

WELCOME

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Enhanced Care Management Webinar Fridays

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**We will begin at
12:03p.m.**

Thank you

ECM Webinar Fridays:

Outreach and Engagement in ECM – Practical Strategies



L.A. Care
HEALTH PLAN®

For All of L.A.

February 11, 2022

Presented by:

**L.A. Care Health Plan | Health Net
Anthem Blue Cross | Blue Shield Promise Health Plan | Molina**

Housekeeping

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Webinar Overview

Topic	Time
Welcome & Introductions	5 minutes
Health Plan Updates	5 minutes
Outreach and Engagement in ECM – Practical Strategies	40 minutes
Summary and Q&A	5 minutes



Today's Presenters



**Skylar Fordahl, MBA,
Senior Manager
Enhanced Care Management
Blue Shield Promise Health Plan**



**Karen L. Hill, PhD, ANP-C,
Senior Consultant
Health Management Associates**



**Mary Zavala, LCSW, MPP, MA,
Director
Enhanced Care Management
L.A. Care Health Plan**



**Angel Hernandez,
ECM Lead Care Manager
Martin Luther King Community Hospital**



Objectives for this Session

At the end of this webinar, you will be able to:

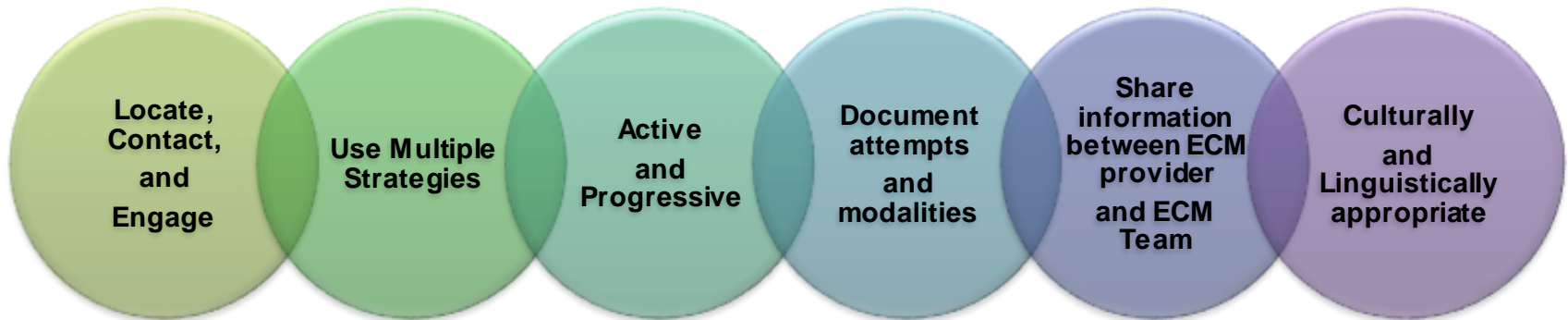
Learning Objectives

1. Explain the outreach expectations and priority groups identified in the ECM Benefit
2. Describe the process of outreach and engagement in order to enroll and retain members in ECM
3. Review key activities, skills and strategies for effective outreach and engagement



Outreach and Member Engagement

Key Elements in the ECM Benefit



Outreach and Member Engagement

DHCS Requirements



All ECM Providers must assume responsibility for conducting outreach and engaging each assigned ECM Member.



ECM Providers must have the capacity and strong commitment to conduct in-person outreach.



Subject to public health protocols per DHCS, the ECM Provider is expected to conduct outreach primarily through in-person interaction where Members and/or their formal/informal supports, seek care, or prefer to access services in their community.



DHCS Update Regarding In-Person Visit Requirement

ON HOLD through March 31, 2022

Still a priority of the ECM model of care, in person visit are on **hold** due to the Governor's extension of the public health emergency **through 3/31/22**

- *In-person contact is not currently a mandated component of ECM, including outreach and engagement*
- *Phone and video calls may substitute for face-to-face*

Frequency of ECM services should be maintained while utilizing an alternative approaches

- Required outreach attempts are **active, meaningful and progressive** between the initial **30-day & 90-day period** until engaged
- **5 attempts with using 3 different types** of outreach methods **used within the 90-day period**

Alternative methods include Telehealth, mail/letter, email, texts, telephone calls, Facetime, Zoom

- *Culturally appropriate and accessible communication in accordance with the Member's choice*



