Care Navigation Council

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The Challenge

With the passage of the Affordable Care Act, Medi-Cal coverage for all legally present low income and underserved populations has created new challenges for healthcare access and utilization. Millions of uninsured individuals are beginning to access and utilize insured healthcare services for the first time. Although healthcare policy and coverage has changed, cultural perceptions and utilization behaviors of healthcare services have not. Healthcare remains an urgent or emergency service to many individuals, while the complexity of the healthcare system continues to increase, further limiting preventive utilization. Without a framework for an integrated, prevention based healthcare system across healthcare systems to support underserved communities to navigate healthcare services; perceptions and utilization of preventative healthcare will not change.

Locally, Sacramento's diverse and underserved communities are confronted with a complex and fragmented healthcare system. Consisting of four hospital systems, four Medi-Cal Managed Care Health Plans, three Independent Physicians' Associations, and an impacted network of seven community clinic systems delivering primary care; barriers for navigation, access, and utilization are rampant. These result in utilization issues such as avoidable ER utilization, high primary and specialty care no-show rates, and poor management of chronic and complex conditions, all of which lead to higher costs and lower population level health outcomes. Sacramento is the second most diverse city in the United States, and continues to receive new populations of immigrants, refugees, and underserved communities from other regions. With a variety of social, economic, linguistic, and cultural needs that are too often not addressed, these realities continue to challenge and frustrate a healthcare system that is ill-equipped to adequately serve so many needs simultaneously.

The Opportunity

Beyond coverage, the Affordable Care Act and other state policies have radically transformative initiatives for healthcare systems to develop new frameworks and strategies for deploying healthcare services. The movement towards electronic medical records and registries creates the opportunity for more information and data driven healthcare service delivery strategies. The introduction of patient centered medical homes models has created new paradigms and standards for healthcare services that emphasize care coordination frameworks emphasizing care teams rather than individual service providers. Pay for performance measures and the movement towards managed care systems creates incentives and opportunities for improving population level health outcomes. All of these changes speak to a new framework of healthcare services, of an integrated clinical and community healthcare system that can not only diagnose and prescribe treatments, but can also accommodate the social, cultural, linguistic, and economic needs of a patient that act as barriers to prevention, access, utilization, and management of health.

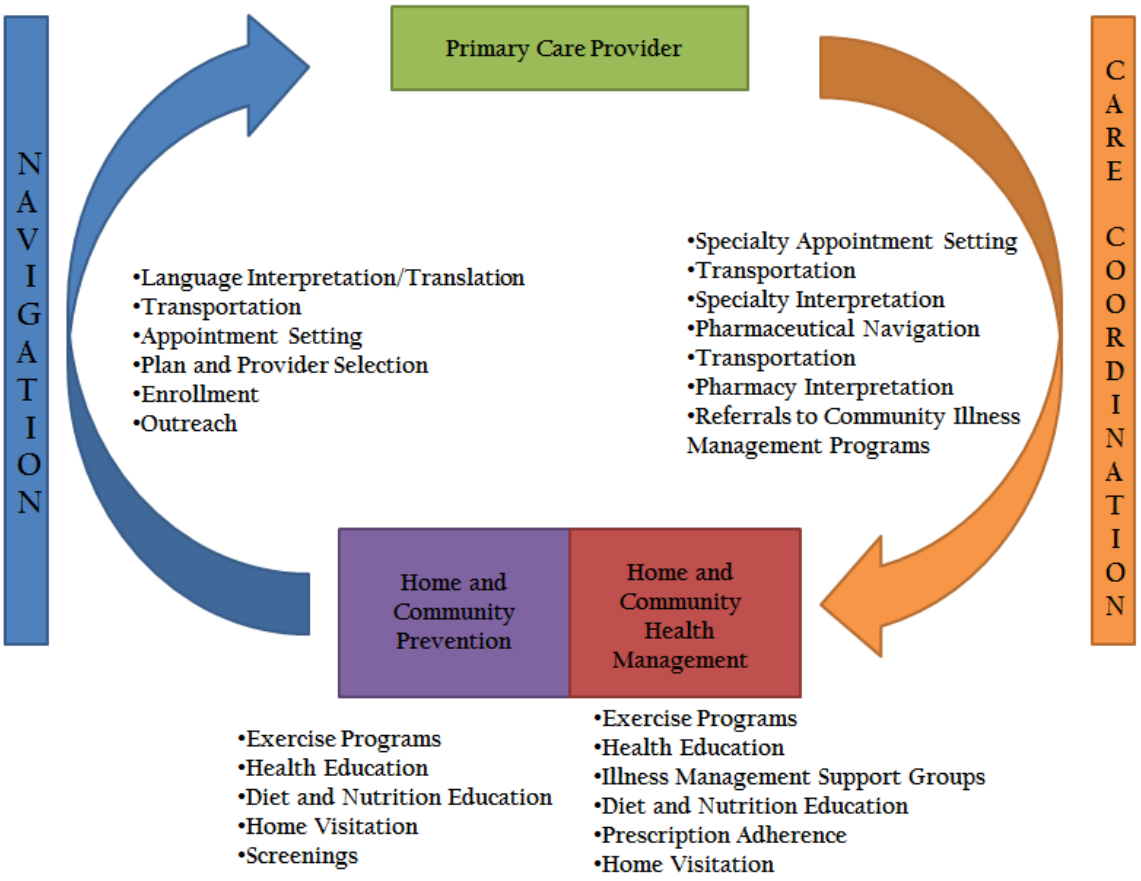
Non-profit community based organizations have pioneered the development of community based healthcare services such as promotoras, community health educators, insurance enrollers, navigators, case managers, and interpreters. Programs throughout Sacramento have flourished in the past twenty years to support the diversity of local healthcare issues and demographics, in addition to mitigating the complex navigation barriers in Sacramento's fragmented healthcare system. Although integral to facilitating access, utilization, and health management for underserved communities, this workforce is funded primarily by grants and has not been able to develop the necessary credibility and sustainability to integrate fully into the clinical healthcare service delivery model, until the passage of the Affordable Care Act.

