



Development of a Case Management Volunteer Program for the Worcester Free Clinic Coalition

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The Worcester Free Clinic Coalition (WFCC) is a group of free clinics that serve the Greater Worcester community. In 2016, medical student volunteers from the University of Massachusetts Medical School recognized the need for insurance counseling and resource referral in the clinics and founded the WFCC Case Management Volunteer Program. Over the past two years, the program has evolved to improve its training and retention of case management volunteers and to increase the referral of patients to case management in the WFCC clinics.

The Worcester Free Clinic Coalition (WFCC) consists of five clinics that provide free outpatient medical services to Greater Worcester, MA. The WFCC is staffed by volunteer health professionals from the Worcester community and by medical students from the University of Massachusetts Medical School (UMMS). Worcester has a population of 185,000, of which 22.1% of people live in poverty and 4.6% are uninsured (1). In 2016, a group of UMMS students founded the WFCC case management (CM) volunteer program in response to the need for insurance and public resource counseling for WFCC patients. Since its launch, the program has undergone significant growth to better identify and address patient needs and to improve its training and retention of CM volunteers. This paper will explore the evolution of the WFCC CM program to better serve the WFCC's mission: to provide high quality care for those who cannot get it elsewhere and, most importantly, to connect people with longitudinal primary care and social services. All data collection processes mentioned in this paper were determined by the UMMS Institutional Review Board to be not human subjects research, due to the internal nature of data use.

In 2016, four medical student volunteers learned about an insurance counseling program hosted within the Sharewood Project (2), the free healthcare clinic at Tufts Medical School, and recognized that similar counseling could be beneficial to WFCC patients. WFCC patients were also sharing stories of food insecurity, homelessness, and unemployment. As a result, these students set out to build a CM volunteer program that would train its volunteers both in insurance counseling and public resource referral.

A first step was to create and implement training for CM volunteers. The new CM leaders worked with the Massachusetts Health Connector, the MA-specific online health insurance

exchange platform, to register interested student volunteers in Certified Application Counselor (CAC) training. CAC's are trained insurance counselors authorized to assist patients applying for MassHealth and other subsidies through the Health Connector, as well as to submit documents and updates on behalf of the patient. The CAC training takes approximately 3-6 hours to complete and includes comprehensive training on insurance terminology, applying for MassHealth coverage, and common insurance counseling scenarios encountered by CACs and patients.

In addition to mandating online CAC training, CM leaders created a 3-hour in-person training session specific for CM at WFCC clinics. The CM leads designed the training specifically to explore a series of insurance counseling cases based on the Health Connector training modules and to navigate the Worcester-focused resources in the CM Google Drive. During this inaugural year, 15 students signed up to train as CM volunteers; 8 students (53%) ultimately completed the mandatory trainings and regularly volunteered as CMs in the WFCC clinics.

The 2017 CM Leaders focused on better integrating case management into the WFCC clinics and improving CM volunteer retention. The WFCC volunteer sign up process was amended so that volunteers could sign up to volunteer in both clinical and case management capacities through the same online form. Additionally, the 2017 WFCC co-presidents emphasized to clinical volunteers the importance of patient referral to CM. CM leaders attended WFCC board meetings and meetings with the clinic coordinators of each WFCC clinic. CM was a focus of both volunteer recruitment at the annual UMMS student activities fair and the WFCC introductory meeting at the beginning of the school year. The boost of support from WFCC leadership created a pro-CM mentality that trickled down to clinical volunteers and helped reinforce the value of CM.

Another important step in endorsing the relevance of social determinants of health and the value of CM came in the revision of the WFCC mission statement. Upon annual review in fall 2017, the WFCC changed the mission statement to emphasize the responsibility of the clinics to “most importantly, to connect people with longitudinal primary care and social services.” This again highlighted the WFCC's support of the significance of CM's role in patient care.

Despite a significant push from the WFCC and CM leadership teams, CM volunteer retention in 2017-2018 academic year continued to be a challenge. 28 first-year medical students signed up for CM training in the Fall of 2017, and just 15 students (53%) completed the mandated CAC training through the Health Connector. By Spring 2018, approximately 6 fully trained CAC's regularly continued to volunteer with WFCC CM.

To better understand the obstacles to volunteer retention, the 2018 CM leaders held a focus group in May 2018, inviting any person who had signed up to train in Fall 2017 (regardless of completion of training). The participants in the focus group shared that shadowing a trained CM volunteer was helpful but ultimately expressed feeling undertrained in CM problem solving. They also endorsed feeling underutilized as a resource, sensing that more patients per night

should be referred to the CM table than they were seeing. As a result of the focus group, the CM leaders identified two major areas of growth for the upcoming year: (1) strengthening CM volunteer training and (2) improving patient referral to CM.

In response to the focus group, the 2018 CM leaders developed a more robust training program for Fall 2018. The CM leaders created a UMMS-sponsored optional enrichment elective (OEE) to improve training and incentivize volunteering. OEE's are extra-curricular, credit-bearing courses offered to all UMMS students. Once a UMMS student completes an OEE, it is listed on their transcript. The 2018 CM leaders believed that the transcript credit would foster commitment among the volunteers and incentivize students to complete the OEE. The Case Management OEE was a series of 4 classroom sessions that included an introductory session, an interdisciplinary panel of CM professionals in the community, an implicit bias training, and small group discussion of case management scenarios. To receive OEE credit, students had to attend at least 3 classroom sessions, complete the CAC Health Connector training, shadow a CM leader in a WFCC clinic, and independently serve as a CM volunteer for one shift in a WFCC clinic during the Fall 2018 semester. As of October 2018, 27 of 34 students (79%) were on track to successfully complete the elective and serve as CM volunteers, an increase from the 53% training completion rate the two previous years.

The clinical referral process was enhanced with the addition of a social needs screening tool in May 2018, completed as a part of the medical intake interview for each patient. The tool, adapted from the American Academy of Family Physicians' screening tool, uses clinically verified questions to ask about key needs in housing, food, transportation, insurance coverage, and access to a primary care provider and identifies which patients might best benefit from speaking to a CM volunteer. The social needs screening tool also serves as a logistical vehicle that encourages the clinical volunteer to hand off the patient to the CM team at the end of the patient's clinic visit, since clinical volunteers return completed screening tool forms to the CM volunteer. The screening tool has helped to increase referrals to CM and further integrates CM into WFCC clinic workflow. Future plans for WFCC include internally analyzing the screening process data to better identify the social needs of our patients.

Since its implementation in 2016, the CM Volunteer Program has evolved to fit the needs of the WFCC patient population. After recognizing the need for insurance and resource counseling in the WFCC clinics, UMMS students built and adapted the CM volunteer program to better train and retain its student volunteers. The endorsement and support of CM efforts from the WFCC co-presidents have also helped to strengthen the role of CM in WFCC. During the Spring of 2019, the WFCC CM program hopes to increase utilization of a web tool called Community HELP. Community HELP is a social services referral platform that was adapted from the nationally used Aunt Bertha by UMMS's main clinical affiliate UMass Memorial Healthcare, as well as Reliant Medical Group. Community HELP will allow WFCC CM volunteers to better track referrals, follow up with patients seen in clinic, and continue to improve our care of the Worcester community. In addition to improving volunteer retention, the CM OEE leaders distributed a feedback survey to OEE participants to identify if each OEE session prepared CMs for clinical experience. As the CM Leads continue to evolve the OEE for

the next training cycle, they will analyze this data to understand what aspects of the OEE most improved CM training and comfort in clinical care.

References

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