Clinical Navigation Pilot: Screening for Essential Human Needs as a Standard of Care

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Population Health Task

• Design new models of care delivery that improve triple aim outcomes and can be sustained through value-based contracts

• Evidence-based process for soliciting, assessing and designing potential tactics

• Engage providers, parents and staff from across our system as well as outside our system
  – Partner with clinical and operational sponsors
  – Build capacity for change from within
Factors that define a child’s health.

Staying healthy is mostly about what happens outside the doctor’s office.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>In fact, only 10% of our health comes from access to <strong>quality health care</strong>.</td>
</tr>
<tr>
<td>20%</td>
<td>The rest comes from: <strong>The world around us.</strong> (home, school, community)</td>
</tr>
<tr>
<td>30%</td>
<td><strong>What we’re born with.</strong> (family history)</td>
</tr>
<tr>
<td>40%</td>
<td><strong>The choices we make.</strong> (food, exercise, safety)</td>
</tr>
</tbody>
</table>

Clinical Navigation

An integrated, scalable, pediatric social health approach to systematically screen for and address essential human needs (e.g., healthy food, stable housing) as a standard part of clinical care.
The Process
The Process
Volunteer and Student Workforce

• 269 Clinical Navigators
  – 225 Volunteers
  – 78 Completed internships
• 19 University Partnerships

UWM: 51%
Alverno: 3%
Marquette: 3%
Mt Mary: 5%
UW Madison: 15%
Carroll University: 15%
Other: 15%
This an awesome experience that helps remind me that everyone is different. What one person takes for granted another person may not even think twice about. This volunteer opportunity has really opened my eyes! ~ Clinical Navigator

I find it extremely rewarding that people are so appreciative and willing to share their struggles as we help to find them beneficial resources. ~ Clinical Navigator
Screening and addressing essential health needs as a standard of care is **feasible, accepted and valued by patients and providers.**

**PROVIDERS**

- **99%** believe that addressing unmet social needs **has the potential to impact health outcomes.**
- **93%** prefer to work in a **health system** that has a process for addressing social needs as part of standard care.

**FAMILIES**

- **98%** believe that being connected to community resources **could improve their child and family’s health.**
- **91%** prefer to come to a **clinic** that asks about resource needs.
Thank you all so much for your help and more importantly your genuine interest in my family’s wellbeing.
~Patient

Great program, great service!
~ Patient
This program frees up time for actual treatment, and has made a huge difference for our families. They feel that they can open up to the navigators and be honest about what they need. ~Provider

The program has had a positive impact on young families dealing with psychosocial stressors. Families do not know how to access resources and don’t always bring up these issues. ~Provider

Children's Hospital of Wisconsin
Kids deserve the best.
Needs exist across populations, regardless of health status, insurer or geographic location.

- 44,913 encounters (representing 17,592 unique patients) were screened
- 3,446 patients identified needs across 4,392 encounters
- 3 years (Oct 2014 – Oct 2017)
- 9 sites (4 primary care, 5 specialty care)

<table>
<thead>
<tr>
<th>Process Metrics - Patients</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard of Care (100%)</td>
<td>90%</td>
</tr>
<tr>
<td>Prevalence of Need</td>
<td>20%</td>
</tr>
<tr>
<td>Percent of encounters with documented outcomes</td>
<td>70%</td>
</tr>
<tr>
<td>Percent of encounters w/successful documented outcomes</td>
<td>51%</td>
</tr>
</tbody>
</table>
Needs exist across populations, regardless of health status, insurer or geographic location.

- 20% of all patients screened reported needs
- The top 4 needs are consistent across payors

<table>
<thead>
<tr>
<th>Rank</th>
<th>Commercial 7%</th>
<th>Medicaid 28%</th>
<th>Medicaid HMO and other gov. 26%</th>
<th>All 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Childcare</td>
<td>Housing</td>
<td>Housing</td>
<td>Housing</td>
</tr>
<tr>
<td>2</td>
<td>Housing</td>
<td>Jobs</td>
<td>Jobs</td>
<td>Jobs</td>
</tr>
<tr>
<td>3</td>
<td>Food</td>
<td>Food</td>
<td>Childcare</td>
<td>Childcare</td>
</tr>
<tr>
<td>4</td>
<td>Jobs</td>
<td>Childcare</td>
<td>Food</td>
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Needs exist across populations, regardless of health status, insurer or geographic location.
Unmet essential health needs were associated with increases in poor health and increases in healthcare utilization.

Abnormal depression screens were 40% higher for patients with 2-3 reported needs.
Unmet essential health needs were associated with increases in poor health and increases in healthcare utilization.

The number of social needs reported is positively correlated to percent of abnormal ACT/TRACK scores. Scores improved post-screening for all groups.

% Patients with abnormal ACT/TRACK score pre and post social health screening, relative to number of needs identified.
(Includes: persistent, intermittent and "other" diagnosis)
Unmet essential health needs were associated with increases in poor health and increases in healthcare utilization.
Social health screening was associated with \textbf{statistically significant declines in the total cost of care} for patients with identified needs. \( t(8)=2.78, p=0.024 \)
Bright Spot

• CHW is committed to addressing social health needs as part of an evolving strategic focus on total health outcomes

• Lessons learned from Clinical Navigation pilot informed the development of the Total Health Outcomes recommendation, which is focused on screening for and addressing social health needs throughout the system