

Bringing Together Clinics and Communities

Regional Health Connectors in Colorado

JULY 2018

Most of what affects our health happens outside the doctor's office. Social, environmental and behavioral factors such as adequate housing, food access and the impact of violence all influence individual and community health.¹

This means that health care providers are increasingly looking outside their clinics to address these factors, often referred to as the social determinants of health.



Partnerships between clinical and community organizations, known as clinical-community linkages, can expand health and health care beyond the doctor's office to improve population health and reduce costs.

The Colorado Health Institute (CHI), with the Trailhead Institute, is learning firsthand the importance of clinical-community linkages by developing and

Takeaways:

- Health care providers are increasingly looking outside their clinics to improve health conditions in their patients' communities.
- Clinical-community linkages are critical tools for improving population health and reducing costs of care.
- Regional Health Connectors (RHCs) are successfully developing and supporting clinical-community linkages in Colorado.

managing the Colorado Regional Health Connectors (RHCs) program, now in its second year. The RHC workforce reached full strength in April 2017, with a total of 21 RHCs hired across the state. Each RHC is responsible for a distinct geographical region.

Regional Health Connectors

RHCs connect clinics and community groups to advance health and address the social determinants of health. They do this by improving the coordination of services and strengthening ties among health care providers and others outside their offices, whether by forging a relationship between a clinic and the local food bank or connecting a hospital system with community-based chronic disease management programs.

A JOINT PROGRAM BY



Learning from Regional Health Connectors

CHI is jointly managing the Regional Health Connector (RHC) program with the Trailhead Institute. RHCs are adopting a well-established and successful approach to connecting clinical and community partners to improve health. This report explains how the RHC program can enhance collaborations between health care providers and community organizations for the well-being of all Coloradans.

RHCs don't work directly with patients. Instead, they look for health-related trends across their regions and help organizations work together to address them. In the process, RHCs make sure clinics and local organizations are aware of what's available in their communities. This helps prevent services from being duplicated unnecessarily or going unused by the people who need them.

Each RHC works as part of a local host organization to better connect systems that improve health, including primary care, public health, social services, and other community resources. RHCs expand the capacity of these systems to develop and strengthen partnerships to improve health.

How is Colorado Building Clinical-Community Linkages?

Clinical-community linkages can help patients gain better access to care, especially for preventive and chronic care services.² They address issues such as poverty and health illiteracy that can create barriers

for patients who need help. And they give clinicians ways to support patients outside of the clinic and connect them with community programs.³

These kinds of partnerships are not new nationally or in Colorado. Here are some examples:

- National Diabetes Prevention Program (DPP):** Doctors in Colorado are partnering with 48 organizations across the state offering DPP, a year-long program that aims to prevent Type 2 diabetes.⁴ The initiative connects health care providers, employers, faith-based organizations, government agencies and community organizations. So far, pre-diabetic participants in the program have reduced their risk of diabetes by more than half.⁵ Many insurers and employers are now paying for DPP participation.^{6,7} On January 1, 2018, Medicare started paying for DPP participation nationwide.⁸
- Nurse Family Partnership (NFP):** Colorado is one of 42 states implementing this evidence-based home visitation program for low-income, first-time mothers. NFP pairs mothers with registered nurses who provide at-home care from before birth to the baby's second year.⁹ The home visitation model goes beyond prenatal care, offering referrals for services like job training, education programs and child care to its first-time mothers.¹⁰ To date, 22 agencies have served more than 22,000 Colorado mothers in all 64 counties.¹¹
- Health Worker Programs:** The Colorado Department of Public Health and Environment (CDPHE) is supporting health care workers who bring community resources to people with chronic diseases like diabetes or asthma or people who are at risk of developing those conditions.¹² The agency offers professional development for health workers,

RHCs at Work

RHCs regularly share stories about the connections they are helping to build throughout the state.

Help for Moms: Cassie Rogers discovered that primary care providers weren't aware of all the support for new moms and pregnant women in their region, such as parenting or breastfeeding programs. She compiled a guide to all of her region's offerings so practices could easily help patients find what they need. *"The resources were there. It was just a matter of connecting with them."*



Cassie Rogers,
RHC Region 6

along with the University of Colorado, and hosts an alliance to share best practices and strengthen linkages made by patient navigators, community health workers and promotores de salud — community health workers providing culturally and linguistically competent health education and prevention for Spanish-speaking Coloradans.^{13, 14}

Other examples include smoking cessation services, physical activity programs at the YMCA or health clubs, Cooking Matters,¹⁵ Healthy Start,¹⁶ Alcoholics Anonymous, commercial weight loss programs and La Leche League, a community-based breastfeeding promotion program.¹⁷

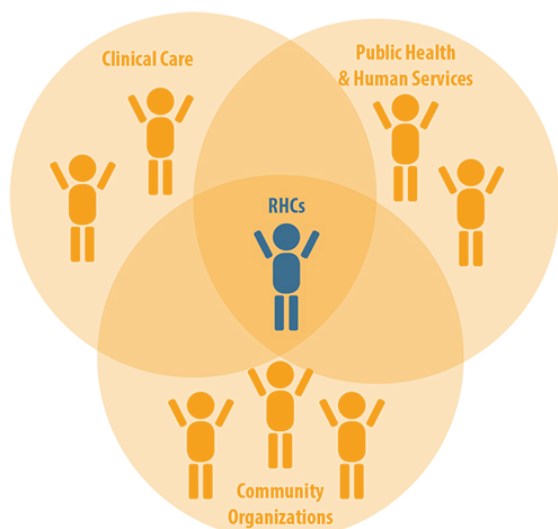
Regional Health Connectors and Clinical-Community Linkages

RHCs are a unique new workforce that builds upon this work in a systematic way throughout Colorado. RHCs are dedicated to improving the coordination of services to address the social determinants of health. Supporting and strengthening clinical-community linkages across the state is a major part of their jobs.

