Resources for Integrated Care

Promising Practices for Utilizing Motivational Interviewing to Improve Care Coordination and Address Social Determinants of Health (SDOH)

August 17, 2023

Brittany Jackson (Moderator)

All right, thank you and hello, everyone. Welcome. My name is Brittany Jackson and I am with the Lewin Group. I am honored to serve as your event facilitator today. Before we begin, we would like to take a moment to orient you to the platform. Audio should automatically stream through your computer speakers. Please make sure that your computer is connected to reliable Internet and that the speakers are turned up.

If you are experiencing any difficulties with your connection, please turn off your network VPN during the duration of this event. There is not a phone dial-in option. The recording will be available after this event. Next slide please.

In the center of your screen you will see the slides for today's presentation. Below the slide presentation are resources to download, including a PDF of today's slides, along with a Q&A box where you can enter questions for our presenters or chat with the webinar team if you need support.

Closed captions are also available. If you select the Resources icon, you can move the windows around or switch between the layout options with the four squares located in the bottom left corner.

If you minimize a box and want to bring it back, you can click on the associated icon at the bottom of your screen. Next slide please.

Okay, welcome to the webinar, *Promising Practices for Utilizing Motivational Interviewing and to Improve Care Coordination and Address Social Determinants of Health*, or SDOH. We are grateful that you took the time to join us today.

We are looking forward to sharing insights with you about prioritizing person-centered motivational interviewing approaches with a focus on addressing SDOH to improve member self-efficacy and outcomes for dually eligible individuals. Next slide please.

Today's session will include presentations from our esteemed presenters, a panel discussion, and finish with live Q&A with panelists and participants.

This session will be recorded. The recording and a copy of today's slides will be available at www.resourcesforintegratedcare.com. Next slide please.

This webinar is supported through the Medicare Medicaid Coordination Office (MMCO) at the Center for Medicare and Medicaid Services (CMS). MMCO is helping beneficiaries dually eligible for Medicare and Medicaid to have access to seamless high-quality healthcare that includes the full range of coverage services in both programs.

To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

To learn more about current efforts and resources, please visit our website resourcesforintegratedcare.com or follow us on Twitter, recently rebranded as X. Our handle is @Integrate_Care. You will also find us on LinkedIn. Next slide please.

At this time, I'd like to introduce our presenters. Dr. Brandon G. Wilson. is the Senior Director of the Center for Consumer Engagement in Health Innovation at Community Catalyst. Gladys Antelo-Allen is the Associate Director of Education and Training at Camden Coalition, and Brian Thompson is the Housing Coordinator at Camden Coalition. Next slide, please.

As referenced on the slide, this event will accomplish the following learning objectives: identify person centered approaches to support conversations, determine strategies to encourage motivational interviewing,

integrate considerations related to cultural competence when initiating motivational interviewing, and encourage the use of motivational interviewing within SDOH interventions. Next slide, please.

The road map for our time together today is as follows. We will start by collecting information from the audience via two polls. Then our presenters will share the following presentations: Brandon from Community Catalyst will share an overview of motivational interviewing, innovation theory, cultural competence and the use of SDOH techniques during screening. Gladys and Brian from Camden Coalition will then present on the COACH engagement framework, best practices and key elements of motivational interviewing training, and motivational interviewing conversation topics.

After these presentations, our presenters will offer their perspectives in a guided panel discussion before we engage in some Q&A, leveraging questions that the audience submits throughout today's event. If you have questions, please type them into the Ask a Question box as we go and we will answer as many as we can today.

We will close by sharing helpful resources and requesting your feedback on the information shared today. Alright, next slide please.

As noted earlier, we are going to poll the audience before we launch into today's presentation. You should see a pop up on your screen asking which of the following options describes the care setting in which you work. The goal of this question is to get a better sense of our audience members today, the options you may select from are, health plan, ambulatory care setting, long term care facility, home care agency, community-based organization, consumer organization, academic research or other. So, we'll take just a moment here and wait for you all to poll in. Please do participate in the polls and we'll give it just a moment and then I will share out the top response.

Okay. Wonderful. So top answer for this poll question is health plan and community-based organizations. Thank you. And then we have one more poll on the next slide.

Our second poll asks which of the following best describes your professional area. Again, this information is helpful to our team as we get a better sense of our audience members and can ensure we tailor the information we present today. Responses include health plan, case manager or care coordinator, health plan customer service, health plan administration or management, medicine, nursing physician assistant or other provider, pharmacy, social work, advocacy or other. And again, we'll give it just another moment for this last poll response.

And thank you all for submitting your responses here. Okay, if we're able to see the results from the second poll please. Okay just one moment, it might be taking just a moment longer, so we will go ahead. Okay, here we go. The top responses for this particular one, we have health plan case management and then also social work, which is wonderful. Alright, next slide.

