



BHICCI

## Core Competencies, Chapter 1 Outreach and Engagement Skills for Difficult-to-Engage Patients.

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### Definition and Why Outreach and Engagement Skills for Difficult-to-Engage Patients are Important in Integrated Complex Care

Patients/clients with complex health and psychosocial needs require extra effort by the care team to become meaningfully engaged in their own care. Those who are disengaged in health care have often had experiences that cause them to be mistrustful of the health care system. The presence of depression can also affect an individual’s ability to be hopeful of improvement. Therefore, developing skills and methods to meaningfully outreach and engage patients/clients in their own care is both challenging and critically important. Upon first contact with the patient/client, the care team has an opportunity to begin to establish a therapeutic partnership with the patient/client. By eliciting a patient/client’s own expertise about her/himself while sharing its medical expertise, the care team works to move the patient/client down a path to greater self-management and wellness.

**Outreach** is the process of identifying, connecting, and bringing into care individuals from a target population for whom the services are intended to benefit. Effective outreach requires an intimate understanding of the target population so that the outreach efforts are provided in an environment of trust, understanding and good will. An effective outreach worker can approach and present information to the audience in a culturally competent and compelling manner and the ability to build trusting relationships with the targeted individuals and communities. In a busy clinic where many individuals need Outreach Services, team based consultation utilizing the Adjusted Clinical Groups score can be used to prioritize.

**Engagement** is the extent to which a client/patient actively participates with the care team in developing and managing their own health plan. At the center of ‘self-management’ is the need for a patient/client to be fully engaged in their care and well-being. Strong engagement is exhibited behaviorally by consistently attending appointments, being an active participant in learning about one’s health and by participating actively in decisions related to their treatment and actively doing ‘the work’ to follow through on their health management plan.

### Example

Outreach and engagement to some difficult to reach patients was exemplified when a new chronic care manager partnered with a primary care provider at a safety-net clinic that had patients that were ‘falling through the cracks’ in their intake efforts. They decided to conduct a pilot project to improve outreach and engagement for their most difficult to reach diabetic patients.

First, they identified a list of 10 diabetic patients with poor laboratory measures who had not been in to clinic for 6 months or more. The care manager reviewed each patient file to identify barriers for engagement. The care manager then developed individual plan for engaging each patient – which included telephone calls, home visits, and use of an interpreter. Rather than simply scheduling another clinic visit, the care manager tested a new approach: She used this time to welcome and thank the patient for choosing their clinic and discuss each patient’s care preferences. Only then did the care manager make a follow up appointment.

As a result, a number of individual barriers were identified – including unique transportation, language, or childcare needs. The team was pleased to see that after two months, 7 of the 10 patients had made it into an appointment with his/her primary care provider.

## Narrative Description

There are several critical elements of an effective **outreach** strategy. Clinicians and program planners should consider all the below when planning a program or services:

- Outreach staff persons should understand the characteristics of the target population with regards to ethnicity/culture, beliefs, literacy level, housing status, etc.
- All members of the team may be involved in outreach, but it is important the one person be designated as having lead responsibility for this function
- Clinicians and planners should understand that effective outreach (i.e. relationship building), involves significant time commitment and persistence
- Identify who may already know these clients and strategize on how that relationship can be leveraged in doing outreach (i.e. a letter or phone call from the primary care provider or nurse followed by a phone call from the Care Coordinator and followed by a home visit.)
- Outreach efforts may take multiple approaches including written materials, phone calls, contact during a clinic visit, home visits, etc.

