Integrating CHWs into Care Teams

Cristina Leal, Program Director
Esly Reyes, MPH, Program Director
MHP Salud is a national nonprofit organization with over 35 years of experience developing, implementing, and evaluating community-based, culturally tailored Community Health Worker (CHW)/Promotor(a) de Salud programs and promoting the CHW model through training and consultation services.

**Mission**

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.

**Vision**

Our populations and their communities will enjoy health without barriers.
Overview

1. *Dinamica* / Ice Breaker
2. CHW Roles and Responsibilities within Clinical Teams
3. CHW Clinical Integration Case Studies - Activity
   a) Success Stories
   b) Methods and Examples
4. Wrap-up Activity
What is an innovative idea to create healthy communities?
CHW Roles and Responsibilities within Clinical Teams
Community Health Workers

A **CHW** is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the **CHW** to serve as a liaison/link/intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. - APHA CHW Section Definition: *Promotore(as) de Salud* – Spanish term for CHWs

Value of a CHW

- Improve access to care and health outcomes
- Improve service delivery and quality of care
- Reduce costs of care per patient
Improve Health Outcomes

6 studies of CHW interventions focused on cervical cancer reported:

At least one positive outcome including the significant increase in the number of patients receiving a Pap smear and a larger change in the number of patients ever having a Pap smear.

At least 6 studies on CHW interventions on prevention and management of diabetes show:

At least one significant positive outcome, including changes in HbA1c levels and improved self-reports of dietary changes.

A program for pediatric asthma patients demonstrated:

Over the course of a year, emergency department visits related to asthma were reduced by 68% and hospitalizations decreased by 84.8%. Additionally, there were significant decreases in activity limitations, missed school days and parental missed work time.

Improve Service Delivery and Quality of Care

- Make the health care system more responsive to the needs by communicating information from the community to the health care providers and vice versa:

“[CHWs] teach me how to be a better doctor, to understand a patient’s whole context before constructing and communicating a care plan...they help me build a more meaningful relationship with even my toughest patients.”

-Dr. Behforouz

<table>
<thead>
<tr>
<th>Role</th>
<th>Sub-Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Mediation</td>
<td>a. How to use health and social service systems</td>
</tr>
<tr>
<td></td>
<td>b. Community perspectives and cultural norms</td>
</tr>
<tr>
<td></td>
<td>c. Health literacy and cross-cultural communication</td>
</tr>
<tr>
<td>Culturally Appropriate Health Education</td>
<td>Health promotion, disease prevention, and health condition management that is culturally and linguistically appropriate</td>
</tr>
<tr>
<td>Care Coordination, Case Management and System Navigation</td>
<td>a. Providing assistance and coordination over time</td>
</tr>
<tr>
<td></td>
<td>b. Making referrals and providing follow-up</td>
</tr>
<tr>
<td></td>
<td>c. Helping to address barriers to service d. Care system navigation</td>
</tr>
<tr>
<td>Coaching and Social Support</td>
<td>a. Motivating people to access care and services</td>
</tr>
<tr>
<td></td>
<td>b. Supporting behavior change</td>
</tr>
<tr>
<td></td>
<td>c. Facilitating community-based support groups</td>
</tr>
<tr>
<td>Advocating</td>
<td>a. Identifying community needs and resources</td>
</tr>
<tr>
<td></td>
<td>b. Advocating for clients and communities</td>
</tr>
<tr>
<td></td>
<td>c. Empowering communities to pursue their own desired policy change</td>
</tr>
<tr>
<td>Building Capacity to Address Issues</td>
<td>a. Building individual and community capacity</td>
</tr>
<tr>
<td></td>
<td>b. Training with CHW peers and among networks</td>
</tr>
<tr>
<td>Individual and Community Assessments</td>
<td>Participate in holistic individual- and community-level assessments</td>
</tr>
<tr>
<td>Outreach</td>
<td>a. Recruitment of individuals</td>
</tr>
<tr>
<td></td>
<td>b. Informing individuals</td>
</tr>
<tr>
<td></td>
<td>c. Representing your organization at community events</td>
</tr>
<tr>
<td>Evaluation</td>
<td>a. Data collection</td>
</tr>
<tr>
<td></td>
<td>b. Assisting in interpreting results</td>
</tr>
<tr>
<td></td>
<td>c. Sharing results and findings</td>
</tr>
</tbody>
</table>
CHW Skills and Qualities

- Key CHW roles are supported by essential skills and qualities.
- While qualities are inherent, skills can be learned, and together they feed into role development.
- No CHW will use all roles, skills, and qualities in a single position.
- While your organization may define your position differently, if you possess these skills and qualities, you are a CHW.
CHW Role Trivia

Ability to explain medical processes to patients using culturally appropriate language and behaviors.

