



# Delaware Center for Health Innovation

patient/consumer advisory

## MEETING INFORMATION

- Date: April 15, 2019
- Location: NCALL Research, Inc., 363 Saulsbury Rd, Dover, DE 19904
- Next Meeting: May 20, 2019; 10:00 AM, Dover (location TBD)

**Attendees:** Julane Armbrister, Dr. Kirk Dabney, Marianne Ford, Jill Fredel, Joanne Hasse, Alana King, Rita Landgraf, Tim Rodden, Salvatore Seeley

## SUMMARY OF DISCUSSION

### Welcome

- Committee Chairperson, Rita Landgraf, welcomed our new committee members and thanked NCALL for use of their wonderful space. A motion to approve minutes was made by Alana King and seconded by Tim Rodden. All were in favor.

### DCHI Updates

- Rita shared that at the recent DCHI Board meeting, there was a lot of discussion relative to DCHI on health policy arena, including a presentation by board member Andrew Wilson on legislative activity. Feedback internally from board members and externally from stakeholders is to get involved in a more intentional way in addressing systemic policy barriers (systemic or regulatory)
- Julane clarified that the board discussion was around promoting awareness on two levels: 1) among consumers, and 2) raising awareness among policy makers about potential impact of policy initiatives
- Some bills & discussions can be bucketed under broader initiatives (insurance, public health, care delivery) and it doesn't mean that DCHI would have a role in every bill that impacts health, but would assess what policy impacts are on healthcare transformation
- In terms of next steps, DCHI would need to assess whether or not the committee structure would be stand alone, or if we weave in a policy component to existing committee structure
- PAC Committee response
  - Addressing policy is a good avenue for DCHI.
  - Dr. Dabney shared that there is a huge shift toward social determinants of health (SDOH). While this is critically important, we also do not want to lose oversight on different disparities. If we start to lose focus, we may forget about the in-hospital and in-healthcare causes of disparities as well.
  - In response to the legislative review, it was suggested that "end of life options", "death with dignity", "Medical-aid in dying", or "physician-assisted death" may be less

pejorative than “Physician-assisted suicide.” It was noted though that the disability community had challenges w/the “death w/dignity” language.

- Not sure if committee structure is sufficiently nimble to respond to policies. Policy and legislation can be all consuming. Recommend stand-alone committee that could keep up w/pace of legislation.
  
- The PAC Committee reviewed materials on the 2017-2020 DCHI themes for strategic focus and results of the Open Forum Stakeholder meeting
  - PAC Table Feedback at Forum
    - Rita heard the need to do more. Some people felt like there is a void to overall stakeholder engagement. Vehicle prior was cross-committee forums. Even before DCHI, there were broader forums held.
    - Access- access to care, health options, right place to get the right care, school wellness centers, meeting people where they are
    - Structure- how do we look at the approach to this work (ex. committee structure at DCHI, partnerships) and should changes be made
    - System Innovation- priorities across all table feedback
  
- PAC Committee Response/Reflection
  - Workforce Development
    - Is there any discussion or wording that the desire would be to have the workforce mirror the population that it serves? Yes. But will also make note. From broadest of sense there’s been discussions, but not intentional about what that really means to fulfill our obligation. Current gap exists so that is reason to do it.
    - Vehicles like Primary Care Collaborative and HCC w/DIMER and DIDER looking at workforce relative to physicians and dentists, but what about other positions?
  - Consumer Engagement and Communications
    - ‘Meaningful stakeholder engagement’ should explicitly name consumers
    - Everyone keeps framing that healthcare transformation is patient-centered but there is very little consumer engagement underway. Information is provided to them, but they are not part of transformation efforts. We have been trying to fulfill that w/limited resource, but there is an opportunity now to try to match resources w/this work as DCHI is no longer beholden to SIM.
    - How many average consumers even know healthcare transformation is going on? Hard to tell story from people /individual viewpoint. (Ex. communications/media). How do we message more effectively to inform consumers about how DE is going to address transformation, as well as elicit input to bring back? Noted that communicating AND mobilizing stakeholders is bolded in key principles. Also need good definitions of care coordination, value-based payment, transformation, and examples (if you are Patient A, this is what happens). Most consumers do not know what this is (ex. what an ACO is, if their doctor is part of one, how it is supposed to function).
    - Opportunity for PAC to do a deeper dive around methods and message.
  - Overall Engagement

- How do we ensure that we are an organization that is open? Not everyone can have a seat on the board but that does not mean their participation and engagement is not critical and valued. In these last cross-committee meetings, it felt like there were many new faces. Julane shared that all of the past and current members were invited. It was a healthy mix of people who had been involved and people who were no longer on committees. Most had familiarity w/work.
- One population not around the table is the young adult age group – they may have different perspectives. Should be easy for Rita to engage w/UD students.
- Innovation
  - Does DCHI play a role to be hub in innovation work?

### **Brainstorm on Broader Committee Engagement**

- Tim Rodden shared that he had had a conversation with the CCHS VP of Patient Experience, Director of Volunteer Services (+1,000 volunteers) and Patient/family advisory. Suggested that we develop and administer a survey to get consumer perspectives. Could also be pushed out to age groups we know we need represented
- Rita proposed an Initial phase that could be a sampling of a few cohorts. For example, health systems already have a formalized system to engage consumers, so we could start w/them to pilot (i.e. Hospital advisory councils). This is a sampling and then we will dig deeper. Building DCHI resources and we will need a much more in-depth communications platform to push out a broader survey.
- **Next Steps:**
  - **PAC members to brainstorm survey questions. Please send us five questions by May 1st that you believe would be important to include. Rita will assess overlap. Goal: Assess awareness of transformation.**
  - Once survey questions are confirmed, we will draft a narrative about why we are asking for this and what we are doing with this info. Each organization will be asked to send out the email to their respective networks in order to have a successful response rate.

### **Other Business**

- Rita is facilitating a “Making the Most of Your Healthcare Provider Visit” panel as part of UD Health’s Conversations on Healthcare, Wellbeing and Prevention Series on April 23, 5-6:30 pm at the Tower at STAR. Please share this opportunity.

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