Scaling community-clinic coordination and outreach: Chronic disease management in Navajo Nation

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COPE: An Introduction

The COPE (Community Outreach & Patient Empowerment) Project began in 2009 & is a formal collaboration between the Brigham & Women’s Hospital (BWH) & Indian Health Service (IHS), Gallup Indian Medical Center, Indian Health Services (IHS). Scaling community-clinic coordination and outreach: Chronic disease management in Navajo Nation

PROGRAM AIMS

- Improve the ability of CHRs to promote the health of American Indian/Alaskan Natives (AI/ANs) living with chronic conditions; prevention and early diagnosis and management of conditions affecting the Navajo Nation and other AI/AN communities.

PROGRAM ACTIVITIES

- Standardized training for CHRs & CHR supervisors
- Development of health promotion materials to enhance patient self-management
- System-level changes to team-based care involving clinic- and community-based providers

The intervention is better defined, refined and more broadly validated. A new phase of the intervention is underway in two additional study sites.

Future Directions

1. Identify a champion within the IHS system at each service unit; ensure that he/she and resources are available to advocate for CHRs and facilitate institutional changes.
2. Allow ample time for “Preparatory Accompaniment”; Schedule meetings to identify partners and understand the current system, introduce project to all teams that would benefit from the program; design work plans and work together to execute.
3. Scale-up process is different than initial pilot: The intervention is more complex and requires greater, making it easier to establish joint roles & expectations of stakeholders.
4. Tailor the intervention to the unique assets of each site but maintain core elements.
5. Plan ahead for internal expansion (including staffing, resources, strategic plan).
6. Establish expectations for reporting to internal and external stakeholders; report on project plans, strategic changes, and project timeline.
7. Identify resources in all areas of expertise: Government, clinical, informatics, community support & leadership.

Acknowledgements

Scaling a Successful Pilot Project

Results for scale-up identified:
- Over 1,000 CHRs trained
- CHRs reporting on chronic conditions
- Enhanced patient care

Unique Challenges

- Project staffing
- Adapting and updating materials based on new stakeholder input
- Efforts to identify and collaborate with clinic-based providers
- Updates and amendments to formal agreements
- Time and efforts to forge strong relationships with new CHRs

Lessons Learned from Expansion

- Conduct COPE Program Evaluation to determine if COPE improves clinical outcomes & health utilization
- Respond to community health worker needs (resources, training, technical assistance)
- Pilot other initiatives to improve community-based care in Navajo Nation
- Adapt COPE education and training materials for national dissemination
- Provide leadership & training opportunities for AI/ANs & others pursuing careers in AI/AN health

Acknowledgements

2009
- Initiate conversations with IHS, NNCHR, sign MOUs with stakeholders for project approval & launch

2010
- Create COPE curriculum; launch pilot in Gallup & Shiprock
- Conduct one-year evaluation; prepare for first wave of expansion

2011
- Expand to Fort Defiance, Chinle, Crownpoint; transition project in original service units to increased ownership by local team
- Expand to Kayenta, Tuba City, Winslow/Dilkon; transition project in expansion service units to increased ownership by local team
- Transition entire project to local ownership; continue to partner with NNCHR and NNDOH for continued projects