

BEST PRACTICES FOR ENGAGING CONSUMERS IN ORGANIZATION LEADERSHIP

Lessons Learned from Aligning Forces for Quality Communities

ABOUT ALIGNING FORCES FOR QUALITY

Aligning Forces for Quality (AF4Q) is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models for national reform. The Foundation's commitment to improve health care in 16 AF4Q communities is the largest effort of its kind ever undertaken by a U.S. philanthropy. AF4Q asks the people who get care, give care, and pay for care to work together to improve the quality and value of care delivered locally.

Learn more about AF4Q at www.forces4quality.org. Learn more about RWJF's efforts to improve quality and equality of care at www.rwjf.org/en/our-work.html.



Robert Wood Johnson Foundation

**Aligning Forces
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INTRODUCTION

Consumer involvement in decision-making roles at the board and other levels within health care organizations has become increasingly important. Organizations of all types are recognizing that it is not enough merely to solicit opinions and feedback from patients and consumers—they must be meaningfully incorporated into the leadership of organizational design and governance to yield patient-centered policies and procedures. While efforts to engage consumers in decision-making roles within health care organizations are not yet widespread, useful lessons can be learned from 16 multi-stakeholder coalitions that are part of the Aligning Forces for Quality (AF4Q) program. Given their organizational structure and goals, the AF4Q Alliances have amassed a body of knowledge about effective strategies for engaging consumers in organizational leadership. The geographically diverse experiences of these groups offer a range of insights that can be helpful to those who are committed to engaging consumers.

Preparing Consumers for the Decision-Making Role

Central to the success of consumer leadership in all health care organizations is creating the right conditions for consumers to effectively “come on board” into these decision-making roles. Called “onboarding,” this is the organizational socialization process that involves preparing and supporting consumers. An essential element of this process is the preparation and commitment of the other internal and external stakeholder participants to cultivate meaningful and effective consumer engagement. No formal research has evaluated outcomes associated with consumers’ participation in health care system organization governance; however, what is known based on the multiple years of experience of the AF4Q Alliances, combined with the field of research about onboarding employees and volunteers, provides a useful set of promising practices for consideration by the expanding field of consumer-driven organizations in health care.

This brief outlines several considerations and best practices in onboarding and supporting consumers in governance roles. The main elements are organized into four key topics:

- Understanding consumers as unique stakeholders;
- Addressing the four levers for creating consumers as organizational leaders;
- Creating a welcoming and productive environment;
- Preparing consumers for effective leadership; and
- Cultivating and sustaining meaningful consumer participation.

Understanding Consumers as Unique Stakeholders

While every person is a consumer of health care in some respect, it is inappropriate for providers, health plan leaders or other health care stakeholders to think they can represent the consumer perspective as well. One reason is that consumers’ livelihoods do not come from the health care system, so the primary financial stake they have in health care is based on their out-of-pocket costs. Consumers also typically lack the “insider view” of health care, which helps to ensure that they bring to the process a true or pure consumer perspective.

CONSUMER LEADERSHIP IN DECISION-MAKING: THE CO-OP EXAMPLE

A recent and notable expansion of consumer-oriented leadership can be seen in Consumer Operated and Oriented Health Insurance Programs, or CO-OPs, which were authorized by the Patient Protection and Affordable Care Act of 2010 (ACA). These CO-OPs are being established across the country to offer affordable, consumer-friendly, high-quality health insurance options for individuals and small businesses. CO-OPs will offer health coverage through state Health Insurance Exchanges, alongside more traditional insurance plans offered by companies such as Aetna, WellPoint, and UnitedHealthcare. A distinguishing feature of CO-OPs is their organizational design and governance: By law, each CO-OP is governed by consumers who are members of that CO-OP. Customers who purchase that CO-OP’s insurance must fill a majority of the seats on the CO-OP’s board of directors. This consumer governance structure is a core part of the CO-OP identity, with consumers continuously and systematically shaping its business decisions. CO-OPs need to ensure that their member-elected board is an integral part of strategic decision-making and that consumers have the opportunity to provide input into the organization’s development and decision-making. This includes creating formal opportunities for consumers to contribute their ideas and fostering an organizational culture that encourages consumer engagement. While the consumer leadership of CO-OPs focuses exclusively on insurance coverage, the model of governance can be applied to a broad range of health care design and governance.

