


**From Innovation to Sustainability:
A Program's Perspective on Successes and
Challenges of Implementing a CHW
Program in an HMO Setting**

Marci Aguirre, MPH
Director of Community Outreach

Jessica Castillo
Health Navigator Program Manager



Presenter Disclosures

Marci Aguirre & Jessica Castillo

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

NO relationships to disclose

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Inland Empire Health Plan



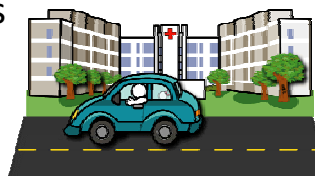
- Joint Powers Agency – public entity, not-for-profit, established 1994
- Local Initiative Medi-Cal managed care health plan
- Riverside & San Bernardino Counties, California
- Over 572,000 Members
- Medi-Cal, Healthy Families, Healthy Kids, & Medicare Advantage Special Needs Plan

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The Problem



- Very high Emergency Department (ED) utilization
 - 655 Per Thousand Members Per Year (2009)
- 23% for “avoidable” visits
 - California Department of Health Care Services Statewide ED Collaborative definition (2009)
- Significant utilization for those 2 years old and younger for non-emergent visits
- Medi-Cal: No ED co-payment



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ED Focus Groups in 2009



- Results showed interventions needed for parents with small children
 - Utilization differs if parent is ill vs. child is ill
 - Parents more likely to take children for non-urgent issues
 - Concept of Urgent Care not widely understood
- Barriers to non-ED care
 - Lack of awareness of ED alternatives
 - Lack of understanding regarding benefits & how to use alternative options

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Literature Review

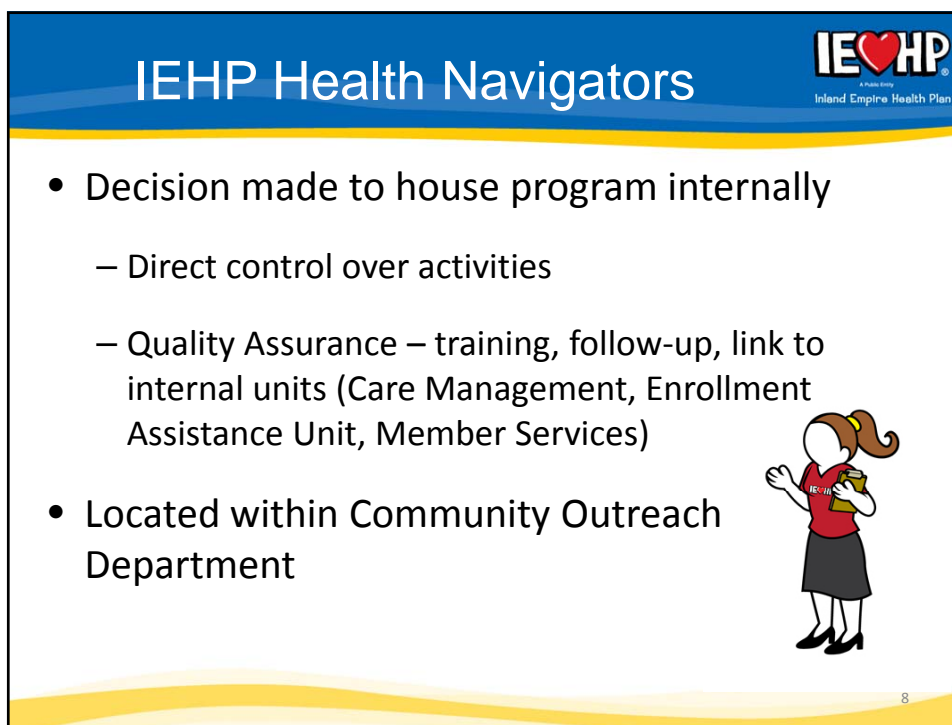


- Efficacy of Community Health Workers
- Promotores model
 - Culturally & linguistically similar to population
 - Social model rather than medical model, used to impact various social issues, e.g. healthcare
 - Don't provide clinical care
 - Link between underserved communities & formal healthcare networks


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IEHP Health Navigators



- Decision made to house program internally
 - Direct control over activities
 - Quality Assurance – training, follow-up, link to internal units (Care Management, Enrollment Assistance Unit, Member Services)
- Located within Community Outreach Department



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Creating Agency Support



- Met with Key individuals within the company
 - Discuss Program impact to their unit
 - Request for input and suggestions
- Cleared up common concerns
 - Liability/Safety
 - Cost
 - Sustainability plan for the future
- Met with Key individuals outside of the company
 - Garner support
 - Provide examples of how it can work
- “Kick- off” Celebration

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Health Navigator (HN) Program Development and Implementation



