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Recommendations of Interviewees

The engagement of individuals and families served by Medicaid programs is a key factor in reducing costs, and improving care and health in communities. During the extensive interviews with those who receive care and those who deliver care, the following insights and recommendations were gleaned. While each interviewee had a unique perspective, all were unanimous that building stronger partnerships between individuals and families on Medicaid and those who provide care holds the best promise for communities to improve health across their broad populations.

Useful Interventions For Providers and Other Community Partners to Improve Engagement of Individuals and Families on Medicaid

With patients and families in their care:

- Provide opportunities for individuals to make their own care decisions by ensuring that services and care options are easily understandable. At the same time, provide encouragement and targeted outreach.
- Help individuals tap into their intrinsic motivation. For example, help them to problem-solve, and support them through the journey.
- Avoid disincentives, which don't work for complex behavior change. Incentives are helpful to get someone's attention, but not for sustaining or supporting complex behavioral change.
- Create an outreach effort and help reduce barriers that prevent individuals from successfully participating in care.
- Segment the population and develop specialized teams to address each unique group's needs.
- Look for opportunities to help individuals have control in their lives and support their efforts to improve their health.
- Speak personally and openly, listen, and sit next to the patient.
- Make their priorities for lifestyle changes your priorities.
- Ask what matters to patients, and organize care to support their priorities.
- Integrate practical shared decision-making tools into the process, so that their use is minimally disruptive.
- Simplify the messages to patients and families. Use a variety of ways to communicate including text messaging and other SMART phone technology.
- Use volunteers who can be trained, such as retirees and students, to extend the outreach for hard to contact populations.
- Work with trusted community partners who have credibility and can help connect with the specific population of interest.
- Human contact and relationship building are critical to the early stages of successful engagement.
- Adopt a set of health literacy universal precautions. Start with raising provider awareness about health literacy, which is a systems problem, not the individual patient's problem.
- Systematically offer skill building for health care workers and adopt evidence-based best practices, which can be useful. The following key communication strategies can increase adherence and understanding:
    - Explain, in plain language, without using medical jargon;
    - Use teach back methods; and
    - Create opportunities for repeated practice and feedback on skills.

- Partner with grassroots organizations that are trusted resources for the population.
- Invite individuals with positive stories about a service or program to share their experiences with others like them.
- Be flexible, use empathetic approaches, support, encourage, and empower individuals.
- Ask individuals what would make it easier for them to address their concerns and issues.
- Don't assume people aren't engaged in their care. Sometimes they lack information and don't know what to do to make a difference.
- Use peer specialists in outreach, coaching, and ongoing support of those with life circumstances that are particularly intractable.
- Be genuinely curious. Ask questions, and then listen to understand each person's perspective.
- Provide incentives, such as supplying phone minutes, to remove barriers. Reduce isolation by taking specialized programs into the neighborhoods, such as open houses, kid's health fairs, free Lunch 'n Learn events, etc.
- Don't assume, ask permission to connect. Be mindful of what questions you might ask that could create and build a relationship with the individual.
- Share stories of success of others working on difficult behavior changes. Such stories can create hope, by inspiring and helping others to understand the power of resilience.

Within the providers' practices with Medicaid individuals and their families:

- Measure the use of best practices and proficiency in evidence-based Motivational Interviewing and share results.
- Train staff in best evidence-based practices, such as Motivational Interviewing, and use validated, standardized assessment tools to measure and track actual staff competencies.
- Create opportunities for non-traditional workers such as community health workers, to help link individuals with the traditional health care team members.
- Implement a systematic organizational approach to ensure all caregivers are patient- and family-centered. This requires that the following are congruent with the values of patient- and family-centered care: hiring practices, performance evaluations, quality assurance metrics, job aids, and patient assessment and educational materials.

Recommendations for Medicaid Leaders and Staff to Consider

Areas of opportunity noted:

- Make engagement of individuals and families an explicit expectation for providers in managed care contracts.
- As updates to rules and services are made, provide clear and open communication on these changes.
- When possible, reduce the administrative complexity that currently discourages providers from serving the population.
- Recognize that providers want to help and may need information and data to better work with the population.
- Align Medicaid and private insurers to support non-traditional interventions that work to engage patients, improve outcomes, and lower costs, such as employing navigators, outreach workers, etc.
- Help dispel stereotypes and provide financial reimbursement for new models of care.

- Expect providers to develop the skills and knowledge, using existing evidence, to promote complex behavior change. Provide support in skill development.
- Provide training, tools, and support for practices to engage in new ways of working with individuals and families. Allow teams to apply these tools locally in their settings, based on their own expertise and understanding of what could work.
- Offer free training as incentives for caregivers to improve communication skills and improve their understanding of trauma informed care.
- Engage providers in developing solutions. When their voice is heard, they will be more engaged, and interest in engaging others will increase.
- Increase the ability to bill for services, beyond the 15-minute visit, that are required to support individuals.
- Offer cultural competency coaching and training, perhaps through continuing medical education credits.
- Provide explicit examples of success. Provide technical assistance and tools/materials for providers. The *Choosing Wisely* campaign is a great example. Provide skill training in a strengths-based approach.
- Once someone is eligible for Medicaid coverage, reduce delays to care. Ensure that the list of doctors/health care professionals is up-to-date and accurate. Facilitate individuals getting their most pressing health needs met first, such as dental pain.
- Expedite applications by simplifying the Medicaid rules and interpretations. The longer the delay to care the less likely an individual will be able to stay engaged.

