



Cross-site Evaluation of the Use of Patient Navigators and Community Health Workers in Healthcare Delivery

PiER: Allison Maytag, MPH; Jenn Barrow, MSPH; Cheryl Kelly, PhD; Marisa Allen, PhD



COLORADO
Department of Public
Health & Environment



Who We Are

Partners in Evaluation & Research (PiER) Center housed at Kaiser Permanente's Institute for Health Research

PiER's mission is to implement collaborative and meaningful evaluation and research by:

- designing projects which answer relevant evaluation questions
- providing results that help organizations learn and take action
- building the capacity of organizations to conduct evaluation



Outline

- Overview of patient navigators and community health workers in Colorado
- Overview of cross-site evaluation of PNs and CHWs
- Cross-site evaluation results

Patient Navigators and Community Health Workers in Colorado

Patient Navigators (PNs)

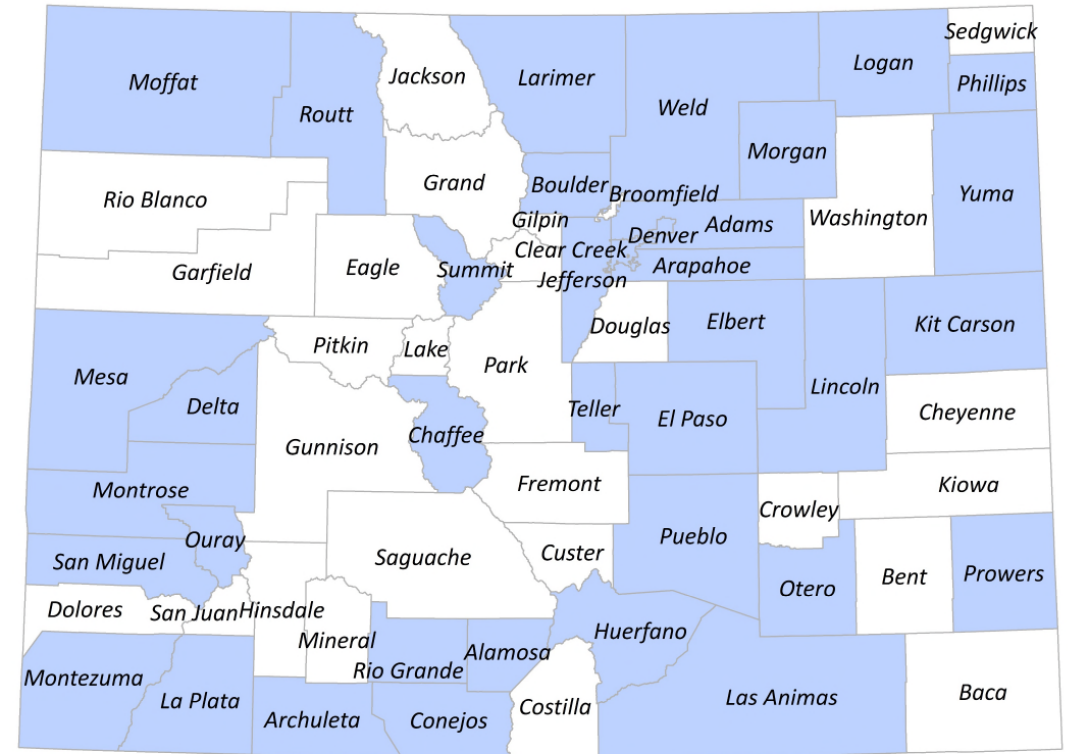


Community Health Workers (CHWs)



Patient Navigators and Community Health Workers in Colorado

- Cancer, Cardiovascular, and Pulmonary Disease (CCPD) Grants Program funded 7 grantees for PN/CHW work
- 5 grantees participated in an in-depth, cross-site evaluation of patient navigators and community health workers
 - 4 used PNs
 - 1 used CHWs
- Health outcomes included colorectal cancer screening, team-based care, asthma coordination, and care for cardiovascular disease



Evaluation Questions

1. How does engagement with the PN or CHW model impact health systems/organizations?



2. What are the processes to reach patients and clients through the PN & CHW model?



3. What impact did PNs & CHWs have on care and use of services?

Evaluation Methods: Semi-annual reporting

Every 6 months, grantees reported aggregate data

- # of patients/clients referred (or outreached) & # referred (or outreached) by medical or non medical resource
- # of services received by patient/client & type of services
 - Evidence-based intervention (e.g., Diabetes Prevention Program)
 - Medical resource (e.g., health insurance, dentist)
 - Non-medical resource (e.g., transportation, food bank)
- # & type of patient/client barriers assessed

Evaluation Methods: Key Informant Interviews

Spring of 2016 (16 interviews) and Spring 2018 (15 interviews)

Purpose was to understand:

- 1) strategies to reach target populations through PN/CHWs
- 2) how health systems work with PN/CHWs and the impact on their health system/organization
- 3) to learn about the barriers and facilitators when utilizing PN/CHWs

Evaluation Methods: Workflow Content Analysis

Grantees submitted workflows with step-by-step protocols for PNs and CHWs to work with patients and clients

Purpose was to understand:

- 1) the integration of PNs and CHWs into the organization by assessing the roles of the PN or CHW
- 2) how PN or CHWs collaborate with other health professionals
- 3) PN or CHW access to clinic resources such as patient registries or electronic health records

Evaluation Methods: Patient Satisfaction Survey

156 surveys were administered by PN grantees

- Purpose was to assess patient satisfaction with their PNs
- Each grantee administered their own survey
- To synthesize the data across the tools, the questions were mapped into knowledge, attitudes, behaviors, and satisfaction with the PN and reported as positive or negative responses

