MA DSRIP TA marketplace

POP UP EVENTS

Highlights and Resources from the MassHealth SWI Pop Up Series on Member Engagement

Event Summary: From Fall 2019 through Spring 2021, the Massachusetts DSRIP Technical Assistance (TA) Program hosted a series of three Pop Up events for ACOs and CPs focused on finding, engaging, and building successful relationships with MassHealth members. Speakers at each event shared innovative approaches to successfully engage individuals who may have competing priorities and complex life circumstances. Summaries of each event are on the TA Marketplace website. This document summarizes three common themes that emerged across events and includes promising practices, resources and examples from past DSRIP TA projects that ACOs and CPs may find valuable in their efforts to better engage MassHealth members.

Acknowledging the Whole Person

Many individuals with complex health needs face challenges in their lives that can make it difficult to engage in healthcare services. Often, individuals need to address issues such as housing instability, food insecurity, or a lack of stable employment before they can begin to meaningfully participate in their healthcare. Healthcare providers rarely see the challenges patients face or the tradeoffs patients make in order to access the health services they need. Panelists emphasized how important it is to address peoples' personal goals first, regardless of whether they address medical issues, before tackling their health care needs. For example, Heidi Favet from Ely Clinic explained: "*Whatever the doctor referred them for, we hear that, but then we ask the client what they think they need.*"

> *"The broader population lives with limited resources – food, housing, transportation. Healthcare always comes second to basic needs."*
>
> – Dr. Thea James, Boston Medical Center, Boston, MA

Promising Practices:

- **Partnering with Social Service Providers:** Staten Island PPS hires and trains residents of public housing properties to serve as Community Health Workers (CHWs) to help engage individuals who are disconnected from the healthcare system. Because these CHWs are residents of the same properties as their clients, they can draw on that shared experience as neighbors to build rapport over time and understand someone's whole life experience.
- **Screening for social needs:** Screening people for social needs is often one of the first steps toward identifying and helping to address the challenges that people face, but it can feel alienating for people to discuss those needs in a clinical setting. Peninsula Family Advocacy Program noticed that patients were reluctant to seek help with non-medical services particularly in front of their children or other family members. In response, they discontinued a verbal screening tool in favor of a paper form that people can fill out privately during their appointment.

Action Items:

- **Consider partnering with community-based social service providers such as housing agencies and food providers.** In addition to the strong outreach relationships available through CPs, social service providers that support individuals in the community may already have relationships with the members you are trying to reach. They may be able to find, engage, and strengthen relationships with members that the health care system has overlooked. They may offer services to address members' personal goals beyond health care access.
    - **Example:** One ACO launched an initiative centered on persons experiencing homelessness or at risk of homelessness. The ACO established strategic partnerships with local housing authorities to optimize patient access to scarce housing resources. The ACO also trained staff to help patients navigate legal risks or barriers that may arise, relating to justice system involvement, eviction history, or reasonable accommodations requests to landlords. More information about this project is available here or by contacting MA_DSRIP_TA@abtassoc.com.
- **Adapt social needs screening to reflect member experience.** Discussing sensitive topics such as social needs in a clinic waiting area or with a new health care provider can be uncomfortable for members and thus limit the information providers collect. Adapting the mode of screening to ensure patients feel comfortable and respected may facilitate information sharing with providers and enhance the ability to link patients to the services they need.
    - **Example:** A group of ACOs hired a TA Vendor to build fluency around patient social needs. The project focuses on topics including: identifying approaches for screening for patients' social needs; developing associated workflows and infrastructure; engaging external stakeholders and identifying best practices for following up on needs; and sharing and analyzing social needs screening data. For more information about this project please contact MA_DSRIP_TA@abtassoc.com.
- **Share information to help facilitate member engagement.** Open lines of communication between ACOs and CPs can be difficult to establish and maintain but are an invaluable tool to find and engage members. When ACOs and CPs share data about healthcare and social services utilization, they can better understand members' social needs. CPs may be uniquely positioned to understand the community social service landscape and assess whether social services providers can meet the unique needs of MassHealth members.
    - **Example:** A CP is leveraging a technology platform and its electronic primary care health records to share data and increase efficiencies in care coordination between the CP and primary care staff at an ACO. They engaged a TA Vendor to investigate how shared data will improve coordination between CP and primary care staff, develop tools for efficiently sharing data, and train staff on new processes. Please contact MA_DSRIP_TA@abtassoc.com for more information.

