



Clinical Navigation Pilot: Screening for Essential Human Needs as a Standard of Care

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Population Health Management and Payment Innovation

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Population Health Task

- Design new models of care delivery that improve triple aim outcomes and can be **sustained through value-based contracts**
- Evidence-based process for soliciting, assessing and designing potential tactics
- Engage providers, parents and staff from across our system as well as outside our system
 - Partner with clinical and operational sponsors
 - Build capacity for **change from within**

Factors that define a child's health.

Staying healthy is mostly about what happens outside the doctor's office.

10%

In fact, only 10% of our health comes from access to **quality health care.**

20%

The rest comes from:
The world around us.
(home, school, community)

30%

What we're born with.
(family history)

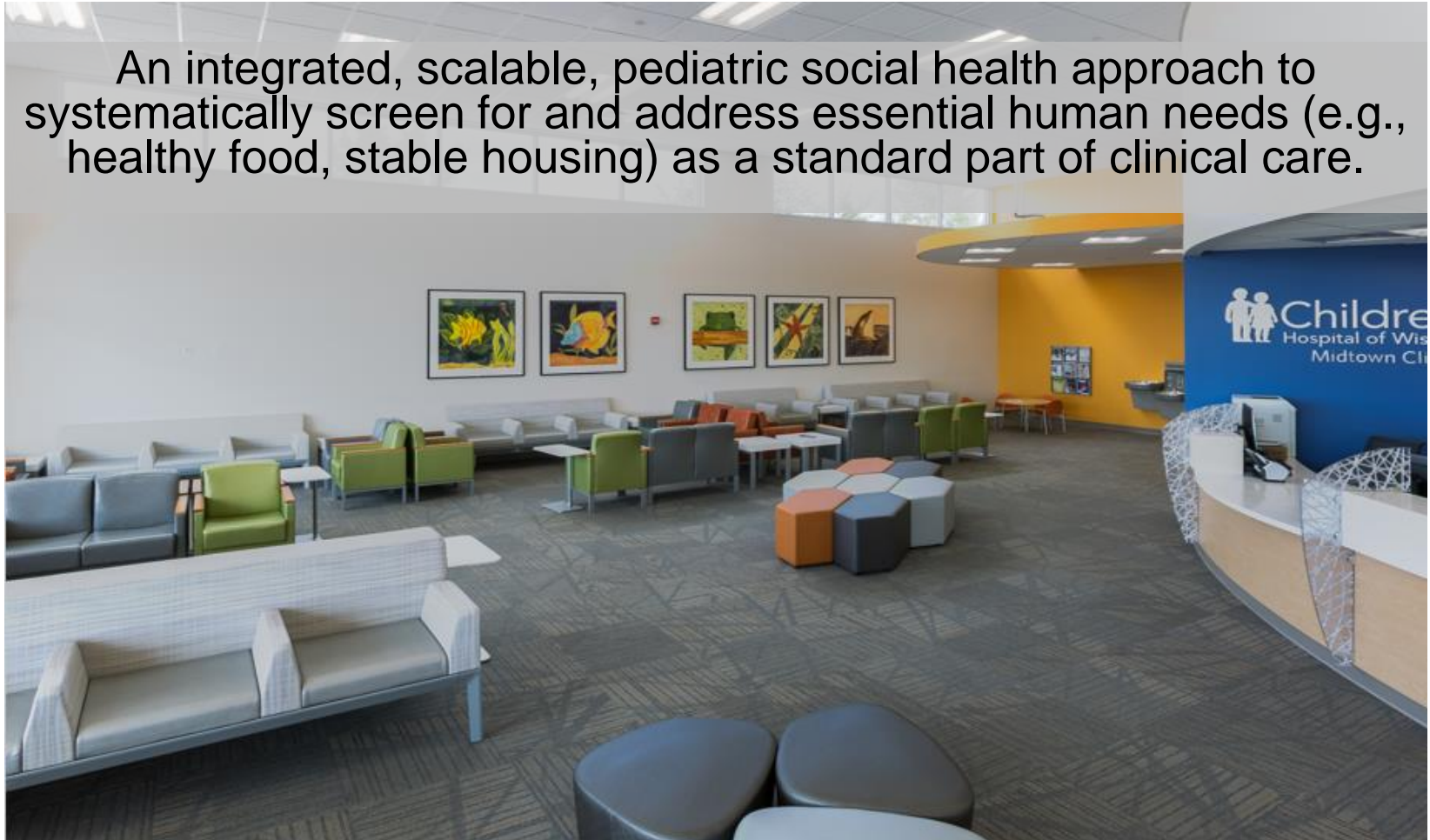
40%

The choices we make.
(food, exercise, safety)

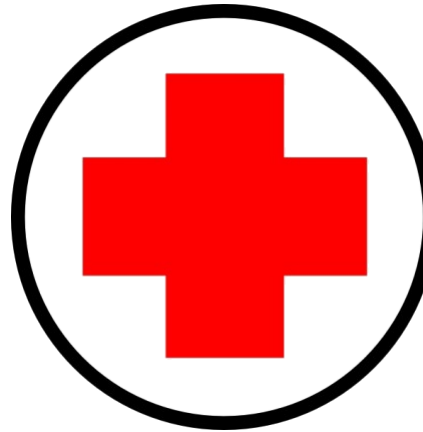
McGinnis, J.M. et al. Health Affairs 2002;21(2):78-93

Clinical Navigation

An integrated, scalable, pediatric social health approach to systematically screen for and address essential human needs (e.g., healthy food, stable housing) as a standard part of clinical care.



The Process



