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bright spot

cost | payment/incentives | care across settings

Organization: Communicating with patients and the public about value and payment reform

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About our organization

MHQP is a broad-based collaborative of all the health care stakeholders in MA. Our mission is to drive measurable improvements in health care quality, patients' experiences of care, and use of resources in Massachusetts through patient and public engagement and broad-based collaboration among health care stakeholders.

Context for our bright spot:

- Massachusetts enacted universal health coverage in 2006
- Boston has among the highest health care costs in the country
- Payment reform legislation likely to be out in Winter

The problem we were trying to solve/the challenge(s) we faced

Making care more affordable in Massachusetts is critical to the sustainability of universal coverage. Achieving a patient-centered and affordable approach to health care demands patient and public participation at every level of the process. How can we achieve meaningful engagement and communication with patients and the public around what they want and need to know about changes to health care delivery and payment systems? What can we accomplish collaboratively so

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that we achieve consistency in approach and messaging?

Our bright spot – the successful program, result, or process we want to share

We used the CAYC event as an opportunity to bring stakeholders with a range of perspectives from across the health care arena together—including patients, families, and public representation; state and local government; hospital and ambulatory care providers; commercial and public health plans; and employers and association groups. Almost one-third of the participants at the meeting represented patient, family and public perspectives.

Goals were to:

- Establish shared recognition and understanding of the importance of public involvement in improving health care quality, affordability and equity.
- Share ideas about what patients, families and the public want and need to know about health care delivery and payment reform and what it will mean for them.
- Identify synergies and common themes across stakeholder groups for patient and public messaging.
- Commit to continued collaboration and action steps to plan, develop and disseminate common messages.

Despite disparate perspectives on approaching payment reform among stakeholders there was clear and common interest in achieving public engagement in payment reform.

We created a rich set of specific messaging themes and topics and found a surprising number of commonalities among message themes that individual stakeholders wanted to convey.

Key overarching issues established:

- Timing and alignment of messaging across stakeholder audiences will be important.
- Messaging needs to help breakdown the complexity of the issues.
- Messaging needs to link/connect policy and create a cultural shift. For example, while the realities of system and payment reform need to be communicated, there also needs to be messaging that helps



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drive a cultural shift in public understanding around health care.

- Health goes beyond health care and includes public health, e.g., environment, equity, behavior, investment in community, and prevention.

Key topic areas and themes:

Patient-centered Care

- People are the best stewards of their own health. Respect and honor **the patient as the center of care** with autonomy (e.g., You the patient are the center of your care);
- Patients want **less fragmentation and more coordination** of care
- **Patients have a right to be confident in their care** (e.g., that they are getting good care; that their information is protected; that clinical efficiency and safety and safety measures are accountable to the patient)
- **Quality health care** is patient-centered and well coordinated
- Defining what is appropriate care; more is not necessarily better

Patient Choice

- There are significant gaps between the public's **desire for choice** and effective and affordable delivery models
- Need to reframe which choices can lead to optimal care.
- Health care **choices have consequences**. People need information around their choices and what the consequences of those choices are
- Greater burden on patients and the public to be **accountable for choices** they make around care (e.g., high deductible health plans, we all have a role in controlling cost)

Access to Information

- People need access to good, clear, actionable **information to inform their choices**
- **Types of information** patients/public want and need:
 - Cost and comparative quality care (e.g., what is my money buying me?)
 - The **relationships between quality and cost (value)?** (e.g., high cost does not necessarily equal better quality)
 - **How to navigate** the system: the options, consequences, and accountability
 - Where to get trusted information



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- Information on health and payment reform that informs the **patient's perspective**
- Broader issue of information access related to **personal health records** including issues of confidentiality/privacy vs. increased capacity to coordinate care and monitor quality of care

Coordination of Care

- **Coordination and accountability** (e.g., transitions in care and who is accountable)
- **Primary care** providers are the shepherds of care coordination
- **We are all in this together. Patients and providers are partners** in taking care of the patient's health.

We built tremendous energy—got action commitments from everyone in the room about how they were going to engage both collaboratively and at their individual organizations

Got commitment to create an ongoing workgroup to take the themes that emerged and translate them into core messages that all stakeholders could use and stand behind.

We are on a six month trajectory to develop and disseminate two products: 1) 2-3 key messages for collaborative dissemination; 2) A communication guide to inform individual stakeholder organization payment reform communications strategy and create consistency across organizations.

The biggest hurdle

Ensuring that we had enough consumer representation in the room so the meeting would not just be another gathering of all the usual suspects—talking *about* consumers instead of *with* consumers

How did we overcome it: persistence, outreach, lots of time and energy in recruitment

Aha moment or lesson learned

Surprise at the amount of overlap between themes that emerged from different stakeholders and commitment to collaboration—13 individuals volunteered for ongoing working group with no follow-up or specific outreach.



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For those who want to steal shamelessly, what advice do you offer?

Too soon to tell—this bright spot is still an emerging star—talk with us in six months

FOR PRESENTERS:

One more thing. Please provide three questions that the moderator should ask you to elicit the best details of your bright spot story.

1. Tell us about the impetus for this bright spot event? What were the goals?
2. What were some of the overarching issues and common messaging themes that emerged from the event?
3. What is the follow-up to sustain this bright spot?



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