health care system's ability to deliver high-quality, efficient, patient-centered care? Analyses by both Community Catalyst[i] and McKinsey & Company[ii] indicate that negative health care experiences can lead to delayed or deferred care. This can significantly impact emergency departments and urgent care sites, where patients mainly turn to when problems become unignorable. There are also implications for public and community health. For example, McKinsey found that consumers who deferred care also sought less routine preventive care, with only 23 percent of deferrers obtaining flu vaccines, compared to 32 percent of non-deferrers. Similarly, 19 percent of deferrers had annual wellness visits, versus 31 percent of non-deferrers. Overall, their analysis found that each year, \$8.3 billion is spent on emergency care that could be provided in another care setting. Care delay and deferral are correlated with a lack of consumer engagement and a perception that health care providers are not respectful of patients. Payers and providers can and must play a part in reversing this trend.

Community Catalyst’s analysis found that one-third of respondents reported their preferences are never or only sometimes taken into account, and that there are significant racial and ethnic differences in that regard. The organization notes that “when preferences were ignored, older adults were more likely to forgo medical care and report lower satisfaction with their care.” Among those who responded that they did not feel listened to by their providers, 36 percent were less likely to use home care; 34 percent were less likely to have outpatient surgery; 38 percent were less likely to take prescription drugs; and the overall cohort had 1.9 fewer doctors’ visits.

The Centers for Medicare and Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation Center (CMMI) understand the connection between consumer engagement and successful system transformation. In its 2021 Strategic Plan^[iii], CMMI prioritized engaging with patients, caregivers, and patient organizations to incorporate patient and caregiver perspectives across the model life cycle. The Strategic Plan also calls for 100 percent of Medicare beneficiaries to be in an accountable care relationship^[iv] by 2030. While CMS communicates with providers about the need for accountable care, this information generally does not reach patients – either from industry stakeholders or CMS.

While payers and providers remain major players responsible for communicating value to patients, their partnerships with community-based organizations (CBOs) can be leveraged to further advance the message. CBOs are especially well positioned to support consumers in advocating for care delivery systems that will offer the best support for their needs. Many CBOs have extensive knowledge of the needs of their communities with long-standing histories of addressing the social determinants of health. A study^[v] on the impact of COVID vaccine messaging found that the trusting relationships CBOs had with the communities they serve, increased their influence and effectiveness of messaging strategies. While CBOs have an important role to play in spreading messaging around value, the study also found that individuals need to hear information in different ways and multiple times for it to influence their understanding and beliefs. This underscores the importance of efforts by all stakeholders to message value to patients.



Established in 2014, the Health Care Transformation Task Force brings together patients, payers, providers, and purchaser representatives to act as a private sector driver, coordinator, and facilitator of delivery system transformation. In addition to serving as a resource and shared learnings convener for members, the Task Force is also a leading public voice on value-based payment and care delivery transformation.

2. How do Consumers Perceive Value in Health Care? What do Consumers Prioritize?

Figure 1 summarizes research by Emblem Health[vi] on consumers' understanding of value-based care.

Figure 1

Awareness and Understanding of “Value-Based Care”	Sources of Information/ Responsibility for Delivering on Value	General Conclusion
<ul style="list-style-type: none">• One in four consumers had awareness of the term “value-based care” and of those, only 25 percent had an accurate definition of it.• Those who were aware of the term and did not provide an accurate definition, thought it was a measure of health care costs, and whether a patient is receiving care appropriate to the price being paid.• Awareness varied by demographics and by coverage type.	<ul style="list-style-type: none">• 58 percent of respondents said their main information source was their health plan; 40 percent said providers are their main source of information.• Most respondents indicated that their doctor should primarily be responsible for providing “value” in health care encounters, followed by their health plan and finally themselves. Black and African American consumers, however, place a greater share of responsibility on themselves, which may reflect a lack of trust in the health care system.	<ul style="list-style-type: none">• There is a lack of shared language and understanding between payers, providers, and consumers/patients.

