

A large, light-colored graphic of a stethoscope is positioned on the left side of the slide, partially overlapping the background image. The stethoscope is oriented vertically, with the chest piece at the bottom and the earpieces at the top.

Enhanced Care Management: Rethinking Outreach, Engagement and Retention

HOUSEKEEPING

1. This webinar is being recorded.
2. If you are experiencing technical difficulties, please chat the host
3. Please complete the evaluation at the end of today's session
4. All attendees will receive a copy of today's presentation after the training is completed.

Participants are automatically

MUTED

Please place any questions in the **CHAT** to
"Everyone"





WEBINAR OVERVIEW



Welcome & Introductions



Health Plan Updates



Outreach and Engagement Best Practices with ECM Populations



Retention and Re-engagement Strategies



Stories from the Field Discussions Summary and Evaluation

RETENTION STRATEGIES IN ECM

PRESENTER

HEALTH MANAGEMENT ASSOCIATES



**Karen Hill, PhD, ANP-C
Principal**

Health Management Associates

WARM UP: HAVE YOU EVER....

Eaten a whole
pizza by yourself

Cried during a
Pixar movie

Smuggled food or
candy into a
movie theater

Use **Zoom**
Annotate to
indicate if you
have ever done
one or more of
the following 😊

Tried to cut your
own hair

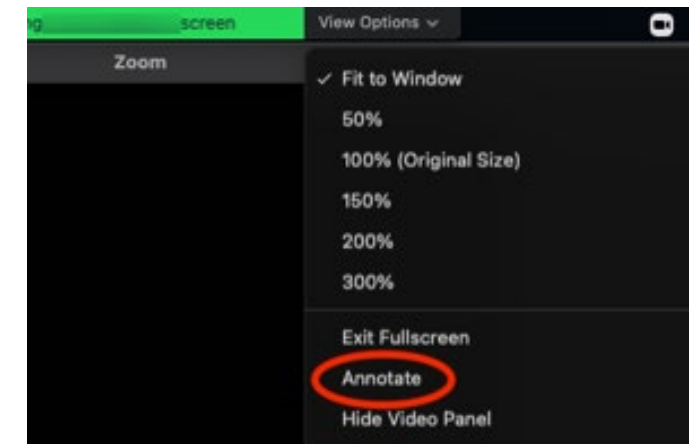
Re-gifted
something that
was gifted to you

Been to a Stern
Grove Concert

Sung karaoke

Missed a high
five

Gone skydiving



Select ALL that apply:

**Tell Us Where
You are
Working?**



- A. I meet with members only in the clinic or at the organization**
- B. I meet with members in the community, home, hospital**
- C. I meet with members using video or zoom**
- D. Something else (use your chat)**



What Is Your Role in ECM?

- A. CHW**
- B. Care Coordinator**
- C. Registered Nurse**
- D. Social Worker**
- E. Something else (tell us in chat)**



How Long Have You Work in the ECM Program?

Select best ONE:

1. I am brand new to ECM 1-3 months
2. I have worked in ECM 4-6 months
3. I have worked in ECM since the program started





Meet Mrs. Chavez: Individual @ Risk of Institutionalization



- 76-year-old woman with mild dementia with hearing loss, living alone in rundown house. She is on your **unable to contact** list and she has been to ER several times for issues that her PCP could manage and is considered vulnerable.
- During your initial ECM outreach-engagement, she shouts, “You scammers, better leave me alone or I’ll call the police.”

CHAT: What strategies would use to initially re-engage Mrs. Chavez in ECM?

Interaction

What strategies would you use to engage Ms. Chavez in ECM?

If she is lost to follow-up later, how would you re-engage him?

How do you assure her that the ECM is a legitimate professional who can help her stay in her house, if that is her choice?

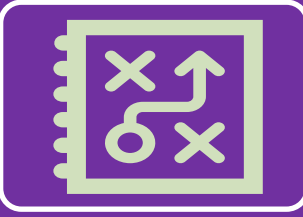
How might an ECM quick establish or re-establish trust and credibility with her?



