

Beneficiary Engagement Toolkit

Introduction

Numerous Medicare accountable care organizations (ACOs) have achieved shared savings since 2012 by using various strategies to improve population health and quality while reducing costs. Recognizing that each ACO is unique and therefore has a different approach to providing value-based care, the Centers for Medicare & Medicaid Services (CMS) is developing a series of toolkits that explore different aspects of ACO operations. Through these toolkits, CMS aims to educate the general public about strategies used by some ACOs to provide value-based care while also providing actionable ideas to current and prospective ACOs to help them improve or begin operations, particularly as they consider a shift to a two-sided risk model.

This toolkit presents an array of innovative beneficiary engagement strategies that Medicare ACOs use to deliver high quality, effective care that is tailored to the unique needs of beneficiaries. ACOs approach beneficiary engagement from multiple angles. At the organization level, many ACOs go beyond CMS requirements to include a beneficiary representative or consumer advocate on their board by creating beneficiary and family advisory councils to consider the patient's voice in their operational decisions. At the provider level, many ACOs offer training on effective communication strategies for care team members in an effort to leverage the trusted relationship between clinicians and patients when describing value-based care. At the patient level, ACOs develop resources, such as magazines, websites, and brochures, to empower beneficiaries to effectively manage their own care.

Regardless of which strategies ACOs choose to implement, incorporating beneficiaries' perspectives and values into both operations and care delivery is important to the ACOs' success in achieving cost and quality goals. In

Overview of the CMS ACO Learning System and Toolkit

Since 2012, CMS has supported ACOs in their efforts to improve the delivery of care for their attributed patient populations through model-specific learning systems. These learning systems provide ACOs with a forum in which they can collaborate with and learn from one another. Across the model-specific learning systems, CMS hosts approximately 70 virtual events and 18 in-person events each year on topics tailored to meet the needs and interests of current ACOs.

This beneficiary engagement toolkit describes a variety of strategies used by ACOs to engage beneficiaries in the ACO and to manage their own care. ACOs can empower beneficiaries to see the organization as a trusted partner in improving their health by fostering transparent communication with care team members, listening to patients' perspectives, and sharing written products and digital tools with them.

This is the second toolkit in a broader series of resources that will explore different aspects of how ACOs operate to provide value-based care. The toolkits bring together insights gathered during CMS-sponsored learning system events and through focus groups with the ACOs. Through these toolkits, CMS aims to educate the general public about strategies used by ACOs to provide value-based care while also providing actionable ideas to current and prospective ACOs to help them improve or begin operations.

exploring the development and implementation of the ACOs' beneficiary engagement strategies, this toolkit looks at how ACOs:

- [Engage beneficiaries in ACO governance](#)
- [Elicit beneficiary and family feedback](#)
- [Support beneficiaries in self-care management](#)
- [Enhance beneficiary communication in the clinical setting](#)
- [Communicate with beneficiaries about the ACO as a value-based care organization](#)

To produce this toolkit, the CMS ACO learning system conducted focus groups and individual interviews with representatives from 24 ACOs that participate in the Medicare Shared Savings Program, the Next Generation ACO Model, and the Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) Model.¹ The learning system offered ACOs that had shared effective beneficiary engagement strategies during past learning system events the opportunity to participate; the learning system also extended an open invitation to ACOs with innovative beneficiary engagement initiatives via model-specific newsletters.² During each focus group, the participants described strategies for engaging beneficiaries in the ACO and in their own care. For a list of the ACOs that contributed strategies to this toolkit, please see page 15.

While many of the ACOs who contributed to this toolkit focused on strategies that yielded positive results, some ACOs candidly discussed programs that were less successful than expected or for which results were not yet available. Lessons learned from ACOs' attempted interventions are included in the toolkit, along with examples of snapshots that offer current and prospective ACOs a more complete picture of available options and possible implementation challenges.

¹ Throughout this toolkit, we use the term "ACO" inclusively when discussing strategies mentioned by both ACOs and ESRD Seamless Care Organizations (ESCOs). However, if a strategy was mentioned only by an ESCO, then we indicated it as such. For context, ESCOs are a type of ACO operated by dialysis organizations that focus specifically on beneficiaries diagnosed with ESRD. For more information about CMS's ACO models, see this website: <https://innovation.cms.gov/initiatives/aco/>

² When considering which ACOs to include in the focus groups, we did not limit invitations strictly to ACOs or ESCOs that had consistently achieved shared savings. Doing so could have inadvertently excluded ACOs that were starting out in new, higher-risk programs or who were investing in infrastructure, creating situations in which they accepted short-term losses to position themselves and their beneficiaries for longer-term financial and quality successes.

Disclaimer: This document is a compilation of strategies and tactics designed to help ACOs coordinate care for their attributed beneficiaries. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for creating change lies with the provider of services. CMS employees, agents, and staff make no representation, warranty, or guarantee that this compilation of strategies is error-free and will bear no responsibility or liability for the results or consequences of the use of this toolkit.

Engaging Beneficiaries in ACO Governance

ACOs invite beneficiaries to participate in governance in order to support the development and implementation of offerings that better reflect the needs of the diverse beneficiary population. As ACOs develop and implement new programs and strategies to improve the experience of care, beneficiaries provide valuable insight into how their peers will respond to these efforts. Additionally, beneficiaries contribute to ACO governance by identifying concerns that may not be readily apparent to providers or ACO administrators. This kind of direct input from beneficiaries informs the ACOs' strategies and communication tools early in the implementation process and provides ongoing feedback to support refinements over time.

