

Health Care Delivery and Payment Reform

A Guide to Stakeholder Engagement for States

January 2016

Authors:

Michealle Gady, JD, Senior Consultant, HMA

Contributors:

Stephanie Denning, Lynn Dierker, Joan Henneberry, Mike Nardone, Tony Rodgers, Cathy Rudd

CONTENTS

- Executive Summary _____ i
- Introduction _____ 1
- Guiding Principles _____ 1
- Framework _____ 2
 - Stakeholder Analysis _____ 2
 - Stakeholder Characteristics _____ 2
 - Stakeholder Roles and Contributions _____ 4
 - Agency Stakeholders _____ 4
 - Provider Stakeholders _____ 5
 - Analysts as Stakeholders _____ 5
 - Community-based and Advocacy Stakeholders _____ 5
 - Elected Officials as Stakeholders _____ 5
 - Consumer Stakeholders _____ 6
- Engagement Plan Development and Implementation _____ 6
 - Determine Methods for Engaging Stakeholders _____ 6
 - Identify Stakeholders as Champions of Initiative _____ 6
 - Address Stakeholder Barriers to Engagement _____ 7
 - Prepare Stakeholders for Engagement _____ 7
 - Manage Stakeholder Dynamics and Set Appropriate Expectations for Stakeholders _____ 7
 - Address Legal Barriers _____ 8
 - Provide Timely Follow-up _____ 8
- Tracking Stakeholder Engagement _____ 9
 - On-going Engagement _____ 9
- Appendix A: Stakeholder Engagement Checklist _____ A-1
- Appendix B: Stakeholder Analysis Matrix _____ B-1
- Appendix C: Stakeholder Engagement Plan Matrix _____ C-1

EXECUTIVE SUMMARY

To be successful and sustainable, any effort to transform health care must reflect the needs and values of relevant stakeholders. To that end, Health Management Associates (HMA) has created this Guide to Stakeholder Engagement for States based on direct experience and identified best practices in the literature.¹ This guide provides a systematic process for identifying relevant stakeholders and developing a comprehensive stakeholder engagement plan, based on guiding principles for managing stakeholder dynamics that are drawn from concepts of “change management.”² They are simple to state, but often challenging to follow, given the time and resource constraints inherent to any health reform initiative:

- Stakeholder engagement should be inclusive.
- Stakeholder engagement should be meaningful.
- Stakeholder engagement should be transparent.
- Stakeholder engagement should be managed through the life cycle of the reform initiative.

This guide provides a 4-point framework for major stakeholder engagement activities that incorporate these guiding principles:

- Conduct a comprehensive stakeholder analysis.
- Develop and implement a comprehensive stakeholder plan.
- Track and document stakeholder activities.
- Continue engagement activities.

Conduct a comprehensive stakeholder analysis.

A key first step in creating a stakeholder engagement plan is an assessment of stakeholder groups to determine the role they should play in this engagement process. As part of the stakeholder analysis process, the state should quickly identify inconsistent and/or competing interests, as well as resistance and support for the initiative. In addition, individual personalities and relationships need to be considered; alternative representation from stakeholder organizations may be appropriate, such as board chair, COO, or policy director rather than CEO, if it is determined that they can further contribute to the process and the outcome.

¹ This guide is based on extensive, direct experience of HMA staff and a literature review of stakeholder engagement best practices. The framework and matrices were informed by, and in some cases adapted and modified, from three sources: 1.) MEASURE Evaluation, *Tools for Data Demand and Use in the Health Sector: Stakeholder Engagement Tool*, April 2011, available at <http://www.cpc.unc.edu/measure/publications/ms-11-46-e>; 2.) Cranfield University School of Management, *Stakeholder Engagement: A Road Map to Meaningful Engagement*, July 2009, available at <http://www.networkedcranfield.com/doughty/Document%20Library/How%20To%20Guides/Stakeholder%20engagement%20A%20road%20map%20to%20meaningful%20engagement.pdf>; and 3.) Agency for Healthcare Research and Quality, *Innovative Methods in Stakeholder Engagement: An Environmental Scan*, May 2012, available at http://www.effectivehealthcare.ahrq.gov/tasks/sites/ehc/assets/File/CF_Innovation-in-Stakeholder-Engagement_LiteratureReview.pdf

² Campbell, R.J., *Change Management in Health*, Health Care Manager (Vol. 27, Num. 1, pp. 23-39), 2008, available at <http://academy.clevelandclinic.org/LinkClick.aspx?fileticket=tCy9kstz6FU%3D&tabid=1846>

To ensure broad representation of stakeholders, the state should include traditional and non-traditional stakeholders. Cross-agency engagement is very important when seeking to transform the health care system. Additionally, it will be important to include providers across the spectrum of care and professional levels. Finally, while consumer engagement can be difficult to initiate, consumers must be included with meaningful opportunities for involvement in planning and implementing the plan. Interventions designed for consumers without their input and buy-in often fail.

Develop and implement a comprehensive stakeholder engagement plan.

