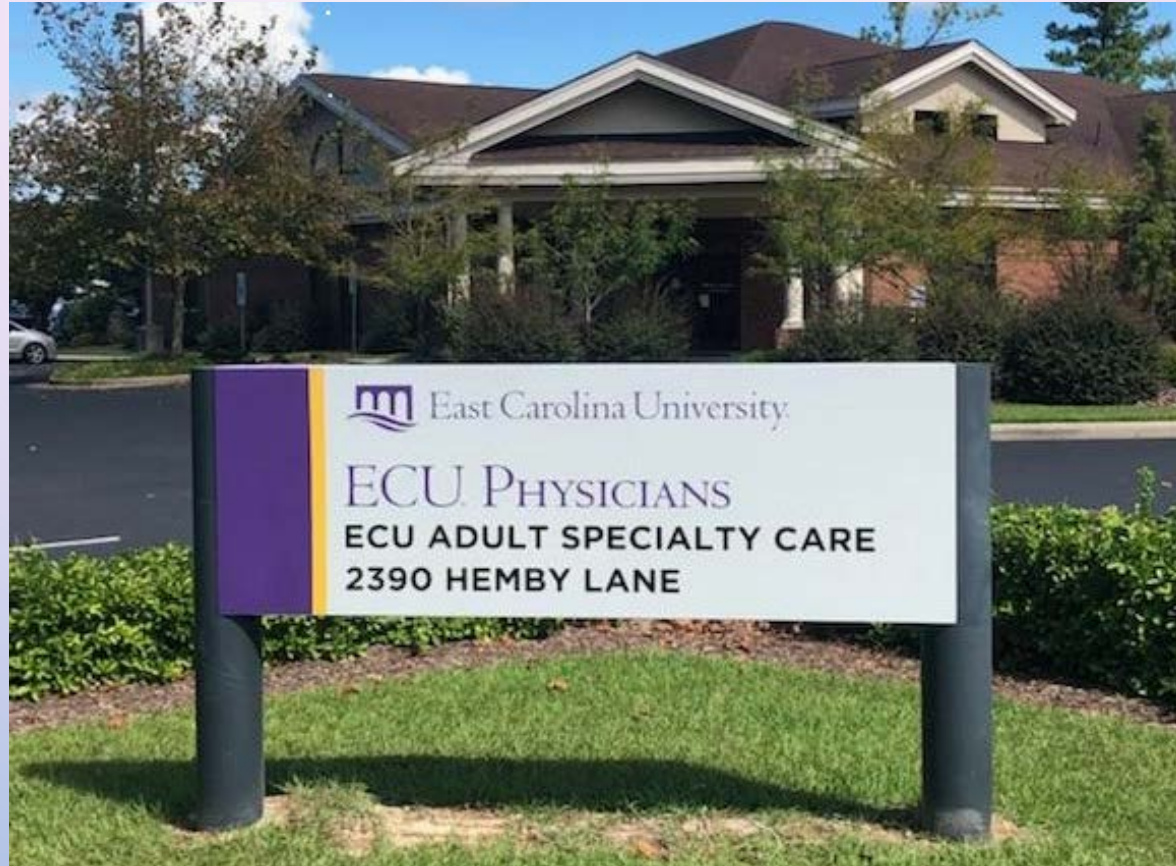


ECU ADULT SPECIALTY CARE



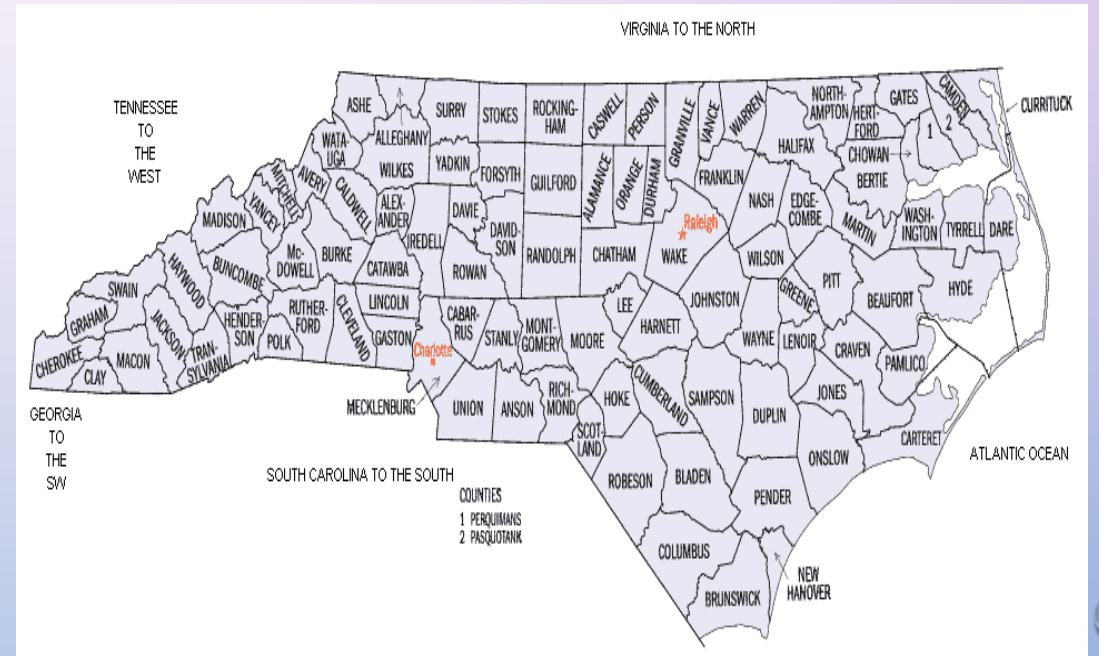
CHW Coordinators: LaSean Hutcherson & LaWanda Todd
Ryan White Eligibility Coordinator: Stacey Hargrove
CHW: Peter Williams

