STUDY RESULTS: THE HEALTH CARE HOME MODEL IN BERNALILLO COUNTY

COMMUNITY, NAVIGATOR, PROVIDER & ADMINISTRATOR INPUT

A health care home is a model, adopted by clinics and hospitals nationally and locally, that has been shown to improve care delivery and outcomes for vulnerable patients.

How close are we to a health care home in a primary care setting for vulnerable adults in Bernalillo County? Community members, navigators, providers, and administrators weigh in.

ELEMENTS OF A HEALTH CARE HOME

DEMOGRAPHICS

17 Interviews → Providers/Administrators

6 Focus Groups → 20 Navigators → 35 Community Members

8 Spanish-speaking Immigrants - Southeast Heights
1 Spanish-speaking Immigrants - South Valley
10 Formerly Incarcerated
6 Native American

Gender
66% female
34% male

Age
37% 20-49 yrs old
29% 18-19 yrs old
14% 50+ yrs old

Education
54% < High school
46% High school diploma

Household Income
57% < $10k/yr
37% $10k-$20k/yr
6% $21k-$30k

Insurance
54% Uninsured
26% UNM Care
9% Medicaid
5.5% SCI
5.5% Private

Clinic Visits
40% >6 times in last year
37% 1-2 times in last year
23% 3-5 times in last year

STUDY DEFINITIONS

HEALTH CARE HOME - a clinic-based health care setting where vulnerable adult patients have regular health care providers and where the care is accessible, coordinated, comprehensive, delivered with quality and safety, and patient-centered.

VULNERABLE ADULT - person in need of health care but who is not regularly accessing it except in emergency rooms or similar settings. Experiences personal or situational circumstances that places him or her at increased risk.

NAVIGATOR - currently works as a community health navigator assisting vulnerable adults for the Pathways to a Healthy Bernalillo County program.

FINDING #1: WE WANT A HEALTH CARE HOME

Community members want a health care home. Providers, administrators, and navigators want to provide it.

THOUGHTS ON THE DEFINITION OF A HEALTH CARE HOME

All providers/administrators accepted the definition* and want to adopt it

"I hope it's the model we pursue. There's evidence behind it to improve overall health care and the community as a whole."

"It's a goal we're working toward."

"If they did it it'd be great. That's what we've been looking for. A clinic that in reality gives us the information we want."

"That's what should happen."

Most community members and navigators accept the definition* as desirable

*Definition used for the study

WHAT'S MOST IMPORTANT IS ...

Organization
- Things done on time
- Sufficient # of staff
- Work as a team
- Have funding
- Organized

Safety
- Confidentiality
- A concern
- Privacy

Quality
- A concern

Communication
- Verbal & written
- Pulse awareness
- With patients
- Among staff

Patient-centered Care
- Follow-up, exit interview, referrals, plan
- Welcoming and respectful
- Education and prevention
- Not a guinea pig

Whole Person Care
- Care for more than what you came in for
- Integrated behavioral health
- Personal connection
- Cultural services
- Family-oriented
- Partner in care

Access
- Easy to get into care
- Easy to use services
- Navigator available
- Cost

Continuity
- Same provider each time
- Provider isn't a student
- Everything in one place
- Established patient
- Records available

Top reason for providers/administrators and navigators

Top reason for community members

*Descriptors of elements based on participant comments

"It's almost getting to the idea of before when a doctor would go to a patient's home. They don't go to the homes anymore but [the patient] comes to the clinic with the idea that we have that personal relationship."

"It's patient driven. We go based on their needs. We take care of their needs at that site ... We keep the patient in the center of their care."

"...if there was that kind of immediate connection where you go to a clinic and they get you in."

"If I have an appointment, I shouldn't have to be there all day."

"People just need some connection that's consistent and reliable."

OUR RESPONSIBILITIES (community members)

Be honest
Get involved
Support the team
Keep appointments
Share what's not working
Call to cancel appointments
Don't take advantage of free services
Clearly explain your situation and needs
Help inform people that it's a good place
Keep going to the same clinic but if you change clinics let them know

Stick with it
Ask questions
Get there on time
Take care of yourself
Take your paperwork
Follow doctor's instructions
Take care of your health care home
Pay for what you can or make payments

FINDING #2: WE ARE FAR FROM A HEALTH CARE HOME

Currently available primary care for vulnerable adults falls short of being a health care home. This despite efforts by providers and administrators to incorporate health care home elements into their clinics.

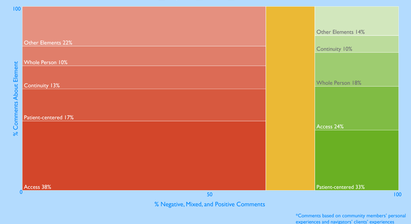
"I think they just treat you like that because you're on Medicaid."

"I feel like this: There's no other business in the world where you can treat people like crap, charge them an exorbitant amount of money and ... they'll keep coming back! There's your business."

"Sometimes even thinking about going to the clinic or hospital is truly frustrating. Hours go by. You're there for such a long time."

"You literally have to snap to get what you need. If you lose control then they might [help] so you can see somebody but other than that, you wait to see."

CURRENT EXPERIENCES WITH PRIMARY CARE (community members and navigators*)



*Comments based on community members' personal experiences and navigators' clients' experiences

BARRIERS TO HAVING A HEALTH CARE HOME

community members and navigators

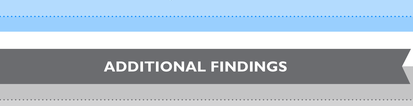
difficulty understanding and communicating
discrimination, racism, stereotyping
transportation challenges
lack of legal documentation
lack of $

providers/administrators

necessary role changes not accepted
technology
other
staffing challenges
continuity
current system of reimbursement
lack of places to refer patients
lack of financing

WHERE DOES PRIMARY CARE FOR VULNERABLE ADULTS CURRENTLY FALL?

Median scores: All participants 39.5 | Community members 44 | Navigators 40 | Providers/Administrators 25



ADDITIONAL FINDINGS

INNOVATIVE HEALTH CARE HOME EFFORTS PROVIDE OPPORTUNITIES FOR LEARNING AND REPLICATION

exit interviews

holistic medicine options on site

housing programs

teach student providers to navigate for patients

education classes for patient, provider, and family all together

HAVING AN ADVOCATE* MAY BE ESSENTIAL FOR HEALTH CARE HOME SUCCESS

"There's almost got to be like that one other person at that place who you can be like, "Here's this person." And, "You're gonna take care of them and help them so that I don't have to be here each time." I feel like if I can establish that relationship then that helps a lot."

Navigators should be part of the team as opposed to being seen as someone from the outside.

"So we need the ability to reach out to the patient in the community where they live. And how you do that? ... We need quick access to community navigators and CHWs."

"There are a number of people with serious mental illness, extreme poverty that have a difficult time accessing care ... They're not able to pass that barrier to sign up for services they qualify for. [They] need to be reached out to with navigators."

"She'll take me, we'll go. She'll help me with whatever. But not everybody has that. There needs to be somewhere where people can get that when they don't know where to go and they don't know what to do."

Having a navigator is a key part of making a health care home happen.

*Includes navigators, community health workers, social workers, case managers, and patient advocates

For more information about the study: http://hsc.unm.edu/community/uhp/

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