



How are patients represented in governance?

Patient voice and choice is fundamental to DSRIP succeeding. Transformative change in Medicaid requires that patients insured through Medicaid have a meaningful voice at all levels and informed choices in their health care decisions. This voice starts with governance and finance at the state level and extends to PPSs and participating organizations.

Patient voice, i.e. representation on governance and finance, is needed to avoid paternalism, i.e. policies developed without any say by those affected, and also to ensure policies are workable and appropriate from the perspective of those directly affected. Most importantly, patient empowerment and the related notion of patient activation, starts with having voice where it matters most, governance and finance.

How will patients, i.e. consumers, be represented in governance? What specific steps are being taken to recruit and train patients to participate in meaningful ways in governance and finance? What steps are being taken to ensure that patient voices are heard from the inception of DRSIP and that patients have a meaningful voice at the table before policies are finalized?

By patients I mean those who are currently or formerly insured through Medicaid. Representation would presumably include not only demographic representation, e.g. age, sex, race, ethnicity, but representation across conditions.



Question by [Kevin Fiscella](#)

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On november 02, 2015 at 07:35 - 65 views, 1 reply, 1 follower

Patients consumer representation participation governance

Our PPS, Care Compass Network, has used a vendor to develop a panel including Medicaid beneficiaries to survey regarding various elements of our approach which will be active throughout the DSRIP demonstration years. While our panel consists of other stakeholders (for example, providers, the uninsured, etc.), we have the ability to select the beneficiary cohort to survey and gauge patient opinion on various subjects.

Furthermore, many of our project plans include soliciting feedback from Medicaid beneficiaries as a task so that the patient's voice is a consistent consideration throughout all PPS activities.

In the meantime, education is critical. As our plans begin to be operationalized and with the opt-out mailing having begun, patient awareness of DSRIP is increasing. Many discussions have been had here about the importance of ensuring our partners have the tools and knowledge to answer questions about DSRIP and the PPS for not only the sake of consistent messaging, but also so that beneficiaries can engage with the PPS in a meaningful way. We also provide our partners with cards with panel information on them to distribute so that the patients they have contact with can get involved.

Of course, it would be interesting to hear how other PPSs have engaged Medicaid beneficiaries to-date and their strategies for future efforts to include them in PPS processes.

By [Rachael Mott](#), 3 months ago

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