

Abstract

Project Access-New Haven: Evaluating the impact of a community-based patient navigation program on access to medical care for low-income, uninsured residents using a mixed-methods, stakeholder-engaged approach

Lauren Kelley, MSW, MPA¹, Darcey Cobbs-Lomax, MBA, MPH¹, Peter Ellis, MD, MPH², Marcella Nunez-Smith, M.D., M.H.S.² and Erica Spatz, MD, MHS²

(1)Project Access-New Haven, New Haven, CT, (2)Yale School of Medicine, New Haven, CT

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Background: Interventions that increase access to care for vulnerable populations can reduce health disparities and improve population health. As healthcare systems and communities adopt such programs, there is a need for rigorous evaluation to demonstrate impact, provide accountability to stakeholders, and inform best practices. Project Access-New Haven (PA-NH), a community-based nonprofit founded in 2009, uses patient navigation to promote timely care for low-income, uninsured Greater New Haven residents. We undertook a mixed-methods, stakeholder-engaged evaluation to assess impact, drive quality improvement, and inform expansion/replication.

Methods: Quantitative data included healthcare and navigation records for 755 individuals who enrolled from 2015-2017 (including data through mid-2018) and patient surveys conducted from 2013-mid-2018 at program intake (n=1109) and 1-year follow-up (n=256, ≤5/month via random sampling). Three patient focus groups (22 participants) and 19 key informant/stakeholder interviews (e.g., local health system/community health center leadership, participating physicians, community partners, Medicaid administrators) provided qualitative data.

Results: Enrollees were 66% female, 83% Hispanic/Latino, and 80% Spanish-speaking, with a mean age of 43y. All were uninsured with household incomes ≤250% of the Federal Poverty Level. Participants attended 7,862 medical appointments with a <3% “no-show” rate. At the end of the evaluation period, 80% had completed or were active/compliant with navigated medical care. Survey data revealed improved health-related quality of life (e.g., decreased “unhealthy days” in past 30 from 16.8 to 7.7). Focus group themes included: PA-NH’s role in reducing emotional/financial stress of accessing care and the importance of strong patient-Navigator relationships. Interview themes included: ease of caring for navigated patients (providers), increased appropriate healthcare utilization and cost-savings (administrators), and reputation/trust within the community (all stakeholders).

Conclusions: PA-NH delivers intended outcomes for multiple stakeholders. By sharing these results, we aim to inform best practices and drive the development/expansion of navigation programs that improve care for underserved patients and advance health equity.

Administration, management, leadership Conduct evaluation related to programs, research, and other areas of practice Program planning Provision of health care to the public Public health administration or related administration Public health or related research