Children's Hospital of Wisconsin Life outside the doctor's office matters to the health of you and your family.

Are you a caregiver for this child?
☐ Yes ☐ No ☐ Sometimes

Name of child: _____ Date: _____
 Relationship to child: _____ Date of birth: _____

Please check any boxes that have applied in the last 12 months, even if recently:

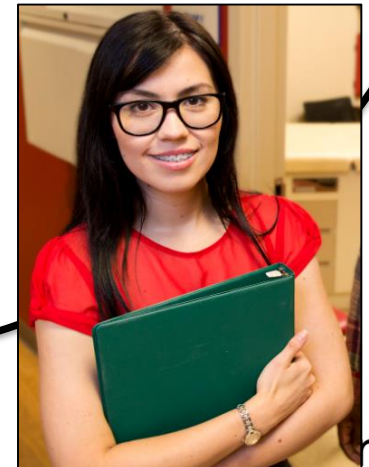
☒ I was worried our food would run out before we got money to buy more.
☐ The food we bought did not last and we did not have money to buy more.
☐ We did not have enough money to pay to the mortgage, rent or utility bills.
☐ We had to stay with other people because we could not pay these bills.
☐ We worried about safety for our family or children.
☐ I need help finding or keeping a job.
☐ I need help finding good child care.
☐ When I need people, I don't feel like I have people I can count on.
☐ Other need: _____
☐ I don't need help with anything right now. Thank you!

Other child: _____
 Does this child have siblings that are seen here or at a different Children's clinic? ☐ Yes ☐ No
 *If yes, please write the names of these siblings here: _____

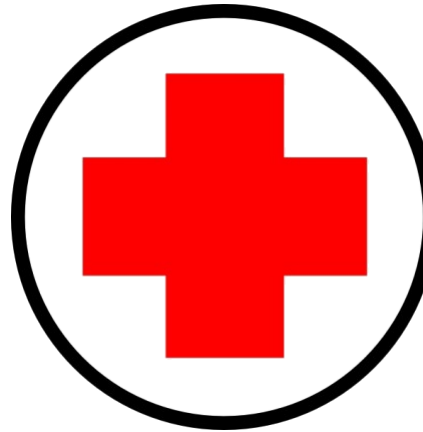
Your information:
 Name: _____ Phone: _____ Email: _____
 Best way to contact: ☐ Phone ☐ Text ☐ Email Best time to contact: ☐ AM ☐ PM

Office Use:
☐ Call back is needed.
☐ Completed screening for this child in the last 30 days and there are no changes.
☐ Completed screening for a sibling in the last 30 days and there are no changes.