Learning Objectives



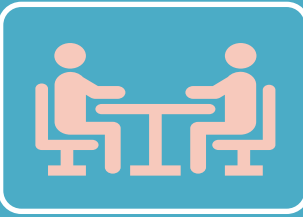
Identify at least three outreach, engagement and retention approaches



Share at least one successful strategy for the difficult to engage and retain member



Explore how social determinants influences member participations in ECM



Identify opportunities to encourage reconnection with members “lost to follow-up”

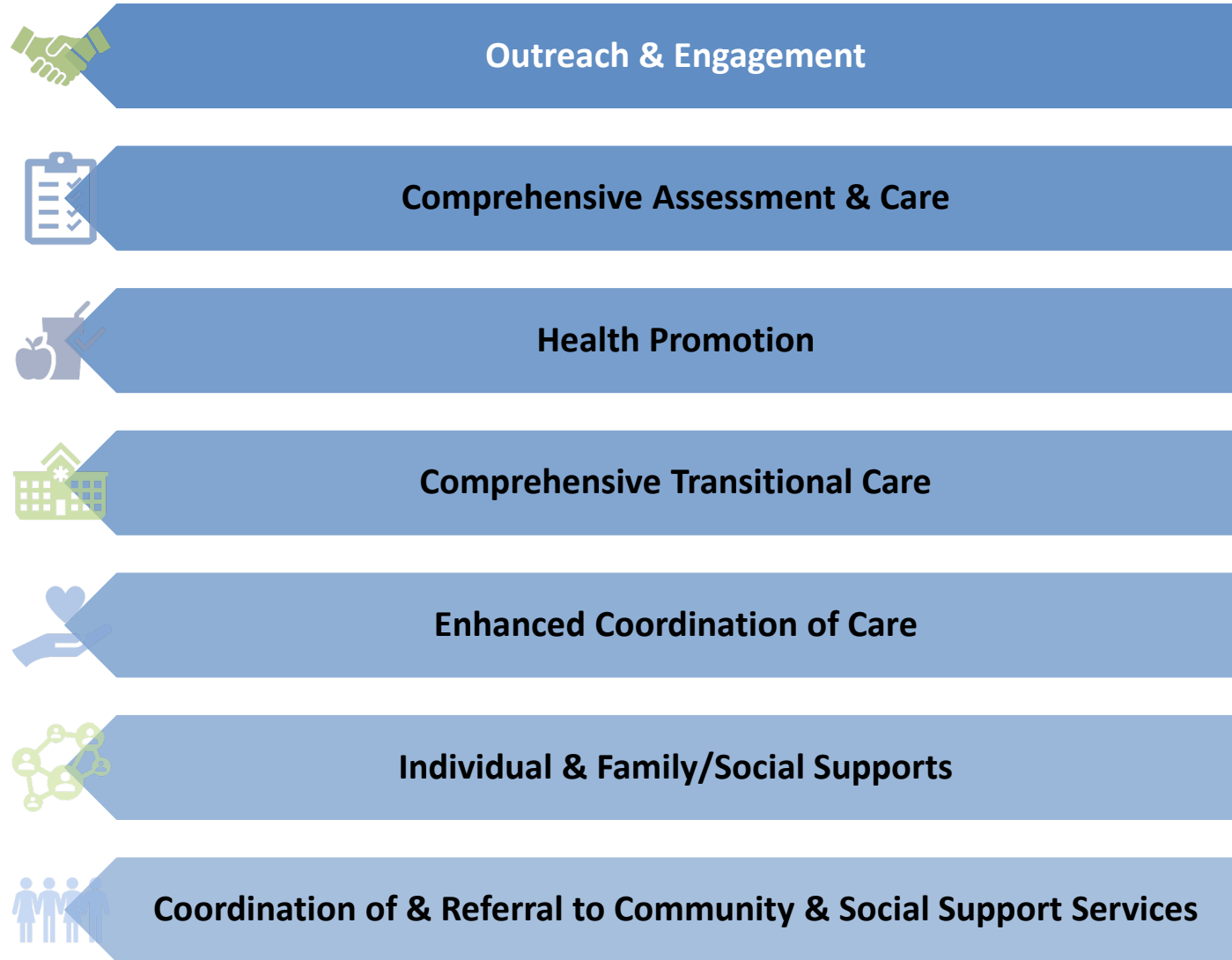




ECM's 7 Core Services

A











whole-person approach with a focus on In-Person Services





Outreach & Engagement



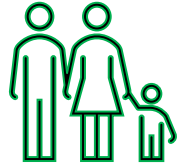
ECM Population of Focus (POFs)		Adults	Children & Youth
 1	Individuals Experiencing Homelessness	✓	✓
 2	Individuals At Risk for Avoidable Hospital or ED Utilization (<i>formerly called "High Utilizers"</i>)	✓	✓
 3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
 4	Individuals Transitioning from Incarceration	✓	✓
 5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
 6	Adult Nursing Facility Residents Transitioning to the Community	✓	
 7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
 8	Children and Youth Involved in Child Welfare		✓
 9	Individuals with Intellectual or Developmental Disabilities (I/DD)	✓	✓
 10	Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes	✓	✓