Evaluation Questions & Methods

Semi-annual
report data



1. How does engagement with the PN or CHW model impact health systems/organizations?



2. What are the processes to reach patients and clients through the PN & CHW model?



3. What impact did PNs & CHWs have on care and use of services?

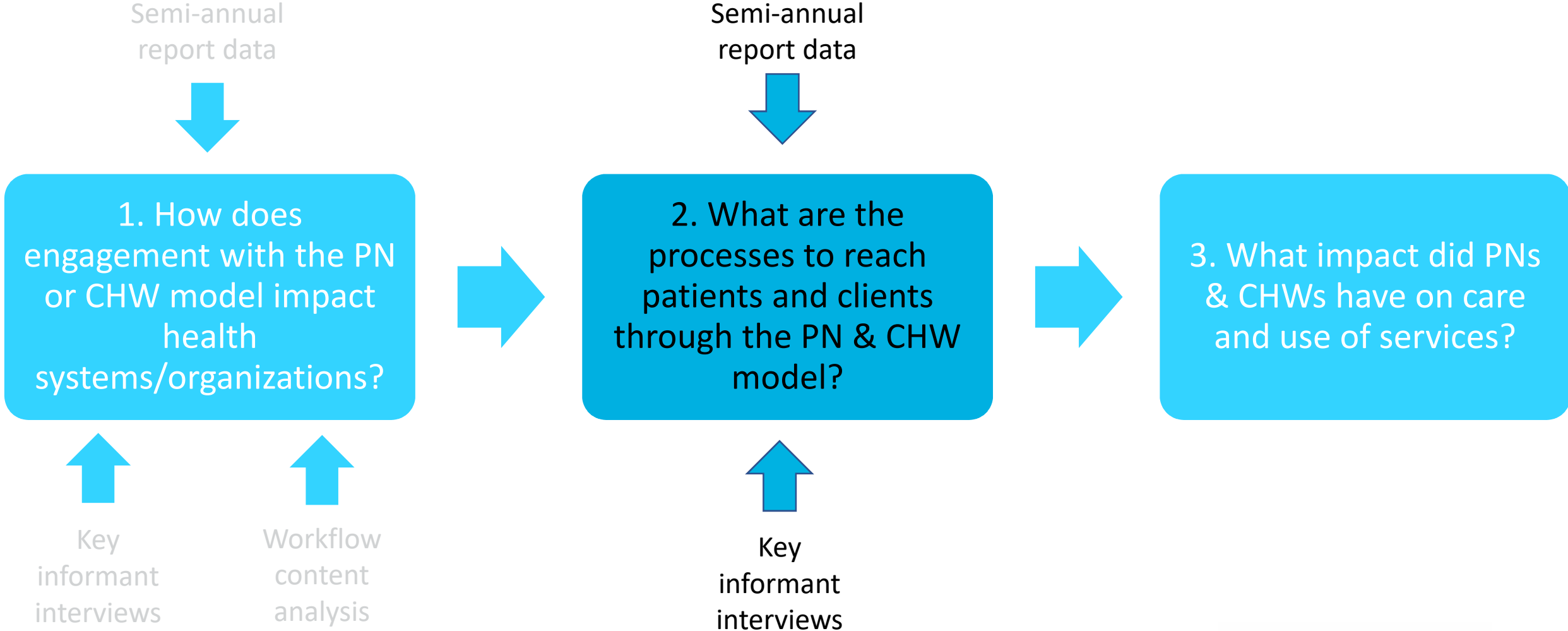


Key informant interviews

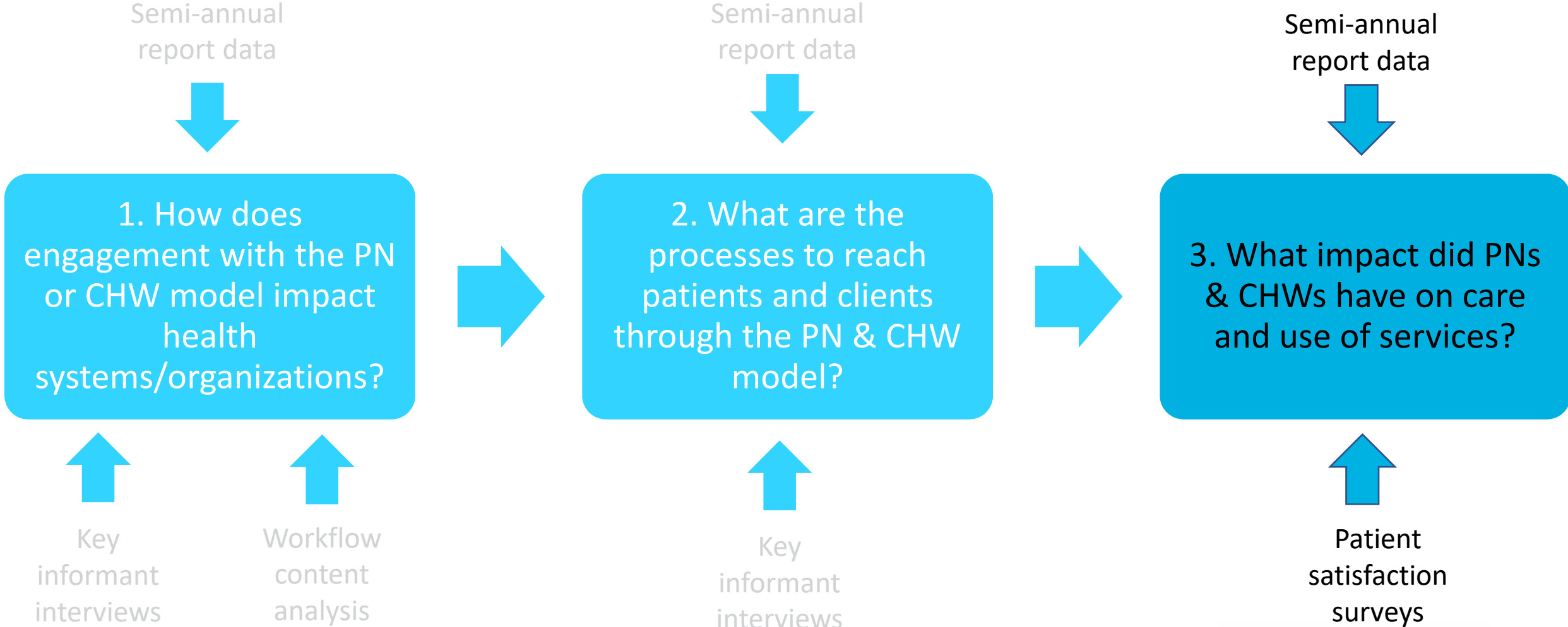


Workflow content analysis

Evaluation Questions & Methods



Evaluation Questions & Methods

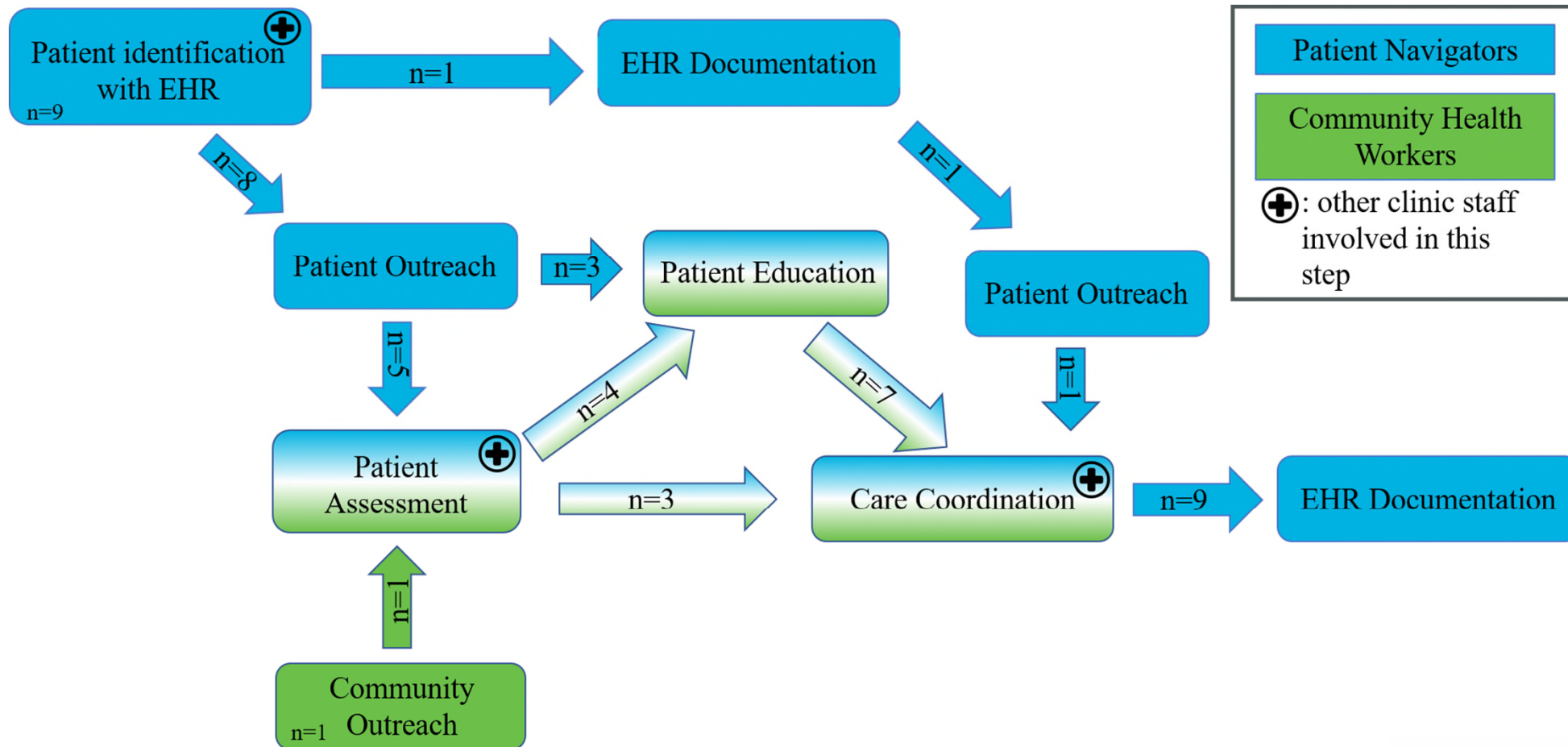


1. How does engagement with the PN or CHW model impact health systems and organizations?