There are also critical elements of an effective **engagement** strategy. Clinicians and program planners should consider all the below when planning a program or services:

- Persons with engagement challenges often have unique needs in terms of how they relate to professionals and care providers. Use of effective individualized engagement skills. Examples of these skills include motivational interviewing, active listening, and/or a trauma informed care approach.
- Clinicians and care providers should consider offering initial services in a comfortable and familiar surrounding – such as in the home or community.
- When initiating services, avoid moving prematurely toward “official” procedures such as filling out forms or making future appointments. Instead, consider the following:
  - Help patient/client feel welcome and valued.
  - Orient them around the clinic, location of bathrooms, etc.
  - Actively listen for, and validate, what motivated patient/client to engage.
  - Elicit the client/patient’s most pressing concerns. Start with their basic needs. This is where you have an opportunity to engage and build trust.
  - Elicit, validate, and document the client/patient’s care preferences. Though not all requests are possible, it is often important that the client feels heard. This can also be a helpful way to initiate discussion of toward patient self-management.
  - What do they need or want to know more about in relation to their health? Information is an important service!
  - What are their longer-term health and personal goals? You can help them think through this!
  - Remember to thank the patient / client before ending the first appointment. Remember that this patient is your customer, and it is often appropriate to convey gratitude in choosing your program for their care.

## Available Resources

The links below are a rich resource for complex care management in general and, more specifically, to the outreach and engagement functions.

1. “Outreach to High-Need, High-Cost Individuals: Best Practices for New York Health Homes”, NYS Health Foundation, April 1014. - <http://nyshealthfoundation.org/uploads/resources/chcs-health-homes-outreach-report-april-2014-1.pdf>
2. Complex Care Management Tool Kit-- [http://www.calquality.org/storage/documents/cqc\\_complexcaremanagement\\_toolkit\\_final.pdf](http://www.calquality.org/storage/documents/cqc_complexcaremanagement_toolkit_final.pdf)

**BHICCI Plan for Learning / Teaching / Coaching**

- REVIEW the above skills and techniques. Discuss any barriers and challenges with practice coaches / BHICCI trainers.
- ATTEND OR VIEW BHICCI Presentation of basics of Outreach and Engagement –
- PRACTICE role-playing scenarios with coaches, supervisors, and colleagues.
- LEARN skills in the mentioned evidence and best practice communication techniques: e.g. motivational interviewing and trauma informed care.

**How will Competence in this area be Measured?**

Following completion/verification of the above learning/teaching/coaching plan, each clinician will have the opportunity to practice his/her new skills under supervision. Following this, the supervisor will rate the clinician’s competency in each of the following by:

1. Case discussion of 3 or more complex care patients, or
2. Chart review of 5 or more patients, or
3. Shadowing Engagement/Outreach calls and/or appointments with patients/clients.

COMPETENCY AREA	EVIDENCED BY:	SUPERVISOR’S RATING*
Outreach skills	<ul style="list-style-type: none"> <li>• Clinician demonstrates understanding of the client/patient’s personal attributes such as ethnicity/culture, beliefs, literacy level, housing status.</li> <li>• Clinician spent an appropriate amount of time and attention to outreach efforts.</li> <li>• Clinician considered a variety of ways to outreach, such as written materials, phone calls, contact during a clinic visit, home visits, etc.</li> <li>• The outreach efforts chosen were appropriate to patient’s circumstances, personal barriers to care, and available resources.</li> </ul>	1 2 3 4 5
Engagement Skills	<p>During initial appointments with client/patients, the clinician demonstrated that he/she:</p> <ul style="list-style-type: none"> <li>• Helped patient/client feel welcome and valued.</li> <li>• Oriented them around the clinic, location of bathrooms, etc.</li> <li>• Actively listened for, and validate, what motivated patient/client to engage.</li> <li>• Elicited the client/patient’s most pressing concerns. Start with their basic needs. This is where you have an opportunity to engage and build trust.</li> <li>• Elicited, validated, and documented the client/patient’s care preferences. Though not all requests are possible, it is often important that the client feels heard. This can also be a helpful way to initiate discussion of toward patient self-management.</li> <li>• <u>Thanked</u> the patient / client before ending the first appointment.</li> </ul>	1 2 3 4 5

\*1= Excellent results with no need for prompting or support.  
 3 = good results and/or required some prompting or support.  
 5 = required much support and/or was unable to complete necessary skills.