CMS requires that ACOs provide beneficiaries with opportunities to meaningfully participate in governance, such as through serving on ACO boards. ACOs have identified effective strategies for collaborating with these beneficiary board members in order to incorporate the patient's voice into decisions about day-to-day operations. In addition, many ACOs have found value in establishing beneficiary advisory councils as further means of providing beneficiaries with an opportunity to meaningfully participate in governance. These councils enable a diverse group of beneficiary stakeholders to provide direct feedback and insight to the ACO board and leadership. In particular, ACOs can ensure that a diverse set of beneficiary perspectives are included in the council by recruiting beneficiaries who represent different geographic areas, health conditions, ability/disability statuses, and demographic characteristics. ACOs have identified best practices and lessons learned for engaging beneficiaries in governance, including recruitment, onboarding, and sustaining engagement.

BRINGING THE BENEFICIARY PERSPECTIVE TO ACO BOARD DISCUSSIONS

Beneficiaries on ACO boards speak about their own experience with care when discussing ACO programs and initiatives, which helps administrators to understand how certain programs might affect other beneficiaries. For example, one ACO that launched a chronic care management program worked with its beneficiary board member to identify incentives to participate that would be meaningful to beneficiaries. Another ACO relied on its beneficiary board member for ongoing insight when implementing an initiative that offered a no-cost transfer

for beneficiaries who had been admitted to one hospital for relatively straightforward conditions but who could have been better served by a partner hospital positioned to provide less intense care. Though the ACO's beneficiary board member had been involved in formulating this initiative, she had new insight to share after being admitted to a hospital as a patient and offered the chance to transfer. She noted that she felt momentarily apprehensive at the prospect of being shifted to another site but was reassured by conversations with on-site clinicians before she ultimately agreed to the transfer. After discharge, she shared her experience with the rest of the board and explained how important it is to address beneficiary concerns about an opportunity to transfer.

Beneficiary board members also help ACOs to refine communications materials by confirming that the messaging resonates with the target audience. Beneficiary board members may review and provide guidance on draft materials for specific initiatives or develop initial versions of the draft communications themselves. One ACO described how it involved a beneficiary board member in the editorial team for its beneficiary magazine. This beneficiary appreciated the opportunity to shape the content of the magazine by writing articles and editing other content, which leveraged not only the skills that she acquired in a professional context before she retired but also her personal experience both as a beneficiary and a caregiver for a relative aligned to that ACO. In one instance, she worked with the editorial team to expand the focus of an article on wet macular degeneration to include dry macular degeneration, which she knew would address the interests of a broader range of beneficiaries.

IDENTIFYING AND EMPOWERING BENEFICIARIES TO CONTRIBUTE TO THE ACO BOARD

To find beneficiaries who are interested and able to contribute to an ACO board, many ACOs rely on recommendations from participating providers. One ACO asked physicians to nominate beneficiaries for the board. One physician responded to this request by recommending a patient who agreed to join the ACO board and has been a strong contributor for the past three years. Another ACO contacted an office at a partnering hospital that is dedicated to engaging patients, including managing patients who volunteer to support hospital programs. The partnering hospital suggested a volunteer who was an active patient

advisor. This individual agreed to join the ACO board and has remained an active contributor for several years.

ACOs seek beneficiaries who are willing to participate on the board in numerous capacities. At a minimum, all board members attend monthly or quarterly meetings. Beneficiary board members may also participate in other events, such as yearly retreats or on a patient and family advisory council (described in detail in the following section). Beneficiary board members may also take on additional responsibilities, such as reviewing beneficiary-facing communications. ACOs generally do not limit beneficiaries' tenure on the board, in part because of the challenge involved in finding individuals who are willing and able to commit to the role.

ACOs integrate beneficiaries into their boards by taking steps to help them feel comfortable in their roles and empowered to participate. For instance, when recruiting and onboarding these beneficiaries, ACOs describe the mission of the organization and what board members are expected to contribute. For example, one ACO provided a new beneficiary board member a formal orientation that included information about how the board operates, an overview of the ACO, and a guide to acronyms and terms commonly used during board discussions. Multiple ACOs also opened channels of communication with their board leadership to encourage beneficiary board members to contact them. A beneficiary who serves on the board of an ACO noted that the ACO's president and chief medical officer encouraged her to email them directly, which made her confident about the fact that they valued her contributions.

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I can email [my ACO's leadership] if I have questions about things that ... I need clarity on, that I'm not quite sure I understand, or if I have a comment that I think they need to hear I can drop them an email. They are very responsive to me. They listen to me, and that's amazing.

—Beneficiary serving on ACO board

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ESTABLISHING A PATIENT AND FAMILY ADVISORY COUNCIL

In addition to having a beneficiary serve on the board, multiple ACOs establish patient and family advisory councils to efficiently solicit insight from numerous beneficiary stakeholders. The council members describe the challenges facing the beneficiary population, collaborate with the ACO to design initiatives to address those challenges, and provide feedback on other planned initiatives. ACOs note that the councils often raise topics that the ACO leadership would not have expected to be priorities (see ACO Snapshot 1 on the next page for an example). Patient and family advisory groups have weighed in on a diverse set of topics, including:

- Improving the delivery of post-acute care
- Launching a telehealth initiative
- Forming support groups for new dialysis patients
- Installing secure locks on dialysis unit doors
- Launching a transportation program to reduce the rate of missed appointments
- Reviewing planned initiatives intended to address social isolation

ACOs note that patient and family advisory councils streamline the process of collecting feedback and insight from a diverse set of beneficiary stakeholders. ACOs particularly value their councils' varied perspectives when refining their communications to beneficiaries about new programs and treatment options. For example, some ACOs ask their councils to review materials related to annual wellness visits in order to confirm that they effectively convey the value of the service and address common questions. Similarly, one ACO requested that its patient and family advisory council provide feedback on a guide for beneficiaries about appropriate settings for urgent and non-urgent care, and when to go to the emergency room or the primary care physician's office. The members of the council pointed to potential sources of confusion from abbreviations and technical jargon, which helped the ACO to make the document more beneficiary-friendly.

STRATEGIES FOR FORMING A PATIENT AND FAMILY ADVISORY COUNCIL

ACOs take different approaches to forming and structuring their patient and family advisory councils. The size of the councils varies. Some ACOs include fewer than 10 members,

ACO Snapshot 1: Empowering Beneficiaries to Share Their Insight with ACO Leadership

Objective: Form a patient and family advisory council to showcase the interests and priorities of its attributed population for ACO staff.

