

Strategies to Engage Patients/Members

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To reduce disparities across member and patient groups, state Medicaid agencies, managed care organizations (MCOs) and healthcare organizations (HCOs) must first understand where disparities exist, the magnitude of the disparities, and why these disparities are occurring within their member population. A key step in this process is to meaningfully engage with members and communities living with the identified disparities who will have critical insights into why disparities exist and effective strategies to address them.

While in-person engagements are ideal, challenges like long-distances in rural settings or social distancing may impede these factors. In this resource we outline a variety of in-person and virtual strategies to engage with members and tips to consider as you embark on your own journey to engage with members. We share strategies and examples pursued by the AHE Learning Collaborative (LC) teams between February 2020 and June 2020 which considered the context of the COVID19 pandemic and ensuing social distancing measures.

Methods to Engage with Patients/Members:

Focus Groups or Individual Interviews

- In-person
- Virtual platforms
- Telephone

Surveys

- In-person
- Mail
- Email
- Patient Portal
- Telephone

Outreach/Recruitment

- Methods listed above (e.g. email, in-person)
- Social media

ABOUT

Advancing Health Equity: Leading Care, Payment, and Systems Transformation, previously known as Finding Answers, is a national program based at the University of Chicago and conducted in partnership with the Institute for Medicaid Innovation (IMI) and the Center for Health Care Strategies (CHCS).

The goal of the AHE Learning Collaborative is to advance health equity by reducing health or healthcare disparities through healthcare delivery transformation and payment reform. The AHE LC brought together 7 teams, each comprised of a state Medicaid agency, one Medicaid Managed Care Organization (MMCO) and two health care organizations (HCO).

Authors: Jaclyn Martin, MPH, University of Chicago, Shilpa Patel, PhD, Center for Healthcare Strategies, Elizabeth Durkin, PhD, University of Chicago, & Scott Cook, PhD, University of Chicago

Examples of Member Engagement Strategies from the AHE Learning Collaborative Teams

Illinois: Flexible Housing Pool Lived-Experience Advisory Council (LEAC)

The Illinois AHE LC Team is focusing on those who are unstably housed or homeless. To identify health concerns within this target population, the team reached out to the Flexible Housing Pool LEAC. The LEAC meets monthly to advise and inform the Flexible Housing Pool's growth. It is comprised of people who are formerly homeless, currently living in supportive housing, and are living with chronic health conditions. Team members attended one of the LEAC's meetings to meet the council and have a preliminary conversation about their AHE project. The Illinois team plans to continue these conversations in future council meetings to inform their project and identify pertinent health concerns.

Maine: Non-Virtual and Virtual Focus Group sessions with people currently/formerly incarcerated

The goal for the Maine AHE LC Team's initiative is to reduce healthcare disparities in formerly incarcerated populations. The team partnered with county jails and a peer recovery center to understand key barriers in accessing quality healthcare when transitioning out of incarceration. The team conducted two in-person focus groups within the county jails pre-COVID19. Once COVID19 impacted the state, the team held a focus group virtually in partnership with the peer recovery center to engage those who are formerly incarcerated and self-identified as in recovery from substance-use disorder. The combined focus groups will inform the team's overall project focus, the health disparities they want to target, and the root causes of those health disparities.

New Jersey: Partnering to Conduct Focus Groups

The New Jersey AHE LC Team seeks to address disparities in mood disorder diagnosis among their pregnant and postpartum population. The NJ team had multiple conversations over time to adjust their member engagement plans in light of COVID19 and social distancing measures. The team leveraged a partnership with Greater Newark Healthcare Coalition to help with the development of interview questions. The team also engaged the Perinatal Mood and Anxiety Disorder Program housed at Monmouth Medical Center at RWJ Barnabas Health System to help with the facilitation of the virtual focus groups. The team will outreach members telephonically to gauge their interest in participating in a virtual focus group to discuss their experience with perinatal and postpartum mood disorder. Depending on the number of members interested in participating in a virtual meeting, the team plans to conduct 3 to 4 virtual focus groups with about 7 to 10 members each. Their partners' expertise and strong and established relationships with the member population will increase the chances of success.

Leverage Existing Mechanisms for your Engagement Strategies:

- 1:1 Calls:** Teams may be able to leverage existing telephone engagements (e.g. wellness calls) to add a few questions specific to their projects.
- Health plan advisory councils:** Many member advisory councils are already virtual or have the ability to be virtual. These meetings are often arranged to target specific health conditions and can provide teams an opportunity to engage with members on the health outcome or population of interest.
- Collaboration with other departments:** For example, an organization's marketing department may already have infrastructure for engaging members through focus groups. Alternatively, care managers with established relationships and regular engagement with members and may be able to ask additional questions to collect relevant information for your project.

Member Engagement Planning Tips

Recruitment Tips

- Engage members/patients who are living with the disparity you are trying to eliminate. If resource constraints make it impossible to reach this member/patient population, consider how “close” you can get.
- Consider members/patients that might be left-out or have difficulty participating. For example, if a virtual option is pursued, consider members/patients who may not have internet capabilities.
- Compensate members/patients for their consultation time, and provide additional supports such as transportation or childcare, especially in times of economic downturn and financial stress (e.g., widespread job losses, wage reductions, and potential for increased healthcare costs related to the COVID19 pandemic).

Logistical Tips

- Consider using multiple options to maximize the breadth and depth of patient/member participation.
- Meet members/patients where they are: when possible, conduct meetings in their community settings and/or at times convenient to them.
- Share data and updates on progress with members/patients in an accessible manner (e.g. easily digestible data reports, community forums).

Content Tips

- Include open-ended questions and opportunities for patients/members to provide free-form and non-structured feedback.
- Quality of interactions with members/patients trumps quantity of interactions. For example, a few well-constructed face-to-face, non-virtual interviews may result in gathering more quality information versus a large number of email or patient-portal surveys.

Consider how “close” you can get:

The NJ Team’s priority population is postpartum Black mothers who have an undiagnosed mood disorder. Because it is difficult to reach people who were *not* diagnosed, the NJ team will interview those diagnosed with a mood disorder to better understand the barriers to getting screened, diagnosed, and treated.

ADDITIONAL RESOURCES

1. [Getting Feedback From Members](#)
2. [When COVID19 Gives You Lemons: Pivoting to Virtual Community Engagement](#)
3. [Person-Centered Engagement at the Organizational Level](#)
4. [Engaging Patients and Community Members in Trauma-Informed Care Implementation Planning](#)
5. [Convening a Consumer Advisory Board: Key Considerations](#)
6. [Recommendations to Improve Consumer Engagement in Quality Measurement](#)
7. [Meaningful Consumer Engagement in Pre-Arrest Diversion Programs](#)
8. [Meaningful Youth Engagement: Strengthening Prevention of Substance Use Disorders](#)

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