



Advancing Health in South Texas Engagement Series

Engaging Health Payers



TABLE OF CONTENTS

EXECUTIVE SUMMARY	IV
INTRODUCTION & BACKGROUND	2
OVERVIEW OF APPROACH	3
Recruitment	3
Limitations	3
Session Objectives & Agenda	3
Integration of Perspectives & Approaches	4
PRESENTATION OF DATA FINDINGS	5
PCORI Overview and <i>Advancing Health in South Texas Engagement Series</i>	5
‘What Matters to You?’ Overview and Key Themes	5
‘Knowledge Sharing Champions’ Overview and Key Themes	6
EHP SMALL GROUP DISCUSSION THEMES	7
AREAS OF SYNERGY AND CONCLUSIONS	10
Next Steps	11
LIST OF APPENDICES	13
Appendix 1: Engaging Health Payers Agenda	14
Appendix 2: Engaging Health Payers Participants	15
Appendix 3: Venn Diagram Definitions	16

EXECUTIVE SUMMARY

Introduction and Background

In the fall of 2015, Methodist Healthcare Ministries was awarded the Eugene Washington PCORI (Patient-Centered Outcomes Research Institute) Engagement Award to implement a project titled ***Advancing Health in South Texas Engagement Series***. Through this award Methodist Healthcare Ministries will convene patients and key stakeholders across a 20-county area to develop a coordinated regional approach for patient-centered research and evaluation among university systems, academic institutions, managed care organizations (MCOs), and public health systems.

To this end of developing a coordinated regional approach, the ***Advancing Health in South Texas Engagement Series*** aims to create a safe space to facilitate meaningful dialogue between people and institutional systems to ensure trusted relationships are formed, information is shared, and all voices are engaged in the planning and co-creating of solutions. The series will also identify and adopt multi-sector strategies based on differentiated but aligned activities and a common framework. Methodist Healthcare Ministries has partnered with Health Resources in Action (HRiA), a non-profit public health organization, to serve as the series facilitators to identify appropriate patient engagement models for the region.

The third convened session of the Series, ***Engaging Health Payers (EHP)***, aimed to build off the ***What Matters to You?*** and ***Knowledge Sharing Champions*** sessions by bringing together leadership representing Managed Care Organizations (MCOs) from across the state of Texas. The main objective of this convening was to engage MCOs leadership and develop short-term and long-term strategies that can be made under the purview of the public health systems, policy makers and health care payers to align and encourage future development and integration of patient-centered research and evaluation programs.

Overview of Approach

The focus on thoughtful partnerships has been a cornerstone of Methodist Healthcare Ministries' strategy to encourage authentic engagement throughout the *Engagement Series*. Similar to the recruitment strategy used in the first two sessions, Methodist Healthcare Ministries reached out to trusted institutional partners to assist with the recruitment process. From these conversations came the decision to merge the **EHP** session with a monthly meeting of the Texas Association of Community Based Health Plans (TACHP), an association of 11 non-profit safety net health plans affiliated with health care systems. TACHP members all contract with the State of Texas to administer Medicaid Managed Care, serving 1.3 million low-income Texans. Participants included leadership representing a geographic spread of approximately 3/4 of the state of Texas.

The ***Engaging Health Payer*** session occurred on August 22, 2016 with a total of 12 participants from managed care organizations and affiliates. The main objectives for the Engaging Health Payer sessions were as follows:

- Provide a **high level summary** of the Patient-Centered Outcomes Research Institute award - short-term, mid-term and long-term objectives.
- **Share the key themes** from the community focus groups, academic sessions, and their implications for the resulting research, care, and education programs as well as the effective dissemination of the information.
- **Develop ideas for an actionable and measurable engagement strategies** between both public and

private health payer organizations and academic systems related to identification of tangible research that can be done to improve health outcomes; and further increase effective sharing and dissemination of research findings and evaluation with the community of providers in a manner that improves patient and population health.

- **Identify short-term and long-term policy changes** that can be made under the purview of the public health systems, policy makers and Managed Care Organizations to align and encourage future development and integration of patient-centered research and evaluation programs.

PCORI Overview and Presentation of Data Findings

The **EHP** session began with Methodist Healthcare Ministries formally opening the session to thank participants for attending and to provide a foundation of how the session fit into the broader context of a larger strategic initiative. This discussion focused on establishing a shared contextual understanding of PCORI, the Advancing Health in South Texas Engagement Series purpose and goals, intended overall goals of the **EHP** session, and timeline of the initiative's engagement sessions.

Once a shared understanding was established, the discussion then focused on presenting the main findings from the six community focus groups of the **What Matters to You?** session and **Knowledge Sharing Champions** session in order to reinforce the commitment of honoring the community voice in patient-centered outcomes research throughout each of the sessions. Findings were presented by HRiA staff who collected and analyzed data from both sessions to ensure consistency throughout the process. An overview of this discussion is outlined below.

EHP Small Group Discussion Themes

Following the presentation of data findings, HRiA facilitated a small group discussion as part of the **EHP** session in order to inventory participants' perspectives on the importance, the gaps, and possible strategies to redefine engagement and patient-centered research and evaluation. The following section summarizes the themes that emerged from this conversation—many of which strongly resonate with key themes from the **What Matters to You?** and **Knowledge Sharing Champions** sessions.

Question 1: What would we see as a benefit for having common metrics to collect and report on population health data?

Among the most prominent themes, participants discussed the importance of **shared language**—especially when collaborating across sectors. Having a common understanding of language, acronyms, and metrics is especially critical when looking across state-wide initiatives that can be replicated in other parts of the state.

The adoption of Electronic Medical Records (EMRs) and Health Information Exchanges (HIEs) were described as tools to leverage in order to collect and track population health data across the region, although many participants perceived that the time demands of using EMR's and HIE's could also cause an **undue burden for healthcare providers**. Despite the limitations, participants in the **EHP** session overwhelmingly agreed that **more needs to be done to explore how EMR's and HIE's can drive population health initiatives by using large-scale analytics to form shared strategic efforts amongst regions across the state**.

Lastly, participants stressed the importance of not only being able to access health data, but making sure that it is easily digestible and understandable. Also noted were challenges of sharing data because

of **unclear HIPAA regulations**. Others felt that to some extent, **HIPAA was used as an excuse** not to collaborate and share metrics. As one participant shared, *“There is not a common understanding of HIPAA in the area and that hugely impedes data sharing; some understand HIPAA but will use it as an excuse. When you think of non-disclosures etc., hospitals are willing to share with each other but are concerned about sharing anything with insurers in fear that rates will adjust.”*

Question 2: What should be our population health topic areas for data sharing and why?

The most frequently cited health topic included **chronic diseases and their risk factors** including **obesity and smoking, as well as maternal and child health**. Participants acknowledged the importance of considering the social determinants of health and environmental factors when thinking about population health across the region, yet there was overwhelming agreement that this was not currently the state’s approach. The challenge of this perspective, some shared, is that the current reimbursement and funding structures set by the state are mainly void of these considerations.

