

Communicating the Value of Integrated Care to Stakeholders

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In July 2011, the Centers for Medicare & Medicaid Services (CMS) presented a new opportunity to states to integrate care for beneficiaries who are dually-eligible for Medicare and Medicaid. Two potential options for doing so are the Capitated model and the Managed Fee-for-Service model. While the two models rely on very different contracting approaches, an essential requirement for both is that states must have mechanisms for meaningful engagement of stakeholders who may influence or be affected by integrating care. Examples of stakeholders include beneficiaries, advocacy organizations, care providers, trade associations, and unions.

State Medicaid officials routinely hold meetings to present information about new programs and program changes to stakeholders and listen to feedback. However, in recent years, they have had the unenviable task of presenting information about budget cuts and necessary reductions in benefits, then listening to real people tell how they are affected by those reductions.

Given this challenging backdrop to communication, it is more important than ever for state officials to hone their message on the value of integrating Medicare and Medicaid services. At a July 2011 meeting one CMS official advised state Medicaid leaders that meaningful stakeholder engagement will result in a better product, saying, in essence, that without the involvement of consumers and other key stakeholders, integrated programs will fail.¹ At this same meeting, another senior federal official underscored this point, saying that if state staff working on integration form partnerships with stakeholders, programs can be better tailored to their needs.

This paper provides guidance to states about forming partnerships with stakeholders to improve the integration process. It discusses the reasons why it is important to engage stakeholder groups; how to identify distinct audience groups within the stakeholder community; how to target messages to specific audiences, and what methods of communication are available. In addition, the paper

IN BRIEF

Forming partnerships with stakeholders is crucial to integrating care for beneficiaries dually eligible for Medicare and Medicaid. A key aspect of communicating value is the development of targeted messages to stakeholders. By identifying stakeholders' values and their perceived barriers to integration, it is possible to overcome those perceptions and create a shared vision for integration.

This brief discusses the reasons why it is important to engage stakeholder groups; how to identify distinct audience groups within stakeholder community; how to target messages to specific audiences, and what methods of communication are available.

provides general guidelines for developing messaging strategies.

Why States Need to Engage Stakeholders

Engaging stakeholders in the integration of Medicare and Medicaid services does more than improve trust and promote goodwill. Stakeholder participation is a critical component of a successful integration strategy starting early in program design through to monitoring and evaluation.

To lay the groundwork for program design, stakeholder engagement can be used as a mechanism to educate the public about what the Medicaid program does and why integrating care is important. Many beneficiaries and other stakeholders are unfamiliar with the differences between Medicare and Medicaid, and may not know which program pays for which services. For example, a recent survey conducted for National Public Radio found that 10 percent or fewer respondents knew that Medicaid paid for most nursing home care.²

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In response, a few states have created handouts for stakeholder meetings describing the differences between Medicare and Medicaid and what each program covers (Figure 1).

Stakeholders can be a valuable source of information about what does and does not work in the current system of care. Stakeholder meetings can help foster a dialog about problems of care fragmentation. It is helpful, for example, to remind people about the problems of having multiple ID cards; providers who do not know about the care each other provides; and not having one person or organization that the beneficiary can call when they have questions about their benefits.

States can use stakeholder sessions to convey their vision of reducing care fragmentation and to gather input on the operational details necessary to build the best possible integration model. Also, as one state official recently put it, “we need to also hear what IS working well so we don’t throw the baby out with the bath water.”

As the integration model takes shape, states can use stakeholder sessions to present proposed changes and gain their feedback and support. The state can begin to describe the proposed model of care by addressing questions important to stakeholders:

- What is changing?

- When will these changes take place?
- How will the changes affect me?

Every session held with stakeholders needs to convey the following message: “Your input is critical.” States need to explain, in as much detail as possible:

- Why stakeholder input is needed;
- How the state will use it; and
- How stakeholders can continue to receive updates and provide feedback.