Tactic: Encourage beneficiaries to drive the agenda when engaging with ACO leadership.

Strategy: A Shared Savings Program ACO formed an advisory council consisting of 15 volunteer beneficiaries to provide guidance on ACO-related initiatives and to help develop patient-facing communications. When recruiting members, the ACO deliberately sought a diverse group to represent work background (e.g., professional and stay-at-home caregivers), geographic areas (e.g., urban and rural), health conditions, ability/disability status, and demographic characteristics. The council members gather quarterly for meetings, and the ACO helps to alleviate travel-related burdens by providing gas cards and lunch.



Initially, the ACO medical director began each meeting by asking beneficiaries for feedback on specific initiatives. Over time, the medical director learned to provide beneficiaries with the opportunity to drive the discussions so they might voice high-priority concerns. For example, the ACO avoided asking direct questions related to end-of-life care, given potential sensitivities, but beneficiaries raised the topic in order to discuss their experience and to share their own views. Over time, the council has helped shape strategy, such as by prompting the ACO to refocus its social determinants of health initiatives using a more holistic approach and to revise communications materials related to annual wellness visits (such as a pamphlet for patients and a frequently asked questions document for front office staff).

while others include a few dozen members. Many ACOs have a single council that represents the entire aligned population, but some ACOs whose beneficiaries reach across a large area may convene regional councils. One ESCO formed a patient and family advisory council at each of its dialysis units so that beneficiaries can provide feedback on the care they receive. Some ACOs limit the membership of their councils to beneficiaries, whereas others may include family members or patient advocates. ACOs describe recruiting a diverse group of council members in terms of demographics, health conditions, and education levels. One ACO noted that it has struggled to recruit indigent patients and those with less formal education because they feel intimidated by members of the council who are professionals or who have advanced degrees.

ACOs note that they encourage members to drive the councils' efforts by, for example, asking them to develop a charter or to set meeting agendas. Other ACOs find that councils veer off task without support and respond well to formal agendas set by the ACO for each meeting. Some

ACOs find that patient and family advisory councils are more effective when a beneficiary board member also serves on the council. This person reports back to the ACO board on key findings or priorities discussed by the council, ensuring that pertinent feedback reaches the board. Additional ACO leaders, such as medical directors and senior staff focused on quality or population health, may also attend council meetings, acting as a direct mechanism through which the council can provide feedback to the ACO.

ACOs consider approaches to sustaining the patient and family advisory council, which relies exclusively on volunteers. Many ACOs concluded that a quarterly meeting schedule helps to maintain a balance of keeping the council aware of ongoing ACO initiatives without overburdening participants. ACOs also find creative solutions to reducing the transportation burden on beneficiaries who attend meetings by, for example, forming regional committees, which are closer to beneficiaries' homes, to reduce travel time or by providing gas cards and lunch to offset the costs of traveling.

Strategies for Engaging Beneficiaries in ACO Governance

- Encourage beneficiary board members to consider proposed ACO initiatives in light of their own care experiences.
- Empower beneficiaries on the ACO board to contribute by assigning responsibilities that leverage their talents and professional experience.
- Form patient and family advisory councils composed of a diverse group of beneficiaries that can provide feedback about their care-related priorities and previous interactions with the ACO.

Eliciting Patient and Family Feedback

ACOs implement multiple strategies for obtaining timely insight into the needs and concerns of their beneficiary populations in order to develop and improve communications, programs, and initiatives. ACOs have found that survey data—whether from existing surveys such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS)³ or from original surveys fielded by the ACO—offer an efficient way to better understand the beneficiary perspective. In addition, ACOs leverage other opportunities to ensure that beneficiaries have a voice in discussions and a mechanism for providing feedback on programs that directly impact their care, such as focus groups and interviews. Some ACOs also engage beneficiaries by inviting them to join clinicians and administrators in workgroups or committees that are developing initiatives to improve care.

USING SURVEYS TO REACH A CROSS-SECTION OF BENEFICIARIES

Shared Savings Program and Next Generation ACOs field the CAHPS survey for ACOs annually in order to meet program and model requirements for measuring the beneficiary's experience of care. ACOs also note that these data provide a useful and efficient source of beneficiary feedback. For example, one ACO described sending CAHPS data to practice managers to help support their development of new quality improvement initiatives in which plan-do-study-act (or PDSA) cycles are used. The ACO observed that practices used CAHPS data to develop strategies intended to help their beneficiaries get more timely appointments and to improve the way their staff interacts with beneficiaries.

To collect more targeted feedback on ACO initiatives or processes than are available through CAHPS, some ACOs develop and field their own surveys. One ACO mailed a survey to about 32,000 beneficiaries to ask them to rate the importance of beneficiary governance of the ACO, such as having beneficiaries as board members and in patient and caregiver advisory councils. Through the survey, the ACO confirmed that most beneficiaries (1) strongly value the opportunity to represent their peers in governing the ACO and (2) are interested in interacting with their representatives on both the board and the advisory council. The ACO also included an item on the survey that identifies beneficiaries willing to participate in a focus group designed to collect more detailed information

about beneficiary representation. Another ACO mailed a survey to about 1,000 beneficiaries just before or after their medical appointments. The survey asked the beneficiaries about their preferred communication medium and preferred frequency of communication from the ACO. The ACO used the results to refine its outreach efforts to beneficiaries.

DRILLING DOWN WITH INTERVIEWS AND FOCUS GROUPS

Some ACOs rely on other strategies for getting feedback from beneficiaries, such as interviews or focus groups, even though these strategies may be resource intensive. One ACO conducted a series of in-person and phone interviews with beneficiaries who completed a care management program to assess their views of the program and elicit feedback on their care experience. Based in part on the feedback, the ACO expanded the care management program. Another ACO affiliated with a research university received a grant to conduct a series of focus groups with beneficiaries about their opinions on patient and family advisory councils. The ACO held five focus group sessions with beneficiaries who represented a broad range of ages and included individuals with disabilities. The ACO delivered the findings to the patient and family advisory council and plans to publish them in an academic journal.

