Meeting Overview

• Raise the Floor Initiative and Workgroup Selections
• Raise the Floor Initiative
  – Social Media Opportunities and Best Practices
  – Reporting Requirements
• DSRIP Timeline and HHSC Updates
• Upcoming meetings
• Discussion, Q&A
Learning Collaborative Requirements

• All RHPs must select one or more region-wide “raise the floor” initiatives in which all providers must participate

• All Providers must also participate in at least one Learning Collaborative Targeted Improvement Team (work group) project
  – Improve Access to Care
  – Improve patient engagement and responsibility through health education and care coordination activities
Raise the Floor Initiative

• All Providers were instructed to complete Raise the Floor preference form

• Top 2 options selected:
  – Increase use of social media to communicate health information to patients/clients
  – Organize and host community wide/regional health fair to promote DSRIP improvement activities

• Social Media option – June 2014 – June 2015

• Health Fair option – July 2015 – Sept 2016
LC Workgroup Selections

• All Providers also were instructed to select work group improvement measure for:
  – Improve patient engagement and responsibility
  – Improve access to care

• Decisions still needed from eight providers
  – Third notices sent this week

• Selections needed by FRIDAY, June 1st at the latest
Raise the Floor Initiative

• Participation by all Providers is mandatory
• Simple improvements that all providers can do to improve performance
• Providers work towards individual improvements based on where they are
• Providers will work together to provide technical assistance, identify opportunities for improvement, and share challenges and successes
Getting Started with Social Media

• All Providers are required to engage in one or more activities
• May be simple “First Steps” or more advanced activities, depending on the needs and capabilities of your organizations
• Take advantage of the many resources available to help you decide where to start, how to manage and oversee activities, track progress
Report: Tapping into Social Media

• Price Waterhouse Cooper (PwC)’s Health Research Institute consumer survey of adults collected information on use of social media for health care information
  – Approximately one third of consumers use social media for health-related matters
  – Includes case studies and specific examples of how providers and health plans are using social media
  – Strategies for getting started, keeping it fresh and dealing with challenges
  – Using social media information and data to improve healthcare delivery and outcome

• PWC – Health Research Institute: Social media “likes” healthcare; From marketing to social business
  – Note: you will have to register to download this report, but it is free and quick.
Survey Respondents’ Quotes

• “When I was in the ER last night, I tweeted about the interminable wait. It seemed as though people who weren’t that sick got whisked in ahead of me! Guess what? Someone from the hospital heard me! They spotted my tweet and responded. And even sent someone to talk to me in person.”

• “Ever since I found out I had diabetes, I’ve posted monthly on Facebook about my struggles managing my blood sugar and energy level, and lots of people – some I don’t even know – have swapped healthy recipes, sent me tips on where to buy test strips, and even recommended doctors. Some even had links to You Tube videos. “

• “That’s what I love about social media. I can write what I want when I want, and send it to all my friends, groups and followers in an instant. And, all of them can send it to all of their friends, groups, and followers. It’s like my personal electronic megaphone.”
What are consumers looking at?

Consumer reviews top the list of health information viewed through social media

Figure 2: Percentage of consumers viewing health information through social media

- Health-related consumer reviews: 42%
- Friends’/family health experiences: 32%
- Other patients’ experiences with their disease: 29%
- Health-related videos/images posted by patients: 24%

n = 1,060

Breakdown of consumer review types:
- Medications or treatments: 12%
- Doctors: 11%
- Hospitals and other medical facilities: 10%
- Health insurers: 9%

*Consumer reviews of medications or treatments, hospitals and other medical facilities, doctors, health insurers

Source: PwC HRI Social Media Consumer Survey, 2012
What information do consumers share?