CULTURAL MEDIATION
CHW Role Trivia

Speak on behalf of patients and communities, as appropriate, to assist people to attain needed care or resources in a reasonable and timely fashion.

Advocating
CHW Role Trivia

Meet people/patients where they are at by building relationships based on listening, trust, and respect.

OUTREACH
CHW Role Trivia

- Collect patient data
- Assist in interpreting results
- Share results and findings

EVALUATION
CHW Role Trivia

• Motivating patients to access care and services.
• Motivating and supporting patients to adopt a healthy lifestyle.

COACHING AND SOCIAL SUPPORT
A CHW’s Role on a Care Team

- On a care team, CHWs are the experts in the patient’s environment and culture
- CHWs should be treated as peers to other team members
- CHWs do not have a clinical role on a team
## What IS and IS NOT a CHW’s Role on a Care Team

<table>
<thead>
<tr>
<th>On a Care Team, A CHW <strong>Does</strong></th>
<th>On a Care Team, A CHW <strong>Does Not</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conduct outreach</td>
<td>• Give patients medical advice</td>
</tr>
<tr>
<td>• Measure and monitor blood pressure</td>
<td>• Do administrative work for the care team</td>
</tr>
<tr>
<td>• Assist with medication or treatment adherence</td>
<td>• Complete or participate in clinical procedures (unless specifically trained to do so)</td>
</tr>
<tr>
<td>• Facilitate goal setting with patients</td>
<td>• Analyze clinical data</td>
</tr>
<tr>
<td>• Problem-solve obstacles to comply with a given treatment</td>
<td>• Make clinical decisions regarding a patient’s care or care plan</td>
</tr>
<tr>
<td>• Navigate healthcare and other social service systems</td>
<td>• Provide formal counseling or therapy</td>
</tr>
<tr>
<td>• Provide health education</td>
<td>• Administer medications, wound care, or other interventions (unless specifically trained to do so)</td>
</tr>
<tr>
<td>• Provide patients and their family with social support</td>
<td></td>
</tr>
<tr>
<td>• Assess how a self-management plan is progressing</td>
<td></td>
</tr>
<tr>
<td>• Assist patients in obtaining home health services</td>
<td></td>
</tr>
</tbody>
</table>
Reduce Costs of Care per Patient

**Denver Health:** Return on Investment (ROI) of $2.28 in savings for each dollar spent due to decrease in urgent care and uncompensated costs. Annual savings were $95,941.

**Arkansas Community Connector Program:** Tracked Medicaid spending of 900 patients and saw a 3 years savings of over 2.6 million, or $2.92 savings for each dollar spent.

**Spectrum Health (Grand Rapids, MI):** $2.53 savings for every $1 of cost for patients diagnosed with diabetes or heart failure.

Sources:
## Why a CHW on a Care Team?

<table>
<thead>
<tr>
<th>Community</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improved population health</td>
<td>• Improve clinical, financial, and/or quality measures</td>
</tr>
<tr>
<td>• Increased community capacity</td>
<td>• Achieve or maintain Patient-Centered Medical Home status</td>
</tr>
<tr>
<td></td>
<td>• Improve the organization’s ‘brand’ or reputation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care Team</th>
<th>Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop higher impact interventions and care plans</td>
<td>• Improve communication with patients</td>
</tr>
<tr>
<td></td>
<td>• Stronger team coordination</td>
</tr>
<tr>
<td></td>
<td>• Improve effectiveness and efficiency of patient visits</td>
</tr>
<tr>
<td></td>
<td>• Increase focus on medical issues</td>
</tr>
</tbody>
</table>
Principles for Integrating CHWs

- Promote respect for CHWs among team members to strengthen clinical outcomes.
- Educate all members of the clinic on who CHWs are, what they do, and how they are an integral part of the team.
- Incorporate CHW core competencies into program design, including advocacy and community-based work on social determinants of health.
- Involve CHWs in integration planning and implementation at all system levels.
- Provide opportunities for CHWs to share their unique understanding, perspectives, and value of the community with the organization and team.
- Include CHWs in regular meetings with the full team (and more frequently with supervisor).
- Provide CHWs access to electronic health records and integrate CHW notes into the patient record for improved continuity of care.

