CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accountable Health Communities

CASE STUDY

Promising Strategies For Community Service Navigation: Lessons From Health Quality Innovators

ACCOUNTABLE HEALTH COMMUNITIES MODEL OVERVIEW

The Accountable Health Communities (AHC) Model addresses a critical gap between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screening, referral, and community navigation services will impact health care costs and reduce health care utilization.

The model provides support to community bridge organizations to test promising service delivery approaches aimed at linking beneficiaries with community services that may address their health-related social needs (i.e., housing instability, food insecurity, utility needs, interpersonal violence, and transportation needs). Bridge organizations in the Assistance and Alignment Tracks of the AHC Model are implementing and testing separate service delivery approaches:

- Assistance Track: Provides community service navigation services to assist high-risk beneficiaries with accessing services to address identified health-related social needs
- Alignment Track: Encourages partner alignment to ensure that community services are available and responsive to the needs of beneficiaries

To implement each approach, bridge organizations serve as 'hubs' in their communities coordinating consortia to:

- Identify and partner with clinical delivery sites (i.e., physician practices, behavioral health providers, clinics, hospitals) to conduct systematic health-related social needs screenings of all community-dwelling beneficiaries and make referrals to community services that may be able to address the identified health-related social needs;
- Coordinate and connect high-risk community-dwelling beneficiaries to community service providers through community service navigation; and
- Align model partners to optimize community capacity to address health-related social needs (Alignment Track only).

EXECUTIVE SUMMARY

This case study describes key strategies that Health Quality Innovators, an Alignment Track bridge organization, developed to conduct community service navigation as part of the Accountable Health Communities Model. The purpose of this case study is to highlight a successful navigation approach from one bridge organization that could help inform practice at other Accountable Health Communities Model sites or in the healthcare community. Accountable Health Communities bridge organizations are using multiple strategies to deliver community service navigation, each with different strengths, challenges, and promising practices. The navigation approach discussed in this case study works in the Health Quality Innovators community and outcomes may vary at other sites. This case study is not part of the formal Accountable Health Communities Model evaluation.

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Health Quality Innovators uses two kinds of navigators: (1) external navigators and (2) internal navigators. External navigators are local community health workers employed by a partner organization, the Institute for Public Health Innovation. The Institute for Public Health Innovation provided the external navigators with extensive community health worker training so that they can deliver navigation services exclusively for the Accountable Health Communities Model to high-risk beneficiaries seen at the majority of participating clinical delivery sites. The internal navigators, by contrast, are existing clinical delivery site staff or interns, often with case management expertise. Health Quality Innovators' experience with two kinds of navigators may be helpful to other bridge organizations that are seeking to optimize their approaches to best meet the needs of their beneficiaries, given the available resources. This case study provides a description of Health Quality Innovators' approach to navigation using both kinds of navigators, discusses the challenges of this approach and corresponding solutions, and describes promising practices for navigation.

BACKGROUND

Health Quality Innovators (referred to as 'the bridge organization') is an independent nonprofit consulting organization in Richmond, Virginia, that focuses on health care quality improvement, physician practice transformation, electronic health record optimization, and technical assistance for Medicare payment reform. On August 1, 2018, the bridge organization began to implement the Alignment Track of the Accountable Health Communities Model and is currently partnering with eight clinical delivery site partners. The clinical delivery sites partners include large health systems, behavioral health organizations, and primary care organizations.

The bridge organization gave clinical delivery sites the choice of using one of two kinds of community service navigators: (1) external navigators and (2) internal navigators. The external navigators are local community health workers, that are familiar with the community and local resources, who provide navigation services to beneficiaries. To direct the work of the external navigators, the bridge organization is partnering with the Institute for Public Health Innovation (IPHI), a nonprofit organization that focuses on improving community health. IPHI hired and oversees four community health workers across four clinical delivery sites, who are dedicated to providing navigation services for the Accountable Health Communities Model.