Once stakeholders have been identified, the next step is to determine the level and type of engagement required for each stakeholder. There are many ways in which stakeholders may be engaged, including committees and workgroups, town halls and other public forums, focus groups, key stakeholder interviews, surveys, stakeholder panels, an initiative website, email, social media, list serves, and contests or challenges. Not all stakeholders can or will want to participate in the same way. Therefore, the state will need to ask stakeholders what format works best for them and build these preferences into the engagement plan.

Using this information, the state should create a stakeholder engagement plan. The purpose of the stakeholder engagement plan is to identify the different types of opportunities and the specifics of the engagement activity, including the target stakeholder group(s), intended outcomes, and who is responsible for executing the plan.

Stakeholders may face barriers or challenges to participation, including a lack of knowledge or resources. The engagement plan should acknowledge and address these barriers or challenges. The plan should also address the complexities inherent in a stakeholder engagement process, particularly with a large number of stakeholders who will each approach the process with their own priorities and agendas. Consequently, the plan should incorporate important concepts of change management, including using a strong management team and an impartial, skilled facilitator.

Stakeholder engagement processes can encounter legal barriers (e.g., antitrust). It is critical to identify and understand these types of barriers early in the process. This may require meetings or other interaction with the attorney general or other counsel, as well as having counsel review the stakeholder engagement plan to ensure that it will not create any legal problems in the future.

To ensure transparency and accountability, the engagement plan should describe the process that will be followed when issues require follow-up. How the state responds or is perceived to respond to stakeholder input, particularly over areas of disagreement, can have a significant impact on the success of the initiative.

Track and document stakeholder engagement activities.

Tracking and documenting stakeholder engagement activities will help ensure that stakeholders are actively engaged and supportive of the state's initiative when it launches, and that they have a vested interest in seeing the initiative succeed and spread in the future.

Continue engagement activities.

Stakeholder engagement should not end when the planning phase is complete; it should continue throughout implementation. The state may want to conduct another stakeholder analysis to determine which stakeholders should remain involved. Additionally, a new stakeholder engagement plan may be required to ensure that stakeholders are appropriately involved in implementation efforts, including monitoring implementation, highlighting successes and addressing problems, and determining whether and how the initiative should be expanded to more areas in the state and/or populations.

Presented for each component are a rationale and key considerations. To support states in the stakeholder engagement process of a proposed health reform initiative, this guide also includes a stakeholder engagement checklist (Appendix A), a stakeholder analysis matrix (Appendix B), and a stakeholder engagement matrix (Appendix C).

While this guide is written with state agencies as the principal audience, it can be used by anyone intending to design, develop, and implement a health reform initiative.

INTRODUCTION

To be successful and sustainable, any effort to transform the health care system must reflect the needs and values of relevant stakeholders. Broad, meaningful stakeholder engagement acknowledges this principle. Stakeholder engagement and participation in state innovation efforts help to create a feeling of ownership and commitment, making stakeholders a part of the solution. Additionally, broad stakeholder engagement that reflects the full range of interests will help improve the design of the state's model by better ensuring that it reflects the realities, needs, and values of the people it is intended to benefit.

In order to create a successful and collaborative process that fosters meaningful dialogue and results in stakeholder support, there must be two-way sharing of information, follow-through, follow-up, and accountability. This is not easy to do. Understanding and managing stakeholder dynamics will facilitate the stakeholder engagement process, which includes an analysis of stakeholder groups and the development of a stakeholder engagement plan. Using a systematic and organized stakeholder engagement process will help the process move quickly and efficiently, while mitigating potential problems.

GUIDING PRINCIPLES

Managing stakeholder dynamics is imperative to achieving effective stakeholder engagement in the pursuit of health reform initiatives. These efforts are always constrained by deadlines and limited resources that make stakeholder engagement challenging. With these constraints in mind, the stakeholder engagement process will benefit from following a few guiding principles.

- ***Stakeholder engagement should be inclusive.*** The stakeholder engagement process should include a broad range of individuals and organizational representatives who will bring diverse perspectives (e.g., cultural, political, economic, and social), including those who do not support the initiative. It is important to recognize the differing roles and contributions of stakeholder groups and individuals. Stakeholders who have interest, expertise, resources, or influence to be champions of change should be considered with particular interest, but extra effort may be required to engage disenfranchised stakeholders: those who are not usually included in such efforts, but who should be. A stakeholder management team should have central management and support of the stakeholder engagement process. The management team need not be centralized within the lead government agency. Depending on the reform initiative, it may be appropriate for the management team to be multi-stakeholder and include not just state staff, but also external representatives.
- ***Stakeholder engagement should be meaningful.*** Active involvement engenders ownership and ownership fosters commitment. A successful stakeholder engagement process will fully engage stakeholders early in the process and help them see their role in and value of the initiative. Rather than being a one-way conveyance of information from the

state to stakeholders, stakeholder engagement should ensure that stakeholders have a say and that their contribution will influence the state's decisions. This requires identifying how stakeholders wish to be engaged (e.g., town hall meetings, webinars, email, etc.) and using these varying formats to deliver adequate and timely information in a transparent manner so that stakeholders can be fully informed and provide helpful input into the process. This approach is more likely to lead to a sustainable transformation of the health care system.