Creating Partnership Beyond Care ~ Suggestions for Any Setting or Organization

The following suggestions could be useful for a variety of organizations, such as a Medicaid agency, managed care organization, or a health care organization offering care. These ideas can help Medicaid patients and families to successfully partner with you in the transformation of health care programs and services:

- Invite patients and families to participate in advisory councils and prepare them to contribute meaningfully.
- Listen to better understand their experience, thoughts, and feelings.
- Select times of meetings so that patients and families can participate.
- Create a welcoming environment, express appreciation for their contributions, provide information about how their input/feedback has been used to make positive changes.
- Share stories of how incredibly valuable their perspective is as health care is being changed.
- Orient them to the process of providing input and decision-making on issues, match them with projects in which they have an interest, and support their participation by reducing barriers to participation. Examples include providing gas cards and childcare.
- Increase the opportunities to have one-to-one conversations to help them understand the insurance side of business and the need to make informed choices.
- Set up information sessions, offering food and resources, on a quarterly or semi-annual basis. Share information about coverage and upcoming changes in program services. Use these sessions to solicit feedback from individuals and families. Recruit potential advisors from this population.
- Provide individuals with hands-on experiential training opportunities and define roles/expectations for their participation as advisors.
- Communicate how their role is connected to a larger effort. When individuals believe they can contribute positively, many jump at the chance.

- Develop a Medicaid hot line for individuals wishing to participate on program and policy development. Use word of mouth, community calendars, and outreach to trusted community partners to share opportunities for partnership with individuals and families receiving Medicaid support.
- Offer listening forums and invite members to participate by sharing their hopes, wishes, and concerns.
- Help connect individuals who are new to advisory work with those who are experienced advisors. Such pairings encourage mentoring and role modeling that will help new advisors to be more effective in providing input about policy and program changes.

Insights Shared ~ Interventions That Could Make a Big Difference

- Despite the vulnerability of the populations served by Medicaid, it is a community of people who are socially connected, generous, truly care for each other, and are resilient. Build on those strengths.
- Take time to identify what barriers the individual is experiencing. Witness and support them, and be a mentor who won't judge them.
- Find shared goals and don't give up when obstacles are encountered.
- Consider patient engagement as a core competency in health care training programs.
- Strong physician-patient relationships are characterized by effective communication. This is the most important factor related to achieving patient engagement.
- Expand health care providers' knowledge of trauma informed care and build the necessary communication skills to help caregivers to effectively connect with patients and families. This will require new structures for delivery of care and a re-tooling of the workforce.
- The most effective and sustained engagement results from getting into the community where people live and creating a structure to support their meaningful participation.
- Without trusting relationships, the individuals with challenging life circumstances will have difficulty being "engaged." Be patient with the time it takes to build those relationships. Stay focused on the ultimate goals—wellness and health—which are often the individual's goals as well. Recognize that obstacles will surface for the individual. Stay connected and do not be dissuaded with these temporary setbacks.
- Avoid reliance on technology as the only solution. Although highly engaged patients use patient portals, implementing patient portals is not an engagement strategy. Too often, technology is seen as the solution to complex problems. It is too simplistic.
- Don't underestimate the value and importance of personal touch for families of children with complex medical needs. Encouragement makes a huge difference to these parents.

Consider the Importance of Measurement to Drive Change

- Once staff have developed competency in Motivational Interviewing, measuring and comparing patient adherence to medications for those who experience this approach to care, and those who do not, could be useful.
- Measure clinical outcomes and/or process measures to compare evidence-based engagement approaches, such as Motivational Interviewing, to usual care. Studies that measure evidence-based engagement approaches show significantly better outcomes, such as enrollment in health management programs, completion of 2nd calls in a disease management program, self-efficacy levels, patient activation, and improved levels of blood pressure, cholesterol, and glucose.

- Continue to measure quality, decreased hospitalization, and increases in preventative and ambulatory care in populations where engagement interventions are being used.
- In addition to measuring individual engagement, identify how to measure family engagement. Families are important connectors for the individual to health care services and resources.
- Short-term process measures can help confirm the program is having a positive impact. For instance, how many individuals are retained in case management services? Is their confidence and sense of well-being improving? From the patient's perspective, is the quality of life improving?
- Track the number of interventions and long term outcomes such as utilization of preventative services, participation in social services, reduction of emergency room use, following an asthma action plan, etc.
- Document the actual changes that occur as a result of individual/family engagement and compile data on how these patient engagement interventions influenced important measures.