

# Presenter Disclosures

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**“No relationships to disclose”**

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## The health insurance conundrum in rural school-based health:

Using Patient Navigation to reduce health inequities and increase program sustainability

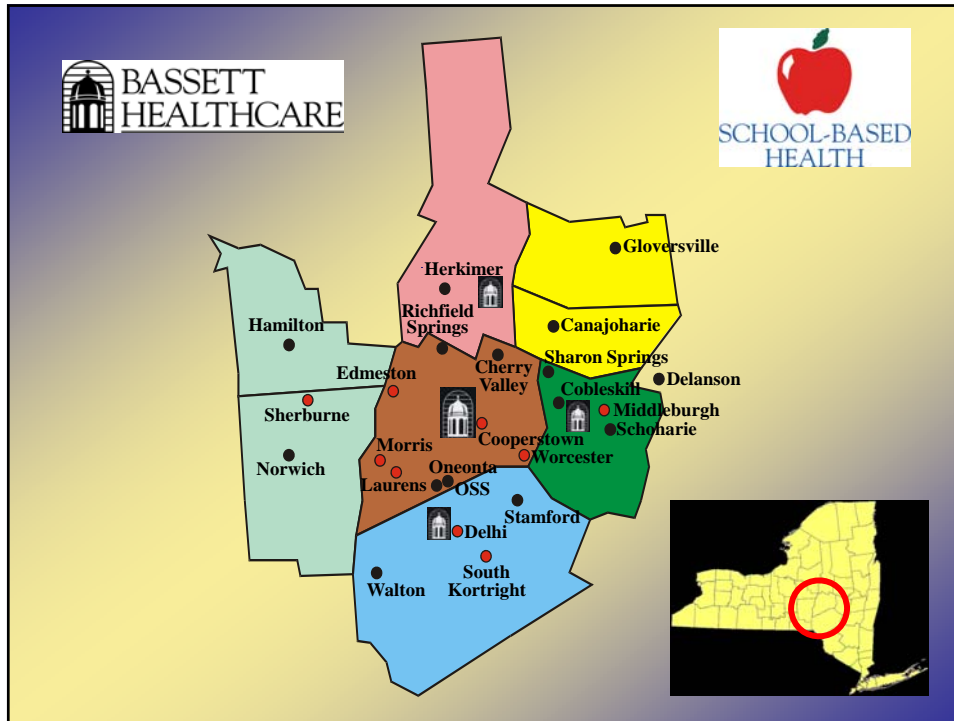


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Manager, Bassett Healthcare School-Based Health Centers

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## Topics to cover

- Bassett Healthcare SBHC overview
- The issue
- Patient navigator model
- Implementing Patient Navigator at SBHC
- Results
- Case studies
- Suggestions
- Questions



## The need

- Uninsured children and families
  - Between 12-15% in SBHC
- Rural limitations to obtaining health insurance
  - Geography
  - Low literacy
  - Lack of information on options
  - Discouraged by process
  - Cultural Sensitivity toward government assistance (Pride Factor)
- Bassett SBHC program sustainability
  - Uninsured/Non-billable:
  - 15% of visits = \$80,400 of care