So, as I am sure you all are, I am very much looking forward to some engaging presentations from our speakers. So, without further ado, I will turn things over first to Dr. Brandon Wilson, Senior Director of the Center for Consumer Engagement and Health Innovation at Community Catalyst who will share an overview of motivational interviewing. Brandon, the floor is yours.

Dr. Brandon G. Wilson

Thank you, Brittany. Good afternoon and good morning, everyone, depending on where you are. Thank you so much for joining us on this very important webinar. It's good to see such engagement from health plans and CBOs. I'm sure we have others, but thank you for joining. Next slide, please.

Well, I'd like to set the stage with introducing the core concept of motivational interviewing from here. After, I will refer to as MI. It's really a person-centered, communication style and counselling approach. It's designed to help individuals find their own motivation for change. Think of it as a regarding approach that creates open conversation instead of telling individuals what they should do.

It empowers them to explore their motivations and make positive behavioral changes in their health and well-being. A key element is collaboration. It's about working together side by side to identify goals and strategies

that resonate with the individual or the member. It's not about giving advice, but rather fostering a safe and non-judgmental space of personal exploration. It really aligns well with the needs of those who often face, as we know, complex health challenges.

It's a way to build trust and engage in meaningful change dialogue to address their unique circumstances as well as their values and aspirations. Next slide.

So, here addresses a few key principles of MI. The first is partnership and collaboration. MI is all about fostering a partnership between health plans or CBOs and individuals. This partnership is grounded in trust, mutual respect, and collaboration. It's a two-way street.

But both parties work together to create a plan that aligns with that individual's goals and their aspirations. Another fundamental principle is evoking change talk. This is where the magic happens. It encourages us to focus on evoking and amplifying an individual's own reasons for change. It's about tapping into what we call change talk, which are the individual's express motivations for positive change. And then we come to rolling with resistance. In any journey of change, there may be resistance or ambivalence at the beginning.

It recognizes and encourages us to roll with it, to not confront it. By showing empathy and understanding, we can help those explore their concerns and move past resistance that they may feel. This is because, as humans, we're all accustomed to linear approaches where we're trying to get from point A to point B. But life is much more dynamic than that, and so it's a change journey. Even with resistance, there's something that we can learn. We can then plan, study, and assess again.

These principles are the backbone of MI, and they're particularly relevant when working with duals. By embracing partnerships, change talking, acknowledging resistance, we can create an environment that empowers individuals to take charge of their health journey. Next slide please.

Motivational interviewing is a really powerful tool for building relationships and enhancing individual self-efficacy and motivation for change. It operates by guiding communication in a way that helps individuals uncover their internal motivations for making change. The approach is especially valuable when applied to healthcare and community-based settings. It's versatile and it's adaptable and this makes it a valuable asset for health plans, CBOs, and providers alike. For example, health plans can leverage it to support member engagement activities by utilizing this approach.

You can foster deep understanding of the motivations behind an individual's health related decisions. For providers, it can go beyond just medical assessments. It's about delving into an individual's life, understanding their unique circumstances, and helping them connect with their reasons for change. For example, in an initiative led by the Centers for Healthcare Strategies, they found MI to be really ideal for connecting with patients, especially those who suffered from some form of trauma.

In Care Oregon, they've used it to address social determinants when working with those and use it as a tool to discuss their emotions around how they experience their medication management, particularly with any complex drug regimens. This type of adaptability allows it to seamlessly integrate into various contexts, making them valuable assets for improving health outcomes and overall wellbeing. Next slide please.

So, we've already explored the application, its versatility. Now let's talk about two crucial aspects, building autonomy and enhancing self-advocacy. Autonomy, that's the cornerstone of lasting behavioral change. And MI places great emphasis on this. This approach recognizes an individual's right to make their own decisions. In this context of health plans, for example, fostering autonomy means respecting an individual's choices and supporting their self-determination throughout their journey.

This may look like personal planning, access to comprehensive information, choice of providers and services. Let's think about equity. Can they find the provider that that looks like them? Appeals and grievance processes and language accents. Another component is self-efficacy. This refers to an individual's belief in their ability to make the positive change. In my aims to enhance their self-efficacy by highlighting past success, exploring personal strength, and providing genuine encouragement.

You can have a unique opportunity here to contribute to the development of self-efficacy. By creating an

environment that celebrates small victories and encouraging individuals to recognize their own strengths, we can then empower them to confidently pursue sustained change. For example, could you celebrate member success stories or provide regular check-ins or public recognition of milestones? Next slide, please.

Cultural competence is all about understanding, appreciating, and effectively responding to diverse cultural backgrounds, beliefs, and values of those that we serve. When applying MI, cultural competence is not just a nice to have, it's essential. It's the key to promoting respectful and effective engagement with diverse populations. As you embark on this journey, we're guided to be curious about people and community.

