Community Health Workers: A Key Resource for Improving Care & Patient Experience for At-Risk Populations
August 11, 2015
12PM – 1PM

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QC Annual Meeting & Dinner

September 17th
Maple Hill Farm Inn
Hallowell, Maine

• Hear updates on QC's work.
• Learn about Franklin County's successful long-term public health intervention, with a presentation by JAMA study co-authors.
• Network with fellow QC Members.
Innovate, Improve Care & Receive Incentives: Join the Million Hearts Cardiovascular Disease Risk Reduction Model

August 18th
12:00-1:00 PM

Hear details on this exciting new initiative directly from Dr. Darshak Sanghavi, Director of the Preventive and Population Health Care Models Group at the Center for Population Health at the Centers for Medicare and Medicaid Services (CMS).

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After Today’s Webinar

• You’ll receive links to the slides and recording of today’s session this afternoon

• All QC Lunch & Learn webinars are archived on our website: www.mainequalitycounts.org/lunchandlearn
Today’s Presenters

**Vicki Foster**, Health Educator Supervisor at MaineGeneral’s Center for Prevention and Healthy Living, is lead for the Community Health Worker Pilot Project, oversees the center’s patient navigation function, and facilitates evidence-based programs.

**Barbara Ginley** is Project Director of the Maine Migrant Health Program.

**Theresa Gogan, LSX**, is employed by Spectrum Generations as an Aging and Disabilities Resource Counselor and as a Community Health Worker.
Maine Community Health Worker Initiative: Pilot Projects

VICKI FOSTER- MAINE GENERAL CENTER FOR PREVENTION AND HEALTHY LIVING

BARBARA GINLEY- MAINE MIGRANT HEALTH PROGRAM

THERESA GOGAN- SPECTRUM GENERATIONS

AUGUST 11, 2015
Community Health Worker

is a trained and trusted public health worker who is respected by the people they serve and applies his/her unique understanding of the experience, socio-economic needs, language and/or culture of the communities served to:

- Act as a bridge between providers and individuals to promote health, reduce disparities, and improve service delivery; and
- Advocate for individual and community needs

Maine’s SIM initiative is a state-led, federally-funded public-private partnership that seeks to develop, accelerate and test a set of innovations to transform health care delivery and payment.
CHWs are uniquely equipped

They typically reside in the communities they serve, and share the same language; ethnic, cultural and educational background; and/or life experience

Adapted from NM Dept of Public Health presentation
CHWs: Core Roles

1- Bridge the gap between communities and the health and social service systems
2- Promote wellness by providing culturally appropriate health information to clients and providers
3- Assist in navigating the health and human services systems
4- Advocate for Individual and Community Needs
5- Provide Direct Services
6- Build Individual and Community Capacity
CHW Progress to Date- Pilot Projects under SIM

- 4 pilots funded
  - 9 CHWs hired under project sites
  - Geographic diversity/representation
  - Over 400 patients served during Q2 2015

- Focus on SIM priorities- Triple AIM
  - Individuals out of care/in need of PCMH
  - Individuals with chronic conditions
  - Connecting to Social Determinants of Health
Maine CHW Pilot Projects

- Self Efficacy
- Patient Experience
- Connection to Medical Home / Appropriate Care
- Medication Management
- Connection to Cancer Screenings
- Chronic Disease Management
- DFD Russell
- Spectrum / Seniors Plus
- Portland Public Health

Maine CHW Initiative
TRIPLE AIM GOALS:

- Improve client experience and engagement in care
- Improve overall health
- Reduce healthcare costs
OUR CLIENTS:

- Elderly, disabled, and care-giving adults
- Dealing with chronic health conditions, memory issues or both
- Rural Somerset county and very northern part of Kennebec; Oxford and Franklin counties
WHAT WE PROVIDE:

- CHW with a special understanding of population being served
- Short term (2–4 month) care management
- Collaboration with healthcare providers
- In-home assessments and follow-ups
- Occasional transportation (Spectrum only) or accompaniment to health care appointments
FOCUS AREAS:

- Addressing basic needs
- Connecting to resources/benefits
- Healthcare & social service system navigation
- Elder Home Safety
- Medication management
- Insurance review/assistance
BARRIERS TO HEALTH:

- House lacks heat
- Forgets to take meds
- No money for meds
- Tripping hazards in the home
- Not enough food, or unable to cook
- No means of (or unreliable) transportation
- Literacy issues
Spectrum Generations and Seniors Plus

THEIR STORIES:

[Images of individuals associated with the project]
SPECTRUM GENERATIONS AND SENIORS PLUS

SUCCESSSES:

- Advanced Directives
- Ability to transport in special cases
- Medication comparisons
- Advocacy/System Navigation
- Eyes in the home for providers
CHALLENGES:

- Dementia patients with little or no family support
- Communication with primary practice
- Healthcare education/chronic disease self management recommendations
How can you envision CHW’s becoming a valuable part of your team?

