

BCHIC Care Coordination Pilot – Final Report

Introduction

The Boulder County Health Improvement Collaborative (BCHIC) Care Coordination Pilot study was designed to identify the most common barriers to accessing health care and human services, as well as most common determinants of successful utilization of health care and human services in Boulder County.

In order to gain a better understanding of how patients in Boulder County access and utilize services, a one-hour interview protocol was developed. The interview questions were adapted from Price Waterhouse Coopers' *Voice of the Consumer* toolkit, and focused on patient fears about health, barriers to accessing health care and the patient's view of what successful navigation of the health care system looks like.

Patients were recruited through the BCHIC steering committee, Boulder County health care providers and human services providers, and local non-profit organizations. All of the interviews were conducted at neutral locations (e.g. libraries and clinic conference rooms) by two members of a team of interviewers (Heather Williams, Denise Perez and Kate Fischer). This report summarizes the results from the interviews, and highlights participants' narratives about their experiences in the health care and human services system.

Sample Characteristics

Sample

A total of 35 patients were referred to the interview team. Of the 35 referrals, 4 declined to participate when contacted, and a total of 31 interviews were completed between 4/19/2013 and 6/15/2013. Of the 31 participants, 16 were female patients, and 15 were male patients. Within this sample, four participants were Spanish speaking (3 female, 1 male).

All of the participants had recently, or were currently receiving health care and human services in Boulder County. Residency varied and included Longmont, Boulder, Lafayette Lyons, Dacono and Brighton. The number of participants by city of residence and gender is presented in Table 1.

Table 1. Participant by City of Residence and gender

City	Male	Female
Boulder	3	6
Longmont	11	5
Lafayette	0	3
Lyons	1	0
Dacono	0	1
Brighton	0	1
Total	15	16

Housing

Three of the participants reported that they were currently homeless, and had been recently connected to health services through the Bridge House in Boulder. The remainder of participants was currently living in a permanent housing situation.

Transportation

Less than half of the sample (n=13) had a driver’s license, or access to a car for transportation. The remainder of the sample (n = 18) relied on the bus, bicycle, taxi service or family members to get to and from doctor’s appointments. Although the majority of patients reported that they did not drive or have access to a car, only three reported that access to transportation interfered with accessing health care services.

Insurance Status

Insurance status data were self-reported by each participant. The majority of participants responded that they had insurance coverage through Medicaid, Medicare or both. Two individuals had supplemental insurance in addition to Medicaid or Medicare, 1 individual had only private insurance coverage (Kaiser), and 4 individuals were uninsured. One of the uninsured participants reported that while she was uninsured, her husband was covered by a temporary insurance program through his employer, and her children were both covered by Medicaid. In her case, her household income was too high to qualify for Medicaid, but too low to afford private insurance. The number of participants by insurance type and primary language is presented in Table 2.

Table 2. Insurance coverage status of participants by primary language

	Medicaid	Medicare	Medicaid and Medicare	Medicaid or Medicare with supplement	Private Insurance	Uninsured*
English	12	3	7	2	1	2
Spanish	2	0	0	0	0	2
Total	14	3	7	2	1	4

*1 individual was uninsured, but her husband and children had insurance (Kaiser and Medicaid, respectively)

Chronic Disease and Mental Health

Although the interview questions did not specifically ask about health conditions, the majority of participants freely disclosed information about their own health conditions, or those of their family members as they talked about their experiences in the health care system. Over half of the participants were referred to the study through Boulder County Mental Health Partners, and reported that they were currently being treated for unspecified mental health conditions. A number of participants also reported treatment for chronic diseases (e.g. lupus, diabetes, fibromyalgia, cardiovascular disease) as they answered questions about their most recent experiences in the health care system. The number of participants reporting mental health conditions or chronic health conditions is presented in Table 3.

Table 3. Self-reported treatment for mental illness and chronic disease

	Mental Illness only	Chronic Disease	Mental Illness and Chronic Disease	Other non-specific health conditions
Male	11	2	3	0
Female	4	3	2	6
Total	15	5	5	6

Participant narratives about health care experiences

Participants sought health care services for a variety of reasons, and each had a unique story about their experiences in the system. Although each narrative was unique, several common themes emerged from the interviews. These themes can be summarized into 4 general categories: primary fears about health and health care, health care needs and barriers to meeting those needs, factors contributing to successful navigation and health care provider –patient interactions. Within all of these categories, social support, cost of care and good communication between patients and providers were important factors in determining whether or not a patient had a positive or negative experience in the health care system.

Fears about health and health care

The most common fears about health and health care were: 1) declining health or long term complications associated with an existing health condition or medication (including hospitalization); 2) losing housing benefits and not being able to pay for medical expenses; 3) not having adequate insurance coverage and/or not being able to pay for health care; and 4) not knowing about cost of treatments or uncertainty about health outcomes. Within uncertainty about health, one individual feared being punished by her doctor in the future (denied care) for declining repeated medical tests. These common fears tended to be similar between males and females, and insured and non-insured participants. Some individuals cited multiple fears about their health (Table 4).

