



## SWI Pop Up 2: Lessons Learned from Other States: Creating Care Delivery Systems that Recognize and Respond to Member Priorities and Circumstances

**Event Summary:** The second MassHealth DSRIP TA Program SWI Pop Up highlighted strategies for member engagement, specifically innovative approaches for designing programs and care delivery models that successfully engage individuals who may have competing priorities and complex life circumstances. Representatives from three organizations outside of Massachusetts shared their experiences and offered concrete approaches for engaging and retaining these members. A total of 21 attendees from ACOs and CPs participated in this Pop Up, representing four ACOs and nine CPs. Representatives of MassHealth, Abt Associates, and key MassHealth partners also attended.

### Speakers and Panelists

**Introduction – Thea James, MD**, Vice President of Mission and Associate Chief Medical Officer of Boston Medical Center

**Moderator – Samantha Morton, JD**, CEO of Medical-Legal Partnership Boston

**Panelists:**

- **Baraka Floyd, MD**, Co-Medical Director at the [Peninsula Family Advocacy Program, Stanford Children’s Health Medical-Legal Partnership](#) in Redwood, CA.
- **Erin Loubier, JD**, Senior Director for Health and Legal Integration and Payment Innovation at [Whitman-Walker Health](#) in Washington, DC.
- **Dannie Ritchie, MD, MPH**, Founder at [Community Health Innovations of Rhode Island](#) in Providence, RI.

### Key Themes:

The speakers represent diverse organizations and work in different parts of the healthcare system, as well as in the larger community beyond healthcare. A few key themes emerged from their discussion:

**Recognizing people’s complex life circumstances is a critical first step in engaging them:** Panelists shared strategies for re-defining engagement from the individual’s point of view rather than from the perspective of the healthcare system.

- **Competing priorities are a barrier to engagement in health services:** People with limited resources

need to make decisions about how to allocate those resources within the context of their community, their jobs, and other challenges in their lives. Often times, people must prioritize more immediate needs, such as food insecurity or unstable housing, before addressing health needs. Too often, healthcare providers do not see or are not aware of the tradeoffs patients are making.

*“The broader population lives with limited resources - food, housing, transportation. Healthcare always comes second to basic needs.”*

- Dr. Thea James

- **Defining the “problem”:** The healthcare system sometimes defines the problem of “hard-to-engage” or “non-compliant” patients from its perspective, rather than from the perspective of the individual or community. It is crucial for providers to understand that the healthcare system is only a narrow slice of people’s lives and its systems and processes can often be barriers to engagement in care.



- **Flipping the paradigm:** All panelists spoke about the need to “flip the paradigm” of healthcare to elevate and prioritize the perspective of patients and families – especially those with exceptionally complex or challenging life circumstances. Actively trying to better understand people’s cultural beliefs and identities and asking respectful questions are critical steps. Language also matters, and can be an important element in engaging people in healthcare. Panelists suggested talking about achieving health equity, rather than reducing disparities, and working for families rather than working with families as examples of language that acknowledges peoples’ complex lives.

“We expect patients to behave to suit the institution, but it should be the other way around.”

- Dr. Dannie Ritchie

- **Addressing people’s mistrust of the healthcare system:** Panelists agreed that a crucial barrier to engagement is a general mistrust of the healthcare system. Panelists described the importance of training providers and staff to make each person feel comfortable, valued, and unique. Whitman-Walker uses the tagline “We see you,” to signal to their patients that they strive to see each individual as a human being. The organization has three core values: respect, dignity, and affirmation. All staff wear colorful nametags that show their pronouns (e.g. he, him, his; she, her, hers; they, them, theirs), and discussing which pronouns staff and patients use has become a routine part of initial patient introductions. This creates a more inclusive environment where individuals can worry less about being mis-gendered or mis-gendering another.

**Innovative care models can be designed with an understanding of members’ life circumstances:** The panelists shared examples of the care processes they have designed that recognize the competing priorities in members’ lives. Often, these required adjusting existing clinic care processes from those that made the work easiest for employees to those that best support patients.