MISSION STATEMENT

- THE MISSION OF THE DIVISION OF INFECTIOUS DISEASES AT EAST CAROLINA UNIVERSITY IS TO **EDUCATE** THROUGH OUTREACH, INNOVATION AND EXCELLENCE; **SERVE** THE PEOPLE OF EASTERN NORTH CAROLINA THROUGH THE PRACTICE OF KNOWLEDGEABLE, COMPASSIONATE PATIENT CARE; AND CONDUCT QUALITY **RESEARCH** FOR THE ADVANCEMENT OF MEDICAL KNOWLEDGE.

AGENCY SNAPSHOT

- ECU ADULT SPECIALTY CARE IS LOCATED IN GREENVILLE, NC
- SERVES MORE THAN 1700 PLWH LIVING IN THE 30 COUNTIES IN EASTERN NC
- MAJORITY AFRICAN AMERICAN MEN
- CLIENT POPULATION IS 65% MEN AND 35% WOMEN
- RWPB, RWPC, AND RWPD



SERVICES PROVIDED

- HIV, GENERAL INFECTIOUS DISEASE CARE, INTERNATIONAL TRAVEL CLINIC
- PREP AND CONDOM DISTRIBUTION
- PHARMACY SERVICES
- BEHAVIORAL HEALTH AND SUBSTANCE USE TREATMENT
- NUTRITION
- GYNECOLOGY
- SPECIALTY CARE REFERRALS (DENTAL, VISION, ETC.)
- HEALTH EDUCATION
- CLINICAL TRIALS
- TRANSPORTATION
- CASE MANAGEMENT
- INFUSION CENTER



GOALS AND STRATEGIES

GOALS

- Help clients achieve retention in care (RIC) and viral load suppression (VLS)
- Help clients self-navigate their health care and understand the value of RIC and VLS
- Identify sustainable interventions that support RIC and VLS
- Increase program VLS rate from 85% to 90%



STRATEGIES

- Establish a trusting relationship with the clients by initiating multiple contacts
- Partnering with the client to identify their priority goals
- Include the client's goals in the care plan while simultaneously working towards achieving VLS
- Incorporate a system of checks and balances to serve as a safety net in supporting the client
- Client feedback, staff debriefing during weekly huddles
- Consultation with BU coach and networking with other sites
- Getting ECU administration support for CHW

ECU-ASC: COMMUNITY HEALTH WORKER (CHW) INITIATIVE

RECRUITMENT STRATEGY

- Our targeted clients are: 1) Complex and 2) Known to experience challenges with RIC and VLS.
- The CHW initiative is presented to potential participants as a reinforcement or safety net that will give them additional support as they strive to achieve durable VLS and positive health outcomes.

INITIAL SUCCESSES

- Within four months, 7 (31%) of the 22 clients enrolled became viral load suppressed.
- The CHW program has proved to be so beneficial that ECU administration approved and funded a 3rd CHW position support by RW program income.
- Providers and MCM's are now requesting CHW assistance. There is more demand for a CHW than availability.