How to Identify Stakeholder Audiences

The stakeholder audience with which a state engages will depend upon the purpose of the interaction. For broader purposes of education about what Medicaid does and the services it provides, the state may wish to engage the general public or legislative officials. For interactions with specific goals such as obtaining beneficiary input or advocate support for proposed program changes, more targeted stakeholder audiences are needed.

States are usually well aware of the stakeholders for their Medicaid programs, because they hear from them directly or via their chosen representatives, including elected officials. However, Medicaid staff are not always in touch with the organizations that represent Medicare beneficiaries as a specific constituency. To

Figure 1: Which Program Pays for What Service?

MEDICARE	MEDICAID
<ul style="list-style-type: none"> ▪ Hospital care ▪ Physician & ancillary services ▪ Skilled nursing facility (SNF) care ▪ Home health care ▪ Hospice ▪ Prescription drugs ▪ Durable medical equipment 	<ul style="list-style-type: none"> ▪ Medicare cost sharing ▪ Nursing home (once Medicare benefits exhausted) ▪ Optional services (vary by state): dental, vision, home- and community-based services, personal care, and select home health care ▪ Some prescription drugs not covered by Medicare ▪ Durable medical equipment not covered by Medicare

find key stakeholder groups, Medicaid agency staff can talk to community members about who works with Medicare beneficiaries in a given area, and include those entities in the state’s outreach plans. Examples of key stakeholders for changes in the medical, behavioral health, and long-term supports and services systems include those listed in Figure 2.

At the July 2011 meeting described previously, state staff were encouraged to conduct outreach activities beyond the stakeholder groups with whom they usually interact, keeping in mind the diversity of the population eligible for Medicare and Medicaid (especially among people under age 65 with disabilities). While Medicaid officials typically try to include those who currently receive long-term supports and services through their aging and disability

agencies, there are likely large numbers of disenfranchised people with little access to services and no voice. They are likely to be recipients of Medicare and Medicaid services in the foreseeable future and their perspectives need to be taken into account.

How to Target Messages to Specific Audiences

Once a stakeholder audience has been identified, the state needs to develop a targeted message for its interactions with that group. At the July 2011 meeting of state Medicaid officials, Spitfire Strategies, a DC-based communications firm, presented states with the framework for a “message box” to develop messages that can be tailored for each audience. The purpose of the message box is to narrow the focus of a

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Figure 2: Key Stakeholders Critical to Achieving Buy-in for Integrated Care Models

<p>Providers and Provider Groups</p>	<ul style="list-style-type: none"> ▪ Nursing facilities and nursing facility associations ▪ Hospitals and hospital associations ▪ Home health agencies and home health associations ▪ Hospice/palliative care programs and hospice associations ▪ Personal care workers and their union representatives ▪ Nurses and their union or association representatives ▪ Medical providers and their local/state associations ▪ Mental health providers/clinics; behavioral health organizations ▪ Substance use disorder treatment providers ▪ Health plans, accountable care organizations, other contracted entities ▪ Durable medical equipment, other specific contracted providers ▪ Transportation providers
<p>Consumer and Advocacy Organizations</p>	<ul style="list-style-type: none"> ▪ Beneficiaries and their family and friends ▪ AARP local/state representatives ▪ Educational/advocacy organizations for Medicare and other insurance (e.g., Senior Health Insurance Benefits Assistance program) ▪ Legal services organizations ▪ Mental health advocates, e.g., National Alliance on Mental Illness representatives ▪ Faith-based organizations ▪ Advocates for specific cultural and ethnic groups
<p>Others</p>	<ul style="list-style-type: none"> ▪ Native American tribal representatives (which are sovereign nations and also providers/contracted entities for certain health services)

The message box allows communications to be tailored to the speech, interview, press release or other opportunity as needed.

message to a few points that an audience can remember and act upon. To use this tool, states should begin by answering the following questions:

- 1) *Who is the audience?*
- 2) *What do you want them to do?*
- 3) *What do they value? and*
- 4) *What is their best reason to say no (often time and money)?*

