



# COMMUNITY HEALTH WORKER ADDRESSING HIGH RISK DISABILITIES AND OLDER ADULTS

## **Spectrum Generations**

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# DISCLOSURE

- The presenter DOES NOT have an interest in selling a technology, program, product, and/or service to CME/CE professionals.
- Spectrum Generations and Seniors Plus has nothing to disclose with regard to commercial relationships.
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# What's the Big Picture?

SIM Grant (State Innovation Model) from the federal government (3 years) to transform the MaineCare healthcare system in Maine with the goal of the Triple Aim:

- increased population health,
  - increased patient experience and
  - decreased cost
- 
- Small piece of the transformation is to test the Community Health Worker model
  - **What is the question SIM is trying to answer in this test?**
    - Can the Community Health Worker model contribute to the Triple Aim?



# So What is the Community Health Worker Model?

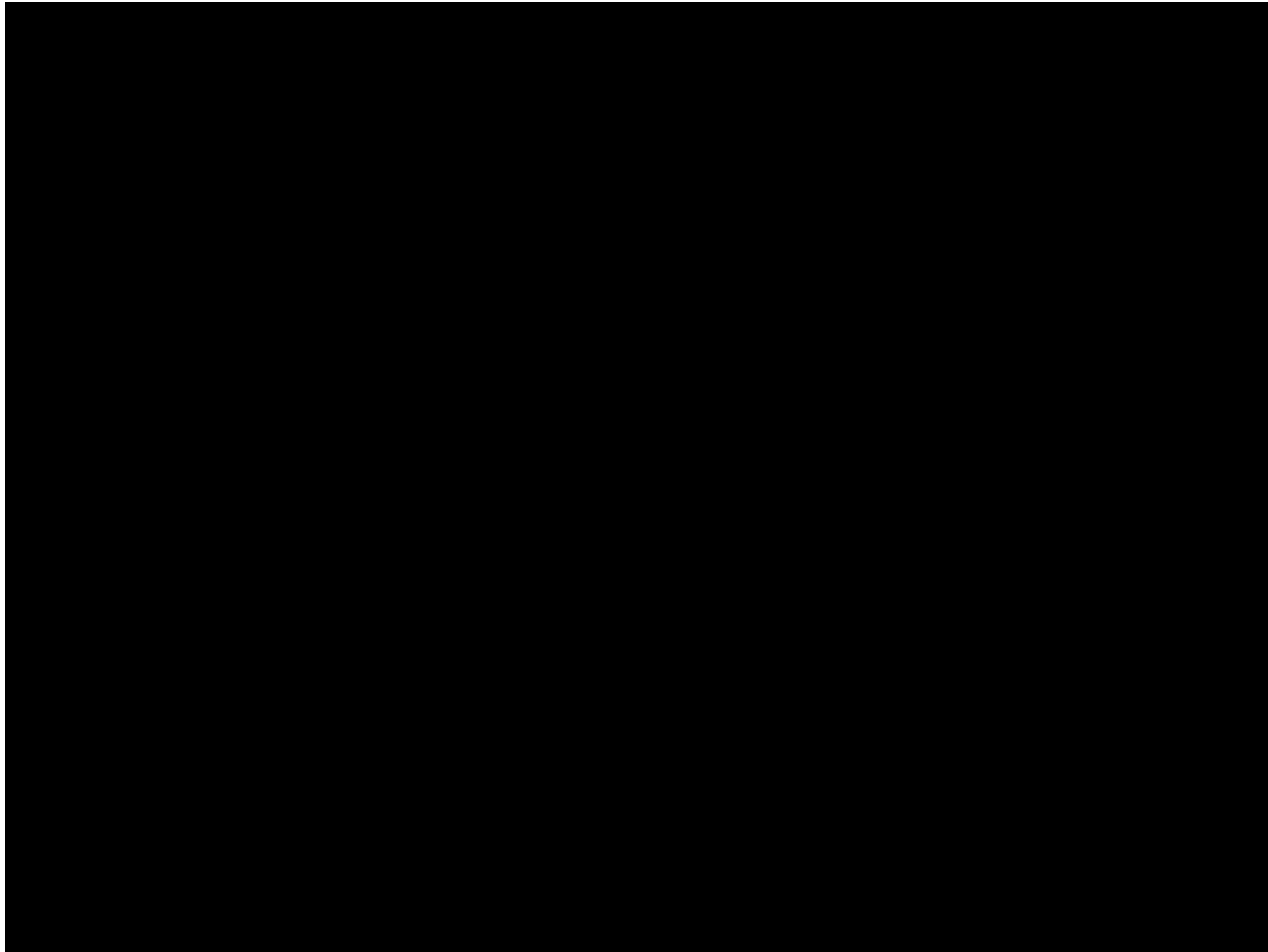
- A Community Health Worker model has been around for many years. In Maine, the major work has been with migrant workers.
- A stakeholder group has been working since 2012, to advance the model of the Community Health Worker and build the framework to make it statewide, consistent, with a training program.