To really try to understand what's important to them and to affirm their unique experiences. For example, let's think about a person with a disability. A health plan representative who may answer a call could say, *thank you for calling*, to better assist you, could you let me know if there are any accommodations or special needs related to a disability that we should be aware of? We're here to make sure that your experience with us is as accessible and supportive as possible.

This type of inquiring can reflect the health plan's commitment to inclusion and ensure members with disabilities can actually receive the necessary support that they need. By weaving cultural competence into the fabric of the mind, we didn't ensure that our approach is not just effective, but also sensitive to the diverse needs of all of our members. Next slide, please.

Next, is a really important concept or theory, I'm also a professor by training, and one important model is the diffusion of innovation model. This helps us to promote the uptake of MI. So, imagine a journey where fresh ideas like this MI approach, can find its place within our care coordination system, just as the ripple spreads in water.

This theory guides how these ideas ripple through our practices, becoming essential tools in our mission to serve duals. Our shared motivation lies in elevating the impact. We're not just introducing an approach, we're creating a movement. By embracing the principles of this theory, we empower ourselves to nurture the adoption of MI, adapting to the pace of each team member's journey.

So, I want you just to note here that it's not just about empowering members, but also we have our own work to do. We have to also empower ourselves and our teams. Empowerment is at the heart of everything that we're driving. By infusing the model, we can equip our teams with a compass that aligns with their adoption journey. It's not just about training, it's about ensuring that each one can be of confident.

As we step in implementation, this theory can serve as a guiding light. It can be a tool to help navigate challenges, to anticipate roadblocks, and to optimize the simulation of the mind. Next slide, please.

Let's visualize the journey. Let's take a closer look at the journey that innovates, that innovations embark on within this framework. As I mentioned, this journey is not just a linear path. It's a dynamic process that mirrors the life cycle of an idea that spreads and becomes woven into our care coordination fabric.

Stage 1, the journey commences with the innovators. These are those folks who thrive on the cutting edge. They embrace new ideas from the get go, they experiment tasks and showcase the transformation power of humans using this type of approach.

In stage 2, as we move on to the early adopters phase, the momentum gains traction. These enthusiastic trail blazers see the potential and they embrace it. Their success stories can then begin to inspire others.

In Stage 3, the spark spreads further. It captivates the early majority. This segment is crucial, these folks seek evidence of effectiveness and reliability. And as they witness the positive impact, they'll then jump on board.

In Stage 4, with growing consensus, the late majority starts to adopt the approach. They may have been cautious at first, but the success stories of their peers resonate. They realize that embracing this could actually enhance their care coordination efforts.

In stage five, our journey completes with the laggards, the final group to adopt innovation. While they may have been hesitant, they eventually recognized the value.

The innovation is now fully integrated into our practices and it's really important to understand the whole process; the whole journey and that each step is important to making sure that MI is actually effective when applied in practice for all beneficiaries. Next slide, please.

There are some key features of this theory, for example, to effectively promote the adoption of innovation like MI. We turn to some key principles. These pave the way for successful integration within our health plans or our CBOs, especially as we serve duals. One of those features is better than alternatives, conveying value here. First, we must communicate that MI is not just an option, it's a better option. We showcase just effectiveness, highlighting how it surpasses other alternatives. Compatibility with practices.

We adapt seamlessly. We can ensure that in my seamless compatibility with existing practices, we show how this approach aligns with the core care coordination. In this way, we make it feel like a natural extension rather than an imposition to make sure it's clear and compatible. It's simple and usable to recognize that healthcare is very complex.

When we can simplify the integration of MI by breaking down its elements and illustrating that it's easy to use an opportunity to test. Let trial and trust create opportunities for care coordinators. To test this, you can design and control pilots and allow teams to experience and process the impact firsthand. And when they experience the value, they're more likely to trust and embrace the new approach. Tangible results, let's demonstrate impact; seeing is believing.

You can provide case studies and examples that showcase attainable results. We can show how it directly contributes to improve care coordination and beneficiary outcomes. Next slide, please.

In our pursuit of holistic care, we recognize the profound impact of social determinants on our wellbeing. This extends beyond traditional behavior change around lifestyle factors and embraces the wider context in which health behaviors unfold.

MI is about understanding the individual's decisions and actions are deeply rooted in their social and environmental circumstance. So, it isn't even just about behavior change. It's about harnessing a framework that addresses the broader influence of health.

It serves as a bridge between individuals to live realities and their aspiration for improved health outcomes. So, here's where synergy lies. MI can integrate social determinants and health screening techniques and by doing so, we can enhance response and retention rates. Next slide, please.

