

Utilizing Health Guides to Optimize the Health and Wellbeing of a "Rising-Risk" Population

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2023 Chronic Disease Partners Conference

October 12th, 2023



Learning Objectives

- Describe the purpose of a health guide as a nonclinical, frontline resource to care management.
- Explain how a health guide identifies opportunity by identifying gaps in care rather than focusing on a patient's medical status for a risking-risk patient population.
- Recognize the importance of community partnerships as support to remove barriers to optimal health and wellbeing.

Realities

- Most at-risk patients will not come to us.
- Most at-risk patients have broken trust.
- At-risk patients do not have a health insider.
- At-risk patients suffer from disconnected care.
- At-risk patients are discouraged by unrealistic recommendations.

What Is a Health Guide?



Non-clinical



Trustworthy insider



Bridging gaps in care



Navigating complex healthcare system

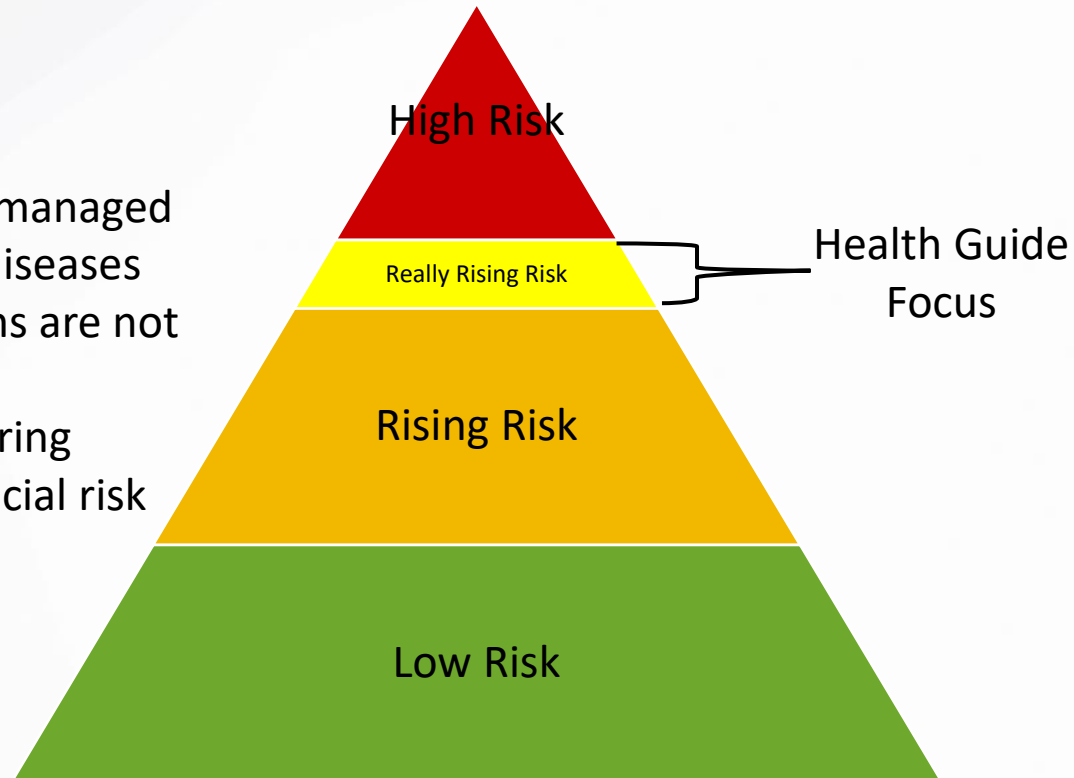


Advocating and Empowering patients

What Is a Rising Risk Patient Population?