# Maine's Definition of a Community Health Worker

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:

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



# The Community Health Worker Model

- Community Health Worker newly encouraged by the Affordable Care Act, and includes a mechanism for payment for this model.
- Theory is that a Community Health Worker (the non-traditional, non-licensed, community worker), as a part of the healthcare team, can do the community work (liaison, breaking barriers in the environment) at a lower cost than an RN or social worker.



# The 4 Community Health Worker Pilots in Maine

1. DFD Russell Medical Center, focusing on asthma and breast cancer screening.
2. Maine General Health (Maine General Medical Center), focusing on linking patients without a medical home, high urgent or ED use, opt out of cancer screenings, need medication education, need diabetes education, to medical homes and education.
3. City of Portland Public Health, focusing on those without medical homes, to enroll in health insurance, reduce hospitalizations, etc.





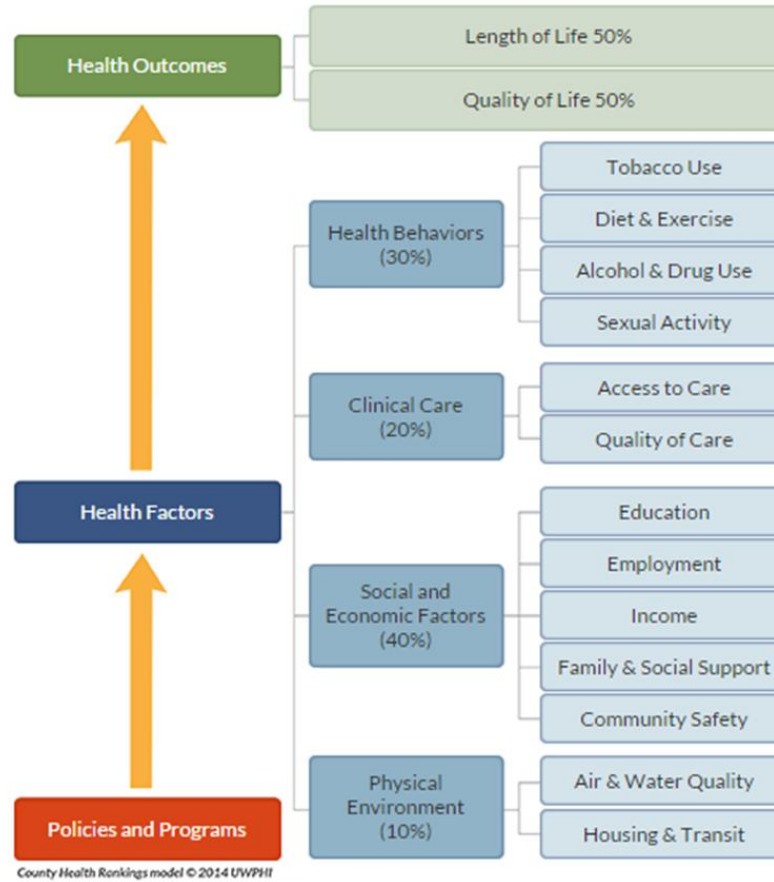
# And us

**Spectrum Generations** (Somerset, Northern and Southern Kennebec) and **SeniorsPlus** (Franklin and Oxford) counties, two Area Agencies on Aging.