So, in the interest of time, I won't go through all of these examples, but in a room of social deterministic health screening, MI is like a catalyst for building rapport and trust. This foundation of trust is like a gateway. When individuals feel valued and respected, they're more inclined to share accurate information, enhancing and spreading response rates.

It goes beyond surface level interactions. It can empower practitioners to delve deep. By understanding individuals' unique perspectives and their values, we can gain insights that tailor interventions. In this narrative, social determinants isn't a detached element, it's an integral part of the Wellness story. Through MI, practitioners can seamlessly integrate social determinant considerations in the conversations. This type of integration paints a whole picture where individuals feel understood and supported in every facet of their health journey. The beauty here is that MI lies in its ability to cultivate long-term engagement. Next, slide please.

MI opens doors to collaborative goal setting. Picture a healthcare practitioner discussing housing and stability with an individual. Together they can set a goal, secure, stable housing through exploration, making unearthed solutions connect individual with local housing assistance programs. MI celebrates resilience. Imagine a healthcare practitioner recognizing an individual's remarkable resilience and managing a chronic illness despite limited resources.

This type of recognition can foster empowerment, infuse them with confidence to then go out and conquer their social determinant's barriers. Or visualize a practitioner validating an individual's determination to seek employment despite challenges. This type of validation goes beyond words. It's about creating a pragmatic action plan that then enhances employability. What's the outcome? Empowerment and self-advocacy. So,

what do these examples reveal? That MI does not operate in isolation. It sparks a ripplement or a ripple of empowerment.

As individuals experience transformation, this empowerment resonates within communities and MI becomes a catalyst for meaningful change. Thank you.

Brittany Jackson (Moderator)

Excellent, Brandon. Thank you so much for sharing. Looking forward to hearing a bit more soon during our panel discussion. But with this, I'm going to go ahead and turn it over to the Camden Coalition and I would like to introduce Gladys Antelo-Allen, Associate Director of Education and Training, and Brian Thompson, Housing Coordinator, to present on the COACH engagement framework, best practices, and key elements of motivational interviewing training and motivational interviewing conversation topics. Gladys and Brian, the floor is yours.

Gladys Antelo-Allen

Thank you so much. So excited to jump in here. I'm actually going to build on a lot of what Dr. Wilson already spoke on when he talked about the adaptability of motivational interviewing. Next slide.

So, for us at the Camden Coalition, it was important for us to ensure that we were infusing this principle of motivational interviewing into artwork, because we know how important it is in helping drive connection. We developed an engagement framework called COACH, which infuses motivational interviewing along with other care principles like trauma informed care, harm reduction, and person-centred care.

COACH is an acronym that describes the tools and techniques that our Care team members use to work with our program members towards sustained behavior change and to attract the progress in supporting them to reach their goals. It was really designed for our Care management intervention who you know are working with individuals that are living with complex health and social needs in the City of Camden, NJ.

But the tools and techniques it describes can really be applied to behavior change interventions in a wide range of settings in healthcare and in domains like education and social services. We developed and launched the framework in 2014 in partnership with Children's Hospital Philadelphia Policy Lab. Next slide, please.

Before I get into what each acronym stands for, what I really want to focus on is the COACH engagement framework, and what we're really, really trying to get at the core of with motivational interviewing is, that this framework and these principles really help us in building authentic, healing relationships with individuals. That really empower them to take control of their health.

And we talked about authentic healing relationships as the cornerstone of meaningful engagement with our members. Early in our work, we conducted a mixed method research study with our members. We really wanted to understand our services in comparison with other services and what we were doing well. And while comparing our engagement for our participants and our members, they used words like security, genuine, consistency to describe what their interactions were like with our team. And you may be thinking well, how do you establish that right? How do our patients, you know, how do we do this? And it really starts with getting to know the individual right, getting to know their likes, their interests, what sorts of things they love doing, what did they used to love doing? What are their passions? What are some of the past experiences that they have?

Do they love to cook? Do they like going out to movies, playing art? It's getting a little bit deeper than what we would typically read in their electronic medical record, or their driving diagnosis. It's really taking that person-centered, I'm interested in you as an individual path. Because what we found is that when we're able to build these authentic healing relationships. The individuals that we're engaging with are more inclined to want to change behavior and to want better for themselves.

And that's what we found with authentic healing relationships. And our COACH engagement framework really outlines ways in which you can utilize principles like motivational interviewing to really build those authentic healing relationships. So, creating a care plan uses which each letter is, I should say each letter in that the COACH acronym stands for behavior. So, the first one, *creating a care plan*, uses motivational interview and to conduct conversations to develop a care plan and next steps observing normal routine.

The next letter in coach it's about *observing* the individual without jumping in or judging and just taking kind of that step back. Kind of like sitting on our hands to ask open-ended questions to understand how the individual manages their health conditions, their social issues, their barriers. What have they done, what's worked right, what hasn't worked for them, how can I help support?

