



Making the Business Case for Integrated Community Health Outreach Programs

December 16, 2014

Questions and answers from the webinar that were not covered during the presentation are provided in this document.

Question 1: Describe how you see an outreach worker (external) who primarily does health fairs, insurance enrollment, etc. be used as a part of the care team?

Answer: For all of the activities I described, you have to make sure that your staff are appropriately trained for the tasks you ask of them. Outreach workers can contribute to a care team by informing them about what is occurring with individual patients in the community and providing a unique perspective on the patients' context. For example, outreach workers conducting home visits or providing outreach services at places of employment may have information that is critical to patient care and may impact recommendations. Outreach workers often have an understanding of how the social determinants of health specifically impact patients and their families and can share this information with the team. Outreach workers who do insurance enrollment would definitely have a strong sense of people's specific barriers and circumstances. Outreach workers who primarily do health fairs may have less of a sense of this. You would have to understand the connections they currently have to the community to best plan for how to leverage those. HOP is developing a resource entitled "Leveraging Outreach to Support the Patient-Centered Medical Home Model." The resource will include specific examples of how health centers have used outreach to enhance their PCMH recognition and implementation processes. Our targeted release date is January 31, 2015. Feel free to email me if you would like to receive notification of its availability. (kristen@outreach-partners.org).

Question 2: In expansion states, people have choices for their PCP. We have found that many pts now have insurance and PCPs already, and when we send medical outreach teams to shelter sites, these pts do not want to switch their PCP to us. This means we cannot get reimbursed for the care we provide and we also feel this disrupts the pts' continuity of care. More and more, we are finding this to be the case. Our outreach program is now considering pulling back medical providers altogether and only providing outreach workers to engage and refer. Do you have recommend strategies to tackle this?

Answer: Providing non-medical outreach workers to engage and refer is an excellent strategy for tackling this situation. If specific clinical needs are identified for which these community members do not already have a provider, the outreach workers could coordinate that care. That coordination could include transporting the patients into your clinic sites. If many of these situations start to come up, you may want to consider having non-clinical outreach workers establish and maintain a consistent presence at these sites and coordinate occasional visits by the medical providers. You may also want to consider reaching out to these other PCPs in the community and suggesting some sort of partnership whereby you do (non-clinical) outreach and referrals and they pay a portion of your outreach workers' time.