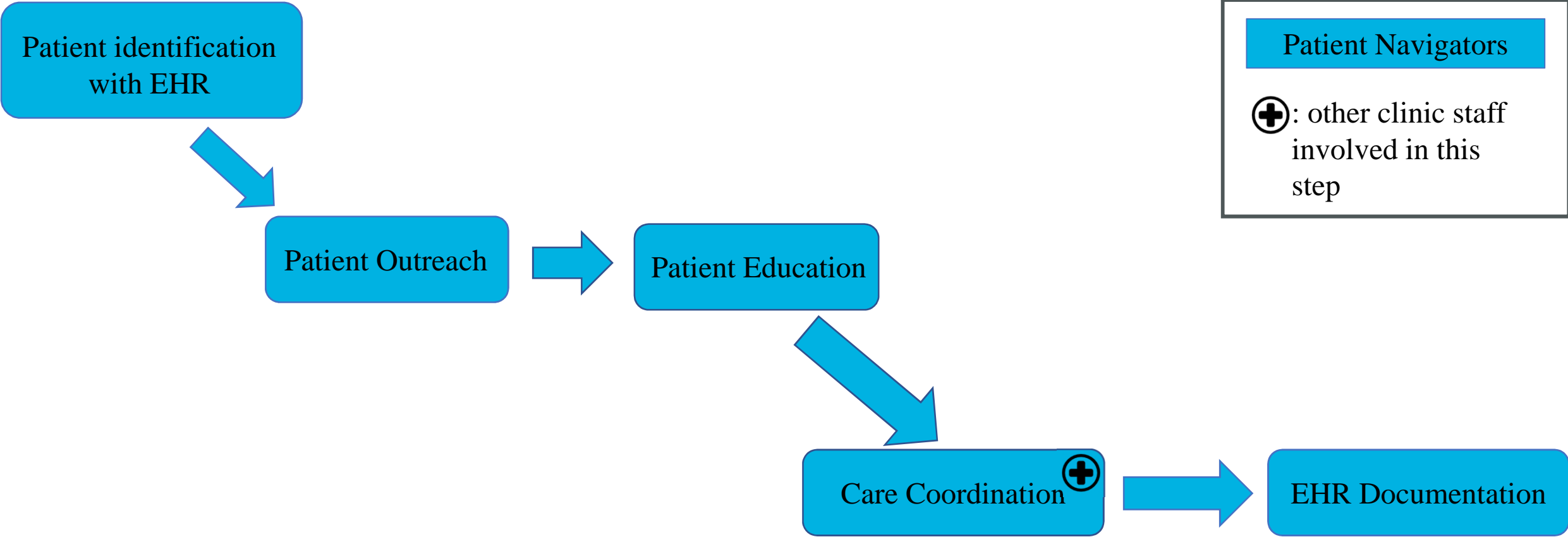
1a. What is the process to integrate PNs or CHWs into the system?

1b. What are barriers and facilitators to implementing a PN or CHW program?

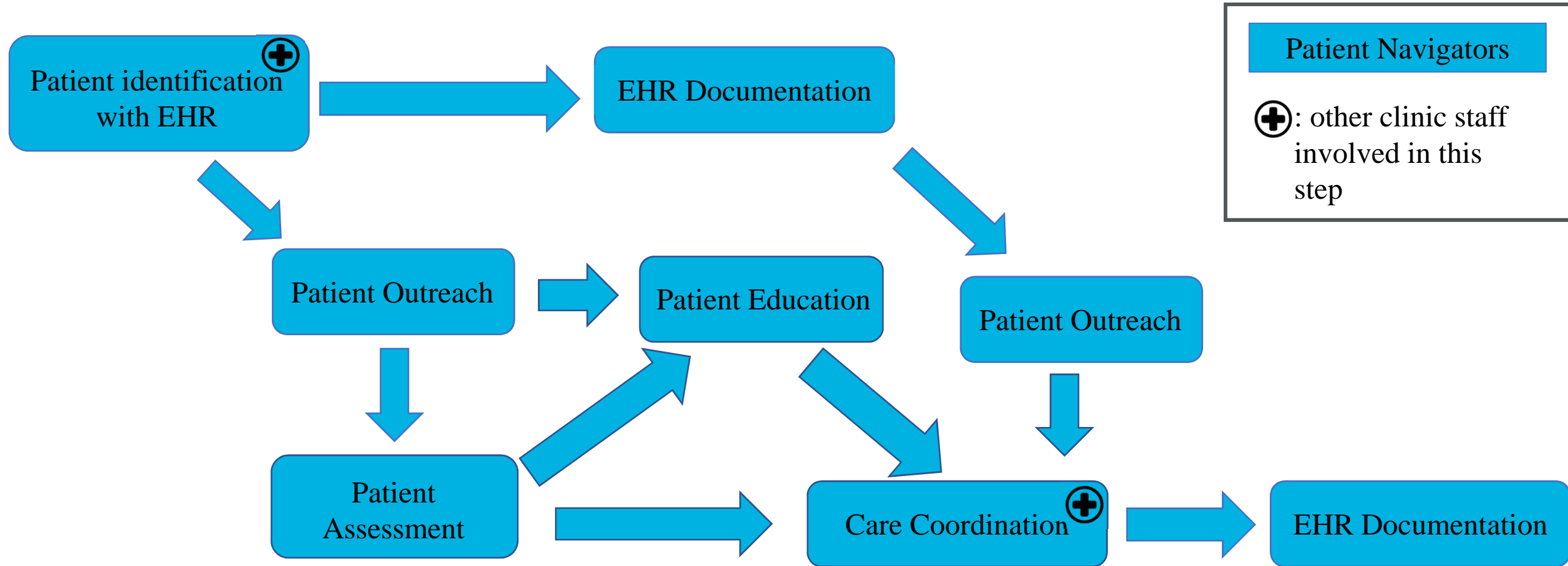
1a. What is the process to integrate PNs or CHWs into the system?



