

Trust Reset

How to Better Serve Underserved Populations



Introduction

Recently, the Medecision team brought together healthcare leaders with vast experience caring for and engaging underserved populations. We asked them to discuss how the industry can re-engage vulnerable individuals and restore the trust some have lost in their providers, health plans and government authorities.

This ebook shares strategies for restoring trust and better serving underserved populations based on the collective experience and insights of our contributors.

Contributors

A special thank you to these experts for their contributions to this ebook.



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Use the “N of 1” Rule to Personalize Engagement

Evidence-based care is widely promoted as the best way to form decisions and create care plans—and it’s often associated with better patient outcomes. However, evidence-based care doesn’t take into account the personalized trials individuals face or their specific needs from a whole-person perspective. The same concept is true for engaging with individuals or populations. “N of 1” refers to the idea of personalized engagement, as compared with population engagement.

“I manage a health plan that focuses on the vulnerable and underserved,” Thomas said. “Their daily lives involve just making sure the kids are safe, there is food on the table, and there is a secure and safe place to live.”

People want to know that they are cared about on an individual and personal level. Their particular circumstances need to be taken into consideration, but they shouldn’t be defined by them. “Just because a person lives in a vulnerable or underserved community doesn’t mean they don’t have events to celebrate, things to rejoice in or things that are important to them,” Thomas said. “We can’t define people by their socioeconomic status—we have to define people by their heart, character, will to achieve, desire to overcome, and their endurance through the best and worst of times.”

Get Back to the Basics

To better personalize individual engagement, we need to get back to the basics so we can forge personal, one-to-one relationships.

“Trust is about relationships. It’s about knowing that somebody has your back and is putting you first,” said Dr. Berger. Shifting the value proposition back to one of building relationships builds trust.

Over the years, as the science behind healthcare improved, perhaps the care plan started to take center stage instead of the person behind the care plan. “When I was moonlighting during my last year of residency, and I trained as a pediatrician, three-quarters of the five-by-seven note card, which served as a medical record, was about what I now term social cement,” said Dr. Berger. “Jimmy was trying out for the soccer team or Sally had just painted her bedroom pink. When you saw that family, you knew everything that was going on. As we have gained more science, we’ve unfortunately lost some of the time, energy and focus on social cement” and we need to get that back.

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Don't Underestimate the Value of Cultural Competency

The Commonwealth Fund defines cultural competence as “the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural and linguistic needs.”

You won't always get it right, but you can learn from your mistakes. “I've worked around the world, and I've made a lot of cultural mistakes in initial interactions with people,” Dr. Berger said. “In some cultures, you don't use a person's first name unless they offer it to you. In some cultures, you greet someone with a handshake, and in some it's a hug. My experiences have taught me the value of respecting and understanding cultural differences.”

Integrating care plans and health care delivery around the whole person in a way that is culturally sensitive demonstrates that you care about the individual and their family dynamic, added Thomas. This goes a long way in engaging the person and improving their health outcomes.

Operate with a Consistent CARE™ Model

Drive trust with patients and members by operating with a consistent CARE™ model, which was developed by Dr. Berger as a tool to guide interpersonal interactions. Dr. Berger's CARE model looks like this:

C

Communications — How you address people and communicate with them is important. Thomas said many individuals in vulnerable and underserved populations start from a place “that is one of disadvantage, of not being seen, or not being believed when they present.” Are you truly listening?

A

Attitude and Assessment — Healthcare was a power model for a very long time, and providers and payers often felt more “powerful” than the patient. Check your attitude and whether you’re coming across as superior, Dr. Berger suggested. Assessment is also important: How can providers make sure their goals and the patient’s goals are aligned? For example, if an individual is facing food insecurity, a discussion about changing their diet to reduce their A1c will feel meaningless and out of touch with their everyday reality.

R

Respect and Responsibility — Respect is essential, not just in caring for an individual, but in creating a setting where care team members collaborate toward achieving better health outcomes. It’s also important to remember that we all have a responsibility in providing the best care possible.

E

Engagement — How do we not only build a relationship, but also maintain it? What are the touchpoints that should happen throughout the patient journey? How can we engage in ways that will encourage an individual to stick to their care plan? What is our follow-up like?

Identify Opportunities for a Trust Reset

While some trust has been lost due to circumstances that are cultural or historical in nature, or even more recently, due to experiences around COVID, some trust has been lost due to the actions or inactions of healthcare professionals. Look for every opportunity to reset that trust.



How well do you listen to your patients? Do you wait until you're walking out of the room to ask them if they have any questions? Changing how you engage and when you engage can bring more meaning to your interactions.



Avoid generic classifications that define people by their health issues. Instead of focusing on how do we help this population of "diabetics" or "heart patients," focus on how do we help this specific person with this specific diagnosis?



Move away from the transactional approach to healthcare. As Thomas noted, we tend to operate in an environment that's production-oriented. "We're trying to get people in and out and we're trying to stay on schedule. When that happens, the bedside manner and our desire to get better acquainted with the individual becomes secondary to the calendar."

Implement Healthcare Solutions that Support Whole-Person Care

Our society has unfortunately created a world of “haves” and “have-nots” in terms of the digital divide, Dr. Steinberg said. She shared an anecdote about registering her 95-year-old mother for her COVID vaccine dose in New York.

“My entire family spent days working to get her signed up,” Dr. Steinberg said. “It became very clear to me that we benefited greatly from the ability to use the computer, having an internet connection, and having time in our days to repeatedly log on to the website.”

She went on to share how it’s incumbent on each of us in technology to ensure we don’t build systems that leave a fraction of—or even a majority of—societal members behind.

Dr. Steinberg noted that we frequently talk about automating the way the consumer interacts with healthcare, but it’s more than automation. She pointed to the major milestone in banking in the 1970s, when ATMs were implemented. The real change wasn’t that somebody could go up to a machine instead of a bank teller—it was that people had access to their accounts whenever they wanted or needed them.

That level of access in healthcare is key to achieving the healthiest individual outcomes. So is the human element. “When we think about innovating healthcare, the real innovation will be to create systems that are built around human interaction,” Dr. Steinberg said. “Our technology should be smart and data-driven, but conversations—whether on a phone, video platform or text message—should have human-to-human connection.”

Thomas added, “We can’t just be thrilled and over-the-moon with ourselves about what we’re accomplishing with technology. We have to strike the right balance between high-tech and high-touch and do it in a way that is very meaningful.”

A solution that provides near real-time access to patient and member information and insights, shared across the entire care ecosystem, helps ensure everyone involved in an individual’s care has the full picture of health. This enables far more effective care coordination and collaboration, as well as personalized engagement. It also supports treating the complex and overlapping social, economic, environmental, and societal issues that often stand in the way of medical care.

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Care for Individuals Where They Are

Especially during the first year of the COVID-19 pandemic, a lot of care was put on pause. In some cases, virtual visits closed the gap, but some individuals have gone a long time since refilling their prescriptions or monitoring their chronic conditions correctly.

As healthcare organizations start to reach out again, they're finding themselves connecting with individuals in their homes instead of calling them into the clinic. It's important to seize this opportunity to not only care for people where they are physically, but where they are mentally as well. It will go a long way in helping to understand the person as a whole.

Dr. Steinberg suggests using the opportunity to start a conversation by saying, "This has been a tough year. Tell me a little bit about your living situation this last year during COVID." It's a way to begin a relationship and start rebuilding trust. It's a way to ensure people who may have previously felt invisible in the system can now feel very present, active, and cared for in the system.



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