Primary care roles 101 | Published by the Population Health Advisor

Community health workers

Role at a glance: Community health worker (CHW)

The CHW is a non-clinical team member who serves as a liaison between the patient and health system. They help surface and address patients' unmet social needs and in some cases promote chronic disease self-management.

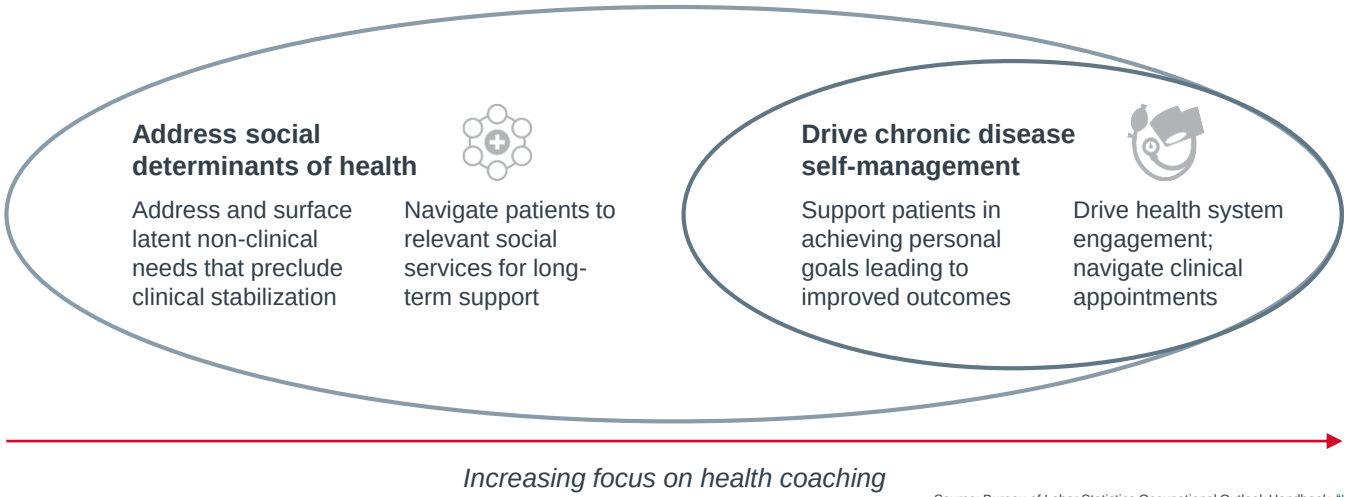
Credentials:	Most CHWs are non-licensed lay workers; while some states offer credentialing processes, most CHWs receive training from the health systems in which they serve
Target population:	Clinically and socially complex patients; often covered by Medicaid or uninsured
Panel size:	25-30 patients
Average salary:	$38,370 ($35,263-$47,504)
Evidence-based ROI:	Though there is minimal literature, existing studies report that primary care-based CHWs reduce utilization and cost
State-specific considerations:	Some states offer Medicaid reimbursement for CHW services or may require that Medicaid plans provide patients with access to CHW services

Key roles and responsibilities

For populations with unmet social needs, CHWs are a lower cost alternative to RN care managers to support at-risk patients. CHWs specialize in developing strong relationships with patients. All programs use CHWs to address patient's social determinants of health, and few broaden the scope the CHW role to drive chronic disease self-management.

Regardless of role, sample tasks a CHW might perform include: collaboratively setting and following-up on patient-centered goals; meeting with patients post-discharge; actively addressing non-clinical needs (e.g., accompanying patients to the bank, to find housing, to the grocery store); performing home visits; supporting medication adherence; accompanying patients to clinical visits; connecting patients with benefits.

Primary goals of community health worker programs



Source: Bureau of Labor Statistics Occupational Outlook Handbook, "Health Educators and Community Health Workers," 2017; "Community Health Worker Salaries in the United States," Indeed.com, 2019; "Average Community Health Worker Hourly Pay," PayScale.com, 2019; "Community Health Worker Salaries," Glassdoor.com, 2018; Population Health Advisor interviews and analysis.

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Deployment models

CHWs can engage with patients at any point along the care continuum, in the home, and in the community. The unique value-add of the CHW is their ability to achieve a 360-degree view of their patient's barriers to health and self-management. Therefore, even when embedded in a primary care office, it's important that the CHW spend at least part of their time outside of the care delivery setting (i.e., in the community and at times, patient homes).

Model	*Embedded*	*Mobile/community-based*
Benefits	• Strengthens integration with the care team • Increases physician referrals • Increases practice efficiency, enabling top-of-license care among clinical staff	• More time to spend out in the community • Less likely to be pulled into tasks outside of job description • Doesn't require office space
Drawbacks	• More likely to be pulled into office tasks outside of the job description • Requires clinic space	• Weakens integration with the care team, including clarifying CHW role, hindering communication, collaboration, and referrals • Can be more difficult for CHW to connect to EMR
Considerations	Ensure clear role definition and regularly communicate it to the care team to drive appropriate workflows	• Educate care team on CHW role and implement guidelines to facilitate referrals • Standardize documentation practices to facilitate information sharing

Funding and financing

Upfront funding

Organizations struggle to justify hiring CHWs in a fee-for-service environment because the services they provide aren't typically reimbursable. Instead, they turn to government funds (e.g., DSRIP[1] or SIM[2] dollars), non-governmental grants, or philanthropic donations for upfront funding. Pilots and grants may carry with them restrictions on how CHWs are used, but they also provide opportunities for proof of concept demonstration to help provider organizations make the business case for institutional investment.