Views of us



ECM Populations of Focus: Children and Youth

July 1, 2023



- ***Children/Youth Experiencing Homelessness***
- **Children/Youth At Risk for Avoidable Hospitalization or ED Utilization
(formerly called “high utilizers”)**
- **Children/Youth with Serious Mental Health and/or SUD Needs**
- **Children/Youth Transitioning from Incarceration**
- **Children/Youth Enrolled in California Children’s Services (CCS)
or CCS Whole Child Model (WCM) w/Additional Needs Beyond the CCS
Condition**
- **Children and Youth Involved in Child Welfare**
- **Children/Youth with Intellectual or Developmental Disabilities (I/DD)**
- **Pregnant and Postpartum Youth**

Birth Equity Population of Focus



**ECM Birth Equity Population of Focus Went Live
1/1/24**

Adults and Youth who:

1. Are pregnant or are postpartum (through 12 months period); **and**
2. Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality

Notes on the Definition:

- Clause (1) with “pregnant or are postpartum,” with “postpartum” period defined as the 12 month period following the last day of the pregnancy (irrespective of whether live or still birth delivery, or spontaneous or therapeutic abortion).
- Clause (2) is identified based on the California Department of Public Health’s (CDPH) most recent State public health data available on the Women/Maternal Dashboard Home Page (including the Pregnancy Related Mortality, Selected Maternal Complications, and Severe Maternal Morbidity Dashboards).

No further criteria are required to be met to qualify for this ECM Population of Focus.



Outreach and Patient Engagement Key Elements in the ECM Benefit

**Locate,
Contact,
and
Engage**

**Use
Multiple
Strategies**

**Active
and
Progressive**

**Document
attempts
and
Modalities**

**Share
information
between
ECM provider
&
Team**

**Culturally
and
Linguistically
appropriate**

Find: Where to Outreach?

- Community locations (corner stores, drop-in centers, faith-based organizations, other)
- Last known service Providers (specialists/doctors)
- Hospital or ED if accessible or at home shortly after discharge
- Patient/family residence
- Homeless shelters/Encampments
- Supportive housing, board and care homes
- Rehab Programs

Find: Outreach Strategies



Use multiple modes – mail, email, text, phone



In reach: Review schedules, compare with MIF & flag for warm hand-off



Strategize with team for in-person visits & feet on the street



Leave information behind – brochure, flyer



Schedule **outreach activities by neighborhood** with varying frequency

ECM Activities:

Key Elements in the ECM Benefit

<https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf>

What else?

1. After Member assignment, attempt to **locate, contact and engage** Member
2. Using person-centered strategies: **phone, mail, email, text, telehealth, at home, at PCP, at park, coffee shop**
3. Using multiple approaches **“active and progressive approach”** — i.e., increasing efforts at different days and times of week and over
4. Use **culturally, linguistically appropriate** outreach & engagement script and include educational materials
5. **Document** all outreach and engagement efforts
6. **Keep health plan informed** so it can consider enrolling Member in different programs if Member declines ECM

Chat in!

Barriers to Engagement

1

Why don't members engage?

- What are the practical barriers?
- What are the engagement barriers?



2

What are some reasons members choice to leave ECM?