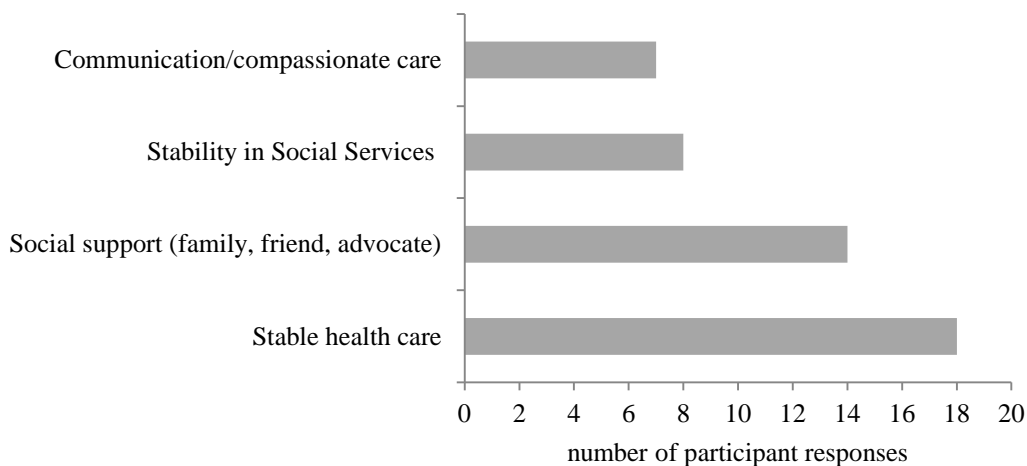
Table 4. Frequency of self-reported fears about health, by insurance status and gender

	Complications/ Decline in health	Housing	Unable to pay for medical expenses	Uncertainty about costs, treatments and health outcomes
Male insured	13	3	1	4
Female insured	9	1	3	6
Male uninsured	1	0	1	1
Female uninsured	2	1	2	0

Participants also talked about the multiple factors which were important in alleviating their fears about health and health care. These factors can be summarized into 4 categories: stability in health care, social support, stable social services (e.g. housing, food stamps, and disability services) and communication with health care provider (Figure 1). For over half of the participants (n = 18), fears were alleviated if they had stable access to health care services (e.g. stable insurance coverage, consistent access to doctor’s appointments and prescriptions). Almost half (n = 14) of the participants also responded that having a family member, friend or health advocate who was involved in their care alleviated some of their fears. In addition, a number of

participants (n = 8) responded that having stable housing and access social services played an essential role in alleviating fears about health. Finally, some participants (n = 7) responded that most important factor in alleviating their fears were clear communication between themselves and their health care provider, and compassionate care (i.e. having a voice, feeling like the doctor is listening, not feeling like he or she was “cattle-herded” through the appointment).

Figure 1. Self-reported factors which alleviate fears about health

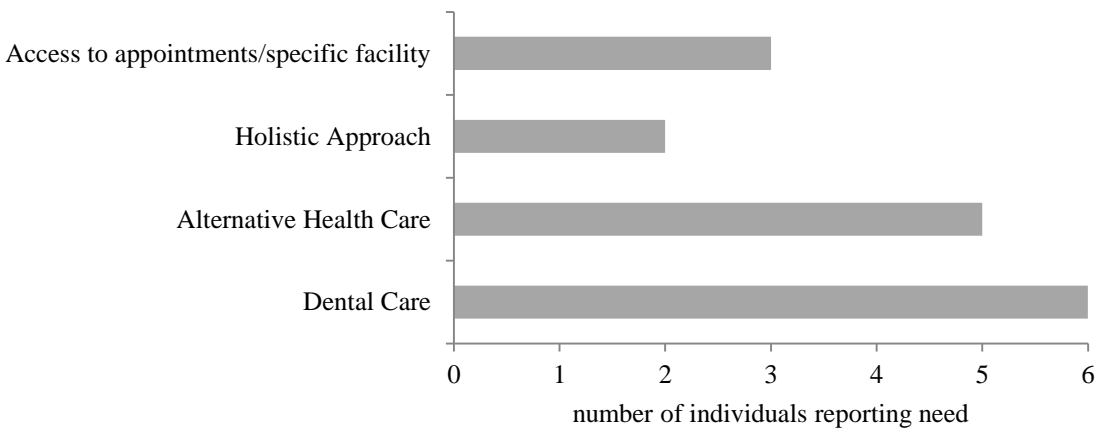


Health care needs and barriers to meeting these needs

In addition to fears about health and factors which alleviated those fears, participants talked about health care needs that they felt were most important. All of the participants felt that having access to health services was necessary. About half of the participants felt that their health care needs were currently being met through their health care providers and clinics and did not specify needs that they could not currently access. However, the other half of the participants talked about health care needs that were not being met, as well as the barriers to meeting these needs. Although each individual had unique circumstances surrounding their needs, 4 specific needs not being met were reported in several interviews. Likewise, participants tended to report similar barriers to meeting these needs.

