



Peer Health Navigation: A Bridge to Self-Management of Primary Health Care

The USC School of Social Work *in collaboration with* Pacific Clinics

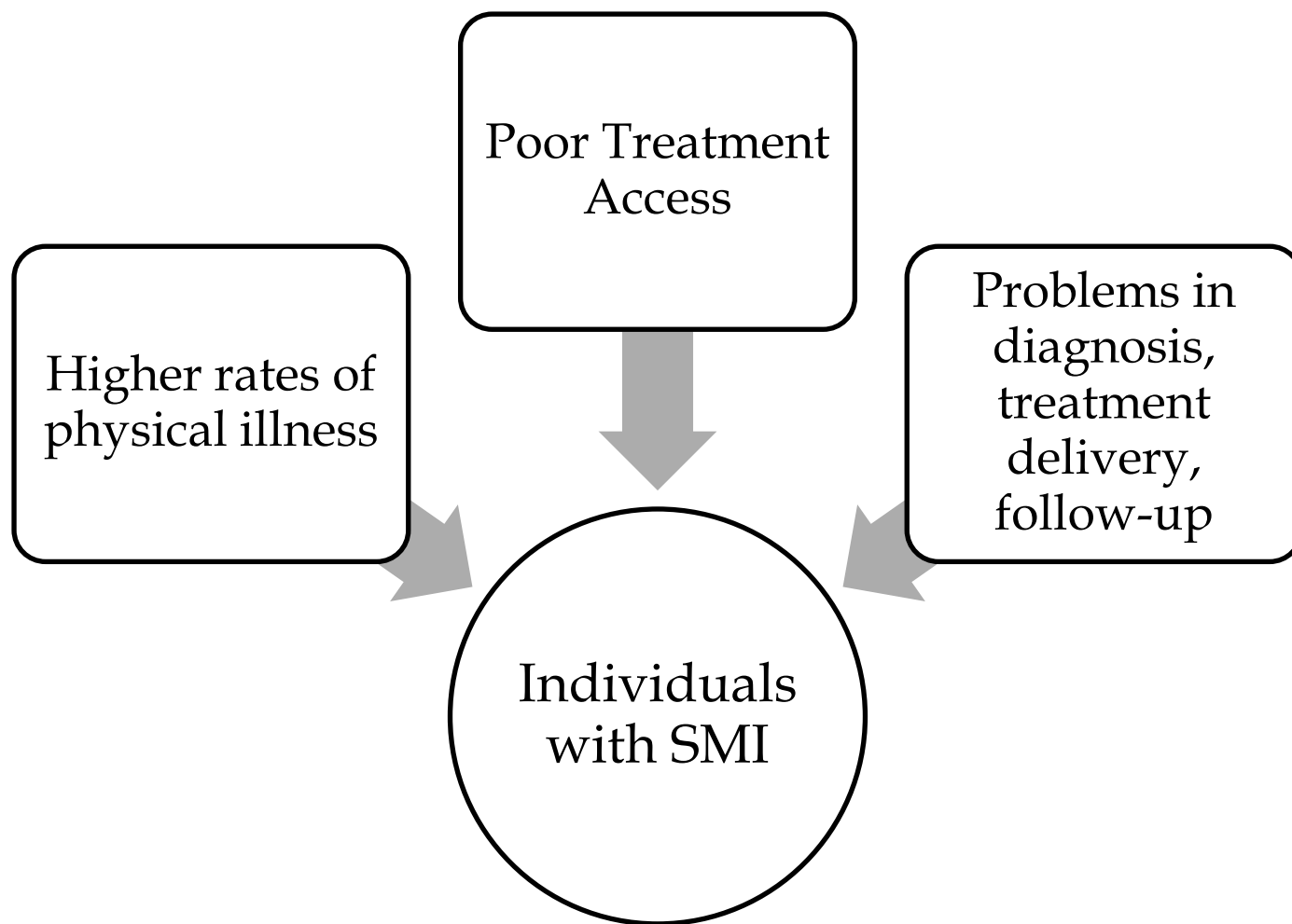
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Health Navigation: Project Bridge

Presentation Topics:

- 1) Why do we need Health Navigation?**
- 2) What is Health Navigation?**
- 3) What We Have Found from Our Research?**
- 4) The Role of Health Navigation within the ACA**
- 5) Health Navigation Skill Development Certification**

Why Health Navigation?



