Section 4.13 Implement

Patient Recruitment

This tool helps the care coordinator (CC) and other care team members understand the general approach and strategies to recruit (invite) patients to participate in the community-based care coordination (CCC) program. It also provide a basic script and talking points to help tailor the message.

Time required: 1 hour to review approach and strategies; 5–10 hours to develop and practice a "script"

Suggested other tools: Population Risk Stratification and Patient Cohort Identification; Approaches to Patient Communications

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How to Use

1. **Review** the general approach to recruiting patients into the CCC program.
2. **Review** the suggested recruitment strategies and conversation outline to understand the general flow of the recruiting call.
3. **Develop** and practice your own "script" for contacting patients so that the conversation flows easily and you feel comfortable with it.

Approach to Patient Recruitment

Patient recruitment is a critical element in a successful community-based care coordination (CCC) program. Without patient participation it is impossible to meet the program goals. While reaching out to those patients who can benefit from care coordination, it is most helpful to think of it as *offering additional services* to support the patient's health care needs rather than *recruiting* patients into a program per se.

It is important to emphasize the **benefits of care coordination** in meaningful terms to the patient, such as:

- Better communication between care providers, across different locations and specialties

  [Patients don't realize that their care providers have no knowledge of the care they received at another facility (or while in Florida for Christmas, for example)]
- Helping you [patient] connect to community resources and local services that might benefit you
- Reducing duplicate paperwork and testing
- Helping you [patient] understand or stay on track with your doctor's recommendations
- Double-checking your [patient's] medications to make sure there aren't any harmful interactions

Recruitment Strategy Suggestions

- ❑ Introduce/offer a "new care coordination program that will benefit patients with complex health conditions, like you [patient]."
- ❑ Reference his/her doctor by name; mention that he/she is a partner in care coordination and that he/she suggested that you [patient] would benefit from this program.
- ❑ Don't address cost in your message; if patient asks, tell him/her that this program is a service that the [CCC program / hospital / healthcare district / clinic / doctor] is providing.

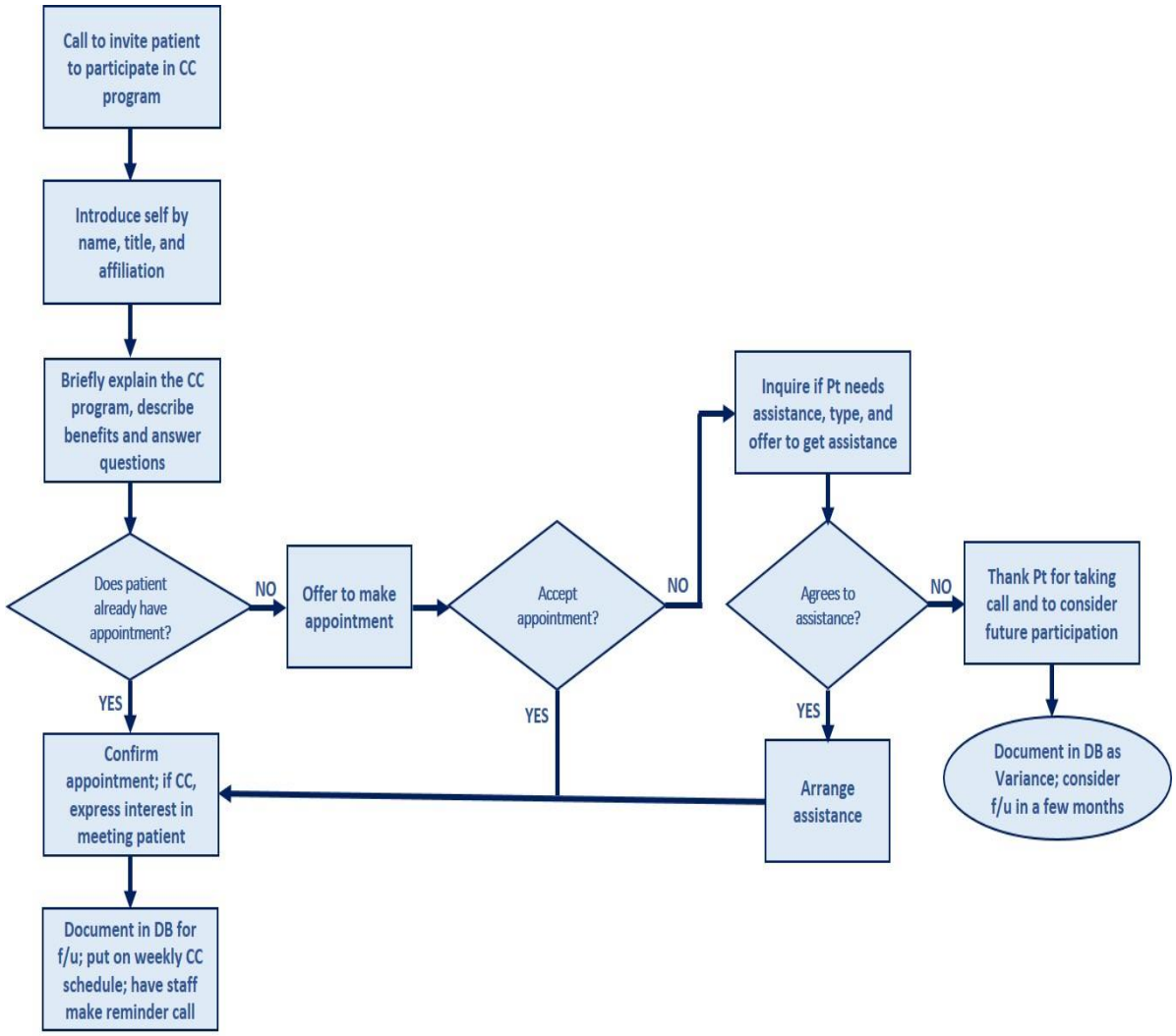
  [Note: Care coordination visits may be billed as normal clinical visits, with the same co-pay that patients normally experience. Ninety percent of patients needing care coordination have Medigap or other insurance that covers the co-pay. Your CCC program or facility(ies) may opt to not bill for visits with patients that do not have Medigap, to encourage uptake. Check with your participating facilities regarding patient co-pays.]
- ❑ The call doesn't need to be long or go into a lot of detail; get the patient to schedule an appointment with you [care coordinator] as soon as possible.
- ❑ Recruitment can be done by the care coordinator or support staff, but be consistent in your message.
- ❑ In some places, as many as half of the people you call or talk to may refuse. If they refuse, thank them and let them know that they can participate in the future if they change their mind by calling [phone number]. Refusal is just a reality of the recruitment phase. It doesn't feel great, but remember, it's not personal! It is nearly impossible to help someone who doesn't want to be helped. Your CCC program has already identified patients who may **need** help; the recruitment call is a way to identify patients who **want** help (which is not to say that