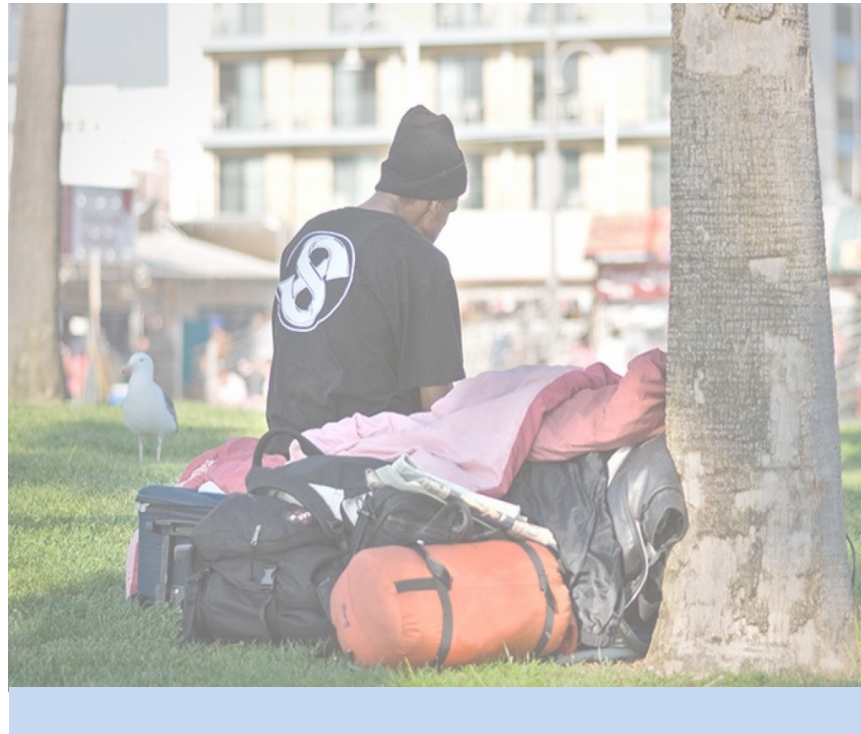
- What are the practical reasons?
- What are the engagement reasons?



