Greetings!

We all speak with different voices and from different perspectives - but do we really understand each other and communicate effectively?

I am often asked where I am from because of my accent. Of course, I don't think I have an accent - but everyone always says I have a 'Chicago accent and my children sound just like me.' When I travel to foreign countries on healthcare missions, I am reminded of the language challenges. Even in central Nigeria where most people speak English, they have a difficult time understanding me because of the dialect and our American usage of words. I recently started a community health assessment session in Nsukka, Nigeria with health professionals and said, let's start off with an 'ice breaker' - they looked extremely puzzled and actually had never heard the words 'ice breaker' let alone had never experienced an 'ice breaker.'

However, I was recently reminded by persons, patients, and families in the U.S. of how even speaking the same language - we are still not communicating effectively and understanding each other.

When we use the word 'opioids' it translates to the public as drugs that are highly addictive, dangerous, and increase the risk of death. Most of the public associate opioids with street drugs and not prescription drugs. When a clinician uses the words 'pain relievers' or 'pain killers' - most patients think their pain will go away, they do not think of them as opioids. However, to more effectively communicate what 'pain relief' prescription drugs are, many clinicians are now referring to them as 'opioid pain reliever' or 'opioid pain killer' and are explaining the usage and risks of 'opioid pain relievers.' Clinicians are finding that adding the word opioid in front of an 'opioid pain reliever' is providing the linkage and clarity that patients and families need in deciding upon pain relief. Additionally, as an alternative to 'opioid pain relievers,' many clinicians are offering and referring patients for alternative pain treatment approaches.

At a recent World MRSA Day conference I attended, there was discussion by a clinician on sepsis. While the majority of people in the audience were aware of MRSA, C-Diff, and other infections; hardly anyone associated an infection with sepsis. Their mouths were opened wide in surprise that sepsis is a potentially life-threatening complication of an infection. None of them associated sepsis with an infection, yet everyone had heard of sepsis. By linking infections and sepsis in public information, we can begin to raise the awareness of patients and families that if you had or think you have an infection and you are getting worse, seek immediate medical treatment - do not hesitate.

Transparency and clear and effective communication is key to improving health and
One of the ways we can quickly advance meaningful information to persons, patients, and families is to involve them as co-designers and co-producers. Rather than asking for a reaction to an already produced document or message; engage persons, patients, and families in the design and production process. Not only will you be more on target with messaging through their engagement at the onset, you will reduce unnecessary re-work.

With a focus on Person, Patient, and Family Engagement, we will highlight a few initiatives that support engagement in principles of co-design and co-production, including:

- Maryland's New "Wear the Cost" web site
- Developments with the Healthcare Payment LAN
- Still Time for Practices to Sign Up with TCPI
- National Association for Health Data Organizations (NAHDO)
- CDC Health Literacy Tools

"Say what you mean, and mean what you say" Quote attributed to many people

Maryland's New "Wear the Cost" Consumer Web Site
The Maryland Health Care Commission released their new informational web site, Wear the Cost, that is an innovative approach to highlighting variations among providers on health care quality and costs. The information includes a detailed break down of bundled service costs by inpatient, outpatient, professional services, prescription, and potentially avoidable costs.

While the initial release focuses on hip replacement, knee replacement, hysterectomy, and vaginal delivery; plans are to include more hospital based services in early 2018.

As persons, patients, and families are increasingly concerned about their high deductibles and co-pays, the demand for information that is actionable by continues to rise. As more actionable information becomes available, incentives for beneficiaries to select low cost, high quality providers will increase. There are several beneficiary incentive initiatives underway with proposed incentives for Medicare Advantage beneficiaries and legislation pending for ACO beneficiary incentives (Senate Bill 870).

Developments with the Healthcare Payment LAN
On October 30, the Health Care Payment Learning and Action Network (HCP LAN) held their fall conference with co-chairs Mark McClellan, M.D., Ph.D., Director of the Robert J Margolis Center for Health Policy and the Margolis Professor of Business, Medicine and
Health Policy at Duke University and Mark Smith, M.D., M.B.A., Visiting Professor, University of California at Berkeley and Clinical Professor of Medicine, University of California at San Francisco. The HCP LAN's mission is to accelerate the health care system's transition to alternative payment models (APMs) by combining the innovation, power, and reach of the public and private sectors.

The HCP LAN released a Report on "Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicaid, Medicare Advantage, and Fee-for-Service Medicare Programs." The LAN Alternate Payment Model Measurement Effort determined the following results for 2016 payments:

- 43% of health care dollars in Category 1 (e.g., traditional FFS or other legacy payments not linked to quality)
- 28% of health care dollars in Category 2 (e.g., pay-for-performance or care coordination fees)
- 29% of health care dollars in a composite of Categories 3 and 4 (e.g., shared savings, shared risk, bundled payment, or population-based payments).

**Still Time for Practices to Sign Up with TCPI**

If you are a practice that is wanting to position your practice to migrate to an Alternative Payment Model (APM) and are in need of 'free assistance,' there is still time to enroll in the Transforming Clinical Practice Initiative (TCPI). TCPI has highly skilled professionals that can guide and assist you as you transform your practice to be ready to participate in an APM. For more information and to contact a local Practice Transformation Network, click here

**National Association for Health Data Organizations (NAHDO)**

Several hundred attendees gathered at the Annual National Association of Health Data Organization (NAHDO) meeting in Washington, D.C. to discuss standardization of state and federal data collection elements and processes; applications for policy, public health, and consumers; and ongoing collaboration efforts to advance national and local initiatives.

Mark McClellan, M.D., Ph.D. was presented the Elliott M. Stone Excellence in Health Leadership Award by Executive Director of NAHDO, Denise Love, and Pat Merryweather, for Mark's ongoing efforts to advance health information reporting, including All Payer Claims Database (APCDs), for the benefit of persons, patients, and families and public policy. Mark has a vision of high quality, affordable care through collaborative stakeholder initiatives and person, patient, family, clinician collaborative shared decision-making. The award is named after Elliott Stone in acknowledgement of his generosity, care, and diligence to the field and to his colleagues. Elliott set the highest standards for his own performance and for others to follow not only with the Massachusetts Health Data Consortium but with all people he...
Pat Merryweather moderated the National Panel with Health Care Leaders focused on each of their Agency’s vision and targeted initiatives including the opioid emergency; quality and safety improvement; information technology; and avoidable cost reductions. Panelists included:

- Sanjay, Kohani, M.P.H., Executive Director of Innovation, HHS Office of Chief Technology Office
- Sharon Arnold, Ph.D., Deputy Director, Agency for Healthcare Quality and Research (AHRQ)
- Kelly Cronin, M.A., M.P.H., Director of Care Transformation of Office of National Coordinator for HIT
- Janel Jin, M.S.P.H., Division of Advanced Primary Care, Center for Medicare & Medicaid Innovation
- Kimberly Johnson, Ph.D., M.B.A., Director for Center for Substance Abuse, Substance Abuse and Mental Health Services Administration

The Centers for Disease Control and Prevention has a variety of resources available for improving communication. Tools include assessment tools and resources to improve communication.

The Widget CDC Clear Communication Index (Index) is a research-based tool to help you develop and assess public communication materials.

- The Index has 4 introductory questions and 20 scored items drawn from scientific literature in communication and related disciplines.
- The items represent the most important characteristics that enhance and aid people’s understanding of information.

**NEED TO CONTACT US?**

We are always happy to hear from you – please feel free to contact us at any time.

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Thank you