From Waiting to Prepared:

How DC SHIP Transformed Open Enrollment Through Person-Centered Care

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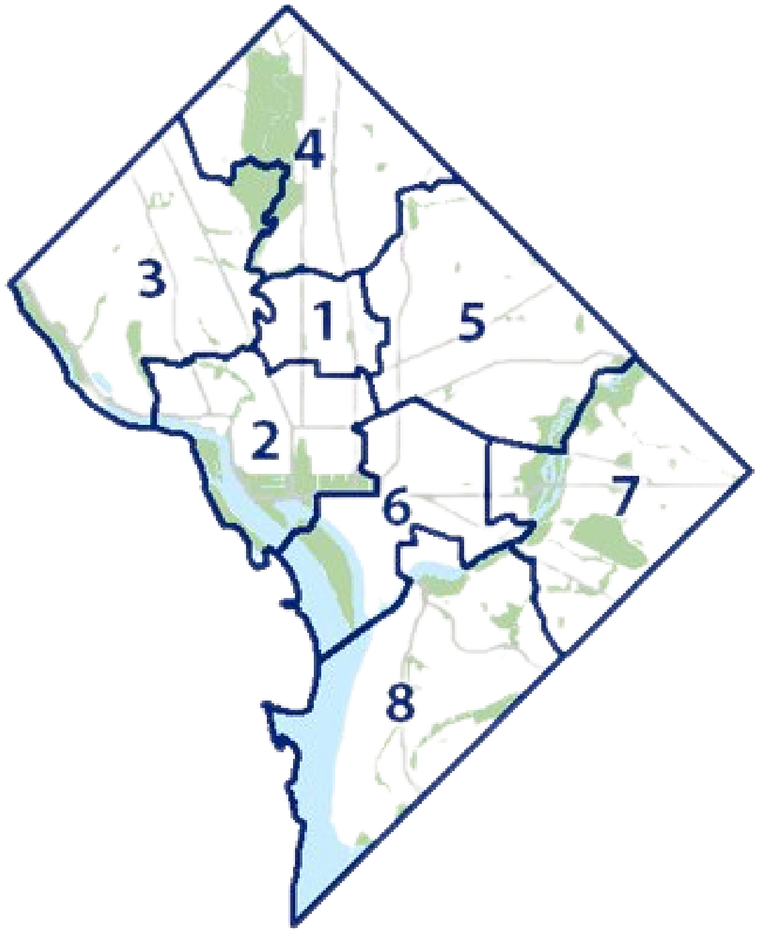
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WE ARE WASHINGTON DC
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

The DC Landscape

District Population	693,645
Medicare Beneficiaries	97, 465
Medicare Share of Population	14%
Dually Eligible Residents	37,000

State-level responsibility. City-sized team.



Where Our Calls Come From

Referrals come from across the District.

DC Dept. of Human Services / 311

DC LongTerm Care Ombudsman

Hospitals & Health Systems

Primary Care & Specialty Physicians

“Somebody told me to call you.”

Family Members & Caregivers

Self-Referral & Word of Mouth

The Open Enrollment Reality

~800/mo

Average monthly phone contacts during non-OEP

~1,200

Average monthly phone contacts during OEP

+30%

Increase in Demand

What Stayed the Same
Team | Operating Hours

Complexity

- Annual plans changes
- New benefits
- More decisions
- For beneficiaries: Uncertainty and confusion

Urgency

- Deadlines matter
- Decisions have consequences
- For beneficiaries: Anxiety and fear of making the wrong choice

Volume

- More contact
- More callbacks
- Less time to breathe or reset
- For beneficiaries: Longer waits and rising frustration driven by open-enrollment call volume

Staff Stress

- Staff reported feeling overwhelmed, unsupported, and in survival mode.
- For beneficiaries: They often recognize stress and value patience, reassurance and consistency.

What We Assumed We Needed

Like many programs, our first instinct was to increase capacity.

More Counselors	Extended Hours	More Coverage
Hire. Train. Certify. A long-term solution, not an immediate one.	More availability. The same people answering the phone.	No ward-based structure in DC. One team. Eight wards.