- ***Stakeholder engagement should be transparent.*** Trust is fundamental to the stakeholder engagement process. Building trust requires diligent planning, preparation, and transparency. There must be open communication among all parties and a willingness to understand others' viewpoints. It is important to acknowledge and address the complexities inherent in a stakeholder engagement process, particularly with a large number of stakeholders, each with their own unique perspectives and priorities. Acknowledging that the process seeks to include a diverse group of stakeholders and that no one individual or organization represents everyone (e.g., one rural provider does not speak for all rural providers) is important. Building trust by finding commonalities among different stakeholders, sharing information across all parties, and ensuring that people feel heard are all important components of a successful and transparent stakeholder engagement process.
- ***Stakeholder engagement should be managed through the life cycle of the reform initiative.*** Engaging stakeholders throughout the process is necessary, not just at the beginning and the end. Getting people to the table is one effort; keeping them at the table is usually harder, but very important and extremely valuable. The stakeholder engagement process must include diligent follow-through, follow-up, and feedback to foster trust and ongoing interest. Stakeholders want to know that their input was heard, considered, and had an influence on the decisions made. This requires that the state follow-through with any promised actions, follow-up with information, and explain how stakeholder input did or did not affect certain decisions, and why.

FRAMEWORK

Stakeholder Analysis

States have a good understanding of the stakeholder community. Important stakeholders can be left out of the process, however, if a systematic process is not in place for recruitment.

The stakeholder engagement process should include a broad range of stakeholders that represents diverse perspectives (e.g., cultural, political, economic, geographic and social), and include not only proponents of the initiative, but also its opponents. To ensure that important interest groups are not overlooked, the Stakeholder Analysis Matrix (Appendix B) provides a detailed list to identify potential stakeholders relevant to the reform initiative.

Stakeholder Characteristics

Selected stakeholders should reflect the demographics and diversity of the targeted population (e.g., those with disabilities, the aged, minority populations). If an intervention is intended to be

implemented statewide, stakeholders should represent the entire state rather than a single region, county, or city, for example. If the intervention will be piloted within a limited geographic area, such as a region of the state, county, or city, ensure representation from throughout the area. For example, if the pilot will be in a county, include representation from all parts of the county, not just the largest city. This is particularly important in states with disparate geography (e.g., urban and rural/frontier), that influences different infrastructures and needs.

A key first step in this analysis is an assessment of existing stakeholder groups to determine the role they should play in the engagement process. Fortunately, many states have robust stakeholder groups that could serve as a vehicle for getting necessary input in a timely and efficient way. These existing groups may include Medicaid Advisory Committees, State Innovation Model (SIM) committees and workgroups, if established, and other groups formed to address health care reform within the state. At a minimum, a strategy for involving representation from these groups must be incorporated into the overall stakeholder approach in order to ensure their buy-in to the process, as well as avoid unnecessary duplication of effort or conflicting objectives.

Important questions to ask during the stakeholder analysis phase include:³

- Who has influence and resources (financial and non-financial) that can be utilized to aid in development and implementation of the plan?
- Who will be directly or indirectly affected by the outcome of the initiative?
- Who will support or oppose the plan?
- Who is already working on similar or complementary initiatives?
- What can each stakeholder contribute to the process?
- Who has shown leadership and commitment to addressing the problem?

When determining which stakeholders to engage, consider including individuals with one or more of the following characteristics:⁴

- **Power:** a stakeholder group has power when it can impose its will.
- **Legitimacy:** implies that a stakeholder reflects the prevailing opinion and beliefs of the community.
- **Urgency:** the stakeholders' sensitivity to the need to produce something quickly.
- **Interest:** the degree to which stakeholders are motivated by and mobilized around an issue.
- **Influence:** the ability of stakeholders to galvanize public interest and receptivity.
- **Relevance:** the degree to which organizations feel that an issue, and/or a stakeholder's stance on an issue, is relevant to them.

When identifying which stakeholders should participate, it is important to avoid:

³ MEASURE Evaluation, *Tools for Data Demand and Use in the Health Sector: Stakeholder Engagement Tool*, April 2011, available at <http://www.cpc.unc.edu/measure/publications/ms-11-46-e>

⁴ Cranfield University School of Management, *Stakeholder Engagement: A Road Map to Meaningful Engagement*, July 2009, available at <http://www.networkedcranfield.com/doughty/Document%20Library/How%20To%20Guides/Stakeholder%20engagement%20A%20road%20map%20to%20meaningful%20engagement.pdf>

- Identifying only stakeholders in agreement with the plan.
- Identifying only stakeholders from agencies and/or organizations (e.g., managed care companies and health care providers) directly involved in the project or that the state is familiar with.
- Selecting stakeholder representatives who are not at an appropriate level in their respective community or organization to contribute in a meaningful way.
- Overlooking important interest groups that can provide valuable insight, influence, and resources.

As part of this process, it is important to ascertain the dynamics among stakeholders. Inconsistent and/or competing interests, as well as resistance and support, should be identified as quickly as possible. Are there previous experiences with stakeholder engagement, either positive or negative, that can be shared? What lessons were learned from those experiences? Additionally, each stakeholder's level of commitment to the initiative should be determined early in the process. This information will be helpful when developing the engagement plan.

