

Beneficiary Engagement & Communication

Effective Date: 7/28/2014

Draft/Review Date: 6/9/2014

Policy

- A. It is the policy of the ACO to promote Beneficiary engagement with a focus on patient-centeredness and a commitment to quality improvement in the care and health of Beneficiaries, especially those identified as having the greatest health needs.

Applicability

This policy and procedure applies to all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities.

Procedure

- A. Participants, Providers/Suppliers and other individuals or entities performing functions or services related to the ACO's activities will evaluate the unique health needs of Beneficiaries, taking in to account demographics, language preference, literacy, and socioeconomic and cultural diversity. Through tools such as Annual Wellness Visits (AWVs), the ACO will promote beneficiary engagement by utilizing the information gained from the visit to tailor health plans for and communication to Beneficiaries and increase accessibility to all aspects of care. The ACO will focus on effectively communicating with Beneficiaries in a manner that they can understand and enabling Beneficiaries to play an active role in their healthcare plan.
- B. Participants, Providers/Suppliers and other individuals or entities performing functions or services related to the ACO's activities will review information and data to identify Beneficiaries who may benefit from participating in care coordination and shared decision-making regarding their health needs. This information may include:
 - 1. Utilization data and CMS reports based on claims history;
 - 2. Assessments such as Personal Health Assessment (PHA) results;
 - 3. Physician referrals and/or referrals from other healthcare professionals/specialists;
 - 4. Inpatient clinical documentation;
 - 5. Care coordination assessments;
 - 6. Care coordination staff recommendations;
 - 7. Beneficiary/caregiver requests; and,
 - 8. Record reviews and clinical information.
- C. Beneficiaries identified as having the potential for improved care and better health through care coordination will be contacted by their physician or the care coordination designee to discuss the care process. Contact with Beneficiaries may be performed telephonically or by face-to-face interaction. Assessments are performed to identify factors which may affect the Beneficiary's

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learning and comprehension of the material to be shared. These initial and ongoing assessments will account for variances based upon, but not limited to:

1. Reading ability;
 2. Language barriers;
 3. Cultural differences; and,
 4. Home environment/socio-economic factors.
- D. Beneficiaries may need additional information from their physician(s) and others involved in care coordination regarding topics such as:
1. Understanding their medical condition;
 2. Care planning and proposed treatment options using evidence-based medicine to facilitate Beneficiary engagement for informed decision-making;
 3. Treatment benefits and risks;
 4. Consequences of non-adherence or refusal of treatment;
 5. Available community resources; and,
 6. Beneficiary access to personal medical records according to federal and state law.
- E. Individuals in any setting will assist the Primary Care Physician (PCP) and the Beneficiary who is identified as needing care coordination or specialized communication methods. Participants, Providers/Suppliers, and care coordinators will collaborate with the Beneficiary's PCP about care recommendations and requests while involving the Beneficiary in the communication and decision-making process. Each Beneficiary identified for care coordination will be assessed to determine the most appropriate method to use for disseminating the information to the Beneficiary in a comprehensible way. These methods may include, but are not limited to:
1. One-on-one/face-to-face interactions;
 2. Telephonic contact;
 3. Audio/visual videos;
 4. Brochures;
 5. Group sessions;
 6. Newsletters; and,
 7. Web-based instructional modules.
- F. The Beneficiary, Participant, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities will come to a mutual agreement (may be verbal) about ongoing treatment, and a care plan will be developed. Decisions may be affected by the Beneficiary's needs, preferences, values, and priorities.

The care plan will include a mutually agreed upon date/time whereby the Beneficiary and care coordination designee will discuss the treatment plan, including Beneficiary adherence and effectiveness of treatment.

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- G. AWVs are a useful tool for promoting beneficiary engagement through the provision of an individualized care plan with a focus on patient-centeredness. These visits may be completed by an ACO Participant or any of his/her staff under the Participant's supervision. AWVs facilitate the collection of vital baseline data for individuals, while allowing the ACO Participant to gather information about the beneficiary such as language barriers. Further, they provide valuable face-to-face interaction time between the provider and beneficiary to discuss the beneficiary's care plan and options.
- H. Re-education will be provided. If barriers are identified, the Participant, Providers/Suppliers, or other individuals or entities performing functions or services related to the ACO's activities will work to amend the treatment plan, if necessary, to address gaps or Beneficiary issues.
- I. Ongoing evaluation will be performed to determine if the Beneficiary is able to understand the information that is shared. This may include, but is not limited to:
 - 1. "Teach-back";
 - 2. Return demonstration; and,
 - 3. Written self-assessment tools.
- J. Evaluation of Beneficiary engagement and education will also include assessment of retention of the information provided. Re-education will be provided to promote the Beneficiary's understanding of the information, as well as for clarification of concepts that are not understood.
- K. Information obtained from all sources will be documented in the appropriate documentation system.
- L. Training on Beneficiary engagement and communication strategies will be provided at least annually and as needed.

Reporting

- A. N/A

Related Documentation

- A. 42 CFR §410.74(a)(2), §410.75(b), §410.76(b)
- B. 42 CFR §425.112
- C. ACO Application Narratives: Promoting Beneficiary Engagement, Promoting Coordination of Care, Promoting Evidence-Based Medicine
- D. ACO Terms & Definitions Policy
- E. Care Coordination Program Policy
- F. Medicare Shared Savings Program Quality Measures:

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1. Measure #5: Health Promotion and Education
 2. Measure #6: Shared Decision Making
- G. NCQA Standards and Guidelines for the Accreditation of ACOs:
1. PO 2, Element B: Patient Decision Aids
- H. Oversight of Marketing Materials Policy

Additional Guidance

ACO regulations address Beneficiary engagement and communication as a way to enhance Beneficiary-centeredness. The monitoring of this regulation will be seen in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The ACO Quality Measurements 1-7 directly relate to these regulations.

Also, see the NQF tool #5

at: <http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=902>.