Why Members Don't Engage or Leave ECM

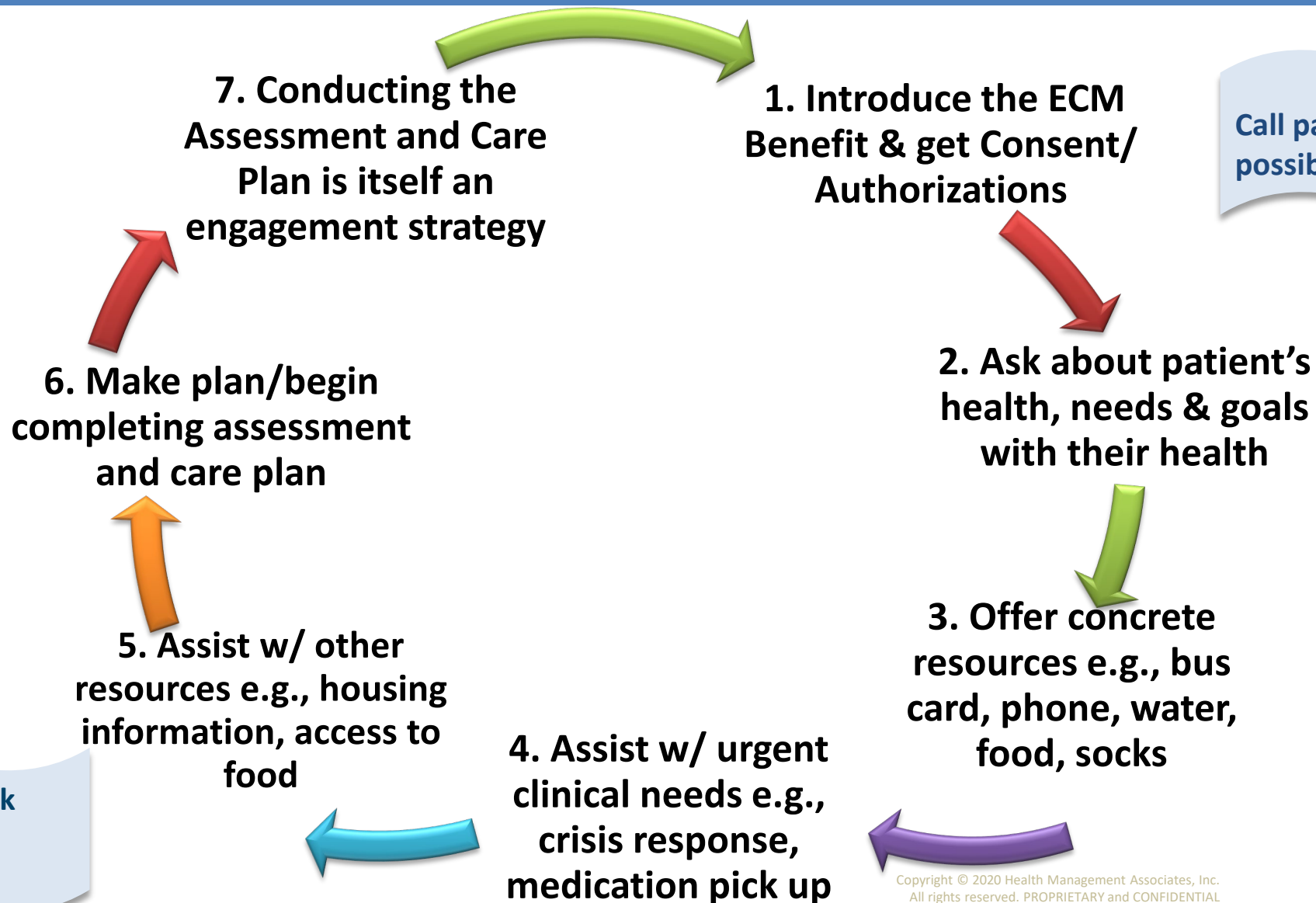


- 1 Phone or contact challenges**
- 2 Transportation challenges**
- 3 Social situation/Life event**
- 4 Unhoused or unstable housing**
- 5 Not a good fit**
- 6 Didn't understand the program expectations**
- 7 Clinic schedule**
- 8 Don't feel they need or want your help they can manage**



Outreach and Patient Engagement

Key Elements in the ECM Benefit



Call patient as soon as possible after assigned

Establish some "quick wins" to build trust

Early Outreach & Engagement Tips

- **Assign the right staff**
- **Call member as soon as possible after assigned**
- **Provide early support & info, prior to the appointment**
- **Network with other supports to ensure attendance, including family in early engagement**
- **Meet the member where they are**
- **Gain commitment to the next 3 appointments**



