

# NYP Center for Community Health Navigation: A Hospital-Community Partnership to Improve Community Health and Well-Being



9/23/2021

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## The Center for Community Health Navigation

# Center for Community Health Navigation (CCHN)

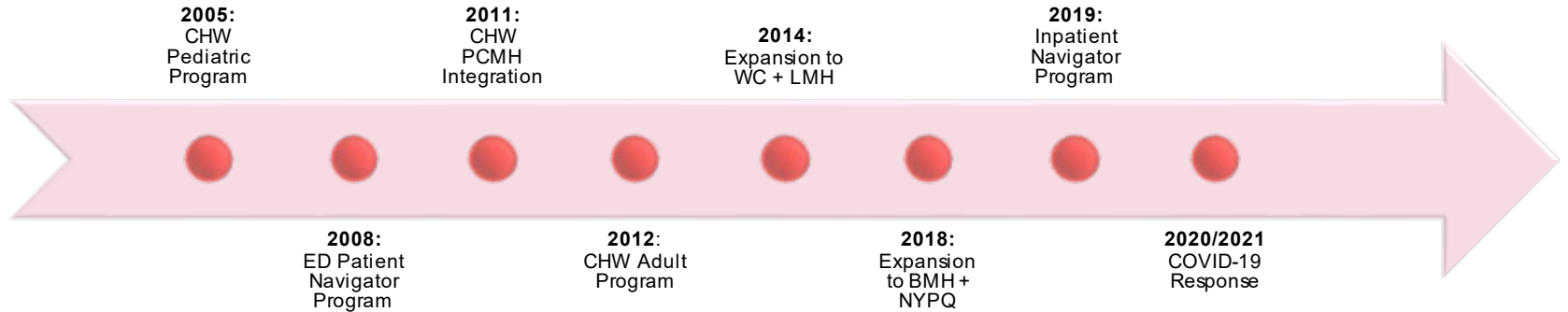
- **Mission:**

- To support the health and wellbeing of patients through the delivery of culturally-sensitive, peer-based support in the Emergency Department, inpatient, outpatient and community settings

- **Goals:**

- Improve patient access to care at NewYork-Presbyterian and in the community
- Deepen connection between Hospital and community resources
- Develop innovative patient-centered initiatives
- Advance the Community Health Worker role and workforce
- Enhance the Community Health Worker knowledge-base and inform local practice

# CCHN Milestones



# CCHN Community Partners



Northern Manhattan Improvement Corp



Henry Street Settlement



Dominican Women's Development Center



CAMBA



Community League of the Heights



Fort George  
Community Services



Make the Road New York



Northern Manhattan Perinatal Partnership



Public Health Solutions



Hamilton Madison House



## CCHN Program Models and Outcomes

# Patient Navigator Program Model

- ❑ ED & Inpatient Based
- ❑ Empowerment Model

## Patient Navigator:

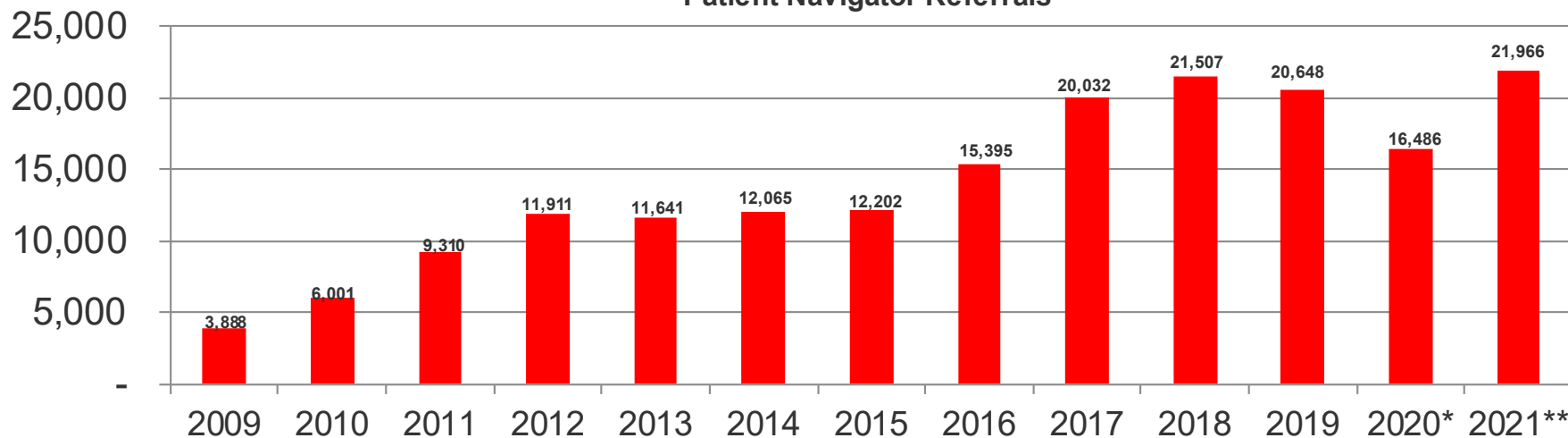
- Deliver bilingual, peer-based education and support
- Schedule appointments based on provider referrals and patient needs
- Connect to resources for insurance/financial support
- Provide post-discharge follow-up to support adherence
- Work as members of ED & Inpatient teams
- Support enrollment and use of patient portal