The demand was real. But adding capacity wasn't the whole answer.

What We Learned:

- Expanding capacity alone would not have addressed the problem.
- More counselors without better preparation can still produces longer interactions.
- We were solving for volume, not addressing they underlying issue was preparedness.

The Shift in Thinking

What looked like a volume problem was really a preparedness problem.

Our Original Question:	A Better Question:
How do we handle more calls?	How do we help people arrive prepared?

The solution changed when the question changed.

The Insight

What if Mrs. Johnson arrived prepared?

What if she already had her medication list?
What if she had thought about her priorities ?
What if a caregiver or family member joined the conversation?
What if the hour could be spent discussing option instead of collecting information?

What if she knew what mattered most to her in a plan?

This was never really about appointments. It was about creating an experience that gave beneficiaries the time, support, and preparation they deserved. Person-centered care became the strategy, not just the outcome.

The Model

Person-centered care became the strategy

1 Initial Contact ▸ **2 Schedule** ▸ **3 Prep Reminder** ▸ **4 Session** ▸ **5 Follow-Up**

1 Initial Contact	2 Schedule	3 Prep Reminder	4 Session	5 Follow-Up
Beneficiaries requesting plan comparisons were offered support in real time or the opportunity to schedule dedicated time with a counselor.	Beneficiaries selected a day and time, were assigned a counselor and their priorities were documented in advance.	Counselors contacted beneficiaries before the appointment; counselors used that time to review what the beneficiary should expect and what information they needed to have ready.	Beneficiaries arrived better prepared, allowing counselors to spend more time on shared decision-making and less time gathering basic information.	Beneficiaries could enroll during the session or review their options and reconnect with the same counselor for additional support. This continuity helped them feel more confident in their choices.

Practices That Made the Model Work

Shared Scheduling Document:
- Excel spreadsheet with six slots per day (9AM–3 PM). Staff blocked unavailability. No new software required.

Preparation Checklist
- Sent before every appointment, included medications, pharmacy, providers, and priorities.

Counselor Ownership:
- Each case was preassigned. Hesitation became ownership. Counselors knew their people.

Mutual Preparation:
- Counselors reviewed notes in advance. Preparation became a twoway street.

Predictable Schedule:
- Counselors saw their day in advance. Predictability was an investment in the team.

Built-In Rescheduling:
- Some beneficiaries rescheduled to another slot. Flexibility was built into the process.

Counselors saw their day in advance. Predictability is an investment in the team.

The Scheduling Model Behind the Results

DC Government Closed Tuesday, November 11, in observance of Veterans Day.										
	Date:	Time:	Last Name	First Name:	DOB:	Contact Info:	Type of Appointment	Type of Consultation	Scheduled by:	Appointment Confirmation
	11/13/2025	9:00am	Doe	John	1/1/1900	202-555-5555	phone	Part D an MA	Tommy	Confirmed
	11/13/2025	10:00am	Doe	John	1/2/1900	202-555-5556	phone	Part D	Tommy	Confirmed
	11/13/2025	11:00am	Doe	John	1/3/1900	202-555-5557	phone	MA	Tommy	RSC
LUNCH										
	11/13/2025	1:00pm	Doe	John	1/5/1900	202-555-5559	phone	Part D an MA	Tommy	Left VM
	11/13/2025	2:00pm	Doe	John	1/6/1900	202-555-5560	phone	MA	Tommy	Confirmed
	11/13/2025	3:00pm	Doe	John	1/7/1900	202-555-5561	phone	MA	Tommy	NA/UA

What Happened: Results

Open Enrollment Scheduling Pilot—October 20 through November 14. 2025

58 Appointments Slot Available	38 Appointments Booked	65.5 % Utilization Rate

Putting beneficiaries first changed the experience, and the results followed. Thirty-eight beneficiaries chose dedicated appointments during the pilot period, reinforcing the value of person-centered preparation.

What Changed for Beneficiaries

The preparation model changed the experience from uncertainty to clarity, and from pressure to support.

