



Case STUDY

 **Learning Systems**
for Accountable Care Organizations

Henry Ford Accountable Care Organization's Beneficiary Engagement Strategy

This case study describes the two-part strategy the Henry Ford Accountable Care Organization (HFACO) used to engage beneficiaries in the ACO. First, HFACO developed educational materials for providers and frontline staff to support their conversations with beneficiaries; these materials included a list of key messages to convey to beneficiaries and suggested responses to their patients' frequently asked questions (FAQs). Second, HFACO established dedicated communication channels between the ACO and beneficiaries, including a telephone help line, a newsletter for beneficiaries, and a website.

HFACO found that this strategy contributed to a positive shift in beneficiaries' attitudes toward the ACO and increased participation in ACO offerings. HFACO's experience is valuable for ACOs that seek strategies to engage new beneficiaries or to expand engagement among current beneficiaries.

BACKGROUND

Organization

HFACO is part of the Henry Ford Health System (HFHS), an integrated delivery system based in Detroit, Michigan. HFACO serves about 26,000 aligned beneficiaries and comprises more than 1,000 providers, including the Henry Ford Medical Group, HFHS-employed physicians, mid-level providers, and specialists, and primary care physicians from the Henry Ford Physician Network. HFACO also includes six Henry Ford hospitals; dozens of medical centers, clinics, and labs; 41 skilled nursing facilities, Henry Ford at Home for home health services; and multiple residential home health organizations. HFACO has participated in the Next Generation ACO Model since January 2016.

Launching the beneficiary engagement strategy

HFACO prioritized engaging beneficiaries from the beginning of the ACO development process. Based on HFHS's experience launching new initiatives, HFACO leaders recognized the need to establish a communication strategy for engaging Medicare beneficiaries, a traditionally change-averse population. Beginning in 2013, the ACO steering committee integrated beneficiary engagement into its overall planning efforts to ensure that effective communication would play a central role throughout the ACO's launch. HFACO began to construct the beneficiary engagement strategy in late 2015, in anticipation of the ACO launch in January 2016.

HFACO’s strategy emphasized clear, concise, reassuring messages about the value of the ACO while complying with the Centers for Medicare & Medicaid Services (CMS) requirements for ACO communications. HFACO identified a communications coordinator and a business operations director to lead the organization’s communications team in developing a series of ACO-focused communication tools for providers, frontline staff, and beneficiaries. These two HFACO leaders collaborated with the HFHS communications staff to ensure that all patient-facing communications met CMS’s compliance requirements and to leverage existing mailing and media resources. The HFACO communications team also included two telephone help line associates.

COMPONENTS OF THE BENEFICIARY ENGAGEMENT STRATEGY

HFACO’s two-part beneficiary engagement strategy includes (1) support for providers and frontline staff in their conversations with beneficiaries about the ACO and (2) dedicated communication channels between the ACO and beneficiaries, including a help line, a beneficiary newsletter, and a website. The goal is to provide beneficiaries with timely, positive answers to their questions and concerns in a way that reinforces the benefits of the ACO. Figure 1 illustrates the HFACO beneficiary engagement strategy.

EDUCATING PROVIDERS AND FRONTLINE STAFF ABOUT THE ACO

Medicare beneficiaries often bring questions about changes in their insurance coverage to their providers or to the staff in the providers’ medical offices. However, HFACO discovered early on that many providers and frontline staff did not fully understand the ACO. HFACO developed an internal communication strategy through which it prepared providers and frontline staff to speak with beneficiaries about the advantages of the ACO.