Focusing on high-risk older adults, with chronic conditions, will reduce their risk/need for high cost interventions and resources.

We will link clients to providers and improve that relationship, promote wellness, medication adherence and self-management

The only project that is not directly connected to a healthcare provider. A community based organization.



University of  
Wisconsin  
County Health  
Rankings  
Model

# Health is...

Strength of our model is to care for the other segments to remove barriers to health, so our clients can take full advantage of the medical healthcare they need.

- Lack of transportation
- Can't see the meds
- Forget to take meds
- No money for meds
- Falls because of tripping hazards in the home
- Lack of food, or can't cook
- Family dynamics – no family, too much family!



## Maine Community Health Worker Initiative Training

- Under Maine's State Innovation (SIM) Project 4 chosen groups participated in a 45 hour Core Competency Certificate Course in November 2014.
- Developed by the Outreach Worker Training Institute (OWTI) in Massachusetts.
- Training participants were: Spectrum Generations, Seniors Plus, DFR Russell, Maine General Health and the City of Portland Public Health.



## Spectrum Generations & SeniorsPlus Performance Measurements

- Clients referred to CHW without a PCP will secure a medical home.
- Clients referred to a wellness program or community resource by a CHW will enroll in the program or receive the benefit.
- Clients enrolled in CHW intervention will see a decrease in ED visits based on self reporting.
- Increased self-efficacy (questions on pre-post survey)
- Those with medication non-compliance will receive tools to fix and have a reconciled list with PCP
- Improvement on Crisis to Thriving Scale



## BUILDING PARTNERSHIPS & OUTREACH

- Organizational relationships MOU's were established – Out reach by Supervisors to contact area providers and hospitals. **Spectrum Generations** – Elder Independence of Maine (EIM), Somerset Public Health, Health Reach, Eastern Maine Beacon, and Redington Fairview General Hospital.
- **SeniorsPlus** – EIM, St. Mary's Healthcare, Androscoggin Home Care and Hospice.
- Need a Resource –Have a Resource Meeting with those who have a need and to Provide an overview of resources the CHW pilot can offer
- Explaining the process of referrals to our agencies are made by calling the agency or each agency offers secure electronic referral capability
- Once the referral is received the CHW contacts the individual to introduce and arrange a time to meet with the client for an assessment

- In community health work, assessment is a process of learning about the client's **needs, priorities, barriers, challenges, strengths and resources** related to health and social services.
- The role of the CHW is to:
  - Obtain information
  - Analyze information
  - Develop a service (action) plan that is person-centered, focused on their stated needs

- Meet with the client
- Program overview with the client
- Release of Information (ROI) signed, with an agreement to be in the program, pre survey completed, pre crisis to thrive completed, a letter to be sent to the Provider
- Discussion of barriers and goals
- Client priority of goals
- CHW assessment completed ( a several page document)



- At Spectrum Generations the CHW contacts the Providers office to obtain the latest medication list.
- CHW compares the medication list with what medications the client has at home.
- Any discrepancies identified are written down and faxed back to the Providers office.

## Common Areas Addressed

- Advanced Directives
- Medication management
- Relationship with their Provider
- Falls risk assessment
- ED visits
- Overcoming barriers and bridging gaps

## Common Areas Addressed

- Concerns medical or social issues
- Coordinate services
- Find solutions
- Engage community resources
- Family relationships

- Once the Action plan is developed a copy is sent to the Provider and is reviewed with the client.
- The CHW may follow the client to finalize work in a 3 -6 month time span in order to wrap up this clients needs.
- Post Survey follow up is sent out.

# Case Studies



- Only since December 2014
- Medication discrepancy with almost every client
- PCP grateful for eyes in the home
- Establish rapport by being in the home vs. phone conversation
- Health literacy and English literacy is huge!
- Medicare applications – savings programs

- Don't understand their health insurance
- Meals on Wheels
- How many Advance Directives
- Connecting with local pharmacies
- Family dynamics – involvement
- Coordination of care
- Patient empowerment in changing relationship with PCP/healthcare providers.
  - How to ask the questions
  - They have options

# Questions



Thank you