Centering the Patient Perspective

Across the three events, panelists discussed the need to elevate and prioritize the perspectives of patients and families so that providers can see the healthcare system from their point of view. Actively trying to better understand an individual's cultural beliefs and identities and their life experience by asking respectful questions is a critical step in centering the patient's perspective. The language healthcare providers use can signal understanding and appreciation of the patient viewpoint. For example, from the perspective of the healthcare system a patient who does not come to appointments is considered "non-compliant" or "hard to reach" and providers often talk about "working for patients." Panelists suggested alternate phrases such as "patients missed by the health care system" and "working with patients" as examples of employing a patient perspective. As Dr. Dannie Ritchie from Community Health Innovations of Rhode Island described, *"we expect patients to behave to suit the institution, but it should be the other way around."*

> *"The term 'hard to reach' is really from the perspective of the healthcare system – we should acknowledge that some people may not know we are even looking for them, and others may not want to be found."*
>
> – Dr. Pat Conway, Essentia Health, Ely MN

Promising Practices:

- **Rolling out the Red Carpet:** The Whitman-Walker clinic found that clients with a new HIV diagnosis were frequently not returning for timely follow-up appointments, potentially due to the fear and stigma associated with the diagnosis. To help address those barriers, the clinic implemented a "Red Carpet" initiative to seamlessly link newly diagnosed patients with care, including setting up appointments with an insurance navigator, scheduling lab tests, and prescribing medications. Front desk staff received training and education on ways to make patients feel comfortable and safe as soon as they walked in the door. Understanding the fear and anxiety patients may have upon entering a clinic setting helped staff better care for the patients they serve.
- **Including lived experience at all levels:** Individuals with lived experience can work across the healthcare continuum -- in outpatient, inpatient and emergency medical and behavioral health settings -- to help ensure patient perspectives are centered in all practices. For example, in a primary care setting, a CHW, Recovery Coach, or Peer Specialist may provide support to someone trying to maintain their sobriety or managing a chronic condition or ongoing mental health diagnosis. In an Emergency Department, someone with lived experience with addiction or a history of substance use can intervene with an individual in crisis to help get them access to the services they need. Individuals with lived experience can also serve in leadership positions in healthcare organizations. In these positions, they bring expertise from their own experience to executive decisions such as the design of delivery systems and how the healthcare system might define success for certain patients.

Action Items:

- **Include front desk staff, schedulers, administrative staff, and individuals with lived experience in care redesign initiatives.** These staff are often the first people that patients interact with in a clinic and may come from the communities that the clinic serves. Engaging these clinic team members in care redesign activities will ensure that patients feel seen and heard from the moment they walk in the door.
    - **Resource:** For more information about Whitman-Walker's Red Carpet initiative and how they are able to ensure that newly diagnosed patients are smoothly and rapidly integrated into care and services, please see HIV Care (whitman-walker.org). Whitman-Walker has engaged all staff in initiatives to make patients feel comfortable, valued, and unique as soon as they arrive.

Whitman-Walker uses the tagline "we see you" to build trust and signal to patients that they strive to see people as human beings.

- **Reframe recruitment strategies, hiring practices, and job descriptions and requirements.** Individuals with lived experience bring a unique expertise to their work but they may not meet traditional employment requirements such as academic degrees or years of experience. Healthcare organizations may need to advertise available jobs in new or different venues such as community health centers, local faith-based organizations, or public housing properties.
    - **Resource:** The lived experience workforce includes individuals in roles such as CHWs, Recovery Coaches and Peer Specialists. Each role has slightly different requirements for training and credentialing as well as supervision and oversight. Massachusetts Department of Public Health has put together helpful summary of requirements for each workforce, available here.

