



Community Health Briefs

Community Health Worker: Medicaid Population — HealthPartners

Innovation Strategy

HealthPartners had a goal to create a sustainable model of care management that transcends the unique social and cultural-specific needs of the Medicaid population through an enhanced engagement strategy. This involved outreach by a culturally competent community health worker (CHW) as part of the care team. The CHW model developed and implemented focuses primarily on increasing access to care through community outreach and connecting patients to the care system.

As a mediator between health services and the members of diverse communities, the intent of the model is to improve health through education, support and appropriate use of health care services. Through a collaborative effort with HealthPartners care delivery, disease and case management (DCM) and CommonBond Communities, an affordable housing organization, the CHW intervention is applied to a targeted community to facilitate reduced emergency room utilization, improved connection with primary care and member engagement in DCM services as appropriate.

Root Determinants of Health Addressed in This Initiative

- Health Literacy
- Mental Health
- Education
- Preventive Services
- Acute Care
- Chronic Disease

Program Description

In July 2015, HealthPartners DCM launched a pilot to assess the impact of the CHW within a targeted population. The pilot initiated by DCM was in collaboration with the HealthPartners Midway Clinic and Center for International Health and CommonBond Communities.

The goal was to support at-risk populations in managing their health, including bridging language and cultural barriers.

HealthPartners Medicaid data analysis determined opportunities to support

members based on demographic information, primary care utilization, inpatient and emergency department utilization and diagnoses. A specific apartment building, owned by CommonBond Communities and located near the Midway Clinic, was determined to have a high population of HealthPartners Medicaid members. The health profile of this population demonstrated high utilization of the emergency department for primary care, hospitalization and lower use of a primary care clinic. A deeper analysis showed a high population of Somali descent.

“What made this program successful, in my view, were the patients who allowed me to be in their homes, be open to what I had to say, and also upfront about their needs. Now, armed with what they have learned, they choose to call the clinic and wait an extra day to be seen by the doctor instead of going to the ER.” – Community Health Worker

HealthPartners approached CommonBond Communities to partner on the CHW pilot for residents of the building. The three partners developed the model and HealthPartners hired and trained a CHW who shared the same language, ethnicity and life experiences as the target population.

The primary goals of the model included:

- Better patient experience and higher engagement
- Decreased avoidable admissions and readmissions
- Decreased avoidable emergency department use

Specific CHW interventions included:

- Provide education on access and preventive care
- Facilitate primary care provider appointments and attendance
- Connect and collaborate with resources available to the patient:
 - Disease and Case Management
 - Primary care at the nearby clinic
 - CommonBond Communities resources
 - Community Relationships

Results

The initial pilot included 112 patients with 79 members reached for intervention at the clinic, in their home or by telephone (71 percent engagement), as compared to an average engagement in DCM of around 30 percent for Medicaid recipients who are served by telephone.

Collaboration in the following ways ensured success:

- CommonBond Communities
 - The CHW participated in programs such as weekly exercise and monthly food distribution, which allowed her to meet patients and be visible in the community.
- HealthPartners Midway Clinic
 - Doctors and nurses at the clinic introduced the CHW to patients and provided space for the CHW to meet with patients outside of their homes. The CHW was able to attend clinician meetings to give feedback and answer questions.
- HealthPartners health plan (Disease and Case Management)
 - The health plan led the partnership, development and implementation of the program as well as an evaluation to enhance the program during the implementation stage. The CHW's input played a key role in program enhancements.

The pilot resulted in cost savings from reduced emergency department visits, non-emergent visits and admissions for the intervention population. HealthPartners is expanding the CHW program to another CommonBond Communities property in the future.

Contact Information

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