ESTABLISHING A CITIZEN ADVISORY PANEL

A “How-To” Tool Kit for Licensing and Credentialing Organizations

OVERVIEW:

A Citizen Advisory Panel (CAP) can be an effective, inexpensive mechanism for licensing boards and credentialing organizations to receive input from the community leaders and, through these leaders, to keep the public informed about programs the boards have in place or are contemplating. Many governmental and private organizations have made good use of advisory panels, but health professional licensing boards have been slow to adopt this mechanism for interacting with the public. This document was developed by CAC at the request of public members serving on boards of nursing, but the tool kit is applicable to credentialing organizations, as well.

The Citizen Advocacy Center (CAC) was involved in the creation and operation of the CAPs, which the U.S. Department of Health and Human Services’ Centers for Medicare and Medicaid Services (CMS) required Medicare Quality Improvement Organizations (QIOs) to establish in the late 1990s. From that experience, we learned that there are at least 6 essential ingredients that help make a CAP successful:

- The membership must include a broadly representative group of community leaders from diverse demographic groups, including disadvantaged and rural communities.
- Agendas for CAP meetings must be developed collaboratively by the sponsoring board and the members of the CAP.
- Meetings must afford the sponsoring board the opportunity both to educate the panel participants about board activities and to learn the concerns and aspirations of the constituents represented by the CAP participants.
- There must be regular feedback regarding the disposition of any recommendations made by the CAP.
- CAP operations should consume minimal board resources.
- There must be periodic evaluation of the usefulness of the CAP.

Each of these ingredients is addressed in this Tool Kit.

POPULATING A CAP:

It is essential for a CAP to be broadly representative of the state’s population. A well-populated CAP has leaders from both state-based organizations and smaller community groups. Membership might be drawn from church groups, city and/or county councils, union leaders, health insurance counseling advocates, long term care ombudsmen and resident advocacy organizations, hospital-based patient advocates, AARP chapters, Area Agencies on Aging, PTA groups, non-English speaking advocacy groups, rural and inner-city community groups, legal aid
offices, organizations that sponsor state and local health fairs, and other consumer and patient organizations as appropriate in any particular state.

**How to identify CAP members:** Identifying potential CAP participants can be challenging. The following sources might be helpful:

- Your board’s public member(s),
- Board outreach staff,
- The Department of Health,
- Members of the legislature,
- National and state-based consumer organizations
- Consumers and advocacy groups who have filed inquiries or complaints with the board.

**Membership size:** There is no “magic number.” The advisory panels established by the Medicare QIOs mentioned above had as few as 4 and as many as 19 members. The most effective panels had a good balance of state-wide and local community group representatives. In geographically large states cost considerations may impact the ability to include membership from all areas of the state.

**Frequency of meetings:** The QIO panels met between one and 6 times a year. Boards might want to sponsor an initial CAP meeting with no commitment as to how often the group might reconvene. This initial meeting might conclude with a discussion of the following questions:

- Was this meeting useful?
- If “no,” why not?
- If “yes,” then
  - How often should this CAP meet?
  - Which additional organizations/leaders should be invited to participate?
  - Where should the next meeting be located?
  - What issues should the next meeting address?
  - What more would CAP members like to know about the programs/activities of the board?
  - In what ways would the board want the CAP to help it serve the citizens of the state?

**DEVELOPING AN AGENDA**

**Two-way communication is critical:** The convening board should avoid creating an agenda where the board does all the talking! The best guideline is for the board to take the first half of the agenda to describe its programs and what it hopes to achieve by creating a CAP. CAP participants should be invited to develop the other half of the agenda. The board-controlled part of the agenda might include an overview of board responsibilities and programs:
• How the board protects and promotes the public health and safety,
• A “primer” on board rule making, and how community input is possible,
• How the complaint process works (in plain English), including what types of complaints the board can address and what types of complaints are outside its jurisdiction,
• The board’s public outreach and education programs,
• How the board addresses current issues,
• How the web site can be consumer-friendly: Is it currently useful? Easy to navigate? Comprehensive? (In the call to the meeting invitees should be encouraged to review the website before coming to the meeting. At the meeting, the website should be displayed on a screen for this part of the discussion. In states where the website is controlled by an umbrella organization, CAP members should be assured that their views regarding the website will be passed on to appropriate staff at the umbrella organization.)

For the community group part of the agenda, staff responsible for convening the meeting might identify 2-4 invitees and ask them what issues they would like to discuss. CAC experience has been that many consumer activists welcome the opportunity to speak about the health issues confronted by their communities and what if anything the board can do to address them. Consider inviting a community representative to chair the second half of the meeting.

FEEDBACK
Feedback after the meeting is essential. Good notes should be taken and distributed to all participants. At the conclusion of the meeting, the CAP members should be handed an evaluation sheet, or one should be sent to them electronically right after the meeting. If the CAP makes specific recommendations to the board, there should be a detailed response by the board, explaining whether and how each recommendation has been adopted (in whole or in part), and if it hasn’t, the reasons why.

STAFFING AND BUDGET
Few licensing or credentialing boards have unlimited financial and staff resources to devote to the creation and operation of a CAP. The largest expense is likely to be in the start-up phase, since it will take time and effort to identify CAP membership. It is probably advisable to screen invitees by phone to confirm their interest in participating. In many instances the initial contact will be with an institution, and it may take some work to identify the most appropriate individual to invite.

Assuming the first meeting will be at board headquarters, there should be no room rental costs. The board will need to determine whether it can pay mileage and parking costs for those not located in the board’s headquarter city. If mileage and parking reimbursement is not available, the invitee list for this first meeting may need to be limited to individuals/organizations that are in or near the headquarters city. Small honorariums ($50 - $100) would be helpful, but not essential. For an all-day meeting, a board will need to determine if it can provide a box lunch
to attendees as well as a beverage break. If funding is available, the lunch can be described as a “working” lunch (some boards can pay for food if it is part of a “working lunch.”) If funds are not available, the board will need to provide a list of nearby inexpensive restaurants, and build time into the agenda for a lunch break.

The board’s public member(s), board chair and key staff members should definitely attend, as should other board members and staff, if available. Take balance into consideration so the number of board representatives does not overwhelm the number of community representatives in attendance. Consider having a public member chair the first meeting. Creating a working relationship between the public member(s) and the CAC members could be a specific goal of the meeting(s).

MEETING EVALUATION

Both board staff and CAP members should evaluate the meeting. If it is decided to convene additional meetings, the impact and accomplishments of CAP program should be evaluated at the end of the first 12 months.

Measuring the impact on the board might include measuring such variables as the effect on the board’s agenda and its attitude toward public protection initiatives, the growth of telephone calls, e-mails and written communications from the public after the meeting or series of meetings, any growth in the number of complaints, Increased community group participation in rule making proceedings, and Invitations to present at community group functions.