

Community Health Worker Pilot Project Learning Community Meeting

December 7, 2021



Meeting Agenda

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9:30-9:45	Welcome and Introductions
9:45-10:30	Project Reports (8-10 minutes each)
10:30-10:40	Break
10:40- 10:50	Evaluation Report
10:50-11:20	Boundary Setting Activity
11:20- 11:30	Break
11:30-12:15	Self-Care Presentation/Reflections
12:15-12:30	Wrap Up/Closing Comments

Ground Rules for Meeting:

- Have cameras on
- Ask questions (use chat when appropriate)
- Stay engaged and participate
- Use mute in between times where you are talking

Brief Introductions

- Name
- Organization
- Role
- What is your favorite holiday tradition?

Site Presentations

Site presentations

- Project introduction: (team members including roles, who you're serving, where you're located and demographic information)
- CHW: Please share how confident you're feeling in your role as a CHW? Share about what you've learned so far- are things going as expected or what unexpected successes or challenges have occurred?
- Please share your confidence in using the Interprise system
- Is there anything about the role or Interprise that you have questions/need support on? If you had to rate yourself on a scale of 1-10, how often are you logging every encounter in Interprise? Now that you have access to the "Trainings&Meetings" patient, how has your productivity percentage in Interprise been?
- Number of patients/clients served from September 1, 2021-November 30, 2021
- How is your referral process going? Who are some of your best partners for referrals?

Project Introductions

- HealthCore Clinic, Wichita
- Phillips County Health System, Phillipsburg
- Sedgwick County Health Department, Wichita
- Salina Family Healthcare Center, Salina
- Bob Wilson Hospital, Ulysses

HealthCore Clinic

Tyanna Moore
Adryana Escobar





Let's Self Reflect!

Presented by: Adryana Escobar, HCC's CHW
Tyanna Moore, CHW Supervisor



“We don’t learn
from experiences,
we learn from
reflecting on
experience.”

- JOHN DEWEY



Table of *Content*



HealthCore
CLINIC

01	Introductions
02	Feeling Confident/Successes
03	Challenges
04	Using Interprise/Encounters
05	Number of patients
06	Referral process



Introductions

- › Adryana Escobar
 - › Community Health Worker
- › Tyanna Moore
 - › Community Health Worker Supervisor



HealthCore
CLINIC



Confidence and Success

› Confidence

- › Building the program
 - › Adding more CHW
- › Numbers increasing
 - › Patients attendance
- › Better health outcomes
 - › A1c improvements

› Successes

- › Diabetic screenings
 - › More follow ups
- › Patient opportunities
 - › Patch, stopping meds
- › Diabetic Education
 - › Diabetic group



What challenges have we come across?

- › Challenges
- › **Lack of patient interest**
 - › Patients not wanting to learn about their condition
- › **Building a relationship**
 - › Older patients like speaking to Medically certified professionals
- › **Outreaching**
 - › Failing to reach patient
 - › Returned mail
 - › Phone Disconnected



Using Interprise

- › Create rough chart
 - › Basic Demographics
- › Meet with patient
 - › During appt, Phone call
- › Establish a relationship
 - › Learn about each other
- › Assessment/Questionnaire
 - › Helps create goals
- › Medical history
 - › Discuss illness, medications
- › Family, Career, Income challenges
 - › Safety, comfortable