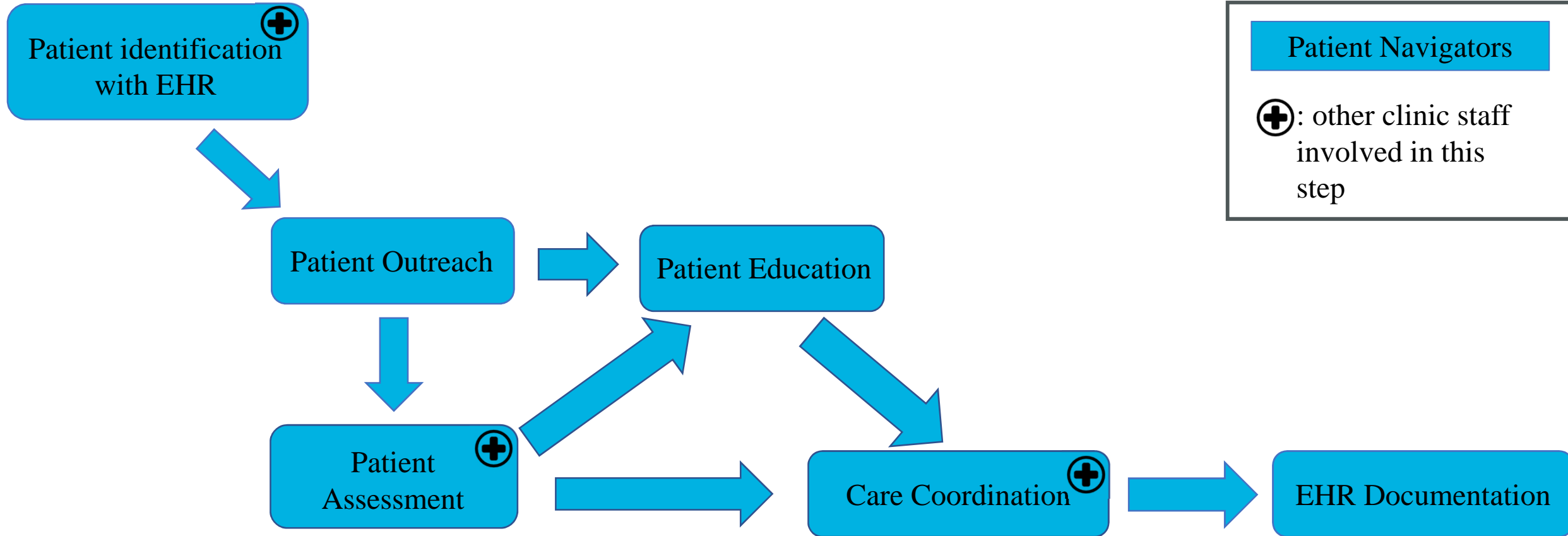
PN roles within clinics: Patient Callbacks



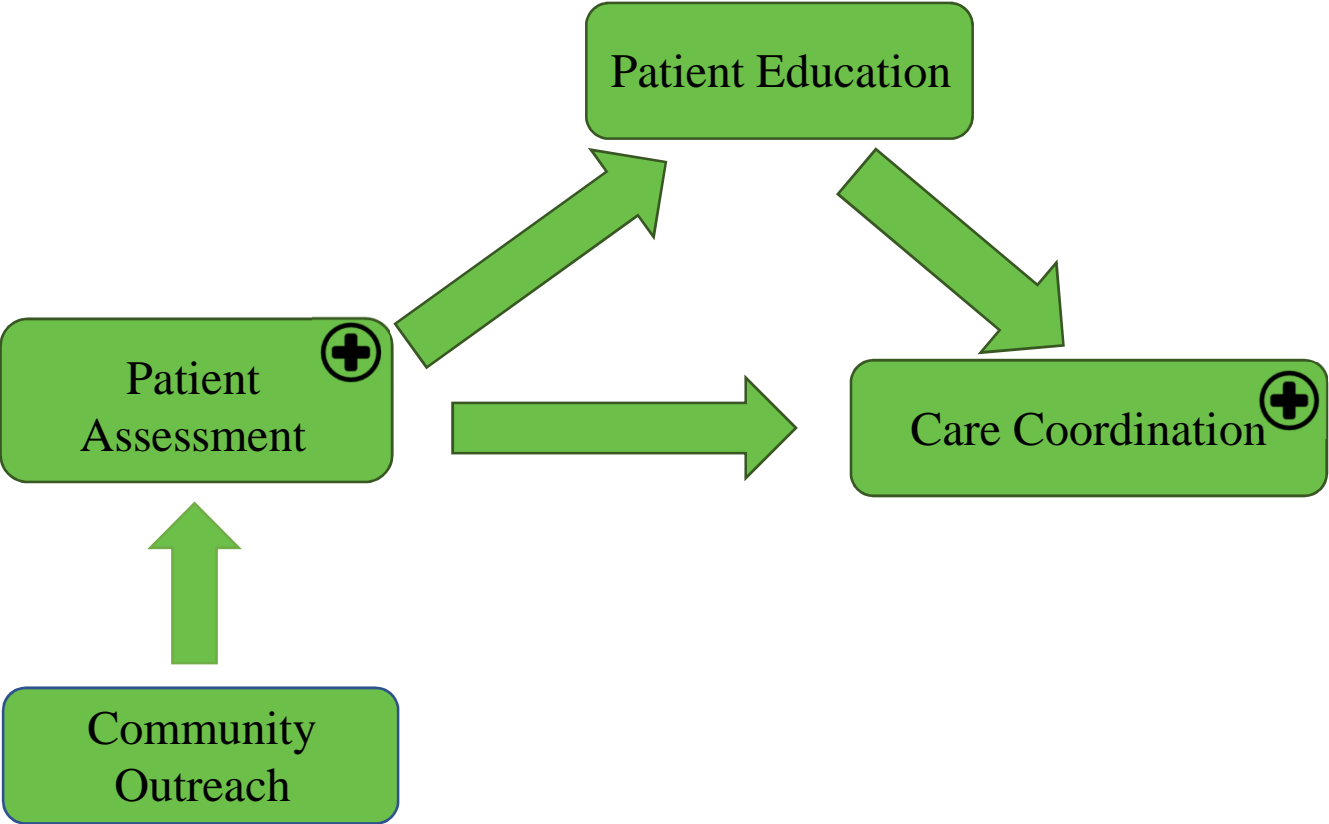
PN roles within clinics: Case Management