These counter intuitive structures are also common for initiatives that focus on prevention. Similar to key findings in the **Knowledge Sharing Champions** session, participants in the **Engaging Health Payers** session overwhelmingly agreed that there are not enough resources allocated for **primary prevention** efforts on a systems-wide basis for initiatives like smoking cessation and health literacy. This sentiment echoes the academician’s concerns regarding the increased focus on prevention initiatives at the policy level with a misaligned incentive and reimbursement process for research endeavors.

Validating findings from the previous two sessions, participants acknowledged the **complexities and challenges of authentic community engagement**. Getting buy-in—not only from patients, but also from academic, health, and state institutions—is of the upmost importance when working towards improved population health. Participants also echoed the importance of trust and rapport when relaying health-related information to the community. As one participant shared, *“Insurers are not the most trusted organizations in the world. We have to look for strategies to connect with residents in a way that is meaningful to them.”*

Lastly, health payers described challenges of **balancing long-term goals with short-term objectives** that are more relevant for the industry of health payer organizations. A common discussion point was the fleeting nature of the health insurance-consumer relationship, with many consumers switching in a span of less than three years. One participant described the difficulties of trying to get members to pick a “health home,” which he also attributed to generational differences saying, *“We used to have consumers who were members for twenty years or more, but this younger generation seems to be less interested in company loyalty and more interested in how quickly they can attain services.”* This, they shared, makes it difficult to invest in more long-term approaches to population health.

Question 3: What are strategies to enhance and reduce barriers to sharing this population health data with researchers, philanthropy, health systems, and community?

Though many challenges were discussed throughout the day, participants in the **EHP** session offered valuable suggestions for consideration to reduce barriers moving forward. First and foremost, participants overwhelmingly agreed that more efforts are needed for **collaboration on systems-level and policy changes**. There is a need to contextualize the work being done at the state and federal level that impacts health payers’ ability to think longitudinally in regards to population health. Also noted was the need to engage major stakeholders in these state-wide considerations--community, academics, healthcare, and philanthropy--and find mutual benefits among all collaborators that are clearly articulated and routinely revisited.

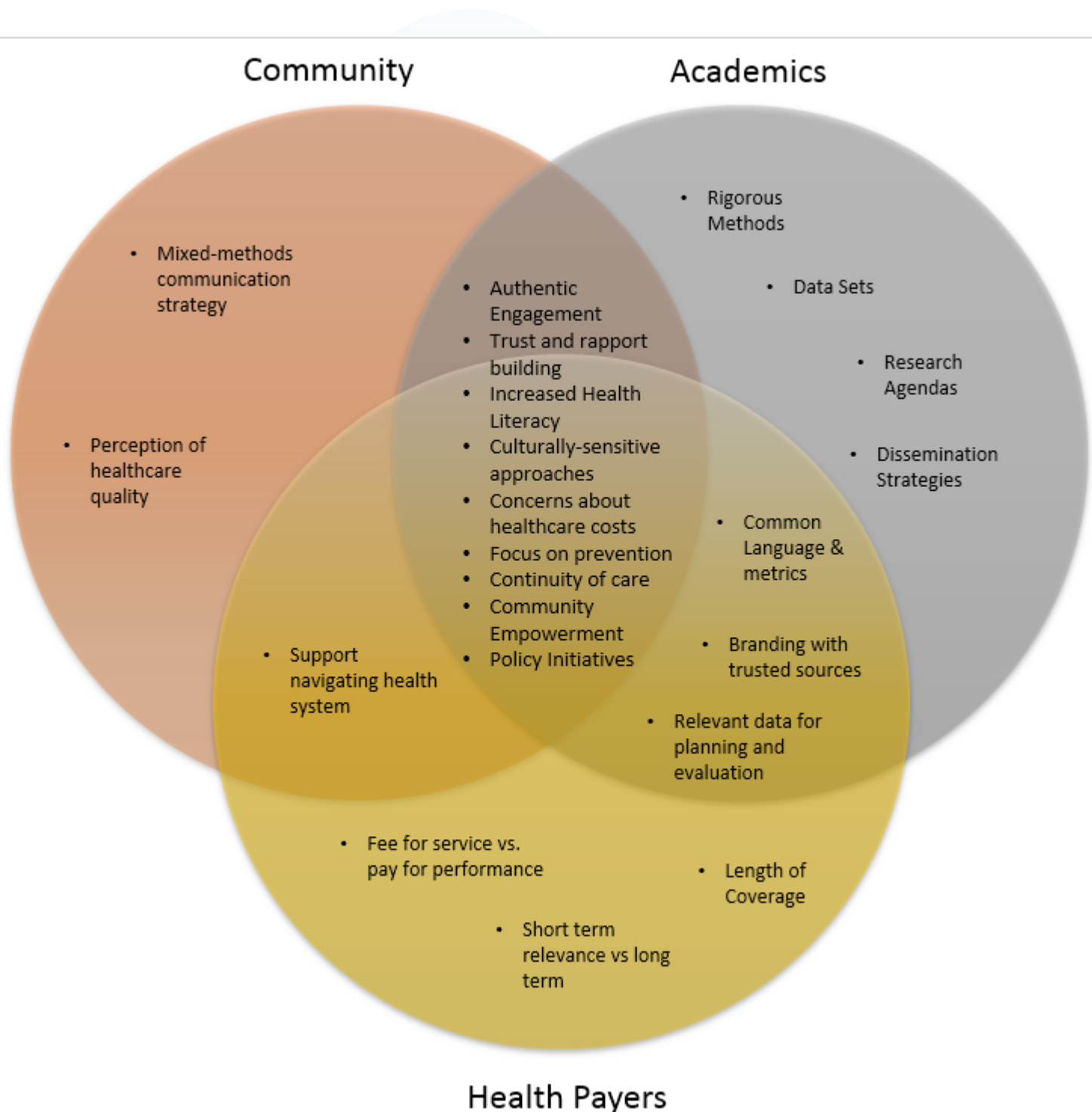
A short and long-term strategy to bridge these gaps that emerged from the discussion included **collaborating with philanthropic organizations in the region**, which contribute upwards of \$300 million to the health infrastructure throughout the state. This would not only improve the fragmented system of communication, resources allocation, and navigation challenges alluded to in all three convening sessions, but would also alleviate some of the state's burden to sustain the collaborative process.

As previously mentioned, participants described **exploring HIE's as a tool to leverage information sharing for these goals**—with the caveat that these approaches must be sensitive to the burden placed on health care providers. HIPAA regulations would need to be clarified and understood by all stakeholders before utilizing this approach, they noted. As for time burden caused by tracking process and implementation measures, participants suggested engaging staff from all levels—including nurses, social services, and community health workers—to be more involved in the process.

In terms of research agendas, the health payers resonated more with aspects of the Community Venn circle more than the Academic circle. Specifically, there was more agreement around the need **for flexible approaches to research and evaluation, including mixed- communication strategies, a balance between rigor and relevance (i.e. robust research methods vs. feasibility within community), and timeliness of results**. Participants acknowledge that there would have to be a compromise in these arenas to satisfy researchers' needs to identify the best evidence-based approaches to care, while also producing interim information that could help guide short-term goals for health payers.

