

UCare Care Coordination

Title: Member Engagement Strategies

Purpose: To provide strategies, talking points, examples, and tips for engaging new members, resistant members, and/or members on a waiver by incorporating Motivational Interviewing skills.

New Member Engagement

- Introduce yourself as the member’s UCare Care Coordinator and allow time for the member to share. This call may not be quick. Building rapport is a skill and can take time with members who may be skeptical, nervous, or apprehensive.
- Explain the purpose of your call and seek the member’s permission to talk.
 - “Hello, John, my name is XXX. I work with UCare as a Care Coordinator. You may have seen a letter explaining I would be reaching out. Is this a good time to speak? (pause) The reason for my call is to share some information about your UCare benefits and to talk about ways care coordination can help you [maximize your benefits/improve your health/get connected with resources you are seeking]”

| | |
|--|--|
|  | 4 Foundational Processes of Motivational Interviewing |
| | <p>Engaging: Building rapport and alliance with members. Focusing: Guiding, collaborating on shared ideas to improve their health. Evoking: Bringing out their reasons for change and helping them see this. Planning: Developing a commitment and their plan for change.</p> |

- Be prepared to share how care coordination can be helpful to the member:
 - Help reviewing your health care needs.
 - Finding a specialist.
 - Identifying gaps in preventative care.
 - Answering questions regarding your health care, health plan, and benefits.
 - Incentives for preventive care.
 - Supplemental benefits.
 - Help through hospitalizations and reducing ER visits.
 - Set up services and/or equipment to keep you safe in your home, if needed.
 - No fee for care coordination.
 - Helps maintain your independence longer.
 - Help you maintain your MA eligibility.
- Use additional Motivational Interviewing techniques to engage your member:
 - OARS**
 - Open-ended Questions - BE CURIOUS**
 - What, how, tell me more to elicit responses.
 - “Do you have any questions about your new UCare insurance?”
 - “Who are the important people in your life?”
 - “What is your biggest concern about your health?”
 - “Why is this important to you right now? (Reveals motivation and/or change talk)”
 - “Can you tell me more about that?” (To get more information without asking why)

Affirmations

- Acknowledge current efforts and actions taken; praise them.
- Acknowledge desire to change; thank them.
- Affirm strengths and willingness to change.
- Encourage this change and let them know you are there to help when needed.
- Thank member for taking an active role in their health.

“You have been wanting to see the dentist, that’s great!”

“I am happy to hear you went to your eye appointment.”

Reflections

- Reflecting helps to clarify what you are hearing and what they are saying.
- Requires active listening. Reflections can be empathetic, simple, and exaggerated.
- Try to avoid “parroting” in every reflection or repeating exactly what they say.
- Reflections can also generate “Change Talk”.

Member says: “I don’t know how to improve my diabetes; I have tried everything.”

Simple reflection: “You really do not know what to do.”

Empathetic reflection: “That sounds really hard.”

Exaggerated reflection: “This sounds like you are just done and will **never** be able to do this.”

Summaries

- Listening for change talk or reasons to change. This may be time to gauge the member’s willingness to participate with care coordination.

“What I am hearing you say is that you are ready to make some changes in your health because you are always exhausted.”

“So, it sounds like being alive for your grandchildren is very important to you AND you really want the energy to do this.”

Scheduling the Assessment



Avoid using jargon words/terms, leading questions, and pushing your agenda. Meeting the member where they are at and allowing them to make choices in the decisions can help the member feel in control.

Avoid: “I am calling to schedule your initial assessment (jargon/own agenda). If you are not interested in care coordination, it’s ok to decline (leading).”

Avoid: “I know you already have a CADI Case Manager, so if you are not interested that’s ok (leading/own agenda).”

Avoid: “Are you interested in having care coordination? (jargon/own agenda)”

Try this instead: “It sounds like there are some things that you’d like more information on. I could meet you in person at your home or somewhere close to your home to gather some more information and share more about your UCare benefits. Does that sound good? (pause) How does next Tuesday or Wednesday work in your schedule?”

Meeting Resistance

Members may present as resistant during conversations. Be confident in your role and understand the value you can bring to the member through offering support, resources, and education of health plan benefits and navigating complicated health care systems. Avoid feeling defeated/discouraged if a member turns you down. Instead, confidently assure the member that you will continue to be available for questions or needs throughout the year.

When resistance is present, try to identify the member's barriers, fears and concerns.

- **Independence:** Talk about signing a Release of Information (ROI), having a quick meeting to introduce the CC to the member giving the member a business card, bringing a packet of info (e.g., transportation benefit, customer service, When to Contact your Care Coordinator document, Your Member Guide brochures).
- **Out of state:** Try to engage member for a visit for when they return and ask for a potential return date.
- **Illness:** Complete outreach well in advance of due date (a month is best practice) to allow time to reschedule. Talk to member about how CC can help with illness (e.g., transitions of care assistance, education about disease prevention, set up services they need to help with illness).
- **Privacy:** Meeting places do not have to be in the member's home. Alternatives could be the local library, the agency office, nearby coffee shop/restaurant. Provide reassurance to the member about confidentiality and when (under what situations) information is shared.
 - IE: Communicating with the PCP and other involved ICT, involved with the member to coordinate and provide health care services.
- **Culture:** Inquire about cultural norms/practices in advance. Provide accommodations, interpreters, male/female supports to respect cultural differences when applicable.
- **I don't need anything:** That's great. Praise the member for this.

