

A Framework for Personal and Public Engagement in Health

Amy Boutwell, MD, MPP, Marian Bihle Johnson, MPH, Martha Hayward, James Conway, MS

Situation:

Over the past several years, a number of health reform initiatives have arisen in Massachusetts, all of which endeavor to include the participation of persons and the public. Among them are: the State Action on Avoidable Rehospitalizations (STAAR) initiative, the Medical Orders for Life Sustaining Treatment (MOLST) initiative, the Greater Boston Aligning Forces for Quality (AF4Q) initiative, the Massachusetts Medical Home Demonstration, the Health Information Exchange (HIE), the Partnership for Healthcare Excellence (PHCE), and the Massachusetts Health Care Quality and Cost Council (HCQCC).

Leaders of these initiatives recognized the need, and the opportunity, to develop a common aim to engage individuals and the public in these efforts. To facilitate this opportunity, a team from the Institute for Healthcare Improvement (IHI) and the Partnership for Healthcare Excellence (PHCE) drafted a 'Framework for Personal and Public Engagement in Health'. The model framework was then vetted and revised in September of 2010 by a group of fifty stakeholders which included patients, consumers, providers, academics, representatives from state government, advocacy groups, state-based initiatives, coalitions, and others. The updated model is described and presented below.

Elements of the Framework: The Process and The System

I. The Process: Informed by a review of literature and existing models, the authors found that the myriad engagement activities could be summarized as fitting one of several core categories:

1.) Plan: *Ask and Listen* – a bidirectional relationship in which information is solicited and the public provides feedback to program leaders and policy makers. Persons and the public are invited to contribute their views and opinions;

2.) Do: *Inform and Participate* – a bidirectional relationship where policy makers make information available to the public and in turn, persons and the public actively define the process and content of policies and initiatives. This covers both active measures to disseminate information to the public, and access to information upon demand by the public; this acknowledges equal standing for the public in setting the agenda, proposing policy options, and shaping dialogue;

3.) Study: A necessary component of an engagement strategy is a plan to measure and evaluate its progress. Oftentimes there is a striking imbalance between the resources devoted to

implementing an engagement campaign and the resources devoted to evaluating such activities;
and

4.) Act: A framework for engagement must include a mechanism for accountability and follow-through based upon the first three steps .

These categories are shown in the framework figure as six divisions within a circle. Bidirectional arrows surrounding the outer circle represent an iterative process; any and all steps are to be repeated over time and with new knowledge or conditions.

II. The System: Many past initiatives have lacked a recognition of engagement in health and health care as a system, where activities targeted to the individual, organization, and the public are, in fact, interdependent. The “Chain of effect” proposes that engagement can be initiated and experienced at four levels , all of which can be activated by a common aim in order to synergize the many isolated activities which are currently proliferating in Massachusetts.

The Chain of Effect:

- a. **Personal experience;**
- b. **Small units of care delivery ("microsystems");**
- c. **Organizations; and the**
- d. **Environment, including communities, public health, state and federal policy, etc.**

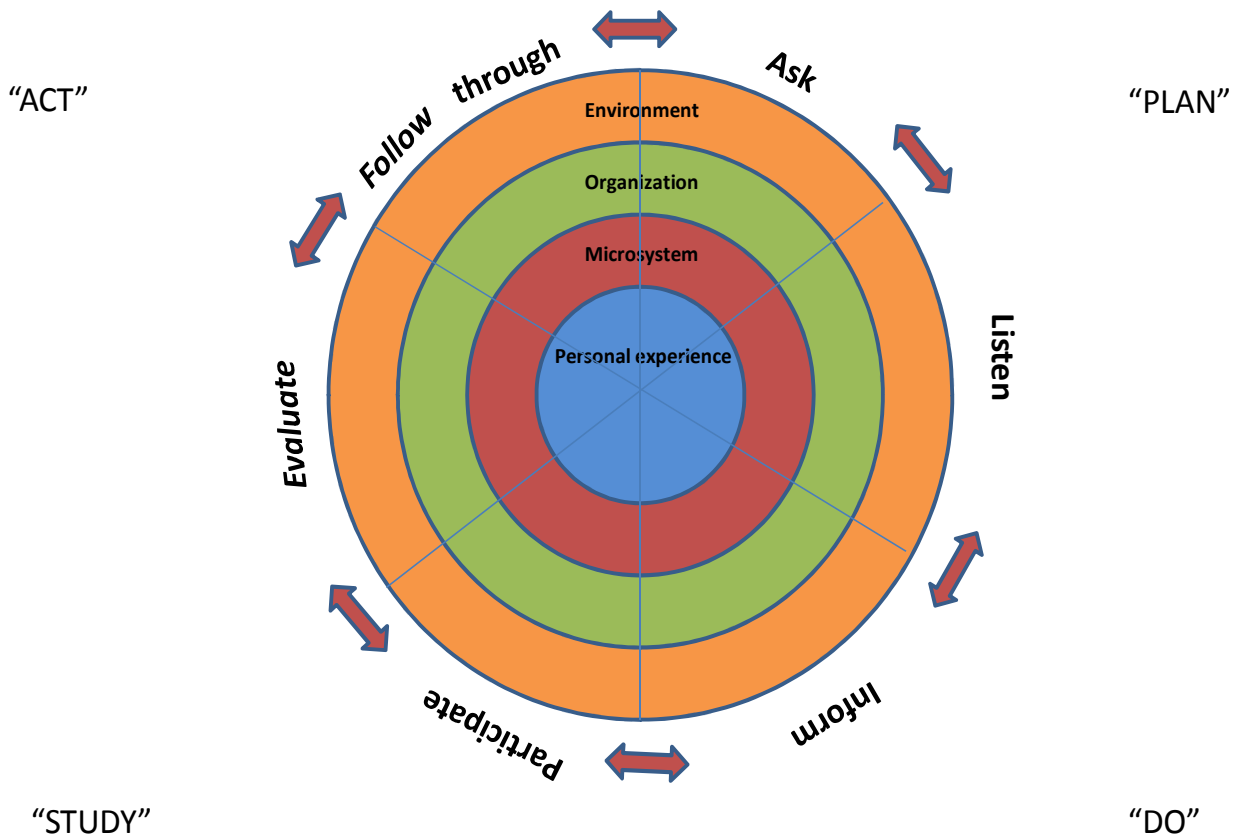
The chain of effect system is visualized in the framework as four concentric circles.