Areas of Synergy and Conclusions

Many commonalities emerged from the **What Matters to You?, Knowledge Sharing Champions, and Engaging Health Payer** sessions. Among the most prominent commonalities was the emphasis on chronic diseases and their risk factors, culturally appropriate responses, collaboration, and the development of a shared agenda with a common language; all which validate the need for a convener to bring together these various stakeholder perspectives, which is the ultimate goal of the Engagement Series. Figure 4. shows an abbreviated visual representation of the findings described in the report.



Next Steps

The next scheduled engagement session, Engaging Community Voice, will occur in October 2016 will gather end users to discuss best-in-class strategies for research dissemination. To probe on what actually works and what does not work. This is an opportunity to engage end-users about best practices on how to share research findings in relation to everyday practice and implementation in their health decision making. The results of this session will allow regional academic and public health systems to align dissemination practices with the realities of consumers. Essentially, this meeting will determine the best way to package and communicate information for patients.



Engaging Health Payers

INTRODUCTION AND BACKGROUND

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based, not-for-profit organization dedicated to providing medical, dental and health-related human resources to low-income families, the uninsured and underinsured in 74 counties across South Texas, approximately one-third of the state. The mission of Methodist Healthcare Ministries is “Serving Humanity to Honor God” by improving the physical, mental and spiritual health of those least served. This mission is achieved through programs owned and operated by Methodist Healthcare Ministries as well as strategic investments to non-profit partners with similar missions. Since its founding in 1995, Methodist Healthcare Ministries has provided more than \$600 million in healthcare services through its own clinics and programs as well as through funding to its community partners. Methodist Healthcare Ministries is the largest private healthcare funding source for the underserved and uninsured in South Texas.

In the fall of 2015, Methodist Healthcare Ministries was awarded the Eugene Washington PCORI (Patient-Centered Outcomes Research Institute) Engagement Award to implement a project titled **Advancing Health in South Texas Engagement Series**. Through this award Methodist Healthcare Ministries will convene patients and key stakeholders across a 20-county area to develop a coordinated regional approach for patient-centered research and evaluation among university systems, academic institutions, managed care organizations (MCOs), and public health systems. The engagement series service area includes: Aransas, Bee, Brooks, Cameron, Dimmit, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Maverick, Nueces, San Patricio, Starr, Refugio, Webb, Willacy, Zapata, and Zavala counties.

The **Advancing Health in South Texas Engagement Series** aims to create a safe space to facilitate meaningful dialogue between patients and institutional systems to ensure trusted relationships are formed, information is shared, and all voices are engaged in the planning and co-creating of solutions. The series will also identify and adopt multi-sector strategies based on differentiated but aligned activities and a common research framework. As a result, Methodist Healthcare Ministries has been very intentional in identifying institutional partners and equally deliberate in defining their roles to assure true transformation and long-term sustainability of this effort.

Methodist Healthcare Ministries has partnered with Health Resources in Action (HRiA), a non-profit public health organization, to serve as the series facilitators to identify appropriate patient engagement models for the region. The engagement series began in February 2016 with the **What Matters to You?** session, which consisted of six, two-hour focus groups across the Methodist Healthcare Ministries service area to explore patients’ and community residents’ perceptions regarding: strengths and challenges in their communities related to health, quality and accessibility of healthcare; how they receive information on health, wellness, and medical treatments; who are considered trusted health information sources; and recommendations for information dissemination strategies in the future.

The **Knowledge Sharing Champions** session (KSC) was conducted on May 18, 2016 and aimed to build off the community sessions by bringing together university systems and academic institutions with a regional footprint to discuss and inventory current areas of research and to identify opportunities for intersection and alignment around population health outcomes. In addition, the session created a space to discuss how and/or if patient stakeholder groups are currently engaged in the research process, and how research findings and evaluation results are, or are not, being shared and communicated to patient stakeholder groups.

The third convened session, *Engaging Health Payers*, brought together leadership representing managed care organizations (MCOs) from across the state of Texas. The main objective of this convening was to engage MCOs leadership and develop short-term and long-term strategies that can be made under the purview of the public health systems, policy makers and health care payers to align and encourage future development and integration of patient-centered research and evaluation programs.

OVERVIEW OF APPROACH

Recruitment

The focus on thoughtful partnerships has been a cornerstone of Methodist Healthcare Ministries' strategy to encourage authentic engagement throughout the *Engagement Series*. Similar to the recruitment strategy used in the first two sessions, Methodist Healthcare Ministries reached out to trusted institutional partners to assist with the recruitment process. The effort for deliberate partnerships ensured that the appropriate stakeholders were engaged throughout this process.

From these conversations came the decision to merge the **EHP** session with a monthly meeting of the Texas Association of Community Based Health Plans (TACHP). TACHP is an association of 11 non-profit safety net health plans affiliated with health care systems. TACHP members all contract with the State of Texas to administer Medicaid Managed Care, serving 1.3 million low-income Texans. Current member organizations include: Community First Health Plans, Community Health Choice, Cook Children's Health Plan, Driscoll Children's Health Plan, El Paso First Health Plans, FirstCare Health Plans, Parkland Community Health Plan, Scott & White Health Plan, Sendero Health Plans, Seton Health Plan, and Texas Children's Health Plan. They consisted of health payer leadership representing a geographic spread of approximately 3/4 of the state of Texas. Organizations represented at the EHP Engagement Series included: Parkland Community Health, El Paso First Health Plans Inc., Sendero Health Plans, University Medical Center of El Paso, Community Health Choice, and Harris Health System. The full participant list can be found in Appendix 2.

Limitations

The qualitative data summarized here represents the subjective opinions and perspectives of a small sample of particular individuals and is not necessarily generalizable to the entire population of health payers and managed care organizations in the region.

Session Objectives and Agenda

The *Engaging Health Payer* session occurred on August 22, 2016 with a total of 12 participants from managed care organizations and affiliates. The full agenda for the session can be viewed in Appendix 1, and the sections that follow provide more detail on the approach and content from each discussion.

The main objectives for the Engaging Health Payer sessions were as follows:

- Provide a **high level summary** of the Patient-Centered Outcomes Research Institute award - short-term, mid-term and long-term objectives.
- **Share the key themes** from the community focus groups, academic sessions, and their implications for the resulting research, care, and education programs as well as the effective

dissemination of the information.

- **Develop ideas for an actionable and measurable engagement strategies** between both public and private health payer organizations and academic systems related to identification of tangible research that can be done to improve health outcomes; and further increase effective sharing and dissemination of research findings and evaluation with the community of providers in a manner that improves patient and population health.
- **Identify short-term and long-term policy changes** that can be made under the purview of the public health systems, policy makers and Managed Care Organizations to align and encourage future development and integration of patient-centered research and evaluation programs.