Why Health Navigation?

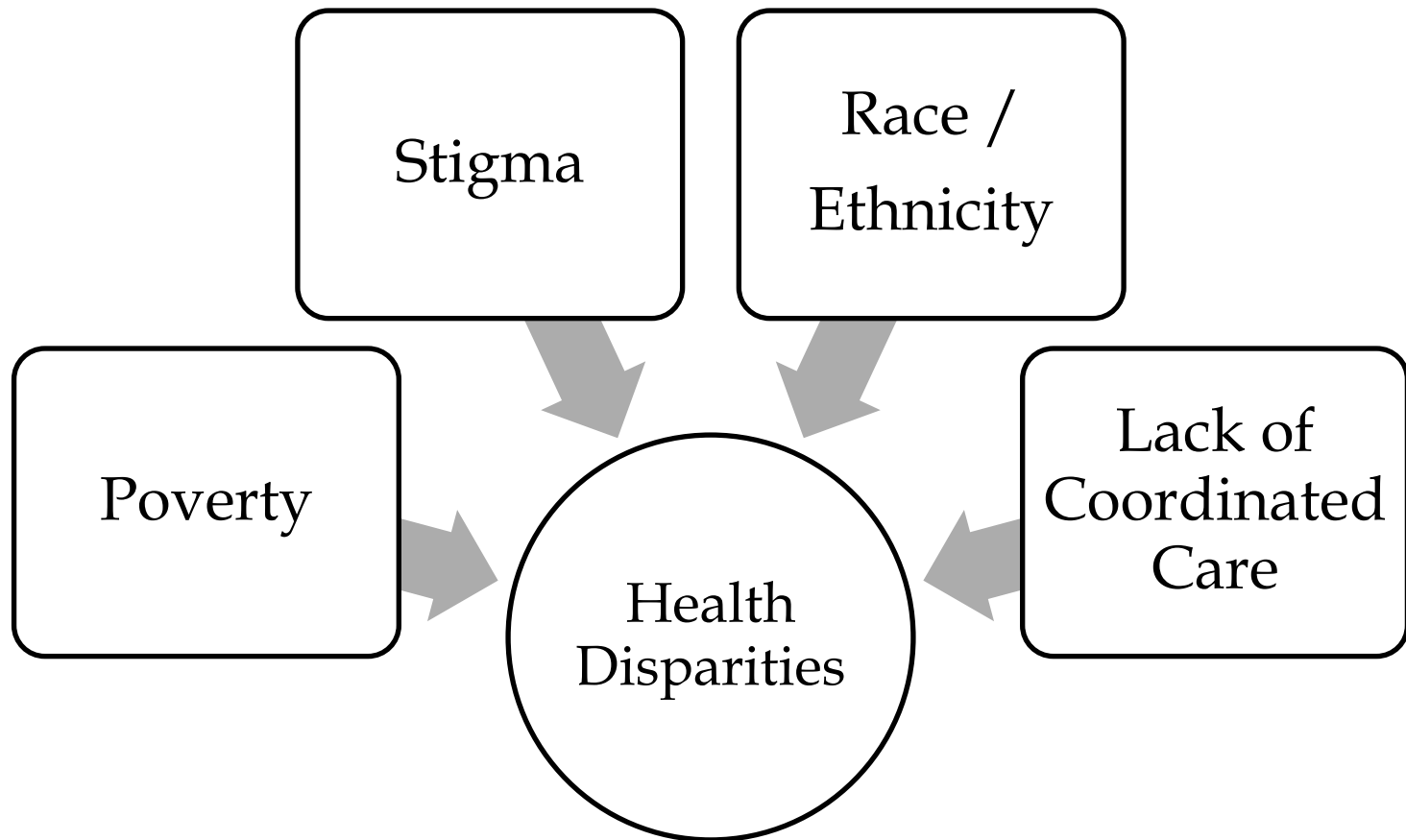
SMIs experience **more adverse health outcomes** for every major health condition:

- Heart disease
- Diabetes
- Obesity
- Cancer
- Cholesterol
- Respiratory illnesses

Why Health Navigation?

People with severe mental illness have a life span that is **20-25 years shorter** than the general population in the US

Why Health Navigation?



What is the Health Navigation Intervention (“Project Bridge”)?

A **comprehensive** health care
engagement and **self-management**
intervention

What is the Health Navigation Intervention (“Project Bridge”)?

