WELCOME

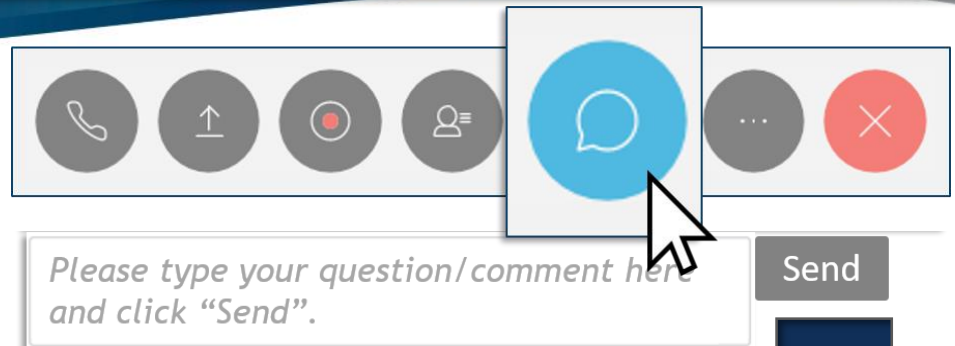**ECM Webinar Fridays:**
Part 1: Supporting Continuity of Care in ECM - Practical Strategies

CALL:

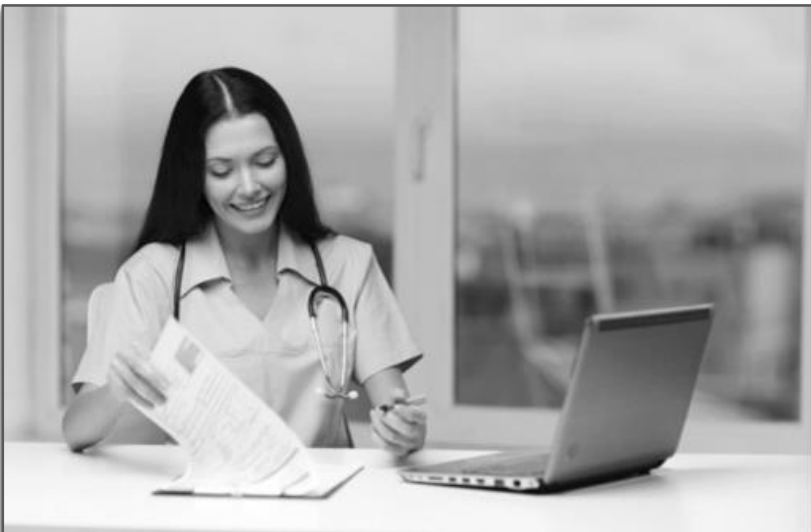**ACCESS CODE:**

Everyone is *automatically* MUTED. . .
Please communicate via the CHAT feature

Please type your question/comment here and click "Send".   Send

We will begin at 12:03p.m.

Thank you

ECM
Webinar Fridays:

Supporting Continuity of Care in ECM – Practical Strategies
Part 1 of a 2 Part Series

L.A. Care
HEALTH PLAN®

For All of L.A.

March 11, 2022

Presented by:

L.A. Care Health Plan | Health Net
Anthem Blue Cross | Blue Shield Promise Health Plan | Molina

Housekeeping

- This webinar is being recorded

- Attendance will be tracked via log-in

- Questions will be managed through the Chat. Please submit all questions to all Panelists

- Send a message to the host if you cannot hear or see the slides

- Post the webinar you will get a copy of the PowerPoint

- Post event survey will display in pop-up window

Webinar Overview

Topic	Time
Welcome & Introductions	5 minutes
Health Plan Updates	5 minutes
Supporting Continuity of Care in ECM – Practical Strategies	45 minutes
Q&A	5 minutes

Supporting Continuity of Care in ECM - Practical Strategies

Guest Speakers:

Laura Collins, LICSW
Senior Consultant
Health Management
Associates

Cindy Toledo, LCSW
Clinical Social Worker II
L.A. Care

Learning Objectives – Part 1

At the end of this webinar, you will be able to:

Review the common challenges associated with transitioning from HHP and WPC Programs to the new benefit of ECM

Describe best-practices for ensuring there is continuity of care for every member, covering the warm hand-off and closing the loop

Discuss the consent process, to ensure ongoing care coordination is taking place

Identify communication strategies and share tools that support the member's smooth transition to ECM.

