Successes and Challenges of Integrating Community Health Workers (CHWs) at Primary Care clinics

2018 Western Forum for Migrant and Community Health
Icebreaker

Foundation for Healthy Generations 2016
Why CHWs?
A community health worker 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 worker to serve as a liaison/link/intermediary between health/social services and the community.

-American Public Health Association
“CHWs don’t believe people are just being non-compliant, they look for a reason and offer a solution. These things, especially around access to healthy food and education, are so important.”

-Supervisor of a CHW, CHW Integration Pilot
CHW Integration Pilot Project
Community Health Worker (CHW)
INTEGRATION PILOT SITES

• Funder: WA Department of Health
• Technical Assistance & Learning Collaborative Lead: Healthy Gen
• Local Support: Regional CHW Networks

KITSAP PUBLIC HEALTH DISTRICT
Port Gamble
S’Klallam Tribe, Port Gamble

GRANT COUNTY HEALTH DISTRICT
Family Health Centers, Omak

SPOKANE REGIONAL HEALTH DISTRICT
Community Health Association of Spokane, Spokane

TACOMA PIERCE COUNTY HEALTH DEPARTMENT
Community Health Care, Tacoma

HEALTHY LIVING COLLABORATIVE OF SOUTHWEST WASHINGTON
Sea Mar Community Health Centers & Free Clinic of Southwest Washington, Vancouver
Project Purpose
Designs Vary by Clinic

- CHW works with S’Klallam Tribal Members
- Prevent and manage chronic disease through health promotion activities
Designs Vary by Clinic

- CHW works with a caseload of established CHC patients (HbA1c > 7%)
- Increase engagement in preventive services and reduce HbA1c
Designs Vary by Clinic

- CHW works with low income Caucasian community
- Partner with local organizations on community outreach and Chronic Disease Management through events, education, and insurance enrollment
Designs Vary by Clinic

• CHW works with caseload of established Sea Mar patients (HbA1c ≥ 9 & Spanish-speaking)

• Increase engagement in Health Education and group support, and reduce HbA1c
So what have we learned so far?
Learning Collaborative Timeline

- **2016**: CHWs hired
- **2017**: Clinics selected
- **2018**:
Learning Collaborative Timeline

- **2016**
  - CHWs hired
  - Clinics selected

- **2017**
  - Meeting 1
  - Webinar 1

- **2018**
  - Meeting 2
  - Webinar 2
  - Meeting 3
  - Meeting 4
Learning Collaborative Timeline

2016
- Initial Design phase – IRB submission
- CLO/other clinics Interview reports
- Meeting 1

2017
- Webinar 1
- Meeting 2
- Interview Report 1

2018
- Webinar 2
- Meeting 3
- Interview Report 2
- NWRPCA Panel
- Meeting 4
Learning Collaborative Timeline

2016:
- CLO/other clinics Interview reports
- Initial Design phase – IRB submission

2017:
- Meeting 1
- Webinar 1

2018:
- Meeting 2
- Webinar 2
- Interview Report 1
- Meeting 3
- Interview Report 2
- NWRPCA Panel
- Meeting 4
Learning Collaborative Timeline

- Initial Design phase – IRB submission
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- Webinar 2
- Meeting 3
- Interview Report 2
- NWRPCA
- Meeting 4
Integration is hard but worth it!
SKIT: What does integration look like?
CHW INTEGRACIÓN MEJORES PRÁCTICAS