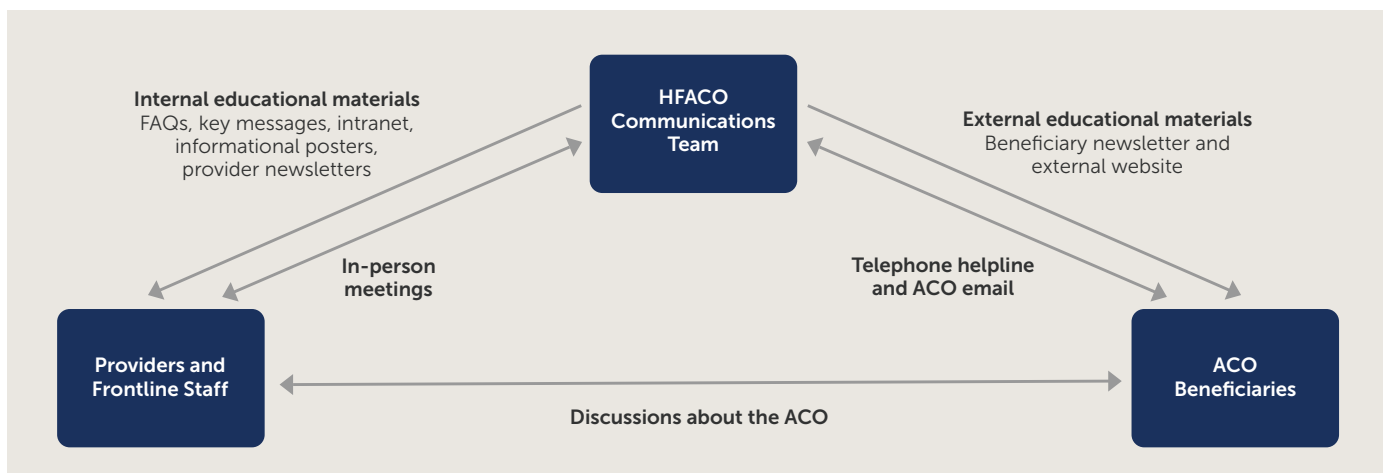
HFACO held in-person and telephone meetings with providers throughout the ACO, enabling providers to better address beneficiaries’ questions about the ACO. These meetings included HFACO leadership, such as the HFACO chief executive or chief medical officer, and provided an opportunity to respond to physicians’ questions about participating in the ACO and to discuss the implications of the ACO for aligned beneficiaries.

The HFACO communications project manager also gave presentations to groups of frontline staff who interacted directly with beneficiaries, including nurses, office staff, customer service representatives, and billing staff. These staff are widely dispersed across ACO provider locations, but are not well represented in typical ACO governance structures. The HFACO communications team made a list of targeted frontline staff and identified communication mechanisms through which they could share information about the ACO. By tapping into existing and expected communication vehicles, the HFACO communications team improved the likelihood of readership of these important messages.

To supplement the meetings and presentations, HFACO developed and disseminated the following materials to ACO providers and frontline staff:

- **“Key messages” document.** This document outlines the background and motivation for HFHS’s participation in the ACO model and how its success could directly affect providers and patients. It includes the history and composition of HFACO, the ACO benefits and initiatives designed to improve the continuity of care, an explanation of how the ACO achieves savings or incurs losses, an explanation of the importance of electronic health records, and publicly available resources for additional information. Fact sheets or “cheat sheets” also include much of this information to support patient-facing staff when discussing the ACO with beneficiaries. Figure 2 includes an excerpt from the key messages document.

Figure 1
HFACO beneficiary engagement program



- **FAQs and suggested replies.** This compilation of beneficiaries' FAQs cover the background of the ACO, how it affects patients, and its advantages for doctors and hospitals.
- **ACO intranet site.** An intranet site includes additional materials and all HFHS employees on the Next Generation ACO model, including waiver programs and other HFACO initiatives, such as the emergency disposition support program, which seeks to route HFACO patients from the emergency room to care that is more appropriate for them. The intranet also houses the previously described key messages document and FAQs.
- **Posters in break rooms.** HFACO distributed posters to participating medical offices and hospitals. Designed for display in staff and provider break rooms, the posters remind providers and staff about the key messages and FAQs for their conversations with beneficiaries.

Finally, HFACO leveraged existing provider newsletters and regularly scheduled emails to describe ACO developments and new initiatives—such as increased emphasis on the value of annual wellness visits for beneficiaries—to providers and frontline staff. The newsletters and emails also featured an overview of the community paramedic program and a story about how the emergency disposition support program helped an ACO patient with chronic obstructive pulmonary disease. HFACO's goal in distributing this information through provider newsletters or emails is to increase beneficiaries' engagement in these initiatives by equipping providers with information to support discussions with beneficiaries about their benefits.

“To reach providers, we didn't have to create many new channels of communication. We simply utilized existing channels to distribute information.”

—Cyndy Nehr, HFACO communications coordinator

DIRECT COMMUNICATION FROM THE ACO TO BENEFICIARIES

HFACO anticipated that some beneficiaries would be confused when first notified of their alignment with the ACO in January 2016. To address beneficiaries' confusion and increase engagement in the ACO, HFACO's strategy included (1) a telephone help line, (2) a regular newsletter on ACO activities, and (3) a website with ACO information for beneficiaries.