Comprehensive

- Connect consumers to **mental health, primary care, substance use, and specialty health care** services

What is the Health Navigation Intervention (“Project Bridge”)?

Engagement

- Many of the SMI population were **unable to successfully engage a consistent primary health care provider (a healthcare home)**, or gave up trying to access and use outpatient primary care

What is the Health Navigation Intervention (“Project Bridge”)?

Self-Management

- **Train and empower consumers** to be assertive self-managers of their health care so that their interactions with care providers can be **more effective**

What is the Health Navigation Intervention (“Project Bridge”)?

- *In vivo* approach
 - Develops self-management skills in **real world health care settings**

Critical Elements of Health Navigation

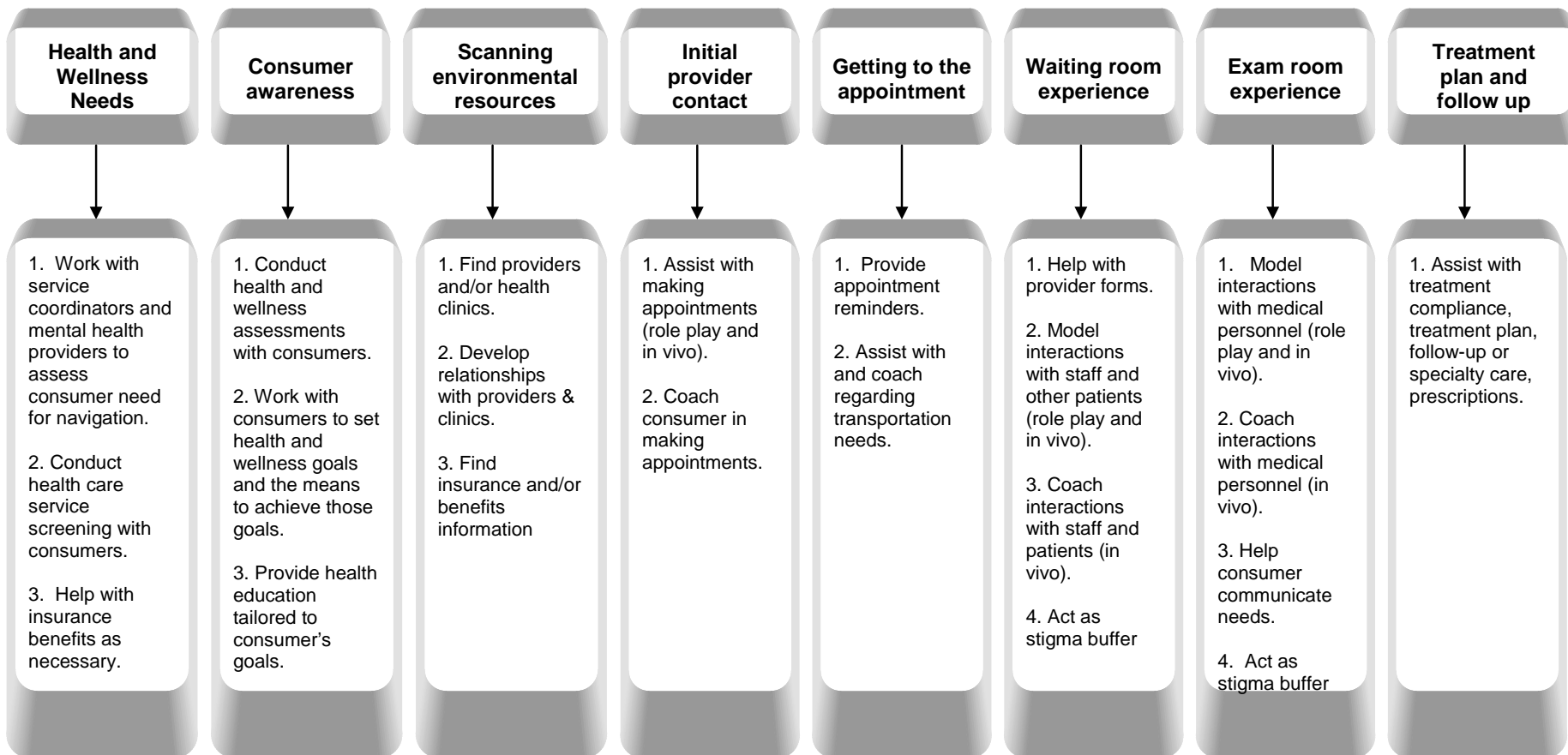
- Consumer Screening & Engagement
- Assessment
- Goal setting (Healthcare, Wellness/Lifestyle)
- Preparing for the Medical Appointment
- Navigating the Medical Appointment
- Reviewing the Appointment
- Follow up Care Plan