PN roles within clinics: Direct Patient Care



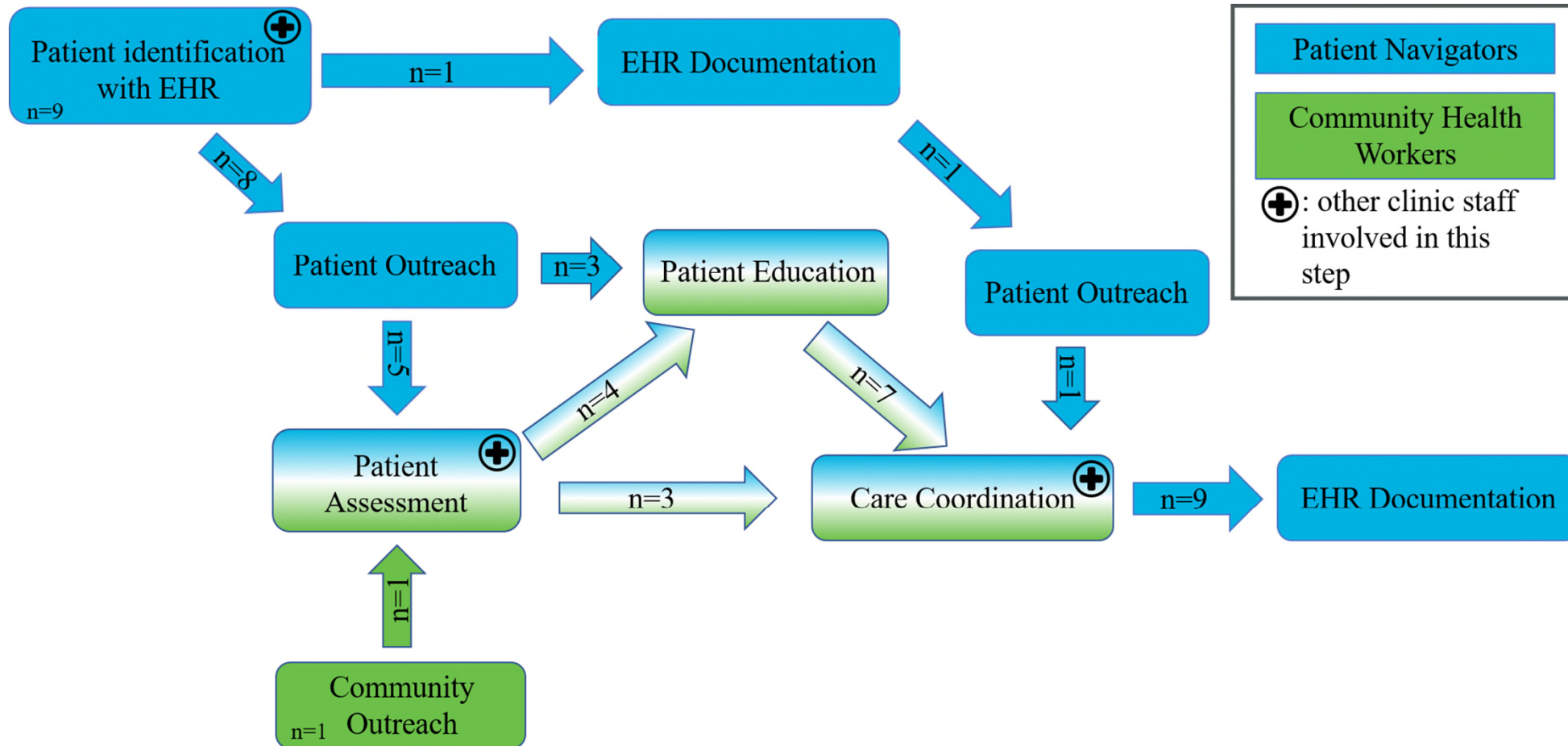
CHW roles within clinics



Community Health Workers

⊕: other clinic staff involved in this step

1a. What is the process to integrate PNs or CHWs into the system?



1b. What are the barriers and facilitators to implementing a PN or CHW program?

Facilitators

- Formal and informal processes to integrate into the system
- Processes for documentation

Barriers

- Leadership or provider turnover
- Disengaged clinic staff
- Program cost

Opportunities for improvement

- Additional training in cultural competency for PNs and CHWs
- Training in best practices for clinic staff

What did clinics say about working with PNs and CHWs?