The internal navigators, by contrast, are existing clinical delivery site staff or interns who provide navigation services to beneficiaries at four clinical delivery sites with the bridge organization's oversight. Internal navigators are already embedded in the clinical delivery sites, which facilitates communication and collaboration with the clinical delivery site screening staff and clinical providers. Some internal navigators may have other responsibilities at the site, which they must balance with navigation. Although internal navigators may not be from the local community as the external navigators are, they are often already familiar with navigation-related activities through their experience in similar roles and have easily incorporated navigation into their other responsibilities.

SUPERVISION AND TRAINING OF NAVIGATORS

Supervision and training differs for the external and internal navigators. The external navigators are physically located in the IPHI office in East Richmond and are supervised by a program manager. IPHI trained the external navigators by using its comprehensive, community health worker training course, which consists of 100 hours of coursework that covers 12 modules (see box). IPHI also provides ongoing training through monthly calls for all external and internal navigators, which gives them an opportunity to discuss what is working well, to share resources that have been valuable, and to solve problems together. Leaders at the bridge organization have found that contracting with an organization that is experienced in community health worker initiatives facilitates training and oversight of the external navigators.

IPHI's Community Health Worker Training Modules

- Equity 101: Perspective Transformation
- Communication Skills
- Public Health Knowledge Base
- Introduction to the Role: History, Roles, Skills, Tasks
- Legal and Ethical Issues
- Data Collection and Medical Record Review
- Teaching and Capacity-Building Skills and Clinical Practice
- Health Education and Prevention
- Outreach and Advocacy
- Resource Identification and Organization
- Disease Self-Management Review
- Field Practicum (20 hours of shadowing an experienced Community Health Worker)

The four clinical delivery sites that use internal staff or interns to provide navigation services are responsible for overseeing and training their navigators. Three of the four clinical delivery sites rely on staff or interns who were already working in similar roles, such as case managers and qualified mental health professionals and therefore use existing structures to supervise the work of these staff. The fourth clinical delivery site uses three existing contracted nurses who dedicate 100 percent of their time to providing navigation services. The clinical delivery

site's clinical operations practice manager supervises these navigators, and manages the implementation of the Accountable Health Communities Model screening and navigation activities across the health system. The training of internal navigators is at the discretion of the clinical delivery site, but often includes components of the IPHI's training curriculum.

STEP-BY-STEP APPROACH TO NAVIGATION

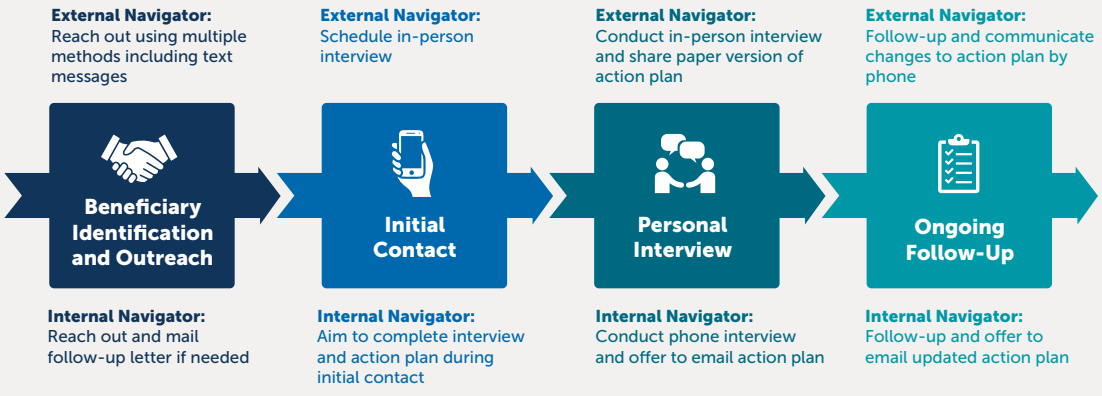
The bridge organization's external and internal navigators' approaches to navigation are predicated on a similar process; however, there are notable differences. This section describes each step of the navigation process, specifying the differences between the work of external navigators and that of internal navigators.[1] Figure 1 shows the four main steps to the bridge organization's navigation approach and highlights notable differences between the work of external navigators and that of internal navigators.

