

VIDEO TRANSCRIPT

A Collaborative Approach to Consumer Engagement in North Carolina (Part 1)

Lauren Lowery, Network Development Manager, North Carolina Community Health Centers Association (00:07):

Historically, in North Carolina, when we are making health policy, the patient is always at the center of the conversations that we're having, but they're not the ones driving the conversations. So when we're implementing these policies, they don't always align with the patient needs and then we're not getting the outcomes we want.

Ann Rodriguez, Executive Director, i2i Center for Integrative Health (00:24):

North Carolina is making a huge policy shift from fee-for-service Medicaid to managed care Medicaid. And a very central role in that is care management, but it's a new role and it hasn't been defined before.

Ann Rodriguez (00:41):

The i2i Center for Integrative Health and the North Carolina Community Health Centers Association, joined forces and created a replicable model for consumers, family members, and professionals to share in policy deliberation around the state's uniquely developing Medicaid care management program.

Peggy Terhune, Executive Director, Monarch (00:59):

I love that phrase, "nothing about us, without us." I think too often professionals think that they know what's best and they try to create a treatment plan and do things that they think need to happen. And they don't understand the concept that you have to pay attention to what people want.

Kelly Crosbie, North Carolina Medicaid Chief Quality Officer (01:16):

I care what consumers of healthcare experience and how we can make it better for them, but it can be really challenging to get members engaged and to create the right environment where they feel engaged.

Lauren Lowery (01:26):

It just made sense that if we see an opportunity to impact policy change in North Carolina for Medicaid, that we should involve patients and consumers and families with those lived experiences upfront, instead of waiting till something goes wrong and then deciding, "Okay, well, how do we fix a problem?"

Ann Rodriguez (01:43):

We started thinking through how do we level the table? And actually the way that we did it was by having more consumers and family members and advocates at the table than we did providers.

Mary Hooper, Consultant and former Executive Director, i2i (01:56):

Our job was to create the atmosphere and the environment, and then to take a step back and say, "Now, this is what we're supposed to do. Now, what do you want to do? And how do you want to get there?"

Damie Jackson-Diop, Collaborative member (02:10):

One of the things that was very, very important to me is my interest in addressing issues around racial disparities. And the fact that I was sitting there and I mentioned racial equity, disparities, I really felt like I was heard and they also knew it was part of the priorities there.

Lauren Lowery (02:27):

One of our big goals in healthcare is health equity and accessibility for patients. At the end of the day, you can't reach that unless you're involving them in these discussions.

Damie Jackson-Diop (02:39):

I didn't feel like we were being led to say what they needed us to say. It was really organic. And coming to the call made me feel like I have purpose and that if you've ever been a person that experienced depression or experienced trauma, trying to make those connections to your purpose every day is so important.

Michael Owen, Collaborative member (03:01):

From my point of view, it had a different feel to it. That different feel was reflected in the fact that unlike some more projects, I could say something, make a suggestion, or have an idea in the context of this project. And when the notes came back, I could see it reflected.

Karen Fray Obas, Collaborative member (03:18):

I started to feel comfortable sharing. And I just got more comfortable because I realized I was talking to people who were going through the same things I was. My son needs to not have to deal with the system that I had to deal with. And I need to be brave enough to say what the system was that I had to deal with. And being a part of this collaborative made me that brave.

Lauren Lowery (03:44):

Coming from, as a healthcare professional you're just so used to hearing what people don't like, what doesn't work. So that was my assumption that we were going to be hearing a lot of that, but not the constructive feedback on how to make it better. But it was the complete opposite experience. They had - it wasn't just, this isn't what works well for us, but this is what we think would be really great.

Ann Rodriguez (04:02):

They have fresh ideas that they bring to it. And they're not really thinking about historical ways that you've done things. They're just thinking about what they think would really work best for them. So that excites everybody else and inspires them. At least in our collaborative, that's what it did.

Mary Hooper (04:22):

So one of the things I was surprised by is what we did want wind up accomplishing and how that happened and at a certain point how comfortable it was. Not in the beginning, but at a certain point, it became comfortable.

Karen Fray Obas (04:36):

This collaborative built connections and trust, and it built trust in somebody who didn't trust the system and had 20 years worth of experience in not trusting it.

Michael Owen (04:48):

The basic idea of this project was very, very simple, but simple does not mean easy.

Damie Jackson-Diop (04:56):

But through that whole process, we all learned the value in the project at the value of hearing about all of our lived experiences, which from that came the recommendations that will hopefully lead to systems transformation in the context of Medicaid change.

Mary Hooper (05:14):

A lot of what gets developed in policy is based on business practices and state requirements. Where the value is may not be in the same place as where consumers are coming from and family members are coming from. But if you can figure out how to take what folks are talking about as their needs and find a way to blend that or braid it with the needs of the state, the needs of businesses, I think then you have an opportunity.

Kelly Crosbie (05:41):

How can Medicaid replicate this process that this committee used? So we're getting more meaningful feedback from our members, and then it's absolutely incumbent on us to act upon the feedback that we are getting to build much better programs.