The goal of outreach with the member identified by ADT (Admissions/Discharges/Transfers) is to ensure all her needs related to her pregnancy and recent hospital visit are met. Many of these members will have also have a Priority Maternal-Infant Impactability Score (MIIS). It is important to remember that care management is an additional benefit that she receives with her Medicaid coverage.

If the member populates on the OB Queue as a task, “Complete Outreach-ADT-New Episode: OB,” or populates on the OB ADT Patient List, then the care manager must reach out to the member within 3 business days of receipt of the referral unless the member is greater than 37 weeks gestation. This outreach also includes members who have previously closed OB Episodes.

When contacting members following a hospitalization (including Emergency Department (ED) or Labor & Delivery triage visit), a general approach might be helpful:

“Hi, I am _________, a care manager who works with care providers to improve the health of women of North Carolina.”

Add the following information about how you know that they were at the hospital:

“Hospitals share information with the care managers, so we can reach out to women who have recently been seen in the Emergency Department or hospitalized, to see if we can help them with any needs they may have.”
“‘I see that you recently were seen on _______ (date) in the _______________ (Emergency Department; Labor and Delivery or as an inpatient) at __________________ (name of hospital) where you were examined and treated. Do you mind sharing with me what brought you to the hospital?”

Pause and allow member time to discuss her hospitalization

If the member reports a pregnancy loss (skip this paragraph if member did not report a loss):
I am sorry to learn of your recent loss. I know this must be a difficult time for you. Do you have family support?

Pause and allow member time to elaborate, if desired, on loss and discuss her current support/need for support. Once you feel you have provided her time to and have been able to offer her necessary support, if requested. Ask member if she is interested in counseling services. Members are still eligible for WIC up to six months postpartum, even after a pregnancy loss, and should still receive their postpartum appointment. When appropriate in the conversation, the care manager should discuss any remaining medical needs associated with the hospitalization.

“What instructions were provided to you when you were discharged from the hospital?” “What questions do you have as a follow-up to being seen at the hospital?”

Pause and allow patient time to respond

“We are trying to do a better job of helping our female members. Many care providers in North Carolina are participating in a medical home program which works closely with a care manager like me. Do you have a follow-up appointment scheduled with a care provider at this time?”

Pause and allow patient time to respond. If no, and member is currently pregnant, then discuss available care options.
“How can I best help you? What do you think you need in managing your health care?”

*Pause and allow patient time to respond.*

*If the patient says, “I don’t know,” then the care manager could respond:*

“How do you mind if I tell you about some of the things I can do, and you can tell me if any of these interests you?”

*(Always ask for permission before giving advice or information.)* *If they say “yes,” then share any of the examples below.*

“I can help you by…”

- Coordinating your care with a provider
- Helping you get the services you need, like medical care, transportation, food or stable housing
- Referring you to other programs, like family planning and counseling
- Helping to manage any medications you may be taking
- Making follow-up appointments.
- Answering your questions about your pregnancy (or pregnancy loss)

*If the patient says, “I’m doing just fine,” then the care manager could respond:*

“I am glad to hear that. Would you mind if I shared with you a few of the things I could do, and you tell me if any of them interest you?”

*(Always ask for permission before giving advice or information.)* *If they say “yes,” then share any of the examples below.*

“I can help you by…”

- Coordinating your care across all your providers
- Referring you to other programs including family planning and counseling
- Sharing information on ways for you to take care of yourself after you’ve delivered (or after the loss of a pregnancy)
- Helping to manage any medications you may be taking
- Making follow-up appointments
- Answering your questions about your pregnancy (or pregnancy loss)

After you list out the choices, follow-up with another open-ended question to elicit her to engage in the conversation. For example: “Which one of these things would you like help with?” OR “What are your thoughts about those choices?”

Be prepared to **listen** and **reflect** what you are being told.

Some members may use this as an opportunity to voice frustration. That’s ok; they are engaged. Use it as an opportunity to build trust and rapport. Remember to **listen** and **use empathetic responses** like: “It sounds like…” or “What I hear you saying is…” Then **reflect** what you are being told; Reflecting is repeating back to the member what you heard them say, so they can verify if you understood what they meant.