CHW INTEGRATION BEST PRACTICES
Supervisor: Thanks for making time for these weekly meetings, Maya.
Even though we talk every day, we are both out of the office a lot and it’s really important that we have this chance to sit down together for 30 minutes.
CHW: I agree! This clinic gets really busy and you help me to know what I should be focusing on each week.
It’s also inspiring to look at the data together and see the A1Cs improving for my caseload! It helps me see that all this work is paying off!
Supervisor: Yes, I’m hearing from other staff that they’ve noticed these improvements, too.
Before we wrap up here, are there any other concerns or issues that have come up for you recently?
CHW: Well there is one thing... I just don’t understand why no clinicians are referring clients to me!
At the same time, I’m getting tons of calls for language interpretation services, which is not something I handle. It’s so frustrating!
Supervisor: Really? I’m surprised that is still happening. We sent out a newsletter to staff when you were hired that explained your role…
…and we took you around to introduce you to everyone and tell them again what your role was. Can you think of anything else that might help?
CHW: Maybe you could remind everyone of my role at the next staff meeting? And maybe the Nurse Case Manager could help remind the nurses?
Supervisor: That’s an excellent idea. I’ll do that at next week’s meeting.
Supervisor: Hi everyone! Welcome to the monthly staff meeting. I want to make sure that everyone is really clear about Maya’s role.
She is an incredible resource to help your patients.
She is focused on working with our diabetic patients and she has her own caseload, but if you think your patient could benefit from her services, you can ask for her help.
Here are the things that she can do: she can visit the patient in their own home and help figure out why they are not coming in for their visits...
...she can help them set goals and develop a plan for healthy grocery shopping, eating, and exercise...
and, she can also help connect them to local resources and resources at our clinic like the diabetes workshops.
Clinician: That sounds great! I have several clients that could use her help!
Supervisor: Wonderful. You can reach her at the CHW office, or send a referral through the Communication Log in our Electronic Health Record.
One other note. Maya is fluent in Spanish, but she is not an interpreter. Please make sure to use our clinic’s interpreter service if that is what you need.
CHW: Wow, whatever you said at last week’s staff meeting really helped!
I’m getting far fewer requests for interpretation and I’ve even gotten a couple of referrals from nurses.
Supervisor: I’m so glad to hear that! People were really excited about you. Keep me posted if you continue to experience challenges.
We may need to give them a reminder every couple of months, especially because of the re-org and all of the new staff we’ve been getting recently.
CHW: That would be great. Thanks so much for your help.
Starring
Liza Lugo........................................CHW
Patricia Dill..................................Supervisor
Orlando Gonzales...............Clinician/Clínico
INTEGRATION AFTER 1 YEAR

- **Quickly accomplished!**
  - At least $\frac{3}{4}$ have overcome this

- **Making progress!**
  - About half have made significant progress

- **Ongoing Challenges...**
  - More than $\frac{3}{4}$ continue to struggle

Staff recognize value of data

Dedicated IT support

CHW not utilized

Supervisor training

Supervisor workload

Clear boundaries w/ clients & staff

Staff turnover

Clinic reorganization

Staff understand CHW role

Team communicates regularly

Making progress!

About half have made significant progress

Ongoing Challenges...

More than $\frac{3}{4}$ continue to struggle

Quickly accomplished!

At least $\frac{3}{4}$ have overcome this
Identified 3 Priority Areas
1. Clarifying CHW Role
2. Communication
3. Documenting and sharing success (#s and stories)
Clarifying CHW Role & Responsibilities

• It’s a balancing act

• Repeat, repeat, repeat

• Supervisors must “protect” CHW role

“Our supervisor deserves some credit, she involves us with things in each other’s jobs, refers to us by a team, calls us a team, etc.”

-CHW
• Electronic **and** face to face

• CHWs & supervisors must facilitate relationships

• Expect staffing changes/interruptions

“Larger meetings every month are a huge success, where we share stories, mission moments, challenges, and give each other feedback.”

- Supervisor
• EHR data is usually insufficient

• Data systems should be multi-purpose

• Data helps make the case for sustainability

“I hear from QI meetings and CHW meetings that in a short amount of time we have seen a large decrease in patient A1c levels. That to me is huge. The number doesn’t lie, right? This is the biggest success that I’ve heard that I tune into at least.”

- Nurse Case Manager
Discuss experiences & best practices

• Helping clinic staff understand CHW role
• Managing staffing transitions
• Supervisor time commitment & responsibilities
• Advocating for sustainability