Encounters

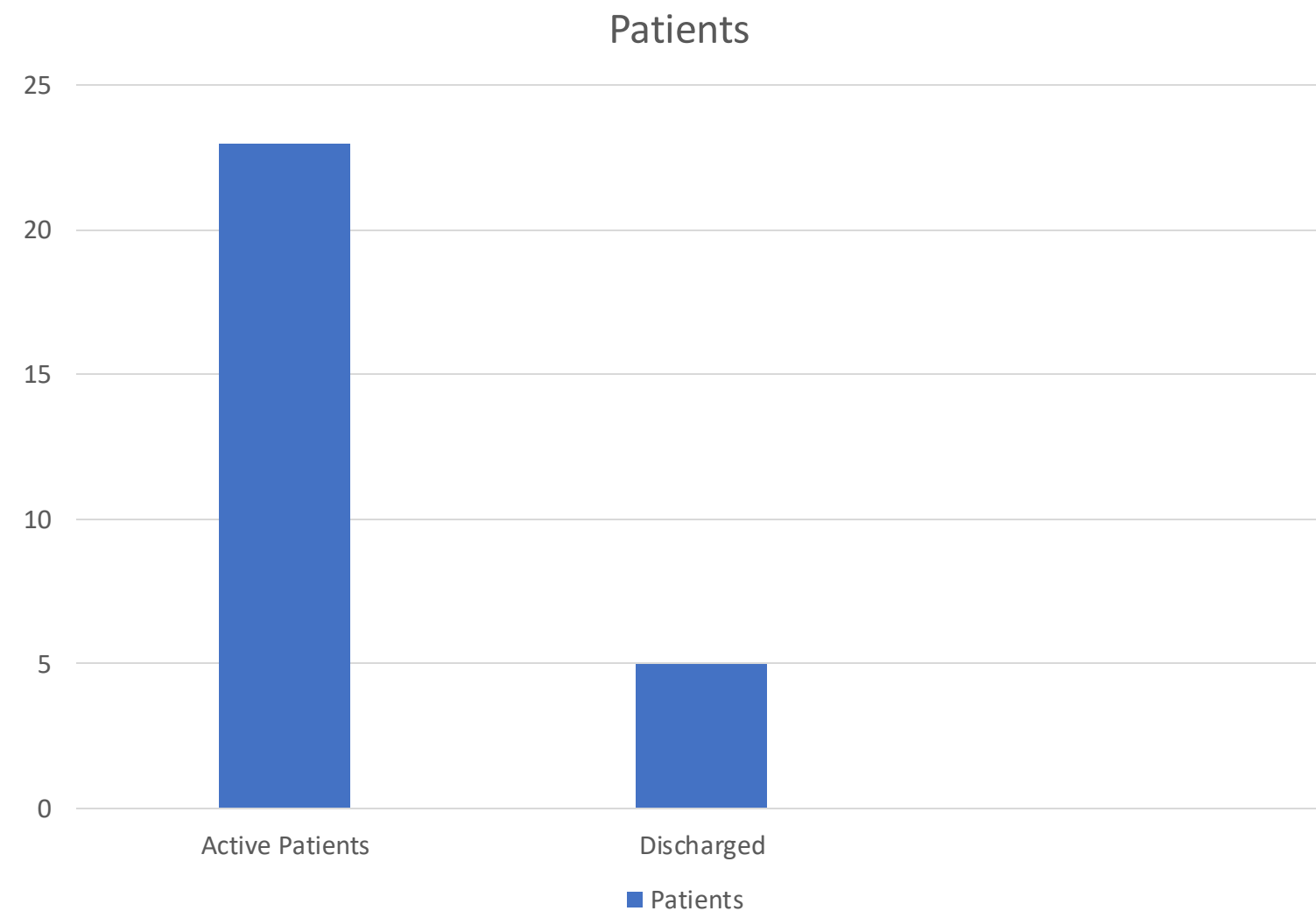
› Encounters

- › Notating all steps taken, discussions, future goals.
 - › For diabetics I check at every 1-3 months as needed.
- › Tracking admin time
 - › Reviewing patients chart for any call backs, messages with providers.
- › Notating changes, obstacles
 - › Patient struggles, needs more time



Number of Patients Seen

- › Currently I have 23 active patients
 - › Needing another A1c check in 3 months from last appt.
- › Discharged 5
 - › Needed no goals/assistance
 - › Refused enrollment
Information provided



Referral Process

- › The referral process
 - › simple
 - › attended to in a timely manner.
- › Process
 - › Telephone Encounters
 - › Dental
 - › Behavioral Health
 - › Food Panty
 - › recommendations to vision care.
- › My favorite part about our referral process is that almost all referrals are done in house and don't take longer than a week to be resolved.



Thank you for allowing
us to participate!!!

Adryana Escobar

Community Health Worker



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Tyanna Moore

Community Health Worker Supervisor



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Phillips County Health System

Jennifer Dodds
Rachel Coomes



PHILLIPS COUNTY HEALTH SYSTEMS

JENNIFER DODDS-
SUPERVISOR

RACHEL COOMES- COMMUNITY
HEALTH WORKER

INTRODUCTION

- Based out of Phillipsburg, Kansas
- Serving the elderly/low income population
- Mainly serving fall risk patients and low income patients needing medication assistance

CHW Experience

- Pretty confident with the work I've been doing so far.
- Charting and continuing to become more efficient will be big for me.