ECU-ASC: COMMUNITY HEALTH WORKER (CHW) INITIATIVE

ACCOMPLISHMENTS

- Client recruitment
- Staff access to all databases
- CHW's attend staff meetings & interface with community agencies
- Increased interactions with care team
- Success stories

CHW COMMUNICATION

- CHW's participate in the Region 10 Network meeting
- CHW's attend monthly meetings (STAFF, TAT, QM/QI, RW)
- CHW information session, presence at Prevention with Positives workshop and other groups

ORGANIZATIONAL CHANGES



- Agency experienced transitional period due to lack of providers, RW Director relocated, changes in intake process, short staffed with MCM team, hiring freeze and gaining additional clients from a retired provider.
- Integration of CHW's into team: Transitioned to a Provider/MCM/CHW model to help providers/MCM's with the largest caseloads
- CHW's assigned special projects (i.e. Housing, transportation, CAB development and eventually the aging population)
- CHW's attend ALL meetings and are apart of Quality Improvements teams

CHALLENGES

- PROVIDERS AND STAFF HAD BEGUN TO MAKE DIRECT REFERRALS TO THE CHW'S. SOME OF THE REFERRALS TEETERED ON THE "DUMPING GROUND SYNDROME".
- **RESOLUTION:** CHW ADMINISTRATIVE TEAM DEVELOPED A REFERRAL/FILTERING PROCESS. REFERRALS ARE SENT VIA INTERNAL FLAG TO THE CHW COORDINATOR. THE COORDINATOR CONDUCTS A CHART REVIEW TO DETERMINE IF THE CLIENT MEETS THE CRITERIA
- ECU ASC IS LOCATED EAST ON I-95. WE SERVE 30 MOSTLY RURAL COUNTIES. CLIENTS CAN TRAVEL UP TO 3 HOURS ONE WAY TO RECEIVE SERVICES. TRANSPORTATION IS THE LARGEST BARRIER TO CLIENTS RECEIVING SERVICES.
- **RESOLUTION:** CHW'S UTILIZE CLINIC VAN AND OTHER TRANSPORTATION TO MEET CLIENTS IN THEIR COMMUNITY TO PROVIDE SERVICES. CHW'S SPEND A GREAT DEAL OF TIME COORDINATING TRANSPORTATION AND OTHER SERVICES.

PROGRAM HIGHLIGHTS

Successes

CHW Initiative: 11/2017 – 6/2019

- Data provided for 56 clients
- 58 consumers enrolled
- 41 (73%) of clients with challenges benefited from CHW interactions
- 31 (55%) of clients not VLS became VLS by November 2019
- 10 (18%) of clients were VLS when enrolled but had history of falling out of care and other barriers, maintained VLS as a results of CHW interactions



CHANGES

- Provider/case manager/CHW assignment listing
- MCM/CHW protocol which details client contacts, care plan, evaluation and follow-up
- CHW tracking log
- Other changes: 1) adding newly diagnosed as a criteria for CHW assistance; 2) short-term referrals; 3) referral process
- CHW's are now assigned as coordinators of transportation and housing services
- CHW's have transitioned into the linkage and retention team

RYAN WHITE ELIGIBILITY & THE USE OF CHW STAFF



RYAN WHITE ELIGIBILITY (RWE)

- ECU ADULT SPECIALTY CARE (ASC) DECIDED TO INTENSIFY RWE EFFORTS CLINIC-WIDE. AN INCREASE IN RWE WOULD POTENTIALLY RESULT IN AN INCREASE IN SUPPORTIVE SERVICES ESPECIALLY FOR CLIENTS WHO HAD MORE CHALLENGING NEEDS.



INCREASE RWE APPLICATION COMPLETION IN CLINIC FROM 45% TO 70%

CHALLENGES IDENTIFIED

- CLIENT DID NOT BRING IN ALL OF THE REQUIRED DOCUMENTATION, ESPECIALLY INCOME DOCUMENTATION
- CLIENT WHOSE INCOME WAS ABOVE 300% DID NOT WANT TO SHARE INCOME INFORMATION
- PROVIDING INFORMATION AND COMPLETING RWE APPLICATIONS TWICE A YEAR IS DEMANDING FOR CLIENTS AND STAFF.
- STAFF DID NOT UNDERSTAND THE IMPORTANCE OF RWE AS IT RELATES TO GRANT FUNDING, SO THERE WAS NO UNIFORMED EXPLANATION TO CLIENTS OF WHY CLIENTS SHOULD COMPLETE RWE



- EDUCATION TO STAFF
- UNIFIED EFFORT FOR ALL STAFF
- ASSISTING PATIENT WITH OBTAINING THE DOCUMENTS NEEDED

OUTCOMES

- INCREASED EFFORTS ABOUT RWE, WHICH INCREASED CLINIC-WIDE ENROLLMENT
 - NOVEMBER 2018- INCREASED RATED FROM 45% TO 63%
 - DECEMBER 2019- INCREASED RATE FROM 63% TO 73%
- INCREASE IN SERVICES/REFERRALS
 - 340B ENROLLMENT WHICH GENERATES PROGRAM INCOME TO ASSIST WITH SERVICE COST
 - DENTAL REFERRALS
 - OPTOMETRIC EYE CARE SERVICES

OBTAINING DOCUMENTATION

CHWS MAINTAIN MORE FREQUENT CONTACT WITH PATIENTS.