Beneficiary identification and outreach. Both external and internal navigators use the Accountable Health Communities Data System[2] to identify high-risk beneficiaries who have been assigned to them and to obtain the beneficiaries' contact information. Navigators try to connect with beneficiaries within two days of when the beneficiaries received community referral summaries; however, it often takes longer. Navigators have found that calling and leaving voice messages at different times and on different days helps them to connect with beneficiaries. External navigators have found that sending text messages can help them to reach beneficiaries whose minutes are limited by their cell phone plans. Internal navigators mail follow-up letters that include their contact information to beneficiaries who have not responded after three outreach attempts. Both external and internal navigators rely on a SharePoint tracker to document outreach attempts and contact with beneficiaries. Navigators have found the tracker to be essential for monitoring each beneficiary's status, including when he or she was last contacted and when the next outreach attempt is due.

Initial contact. Once navigators get in touch with a beneficiary, they explain the Accountable Health Communities Model and invite him or her to participate in it. Navigators use the initial contact to set clear expectations about the program and to lay the foundation for a trusting relationship with the beneficiary, which supports their navigation efforts. Navigators gather additional information about the beneficiary's health-related social needs to help prepare for the personal interview. External navigators then schedule a personal interview and ask whether the beneficiary needs any special accommodations. In contrast, internal navigators attempt to conduct the personal interview and create an action plan during the initial contact rather than scheduling the interview for a later date. Some internal navigators have found that conducting the personal interview immediately is efficient and ensures that the action plan will be completed, given that this population is often hard to reach, and many beneficiaries become lost to follow-up. If the personal interview cannot be completed during the initial contact, internal navigators schedule it within a week of the initial contact.

Personal interview and action plan. Both external and internal navigators use motivational interviewing for the personal interview, which typically takes 30 minutes to 1 hour. This technique involves using a strengths-based assessment to engage the beneficiary in identifying and achieving goals. Navigators access and complete the bridge organization's interview tool and action plan on a laptop (see box on next page) to document the beneficiary's responses. The bridge organization recently developed a streamlined version of the action plan template that auto-populates interview responses in the action plan, making it easier for navigators to complete both tools on their laptops during the interview. Navigators memorize the tools, so they can follow the natural flow of the conversation with beneficiaries while gathering information. In addition, navigators are trained to know what questions to ask during the interview and to focus on identifying the root cause of each health-related social need so that they can better assist beneficiaries in addressing their needs. For example, a beneficiary may report food insecurity, but the underlying cause may be unstable employment or the high costs of medications, both of which inform the action plan.

Figure 1
Navigation Process



[1] To gather information about the work of external navigators, Mathematica interviewed IPHI's four external navigators and the program manager. To gather information about the work of internal navigators, Mathematica interviewed navigation staff from the largest of the four clinical delivery sites that use internal navigators. Please note that the approach and experience of internal navigators at the other three clinical delivery sites may differ.

[2] The Accountable Health Communities Data System is a CMS-designed and maintained data collection system that standardizes data collection for the evaluation of the model.

Personal interview process variations. Both external and internal navigators conduct personal interviews, enter data into the Accountable Health Communities Data System, document detailed encounter notes in the SharePoint tracker, and upload completed interview tools and action plans onto SharePoint. Although both external and internal navigators cover the same content during the personal interviews, the process varies by each kind of navigator. External navigators typically conduct in-person interviews at the beneficiary's home or in a public place (such as a private room in a library, community center, or church). External navigators remind beneficiaries via phone call or text message the day before the interview, which has helped reduce interview no-show rates. External navigators and the beneficiaries they serve (especially elderly beneficiaries) reported that they appreciate meeting in person. The external navigators believe that this makes it easier for beneficiaries to participate in navigation for two reasons. First, the external navigators come to them, requiring little effort by beneficiaries, and second, navigators can more easily build rapport with beneficiaries when they are face-to-face. In addition, an in-person meeting enables the external navigator not only to obtain written consent to share the beneficiary's information with community service providers, but also to provide the beneficiary a paper version of the action plan. External navigators encourage the beneficiary to enter the same information in that version (and may help them to do so) while the navigator completes the electronic version. However, meeting in person requires more time and precautions to ensure that navigators feel safe. In the uncommon event that an external navigator feels uncomfortable about meeting a beneficiary in person, the IPHI encourages the navigator to schedule a phone interview instead. Also, because external navigators are located off-site, collaboration with clinical providers at clinical delivery sites can be challenging; however, these providers have access to SharePoint, so external navigators can readily share beneficiary-level navigation information with the providers. Internal navigators, by contrast, conduct phone interviews, often during the initial contact. Internal navigators go through the interview tool and the action plan on the phone with beneficiaries, create an electronic version of the action plan, and offer to email it to the beneficiary. Internal navigators have found that emailing the action plans to beneficiaries is helpful because it ensures that beneficiaries have their own copy and gives the internal navigators another way to contact beneficiaries.