Child notes: _____



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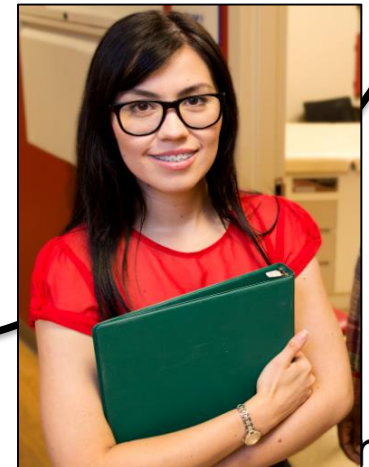
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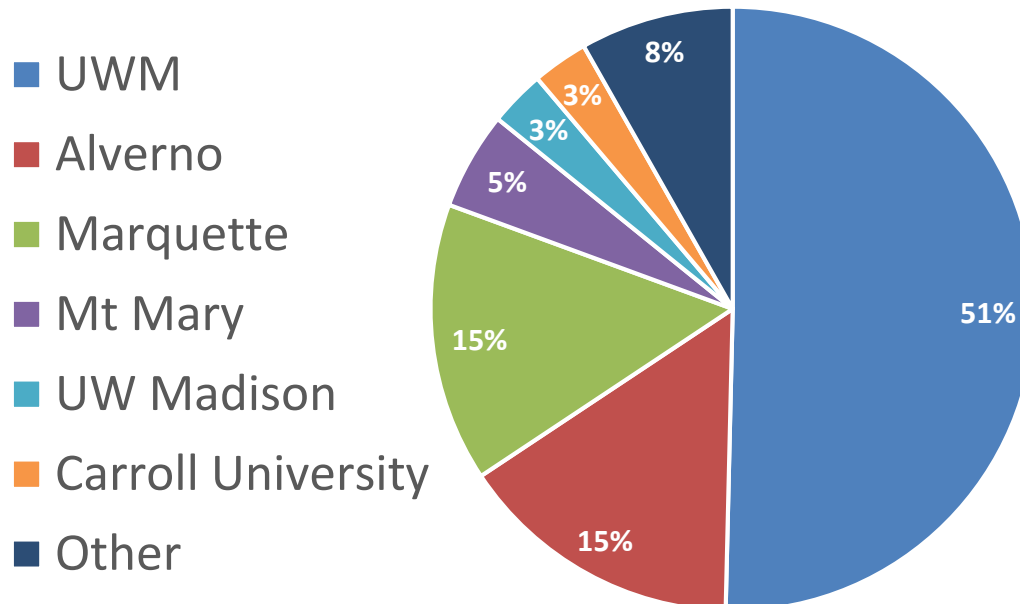
Child notes: _____





Volunteer and Student Workforce

- 269 Clinical Navigators
 - 225 Volunteers
 - 78 Completed internships
- 19 University Partnerships



This an awesome experience that helps remind me that everyone is different. What one person takes for granted another person may not even think twice about. This volunteer opportunity has really opened my eyes! ~ Clinical Navigator

I find it extremely rewarding that people are so appreciative and willing to share their struggles as we help to find them beneficial resources. ~ Clinical Navigator

Screening and addressing essential health needs as a standard of care is **feasible, accepted and valued by patients and providers.**

PROVIDERS

- **99%** believe that addressing unmet social needs **has the potential to impact health outcomes.**
- **93% prefer to work in a health system** that has a process for addressing social needs as part of standard care.

FAMILIES

- **98%** believe that being connected to community resources **could improve their child and family's health.**
- **91% prefer to come to a clinic** that asks about resource needs.

**Thank you all so much for your help
and more importantly your genuine
interest in my family's wellbeing.
~Patient**

**Great program, great service!
~ Patient**

This program frees up time for actual treatment, and has made a huge difference for our families. They feel that they can open up to the navigators and be honest about what they need. ~Provider

**The program has had a positive impact on young families dealing with psychosocial stressors. Families do not know how to access resources and don't always bring up these issues
~Provider**

Needs exist across populations, regardless of health status, insurer or geographic location.

