YPNP Spring 2021 Training

Introductions!

Outline

- Mission
- Logistics, Roles, Expectations
- Resources
- EPIC
- Patient Graduation
- Next Steps
- Documentation

Mission

Our Mission

A **student collaboration** between the Yale School of Medicine, Yale School of Nursing, Yale Physician Associate Program and Yale University, the Yale Patient Navigator Program aims to identify and **address barriers to care** by connecting patients with community-based health and psychosocial resources. We value integrated, **patient-centered care** that respects the **diverse priorities** and identities of our patients in the New Haven community. We strive to **lessen gaps** in current medical practice by encouraging **communication and collaboration** between patients, students, and healthcare and community-based resource providers.

Every navigator's experience is unique as the patients we serve vary in responsiveness, language abilities, legal status, and personal goals.

Logistics, Roles, and Expectations

Who Are Our Patients?

- Refugees that are referred to YPNP **through IRIS**
- Refugees that are referred to YPNP **through a medical provider**
- Patients with complicated health issues and/or psychosocial needs referred to YPNP through a medical provider
  - Can be **undocumented and uninsured**
- Single adults
- Whole families

iris
INTEGRATED REFUGEE & IMMIGRANT SERVICES

Refugee Immigration Status & Healthcare

The Office of Community Services of the Department of Social Services (DSS) is responsible for disbursing federal funds related to the resettlement of refugees in Connecticut. Refugees are assigned by the U.S. State Department to local affiliates of national voluntary resettlement agencies in Connecticut **(IRIS!).** DSS disburses federal refugee assistance program funds, administers refugee cash and medical assistance programs and monitors resettlement activity for individuals who qualify as refugees under international law. A refugee can request to become a legal permanent resident after one-year residence in the U.S. and can apply for U.S. citizenship five years after their date of entry to the U.S.

DSS regional offices administer the Refugee Cash Assistance (RCA) and Refugee Medical Assistance **(RMA) programs for refugees for up to eight months from their date of entry to the U.S.** DSS also provides refugees with temporary family assistance/cash assistance, medical coverage and food stamp assistance under those public assistance programs since **refugees qualify as legal non-citizens.**

Role of the Leadership Team

- Coordinate Patient Referrals
  - Collect clinic referrals via YPNP Epic Dot Phrase
  - Notify PCC and assign patients to navigator pairings
  - Assignments and communication with navigators will come via email.
- Monthly meetings
  - Identify educational topics to supplement interactions with patients
  - E.g. learn about local resources
- Small groups
  - Coordinate with patient navigator pairings to follow up and help you!

The Navigator Role

- Conduct intake interview
- Communicate with leaders and healthcare and IRIS team members
- Communicate with patients via telephone
- (In non-Covid times) attend medical appointments
- Arrange transportation to and from healthcare appointments
- Teach patients how to schedule appointments/transportation
- Connect your patient to community resources:
  food, education, utilities assistance, school coordination

Intake Interview

- Intake Qualtrics survey: https://yalesurvey.ca1.qualtrics.com/jfe/form/SV_3q3yM3nGrPkQDOZ
  - It's important to submit the survey for research purposes, too!
- Main goal: establish 3 goals with your patient (i.e. food security, child care, employment) and identify the steps necessary to achieve these goals.
- Don't overpromise!
- Screen patients for MyChart Epic access

Providing the Best Care

Consider the whole family and everyone's health maintenance.

- Try to get all members of the family set up with PCPs.
- You can request that the same PCP see your patient consistently.
  - Admin will often schedule your patient with whoever is available.
  - Does not provide great continuity of care…
- Get immunizations up to date!

Interpretation Services

- Often patients do not speak English fluently and require interpretation services
- Often answering services only include options for Spanish & English!
- Ask patients about their language preference
- Request in-person interpreters for clinic appointments in EPIC

Interpretation Services: Phone Calls

1. Have patient's name, MRN, DOB, and phone number ready
2. Call 1-203-680-1111
3. You will be asked for your department (PCC or Fair Haven)
4. Tell operator the desired language.
5. Once connected to an interpreter, tell them you need to 'dial out' the patient and give the patient's phone number
6. Interpreter will ask you how you would like to be introduced (i.e. "This is NAME with Yale Patient Navigator Program calling to introduce myself and discuss current medical and health situation.)

