

Meaningful Consumer Engagement: A Toolkit for Plans, Provider Groups and Communities

The Transformative Power of Consumer Engagement

As new [state demonstrations](#) to improve and integrate care for Medicare-Medicaid enrollees (also known as “dual eligibles”) move forward, health plans and provider groups (here, referred to collectively by the term “delivery systems”) must employ meaningful consumer engagement strategies. [Federal guidance](#) from the Centers for Medicare and Medicaid Services calls upon states to ensure the voices of older adults, persons with disabilities, and their caregivers are heard in the design, implementation, and oversight of the demonstrations. Their voices are vital because Medicare-Medicaid enrollees have complex medical and social needs, as well as personal preferences, that all members of the delivery system need to understand and respect in order to truly provide person-centered care. Community Catalyst believes that consumer engagement, done well, fosters an atmosphere of active, ongoing collaboration and conversation that will benefit consumers and their caregivers, health plans and provider groups, and ultimately transform the health care delivery system. To ensure meaningful consumer engagement occurs, [Voices for Better Health](#) created this Toolkit for delivery systems to use as they implement effective strategies of engagement.

Engaged Consumers Have Many Seats At The Table

There are several ways that delivery systems can give consumers a seat at the table and increase the depth of their participation up the so-called “ladder of engagement.” From surveys and focus groups to [member meetings](#), [consumer advisory committees](#) and governing board membership, delivery systems that diversify how they engage consumers will ultimately improve the way all consumers experience and participate in their own health care and in their newly integrated health care delivery system. Since family members and caregivers often play a critical role in a Medicare-Medicaid beneficiary’s health care and social well-being, they need to be welcomed to the table, as well. Using culturally and linguistically competent materials, providing oral interpreters and conducting meetings in languages spoken by the community and in [locations accessible](#) to consumers with disabilities will help reduce barriers to participation and allow diverse perspectives to be heard in multiple settings.

Engaged Delivery Systems Fine-tune Care Delivery

Meaningful feedback from consumers can help a delivery system fine-tune its care delivery by rethinking organizational priorities, addressing current problems and spearheading new initiatives. Examples might include, respectively: (1) developing a transition plan for members living in institutional settings, (2) improving cultural competence within communication materials, and (3) conducting a disability sensitivity training for providers. In several states’ [Memoranda of Understanding](#) (MOU), each participating delivery system is required to regularly convene a consumer advisory committee whose input must flow up to the governing board. For broad-based engagement to occur, delivery systems should pay special attention to addressing barriers to member participation in these committees, including a need for training about health policy issues and committee protocols. Delivery systems should also make sure the demographic make-up of the committee reflects the diversity of the enrollee population overall. Our consumer engagement [checklist](#) outlines how to assess committee composition, as well as incentives and barriers to participation. Delivery systems may also consider using an [application](#) and/or [interview](#) process to evaluate candidates for the advisory committee or when appointing consumers to their board of directors or other governance committee. Doing consumer engagement well, a delivery system will lower its costs, improve the health and quality of life of its consumers, attract new members, and position it well for potential Medicaid expansion or other new business when members share their positive experience in the community.

To sum it up, active, meaningful consumer engagement gives delivery systems and their consumers the tool they need the most to improve and maintain health and quality of life – information that leads to action. Delivery systems need information from consumers and their caregivers about the stronger and weaker aspects of care delivery – aspects that impact the system’s bottom line as well as consumers’ health outcomes and quality of life. Similarly, consumers and their caregivers need easy-to-understand information about how to best navigate their newly integrated delivery system and how the system is using consumer feedback for continued quality improvement. This “feedback loop” between consumers, their caregivers, and the entire health care delivery system will be critical to the success of the demonstrations.

Creating Buy-In and Making Consumer Engagement a Top Priority

Consumer engagement, done well, can transform the way health plans and provider groups (here, referred to collectively by the term “delivery systems”) learn from and collaborate with their members. It is an essential pathway to delivering the type of person-centered care that can drive down costs while empowering members to play a more active role in improving their health and their health system. But for consumer engagement to truly take root, flourish and produce the rewards it promises, the delivery system must dedicate itself to making [meaningful consumer engagement](#) a core component of its business model. In other words, the organization must buy into the value of actively engaging its members.

Form a team that works solely or primarily on consumer engagement. Engaging consumers requires a team that is funded by a dedicated budget and comprised of individuals with particular skills and experience who are devoted to the process of facilitating ongoing, open and honest exchanges with members, caregivers and the community. The resulting feedback lets the delivery system know how well it is serving its members and where it should consider making improvements. To most effectively lead the activities of this team, the delivery system should consider hiring a Member Advocate/Liaison ([see sample job description](#)). While implementing a meaningful consumer engagement strategy also helps the delivery system attract and retain members, it is not primarily a marketing tactic. As such, it is ideal to afford consumer engagement its own status and support within the organization. The Member Advocate/Liaison should report directly to the executive team and collaborate closely with leaders of other departments that interface with members. Meaningful consumer engagement also requires personnel resources and should not be relegated as a secondary or tertiary role of staff. It not only takes time to “be” with members, to hear their stories and to listen to their challenges, but it also takes time to address individual and systemic needs and partner with organizational leaders to identify trends and areas for improvement and action.

Ensure consumer engagement is an integral part of the organization’s culture. Every employee or contractor of the delivery system should understand the ways in which consumer engagement intersects with their work, even if s/he never personally provides care for or interacts with a member or member’s caregiver. Organization-wide communications is one way to infuse the culture of the organization with a spirit of consumer engagement. A delivery system may consider enhancing its mission statement, website, newsletters and internal memoranda with powerful words, statements, photographs and stories that portray consumers as central to its purpose. These will act as important reminders to everyone – employees, contractors, providers, members, caregivers and community members alike – to always ask themselves, “*How do I support the delivery of person-centered care to individuals in my community?*” Another strategy may be to ensure each manager regularly has a story or two to share with team members about how their work impacts and/or is impacted by the delivery of care to members. Since the delivery system exists to serve and care for its members, it makes sense that every employee should be thinking about members’ needs when doing their work – whether that work involves delivering direct care, such as clinical services, behavioral health, member services, and long-term services and supports, or indirect services, such as claims processing, network contracting, financial analysis, human resources, and the like.

Physically position consumer engagement staff near the executive team. Positioning the offices or workstations of consumer engagement staff (at a minimum, the Member Advocate/Liaison) close to the executive team sends both an external and an internal message about how essential the consumer voice is to developing best practices for the organization. It is also important for organizational leaders to attend consumer engagement activities, reinforcing to members that their voices are heard and their ideas are valued at all levels of the delivery system.

Believe in the value of consumer engagement. Talking to other delivery systems that have been engaging consumers in meaningful ways for a long time, they will attest to how this engagement has improved the services members receive, increased member satisfaction and lowered costs. It’s also the right thing to do. If the organization believes in the value of consumer engagement, staff and members alike will come to believe in it, as well. Meaningful consumer engagement has a lot to offer any delivery system that makes it a top priority and devotes experienced staff, sufficient resources and organizational “buy-in” to foster an environment of ongoing and reciprocal feedback and improvement with its members. Click [here](#) for more information on How to Create Organizational Buy-In for Consumer Engagement in your delivery system.

The Range of Engagement Opportunities that Exist.

As noted earlier, consumers will come with varying experiences, skill sets and interests that will inform their level of engagement and investment in the process. Consumers may want to understand the wide range of engagement opportunities that exist (for example, providing feedback through surveys, consumer advisory committees, topic-specific focus groups, community forums and/or governing boards) to allow for informed decision-making based on their comfort level and interests. Allowing consumers to choose the engagement strategy that feels comfortable to them will increase engagement effectiveness and retention. In addition, delivery systems can provide concrete examples of engagement topics, which also will allow individuals to channel their talents and interests. Some examples of specific topics that may appeal to consumers are: providing input on the design of new programs or services, identifying effective consumer outreach and education practices, assisting in the creation of accessible member materials, or providing helpful insights to inform performance improvement projects and measures.

The Benefits of Engagement.

When people are asked to invest their personal time in an activity that may not directly benefit them, some may ask why they should participate. It is important, as delivery systems reach out and first engage consumers, to communicate the benefits of participation, including possible benefits to members in their wider community and the larger delivery system. Consumers can be motivated by explaining, in person or through the use of outreach flyers, that their participation can provide the opportunity to be heard, gain new skills and experiences and build relationships with other members and staff.

Consumer Advisory Committee Processes. Consumers should be trained in the particular engagement practices for which they will participate, including the purpose and focus for engagement. In the case of consumer advisory committees, the consumer can benefit from learning about the mechanics of the engagement, more specifically the:

- Purpose and/or mission of the consumer advisory committee
- Scope of the effort, including programs for which the group will be providing input and the demographics of members served
- Board structure and membership
- Staff and resources available
- Amount of dedicated time required, both during and outside of meetings
- Frequency of meetings, including scheduled meeting dates and attendance requirements
- Methods for communication, including communicating to facilitators and other members
- Facilitation process and the importance of respecting differences
- Decision making authority and/or approaches
- Accommodations, such as accessible meeting locations, meeting materials, and meeting practices as well as how to request accommodations
- Availability of stipends and/or transportation to support members' engagement

Beneficial Skills and Practices. Delivery system staff and their community partners (such as advocacy groups, Centers for Independent Living and Area Agencies on Aging) can work together to support consumers as they acquire skills and practices that are beneficial to the engagement process. Staff application and modeling of these skills described below are equally as important to an effective engagement process.