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HN Program Development



- **Funding**
 - Applied for and received grant from First 5 San Bernardino and First 5 Riverside
 - IEHP funding – commitment from Health Plan
- **Staff Recruitment**
 - Metro San Bernardino, High Desert and Riverside city areas
 - Hired individuals living and active in those communities
 - Demonstrated having the “Heart” to help
 - Bilingual Spanish

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HN Program Development



Internal Training	External training
<ul style="list-style-type: none"> • Healthcare system & managed care practices • Importance of primary care and preventive services • IEHP network 	<ul style="list-style-type: none"> • Latino Health Access (mature Orange County Promotores Program) • Provided training on Promotores skills • Shadowing of experienced Promotores

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HN Program Implementation



- Family identification & stratification
 - Children ages 0-5 in the home
 - Multiple ED visits
 - Members missing preventive services
- 41.8% of families successfully reached in fiscal year 2011-2012 (1,742/4,165)
 - Many disconnected and wrong numbers
- 86.1% of families interested in fiscal year 2011-2012 (1,499/1,742)
 - Members are interested once contact is made

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HN Program Implementation



- Generally 3 home visits



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What Health Navigators Do



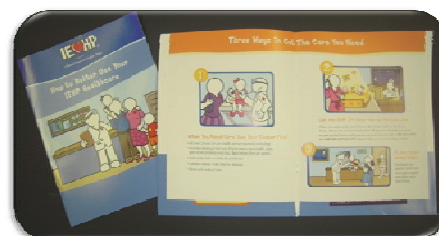
- Provide education
 - “Health System” – PCP connection, health plan, etc.
 - Urgent Care options & 24-hour Nurse Advice Line
- Schedule PCP visits
- Connect to IEHP Member Services Department
 - Enroll in Health Education classes, change PCP, etc.
- Address some needs beyond healthcare
 - Connect to other resources (ex. Dental providers, community-based agencies, etc.)

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HN Program Materials



- Assessments
- Health Navigator Folder
- Educational Flip Chart
- Interactive Game



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Managing the HN Program



- Stay connected with Staff
 - Bi-weekly team meetings
 - Group debrief session and provide updates or trainings
 - 1:1 meetings with HNs
 - Shadow home visits
 - Open door policy clearly expressed
- Support staff during difficult cases
 - Importance of debriefing due to emotional toll
 - Provide tools to “let go”
 - Access to a psychologist (in-house or pro-bono partner)
 - Group and individual sessions

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Program Challenges



- Growth
 - Year 1: 5 HNs + manager
 - Year 2: 9 HNs + supervisor, coordinator, AA, and manager
 - Clearly outlining the changes with group
- Management availability for the team
- Funding – getting increased funds for expansion
- Creating a demand in the community
- Finding the right people for the HN position
- Appointment cancellations/reschedules

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Financial Sustainability



- Apply for grants – truly an innovative healthcare cost saving model!
- Justify cost savings with agency
 - Short term – keeping families out of the ER
 - Long term – lifelong healthy behaviors
- Non healthcare agency
 - Sell/Market approach to healthcare agencies

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Family Compliance

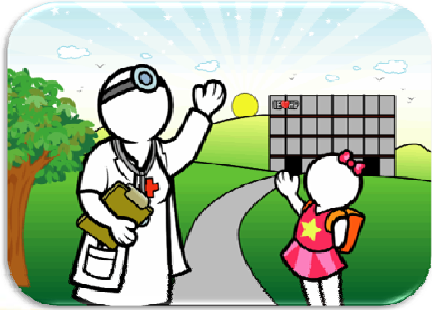


- Throughout visits
 - Drop off rate (6%)
 - Demonstrating value up front
 - “Likeability” factor begins with the initial call
 - Reminders
 - Calls
 - Tailored reminder notes
 - Text messages
 - Emails
 - Get creative!
- Utilization after Health Navigator visits

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Health Navigator Program Data