Integration of Perspectives and Approaches

The *Engaging Health Payers (EHP)* convening was intended to gather MCOs leadership in a discussion to identify the differences and areas of synergy among each of the unique stakeholders engaged through the project to date: patients, academics, and health payers. The key findings in the *EHP* session were used to guide the creation of the “third circle” of the *Engagement Series* Venn diagram depicted in Figure 1. The aim of the diagram is to identify common elements between the three *Engagement Series* represented by the areas of overlap among the circles.

Figure 1. Engagement Series Venn Diagram



PRESENTATION OF DATA FINDINGS

PCORI Overview and Advancing Health in South Texas Engagement Series

The **EHP** session began with Methodist Healthcare Ministries formally opening the session to thank participants for attending and to provide a foundation of how the session fit into the broader context of a larger strategic initiative. This discussion focused on establishing a shared contextual understanding of PCORI, the Advancing Health in South Texas Engagement Series purpose and goals, intended overall goals of the **EHP** session, and timeline of the initiative's engagement sessions.

Once a shared understanding was established, the discussion then focused on presenting the main findings from the six community focus groups of the **What Matters to You?** session and **Knowledge Sharing Champions** session in order to reinforce the commitment of honoring the community voice in patient-centered outcomes research throughout each of the sessions. Findings were presented by HRiA staff who collected and analyzed data from both sessions to ensure consistency throughout the process. An overview of this discussion is outlined below.

What Matters to You? Overview and Key Themes

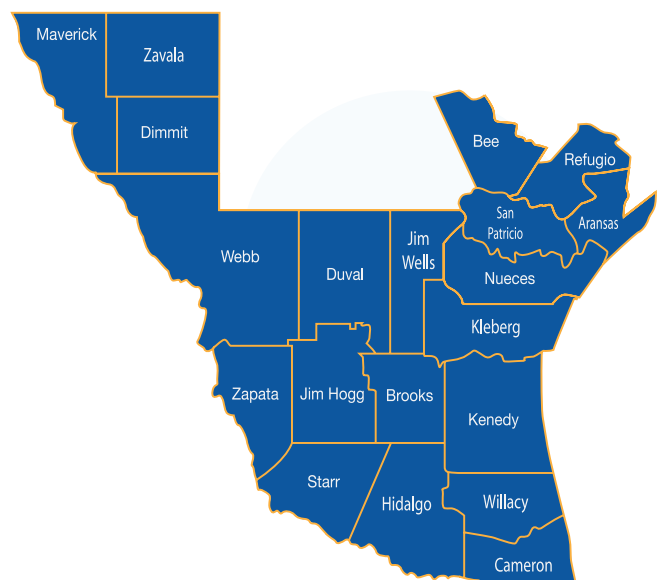
In February 2016, Methodist Healthcare Ministries and HRiA facilitated the first of the engagement series, **What Matters to You?**, which consisted of six in-depth discussions with patients and community members to gather meaningful feedback regarding what patients identify as important health issues for their communities; how these issues are communicated to them; and solutions to feel actively engaged in co-constructing solutions.

Through these structured focus groups, 73 individuals were engaged across a 20-county in English (n=2 groups) and Spanish (n=3 groups), as well as bilingually (n=1 groups), depending on the preference of the participants Appendix 2 details the list of community partners and target populations engaged in the **What Matters to You?** session. Key themes presented focused on: **community strengths; socioeconomic and environmental considerations; chronic diseases and risk factors; navigating a complex health system; and communication and dissemination strategies.**

Figure 2. Engagement Series Service Area



Engagement Series Target Area



Knowledge Sharing Champions Overview and Key Themes

The second session in the series, the **Knowledge Sharing Champions**, brought together active researchers in the region with expertise in key topics such as chronic disease management; disease prevention, community engagement and capacity enhancement; patient-centered research and evaluation; and population health. A total of 24 participants attended the session. The six-hour session aimed to fulfill three main objectives:

- Share the key themes from community focus groups and implications for research and dissemination
- Discover the research topics, indicators, and dissemination methods already in place with peer institutions
- Generate ideas for developing and discussing a shared research and dissemination patient-centered framework that would address the needs and concerns of community members

The KSC session included an expert panel, comprised of four renowned researchers in the region representing diverse areas of interest, who discussed current research interests and community engagement strategies happening regionally and nationally. The presentation proceeded with a moderated discussion with key questions provided by HRiA facilitators, and concluded with open questions and answers from the floor. Key themes from the expert panel focused on **sustainability, robust research methods, systems-level and policy change, community empowerment, and a focus on prevention.**

Next, a cooperative learning approach known as the **Jigsaw Exercise** was used to engage small-group discussions among academics to explore common research interests and priorities, dissemination strategies, and guiding principles for collaboration moving forward. From that discussion, working consensus statements were drafted as a first-step to this process. Key implications for consideration from the Knowledge Sharing Champions Sessions were as follows:

1. **There is an opportunity to define a common vision for patient-centered research in the greater South Texas area, by answering the following questions:**
 - ii. What do we believe and value about patient-centered research? What does it mean to be patient-centered?
 - iii. What would patient-centered research look like in the ideal? What would be its key success elements?
2. **There are a variety of definitions and terms used when discussing community engagement, and shared language would be helpful moving forward.**
3. **While each region is unique, there is a need to build the knowledge base with a deeper dive using a mixed-methods approach of both quantitative and qualitative data.**

EHP SMALL GROUP DISCUSSION THEMES

Following the presentation of data findings, HRiA facilitated a small group discussion as part of the **Engaging Health Payers** session in order to inventory participants' perspectives on the importance, the gaps, and possible strategies to redefine engagement and patient-centered research and evaluation. The following section summarizes the themes that emerged from this conversation—many of which strongly resonate with key themes from the **What Matters to You?** and **Knowledge Sharing Champions** sessions.

Question 1: What would we see as a benefit for having common metrics to collect and report on population health data?

Similar to findings from the first two sessions, participants discussed the importance of **shared language**—especially when collaborating across sectors. Having a common understanding of language, acronyms, and metrics is especially critical when looking across state-wide initiatives that can be replicated in other parts of the state. Currently, this common language varies from institution to institution, which makes collaboration challenging.

The adoption of Electronic Medical Records and Health Information Exchanges were described as tools to leverage in order to collect and track population health data across the region, although many participants perceived that the time demands of using EMR's and HIE's could also cause an **undue burden for healthcare providers**. Others agreed and added that practitioners are already under significant pressure to fulfill reporting expectations, which ultimately **limits the amount of time** spent with patients. Despite the limitations, participants in the **EHP** session overwhelmingly agreed that **more needs to be done to explore how EMR's and HIE's can drive population health** initiatives by using **large-scale analytics to form shared strategic efforts amongst regions across the state**. In the words of one participant, *"We collect all sorts of data and use it to inform our practices, but in the grand scheme of things these aren't in line with what others are collecting. How do we leverage large-scale analytics to be more meaningful and robust so that they inform a more strategic direction?"*

Limited patient-provider interactions was also a prominent theme in the community focus groups conducted for the **What Matters to You?** session. Community residents described feeling rushed and not heard by providers noting, *"You're finally seen and then they [providers] sit at the computer the entire time and won't even look at you."* One participant in the **EHP** session suggested future research endeavors focus on taking a value-based approach to better understand how the length of patient-provider interactions impact population health throughout the state.