RHCs look for ways to build bridges between clinics and community organizations, avoid duplication and better connect different parts of the health care system. RHCs work closely with practice transformation organizations to coordinate efforts to improve care.

In each region, an RHC spent the first six months on the job reviewing local data and reports and talking

Figure 2. RHCs Connect Clinical Care, Public Health and Community Organizations



RHCs at Work

RHCs regularly share stories about the connections they are helping to build throughout the state.

Deciphering Insurance:

In Evergreen, the staff at one clinic noticed that many of their patients were confused about their insurance. Regional Health Connector Cynthia Farrar connected the clinic with Benefits in Action, an organization that could help their patients gain a better understanding of their insurance benefits.

“After a few visits to practices, I started creating a list of questions: What are their new initiatives, their goals, and their gaps?”



Cynthia Farrar,
RHC Region 21

Clinical-Community Linkages Work – But Payment Is a Challenge

The research suggests that building clinical-community linkages holds promise for better care, better health and reduced health care spending over time.^{18, 19} But up front, they can be an expensive proposition. That’s because the cost savings for an insurer — like Medicaid or a private commercial plan — are tricky to calculate.

For example, connecting a patient to a weight-loss program outside of the clinic could lower the patient’s risk for diabetes, high blood pressure and cholesterol, heart attacks, and other chronic issues such as joint pain and sleep apnea. But the associated avoided costs may only accrue later in the patient’s life and possibly to other health care providers that did not take the time to build that connection with the weight-loss program.

But this is changing. With the movement toward value-based payments — or paying for health rather than for individual services — insurers are more likely to invest in those connections to support their patients outside of the clinic.

RHCs at Work

RHCs regularly share stories about the connections they are helping to build throughout the state.

That's Me: When she visited a medical practice in Denver's Montbello neighborhood, Regional Health Connector Stephanie Salazar-Rodriguez learned the clinic's staff felt they didn't always know about what was happening in their part of town. Salazar-Rodriguez set up a series of quarterly meetings that led to several new connections between the clinic and local partners.



Stephanie Salazar-Rodriguez, RHC Region 20

"She said, 'I wish I had someone who could meet with me quarterly and say what's going on in the community and tell me how I can meet the needs in my community.' I said, 'That's me!'"

with local community partners, including health care providers, government agencies and community organizations.

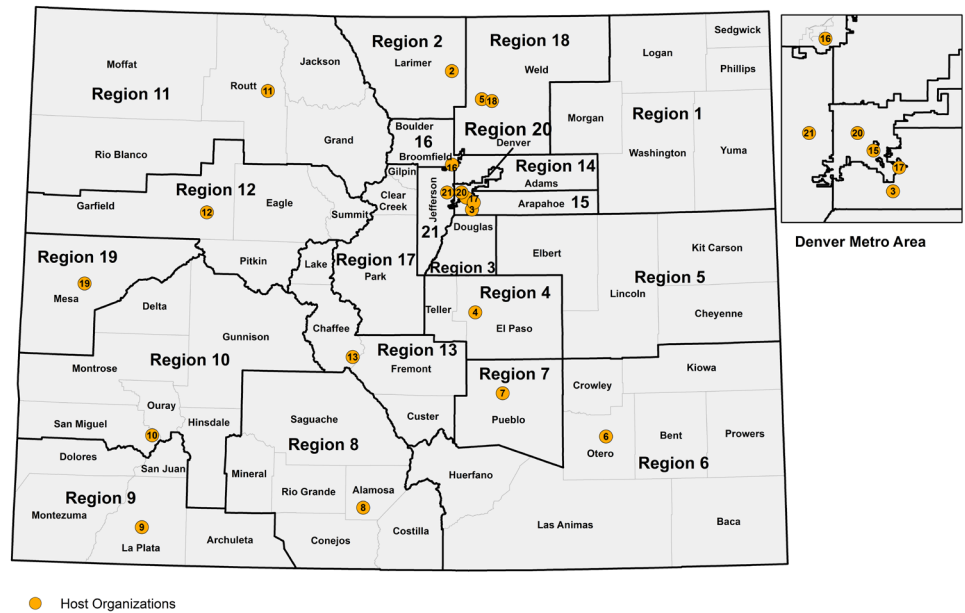
Based on what they learned, the RHC proposed three projects to address the unique goals of their community. In each region, two of the three projects are related to behavioral health and one to cardiovascular disease.

The projects encompass a broad range of issues. Some projects RHCs have worked on include:

- Organizing stakeholders in the San Luis Valley to help improve access to transportation to behavioral health care.
- Facilitating a referral network in the region around Grand Junction that connects medical practices to behavioral health providers.
- Increasing the availability of naloxone in rural Lake, Chaffee, Fremont and Custer counties.

In addition to working toward long-term objectives such as reducing obesity or improving mental health outcomes in their communities, the RHCs also track intermediate goals. For example, Weld County's RHC reports on the status of a new community garden designed to improve access to healthy foods as an intermediate goal on the way towards reducing obesity in her region.

Map 1. RHC Host Organizations



Conclusion

The RHC program has created a statewide network of people working to build connections between clinics and community organizations — a critical step toward improving the health of Coloradans and increasing coordination between systems that work on health. As the RHCs evolve and support clinical-community linkages throughout the state, CHI will continue to share their stories and what we learn.

Endnotes

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