Spotlight on CareSource: Identifying Successful Member Engagement Strategies through Rapid-Cycle Improvement

In order for health plans to conduct health risk assessments, effectively communicate plan benefits, and connect members to the health care, social services, and other resources that they need, health plans must first be able to locate and engage members. However, health plans may encounter challenges connecting with members, including inaccurate member contact information (or no contact information at all), and barriers to engagement, such as housing insecurity, language barriers, and poverty. Engaging members is particularly important for health plans serving individuals dually eligible for Medicare and Medicaid, as the dually eligible population has a higher prevalence of chronic conditions, disabilities, and behavioral health conditions than Medicare-only beneficiaries.[1]

CareSource's Community Well Population

The Community Well population consists of members in the MyCare Ohio (Financial Alignment) demonstration who live in the community. These members tend to be younger and more transient than dually eligible beneficiaries living in institutional settings. As is typical of younger dually eligible beneficiaries,[3] this population experiences higher rates of behavioral health conditions, including substance use disorders. Prior to their pilot efforts, CareSource experienced challenges engaging these members in case management, with 33 percent categorized as unable to reach (UTR).

To identify successful strategies for locating and engaging members, health plans may consider using rapid-cycle improvement approaches – a quality improvement method aimed at identifying, implementing, and measuring changes to a process or organization, often through Plan, Do, Study, Act (PDSA) cycles.[2] This Spotlight highlights **CareSource**'s rapid-cycle improvement efforts to reduce the number of members classified as unable to reach (UTR members) in their Community Well population (*see callout box*). CareSource's pilot programs focused on reaching and engaging a portion of their UTR members, with the goal of connecting members with case management services.

[1] Medicare-Medicaid Coordination Office (2018). *FY 2018 Report to Congress*. Retrieved from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/FY-2018-Report-to-Congress.pdf

[2] Robert Wood Johnson Foundation (2013). *Quality/Equality Glossary.* Retrieved from https://www.rwjf.org/en/library/research/2013/04/quality-equality-glossary.html

[3] Centers for Medicare & Medicaid Services (2014*). Physical and Mental Health Condition Prevalence and Comorbidity among Fee-for-Service Medicare-Medicaid Enrollees*. Retrieved from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Dual_Condition_Prevalence_Comorbidity_2014.pdf

Service Area and Target Population

CareSource provides primary, acute, behavioral health, and long-term services and social supports to 29,000 dually eligible members across northeastern Ohio.

Engaging and Locating Members through On-The-Ground Outreach

Prior to their pilot programs, CareSource assigned enrollees to either face-to-face (field) case management or telephonic case management depending on acuity level (determined by clinical judgment on level of care, number of chronic conditions, risk of transition, etc.). CareSource attempted to reach new enrollees through a variety of methods, and if they could not reach members after multiple attempts, classified these members as UTR.

CareSource encountered challenges with increasing numbers of members who were UTR, and so implemented a series of pilot projects to test strategies for engaging these members. CareSource focused their pilot efforts on reaching these members using internal staff, as well as external partners and providers, including:

- **Field Case Managers:** Before the pilots began, CareSource would assign members classified as UTR to a telephonic case manager for future outreach. Under the pilot program, however, CareSource assigned a portion of the UTR population to field case managers to test whether face-to-face outreach could help engage UTR members. Field case managers used strategies such as visiting members at their place of residence, leaving materials on doorknobs, visiting providers (including clinics, dialysis centers, and community mental health centers), and connecting with community partners. CareSource field case managers have had such success in reaching UTR members in the pilot population using these strategies (see *Member Engagement Pilot Success*) that CareSource is now in the process of transitioning all CareSource members to field case managers by fall 2019.
- **Community Health Workers (CHWs):** CareSource employs CHWs, called Patient Navigators, on their care teams for individuals with behavioral health needs. Under the pilot, CareSource found the following strategies successful:
    - **Empowering CHWs to engage and locate members.** Under the improvement pilots, CareSource assigned all individuals with behavioral health needs to a Patient Navigator, in addition to a case manager. Patient Navigators took on enhanced roles with their new caseloads —conducting monthly outreach calls, including cold calls to members; distributing plan materials on member door knobs; and working with case managers to update contact information in care plans. CareSource Patient Navigators had high success rates in engaging members.
    - **Hiring CHWs with a background and training in behavioral health.** To ensure Patient Navigators have appropriate training for working with individuals with behavioral health conditions, CareSource also trained their Patient Navigators on motivational interviewing, de-escalation, duty to warn, and other relevant behavioral health topics.
- **Local Providers:** CareSource was able to engage some UTR members by analyzing claims data to identify members' providers. They used these data to identify opportune times and locations (e.g.,