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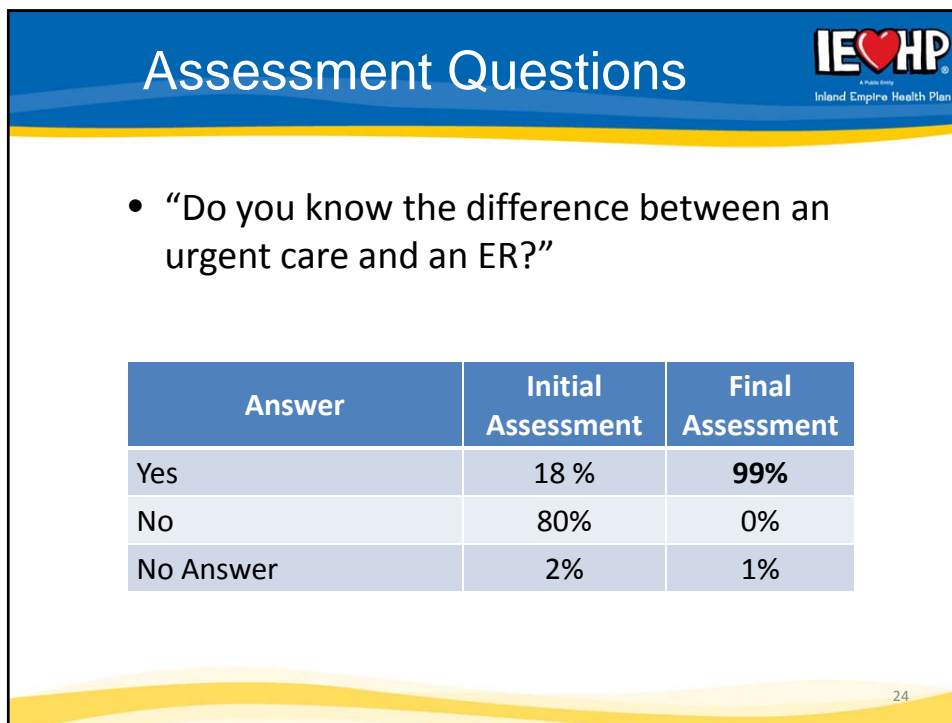
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Health Navigator Visits

July 1, 2011 – June 30, 2012

Visit Counts	
Initial Visit	931
Middle Visit	898
Final Visit	876
Total	2,705

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Assessment Questions



- “It’s a weekday evening and your child says his/her tummy hurts. You’ve tried OTC meds but it hasn’t seemed to work. What would you do?”

Answer	Initial Assessment	Final Assessment
Take child to ER	51 %	2%
Take child to UC	23%	44%
Call Nurse Advice Line	11%	50%

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Assessment Questions



- “It’s Saturday morning and your child has hardly slept due to vomiting all night. You gave OTC meds, but isn’t getting better. What would you do?”

Answer	Initial Assessment	Final Assessment
Take child to ER	62 %	10%
Take child to UC	22%	74%
Call Nurse Advice Line	4%	10%

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Access Standards



- “You need to get shots for your 2 year old. When you make an appt with his PCP, how long do you think it should take for your son to be seen?”

Answer	Initial Assessment	Final Assessment
1-3 days	33%	3%
A week	37%	6%
2 weeks	13%	87%

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Primary Health Concerns




Self reported by the family...




1. Asthma – mainly in children
2. Dental – children and uninsured adults
3. Vision – children and uninsured adults
4. Weight – children and adults
5. Diabetes – mainly adults

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An Inside Look




- “I liked the personal attention at home, it was more clear and I was able to ask questions until I understood.”
 - “I hope that every IEHP member can take advantage of this program.”

- “Thank you for being so persistent, I kept cancelling and forgetting. You still kept calling me.”

HN Community Classes



- Education beyond the home visit
 - Topics that are important to families (asthma, nutrition, home safety, diabetes)
- Serves as a connection back to the HN
- Promotes further parent involvement with health
- Partnership with Headstart for childcare (a must!)
- Dinner for the family to entice attendance

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HN Community Classes




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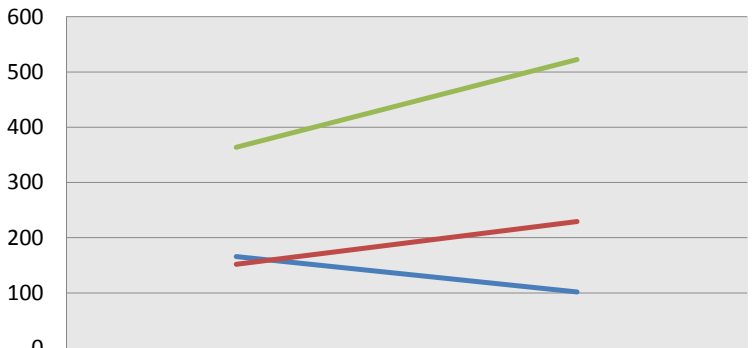

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Utilization Rates



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Rate per 1,000 Members



	Before	After
— Avoidable ER	165.71	101.8
— Nurse Advice Line	151.9	229.18
— Urgent Care	363.65	522.27

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Utilization Data




Member Utilization	Rate Change
Avoidable Emergency Room	-39%
Nurse Advice Line	51%
Urgent Care	44%

Utilization data based on the family linked to the Member visited by the Health Navigators with a middle visit between 06/15/2010 and 02/29/2012

Rates based on Per 1000 Members

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Contact Info



Marci Aguirre, MPH
 Director of Community Outreach
aguirre-m@iehp.org

Jessica Castillo
 Health Navigator Program Manager
castillo-j@iehp.org

Sonia Rivas
 Health Navigator Program Supervisor
rivas-s@iehp.org