- 44,913 encounters (representing 17,592 unique patients) were screened
- 3,446 patients identified needs across 4,392 encounters
- 3 years (Oct 2014 – Oct 2017)
- 9 sites (4 primary care, 5 specialty care)

Process Metrics - Patients

Overall

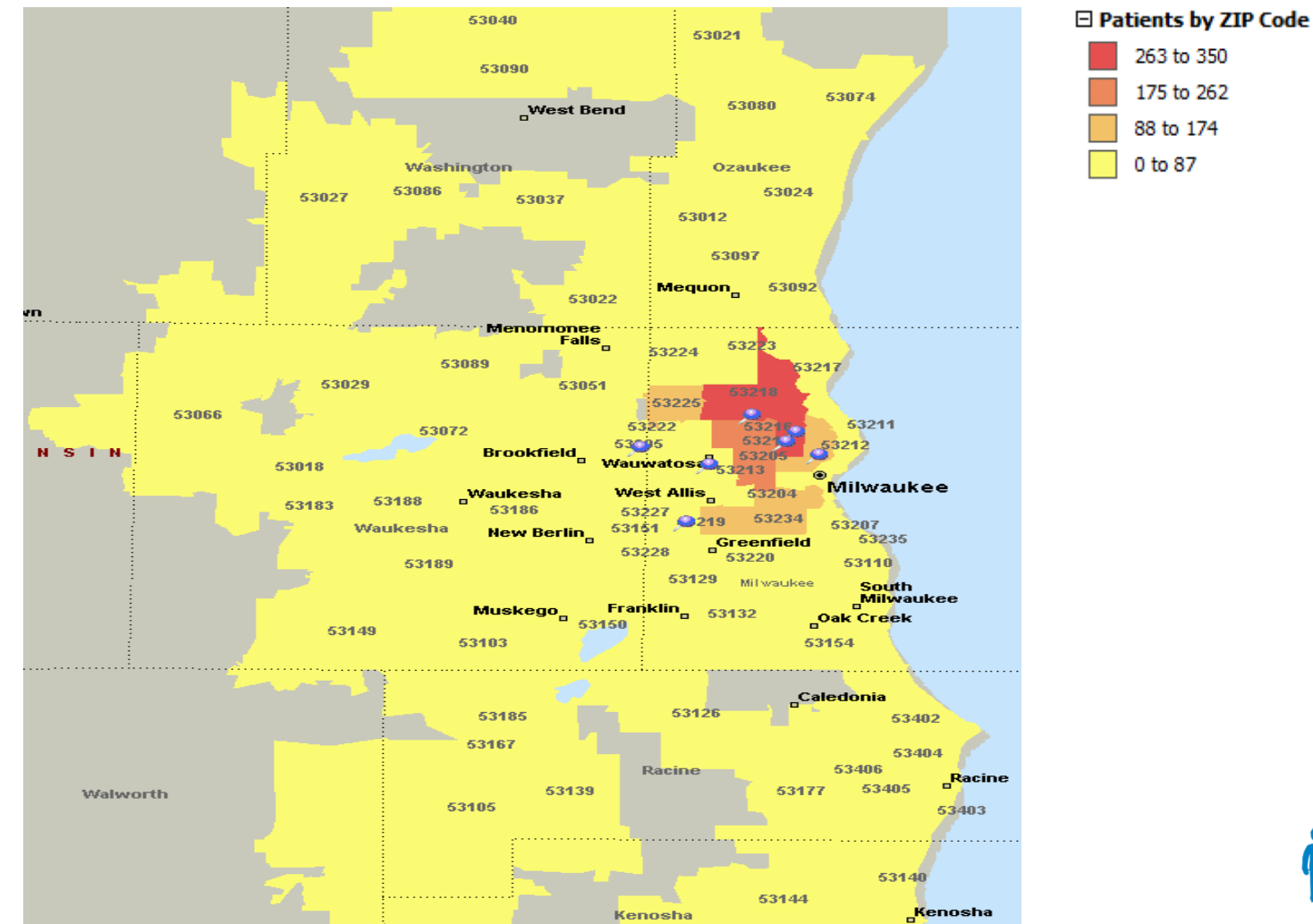
Standard of Care (100%)	90%
Prevalence of Need	20%
Percent of encounters with documented outcomes	70%
Percent of encounters w/successful documented outcomes	51%

Needs exist across populations, regardless of health status, insurer or geographic location.