IRIS Case Manager

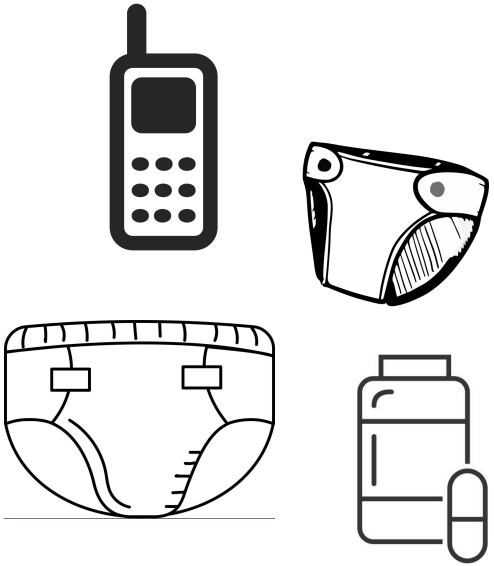
- IRIS Case Managers coordinate government assistance for refugees (not all of our patients are refugees!) and provide for *several* basic needs for families
- Familiarize yourself with services provided with list in Box
- Contact the designated case manager of your assigned family to stay informed of the current services and aid they are receiving
- Communication and transparency with families regarding aid they can receive from IRIS is KEY
- Clarify misunderstandings and reaffirm expectations with families regarding IRIS's services

Communication with Healthcare Team

- After initial intake conversation with patient, document this communication in Epic and email the assigned resident, social worker (if applicable), and IRIS case manager (if applicable) summarizing the intake conversation.
    - Set up a time to meet with the entire care team mentioned above via Zoom to learn what is currently being done with the patient and share what you hope to accomplish with the patient.
    - At this meeting, set up how frequently and through what mode you will communicate patient progress with the care team and vice versa.
- Patients don't often have one PCP - look on Epic to see who has written the most notes in their chart (may be a nurse!) and contact that person to see who should be included in this conversation.
- Reach out to leadership - they can look up who referred this patient.

COVID-19 Modifications

- **All communication/interactions will be virtual** for the time being (subject to change)
- Ensure patients understand the implications of COVID-19 and how to keep themselves and their families healthy & safe
- We will keep you updated as guidelines change and opportunities for in-person activities begin



Reasons for a Home Visit

- Difficulty communicating by phone
- Patient has infrequent clinic appointments and wants to meet in-person
- Observe how patients store/organize medications or mix formula
- Teach patient how to walk or bus to clinic or pharmacy from home
- Gain sense of patient's home environment and surroundings

Home Visits

- **Due to COVID-19 safety precautions, we will be restricting home visits until further notice is given.**
- General Rules for Home Visits:
  - Optional
  - Do not go alone! Bring your partner or another navigator
  - Inform group leader of date/time of visit

Expectations for Navigators

- Establish contact with your patient
- Maintain weekly communication with your patient
- Coordinate responsibilities with partner
- Report regularly to your group leader
- **Attend monthly meetings**

Do's and Don'ts

- Do maintain a professional relationship with patient at all times and record each encounter in EPIC
  - Google Voice if not comfortable using personal phone number
  - Arrange set times to communicate with patient (ex. Tuesdays at noon)
- Do ask for help with any problems/challenges with your patient
  - If you have any safety concerns, contact YPNP and patient's PCP immediately
- Don't
  - Do not drive patient in your car
  - Do not pay for patient's Uber, bus fare, or any items
  - Do not pay for food/resources/transportation for a patient

Undergraduates

- We're very excited to be involving undergrads (first time last semester)!
- Undergrads will have the same roles/responsibilities as health professions navigators EXCEPT:
    1. Undergrads won't have access to **EPIC**.
    2. Undergrads can't attend any **in-person appointments** if there are still COVID-related restrictions for loved ones/visitors.
    3. Undergrads can't **call patients** alone (until health professions navigator feels comfortable).
- Mentorship from health professional students

Resources

Primary Care in New Haven

Until October 2020, most of our patients were seen at the Primary Care Clinic at YNHH (Howard Ave.)