- ***Meeting Preparedness.*** Consumers will be able to provide the most informed feedback if they are given advance support to attend meetings well-prepared. For instance, staff should share a meeting agenda and relevant materials two weeks prior to a meeting in the format most desired by the member (e.g., electronic or mail). Staff also can encourage meeting preparedness by requesting that meeting attendees review the materials prior to the meeting and by encouraging members to consider and/or write out their questions or comments prior to the meeting. Staff also may support meeting preparedness by reaching out to new committee members and offering to discuss the materials prior to the meeting. Peers may assume a supportive role for new members, as well, by reviewing the materials with the member and/or offering to discuss the meeting's materials, provide context and answer questions. The [Consumer Advisory Committee](#) tool provides concrete examples of consumer and staff responsibilities to support meeting preparedness.

- **Team Player.** Many delivery system staff believe a collaborative approach is crucial to engagement success. Some consumers and advocates may have already established adversarial relationships with staff or state agency administrators due to their frustrations with eligibility thresholds, barriers to care or other concerns. Others with less than ideal previous engagement experiences may disregard invitations or withdraw given a belief that their involvement will not lead to change. Likewise, some staff may be hesitant to engage consumers or advocates given their lack of experience or previous negative experiences, and as a result, may limit engagement to less-adversarial audiences. Delivery system staff members who are responsible for engagement should work directly with their community partners to develop a collaborative environment for engagement. This may require communicating clear “ground rules” ([Advisory Committee Member Handbook Template, page 9](#)) to support open feedback, providing supportive facilitation and demonstrating constructive communication approaches during meetings. Also, as described in the representation points below, consumers who participate in advisory committees should be trained on the importance of reaching beyond personal needs and interests to represent the needs of the broader community of consumers. *The [Advisory Committee Member Handbook Template](#) document provides examples of members’ roles and responsibilities in the sample charter document on page 7.*
- **Effective Advocate for Self and Others.** For many consumers, this will be the first time they are called upon to inform a large organization, which can be both exciting and overwhelming. Consumers must acquire critical advocacy skills to succeed despite this power differential and feel empowered to support their peers to succeed, as well. Many community organizations, such as Centers for Independent Living, Area Agencies on Aging, Developmental Disability Councils and Behavioral Health Peer Recovery Networks, have established peer programs and trainings to educate individuals who receive services on how to become effective self-advocates and community leaders. Delivery system staff can develop partnerships with these organizations to support their members’ acquisition of advocacy skills critical to their new roles as consumer advisory committee members. Delivery system staff also can share helpful tips in their Consumer Advisory Committee Handbooks. *The [Advisory Committee Member Handbook Template](#) document provides Tips for Advocacy on page 10.*
- **Conflict Resolution and Consensus Building.** A meaningful engagement strategy will undoubtedly include moments of conflict. It is important for all involved, consumers and health plan staff alike, to understand the potential benefits of conflict and the fundamental elements of conflict resolution. Facilitators well trained in conflict resolution can support committee members to understand the normalcy of conflict and constructive methods to turn conflict into opportunities for enhanced learning and improved health plan practices. Consumers also can be prepared for the likelihood of conflict through easy-to-share handouts. *The [Advisory Committee Member Handbook Template](#) document provides Guidelines on Conflict Resolution on page 11.*
- **Active Listening and Effective Communication.** Consumers engaged in consumer advisory committees will be most successful if they adopt active listening and effective communication practices. Meaningful engagement requires active listening and effective communication in both directions, from those who are experiencing health plan services and those who are administering them. The sharing of personal experiences alongside program policies and boundaries provides a foundation of common understanding upon which creative problem solving can take place. Health plan staff and their community partners should be prepared to share concrete strategies and examples of active listening and effective communication to support acquisition of these challenging skills.
- **Representing Others.** Consumers engaged in improvement efforts should be trained on the expectations health plan staff have for consumers representing a larger group. Often times, representation assumptions go unspoken and those seeking engagement become frustrated with the narrow scope of feedback provided (e.g., a committee member focusing on his/her personal grievances and needs). Consumers who are engaged need to be clearly informed of their role (*as presented in the [Advisory Committee Member Handbook Template, page 10](#)*), if any, to represent individuals beyond themselves. This requires that consumers be informed of effective strategies to represent a larger constituency group and supported to acquire the skills required to do so, if necessary. For instance, consumers should be supported to gain an understanding of member demographics and access barriers, as well as encouraged to attend health plan community meetings and digest membership survey findings so they obtain a broader view of the wide membership’s needs. Committee members also should receive any training necessary to provide them with a wider lens, such as disability sensitivity training, as well as training on cultural competency and humility.

Tip Sheet: How to Create Organizational Buy-In for Consumer Engagement

Step 1: Understand the Challenge

- Consumer Engagement is not always an easy sell if it is not already part of the organization's core values (and even sometimes when it is)
- Translating consumer engagement into practice can be very challenging since efforts must be incorporated across the organization's structures, processes, leadership, funding, information technology, and workforce development

Step 2: Do the Research

- Perform a literature review of best practices and successful models of consumer engagement as they relate to the organization's mission, values, quality, and objectives for cost savings
- Interview other health plans/managed care organizations about their consumer engagement work
- Based on the literature review and interviews, draft a memorandum to a small group of the organization's decision makers, outlining the fundamentals of consumer engagement and its value to the organization, highlighting success stories (e.g., improved health outcomes, lower costs per member)
- Assuming sufficient interest, conduct a thorough assessment of the organization's readiness and any potential gaps to perform consumer engagement

Step 3: Develop a Proposal

- *Scope* – decide how big or small to begin, with particular emphasis on which strategies along the ladder of engagement to focus on and how many consumers will be involved
- *Internal Impact* – identify which particular departments (and individuals) will be impacted and asked to contribute to the design and implementation of a consumer engagement business plan (e.g., workgroup)
- *External Resources* – determine those providers, community partners and/or consultants who can assist in the design and implementation of a consumer engagement business plan
- *Feedback Loop and Evaluation* – propose how the organization will incorporate consumer feedback into system improvements and continually evaluate the effectiveness of its engagement strategies
- *Budget* – develop a budget, including personnel, rent, supplies (refreshments, paper supplies, etc.), marketing, incentives and accommodations for individuals with disabilities or low English proficiency.

Step 4: Build Relationships and Support

- Present the proposal's key elements to department leaders, highlighting how consumer engagement will ultimately help them achieve the goals of their respective departments
- Gather department leaders' concerns, answer questions and commit to an ongoing dialogue of how to ensure consumer engagement's success (e.g., design/implementation workgroup – *see below*)
- Facilitate a design/implementation workgroup to gather input and reinforce the vision
- Include department leaders' feedback and desired goals in the final consumer engagement business plan

Step 5: Finalize Business Plan

- Convert proposal into a business plan with a well-defined consumer engagement strategy, including a timeline, required resources, desired outcomes, approved budget and any other necessary elements.

Empowering Consumers in Governance Discussions

Often comprised of the community's most influential professionals, membership on a delivery system's governing board can be a challenging setting to which consumers must acclimate. This reality creates an imperative for the board to proactively weave the consumer perspective into its discussions. Since a board's data-driven conversations about financial performance, operational efficiencies, and quality metrics can be technical and complex and may intimidate some consumers, the board must initiate ways to support member learning and proactively invite its consumer members to talk about how this data translates to the "lived experience" of aging and/or disability. Deciding to include consumers on the board also presents a culture shift for delivery systems that may be leery of upsetting the accustomed dynamics of their board. As such, it is important to both the consumer and non-consumer members of the board for any delivery system pursuing this path to elect consumers who are able – with [training](#), support and encouragement – to provide strong and thoughtful voices. It is also vital to give these members the platform and tools they need to actively raise those voices. Some concrete ways to do so may be for the delivery system to place an item on every board meeting's agenda about the "Consumer Member Perspective" or to begin every meeting with a compelling story about a consumer that is relevant to a particular item on the agenda. No matter how it gets accomplished, it is vital that consumers on the governance board are not "token" members but integral participants in every discussion.