Do you have patient challenges in mind that you could see CHW’s being a solution to?

Your thoughts... ideas... questions...
CHW Pilot
The Center for Prevention and Healthy Living
Goal: Link patients without a PCP to primary care  
Target: Patients who visit the ED and Express Care clinics

Goal: Patients carry an up-to-date medication list  
Target: All patients assisted by CHW

Goal: Enroll patients in evidence-based self-management and diabetes prevention programs  
Target: Adult patients with chronic disease or at risk for Type 2 diabetes

Goal: Increase colorectal cancer screenings in primary care practices  
Target: Patients overdue for colorectal cancer screening
Colorectal Cancer Screenings
Since October 2014

Agreed to a colonoscopy 171  Completed 103
Agreed to FIT 52  Completed 29

Increase in screening rates:

Practice 1 (8 months) 70% to 79%
Practice 2 (4 months) 56% to 62%
Barriers—CHW Pilot
January 1 — March 31, 2015

Health System
- Long time from patient agreeing to have colonoscopy and having appointment scheduled (78)
- Unable to reach a live person via phone, calls always go to voice mail, unable to provide warm hand-off (78)
- Patient chose health center for PCP due to poor customer service (1)
- Delay getting first appointment; practice asked for paperwork to be completed and received prior to scheduling (4)
- Previous colonoscopy/FOB not recorded in EHR (80)
- Unable to reach practice; no reply to email/voice message (3)
- No workflow for notifying CHW when colonoscopy is scheduled; results in searching EHR one at a time (78)
- Unable to schedule new patient visit with PCP because records not available from closed Manchester practice (3)

Community
- Lack of transportation prevented patient from attending appointment (16)
- Lack of transportation; Kennebec Explorer doesn’t go to food bank (1)
- Unable to obtain dentures:
  - Limited providers available in region
  - Prior Authorization from MaineCare needed, is a complex and lengthy process (1)

Individual
- Patient reluctant to have colonoscopy due to embarrassment and fear from stories of others’ bad experience (9)
- Literacy or clarity issues prevent patient from understanding complex instructions for prep (5)
- Unable to contact patient due to disconnected phone, number changed, other (75)
- Language barrier, limited or does not speak English (2)
- Hearing-impaired (1)
- Lack of follow-through (engagement) by patient (61):
  - Returning phone calls
  - Returning paperwork
  - Returning FIT tests
  - Picking up their mail

Patient
- Lack of access to health care
- Delayed health care service
- Dissatisfied with service
- Lack of patient engagement due to fear & mistrust
Testimonials from two patients

“(CHW) spoke up for me when I couldn’t speak for myself.“

“I needed teeth taken out, and she helped me with that. She hooked me up with Elmwood and the social worker. She helped me get rides.“

“The CHW is there when she says she’s going to be, she has a game plan and knows exactly what she’s doing. “

The Center for Prevention and Healthy Living
872-4102
What is a CHW?
MAINE CHW INITIATIVE- TIMELINE FOR YR 2

**Start-up of CHW Pilots**
Focus on initial stage of implementation including recruitment, training of CHWs and supervisors, and engaging patients.

**Mentoring/Supporting Pilot Projects**
Begin technical assistance and support to pilots – structured networking, case studies, resource sharing.

**Inaugural CHW Convening (6/3/15)**
In partnership with ME Minority Health Conference, bring together CHWs and allies from around ME to engage in learning and capacity building activities.

**CHWI Stakeholder Group**
Engage CHW allies and interested parties to develop formal recommendations on standardized training.

**Evaluation**
In partnership with strategic partners and JSI develop evaluation plan to focus on pilot implementation as well as capacity building.

**Reflection and Fine-tuning of YR 2**
Milestones for CHW Initiative

- Maine’s first CHW Convening in June with 175 attendees
- Model Spread Adoption
- Engagement of Payers
- Direct Care Worker Registry
  - Mandatory background check provisions
  - Voluntary registry for training, education and compliance purposes
Get Involved with Maine CHWs!!

ME CHWI Stakeholder Group

- Collectively building infrastructure to support CHWs with end goal of sustainability
  - Building blocks are necessary to developing financing mechanisms-i.e. Definition-Roles-Core Competencies-Standardized Training
- Providing platform for CHWs currently and in future to connect and network
- Sharing best practices/building “working” relationships
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QC Lunch & Learn Webinar Series

August 18, 12:00PM – 1:00PM
Special QC-Maine & New England QIN-QIO Webinar: Innovate, Improve Care & Receive Payment Rewards: Join the CMS Million Hearts Cardiovascular Disease Risk Reduction Model

September 1, 12:00PM – 1:00PM
Telehealth in Maine: Resources, Recommendations, and Reimbursement

Find more information and register:
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