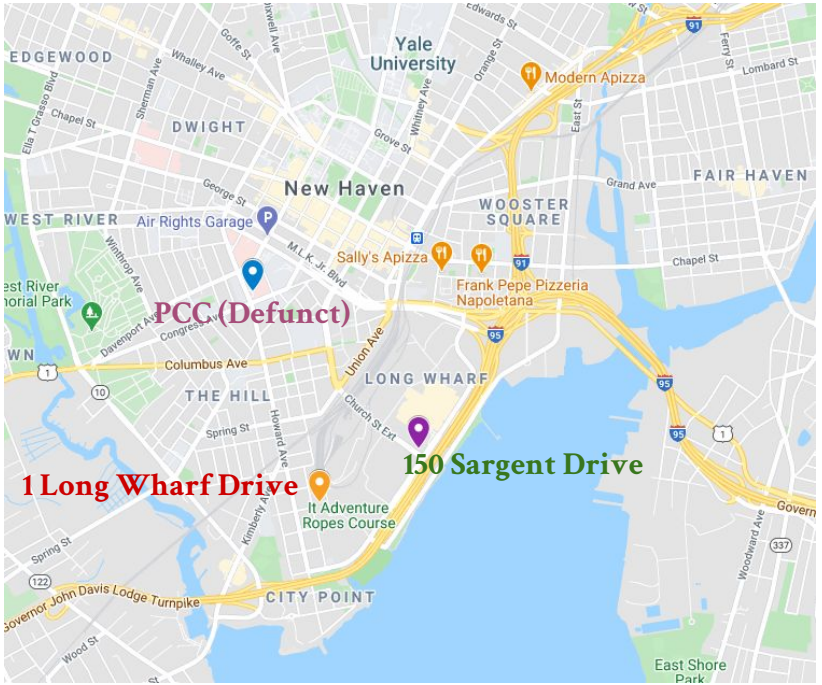
There was a merger between YNHH PCC, Cornell Scott-Hill Health Center, and Fair Haven Community Health Center.

Today, most of our patients go to 150 Sargent Drive for:

- Adult Primary Care, Women's Health, Behavioral Health: Provided by Cornell Scott-Hill Health Center (203-503-3000)
- Pediatric Services and Adolescent Services: Provided by Fair Haven Community Health Center (203-777-7411)

Patients also go nearby to 1 Long Wharf Drive for YNHH Services:

- Pediatric Rehab (Speech therapy, etc.)
- MFM (Ultrasounds and tests during pregnancy)
- Adult and Pediatric Dental Clinics



Community Resources

1. Identify patient's address and access to transportation
2. Identify appropriate resources, via YPNP list of resources or your own Google search
   a. ***See New Haven Resources Tab in Box***
   b. ***Flourishing Families Website***
      https://campuspress.yale.edu/yalepedspcc/
3. Research chosen resources to confirm authenticity
4. Communicate information to patient
5. Ask partner or group leader for advice

Veyo: Non-Emergency Medical Transportation

Qualifications:

- Patient does not have a car that works or valid driver's license OR has physical/emotional challenges OR unable to travel or wait for ride alone
- Patient has HUSKY A, C, D, or limited benefit Medicaid coverage
- Patient must be attending a covered medical appointment and have no other way of transportation (i.e. relative, neighbor, friend)

Veyo: Non-Emergency Medical Transportation

- Request ride: 855-478-7350, 7am-6pm M-F
- Schedule at least 2 business days in advance! (Important, or else the department will have to call to override!)
- Routine appts can be scheduled up to 30 days prior
- Can request bus passes or mileage reimbursement (you will most likely need to talk to a rep)
    - Or Medical Necessity Form

Veyo: Non-Emergency Medical Transportation

Info to have ready:

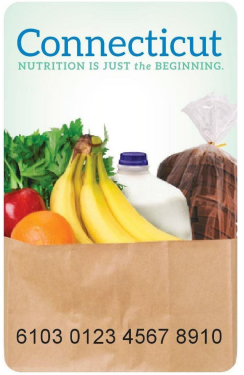
- First/last name, DOB, Medicaid ID #
- Phone number, pick-up address/apt. #, appointment date/time
- Provider/facility name, address of appointment, if appointment is repeating
    - Can call after appointment finishes for return trip
- Mode of transportation being requested and special accommodations
- Companion or attendant information

