

PEER LEARNING SESSION: Provider Engagement



Session Summary

The TA Innovation Center (TAIC) hosted the second of four ad hoc virtual peer-to-peer learning sessions that will be conducted in the Base Year under Task 5.5.1 of the scope of work on June 22, 2023, from 4:00 – 5:30 p.m. Eastern time via Zoom. 46 participants registered for the session, and approximately 16 attended, representing PMHCA and MMHSUD recipients, HRSA staff, TAIC staff, and other HRSA-funded TA provider organizations. The TAIC’s subcontracted subject matter experts (SMEs), Dr. John Straus and Dr. Nancy Byatt, were on hand to facilitate the discussion that was moderated by TA Specialist Kari Earle. The session topic of focus was provider engagement, and the following questions¹ framed the discussion:

1. How does your program enroll or sign-up providers? For providers who are already registered/enrolled in your program, how do you keep them engaged over time?
2. How often do you communicate or engage with enrolled/interested providers?
3. Are there specific partners or other resources that you have found to be especially helpful related to meeting your provider engagement goals?
4. What have you found to be the most frequent reasons for provider reluctance to enroll, and how have you addressed those concerns?
5. What outreach efforts have you found to be most successful for engaging rural providers?
6. Do you offer incentives or key resources to encourage provider participation and utilization?
7. What are your biggest challenges related to provider engagement (in addition to what’s already been discussed) and how are you addressing those challenges?
8. How can HRSA and the MCHB TA Innovation Center help you to address these challenges?

Participants shared that their biggest challenges to provider/clinician engagement centered around provider/clinician reluctance to enroll, communication and information sharing, provider confusion about what enrollment entails, when to time enrollment (i.e., before or after resource utilization), provider/clinician turnover, and maintaining provider/clinician engagement over time.

¹ Since questions are used as discussion prompts, they can be taken out of the numbered order and not all questions may be included in the discussion, depending on participant interest and priorities.

Summary of Challenges

- Providers/clinicians may receive training, information, and other resources about benefits and utility of the access program, but this does not necessarily lead to utilization.
- Finding the most effective method of communication can be tricky. Many clinicians do not want to share their email addresses and tend to use the EHR for messaging and communicating, rather than email.
- For organizations that don't work directly with providers (e.g., university-based program staff) and may be a stranger to them, staying in touch and letting them know about the access program's services can be an additional challenge.
- Providers/clinicians are often confused about what enrollment involves, and reluctance to participate stems from a misperception that they are being asked to commit to something (e.g., providing behavioral health care). The term itself creates confusion because of different ways it is used in the context of health care provision.
- There is a high level of practice turnover, which complicates relationship development as well as the communication and information sharing process.
- There is a potential downside with using an approach that enrolls a designated clinician within a practice to serve as the point person for the un-enrolled clinicians in the practice. While this may create some efficiencies, it risks creating inadvertent gaps in resource and training dissemination, generates additional burden for the point person that isn't reimbursable, and fosters the perception that only one clinician in the practice handles behavioral health concerns.
- Waiting to introduce enrollment until after program resources have been utilized has led to providers not being certain of their enrollment status.
- Getting in touch with providers/clinicians is difficult, as provider databases are not accessible to everyone. Additionally, providers change frequently and there is no straightforward way to stay up to date.
- Using provider databases for recruitment can be difficult when it is unclear whether the provider/clinician is practicing full-time or at a much smaller level of effort, if at all. It is inefficient to put the same amount of effort into signing up providers who are only seeing a small number of patients.

“How many times does it take talking to a practice for them to know you?”

And how are we getting the older practitioners to tell the newer practitioners?”

Lessons Learned

- Information sharing is not a one-time event. Just enough but not too much information and messaging about the program should be shared routinely and in easily accessible formats.
- Person-to-person relationships facilitate better uptake and engagement. Communication and messaging should come from a contact that is familiar to the provider/clinician.

- Physician to physician contact is critical.
- When using email to communicate, creative subject lines can encourage the recipient to open and read the email rather than ignore it or send it to their spam folder.
- Text messaging is an effective method of communication, if it is simple (i.e., SMS messaging), not too frequent (e.g., 2-4 times per year), and can be associated with a known number that is associated with the program.
- To support program-provider communication pathways, build into contracts an explicit expectation that each site needs to be the communicator to the providers on their team so that information comes from a familiar email or phone number contact.
- Be explicit about what the term “enrollment” means (e.g., “call us when you need us”) as well as it does not mean (e.g., registering, being obligated).
- Consider using alternative terminology to refer to enrollment (e.g., “sign up”).
- The easiest way to get providers/clinicians to sign up is through 1:1 contact (e.g., get on the agenda for their staff meeting) so that they can see who they are working with and will feel more comfortable enrolling.
- Reach out to practices on an annual basis via in-person visits from other clinicians (rather than care coordinators). Match clinicians on the team with a group of practices to touch base routinely.
- If a provider calls for a consultation and is not enrolled, sign them up and then do the consultation.
- Provide a registration station at the sign-in desk at conferences and in-person trainings where providers/clinicians are already present. Put enrollment forms on seats beforehand and then explain how the program works during the presentation. Provide swag with the program logo and contact information (e.g., travel tumbler) to those who sign up.
- Utilize provider boards, associations, medical schools, and state-wide entities such as the Office of Rural Health to share information via their listservs and at their sponsored events.
- Host an in-person lunch and learn in rural communities and tribes.

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Each clinic (or satellite clinic for larger practices) has its own champion as well as a key contact that works with each provider/ clinician and engages with them on an individual basis.

The program tracks which clinicians in each practice are enrolled, then sends a targeted email to the unenrolled clinicians with a note indicating which of their colleagues is signed up, encouraging them to sign up as well.

Incentives are provided for enrollment, such as a hand-delivered Care Guide and early access to high demand trainings. The program also shares data with them that helps them to increase their maintenance certification levels.

- Ensure that language used in communication and messaging avoids being physician-centric and is inclusive of mid-level clinicians.

Resources Shared

- [Advancing Health Equity: A Guide to Language, Narrative and Concepts \(AMA\)](#)
- [Health Equity Guiding Principles for Inclusive Communication \(CDC\)](#)
- [Lifeline for Moms Perinatal Toolkit](#)
- [NC-PAL Provider and Practice Resources](#)
- [Provider Clinical Guidelines \(MCPAP\)](#)
- [Obstetric Provider Toolkit](#)
- [Trayt Health website](#)