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Linking Health Across the Systems

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INTRODUCTION

Healthcare Crisis: Prevention vs. Treatment

- An individual’s health status is determined by social determinants including:
  - 50% lifestyle choices and available options and only 10% by access to health care
  - Americans’ health dollars are spent:
    - 88% on access to care and treatment and only 4% on lifestyle choices and options
  - In 2012, the Massachusetts Legislature acted on this mismatch by passing Chapter 224 and created the Massachusetts Department of Public Health, to improve care in regards to: senior falls, pediatric asthma and hypertension (HTN) in 26 census tracts of city of Worcester

Primary Objective:
The aim of Worcester PWTF project is to improve health outcomes by linking clinically prescribed activities to the home and community based resources through the engagement of Community Health Workers (CHWs).

METHODS

- This is a mixed method study using EMR data from clinical partners, client level intervention based data from community based services providers groups.
- The clinical based EMR measures include: blood pressure control; asthma action plans, appropriate medications; screening seniors for risk of falls.
- The community based intervention includes the number of home assessments for falls and asthma; number of participants completing chronic disease self-management programs, number of missed school days.
- The reported data from October 2014 to December 2015, the first year of implementation is active at: Asthma (n=9), HTN (n=4), Falls (n=5) sites

RESULTS

- Implementation is active at: Asthma (n=9), HTN (n=4), Falls (n=5) sites
- Community Health Workers (N=23) serving as clinical-community linkage
- Asthma template is live and conducted by all sites; completed 181 home assessments
- Completed falls assessment tool; completed 89 home visits
- Provided Chronic Disease Self-Management program (CDSMP) and Self-Management of Blood Pressure (SMBP) for around 203 uncontrolled hypertensive patients

DISCUSSION

- In the first year, Worcester PWTF has shown improvement in screening patients for these three disease conditions.
- Community-based groups have shown improvement in services provided to high-risk individuals.

LESSONS LEARNED

- Learning opportunities with other eight partnerships
- Building infrastructure to address health inequities in the community
- Developing evaluation and reporting tools for community and clinical groups
- Potential to connect and use e-referral as a standard tool

CONCLUSIONS

- Our vision is to extend care into the community through:
  - CWB as new care team members
  - Clinical and Community Linkages
- Bi-directional information to track patient progress
- Expanding to other health conditions to help bend the cost curve

IMPLICATIONS FOR POLICY AND PRACTICE

These lessons can inform the next generation of payment system reform initiatives and change health policy to impact population health.