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 healthcare
  – 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 mistrust by passing Chapter 224 and led to the creation of the Prevention & Wellness Trust Fund (PWTF)

OBJECTIVES
In 2014, the Worcester Division of Public Health (MDPH) received a PWTF grant from the Massachusetts Department of Public Health (MDPH), 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 groups providers.
• 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 visits; number of missed school days.

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 used 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.

CONCLUSIONS
Our vision is to extend care into the community through:
  • CWI 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 culture to impact population health.

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