Health Navigation:
a community utility to maximize resources

Dallas County Public Health

December 2012

2008

Medical Home conversations with stakeholders & key informants led to recurring themes:

- Access to care
- Confusion regarding community resources

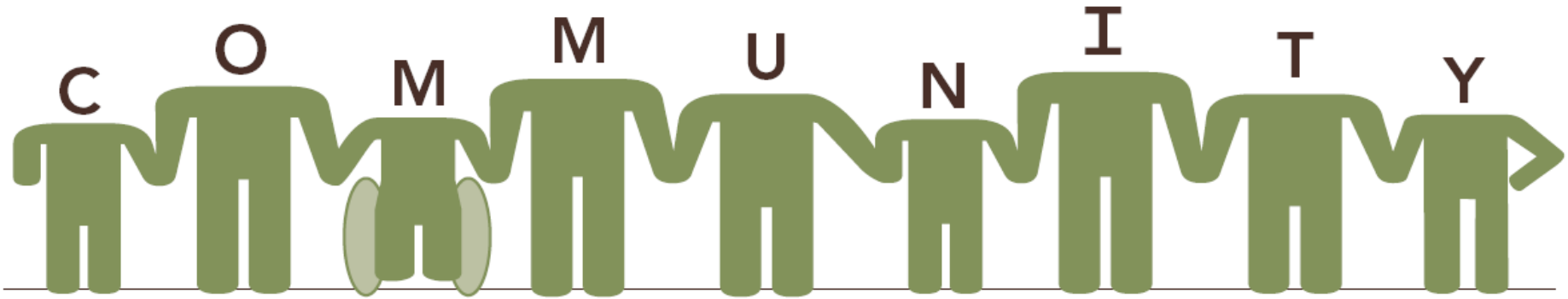
“ *. . . patchwork of programs/resources with no central point of information or coordination*”

2009

- Dallas County on-line Resource Directory
- Dallas County Partnership for Health determined need for a Health Navigator

"*Residents of Dallas County will have access to available resources in the county through one point of contact, with emphasis on timely referrals, fewer steps to receipt of care, efficiency, increased options and improved outcomes.*"

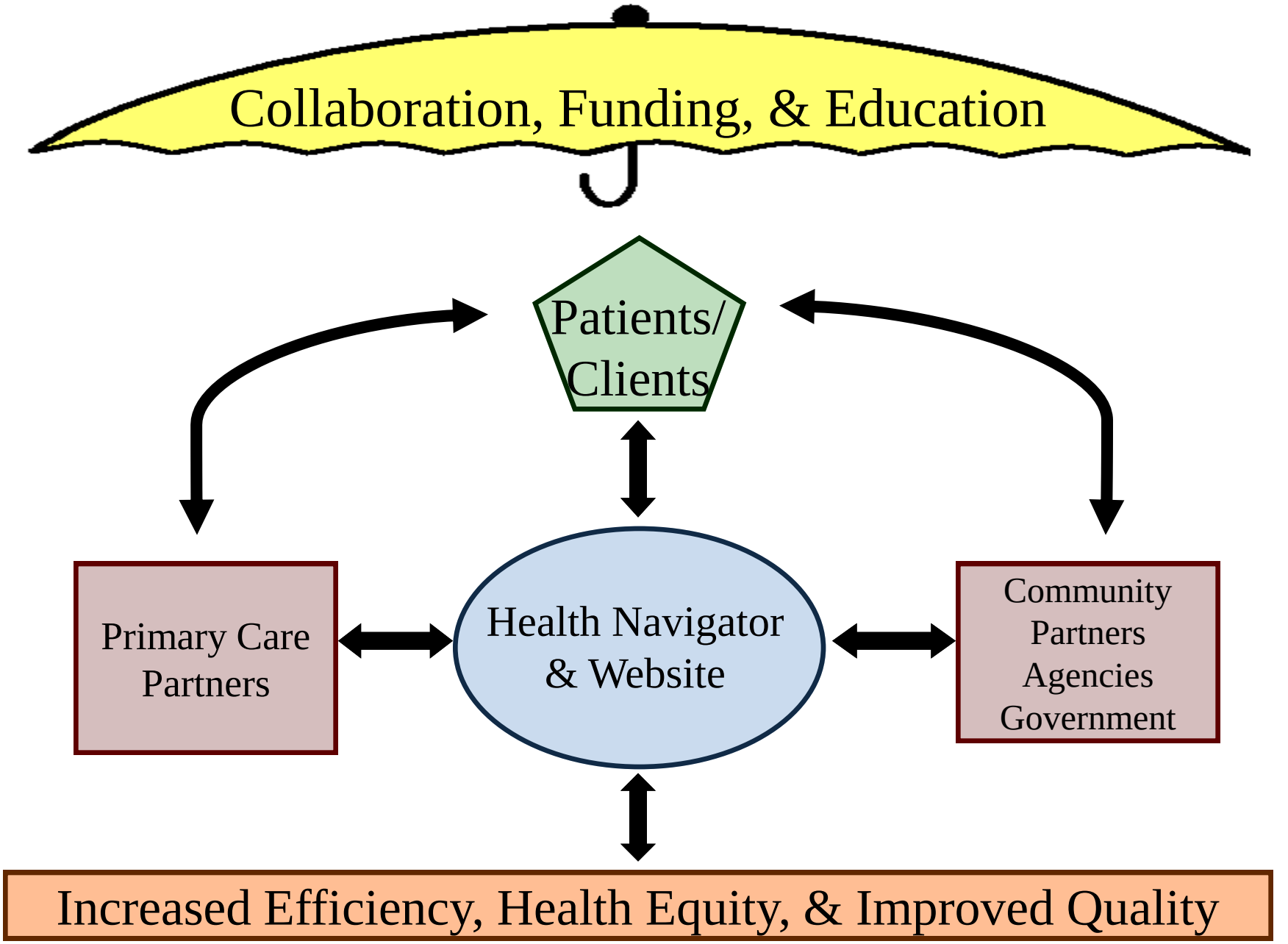
Need a free & easy way to locate community resources in Dallas County?