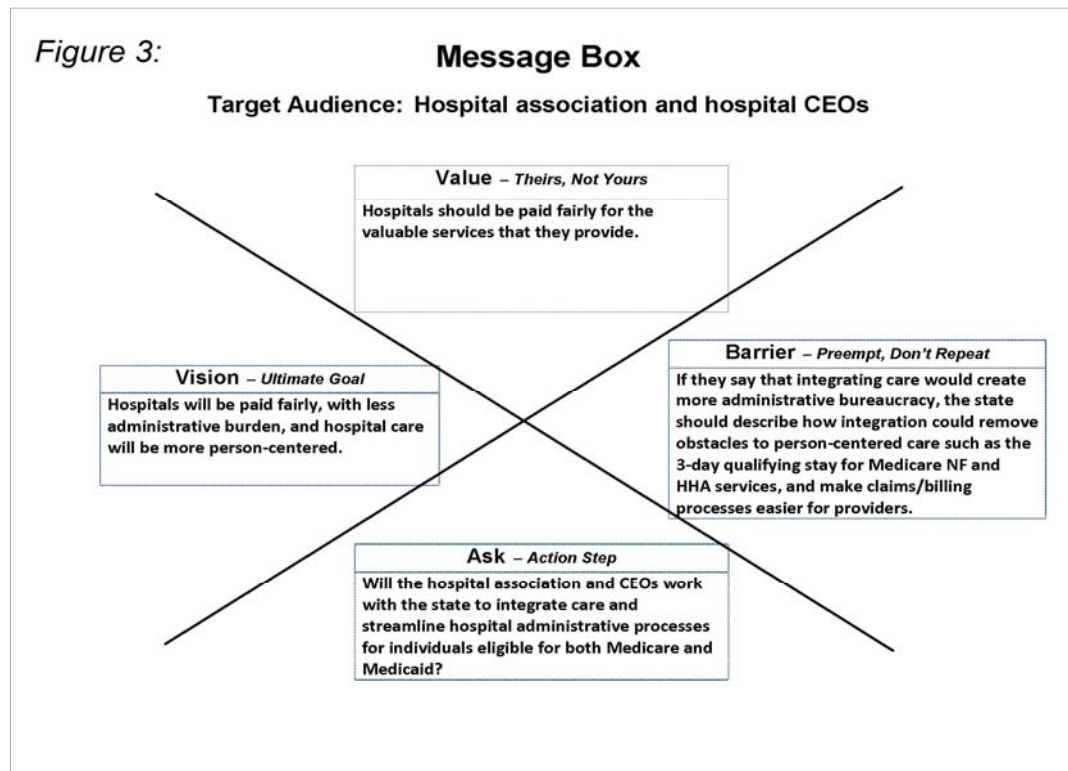
Once the audience and its priorities have been identified, then a state can begin to develop its talking points by answering questions to complete the message box:

- 1) **Value:** *What does the audience value?*
- 2) **Barrier:** *What barriers stand in the way of the audience agreeing with the message? What information can you provide to counter their argument?*

- 3) **Ask:** *What action do you want the audience to take?*
- 4) **Vision:** *What shared goal can the state and the audience agree upon?*

As an example, Figure 3 illustrates a completed message box for a state that is seeking to engage its hospital association and hospital CEOs to ensure their support for integrating care.³

Once the message box has been completed, supporting information, facts, personal stories, or statistics can be added to make the message more compelling. The message box allows communications to be tailored to the speech, interview, press release or other opportunity as needed. States can use message boxes as a tool to help direct their communications and effectively engage stakeholder groups.



What Methods of Communication Are Available?

There are many different methods of communicating with stakeholders, but the best option will depend on the particular audience the state wishes to reach and the purpose of the interaction.