Key Elements of Outreach and Engagement

1 Meeting people where they are at (literally & figuratively)

2 Communicating with people through means that work for them

3 Connecting by building trust and safety

4 Communicating empathy effectively

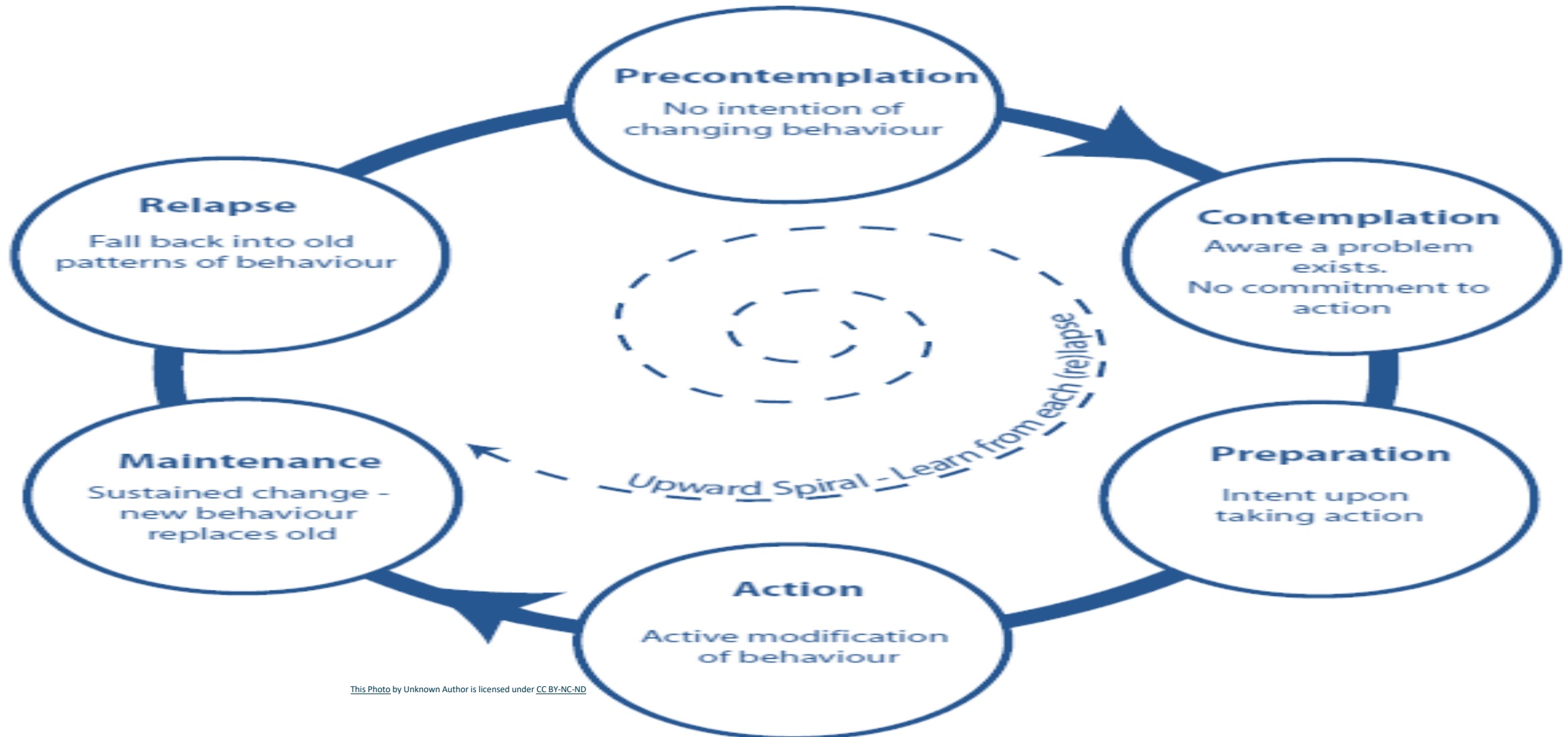
5 Re-engagement for lost to follow-up



Engagement Approaches with “Readiness” Stages in Mind



Keep Engagement Approaches with “Readiness” in Mind



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Engagement Approach

Active Listening

What else?