HFACO launched the telephone help line to respond to beneficiaries' concerns in real time. Help line staff were trained to respond to callers' questions and concerns in a calm, reassuring tone and to use active listening to personalize their answers. Help line staff also responded to inquiries sent to the ACO email account. To support help line staff, HFACO created a guidance document with basic information about the ACO and responses to questions that beneficiaries ask most often (see Figure 3 for an excerpt from the guidance document). Help line staff met regularly to discuss new insights from recent calls with beneficiaries and to update the guidance documents.

Figure 2

Excerpt from HFACO “Key Messages” document to support provider and staff conversations with beneficiaries

Key Message #1: HFHS is in its second of its three-year agreement with Medicare to administer the Next Generation Accountable Care Organization model with the beneficiary pool topping 25,600 for 2017, an increase from the 21,000 Traditional Medicare patients/beneficiaries participating in 2016.

- All work within the HFACO focuses on physicians evaluating each and every medical decision—using clinically proven best practices to eliminate wasteful or redundant practices or testing – resulting in better patient outcomes and lower cost of care. Examples include reducing emergency room visits and avoidable hospitalizations/observations, and eliminating redundant testing.
- The HFACO's work is important because it reflects a significant trend in health care, focusing on providing value-based services instead of the commonly practiced fee-for-service model usually associated with Medicare. HFHS's Population Health team is a key component to the oversight and services provided, along with the creation/evaluation of programs to help achieve success for HFACO beneficiaries and all of HFHS.
- After the third year of participation with Medicare in this Next Generation model, HFHS has the option to participate two additional years.

Figure 3

Excerpt from HFACO’s guidance document to support telephone help line staff

Background

This is Henry Ford Health System’s second year in Medicare’s Next Generation ACO.

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 HFACO 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 fewer duplication of services (such as x-rays, CT scans, etc.)
- The goal of the HFACO is to take even better care of our patients, offer more programs and services to them, improve their experience and LOWER THEIR COST OF CARE.

How did you get in the Henry Ford ACO?

- Medicare used your medical records from July 2015-June 2016 and saw that your physician during that time period is in our HFACO. Because of this, you were welcomed into the HFACO as a beneficiary.

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

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

Finally, HFACO developed and still maintains a public website about the ACO. Visitors can access the site through the main HFHS website or through its web address: www.henryfordaco.com. The site includes previous beneficiary newsletters, health and wellness resources, and the number for the HFACO telephone help line and the email address that beneficiaries can use to request additional information.

Through a biannual newsletter mailed to ACO beneficiaries, HFACO proactively engages beneficiaries by describing new benefits and providing general wellness tips, such as the importance of staying hydrated in the summer and measuring blood pressure correctly. Newsletters include messages from ACO executives, instructions on how to sign up for the patient portal, and answers to FAQs. Figure 4 includes examples of the newsletter content.

RESULTS

HFACO’s data on reactions to the engagement effort suggest a positive impact on the beneficiaries’ understanding of, and comfort with, the ACO concept. In the first two months of 2016, the help line received 232 calls from beneficiaries confused about their alignment to an ACO and concerned that it would have a negative impact on their care. Multiple beneficiaries asked to leave the ACO.

After fully implementing the beneficiary engagement strategy, HFACO received only 89 calls from beneficiaries in January and February 2017. Though callers continued to inquire about the expected impact of the ACO on their care, their questions indicated less anxiety about the ACO concept and more receptivity to the idea of participating. The HFACO team attributed the reduced call volume and the change in tone to an increased awareness of the ACO from discussions with providers and staff, and from the beneficiary newsletter.

“When beneficiaries first hear about the ACO, it can cause them to think that everything has changed—that their care will change, that the cost will increase—and they get very agitated. Our goal was to keep them calm and to emphasize the benefits of this program.”