## Patient Navigation: the model

- 1995: Dr. Freeman, Harlem, NY
- Patient Navigator in cancer care
- Result

## Additional uses of Patient Navigation

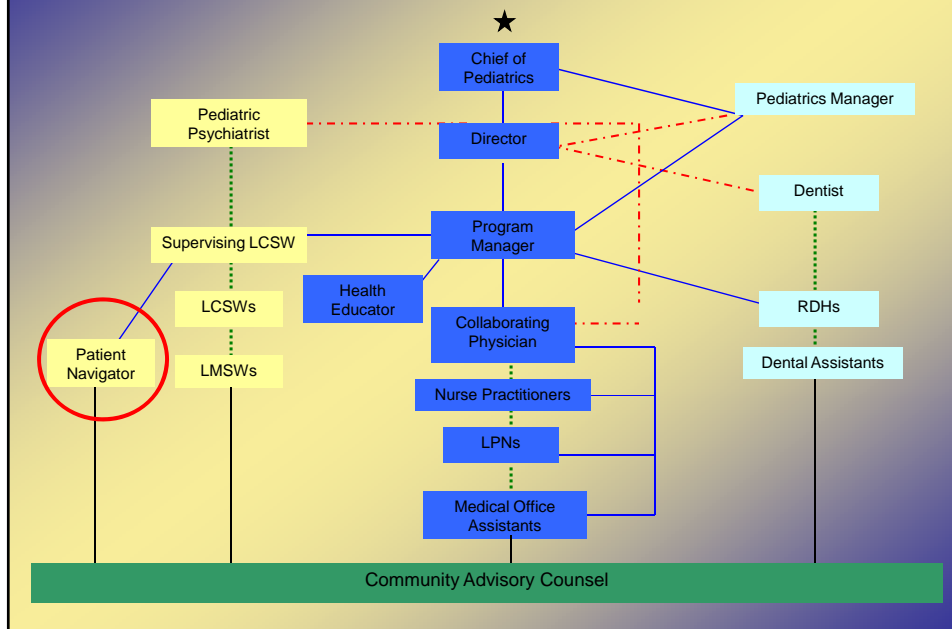
- HIV patient care
- Palliative care
- Cardiovascular health
- Nutrition



## Strategies to obtain funding

- Look for demonstration funding
- Partner with local universities for navigators
- Partner with local human services organizations

## Position of PN in SBHC structure



## Patient Navigator Activities

- Outreach to families
- Educate families
- Assist families
- Trouble-shoot and problem-solve obstacles
- Meet with parents
- Follow-through
- Provide encouragement, be a “nudge”



## No insurance?

The process **PRIOR** to Patient Navigation

SBHC treats student  
with no insurance



SBHC mails family  
information on  
CHP/Medicaid

What  
happens  
next?



# No insurance?

The process **PRIOR** to Patient Navigation

SBHC treats student with no insurance

**Our guess:**

Some parents follow through

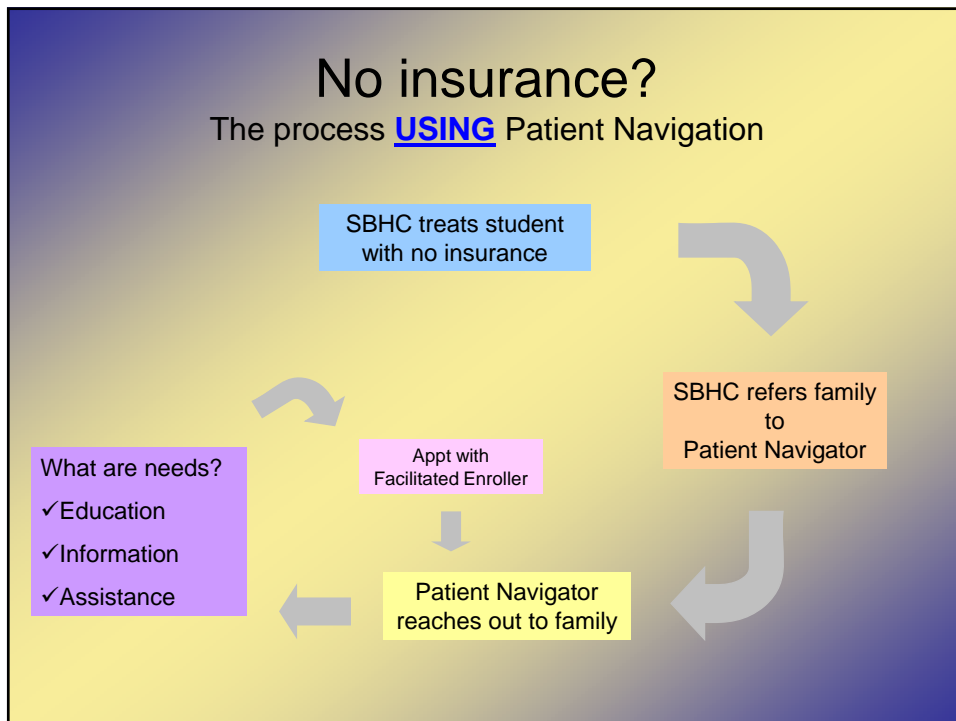
Most parents:

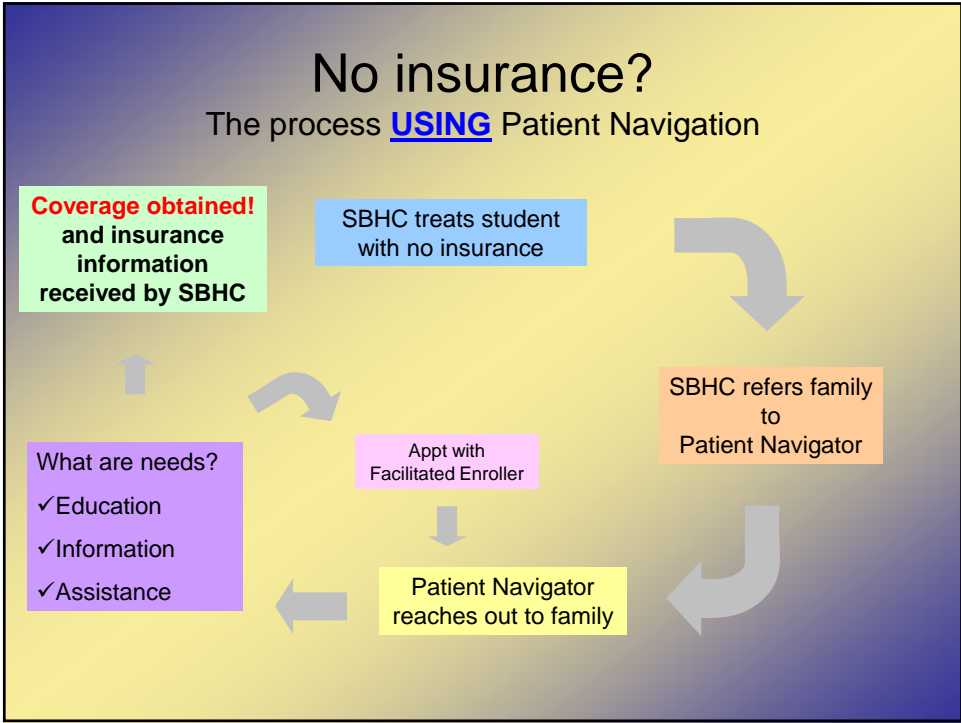
- ✓ don't follow through
- ✓ get frustrated with process
- ✓ face obstacles
  - ✓ literacy
  - ✓ transportation
  - ✓ misconceptions