Historically, consumers have not been a stakeholder group that drives decisions within health care organizations. Commonly, consumer involvement to influence health care organizations—separate from making care or purchase decisions as patients or enrollees, respectively—has been as survey respondents or focus group participants, providing after-the-fact

comments or input on a one-time basis. This is fundamentally different from engaging consumers at the same level of depth, and with the same level of respect, as other stakeholders who are typically leaders and decision-makers in health care organizations. As a result, it is challenging to engage consumers effectively using the same approach and mindset that currently exists when bringing physicians, hospital and other facility administrators, health plan executives, and business and policy leaders to the leadership table.

A new approach is necessary, deliberately attending not only to what consumers need but also to creating an organizational culture in which consumers are engaged and respected and thrive as decision-makers and leaders.

ADDITIONAL CONSUMER ENGAGEMENT RESOURCES FROM THE AF4Q PROGRAM

How do I incorporate consumers into my leadership team?

Available at: <http://forces4quality.org/how-do-i-incorporate-consumers-my-leadership-team>

A Guide to Engaging Consumer Advocates in AF4Q Alliances.

Available at: <http://forces4quality.org/guide-engaging-consumer-advocates-af4q-alliances>

Consumer Engagement in a Multi-Stakeholder Group.

Available at <http://forces4quality.org/best-practices-consumer-engagement-multi-stakeholder-group>

Creating a Consumer Advisory Council.

Available at: AF4Q National Program Office and National Partnership for Women and Families

Finding Your Voice as a Consumer Leader.

Available at: <http://forces4quality.org/finding-your-voice-consumer-leader>

Addressing the Four Levers to Developing Consumers as Organizational Leaders

Successful cultivation of consumers in board member and other leadership roles can be informed by human resource management research, which suggests four key “levers” are critical for consumers to successfully take ownership and actively participate in an organization. These levers are: building self-efficacy, ensuring role clarity, fostering social integration, and achieving knowledge and task fit.

SELF-EFFICACY

Consumers must feel confident about their abilities to participate in decisions and actively contribute to the success of a governing body. Research suggests that building confidence is the most important objective of onboarding activities and materials. Onboarding activities should reassure consumers who are newly involved of their ability to “learn the ropes” and meaningfully participate and contribute. Organization staff and board leaders must develop relationships with consumer members of the board to create opportunities for the consumer to ask questions and safely express any discomfort or insecurity. In addition, facilitation of board meetings can create or destroy self-efficacy. Those who are running board meetings should ensure that all board members, including consumers, have the same amount of speaking time and that the consumers’ ideas are considered and valued on equal par with others.

ROLE CLARITY

As a general rule, all board members—regardless of stakeholder type or background—benefit from having a clear understanding of their role, responsibilities, and expectations as board members. This is no different for consumers as board members. The same governing documents should be provided to all board members, ensuring that each has a clear sense of his or her fiduciary and other responsibilities. The content of materials that specify the role might include descriptions of: what board members should do both during formal meetings and outside of them; how their role will serve the organization; and the tasks associated with board activities, such as participation in meetings, advance study and preparation for decisions, engaging peers in their stakeholder groups (e.g., other consumers) for additional feedback, and communicating board decisions, when appropriate, to fellow consumers. If needed, staff should be available to



discuss the board members' typical and expected level of interaction at board meetings; how coordination with executive leaders and staff takes place; confidentiality issues, especially regarding executive sessions; and expectations regarding board member interaction with the media. Like all participants in an organization, board members benefit from knowing their role boundaries, i.e., those aspects of the organization's structure or tasks and decisions that are not included in board member duties.

SOCIAL INTEGRATION

Developing and sustaining a strong, collaborative relationship across members of the board is an important lever. Orientation activities should help consumers get to know and feel comfortable interacting with other board members and organization leaders and with staff. Simply inviting all of the board members to a social event, such as a dinner or reception, may not be sufficient. Some board members—particularly consumers who do not work in health care—may feel intimidated in the traditional health care organization culture, which typically places high value on professional titles or roles, medical training, and academic achievement. Orientation activities for the entire board can lay a foundation for social integration by focusing on common interests or life experiences, and by deliberately recognizing the unique perspectives and specific expertise that each person—including consumers—brings to the board. While these activities are particularly important to the onboarding process, social integration opportunities should occur periodically throughout the life of the board to sustain personal connections.