Individuals are more likely to share positive health-related experiences via social media than negative experiences

Figure 4: Likelihood of sharing positive and negative health experiences via social media*

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care received at hospital/medical facility</td>
<td>44%</td>
</tr>
<tr>
<td>Experience with medication/treatment</td>
<td>43%</td>
</tr>
<tr>
<td>Specific doctor, nurse, healthcare provider</td>
<td>42%</td>
</tr>
<tr>
<td>Health insurer customer service</td>
<td>40%</td>
</tr>
<tr>
<td>Cost of insurance</td>
<td>37%</td>
</tr>
<tr>
<td>Coverage by health insurer</td>
<td>36%</td>
</tr>
<tr>
<td>Cost of care at a hospital/healthcare provider</td>
<td>36%</td>
</tr>
</tbody>
</table>

*Consumers responding likely or very likely to share an experience using social media

Source: PwC HRI Social Media Consumer Survey, 2012

PwC Health Research Institute – Social media “likes” healthcare Chart Pack
How does social media change consumer expectations?

*Social media raises expectations around response time*

Figure 6: Expectations for how quickly a healthcare company should respond when contacted through social media

<table>
<thead>
<tr>
<th>Request an appointment or follow up</th>
<th>Request information</th>
<th>Post a complaint about a service, product, or experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>49%</td>
<td>66%</td>
</tr>
<tr>
<td>23%</td>
<td>42%</td>
<td>70%</td>
</tr>
<tr>
<td>76%</td>
<td>70%</td>
<td>66%</td>
</tr>
</tbody>
</table>

n = 1,060

Within 1 hour  Within a few hours  Within a day or less

Source: PwC HRI Social Media Consumer Survey, 2012
Social media influences decisions to seek care

45% of consumers said information found via social media would affect their decision to seek a second opinion

Figure 7: Likelihood of information found via social media affecting health decisions

- Seeking second opinion from another doctor: 45%
- Coping with chronic condition or pain: 42%
- Approach to diet, exercise, or stress management: 42%
- Choosing specific hospital/medical facility: 41%
- Choosing specific doctor: 41%
- Taking certain medication: 34%
- Undergoing specific procedure or test: 33%
- Choosing health insurance plan: 32%

n = 1,000

Source: PwC HRI Social Media Consumer Survey, 2012
Value of services offered through social media

Consumers value information and services that make their healthcare easier to manage.

**Figure 8:** Percentage of respondents finding value in services offered by healthcare providers via social media

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of doctor appointments</td>
<td>72%</td>
</tr>
<tr>
<td>Appointment reminders</td>
<td>71%</td>
</tr>
<tr>
<td>Referral to specialists</td>
<td>70%</td>
</tr>
<tr>
<td>Discounts or coupons for services</td>
<td>69%</td>
</tr>
<tr>
<td>Continued support post-treatment/discharge</td>
<td>69%</td>
</tr>
<tr>
<td>Voice complaints/seek customer service</td>
<td>68%</td>
</tr>
<tr>
<td>Patient reviews of doctors</td>
<td>68%</td>
</tr>
<tr>
<td>Treatment reminders</td>
<td>68%</td>
</tr>
<tr>
<td>Current ER wait times</td>
<td>65%</td>
</tr>
</tbody>
</table>

**Figure 9:** Percentage of respondents finding value in services offered by health insurers and drug companies via social media

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discounts or coupons</td>
<td>68%</td>
</tr>
<tr>
<td>Voice complaints/seek customer service</td>
<td>65%</td>
</tr>
<tr>
<td>Appointment reminders</td>
<td>58%</td>
</tr>
<tr>
<td>Information to find cheapest medication</td>
<td>65%</td>
</tr>
<tr>
<td>Treatment reminders</td>
<td>60%</td>
</tr>
<tr>
<td>Support groups for similar patients</td>
<td>56%</td>
</tr>
<tr>
<td>Share positive experiences with other patients</td>
<td>53%</td>
</tr>
<tr>
<td>Games/contests encouraging healthy behavior</td>
<td>42%</td>
</tr>
</tbody>
</table>

Source: PwC HRI Social Media Consumer Survey, 2012

PwC Health Research Institute – Social media “likes” healthcare Chart Pack
Consumer concerns re. social media

Consumers are most concerned about the privacy and security of sharing health information via social media

