



<b>Policy Title:</b> Beneficiary Engagement, Patient Centeredness, and Evidence-Based Medicine			
<b>Department Responsible:</b> Quality Performance	<b>Policy Number:</b> MM-002	<b>THN's Effective Date:</b> January 1, 2022	<b>Next Review/Revision Date:</b> September 30, 2024
<b>Title of Person Responsible:</b> Executive Director Value Based Performance	<b>THN Approval Council:</b> THN Operations Committee	<b>Date Approved:</b> August 25, 2022	<b>Date Approved by THN Board of Managers:</b> August 29, 2022

- I. **Purpose.** The purpose of MM-002 is to describe Triad HealthCare Network's (THN's) focus on patient centeredness and Beneficiary/caregiver engagement and commitment to evidence-based medicine (EBM)
- II. **Policy.** THN strives to promote, create, implement, review, and periodically update its processes to ensure patient centeredness, Beneficiary/Caregiver engagement, and adherence to appropriate clinical guidelines.
- III. **Procedure.**
  - A. Beneficiaries may choose to voluntarily align themselves with THN by making a valid designation on the Voluntary Alignment Form which may be accessed as described in OP-003.
  - B. THN's focus on patient centeredness and Beneficiary/Caregiver engagement is a key consideration for THN's leadership who oversee operational activities.
    1. According to Section 3.02 of the ACO REACH PA, THN's Board of Managers includes at least one Beneficiary served by THN who:
      - a. Does not have a conflict of interest with THN;
      - b. Has no immediate family member with a conflict of interest with THN;
      - c. Is not a ACO Participant Provider or Preferred Provider; and
      - d. Does not have a direct or indirect financial relationship with THN, a ACO Participant Provider, or a Preferred Provider, except that such person may be reasonably compensated by THN for his or her duties as a member of the THN Board of Managers.
  - C. THN promotes the use of shared decision-making processes, considering beneficiaries' resources, unique needs, preferences, values, and priorities.



1. THN's Board of Managers should regularly review THN's policies and procedures to ensure they align with current best practices supported by clinical literature. The following questions should be considered during this process:
  - a. What decision support tools does THN utilize to help beneficiaries assess various treatment options posed to them?
  - b. How will THN evaluate the health needs of beneficiaries? Consider the diversity of THN beneficiaries and how THN will partner with Community Stakeholders.
  - c. How will THN effectively communicate clinical knowledge to beneficiaries? How does THN foster "health literacy" in communicating with beneficiaries and their families?
    - i. Communications must meet the requirements for marketing materials as outlined by OP-002.
  - d. How does THN provide beneficiaries with timely access to their own medical records and other clinical knowledge so they can make informed choices about their care?
  - e. How will THN help the beneficiary through the shared decision-making process, taking into account beneficiaries' resources, needs, preferences, values, and priorities?
  - f. THN works with Beneficiary representatives as appropriate, and in accordance with the beneficiary representative requirements.
  - g. Beneficiaries are ensured access to their health information and to THN providers, and EBM guidelines should not be used to influence a provider's clinical decision-making when he or she is acting in the best interest of the beneficiary.
    - i. THN's approach to EBM involves the required use of Certified Electronic Health Record Technology (CEHRT) as it is defined under 42 CFR § 414.1305 in a manner that meets the requirements under 42 CFR § 414.1415(a)(1)(i), PatientPing, KPN Optimize, and other technology as deemed appropriate.
      - A. In the event that THN provides CEHRT to one or more ACO Participants or Preferred Providers, such software shall be interoperable (as defined by 42 CFR § 411.351) or satisfy 42 CFR § 411.357(w)(2) as it relates to interoperability.



- B. Beneficiary information will be released according to the 21<sup>st</sup> Century CURES Act provisions.
- 2. THN reports data for standardized, nationally recognized performance measures to assess cost and quality performance. THN’s Board of Managers should regularly review internal reports to gauge cost and quality performance year-to-date and to identify target populations that would benefit from care coordination and individualized care plans, as described in MM-003. EBM guidelines should not be used to avoid at-risk beneficiaries.
- D. Communications used as part of the Beneficiary Engagement Program will meet requirements for marketing materials as outlined by OP-002
  - E. **Continued Improvement.** THN regularly reassesses its processes and procedures to ensure compliance and to improve Beneficiary and caregiver and/or family experience of care. THN Compliance & Privacy, as well as individual department leaders, as applicable, conduct assessments on no less than an annual basis.
  - F. **Enforcement.** THN Related Individuals are required to follow all applicable THN policies. Failure to comply with THN processes and procedures, including cooperation in Beneficiary Engagement and Care Coordination activities, will result in remedial and/or disciplinary actions as appropriate in accordance with CIT-002.

Date	Reviewed	Revised	Notes
January 1, 2022			Originally Published
August 2022	X		No changes
April 2023		X	Converted to REACH