

Warm Handoffs for In-person and Virtual Services

Warm handoffs between care team members are a best practice for integrated care (integrating mental health and substance use treatment services with primary and/or specialty medical services). These tips for in-person and virtual exchanges will help refine your processes and make the most of the transfer, not only of information, but also trust.



PRIORITY APPROACH

In-person transition with all three participants (client, providers, referral partner)

The warm handoff — a best practice for integrated care — is an immediate introduction of the client from one staff member to another with all three parties present. 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 present. The warm handoff serves as a meet and greet to reduce barriers associated with the referral process and eases 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 initiate access to other services as part of team-based care, as the client is able to meet someone who can address some of their immediate needs. The transparent exchange of information with the client present serves as an opportunity to demonstrate team collaboration, as well as an opportunity to transfer the rapport and trust that the client has from one team member to another.



SECONDARY APPROACH

Scheduling referral during appointments or at checkout

If a warm handoff is not possible, the second-best approach is to establish a backup or proxy (for example a care manager or care coordinator). This is a person who can answer basic questions, describe the requested services and the process (whether virtual or in-person). The proxy must have a genuine ability to represent the receiving person to not further promulgate a feeling of being passed around, and provide a “no wrong door” approach.

It is critical that the proxy has access to the receiving person’s schedule to facilitate an appointment before the client leaves the office. If the organization has printed material explaining integrated care and/or a business card or other information about the receiving person 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 care.



WHEN NEITHER IS POSSIBLE

Follow-up calls

The third option is to advise the client that someone will call them. This passive approach puts more burden on the client to coordinate their care and is a lost opportunity to initiate a connection between the client and another staff person.



TIPS FOR VIRTUAL AND HYBRID SERVICES

Warm handoffs between staff can occur if one or both are virtual, and some processes may also work between staff at different organizations.

EMERGING PRACTICES INCLUDE

Use instant messaging, such as Microsoft Teams or text message, to coordinate a warm handoff.

Schedule and communicate blocks of time providers will be available for warm handoffs.

Use a tablet or other portable device to bring the virtual provider into the physical room.

Make sure all staff are involved and are comfortable with technology by offering training and practice.

Have clear instructions with contact information (conference line, video link, etc.). This is not unlike the importance of in-person warm handoffs and knowing where to bring the client or where to find the provider.

If you are the virtual provider, set up a waiting room through your video conferencing platform and allow for brief interruptions when you are with other clients. This requires letting scheduled clients know the reason this is important ahead of time. For example, you might talk about your organization's commitment to integration or improving access to care. This might resonate if the existing client experienced a warm handoff themselves. Consider offering the scheduled client a self-reflection question or activity relevant to the appointment while you are briefly meeting the new client.

WHAT TO SAY

During the warm handoff, establish clear messaging for describing your colleague 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 many young people and could help you even identify a first step you can do today. I can introduce you right now if that would be alright.”

“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 alright if I reached out to them?”

LOOKING FOR MORE RESOURCES?

- [Warm Handoff: Intervention](#)
- [The Warm Handoff: Turn up the Research Heat](#)
- [Warm Handoff: Anxiety](#)
- [What is Integrated Care?](#)

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