*Garbers S, Peretz P, Greca E, Steel P, Foster J, et al (2016) Urban Patient Navigator Program Associated with Decreased Emergency Department Use, and Increased Primary Care Use, among Vulnerable Patients. J Community Med Health Educ 6: 440. doi: 10.4172/2161-0711.1000440*

# Patient Navigator Outcomes: NYP-Columbia

- Over **230,000** patients supported by Patient Navigators across 6 NewYork-Presbyterian Hospital Emergency Departments
- Patient Navigators supported a total **172,069** patients in 3 Emergency Departments: The Allen Hospital, Milstein, and CHONY
- 93%** of **64,744** patients requiring a PCP had a PCP and appointment upon discharge
- 76%** of **113,745** patients scheduled for a follow up appointment attended the appointment

Patient Navigator Referrals



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22 Patient Navigators

\*2020 decrease attributed to COVID19; \*\*2021 annualized

# CHW Program Model

- ❑ Community Based
- ❑ Empowerment Model

## CHWs:

- Based in NYPH and local communities
- Bridge hospital and community settings for rising-risk patients
- Deliver bilingual and culturally sensitive peer-based education and support
- Work as members of PCMH health care teams

1. Peretz P, Matiz LA, et al. *Community Health Workers as Drivers of a Successful Community-Based Disease Management Initiative. American Journal of Public Health: August 2012, Vol. 102, No. 8, pp. 1443-1446*
2. Matiz, L. A., Peretz, PJ et al. *The impact of integrating community health workers into the patient-centered medical home. Journal of Primary Care & Community Health. (2014) 5(4), 271-274.*
3. Costich, M. A., Peretz, P. J., Davis, J. A., Stockwell, M. S., & Matiz, L. A. *Impact of a community health worker program to support caregivers of children with special health care needs and address social determinants of health. Clinical Pediatrics. (2019)*
4. Peretz PJ, Islam N, Matiz, LA. *Community Health Workers and Covid-19 — Addressing Social Determinants of Health in Times of Crisis and Beyond. The New England Journal of Medicine (2020)*

# Adult CHW Program

- Between **January 2012 and June 2021**, CHWs enrolled **1,705** participants in the CHW program:
  - Among graduates with diabetes:
    - **62%** experienced improved A1C levels
    - **100%** stated that they felt confident to reduce their risk
  - Among all graduates:
    - **89%** met their Medication Management goal(s)
    - **90%** met their Patient Navigation goal(s)
    - **88%** met their Social Determinant goal(s)
- Since 2012, **6,853** patients received practice-based support and education

# Pediatric CHW Program

- Between **September 2006 and June 2021**, CHWs enrolled **2,471** caregivers of children with special healthcare needs.
  - Among graduates with asthma:
    - hospitalizations decreased by **76%**
    - emergency department (ED) visits decreased by **68%**
    - **97%** of caregivers reported feeling able to manage their child's asthma
  - Among all graduates:
    - **76%** showed decreased stress
    - **98%** access confidence
    - **92%** control over condition
- Since 2011, **2,229** patients received practice-based support and education

# The Role of CHWs in Patient Care: A Physician Perspective

# CHW Case: A Physician Perspective

- Mother of 2 children diagnosed with developmental delays, new immigrant and undocumented
- Referral made via EMR to CCHN team and assigned to CHW
- Provider goal: support to apply for entitlement benefits
- Family goal: SNAP, counseling for parents
- Referrals:
  - Bake Back America (crafts)
  - Support to set up Patient Portal
  - Legal services for eviction issues
  - SNAP
- Emergency plan activated

## CCHN COVID Response

# CCHN COVID-19 Response

- Between March 2020 and March 2021, CHWs completed nearly **20,000** wellness checks to adult and pediatric patients to address urgent needs
- In addition, Patient Navigators and Community Health Workers:
  - Helped more than **9,300** patients enroll onto the NYP patient portal, empowering them to virtually schedule and attend health care visits, access health records, and communicate with their providers.
  - Supported more than **6,100** eligible patients to schedule COVID-19 vaccine.

## Recommendations

# Recommendations

- Develop and nurture trusting community partnerships
- Align with hospital and community strategic initiatives to encourage integration and program sustainability
- Employ CHWs/PNs who represent local communities
- Build capacity within the CHW/PN workforce to support navigation of our newly digital healthcare environment
- Integrate CHWs/PNs into health care settings as team members
- Include CHWs/PNs on healthcare advisory boards and committees

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Thank You