Stakeholder Roles and Contributions

Additionally, it is important to identify the differing roles and contributions of stakeholder groups and individuals. This will help ensure that stakeholders are meaningfully involved in the process. Individual personalities and relationships also need to be considered, and alternative representation from stakeholder organizations may be appropriate, such as a board chair, COO, or policy director rather than CEO, if it is determined that they will be a more positive contributor to the process and the outcome.

Agency Stakeholders

While many state health reform initiatives will focus on the state Medicaid program, it is important to ensure that a full range of agencies are included in this process. Cross-agency engagement of both traditional partners (e.g., departments of public health, aging, mental health and substance abuse, intellectual/development disabilities, and insurance) and non-traditional partners is necessary to ensure all available resources are marshaled as part of the initiative. For example, many consumers experience social barriers, such as unstable housing, lack of healthy food, and economic insecurity, that affect their ability to access care and adhere to treatment plans. Therefore, it may be appropriate to include the federal, state and/or local agencies responsible for related services, such as supplemental nutrition services through Women, Infants and Children (WIC), food stamps through Supplemental Nutrition Assistance Program (SNAP), income assistance through Temporary Assistance to Needy Families (TANF), subsidized housing through Housing and Urban Development (HUD) and help paying utilities through low-income energy assistance programs.

Because some consumers may live in areas with little access to parks or space at home to exercise and may be unable to afford a gym membership, for example, inclusion of state or local parks and recreation agencies may provide valuable insight into existing or new opportunities for individuals to engage in physical activity. Finally, other non-traditional agency partners appropriate to engage

may include departments of transportation, education, vocational rehabilitation, children and family services, labor, and licensing boards.

It may also be necessary to include other federal and/or local agencies, such as the regional offices of the Centers for Medicare and Medicaid Services (CMS), the Bureau of Indian Affairs and Indian Health Services (BIA/IHS), Veterans Health Administration (VHA), county jails, or local public health departments.

Provider Stakeholders

Certain external stakeholders are obviously important participants in health care reform initiatives, including clinicians, hospitals, and managed care organizations. However, it is important to also consider other providers along the full continuum of care. For example, while emergency department utilization may be a focus of a state's initiative, it is important to include providers all along the continuum of care, for example, acute, emergency, primary, mental/behavioral health, substance use disorder treatment, and long-term services and supports. Inclusion of providers at various professional levels, including emergency responders (e.g., emergency medical technicians and paramedics), nurses, nurse practitioners, physician's assistances, pharmacists, direct-service providers, and non-traditional professionals, such as health coaches and community-support workers will also provide valuable perspective. Further, working with providers or organizations that have already established programs that are similar to the one the state is pursuing will bring an important perspective and lessons learned that will help the state design its program.

Analysts as Stakeholders

Because of the vital importance of data collection and analysis in health reform initiatives, including stakeholder organizations that maintain necessary datasets should also be part of the stakeholder engagement planning process. This will ensure that data needs, any barriers to data acquisition and analysis, and viable solutions are understood by all parties.

Community-based and Advocacy Stakeholders

Community-based and advocacy organizations should be included. Example organizations include Area Agencies on Aging (AAA), Aging and Disability Resource Centers (ADRCs), legal aid, clergy and faith-based organizations, organizations that address health disparities and health literacy, homeless shelters, food pantries and soup kitchens, and Meals on Wheels. The inclusion of health researchers is also valuable. Researchers can bring impartial knowledge of the health care system, where problems exist, and best practices to improve care, as well as provide insights about how to plan for ongoing data usage to measure progress and improve the program post-launch.

Elected Officials as Stakeholders

Health system reform efforts can face significant political obstacles. Elected officials—local, state, and federal—can be champions or barriers to change. To make them champions, it is necessary to inform and involve them very early in the process, keep them informed with accurate and comprehensive information, and continue to engage them throughout the process.

Providing accurate, comprehensive information about the problem, potential interventions, and likely benefits and outcomes will help elected officials understand why the state needs to take

action. It will also help them respond to stakeholders who may contact them with concerns or objections to the state's initiative.

Elected officials who are engaged and supportive can help in a number of ways. First, elected officials often host a number of public events, including town halls and committee meetings. This provides another venue for public education and engagement. Second, they can assist with legislative needs, for example, if authorizing legislation or a change in existing statute is necessary. Third, elected officials can support budget requests or grant applications. Ensuring continued engagement fosters relationship building and allows for a transparent flow of information.

Consumer Stakeholders

Finally, while consumer engagement is often difficult to initiate, consumers must be meaningfully included. Interventions designed for consumers without their input and buy-in often fail. Consumers bring valuable insight into the systemic problems they encounter that prevent them from accessing the care and services needed to be as healthy as possible. In many cases, they can suggest very simple solutions to their problems (e.g., revising the bus schedule to allow them to visit a community health center rather than hospital emergency room). In addition to consumers, engage families and caregivers. Family members and caregivers often provide valuable insight not only into the obstacles that consumers encounter, but problems that they encounter in trying to care for or support individuals.

Engagement Plan Development and Implementation

After the full range of stakeholders is identified, the next step is to determine the level and type of engagement required for each stakeholder. In essence, not all stakeholders can or will want to participate in the same way. As a result, there will likely be different kinds of stakeholder groups with different levels and types of engagement.