Source: HCTTF analysis of Emblem Health study, (2021)

Research by Families USA[vii] found that for many consumers and patients, the highest priority in health care is not total health care spending by payers and providers, but rather the direct costs that patients bear in the form of premiums, co-payments, drug costs, and uncovered or under-covered services. Similarly, McKinsey identified the following consumer priorities:

- **Easy access to affordable and convenient care.** Consumers satisfied with their access to necessary care report lower rates of care deferral, higher instances of routine care visits, and lower rates of inpatient care than those unsatisfied.
- **Meaningful, trust-based relationships with their care teams.** Consumers are six times more likely to engage with their primary care physician in the future if they have long term relationships and experience continuity of care.
- **Holistic support for their overall wellness.** Consumers are prioritizing health and wellness more now than they did three years ago.

Value-based care has the potential to improve these patient experiences, which may translate into greater affordability. However, more work is needed to make this a reality.

3. What Messages are Likely to Resonate with Consumers and Patients?

When payers, providers, and other stakeholders communicate with consumers and patients – whether it be about treatment options, evidence, processes, or costs – it improves the consumer/patient’s experience with the system. A National Partnership for Women & Families resource[viii] identified several evidence-based benefits of patient engagement, including improved patient education, more effective communication with clinicians and staff, and better patient safety outcomes. The resource also notes that “patient education materials and other efforts to enhance health literacy and knowledge can help patients and families be more active partners in their care plans.”

However, research from the United States of Care and Emblem Health reveal varied patient understanding of value-based care, which may reflect the lack of streamlined messaging. Before developing effective messaging strategies, it is important to understand patient perceptions and criticisms of the current system as well as perceived benefits of value.

United States of Care recently released findings from public opinion research[ix] on patient perceptions of fee-for-service and value-based care. They found that only 35 percent of people believe that the current fee-for-service approach works well, while 65 percent disagree. Participants emphasize that they seek higher quality of care with a provider who genuinely cares, treats patients holistically, listens attentively, and offers solutions that address root causes. The survey identified common criticisms patients have with fee-for-service, including:

- **A fragmented system with little coordination between providers.**
- **Patients spend too much time waiting versus time with their doctors.**
- **An overreliance on prescription drugs to solve health issues.**
- **Patients with money are prioritized over patients living on low incomes.**

In contrast, the survey identified benefits that patients associate with value-based care, including:

- **Increased quality over quantity.**
- **Patients being treated holistically.**
- **Providers offering personalized care.**
- **Providers being held accountable.**

Emblem Health found that different components of value-based care have different degrees of importance for consumers. When asked what they most associate with value as it relates to health care, patients indicated the following:

- **31% associate value with quality of care.**
- **20% associate value with out-of-pocket costs.**
- **11% associate value with coordinated care.**
- **10% associate value with improved health status.**
- **4% associate value with shared decision making.**



The United States of Care also argues that stakeholders should move away from the term “value-based care” and suggests alternatives such as “patient-first care,” “quality-focused care,” and “patient-first quality care.” However, the Task Force believes that these alternative terms do not fully encompass everything that value offers. For example, “Patient-first care” may imply that patients will get every service they request and have unlimited patient choice, which is misleading. In addition, rebranding may lead to confusion and stunt efforts to gain support among policymakers. Instead, system stakeholders must do better in communicating the vision and goals of value-based care in alignment with consumer priorities and execute those objectives. Providers should speak with their patients about how value-based care can better meet patient priorities. Payers should share information with enrollees about the value-based models they implement, what they are designed to achieve, and how they will affect an enrollee’s experience of care. Community-based organizations can amplify these messages.

“Value-based payment can enable providers to transform how they deliver care, by promoting collaboration across care teams and encouraging providers to spend more time on services that would not normally be covered under fee-for-service, such as counseling or screening for social needs[ix].”
-The Commonwealth Fund

4. What’s Next for Consumer Engagement in Value?

The US health care system is complex to navigate, regardless of whether you are a consumer/patient, provider, or payer. The providers and payers that are committed to value-based care transformation have a positive story to tell patients and enrollees. McKinsey notes in its analysis that “nearly half of consumers are prioritizing their overall wellness more now than before the COVID-19 pandemic.” In combination with a greater emphasis on health equity and improving access to care, this offers payers and providers an opportunity to have transparent conversations with enrollees and patients on the importance of value transformation.