Ongoing Follow-Up. Both external and internal navigators follow up with a beneficiary one week to one month after the interview, depending on the beneficiary's needs and preferences, as some health-related social needs can often be resolved faster than others. For example, because there are many food banks in the Richmond area, food insecurity can often be resolved in a day or two, whereas housing may require submitting an application that takes a week or more to process and thus longer to resolve. Each time the navigator connects with the beneficiary, he or she updates information in the Accountable Health Communities Data System (such as changing the status of or documenting a new health-related social need). The navigator also updates the action plan stored on the SharePoint site. Internal navigators offer to email the updated action plan to beneficiaries, whereas external navigations confirm changes to the action plan over the phone.

Personal Interview Tool

- General beneficiary questions and concerns
- Identification of barriers, behaviors, symptoms, and situational needs
- Strength assessment to recognize beneficiary's skills and abilities

Action Plan

- Health-related social needs and health-related goals
- Barriers to accessing resources and strengths that will assist in overcoming barriers
- Beneficiary-identified goals and action steps for each goal
- Beneficiary approval of action plan

Navigators continue to engage beneficiaries through follow-up phone calls until their health-related needs are resolved. Navigators use the SharePoint tracker to document the status of unresolved needs after follow-up encounters, which (1) helps the navigators to remain familiar with the beneficiary's needs and challenges and (2) supports the navigators' efforts to help beneficiaries address unresolved needs. Beneficiaries can receive navigation services for up to one year from the date of the personal interview before they transition out of navigation; however, the navigators' goal is to resolve health-related social needs as soon as possible. The prompt resolution of health-related social needs enables navigators not only to improve the well-being of the beneficiaries they serve but also to make their own caseloads more manageable, thus allowing them to serve more beneficiaries. Navigators have found that setting attainable goals and connecting beneficiaries to resources that provide in-depth counseling and support are key to resolving beneficiaries' needs and transitioning them out of navigation in a timely manner.

KEY CHALLENGES AND SOLUTIONS

Both external and internal navigators described similar kinds of challenges to providing high-quality navigation services to beneficiaries and the solutions they have developed to mitigate or resolve such challenges.

Difficulty getting in touch with beneficiaries for initial outreach. Navigators reported that the population is generally hard to reach and tends not to respond to outreach. The bridge organization developed a number of solutions through which screeners and navigators can address this challenge. (1) The bridge organization implemented a quality improvement project to train screeners to ask beneficiaries where they could be reached in the next 48 hours, which increased documented phone numbers by 75

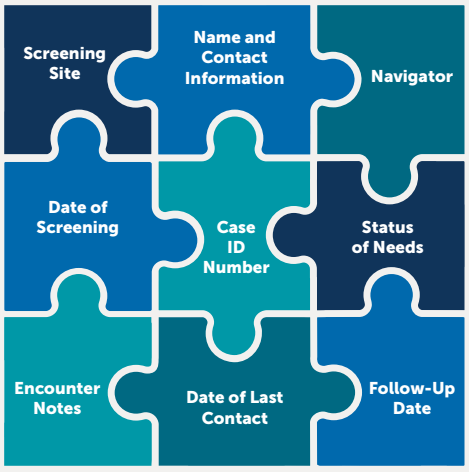
percent and enabled navigators to reach more beneficiaries. (2) Screeners prime beneficiaries for navigator outreach by providing them with a brochure about navigation and navigators' business cards and by telling them to expect a phone call from the navigator in the next two days. (3) Navigators connect with beneficiaries in multiple ways, including calling them at different times of the day and on different days, texting them, and, for internal navigators, mailing letters to them.