Enterprise System

- Very easy to navigate
- I enjoy the templates our group gave out to help guide through the process
- I would say probably 7/10 on logging every encounter into Enterprise. (including provide encounters, etc.)
- We have served 30 patient from September 1 to November 30

REFERRAL PROCESS

- Our referrals come from our providers and/or their nurses at the clinic
- A lot of referrals coming from the care team (therapies) and our discharge planner

Sedgwick County Health Department

Chantal Nez
Suzana Hernandez

Sedgwick County Health Department

CHANTAL NEZ- MATERNAL AND CHILD HEALTH PROJECT MANAGER

SUZANA HERNANDEZ- COMMUNITY HEALTH WORKER



Introduction

- ▶ Team Members:
 - ▶ Chantal Nez- Maternal and Child Health Project Manager
 - ▶ Suzana Hernandez- Community Health Worker
- ▶ Location:
 - ▶ Sedgwick County Health Department
- ▶ Serving:
 - ▶ CHW will be serving any women in Sedgwick County of child bearing age (14-44) that is not an active Healthy Babies client

Primary Goals

- ▶ Identify women that have not had a well women visit in the last year, do not have a medical home, and/or do not have health insurance
 - ▶ Families are eligible if woman has children that are also in similar situation as described above
- ▶ Connect with services (West Clinic, FQHCs, other social service organizations in IRIS)

CHW Reflection

- ▶ I am very confident in my role as a CHW and also confident in using the Interprise system.
- ▶ Learned:
 - ▶ Realized there are more CHW/Promotoras than I thought prior to starting this position
 - ▶ Since starting with the HD, my resource list has declined compared to when I worked for a non-profit organization
- ▶ Unexpected Successes
 - ▶ Client getting vaccinated!!

CHW Reflection, cont.

- ▶ How often are you logging every encounter in Interprise? **9!!!**
- ▶ Now that you have access to the "Trainings&Meetings" patient, how has your productivity percentage in Interprise been?
 - ▶ **I notice that it is increasing due to the fact that I am being held accountable for documenting each encounter and all the Trainings and Meetings are in there as well.**
- ▶ Number of clients served from September 1, 2021-November 30, 2021:
 - ▶ **6**

Referrals

- ▶ CHW will utilize IRIS (Integrated Referral and Intake System) to make referrals and get referrals from other Sedgwick County community organizations.
- ▶ CHW will continue to network with non IRIS users
- ▶ Who are some of your best partners for referrals?
 - ▶ **Higher Ground**