We all have this natural inclination to want to fix things and to take the lead, but this is kind of leveling the playing field while we're engaging with our members to just find out where are we? How can I really indeed support you in your journey?

Assuming a coaching style chooses, you know, we're choosing a style that really helps model based on where the individual's level of independence is, right. So again, kind of pushing back some of those natural inclinations that we have as providers and as care coordinators, to kind of jump in and do the things. But rather, let me take a step back and see where you're at and how we can work together as a team.

Connecting tasks with vision and priorities and highlighting effort with data are the other two behaviors of COACH and they're really focusing on the motivation and what drives the individual. It's getting a layer deeper, right? We're kind of peeling back onions when we're working with some of the folks that we're working with to really find out what drives this person, because we all know that motivation is a big piece when we're talking about addressing needs, right?

So, we're using empathy and using reflective language and open-ended questions to really understand and uncover what are the individual's true wants and visions for themselves beyond being healthy, beyond staying out of the hospital. Again, motivate keys that once you uncover, we call that the golden ticket. Once we cover that, you're able to really, really start to connect what their visions are for themselves to some of these other tedious tasks. That can be very hard; it can be really tough. It can be really tough to try to manage these complex care plans. So, next slide.

Going to hand it over to Brian, so Brian can walk us through what care planning actually looks like for us in addressing SDOH.

Brian Thompson

Thank you so much, Gladys. And it's a pleasure to be here and present this important work to everybody. What Gladys was talking about early on when we were engaging with our participants and discussing items that they want to focus and work on after, we built that genuine relationship with them.

We were asking our participants to write down some of the goals, some of the items that they would like to work on. And that's where we came up with our care planning domains and the domains, if you notice on this slide, a lot of these domains are centered around social needs, not a lot of medical needs; and addiction services, transportation, food and nutrition, housing, education, employment, advocacy, shelter, and legal assistance; and we use these and created cards based off of these domains with our early-on participants to continue to engage further with our participants in the future.

So, during our initial visits with the front line staff and participants, we would have the domain cards and we would just review these cards with the participants and just have them pick out a couple items that was important to them as a goal that they would like to work on.

And then after having a meaningful discussion around these priorities and mutually agreeing upon this is what the participant would like to work on, that's when we would expand our care plan and during this crucial first visit, it is non-judgmental, lots of active listening, open-ended questions and that's what really helps you better understand the participant, their strengths, their weaknesses, and their needs. Next slide, please.

And for our care plan, discussion of best practices is asking open ended questions always to evoke more information from the individual to understand their goals and priorities. As I just stated, just remain non-judgmental and that's even with your body language just the way you sit, the way your facial expressions are when you're engaging with folks. That does give off cues to a participant sometimes.

So, we have to be mindful of how our body language is and remaining in that non-judgmental space showing empathy to our participants, so we could build that genuine positive healing relationship and that opens up so many avenues to really help the participant to get where they want to be. Demonstrate an unconditional positive affirmation and regard.

Shifting the power dynamic between the provider and the individual. And what I mean is that it is empowering the individual as Dr. Wilson was talking about earlier, you know, providing the participant with the tools. And then you know, going through that coaching process, we'd like to say I do, you do, we do at the Coalition such things as I do is when we're doing all the work together, we're coaching; we do, we're showing the participant how to do it to come to that; in the you do stage that they can complete these tasks on their own, develop a clear and realistic plan of focus that are important to the individual.

There is nothing more disheartening than trying to help an individual or participant that's going through a lot of struggles, to set goals that are unrealistic and can't be met, because if you're not meeting some of those goals to participate, their self-esteem is really going to start to drop off and then the engagement could go. You know when folks start not meeting you at your designed meet up times, things like that. So, it's always good to remain realistic and set a goal that is very achievable. Small goals lead to bigger goals.

You know, gain a better understanding of the individuals experiences and their supports in the community. And that's through active listening and asking these important open-ended questions. And then also you know, it is important highlighting the strengths of our participants; they do not see themselves as having a lot of positive things to offer or a lot of strengths, but just you know, highlighting some of those things, like hey, you know, you were dealing with a lot of these medical conditions, but you were still able to make your appointment, still able to schedule transportation, still able to pay your rent. Just highlighting those type of things, really goes a long way in uplifting the participant you're working with and continue as you're working with the participant, continue having these discussions as life and circumstances change, goals change, things change. Something that they wanted to work on before might not be as important. So, there might be a goal now that it is a little more important and just you know having that shift to work on that goal and adjust to it really helps. It really helps the participants remain engaged and remaining on the right track to get to where they want to be.

And then like I said again, employing active listening skills, just taking in what someone is feeding you and then give them advice and tools that they could use in the community to help them fulfill their goals. Next slide, please. Gladys?