Critical Elements of Health Navigation

- “For them, with them, by them”
 - Empowerment and self-managed care through modeling, coaching, fading
- Integration into the agency

Health Navigation Intervention “Project Bridge”

Consumer Challenge Points to Successful Health Care Outcomes



Navigator Role

Intervention Mantra

For them (modeling)

Navigator performs task; **Consumer** observes

With them (coaching)

Consumer performs task; Navigator coaches

By them (fading)

Consumer self-manages healthcare; Navigator supports as needed

Phases of Health Navigation

Phase 1

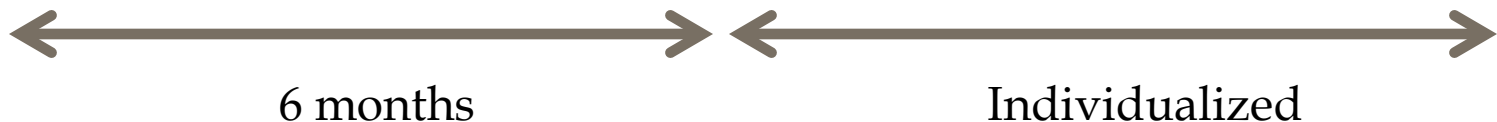
Intensive 3 months
of assessment,
modeling, coaching

Phase 3

Ongoing support
and boosters as
needed

Phase 2

3 months of fading
and consumer self-
management



Why *Peer* Health Navigation

- Personal history of mental illness and similar life experiences can enhance Peer Health Navigators' **credibility** with the consumer
 - Allowing them to **model and reinforce effective coping skills**
- Peer-run programs have been shown to **enhance empowerment** and decrease symptoms
- Peer support has been associated with a **reduction in crisis events** and an **increase in social functioning and quality of life**

Peer Health Navigation in Practice

To date, Pacific Clinics has trained **over 300 Health Navigators**

Currently Peer Health Navigators are working in the following programs throughout LA County and the state:

Full Service Partnerships

Outpatient Programs

FCCS Programs

Community Health Clinics

Integrated Service Management Programs (ISM)

Community Re-entry Programs

Wellness Centers

Supportive Housing Programs

Drop-In Centers

Peer-run Organizations

History of Project Bridge

- 3-year pilot research project started in 2008
- 2-year research project to be completed in 2016 (150 individuals)
- Dr. Brekke and the Project Bridge team from the USC School of Social Work, *in collaboration with* Pacific Clinics

Funded by:

- UniHealth Foundation
- NIMH
- Clinical and Translational Science Institute at USC
- Patient Centered Research Institute (PCORI)

Does Health Navigation Work?

Results of a Pilot Randomized Controlled Trial (RCT)

- Randomized 24 mental health consumers (from agency caseloads at Pacific Clinics)
 - **Treated Group:** Received health navigation immediately
 - **Untreated Group:** Waitlisted for 6-months

Does Health Navigation Work?

Results of a Pilot Randomized Controlled Trial (RCT)

- After 6 months, the waitlisted consumers received the Health Navigator intervention
- Both groups continued to receive intensive psychosocial rehabilitation at their mental health agency

Participant Characteristics

- FSP population
- 74% ethnic minority
- 57% male
- 47 years old (sd 8.5)
- BASIS 32 scores:
 - Tx: 2.18 Comparison: 2.60 (no difference)
(little to moderate difficulty with symptoms and functioning)

Health Care Problems at Beginning of RCT

Are you currently bothered by:
(% with symptoms at baseline)

•Cough or wheezing	57%	•Headaches	57%
•Difficulty hearing	22%	•Cold/heat intolerance	22%
•Unexpected weight loss/gain	26%	•Nausea/ vomiting/intestinal	44%
•Ringing in ears	30%	•Memory loss	44%
•Fatigue/ weakness	44%	•Ear bruising	39%
•Allergies/hay fever	30%	•Pain in abdomen	44%
•Teeth /gum problems	52%	•Fainting	9%
•Rash	9%	•Dizziness	35%
•Change in Vision	30%	•Loss of coordination	26%
•Chest pain/ discomfort	44%	•Sexual function concerns	39%
•Heartburn	44%	•Muscle/joint pain	52%

