



Recruiting & Engaging Patient Representatives: Foundations & Best Practices for ACOs

Overview: This resource focuses on how to best select and leverage patient representatives and advisors to inform ACO priorities and initiatives. ACOs work diligently to transform our health care system to be more patient-centered and to focus on whole-person, integrated care with a strong primary care foundation. Medicare ACOs are required to have beneficiary representatives on their Boards of Directors to ensure patient needs and preferences are considered. Many ACOs working with payers other than Medicare are required to, or choose to, involve patient volunteers in a variety of ways such as establishing a patient advisory committee or similar group to gather feedback on communications, educational efforts, and more.

There are growing opportunities for ACOs to meaningfully engage with the patients and communities they serve. This resource reflects foundations and best practices, with tips to consider from a range of ACOs, including those working with a variety of payers, those of varying sizes and structures, and ACOs with a range of experiences and tenure in accountable care. Given the diversity of ACOs that contributed to this resource, readers may find specific recommendations more or less appropriate for them based on their ACO's specific circumstances. NAACOS encourages ACOs to share more ideas and best practices by emailing us at advocacy@naacos.com.

Foundations: Find the Right Volunteers and Set Them Up for Success

- ✓ Find the right volunteers.
- ✓ Establish appropriate accommodations to ensure your volunteers can fully participate.
- ✓ Set volunteers up for success.
- ✓ Provide background information and meeting materials well in advance.
- ✓ Have a consistent point of contact to keep volunteers engaged.

IDENTIFY AND RECRUIT THE RIGHT PEOPLE TO VOICE PATIENT PERSPECTIVES

Finding an engaged beneficiary (or beneficiaries) to serve in an ACO's governance is challenging for many. Below are tips from ACOs on how to attract effective beneficiary representatives.

- **Develop a patient advocate recruitment and selection plan, informational materials for recruitment, and an application form.** It's important to identify the characteristics of what your ACO considers a good patient representative, such as someone who is willing to share personal stories, can see the big picture, thoughtfully listens to others' viewpoints, is interested in learning, and/or has a passion for improving health care and their community. Identifying the type of volunteer your ACO wants to attract will inform your recruitment and selection plan. An application form should reference those characteristics, include details on what the volunteering opportunity entails, and provide an opportunity for a volunteer to explain what he or she brings to the table and why they want to participate.
- **Seek recommendations from clinicians and practices working directly with patients.** Often, physicians, nurses, or care coordinators can identify patients who are proactive and on top of their

health care, which can translate to involved representatives who will contribute to the ACO’s governing body. Asking someone to volunteer can initiate an opportunity they may not have considered. Explain what participating would entail and why they would be a good fit. If interested, connect them with a current patient volunteer to learn more and then follow up to ask them to officially apply.

- **Reach out to other local organizations for recommendations.** Some ACOs report asking for patient recommendations from state Medicaid agencies, community service organizations, or local committees such as a committee on aging. Those may generate leads for specific patient volunteers who could contribute to the ACO. If comfortable, your ACO can even ask those organizations to send a notice out to their contact lists about the volunteer opportunity.
- **If your ACO is not successful with targeted recruitment, consider more broad solicitation for volunteers.** Depending on your ACO’s goals and comfort level, that solicitation can include any of the following: posting on your ACO’s website and/or the websites of your ACO participants, putting flyers in your ACO’s medical practices, hospitals, or other clinical settings, using social media to promote the opportunity, or advertising in your local newspaper. Because casting a wide net could result in too many volunteers or some who do not support aspects of your ACO’s mission, be sure to emphasize that applying does not guarantee they will be selected.
- **Carefully consider the background and perspective of a patient volunteer and how well he or she represents your ACO’s overall patient population. Evaluate what characteristics or experience would be most helpful for your ACO.**

Many ACOs leverage beneficiary representatives with professional experience in health care such as a retired clinician or hospital employee:

Strength	Challenge
Patients who have professional experience with health care may more easily understand the concepts or jargon associated with ACOs and value-based care.	Professional experience will give patient volunteers a different perspective from those whose main experience with the health care system is strictly as a patient.

Including a patient with no professional background in healthcare will provide a unique perspective not reflected by other Board members:

Strength	Challenge
Patients’ first-hand health care experience may bring a fresh perspective that is not affected by potential biases from working in health care.	Those who have a lot of experience with the health care system may have health challenges that prevent them from fully participating.

While engaging a volunteer with a pure patient perspective may be challenging, there are things you can do to enable patients to fully participate, such as:

- ✓ Identify two-to-three volunteers to “tag team” the role, share notes if one must miss a meeting, and guarantee there is always at least one patient volunteer in each meeting.
- ✓ Consider your patient volunteer’s schedule when setting meetings to ensure they don’t conflict with the volunteer’s health care appointments or other commitments.
- ✓ Offer virtual meeting options for volunteers that cannot attend in-person meetings due to health reasons.
- ✓ Talk to your volunteer(s) about what accommodations would help them participate (e.g., transportation, offering childcare during meetings, providing food, etc.)