One of Emblem Health’s findings is that there is a lack of shared language on value among consumers/patients, providers, and payers. Looking ahead, there is a critical need for CMS, commercial payers, and provider organizations to develop and test messages that speak to the concerns and needs of consumers and patients. This messaging should be built around a defined common purpose that reflects the Task Force’s mission to build a sustainable, person-centered health care system that equips stakeholders with the tools to deliver accessible, affordable, and high-quality care.

The Task Force developed the resource below to educate consumers on eight ways that value-based care can lead to improved care and experiences. We encourage stakeholders to share this resource directly with consumers. See “Print-Ready Resources” to print this graphic in English and Spanish.



GETTING BETTER CARE WITH VALUE-BASED CARE

Value-based care (VBC) aims to give you good care without costing too much. While it's not perfect yet, VBC is a hopeful choice compared to how health care works now.



BETTER HEALTH CARE, NOT MORE

VBC focuses on keeping you healthy and stopping disease before it starts.

PERSONALIZED CARE

VBC lets you make choices about your care and focuses on your needs.



CARE MANAGEMENT

VBC makes sure you get the right care at the right time and place.

TEAM-BASED CARE

VBC helps your care team work together to care for your needs and avoid extra tests and treatments you don't need.



OUTCOMES AND EXPERIENCES

VBC aims for good results, and makes sure you have good experiences too.

LOWER COSTS

VBC makes health care more affordable for you so you can get help when you need it.



SOCIAL NEEDS

VBC helps you live healthier, no matter where you live or what's going on in your life.

HEALTHY COMMUNITIES

VBC teams up with groups and resources in your community to make it healthier for everyone.



References

- [i] Community Catalyst. (2022). Person-Centered Care: Why Taking Individuals' Care Preferences into Account Matters. Retrieved from <https://www.communitycatalyst.org/wp-content/uploads/2023/09/Person-Centered-Care-Report-Why-it-Matters.pdf>
- [ii] Butcher, J., Cordina, J., Lee, M. (2023). Driving Growth Through Consumer Centricity in Healthcare (McKinsey & Company). Retrieved from <https://www.mckinsey.com/~media/mckinsey/industries/healthcare%20systems%20and%20services/our%20insights/driving%20growth%20through%20consumer%20centricity%20in%20healthcare/driving-growth-through-consumer-centricity-in-healthcare.pdf>
- [iii] The Centers for Medicare and Medicaid Innovation Center. (2021). Innovation Center Strategy Refresh. Retrieved from <https://www.cms.gov/priorities/innovation/strategic-direction-whitepaper>
- [iv] The Centers for Medicare and Medicaid. (n.d.). Accountable Care and Accountable Care Organizations. Retrieved from <https://www.cms.gov/priorities/innovation/key-concepts/accountable-care-and-accountable-care-organizations#:~:text=What%20is%20an%20Accountable%20Care%20Relationship%3F%20In%20an,considering%20their%20patients%E2%80%99%20personal%20health%20goals%20and%20values.>
- [v] Shen, A.K., Browne, S., Srivastava, T., Kornides, M.L., & Tan, A.S.L. (2023). Trusted Messengers and Trusted Messages: The Role for Community-Based Organizations in Promoting COVID-19 and routine immunizations. *Vaccine*, 41(12), 1994-2002. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9932688/>
- [vi] Emblem Health. (2021). A Shared Mission in Need of a Shared Language. Retrieved from <https://www.emblemhealth.com/content/dam/emblemhealth/pdfs/members/news-pr/EmblemHealth-Research-Infographic-Value-Based-Care.pdf>
- [vii] Families USA. (2021). Health Care Industry Consolidation: A Driving Force of the U.S. Health Care Affordability Crisis. Retrieved from https://familiesusa.org/wp-content/uploads/2021/12/2021-277_Health-Care-Industry-Consolidation_Affordability-and-Quality_v2-1.pdf
- [viii] National Partnership for Women & Families. (2021). Patient & Family Engagement: Improving Health and Advancing Equity. Retrieved from <https://nationalpartnership.org/wp-content/uploads/2023/02/patient-family-engagement-report.pdf>
- [ix] United States of Care. (2023). Talking About Patient-First Care (Effective Messaging for Introducing a Different Approach; Terms to Watch. Retrieved from <https://unitedstatesofcare.org/wp-content/uploads/2023/08/VBC-Talking-About-Health-Care-Payment-Models-That-Prioritize-Quality-Over-Quantity.pdf>