Health Care Problems at Beginning of RCT

Of these 24 current medical complaints:

Almost
100%

2+ medical
problems

Over
75%

5+ medical
problems

Almost
50%

10+
medical
problems

Self Reported Diagnoses

- 48% Diabetes (8.3%)*
- 22% Heart Disease (11.8)
- 39% High Cholesterol (13.4%)
- 39% High Blood Pressure (33%)
- 30% Respiratory Ailments
- *US rates from CDC in 2010

RCT Findings

Positive findings for the intervention in terms of:

- Acceptability to clients and agency staff
- Tolerability to clients
- Feasibility of integration into clinic and teams
- Feasibility for peer providers

Significant Impact on Health Status

After six months, **the total number of current health problems was reduced** for those receiving Health Navigation

Treated
Group

5.9 medical
problems

Untreated
Group

9.3
medical
problems

Significant Impact on Health Status

Significant reduction in overall bodily pain and the degree to which pain interfered with daily life

Significant Impact on Health Status

Significant differences in **medications prescribed**:

Treated Group

2 physical health medications;
Symptoms **improved**

Untreated Group

4.7 physical health medications;
Symptoms **worsened**

Other Findings

- **Strong relationship** between the **amount of bodily pain** and the **number of health problems**
- Number of psychiatric medications:
 - Treated group **decreased by 0.25**
 - Untreated group **increased by 1.5**

Reduction in Choice of ER

Location selected by consumers for usual medical care:

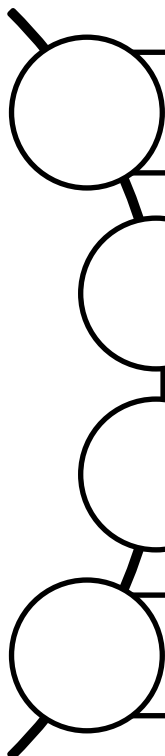
	Before Health Navigation	After Health Navigation
ER	33%	0%
Urgent Care	17%	0%
Outpatient MD Office	44%	83%

Summary of Findings

- The sample population has dramatic health care needs
- Prior to Health Navigation, the sample population preferred ER, Urgent Care or no care

Summary of Findings

The Health Navigation Intervention (“Project Bridge”) shows impact and promise for:

- 
- Reducing **health problems**
 - Reducing **bodily pain** related to health problems
 - Impacting the **use of medications**
 - Shifting **the locus of health care** from ER and UC to outpatient primary care

Health Navigator Interview Findings

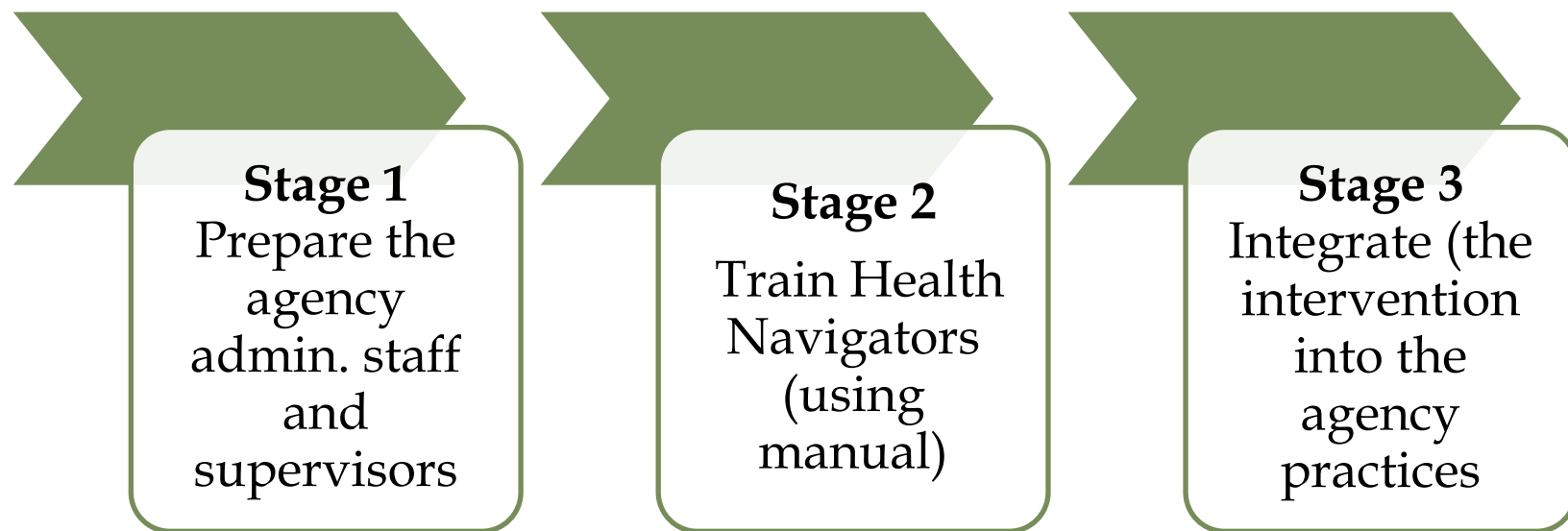
- People who provide critical services receive benefits themselves (the “helper principle”)
 - Increased self-esteem
 - Newfound confidence
 - Increased sense of job satisfaction as a result of navigating consumers
- Health Navigators were more likely to obtain medical care for their own health care needs after navigating consumers