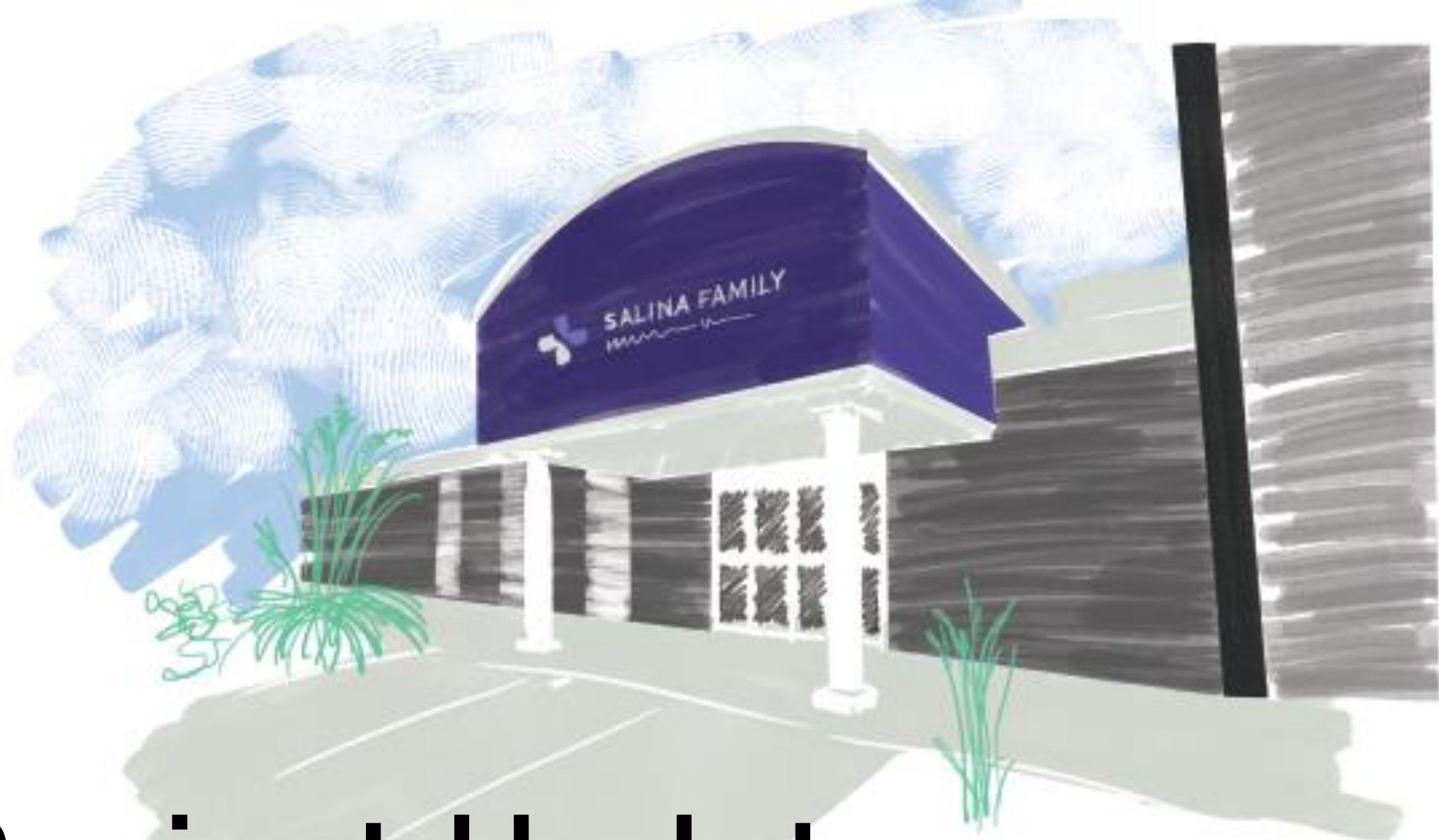
Thank You

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SUZANA HERNANDEZ- SUZANA.HERNANDEZ@SEDGWICK.GOV

Salina Family Healthcare Center

Melodie Reich
Stephanie Goetz



CHW Project Updates

Melodie Reich, Site Supervisor

Stephanie Goetz, Care Coordinator/CHW

Population Information

- Saline County
 - Home to 54,401 people
 - 33% (17,952) are living below 200% of the Federal Poverty Level (FPL)
- SFHC 2020

Uninsured	Medicaid	Medicare	Private	Total	≤200% FPL
2148	3314	1329	3088	9899	6434 (65%)

- Target Population
 - Individuals living below 200% of the FPL in Saline County, Kansas
 - only clinic in Saline County that utilizes a sliding fee scale based on household size and income and ensures that all clients have access to health care regardless of their ability to pay

CHW Updates (may need more than one slide)

- Feeling more comfortable as time progresses. Learning of resources, qualifications and how to connect patients to those resources is becoming easier the more I learn and as time progresses. I was unaware of how many resources are available.
- The more I enter information into Interprise system the easier it becomes. I use the patient section versus assessment or task sections as it is easier to navigate in my opinion.
- I would have to rate myself at 6-7 on logging every encounter. However, after starting episodic work these have increased and anticipate to continue to enter clients as they are assisted.

Number Served

- September 1, 2021-
November 30, 2020
 - 113 Unique patients
 - 203 Resources

Row Labels	Count of procedure
ACP: ADVANCE CARE PLANNING	6
BPDME: BLOOD PRESSURE CUFF AND/OR MONITOR	1
CPAP: CPAP	1
CPAPSUPP: CPAP SUPPLIES	1
DIRECTRELIEF: DIRECT RELIEF	1
DONATION: DONATION	3
FOOD: FOOD VOUCHER	27
FORMULA: FORMULA	1
MEDCC: MED ASSISTANCE CATHOLIC CHARITIES	29
MEDVOUCH: MEDICATION VOUCHER	18
OTHER: OTHER	6
PANTRY: PANTRY	21
PAPERWORK: PAPERWORK	59
RPM: REMOTE PATIENT MONITORING DEVICES	4
SFHCBABY: SFHC FORMULA/BABY CARE	2
SFHCDME: SFHC DME SUPPLIES	6
SFHCNUTRIT: SFHC NUTRITION	5
SFHCOTHER: SFHC OTHER DONATED SUPPLIES	3
TRANSPORT: TRANSPORTATION	6
WHW: WOMEN HELPING WOMEN	3
Grand Total	203