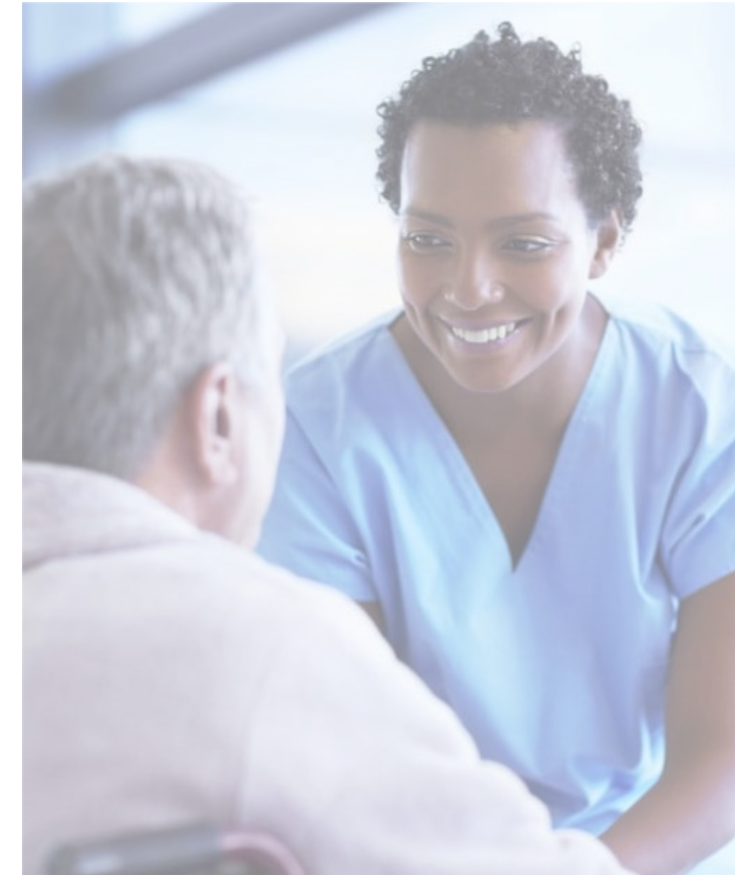
1. Open-ended questions

2. Reflect/paraphrase what the other person says

3. Clarifying Questions

4. Summative Statements

5. Empathic Statements



Creating an Engagement Script



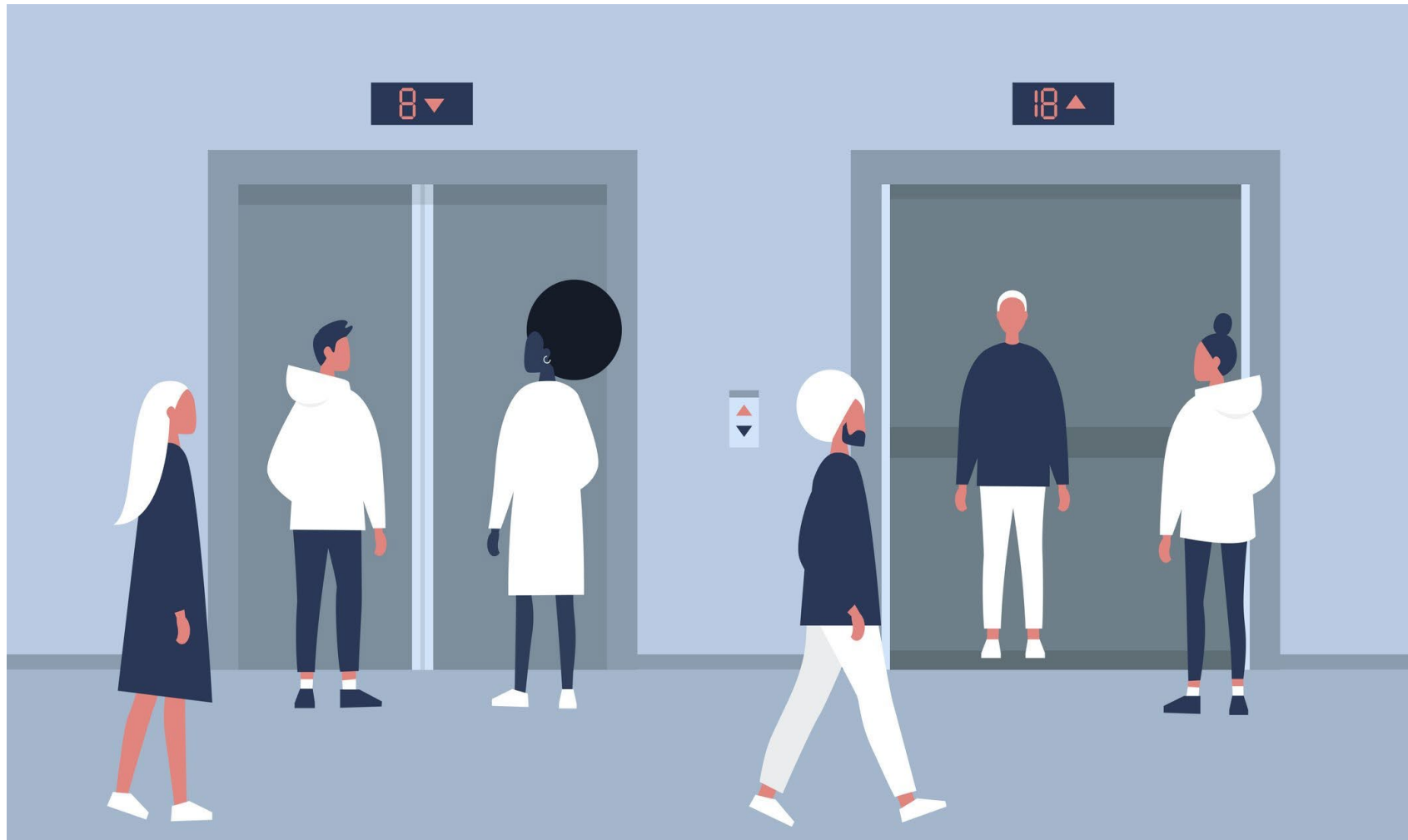
What is an ECM sensitive engagement speech?

Why do you need one?