Agency Implementation

3 stages for successfully **launching and sustaining** the Health Navigation Intervention at a clinic site:



Agency Implementation



Workload

- A **full-time** navigator caseload:
 - 12-15 clients at any one time
 - 30 - 40 clients annually, with new admissions entering as clients begin to self-manage with less support
- A **part-time** navigator caseload:
 - 15 clients annually, working 15 hours a week

The Role of Health Navigation in Integrated Care

- **Coordinated Care**
- □ *Minimal* - Mental health and other healthcare providers work in separate facilities, have separate systems, and rarely communicate about client cases.
- □ *Basic* - Providers have separate systems at separate sites, but engage in periodic communication about shared clients, mostly through telephone and letters. Providers view each other as resources/referrals.

The Role of Health Navigation in Integrated Care

- **Co-Located Care**
 - □ *Basic* - Mental health and other healthcare professionals have separate systems, but share facilities. Proximity supports occasional face-to-face meetings and communication
 - □ *Close Collaboration with some system Integration* - Mental health and other healthcare providers share the same sites and have some systems in common such as scheduling or charting. There are regular face-to-face interactions among primary care and behavioral health providers, coordinated treatment plans for difficult consumers, and a basic understanding of each other's roles and cultures.

The Role of Health Navigation in Integrated Care

- **Integrated Care**
- □ *Close Collaboration* - Mental health and other healthcare professionals share the same sites, vision, and systems. All providers are on the same team and have developed an in-depth understanding of each other's roles and areas of expertise.
- □ *Full Collaboration* - Shared systems and facilities. Consumers and providers have same expectations of system(s). Collaborative routines are regular and smooth. Conscious influence of both systems and sharing based on situation and expertise.

Health Navigation Skill Development Certification

- The Health Navigator Skill Development Certification Training is designed to train mental health peers and paraprofessionals to help consumers “navigate” the physical health care system.
- Participants must work directly with Transition Age Youth (TAY), Adult or Older Adult consumers. The ideal training candidate is in a peer level position or non licensed staff such as:

Peer Partner, Peer Advocate, Case Manager, Community Worker, Recovery Coach, Community Care Coordinator and Wellness Outreach Worker or similar position who has direct access to consumers and background clearance to work with mental health consumers.

Health Navigation Skill Development Certification

After attending this training, participants will be able to:

- 1) Understand the barriers those with serious mental illness face when trying to access medical care;
 - 2) Identify and screen appropriate clients for Health Navigation;
 - 3) Engage a consumer using our Engagement script; and
 - 4) Apply the “For Them, With Them, By Them” method to empower consumers to manage their health care needs
- **Upcoming Training: April 2016**

Family Health Navigation

Goal is to help families learn to identify early signs of behavioral/emotional problems in their child, increase their health literacy skills, access mental health treatment and to develop the skills needed to successfully navigate the healthcare system.

Family Health Navigation

Approach to working with parents and caregivers that addresses both the mental health and physical health of families.

Focuses on prevention, early intervention and self-management skill building in working with families.

Model includes skill building in the areas of communication, coping, health literacy, and parenting skills as well as education in behavioral health and physical health areas.

- **Upcoming Training: May 2016**



www.HealthNavigation.org

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