Today's Agenda
Continuity of Care for the ECM Member

1. Engaging the Grandfathered Member
2. Review of the HIPAA Rules
2. The Warm Hand-off
3. Closing the Loop
4. Additional Engagement Strategies/Tips

Continuity of Care for the ECM Member

Part 1 and 2

Part 1 – Transitioning the Member

Part 2 – Stepping Down or Up

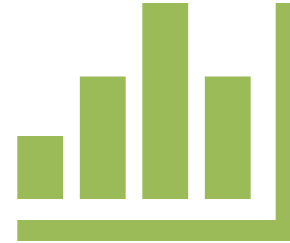| Grandfathering the HHP and WPC Member | Engaging the Member to transition to the program | The Warm Handoff & Closing the Loop | Ongoing Cross-agency Coordination | Assessing for Appropriate Level of Care | Continuity of Care workflows Exit & transfer process | Member Re-enrollment |

Who are your Grandfathered Members? POLL

Which population of focus do your grandfathered members most commonly fit?

(Check top 3 most common): Individuals who are:

1. Experiencing Homelessness
2. High Utilizers of ER's/hospitals/SNF's
3. Experiencing Serious Mental Illness or Substance Use Disorder
4. Transitioning from Incarceration
5. Transitioning between Managed Care Plans
6. I have patients who do not fit into any of these categories, but qualified under HHP
7. I have patients who do not fit into any of these categories, but qualified under WPC

- ***CHAT IN any comments!***

Which Programs Were Your Grandfathered Members In?
POLL

Which type of programs did your grandfathered members transfer from? (Check all that apply)

1. Health Homes (HHP)
2. Housing for Health (HFH)
3. Intensive Case Management Services (ICMS)
4. Mama's Neighborhood
5. Re-Entry Program
6. Intensive Services Recipients Program
7. Substance Use Disorder-Engagement Navigation & Support Program
8. Homeless Care Support Services & Tenancy Support Services
9. Sobering Center
10. Residential & Bridging Care Program
11. Benefits Advocacy Program

Other, CHAT IN!

Assessing the Challenges POLL
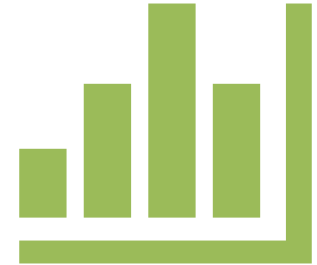
What are your primary challenges with engaging your HHP and WPC grandfathered members? (Check the top 3 most common)

- Difficulty communicating with the WPC provider
- Difficulty communicating with the HHP provider
- Difficulty explaining the ECM benefit to the member
- Missing or inaccurate information regarding the member and/or previous provider information
- Overall member hesitancy to engage
- ***What other challenges – CHAT IN!***

Continuity of Care
What is it & Why is it important?

- Continuity of Care is how one patient **experiences care** over time as **coherent and linked**; this is the result of good **information flow**, good **interpersonal skills**, and good **coordination of care**

  (https://www.rcgp.org.uk/clinical-and-research/our-programmes/innovation/continuity-of-care.aspx)

- Widely believed to benefit patients with **long-term conditions**, including serious mental illness, as it **facilitates better provider-patient relationships** and **reduces fragmentation** of care

  (https://www.healio.com/news/psychiatry/20191106/continuity-of-care-vital-for-patients-with-serious-mental-illness)

Engaging the HHP & WPC Grandfathered Member Supporting Steps for Continuity of Care

1. *Do your Research*
2. *Contact the Agency*
3. *Request Records/Info*
4. *The Warm Hand-Off/Closing the Loop*
5. *Other Outreach Strategies*

The Engagement Workflow for Grandfathered Members

Develop a Strategy that is *Unique to Each Member*

Do Your Research: Review patient information received from Providers, Health Plan & other Sources

→

Contact outside agency & identify previous or current case manager/ care coordinator/ provider

