



St. Johnsbury Community Health Team Evaluation

Findings and Conclusions

February 25, 2014

Welcome!

Agenda

- **Background**
- **Evaluation Methods**
- **Program Description**
- **Evaluation Findings**
- **Conclusions**
- **Discussion**



Background

Background

Date	Milestone
September 2010	CDC contracted with ICF International to implement systematic screening and assessment (SSA) method to identify promising initiatives using CHWs
February 2011	Expert panel review selects the St. Johnsbury Community Connections Team as 1 of 3 programs for an evaluability assessment
May 2011	St. Johnsbury evaluability assessment site visit
June 2011	Second expert panel review
September 2011	St. Johnsbury CHT selected for full evaluation
January 2012	Working evaluation plan finalized
September 2012	Data collection site visit
January 2012-2013	Quantitative data extraction
January 2013 – February 2014	Data analysis and report writing, and development of an implementation guide
February 2014	Evaluation completed

Evaluation Methods

Evaluation Methods

- **What are the core elements of the St. Johnsbury CHT model?**
- **What is the reach of the St. Johnsbury CHT?**
- **What are the factors that affect implementation of the St. Johnsbury CHT model?**
- **What impact does the St. Johnsbury CHT have on patients' quality of life?**
- **What impact does the St. Johnsbury CHT have on patients' health?**
- **What is the added value of the St. Johnsbury CHT's efforts to improve quality of life on patient health outcomes?**



Evaluation Methods

■ Qualitative Methods

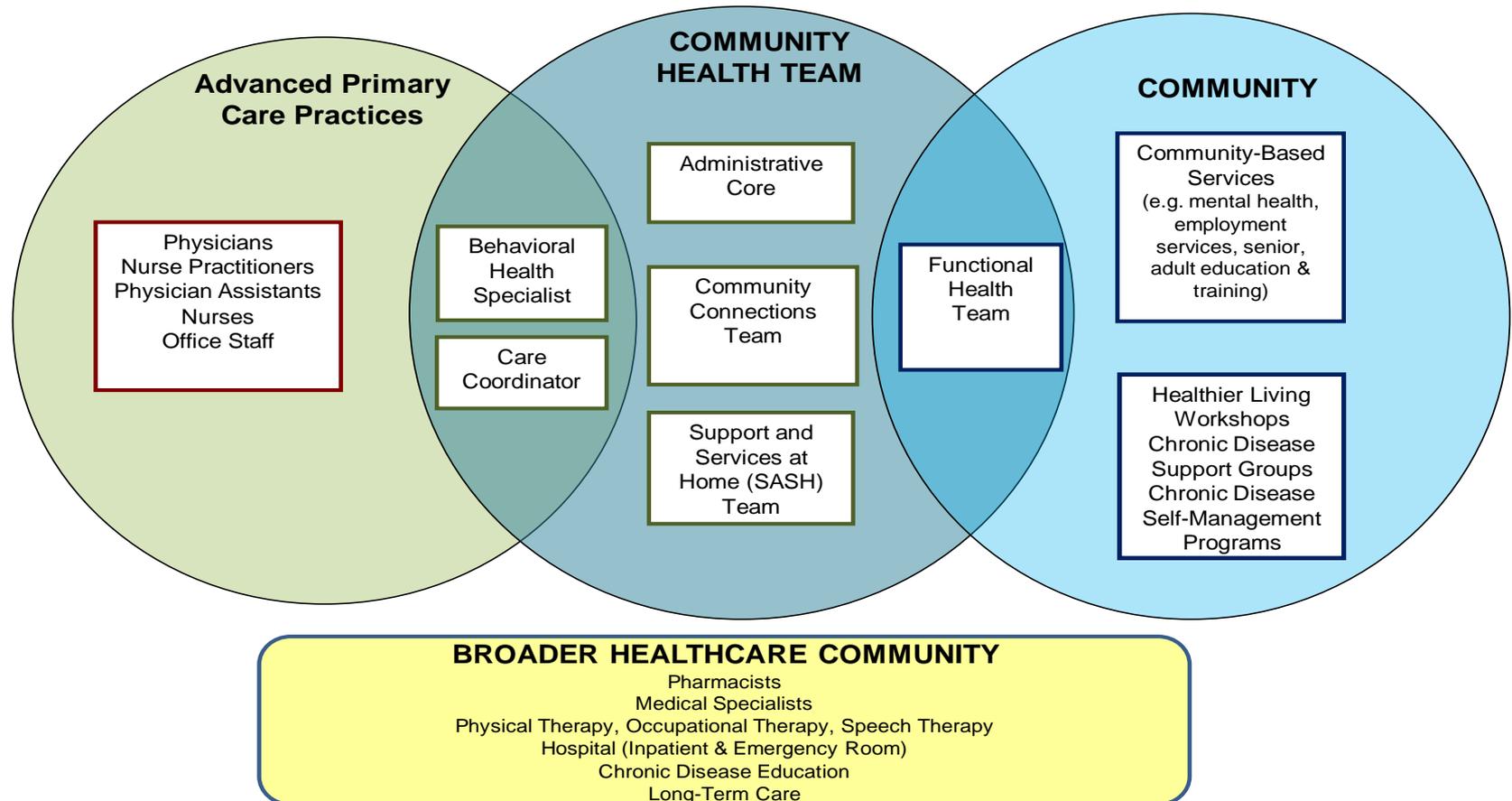
- Systematic document review
- In-depth interviews with CHT members
- In-depth interviews with providers
- In-depth interviews with Community Connections Team clients