Referral Process

- Internal
 - Providers refer patients or send case
 - Most internal referrals result in warm hand-off
 - Patients may call and request assistance at any time
 - Information posted if needing assistance to contact CHW
- External
 - Catholic Charities
 - Salvation Army

Bob Wilson Hospital

Denise James
Lucy Watie

Kansas Community Health Worker

Bob Wilson Hospital

December 07, 2021

*We extend the healing ministry of
Christ by caring for those who are ill
and by nurturing the health of the
people in our communities.*



Our Team



- Lucy Watie
 - Community Health Worker
Bob Wilson Hospital
Ulysses, KS



- Denise James
 - Community Health Worker Supervisor
Bob Wilson Hospital
Ulysses, KS





Please share how confident you're feeling in your role as a CHW?

“My confidence has grown and continues to grow with each accomplished goal.” - Lucy Watie

Share about what you've learned so far- are things going as expected or what unexpected successes or challenges have occurred?

"With each success story, I become more inspired and motivated. It's encouraging to see the impact this CHW program is making in the lives of these clients. I've witnessed clients go from being stressed out, some with no motivation or desire to address their health needs, uninsured, about to be evicted from their homes to wanting to attend diabetes classes, furthering their education, being able to stay in their homes until they can get healthy enough to start working again and getting their heater repaired so they can have a warm home to live in this winter. I'm amazed at all the support we have right here in our community. To be completely honest, I was expecting a little bit of a challenge or resistance but am just in awe at how well these organizations work closely together to see to it that the needs of the client are met. We couldn't do what we do without all the community's support. It's been awesome and we're so thankful for them.

I can think of a couple of challenges that come to mind that I can share with you. I had a client who I wasn't able to find resources for and I was down on myself that I couldn't help her. This is a child who has Syn gap 1 and has medical needs such as a safety bed, ramp, and seizure helmet. This child is getting bigger and gaining more weight and mom just can't carry her anymore. It's getting too difficult. She can get a motorized chair but that doesn't help because their house would need to have some changes made for them to be able to maneuver through the home. Mom mentioned she would love to find a resource that could assist with making the bathtub one that was especially designed for her daughter as she's having to carry her. I understand that there may be some goals that will be out of scope, but I would love nothing more than to find this mama some resources and I am just thankful that I've had far more successes than not. The other challenge is that I find I'm neglecting the earlier enrollments and most of those are ready to be discharged. I need to be sure that I stay on top of that. Part of the problem here is that I am getting more and more clients to enroll and it's just so exciting I forget to discharge the ones I already have. I am doing better on that and will make it a priority to get those completed." – Lucy Watie



Please share your confidence in using the Interprise system.

“ I feel confident in using the system.” – Lucy Watie

Is there anything about the role or Interprise that you have questions/need support on?

“If I have questions regarding using Interprise, I always reach out to my supervisor and if she doesn’t have the answer, she forwards it to one of the supervisor trainers.” – Lucy Watie

If you had to rate yourself on a scale of 1-10, how often are you logging every encounter in Interprise?