Lastly, participants stressed the importance of not only being able to access health data, but making sure that it is easily digestible and understandable. For example, one health payer shared that patient records could include dozens of pages of information, which makes tracking process and implementation outcomes difficult. Also noted were challenges of sharing data because of **unclear HIPAA regulations**. Others felt that to some extent, HIPAA was used as an excuse not to collaborate and share metrics. As one participant shared, *"There is not a common understanding of HIPAA in the area and that hugely impedes data sharing; some understand HIPAA but will use it as an excuse. When you think of non-disclosures etc., hospitals are willing to share with each other but are concerned about sharing anything with insurers in fear that rates will adjust."* Many agreed and added, *"How do you develop a blind method to get the information that everyone needs to impact change?"*

One participant suggested creating a state-wide or area-wide dashboard to **track priority goals agreed**

to by all stakeholders. This could include very specific information including defining the uniqueness of each region, tracking process measures, and tools to duplicate successful initiatives.

Question 2: What should be our population health topic areas for data sharing and why?

The most frequently cited health topic included **chronic diseases and their risk factors** including **obesity** and **smoking**, as well as **maternal and child health**. Participants acknowledged the importance of considering the social determinants of health and environmental factors when thinking about population health across the region, yet there was overwhelming agreement that this was not currently the state's approach. The challenge of this perspective, some shared, is that the current reimbursement and funding structures set by the state are mainly void of these considerations. A good example of this is the length of coverage eligibility for women who are of child bearing age. Specifically, health payers fund care throughout the course of a woman's pregnancy and for sixty days after. But many times, participants argued, the most critical time of care and the ability to most effectively impact birth outcomes and reduce maternal mortality falls outside the sixty-day post-partum coverage window.

These counter intuitive structures are also common for initiatives that focus on prevention. Similar to key findings in the **Knowledge Sharing Champions** session, participants in the **Engaging Health Payers** session overwhelming agreed that there are not enough resources allocated for **primary prevention** efforts on a systems-wide basis for initiatives like smoking cessation and health literacy. This sentiment echoes the academician's concerns regarding the increased focus on prevention initiatives at the policy level with a misaligned incentive and reimbursement process for research endeavors. For example, community health workers (CHW) have continuously proven to be effective at building rapport, communicating health findings, and serving as a conduit between institution and community, yet any money spent on CHW initiatives is not reimbursable and therefore negatively impacts the bottom line for health payer organizations. This disconnect between fee for service vs. pay for performance reimbursements made it difficult to focus on prevention.

Validating findings from the previous two sessions, participants acknowledged the **complexities and challenges of authentic community engagement**. Getting buy-in—not only from patients, but also from academic, health, and state institutions—is of the utmost importance when working towards improved population health. Participants also echoed the importance of trust and rapport when relaying health-related information to the community. As one participant shared, *“Insurers are not the most trusted organizations in the world. We have to look for strategies to connect with residents in a way that is meaningful to them.”* One example of when this worked, he shared, is when a regional payer company partnered with a doctor's office to improve the response rate of their inquiries. By putting the clinic logo on the letters, he shared, it significantly improved the reach and response of the request, which ultimately helped more patients acquire health coverage.

Lastly, health payers described challenges of **balancing long-term goals with short-term objectives** that are more relevant for the industry of health payer organizations. A common discussion point was the fleeting nature of the health insurance-consumer relationship, with many consumers switching in a span of less than three years. One participant described the difficulties of trying to get members to pick a “health home,” which he also attributed to generational differences saying, *“We used to have consumers who were members for twenty years or more, but this younger generation seems to be less interested in company loyalty and more interested in how quickly they can attain services.”* This, they shared, makes it difficult to invest in more long-term approaches to population health.

Question 3: What are strategies to enhance and reduce barriers to sharing this population health data with researchers, philanthropy, health systems, and community?

Though many challenges were discussed throughout the day, participants in the **EHP** session offered valuable suggestions for consideration to reduce barriers moving forward. First and foremost, participants overwhelmingly agreed that more efforts are needed for **collaboration on systems-level and policy changes**. There is a need to contextualize the work being done at the state and federal level that impacts health payers' ability to think longitudinally in regards to population health. Also noted was the need to engage major stakeholders in these state-wide considerations--community, academics, healthcare, and philanthropy--and find mutual benefits among all collaborators that are clearly articulated and routinely revisited.

A short and long-term strategy to bridge these gaps that emerged from the discussion included **collaborating with philanthropic organizations in the region**, which contribute upwards of \$300 million to the health infrastructure throughout the state. This would not only improve the fragmented system of communication, resources allocation, and navigation challenges alluded to in all three convening sessions, but would also alleviate some of the state's burden to sustain the collaborative process.

As previously mentioned, participants described **exploring HIE's as a tool to leverage information sharing for these goals**—with the caveat that these approaches must be sensitive to the burden placed on health care providers. HIPAA regulations would need to be clarified and understood by all stakeholders before utilizing this approach, they noted. As for time burden caused by tracking process and implementation measures, participants suggested engaging staff from all levels—including nurses, social services, and community health workers—to be more involved in the process.