Figure 14: Consumer concerns of sharing health information through social media

- Personal health information being shared in public: 63%
- Information being hacked or leaked: 57%
- Making a decision based on incorrect information: 52%
- Health insurance coverage being impacted due to information shared: 41%
- None of these: 20%
- Other: 2%

n = 1,060

Source: PwC HRI Social Media Consumer Survey, 2012
Organizational concerns

Organizations are most concerned about integrating social media data and measuring its effectiveness

Figure 15: Top concerns for organizations related to social media in descending order from top concerns to least concerns

1. Integrating social media data/analytics into your organization
2. Measuring the effectiveness/linking to ROI
3. Educating staff on how to effectively use social media
4. Keeping up with the pace of technology change
5. Responding to information identified via social media
6. Sharing of patient identifiable information/HIPAA violations
7. Identifying qualified staff to work on social media
8. Decreased staff productivity

Source: PwC e-Health Initiative Survey, 2011
PwC Health Research Institute — Social media “likes” healthcare Chart Pack
Additional Findings

• Age is the most influential factor in who engages in social media
  – Age 18-24: More than 80% likely to share health information, 90% would engage in health activities or trust information
  – Age 45-64: Only 45% likely to share information; 56% likely to engage in health activities

• Respondents are most likely to trust information from providers (doctors, hospitals) over health insurance or drug companies

• Consumers are willing to have their conversations monitored if they get something in return (such as identifying ways to improve their health or better coordinate care)
CDC Social Media Toolkit

- Provides an introduction and step-by-step guidance for building and implementing a media strategy
- Includes a discussion of 12 different types of tools and how to use them effectively
- Social media strategy worksheet to help develop your organizational plan
- Social media Evaluation Worksheet to track progress
- The Health Communicator’s Social Media Toolkit, published by Centers for Disease Control and Prevention – Office of the Associate Director for Communication
CDC: Top Lessons Learned from Using Social Media

- Make strategic choices and understand the required level of effort to maintain
- Go where the people are, particularly the people you are targeting
- Adopt low-risk tools first, especially when encountering internal resistance
- Messages should be accurate, consistent and science-based
- Create portable content (mobile applications, videos) that can be easily shared
CDC: Top Lessons Learned from Using Social Media

- Facilitate viral information sharing through use of social media sites (Facebook, YouTube) to encourage sharing
- Encourage participation – use two-way conversations to foster meaningful communication and develop relationships
- Provide multiple formats to increase accessibility, reinforce messages
- Consider mobile technologies (text messaging, mobile websites and applications), which are used by more than 90% of adults
- Set realistic goals; social media may not meet all of your communication goals or address all needs
- Learn from metrics and evaluate your efforts to understand the success of specific promotions and outreach efforts
Program Examples

• Examples of innovative social media programs used by health plans
Moms on a Mission Promotion

Goal: To raise awareness of Blue Shield’s commitment to healthy lifestyles by engaging mom influencers to participate in health-related events
Moms on a Mission Promotion

Advocacy: 78% of members said they were likely to tell others about Blue’s Shield’s support of their community!

Perception: 51% of members said their opinion of Blue Shield changed because of this sponsorship.

Engagement: 72% of user-generated content on Facebook was from Meet-up moms during the campaign.

- 26,151 participants met face to face at
- 3,750+ Blue Shield sponsored Meet-up events
- 29 group contest entries, 1,146 votes

Thank you Blue Shield for supporting our group.
OC Mommies took our kids to the local fire station to learn about fire safety and emergency planning!
Where You’ll Find Us
Our Healthy Life Challenge

- **Mission:** To improve the health of the people in the communities we serve

- PacificSource committed **$4 million** towards wellness and prevention research and healthy campus initiatives at the University of Oregon and Oregon State University

- Focuses on these modifiable risk factors:
  - Physical Activity
  - Healthy Eating
  - Stress Management
  - Tobacco Cessation
Healthy Life Challenge

Healthy Life Challenge website changes to focus on the challenge that is happening right now. Groups who are doing the challenge can use our website, their own website/blog, whatever they prefer.