Gladys Antelo-Allen

Yes, I'm jumping in here. So, how do these care planning conversations really look? So, these are just some sample conversation points and key questions.

Obviously, we've been hearing open-ended questions, right. Some of those skills for motivational interviewing require being really reflective. So, leverage some of the questions to further the conversation around social determinants itself. Say I noticed that you checked off food security as a priority, right. How are you feeding yourself? Could you tell me more about your current living situation? What is your uncertainty with transportation right now. And I think that again at the core of this is moving away from that transactional conversation and checking off boxes.

Oh, ok this person said they needed this. They needed that and so really dive deeper and explore more. Reflective listening supports better engagement as well, right. I hear you saying you want it, sounds like it seems as if I get the sense that, right?

So, in these conversations, sometimes people aren't able to really identify what the biggest challenges are for them or what are the needs that they have for themselves, right. So again, using some of this reflection, being really attentive and using your active listening skills can really support in just getting a better understanding of how you can indeed support them in their journey and setting those realistic goals that they have for themselves. Next slide.

So, some best practices and considerations, so the use of motivational interviewing requires organizational considerations for implementation and sustainability. So, you want to consider your current and potential opportunities within your organization to use motivational interviewing.

By reviewing some of your workflows, where does it make the most sense? Obviously consider where your frontline staff should be first and foremost right? Are there certain workflows that it makes sense to kind of implement versus others, including your frontline staff and individuals and some of that decision making as appropriate. Are there specific projects and programs where it makes the most sense?

Supervision practices, how are we using this in supervision and ensuring that is it is sustained within your organization considering those long term investment outcomes. So, we've all been maybe at some point or the

other or considering going into some sort of motivational interviewing training, that's awesome and that's great, but you should also be considering what does it look like to sustain the knowledge within your institutions, right, that it's continuous.

That there are skill building happenings after these trainings that it's not just this kind of one-off, one-time training that happens. That we are continuing the conversations internally and that is infused as part of your culture and engagement with your members.

Use cross-training supervisors to support frontline staff with continued learning and implementation. So even if you're not patient facing or member facing it is really great when you're able to have that cross train of supervisors or the support staff. So that they can indeed help support the individuals that are engaging with your members and continuing to implement that. And then thinking about evaluation and impact of motivational interviewing.

So, what are the data points we look at? Are we taking a look at quality, quality of life or connections to resources, goals met, things like that. To really start to kind of think about what is, what are the impacts that motivational interviewing has had for my plan members? Next slide.

Brian Thompson

Yeah, I'm going to run through a quick case study here. James is a 34-year-old male living with various complex health and social needs. He has a history of trauma. He was admitted to the hospital various times due to an infection in his bones as a result of IV drug use.

The hospital team and the Camden Coalition educated James various times on the importance of staying for his full course of treatment. Despite their efforts, James leaves AMA, next slide please.

Thank you. At the Camden Coalition, we changed our approach, not telling James what he needed to do and instead actually listen to him like what he wanted to do and what was important to James.
At that point, James felt heard, validated, and not judged. The Coalition was able to develop a better plan of understanding of his priorities and goals. At Camden Coalition we support the care team in creating a plan for a roadmap to address James' goals important to him.

The updated approach helped James reflect on the connection that the treatment had on his ability to meet his goals and change his behavior. James was able to connect that if he does not finish his course of antibiotics, he will likely need to return to the hospital. That could potentially set him back on his goal to acquire stable housing due to his missed appointments. Next slide.

Brittany Jackson (Moderator)

Great. Thank you so much, Gladys and Brian, that was so helpful. And Brian, the example that you just walked through was really great. I know it's meaningful to many members on the call. So, we are going to go ahead now and move into our panel discussion portion of the call. So, the first question I will direct at Gladys and then Brandon, what are the key considerations for remaining person-centred in motivational interviewing conversations?

Gladys Antelo-Allen

I want to say one thing, there are quite a few considerations. Am I muted?

Brittany Jackson (Moderator)

We hear you, Gladys.

Gladys Antelo-Allen

Oh, ok. Thank you, sorry. You want to check yourself, check your stuff at the door. I don't think that we talked about that. So many of us coming into this work have our own experiences, our own traumas, our own biases, our own stuff, our own opinions about things and how they should go, and we bring that with us.

And to say that we are always non-judgmental would be a lie, right? We all have our own judgments, but it's so important that we're checking ourselves and our staff at the door. It's important that we put those things aside to really be present with our members, right? Being able to connect with people is really key in this work and the tools of MI really help support that. However, people can really feel when they're being judged right, they start to disengage. Our body language, our responses, our tones, they all can cause someone to take a pause and not open up. So, we really need to be mindful of that. And a great way to do that is connecting back to that spirit of MI. Utilizing that empathy piece that I heard Dr. Wilson and I heard Brian talk about right, being empathetic really means a lot.

