



SB 1004 PROMISING PRACTICES

Engaging Patients

Background

Once Medi-Cal managed care plans and palliative care (PC) provider organizations have identified potentially eligible patients, someone will need to offer these services to them. Approaches to introducing services may vary, with different timing, delivery strategies, and workflows; however, the goal of all approaches is to maximize the proportion of eligible patients who receive services. This topic summary outlines the considerations and strategies that plans and PC provider organizations can use to optimize patient engagement with PC.

For more SB 1004 resources, go to www.chcf.org/sb1004.

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.

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

Things to consider. These approaches may require initial investment in staff training and recruitment, and some ongoing investment will likely be needed to maintain proficiency, train new staff, and so on. But if the messaging is high-quality, efforts in this area may have significant positive impact on patient engagement.

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.

- ▶ Leverage motivational interviewing techniques to overcome fears and concerns.
- ▶ Remove decisionmaking pressure by offering follow-up contact to discuss again, rather than forcing a decision at the first meeting.

Partner involvement. Usually undertaken by PC providers.

Things to consider. Arranging and carrying out an in-person introduction or multiple contacts requires significant time; however, plans and providers consistently cite the importance of this strategy, particularly with the Medi-Cal population.

5 Work to establish trust with the patient.

Rationale. Many patients have had limited access to health care or have past experiences that have made them skeptical of new services; as a result, they may be hesitant to accept PC services.

EXAMPLES:

- ▶ Whenever possible, facilitate an introduction (ideally a warm handoff) between a trusted provider (e.g., primary care provider, case manager, community organization) and the PC provider.
- ▶ Send a letter to eligible patients from the plan or a trusted provider introducing the program before the PC provider calls for the first time.
- ▶ Use language that allays patients' or families' potential fears or skepticism. For example, instead of saying services are free, describe them as a part of the patient's health plan benefits.

- ▶ In coordination with the plan and referring provider, address the patient's immediate needs (e.g., food, transportation, etc.) either before or while enrolling them in PC.

Partner involvement. Frequently undertaken by both plans and PC providers.

Things to consider. This strategy often requires higher up-front investment (e.g., coordinating warm handoffs, addressing immediate needs), but can potentially make a big difference in increasing patients' receptivity to services.

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.

The Authors

Anne Kinderman, MD, Zuckerberg San Francisco General Hospital; Kathleen Kerr, Kerr Healthcare Analytics.

About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

For more information, visit www.chcf.org.