→

Request records & **key information**

→

Strategize to set up a **warm hand-off & Close the Loop**

→

Planning for **Ongoing Coordination**

→

Other Engagement strategies
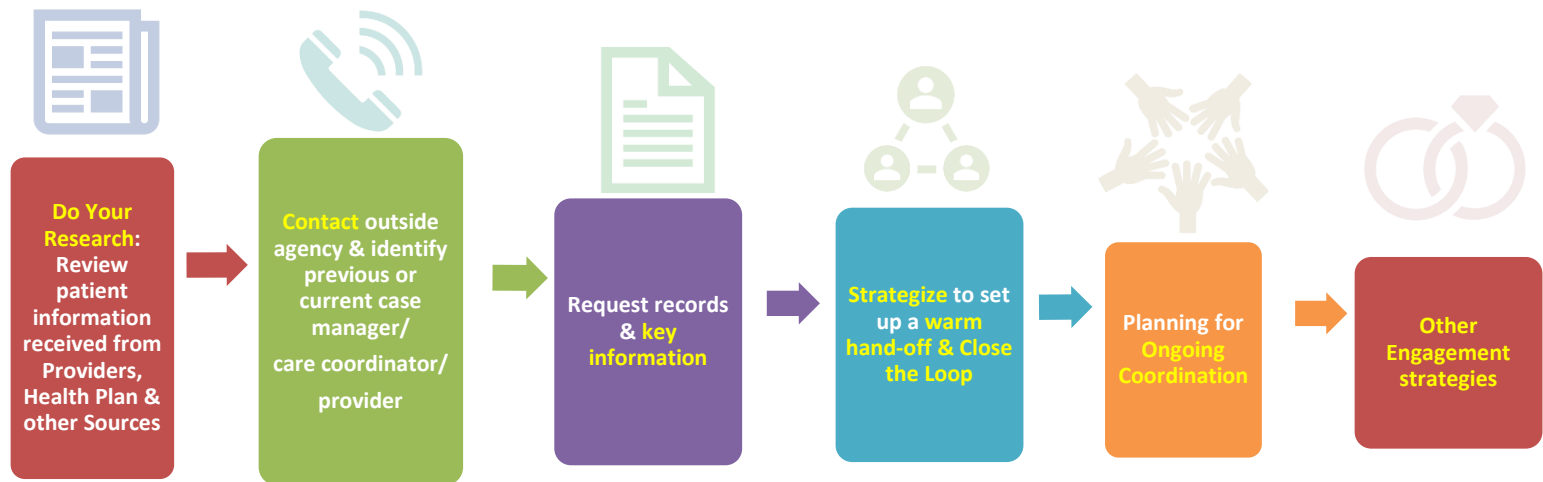
Do Your Research

Locating and Learning about the Member

- **Use existing sources of data within your own agency**
  - Talk with the member's other providers, including the PCP
  - Do they have an appointment with the provider this week/month? *(think warm hand-off)*
  - Which pharmacy does the member use?
  - What other services are provided that the member is accessing?
- **Review reports from the Health Plan & other sources**
- ECM Member Information File
- Health Information Exchanges (HEI): Lanes, Collective Medical (CMT), e-Connect

Contacting the Prior Agency & Requesting Information

Locating and Learning about the Member

- **Contact the HHP/WPC agency and connect with the care coordinator/case manager/provider**
  - Ask for critical information
    - If the agency declines to share info without a release of information (ROI), or you don't have access to their data sharing system, ask the key questions
      - *What are safety issues should I be aware of?*
      - *What strategies have worked for you in engaging him or her?*
      - *Can you tell me where he/she likes to hang out?*
      - *Can you give me an accurate or working number?*

Let's Talk about HIPAA

Health Insurance Portability and Accountability Act (HIPAA)

- The TPO clause (Treatment, Payment and Operations)
  - Written authorization, consent or other form of release is not required for most TPO disclosures*

**When** to talk with your patient about consenting to share information

- Earlier in the engagement is better for continuity of care
- The Warm Hand-Off
- During the Assessment

How to talk with your patient about consent to release information

- Explain the "why"
  - Allows for a team of advocates to coordinate
  - Less intrusive and duplicative – a more patient-centered approach