INVITING BENEFICIARIES TO PARTICIPATE IN BROAD STAKEHOLDER GROUPS

Some ACOs obtain feedback from beneficiaries by inviting them to join workgroups or committees designed to support the development of care improvement initiatives.

“ There was just dedication to making sure people were aware of who was in the audience and participating; and making sure that everyone knew everyone had an equal voice and a say in the conversation. ”

—ACO administrator on stakeholder groups

³ Centers for Medicare & Medicaid Services (CMS). CAHPS for ACOs. Available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/aco.html>. Accessed July 23, 2019.

ACO Snapshot 2: Building Long-Term Relationships Between Beneficiaries and Other ACO Stakeholders

Objective: Integrating beneficiaries into monthly population health meetings.

Tactic: Invite the same beneficiaries to each meeting.

Strategy: One Shared Savings Program ACO invited two beneficiaries, a younger individual who recently retired and an individual older than 90, to attend its monthly population health meetings that also include clinicians, practice managers, care managers, and quality staff. To encourage these beneficiaries to provide direct and honest feedback, the ACO described the organization in detail as part of the onboarding process and reminded the individuals that their voices were valuable to the broader conversations. The beneficiaries responded to this encouragement by participating actively in discussions. For example, when the group was considering approaches to improving quality results on measures related to chronic disease, the beneficiaries spoke about their own experience with chronic diseases. The ACO observed that clinicians who attended these meetings have built relationships with the two beneficiaries and now contact them directly for their input. The sustained contact between these two representative beneficiaries and the other meeting participants generates more informative feedback than would be readily available from surveys or other sources, which helps the ACO to better tailor its programs and communications to beneficiaries.



These broad stakeholder groups, which also include clinicians and administrators, provide beneficiaries with an opportunity to shape the ACOs' programs by sharing their thoughts and feelings about the care they receive. In some instances, ACOs recruit beneficiaries to serve on workgroups that focus on specific topics or efforts, and in other instances, the ACOs create standing committees to bring together beneficiaries and other stakeholders on an ongoing basis. For example, one ACO looked to its beneficiary and stakeholder engagement board to encourage open discussions on both the delivery of care and the social determinants of health; the board includes about 25 beneficiaries and a range of other stakeholders from skilled nursing facilities, hospice providers, advocacy organizations, and community-based organizations. Another ACO invited two beneficiaries to join a series of monthly meetings of providers, practice managers, care managers, and quality staff in order to speak about a range of their concerns related to ACO operations and the delivery of care. Over time, as the beneficiaries developed a rapport with the other attendees, providers began reaching out to them directly to solicit input on new initiatives (see ACO Snapshot 2 for more information).

ACOs that form stakeholder groups often recruit beneficiaries who are already engaged in some aspect of ACO governance. For example, one ACO encourages members of its patient and family advisory council to serve on standing ACO workgroups, including committees focused on presentations and publications or quality improvement. Another ACO recruits members from its patient and family advisory council to participate in topic-specific meetings, such as a recent demonstration of a new electronic communication platform designed to gather information from beneficiaries before their medical appointments.

However, ACOs note that they encounter challenges when they bring beneficiaries into these stakeholder groups, given the time commitment and travel required. In response, some ACOs encourage a large number of beneficiaries to participate and vary the meeting schedule, since some beneficiaries may find it easier to attend events in the evening and others, during the day. Other ACOs recruit a large pool of beneficiaries willing to attend at least some events, with the expectation that a subset of these beneficiaries will attend any particular event.

Strategies for Engaging Patients and Family Members to Deliver Feedback

- Use existing survey data, such as CAHPS, or original surveys to gather information from large numbers of beneficiaries about forthcoming or recently launched ACO initiatives.
- Invite beneficiaries to participate in workgroups or committees with other stakeholders, such as clinicians and administrators, in order to incorporate their insight into the development of care improvement initiatives.
- Identify participants for workgroups or committees by finding beneficiaries already engaged with the ACO, such as members of patient and family advisory councils.

Supporting Beneficiaries in Self-Care Management

ACOs recognize that many Medicare beneficiaries who have chronic conditions—such as diabetes, heart disease, and chronic obstructive pulmonary disease—struggle to manage their health. These beneficiaries contend with frequent office visits, taking the right medications at the right times, and following medical advice from multiple clinicians. ACOs develop resources and activities to engage beneficiaries who are coping with chronic conditions, to encourage self-care management, and to enhance their sense of ownership in their health care. The ACOs' goal in this effort is to clearly convey information and insight to beneficiaries while recognizing the differences in their preferred learning style, educational background, and local culture.

DISTRIBUTING RESOURCES DIRECTLY TO BENEFICIARIES

ACOs develop educational articles for their newsletters or magazines that can be easily distributed to a large beneficiary population and encourage the adoption of strategies for managing beneficiaries' own common chronic conditions. ACOs look to insight from their beneficiary advisory committees and use brief surveys to assess their beneficiaries' preferences for receiving this health information, including identifying topics and determining the frequency of the newsletters. Multiple ACOs note that beneficiaries prefer regular communications about health information, so they publish newsletters quarterly. In each issue, ACOs dedicate a few pages to information about specific health conditions and ways to practice self-care activities or to adhere to prescribed treatments to help beneficiaries meet their health goals. One ACO noted that beneficiaries

particularly value articles with practical guidance on healthy eating, sample recipes, and at-home exercises for older adults. The ACO described its strategy to pair a positive, encouraging topic or tone with guidance on a particular condition; for example, an article on the benefits of laughter accompanied a longer story about depression treatment options.

