Integrating CHWs into a Complex Care Team

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Clinical Director Point of Service Care Management
Inland Empire Health Plan
What is the HHP?

- The Health Home Program (HHP) is a DHCS required Medi-Cal benefit providing comprehensive care management and whole person care to eligible patients with chronic conditions and a certain level of acuity.
- January 1, 2019 launch for Members with qualifying physical conditions and substance use disorders (SUD)
- July 1, 2019 launch for Members with severe mental illness (SMI)
- HHP services are delivered through Community Based Care Management Entities (CB-CMEs) referred to as “Care Teams.”
Care Team Composition

RN Care Manager
BH Care Manager (MSW or MFT)
Care Coordinator
Community Health Worker

HHP Core Services

- Comprehensive Care management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support
- Referral to community and social support services
### Care Team Model Types

**Model 1 Care Teams**

- Provider-based Care Teams
- Embedded Onsite at Practices

**Model 2 Care Teams**

- IEHP Regional Care Teams
Enrollment Numbers

7,500 Patients Enrolled

Patients Enrolled for 216 Days on Average
Diversifying and Expanding a Workforce
CHW Key Interventions

- Accompaniment
- Home Visitation
- Health Coaching
- Medication Review
- Transitions of Care
- Health System Navigation
- Assessment
Critical Role in TOC

• HHP CHWs visit enrolled patients to begin the TOC process during the in-patient stay.
• CHW discusses discharge needs with the patient and informs the care team (RNCM, BHCM).
  – Transportation
  – DME
  – LTSS needs
  – Housing Insecurity
CHW schedules a post d/c home visit that includes:

– F/u on discharge orders (RNCM, BHCM)
– Medication Review (prelude to Med Rec by RNCM)
– Assistance with scheduling post discharge f/u visit with PCP and SCP
– Assistance with getting necessary DME
  • BP machine
  • Weight Scale
  • Glucometer
CHWs Have Influence

• Collected six months of data from October 2019 to March 2020
  – HHP eligible Members who received a CHW visit during an acute admission enrolled into the HHP at ~37% rate versus standard 10-15% engagement rate with telephonic outreach.
  – This demonstrates the power of in-person engagement, especially when the CHW shares a common lived experience – from the community.
Health Homes Program

YEAR ONE IMPLEMENTATION REPORT
2019

Revised 06/12/20
## Clinical Outcomes

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Baseline Score</th>
<th>Current Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic Blood Pressure</td>
<td>156</td>
<td>142*</td>
</tr>
<tr>
<td>Hemoglobin A1c</td>
<td>10.7%</td>
<td>9.4%*</td>
</tr>
<tr>
<td>Patient Health Questionnaire-9</td>
<td>16</td>
<td>13*</td>
</tr>
</tbody>
</table>

* Conducted t-test for significance between baseline and follow-up measurement

* p < 0.001

From page 20 in the Year One Implementation Report
### Significant Utilization Changes

#### Primary Care Provider Visits

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Total Members</th>
<th>Per Member Mean</th>
<th>PTMPY¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled Membership</td>
<td>3503</td>
<td>0.69</td>
<td>8,253.25*</td>
</tr>
<tr>
<td>Matched Eligible but not Enrolled</td>
<td>2633</td>
<td>0.32</td>
<td>3,841.67</td>
</tr>
</tbody>
</table>

*HHP enrolled Members had a statistically significant higher rate of PCP visits compared to the control group.*

#### Emergency Department Visits

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Total Members</th>
<th>Per Member Mean</th>
<th>PTMPY¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled Membership</td>
<td>1810</td>
<td>0.21</td>
<td>2,523.15*</td>
</tr>
<tr>
<td>Matched Eligible but not Enrolled</td>
<td>1758</td>
<td>0.23</td>
<td>2,816.53</td>
</tr>
</tbody>
</table>

*HHP enrolled Members had a statistically significant lower rate of Emergency Department visits compared to the control group.*

¹ PTMPY (per thousand Members per year)

*From page 19 in the Year One Implementation Report*
Significant Utilization Changes

<table>
<thead>
<tr>
<th></th>
<th>TOTAL MEMBERS</th>
<th>PER MEMBER PER MONTH MEAN</th>
<th>PTMPY¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost ($)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled Membership</td>
<td>3802</td>
<td>616.46</td>
<td>7,397,568.54*</td>
</tr>
<tr>
<td>Matched Eligible but not Enrolled Membership</td>
<td>3649</td>
<td>371.70</td>
<td>4,460,457.64</td>
</tr>
</tbody>
</table>

HHP enrolled Members had a statistically significant higher mean cost compared to the control group. The costs accounted for in this calculation include medical and pharmacy costs and do not include capitation or other HHP-related payments.