Outreach and Engagement in ECM after March 31, 2022

Confirmation from DHCS required prior to reverting to original requirements which include:



Conduct outreach **primarily through in-person** interactions



Required outreach attempts for enrollment into ECM:
1 of the 5 attempts must be in-person and 3 different types of outreach is used within 90 days



Prioritizing Groups for Outreach in LA County

Groups included in the Member Information File (MIF)

- Providers must outreach to the three groups
- Plans may have differences regarding the time period to initiate and complete outreach. Please refer to your MCP for specifics regarding timing

ECM Provider Outreach Expectations	
Member Acuity Level (Outreach Priority Group)	ECM Provider Conducted Outreach
High	<ul style="list-style-type: none">• Attempts should be progressive and multi-modal• Once you start outreach, make 5 attempts (live calls, text, or in person); then a letter
Medium	<ul style="list-style-type: none">• Attempts should be progressive and multi-modal• Once you start outreach, make 5 attempts (live calls, text, or in person); then a letter
Low	<ul style="list-style-type: none">• Attempts should be progressive and multi-modal• Once you start outreach, make 5 attempts (live calls, text, or in person); then a letter

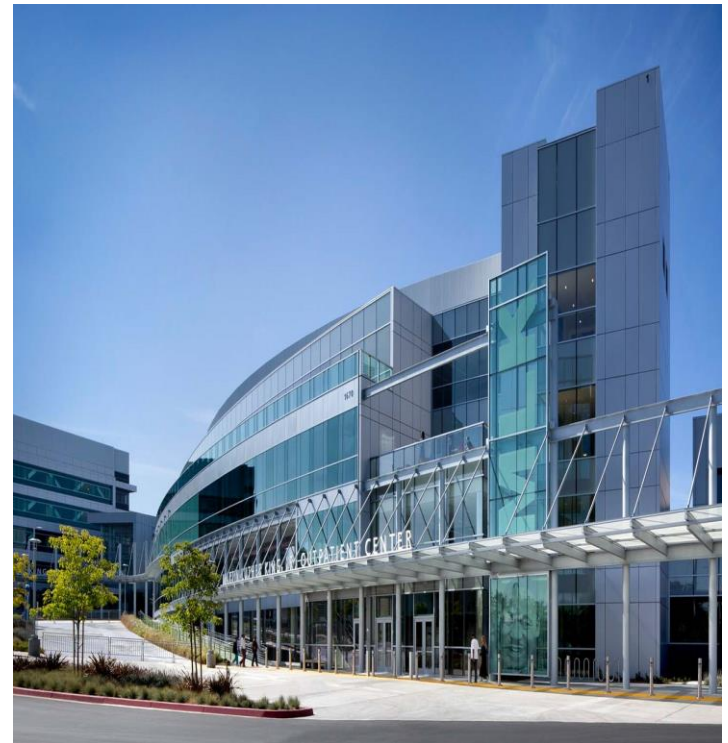


Outreach and Engagement: Real Life Strategies



Let's Hear from the Martin Luther King Team!

Angel Hernandez
ECM Lead Care Manager



What is the most challenging aspect of outreach for you in the ECM Program?



Check all that apply

1. Reaching individuals who are homeless
2. Connecting virtually (phone/video) with individuals who don't have consistent access to the tools for this
3. Concern with in-person contact during COVID
4. Outreaching individuals with mental health conditions
5. Personal safety
6. Establishing trust with the new and eligible member

Chat in other challenges that come to mind!



3 Core Components of Outreach



Meeting people where they are at (literally and figuratively)



Communicating with people through means that work for them



Communicating empathy effectively



Progression – Outreach through Engagement

Prepare to Find

- Review the MIF & identify the priority group for O&E
- Verify contact information & update
- Review utilization history with PCP, specialists, ED & hospital
- Use available public resources to locate if needed
- Create individual engagement plans with the Care Team

Find

- Use multiple strategies – mail, email, text, phone, telehealth & reach-out per tiering guidelines
- ID next appointment/s & plan for warm hand-off
- In-person visits & feet on the street
- Leave-behind information
- Schedule outreach activities by neighborhood with varying frequency
(multiple days & times of the week)

Engage

- Visit/call at least monthly to develop relationship
- ID immediate needs & help secure resources
- Explain ECM eligibility & free benefits.
- Get Consent
- Complete Assessment & update known information



