Communications Work Group
RI Healthcare Reform Commission
Friday June 8, 2012 – 9:00am
RI-EDC – Narragansett Room

Attendees: Kim Reingold, Meagan Hall, Meg Ivatts, Diana Beaton, Linda Katz, Vivian Weismann, Joyce Dolbec, Tara Townsend, Jeff Hoffman, Maria Tocco, Stacy Paterno, Amanda Barney, Jennifer Wood, Emily Vyse

I. Call to Order – Maria Tocco called the meeting to order at 9:00am and welcomed our members, asking each to go around the room and introduce themselves.

II. CVS Caremark Research on Consumer Awareness –Jeff Hoffman [Senior Director of Health Care Strategy for CVS Caremark]
   a. Jeff Hoffman: I work in strategic issues at CVS Caremark, particularly Health Care Strategy. There is a press release from CVS Caremark on today's topic available upon request. Mr. Hoffman introduced a bit about what CVS Caremark is and what they do around the country. In the past year they have looked at health care implementation and realized that health care is becoming increasingly consumer oriented. Exchanges and growth of the individual segment in particular create a new set of market dynamics. CVS has an understanding of consumer behavior through their various touch points and as it strives to help people on their path to better it is important to grasp the latest issues facing consumers. Exploratory consumer research was conducted during Quarter 4 of 2011 to understand a range on perspectives. The research was qualitative and quantitative, doing so replicated as best as possible a sample of people who would be exchange eligible.
   b. Mr. Hoffman continued speaking generally about results – consumers have positive feelings about expanding access to health insurance (non politically framed questions). Some key take away points were: 78% had never heard the term health insurance exchange, 60% need help understanding healthcare insurance terms and descriptions, 68% believe the pharmacist is a healthcare professional and 59% of those who need considerable help would be comfortable discussing their health insurance options with their pharmacist. 63% would take advantage of information on insurance exchanges if it was provided at a retail store.
   c. Of the 78% who had never heard or had knowledge of health insurance exchanges, once explained what the exchanges are there was generally positive feedback and enthusiasm. The interplay of exchanges being set up by the government while offering private products from insurers was confusing to many.
   d. When asked who would be <u>most</u> credible when talking to and learning about exchanges – 36% said physician, 9% said pharmacist, 8% nurse practitioner, 27% insurance agent or broker, 17% insurance company rep.
   e. Individuals who need considerable help are more likely to look to pharmacists for support.
      i. Linda Katz: What was the question asked – will you need help choosing a health insurance plan?
         1. Jeff Hoffman: When the exchanges go into effect, where would you go to enroll […]?

2. Linda Katz: And they understood that enrolling in the exchange meant obtaining health insurance?
3. Jeff Hoffman: Yes.

ii. Vivian Weismann: To those who expressed that they were skeptical about the government being involved, was there a follow up question asked about Medicare, as traditionally when individuals are reminded about how Medicare runs well, their comfort levels rise.
    1. Jeff Hoffman: The level of depth for the groups that we spoke with was not that high. Although we need not go that deep, you certainly raise an important point.

f. CVS Caremark sees a role for itself in addressing US Access-Quality-Cost Dilemma in health care. CVS Caremark partners with Enroll America to work to ensure all Americans get enrolled and stay enrolled in health coverage.

g. In sum, there are a lot of education opportunities for the next 18 month, with many individuals recognizing that they need help and looking for support across a wide range of individuals and resources. Educational efforts and decision support will be most successful in assisting consumers if they utilize trustworthy professionals to provide individualized support in a private professional environment.

i. Meg Ivatts: Do you have any plans at this time to ramp up education or a new model in the pharmacies?
    1. Jeff Hoffman: It is a good question, one we have not had to answer just yet. Back in 2005 and 2006 during the roll out of Medicare Part D we did have "Medicare Tuesdays," in which we had laptops set up with specialists available for consumers to sit and discuss options. Now we're trying to figure out: "Does health insurance have the same applicability for our population as a prescription drug plan did?" Also given the increased prevalence of smart phones and mobile commuting is there as much of a need for these stations? We will do something, but at this stage unclear how robust of an effort is needed and useful.

ii. Linda Katz: It sounds like CVS has done great work with the Medicare Part D. Has CVS been enrolled in any way, in states, in finding families who may be enrolling in Medicaid? There will be some population overlap, and also a likely age trend.
    1. Jeff Hoffman: When a "cash-pay" customer (i.e. uninsured) shows up in the pharmacy we do not ask them, "Are you eligible for insurance? Are you enrolling?" Not in our retail pharmacies, at least. There is enrollment in EMR at our minute clinics, which do inquire if an individual has a primacy care physician. And when they state they do not, we have a list of local PCPs for them. As to specifically if they are eligible for Medicaid, not at this time, as far as I am aware.
    2. Linda Katz: No, that's great, I am just trying to think about a potential, perhaps a partnership, and was trying to see if there was any history of partnership with community groups to enroll similar populations.

