



# MI Community of Practice

May 19, 2020





# CoP Going Forward

**Monthly 60-90 minute webinars, focusing on:**

- Practicing MI (break out rooms)
- Learning and sharing virtual facilitation experiences

# Poll

[Pollev.com/elizabethmor302](https://Pollev.com/elizabethmor302)



COMMUNITY HEALTH  
CENTER NETWORK

# Care Neighborhood in the time of COVID-19

Telephonic Case Management Edition

3/26/2020

# Updated Workflows: Outreaches

- Outreach by telephone is reimbursable
- There is no limit to outreach calls, which is good because it may take more time to build rapport
- Please continue to do pre-outreach review and use the Basic Assessment tool. It has been updated with COVID-19 resources'
- Do ask about COVID-19 signs and check-in about social distancing
- Documentation update will be sent soon
- Still need to do housing assessment at first call



# Updated Workflows: Enrollment

- It is now okay to enroll via phone
- Read the entire Patient Agreement, and ask verbal agreement. Make a specific note stating the verbal agreement and use the date for enrollment.
- After shelter-in-place is over, meet with patient and get signature



# Best Practices: MI/Empathy tips by Elizabeth Morrison

- **Set the foundation:** This is the most important sentence in this document:

We are unable to listen and communicate skillfully when we are doing something else.

-discuss examples

- **Demonstrate attentiveness to other's comfort:** When someone is with us

physically, we can assume it was a time that worked for them, and that they are alone.

-how would you say this?



# Telephonic MI/Empathy

- **Normalize:** Initiate a conversation about the experience and process of phone communication.
  - what might you say?
- **Reflecting listening** becomes much more important, as we lose nodding and eye contact as ways to convey deep listening.
  - It sounds like what you are saying...



# Telephonic MI/Empathy

-**Jump in quickly**, to check in.

. For example: ‘I wonder how you are feeling right now in this moment?’

- **Narrate your pauses and process.** In person, others can see us look down thoughtfully, nod, look to the sky in consideration...on the phone, it is just silence, which might be misinterpreted.

How about...‘I’m just thinking about what you just shared...’

or ‘I want to sit with that, for just a minute. It sounds so important, what you just said’



# Telephonic MI/Empathy

## -Narrate your smile.

-‘I’m happy to be talking to you today; and  
‘I have a big smile on my face right now, hearing you say that’.

-what else might you narrate?

**-Affirm strengths more often.** Others are more vulnerable when they can’t see us. Stating things like “ I’m so impressed you were willing to give this phone thing a try’ or ‘I can hear how much effort you are making to keep your family safe during this time’ frequently can assure others we have positive regard for them.



# How does this sound to you?

- What else might you say or try to convey over the phone?
- What has been the hardest part of connecting with new patients only by phone?
- What tips and tricks do you have to share with the group?

# Collective Grief & Self Care

- Brene' Brown video:

<https://www.youtube.com/watch?v=gtwRawuqm6A>

- Does this resonate for you?
- How do we convey we know
- How do we hold space for others when we are experiencing the pandemic as well?



# HIPAA Concerns

- Talk and use the computer where others cannot hear/read
- Do not print PHI at home/remotely
- Keep any written documentation with PHI away from others
- Keep computer and phone password protected
- Do not use private cell/home line without having a way to block your number



# Time Management when working outside of office

- Set a routine and try to keep to it
- Set goals for number of patients called each day
- Try to call/communicate more often than normal during shelter-in-place
- Take breaks and lunch
- What tips have been working for you?



# Discussion

- What is different about telephonic CM?
- What barriers have you come across to working at home?
- What will you be trying out that is different to connect with patients?
- How can CN Central support you in this time?

# Brainstorm:

- What activities can our patients do from home?
- We'll start a list to share
- Some ideas: Well Connected, Public Library online resources, online museum tours etc

MI when we can't **see** each  
other

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A woman with dark curly hair is shown from the chest up, wearing a light-colored button-down shirt. She is holding a yellow smartphone to her ear with her right hand and is smiling broadly, looking off to the side. The background is a blurred office or home setting. The entire image has a dark blue overlay.

# **Empathic Communication on the phone**



Starving the **eyes** &  
**holding** the phone....



Narrating  
non-  
verbal  
**empathy**

A woman with dark hair tied back, wearing a white shirt, is talking on a black telephone. She is looking slightly to the right with a focused expression. The background is a blurred office environment with windows and shelves.