SNAP: Supplemental Nutrition Assistance Program

- Around since 1939, previously called the Food Stamp Program until 2008
- Eligibility:
  - US citizens and certain lawfully-present non-citizens (e.g. refugees admitted under Section 207 of the Immigration and Nationality Act)
    - Undocumented non-citizens are NOT eligible!
  - Must meet income limit, which is set by federal poverty levels
  - Must meet countable resource limit (cash, savings accounts, stocks, bonds)
  - Must meet work requirements
- If eligible, benefits are automatically loaded into an account each month and available on an Electronic Benefit Transfer (EBT) card
  - EBT card can be used at authorized grocery stores and retailers
- Application process: complete state application form, complete interview
- New Haven field office: 50 Humphrey St, phone # (855) 626-6632

WIC: The Special Supplemental Program for Women, Infants, and Children

- Around since 1968
- Federally funded through the USDA
- Eligibility:
  - Pregnant
  - Postpartum
  - Breastfeeding women
  - Infants
  - Children up to age 5
- Must meet income eligibility
- Do not need to provide immigration status!
- Breast pumps (w/o insurance!), peer lactation counseling (Baby Cafe), nutrition support, and more!



(WIC Card Example)

There are four offices in New Haven, but this is the one most important to our work:

- 150 Sargent Drive (was formerly at York Street)
  - Call 203-688-5150. They're good about answering! Very helpful.

Financial Support for Undocumented Patients

- For patients receiving care at YNHH (eg. specialty care, surgeries, etc.)
  - Free Care
    - Must provide documentation such as tax returns, pay stubs, or letters of support from caregivers. The application can take a while to be accepted, but visits can be covered retroactively.)
- For patients receiving care at 150 Sargent Dr. or 1 Long Wharf (eg. Primary care and some specialty care)
  - Can apply for sliding scale. Might have to pay $20 co-pay at visits.
  - Can advocate for your patients to see if they can pay less!

HUSKY

HUSKY is the name for Medicaid coverage in Connecticut.

- HUSKY A: Must have citizenship (refugees qualify). Connecticut children and their parents or a relative caregiver; and pregnant women may be eligible for HUSKY A (also known as Medicaid), depending on family income.
    - The American Rescue Plan (just passed) will let states expand Medicaid coverage to postpartum women for a full year! Currently, Medicaid coverage ends after 60 days even though maternal deaths are counted up to one year postpartum.
- HUSKY B: Children's Health Insurance Program (CHIP). It covers medical, dental and behavioral health services.
- HUSKY C: For people >65 y.o or people with disabilities 18-64.
- HUSKY D: Patients 19-65 y.o. without dependents, low-income, not pregnant, not on Medicare.

EPIC

EPIC

As you are now an important member of your patient's healthcare team, recording encounters with your patient is essential to ensure continuity and clarity with providers and social workers.

EPIC

- Step-by-step instructions posted in Box
- Ask group leader for assistance!
- How to...

Patient Graduation

Goal: Graduation

- Our end goal is to ‘graduate’ our patients!
- When? Patients can independently access healthcare and community resources to thrive in their neighborhood and would no longer benefit from navigator assistance.
- Tell your group leader!

Criteria for Patient Graduation

- You have worked with the patient to accomplish their three goals
- The patient feels self-sufficient and no longer wants to participate
- The patient wants to opt-out for whatever reason

Examples of Competencies

Housing	• Does the patient have a safe, stable place to live?
Food	• Does the patient know where to get food on a regular basis? • If finances are tough, does the patient know alternative means of receiving food? Can they utilize them without external assistance?
Transportation	• Do they know how to seek medical care - Emergency, medical appointments, etc… • Schedule a ride through Veyo, walk to the ED, bus to the hospital, etc…
Finance	• Do they have health insurance?
Healthcare Utilization/Access	• Do they know how to seek medical attention - Emergency • Do they know how to call the hospital for help • Do they know how to schedule appointments • Do they know how to pick up medications
Other	• Do they know how to call in to the hospital or a community resource with an interpreter?

Next Steps

What Will Happen Next

- Christina and Cindy will email you with your assigned patient and YPNP small group leader
- Partner may already be working with a patient
- Discuss with partner who will make the first contact, or have your partner bring you up to date
    - **Undergraduate and health professional students will make first contact together**
- Decide when to contact patient and when to conduct intake
- Document in Epic! (applicable to health professional students)
- Contact YPNP leaders with any questions

Monthly Meeting

We will be inviting our faculty advisors Dr. Camille Brown & Dr. Bryan Brown to come speak about their mission to serve refugee families and work with navigators through YPNP via Zoom on **April 5th at 7pm**!

Leadership Contact Info

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