Focus Groups

Focus groups offer states an opportunity to listen to the experiences of those beneficiaries dually eligible for Medicare and Medicaid firsthand. Focus groups use the common experience of the group to structure questions that draw out unique differences that take advantage of their natural diversity. For example, CMS sponsored a series of dual eligible beneficiary focus groups during the summer of 2011, that invited beneficiaries based on their enrollment in health plans or fee-for-service.⁴ The state staff who observed the groups gained critical insight into the benefits of more integrated approaches to care, and the barriers to improved outcomes for those in the fragmented fee-for-service environment.

States can use focus groups to bring beneficiaries together who are otherwise hard to reach by holding the sessions in facilities where these beneficiaries gather regularly (churches, community centers, adult day health centers, etc.). By choosing

and training focus group leaders from individual communities of interest, states can gather information from groups who speak languages other than English and those who have little trust in governmental officials and would not naturally offer their opinions. In California, for example, one focus group in Oakland included beneficiaries who spoke Chinese. The focus group facilitator asked them about their understanding and experiences of care, how they choose providers, how they decide whether to share information with their physicians about traditional medicine, etc. The information gained in this focus group would have been difficult to gather in any other way.

In addition, focus groups can be held with groups of providers in face-to-face settings in the community, or by conference call, across a state. Although most providers are not reluctant to offer their opinions on how to improve systems of care, the focus group forum allows the state to guide questions toward areas that providers may not usually consider, and also allows providers to hear from their peers in new ways.

Cross-Disciplinary Stakeholder Meetings

States may choose to bring diverse stakeholders together around common topics of interest to promote the cross-pollination of ideas that can occur in semi-

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General Rules for Messaging

The first rule of messaging is that in both written and verbal communication, states need to be mindful of the language used. A general rule is to use "person-first" language, i.e. putting the person before the disability, but more broadly, states need to incorporate the concepts of person-centeredness and self-direction into their messages about programs. For example, people do not want to be referred to as "cases" that need to be managed.

Other basic rules for messaging include:

- Avoid jargon and acronyms;
- Use statistics only in a context the audience will understand; and
- Avoid over explanation and qualification.

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structured or unstructured dialogue. While these types of stakeholder sessions are frequently open to all interested parties, large meetings do not always foster diverse opinions since those who are more comfortable in public speaking often jump up to the microphone first.

To address this concern, Washington recently limited participation in a series of stakeholder meetings to encourage diverse perspectives. The state held four sessions in various regional locations with invited individuals representing a wide range of stakeholders: staff from organizations such as nursing homes, area agencies on aging, hospitals, medical associations, AARP, etc., and beneficiaries eligible for both Medicare and Medicaid.

Break-out sessions were small enough to allow those present to participate actively, and skilled facilitators drew out opinions from the most reserved attendees. Over the course of the four sessions, facilitators gathered ever more specific input on a handful of key questions:⁵

- What are the critical elements that must be included in a system of care for dual eligibles?
- How should the state measure success of a new model of integrated care?
- What outcomes should the state hold entities accountable for?
- What are the important consumer protections that need to be in place?

It should be noted that stakeholder meetings of this type still need to be carefully structured and moderated to avoid generating biased results. Questions should be worded and statistics selected in a way that do not bias the opinions voiced by participants. Similarly, recruitment and selection of participants should permit a variety of positions to be incorporated. During the meeting, the moderator should prevent any one individual or organization from dominating the conversation or intimidating other participants.

Public Webinars

Public webinars are another option for communicating with stakeholders. Webinars offer a relatively low-cost alternative for states to both provide information to stakeholders and solicit their input. By using structured presentations and question-and-answer sessions, states can tailor their communications to different stakeholder groups, reach stakeholders who may be unable to travel to meetings, and accommodate the communication needs of stakeholders.

For example, in spring 2011, the California Department of Health Care Services held a series of public webinars to help beneficiaries in the state's Medicaid program, known as Medi-Cal, and other stakeholders learn about a statewide transition of seniors and people with disabilities into managed care plans. The webinar series, made possible through the California HealthCare Foundation, provided details about the upcoming program changes and helped answer questions from beneficiaries, advocates, and organizations that serve seniors and people with disabilities.