ACOs note that access to resources on a daily basis helps beneficiaries to manage their care effectively. One ACO distributed a beneficiary engagement tool to beneficiaries to help them track medical appointments, clinician contact information, medication refills, and medical test results (see ACO Snapshot 3 for additional details). The resource also provides health-related "tips and tricks" as well as clinical reminders, such as scheduling an annual wellness visit and a flu shot. The ACO reported that it received positive feedback through beneficiary surveys and heard success stories from its physician practices about how beneficiaries are using the tool to manage their chronic conditions and meet their goals.

IDENTIFYING MATERIALS FOR CARE TEAMS TO DISCUSS WITH BENEFICIARIES

ACOs recognize that care teams are the beneficiaries' main source of information about managing chronic conditions, given their established relationships. To support these teams, ACOs provide educational materials that clinicians can use to facilitate conversations and care planning with beneficiaries about their conditions, treatment, and how to manage their own care. For example, one ESCO developed educational handouts on ESRD to explain the disease processes and

ACO Snapshot 3: Empowering Beneficiaries to Manage Their Chronic Conditions

Objective: Develop a resource to support beneficiaries in adopting self-care management strategies.

Tactic: Distribute a health and wellness calendar to serve as an organizational tool for tracking information on appointments and treatments.

Strategy: One Shared Savings Program ACO partnered with a vendor to develop a health and wellness calendar to help beneficiaries track their health care information. The calendar acts as the main repository in which beneficiaries record all of their health-related information, activities, useful resources, prevention tips, and phone numbers for their clinicians' offices. After producing the custom-branded 8.5-by-11-inch wall calendar, the ACO contacted the leadership at its four health systems to define the strategy for distributing the calendars based on beneficiaries' visits to primary care clinics. The clinics created new workflows and assigned specific care team staff to give the calendars to beneficiaries and then discuss how to use them. The care team encourages beneficiaries to bring the calendar to medical appointments so that they can track important care information and use it at home as a reference for medication schedules and dosages. The ACO reported that beneficiary feedback has been overwhelmingly positive. Beneficiaries also noted that they appreciate the monthly "health tips and tricks" section of the calendar that lists important wellness activities and reminders, such as scheduling the annual wellness visit and getting a flu shot.



For more information on strategies to support beneficiaries with ESRD and pre-ESRD with self-care management, see the case study on The Rogosin Institute's initiative to promote health literacy: <https://innovation.cms.gov/Files/x/aco-casestudy-rogosin.pdf>

potential symptoms, as well as actions beneficiaries can take to maintain health. Care coordinators use these materials in one-on-one education sessions with beneficiaries during dialysis appointments. Beneficiaries take the written materials home to share with their families, thus reinforcing the insight provided by the care team. The ESCO noted that beneficiaries appreciate these handouts because they are often overwhelmed during visits, and the written materials serve as a tangible resource when they return home to reflect on their symptoms and treatment.

ACOs seek input from beneficiary advisory committees while developing new materials for beneficiaries to ensure that the resources meet the needs of their aligned population. For example, one ACO partnered with its beneficiary advisory committee to review brochures on clinical conditions and asked for the committee's input on new initiatives to help beneficiaries address the social determinants of health. Another ACO looked to the beneficiary advisory committee for insight when developing resources to increase beneficiary awareness of the value of the annual wellness visit and how it differs from the traditional annual physical exam. The ACO created an educational brochure that emphasized how the service enables beneficiaries to spend more time with their care teams to discuss their individualized goals and comprehensive care plans, including recommendations for preventive screenings. The ACO then distributed the brochures to participating practices, enabling beneficiaries to review the resource in the clinics' waiting rooms.

Some ACOs and ESCOs use evidence-based materials produced by researchers and health care associations to provide clinicians with additional tools to engage beneficiaries in understanding their health conditions and treatment options. Multiple ACOs look to written resources, such as handouts, that provide background information for beneficiaries on strategies for managing specific chronic diseases and how to choose the appropriate sources of care. One ACO pointed to a particularly helpful tool that uses stoplight colors to help beneficiaries assess their symptoms when at home and to respond appropriately to warning signs. The tool describes the three colors that symbolize the severity of symptoms: green ("all clear"), yellow ("caution"), and red ("medical alert"). For each color, the tool

explains signs and symptoms, describes instructions for managing the symptoms, and explains when to seek emergency medical assistance. The ACO reported that this tool has been a simple and effective way to reduce avoidable emergency department visits for its beneficiaries because it provides guidance on calling their care manager or clinician when experiencing symptoms rather than immediately dialing 9-1-1.

OFFERING GROUP CLASSES IN SELF-CARE

ACOs offer beneficiaries access to group classes to encourage them to take a more active role in their health care experience and in managing their chronic conditions. Clinicians or care teams lead these learning opportunities and focus on strategies to increase beneficiaries' self-efficacy related to goal-setting, problem-solving, and informed decision-making. Through educational workshops, beneficiaries are empowered to take charge of their health, potentially reducing utilization and costs by preventing worsening illness and avoiding unnecessary emergency room visits. By participating in group educational activities, beneficiaries may also learn to better communicate with their clinicians, thus gaining more benefit from their provider encounters. Group classes also provide beneficiaries with an important source of social support from both peers and the clinicians who lead the classes. ACOs report that the classes have robust attendance and they receive positive feedback from beneficiaries. One ACO noted the importance of using multiple outreach strategies to promote the classes, including clinician referrals, flyers in clinic waiting rooms, direct emails from the ACO, and social media posts.

Some ACOs develop group activities to address educational needs for specific conditions. One ACO heard from health coaches that beneficiaries newly diagnosed with diabetes did not understand which foods to purchase to maintain a healthy blood sugar level. In response, the ACO developed an educational program in which a dietician met with beneficiaries at the supermarket and walked with them through the aisles while offering guidance on the healthy foods that meet the nutritional needs of a person with diabetes. The same ACO also developed classes for beneficiaries with heart failure as well as a discussion group for advance care planning.