Determine Methods for Engaging Stakeholders

There are many ways to engage stakeholders, including through committees and workgroups, town halls and other public forums, focus groups, key stakeholder interviews, surveys, stakeholder panels, an initiative website, email, social media, list-serves, and contests or challenges. To ensure broad engagement, states should use a variety of communication channels. This means that multiple engagement activities need to be conducted across different stakeholder groups. The engagement plan should identify the different types of opportunities and the specifics of the engagement activity, including the target stakeholder groups, intended outcomes, and who is responsible for executing the plan (see Appendix C: Stakeholder Engagement Plan Matrix). Ensuring that each engagement activity is meaningful requires active participation and involvement on the part of stakeholders.

Identify Stakeholders as Champions of Initiative

The plan should identify and effectively use initiative champions and leaders to engage stakeholders early and often to persuade participants that the investment of their time will be worthwhile and that the results will be something they can all stand behind. Obtaining institutional commitment from agencies, community-based organizations, and other stakeholders, not just to the

initiative, but to ongoing, meaningful collaboration is necessary to the long-term success of the initiative. Institutional commitment will help ensure that the collaboration does not end if the staff representative should leave the agency or organization. Stakeholder engagement should not end when the project is launched; sometimes it is even more important and valuable to receive input and feedback during and after implementation to ensure that the goals were met.

Address Stakeholder Barriers to Engagement

Stakeholders, particularly consumers, may face barriers or challenges to participation at their level of interest. These barriers/challenges include insufficient time, lack of knowledge, resource constraints (e.g., no or limited internet access) and financial limitations. The engagement plan should acknowledge and address these barriers/challenges. For example, the travel time and duration of meetings should be limited. Meetings should always take place at locations that are ADA-compliant, on bus routes, and provide free parking. The state may consider offering small financial incentives for organizations or individuals that lack the financial resources to participate. If the state is willing and able to compensate consumers for participation in certain activities such as focus groups, this should be disclosed at the beginning of the process.

Prepare Stakeholders for Engagement

Stakeholders will need to be prepared to ensure that they have the information necessary to actively and meaningfully participate.⁵ Such preparation includes explaining the stakeholder's role and expected contributions to the process, as well as educational and background information and trainings. Examples include providing background information in advance of workgroup or committee meetings or hosting a webinar. The type and intensity of preparation will vary based on the stakeholder's level of understanding of the issue, as well as the extent of involvement in the planning process. This process also requires disseminating information from meetings and other stakeholder activities such as meeting notes and presentations to all stakeholders. This ensures stakeholders are kept apprised of updates and decisions made.

Manage Stakeholder Dynamics and Set Appropriate Expectations for Stakeholders

Change or reform often makes people think "winners" and "losers." This is often true for health system reform, particularly since much of the discussion is focused on how to decrease spending (savings). Savings for one (winner) is lost revenue for another (loser). This financial conflict is often the leading force that derails efforts to change the system. For example, preventing inpatient admissions may not be in the best financial interest of a hospital. Covering high-needs, complex individuals may not be in the best interest of managed care organizations. Implementing practice redesign to achieve greater efficiencies may be financially burdensome to physicians and other clinicians. As such, most stakeholders arrive at planning meetings with self-protection as their main objective.

⁵ Agency for Healthcare Research and Quality, *Innovative Methods in Stakeholder Engagement: An Environmental Scan*, May 2012, available at http://www.effectivehealthcare.ahrq.gov/tasks/sites/ehc/assets/File/CF_Innovation-in-Stakeholder-Engagement_LiteratureReview.pdf

To counteract this, all stakeholders— and the stakeholder management team—must first acknowledge this inherent conflict and confront it directly. It can't be the “elephant in the room” that no one wants to acknowledge. Next, the management team must consistently and effectively deploy the elements of change management.⁶ The goal is to help stakeholders see reform as creating a potential advantage rather than seeing it as a loss. This will be accomplished more effectively with a dedicated management team that has the necessary knowledge, credibility, leadership, and management skills, and by using an impartial facilitator to guide discussions. Other key elements of change management include:

- creating a sense of urgency;
- communicating transparently and sharing accurate and factual information;
- creating a clear, concise vision and message;
- acknowledging and addressing barriers to change, particularly emotional barriers such as complacency, fear, anger, self-protection, false pride, and anxiety; and
- developing a strategy that includes short-term wins and long-term sustainability.

The engagement process should acknowledge and address the complexities inherent in a stakeholder engagement process, particularly with a large number of stakeholders. Large stakeholder engagement processes can become slow and cumbersome, which may lead to disillusionment, not only with the process, but with the entire initiative, making it vitally important that appropriate expectations are set early in the process. For example, participants need to understand that reaching consensus on all points may not be an achievable outcome given the many diverse and competing interests of the stakeholders, but that the process will reasonably consider the various perspectives of all stakeholders and provide feedback on the rationale for choosing a particular approach over another.

Address Legal Barriers

Throughout the engagement process, it is very important that any legal barriers be fully understood and addressed; for instance, as the state considers consumer incentives (anti-kickback) or asks payers and providers to work together to develop new payment models (antitrust). Addressing these types of concerns might require meetings or other interaction with the attorney general or other counsel. It may be beneficial to have counsel review the stakeholder engagement plan to ensure that it does not create any legal problems.