Using the Framework:

The framework is intended to serve several purposes:

- 1.) To address the importance of engaging individuals and the public in the collection of health reform initiatives at the state and federal level, in the public and private sectors;
- 2.) To provide consistent language and terminology for engagement strategies;
- 3.) To serve as a visual tool for an individual initiative to represent the spectrum of personal and/or public engagement activities; and
- 4.) To serve as a strategic tool at a state level to assess and guide the personal and public engagement activities of several initiatives – many with the complementary aims.

A Framework for Personal and Public Engagement in Massachusetts' Health Reform Initiatives



Basic Conditions for engagement:

- Respect
- Transparency
- Cultural competency

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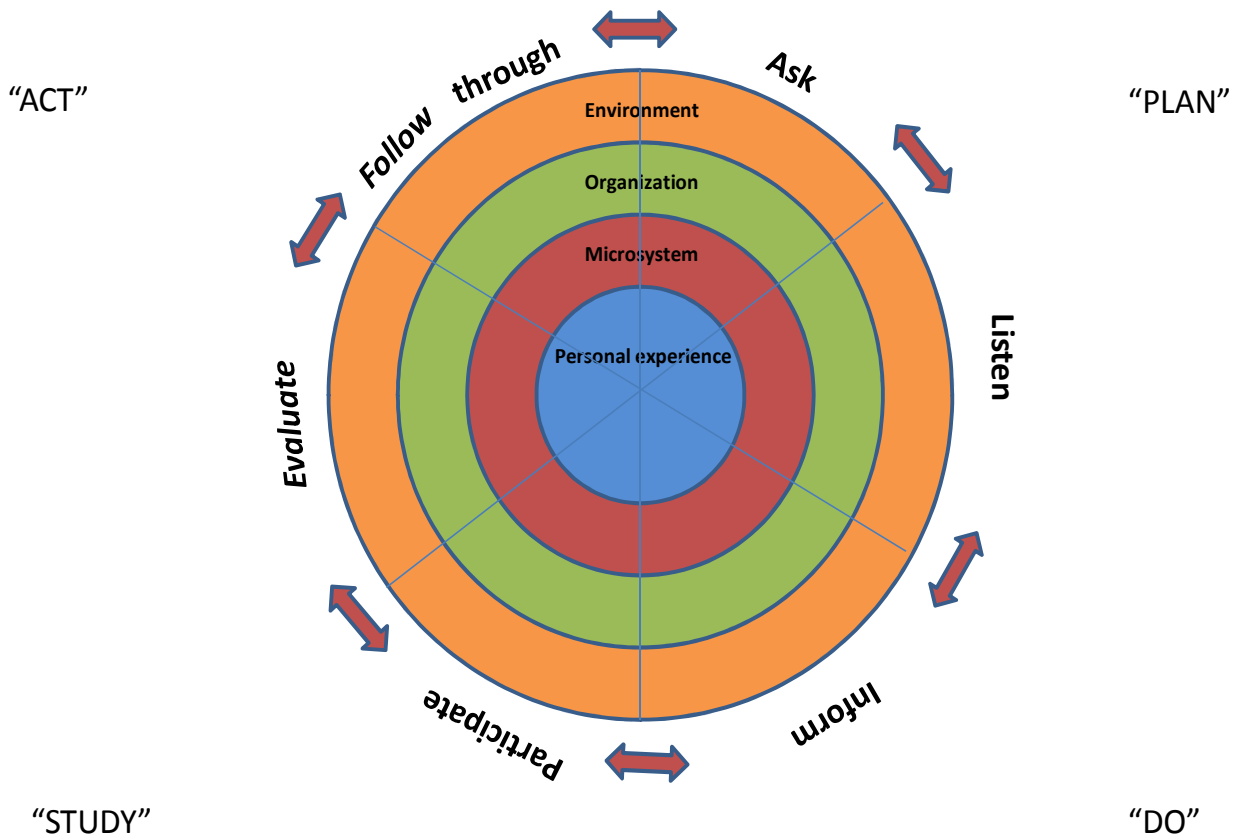
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