The options and related pros and cons above are not the only two paths for ACOs. In fact, ACOs also report patient volunteers with a variety of backgrounds, including (often retired) state employees,

religious leaders, caregivers, community leaders, teachers, health insurance or vendor employees, etc.

- **Once potential volunteers are identified, have a conversation with each of them about the opportunity.** As part of that conversation, be sure to inquire with them about their background and why they are interested in volunteering. Explain to them the goals of the ACO and Board and what the experience of volunteering would look like. Having an open two-way conversation about the volunteer and the opportunity will make sure both sides have the same understanding and can work well together.

SET VOLUNTEERS AND YOUR ACO UP FOR SUCCESS THROUGH ADEQUATE PREP WORK, DIALOGUE, AND REWARDS

Once your ACO has successfully recruited patient representatives to volunteer on the ACO's governing body and/or a patient advisory council, keep them engaged by using the following strategies.

ACO efforts internally:

- **Have a consistent ACO liaison send the materials and encourage volunteers to ask questions prior to the meeting.** This is especially important so that patient advisors feel on equal footing with other Board or committee members, which is an ongoing challenge for Boards comprised of many clinicians, financial and health care administrative professionals, and often only one or two patients. Some ACOs set up a brief call one week in advance of the broader meeting to help walk the patient representative(s) through the materials and provide additional background that may be helpful. This personalized prep work helps bridge the gap between a patient volunteer and other ACO Board members who work full time in health care and are in the weeds on issues.
- **Provide education for the ACO's administrative leaders, clinicians, and staff who collaborate with patient volunteers.** This can focus on getting to know the patient, outlining the goals of patient participation, and educating them on the value of patient advisors. A helpful resource for the latter is this [document](#), *Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Settings: How to Get Started*, from the Institute for Patient- and Family-Centered Care.
- **Monitor and manage conversations to promote patient feedback.** Should there be any concern that another Board

Tips for Successful Meetings with Patients

ACO executives routinely run and participate in meetings on a myriad of topics. So, while the reminders for meeting prep below are not revolutionary, they are especially important when dealing with patient volunteers.

- **Create a welcoming environment.** This is especially important when dealing with patients who may feel like an outlier on a committee comprised mostly of healthcare professionals. Take extra time to ensure people get to know one another. Adding ice breakers, time for networking, or a meal or group activity will foster camaraderie that enhances participation.
- **Provide materials well in advance.** Volunteers should have meeting materials at least two weeks in advance to allow time for prep and questions. Adequate prep time is especially important for volunteers who naturally may have to prioritize other work, health, or family commitments.
- **Avoid document overload.** Only send volunteers the information they should review and highlight specific areas for which you want their feedback.
- **Use a hybrid meeting approach with virtual and in-person options.** Switching back and forth from virtual to in-person meetings can promote participation. For in-person meetings, make sure patient volunteers have transportation and for virtual events, make sure they can easily use an online platform.

member is talking over or disregarding a patient volunteer, have the Board leader address the situation to foster a more respectful environment.

ACO efforts externally with patients:

- ***Provide an orientation program for patient and family advisors and prepare them for serving on the Board or committee.*** Orientation programs can include written materials describing what to expect, webinars, educational resources from other organizations like CMS's K, and discussions with current or former patient advocates and with a staff liaison for the ACO.
- ***Ask volunteers how to improve their experience.*** As basic as it sounds, it is often overlooked and can make a big difference in adjusting Board or committee practices to keep volunteers engaged and enjoying their role. This should be done periodically because as volunteers learn more, they may be interested in new educational or developmental opportunities to enhance their expertise and participation.
- ***Reward patient volunteers and let them know the outcome of their input and participation.*** Many ACOs provide small incentives or rewards for patient volunteers, including gift cards, meals, outings, and reimbursement for travel to patient engagement meetings and activities. These rewards help patient volunteers feel valued. Another way to keep them engaged and motivated is to share success stories with how their input improves care for other patients. Providing stories from other patients helps volunteers see the value of their work, which can reinforce their desire to participate.

Best Practices: Go Beyond the Requirements and Identify Additional Opportunities for Patient Feedback

- ✓ Establish a patient advisory group to include broader patient perspectives.
- ✓ Work with patient and consumer advocacy groups to support your volunteers.
- ✓ Prioritize key areas for patient feedback.
- ✓ Explore new initiatives to incorporate patient input.

INVOLVE A BROADER SET OF PATIENT VOLUNTEERS TO BETTER INFORM YOUR ACO'S WORK

Medicare ACOs must meet federal requirements for beneficiary and/or consumer advocate representation on their governing bodies, and many other payers have similar requirements. However, to get richer discussion and input from a diverse group of patients, ACOs often go beyond the baseline requirements.

