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To Chairman Collins, Ranking Member Casey, members of the committee, fellow panelists and persons in attendance, thank you for the opportunity to provide testimony. Furthermore, I want to commend you for realizing the importance of including the perspective of the consumer voice in health care. It has been my experience that the most successful and effective policies and programs are initiated with having sought, heard from, listened and responded to the voice of the consumer.

My name is Reverend Sally Jo Snyder and I am the Director of Advocacy and Consumer Engagement at Consumer Health Coalition (CHC). CHC educates and activates consumers to be engaged and to take charge of their own health care. We educate our shared community about pertinent health policy issues including the social determinants of health and engage in systemic advocacy. CHC enrolls eligible Pennsylvanians in public health insurance programs. We believe that access to quality, affordable health care, and ultimately good health and wellness, are critical to a person's ability to reach his or her potential. We also know that people experience disparate 'starting points' or access to resources that are unfortunately correlated with socioeconomic status, racial or ethnic background and disability status.

Personally, the lessons I taught and the lessons I learned from the consumers trained me well as I served as a caregiver to my mother during her illness and her passing on

from a hospital-acquired infection. Along with my four siblings, extended family, colleagues and connections in the field, we too struggled at times with keeping communications lines open and flowing between my mom's medical providers which happened to be from competing health care systems; we worked to understand the changes in medications and what was no longer being prescribed and made certain that various medications supported one another; we sought to learn the course of treatment for her illness and always kept my mom informed and encouraged her to ask questions of her providers. Unfortunately, we weren't diligent enough as our mom contracted a hospital-acquired infection and then we learned the lessons of persistence, asking questions and demanding answers. The most powerful lesson was the need to be constant and present 24-7 as advocate, record keeper and defender. What I learned and lived has fueled my instruction to others.

Healing in Community

In my work, I travel across Western Pennsylvania performing patient activation trainings. Recently, I conducted a focus group of 125 seniors in Southwestern, Pennsylvania. The questions asked were "Who helps you live well?" and, "Who is on your health care team?" With intention, I met with both persons living in high-economic areas and individuals living in poverty and asked the same questions to both groups. Those with resources and financial health answered the questions very succinctly by responding, "My doctor, my specialist, my therapist." When pressed, the answer remained the same.

When persons living below or near the poverty line answered the questions, they talked to me for 25 minutes and mentioned the bus driver, members of their congregation, their pastor, the social worker, the clerk at the local 7/11, the pharmacist at the CVS, their friends and their family. There is a quote, *“We do not heal in isolation, we heal in community.”* The more we can broaden a person’s base of connections and increase one’s trust points, we can create better outcomes in physical health, mental health and in overall wellness.

The Importance of Trust Points

As clergy and Advocacy Director, I have earned my status as a trust point for the persons our agency serves and journeys. Like anyone who earns another’s trust, this happens through knowing another’s name, listening well and remembering, paying attention, being present and following through on what is offered. For a successful health care experience, providers and care staff must become these trust points. From obtaining coverage to finding a provider, making the most of every health care encounter can easily leave one feeling unsettled, unsure and unmoored. Having others *“in it with you,”* learning how to navigate, what to bring, questions to ask and pointers to make, make the sojourn in and through the system of care a successful one for both patient and provider.

Being a trust point in the community, I know firsthand how important it is that people of Pennsylvania retain access to affordable health coverage. The passage of the Affordable Care Act was a watershed moment in our communities, expanding the

availability of private insurance coverage as well as Medicaid. Continued threats to these programs undermine community trust and risk the basic health and well-being of Pennsylvanians. This is particularly acute for people with pre-existing conditions, who now worry that the courts will take away the guarantee of health coverage provided to them by consumer protections in the Affordable Care Act. In fact, it is the threat of persons with pre-existing conditions losing health care coverage that is the most pressing issue of those with whom I educate and advocate.