dialysis providers) at which to complete face-to-face visits with UTR members. CareSource case managers also tried to develop relationships with local area partners, hospitals, providers and agencies to describe services, and the value CareSource case management can bring. Case managers highlighted that the plan could help to facilitate transportation to appointments, plan post-acute care transitions, and assist with medication adherence, which would help providers meet shared value-based outcome goals.

Understanding Case Management Refusal

While CareSource was able to engage many UTR members in their pilot population, they also recognized that, for a variety of reasons, members may choose not, or be unable, to engage fully with the health plan. Understanding when, and why, members refuse case management can inform future outreach efforts. Under the pilots, CareSource began documenting the reasons members refuse case management. After any conversation with a member who refused case management, case managers documented the reasons for refusal in a case management refusal form. Through analysis of completed refusal forms, CareSource learned that:

- **Members refuse case management for a variety of reasons.** CareSource case managers learned there were a variety of reasons behind members' initial refusals of case management. For example, some members specifically do not want a case manager visiting their home, which may be due to factors such as hoarding, privacy concerns, or home disrepair. Upon learning that the member may be open to case management outside the home, the case manager may successfully engage the member by offering to meet at a community location.
- **Reaching out to members after major life events or crises presents an opportunity to engage members who previously refused case management.** Through case management refusal forms, CareSource is able to distinguish between members who do not ever want to be contacted by a case manager, and are subsequently added to an internal Do Not Call list, and members who may be open to outreach in the future. In cases where members indicate they may be open to future outreach, CareSource has found it particularly helpful to engage these individuals after a significant life event or health change.

Improving Telephonic Outreach

In addition to bolstering their on-the-ground outreach to members, CareSource also made changes to their telephonic outreach strategies. In this effort, CareSource noted the following effective strategies for reaching members:

- **Using local phone numbers.** CareSource found that members were more likely to pick up outreach calls when they originated from a local area code, rather than an out-of-state area code, which was standard in previous outreach efforts.
- **Calling early in the month, and at different times of day**. CareSource had more success calling members earlier in the month, as members with limited cell phone minutes may run out of minutes by the later part of the month. Additionally, CareSource made an effort to call at various times of day, including evenings, to reach members who may be unavailable during certain times of day.

Member Engagement Pilot Success

After implementing the above changes over the course of several months, CareSource studied their efforts, as a part of their rapid-cycle improvement approach, to determine if they should apply the changes at the plan level. Through this process, CareSource determined they were able to reach over 50 percent of their total pilot population of previously UTR members. CareSource Patient Navigators were particularly successful, engaging about one-third of UTR members with behavioral health needs. Based on the success CareSource experienced with field case management under their pilots, CareSource is now transitioning all members to field case managers, who will have mixed acuity caseloads.

Additional Member Engagement Resources

- Interested in more strategies for locating and engaging members? Please view Resources for Integrated Care's brief for Medicare-Medicaid plans here.
- Resources for Integrated Care also has several webinars related to engaging hard-to-reach populations, including webinars on engaging homeless members, isolated individuals, and people with mental health conditions or substance use disorders.
- CareSource uses CHW Patient Navigators to reach members. To learn more about how CHWs can support member engagement, please view Resources for Integrated Care's series of briefs here.
- For more information on motivational interviewing, please listen to the Integrated Care in Action podcast on motivational interviewing, here.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This spotlight is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to https://www.resourcesforintegratedcare.com/.