Consumer Participation Within the Governance Structure

To optimize the success of any health care delivery system as it strives to provide high quality, person-centered care, consumers (and, inclusively, their caregivers) need a seat at the table wherever improvement strategies are discussed and decisions are made affecting their care. This is especially true when serving vulnerable populations like low-income seniors and adults with disabilities enrolled in the [dual eligible demonstrations](#). Among the tables at which consumers need a seat is the health plan or provider group's (here, referred to collectively as "delivery system") governing board conference room table. This is where the elected members of the board of directors convene regularly to review and weigh in on the current state of affairs and any goals and improvements slated for the future. In some [Memoranda of Understanding](#) and Three-Way Contracts, it is required that delivery systems include consumer participation within the governance structure of the delivery system, which presumably could include either its board of directors or a relevant subcommittee of the board* (e.g. Quality Committee). Requirements aside, consumer participation on the board of directors is the highest level and most demanding of delivery system-level consumer engagement strategies and brings its own unique set of benefits and challenges. With [training](#), support and realistic expectations, consumers can bring a perspective and richness to board discussions that would otherwise be absent, increasing the board's understanding of precisely who it is there to serve – *consumers*.

Consumer Advisory Committees

Active, ongoing consumer engagement is instrumental to the success of the [state demonstrations](#) to integrate primary, acute, behavioral health and long term services and supports for Medicare-Medicaid beneficiaries. In particular, consumer (enrollee, beneficiary, member or participant) advisory committees will play a vital role in shaping the types of care provided and how well that care is delivered. In several of the state Memoranda of Understanding approved to date, each participating health plan or provider group (here, referred to collectively by the term "delivery system") is required to establish a consumer advisory committee and formulate a process for that committee to provide input to the delivery system's governing board. The delivery system must assure that the advisory committee composition reflects the diversity of the demonstration population. In some states, consumer advisory committees are required to convene monthly. Since these advisory committees will be an important mechanism for both consumer and community engagement, informing not only what consumers need for optimal health but what the community needs to support them, [Voices for Better Health](#) has developed this tool to help delivery systems create dynamic advisory committees that generate active, ongoing "feedback loops" with their consumers and with the communities in which they live.

Consumer Advisory Committees Produce Benefits Across the Delivery System

A productive and effective consumer advisory committee can yield positive results for consumers, their family members and/or caregivers, the community and the delivery system itself, but only if it is empowered to create real change and is not merely a token group of members without any influence. The benefits to be realized include:

Improved Delivery of Care

A delivery system that listens to and addresses the needs of consumers and the community is one that retains its members, keeps them healthy and confident in managing their care and, consequently, attracts new members. By sharing their own stories and those of others in the community about personal experiences using the delivery system, members of the advisory committee can shed light on areas that need improvement and offer practical solutions. By correcting systemic problems and creating efficiencies, the delivery system can ultimately lower its costs while improving care and self-management for its members. This dialogue also can reveal innovative care strategies needed by a particular community.

Improved Member Communication and Education

Meaningful input from a consumer advisory committee also strengthens a delivery system's communication and education efforts. Medicare-Medicaid enrollees are a diverse population that includes readers and speakers of many different languages at varying literacy levels and individuals with significant hearing or visual impairments. Some consumers may be more resistant than others to the way care is delivered in an integrated model and may also vary in how comfortable they are voicing concerns. They need different venues and channels through which to provide feedback on the delivery system, as well as information that is understandable, timely and, sometimes, instructive about how to actively maintain or improve their health. Advisory committee input on how the delivery system can better communicate with and educate its diverse constituencies can transform it into one that dialogues *with*, rather than talks *at*, its members.

One Size Does Not Fit All

Consumer advisory committees may vary quite a bit in composition, structure, function and goals, depending on which parties are at the table.

Composition (2 options)

- *Members* only (including members' caregivers and/or family members)*: While it can be challenging to identify enough members who have a strong understanding of, and ability to analyze, complex policy issues, a consumer advisory committee comprised entirely of members is likely the best way to guarantee that the members' voices are heard at the table and not drowned out by non-member viewpoints. The makeup of members on the consumer advisory committee shall be representative of the [diversity of the demonstration population](#) (by age, gender, race/ethnicity, physical health, behavioral health, disability type, long-term care status, etc.).
- *Mix of members* (consumer advocates and/or delivery system staff members)*: Ideally, this composition would entail a majority of members, plus several consumer advocates from the aging and disability communities, as well as delivery system staff members, preferably from departments that play an operational role in some aspect of health care delivery (member services, clinical services, care coordination, geriatrics, etc.). By bringing a mix of members, advocates and staff together, problems can be resolved more quickly and knowledge gaps are less likely to impede progress toward finding the best solutions. However, member feedback may not be as rich and robust in this model as it could be with more members included.

Structure (3 options)

- *Member-led*: This structure empowers members to set the agenda for committee meetings, as well as take ownership of the process and the outcomes that result. To support its members in their leadership roles, delivery systems that choose this structure must commit resources and institute leadership development training, either using internal expertise or external consumer groups that have leadership development skills.
- *Consumer Advocate-led*: Experienced consumer advocates, especially those who have worked side-by-side with consumers on the design and/or implementation phases of the state demonstration, are generally very well-versed and experienced facilitators. This structure, however, may do less to lead members themselves to becoming facilitators and leaders of the committee. Delivery systems may consider using this structure temporarily, partnering with a consumer group that could facilitate committee meetings while identifying and training members to become facilitators and leaders of future meetings.
- *Delivery system-led*: Preferably led by the delivery system's dedicated staff person or ombudsman/liaison to its members, this structure enables members to ease their way into their leadership roles on the committee, concentrating initially on providing frank, honest feedback, rather than worrying about committee procedure and rules of order. Any delivery systems using this structure should not attempt to use it indefinitely; rather, it should work to identify, train and empower members for higher levels of engagement, whether within this advisory committee or on the delivery system's governing board.

Function/Goals (2 options, or a hybrid of both)

- *General feedback*: A consumer advisory committee may be set up to generate general feedback from members about what is going well and what needs improvement for the delivery system to act upon, resulting in systemic change. Through this process, problem areas get identified and fixed more readily, and areas of success are highlighted for further improvement and expansion. While many changes can result from this committee function, it may not leave enough time to dig deeper into significant problems.
- *Focused engagement on topics or tasks*: If the goal of the consumer advisory committee is to focus on *specific topics*, such as network adequacy, care planning, member services, cultural competency, care coordination and the care experience, etc. – or on *specific tasks*, such as quality improvement initiatives, a review of current communication materials, the development of new programming ideas, etc. – it can be set up to analyze a specific issue from every angle in order to ensure a complete overhaul, rather than piecemeal improvement.

Note: In addition to giving general feedback and/or analyzing specific issues, a consumer advisory committee also serves as a link between the delivery system and the communities it serves. Community groups, community leaders and provider organizations can identify members of certain constituency groups who would be productive and engaged advisory committee members. A delivery system that creates and maintains strong links with community leaders improves its advisory committee [recruitment](#) efforts as well as its ability to continue to take the pulse of the health care needs of the broader community.

Step-by-Step: Getting Started

- **Determine the advisory committee's [composition, structure, function and goals](#).** At first, it may be easier to start with a consumer advocate- or delivery system-led structure with a mixed composition of consumers and consumer advocates and/or staff members, giving general feedback. As the delivery system builds its consumer capacity, the committee can evolve into a wholly consumer-driven entity and/or one that tackles more specific, transformative topics or tasks.
- **Choose a convenient time and fully accessible location.** Daytime meetings, lasting one to two hours each, may be ideal, except for members who work during the day. Flexibility and the scheduling of meetings at the end of the workday may be necessary to accommodate members' availability. Since many Medicare-Medicaid enrollees, especially people with physical disabilities and frail older adults, rely on public transportation or rides from others, it is essential that the meeting location be fully accessible in two ways: (1) close to consumers' residences or to public transportation (or directly provide the transportation) and (2) [ADA compliant](#).
- **Identify and devote delivery system staff.** Real commitment to a successful consumer advisory committee means a commitment of resources, including staff members to recruit (see below), support and possibly facilitate meetings of the committee. Support tasks may include setting and distributing the meeting agenda, taking meeting minutes, training members on technical terms and issue areas that may be new or unfamiliar to them, answering committee members' questions and other administrative functions. Additionally, an experienced facilitator may be needed to run the meeting, depending on the capacity of members to run meetings themselves.
- **Recruit prospective committee members.** An internal and external search should be conducted to identify and [recruit consumers](#) (including family members and/or caregivers, as appropriate) who possess the greatest capacity to play an active and meaningful role on the advisory committee. Internally, inquiries to staff from member services, clinical services, care coordination and other departments that work closely with consumers may be an excellent source of prospect identification. Externally, partnerships should be established with consumer advocacy organizations, service providers, Area Agencies on Aging, Aging and Disability Resource Centers and other community groups and leaders who often have close relationships with individuals in the community who desire to make a difference. Finally, the delivery system may consider advertising advisory committee membership opportunities on its website or at locations where consumers receive care, using posters and flyers. See the [Recruitment](#) section for more information.
- **Interview prospective committee members.** An easy-to-understand [job description](#) and basic [application](#) should be prepared and translated into various languages, as needed. Once candidates are identified, they can be asked to complete the application and/or be [interviewed](#) to determine their capacity and desire to contribute to delivery system improvement. The benefits of participation should be described to candidates, including planned [incentives](#) and the personal satisfaction of helping to improve the quality of care in their community. The delivery system should also emphasize to candidates how it will make its best effort to eliminate any [barriers to participation](#).
- **Develop a consumer advisory committee member agreement.** This agreement, to be signed by each member, will include the committee's purpose or mission statement, its values or code of conduct guidelines and its member responsibilities, including the minimum of a one year commitment, which is needed to ensure that the member has sufficient time to acclimate, learn and become an educated voice at the table.
- **Establish a process to provide committee input to the governing board.** Required by the [Memoranda of Understanding](#), such a process could include: having one or more board members attend each advisory committee meeting; having a discussion of the advisory committee meeting minutes at each board meeting; inviting an advisory committee member to address the board on a particular issue; and/or providing to the board a substantive debriefing report, or a similar method of communication.