- ***Recruit extra volunteers and connect them with one another for shared learning.*** Having an extra volunteer or two allows them to talk to one another about the ACO's work and what it means to serve as a patient representative. More experienced volunteers can walk newer ones through concepts and assignments offline in a more personal way. Providing this extra support can enhance the experience of all volunteers. It also creates greater opportunity to gather patient input since not all volunteers can attend every meeting. This approach produces a useful pipeline for when a volunteer is ready to step down, thus allowing an easier transition for newer volunteers to step up.
- ***Establish a patient advisory council or similar committee of patient representatives, family caregivers, and/or consumer advocates.*** Advisory groups can be comprised of patients covered by a variety of insurance plans, which helps collect broader feedback across payers. Enhanced participation also allows for varying perspectives of patients of all ages and backgrounds and can serve as a pipeline for future Medicare volunteers as patients age into or otherwise qualify for the

program. An advisory council also benefits from involvement from others, such as caregivers, family members, consumer advocates, community or social workers, among others. Depending on the volunteers and goals, different names are used such as: Patient Advisory Committee/Council, Family and Caregiver Council, Patient Advocate Committee, Consumer and Caregiver Committee, etc.

For some ACOs that are part of a larger health system, this broader committee may not be specific to the ACO but may be part of the overall health system's patient engagement efforts. Regardless of whether the ACO sets up the patient advisory committee or if it is part of a health system, be sure to connect the Medicare ACO patient board representative to the committee, ideally by having them lead or serve on the broader committee. If that commitment is too great, find another way for the Medicare patient board representative to engage with other volunteers to discuss key issues.

- Ensure diversity on your ACO's committee to maximize its contributions.** Research shows that racial and ethnic minorities often receive poor quality care and have worse access to services, which can lead to poorer health for these groups. Knowing how patients and families from minority racial and ethnic groups experience the health care system is important to identifying and eliminating health inequities. Therefore, as detailed in this [resource](#) from the Institute for Patient- and Family-Centered Care, it is important to increase diversity in patient and family advisory councils. Diversity can focus on race, ethnicity, sexual orientation, gender, age, financial situation, schooling, and physical and mental ability.

Because ACOs coordinate care across many care settings, another component of diversity can be health care setting. For example, having patients who receive ambulatory care versus home health or those who reside in a long-term care facility.

While it may be more difficult to assemble a truly diverse patient advisory committee, the committee will benefit from various perspectives and yield richer input on key patient and ACO issues. The resource noted above provides detailed recommendations on how to find and work with diverse patient advisors. ACOs are encouraged to review this document to ensure that the ACO's patient advisory council is reflective of the ACO's patient population.

- Bring patient and consumer advocacy organizations to the table to support your volunteers.** Many national and local organizations represent patients and consumers to advocate on health care issues. Consider including one or more of these organizations in your patient advisory group or working with them to identify key issues affecting your ACO's community.

PRIORITIZE WHAT TO GET FEEDBACK ON AND CONSIDER NEW INITIATIVES FOR PATIENT INPUT

Once there is ample momentum with an ACO's patient engagement work, don't hold back! ACOs can seek patient input on a variety of initiatives. Below are some examples from NAACOS members. Has your ACO had an initiative where patients provided valuable input? Share your story with us by emailing advocacy@naacos.com.

Example: An ACO did a project to effectively discuss medication costs and adherence with patients. Their patient committee looked at the rooming process to provide feedback on when it was best to initiate a conversation around medication cost and adherence. They advised how and when to approach that conversation, including what questions to ask, in what order, and how to respond to various situations.

- **Use surveys to get broad patient or community feedback on new initiatives.** Surveys can be a helpful tool for quick feedback from a broader audience. Consider using your patient advisory group to inform the survey development and evaluate results.
- **Connect with patient and consumer advocacy organizations to identify additional opportunities for patient input.** Your ACO may have obvious or typical initiatives that it seeks patient feedback on. Working with advocacy groups can help you pinpoint other ACO initiatives or policies that could be improved by a patient perspective.

Examples: ACO Feedback Inquiries of Patient Advocates

Education about the use of telehealth	Education on the importance of Annual Wellness Visits
Patient portal design, seeking input on the size, color, layout, and patient friendliness	Process flow improvements for patients
Use and design of posters in medical practices and other health care settings	Educational sessions at provider meetings that reflect a patient viewpoint
Communications on care coordination programs and if they are presented in a culturally and linguistically appropriate way	Design of specific population health programs an ACO is considering, such as a Healthy at Home for the Holidays Campaign
Implementing CMS requirements such as delivery of required beneficiary notifications	Disease specific care programs such as diabetes management initiatives
Waiting room content, including both TV content and print materials	Implementation of public health campaigns, such as a flu vaccine campaign
Prescription refill reminders	Step-by-step instructions for patients, such as those related to post-discharge information
Communications about the use of in-home health care tools, such blood pressure cuffs	Calendars patients can use to track medical appointments and other medical reminders

Conclusion

NAACOS and the ACO community are committed to improving patient engagement, and this document highlights feedback from NAACOS members. We hope to build on this shared learning to promote a more meaningful role for patients in the transition to accountable care, and we encourage ACOs to [share](#) with us best practices for a future update to this document.