I may not be experiencing what you're experiencing, right? Or I may not agree with your decisions. However, I can empathize on how difficult this is for you. I can see how this is affecting you, right? We're intentionally putting ourselves in this vulnerable space to be able to feel what that individual could feel in that moment. That we can see we can be in that moment with them. We're literally crawling down that that hole with them right wherever they're at and experiencing that with them. Because people can feel that when we're able to, you kind of put aside all of our stuff, we're in a better place to be able to to be more empathetic with our individuals.

Dr. Brandon G. Wilson

Yes, I'll jump in. Thank you, Gladys and thanks for the question, Brittany. Honestly, I think Gladys and Brian's examples really exemplified some of it. It's like collaborating with individuals to set their goals and develop action plans that I think aligns with their values and preferences and Brian talked about that.

I'm respecting their autonomy and involving them in their own decision-making process. It's creating a safe and inclusive environment, telling communication styles and language to ensure that it resonates with different cultures and backgrounds. At the heart, I think some of this is really personal care of individuals. Their needs and preferences and values are driven in every interaction where it's beyond transactional which Gladys mentioned.

And I think it really aligns to this approach that it fosters this open dialogue of active engagement. We know all the disparities in healthcare are real and they often stem from unequal access opportunities and resources. And MI can really serve as an approach that helps us to acknowledge these disparities and then not just acknowledgement, then move into dismantling them.

It can really empower care coordinators to engage with sensitivity and actively understand how we can address disparities and move towards an equitable pathway. This is really important I would say, because this is person centeredness. We've done some research at the Center for Community Engagement and Health Innovation at Community Economists around Person Centered Care.

And we found that those who experience it by their own self report, we see vast disparities in that, black and Latin individuals are less likely to experience person-centered care, than white and Asian counterparts. This is important because we know that persons who believe that they receive fairness in care are more likely to have better control of chronic conditions. They're more likely to receive preventive care. They're more likely to have satisfaction with their care and they're more likely to have lower healthcare costs over the healthcare continuum. So those are really four real tangible outcomes related to person-centered care and how MI can help us bridge that gap.

Brittany Jackson (Moderator)

Wonderful. Thank you so much.

Alright. On the next slide, our second question for our panelists, what are best practices for utilizing motivational interviewing to address social determinants of health?

Dr. Brandon G. Wilson

Yeah, I'll jump in again here. Brittany, I think a really good model for that was actually Camden was a leader in the Accountable Health Communities model, which was a CMS Innovation Center model, which was the first to systemically on a national level, screen for social determinants of help with its social needs with the goal of seeing if we could reduce unnecessary ED utilization, have a clinical or quality impact as well as a reduction in unnecessary healthcare expenditures.

Those in the model, such as Camden found that using motivational interviewing was really a key predictor of increasing screening uptake in utilization amongst Medicare and Medicaid beneficiaries.

But also, on a more pragmatic level like starting conversation, but actively listening to individual stories and allowing them to share unique experiences. Then Brian mentioned some of this that goes around transportation and housing and food security needs as often they're aware of many resources and challenges that they've already navigated through validating and emphasizing the challenges that they may face due to disparities and injustices within their own communities, I think are all examples of some best practices of how we can use this for screening.

Brittany Jackson (Moderator)

Wonderful. Thank you. Yep, go ahead Brian. Thanks.

Brian Thompson

Yeah to follow up a little bit on that, another key element I know we're hitting on the same things is, you know just for social determinants of health, remain curious and open minded when you're engaging with a participant using those open-ended questions and reflective listening, it is always best practice and then utilize some of the core motivational interviewing techniques is the acronym is *oars, which* is open-ended questioning affirming, reflecting and summarize, it'll help you gain a better understanding of what some of the needs are and some of the experiences our clients or participants have been through.

Brittany Jackson (Moderator)

Excellent. Brian, thank you so much. Alright, we are going to go ahead and move forward. Thank you so much. So, our final panel question we have here is, how can healthcare leaders ensure that member voices are heard and incorporated into their care? So, if each one of our speakers want to just take a few moments to answer and then we will move into live audience Q&A. So, if we want to start with Gladys and then Brian and then Brandon and then we'll move into grabbing a few questions from the audience.

Gladys Antelo-Allen

Sure. I'll try to be brief. So, our members are our greatest assets. So, for us at the coalition, the people with lived experience of complex health and social needs have very important and unique insights that are really needed to create better systems of care for our communities and for their communities.

Some of the tangible ways in which healthcare leaders may incorporate the member's voices into their care is by amplifying their voices and experiences and creating opportunities where they feel safe to share those experiences and have a seat at the table. So, some examples of how we've done that in Camden is our Community Advisory Committee and that's a group of Camden residents that meet monthly to take an active role in improving their own health as well as the health of their families and community members.