• FINANCIAL ASSISTANCE • MEDICAL CARE • HOUSING • AGING •
CHILD/PARENTING • SUBSTANCE ABUSE • MENTAL HEALTH • & MORE

RESOURCE DIRECTORY

WWW.CO.DALLAS.IA.US/RESOURCE


Collaboration, Funding, & Education
Patients/ Clients
Primary Care Partners
Health Navigator & Website
Community Partners Agencies Government
Increased Efficiency, Health Equity, & Improved Quality

Health Navigation Can Assist With:

- Screening for needs and refer/assist client in obtaining needed services & resources
- A medical payment source
- Access to medications
- Other “non-medical” services

Health Navigation is Not:

- Emergency Service
- Case Manager/Care Coordinator/Health Coach
- Discharge Planner

However, the Health Navigator CAN Assist ALL of these

How it Works

- Healthcare provider, agency or individual may refer to health navigation (healthcare providers are given priority)
- Providers complete a SHORT form and fax referral
- Navigator
  - Contacts client within 3 days
  - Screens for additional information/needs
  - Refers/assists client in obtaining resources
  - If referred by provider, follow up and completes information loop back to provider

Client Focused

- Active engagement
- Focus on client's current needs
- Information & support to make decisions
- Choice
- Empowerment

Client Focused Health Navigation

- Mode and location of contact
- Primary presenting issue and additional issues from client's perspective
- Screening tool; client guides level of information & assistance
- Can provide hands on assist – applications, paperwork, translation, interpretation
- Level of involvement, # contacts & timeframe vary widely

Surprises/Lessons Learned

Surprises/Lessons Learned

1. Range of Skills/Knowledge Needed for Health Navigation
2. Utilization of Health Navigation by Healthcare Providers
3. Data Tracking

Range of Skills/Knowledge Needed

- Local, State, Federal Resources
- Children/Families
- DHS/Medicaid
- Aging/Medicare
- Bilingual
- Health

Resolution = Team (HN, SW, RN)

Utilization by Healthcare Providers

- Fewer referrals than expected
- Providers trained to focus on clinical status; not underlying issues/causes or quality of life
- Discomfort with “non-medical” issues
- *4 in 5 Surveyed Physicians:*
  - *Say unmet social needs are directly leading to worse health (everyone, not just low-income)*
  - *Are not confident in their capacity to address their patient’s social needs (RWJF Survey; Health Care’s Blind Side December 2011)*

Utilization – Working on Resolution

- RN Liaison & regular contact
- Recognition each provider/clinic and their processes are unique
- Highlight positive impact:
  - Access to payment source/meds
  - Help address underlying social issues
  - Can impact ER visits, hospital admissions, & readmissions
  - Maximize resources

Data Tracking

- Unique clients served
- Demographics
- Origin of referral & geo. location of clients
- Follow-up dates
- Areas of need
- Contacts & resources provided
- Notes for HN team coord. when necessary

Resolution = Build own database

FY 2013 Data (Jul – Nov)

- Averaging 46 clients per month
- Averaging 3.7 Contacts per Client
- Referral Sources
  - 23% Healthcare Providers
  - 26% Community Partners
  - 51% Self/Family
- Primary Presenting Issue
  - 68% Access to Care
- Barriers
  - 45% Income

Further Information

Dallas County Public Health
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