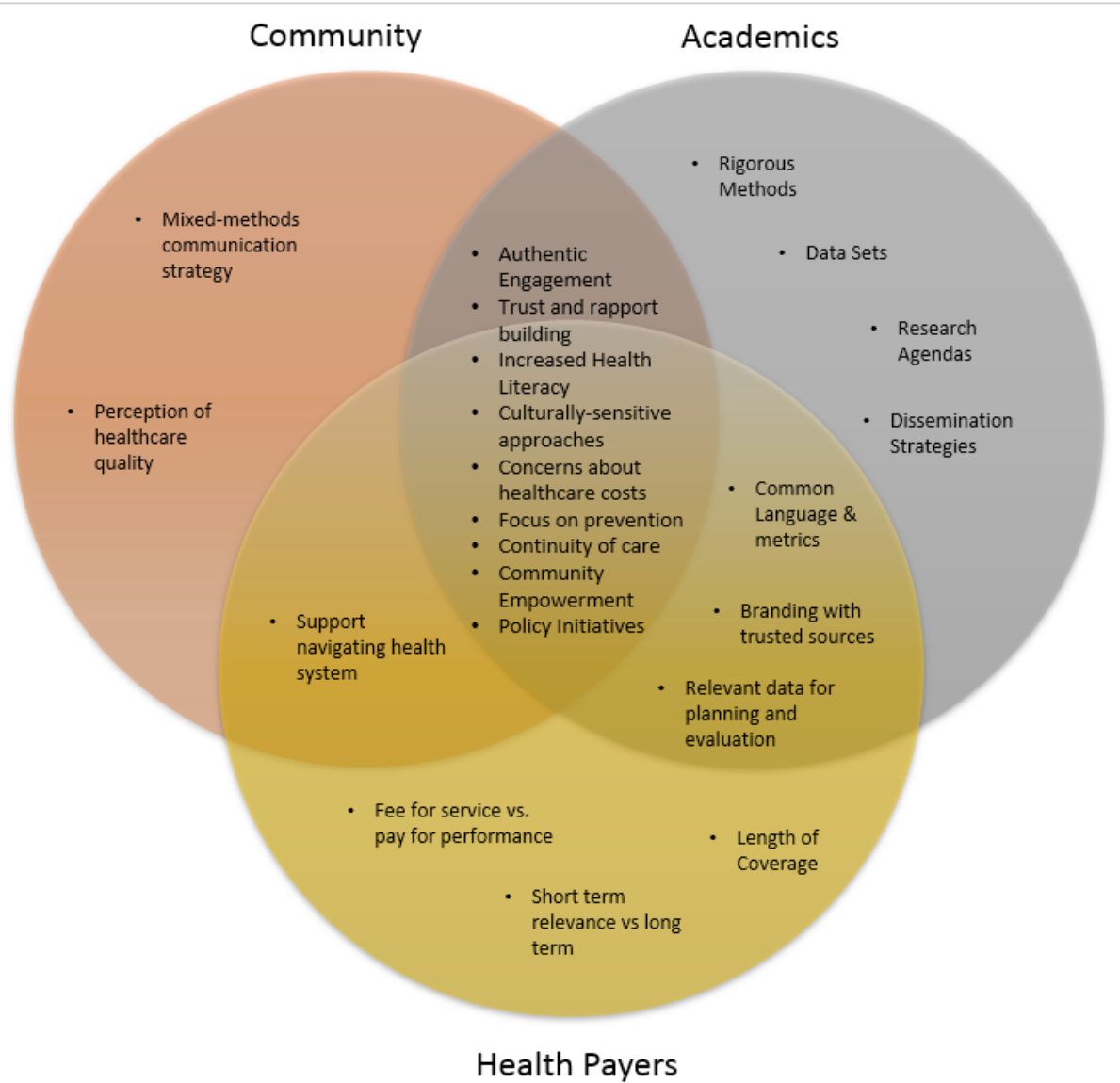
In terms of research agendas, the health payers resonated more with aspects of the Community Venn circle more than the Academic circle. Specifically, there was more agreement around the need **for flexible approaches to research and evaluation, including mixed- communication strategies, a balance between rigor and relevance (i.e. robust research methods vs. feasibility within community), and timeliness of results**. Participants acknowledge that there would have to be a compromise in these arenas to satisfy researchers' needs to identify the best evidence-based approaches to care, while also producing interim information that could help guide short-term goals for health payers. The complete Venn diagram can be seen Figure 3 of the subsequent section.

AREAS OF SYNERGY AND CONCLUSIONS

Commitment to ongoing collaboration among academic leaders in our community is a vital first step toward expanding and further elevating the goal of the *Advancing Health in South Texas Engagement Series*. Findings from this report are meant to build upon future discussions throughout the PCORI project with patients, academic researchers, healthcare leadership, public health leadership, and other stakeholders, to create a framework that guides system alignment through authentic patient engagement in future dissemination strategies.

Many commonalities emerged from the *What Matters to You?*, *Knowledge Sharing Champions*, and *Engaging Health Payer* sessions. Among the most prominent commonalities was the emphasis on chronic diseases and their risk factors, culturally appropriate responses, collaboration, and the development of a shared agenda with a common language; all which validate the need for a convener to bring together these various stakeholder perspectives, which is the ultimate goal of the *Engagement Series*. Figure 4. shows an abbreviated visual representation of the findings mentioned above, and the table that follows provides more detailed description of the areas of synergy and differences. The definition of terms used in the Venn diagram can be found in Appendix 3.

Figure 3. Key Themes, Differences, and Commonalities from Convening Sessions



Next Steps

The next scheduled engagement session, ***Engaging Community Voice***, will occur in October 2016 will gather end users to discuss best-in-class strategies for research dissemination. To probe on what actually works and what does not work. This is an opportunity to engage end-users about best practices on how to share research findings in relation to everyday practice and implementation in their health decision making. The results of this session will allow regional academic and public health systems to align dissemination practices with the realities of consumers. Essentially, this meeting will determine the best way to package and communicate information for patients.

Community Theme	Academics Theme	Health Payers	Strategy	Working Statement
Priority Area: Chronic Diseases and Risk Factors				
<ul style="list-style-type: none">• Socioeconomic and environmental factors negatively impact health	<ul style="list-style-type: none">• Need for a focus on prevention vs. disease management	<ul style="list-style-type: none">• Need for a focus on prevention and length of coverage	<ul style="list-style-type: none">• Focus on prevention and “uphill” factors; cost containment and policy changes to incentivize prevention	<p>➤ Robust methods are critical to our work and critical to improved health outcomes in population health.</p>
<ul style="list-style-type: none">• Cost and navigating health system are biggest challenges	<ul style="list-style-type: none">• Need for community-driven research topics, but often limited by funding	<ul style="list-style-type: none">• Need to focus on social determinants of health to show longitudinal benefits for HCP; struggle between short-term and long-term relevance	<ul style="list-style-type: none">• Leverage <i>promotores</i> and navigators; establish common language and metrics; utilize philanthropic organizations to bridge “funding gap”	
Priority Area: Culturally Competent Care and Engagement				
<ul style="list-style-type: none">• Critical to identify uniqueness of each community; authentic engagement builds trust	<ul style="list-style-type: none">• Build “heart” in community before embarking in research (i.e. rapport building)	<ul style="list-style-type: none">• Collaborate with trusted sources in community- insurers not the most trusted	<ul style="list-style-type: none">• Community champions: find “initiator”; leverage community strengths: strong cultural ties & cohesion	<p>➤ Through patient education, we engage patients to own their healthcare.</p>
<ul style="list-style-type: none">• Culturally-relevant health education is a critical need	<ul style="list-style-type: none">• Forming community linkages between community, patients, and researchers can better inform care and programming	<ul style="list-style-type: none">• Reaching out to academic institutions and health care providers to see what has worked in the past	<ul style="list-style-type: none">• Focus on patient empowerment models	
Priority Area: Communicating Health Information				
<ul style="list-style-type: none">• Perceptions of uncoordinated care and communication barriers	<ul style="list-style-type: none">• Bring together multiple methods of research (process and outcome) and redefine research team	<ul style="list-style-type: none">• Use healthcare providers as conduit to relay information	<ul style="list-style-type: none">• Prefer a mixed method communication; face-to-face and word of mouth preferred	<p>➤ We agree that working collaboratively among regional institutions could lead to better care outcomes and a better patient experience.</p>
<ul style="list-style-type: none">• Little awareness of research initiatives and clinical trials	<ul style="list-style-type: none">• Need for improved communication <i>within</i> sector as well as in community; follow up	<ul style="list-style-type: none">• Seek out ways to promote successful community initiatives to improve understanding of health payer presence	<ul style="list-style-type: none">• Need for deliberate communications strategy to disseminate information that is mutually beneficial	