KNOWLEDGE AND TASK FIT

Consumers may not have professional experience in health care, but that is no different from other board members, who may come from disciplines such as business or finance. All of these board members would benefit from training and plain language explanations of key health care concepts and issues, such as health insurance plans, coverage formularies, long-term cost forecasting, and a host of other related technical issues. This is especially important in the early stages of participation of the board and engagement in organizational decision-making. Leaders and staff will need to determine the level of shared knowledge that is needed for all board members to accomplish their governance tasks. It is unrealistic to expect consumers with little or no background or training in medical or

insurance issues to achieve the same level of knowledge as technical experts in medical care, health care costs, insurance coverage, and the like. In fact, consumers' "fit" for the tasks of governance may be in the unique perspective they bring to the table as customers—patients and consumers who are directly affected by, but not insiders to, health care. Staff has a responsibility to provide information to all board members to educate them on key issues that will drive or impact governance decisions. This can be reinforced by fostering an inclusive culture where questions can be freely asked and answered by consumers and other board members, speaking up when they need additional clarity.

Creating a Welcoming and Productive Environment

Onboarding activities can range significantly depending on the culture of the organization. These activities should be focused on purposeful interactions that will address and meet the objectives of self-efficacy, role clarity, social integration, or knowledge and task fit.

One key activity is to offer a formal orientation session, whether conducted individually or in a group, to provide new board members with a clear sense of the mission, vision, culture, and operations of the organization. It is important that these sessions are as interactive as possible, allowing new members to ask questions, make comments, and find personal connections between the governance of the organization and their personal goals. Consumers involved in governing boards at the early stages of an organization's development will have the

IDENTIFYING AND USING CONSUMER STRENGTHS

Research in onboarding suggests organizations should incorporate activities that identify and use the strengths of each individual consumer in a board or other decision-making role. For example:

- Use the results of formal assessment tools when assigning tasks or subcommittee work.
- Give consumer members ways to self-identify their strengths and potential contributions through ongoing dialogue with staff.



opportunity to shape and establish the organization's culture, mission, and operational policies; consumers coming onto established boards may need more information on the original vision and mission.

Consumers who are new and existing members of the board should have multiple opportunities to get to know other board members, enabling comfortable self-disclosure and interest sharing among the group. Not all interactions have to focus on business; some may involve comfortable social interaction to help members form professional friendships and build an understanding of each other's philosophy and work style. Creating opportunities for board members to bond is a good investment and can increase productivity when the group starts in earnest on decision-making work.

Onboarding is not a single event but should span the initial months of service for consumers and others who are new to the board. For example, it may be necessary to provide both formal and informal training to new members to convey information on specific topics (e.g., quality measures) or tools about which board members should be knowledgeable, and those topics may change over time depending on the strategic issues facing the organization. Combining knowledge building with meaningful social interaction can help increase self-confidence for individual consumers; however, sometimes there is no substitute for time and experience on the board or in decision-making roles, as that is the best way to learn for many people. Consumers who are new board members may value debriefing time after initial board meetings to make the connection between the onboarding materials and real-life experience, then assess their interest in or need for additional information. Most people can absorb only so much new information at a time, so spreading out the learning process over time helps to avoid overwhelming new board members. Staff should remain committed to ensuring that new board members feel prepared for the tasks immediately ahead of them and confident that they will receive more information as new tasks, decisions, and leadership challenges emerge.

Preparing Consumers for Effective Leadership

In addition to the onboarding activities, organizations should provide consumers in leadership and decision-making roles with information and materials that they can refer to on their own time. These materials should reinforce and support the orientation activities, while providing consumers with information they can process at their own pace and refer to as often as needed to help build confidence and comfort with the content. Careful planning and design of materials is needed to make them easy to read, engaging, and relevant to the needs of consumers. Such materials can accomplish several important functions:

PROVIDE DETAILED BACKGROUND INFORMATION

One function of written materials is to communicate:

- A complete history of the organization;
- A summary of any relevant legislation;
- The mission and goals of the organization;
- Relevant financial, membership, and other information that may frame future decisions; and
- An overview of insurance coverage and other topics that are essential to operations.

Background materials provide knowledge that consumers can review at their own pace, and they can seek more in-depth information if needed, based on additional sources listed in the materials. More detailed materials are likely needed for each decision or action being discussed. Finally, board leaders and staff may want to develop and share information about each board member and key staff members to inform and reinforce their new relationships.

