

## **DRAFT: Commission's Priorities**

### **[10/25/16 meeting]**

#### ***Stephen Brunero, RIPIN***

- Establish a Consumer Advisory Body that is person-centered, culturally and linguistically appropriate, disability-sensitive, and addresses the care and delivery of services through informed decision making and advocacy.
- Current consumer bodies should be better supported by providing adequate funding and representative recruitment from all consumers having difficulty navigating systems of care and addressing logistical challenges. Training and accessibility are important, and tools must be set to monitor and evaluate the success of the programs.
- Establish a loop for reliable feedback so that consumers, caregivers, and health delivery systems are all speaking to each other.
- Improve integration of peer navigators

#### ***Walter Burke, Bristol Parks & Recreation***

- Need health literacy curriculum in schools and for healthcare workers. Communication with academia needs to change and include reflective listening. Doctors should understand cultures, communities, and be person-focused
- RI Department of Health should engage differently in their health outreach, and find unique, integrated people in the community who can educate others and share information

#### ***Amanda Barney, HARI***

- Purchasing of health plans – consumers need more information and a better understanding of the financial liabilities
- Advanced directives and living wills
- Medication management

#### ***Mary Parella, RIDE***

- Integration of adult programs with health literacy
- Community schools model; peer navigators and people that can help with healthcare access
- Coordination of care
- Incorporate adolescent healthcare into school settings

#### ***Meghan Connelly, RIDEA***

- Medical providers, Department of Health, and insurers must address cognitive and hearing challenges faced by older populations
- Address challenges older adults face with technology
- Including caregivers in health information

#### ***Ruth Feder, Mental Health Association of RI***

- Behavioral Health (priority)
- Public System--often difficult to navigate, limited outpatient resources--needs to be more user friendly to access
- Private system--Frequent lack of understanding of implications for mental health needs when choosing a plan. Also lack of understanding of rights under health insurance coverage.

- In both public and private system, health literacy can diminish as mental illness emerges or is exacerbated
- To prevent, recognize and manage a mental illness requires education for family members, patients, employers and the media in order to reduce the stigma and myths surrounding mental illness. The continued stigma acts as a huge barrier to treatment.

***John Garrett, OHIC***

- Common definitions across board such as benefits, charges, reasonable and customary, formulary etc.
- With the increase of consumer driven plans there is the need for consumers to understand their financial responsibilities and access care. How does my deductible apply? What is my coinsurance and out of pocket maximum? What does my explanation of benefits mean? How do I access the provider I want in a restricted network and what are my consequences?
- Incorporating healthcare literacy into educational curricula; education requirements for providers related to health literacy
- Create standards practice that incorporate health literacy into all information disseminated and services delivered
- Make health care literacy a part of employer health and wellness programs.

***Gail Mance Rios, Office of Postsecondary Commissioner***

- Higher education perspective:
  - Community health worker certificate – will provide training to individuals in the community
  - Nursing education center – information obtained in this commission could help with best practices
  - Workforce perspective (CCRI conference)

***Meg Ivatts, Health Source RI***

- Assistance with purchasing of insurance is important; support people and make the decision simpler for consumers
- Teach people how to use their plans more effectively and efficiently
- Assist individuals through the call center, in person channels, and website

***Angela Lemire, RIDOH***

- Use the Department of Health strategic plan to improve health literacy
- Use the 10 health equity zones to help identify champions within communities
- Integrate health literacy into all aspects of the State Innovation Model (SIM)
- Focus on patient empowerment
- Increase data capacity and expertise

***Tarah Provencal, EOHHS***

- Creating common health care language around the health care system structure, coverage, and medical guidance from providers in order to reduce barriers for the community to access and utilize what the system has to offer:
  - Provide guidance on creating a health literacy curriculum for schools – starting in high school;
  - Provide adult programs within provider offices to educate patients on the health care system, coverage, and treatment plans (using common health care definitions) – this can be done even

by providing handouts that a physician can walk patients through and steer them towards key points that may be helpful for the patient to understand; and

- Creating specific programs to educate those suffering from mental illness – their needs and access are different from those on the medical side and this should be handled in a different way; this would require a more hands on program to help them really understand coverage, system barriers, and access. Having a better understanding of our health care system provides patients the opportunity to make educated decisions about preventative initiatives, treatment plans and follow through, and access to coverage.