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Outreach/Engagement Tools: Creating an ECM Script



Things to add to your Elevator Script

Tailor it, and keep it short

1. **Personalize it:** *I'm calling from your doctor's office/primary care clinic/housing program with...*
2. *ECM is a **free and local** benefit to you, it's a part of your Medi-Cal coverage. It **doesn't impact** any of your other medical care or services*
3. *Our team will **work with you to assist you** with things that are **important to you**, such as **different resources** like food, transportation, medications & also support your **overall health and independence***
4. *We can **also work with** your provider/s and your other case manager. We can be **your advocate** with these providers & other agencies to assist you*
5. *We can meet you in your home, here at the clinic or another **location of your choice** (local community center, shelter, food bank). We can also set up **check-in calls**.*
6. *Would you like to set up a time and place to talk more about ECM? Maybe **think about something you'd like assistance with** that we can discuss.*



MAKE ENGAGEMENT CONVERSATIONAL



Pre-Work: Scrub Chart

Pull from other documents rather than asking the member the same questions they have already answered



Break the assessment up into more than one visit



Weave the Questions into the Conversations



Know the assessment questions and flow "cold"

Example: ECM Elevator Script



Hello Ms. Abdulah, my name is Danni and I'm a care manager here

Uh, OK. Hello.

I'm reaching out to you because I'd like to tell you about ECM, a new free program you may be eligible for. This program might be very helpful to you, may I tell you about it?

Sure. I just have a few minutes though.

ECM is a new program in California that assigns a personal care manager who meets with you regularly to help coordinate your services and make sure they are helping and that they line up with **your** personal care goals and preferences.

That'd be good, because my care seems kind of a mess right now.

That's just what this program is aimed at helping with. Would you like to set up a time for us to talk a little more about the program and your needs, any maybe even begin the intake process?

That sounds good, Danni, thanks.

How to re-engage members :

Practical Strategies Unique to the Member

1. Ask the member why they left

2. Incentivize their return

- Ask about their current needs and offer any quick wins

3. Keep checking in

- Using a lighter touch- let them know you are there for them

4. Strategize with the team

- Prioritizing which members to outreach and the approach



ECM Re-Engagement Script:

An Example



Hello Ms. Chavez, my name is Karen. We spoke a while ago. I work with Dr. Martinez your Dr. at West side clinic. **How are you doing? He is concerned about you.** He would like me to talk to you about the free program that can help you some help last time. **Is this a good time to talk?**

Ms. Chavez, I am not a scammer. My name is Karen, and we talked a while ago. **Dr. Martinez** and your insurance are concerned because you were in the hospital. **There is a FREE program you are eligible for and can help. The services might be very helpful to you. May I tell you about the program?**

This is a **free** program that assigns a personal care manager to help coordinate your health services and makes sure that you are getting the help you need and want. We can even visit you at home if you want.

No, Ms. Chavez, This program is FREE. Would you like to set up a time for us to talk a little more about the program and how I might be able to help? **I can even come to your house.**



Hello. Are you one of those scammers that calls all the time?

My doctor told you to call me? Ok, I have a few min. Ok I forgot about you. My memory is not good.

That'd be good, because I just got out the hospital. **Do I have to pay anything??**

That sounds good, Can you come to my house when my daughter is here?

Ongoing Engagement & Retention Requires your “Always” skills



Use your active listening skills



Use trauma-informed and empathetic language



Relationship, trust and transparency are key



Promote choice and independence



Keep your personal biases in-check”



Member Engagement Strategies



Engaged in active listening



Non-verbal communication

body language
eye contact



Verbal communication

Responding to feelings
Responding to meaning



Empathy that is patient-centered, warm, respectful & builds trust



Eliciting member's beliefs, preferences, opinions, & strengths

Outreach & Engagement Review

A young girl with dark hair, wearing a white lab coat, is holding a flashlight and looking down at it. The background is a soft, out-of-focus indoor setting.

Get Creative!

Connect with the member's other service providers, including the PCP

Supplement with the other methods of engagement

Once the member opts in, strategize to retain in services

The Next Steps

1. What are you currently doing that you will **STOP** doing because it isn't working?
2. What haven't you done that you will **START** doing because it may work?
3. What are you already doing that you will **CONTINUE** doing because it works well?

More ECM & CS Resources from DHCS

DHCS ECM Policy Guide: <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide-September-2021.pdf>

DHCS ECM Provider Toolkit: https://www.aurrerahealth.com/wp-content/uploads/2021/12/Provider-Toolkit_FINAL.pdf

DHCS ECM Member Toolkit: https://www.aurrerahealth.com/wp-content/uploads/2022/01/ECM-Member-Toolkit_FINAL.pdf

DHCS ECM and Community Supports Website:

<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

DHCS ILOS/Community Supports Policy Guide:

<https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>



Coming Up Next



Birth Equity

When: October 10th

Time: 11:30 to 12:30pm

From all of us...