“I'm happy you are well supported. My hope in meeting is to share more about your benefits so you can maximize your health care and perhaps save a little money. By getting to know each other, when you or if you ever do need something, I'll be ready to step in with the information you've already shared.”
- **I don't have time:** Sometimes assessment information is gathered in more than one visit. That's ok.

“When would be a good time for me to contact you that works for you? (Or would tomorrow be better?) We can gather some info over the phone, and I can stop by for a quick visit to meet you and to leave information for you to have/read.”
- **I already have a Case Manager:** When speaking of a disability waiver (IE: CADI, DD, BI, CAC), consider outreach to the waiver Case Manager to introduce yourself and schedule collaborative visits. Mutual collaborative visits not only will save member's/guardian's time, but also help to clearly identify the differences in roles and how each worker can assist with certain aspect of health care needs. When reaching out to the member, use the Welcome Letter (Waiver) to help members understand each role. Be prepared to educate members/guardians about the differences in Care Coordination and Waiver Case Management.

RULE of Motivational Interviewing

Resisting the Righting Reflex and Rolling with Resistance

- **Example:** Member tells you he/she has blood sugars over 250, forgets to take medications and is obese. They do not want to give up eating sweets at night, but they tell you they do want to lower their A1C.
 - **Wrong way:** “It really isn't good for you to eat sweets at night like this because it drives up your blood sugars and this is not good for your body. You really should be taking your medications as prescribed.”

- This sets off the “teenager” inside and immediately puts the member off. You have just lost rapport in “telling” the member what to do.
 - Better options: Be curious!
 - **“What are the reasons** you like to eat sweets in the evening?”
 - **“What is getting in the way** of taking your medications?”
 - **“What are your thoughts** about lowering your blood sugars?”
 - **“Tell me why** it might be important for you right now to make changes as you had indicated you were thinking about making changes to lower your A1C.”
 - **May I share some information with you about** [insert topic area: Health Coaching, When to Contact Your Care Coordinator, Where to go to Receive Care?]
 - **May I send/mail you some information to read about** [insert topic area: Fitness Benefits, Supplemental Benefits?]

Understand and Explore the Motivation to change

- It needs to be the member’s reason for change.
- Explore the reasons why they might want to improve health/change.
- Explore how they might take steps to improve health.
 - (Why change) What might be your biggest reason to want to improve your health or management it?
 - (How to change) What steps could you take to start this change? What steps have you taken already?

Listen with Empathy

- The answers often lie within the member.
- Use reflections.
- Summarize what you hear.
- The member needs to hear that you understand. This helps establish better rapport.
- Listening examples with Reflections and Summary:
 - Member states:** “I need to lose weight and change my diet because I am afraid my diabetes is going to get worse” (Member seems down).
 - Reflection:** “This is very important to you.”
 - Member:** “Yes, I am afraid I won’t be able to control it.”
 - Reflection:** “This sounds hard and kind of scary for you.”
 - Member:** “Yes, I used to be able to eat healthier and I just got out of the habit, and it helped me lose weight before.”
 - Summary:** “You are thinking that losing weight and changing your diet will help you gain better control and you have done this before so you know some steps you could take.”
 - Member:** “Well now that you say that, yes, I do know how to do this, and I have done this before. I remember just starting before by adding a vegetable into my dinner meal. I can do this.” (member’s mood changes and is uplifted, member is empowered by own thoughts to act.)

Empower the member

- Provide choices the member can make.
- Be careful not to give the steps, advice, or fixes.
- Work with them on readiness to move forward.

| Tips for a Successful Visit | |
|---|---|
|  | <ul style="list-style-type: none"> ▪ Begin outreach at least a month in advance to allow time for cancellations, rescheduling, due to poor weather or illness. ▪ Confirm the members address/meeting place when scheduling. ▪ Confirm parking details. ▪ Confirm access (i.e.: call box for apartment building) ▪ Confirm if others will be needed i.e., interpreter, family/friends/roommate, group home staff, member representative, etc. ▪ Provide a reminder call/text (no PHI) the day before the visit to confirm. ▪ Send the Appointment Reminder in the mail. ▪ Prepare handouts to provide member. <ul style="list-style-type: none"> ▪ Signature Page ▪ Safe Medication Disposal ▪ When to contact Care Coordinator ▪ ROI (if applicable) ▪ Ensure proper supplies within bag – PPE, writing utensils, spare documents, etc. ▪ To save time, prep assessment documents in advance (demographics, updated goals etc.). ▪ In case of internet connectivity issues, print copies of assessment tools. |