References:
**Best Practices and Recommendations**

**Training and Professional Development**

Interviewed entities identified training and professional development to be an important factor to ensure the success of the CHWs integrated into care teams. At the same time, having established roles helps to identify opportunities for training and professional development.

“*We aim to have CHWS prepared to the best of their ability to serve our patients and community better and help us achieve organizational goals.*”
Best Practices and Recommendations

Job / Position Descriptions

Setting clear CHWs roles helps to draft and define CHW job / position descriptions, as they are able to include required duties that align with the organizational goals established through core competencies.
Best Practices and Recommendations

Evaluation

Having set CHW roles aids in the evaluation of CHW performance and quality of work; as it could be used as a standard to measure their success in the position.
Best Practices and Recommendations

Sharing CHW Success

Periodically sharing the success of CHWs with CHC leadership and the entire care team gives value and credibility to the CHW profession. Demonstrating the results of their work fosters respect within the care team and supports the sustainability of these positions.
Best Practices and Recommendations

**CHW Profession Advocates**

Having supportive leadership members and/or medical providers is essential to strengthen the CHW profession. Further, receiving support from these professionals fosters respect and increases the trustworthiness and credibility of CHW staff.

“Critical factor in buy-in is having provider champions at each site; because providers listen to their peers”
CHW Clinical Integration Case Studies
CHW Clinical Integration Strategies

CHWs and Electronic Health Record Data

CHWs Participating in Care Team Daily Huddles

CHWs Utilized in Telehealth

Impact of Using CHW-Collected Data in Clinical Decision Making
Group Activity

Case Studies - Analysis & Group Discussion
Many CHW-led organizations are opting for EHR platforms to improve participant outcomes and achieve organizational goals. According to the Office of the National Coordinator for Health Information Technology, FHWs, including CHWs, using these platforms can:

- Better healthcare by improving all aspects of patient care, including safety, effectiveness, patient-centeredness, communication, education, timeliness, efficiency, and equity.
- Improve health by encouraging healthier lifestyles in the entire population, including increasing physical activity, improving nutrition, reducing behavioral risks, and expanding the use of preventative care.
- Increase efficiencies and lower health care costs by promoting preventive medicine and improved coordination of health care services, as well as by reducing waste and redundant tests.
- Strengthen clinical decision making by integrating patient information from multiple sources.
CHWs Participating in Care Team Daily Huddles

Case Study: Success in Integrating Community Health Workers in huddle meetings in Benton County Health Services

These Meetings serve to unite all health workers on the Care Team. Each member’s skills and knowledge are valued and considered so that the team can provide better support to patients on understanding their health conditions, establishing health goals, and taking actions to improve their health and wellbeing.
CHWs Utilized in Telehealth

Case Study: Success in Using Telehealth with Community Health Workers to Bridge Patients to Health Services in Finger Lakes Community Health

It has been demonstrated that CHWs can incorporate telehealth with culturally sensitive programs and increase access to high-quality care.

CHWs can contribute in the following ways:

- Educate patients on how to use mobile devices or computers
- Provide health education and resources (videos, fact sheets, interactive activities, etc.)
- Send email, text, or phone reminders when patients need to be seen by the care team
- Collect field-based health data
- Increase communication between the patient and provider
Impact of Using CHW-Collected Data in Clinical Decision Making

Case Study: Success in Using Community Health Worker Collected Data for Clinical Decision Making in Family Medicine Health Center

The inclusion of CHWs into care teams allows clinical health professionals to use the health information collected by CHWs to improve patient’s access to and quality of care.
MHP SALUD Resources

MHP SALUD RESOURCE PORTFOLIO

www.mhpsalud.org/portfolio

• Making the Case for Community Health Workers on Clinical Care Teams: A Toolkit – Available here.

• Community Health Worker Clinical Integration Toolkit: Incorporating CHWs into Care Teams and Clinical Processes- Strategies – Available Here

• ROI Educational Tool- Available Here
Wrap-up
Questions?
THANK YOU

Esly Reyes, MPH – Program Director
ereyes@mhpsalud.org / (956)202-0307

Cristina Leal- Program Director
cleal@mhpsalud.org / (956)246-4874

MHPSALUD.ORG