What are your Strategies?
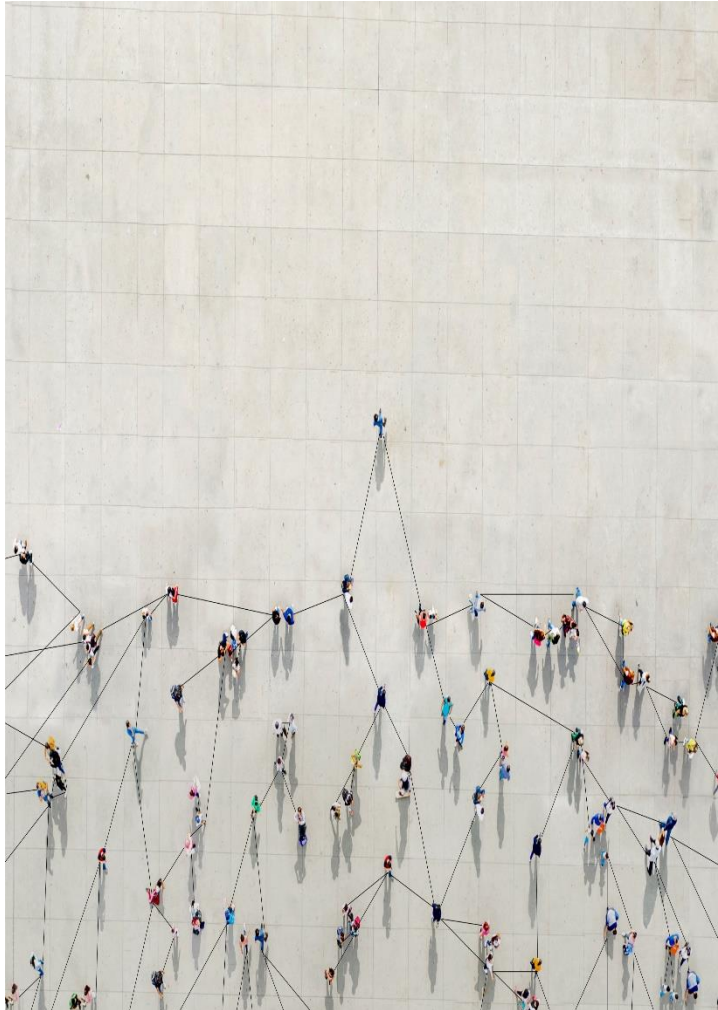
*What other strategies do you use to **locate and gain additional info** about the member before outreaching to them?*

CHAT IN!

The Warm Hand-off
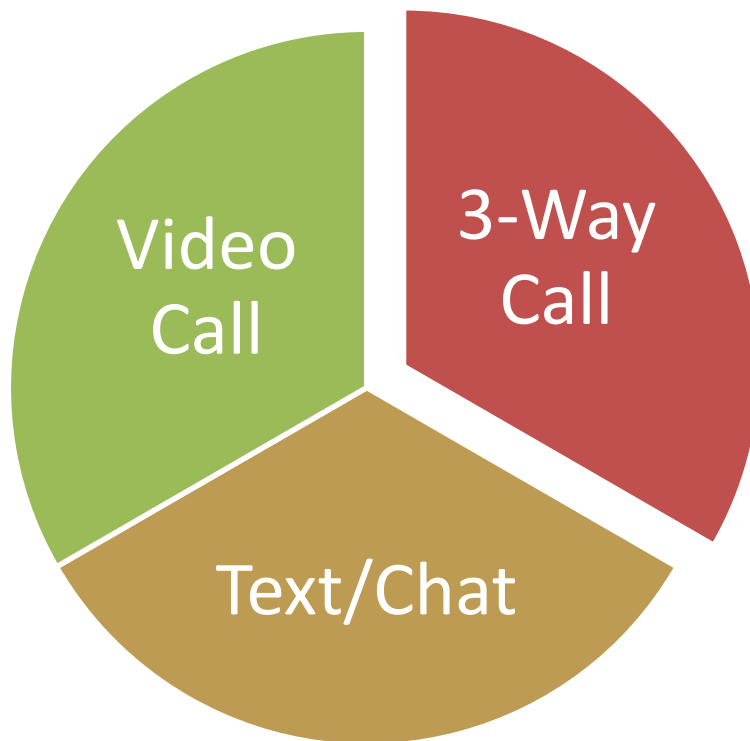
A Key tool for Engagement

- **What is it?**
  - An **in-person transfer** of care between providers
  - Occurs **with the patient** and family/caregiver, as appropriate
  - Recommended in **Integrated Care** models, such as ECM
  - Important elements:
    - Current provider **introduces** the member to the new/different provider
    - Explains the **role** of the new provider
    - Emphasizes the provider's **qualifications**

- The warm hand-off can have a direct correlation with **engagement in care** (80%) vs. a simple referral (40%)*

- Contributes to **patient safety** and improved **clinical outcomes** (AHRQ.gov)

*Sierra Family Medical Clinic training;
https://www.youtube.com/watch?v=umif1TDdKrM

The Virtual Warm Hand-Off

What does this look like?

