



Art of a Warm Connection

How to successfully refer individuals to behavioral health services

“Referral to the specialty public or private mental health system generates a rate of appointment scheduling of less than 50% and even lower rates of contact. Approximately two thirds of 6000 primary care physicians surveyed found specialty mental health services to be the most difficult medical subspecialty to access”



Warm Handoff vs Warm Connection

What is a warm handoff?

- In this strategy, a warm handoff is a handoff that is conducted in person, between two members of the health care team, in front of the patient (and family if present).
- It includes the patient as a team member so that he or she can hear what is being discussed about the clinical problem, current status, and plan of care.
- The term originated in customer service where it is used to describe referrals that ensure that the customer is connected to someone who can provide what he or she needs.

Theoretical benefits

- Warm handoffs engage the patient and are a safety check.
 - Warm handoffs allow the patient (and family member) to verify the information being communicated between the health care team and to offer additional context as needed.
 - Address communication breakdowns within the health care team or between the team and the patient or family

Behavioral Health Warm Handoffs

Lessons from Integrated Care

- Warm handoffs have theoretical benefits, including building patients' trust in behavioral health clinicians and reducing patients' stigma about behavioral health care, which could translate to improved attendance at subsequent behavioral health appointments.

Is it really more beneficial than another type of referral?

- The most significant predictor of attendance at an initial appointment was time from referral until appointment, consistent with other studies in specialty mental health and other clinical settings

What is a Warm Connection?

- Supporting a respectful, personalized connection from your care as a specialty provider to the care of another specialty provider.
 - Happens immediately (best if in the moment)
 - Relies on teamwork and relationships
 - Creates a conversation with patient about what to and what not to share
 - Requires problem-solving of potential barriers to follow through
 - Includes follow up

Small Group Questions

- What have you observed to be helpful in successfully providing a referral?
- What have you observed to be helpful in successfully receiving a referral?
- What barriers do you anticipate when providing a “Warm Connection”?
- Consider what you know about “Trauma Informed/Responsive Care”...what awareness, knowledge or skills can you apply to the referral process?

Questions? Comments? Parting Thoughts?