Provide Timely Follow-up

The engagement plan should describe the process that will be followed when issues require follow-up with one or more stakeholders, such as which staff member will be responsible for following up and in what time frame. The plan should also include a process for providing feedback.

Stakeholders want to know that they were heard and that their input influenced the state's decision. If the stakeholder input does not have an influence on the decision-making process, then the state should offer an explanation. This creates transparency and accountability. How the state

⁶ Campbell, R.J., *Change Management in Health, Health Care Manager* (Vol. 27, Num. 1, pp. 23-39), 2008, available at <http://academy.clevelandclinic.org/LinkClick.aspx?fileticket=tCy9kstz6FU%3D&tabid=1846>

responds or is perceived to respond to stakeholder input, particularly over areas of disagreement, can have a significant impact on the success of the initiative.

Tracking Stakeholder Engagement

Tracking and documenting stakeholder engagement activities will help ensure that stakeholders are actively engaged throughout the process and will also be invaluable when reporting the state's stakeholder engagement efforts to internal and external audiences. Additionally, tracking engagement creates an important level of transparency and accountability that fosters trust and ongoing participation among stakeholders. For example, diligent tracking of engagement activities will allow for feedback to stakeholders regarding what ideas were or were not adopted and the rationale. Additionally, it will create a record of ideas that the state and stakeholders can review during implementation, if necessary.

On-going Engagement

At the conclusion of the planning process, the state should conduct a debriefing with stakeholder participants. The goal should be to inform participants of the status of the state's efforts, but also to share information about the stakeholder engagement process itself: what worked, what didn't, and how things can be done differently or better in the future.

Since creation of the plan itself is not the end of the process, the state will need to continue the engagement process to ensure successful implementation and operations of the selected plan and interventions. As the state moves from development to implementation, a new stakeholder analysis and engagement plan may be necessary. This will help the state identify which stakeholders should continue to be involved with the initiative and what role the stakeholders will play. Key functions of on-going stakeholder engagement during implementation include:

- monitoring implementation;
- highlighting successes and addressing any problems;
- modifying the plan based on unexpected barriers or unintended consequences;
- evaluating and analyzing the program on an ongoing basis to ensure that it is meeting the needs of the population; and
- continued planning to expand to other locations and/or more populations (i.e. if any were excluded, such as those with developmental disabilities).

APPENDIX A: STAKEHOLDER ENGAGEMENT CHECKLIST



Conduct a comprehensive stakeholder analysis to identify a broad range of stakeholders.

- Assess existing stakeholder groups to determine the role of these groups (if any) in the initiative's engagement process.
- When identifying stakeholders, consider the following characteristics: power, legitimacy, urgency, interest, influence, and relevance.
- Identify the roles, contributions, and level of commitment (e.g., supports or opposes) of stakeholder groups and individuals.
- Ascertain the dynamics among stakeholders (e.g., inconsistent or competing interests).
- Ensure broad representation among the stakeholders: traditional and non-traditional partners, cultural, political, economic, social, age, gender, disability, and geographic, as relevant to the initiative.
- When identifying stakeholders avoid:
 - Selecting only stakeholders in agreement with the plan;
 - Selecting stakeholders only from agencies and/or organizations directly involved in the project;
 - Selecting stakeholder representatives who are not at the appropriate level (i.e. not in a decision-making position) in their respective organization to contribute in a meaningful way; and
 - Overlooking important interest groups that can provide valuable insight, influence, and resources.



Develop and implement a comprehensive stakeholder engagement plan.

- Determine the level and type of engagement required for each stakeholder that will lead to meaningful participation.
- Use a variety of engagement activities and communication channels.
- Identify champions and leaders who will persuade stakeholders to participate and encourage commitment.
- Confirm that proposed engagement activities and/or stakeholder groups do not pose any legal problems (e.g., antitrust).

- Identify and address any barriers or challenges that would prevent or limit stakeholder participation, including preparing and providing educational and background information and trainings.
- Delineate and clearly define all objectives of the engagement activity, and clearly communicate who is responsible for executing the planned activity.
- Determine the stakeholders' involvement so that it is appropriate to the size and scale of the engagement activity.
- Delineate and clearly define anticipated outcomes from the engagement activity. Anticipated outcomes should be explained and/or clarified at every opportunity to minimize unrealistic expectations and keep everyone on track.
- Acknowledge and address complexities inherent in a stakeholder engagement process, including political and cultural issues.
- Set reasonable expectations around engagement goals with stakeholders. For example, reaching consensus on all points is not likely given the many diverse and competing interests of the stakeholders, but the process will reasonably consider all perspectives and provide feedback on the rationale for choosing one approach over another.
- Establish a process to provide feedback to stakeholders and to ensure follow-up with stakeholders, including which staff member will be responsible for actions and in what time frame.



Track and document stakeholder engagement activities.

- The engagement plan should ensure that activities are tracked and documented to ensure any needed follow-up and feedback by the staff responsible.
- Use documentation activities to keep track of ideas that are not included in the final plan, as these may be helpful during later stages.