After forming its consumer advisory committee, the delivery system should assess whether or not the committee members adequately represent the [diversity](#) of their overall Medicare-Medicaid enrollee population and identify cohorts that may be under-represented. In particular, the frailest enrollees, especially those who require 24-hour care, may not be represented due to their severe cognitive or physical disabilities. Likewise, the committee membership may not be representative of every community, culture or disability that members experience. A delivery system should work with its advisory committees, consumer advocates, provider organizations and community leaders to pinpoint effective ways to obtain feedback from these missing members and to incorporate this additional feedback into the greater dialogue for continued system improvements.

Recruitment for Consumer Engagement

The importance of recruiting members from the most historically underserved and underrepresented population segments is well recognized within the health policy community as a key to bringing genuine and much-needed change to our health care delivery system. However, the recruitment process, from the planning and outreach phases to participant confirmation, often presents significant challenges and costs that must be anticipated. Since recruitment efforts typically correlate to participation rates, delivery systems must tailor their recruitment by the population being approached and the level of feedback being sought.

General Principles of Recruitment

Know and identify the target population

No matter what the target population is, and regardless of which consumer engagement approach is being recruited for, it is necessary to gain some detailed familiarity with the group and its preferences before recruitment begins. This effort starts by going into the community and collecting information from a sample group. Methods may include sending out surveys, hosting focus groups, doing telephonic assessments or conducting interviews. The sample of members can help determine the most convenient days and times for them to participate in consumer engagement activities, which mode of transportation they use, and any [barriers](#) they may face in committing to an activity. Identification of the community services that members use, including any facilities that are popular gathering places, will allow for a more focused and successful recruitment strategy. With a general idea of the population and community, the targeted selection of members can be tailored for the given strategy of engagement by selecting inclusion and exclusion criteria using the delivery system's searchable member database. These criteria can include as many [demographic and non-demographic characteristics](#) as needed to be used as a starting reference of invitees and to track membership outreach. Some common fields include: race, culture and ethnicity; language spoken; primary care site; geographic location; disability type; length of time with the health plan, etc. It is beneficial to consult with local advocacy organizations and/or community partners who know the cultural make-up of the community, around best practices for a representative recruitment process, to assist with identification of possible candidates for participation, and to keep them involved as strategic partners for collaboration.

Inform community partners and front-line delivery system staff for recruitment leverage

Participation rates for consumer engagement have been shown to positively correlate to the quantity and quality of relationships forged between delivery systems and their community partners. Community partners and front-line staff may include: senior centers, worship centers, primary care sites, adult day health centers, long-term care facilities and other service access points. The delivery system should develop and maintain relationships with community partners within its geographic service areas because they have well-established relationships with members and are often significant sources of encouragement and support to them. Recruitment message reinforcement from community partners and front-line staff members within the delivery system will ideally create a snowball effect that further boosts participation. To leverage the connection that community partners may already have with delivery system members, it is highly beneficial to meet with the decision makers within these organizations. Such meetings will help to promote the activity for which the delivery system is recruiting members and give an opportunity to explain how it will both empower participants individually and benefit the community as a whole. At the same time, organizational decision makers can be asked to consider hosting a future consumer engagement event. The delivery system can provide flyers and pamphlets to staff members with grass-roots connection to the community so they may personally pass them along to consumers who may benefit from participation.

Contact and elicit responses from the member group

This is the stage of recruitment, during which members are contacted directly, using a variety of means to increase participation. While the methods used will vary for different strategies of consumer engagement, the most common ones include, but are not limited to:

- Outreach and/or invitations directly from delivery system providers and front-line staff
- Website, newsletter and [flyer](#) advertisements
- Phone calls, Emails or letters of invitation
- Participation at health fairs and other community forums
- Information sessions in the community
- Public Service Announcements via local TV, radio and print media

It is important to note that personal, one-on-one contact with prospective participants and referral sources will yield higher turnout. Relying on less personalized outreach efforts alone is not recommended.

Recruitment Guidelines for Engagement Strategies

In this section, each strategy of engagement or group of strategies – the context in which consumers are invited to problem-solve with the delivery system – is explored in greater detail, using the [three general principles of recruitment](#).

Surveys

Know and identify the target population

While a survey can be a good way to gather information about members' interests, needs and concerns, recruiting participants and collecting responses from members can be challenging. The first step is to identify the population the delivery system wishes to reach, using inclusion and exclusion criteria. For example, if surveys are being sent to Spanish-speaking members, all other languages would be marked in the exclusion criteria. Using all data that is available, the delivery system can create a list of members, their contact information, and any potential referral sources that could encourage them to respond to the survey. A typical response rate assumes that less than one-half of individuals will return a survey, so the group contacted should be large enough to yield the desired number of responses.

Inform community partners and front-line delivery system staff for recruitment leverage

Once the target population for the survey has been established, relevant community partners and front-line delivery system staff members, such as care managers, member services representatives, home care providers, etc., should be informed about the survey content, its purpose, the date it will be sent out, and the group to which it will be sent. The survey instrument should be shared and staff members designated to be available to answer any questions.

Contact and elicit responses from the member group

Once community partners and front-line staff are informed about the timeline and purpose of the effort, the survey can be mailed to individuals in the target group, along with a cover letter of explanation – both written in plain language at a sixth-grade reading level – and an enclosed pre-stamped return envelope. Front-line staff and community partners should be enlisted to help boost responses. They can ask members if they have received the survey and encourage them to call designated staff members if they need help understanding or completing the survey. They can also personally reinforce to members why this survey is important for the improvement of services they receive and how highly valued their opinions are. Depending on the size of the target population and the delivery system's capacity, follow-up phone calls can help to increase participation. After allowing at least two to three business days to ensure that members have received the survey, phone calls should be made to all recipients to ask if they have received the survey, to ensure that they understand its purpose and the questions, and to inquire if they would like to fill it out over the phone, for their convenience. For those not reached over the phone, a message should be left and a second phone call made if they have not responded to the first call within three to five business days. These repetitive efforts should yield a solid percentage of respondents. If the survey was sent to a large portion of the delivery system's entire population, response rates can be enhanced by advertising the importance of the survey more broadly via the newsletter and website. The central message in all communications should be the importance of the feedback received in the survey and, more generally, that members' input is always highly valued.

Focus Groups and Member Meetings

Know and identify the target population

Focus groups and [member meetings](#) have a similar structure in the recruitment stage. They are both good ways to have a more substantial and detailed conversation with members on topics or issues of concern. When the goal is to gather more general feedback about the delivery system, member meetings are the appropriate venue, and recruitment should be done in a [representative manner](#) so as to yield the most broadly diverse perspectives across the member population. Alternatively, focus groups are more appropriate when the plan is looking for feedback on a more specific topic, such as care transitions following a post-hospital discharge, or gauging the level of cultural competence in printed materials for Spanish-speaking members. For these more focused dialogues, recruitment needs to be refined in order to reach members with [relevant demographic background](#) and experience. The delivery system's searchable database can be used to expand or narrow the criteria for identifying the list of invitees. Once the list of members is defined, a sample of the group should be surveyed by mail and/or phone to determine their preferences for meeting time, day of week and location. The choice of morning, afternoon or evening – and weekday versus weekend – may yield very different groups of attendees. With this information, a series of focus groups or member meetings can be planned accordingly, to minimize barriers and maximize consumer participation.

Inform community partners and front-line delivery system staff for recruitment leverage

Community partners and front-line delivery system staff members should be informed about the upcoming focus group or member meeting. Whether the focus group will emphasize a specific topic, or the member meeting will address issues more broadly, the delivery system will want to involve as many of the relevant stakeholders as possible. These community partners and front-line staff may include, for example, the senior housing or assisted living facility staff where some of the identified members live, local advocacy organizations, member services representatives, care managers, and formal and/or informal caregivers. Detailed information about the nature and importance of the focus group or member meeting for delivery system improvement, when and where the meeting will be held, and the names of members who will be invited, should all be shared. The [invitation](#) and [flyer](#) should be circulated and staff members designated to be available to answer questions, as needed.