Long-term funding

Integrating the CHW role directly into a health system's budget (e.g., community health or community benefit budgets) is the best way to guarantee long-term sustainability. However, providers may also work with external organizations. For example, community partners may co-fund CHWs or payers may be willing to provide per-member-per-month payments to help cover the cost of the role. In select states, state Medicaid programs provide direct funding support for CHW services.[3]

1) Delivery System Reform Incentive Payment.
2) State Innovation Model.
3) As of 2017, these include Alaska, Colorado, Maine, Michigan, Minnesota, New Mexico, Oregon, Pennsylvania, Washington, and Wisconsin.

Source: "State Community Health Worker Models," National Academy for State Health Policy; Population Health Advisor interviews and analysis.

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Key performance indicators

Many organizations struggle to tie CHW performance directly to downstream impact on cost and utilization outcomes, and therefore use process, quality, and satisfaction metrics to evaluate impact of the CHW programs.

Process metrics

- Number of patients served
- Improved health literacy
- Reduced no-show rate
- Number of social service referrals made

Outcomes metrics

- Improvement in HbA1c, blood pressure
- Estimated cost avoidance
- Reduced ED, hospital utilization among patients working with a CHW
- Reduction in health disparities
- Patient- and caregiver-reported satisfaction (e.g. would refer program to a friend)
- Provider-reported satisfaction (e.g. offloaded responsibilities)

Return on investment

The re-emergence of integrating CHWs into primary care has only recently been on the rise, there is little literature quantifying the specific impact of this model. The ROI results from two studies that have evaluated this model are outlined below. A randomized controlled trial conducted by Penn Medicine investigated the impact and return on investment of primary care- and community-based community health workers. A simulation study coauthored by researchers from University of New Mexico models projected cost savings of an integrated community health worker program.

Impacts of Penn community health worker program

2:1	Program return on investment
30%	Decreased multiple readmissions
12%	Increased primary care access

Simulated impacts of an integrated CHW model

7%	Annual cost savings after three years (estimated)
70%	Decrease in inpatient costs for high-risk patients (estimated)
61%	Decrease in emergency services among high-risk patients (estimated)

To learn how to develop a community health worker program, ask about our CHW toolkit.

Source: Moffet M, et al., "Community Health Workers Bring Cost Savings to Patient-Centered Medical Homes," *J Comm Health,* 2018, 43 (1): 1-3; Population Health Advisor interviews and analysis

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Questions to consider when deciding whether to hire a community health worker

1. *Burden of unmet social needs.* CHWs can improve practice efficiency by ensuring patients receive and follow through on social service referrals. Does your clinical staff report regularly using patient visit time to discuss social barriers to health or performing resource navigation?

2. *Health system relationship with the community.* CHWs are able to easily gain the trust of their patients and can encourage traditionally disengaged community members to seek and stay active in their care. Have you historically had difficult relationships with the communities you serve? Do you struggle to keep patients engaged in care (e.g., high rates of patient no-shows or poor adherence)?

3. *Geographic range.* CHWs meet patients in their home communities, which means their engagement with a patient isn't contingent on a patient's ability to come into the office. How widely dispersed are your patients across a city or region? Would you benefit from having a physical extension of your office?

4. *Budget.* CHWs are low-cost care team members. While they may have associated startup costs (e.g., training), they are less expensive than licensed team members that may address social needs, like social workers. How much of your budget is available to invest in addressing social needs?

Alternative hires to meet primary care demand for non-clinical support

Organizations may turn to different members of the care team to help address patients' non-clinical needs. Clinical social workers can address behavioral health needs alongside non-clinical needs; health coaches can view non-clinical needs through the lens of disease management; and volunteer community resource specialists provide basic resource navigation at the lowest cost.

	 Clinical social worker	 Health coach	 Volunteer community resource specialist
Description	Licensed professional usually focusing on the overlap between clinical and psychosocial needs	Non-licensed team member, usually focused on improving self-management	Non-licensed team member focused on connecting patients with services
Advantage over CHW	Can offer behavioral health services such as therapy, expanding scope of the role	Trained to also manage patients without significant non-clinical needs	• Less expensive • Role is clearly defined in the clinic, so they're less likely to get pulled into inappropriate tasks
Disadvantage vs CHW	• More expensive • Not top-of-license to deploy in a purely non-clinical role • Usually clinic-based	Less visibility into the patient's day-to-day life as they're commonly deployed telephonically	• Cannot provide self-management support • Exclusively clinic-based • Can interrupt longitudinal relationships given turnover

Learn how to integrate clinical pharmacists into primary care, visit **advisory.com**

Source: Population Health Advisor interviews and analysis

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