Difficulty maintaining engagement with beneficiaries. Beneficiaries' phone numbers frequently change or get disconnected, and they may not respond to follow-up calls. Screeners and navigators use a few strategies to increase the chances of keeping beneficiaries engaged in the program and responsive to follow-up. (1) Screeners and navigators try to establish multiple forms of contact with beneficiaries, including secondary phone numbers or email addresses. (2) Internal navigators offer beneficiaries the personal interview and action-plan development at the initial contact, decreasing the chances that beneficiaries are lost to follow-up before the personal interview can occur.

Limited functionality of the Accountable Health Communities Data System. The Accountable Health Communities Data System does not include features for documenting certain details related to navigation such as tracking contacts and follow-ups, documenting qualitative encounter notes, or sorting beneficiaries by follow-up date. Therefore, both external and internal navigators use a secure SharePoint tracker to monitor outreach and follow-up, store detailed notes from their interactions with beneficiaries, and sort beneficiaries by various characteristics. In the absence of a unified data system, this workaround has become a helpful practice; however, it does cause some navigation information to be documented twice. Figure 2 depicts the key data elements captured in the SharePoint navigation tracker.

Figure 2

Key Data Elements for Tracking Navigation



PROMISING PRACTICES

The bridge organization has developed several promising practices for community service navigation that may be useful to other bridge organizations that take a similar approach to navigation.

- **Hire navigators with strong interpersonal skills and ties to the community.** These qualities help navigators to understand the experience of beneficiaries, build rapport with them, and accommodate their needs.
- **Use multiple methods to reach beneficiaries.** A strategy that combines calling beneficiaries at different times and on different days, texting them, sending emails, and/or mailing letters maximizes a navigator's chances of connecting with beneficiaries.
- **Use the initial contact strategically.** When navigators use the initial call to explain the program, manage the beneficiary's expectations, and gather information about the beneficiary's health-related social needs (or conduct the personal interview), they build a relationship with the beneficiary, which deepens their understanding of the beneficiary's needs and promotes beneficiary engagement in navigation.
- **Meet in person.** For at least some beneficiaries, meeting in person rather than by phone is a better way for them to participate in navigation.
- **Use motivational interviewing.** A disarming and empathic approach to interviewing that focuses on individual strengths and self-efficacy, and that incorporates beneficiaries' goals into the natural flow of conversation enables navigators to gather information for the action plan while making the beneficiary feel comfortable.
- **Document navigation activities.** Documenting beneficiary outreach, contact, and follow-up activities is essential to staying current on each beneficiary's status and needs, which facilitates the delivery of the best possible navigation services.
- **Develop secure and reliable processes for information sharing.** The use of shared networks supports the navigator's efforts to share beneficiary-level navigation information (such as completed action plans) with clinical providers at clinical delivery sites.
- **Establish data-driven quality improvement.** By regularly monitoring navigation activities and collecting feedback from staff, bridge organizations can readily identify and address challenges and improve processes.

FUTURE CONSIDERATIONS

The bridge organization and the IPHI leaders recognize that the current monthly caseload (30 to 35 beneficiaries per navigator) will need to grow to accommodate the increasing number of high-risk beneficiaries identified through screening. For example, the target caseload for external navigators operating at full capacity is estimated at 50 cases. This caseload assumes that navigators will complete about 30 action plans for new beneficiaries each month while continuing to engage about 20 beneficiaries in ongoing follow-up. As caseloads increase, the use of in-person interviewing may not remain feasible. IPHI is exploring the use of phone-based interviewing and expects to transition to a mix of phone and in-person interviews. To preserve the benefits of in-person interviewing while addressing feasibility concerns, IPHI is working to identify which subsets of the beneficiary population are best served by each approach. Less complex cases, such as beneficiaries with one health-related social need, are better candidates for phone-based interviews than those with several health-related social needs. The bridge organization and IPHI leaders are interested in connecting with other bridge organizations that use phone interviewing in order to share promising strategies for offering high-quality navigation services. For the bridge organization and its partners, this navigation approach has shown some early success, but further research would be needed to make a determination on best practice.

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