



ROSE **ROSE**
Rising Outcomes Strategy Engagement

Strategies for Member Engagement



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Goal: Learn Approaches Utilized to Reduce Barriers to Member Engagement

Objectives



- Define Member Engagement
- Identify common barriers to member engagement and provide case examples
- Learn method(s) and solutions utilized to address barriers
- Identify role and contributions of each team member
- Share tips/strategies to improve member engagement



What is Patient/Member Engagement?



- ROSE® Client Survey 2017 – variables
- NEJM defines patient engagement as achieving these 3 goals:
 - Drive better health and outcome
 - Empower patients and loved ones to be active in their own care
 - Reduce costs
- Patient Health Engagement Model – Hibbard and Mahoney: ... "patient activation is considered to be the most reliable indicator of willingness and ability to manage health and care autonomously".

<https://catalyst.nejm.org/patient-engagement-vs-patient-experience/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5487073/>



Common Barriers

- Demographics/Contact Information
- Patient declines
- Technology Limitations
- Cultural/Language/Support System
- Education/Lack of knowledge about disease or condition
- Financial/Payor Source(s) – Medicaid, Medicare, Commercial
- Setting – Inpatient, Ambulatory, Home, Telephonic





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ModaHealth Insurance



Intertwining Medical, Mental Health & State Resources:
The Black Hole After Discharge

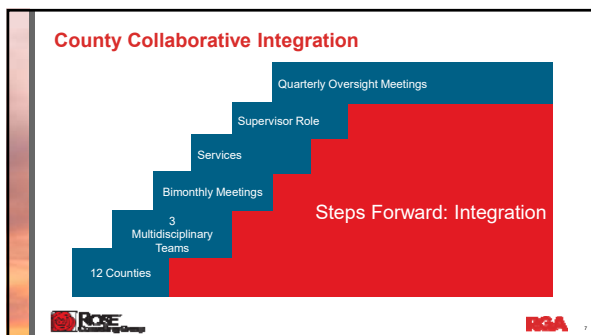


ModaHealth County Collaborative

Challenges

Unknown Partners	Disconnect	HIPAA
<ul style="list-style-type: none">▪ Physical Health Services▪ Behavioral Health Services▪ State Services	<ul style="list-style-type: none">▪ Roles▪ Missed opportunities▪ Delays	<ul style="list-style-type: none">▪ Memorandum of Understanding [MOU]▪ Access & Sharing





- ### County Collaborative: 3 Case Studies
- Physical health
 - Behavioral health
 - Aging and People with Disabilities (ADP)
- ROSE
- RGA

ModaHealth Moderate Transition Case Management

Challenges

Patient Connection	Timing	No Engagement
<ul style="list-style-type: none">▪ Incorrect demographics▪ Failure to identify patients	<ul style="list-style-type: none">▪ Lag between Discharge and Patient Outreach▪ Delays and rehospitalization	<ul style="list-style-type: none">▪ Opting In▪ Opting Out▪ 30 day Follow up

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Moderate Transition Case Management Interventions

- Data analysis to identify re-admission rates specific diagnoses
- Initial outreach while inpatient - "PreManage" resource
 - ✓ Introductions
 - ✓ Validate contact information
- Opt out approach vs Opt in
- Discharge assessment focus – communication to PCP
- Ease transition to Complex Case Management when needed



County Collaborative: 2 Case Studies

- Transition only
- Transition to Complex Case Management (CCM)





ROSEBUD® Case Management Program

Commonalities and Barriers in a Unique Population



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ROSEBUD® Case Management Program
Babies Undelivered and Delivered



RGA ROSEBUD® program achieves NCQA accreditation

ROSEBUD® (perinatal and neonatal case management program) has received a three-year accreditation from the National Committee for Quality Assurance (NCQA). RGA is proud to achieve this coveted recognition, which is based on case coordination, patient assessment and commitment to improving quality of care.

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ROSEBUD® Perinatal Case Management

- Population – General demographics
- Common barriers – incorrect demographics, technology limitations
- Common needs of patients – basic resources
- ROSEBUD® Program offering – education and resources

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ROSEBUD® Perinatal Case Management
Barriers to Member Engagement

- Hearing the facts and missing the story
- Setting goals
- Not knowing who's on the team
- Incomplete understanding of barriers
- Preaching instead of teaching
- Keeping it formal

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Discussion

- Other common challenges to engagement
- Success Stories from the audience