Outreach Strategies: Preparing to Find

ID your team's Outreach specialist who can focus on the initial outreach

- Typically, the CHW but
- Also consider who on the Care Team may be most appropriate for the initial contact based on past relationship or knowledge of the member

Customize outreach and engagement plans

- Include cultural or language considerations while developing the outreach and engagement plan
- Include discussion in Huddles or Team meetings



Calling out Key Outreach Strategies

“Prepare to Find” and “Find”

INREACH: Reviewing Provider schedules and flagging those scheduled with an appointment with their PCP for face-to-face engagement efforts

Direct communications with Members by letter, email, social media, texts, telephone, telehealth

Outreach to care delivery and social service partners, providers in the Member’s Health Plan, to obtain information to help locate and contact the Member

Street level outreach to hold face-to-face meetings at community settings, where the Member lives and/or where the Member seeks care or is otherwise accessible



Where to Engage?

Possible Locations for Outreach and Engagement



- Community locations (such as corner stores, drop-in centers, faith-based organizations and other community networking groups)
- Last known service Providers (specialists/doctors, dentist, etc.)
- Hospital or ED if accessible or shortly after discharge
- Residence of members or household members
- Homeless shelters
- Supportive housing/board and care homes
- Rehab Centers
- Social Service Providers
- Local government offices, e.g., DPSS



Engagement of Members of Unhoused/Homeless or Reentering the Community following Incarceration

Strategic Field-Based and Virtual Approaches

Partner with local housing/homeless providers, such as Continuum of Care (CoC) agencies and/or lead Coordinated Entry System (CES) agencies

Jointly developing engagement strategies with homeless and reentry partners

Participate in learning collaboratives/sessions for ECM Providers and share best practices and challenges

Access the Homeless Management Information System (HMIS), if available

Access to ADT (admit data transfer) data on members

Partner with street-based engagement teams



Outreach Strategies - Poll



Check all that apply

Which of the following strategies has your ECM Care Team had the most success with?

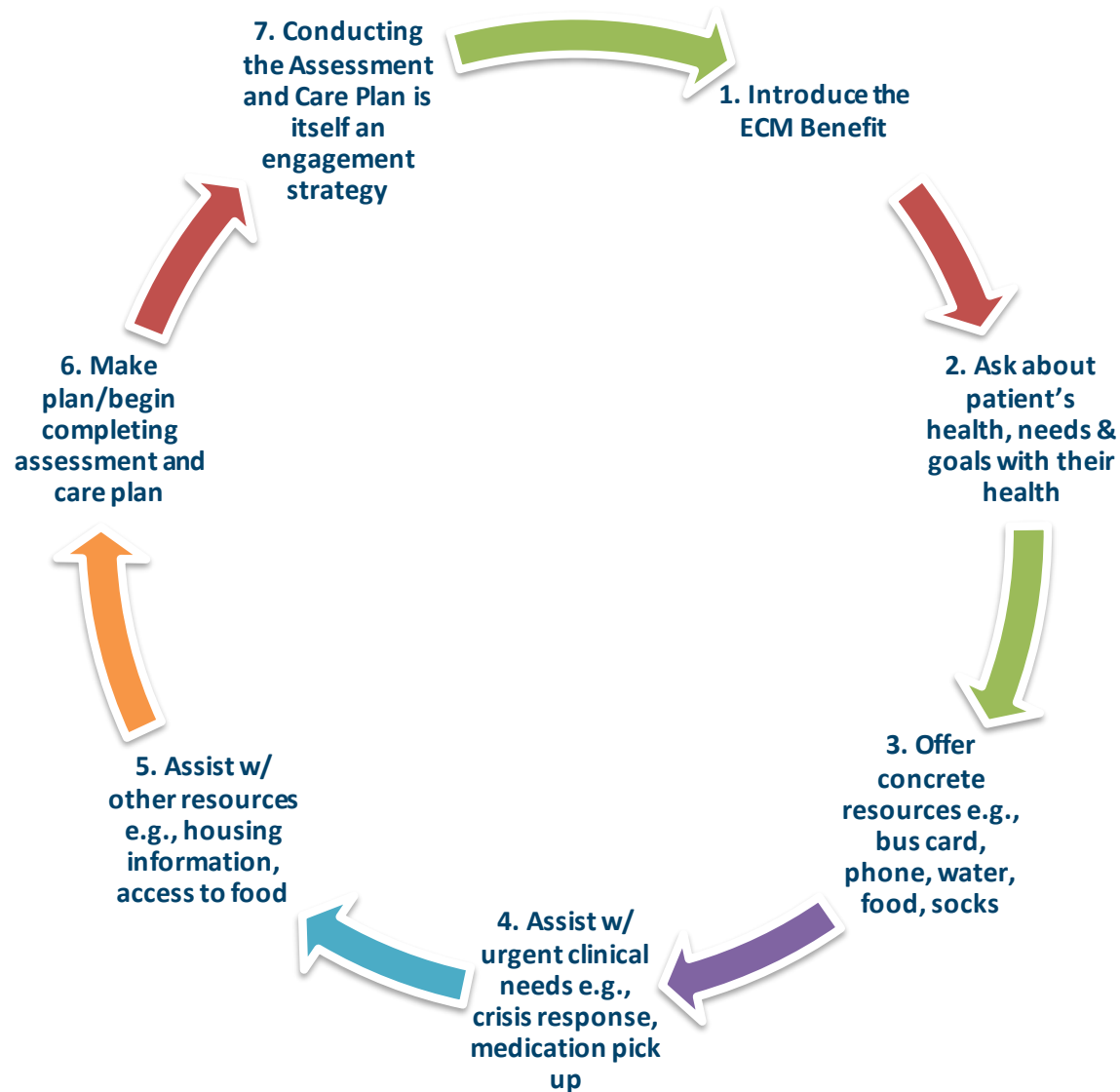
1. Connection with patient in their home
2. Connection at the patient's clinic
3. Connection at the patient's primary social service agency (community center, shelter, food bank)
4. Hospital or ED
5. Phone
6. Email
7. Text or social media