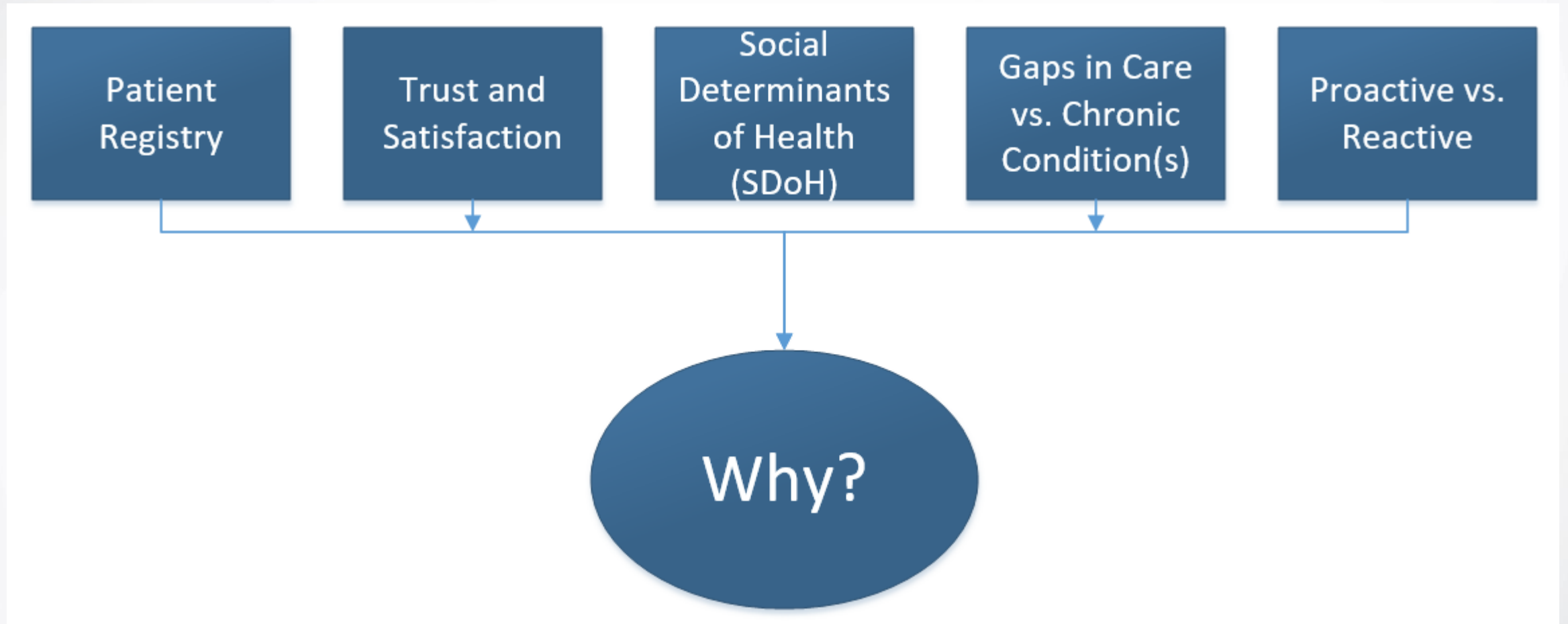
Rising Risk

- 1-2 well-managed chronic diseases
- Symptoms are not severe
- Co-occurring psychosocial risk factors



- Rising Risk Population acute utilization looks different than High Risk Population
- Appropriate utilization brings a rising risk population into the system

The How of a Health Guide...



Top Interventions



Appointment
Management



Review of After Visit
Summary (AVS)