“Any patient that is self-pay or we know that has issues with coverage, we try to arrange for them to get their blood work done with the CHW and then she brings up the paperwork. **...we can utilize all the work that the CHW did.**”

“Providers just started seeing it as like this is a vital part of the visit...I think it was just a little bit for her to be seen as an asset and as someone that should be in the room. ... It's been very effective.”

2. What are the processes to reach patients and clients through the PN & CHW model?

2a. How are patients identified and recruited?

2a. How are patients identified and recruited?

This is a key distinction between PNs and CHWs

- ✓ All PNs in this evaluation were connected to patients through medical resource referrals

Clinics and providers used several common patient identification processes:

- ✓ Review of patient registries
- ✓ Advance review of patient schedules
- ✓ Team care approach
- ✓ Provider referrals
- ✓ Warm handoffs from providers

2a. How are patients identified and recruited?

“A lot of it is warm handoff from providers, when the patients are in office and the provider will tip me off if they need some help. I also go through the provider’s schedule for each day ...and I add patients that I see, who may have a chronic illness or whether they are having trouble showing up for appointments or anything that I see might be an issue or something I can assist them with...then I just chat with them while they’re already here for an appointment.”

--Patient Navigator

2a. How are clients identified and recruited?

This is a key distinction between PNs and CHWs

- ✓ CHWs tend to “stomp the pavement” to identify and recruit

Community-based organizations, businesses, and health care providers used common patient identification processes:

- ✓ Community partnerships and outreach
- ✓ Participation in community events
- ✓ Partnerships with Worksite Wellness programs
- ✓ Bi-directional referral processes with clinics

2a. How are clients identified and recruited?

“I work with businesses, schools, churches, national parks, public lands. I try and go out and screen two or three times during the week as well as I do screenings in my office. So it’s available to people at their work, which I’ve found to be really successful ... I guess the bosses in the position think – feel like this is a beneficial program they’re offering to their employees, and so I just go into the workplace and do it as well.”

--Community Health Worker

3. What impact did PNs and CHWs have on care and use of services?

3a. What services and resources did patients and clients utilize?

3b. How does the PN & CHW model impact patient or client satisfaction?

3a. What services and resources did patients and clients utilize?

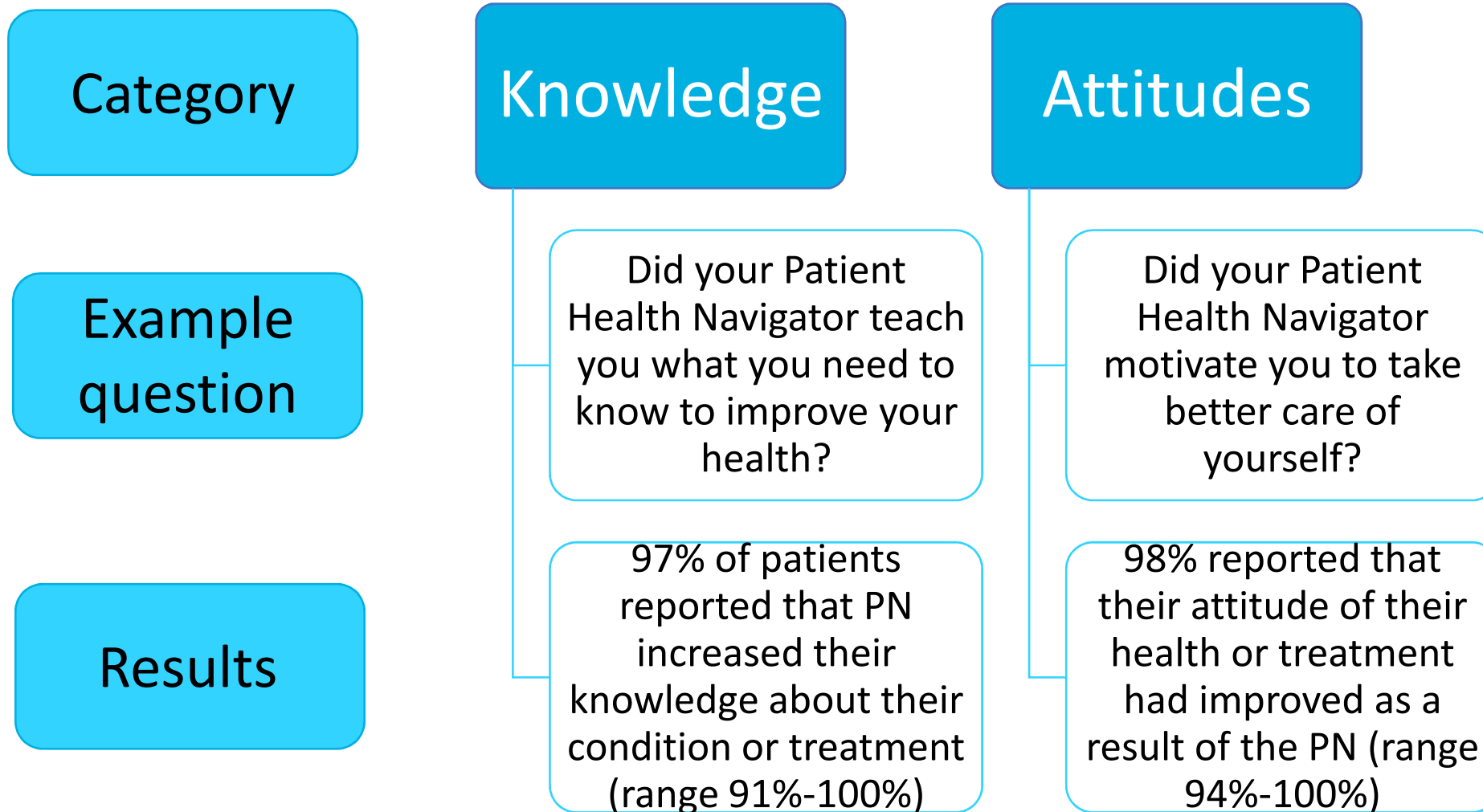
Services provided:

- ✓ PNs tended to provide more health risk assessments and provide health education than other services

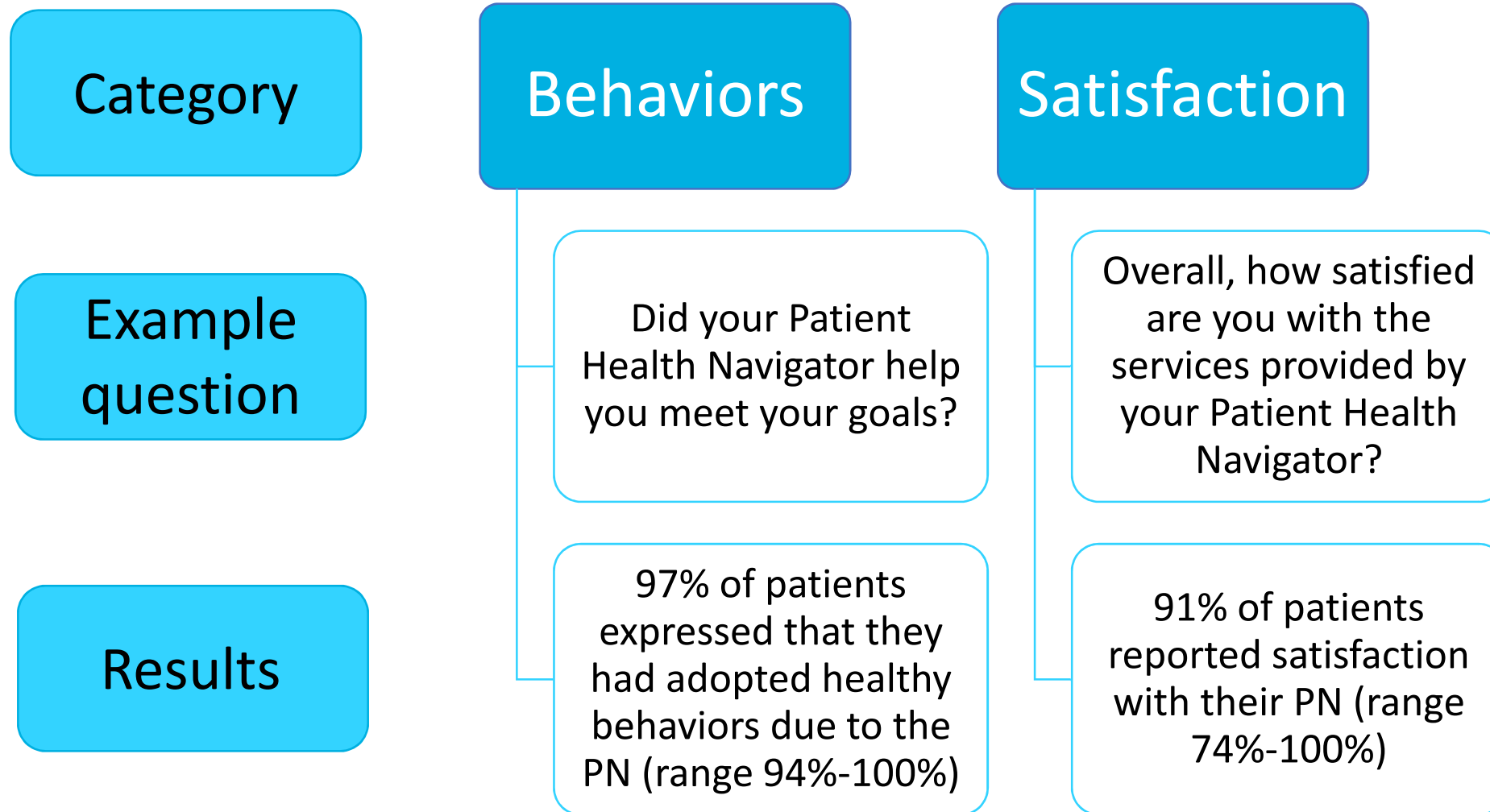
Resources provided:

- ✓ Higher % of referrals by PNs and CHWs to medical resources (compared to evidence-based programs and non-medical resources)

3b. How does the PN & CHW model impact patient or client satisfaction?



3b. How does the PN & CHW model impact patient or client satisfaction?



Key takeaways

- PNs and CHWs provide a variety of services and referrals
 - Opportunity to increase referral to evidence-based programs and non-medical resources
- Overall patients and clients are satisfied with PNs and CHWs
- PNs and CHWs operate differently including how they connect with patients/clients
 - CHWs are not currently connected to patient registries or electronic health records
- Leadership support is critical to the success of integrating PNs and CHWs into the workflow

Acknowledgements

- This work was supported by the Cancer, Cardiovascular, and Pulmonary Disease Grants Program at CDPHE
- Many thanks to Vantage Evaluation for their work on the key informant interviews
- Thank you to the PiER Center evaluation team for their support, advice and hard work