Contact and elicit responses from the member group

The [invitation](#) letter should be mailed to members accompanied by a brightly colored [flyer](#) with the basic details about the focus group or member meeting. A photograph, cartoon or other graphic can help illustrate the meaning of the flyer for those members who may have low literacy ability. These documents should be written in plain language at a sixth-grade reading level, state the phone number for members to call with any questions and to RSVP, and be translated in all appropriate languages, as needed. After allowing at least two to three business days, phone calls should be made to all the invited members to ask if they have received the invitation, ensure they understand the purpose of the focus group or member meeting, and inquire if they have any questions or concerns about the event. After answering their questions, they should be asked if they are interested in attending and their participation encouraged and confirmed, if possible. For those not reached over the phone, a message should be left and a second phone call made if they have not responded to the first call within three to five business days. To help those making these calls, a standardized phone script to follow should be provided. It does not have to be followed line-by-line, but it can help prompt staff to promote everything the event has to offer. For example, a member might say, “No, I am not interested.” The script could provide a variety of possible responses, such as, “Do you mind if I ask why not so that we can make sure to appeal to more of our members?” Or, a member’s response might be, “I have no way to get there.” This sort of feedback may be an indicator that the invitation letter or flyer did not adequately address the transportation [barrier](#). The staff member might then point out that transportation stipends are available, or that the delivery system can arrange directly for rides to and from the meeting. Community partners and front-line staff should be encouraged to check in with members to ask if they have received the invitation letter about the focus group or member meeting, encourage them to call designated staff members should they have any questions and/or to confirm their attendance. Community partners and front-line staff can also explain to members why the focus group or member meeting is important for the improvement of services they receive, stress the social aspect of the event, and remind them of any [incentives](#) such as transportation assistance, a meal or refreshments that will be provided to participants. If the focus group or member meeting is an open event to members in a certain location, such as all members that belong to the same primary care site, recruitment efforts can be enhanced by leaving flyers in the waiting room, on a table in the front lobby, or by hosting an information session with members in the area to explain what a focus group or member meeting is and why it is important to attend. The full list of those who have agreed to participate – whether via the original RSVP process or via a follow-up phone call or personal contact – should be called again one or two days before the focus group or meeting to remind them of the details, including confirmation of any transportation details that may have been arranged.

Consumer Advisory Committees and Governing Board Membership

Know and identify the target population

Consumer advisory committee and governing board membership require a higher level of commitment from members, both in terms of time and mental stamina. To participate in these consumer engagement strategies, members must be able to:

- understand the delivery system’s model of care;
- think critically about barriers and challenges to successful care delivery, as well as about current successes that could be further expanded;
- have active connections to the constituency/service population so they can bring not just their individual experience, but that of others;
- provide meaningful and honest feedback; and
- attend all meetings.

A delivery system should identify prospective members for its consumer advisory committee or governing board by using selection criteria that appropriately narrow the field, yet still provide for a [demographically representative group](#) at the table. Generally, these selection criteria are not contained in a delivery system's database; rather, more personal relationships, like those members have with community partners and front-line staff, will need to be explored to determine if a prospective candidate has the desired skillset. This initial screening process could occur through interactions between members and community partners or front-line staff or through a review of the nature and quality of feedback received via surveys, focus groups or member meetings. Developing a closer relationship with these members will allow for a deeper understanding of their abilities and background, as well as an idea of how they interact and engage with other members. Because consumer advisory committee and governing board members often represent and speak on behalf of other Medicare-Medicaid enrollees, selected participants should strive to embody the spectrum of [diversity](#) of the delivery system's dually eligible membership. It is reasonable to aim to replicate the proportions of the total population's demographic and non-demographic characteristics in the selection of committee and board participants. Delivery systems should keep a list of members who fit the criteria and show promise to represent the Medicare-Medicaid enrollee population effectively.

Inform community partners and front-line delivery system staff for recruitment leverage

Even more so than for the other consumer engagement strategies addressed in this toolkit, leveraging the help of community partners and front-line delivery system staff can be invaluable in identifying well-suited candidates for an advisory committee or governing board. Individuals and organizations should be contacted to explain the intent of the recruitment effort and to discuss the ideal candidate. With criteria for participation determined, staff-wide efforts can be undertaken to identify potential members for the committee or board through any other strategy of consumer engagement used by the delivery system. For example, when at a member meeting or while following up on a member's survey response, staff may speak with a member who displays the knowledge and skillset necessary to participate on a consumer advisory committee or governing board. Staff members who deem someone to be a promising candidate should explain the committee or board efforts and ask if they would be willing to [apply](#) for the role. This personal interaction and recruitment method also allows for delivery systems to be inclusive of whom they invite and to encourage members who may have language, ability or skill barriers to apply, assuring them that training and ongoing support will be available to help them. Community partners and front-line staff should be made aware of the criteria for an ideal candidate and provided referral forms in the event they encounter prospective candidates.

Another avenue to finding promising candidates for a committee or board is to reach out to advocacy organizations or decision-making bodies where members may already be involved. Perhaps a member participates in the local school committee, volunteers at the senior center or is involved with a senior or disability advocacy organization or labor union. These involved individuals, who are usually well-versed in group dynamics and driven by a mission to improve services, would be valuable to have on a consumer advisory committee or governing board.

Contact and elicit responses from the member group

An open [application](#) process is a more public and far-reaching method to identify and recruit participants for a consumer advisory committee or governing board. On its website and in its newsletter, the delivery system can define its mission for developing meaningful consumer engagement, outline the requirements for member participation on a committee or board, and advertise specific opportunities that are available. Members who wish to participate can fill out the application online or request that the application be sent to them. The website and newsletter should also state that members of all abilities are encouraged to apply and that any needed [support services](#) will be made available.

Once a list of identified and interested potential consumer advisory committee or governing board members has been compiled, the implementation phase to form a committee or add members to the governing board can begin. Members identified by community partners, front-line staff or via the delivery system's website or newsletter outreach campaign, should be sent an invitation/confirmation letter and basic [application](#) regarding participation on the committee or board. These documents should also outline commitment requirements and expectations of participation. This written correspondence should be followed up with a personal telephone call to each prospective member at least two or three business days after sending the documents, discussing any questions, providing additional help needed and offering assistance in filling out the application over the phone, if desired.

As the delivery system receives completed applications, it should organize and screen them according to how it would create the most [representative](#) and effective combination of committee or board members. Some delivery systems will choose its committee or board members based on returned applications alone, while others will follow up with interviews or a focus group of final candidates as a final recruitment step. Whichever method is used, once a decision has been made about each person's candidacy, a final written offer should be sent to the member.

Training Consumers for Engagement

Helpful Training Approaches

There are numerous ways delivery systems and community advocates can support consumers in becoming successfully involved in [consumer advisory committees](#). The wide range of training approaches is described below. Individuals responsible for implementing training should ensure that all of the approaches are fully accessible, both physically for meeting spaces and in all modes of communication. This includes providing training in the consumer's preferred language, communicating without the use of acronyms or jargon, and providing materials in the preferred format (such as large print, paper copies, electronic copies or Braille).

Community-Based Organizations as Helpful Training Partners

Many community-based organizations, such as Centers for Independent Living, Area Agencies on Aging, Developmental Disability Councils and Behavioral Health Peer Recovery Networks already have peer training and support programs in place. These organizations can be a tremendous resource for identifying and training potential consumer advisory committee members.

One-on-One Interactions. Delivery system leadership must appoint staff who will thrive in their unique role of supporting Consumer Advisory Committee members. The appointed individual (or individuals) must develop a trusting relationship with these consumers and ensure their input is appropriately transferred to program operations while also assuring them that their input will not put their individual services at risk. Delivery system staff may find one-on-one interactions with consumers to be beneficial for developing trusting relationships and for sharing information on the delivery system and the purpose of engagement. These individual conversations allow those charged with engagement to assess the member's comfort level and previous engagement experience. One-on-one interactions, both initially and sometimes ongoing, provide consumers the opportunity to ask questions they might otherwise not ask in a group setting. Such conversations also can encourage consumers to develop bonds with delivery system staff members, communicate their needs, and in turn, increase their investment and the likelihood they will attend and participate in meetings.

Peer Training and Mentoring. Delivery system staff also should consider the benefits of providing consumers with access to more experienced peers to receive training and mentoring. They may find that linking consumers to peers can be an effective approach for sharing the benefits of engagement, understanding and addressing engagement obstacles, and developing skills that make for successful engagement. Peer mentoring can be provided by experienced members already engaged in improvement activities or by peers employed by local peer-driven organizations, including Centers for Independent Living, Developmental Disability Councils and self-advocacy networks, or behavioral health and/substance use disorders peer recovery networks. Other community-based organizations, such as [Voices for Better Health](#), given their focus on specific consumer groups, can be enlisted to link committee members to suitable peers as well, including Area Agencies on Aging, the Alzheimer's Association and AARP. Delivery system staff should recognize the time and effort required for peers to train and mentor others and should consider ways to compensate individuals and/or organizations for their role in supporting consumers to be successfully engaged.