- **Improving the screening process:** Screening people for social needs is often one of the first steps towards identifying the challenges that can impact their health, but it may feel alienating or demoralizing for people to have to reveal these needs in a clinical setting. Peninsula Family Advocacy Program’s switch from a verbal

screening tool to a paper one helped ensure privacy and made people feel more comfortable asking for help with their health-related social needs. Similarly, the clinic noticed that a number of new mothers were screening positive for post-partum depression (PPD) but declining services or not showing up for visits to address PPD. Staff redesigned the process to provide more comprehensive patient education and revised the screening tool to remove the scoring rubric so patients wouldn’t censor their answers. These changes increased the number of new mothers who sought support and a referral to services.

- **Rolling out the “Red Carpet”:** Engaging people with complex conditions, such as HIV, can be particularly challenging. Whitman-Walker found that clients were not returning for follow-up appointments after a new diagnosis of HIV, potentially due to the fear and stigma associated with the disease. To help address those barriers, Whitman-Walker implemented a “Red Carpet” initiative to immediately link newly-diagnosed clients with care, including setting up appointments with an insurance navigator, scheduling lab tests, and prescribing medication. Front desk staff received training and education on ways to make patients feel comfortable and safe. Referring to the program as “The Red Carpet” helps to avoid negative associations by not explicitly naming HIV, while evoking a standard of excellence.



- **Supporting patient follow-up on referrals:** Despite needing assistance meeting social service needs, patients frequently do not follow-up on referrals to services, often due to competing priorities and limited time or resources. The Peninsula Family Advocacy Program implemented some strategies that improved follow-up, including: designating a single point of contact at the clinic to fax referrals to social service organizations; providing information about Medicaid-sponsored

transportation services (in California); and making bus tokens and taxi vouchers available to patients and families. In addition, counseling families about timelines, expectations, and the importance of showing up to key appointments, as well as having legal advocates travel with families to schools, have all helped to improve referral and follow up for children's educational needs.

- **Addressing vicarious trauma among clinic staff:** Clinicians and staff members who serve complex patients are often themselves part of communities that experience hostility, stigma, or violence. Panelists' organizations have recognized this dynamic and are actively addressing the consequent burnout and vicarious trauma staff may experience. For example, managers at Whitman-Walker noted that legal team staff members were being affected by patient trauma but did not have the skills to cope with it. To address this, the clinic piloted an intervention that taught staff strategies for dealing with stress and trauma. This has led to staff being both more responsive and better equipped to support patients.

**Obtaining internal buy-in for changing processes to better support patients can be a challenge.** Panelists described how they have been able to implement changes within their organizations through pilot testing new approaches to help achieve broader acceptance of new ways of working.

- **Start with small process changes:** Panelists mentioned the importance of starting with something small. Achieving success in a narrowly defined area can help with staff engagement and obtaining leadership buy-in for bigger changes. For example, Whitman-Walker began with a narrowly-focused pilot program to address staff burnout. The program was highly effective among the staff members who participated, so the clinic now offers the program to a broader range of staff.
- **All hands on deck:** Engaging patients and making them feel comfortable is the job of everyone who interacts with patients, from the front desk staff to the physician. Not everyone has the solution

to every challenge a patient faces, and staff at all levels should feel comfortable asking for help from colleagues to find ways to better identify and address patient concerns. In particular, clinicians and other staff can utilize staff such as community health workers to bring their unique community expertise to address particular patient challenges.



### What can you do next?

- Share your insights with us! Do any of these strategies resonate with your organization? Do you have other strategies that have been successful in your organization you might be willing to tell us about? What questions or additional information would be helpful on finding and engaging members with complex life circumstances and limited resources? What types of tools or resources might be helpful? Please let us know at [MassHealthPopUps@abtassoc.com](mailto:MassHealthPopUps@abtassoc.com).
- Looking to use your TA dollars to work on member engagement? Please visit the [MA DSRIP TA Vendor Catalog](#) to identify vendors who may be able to help you!
- Attend our next SWI Pop Up to learn more about member engagement strategies that leverage the frontline healthcare workforce.

### Resources for further discussion and learning cited by the panelists:

- [American Academy of Pediatrics statement on the impact of racism on child and adolescent health](#)
- [Developmental Understanding and Legal Collaboration for Everyone \(DULCE\)](#)
- [Whitman-Walker Red Carpet Initiative](#)