Ensuring that the webinars were accessible to all interested stakeholders was a high priority for California. To accommodate beneficiaries with hearing or vision impairments, the presentations used a screen-reader compatible webinar platform and included sign-language interpretation and closed captioning. Close to 600 participants attended the sessions, which was also posted on the state's website.⁶

Project-Specific Websites

Oregon is organizing a series of four multi-stakeholder meetings on its dual eligible demonstration for Fall/Winter 2011. Members of these meetings are an appointed body. Oregon's website for this project, *Medicare-Medicaid Integration of Care and Services Work Group*, offers a good example of how states can share information on the

progress of their project.⁷ The state has also begun to use [YouTube](#) to share video presentations of past meetings, so that anyone with internet access can see the meetings firsthand.⁸

Public input is solicited via a series of questions on Oregon's website. The questions in the below sidebar were posted to Oregon's website following the first two public meetings along with background materials that explain the context for the questions.

Requests for Information

If a state needs broad, detailed, well thought-out answers to a set of questions, the Request for Information (RFI) process may prove the best approach. RFIs can be used to gather information on new models of care delivery, to test whether a proposed approach is one that local communities find reasonable, and to elicit input from organized advocates. It is not likely that individual beneficiaries or their family members would respond to such an opportunity, which is why the above strategies must be used in combination with the RFI approach.

The Massachusetts Division of Health Care Finance and Policy released an RFI for its under-65 dual eligible program in May 2011. Almost 50 organizations responded to the questions, including a newly formed group, Disability Advocates Advancing Our

Healthcare Rights, which is a cross-disability committee comprised of disability, elder and health care advocates. Individual responses can be found on Massachusetts' procurement website.⁹ The following are examples of questions in the RFI.

- What features of an integrated care entity would cause dual eligible adults to see it as providing better care and value than the FFS system?
- Describe what outreach and marketing techniques, approaches, and messages would most effectively communicate the advantages of enrollment to dual eligible adults and their families.
- How could coordination between behavioral health services and primary care, acute medical care, facility-based long term care, and community support services be improved?
- What additional behavioral health services and community support services beyond those now available through Medicare and MassHealth would be most effective in addressing the behavioral health needs of the dual eligible adult population?
- What requirements or specific strategies should integrated care entities have in place to support a successful person-centered delivery model?

California's Department of Health Care Services used its RFI process to kick off its current round of stakeholder activity by inviting respondents to present a summary

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Medicare-Medicaid: Domains and Metrics of Accountability

- What domains of accountability are particularly relevant for individuals who are dually eligible?
- How do we use metrics to hold systems accountable for transforming care and services to individuals who are dually eligible?

Coordinated Care Organization (CCO) Criteria on Governance and Community Engagement

- What are the essential and desired components of governance and community engagement that we believe will lead to success of CCOs in performing effectively for the communities they serve?
- What would you want to see as evidence that the potential CCO will/can address health disparities effectively?

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of their responses in an all-day forum in Sacramento. California has received 39 responses to its RFI.¹⁰ Several respondents with experience serving dual eligibles, both under Medi-Cal and through Medicare Advantage-Special Needs Plan (SNP) contracts, had ideas for improving the currently fragmented system. Examples of their proposed changes under an integrated model include:

- A seamless enrollment process, with one card for both Medicare and Medi-Cal;
- A single set of rules for marketing, member materials, quality and performance measures, and reporting.
- A streamlined grievance and appeals process;
- Improved access to home- and community-based services; and
- Aligned incentives to prevent unnecessary institutional care, e.g., long term nursing facility admissions and emergency department visits.

Several respondents offered recommendations for program models that would deliver integrated care to dual eligibles, including the following components:

- Initial comprehensive assessment and screening for risk, possibly in the person's home, with care management for those at higher risk for poor outcomes;
- A multidisciplinary team approach to care with individualized care planning;
- High-tech solutions such as remote monitoring of people in their homes; and
- Management of care transitions across different care settings and home.