they'll be willing to change their behaviors overnight). As you establish relationships with the first group of patients, word will get around about the benefits of care coordination, and it will be easier to recruit in the future.

- ❑ Focus on the wording and flow that feels right to you – that conveys the message but doesn't sound "sales-y."
- ❑ Practice a script with a colleague or two and get their feedback; revise until it flows easily and you feel good about it.

Conversation Flow to Recruit Patients

Use the general conversation outline in the flowchart below to contact patients.



Notes:

1. If the patient is not home, leave a message with caller's name, title, affiliation, brief message, and a request call back (leave phone number). If patient does not call back in a few days, call again.

2. If the patient is unable to schedule a visit on a timely basis but is interested in participating in the care coordination program, the CC should determine if it is feasible to conduct an appropriate health risk assessment via phone (after sending applicable material in advance) or if there are resources to make a home visit if the patient is home-bound.
3. In seeking information about types of assistance, tailor the message to what you know or have learned about the patient. For example, if transportation seems to be a problem, offer to help check to see if transportation services can be made available. Avoid promising that services will be available, but convey that the care coordinator is there to help with such matters.

A Basic Short Script

> "Hello, my name is [*name*] and I'm the new care coordinator [or, I'm calling on behalf of the care coordinator, *name*] for [*care coordination program or clinic/hospital/doctor's name*]. We're offering a new program to patients with complex conditions who may want some extra help. I would like to schedule a visit with you to introduce myself [or, care coordinator] and get to know you better. What date and time would work best for you?"
>
> Or, "Would [*day*] at [*time*] work for you?"
>
> Or, "Let's schedule some time in the next week or two to get together."
>
> Or, "When you come in to see [Dr. *name*] on [*date*], let's plan to meet after your visit."

Additional Talking Points to Help Tailor the Message

- ❑ "I [or, care coordinator] will serve as the information hub, connecting all of your care providers."

  -or- "There's a team of people caring for you, and I [care coordinator] will be the team captain."
- ❑ "I [care coordinator] am the first person you can turn to with questions or concerns."
- ❑ "Together, we will figure out the best way to keep you healthy and independent."
- ❑ "I [care coordinator] will help you understand your doctors' instructions."
- ❑ "I [care coordinator] will work with your family and caregivers, to keep them informed."
- ❑ "I [care coordinator] will help to get you signed up for local assistance programs [like *Meals on Wheels*] that could enhance the care your doctor provides."
- ❑ "I [care coordinator] will make sure that you're scheduled for the appointments you need, and help you remember to keep your appointments."

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For support using the toolkit

Stratis Health • Health Information Technology Services
952-854-3306 • info@stratishealth.org
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