Small Group Sessions. Delivery system staff can efficiently train consumers for engagement by bringing them together with informal caregivers for a one-time or series of small group training sessions. In addition to saving time, these sessions provide future consumer advisory committee members with the chance to meet other members, build rapport and provide mutual support. Small group sessions can happen in person, by phone, or even online, but it is important for staff to consider the benefits and challenges associated with each approach. While in-person sessions may allow for staff to engage consumers more intimately and assess individual training needs, some individuals may be less likely to attend due to health or transportation challenges. On the other hand, training sessions held by phone or online may be more inclusive, but some consumers may find these approaches to be less helpful or difficult to access due to technology barriers. Furthermore, facilitators who conduct training sessions by phone cannot see facial expressions or body language to assess a consumer's understanding of the concepts being covered. Peer-led trainings can also occur in group sessions, providing another opportunity to engage with more experienced consumers and community peer groups in planning and improvement activities.

Helpful Training Tools

Delivery system staff and their community partners can adopt many helpful tools to support consumers' effective participation in consumer advisory committees. These tools, along with helpful strategies to ensure successful meetings, are provided in the [Mechanics of Consumer Advisory Committee Meetings](#) tool.

Consumer Advisory Committee Handbook. Sharing a Consumer Advisory Committee Handbook is an effective way to provide committee members with a "one stop" location for all information important to their engagement. Handbooks can include general delivery system information as described in [Consumer Advisory Committee Processes](#). The [Advisory Committee Member Handbook Template](#) tool is a word document that contains a number of sample documents, as described in the following sections.

Sample Projects and Member Quotations. Many consumers who are newly engaged may have a difficult time understanding the scope of engagement and the value of the experience they bring to the process. Concrete examples of previous engagement projects and consumers' experiences are always beneficial. For instance, new committee members may benefit from reviewing notes from previous meetings to get a sense of the topics discussed and the type of input their peers provided. Also, short summaries of projects in which consumers were engaged, the type of input they provided, and the result of the process can provide consumers with an enhanced understanding – not only of the approach – but also the potential impact of their engagement.

Short Articles or Tools on Beneficial Skills. New participants will arrive with varying levels of engagement experiences and skills. While some consumers will be familiar with and sensitive to ways to constructively communicate, address conflict and support peers, others may not. For many, this will be the first time they have engaged in any group input process. Many committee members will learn, over time and through experience, group norms and successful approaches for communication and collaboration. Even so, consumers also may benefit from receiving helpful articles and/or tools to assist them in adapting to committee norms and expectations, such as this tool on [working with group conflict](#).

Helpful Training Content

Delivery system staff and community partners responsible for training consumers in preparation for their meaningful engagement should consider a wide range of training topics, yet there are a number of topics that are broadly applicable to provide consumers with a baseline of knowledge to inform their work.

The Health Care System and Critical Elements. Consumers benefit from training on the overall healthcare delivery system and its critical elements since this provides a contextual framework that is crucial to their engagement. Individuals responsible for engaging consumers often describe experiences in which those engaged provide feedback or recommendations that staff feel are out of their control or the purview of the consumer advisory committee. For instance, a consumer advisory committee recommendation may be to provide publicly funded assistive living options, but the staff may feel their options are limited due to the State's allowable services or a lack of adequate housing. Delivery system staff can provide helpful overview information and referrals to local organizations on topics such as:

- *State and Federal Laws that Influence the Program.* Consumers benefit from knowing why a program exists and the legal boundaries of the program. Staff can provide simple and short overview pamphlets on funding sources or provide clear and concise contextual slide presentations.
- *State and Federal Agencies.* Consumers also will benefit from having a basic understanding of the state and federal entities responsible for the operational success of the program and the role these agencies play in monitoring the program's success. This information can be shared through one-page overviews or concise slide presentations, as well.
- *Organizational Values, Program Elements and Goals.* Delivery system staff should share their organizations' mission statement and/or values so consumers know why engagement is important to the organization. The consumer also should receive general information on the care model the organization is contractually obligated to implement. Delivery systems should provide high level information, such as program goals, eligible populations, membership demographics and measures of success. This information, if provided in a digestible format, can allow consumers to provide more informed input. For instance, consumers may benefit from understanding existing consumer outreach and education strategies, covered services and care coordination strategies prior to providing recommendations for improvements pertaining to any of these areas.

Component Parts of a Consumer Advisory Committee

NAME – Every committee must have a name. A delivery system may choose to keep it simple, such as Consumer Advisory Committee, Member Advisory Committee or similar, or create a catchy acronym, such as CIVIC (Committee of Individual Voices on Integrated Care). *Recommendation: Members should take part in the naming of the committee to give them a sense of ownership that will sustain their participation over time.*

PURPOSE/MISSION – Just as most delivery systems have a mission statement that articulates the primary goal(s) of the organization, the consumer advisory committee requires a mission statement summarizing its [function/goals](#). For example: *“The mission of the Committee of Individual Voices on Integrated Care (CIVIC) is to identify and discuss areas in which [name of plan or delivery system] works well and areas in which it falls short in meeting the needs of consumers and their families and/or caregivers, and to recommend ways to improve care delivery, thereby increasing consumers’ health, quality of life and independence.”* A delivery system may also choose to include its core organizational principles/values as a separate subsection of the committee’s purpose in order to give greater context to advisory committee members as they analyze how the delivery system measures up against its own vision.

MEMBERSHIP – It is important to outline and describe for all committee members the thoughtful and deliberate process undertaken by the delivery system to assemble and support a dedicated and [diverse mix of members](#) on its consumer advisory committee. It is also crucial to be informative and transparent about each member’s rights and responsibilities. The following include some suggested items to cover:

1. **Composition** – Whether a delivery system chooses to assemble an advisory committee of members only or of a mix of members and consumer advocates and/or delivery system staff members, a description of the committee’s [composition](#) orients all members as to who will be at the table.
2. **Selection** – Since consumer advisory committee members will be analyzing the delivery system’s program management and enrollees’ access to and quality of care, they must be selected according to their willingness and capacity to discuss issues that can be quite complex, to communicate effectively and to represent the viewpoints of other Medicare-Medicaid beneficiaries in the community. It is recommended that this section begin with a statement about the requirement that the advisory committee membership reflect the [diversity](#) of the enrollee population, then describe the [application](#) and/or [interview](#) process and each committee member’s [responsibilities](#) that each member must agree to).
3. **Term** – Requiring that consumer advisory committee members commit to a term of at least one year (ideally, two or more) creates stability in the group and allows sufficient time for members to develop rapport, as well as the knowledge and skills necessary to catalyze transformative change within the delivery system. In addition to outlining term requirements in this section, a delivery system may consider adding a provision that rotates out* a portion of the committee membership after a certain period of time to increase continuity as new members are elected. As such, no ground is lost on issues being analyzed by the committee, and more experienced members that remain can help to [onboard new members](#). (*For example, a consumer advisory committee that is comprised of ten members at its formation can designate five members with a one-year term and five with a two-year term. After the first year, the five open slots convert to two-year terms when filled again, thereby creating an alternating schedule of annual vacancies.)
4. **Vacancies/Leaves of Absence/Unexcused Absences** – This section describes how to handle vacancies and absences, whether planned or unplanned, and envisions that the delivery system respect the needs of its consumer advisory committee members while also endeavoring to maintain the mission and integrity of the committee.
 - *Vacancies/Leaves of Absence* – It is advisable to permit members to resign or obtain a leave of absence, upon written or verbal request that states the reason for the request, to the person(s) who facilitate(s) committee meetings (e.g., Chairperson, Co-Chairs, delivery system staff member, consumer advocate or other facilitator). Vacancies may be filled during the next rotation of members or, if delay would cause hardship to the committee, as soon as possible, depending on the needs and capacity of the committee and the availability of prospective members. *Tip: It is a good idea to maintain a list of prospective or previously approved members who are waiting either for a vacancy to occur or for the right timing for personal reasons to join the committee.*
 - *Unexcused Absence* – While most reasons for a committee member missing an entire meeting or a substantial part of a meeting will be valid and acceptable, some may not be. In the event that attendance becomes a problem, it is good practice for the facilitator to discuss with the member whether s/he wants to fully participate in the committee and/or if the committee is doing everything it can to maximize the member’s participation.

OFFICERS – An important consideration for the delivery system is the election of officers, as this not only provides a structure through which to plan and facilitate consumer advisory committee meetings, but it also gives members the opportunity to develop their leadership skills. Until such time as a delivery system identifies and/or trains members to undertake one of three officer roles – Chairperson, Vice Chairperson (or replace Chairperson and Vice Chairperson with two Co-Chairs), and Secretary – it may choose to run committee meetings itself. Alternatively, the delivery system may contract with a consumer advocacy organization to both facilitate meetings and identify and develop into leaders those members who, with [training and ongoing support](#), would make effective officers.

ORGANIZATIONAL DETAILS – It is essential to iron out the details of where, when and how consumer advisory committee meetings will function, creating an atmosphere in which meaningful dialogue can flourish and help produce useful ideas that transform the delivery system.