Conclusion

As states across the country gather information from stakeholders, an important, often unasked, question is what do they plan to do with the information they are gathering. State officials are responsible to multiple stakeholders, not the least important of which are federal government officials within the Centers for Medicare & Medicaid Services, the Governor's office to which they report, and the taxpayers who ultimately foot the bill for all of the care delivered for beneficiaries. The gaps between these diverse stakeholders in both understanding the potential of integrated care models and their vision for the future can be vast. As one state official expressed: "I sometimes feel like I have one leg on each side of a fault line and I am just hoping an earthquake does not move the two sides farther apart."

At both small and large meetings of stakeholders, one way to focus the discussion where it belongs is to start with a story describing the real-life experience of one person who is dually eligible for Medicare and Medicaid, or the experience of one provider attempting to serve those members. Then, even if no beneficiaries are present, the discussion that follows is grounded in the reality of what life is like for the people represented by the stakeholders in the room. Faced with the reality and challenges of fragmentation, it becomes harder for stakeholders to advocate a hard-line position that change is impossible.

Stakeholders provide the input and support needed to successfully design and implement integrated care programs. In turn, states need to communicate the value of these programs to stakeholders. This paper has presented basic guidelines about how to identify stakeholder audiences, target messages to them, and develop mechanisms to deliver those messages to stakeholders.

Above all, it is critical for states to express a clear vision of the future system of care for dual eligibles: one in which individual beneficiaries have seamless access to the care they need and a voice in the way that system operates; providers who are so happy

with the improved efficiency that they organize their care to meet the beneficiaries' needs; and advocates who sleep better at night knowing that one group of people they care about is in good hands.

Endnotes

¹ This meeting, held on July 6-7, 2011, was convened by the Center for Health Care Strategies as part of the targeted technical assistance effort it is providing to 12 of the 15 states participating in CMS' integrated care demonstration. Support for the technical assistance program is provided by The SCAN Foundation and The Commonwealth Fund.

² Found at <http://www.npr.org/2011/09/29/140932805/more-realize-they-face-pricey-long-term-care>.

³ Figure 3 is excerpted with permission from Spitfire Strategies Smart Chart.™

⁴ Results are slated for publication in Fall 2011.

⁵ A summary of the information gathered in these four sessions will be shared via Washington's new website for the demonstration project.

⁶ For more information, see MMCD - Seniors & Persons With Disabilities (SPD), Community Presentations and Webinar, [Seniors Persons and with Disability Webinar](http://www.dhcs.ca.gov/individuals/Pages/MMCDSPDENrollment.aspx), at <http://www.dhcs.ca.gov/individuals/Pages/MMCDSPDENrollment.aspx>.

⁷ The website can be found at: <http://health.oregon.gov/OHA/OHPB/health-reform/workgroups/medicare-medicaid-integration.shtml>.

⁸ See <http://www.youtube.com/user/ORGovOHA?feature=mhee> for more information.

⁹ To locate the **Integrating Medicare and Medicaid for Individuals with Dual Eligibility** RFI Responses on Comm-PASS follow these steps:

1. Go to www.comm-pass.com;
2. Click on the "Solicitations" tab in the upper left-hand corner of the page;
3. On the right-hand side of the page, under "Quick Tips", click on "Solicitation Search;"
4. In the "Document Number" field, enter: **11CBEHSDUALELIGIBLERFI**, and click "search;"
5. Click on "there are one (1) solicitation(s) found that match your search criteria;"
6. Click on the eyeglasses; and
7. Click on the "Updates" tab for information about the RFI Responses.

¹⁰ The RFP issued by the California Department of Health Care Services can be accessed at http://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/OMCPItcDualEligPilotHOME.aspx and the responses to the RFP can be found at <http://www.dhcs.ca.gov/provgovpart/Pages/CaliforniaDEIRFIResponses.aspx>.

About the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to improving health care access and quality for low-income Americans. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs.

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