What happens next? **?**



SBHC mails family information on CHP/Medicaid





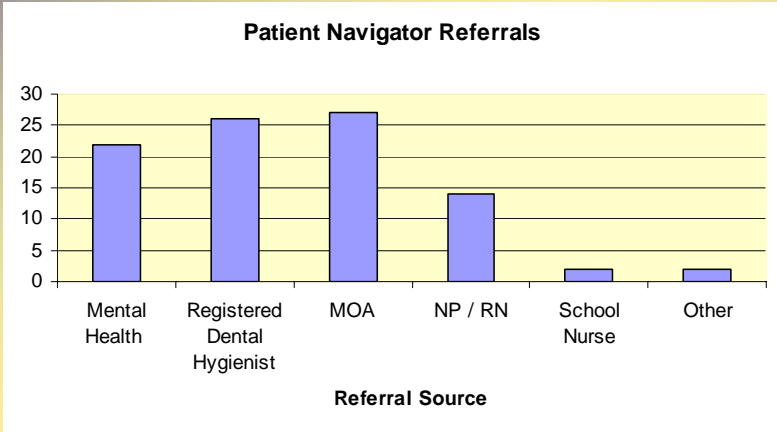
# Patient Navigator at Bassett SBHC

Results to date



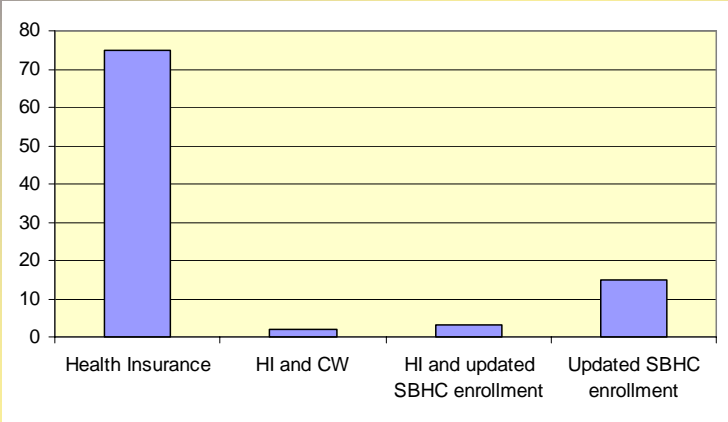
# Referral Source

- 93 student referrals

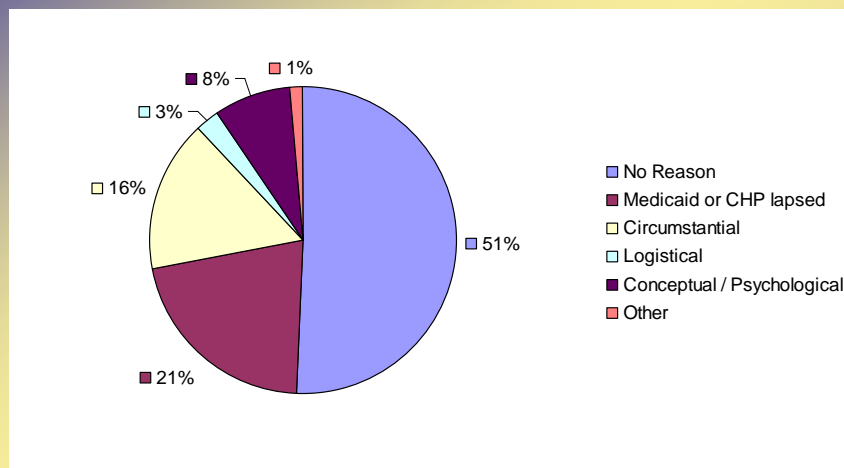


# Reason Referred

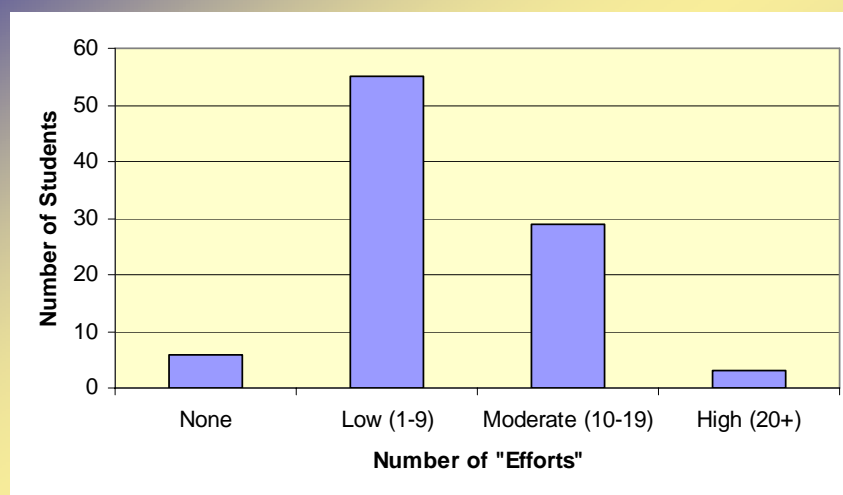
- 75 students needing health insurance



## Reason no health insurance

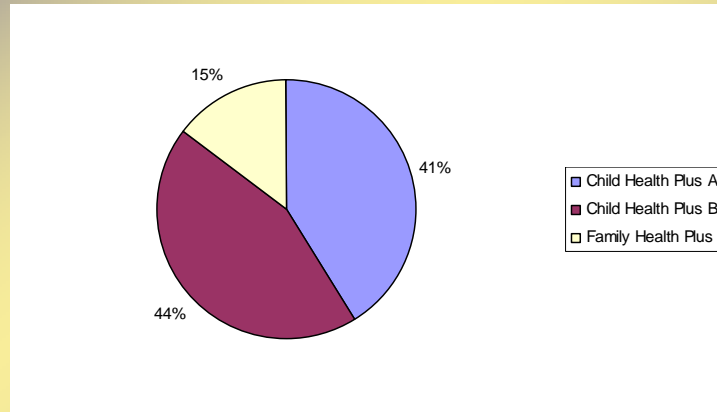


## Patient Navigator Efforts



## Health Insurance Enrollment

- 23 referrals-turned-enrollments = 61 total enrollments



## Health Insurance Enrollment

- Findings confirm value of patient navigation in SBHC
- 48% of enrollments required “low” effort
- MH visits high among newly insured



## How did this impact the bottom line?

Last year 1608 visits were not billable

- Lack of insurance
- Confidential care
- Resulting in a loss of revenue of \$80,400

This year potential of recovering \$16,350 or 20% of expected loss.

## Impact to Bottom Line

Cost of Patient Navigator 2 days per week:

\$7600 Contract @ \$15.00

\$1258 Travel @ \$0.505/mi

**Total Expense \$8858**



## .....Bottom Line

- This year there is the potential to realize \$16,350 of revenue directly related to the results produced by the PN
- Not able to quantify at this time revenues to sponsoring organization
- 20% of those revenues not received last year added to the BOTTOM LINE