Continue engagement activities through implementation and operation of the program.

- Conduct a debriefing at the end of each phase: planning, implementation, and operation of the program.
- Review and revise, as necessary and appropriate, the stakeholder analysis and engagement plan for each new phase.
- Use the ongoing engagement process to monitor implementation and operation of the program to ensure that it is: achieving expected outcomes, identifying and addressing any problems, as well as identifying what is working well.

APPENDIX B: STAKEHOLDER ANALYSIS MATRIX*

Proposed Engagement Activity _____

Date _____

Name of Stakeholder Group, Organization, or Individual**	Stakeholder Description	Potential Role (vested interest)	Level of Knowledge of the Issue(s) (areas of expertise)	Level of Commitment (support or oppose, to what extent, why)	Available Resources (staff, technology, information, influence, financial)	Constraints (language, transportation, lack of staff, lack of funding, political)
Local, State, and Federal Agencies						
Medicaid Agency						
Department of Public Health						
State Attorney General						
Department of Aging						
Department of Mental Health and Substance Abuse						
Department of Intellectual/ Developmental Disabilities						
Department of Insurance						
Department of Social Services (e.g., TANF, WIC, LIHEAP, SNAP)						
Department of Parks and Recreation						
Department of Transportation						
Department of Labor						

Name of Stakeholder Group, Organization, or Individual**	Stakeholder Description	Potential Role (vested interest)	Level of Knowledge of the Issue(s) (areas of expertise)	Level of Commitment (support or oppose, to what extent, why)	Available Resources (staff, technology, information, influence, financial)	Constraints (language, transportation, lack of staff, lack of funding, political)
Local, State, and Federal Agencies (cont'd)						
Department of Education						
Department of Vocational Rehabilitation						
Licensing Boards						
Department of Corrections						
Department of Children and Families						
Department of Housing and Urban Development						
Centers for Medicare and Medicaid Services						
Bureau of Indian Affairs						
Indian Health Services						
Veteran's Health Administration						
County Jails						
Local Public Health Departments						
Political Offices						
Governor's Office						
State Senate (particularly committees of jurisdiction)						

Name of Stakeholder Group, Organization, or Individual**	Stakeholder Description	Potential Role (vested interest)	Level of Knowledge of the Issue(s) (areas of expertise)	Level of Commitment (support or oppose, to what extent, why)	Available Resources (staff, technology, information, influence, financial)	Constraints (language, transportation, lack of staff, lack of funding, political)
State House of Representatives (particularly committees of jurisdiction)						
U.S. Senators						
U.S. Representatives						
Mayors						
City Council Members						
County Commissioners						
Payers (insurers, employers, others)						
Medicare						
Medicaid Managed Care Organizations						
Self-insured Plans (e.g., large employers, union plans and voluntary employees' beneficiary associations)						
Private Market Insurance Companies						
Exchange Plans						
Hospitals and Institutions						
Acute Care Hospitals						
Long-term Care Hospitals						
Psychiatric Hospitals						
Academic Hospitals						

Name of Stakeholder Group, Organization, or Individual**	Stakeholder Description	Potential Role (vested interest)	Level of Knowledge of the Issue(s) (areas of expertise)	Level of Commitment (support or oppose, to what extent, why)	Available Resources (staff, technology, information, influence, financial)	Constraints (language, transportation, lack of staff, lack of funding, political)
Skilled Nursing Facilities						
Assisted Living Facilities						
Health Care Providers - Clinicians and Practitioners						
Physicians (including primary and specialty care)						
Mid-level Practitioners (APRN and PA)						
Nurses						
Emergency Responders						
Pharmacists						
Mental Health Clinicians (e.g., PhD, LCSW, CNS)						
Substance Use Disorder Treatment Providers						
Home Care Providers (including direct-service providers)						
Hospice						
Non-traditional providers (e.g., peer support specialists, health coaches, community-support workers)						
Pharmaceutical						
Manufacturers						

Name of Stakeholder Group, Organization, or Individual**	Stakeholder Description	Potential Role (vested interest)	Level of Knowledge of the Issue(s) (areas of expertise)	Level of Commitment (support or oppose, to what extent, why)	Available Resources (staff, technology, information, influence, financial)	Constraints (language, transportation, lack of staff, lack of funding, political)
Pharmacies						
Distributors/Suppliers						
Trade Associations						
Durable Medical Equipment						
Manufacturers						
Providers						
Trade Associations						
Community-Based Organizations						
Clergy and Faith-based Organizations						
Homeless Shelters						
Food Pantries						
Soup Kitchens						
Meals-on-Wheels						
Area Agencies on Aging						
Senior Centers						
Aging and Disability Resource Center						
Community Centers						
Consumer Advocacy Groups						
AARP						
State or local affiliate of National Alliance on Mental Illness						
Public Interest Research Group						

Name of Stakeholder Group, Organization, or Individual**	Stakeholder Description	Potential Role (vested interest)	Level of Knowledge of the Issue(s) (areas of expertise)	Level of Commitment (support or oppose, to what extent, why)	Available Resources (staff, technology, information, influence, financial)	Constraints (language, transportation, lack of staff, lack of funding, political)
Local and State Organizations						
Patients/Consumers						
Medicaid Consumers						
Medicare Consumers						
Exchange Participants						
Private Market Insured						
Employer-sponsored Insurance						
Uninsured Consumers						

* Adapted and modified from MEASURE Evaluation, *Tools for Data Demand and Use in the Health Sector: Stakeholder Engagement Tool*, April 2011, available at <http://www.cpc.unc.edu/measure/publications/ms-11-46-e>

** The stakeholders (i.e. local, state, and federal agencies) included in the matrix are included as examples. The matrix should be modified to meet the state’s needs, ensuring a broad representation across stakeholders – both traditional and non-traditional.

