Common Challenges and Barriers

- Many patients are unfamiliar with or misinformed about PC; many will assume that PC and hospice are the same thing.
- Some patients may receive diagnoses late in their illness course, limiting opportunities to provide early PC.
- Patients may not have a trusted (or even assigned) primary care or other provider who can recommend or introduce PC services.
- Barriers that are disproportionately prevalent in the Medi-Cal population include:
  - Language barriers (limited English proficiency)
  - Cultural barriers (e.g., avoiding discussing end-of-life issues)
  - Psychosocial barriers (e.g., homelessness or unstable housing, lack of transportation, lack of consistent telephone access, mental illness and/or substance use disorders)

- PC providers may have a limited ability to make the multiple calls and contacts required to engage this population, particularly if such effort is not reimbursed.
- After PC is introduced, patients may decline services for a variety of reasons:
  - Lack of trust or familiarity with the PC provider organization
  - Patient receives conflicting messages regarding PC from other providers
  - Benefits of PC services are unclear to patients and families
  - Fear that enrolling in PC program may limit access to other services, including other home health services
  - Reluctance to allow unknown providers to enter the home
Strategies for Engaging Patients

Strategies that plans and PC provider organizations have identified as being most effective in their efforts to engage patients are described below. Many organizations prefer to use a combination of approaches rather than relying on just one.

1 Pay attention to the face of the program, and the message to patients.

**Rationale.** First impressions can be powerful. Because many patients are unfamiliar with PC (or have misperceptions about it), it is important to convey a clear and consistent message regarding its benefits.

**EXAMPLES:**
- Use a single person (or small group) to perform patient outreach and education regarding the PC program. This ensures that messaging is consistent and the services and benefits of the program are clearly described.
- Prioritize hiring staff who reflect the community you seek to engage. If, for example, you serve a large immigrant community with limited English proficiency, consider hiring bilingual and bicultural staff to build trust and facilitate communication.
- Emphasize the “extra layer of support” provided by PC to counteract the concern that other services may be taken away.

2 Provide proactive community outreach and education.

**Rationale.** Patients may be more open to accepting PC if they have heard of it prior to the time they become eligible for services.

**EXAMPLES:**
- Film screenings in low-income housing communities
- Staff education at senior living facilities
- Community advance care planning workshops

**Partner involvement.** Frequently involves PC organization more than plans.

**Things to consider.** This strategy enables organizations to reach groups (rather than individuals), and may lead to some referrals, but it requires sustained effort and investment to be effective.

3 Develop written materials thoughtfully and collaboratively.

**Rationale.** Written materials are an easy way to reinforce program messaging, particularly if they are developed with a target patient population in mind.

**EXAMPLES:**
- Co-brand materials with logos of the health plan — which patients may be more familiar with — and the PC organization.
- Translate written materials into language(s) spoken by the target population.
- Review materials for health literacy, targeting a fifth-grade reading level.

**Partner involvement.** Best when undertaken by both plans and PC providers.

**Things to consider.** Developing appropriate materials requires an initial investment, then minimal ongoing effort. The impact of written materials varies but may be worth the small investment required.

4 Engage patients through direct — ideally face-to-face — contact.

**Rationale.** Since patients are often unfamiliar with PC concepts, services, and providers, direct (and often repeated) contact may be needed to introduce the program.

**EXAMPLES:**
- Spend time eliciting the patient’s specific needs, and highlight ways that PC services can help.
Key Lessons Learned in Engaging Patients

- Tailor messages and materials to the unique needs, cultures, and groups in your service area.
- Strategies that work well in some areas and populations may be less effective in others, for a variety of reasons — consider investing in multiple approaches at once.
- Focusing on relationship- and trust-building with patients can require significant up-front investment but can make all the difference in patient acceptance of services.