PROVIDE TRAINING

A second function for materials is to educate and train consumers on the board regarding technical issues related to health plans, coverage formularies, care delivery payment structures, chronic disease management, and other critical issues likely to come up in organizational decision making. Given that the board members likely have a range of learning styles, variation in the format of materials, information, or training is ideal to meet board member needs. Some people learn more quickly from visual information compared to text, while others may build knowledge more easily through interactive sessions that allow them to apply ideas



rather than focusing solely on theory. As an advanced level of training, leaders might choose to explore—and assess—the learning styles of each of the board members to inform how the organization might develop training materials.

PROVIDE A QUICK REFERENCE

Given the sheer volume of new information that consumers who are new to a board might encounter, it is essential to provide simple reference materials. New and long-standing board members may need a variety of quick reference materials addressing high-priority policies and procedures, staff contact information, and CO-OP plan details. Having these reference materials in a format that is easy to access is equally important. These days, digital reference materials that can be reviewed on mobile devices may be more convenient than three-ring binders filled with printed documents.

LESSONS LEARNED FROM ALIGNING FORCES FOR QUALITY COMMUNITIES

In 2012, AF4Q produced a *Guide to Building Consumer Orientation Materials*, which outlines important components of preparing consumers for leadership engagement. The topics include:

1. An Introduction to the Organization
2. The Value of Working in a Multi-Stakeholder Environment
3. Roles and Responsibilities
4. Background Materials on Relevant Topics
5. Tips for Success in Using the Materials and Providing Ongoing Support for Consumers

This guide, along with many other resources for consumer engagement, can be found at <http://www.rwjf.org/en/research-publications/find-rwjf-research/2012/07/a-guide-to-building-consumer-orientation-materials.html>.

Cultivating and Sustaining Meaningful Consumer Participation

As the AF4Q Alliances can attest, successfully engaging consumers in leadership roles on boards and other decision-making bodies requires a shift in the organizational culture. Creating the right culture not only welcomes consumers to these influential roles, but it also sustains these increasingly important relationships over time.

The following is a list of practical take-away tips for creating and sustaining consumer involvement in governance, supporting an egalitarian environment:

- Reinforce the message that the consumer perspective is just as important to the group as every other stakeholder at the table. All stakeholders should be prepared to participate actively in all meetings and projects.
- Distribute organizational or project background materials, meeting agendas, and other relevant resources in advance of any meetings or key discussions. Offer one-on-one assistance to consumers and any other board members to help them prepare for group discussions.
- Address all board members in the same manner, such as by first name, to help reduce or eliminate any perceived hierarchical issues among stakeholders.
- Introduce all board members and share information about each other's expertise and background. Be particularly attentive to anyone attending who may be intimidated by (or intimidating to) other stakeholders.
- Be aware of and actively avoid using medical terminology, jargon, and acronyms. Create a guide of preferred plain language terms, in addition to a glossary of technical terms that continue to be important to use and be understood by all stakeholders in decision-making roles. A helpful resource is the list of Simple Words and Phrases on the PlainLanguage.gov website (see <http://www.plainlanguage.gov/howto/wordsuggestions/simplewords.cfm>).



- Ensure consumers and other stakeholders on the board or other in decision-making roles have an opportunity to contribute. If someone isn't participating, encourage that person's engagement by gently offering specific opportunities to get involved in the discussion.
- Remind all board members that in the discussions, individuals might share private or confidential information. The confidentiality of personal and organizational information shared during any group discussion should be respected.

CONCLUSION

Bringing consumers into leadership, governance, and decision-making roles within organizations takes careful planning, time, and attention to the needs of consumers serving in these roles and to the culture that either supports or stifles consumers as leaders in the organization. This investment, however, yields more meaningful involvement from consumers, a faster learning process, and a greater likelihood of retaining consumers in these vital roles. As organizations fully engage consumers to lead and guide these organizations, the lessons learned from their efforts will help to inform the growing number of opportunities for consumers to participate in an even broader range of organizational governance across the health care system.

SOURCES

AF4Q National Office and National Partnership for Women and Families. 2012. *A Guide to Building Consumer Orientation Materials: Preparing Consumers for Successful Work in Health Care Improvement*. Princeton, NJ: Robert Wood Johnson Foundation. Available at: <http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2012/rwjf400253>.