- 20% of all patients screened reported needs
- The top 4 needs are consistent across payors

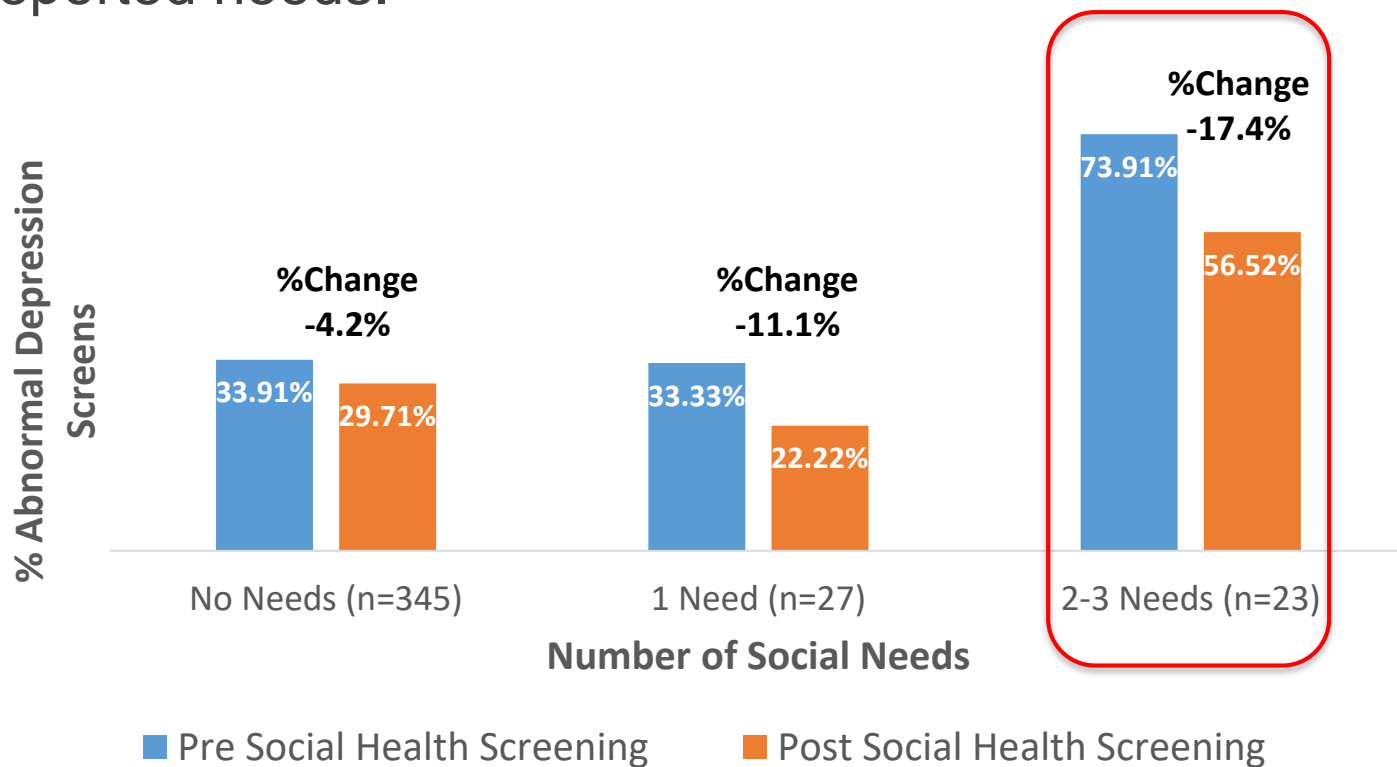
Rank	Commercial 7%	Medicaid 28%	Medicaid HMO and other gov. 26%	All 20%
1	Childcare	Housing	Housing	Housing
2	Housing	Jobs	Jobs	Jobs
3	Food	Food	Childcare	Childcare
4	Jobs	Childcare	Food	Food