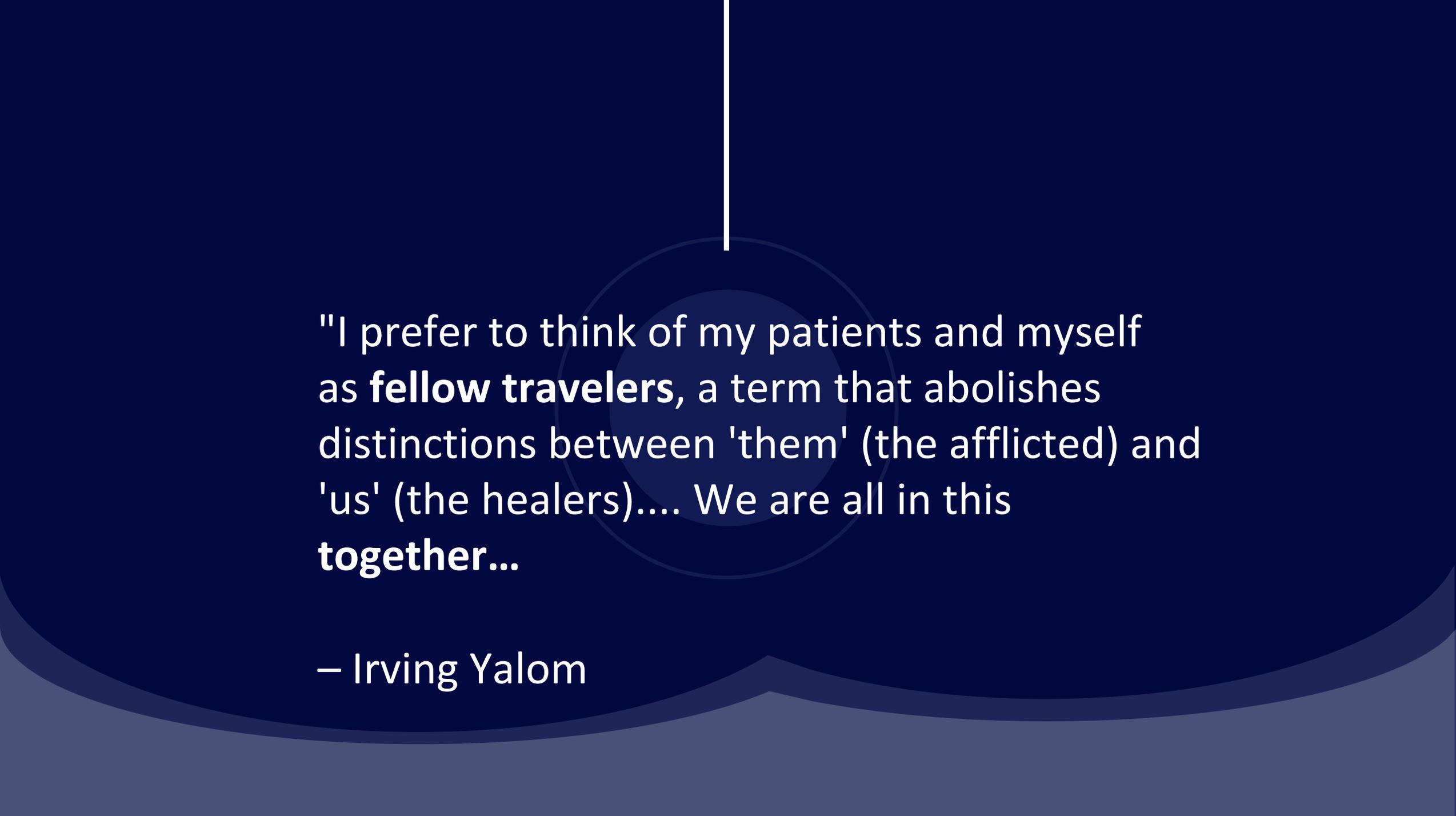
## Reflective Listening



Increased use of  
**open-ended**  
questions

Leaning into  
patient's **home**  
environment





"I prefer to think of my patients and myself as **fellow travelers**, a term that abolishes distinctions between 'them' (the afflicted) and 'us' (the healers).... We are all in this **together...**

– Irving Yalom

[www.rourced.com](http://www.rourced.com)

Public: Empathic Communication; Telehealth; MI

Locked: MI facilitator resources

Username: Elizabeth Morrison

Password: ECMorrison1970

[EM MI video vignettes](#)

EM Telephone screening vignettes

[Angela MI video](#)