- First year demonstration!

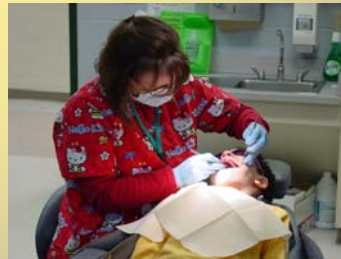
## Patient Navigator Case Study #1

- Bobby, 4<sup>th</sup> grade
- Referred by NP to PN because of no insurance
- Issues
  - Transportation
  - Education
  - The nature of rural employment



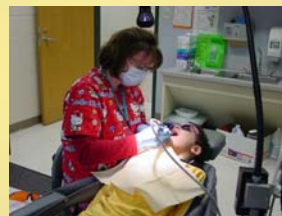
## Patient Navigator Case Study #2

- Sam, 1<sup>st</sup> grade
- Persistent abscesses 1+ yrs
- RDH referred
- Issues
  - Misinformation
  - Education
  - Psychological obstacles



## Patient Navigator Case Study #3

- Tina, 3<sup>rd</sup> grade
- Persistent abscesses
  - lump on jaw
- NP and RDH referred
- “Hotlining” seemed imminent
- Issues
  - Family culture of poor dental hygiene
  - Education



## Suggestions

- Quantifiable justification to sponsoring organization
  - “no Margin no Mission”
- Outside funders = grant opportunities to serve the most vulnerable populations
- Partnering with other community human services organizations-- uninsured care is care that is expensive and not preventative

## Questions

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## References

- Bradford, Coleman, & Cunningham, 2007
- C-Change, n.d.
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- Fischer, Sauaia, & Kutner, 2007
- Kim, Koniak-Griffin, Flaskerud, & Guarnero, 2004
- National Cancer Institute, 2008
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