Strategies for Engaging Beneficiaries in Managing Their Chronic Conditions

- Distribute resources, guidance documents, and tools to encourage self-care management that reflects the interests and needs of the beneficiary population. Consider factors such as language, local culture, reading level, and health literacy.
- Build time into clinical workflows to discuss these materials with beneficiaries to support the development of individualized goals and comprehensive care plans, to ensure that beneficiaries understand the recommendations about their chronic conditions, and to confirm that beneficiaries know how to use the tools in the home setting.

Enhancing Communication with Beneficiaries in the Clinical Setting

ACOs view patient-centered care delivery and enhanced communication with beneficiaries as a means to improving health outcomes and satisfaction with care. With this in mind, ACOs develop approaches to support primary care and specialist clinicians when they are establishing collaborative and trusting relationships with beneficiaries in the clinical setting. ACOs also encourage all members of the care team—physicians, advanced practice clinicians, nurses, care managers, social workers, and health coaches—to coordinate when they discuss values and care preferences with beneficiaries, create comprehensive care plans, and deliver individualized treatment. In addition, ACOs provide care teams with resources, training, and health information technology (health IT) to enhance their communication with beneficiaries and to support their use of patient-centered care strategies.

coach about planning healthy meals or to talk to a social worker about finding transportation to appointments, but they may not raise these types of concerns with their clinicians. To further promote engagement, some of the ACOs' clinicians reserve a specific room for these conversations, such as an adjacent treatment room with seating that is conducive to productive interactions and direct eye contact, rather than talking with beneficiaries when they are seated on an exam table.

To support clinicians with these beneficiary communications, many ACOs embed care management staff within a clinic, skilled nursing facility, or hospital. These staff, often nurses or licensed clinical social workers, collaborate with interdisciplinary care teams throughout the beneficiaries' visits. The care managers focus on answering the beneficiaries' questions about treatment, identifying strategies to help beneficiaries to better manage their conditions, and encouraging behavioral changes, such as modifying their diets and getting more physical activity, to meet their care goals. One ACO described its program, in which an embedded nurse care manager holds a series of telephone outreach conversations with beneficiaries to review established care goals, create care plans, and prepare for transitions of care. The care manager tailors the frequency and number of telephone calls to the beneficiaries' preferences for support. In another example, an ESCO reported that it hired nurse care managers to work in dialysis facilities to provide "chair-side" care coordination services by taking advantage of the substantial time that beneficiaries spend in dialysis. When speaking with beneficiaries, the care manager considers gaps in care and helps to connect beneficiaries with clinicians by identifying primary care clinicians who are available, making referrals to specialists, or scheduling follow-up appointments.

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What's interesting and insightful for the teams to hear is that . . . the beneficiary may say, 'It's important for me to remain independent in my home with my husband as we age,' which is a goal that is very different from, for example, a provider-centered care goal such as preventing a fall.

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—ACO administrator on communicating with beneficiaries

DEDICATING STAFF TO EXPLORE AND ADDRESS BENEFICIARIES' CARE NEEDS

By dedicating staff specifically to identifying beneficiaries' care needs, ACOs ensure that all members of the care team—including busy clinicians—can operate at the highest level of their license and expertise. Many ACOs encourage clinicians to select a care team member to meet with beneficiaries and their families before or after medical appointments in order to review treatment plans, address questions about the beneficiary's condition, discuss barriers to care and brainstorm solutions, or provide referrals to community resources. ACOs also note, for example, that beneficiaries appreciate the opportunity to ask a health

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Moving toward more of an embedded model of having care managers in practices and hospital settings helps the face-to-face interaction and increases that patient-centered care focus.

—ACO administrator on dedicated care staff in practices

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LEVERAGING ENGAGEMENT STRATEGIES TO TRAIN STAFF

Many ACOs train care teams on patient-centered care strategies that support communications with beneficiaries throughout the clinical experience and to provide customized treatment that meets their care preferences and needs. The training often builds on publicly available, evidence-based initiatives and tools related to shared decision making, advance care planning, and motivational interviewing (see box below for examples of resources).

Examples of Resources for Beneficiary Engagement Strategies



Shared decision making is a process that allows beneficiaries to work with their clinicians to make decisions about care plans and treatments that balance risks and expected outcomes with their preferences and values. More information from the Agency for Healthcare Research and Quality can be found at <https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>



Advance care planning is a service that helps beneficiaries to make important decisions about the type of medical treatment they want in the future if they can't make decisions for themselves. More information from CMS and the Centers for Disease Control and Prevention can be found at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf> and <https://www.cdc.gov/aging/advancecareplanning/care-planning-course.html>



Motivational interviewing is a clinical approach that helps beneficiaries with chronic conditions to make positive behavioral changes that support better health. More information from the Substance Abuse and Mental Health Services Administration can be found at <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>.

ACOs use a variety of training approaches to highlight these strategies, including online modules, train-the-trainer programs, written guidance and toolkits, and role-playing activities. For example, one ACO provided an in-person training for

its nurse care managers on customer service skills in order to improve their ability to develop a rapport with beneficiaries by being empathetic and learning about the beneficiaries' needs and treatment preferences. Another ACO provided training for its clinicians on strategies for finding out and understanding the important issues and values in beneficiaries' lives that may inform their customized care plans. This ACO uses a conversation guide to help care teams ask beneficiaries the right questions to identify their personal health care goals, which allows the discussions to focus on what is essential to beneficiaries and their families rather than on clinician-directed goals.

USING HEALTH IT TO ENABLE BENEFICIARIES TO SHARE REAL-TIME HEALTH STATUS INFORMATION WITH CLINICIANS

Many ACOs use interactive health IT tools that facilitate information-sharing between beneficiaries and their providers, such as telemonitoring platforms, patient portals, and at-home digital devices (such as scales and blood pressure monitors). Some ACOs partner with vendors to purchase digital health tools, whereas others work with their internal departments to build customized solutions using existing infrastructure. These health IT tools help beneficiaries to share information about their health—such as blood pressure readings or glucose levels—in real time. The technology synthesizes the information into reports that clinicians use to inform treatment decisions, or it is used to enhance and refine care plans.