Chat in other strategies that come to mind!



After Outreach: the “Engage” Stage



After Enrollment: “Engage” Stage, Continued

Contact

Ensure the shortest time possible between enrollment and next contact, to continue engagement and decrease no-show or no contact



Schedule

Discuss next contact, confirming date & time, phone number or in person location and what the patient may want to achieve during the next contact



Follow-up

Follow-up on any immediate needs, resources, referrals identified during initial O & E to establish some “quick wins” and trust building



3 Core Components of Engagement



Eliciting people's beliefs, preferences, opinions, and strengths around their health



Addressing barriers to high engagement in their own health



Communicating caring and belief in their self efficacy



“Always” Skills for Outreach and Engagement



Engaged and active listening



Building Trust



Non-verbal communication



Verbal communication

Responding to feelings
Responding to meaning



Empathy that is patient-centered, warm and respectful



Avoid barriers to empathic communication



Engagement Strategies



Trusting and mutually **respectful** working relationship:

We all need to feel heard and to accepted!

Non-judgmental & active listening skills



Patient + care team + provider have agreed upon **goals** for treatment

Patient and care team must collaborate on mutually agreed upon **tasks** to reach goals!

Ongoing Engagement & Retention Requires:



“Always Skills”

Keep patients “centered” in their care

Patients' lives are often chaotic with competing demands

Relationship, trust and transparency are key

Promote choice and independence

Be aware and keep “in check” your personal biases

Use trauma informed and emphatic language

Have hope and Be curious, creative and use innovation

Use your motivation skills

Keep reaching out: needs and people can and do change



When a Member Doesn't Engage

When to Discontinue Outreach Services: When and How to Re-engage



- When to discontinue
 - Member is not reachable within a **90-day period**
 - Declines to participate in the ECM Benefit
 - Continues to disengage with the ECM team
 - Safety concerns
- For Enrolled Members, discontinue outreach if the ECM Provider cannot contact an enrolled member after 3 attempts (including one in-person attempt) and a mailed letter
- When and who to re-engage:
 - MIF lift list
 - You have given them a break
 - PCPs and/ or Pt requests
 - Patients you know may need the services
 - Try a lighter touch just let them know you are there for them!



SUMMARY



Recap of the ECM Outreach and Engagement requirements and priority groups

Hearing from a team about outreach in real life (IRL)

Review of the key components, skills and strategies for effective outreach and engagement and “always skills”



Coming Up Next

The Assessment and Care Plan in ECM – Practical Strategies



When: Friday, February 25, 2022

Time: 12:00 p.m.

<https://www.lacare.org/healthhomes>

Before You Go...

Please Complete the Evaluation of Today's Session

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From all of us...