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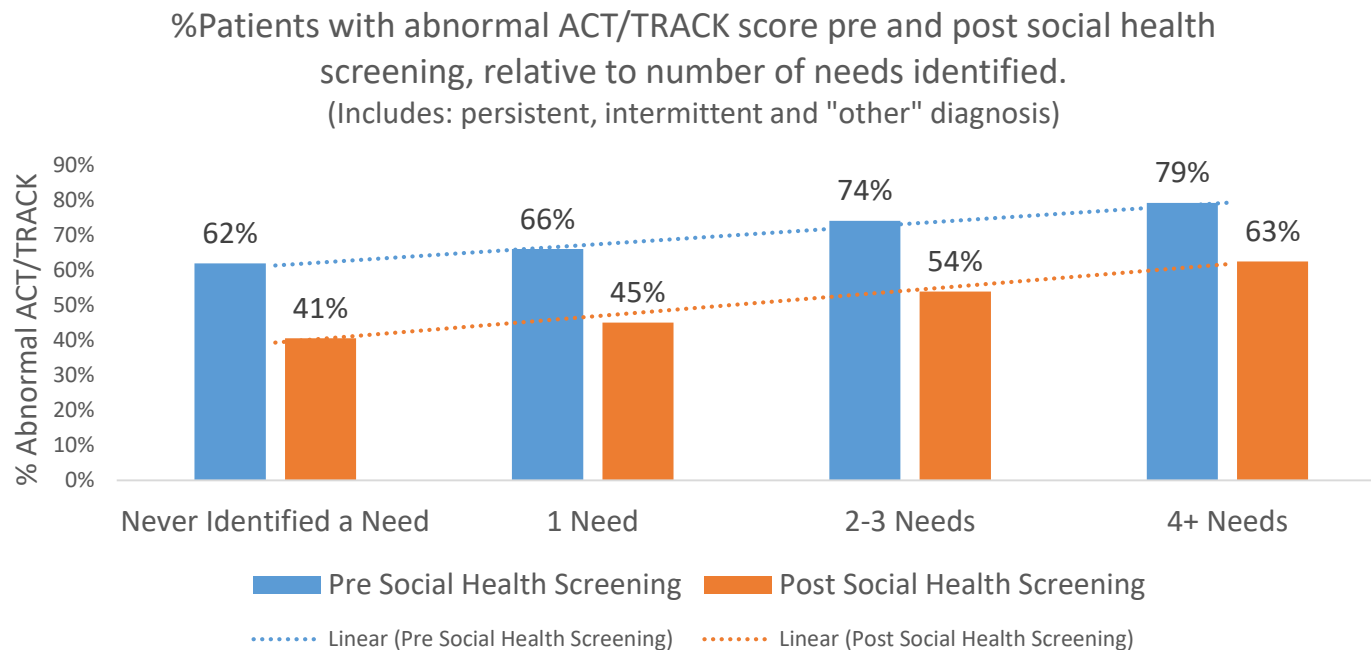
Unmet essential health needs were associated with **increases in poor health and increases in healthcare utilization.**

Abnormal depression screens were **40% higher** for patients with 2-3 reported needs.