■ Quantitative Methods

- Secondary analysis of Community Connections Team intake forms
- Secondary analysis of sample from Electronic Health Records (EHRs)

Program Description

Program Description



Program Description

- **Administrative Core**
- **Functional Health Team**
- **Community Connections Team**
- **Advanced Primary Care Practices**
- **Support and Services at Home (SASH)**



Evaluation Findings

Factors Affecting Program Implementation

- **Strength of relationships, communication and collaboration**
- **Commitment to patients/clients**
- **Provider buy-in**
- **Physical location of Behavioral Health Specialists and Chronic Care Coordinators**
- **Behavioral health as part of the primary care practice health team**



Factors Affecting Program Implementation

- **Navigating the EHR system for communication with other team members**
- **Time and workload**
- **Individual readiness to change**
- **Funding silos in community resources**
- **Lack of clarity in the chronic care coordinator and behavioral health specialists roles**



Program Reach

- **St. Johnsbury hospital service area = 30,000 people.**
- **As of March 2012, 22,106 unique patients and five APCPs in the CHT.**
- **All five primary care practices serving adults in the St. Johnsbury HSA are part of the CHT, including 29.5 primary care providers.**



Program Reach



- Higher proportions of individuals who were exposed to any given component of the CHT who were also exposed to other components of the CHT compared to the overall sample.

	Medical Home Patients (n=2711)	Community Connections Team Clients (n=86)	Chronic Care Coordinator Patients (n=264)	Behavioral Health Specialist Patients (n=72)
Exposed to behavioral health specialists	63 (2.3%)	^b	19 (7.2%)	-
Exposed to chronic care coordinators	199 (7.3%)	39 (45.3%)	-	19 (26.4%)
Exposed to Community Connections Team community health workers	63 (2.3%)	-	39 (14.8%)	^b

Impact of the CHT on Well-Being

- **45.7% had one encounter during observation period**
- **47% of clients were referred by medical home**
- **Key reasons for clients seeking services:**
 - Money and finances (42.1%)
 - Health insurance (37.2%)
 - Prescription drugs (23.8%)
 - Health education (25.3%)
 - Housing (20.2%)



Impact of CHT on Well-being

- Significant improvement over time in key areas
- Primary purpose of visit a key driver in level of improvement

Topic	Earliest Encounter Mean	Most Recent Encounter Mean	Multivariate GLM <i>p</i> value
Health Insurance (n=186)	6.95	7.54	0.001
Prescription drugs (n=180)	6.66	7.40	0.000
Health Education (n=142)	6.23	6.87	0.004
Housing (n=173)	7.05	7.74	0.004
Money and finances (n=172)	3.87	4.400	0.054
Overall (n=195)	5.28	5.95	0.226

Impact of the CHT on Well-being

Intake Forms	Client Interviews
<ul style="list-style-type: none">• 181 clients (47%) were referred by their medical home, while 204 (53%) were referred by people outside the medical home• The top five primary purposes of visits were for health insurance, prescription drugs, housing, money and finances, and health education	<ul style="list-style-type: none">• Interview participants learned about the Community Connections Team from a variety of sources, either staff at the hospital or from their medical home.• Interview participants reported that they generally needed assistance with paperwork and applications required for government assistance and social services.

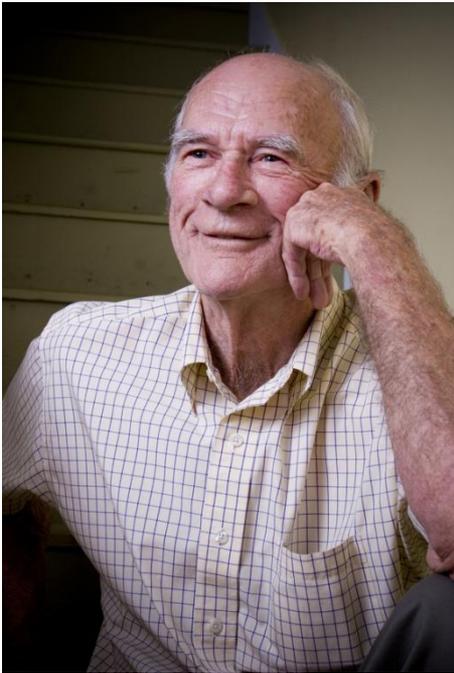
Impact of the CHT on Well-being

Intake Forms	Client Interviews
<ul style="list-style-type: none">• Clients showed statistically significant positive improvement in wellbeing scores for health insurance, prescription drugs, housing, and health education.	<ul style="list-style-type: none">• Participants described improvement "dramatic," "greatly improved," "very positive, very happy," and "a lot better,"• Participants expressed that meeting their basic needs can go a long way in improving their well-being and quality of life.