LIST OF APPENDICES



- APPENDIX 1: ENGAGING HEALTH PAYERS AGENDA
- APPENDIX 2: ENGAGING HEALTH PAYERS PARTICIPANT LIST
- APPENDIX 3: VENN DIAGRAM DEFINITIONS

Appendix 1: Engaging Health Payers Agenda

Methodist Healthcare Ministries: PCORI Engagement Series
Knowledge Sharing Champions Session
August 22, 2016
Courtyard Marriott at 5660 N. IH 35/Austin

Objectives:

- 1). Provide a high level summary of the Patient Centered Outcomes Research Institute award - short-term, mid-term and long-term objectives. The overall goal of PCORI is to improve population health for the communities served.
- 2). Share the key themes from the community focus groups, academic sessions, and their implications for the resulting research, care, and education programs as well as the effective dissemination of the information
- 3). Develop ideas for an actionable and measurable engagement strategies between both public and private Managed Care Organizations and academic systems related to identification of tangible research that can be done to improve health outcomes; and further increase effective sharing and dissemination of research findings and evaluation with the community of providers in a manner that improves patient and population health.
- 4). Identify short-term and long-term policy changes that can be made under the purview of the public health systems, policy makers and Managed Care Organizations to align and encourage future development and integration of patient-centered research and evaluation programs.

Thursday, August 18, 2016	10:00 am-11:30 am
Welcome and Introductions a.m. Becca Brune, Sr. VP Strategy and Growth, Methodist Healthcare Ministries Rose Swensen, Director of Strategic Planning, Health Resources in Action <i>Review agenda and objectives</i> <i>Overview of Project and Roles of Stakeholders</i>	10:00 -10:15
Presentation of Data and Findings Erika Gaitan, Research Associate, Health Resources in Action Rose Swensen, Director of Strategic Planning, Health Resources in Action <i>Review key themes from community based focus groups</i> <i>Key themes and ideas from Knowledge Sharing Champions Session</i> <i>Identify implications and synergy for research and dissemination</i> Q&A	10:15 – 10:35 a.m.
Small Table Discussion a.m. Rose Swensen, Director of Strategic Planning, Health Resources in Action <i>Participants will have the opportunity to participate in a small group discussion to identify the differences and areas of synergy from previous sessions to guide the creation of the “third circle” of the PCORI Venn diagram.</i> <i>Participants will answer key questions at their small table discussions, with each group responsible for taking notes. Questions include: 1) What would we see as a benefit for having common metrics to collect and report on population health data? 2) What should be our population health topic areas for data sharing and why? 3) What are strategies to enhance and reduce barriers to sharing this population health data with researchers, philanthropy, healthy systems, and community?</i>	10:35 – 11:25
Closing and Next Steps a.m.	11:25-11:30

Appendix 2: Engaging Health Payers Participants

Tim Bahe
Executive Director
Parkland Community Health

Rebecca Brune
Senior Vice President of Strategic Planning & Growth
Methodist Healthcare Ministries

Carol Chavez
Regionalization and Partnership Specialist
Methodist Healthcare Ministries

Jacob Cintron
President/CEO
University Medical Center of El Paso

Frank Dominguez
President/CEO
El Paso First Health Plans, Inc.

Wesley Durkalski
President/CEO
Sendero Health Plans

Erika Gaitan
Research Associate
Health Resources in Action

Kay Ghahremani
President/CEO
Texas Association of Community Health Plans

Kenneth Janda
President/CEO
Community Health Choice

George Masi
President/CEO
Harris Health System

Patricia Mejia
Director of Community Engagement
Methodist Healthcare Ministries

Michael Nuñez
Chief Financial Officer
University Medical Center of El Paso

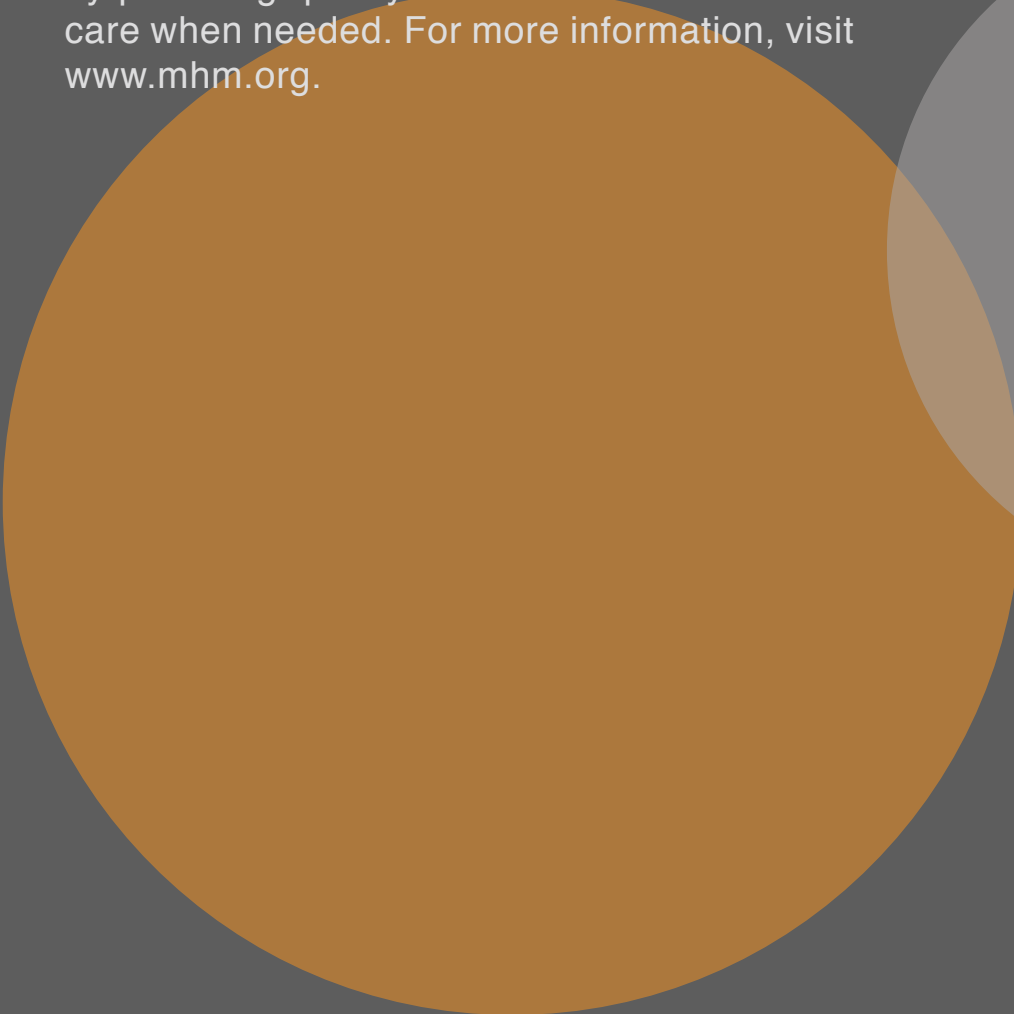
Rose Swensen
Managing Director
Health Resources in Action