Pie chart with three sections: Video Call, 3-Way Call, Text/Chat

What virtual approaches have worked best for you for the Warm Hand-Off?

The Warm Hand-Off Checklist

Promoting Continuity of Care

The Warm Hand-off Checklist
☑ Both Providers and Patient are present (in the room or virtually)
☑ If previous provider recommends & member consents, include Family/Caregiver
☑ Prior provider makes the introduction, and
☑ Summarizes the reason for meeting together
☑ Both providers talk about the ECM program and answer the member's questions (having a flyer/brochure is helpful)
☑ Prior provider talks about the work-to-date, highlighting successes & issues/concerns
☑ Ask the member for their input, preferences and goals
☑ Discuss with the member about the need for ongoing coordination (if continuing to work with both) and agree on coordination plan
☑ Gain Release of Information (ROI) for records and ongoing coordination

Closing the loop

Why is it important and **what** does it look like?

- *The WHY*
  - *Quicker **access to care, speedier assessment** which improves overall **patient safety and outcomes***

- *The WHAT*
  - ***The easy flow of clinical information from both parties:*** the "two-way" loop

  - ***Closing the Referral Loop*** *involves*
    - **Documentation** of
      - the completed referral
      - confirmation of the appointment/visit/contact
      - notes of the contact and recommendations are accessible to involved parties
    - *Be sure to document if the referral **is unsuccessful** (and address the barriers)*

When you can't do a Warm Hand-Off

Outreach Strategies

Review of the Types of Engagement for the Grandfathered Member

- *Get Creative!*
  - *Connect with the member's other service providers , including the PCP*
    - *What do they know about the patient to help you connect without a warm hand-off*
  - *Where are their favorite spots to hang-out?*
  - *How do they prefer to be reached?*
  - *Do they come into the agency/clinic for other services that you can flag?*
- *Augment with the other routes of engagement*
  - *Phone, Email, Secure texts, Mail, Telehealth*

- *Expectation for engaging the grandfathered member:*
  - *Attempt for **90 days** before excluding the member*
  - *Tracking engagement activities*
    - *Use your agency's tool for this*

Engaging the Grandfathered Member

Do not assume that they know anything about the ECM benefit

- Members may not recall receiving the letter
- **Develop your ECM script/bullet points/elevator speech – keep it short!**
  - Quick call or interaction with the member – *sample script – tailor it for you!*

1. *I'm calling from your doctor's office/primary care clinic/housing program with… (**personalize it**)*

2. *ECM is a **free and local** benefit to you, it's a part of your Medi-Cal coverage. It **doesn't impact** any of your other medical care or services*

3. *ECM is **in addition** to **your current services** through Housing for Health/ICMS (for example)*

4. *Our team will **work with you to assist you** with things that are **important to you**, such as **different resources** like food, transportation, medications & also support your **overall health and independence***

5. *We can **also work with** your provider/s, your other case manager, your caregiver. We can be **your advocate** with these providers & other agencies to assist you*

6. *You **don't need to fill anything out** to be in ECM - you are **automatically enrolled** based on your participation in the Health Homes or Whole Person Care programs*
   *- And of course you can **continue to work with your existing** HFH agency*

7. *We can meet you in your home, here at the clinic or another **location of your choice** (local community center, shelter, food bank). We can also set up **check-in calls**.*

8. *Would you like to set up a time and place to talk more about ECM? Maybe **think about something you'd like assistance with** that we can discuss.*

Other Tips for Engaging the Grandfathered Member

What engagement strategies have been successful for you?