Dental care, access to alternative care (e.g. acupuncture, massage, meditation), a holistic approach to health conditions and care, and accessibility to doctor’s appointments, or a specific medical care facility were the most common needs reported (Figure 2). The most common barriers to meeting these needs were cost (n = 15), followed by ease of making appointments, or access to an out of network, or county facility (n = 5).

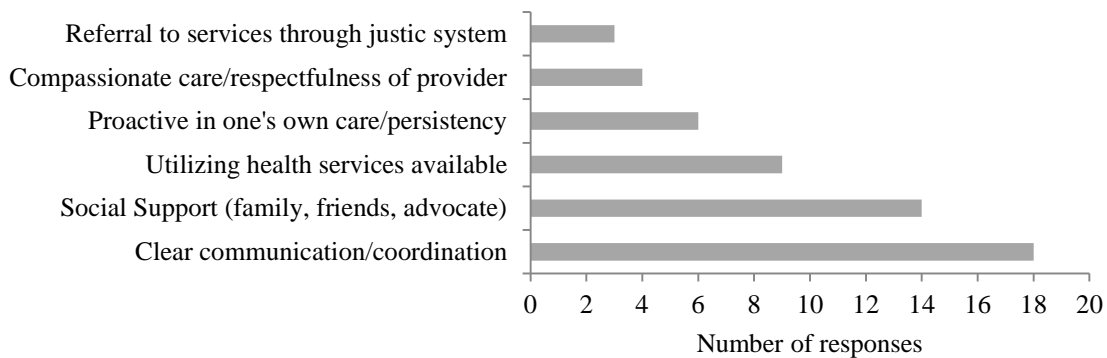
Figure 2. Frequency of health care needs among those reporting specific needs



Successful navigation through the health care system

When asked about successful navigation through the health care system, a number of participants responded that they felt successful because they were simply utilizing services offered to them, and felt that they were currently getting the help that they need (n=9). Three participants responded that no one is really successful because there are always problems with coordination and communication with health care providers, and everyone that they know complains. The remainder of the participants provided more detail about what determines whether or not someone is successful at navigating the health care system (n = 20). Among these participants, clear communication with and between providers, social support (family member, friend, or health care advocate), and a proactive approach to one's health care were considered the most important determinants of successful use of the health care system. In addition, a few participants included in their response, that they felt successful if they had received compassionate care, or the doctor was respectful to them during a visit. Finally, three participants felt that they successfully accessed services because they had been arrested and connected to services through the justice system (Figure 3).

Figure 3. Self-reported, key determinants to successful navigation of the health care system



When asked to elaborate on the role of communication and coordination in successful navigation, participants responded that feeling comfortable with their provider, or being able to communicate well with a provider made them feel more comfortable about asking questions about treatments related to their health condition, or availability of other health and human services. As a result, these individuals were more likely to continue treatment, follow doctor’s instructions and be connected to additional health and human services that they needed. Those who felt that they did not communicate well with a provider also reported becoming frustrated with their care, and in a number of cases, declining medical tests, or not continuing treatments.

Social support was also a common theme related to successful navigation of the health care system. For participants, social support came from family members, friends and health advocates; and played a number of different roles in successful navigation. For some participants, social support simply meant that there was someone to accompany them to and from a doctor’s office, or hospital. Others felt that social support meant having someone that knows what type of questions to ask doctors about care or treatments, clarify doctor’s instructions, translate billing statements, or can direct a patient to other needed services. In a few cases, social support came from Mental Health Partners; and included assistance with career training, nutrition counseling and referrals to housing and food assistance services.

Health Care Provider and Patient Interactions

Participants were asked about their most recent hospital or clinic visits, as well as their worst and best health care experiences. Again, each participant had unique circumstances which led to a hospitalization or clinic visit. However, all of the participants felt that a positive or negative experience was partially determined by the type of interaction that they had with the health care providers. Participants who reported a negative experience felt that a primary reason for their negative experience was related to a lack of communication between themselves and their health care provider. In some cases, participants felt rushed through their care, which meant that the provider did not take the time to listen to their health complaint. A few responded that they felt more like a number, not a patient, and in many cases, participants felt a loss in control over their own health because of the poor communication. Some responded that their negative experiences were related to not receiving clear post-care instructions, or providers did not communicate with other providers or pharmacists. In one case, a miscommunication led to the wrong dosage of a

prescription, and a drug interaction between two prescriptions. Another participant responded that miscommunication between providers led to a misdiagnosis, and a battery of unnecessary medical tests. These individuals expressed frustration with the lack of communication between themselves and their providers, as well as communication between providers.

Provider-patient interactions were also important in determining positive health care experiences. When participants were asked to recount positive experiences in the health care system, clear communication and the perception of compassionate care from a provider were the main determinants of a positive experience.

Summary

All of the participants interviewed were grateful that someone was willing to listen to their experiences in the health care system. Among this sample two common themes emerged: the importance of social support in health care, and communication with health care providers.