- *Meeting Frequency, Location & Time.*
- *Frequency:* Several [Memoranda of Understanding](#) require at least quarterly meetings, others require monthly. More frequent meetings, at least soon after implementation as members begin to enroll, may help the delivery system to learn about and correct early problems.
- *Location:* Meetings should be held in a fully [accessible, ADA-compliant facility](#), preferably in the community and/or in a location that members frequent. It is also important that the facility be close to public transportation and have ample parking (including spaces designated for members who use a wheelchair or other mobility assistive equipment). The meeting space within the facility should also be large enough to accommodate individuals using a wheelchair or other mobility assistive equipment and be comfortable for all members to sit for one to two hours, or however long the meetings are scheduled to last.
- *Timing:* Survey your committee members, or perhaps a larger group of prospective members, to find out what time of day they would prefer. As an [incentive](#), delivery systems may choose to provide breakfast, lunch, or dinner during the meeting. *Tip: If serving a meal, supply to-go containers so your members can take home the leftovers!*

Meeting Agenda. An agenda guides the discussion for every consumer advisory committee meeting and should be prepared by the meeting’s facilitator(s) – the Chairperson, Co-Chairs, delivery system staff member, consumer advocate and/or other facilitator – well enough in advance to send to every committee member, along with any background materials that would aid member understanding of the issues to be discussed. This section describes who is responsible for setting each meeting’s agenda and when it will be sent to members (e.g., 10/20/30 days before the next meeting). *Recommendation: For facilitators who are either delivery system staff members, consumer advocates or otherwise not a member, find ways to include members in the development of the agenda. Otherwise, members may perceive the process as overly authoritative, impeding open and frank dialogue.*

Quorum. A quorum is the minimum number of members who must be present at the meeting for a consumer advisory committee to conduct business. As with other elements of meeting mechanics, this quorum provision provides a structure for decision- making that will minimize disappointment and discord down the road. For example, it is recommended that a quorum consist of a majority of voting members present. As such, any votes cast and decisions made will be representative of the entire committee membership and not made by an unduly small fraction thereof. If the committee is composed of a [mix of consumers, consumer advocates and/or delivery system staff members](#), it is advisable to include in the definition of a quorum that at least fifty percent of the committee’s consumers be present to conduct business. *Note: If half of the consumers are not present, meaningful input can still be solicited, but no votes taken*

Decision Making/Voting. The consumer advisory committee will inevitably make decisions – about something as simple as approving the prior meeting’s minutes to more complex issues such as making formal recommendations on quality improvement to the delivery system’s governing board. Either way, this section contemplates how those decisions get made. At a minimum, decisions should be made by a voting majority after every member who is present has had an opportunity to understand and weigh in on the subject at hand. The facilitator should endeavor to build consensus among the members in a spirit of collaboration, without exerting pressure on any members. Every member should always feel comfortable voting his/her conscience in the affirmative (“Aye”), negative (“No”) or by abstaining (“Abstain”). *Tip: If consensus cannot be reached, it may be a good idea to call for an anonymous vote in order to minimize potential discord among the members.*

Meeting Minutes. Since consumer feedback is critical to the success of any person-centered delivery system's ability to care for the diverse needs of its members, the accurate collection of this feedback is equally critical. Meeting minutes are the official documentation of the consumer advisory committee's deliberations. This section outlines how the delivery system should record and disseminate the committee's discussion content, individual consumer input, actions taken and future areas of interest.

- *Recording* – Generally speaking, throughout the course of a meeting, the Secretary takes detailed notes that are later typed and distributed to all committee members as “minutes.” If officers have been elected, the Secretary will be a committee member; otherwise, the Secretary will be a delivery system staff member or consumer advocate chosen to perform this function on behalf of the committee. The delivery system should plan and budget for the production of meeting minutes (e.g., voice recorder, word processing, printing, mailing, etc.).
- *Dissemination* – The minutes should be sent to committee members well enough in advance of the next meeting to give members sufficient time to review them in preparation for approving or discussing them at the next meeting. *See Incentives and Accessibility for more information on how to ensure that the information contained in the minutes is accessible.* The minutes should also be sent to members of the delivery system's governing board and any directors of departments impacted by the committee's discussion and/or recommendations for improvement.

Meeting Logistics. To go smoothly, consumer advisory committee meetings involve a significant number of planning and implementation activities, both before and during the meeting. These activities may include:

- Room set-up and clean-up (Setting up equipment such as a projector, and computer with files to be projected)
- Ordering and setting up meals or refreshments
- Preparing meeting materials (agenda, minutes, reports for discussion, greeting signs that direct members both outside and within the facility, etc.)
- Inviting and greeting guest speakers
- Ensuring accessibility to individuals who live with certain disabilities or who have limited English proficiency (LEP)

It is important to designate those persons responsible for these logistical activities in order to guarantee they get done. The delivery system should take responsibility for these activities, assigning appropriate staff, unless any committee members or community partners have the desire and skill set to perform them.

Supports

- *Transportation* – This section describes how the delivery system will support its consumer advisory committee members who need transportation assistance. One of the most essential factors affecting whether or not consumers can participate in an advisory committee is often transportation. For the many who cannot afford a car, who are unable to drive or who cannot access public transportation, transportation may need to be arranged. For those who are able to drive or secure a ride to and from the meeting, it is recommended to provide a reimbursement for the costs associated with that ride, including gas and parking.
- *Incentives and Accessibility* –these actions communicate the tremendous value the delivery system places on the members' participation and its commitment to improving care delivery for all. Most commonly, the incentive is a nutritious meal or light refreshments (depending on the time of day) and a financial stipend of \$50 or less per meeting. Consumer advisory committees have the potential to provide meaningful, relevant information about members' experience with the delivery system and help the plan make necessary adaptations and changes to its service that will ultimately improve health outcomes and contain costs. A steady and thoughtful commitment to soliciting genuine input from members and truly listening to their needs and preferences will go a long way toward the success of these demonstrations.

Provide Incentives for Meeting Attendance

As allowed by state and federal rules, providing [incentives](#) to members for attending a meeting can be an effective – in some cases, essential – tool to generate high turnout at member meetings, as well as to maximize participation in other [strategies of consumer engagement](#). The most basic incentives, such as refreshments or modest giveaway items at the meeting, may be appealing but may not address actual barriers to attendance. For example, it may be more beneficial to provide a full and nutritious meal. Also, transportation or a transportation stipend may be essential for a member to be able to travel to the meeting. At each step in recruitment, it is also important to emphasize less tangible, but equally vital, benefits of attendance, such as the opportunity for positive social interaction, the gaining of useful information for health and well-being, and making a genuine contribution to improving the care experience for all members.

The Mechanics of Consumer Advisory Committee Meetings

Member Meetings are an excellent way to meaningfully and directly engage Medicare-Medicaid beneficiaries in the improvement of their overall care. In this setting, members of the delivery system (primarily health plans but also health homes, patient-centered medical homes, etc.), their families and/or caregivers can share their experiences and opinions, providing direct feedback to their delivery system about the care they receive. Each member meeting also gives the delivery system an in-person opportunity to provide new information and educational resources to its members. Furthermore, the delivery system is responsible for evaluating and acting upon feedback in a serious manner, for sharing it with staff members, including executive leadership, who have the authority to make needed changes, and finally for closing the “feedback loop” with members by sharing how the problem has been resolved and how their feedback spurred systemic change. When all parties are engaged and committed, the result can be a continuous cycle of improvement that not only enhances member experience, safety, satisfaction and retention but also advances the quality and efficiency of the delivery system’s services, thereby increasing prospects for ongoing growth and success.

Planning and Preparing for a Member Meeting

Pick a Convenient Meeting Time

The first step in organizing a successful meeting is to survey a sample of the delivery system’s members to determine their preferences for a meeting time. The choice of morning, afternoon or evening – and weekday versus weekend – will yield very different groups of attendees. Efforts should be made to choose a time and day of the week that will be most likely to gather a [representative group](#) of members. A weekday meeting may be difficult to attend for members who depend on a working family member or friend to accompany them, while a Saturday or Sunday meeting may conflict with other personal commitments. If the survey returns distinct groupings of time preference, scheduling can be developed to vary future meeting times and days of the week for subsequent meetings, to make attendance by a broad cross-section of members likely over time.

Focus the Target Locale and Choose a Meeting Facility

After determining the date and time for the meeting, the next task is to hone in on a geographic area in which to hold it. Using member data, such as home address or primary care site location, a location can be chosen close to where clusters of members live. Prioritizing location in this way is considerate to invitees and maximizes attendance. Having a meeting near members’ homes also facilitates community building and the sharing of useful information that is particularly relevant to members living in that community. After the general locale has been identified, the next step is to find a willing host organization that can provide a fully [accessible facility](#), including a clearly marked and accessible entrance, visible signs and accessible restrooms. A primary care site can be an attractive choice, as it is likely members will already be familiar with the location and strongly associate it with their health care. This venue choice will also facilitate opportunities for clinicians to attend the meeting, whether for a brief “hello” or for a longer discussion on scheduled topics such as chronic care management, fall prevention and other issues related to health maintenance. Other examples of good locations include: senior centers; centers for independent living; assisted living facilities; adult day health facilities and public libraries. For any facility considered, a delivery system staff member should personally visit to ensure that the facility is truly accessible, close to public transportation and that the room is large enough for the anticipated attendance.