Building Trust in The System

The Pop Up series panelists noted that general mistrust of the health care system is a common barrier that individuals with complex life circumstances experience. Training healthcare providers and engaging the lived experience workforce are common strategies that healthcare organizations may find useful to help overcome mistrust. Panelists described how building a foundation of trust can help establish relationships with both individual patients and with community-based organizations that can serve as important partners. For example, a patient may be mistrustful of the healthcare system but have a strong relationship with a local food assistance provider that can help to engage them in services. Members of the lived experience workforce offer a point of entry for patients that the healthcare system has historically missed. For example, Peer Specialists are uniquely trained to help individuals impacted by trauma, emotional distress, and mental health challenges to foster self-determination and feel heard by healthcare providers.

Promising Practices:

- **Incorporating small gestures of respect:** Contra Costa County has a large population of transient and homeless individuals living in temporary encampments. Often these individuals have had negative experiences with healthcare systems and other institutions that make them reluctant to seek care. Outreach workers have found that small gestures of respect, like asking for permission to enter someone's camp site, or offers to help with daily needs like a new water bottle or hand sanitizer can be a valuable first step in building a trusting relationship.
- **Using lived experience to build trust:** A Recovery Coach is a person who has lived experience with addiction and is in stable recovery. Their role is to advocate on behalf of individuals with substance use disorders, teach self-advocacy, and help individuals develop a self-directed plan to reach their goals. Individuals with substance use often have a difficult time engaging with the healthcare system due to stigma and mistrust. By sharing a lived experience with patients, Recovery Coaches can play an important role in building trust and establishing a strong relationship with patients.
- **Engaging families:** As a Pediatrician at Peninsula Family Advocacy, Dr. Baraka Floyd sometimes has to notify child protective services (CPS) when she is concerned about a patient's wellbeing. These are difficult calls to make and people of color, particularly Black families, have disproportionate rates of engagement with CPS. This history contributes to their mistrust of the health care system. Dr. Floyd has found that including the family in the call with CPS and offering to discuss her concerns with families directly has improved her relationship with children and their parents, helped parents and children articulate areas in which they might need help, and increased the likelihood of a child getting supportive services.

Action Items:

- **Integrate members of the lived experience workforce into the care team.** CHWs, Recovery Coaches and Peer Specialists have unique experience and training that can help them establish strong relationships with patients and encourage patients to engage more with their healthcare providers.
    - **Example:** One ACO engaged a TA Vendor to provide training for CHWs, patient navigators and other staff involved in community outreach and meeting resource needs for patients. The training includes an overview of social determinants of health and a series of in-person trainings related to screening for social service needs, referral to services, and the essential interpersonal skills needed when working with individuals and families to meet agreed upon goals. If you are interested in learning more about this project, please contact MA_DSRIP_TA@abtassoc.com.
    - **Resources:** The MassHealth DSRIP TA program has compiled resources and best practices that may be helpful for ACOs and CPs seeking to integrate individuals with lived experience into existing care teams and processes. These resources include implementation toolkits, check lists, and evidence about the return on investment for these workforces that can be helpful to get leadership buy-in. Compiled resources are available here: Resources to Supplement Pop Up Event | TA Marketplace

Getting Started

Regardless of what changes you decide to make, implementing new processes or integrating new staff roles can be difficult in any organization. Here are some additional considerations as you start to tackle these challenges:

- **Start Small:** The PDSA (Plan-do-study-act) cycle is an iterative process to test a small change before rolling it out on a bigger scale. By starting with a small process change, staff get engaged in process improvements and are often more invested in bigger changes later on.
- **Make Change at all Levels:** When making changes, it is important to communicate at every level in your organization. That can mean getting buy-in from Executive Leadership, involving clinical providers, and engaging front-line or administrative staff.
- **Measure Change Incrementally:** Measuring change can be difficult, especially when you are trying to achieve long-term outcomes. Be sure to include interim outcomes – such as process changes or patient satisfaction - when you measure impact.

Resources to help ACOs and CPs with performance improvement and measuring change are available through the MA DSRIP TA Marketplace.

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