Medication
Adherence

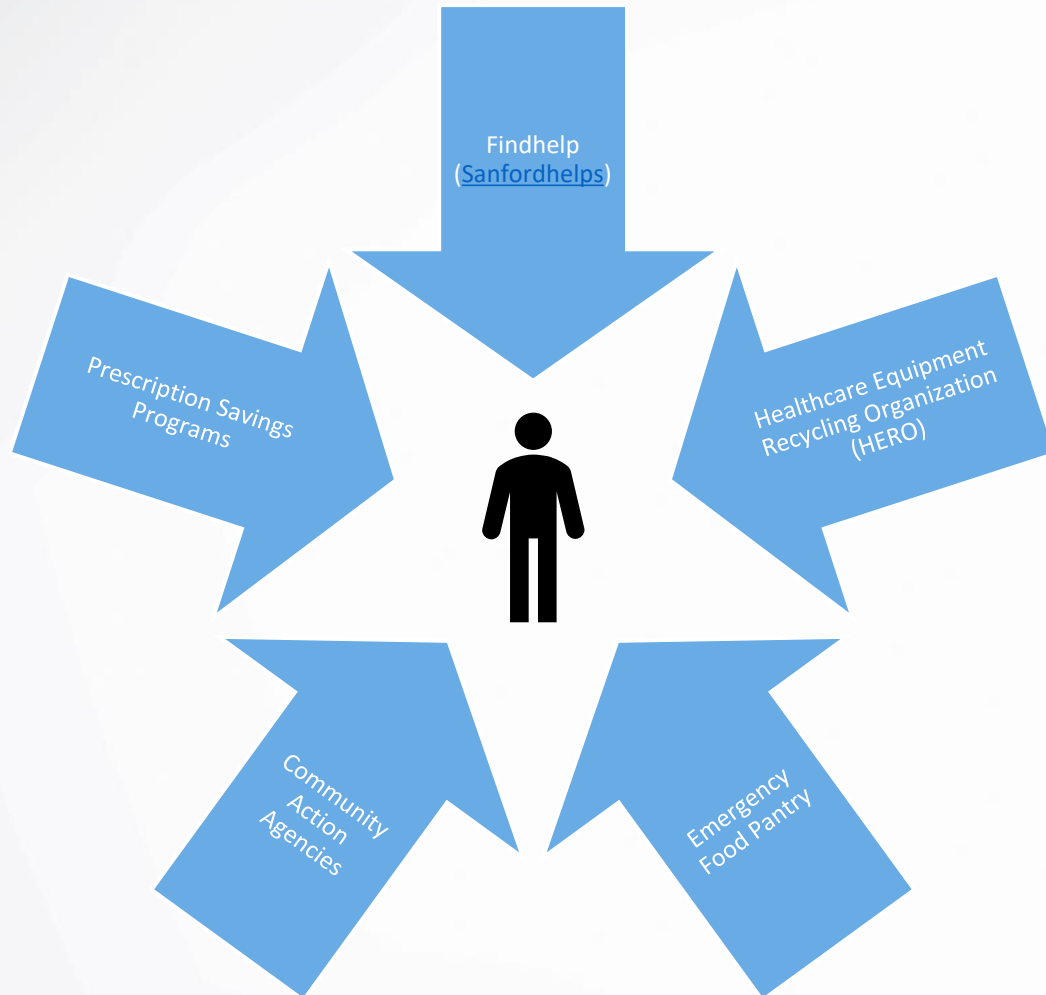


Debt forgiveness
and Patient
Financial Assistance



COMMUNICATION
AND
COORDINATION

Partnering With Community Organizations



Maslow's hierarchy of needs

Increased Trust



Heard 86%



Partner 84%



Trust 87%

Increased Satisfaction



Emotional 89%



Financial 86%



Physical 82%

Utilization Outcomes

Admissions

58.8%

- Establishing primary care
- Connecting to specialty care
- Following up on referrals

ED

58.9%

- Same Day office visits
- Supporting self management
- Providing transportation

No Shows

14.5%

- Addressing Health Maintenance
- Coaching efficacy

Walk-Ins

14.8%

Clinical Outcomes

BP

38.5%

- Obtaining med(s)
- Obtaining supplies and equipment
- Addressing SDoH

PHQ9

55.7%

- Addressing debt balances
- Explore referral options
- Providing a listening ear
- Sanford friend

A1C

72.6%

- Scheduling appts/labs
- Pharmacy consults
- Goal setting with patients
- Obtaining food supply

The Patient's Story



Demographics

- Widowed 57 y/o female, father's caretaker, hx of multiple intestinal resections, bowel obstructions, NSTEMI, depression, substance use.
- 15 ED/admits within a year for pain, SBO, suicide attempt.
- Financial strain re: missing work, medical costs, funeral, bills.

Demographics

- 35 y/o female with chronic migraines, PCOS, and anxiety.
- Presents frequently to ED with migraines.
- Recent appendectomy, no follow up post-op.
- Several life stressors including financial difficulties, relationship issues, and grief.





Demographics

- 60 y/o female with moderate persistent asthma and COPD. Frequently works in conditions that cause asthma flare ups.
- Historically would wait for severe breathing difficulties before seeking treatment.
- Used ED for asthma control and relied on steroid injections for relief.

Lessons Learned

- Rising-risk patients are different from high-risk patients.
- Nonclinical roles impact acute and clinic utilization.
- Nonclinical roles improve trust and satisfaction.
- Nonclinical roles improve health outcomes.
- Importance of building community partnerships as support to remove barriers to optimal health and wellbeing.
- Marital status, living situation, and outstanding balances are coupled with gaps in care.

References

- *Patient Risk Escalation*. Adapted by Advisory Board- Population Health Advisor (2017). Addressing the Needs of Your Risking Risk Patients.
- Rath, T., & Harter, J. (2010). *Wellbeing: The five essential elements*. New York: Gallup Press.

What Questions Do You
Have?