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
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

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
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

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
IEHP Goals

- To reduce unnecessary ED utilization
- Link Member to Primary Care Physician (PCP)
- Link Member to non-IEHP resources (Social Service Agencies and Community Partners)
- Link Member to IEHP resources (Member Services)
- Increase well child and immunization compliance

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
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

Health Navigator (HN) Program Development and Implementation
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

HN Program Development

Internal Training
• Healthcare system & managed care practices
• Importance of primary care and preventive services
• IEHP network

External training
• Latino Health Access (mature Orange County Promotores Program)
• Provided training on Promotores skills
• Shadowing of experienced Promotores
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

HN Program Implementation

• Generally 3 home visits

  Initial assessment of knowledge, barriers, and behaviors
  Tailored education based on assessment
  Wrap-up and final assessment
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.)

HN Program Materials

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

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
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

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
Health Navigator Program Data

Health Navigator Visits

July 1, 2011 – June 30, 2012

<table>
<thead>
<tr>
<th>Visit Counts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Visit</td>
<td>931</td>
</tr>
<tr>
<td>Middle Visit</td>
<td>898</td>
</tr>
<tr>
<td>Final Visit</td>
<td>876</td>
</tr>
<tr>
<td>Total</td>
<td>2,705</td>
</tr>
</tbody>
</table>
Members Visited by HNs

July 1, 2011 – June 30, 2012

<table>
<thead>
<tr>
<th>Total Members Visited</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3,687</td>
</tr>
<tr>
<td>Language</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>2,116</td>
</tr>
<tr>
<td>Spanish</td>
<td>1,168</td>
</tr>
<tr>
<td>Other/No Valid Data</td>
<td>403</td>
</tr>
<tr>
<td>Age Range</td>
<td></td>
</tr>
<tr>
<td>5 and under</td>
<td>1,416</td>
</tr>
<tr>
<td>6 +</td>
<td>2,271</td>
</tr>
</tbody>
</table>

Assessment Questions

- “Do you know the difference between an urgent care and an ER?”

<table>
<thead>
<tr>
<th>Answer</th>
<th>Initial Assessment</th>
<th>Final Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18 %</td>
<td>99%</td>
</tr>
<tr>
<td>No</td>
<td>80%</td>
<td>0%</td>
</tr>
<tr>
<td>No Answer</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>
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?”

<table>
<thead>
<tr>
<th>Answer</th>
<th>Initial Assessment</th>
<th>Final Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take child to ER</td>
<td>51 %</td>
<td>2%</td>
</tr>
<tr>
<td>Take child to UC</td>
<td>23%</td>
<td>44%</td>
</tr>
<tr>
<td>Call Nurse Advice Line</td>
<td>11%</td>
<td>50%</td>
</tr>
</tbody>
</table>

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?”

<table>
<thead>
<tr>
<th>Answer</th>
<th>Initial Assessment</th>
<th>Final Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take child to ER</td>
<td>62 %</td>
<td>10%</td>
</tr>
<tr>
<td>Take child to UC</td>
<td>22%</td>
<td>74%</td>
</tr>
<tr>
<td>Call Nurse Advice Line</td>
<td>4%</td>
<td>10%</td>
</tr>
</tbody>
</table>
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?”

<table>
<thead>
<tr>
<th>Answer</th>
<th>Initial Assessment</th>
<th>Final Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 days</td>
<td>33%</td>
<td>3%</td>
</tr>
<tr>
<td>A week</td>
<td>37%</td>
<td>6%</td>
</tr>
<tr>
<td>2 weeks</td>
<td>13%</td>
<td><strong>87%</strong></td>
</tr>
</tbody>
</table>

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
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
**HN Community Classes**

![Images of community classes](image)

**Utilization Rates**

<table>
<thead>
<tr>
<th>Service</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidable ER</td>
<td>165.71</td>
<td>101.8</td>
</tr>
<tr>
<td>Nurse Advice Line</td>
<td>151.9</td>
<td>229.18</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>363.65</td>
<td>522.27</td>
</tr>
</tbody>
</table>

![Graph showing utilization rates](image)
# Utilization Data

<table>
<thead>
<tr>
<th>Member Utilization</th>
<th>Rate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidable Emergency Room</td>
<td>-39%</td>
</tr>
<tr>
<td>Nurse Advice Line</td>
<td>51%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>44%</td>
</tr>
</tbody>
</table>

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

---

# Contact Info

Marci Aguirre, MPH  
Director or Community Outreach  
[aguirre-m@iehp.org](mailto:aguirre-m@iehp.org)

Jessica Castillo  
Health Navigator Program Manager  
[castillo-j@iehp.org](mailto:castillo-j@iehp.org)

Sonia Rivas  
Health Navigator Program Supervisor  
[rivas-s@iehp.org](mailto:rias-s@iehp.org)