AF4Q National Office and National Partnership for Women and Families. *A Guide to Engaging Consumer Advocates in AF4Q Alliances*. Available at: <http://forces4quality.org/guide-engaging-consumer-advocates-af4q-alliances>

AF4Q National Office and National Partnership for Women and Families. *Consumer Engagement in a Multi-Stakeholder Group*. Available at <http://forces4quality.org/best-practices-consumer-engagement-multi-stakeholder-group>

AF4Q National Office and National Partnership for Women and Families. *Creating a Consumer Advisory Council*. Available at: http://go.nationalpartnership.org/site/DocServer/Creating_a_CAC_FINAL.pdf?docID=8563

Bauer, T. N. 2010. "Onboarding Employees: Maximizing Success. Society for Human Resource Management Foundation." Available at: <http://www.shrm.org/about/foundation/products/Documents/Onboarding%20EPG-%20FINAL.pdf>

Hagar, M. A., and J. L. Brudney. 2004. "Volunteer Management: Practices and Retention of Volunteers." The Urban Institute. Available at http://www.urban.org/UploadedPDF/411005_VolunteerManagement.pdf

James, J. 2014. "Health Policy Brief: Small Business Insurance Exchanges (Updated)." *Health Affairs*, updated February 6, 2014. Available at http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=108

Klein, T. 2014. "Onboarding Volunteers: Five Tips to Improve Volunteer Retention." Blog post published by Verified Volunteers. Available at <http://www.verifiedvolunteers.com/en/Blog/2014/March/Five%20Tips%20for%20Onboarding.aspx>

Lewis, K. 2012. *The Emergence and Role of the Consumer Operated and Oriented Plan (CO-OP)*. Presentation to the Maine Quality Counts Alliance, November 12, 2014. Available at http://www.mainequalitycounts.org/image_upload/BBF_Maine%20Community%20Health%20Options_Kevin%20Lewis,%20MPP_11.27.12.pdf



- Major, D. A., S. W. J. Kozlowski, G. T. Chao, and P. D. Gardner. 1995. "A Longitudinal Investigation of Newcomer Expectations, Early Socialization Outcomes, and the Moderating Effects of Role Development Factors." *Journal of Applied Psychology*, 80:418-431.
- McCurlley, S., and R. Lynch. 1997. *Volunteer management: Mobilizing all the resources of the community*. Heritage Arts.
- Moore, R. 2014. "One Year, Many Lives Later. . . ." Colorado Healthop Blog, updated March 13, 2014. Available at <http://blog.cohealthop.org/wordpress/one-year-many-lives/>
- Nagasako, E. 2012. *Best Practices for Meaningful Consumer Input*. Community Catalyst. Available at: http://www.communitycatalyst.org/doc-store/publications/meaningfulconsumerinput_healthcaredeliverymodels.pdf
- National Partnership for Women and Families. 2012. "Steps for Achieving Meaningful Consumer Engagement in Health IT Initiatives." Fact Sheet. Available at: <http://www.nationalpartnership.org/research-library/health-care/HIT/steps-for-engaging-consumers.pdf>
- Orozco, E. V. 2012. *An Orientation Tool for New Farmworker Board Members*. Presentation at the 22nd Annual Midwest Stream Farmworker Health Forum, San Antonio, TX. National Center for Farmworker Health. Available at: <http://www.ncfh.org/docs/SF2k12/sessions/10.pdf>
- Schryve, P.M. 2009. *Leadership in Healthcare Organizations: A Guide to Joint Commission Leadership Standards*. The Governance Institute. Available at http://www.jointcommission.org/assets/1/18/wp_leadership_standards.pdf
- Stein, M. A., and L. Christiansen. 2010. *Successful Onboarding: A Strategy to Unlock Hidden Value Within Your Organization*. New York: McGraw Hill.
- Wayne, A. 2014. "Obamacare CO-OPs Defy Forecasts to Win Market Share." Bloomberg News Online, updated March 13, 2014. Available at: <http://www.bloomberg.com/news/2014-03-13/obamacare-co-ops-defy-forecasts-to-win-market-share.html>
- Zorn, J. 2013. "Nonprofit Competition in the Health Insurance Exchange: Consumer Operated and Oriented Plans." Views from the Field. Updated February 18, 2013. Grantmakers in Health. Available at http://www.gih.org/files/FileDownloads/Views_HIE_CO-OPs_UHCF_February_2013.pdf

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