Welcome!

Mission and Vision

- NMCHIR Mission: Improving population health, increasing health equity, and reducing unnecessary medical costs through partnerships and system change
- NMCHIR/CCL Vision: Healthy People in Equitable Communities, which includes A “Universally Accessible Comprehensive CHW Navigation System”
BACKBONE ORGANIZATION

Guides Vision & Strategy
Supports Aligned Activities
Establishes Shared Measures
Builds Public Will
Advances Policy
Mobilizes Funding

www.northernmichiganchir.org
Medical Care is only 10% of what makes a person healthy. We have less control over Genetics, but we can influence Environmental Exposure, Social Circumstance and Individual behavior.

New England Journal of Medicine (NEJM) by Dr. Steven Schroeder in We Can Do Better – Improving the Health of the American People
COMMUNITY CONNECTIONS

A FREE PROGRAM
Connecting adults, children, and families to community resources

ADDRESSING SOCIAL DETERMINANTS OF HEALTH
Like food, housing, transportation, physical and mental health

THROUGH MULTIPLE CHANNELS
Phone calls, home visits, and office visits

BY PROFESSIONALS
Community Health Workers, Registered Nurses, or Social Workers
Community Health Innovation Region Service Area
COMMUNITY CONNECTIONS

WEB-BASED SCREENING TOOL

Patient referred by health care provider, community agency, or self

Patient assigned to HUB team member

Pathways model utilized to facilitate improved health outcomes

Medical Care
Dental Care
Transportation

Healthy Food
Healthy Lifestyle
Education

Affordable Housing
Utilities
Translation
Pathways Community HUB Model

- Adult Learning
- Behavioral Health
- Developmental screening and referral
- Education
- Employment
- Family Planning
- Health Insurance
- Housing
- Immunization Screening/Referral
- Lead
- Medical Home
- Medical Referral
- Medication Assessment/Management
- Pregnancy/Postpartum
- Tobacco Cessation

- Social Services:
  - Childcare
  - Clothing
  - Family Crisis
  - Financial Assistance
  - Food Security
  - Household Items
  - Legal Service
  - Translation
  - Transportation
  - Utilities
  - And more....
Top Needs and Trends
Most Common Resource Navigations

DHS Mi Bridges Assistance
- Food
- Utilities
- Insurance navigation
- Medicaid redeterminations

Housing

Long Term Care Preparedness

Behavioral Health & Substance use
- Insurance navigation is most common part of behavioral health resource navigation
COMMUNITY CONNECTIONS PROCESS

1. Referral
- Client Referral to Community Connections
- Community Connections program central intake registers client into the database
- HUB care coordinator assigns client to CHW
- CHW makes initial attempt within 5 business days

2. CHW services
- CHW connects with client
  1) Collects information and assesses needs, asks for consent to navigate them
  2) Implements Core Pathways
  3) links to community resources
  4) confirms successful connection to resources

3. Outcomes
- Measures and documents results
- Reports feedback on referral to referral source
- Program collects aggregate data and resident voice
REFERRALS

Web based portal (doctors office only)

https://northernmichiganchir.org (secure online)

Secure Fax

Phone (client must call us themselves)
Making A Referral

Page 1
Welcome to Community Connections. We can work together to help you and your family stay healthy!

Name ___________________________

Name of Health Care Provider ___________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>In the past month, did poor physical health keep you from doing your usual activities, like work, school or a hobby?</td>
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<tr>
<td>In the past month did poor mental health keep you from doing your usual activities, like work, school or a hobby?</td>
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<td>In the past 3 months, was there a time when you needed to see a doctor but could not because it cost too much?</td>
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<td>In the past 3 months, have you had to eat less than you feel you should because there is not food?</td>
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<td>Is it hard to find work or another source of income to meet your basic needs?</td>
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<td>Are you worried that in the next few months, you may not have housing?</td>
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<td>Has it been difficult to go to work or school because you couldn't find care for a child or older adult?</td>
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<td>Do you think completing more education or training, like finishing a GED, going to college, or learning a trade, would be something you would like to work on in the next 6 months?</td>
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<tr>
<td>Do you have trouble getting to school, work or the store because you don't have a way to get there?</td>
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<td>In the past 3 months, have you had a hard time paying your utilities?</td>
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<td>Have you been a patient in the Emergency Room 2 or more times in the past 6 months?</td>
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You identified some needs today that may make being healthy very difficult. Would you like someone from our team to assist you in person, via phone or text to work on the needs that you identified today? □ Yes □ No If yes, please fill out your contact information below. Thank you.

Print Name: ___________________________ DOB: ___/___/____ Gender: __________

Parent/Guardian Name (if a minor): ___________ County: __________

Address: ___________________________ City: __________ Primary phone: __________

Preferred method of client contact: □ Phone □ Text

Signature ___________________________ Date: __________ Att.phone: __________

Responsible Representative Name (Optional): ___________________________ Phone: __________

(We will not share any information with the Responsible Representative unless you have signed permission to do so.)
PATIENT CONSENT

Referral consent is only for contacting client, not providing services

Client will then be asked by our staff for consent for services upon initial contact

We can provide feedback to office only with client consent

MOU is signed by referring partners

BAA needed to share feedback without patient consent
Community Connections Client Quotes

Quotes documented from Community Connections Client Satisfaction Interviews conducted Oct – Dec 2019 by the University of Michigan Child Health Evaluation and Research Center
Community Connections: Current State

Data & Statistics
Kalkaska Memorial Health Center

- Critical Access Hospital
- Diverse Offering of Services
- Serving a county of over 17,000 people since 1953
- New Acute Care Pavilion
- 16,500 ED Patients
- Robust EMS Services
How it started

- Relationships matter
- ED Medical Director
- Created a contract with DHD#10
- Involved in the interview process
- Hired, trained, and certified
- Developed processes
  - Voluntary Program
  - Electronic Referral
Current activities

• Integrated in the ED
• Weekly Care Coordination Meetings
• Performs bedside consults and home visits
• Assists with our acute care patients in need of community services
Early Outcomes (6 mo.)

- 100 patients identified by ED staff
- 24 patient cases accepted services
  - Full navigation assistance
- 58 resource pathways opened and closed
  - Average case length 55 days
- Represented almost 40 ED visits shortly before case started or while case was still being worked
- Reduced visits to KMHC ED
Accepted Client Assistance

Reasons Not Met
- Lost to Contact: 6
- Moved: 2
- Incarcerated: 1
- Figured out on own: 1
- Declined further help: 1
- Non compliant: 1
What have we learned?

- Initial acceptance rates QI
  - Service acceptance rate started at 25%, now at 50%
  - Hospital staff more comfortable and engaged with referral process
- Referrals are increasing month to month
- Each individual accepting services has on average 2.5 resource needs
- Referral and acceptance rates 2x improved with CHW on site
What’s next?

• Community Paramedicine
• Generating automatic reports
  o Private Pay/Non Payor Source
• Evaluate pathway closure rates and challenges
• Capturing billing opportunities
• Continue to identify opportunities to help the community