CHRISTUS Spohn – High ED Utilizer Patient Navigation NAIP Proposal

In an effort to improve access to care, foster the continuity and integration of care and encourage patients to seek care in the appropriate setting, Spohn will design, staff, and implement a patient navigator program, focusing on the high emergency department ("ED") utilizer patient population, specifically Superior and United members. It is also highly likely these patients will have a behavioral health comorbidity, which often further complicates their care and increases their individual barriers to access.

As the Affordable Care Act (ACA) transitions many low-income patients from uninsured to insured status, the growth in health disparities gap has actually widened. Providers view these populations as non-compliant and often close their practice panels to them. The number of Nueces County citizens that have transitioned from an uncovered status and are considered insured as a part of the "Enroll America" open enrollment year 2 has grown to 10,732. Unfortunately, enrollees are now finding it difficult to navigate and take advantage of this new insured benefit. Historically, they experienced a socioeconomic barrier to access, and now—despite coverage—they continue to encounter barriers concerning lack of provider accessibility and insufficient knowledge on how to enter the healthcare system.

Moreover, healthcare coordination is typically fragmented and lacks communication among patients and providers. Many patients encountering these issues often do not understand the best methods for managing their healthcare needs. Spohn's navigation program will focus on the eliminating barriers and integrating care so patients and families can access the necessary levels of care in the appropriate setting and avoid missteps that could discourage them or label them as non-compliant.

The navigator training program will be based on structured processes and will be designed in a manner that allows for the specialized navigation needs of the high ED utilizer, particularly those with a behavioral health comorbidity. Spohn will identify patients based on specific points of entry such as, PCP referral base, trigger point definition (i.e. no show rates), or high risk screening for this target population. Specifically, Spohn will collaborate with Superior and United to identify patients within the target population and the most effective entry points for reaching them. The impact of this program on improving potential healthcare disparities, integrating care, and increasing communication between providers will allow patients to receive personalized guidance and will positively impact their decision making process. Trained and skilled navigators will help patients who are encountering these barriers and will assist patients in making their next office appointment, scheduling their next diagnostic test, organizing transportation, etc.

CHRISTUS Spohn – Obstetric Care Transitions NAIP Proposal

Spohn—in conjunction with its managed care partners, Superior and CHRISTUS Health Plan—has identified a lack of adequate postpartum care for new mothers and their babies, particularly for Medicaid mothers transitioning from the inpatient setting. Timely and appropriate postpartum care is important to assess the mother's physical and psychosocial well-being, counsel her on her infant's care and family planning, and give referrals for preexisting or developing chronic conditions such as diabetes, hypertension, or obesity. Many Medicaid patients are more vulnerable to inadequate postpartum care, including those with limited resources, reduced access to healthcare, and limited knowledge on the significant benefits of postpartum care. Spohn intends to implement an obstetric care transitions program in an effort to promote healthy babies and healthy moms (the "Hospital to Home program"). Through this intervention, Spohn will focus on providing timely and appropriate Transitions of Care interventions during the postpartum period for Superior and CHRISTUS Health Plan members, simplifying access to care, and engaging new mothers in the healthcare of their growing family.

Many mothers in Superior's and CHRISTUS Health Plan's membership may be accessing postpartum healthcare for the first time and will require additional assistance and education in the home setting. According to a report from the Texas Health Quality Alliance, only 25% of the sampled Medicaid managed care population received a postpartum follow-up visit. Nueces County has a higher incidence of adolescent mothers (4.8%) as compared to the state (3.5%) and unmarried mothers (54.5%) compared to the state (42.3%). The county also has lower high school and college graduation rates than the state, consistent with lower incomes, which contributes to a high incidence of residents with low heath literacy and poor access to care. Spohn seeks to address healthcare disparities by providing in-home support services and patient education for some of the most vulnerable patients who often lack access to important health resources.

The Hospital to Home program is an initiative that provides 5 encounters during the immediate 30 day postpartum period. These encounters include a bedside visit, a home visit within 48–72 hours of discharge and follow-up calls at intervals at 7, 14 and 31 days. During these encounters, the RN coach will provide one-on-one coaching for patients with complex needs and limited resources. Key elements addressed through this program are post- partum and well baby post-discharge visits, medication reconciliation and an assessment of barriers and disparities to care. Specialized teaching will include individualized planning and education on Well Baby check-ups, Mommy Wellness checks, culturally sensitive breastfeeding education and consultation, crib and sleep arrangement, addressing feelings of depression, and connecting patients to local primary care resources. Spohn anticipates the program will enable patients to learn self-management skills and become active partners in their healthcare management.

Although the Hospital to Home program will require significant investment, Spohn, Superior, and CHRISTUS Health Plan anticipate it will be a cost-effective, long-term, postpartum-care model.