

Gateway Health and Dasher Maternity Community Healthcare Worker Program

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AGENDA

- Gateway Health and Dasher Collaboration
- 2018 Dasher Maternity Program Evaluation



Gateway Health and Dasher Collaboration

THE COLLABORATION

Why Maternity?

- In 2016, 56% of Gateway's deliveries were in the Dasher geographic location (Lehigh Cap)
- In 2016 prenatal/post-partum HEDIS measures identified opportunities for improvement
- Studies proved face-to-face visits with enhanced coordination with the OB providers improve Prenatal Care and Post-partum Care Measures

Why Dasher?

- Established CHW program
- Established relationships with many of the OB providers
- Employment model/philosophy supports Medicaid members
- Small diverse business with a shared commitment to members' achieving self reliance

DASHER: HOW IT WORKS



WHAT IF THE MEMBER NEEDS MORE?



Once engaged, the CHW may identify the member as being at risk



CHW completes high-risk form and sends to GHP



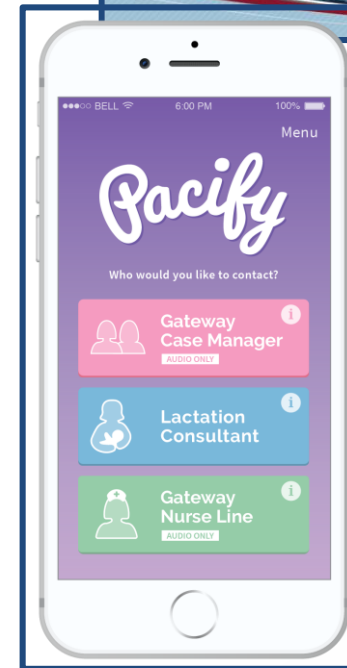
GHP evaluates information to identify risks and refers to Care Manager as appropriate



Care Manager follows-up with CHW for coordination and possible co-management

DASHER: CONTENT OF INTERACTIONS

- Linkage to community resources
- Education on GH services
- Prenatal
- Post-partum through 1 year after delivery
- Oral Care
- SNAP
- Maternity App enrollment
- *Early Intervention





2018 Dasher Maternity Program Evaluation

2018 COMMUNITY HEALTHCARE WORKER ACTIVITY

Provider Interactions

- Appreciate encouraging members to attend appointments
- Receptionist reports that they have noticed that members working with the CHW attend all of their appointments
- Provider office provided dedicated space for CHWs to meet with members
- Appreciate translation skills

Member Interactions

- Bed bugs
- Glucose testing, others
- Section 8 applications
- Employment retention
- Car seats/strollers
- Medical practice satisfaction
- Domestic abuse situations
- Gateway online resources
- Dental care
- Coordination of medical bills
- Lack of heat
- Language barriers

9 counties served Over **300** members engaged

3,600 face-to-face connections Almost **8,000** phone connections

2018 PROGRAM EVALUATION KEY TAKEAWAYS

- High Engagement Rates: 46% of members who received the Dasher Maternity intervention were successfully engaged in the program
- Members referred to the Dasher Maternity program have better delivery outcomes, birth outcomes and better performance on HEDIS Measures for prenatal and postpartum care
- Members successfully engaged in the Dasher Maternity Program have better outcomes for some metrics than those referred who disengaged or never engaged in the program
- Members successfully engaged in the Dasher Maternity Program have statistically significant better outcomes for some metrics when compared to a matched comparison group of maternity members who has a low risk CM outreach case

2018 DASHER MATERNITY PROGRAM EVALUATION

Successfully engaged Dasher maternity members have:

- Significantly lower rate of low birth weights births
- Significantly higher rates of frequency of prenatal care >81% of expected visits, timeliness of prenatal care, timeliness of postpartum care and timeliness of prenatal and postpartum care
- Lower C-Section and NAS rates but differences are not significant
- Equal rates of preterm births

Outcomes	Dasher Maternity	CM Comparison Group	P-Value*
Members	151	151	
C-Sections	38	50	
C-Section Rate	25%	33%	0.15
Low Birth Weight	7	19	
Low Birth Weight Rate	5%	13%	0.02
Preterm Births	9	8	
Preterm Birth Rate	6%	5%	1
NAS Babies	0	1	
NAS Rate	0%	1%	0.32
FPC - More than 81% of expected Prenatal Visits	105	64	
FPC Rate	70%	42%	0.0001
PPC - Timeliness of Prenatal Care Numerator	123	78	
PPC Prenatal Rate	81%	52%	0.0004
PPC -Postpartum Care	115	78	
PPC Postpartum Rate	76%	52%	0.0001
PPC Timeliness of Prenatal Care + Postpartum Care	106	62	
PPC Prenatal + Postpartum Rate	70%	41%	0.0001

**P-Value less than .05 represents a statistically significant difference*



Gateway Health Doula Program

DOULA PROGRAM WITHOUT STATE COVERED SERVICES

- **Current Program**

- Collaboration with AHN's Center for Inclusion Health on a Doula program that will render non-clinical support services to our PA Medicaid women before, during & after child birth
- Grant-funded model aims to improve health of expectant mothers within the immigrant and refugee community through increased access to doula and community health worker services
- Hired 5 full-time and 1 part-time doulas from within the immigrant communities served by the program (Nepali, Somali, Arabic and Latino)
- Launched June 2019

- **Future Consideration**

- Value Based Contracting