ACOs create health IT programs for beneficiary groups, such as those with specific chronic conditions. The programs streamline the process through which beneficiaries regularly submit information on their health through electronic tools, which allows the care team to quickly respond with recommendations for adjusting a beneficiary's treatment (see ACO Snapshot 4 for an example). Some ACOs also utilize their health IT systems to facilitate conversations between clinicians and beneficiaries, such as offering a patient portal to streamline access to health data and submit questions for medical staff. One ACO created a pilot program in which beneficiaries complete an online questionnaire one week before their annual appointment for a physical in order to update their health conditions, care goals, and preferred treatment approach. Their health IT tool integrates this information into an electronic health record, which care teams review to prepare for the beneficiaries' appointment.

ACO Snapshot 4: Using Health IT to Support Communication Between Beneficiaries and Providers

Objective: Encourage care teams to more closely monitor and support beneficiaries with hypertension.

Tactic: Inform care team conversations with beneficiaries about their condition by monitoring blood pressure levels in the home.

Strategy: One Shared Savings Program ACO implemented a program in which beneficiaries use a health IT tool in the home to take their blood pressure readings, which care teams use to monitor the beneficiaries' health and adjust treatment plans. During an office visit, care teams at participating practices enroll eligible beneficiaries in the program and teach them how to use a digital blood pressure cuff that connects to their smartphones. Beneficiaries take their daily blood pressure readings with the Wi-Fi enabled device in their homes and transmit the data directly to their electronic health record. Care teams, including specially trained pharmacists and nurse care coordinators, review the blood pressure readings and outreach to beneficiaries if the readings are too high in order provide timely care and improve blood pressure control. For example, the care teams may make treatment changes or medication adjustments, or discuss lifestyle changes with beneficiaries to consider how to reduce sodium intake or increase exercise. The program's continuous feedback loop provides beneficiaries with regular communication from their care teams and monthly electronic reports on their treatment progress.



Strategies for Engaging Beneficiaries by Using Communications in the Clinic Setting

- Dedicate staff from within the practice care team to be responsible for engaging beneficiaries in discussions about their health conditions, treatment plans, barriers to care, and care preferences.
- Provide training opportunities for care team staff on patient-centered care practices that support communications with beneficiaries throughout the clinical experience and to provide customized treatment that meets their care preferences and needs.
- Use health IT to promote real-time information sharing between beneficiaries and their care teams.

Communicating with Beneficiaries about the ACO as a Value-Based Care Organization

Given the recent growth in alternative payment models (APMs), clear descriptions about the services and benefits available to beneficiaries through value-based care initiatives can reduce potential beneficiary confusion. When reflecting on years of experience developing communication materials, ACOs note that beneficiaries appreciate specific, clear descriptions of the benefits offered by the ACO that improve their care experience and health outcomes. ACOs describe multiple approaches, challenges, and best practices to communicating with beneficiaries, which may be useful for organizations that participate in a wide variety of APMs. Finally, ACOs highlight the importance of supporting clinicians and staff who frequently address beneficiaries' questions about the ACO in an effort to help make beneficiaries more receptive to value-based care.

CHALLENGES INVOLVED IN COMMUNICATING WITH BENEFICIARIES ABOUT THE ACO

ACOs note the challenge of explaining to beneficiaries how their care experience differs as a result of being attributed to an ACO, as opposed to the standard fee-for-service care model. In particular, ACOs observe that some older adults express little interest in learning about value-based care and may not be aware of their attribution to an ACO even after they have received a letter to this effect. Beneficiaries who do review the notification letter and have questions will often turn to their care teams for information, which enables staff in the clinical setting to respond to beneficiaries' inquiries.

“Most of the older [beneficiaries]... are not looking at that kind of stuff. They are just trying to live...their life. And I don't know how you get that information out to them [to]... engage them [about] creating a healthier lifestyle.”

—Beneficiary serving on ACO board

ACOS' APPROACH TO DIRECT COMMUNICATIONS WITH BENEFICIARIES

ACOs describe their approach to explaining value-based care to beneficiaries and to encouraging them to see the organization as a trusted partner in improving their health and care experience. For example, beneficiary-oriented communications may describe the services and benefits available to ACO-attributed beneficiaries when participating providers coordinate their care. ACOs may also use these direct communications to provide health and wellness education, encourage self-care management strategies for common chronic conditions, and point to the beneficiaries' trusted clinicians as an additional source of information. In addition, ACOs' communication materials attempt to empower beneficiaries to make decisions about their health care by informing them that participating in an ACO does not limit their original Medicare benefits, that they are free to see doctors of their choice outside the ACO network, and that they can decline to share their data with the ACO.

ACOs identified the following best practices for various approaches to communicating directly with beneficiaries:

- **Letters.** ACOs identify strategies for both dispelling confusion and making written notices of attribution more easily accessible to beneficiaries, including responding to suggestions from the beneficiary advisory committee. For example, some ACOs include the logo and name of beneficiaries' primary care physician or practice on the letter to point back to beneficiaries' trusted clinicians as a source of information. ACOs also suggest moving important information about available benefits and services toward the top of the letter and taking a positive, reassuring tone throughout the document.
- **Telephone helplines.** ACOs find that beneficiaries appreciate having the number for a telephone helpline in the notification letter, which allows them to ask questions about the ACO and receive responses in real time. Some ACOs also provide beneficiaries with the telephone number for primary care practice staff and offer the staff guidance on common questions that beneficiaries ask about the notification letter and value-based care. Other ACOs, in an attempt to reduce the burden on primary care practices to respond to these inquiries, establish their own helplines that are staffed by individuals who are trained

to address beneficiaries' questions and to respond to their concerns (see ACO Snapshot 5 for more information).

