



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

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COPE: An Introduction

COPE (Community Outreach & Patient Empowerment) Project began in 2009 & is a formal collaboration between the Brigham & Women's Hospital (BWH) & Partners In Health (PIH), Navajo Nation Community Health Representative (CHR) Program, Indian Health Services (IHS).



PROGRAM AIMS

- Increase the ability of CHR's to promote the health of their community;
- Improve the health of American Indian and Alaska Natives (AI/ANs) living with chronic conditions;
- Increase prevention and early diagnosis of chronic conditions affecting the Navajo Nation and other AI/AN communities.

PROGRAM ACTIVITIES

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

Scaling a Successful Pilot Project

Outcomes among first 43 COPE patients in Gallup Service Unit

Outcome Measure	Pre-Period: 1 Year Prior to COPE		Post-Period: 1 year of COPE		Change*: Post - Pre
	Mean (sd)	Median Number of Measures	Mean (sd)	Median Number of Measures	
HbA1c	10.5 (2.0)	3	9.5 (1.9)	3	-0.9 (2.1)
Cholesterol	170 (46)	1.5	165 (37)	1	-10 (45)
LDL	95 (33)	1.5	90 (29)	1	-7 (40)

COPE invited by local stakeholders to expand project throughout Navajo Nation

Lessons for scale-up identified:

- Adjust project staffing
- Adapted and updated materials based on new stakeholder input
- Increased efforts to identify and collaborate with clinic-based providers
- Regular updates and amendments to formal agreements
- Invested time and efforts to forge solid relationships with new CHR teams

2009	Initiate conversations with IHS, NNCHR; sign MOUs with stakeholders for project approval and launch
2010	Create COPE curriculum; launch pilot in Gallup & Shiprock
2011	Conduct one-year evaluation, prepare for first wave of expansion
2012	Expand to Fort Defiance, Chinle, Crownpoint; transition project in original service units to increased ownership by local team
2013	Expand to Kayenta, Tuba City, Winslow/Dilkon; transition project in expansion service units to increased ownership by local team
2014	Transition entire project to local ownership; continue to partner with NNCHR and NNDOH for continued projects

Approach: Stepped-Wedge Design & Expansion to 8 Service Units

Creating a Stepped-Wedge Design

A stepped-wedge project design allows COPE to:

- 1) Provide focused accompaniment to each service unit during Phase 1 and Phase 2 (see below); efficient given limited staff; allows for stronger relationships between project staff & local teams;
- 2) Produce iterative adaptations of project deliverables (trainings, health education materials) through feedback from stakeholders and lessons learned;
- 3) Tailor implementation to match strengths and challenges of each service unit, especially regarding system-level changes to enhance clinic-community linkages;
- 4) Create project sustainability by transitioning ownership and coordination to each of the CHR teams; this critical phase requires significant active staffing and resources, and is not just a natural result of successful implementation.

Phase 1: Preparatory Accompaniment

- Obtain buy-in from CHR and IHS stakeholders
- Identify "champions," clarify roles/responsibilities of parties
- Obtain formal agreements as needed
- Pinpoint resources and challenges to implementation at each site

Phase 2: Intensive Accompaniment

- Carry out CHR training
- Deliver COPE to clients
- Strengthen inter-institutional coordination
- Solicit & incorporate ongoing feedback & evaluation

Phase 3: Supportive Accompaniment

- IHS & CHR programs take the lead on activities
- COPE helps to troubleshoot and strengthen partnerships
- Disseminate findings
- Finalize "COPE deliverables" for expansion

Unique Challenges

Technical Challenges

- IHS and Navajo Nation Division of Health track performance & health utilization data separately
- CHR's do not yet have access to the IHS Electronic Health Record (EHR)
- Certain teams that collaborate in one service unit may not work well together in another

Workforce Challenges

- Workforce shortage, turnover and temporary hires (providers, CHRs, CHR supervisors, trainers)
- Vacant positions and budget constraints
- CHRs overburdened and unable to prioritize their own work

Outreach Challenges

- Rural setting and geographic isolation of patients
- Poverty and unemployment
- Lack of basic services (running water, electricity) in many areas in Navajo Nation



Lessons Learned from Expansion

- 1) **Identify a champion** within the IHS system at each service unit; ensure that he/she and resources available to advocate for CHR's 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 be working knowledge or regular updates on the project, even if not directly involved;
- 3) **Scale-up process is different than initial pilot**: The intervention is better defined, resources are greater, making it easier to establish upfront 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 leadership.

Future Directions



The COPE Project will continue to partner with the Navajo Nation CHR Program and Navajo Area IHS in order to:

- Conduct COPE Program Evaluation to determine if COPE improves clinical outcomes & health utilization
- Respond to community health worker needs (resources, training, technical support)
- 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