Recruitment of Meeting Attendees

With the time, date and location of the meeting determined, the focus can turn to recruitment of an appropriate subset of members to invite. The aim is to gather a [representative group](#) of attendees, which requires identifying significant population characteristics for the chosen geographic area. For example, if 60 percent of the population in the selected area uses a wheelchair, and 30 percent are over sixty-five years old, it would be ideal to try to have those same percentages represented at the meeting. The delivery system’s member database can be searched to narrow the criteria for identifying the initial list of invitees. Once this list is finalized, there are many ways to recruit participants. These methods include:

- announcements within the delivery system’s newsletter and/or website;
- phone calls;
- information tables at health fairs or primary care sites; and
- the enlisting of primary care teams and other providers to invite members during appointments.

Personnel Resources

Planning and conducting a member meeting is a time-intensive project, and as such, delivery systems should assign adequate numbers of qualified personnel to assure success. Depending on the size of the target population, recruitment and planning efforts alone can take a large percentage of one staff member's time. It is helpful to designate the role of "member meeting coordinator" as part of one employee's job description, along with a team of two to five other colleagues to help with the planning and implementation phases as a lesser percentage of their time. These team members could be other member-facing staff, a colleague who has a connection to a particular group at the meeting, such as shared culture or language, or a work role in delivering a service in the same geographic location. Additional assistance may come from staff members who are simply interested in supporting this valuable and engaging work. The coordinator may choose to facilitate the meeting, assign this role to a colleague or contract with a local consumer group with expertise facilitating discussion among older adults, people with disabilities and their family members and caregivers. The member meeting coordinator needs to make [cultural competency](#) an integral aspect of planning. All print and web content materials need to be written in a culturally competent manner, using plain language, considering cultural values, customs and health beliefs, and should be tailored to all the population sub-groups being recruited, including translation into all relevant languages. Interpretation services and translators may also be needed at the meeting, ideally provided by a community-based organization or advocacy group, if the delivery system does not have a native speaker on staff available to assist. Leaders with such language skills may be able to co-facilitate the meeting, or else translate in real time, the information being presented. American Sign Language interpretation should not be overlooked, if there are attendees who depend on it to communicate. The points listed above suggest the key areas for which to budget, starting with the largest expense, staffing. If the delivery system will be covering transportation to the meeting, cost estimates can be compared between using a contracted transportation company and working with local taxi services. A printing budget should be determined for creating any planned [flyers](#), [invitations](#) and handout materials ([agenda](#), etc.) for the meeting. Additional funds should be allocated for refreshments or a meal and any other giveaways or [incentives](#) to be provided at the meeting.

Agenda and Logistics Preparation

Member meetings produce the most meaningful consumer feedback when a well-constructed [agenda](#) is followed. An agenda provides structure for a robust discussion of issues that resonate with members, as well as of educational material for the plan to share with its members. In developing the optimal agenda, the meeting coordinator should solicit input about which topics should be covered from members, their family members and caregivers, as well as from all relevant departments within the delivery system.

What's Important to Members?

Gathering agenda item ideas from members, family members and caregivers can be done in conjunction with [recruitment](#) efforts, by soliciting items in the [invitation letter](#), over the phone, by online form submission, and/or by any other mode of communication deemed effective. Before the meeting, it is important to be prepared to communicate to members the decision-making process and reasoning for including or not including any suggested agenda items.

Member meetings can also be opportunities to empower members by discussing topics such as:

- self-determination, self-management, and consumer-directed care
- disability and patients' rights;
- Healthcare models including independent living philosophy or recovery models; etc.

What's Important to the Delivery System?

Topics on the agenda may also vary depending on important issues brought to the meeting coordinator's attention by delivery system staff. For example, if the delivery system wants feedback on the topic of Personal Care Attendant (PCA) services, a presentation may be given describing PCA services and the types of chores they perform, who's eligible, etc. This provides context for the feedback and connects member experience to that particular set of services.

Running a Member Meeting

Staff Assignments and Follow-up Contacts Prior to the Meeting

In general, the team of colleagues who will be helping on the day of the member meeting should be recruited and assigned their tasks at least one week in advance of the meeting. Their responsibilities might include:

- Signing in members and handing out name tags; or Guiding members to the meeting room
- Handing out flyers during the meeting; Taking notes to document all member comments
- Setting up the refreshments or meal;

On the day before the meeting, it is important to contact the invited members to remind them of the event details, to verify any transportation needs and to confirm these arrangements with any transportation vendors. It is also necessary to arrange the purchase and pickup or delivery of planned refreshments or a nutritious meal. Final preparation requires organizing all materials that will need to be transported to the meeting, which might include: attendance lists; name tags; copies of the agenda; Audio, Video and Photography consent forms; flyers and other handouts; laptop computers and projectors or other technology that will be used in presentations; member meeting evaluation forms; posters and displays; flip-pads and markers; a camera with fully-charged battery and a memory card with space available; an audio recorder for accurate documentation and anything else needed.

Starting the Meeting

Generally speaking, the first item on the [agenda](#) after a “welcome” should be making a round of introductions, asking all participants to state their first name and, briefly, something in their delivery system experience that is working well for them and something they feel needs improvement. Doing this at the beginning of the meeting immediately sets the tone about the importance of member presence and feedback. The agenda should provide ample time later in the meeting for members to further discuss their needs in detail, but not during this brief introductory round. For example, during introductions, a member of the group might raise the issue that his/her Personal Care Attendant is not skilled enough to deal with certain complex needs. The agenda should allot time to privately collect details around that issue, after guest presenters have spoken and other planned topics have been covered.

During the Meeting

Delivery system staff should arrive with plenty of advance time to set-up the meeting room and create a welcoming environment that will help members feel comfortable and open to discussion and participation. This means considering in advance everything from having an outgoing group of staff members assigned to welcome folks, arranging the tables and chairs so as to encourage interpersonal interaction, and even to strategically placing the refreshments table where participants can feel comfortable getting up to grab a snack or drink during discussion. The social aspect of these meetings is an important benefit to members and, as such, should be encouraged in all facets of the meeting. After sign-in, name tags and authorization forms are completed, the facilitator should begin by establishing the ‘housekeeping’ standards. These include:

- Directing attendees to the location of the restrooms and exits;
- Previewing the agenda; and establishing respectful guidelines for speaking

It is also crucial to assure participants that all personal comments and experiences they share are to help improve the organization for themselves and all members, and that nothing they say will adversely affect the care they receive. From this point, the meeting can proceed to the planned agenda items. An experienced facilitator can manage the flow and tempo of the meeting in the following ways: by politely referring attendees back to the agenda to stay on track; by expressing appropriate, compassionate support when members share difficult personal stories; and by considerately asking very talkative attendees to finish up comments so the group can move on – while offering a chance to continue discussion with the facilitator or other staff person at the end of the meeting in private, if desired.

Documentation and Integration of Feedback

It is essential that the member meeting coordinator pre-assign a staff person to take careful notes of the proceedings, members’ comments and all other points of discussion. A template containing outlined section headings for note-taking, whether in paper form, or as a word processing document ready to go on a laptop, should be brought to the meeting. In general, taking notes on a laptop computer is far preferable to handwriting notes: for legibility; to facilitate editing and formatting after the meeting; and, once in final form, to easily share with others in the organization. The meeting coordinator may choose to use an audio recorder as a back-up, to later check against the notes if this should prove necessary to confirm any details.

Follow-up and Evaluation

After the Meeting

The member meeting coordinator will organize the meeting notes and evaluation forms, and bring them to the attention of a cross-functional “debriefing committee,” a group comprised of representatives from relevant departments, such as Operations, Provider Network, Quality, Client Services and other stakeholders as necessary. This group should meet after each member meeting to categorize the information, to assign any follow-up action to the appropriate personnel and to synthesize member feedback in a report to be presented to the highest possible governance level within the delivery system. Accountability for action to address or resolve any issues is more likely to take place if personnel at all levels of the delivery system are made aware of the member meeting findings. The improvement of services is the ultimate goal of all engagement efforts. For example, when one delivery system received feedback that some of its members were feeling they did not receive adequate materials in their own languages, the plan created quarterly multi-lingual newsletters, translated into all constituent languages.

To close the “feedback loop,” members must be informed of the steps being taken to address issues raised at the meeting, and notified again when there is a final resolution or new practice in place. These feedback updates may be shared with members in a newsletter or via more personalized contacts, such as phone calls or letters to the member(s) who raised the specific issue. Closing the “feedback loop” provides the crucial element of accountability back to the member. It demonstrates that his or her voice was heard and that productive changes have been made as a result. This instills within the member a sense of purpose and empowerment that positively correlates to member satisfaction and, ideally, to increased engagement with the delivery system going forward. The transformative power of consumer engagement is most felt and realized when members and the delivery system collaborate and work collectively toward ongoing and sustainable improvements in how care is delivered and experienced.