The Vision

Capitol Health Network is embarking on the creation of a Care Navigation Council to bring together all local healthcare stakeholders to integrate community and clinical health systems. The Care Navigation Council will convene local community based health navigation and services with primary care centers and other providers to build the relationships and coordination needed to bridge home, community, and clinical healthcare service delivery systems.

1. Establish Navigation, Care Coordination, and Community Based Health Service Standards across a Spectrum of Healthcare Stakeholders

The initial goal for the Care Navigation Council is the standardization of healthcare services from navigation, care coordination, and community based health prevention and management. Recognizing the value of inclusion, invitations will be extended to staff at healthcare related systems and organizations to ensure that definitions and standards of functions are reflective of the needs of all healthcare stakeholders, patient populations, and health conditions. Initially, members will share their various strategies and methodologies of community and clinically based healthcare service delivery models in the field, with a patient centered focus on prevention, access, utilization, and health management. With this fundamental framework in place, true community based health care teams under the guidance of the physician plan of care can be realized. Partnerships between clinical, social, and community based services can be established to ensure that vulnerable and underserved patients can overcome the variety of social determinants of health that create barriers to prevention, access, utilization, and health management.



2. Supporting the Development of a Community Based Health Workforce with Training and Certification Programs

As the Care Navigation Council approves of a clear standardization of roles and functions, training and certification of key competencies will be developed and adopted by the Care Navigation Council to support the growing workforce of health navigators and care coordinators. Certified community health workers will gain access to tool sets to ensure primary care access for their patients. Similar to the Covered California model of training Certified Enrollment Counselors, these competencies will include understanding the various health plans, IPAs, hospital systems, and primary care centers in the Sacramento area, the Care Navigation Council's framework for prevention based healthcare, the Care Navigation Council's tool sets, and other areas as needed to serve specific demographic populations or health conditions.

Function	Training	Value
Enrollment	Training of various local, state, and federal health programs	Allows for enrollment personnel to be informed about the eligibility of patients for all health insurance programs
Plan and Provider Support	Training of all health plans and primary care centers as well as their formularies and available services, as well as member services directories	Allows for trainees to inform patients of the various Medi-Cal managed care plans and what plans best meet their needs
Appointment and Transportation	Training of primary care appointment systems as well as all available transportation coordination services of health plans	Allows for trainees to support patients to access primary care coordination services as well as support for transportation services to attend visits
Interpretation and Translation	Training of various linguistic and cultural needs of certain demographics	Allows for trainees to more appropriately meet the needs of diverse populations as well as provide meaningful translation and interpretation services to increase patient access and utilization
Specialty Care Navigation and Interpretation	Training on all specialty care networks, various specialties as relevant to certain demographics or health conditions in addition to access to and training on the use of the patient registry tool set and expected work flows required by payer and providers.	Allows for trainees to support patients utilize specialty care services, as well as provide culturally and linguistically appropriate services
Pharmaceutical Navigation and Interpretation	Training on health conditions, pharmacies and prescriptions	Allows for trainees to provide support for patients who do not fill or refill prescriptions

3. Integrating Community Based Health Services with Primary Care Centers

With the adoption of electronic medical records and networked administrative systems at primary care centers, these new technologies offer opportunities for the seamless integration of care navigation, coordination, and community based services. The Care Navigation Council will develop tool sets for navigation and care coordination services at primary care health centers, with the intent to expand to specialty, pharmaceutical, and community or home based health management programs. Two FQHC clinics, Elica Health and Health for All, are willing to pilot the integration of navigation and care coordination technologies, beginning with a back-line priority access system for patients of navigation or care coordination programs. The Care Navigation Council will participate in the development of this and other tool sets such as patient registries to ensure that programs are designed to maximize integration and access with community-based navigation and care coordination programs.

Conclusion

Although in decades past, Sacramento's Geographically Managed Care system has had difficulties serving the most vulnerable communities, the rapid changes of today's healthcare landscape demand that healthcare stakeholders in Sacramento develop meaningful relationships and solutions across systems in order to ensure that all barriers and gaps to access and proper utilization are addressed. With a collective and collaborative approach, healthcare stakeholders can implement solutions that meet the needs of everyone, from healthcare systems to patients. The Care Navigation Council will provide the space for all healthcare stakeholders to convene, discuss, and work towards accomplishing the task of developing a patient-centered healthcare service delivery framework that accomplishes the goal of prevention, access, utilization, and health management for all.