- **ACO websites.** In addition to meeting CMS requirements for posting organizational and programmatic information on their websites, some ACOs incorporate consumer-oriented components to better engage beneficiaries. For example, after collaborating with CMS, one ACO included a video that showcases participating care teams and patients describing what it means to be part of an ACO and highlighting the services and benefits available to beneficiaries as a result of being attributed to an ACO.
- **Newsletters.** Multiple ACOs produce regular newsletters and magazines for beneficiaries in order to highlight the ACO as a trusted partner in improving their health. These materials include reminders about preventive care, educational information about common health conditions, and practical guidance for beneficiaries to manage their own chronic conditions (see page 8 for more information about how ACOs use newsletters to encourage self-care management). ACOs note the

importance of maintaining a warm tone and aiming for a reading level that is accessible to a broad audience. Some ACOs mentioned that newsletters and magazines further encourage beneficiary engagement by pointing to the beneficiaries' care providers. One ACO includes a "Doc Talk" section in its magazine to highlight different clinicians in the system in a question-and-answer format (e.g., "What is the best way for a patient to reach me?", "What is one thing I wish my patients would tell me?", "What is one thing I wish my patients would do differently?").

- **Posters.** In accordance with model requirements, ACOs in the Shared Savings Program display posters in the primary care setting to notify beneficiaries that their primary care physician participates in the ACO and that they can decline to share their health care information. Some ACOs emphasize the value of this requirement, noting that signs or posters in facilities where beneficiaries receive primary care services encourage beneficiaries to speak with care teams about their questions or concerns in a setting in which they feel comfortable.

ACO Snapshot 5: Staffing a Telephone Helpline to Address Beneficiary Questions

Objective: Create a pathway for beneficiaries to receive responses to their questions about the ACO in real time.

Tactic: Train staff who manage a telephone helpline about ACO operations and value-based care to better address beneficiaries' confusion and respond to concerns.

Strategy: A Next Generation ACO invested in training for staff who manage a telephone helpline to provide beneficiaries with timely informative responses to questions and concerns about the ACO as a value-based care organization. The ACO trained helpline staff to respond to callers in a calm, reassuring tone and to use active listening to personalize their answers. To further support helpline staff, the ACO created guidance documents with basic information about the ACO and responses to frequently asked questions. Helpline staff also meet regularly to discuss new insights from recent calls with beneficiaries and to update the guidance documents. One year after implementing its helpline strategy, the ACO saw a noteworthy reduction in the number of beneficiaries calling with concerns about their alignment to the ACO and the possible negative impact on their care. Though callers continued to inquire about the expected impact of the ACO on their available benefits, their questions indicated that they were less anxious about the ACO concept.

Sample ACO guidance document to support telephone helpline staff

What is an ACO?

- An ACO is a group of health care providers who join together to take advantage of special offerings or "waivers" for their patients allowed to it by Medicare.
- Physicians elected to be in the ACO so that they can offer their patients these additional services. From a physician standpoint, there is even greater communication with other physicians and facilities. This can lead to expedited care and less duplication of services.
- The goal of the ACO is to take even better care of our patients, offer them more programs and services, improve their care experience, and lower their cost of care.

How did you get in the ACO?

- Medicare used your medical records from July 2017 – June 2018 and saw that your physician during that time period is in the ACO. Because of this, you were welcomed into the ACO as a beneficiary.

What if you think you were assigned to the wrong doctor?

- If you are in the ACO but see a different doctor now, you can continue doing that.

For more information on communicating with beneficiaries about the ACO as a value-based care organization, see the case study on Henry Ford Accountable Care Organization's beneficiary engagement strategy: <https://innovation.cms.gov/Files/x/aco-casestudy-henryford.pdf>

SUPPORTING CLINICIANS AND STAFF IN ADDRESSING BENEFICIARIES' QUESTIONS ABOUT THE ACO

ACOs note that beneficiaries are more receptive to information about the ACO when the information is communicated by a trusted care team rather than by an impersonal organization. However, care team members may not understand the value-based care concept themselves or know how to describe the ACO to beneficiaries. To support primary care clinicians and frontline staff who interact directly with beneficiaries and to equip them with information to respond to beneficiaries' questions during their office visit, some ACOs offer in-person trainings and webinars that describe the value-based care concept and highlight the benefits available to attributed beneficiaries. Other ACOs leverage existing meetings, small-group presentations, and telephone calls with ACO leadership and clinicians to provide a forum for clinicians and staff to ask questions about the ACO and discuss the implications for attributed beneficiaries.

Many ACOs also provide clinicians and frontline staff with written resources to further emphasize the role of the ACO and to reinforce the insights described in the in-person and virtual trainings. Examples of such written materials include talking points for conversations with beneficiaries, informational posters for staff, and provider-oriented newsletters that include key messaging and information to support staff in their conversations with beneficiaries. One ACO developed a poster that showed an overview of the ACO and descriptions of available services (such as the availability of population health coordinators and health coaches) in an effort to remind busy clinicians of services that the ACO provides to beneficiaries. Another ACO developed and disseminated a "key messages" document that outlines the history and structure of the ACO, the benefits and initiatives available to beneficiaries to improve the continuity of care, the mechanism for achieving savings or avoiding losses, and references to publicly available resources that offer additional information.

Strategies for Communicating with Beneficiaries about the ACO as a Value-Based Care Organization

- Build on the existing trusted relationships between beneficiaries and their clinicians in beneficiary-oriented communication materials by, for example, referring to the beneficiary's primary care physician.
- Use multiple communication tools, such as newsletters, posters, a telephone helpline, and a website to encourage beneficiaries to see the ACO as a trusted partner in improving their health by highlighting the benefits and services available to attributed beneficiaries.
- Offer training opportunities, educational sessions, and written resources to equip clinicians and frontline staff with information that they can use to respond to beneficiaries' questions about the ACO.

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