Impact of CHT on Well-being

Intake Forms	Client Interviews
<ul style="list-style-type: none">• No statistically different change in self-reported health status between clients' first and last encounters• Statistically significant increase in health education ratings between clients' first visit (mean: 4.90) and last visit (mean: 6.30) (multivariate repeated measures GLM p-value: 0.000).	<ul style="list-style-type: none">• Participants reported that they were more aware and attentive to their overall health after receiving services from the Community Connections Team.

Impact of CHT on Well-being



So she called [CHW], and right after I left here, they made arrangements for me to go over and see [CHW]. I went over and saw [CHW], sat down and talked with [the CHW], and [the CHW] was a godsend. [The CHW] got the ball rolling, told me what I had to do, I went and did it, came back and saw [the CHW who] had it all done that morning.

So I called one day and asked if I could talk to someone and kind of went from there. It actually worked out as a good thing, the way it worked out. And of course I had no clue that any of this stuff was available at all. So when I found out, I was like, whoa, that's awesome.

Impact of CHT on Well-being



It takes a lot off the stress. I had a lot of stress back then...Oh, the stress, I was worn out, I had just given up.

Impact of CHT on Well-being

“I would say that if you’re having difficulties in just getting, just navigating through the various issues involved in life that you have to do, hurdles you have to get through, forms you have to fill out, programs you’re trying to qualify for and you just don’t have it in you, you’re too sick or you’re too depressed or what have you, I would highly recommend that you go to Community Connections because they’re very understanding, and that’s basically why they’re there.”



Impact of CHT on Health



- **Ability to identify associations between program exposure and health outcomes was limited, but still promising**
- **Improvements in key areas of well-being closely associated with health**
 - Health insurance
 - Prescription drugs
 - Health education

Impact of CHT on Health



■ Supports practice

- Enhanced ability to monitor patients and their progress
- Enhanced focus on patients
- More time for providers

■ Supports patients

- *The CHT helps to give wrap-around services. It surrounds patients with all the different things that they need.*
- *I think patients are making more follow-ups, they're getting needed vaccines, and they're getting more complete checkups.*

Conclusions

Conclusions

- **Promising findings on care coordination and impact on well-being**
- **Demonstrates an intervention intended to address issues related to the social determinants of health in order to create an environment where patients can effectively manage their health**
- **Community engagement in the development and implementation of the CHT appears to have resulted in strengthened relationships between community institutions and enhanced care coordination**



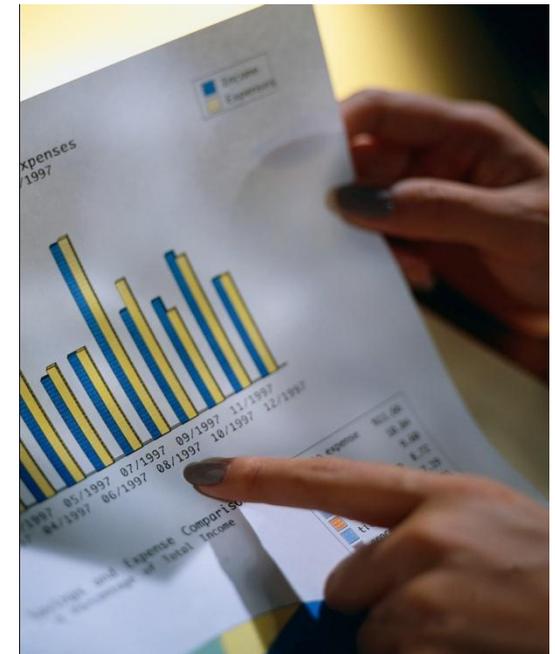
Conclusions

- **Establish a clear scope of practice for CHWs that promotes clinical and community linkages**

- **Key issues to consider with replicating the CHT model**
 - Needs assessment
 - Funding
 - Provider involvement
 - Oversight – Program manager
 - Care integration coordinator
 - Team roles and responsibilities
 - Regular collaboration
 - Communication channels

Conclusions

- **Process and impact evaluation of SASH**
- **Evaluate a replication of the CHT model**
- **Explore the moderating effect of patient activation**
- **Conduct additional analyses to explore associations**
- **Continue to measure and assess :**
 - CHT exposure
 - Health-related outcomes over a longer timeframe
- **Study impact of the CHT model on healthcare costs**



Acknowledgements

Acknowledgements

- **ICF Team**

- Thearis Osuji
- Marnie House
- Julia Fine

- **CDC Team**

- Alberta Mirambeau
- Joanna Elmi
- Jan Losby
- Diane Dunet
- Marla Vaughan

- **St. Johnsbury CHT**

- Laural Ruggles
- Pam Smart
- CHT members

For further questions and/or comments, please contact either Thearis Osuji (thearis.osuji@icfi.com) or Joanna Elmi (zft6@cdc.gov).

Discussion

Questions and/or Comments