Healthy Life Challenge “Civil War” happened mostly on the Facebook page; allowing the competitors to taunt each other good naturedly.

Update: Ducks: 874. Beavers: 708. Time to get your game face on Beavers and start pledging!
Our Healthy Life Challenge

• Results of Civil War Healthy Life challenge

  ➢ Over 2,500 students/others signed pledges to either stop smoking, add more fruits and vegetables, add 20 minutes of activity each day, or focus on stress management.

  ➢ University of Oregon committed to become a tobacco-free campus in 2012.

  ➢ 600 staff from the competing school districts in the latest challenge ate almost 10,000 fruits and vegetables in the first week, replacing 3,000 unhealthy snacks.

  ➢ Almost 40% of the teachers and staff are participating.
Case Study – MobileNurse

MobileNurse
Category: Healthcare & Fitness
Size: 0.8 MB
Language: English
Seller: Physicians Plus Insurance
© 2011 Self Care Decisions, LLC
Results

✓ Significant growth in Facebook Likes and YouTube Views

✓ More than 3,500 downloads of the App

✓ When combined with other media helped to reduce ER use by more than 20% in targeted locations
RHP Tracking and Reporting Goals and Activities

• Plan – Do – Study – Act selected as methodology for tracking progress
• Quarterly reports due prior to each Learning Collaborative meeting
• Every provider must complete quarterly reports, which will be compiled and submitted to HHSC/CMS as part of the region’s annual report
Reporting Requirements

Template requirements:

– Identification of Quarterly Goal/Goals
– Plan for Implementation
– Activities initiated/accomplished towards reaching goal
– Review of successes, challenges, need for improvement
– Actions/next steps for improving and/or expanding implementation activities
DSRIP Updates

- April 1st: Mid-point of waiver
- May: all of RHP4’s 3 year projects were approved, but may be some technical issues of a few; HHSC will notify anchors end of May (target)
- Early June: HHSC approves April reports or requests additional information
- By June 6: Updates on BH projects due to Meadows Foundation (affects only selected RHP 4 providers)
- June: HHSC will notify IGT entities of the IGT requirements for DSRIP payments and monitoring
- July 1, 2014: Category 3 review completed
- July 9, 2014: Estimated IGT due date for approved April milestone metric achievement and DY3 monitoring
- TBD: Full RHP plan submission to HHSC (July or later)
DSRIP Updates, continued

- Mid-July: Providers supply additional information if necessary following April reporting
- July 31, 2014: Estimated payment date for April reporting
- Mid-August 2014: HHSC reviews and approves or disapproves additional information submitted following April reporting
- September 9-10: Dates for annual statewide learning collaborative in Austin; additional information coming soon from HHSC
- September 30, 2015: HHSC must submit DSRIP waiver renewal request to CMS to extend the waiver
- January 2015: Estimated payment date for Anchor administrative costs
Additional Notes from HHSC

• After July, DY4-5 plan modification opportunities will be allowed during the midpoint assessment only if initiated by HHSC or compliance monitor. Also limited opportunities to modify plan during DY4 for DY5, but only for 3 year projects and Cat 3.

• PFM protocol modifications are nearly completed. Note that CMS added several new requirements for data validity and accuracy, and about posting the most recent RHP plans and plan modification requests on the RHP website.

• At RHP6 learning collaborative, Lisa Kirsch announced HHSC will be seeking a waiver extension, which would be effective October 2016 if approved by CMS. They do not anticipate the addition of any new projects under the extension.
Coming Up!

• **Wednesday, June 4 – Workgroup Webinars**
  – 10:00 to 11:00 - Access to Care webinar
  – 2:00 to 3:00 - Improving Patient Engagement webinar

  **Participation is mandatory for the workgroup you selected!**

• **Thursday, June 26 – Regional In-Person Learning Collaborative**
  – 9:00 AM to 3:00 PM (lunch will be provided)
  – Location: Region 2 Education Service Center, Room 3-11
    209 N. Water St., Corpus Christi

  **Participation is Mandatory for all RHP 4 Providers!**
Questions and Contact Info

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