APPENDIX C: STAKEHOLDER ENGAGEMENT PLAN MATRIX*

Proposed Engagement Activity _____

Date _____

Name of Stakeholder Group, Organization, or Individual**	Potential Role in the Activity	Engagement Strategy (how will the state engage the stakeholder in the activity)	Stakeholder Input	Follow-up Strategy (plans for feedback and/or continued involvement)
Local, State, and Federal Agencies				
Medicaid Agency				
Department of Public Health				
State Attorney General				
Department of Aging				
Department of Mental Health and Substance Abuse				
Department of Intellectual/Developmental Disabilities				
Department of Insurance				
Department of Social Services (e.g., TANF, WIC, LIHEAP, SNAP)				
Department of Parks and Recreation				
Department of Transportation				
Department of Labor				
Department of Education				

Name of Stakeholder Group, Organization, or Individual**	Potential Role in the Activity	Engagement Strategy (how will the state engage the stakeholder in the activity)	Stakeholder Input	Follow-up Strategy (plans for feedback and/or continued involvement)
Department of Vocational Rehabilitation				
Licensing Boards				
Department of Corrections				
Department of Children and Families				
Department of Housing and Urban Development				
Centers for Medicare and Medicaid Services				
Bureau of Indian Affairs				
Indian Health Services				
Veteran's Health Administration				
County Jails				
Local Public Health Departments				
Political Offices				
Governor's Office				
State Senate (particularly committees of jurisdiction)				
State House of Representatives (particularly committees of jurisdiction)				
U.S. Senators				
U.S. Representatives				
Mayors				
City Council Members				
County Commissioners				

Name of Stakeholder Group, Organization, or Individual**	Potential Role in the Activity	Engagement Strategy (how will the state engage the stakeholder in the activity)	Stakeholder Input	Follow-up Strategy (plans for feedback and/or continued involvement)
Payers (insurers, employers, others)				
Medicare				
Medicaid Managed Care Organizations				
Self-Insured Plans (e.g., large employers, union plans and voluntary employees' beneficiary associations)				
Private Market Insurance Companies				
Exchange Plans				
Hospitals and Institutions				
Acute Care Hospitals				
Long-term Care Hospitals				
Psychiatric Hospitals				
Academic Hospitals				
Skilled Nursing Facilities				
Assisted Living Facilities				
Health Care Providers - Clinicians and Practitioners				
Physicians (including primary and specialty care)				
Mid-level Practitioners (APRN and PA)				
Nurses				

Name of Stakeholder Group, Organization, or Individual**	Potential Role in the Activity	Engagement Strategy (how will the state engage the stakeholder in the activity)	Stakeholder Input	Follow-up Strategy (plans for feedback and/or continued involvement)
Emergency Responders				
Pharmacists				
Mental Health Clinicians (e.g., PhD, LCSW, CNS, etc.)				
Substance Use Disorder Treatment Providers				
Home Care Providers (including direct-service providers)				
Hospice				
Non-traditional Providers (e.g., peer support specialists, health coaches, community-support workers)				
Pharmaceutical				
Manufacturers				
Pharmacies				
Distributors/Suppliers				
Trade Associations				
Durable Medical Equipment				
Manufacturers				
Distributors/Suppliers				
Providers				
Trade Associations				
Community-Based Organizations				
Clergy and Faith-based Organizations				

Name of Stakeholder Group, Organization, or Individual**	Potential Role in the Activity	Engagement Strategy (how will the state engage the stakeholder in the activity)	Stakeholder Input	Follow-up Strategy (plans for feedback and/or continued involvement)
Homeless Shelters				
Food Pantries				
Soup Kitchens				
Meals-on-Wheels				
Area Agencies on Aging				
Senior Centers				
Aging and Disability Resource Center				
Community Centers				
Consumer Advocacy Groups				
AARP				
State or Local Affiliate of National Alliance on Mental Illness				
Public Interest Research Group				
Local and State Organizations				
Patients/Consumers				
Medicaid Consumers				
Medicare Consumers				
Dual Eligible Consumers				
Exchange Consumers				
Employer-sponsored Insurance Consumers				
Private Market Consumers				
Uninsured Consumers				

* Adapted and modified from MEASURE Evaluation, *Tools for Data Demand and Use in the Health Sector: Stakeholder Engagement Tool*, April 2011, available at <http://www.cpc.unc.edu/measure/publications/ms-11-46-e>

** The stakeholders (e.g., local, state, and federal agencies) included in the matrix are included as examples. The matrix should be modified to meet the state’s needs, ensuring a broad representation across stakeholders, both traditional and non-traditional.