- MORE OPPORTUNITIES TO REMIND PATIENT OF WHAT WAS NEEDED FOR RWE
- COMMUNITY-BASED OPPORTUNITIES FOR HANDS-ON ASSISTANCE

CHWS ASSISTED PATIENTS WITH OBTAINING SOCIAL SECURITY AWARDS LETTERS

- EDUCATED PATIENTS ABOUT DOCUMENTS
- ASSISTED WITH NAVIGATING THE SOCIAL SECURITY ADMINISTRATION SYSTEM

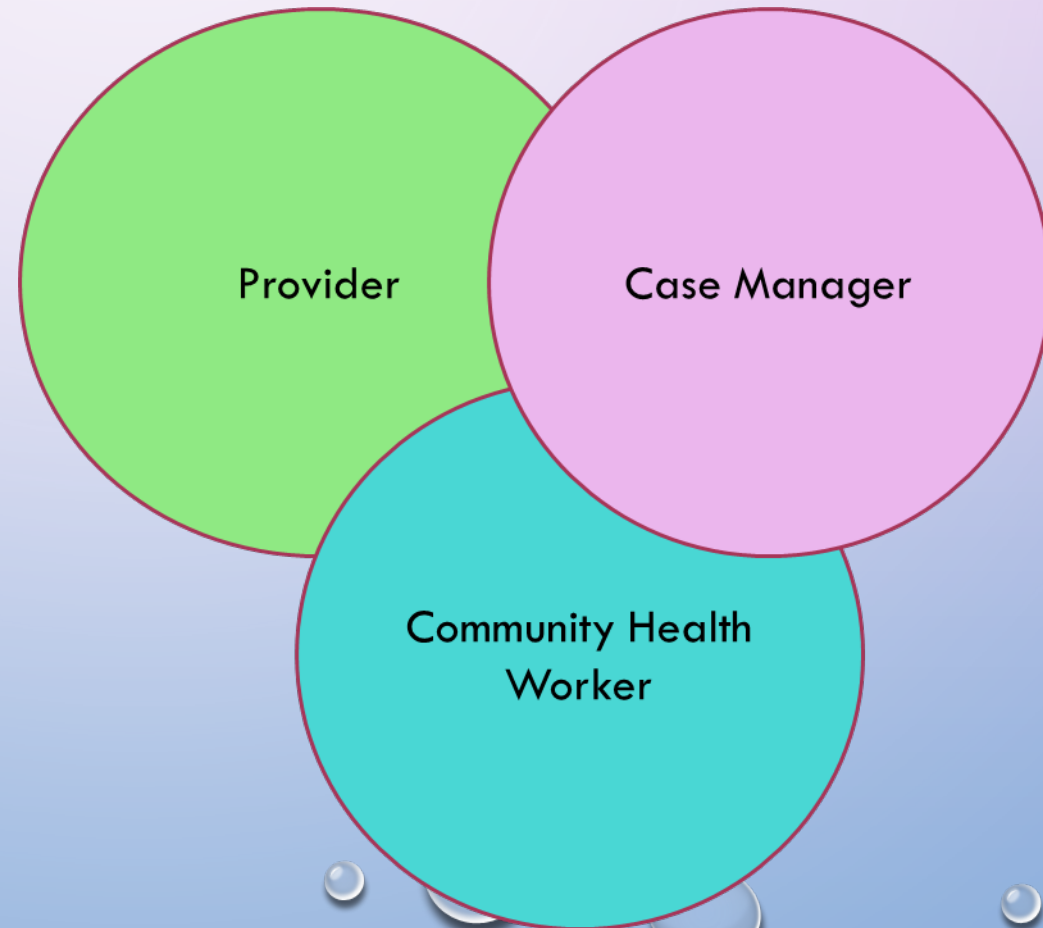
CHWS USED INNOVATE WAYS TO OBTAIN INCOME

- TEXTING PICTURES OF DOCUMENTS
- E-MAILING DOCUMENTS

ECU PHYSICIANS

SMART MEDICINE

A day in the life of a community health worker





- Every client that meets the criteria for a CHW does not make them a good candidate for the program. Careful consideration should be given to clients who are assigned to a CHW to see if they will truly benefit from the services provided
- Boundaries and self care has to be a priority. CHW's can get a "superhero" complex and want to do and fix everything for the client. CHW's can get burned out if clear boundaries and self care routines are not established and enforced
- CHW roles should be clearly defined to avoid duplication of efforts if possible. CHW's should be incorporated into the care team.
- Procedures/Policies need to be put in place to protect CHW's. Providers/staff had started making direct referrals to CHW's. Some of these referrals teetered on the "dumping ground syndrome". Referral process was put in place to filter the requests placed on the CHW's.
- Supervision and huddles are needed due to the intense work CHW's do.
- Supervision is not one size fits all. Supervisors should be mindful of differing personalities and adjust accordingly in order to empower CHW's to reach full potential.

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