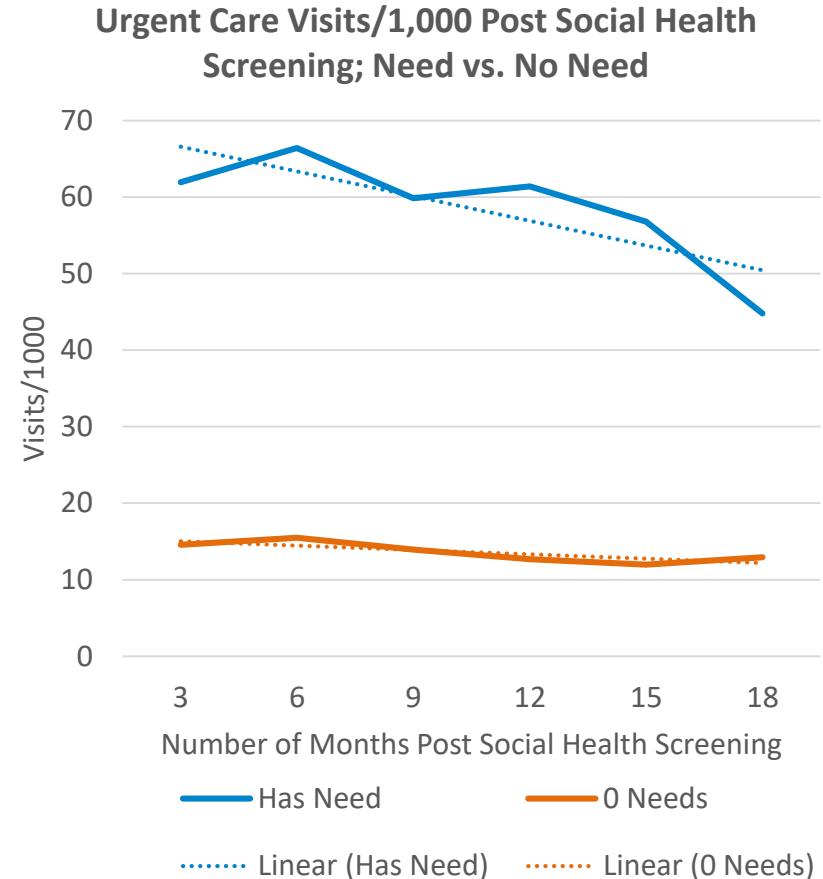
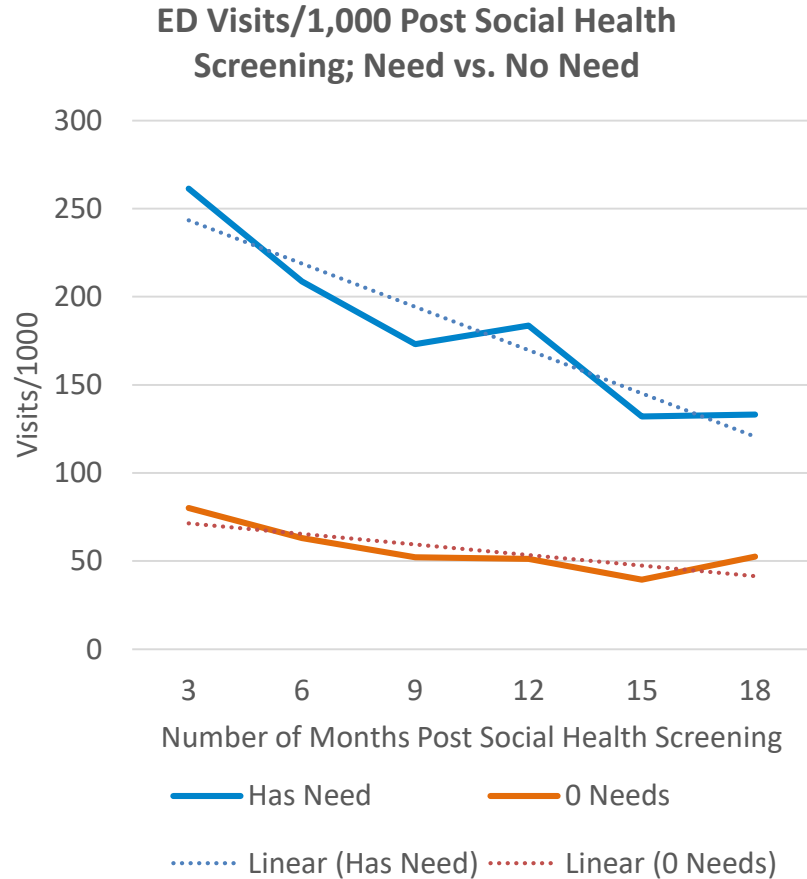