Call member as soon as possible after assigned

Check the clinic schedule for the week and compare against the Member Information File or other referral info

Strategize with team members including clinical consultant for locating the member, and the approach

Think about when to call; some members may run out of cell minutes later in the month

Call at different times during the day and on different days of the week

Summary – What we've covered in Part 1

Engaging the Grandfathered Member – the Workflow

The Why & What of the Warm Hand-off & Closing the Loop

An overview of HIPAA, plus Consent Tips
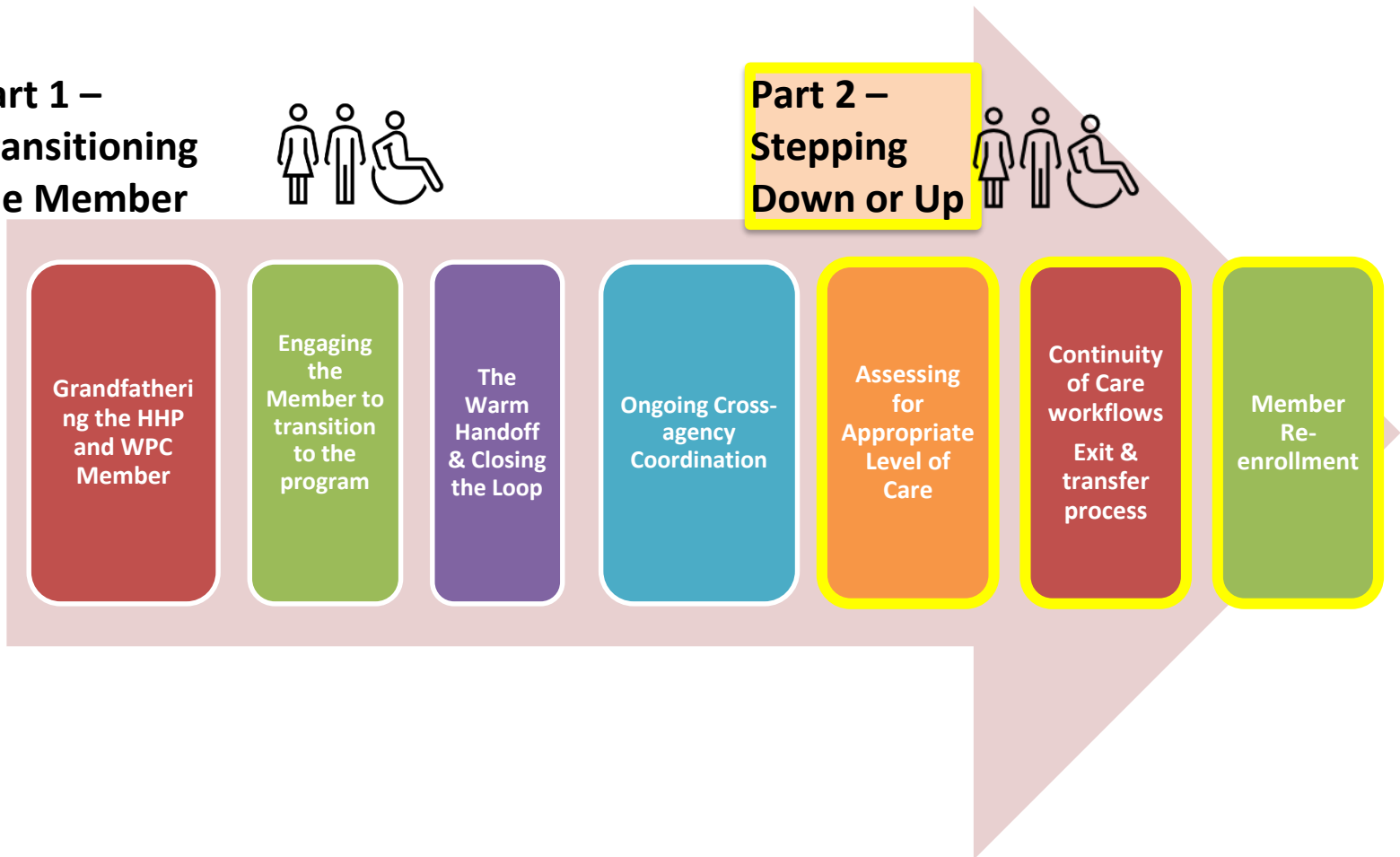
Additional Engagement Strategies & Tools

Continuity of Care for the ECM Member

What's coming for Part 2

Part 1 –
Transitioning
the Member

Part 2 –
Stepping
Down or Up

| Grandfathering the HHP and WPC Member | Engaging the Member to transition to the program | The Warm Handoff & Closing the Loop | Ongoing Cross-agency Coordination | Assessing for Appropriate Level of Care | Continuity of Care workflows Exit & transfer process | Member Re-enrollment |

Additional Q&A!

Coming Up Next

Webinar Title Here

When: Friday, Date

Time: 12:00 p.m.

https://www.lacare.org/healthhomes

From all of us…