We also have national initiatives in our national arm, our national consumer scholars. It's again one of our national initiatives and those individuals have firsthand experience living with or caring for someone with complex health and social needs, as well as experience working as consumer advocates, advisors, or experts in their own communities and over the course of their engagement with us.

The consumer scholars take part in leadership skill development and peer-to-peer learning activities. They also partner with the Camden Coalition staff on a variety of projects to really strengthen and inform our work and the field of complex care. One example of that is our complex care certificate courses coming out. We have been able to infuse their perspective. They've been all over that certificate program, that's really intended to really train from the workforce of complex care.

So, it's really important to have that lens and their expertise in that build. They also play an active role in our annual conference, putting care at the center, with the goal of really bringing lessons back to their local communities as well.

Brian Thompson

And then speaking of the Amplified that Gladys touched on earlier, we have a Consumer Voices bureau that is called Amplified, and it was created to increase opportunities in organizations across the country to build partnerships with the experience of complex health and social needs to strengthen their work.

Well, most of the speaker's bureaus focus exclusively on providing experts to speak at events. Amplify supports the inclusion of people with lived experience and other capacities beyond speaking, such as participating in convenience conferences, advisory boards, working groups, program design, evaluation, consultant research, policy initiatives, and other project work.

Dr. Brandon G. Wilson

Yeah, and I'll jump in and out. I'll go quickly. I'm saying one, actively seeking input from undeserved and disinvested populations of communities, whether that's key informant interviews or listening sessions, community forums, focus groups, partnering with CBOs, fostering shared decision making by providing accessible health information, whether that's language or those with disability needs, and empowering individuals to actively participate in their own care.

We mentioned self-advocacy and autonomy, advocating for policies and practices that prioritize Health Equity and truly address the systemic needs of underserved populations and communities.

Brittany Jackson (Moderator)

Excellent. Thank you all for that wonderful panel discussion. Okay, we will jump in here. We have covered a lot of the questions through the presentations which is excellent. So, I am going to ask a quick question here for Q&A and then we will turn to close this out here in a few minutes. The hour has flown by, so this is for let's see Camden, if you have limited time with an individual, how would you suggest conducting an efficient appointment in a manner that still reflects the spirit of motivational interviewing?

Gladys Antelo-Allen

I'll jump in here. Go ahead, Brian?

Brian Thompson

I mean, for me it's all about the participant and their most important goal, that's if I have limited time, I want to work on the participants #1 most important thing to them that is either a barrier or a goal that they're close to or they that they really want to work on. So if it's a housing application, that's what my sole focus is going to be to complete and get as much of that work done in that limited time. You know, do we have to make appointments to get an ID or a birth certificate or whatever it may be to accomplish that goal, to apply for that housing complex that's what my recommendation is.

Gladys Antelo-Allen

I'll add to that, Brian, yes to all of that. And I think being really transparent about the time constraint that you have with your members, I think it's really important. It really goes a long way, but they don't feel like they are

being rushed either, right. Again, going back to that authentic healing relationship piece, honesty really goes a long way. We're trying to establish trusting relationships. So, one way of doing that is just being really honest. Hey, I only have 30 minutes today I really want to talk about XY&Z with you, because I know that those are things that you mentioned were important to you. We only have 30 minutes. Is that okay? I want to make sure and then make a plan after. There are other things that you need to connect with them about making a plan to connect later in the future and being really consistent about that, as well.

Brittany Jackson (Moderator)

Thank you so much. That is very helpful with your direct contact with your members. So, at this point, I am going to actually go ahead and move us along. This hour has flown by. It's been such a meaningful and wonderful dialogue and presentation shared. I really, really appreciate it. Thank you all so much. A couple quick reminders on the slides for today's presentations, a recording, and a transcript will be available on the resources for integrated care website shortly.

Additional resources referenced during today's presentation are included at the end of this presentation and these references are available to you upon downloading. If you have any additional questions or comments, please email ric@lewin.com. And again, please follow us on social media; on the next slide.

Please complete the brief evaluation of our webinar so that we can continue to deliver high quality presentations. This evaluation will be included in a post event email and will pop up on your screen at the conclusion of the webinar and should only take a moment to complete. We really appreciate it and on the next slide I want to highlight a few key resources for you all today that will help support your use of motivational interviewing, including a number of Resources for Integrated Care, as well as from the Camden Coalition presenters. And then on the next slide. This slide contains references from this presentation in case they are helpful to you.

A very big thank you again to our speakers for such wonderful and dynamic and engaging presentations. Thank you again to Dr. Brandon Wilson, Gladys Antelo-Allen, and Brian Thompson. Thank you. These were wonderful. And thank you to our audience members for your participation. Have a wonderful rest of your day. This concludes today's event. Thank you all.