Maryland’s Strategies for Engaging Participants

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Process for Contacting Individuals Who are Referred to CDSME

- Face-to-face visits to providers
  - Physician referral packet
  - Embedded referral into FHQC EHR with patient id info scanned
  - Online HIPAA-compliant Auto Fill referral form
- Hospital is pulling ACO physician panels to id patient risk and cluster referrals based on condition
How We Explain and Engage Participants

- Telephone call to potential participant within 72 hours
- Rolling workshops scheduled at least every two weeks
- Follow-up phone call to register
- Attendance tracking – follow-up phone call for participant who does not attend
- Database tracking of referral, engagement, attendance, 3-6 month action plan goal,
- Quarterly feedback to providers of attendance, 3-6 month action plan goal, CQI measures, Self-efficacy measures of increased ability to self-manage
Strategies to Increase Participants’ Readiness

• Hypertension module and blood pressure screening to recruit/engage/retain participants
• Variety of workshops offered: CDSMP, CPSMP, CTS, DSMP, Spanish DSMP, Home Toolkit, DPP, EnhanceFitness, Stepping On, PEARLS
• Offering workshops within weight loss center membership (EnhanceFitness, DPP, DSMP)
• Offering workshops as part of Cancer Survivorship activities (EnhanceFitness, CTS, PEARLS)
Change in BP at 7 weeks for 79 Living Well with Hypertension Workshop Participants

- 58 had hypertension
- 40 had diabetes
- 39 had week 1 and 7 BP
- 24 (62%) improved BP
- 11 (28%) same BP
- 7 (18%) were healthy zone both times
- 5 (13%) had higher BP

Participants
Week 1 and Week 7 BP
Week 7 Improved BP
Week 7 No improvement
Week 7 Worse BP

CDSMP/DSMP Workshops
Living Well Lessons Learned

- Linking clinical measure to document participant risk and improvement (Hypertension Module)
- Variety of methods for referrals
- Variety of types of workshops, locations, times for participants
- Linking workshop participants to ACO/hospital patients to demonstrate improved outcomes/reduced utilization (coming soon)
Massachusetts Strategies for Participant Engagement

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Engagement as a Process

- Leader Training
- Marketing and Outreach
- Sharing Best Practices

Participant Engagement
Leader Training

- Emphasis on Recruitment Challenges During Training
- First Workshop Planning begins before / during Leader Training
- Experienced “Mentors” Assigned to Leaders as Supports
Marketing and Outreach

- Statewide Calendar
- Statewide Website
- Information Sessions
- Diverse Programs and Locations
- Consistent Branding: flyers, table cards, brochures
- Outreach to Health Care Providers/Plans
- Education of Case Managers
Marketing and Outreach as a PARTNERSHIP

- After privacy and BAA, health care partner provides HLCE with Internal Registry

- HLCE and health care partner send joint letter to identified participants

- HLCE contacts participants via phone using Motivational Interviewing techniques

- Feedback to health care partner

- Outcomes (Boston and Lawrence):
  - 36% of participants contacted enrolled in programs
  - 76% Completed programs
Sharing Best Practices

- Continuous Quality Improvement
  - Who does the outreach?

- Quarterly Webinars
  - Recorded and available on Website

- Weekly Newsletter
  - Partnerships that have enhanced engagement

- Annual Conference
Lessons Learned

- Diversification of Engagement Strategies
- Ongoing Support to Leaders Post-Training
- Power of Motivational Interviewing
- Consider Relationships when Determining Who Does Outreach
- Continuous Quality Improvement