Activated Patient Trainings

We provide “Activated Patient Trainings” for seniors. These sessions walk persons through every step of the health care encounter from:

- Finding a provider
- Making the matter of transportation the second most important question asked at the time of making an appointment
- What to ask the provider on the initial visit
- Being prepared and directing the appointment so as to make the most of those 15 minutes
- If a longer appointment is needed, to ask for the first or last appointment of the day
- What to bring to every appointment
- Understanding your medications
- What to ask if a test is suggested
- Understanding options if surgery is proposed
- The importance of following-up

- Evaluation of the visit

Because these trainings are done in a group setting, persons from these learning communities offer their insights and provide support for their fellow students. In these sessions, additional trust points are formed.

We stress that whenever a test or a new medicine is suggested or surgery is proposed, the initial response must be **“Why?”** and that from that question mutual dialogue can and must occur.

My favorite question in the guide is **“Can you explain this to me in a way that I can explain it to others?”** This question makes certain that the patient both understands one’s diagnosis and treatment plan and is able to share this information with their team of trust points.

We strongly emphasize having someone accompany a person on their health care visits and created the acronym B.U.D.D.Y. to assist in selecting the right individual or “Visit Buddy”:

B = Back, they’ve got yours

U = Understand their role to support and take notes

D = Disciplined and will stay focused on you and the visit

D = Details person

Y = You are the focus of the medical appointment.

We open each training by asking, “Who is on your health care team?” We want seniors to realize that they are the Most Valuable Player, the MVP, of their health care team. A successful health care system works when, as in any relationship, there is mutuality, honesty and accountability between patient and provider. We ask them to list the **name**, **contact information** and **role** of every member of their health care team and to keep this list updated and kept on file with the medical provider and brought by them to every medical appointment.

Trainings in Action

Technology can be a valuable asset. First, we must work to make sure it is available for every patient, even more to persons living in poverty and isolation, and that education on how to use the technology is provided. Congregations, community centers, YMCA, beauty parlors, barber shops and coffee houses are known trust points that can be utilized as training sites and in doing so broaden the base of who’s involved in one’s care. A useful model for my work is the Community Health Workers model that operates from the foundation of being a trust point and assisting persons in preparing for a medical visit. They help a senior to update one’s personal health profile and medications list, make certain the individual’s health care team roster is updated and work to prepare the “What I Need to Now” questions for the provider visit. This information can then be emailed to the provider a day prior to the visit. These encounters make for a more productive health care visit because both the patient and the provider are prepared and literally on the same page.

We encourage patients that after each medical appointment, the person complete the “Doctor Visit Checklist” that asks an equal number of questions of both patient and provider. Copies of the checklist are left with the provider to be kept on file and with the patient for their records. Our consumer advocates report this creates both mutual accountability and another way to communicate, check-in and follow through.

Using Patient Activation to Prevent Hospital Readmissions

The success of our “Activated Patient Trainings” has led to a series of focus groups and trainings on Reducing Hospital Re-Admissions. We worked in concert with a professor from the University of Pittsburgh’s Graduate School of Public Health and the model we developed and used was the “**Four C’s of Readmission Reduction**” which are:

- Communication
- Comprehension
- Course of Treatment
- Coordination of Care

For example, when a person is being discharged from the hospital, the attending nurse will ask a series of questions from a Discharge Checklist. We teach persons that there are “*no checks without chats*” and to make certain the care plan, follow-up care and medications are understood. We also stress the person have a family member or other trust point present during this time.

Conclusion

As health care advances, the experience and insight of the patient must be intentional, heard, listened to and implemented. For the all-important relationship of Provider and Patient, we must make a priority to listen to and learn from the individuals whose lives are most impacted by the new treatment, the course of care and the new advances in medicine. To fail to involve this perspective from the foundation to the completion is to have a health care system that functions at half capacity.

Thank you for this opportunity. I look forward to answering any questions and continuing the dialogue. For the Patient and Provider relationship to work, we must include the patient perspective, yet we must also make sure that patients can access the system—affordable coverage is a key part of that foundation.

A person who fears being able to afford any health care because they lack insurance is not someone who can meaningfully participate in their care and focus on being the MVP! Patients, providers and payers are the central players in an effective health care system. All have roles to play, responsibilities to fulfill and reasons to work together as a team to build and to bear a health care system that works for all.

Respectfully submitted,

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