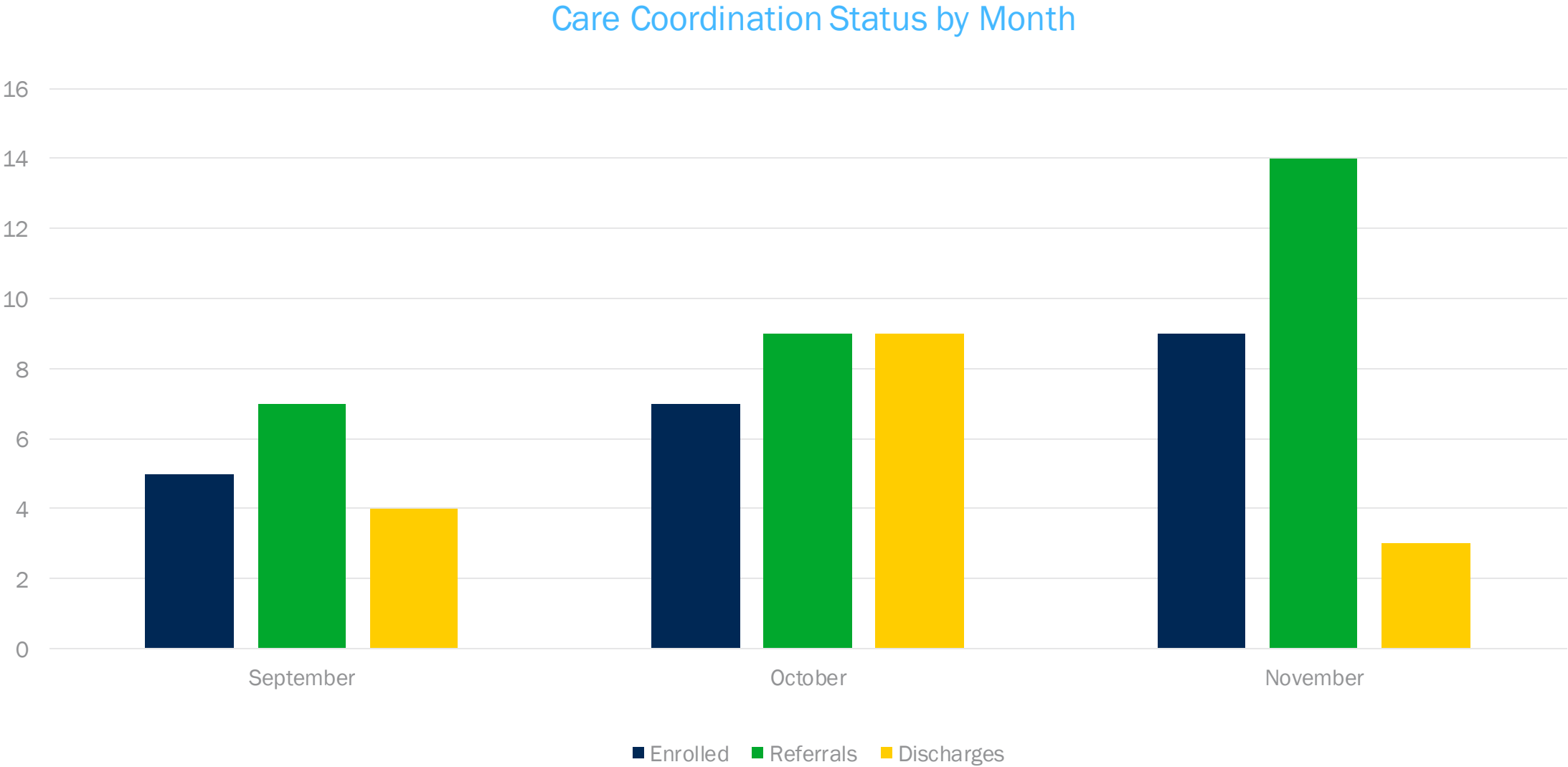
“I feel I've been consistent regarding logging my encounters. I think I'd score myself between an 8-9. I still forget from time to time but for the most part, I catch it either toward the end of the day or the beginning of the following day and log it at that time.” – Lucy Watie

Now that you have access to the "Trainings&Meetings" patient, how has your productivity percentage in Interprise been?

“My productivity percentage has improved considerably since the “Training&Meetings” patient was added to care navigator.” – Lucy Watie



Number of patients/clients served from September 1, 2021-November 30, 2021



How is your referral process going?

“Excellent! We have established a good flow between the hospital and clinic to the CHW. Also, several have reached out directly to the CHW as self referrals.” – Lucy Watie

Who are some of your best partners for referrals?

The hospital owned clinic contributes to 64% of our current referrals. The second highest has been self referrals at 30%.

*We extend the healing ministry of
Christ by caring for those who are ill
and by nurturing the health of the
people in our communities.*

Thank You!



BREAK

Evaluation Report and Discussion

University of Kansas School of Medicine
School of Population Health

Jessica A.R. Williams, PhD
Joanna V. Brooks, PhD, MBE



Boundary Setting Activity/Reflections

Have you encountered any situations in which you are uncomfortable? (With a client, with a colleague, etc.?)