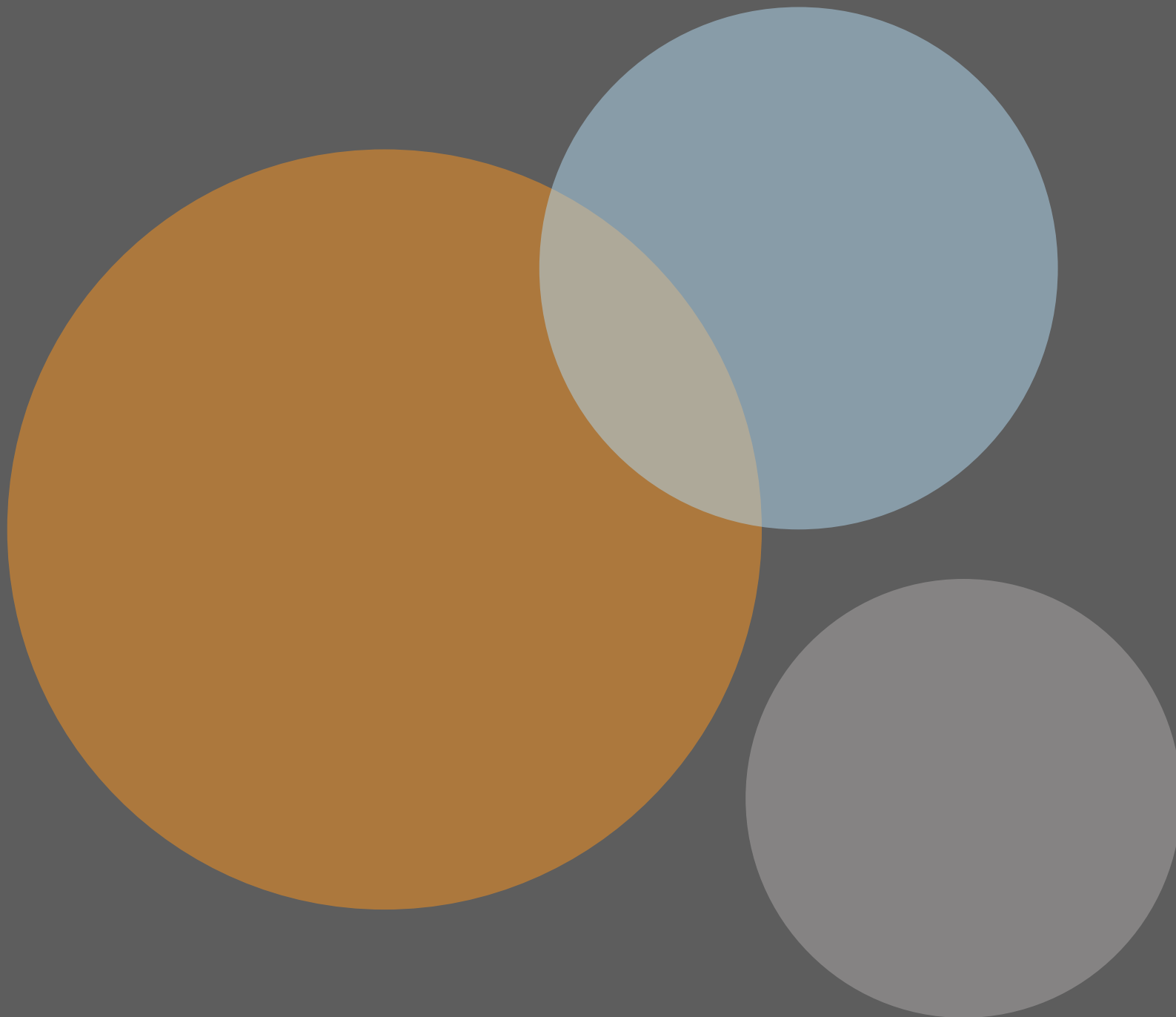
Appendix 3: Venn Diagram Definitions

Figure 3. Term	Detailed Description of Findings
Authentic Engagement	Both focus group participants and academics reported that authentic engagement is critical to bridging the gaps between researchers and community members. This includes genuinely taking into account the context, culture, and expectations of the region. Authentic engagement also includes continuously asking for feedback and incorporating community suggestions in future research endeavors.
Increased Health Literacy	Although not explicitly defined as “health literacy” by community focus group participants, members did stress the importance of increasing the knowledge around health risks and behaviors in the region. Also stressed was the importance of focusing on prevention. Academics described this as building the capacity and awareness of community members to “own” their health.
Concerns about Health Care Costs	Focus group participants described the cost of health care being among the most challenging aspects to maintaining a healthy life. Decreasing the cost of care, said participants, is critical to improving both access—and therefore health—in the future. Likewise, academics involved in the KSC session described addressing health care costs as an important result and justification for secure more funding for research initiatives. As they could show greater returns on investment of different initiatives, they could improve population health. Participants agreed that it is critical to include the discussion of health care costs within larger initiatives to improve population health as it is a driving force among many stakeholders.
Continuity of Care	Both focus group and KSC participants acknowledged the importance of building and maintaining rapport in the community. For focus group participants, this meant having more face-to-face encounters with healthcare providers and researchers. To academics, this meant continuously engaging the community with research findings and dissemination strategies. Both agreed that follow-up is critical to maintaining trust among collaborators and community.
Community Empowerment	Similar to authentic engagement, participants in both community sessions and KSC agreed that community members can be empowered to improve population health. Ways to do this include creating more community advisory boards, health coalitions, and collaborative communication strategies. Also noted was the opportunity to leverage technology in these efforts.
Short term relevance vs. long term	Health payers explained that the nature of health insurance fleeting, with many members switching insurers in less than five years. For this reason, participants identified long-term planning for population health a significant challenge as it is often counterintuitive with the health payer structure.
Relevant data for planning and evaluation	Both KSC and EHP sessions stressed the need for relevant data for all stakeholders. Participants recognized the need to compromise agendas to gather usable, accurate data to inform planning and evaluation of population health strategies.
Fee for service vs. pay for performance	Participants in the EHP session discussed the importance of finding the right balance between fee for service and pay for performance initiatives. While there was agreement that focusing on prevention was critical to improving population health, EHP participants noted that the reimbursement process for these initiatives negatively impacted the bottom line for health payers.

About Methodist Healthcare Ministries of South Texas, Inc.

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based not-for-profit organization dedicated to creating access to health care for the uninsured through direct services, community partnerships and strategic grant-making in 74 counties across South Texas. The mission of the organization is “Serving Humanity to Honor God” by improving the physical, mental and spiritual health of those least served in the Rio Texas Conference area of The United Methodist Church. The mission also includes Methodist Healthcare Ministries’ one-half ownership of the Methodist Healthcare System, the largest health care system in South Texas, which creates a unique avenue to ensure that it continues to be a benefit to the community by providing quality care to all and charitable care when needed. For more information, visit www.mhm.org.





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