BEFORE	AFTER
Beneficiaries called overwhelmed and unsure of what information they needed	Beneficiaries connected with a named counselor, a set appointment time, and a clear plan
The first 15–20 minutes were spent gathering basic details instead of counseling	Sessions began with decision-making, not information collection
Decisions felt rushed, high-stakes, and made with someone they did not know	Beneficiaries felt supported, steady, and not pressured
"I didn't know this existed. I'm referring my neighbors."	Many said the session changed how they understood Medicare and planned to share it with others

Preparedness is not an administrative step. It is a quality-of-care issue that directly shapes how beneficiaries feel, understand, and decide.

Mrs. Johnson: A Typical Open Enrollment Call

“A Conversation We’ve All Had.”

Mrs. Johnson Calls:

Mrs. J: I saw a commercial about a you tell me your medications?
Mrs. J: Oh…I don’t have Medicare plan. Should I switch?
SHIP: Okay, to check your options, can e a list. I need to get my bottles.
SHIP: No problem. Which pharmacy do you use or prefer?
Mrs. J My daughter handles that.
SHIP: Alright. And your doctors?
Mrs. J: I’d have to look that up.
20 minutes later: Still gathering basics. No comparison started. Four callers waiting.

The Result:

- ✓ Information gathering replaced counseling.
- ✓ Questions outpaced answered.
- ✓ Key concerns likely remain unresolved.
- ✓ The beneficiary left with more work to do before decision could be made.

Mrs. Johnson deserved better. So did the counselor.

What Changed for Staff

We designed this for beneficiaries. The staff impact was not planned. It was earned.

BEFORE	AFTER
Staff felt stretched by the volume and pace of Open Enrollment	Staff reported feeling more supported, prepared, and partnered in the process.
Many felt they did not have the support or tools needed to manage the demands of the season.	Counselors knew who was coming, when they were scheduled, and what information they would need
Calls came back-to-back with little time to reset or prepare between beneficiaries.	Sessions felt more purposeful because beneficiaries arrived better prepared.
Counselors often felt removed from the process rather than included as partners in it.	Predictability created meaningful breathing room and allowed the counselors to offer their best work.

Unexpected Outcomes

The Pilot Survived Open Enrollment

- When Open Enrollment ended, it became clear that we had built something more than a seasonal pilot.
- The structure we created—scheduling, preparation, and counselor ownership—proved valuable enough to continue beyond Open Enrollment.
- Pre-appointment review calls remained essential because they helped beneficiaries arrive prepared and reconnect with the same counselor for support.

Beneficiaries Chose the Appointment Model

- When given a choice, beneficiaries consistently chose dedicated appointments.
- Dedicated time communicated that their decisions mattered and reduced the feeling of being rushed.
- Beneficiaries valued the person-centered structure of the appointment model, particularly the opportunity for uninterrupted time with a counselor who was prepared and able to focus fully on their questions and concerns.

Structure Created Space for Volunteers

- The same structure that supported staff also created a sustainable role for volunteers with limited availability.
- Because work could be planned, volunteers were able to support complex interactions without feeling overwhelmed.

Lessons to Take Forward + Discussio

1	Preparation is part of the service.	When we help a beneficiary prepare, we are not only supporting them today; we are strengthening their ability to make informed decisions in the future. Effective preparation teaches them how to navigate the system with greater confidence
2	Reframe before you redesign.	We discovered that focusing on volume alone limited our thinking. By reframing the question around what would make the process easier for beneficiaries and more sustainable for staff, we uncovered solutions that were more effective and enduring.
3	Structure creates capacity.	Capacity didn't come from adding more people, it came from organizing the workflow. Allowing counselors to focus on beneficiaries, and volunteer were able to plug-in because the process was clear.
4	Measure experience, not just output.	We looked at more than totals. Staff experience and beneficiary experience mattered. A manageable, sustainable workflow was part of the success.

What question are you asking today, that might be leading you to the wrong solution?

THANK YOU

Questions & Discussion

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