

# Optimizing Handoffs for In-person and Virtual Services

Integrated care (integrating mental health and substance use treatment services with primary and/or specialty medical services) is a proven approach to ensuring clients with co-occurring needs are treated effectively. When coordinating services and transitions between care providers, these tips for in-person and virtual exchanges will help refine your processes and maximize the transfer of both information and trust.



## PRIORITY APPROACH

### Live in-person or virtual transition with all participants present (clients, providers, referral partner)

The warm handoff, a best practice for integrated care, is when the client is introduced by one provider to another — for example, primary care provider to mental health or substance use treatment provider or vice versa, nurse to nutritionist, care coordinator to housing specialist — all with the client in the same physical or virtual room. The warm handoff serves as a meet-and-greet to reduce barriers associated with the referral process and ease the client into services. Ideally, it includes helping the client identify one small step that can improve their functioning that day.

Warm handoffs can reduce the likelihood of no-shows and normalize the role of other services in team-based care, as the client is directly introduced to someone who can address some of their immediate needs. The transparent exchange of information with the client present demonstrates team collaboration, as well as an opportunity to transfer the client's rapport and trust from one team member to another.

If one or more individuals will be virtual during the live transition, use instant messaging (such as Microsoft Teams or text message) ahead of time to plan a meeting on a shared platform. In hybrid situations, a tablet or other portable device can be used to bring the virtual provider into the physical room during the transition itself.

Prior to the transition, share clear instructions (video link, conference line, login directions, etc.) and alternate contact information with all parties. Make sure any staff involved in the process are comfortable with the technology by offering training and practice. For handoffs occurring within the same organization, where possible, it is ideal for staff who practice frequent handoffs between each other to have offices situated physically close, to increase efficiencies and connections.

If you are a virtual provider, consider setting up a waiting room through your video conferencing platform and allowing for brief warm handoff interruptions when you are with other clients. If you choose to use this approach, be sure to let scheduled clients know in advance why these interruptions are important. For example, you might talk about your organization's commitment to integration or improving access to care. Offer the scheduled client a self-reflection question or activity relevant to the appointment while you are briefly meeting the new client. If you or another provider can't guarantee continuous availability for warm handoffs, pre-schedule and communicate designated blocks of time when warm handoffs can occur.

Once you and your referral partner(s) have a warm handoff process in place, review the process on a regular basis. Adjustments are often needed to find a balance between availability and other productive work responsibilities.



## SECONDARY APPROACH

### Scheduling referral during appointment or at checkout

If a warm handoff is not possible, the second-best approach is to establish a backup or proxy to serve as an extension of the provider themselves (e.g., a care manager or care coordinator). This is a person who can answer basic questions and describe the requested services and process (whether virtual or in person). The proxy must have a genuine ability to represent the primary provider, to avoid giving the client a feeling of being passed around, and to provide a “no wrong door” approach – enabling the client to ultimately get the care they need regardless of who they meet with initially.

It is critical that the proxy has access to the primary provider’s calendar to schedule an appointment before the client leaves the office. If you have printed material explaining integrated care and/or a business card or other information about the primary provider and their services, this can be given when the appointment is scheduled. Scheduling in real time prevents the need for follow-up calls and lost time between the initial recommendation for care and the client receiving that care.



## WHEN NEITHER IS POSSIBLE

### Follow-up contact

The third option is to advise the client that the primary provider or their proxy will contact them. This passive approach puts more burden on the client to coordinate their own care and is a lost opportunity to initiate a connection between the client and another staff person. If using this approach, it is important to provide the client with detailed instructions or a demonstration video on how they will be reached via phone, email or client portal (where available). Your organization should also include instructions for the client on how to follow up if, for some reason, they are not contacted by the provider or proxy.



## WHAT TO SAY

During the handoff, establish clear and comfortable messaging to describe your referral partner and the team approach. Example messages include:

*“It sounds like you are experiencing a lot of stress right now. One of my team members works with a lot of our youth and could even help you identify a first step you can take today. I can introduce you right now, if that would be all right.”*

*“We work in care teams here, and I think you’d benefit from meeting my colleague who has helped other clients of mine when they are facing these kinds of challenges. They have a lot of experience with [insert the need the client has] and I think you’ll really like them. I’ll see if they are available, if that’s OK with you.”*

*“I’d like to set you up to meet another provider I work with. We are lucky to have them because it allows us to provide you with better care. Would it be all right if I reached out to them?”*

## LOOKING FOR MORE RESOURCES?

- Agency for Healthcare Research and Quality – [Warm Handoff: Intervention](#)
- Collaborative Family Healthcare Association – [The Warm Handoff: Turn up the research heat](#)
- National Council for Mental Wellbeing – [Warm Handoff: Anxiety](#)
- National Council for Mental Wellbeing – [What Is Integrated Care?](#)