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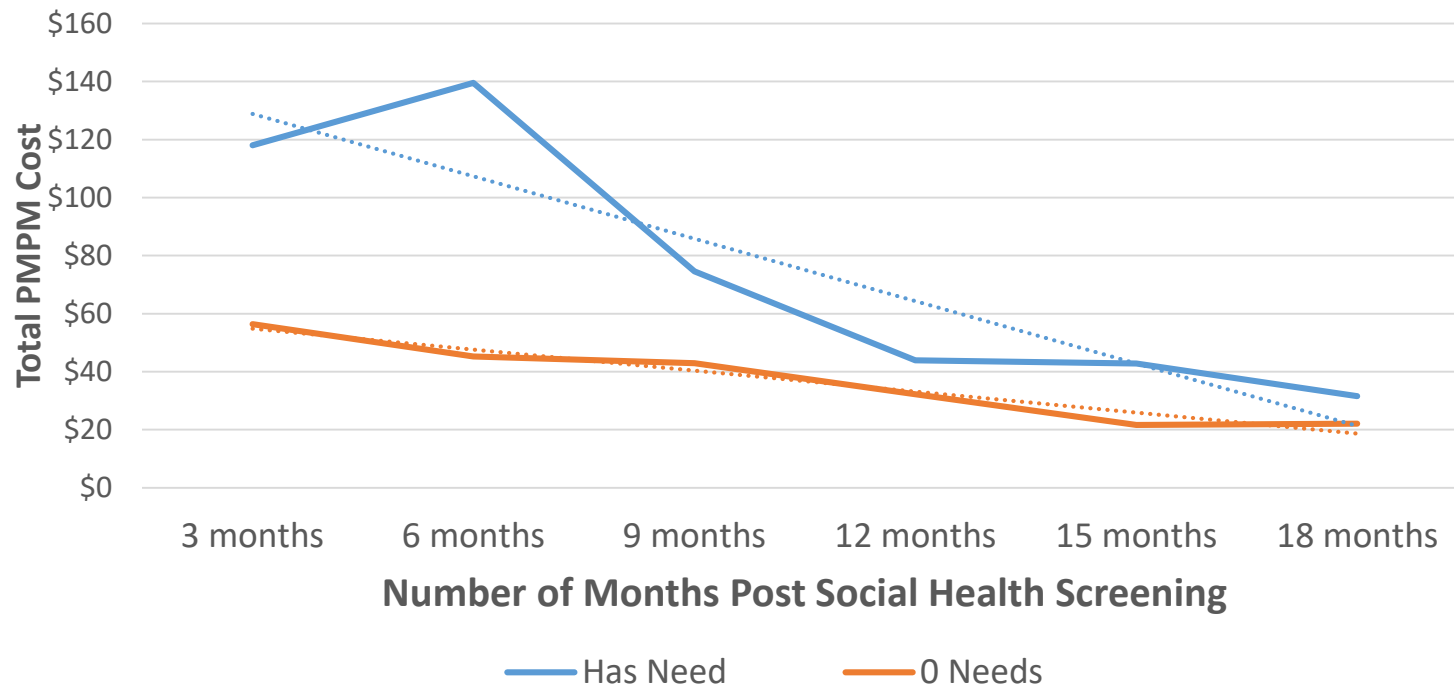
The number of social needs reported is positively correlated to percent of abnormal ACT/TRACK scores. Scores improved post-screening for all groups.



Unmet essential health needs were associated with **increases in poor health and increases in healthcare utilization.**



Social health screening was associated with **statistically significant declines in the total cost of care** for patients with identified needs. $t(8)=2.78, p=0.024$



Bright Spot

- CHW is committed to addressing social health needs as part of an evolving strategic focus on total health outcomes
- Lessons learned from Clinical Navigation pilot informed the development of the Total Health Outcomes recommendation, which is focused on screening for and addressing social health needs throughout the system