- Developing Trust
 - Wanting privacy, choosing not to disclose information.
- Asking personal questions
 - Income, Living, Diet, Safety measures.
- Age difference
 - Patients not wanting to talk to a younger generation.
- There are times when a client may be upset, but active listening and determining a plan of action with the client will generally help the client calm down.
- I have not encountered any situations that I've been uncomfortable with so far.
-

Have you had any situations in which you think a healthy boundary around your scope of work is being crossed or could be crossed?

- I have not encountered any boundaries being crossed.
 - I feel supported to pursue my goals
 - Accomplishing things out of interest and not force.
 - Feel safe expressing my emotions/disagreements
- Providers tend to refer before knowing if a resource is needed, but it is a good problem to have.

I had a situation where the client agreed to enroll into the program. I went to the home, assessed the client and per the assessment, there wasn't at least one goal triggered. The referral was from one of our PA's at the clinic. She asked if we could encourage her to be more compliant in possibly weening her off some of her medication. She is overmedicating and it is a problem. She's taking over 22 different medications. The client had all her medications in 2 wicker baskets and showed me each one of them along with the names and doses but she is clearly in denial. She then informed me she wouldn't be needing our services but was very happy that I took time out of my day to come and see her. I informed the supervisor trainers of my situation and what they advised me was this:

"That really is a task above your pay grade. The provider needs to work directly with the patient on their medications and reducing them. You don't know enough about meds and which ones can safely be stopped, etc. I'd list the patient as refused enrollment information provided, I am assuming you gave her information about engaging in care?"

I do agree with the trainers.

Have you had any situations in which you think a healthy boundary around your scope of work is being crossed or could be crossed?



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Are there any parts of your work that you find stressful/overwhelming?

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- When patients No show
- When patients don't pick up their medication
- When patients don't follow their plan to accomplish their goal
- Managing multiple things at one time and wearing multiple hats can get overwhelming, but it is important to refocus and prioritize (and take a deep breath).
- I think for me the charting is the most overwhelming and stressful part. I always feel like I'm missing something.

Is your work sustainable? Can you envision yourself doing this for years to come?

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- Yes, I can see myself in this position for the long run.
 - Patient in helping others
 - Learning new information
 - Guiding people to a better life.
- Not sure that I see myself doing this long term
- I think CHW work is sustainable. I envision patients continuing to need assistance with resources and having someone there to help bridge gaps. Payers make it hard to be sustainable financially, but I think you could incorporate it in quality programs and awards. Also consider cost savings by helping bridge gaps for patients. If you have a diabetic patient that is unable to afford insulin, they will eventually be hospitalized. By connecting the patient to the resources, you keep them out of the hospital and healthier.
- I am so excited about my role as community health worker, and I can't think of a more rewarding job. There is no doubt in my mind that this program will continue to improve public health in our small rural community. There has been a great need for a program such as this and I hope to continue doing this line of work for many years as it has always been a passion of mine.

Is it hard to “turn off” when you get home? Do you find yourself thinking about your clients and your work even when you’re not at work?

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- At times it is more difficult to wind down.
 - Stress
 - Thinking of better ways to help someone
 - Thinking of what I could have done differently.
- Some cases affect me in a more emotional level.
 - Chronic illness
 - Housing issues
 - Family issues
- No, but this has taken a lot of practice. I still will occasionally think of things for clients, but then remember to leave work at work.
- It's not hard for me to "turn off" at home. I think I do a good job of balancing work and personal life.
- There are times I don't “turn off” when I get home. In my honest opinion, when you're passionate about your job and the people you're serving, it's very difficult to do so. I do find myself thinking of difficult situations and challenges the client is facing and I pray. Not all is bad though; I share with my husband the excitement and joy I experience as we complete goals and successfully discharge clients. I am looking forward to my future with this CHW program.

Boundary Setting Activity/Reflections

BREAK

Self-Care

Closing Comments

2022 Learning Community Meetings- SAVE THE DATES!!

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- February 9th (virtual) 9:30-12:30
- May 12th: in person (tentative) 9:30-2pm
- September 7th: (virtual) 9:30-12:30pm
- December 8th: in person (tentative) 9:30-2pm

Reminders/Reporting

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- Monthly stories- please submit
- Use of Interprise and monthly report

Closing Comments

