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Project Title	Supporting care for rural and AI/AN families in Washington
Rationale for the Project	
<p><i>Problem statement</i> –Patients, families, caregivers and physicians frequently face barriers that impede the effective flow of information/communication needed to establish the most appropriate care/treatment plan. This is compounded when patients travel great distances for care (including rural locations) and are seen by multiple providers within different medical systems, departments, information systems and communities. Family culture and trust in the medical system can further challenge clear communication, collaboration and continuity of care. In Fiscal Years 2013-2014, AI/AN families from 31 counties in Washington State utilized inpatient and outpatient services within Seattle Children's Hospital's system. Data from Seattle Children's Hospital Family Experience Surveys, e-feedbacks, focus group discussions, key informant interviews and personal stories show these families are experiencing challenges. These challenges include: isolation and lack of social support, lack of resources for extended stays in Seattle, feeling overwhelmed in Seattle by not knowing how to navigate in the city, and poor communication between Seattle Children's Hospital staff and community providers. AI/AN populations are younger, less educated, and lower income than their non-Hispanic white counterparts. AI/AN Health still falls well below the health status of non-Hispanic white Americans. The health literacy of both rural and AI/AN populations is low as these individuals have limited access to health and social services, and even more so for specialty services. Families must often travel great distance for specialty care, in particular pediatric services – making it challenging to coordinate safe plan of care where needs are complex and resources few. The Center Diversity and Health Equity, in partnership with other departments within Seattle Children's Hospital, propose expanding their current patient navigation program to create a Cultural Navigator position to specifically support rural and AI/AN families traveling to Seattle Children's for specialty care.</p>	
<p><i>Supporting research (evidence-based and promising practices) for the value of the proposed project.</i>ⁱ</p>	
<ul style="list-style-type: none"> ○ A study conducted by the Northwest Tribal Cancer Navigator Program found American Indian patients who were supported by a navigator had a better chance of “not falling through the cracks” when receiving care through their cancer journey. Warren-Mears, V., et al. Impact of Patient Navigation on Cancer Diagnostic Resolution among Northwest Tribal Communities. <i>Journal of Cancer Education.</i>, 2013 March; 28 (1): 109 – 118. ○ An article reviewing the scientific literature on patient navigation programs for indigenous peoples with cancer highlights the lack of published research articles on the topic. The article also discusses cultural competency of navigators and culturally tailored materials, especially those that include indigenous languages, helps build trust in communities that have navigators. Whop, L.J., et al. Navigating the cancer journey: A review of patient navigator programs for Indigenous cancer patients. <i>Asia-Pacific Journal of Clinical Oncology.</i> 2012; 8: e89 – e96 ○ An article describes five patient navigator programs and the range of tasks the navigators provide across the cancer care continuum. It finds tasks similar across the five programs, with specific approaches reflecting differences in community culture, context, program setting, and funding. Braun, K.L., et al. Cancer Patient Navigator Tasks across the Cancer Care Continuum. <i>Journal of Health Care for the Poor and Underserved.</i> 23 (2012): 398 - 413 	
<p><i>Relationship to federal objectives for Medicaid</i>ⁱⁱ with particular attention to how this project benefits Medicaid</p>	

beneficiaries. The cultural navigation role would primarily serve rural and AI/AN families, the majority of which are covered by Medicaid or are eligible. The cultural navigation role would bridge current gaps between specialty and community providers to strengthen communication and care coordination, give families that information to understand their child’s health issues, care recommendations and ability to navigate the complexity of multiple healthcare systems and providers to support their child’s special needs. Navigation reduces no show rates, improves short and long term health outcomes, increase the efficiency and quality of care by ensuring continuity of care and ensure the end goal of graduating the family to navigate resources and systems on their own. This resource would help keep families in their communities, avoiding intensive services and hospitalizations, and improving health outcomes through better management of chronic and complex disease.

Project Description

Which Medicaid Transformation Goalsⁱⁱⁱ are supported by this project/intervention? Check box(es)

- Reduce avoidable use of intensive services
- Improve population health, focused on prevention
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- Health Systems Capacity Building
- Care Delivery Redesign
- Population Health Improvement – prevention activities

Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders). As defined by the Rural-Urban Community Area (RUCA) system map, all large rural towns and small and isolated rural areas would be served in addition to the 29 federally recognized tribes in Washington State. The target population would be rural and AI/AN families eligible or covered by Medicaid.

- *Relationship to Washington’s Medicaid Transformation goals.*
The addition of the Cultural Navigator position will improve overall population health through coordinated care where barriers to health currently exist. Childhood rates of diabetes, cardiovascular disease, oral health, pediatric obesity, smoking, mental illness, and substance use disorders could potentially be improved through improving health literacy and access to appropriate care and community resources.
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.* The Cultural Navigator will support rural and AI/AN families and partner with patients, families, communities and SCH Providers to: 1) Establish trust and rapport, informing families about their rights as patient and SCH responsibilities as a health care institution; 2) Bridging communication and culture- to assure that families understand medical care plan and that providers understand the families’ cultural needs and preferences.; Instruct families how to access Seattle Children’s and other needed services.; Teach families how to navigate the health care system independently and advocate for their child’s needs.
- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.*
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants)*

needed to be engaged to achieve the results of the proposed project. Tribal clinics, Indian Health Service, Partnerships 4 Native Health, rural community clinics and private practices.

Core Investment Components

- *Proposed activities and cost estimates (“order of magnitude”) for the project.*
 - Recruitment and hiring of 2 Cultural Navigators
 - Communication with partners on scope and plan
 - Pilot work with x and x partner on Medicaid patients coming to Seattle Children’s hospital and clinics
 - Implementation across all partner groups and growth as identified needs develop.
- *Best estimate (or ballpark if unknown) for:*
 - How many people you expect to serve, on a monthly or annual basis, when fully implemented. Can we extrapolate from our current numbers? We estimate 15% of our patient population would be served annually. We would prioritize chronic, complex conditions. Seattle Children's Hospital Inpatient and Outpatient data show there were 3,203 American Indian/Alaska Native patients served in Fiscal Years 2013 and 2014. It is unknown how many of these patients are enrolled in Medicaid.
 - Year 1 Budget

BUDGET				
Personnel	FTE	Annual Salary	Benefits	TOTAL
Sr. Cultural Navigator	1.0	\$ 104,000.00	\$ 35,880.00	\$ 139,880.00
Cultural Navigator	1.0	\$ 64,480.00	\$ 22,245.60	\$ 86,725.60
TOTAL PERSONNEL				\$ 226,605.60
Other Expenses				
Travel				\$ 10,000.00
Communication Materials				\$ 2,500.00
Operational Expenses				\$ 3,000.00
TOTAL OTHER EXPENSES				\$ 15,500.00
TOTAL BUDGET				\$ 242,105.60

- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.* 6 months to 1 year for the initial phase.
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.* Avg salary of a navigator = \$58,302 + 20,114 (34.5% benefits) = \$78,416 + \$15,000 annual travel expenses = \$93,416; (Gain of reduced hospital admissions - \$93,416)/\$93,416

- *Anticipated reduced re-admission rate given enhanced communication, care coordination, d/c planning, increased attendance at follow-up appointments.*

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- *100% of AI/AN families that are currently not served will be served by this project*
- *U.S. census data show 31% of AI/AN people in Washington State are under 18 years of age. We estimate serving 1% of this population in Seattle Children's Hospital's system. However, accurate race/ethnicity data collection at Seattle Children's Hospital is under review.*
- *We estimate 15% of rural and AI/AN patients served by this program throughout WA state based on zip code, race, and ethnicity.*