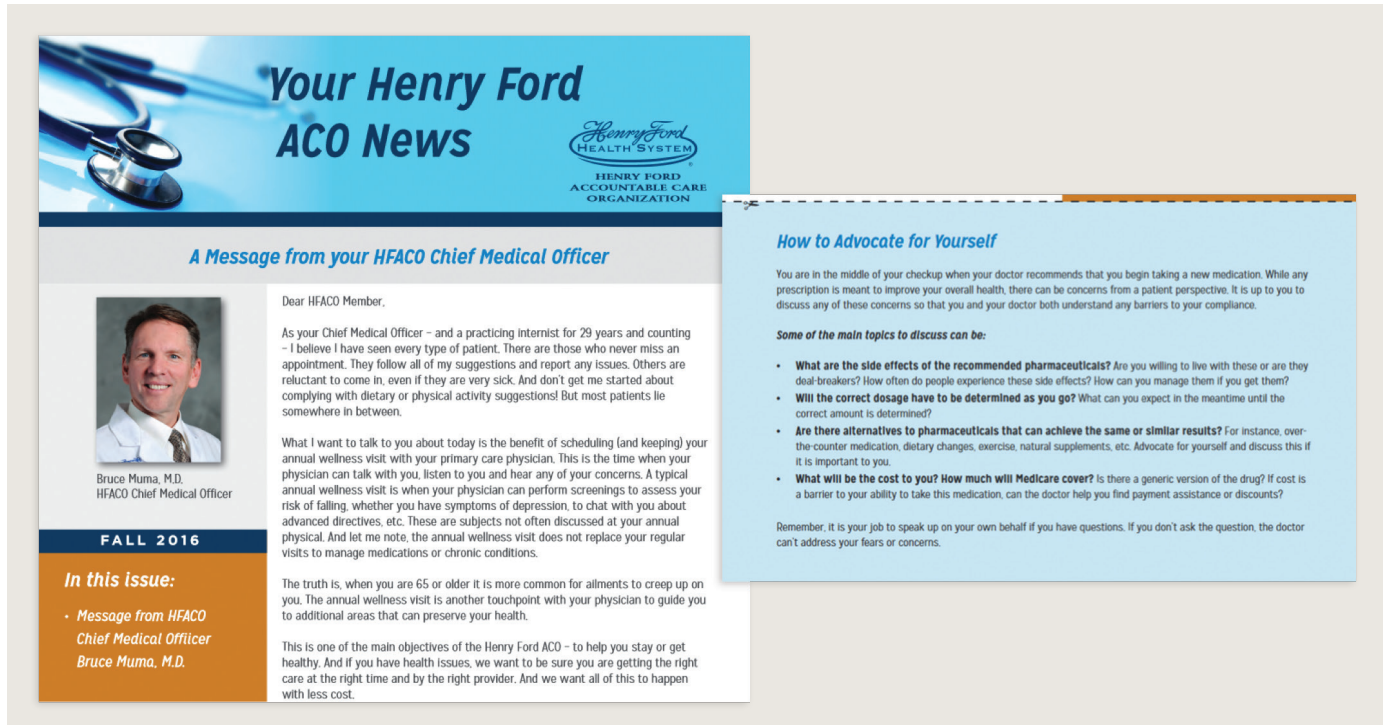
—Melissa Kurtz, director of business operations, HFACO

LESSONS LEARNED AND NEXT STEPS

Reflecting on its experience with the beneficiary engagement strategy, HFACO emphasized the importance of developing a detailed communications plan before launching an ACO and adjusting the plan based on feedback from beneficiaries, providers, and frontline staff. For example, HFACO revised the schedule of the beneficiary newsletter from a quarterly to a biannual publication after beneficiaries indicated they received too many mailings from CMS, HFACO, and other health care entities.

HFACO has also found that repeating important messages increased the effectiveness of the beneficiary communication strategy. HFACO frequently repackages content for multiple communication channels, such as the FAQs, posters, and the intranet site. Although HFACO communications staff were initially concerned that the messaging might seem redundant, providers and staff expressed appreciation for multiple reminders and updates. Cyndy Nehr, the HFACO communications coordinator, noted that “It takes a number of times for people to remember things—you can never over-communicate a new aspect of a program, especially one that involves a patient population that is understandably cautious about any changes in the health care they receive.”

Figure 4
Sample HFACO beneficiary newsletter content



HFACO believes that engaged beneficiaries are critical to the organization's success. Moving forward, HFACO will continue to identify opportunities and strategies for enhancing educational materials and communications for beneficiaries. In particular, HFACO plans to consistently add and refresh ACO and wellness information to its website as a supplement to the beneficiary newsletters.

ABOUT THE ACO LEARNING SYSTEMS PROJECT

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For more information, contact the ACO Learning System at ACOLearningActivities@mathematica-mpr.com.