iii. Joyce Dolbec: At CVS, Walgreens, and Wal-Mart in Northern RI they did have a YWCA table on certain days and they allow us to bring in information for everyone and that has worked well in the past.

iv. Jennifer Wood: One of the "aha" moments from your discussion was this notion that of course your pharmacy counter knows when someone is

uninsured. And even though it is a small traffic moment, if there is place where we can have at least brochures or info at that check out point, it would be a great place to put ideas in their heads as well.

v. Stacy Paterno: I would imagine that you see more uninsured individuals in the minute clinics…would there be a similar opportunity there?
    1. Jeff Hoffman: There is a detection ability in both places for sure, and there is an opportunity to engage and communicate.

vi. Megan Hall: Moving forward if we want to explore some of these ideas such as putting brochures at pharmacy counters etc., who would we work with at CVS Caremark?
    1. Jeff Hoffman: Helena Foulkes or myself would be your communication points to start the ball rolling on determining if this is a good program.

vii. Jennifer Wood: In terms of the decision structure within CVS, in much the same way that you helped with enrollment in Medicare, in the exchange is it a state-by-state decision to have programs like that, or does it need to be national?
    1. Jeff Hoffman: Absolutely, we do look at our states' needs. Where there is the right level of interest based on consumers or partners I think we can factor that in as well. Our internal folks, with just operational issues, as there is a business being run, thus we make sure it is operationally sensitive. But given it [Rhode Island]is landmark territory for the country and we want to help our clients move forward, we are taking all things into consideration. We are available, while we cannot be an unconstrained resource, we want to help in facilitating the right discussions. If you can say, "here are the things we need," we might have more to go on and can be more specific from there.

III. Update on the RI Healthcare Reform Commission (JW)

a. We are working on scheduling the summer meeting of the healthcare commission as a whole, hoping to have someone come forward from DC to speak to the group, so that is where we are. Now as we have a lot going on the exchange side, we are also kicking off on support around access to coverage and the exchange, etc.

IV. Community Partner Updates

a. Meg Ivatts – Consumer Support Project. Slides available upon request.

i. Consumer Support has developed guiding principles from various discussions and with federal requirements in mind. "As Is" assessment results discussed.

ii. Linda Katz: Are the bubbles on the "Consumer support in RI today" slide support groups to your agency?
    1. Meg Ivatts: They are places that already provide assistance and continue to work towards educating the public and are a place that can support consumers at various stages.

iii. Vivian Weisman: Behavioral health entities that are using sliding scales – that will be another place for intervention.
    1. Meg Ivatts: Do you mean the health centers?
    2. Vivian Weisman: The psych center at URI, the community mental health centers etc., places where folks are paying small amounts, may not have insurance, and then can develop from there.

iv. Meg Ivatts: Using assessment data to inform decisions to create a 21st century consumer support experience while leverage existing state and community resources.

b. Linda Katz – Update from Health Coverage Project: Economic Progress Institute and KIDSCOUNT hosted one of our twice a year workshops. One two weeks ago, attended by 200 people, doing an overview on the basic of healthcare reform, and also had panels to do discussions and question/answer sessions. Then we facilitated a discussion about the Navigator program, did some work on consumer assistance pieces in RI, then had people talk about the Navigator program and what other states are considering for their Navigator program. Looked to the Maryland program for example and posed another model, the SHIP program. People had a lot of different ideas and a good discussion. We are writing up the responses and will happily share with the group. We are working on a new e-newsletter, on various topics on ACA, etc.

   i. Vivian Weismann: Has there been any thought on coordinating with the efforts to enroll folks in current*care*? Where people's health care information will be, there is enrollment happening there and that is going to ramp up?

   ii. Jennifer Wood: We had a meeting with the folks at the Quality Institute relative to this topic. There are a lot of constraints around that discussion, as there is high vigilance that the Information Exchange not share data with other places for privacy reasons. There is recognition that there is overlap there, but we are being cautious not to extend beyond healthy boundaries until it is better understood. We do see we can try to push folks in on initial point enrollment – moving forward slowly but surely.

   iii. Stacy Paterno: There are a lot of issues between trust with insurance and information as well as securing your health information. So from early on there was a very intentional push to kind of step away from the insurance side of one's life in currentcare.

   iv. Vivian Weismann: Right, cannot be integrated, but feel that at the moment that one has the attention for one, perhaps consider find a way for other.

   v. Megan Hall: Even if we cannot totally coordinate we can at least work with what current*care* has learned in its enrollment ways.

c. MT: Ocean State Action could not be here, but did send word that their group has received some money to work on communicating around health reform and they will be updating us as that develops.

d. MT: Messaging & The Triple Aim – Perhaps work on beginning messaging with the idea of a "Culture of Coverage." Would just like stakeholders to start thinking about this concept and provide feedback on this point. Hope to talk more about that as we develop messaging around the exchange and other points of reform.

   i. Diana Beaton: I think this is great, it is a positive message and can be moved forward.

V. Public Comment – no additional comment put forward at this time.

VI. Adjourn