¹ PTMPY (per thousand Members per year)
From page 19 in the Year One Implementation Report
### Other Utilization Changes

<table>
<thead>
<tr>
<th></th>
<th>TOTAL MEMBERS</th>
<th>PER MEMBER PER MONTH MEAN</th>
<th>PTMPY¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Admissions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled Membership</td>
<td>281</td>
<td>0.33</td>
<td>3,907.14</td>
</tr>
<tr>
<td>Matched Eligible but not Enrolled Membership</td>
<td>278</td>
<td>0.34</td>
<td>4,100.90</td>
</tr>
</tbody>
</table>

Although not statistically significant, HHP enrolled Members had fewer admissions on average compared to the control group.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL MEMBERS</th>
<th>PER MEMBER PER MONTH MEAN</th>
<th>PTMPY¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bed Days</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled Membership</td>
<td>790</td>
<td>0.49</td>
<td>5,903.86</td>
</tr>
<tr>
<td>Matched Eligible but not Enrolled Membership</td>
<td>800</td>
<td>0.54</td>
<td>6,478.61</td>
</tr>
</tbody>
</table>

Although not statistically significant, HHP enrolled Members had fewer bed days on average compared to the control group.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL MEMBERS</th>
<th>PER MEMBER PER MONTH MEAN</th>
<th>PTMPY¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Care Visits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled Membership</td>
<td>1101</td>
<td>0.20</td>
<td>2,437.09</td>
</tr>
<tr>
<td>Matched Eligible but not Enrolled Membership</td>
<td>953</td>
<td>0.21</td>
<td>2,498.29</td>
</tr>
</tbody>
</table>

Although not statistically significant, HHP enrolled Members had fewer urgent care visits on average compared to the control group.

¹ PTMPY (per thousand Members per year)

*From page 19 in the Year One Implementation Report*
Crucial Role in COVID-19

- High risk patients are even more isolated
  - Maintain consistent outreach
  - Assist with referrals to food banks, COVID testing sites, obtaining in-home BP monitors
  - Assist patients to schedule telehealth visits with the provider
  - Continue to support patients with housing needs
    - Referral to County CES
    - IEHP 3H Housing Program
    - Project Roomkey
Unique Training Needs

• Need a highly skilled CHW workforce
• A blend of traditional Promotores advocacy and clinic-based competency
• IEHP has partnered with San Manuel Gateway College – Loma Linda University to train over 100 HHP CHWs
• Continue to provide continuing education after the intensive 9-week curriculum
San Manuel Gateway College
Loma Linda University
250 S. G Street,
San Bernardino, CA, 92410

CHW/Promotores Academy
Promotores Academy

Mission
To strengthen the workforce capacity of community health workers/promotores who promote health equity and well-being in communities

Vision
To be a training home of excellence for community health workers/promotores

Values
Wholeness, Excellence, Compassion, Awareness, Respect, Empowerment (WE CARE)
**Academy’s Core Skills:**
Build communication skills: Listening, reading, speaking, and writing
Build interpersonal skills: Teamwork, leadership, inter-professional skills
Apply problem solving
Apply critical thinking
Professionalism and workforce capacity

<table>
<thead>
<tr>
<th>GCHW 010 CHW Foundations</th>
<th>GCHW 020 Clinic-based</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHW Foundations</strong></td>
<td><strong>CHW &amp; Behavioral Health</strong></td>
</tr>
<tr>
<td>• Individual and community capacity building</td>
<td>• Mental health system</td>
</tr>
<tr>
<td>• Behavior change</td>
<td>• Mental health advocacy &amp; literacy</td>
</tr>
<tr>
<td>• Access to preventive health care and direct services</td>
<td>• Common mental health disorders</td>
</tr>
<tr>
<td>• Culturally humility &amp; mediation</td>
<td>• Risk assessment and basic crisis responses</td>
</tr>
<tr>
<td>• Health education and promotion</td>
<td>• Cultural nuances and behavior change</td>
</tr>
<tr>
<td>• informal counseling and social support.</td>
<td>• CRM</td>
</tr>
<tr>
<td>• Advocacy</td>
<td>• MHFA</td>
</tr>
</tbody>
</table>

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Training Delivery

• Focus on application and practice
• Use popular education and adult learner andragogy

Value Added Components
Professional Development | Computer skills | Public Speaking Skills
Skills Lab
Organizational Readiness Trainings for Supervisors to Support CHW Integration

- CHW roles, competencies and SOW
- Evidence-based practices
- Systems and processes
- Evaluation and monitoring
- Policies
Continuing Education for CHWs
Aligned to most current health & social demands

- Specific CHW-engaged strategies
  - TOC, Home/Tele/Video-visitation, Accompaniment,…
- Role of CHWs in disease management
  - …in hypertension management
  - …in medication review
- Behavioral Health
  - Resiliency/Trauma informed care
  - Emotional Intelligence & Self-care
- Role of CHWs during pandemic, in contact tracing,…
Evaluations & Student Learning Outcomes

“I (will) have conversations with my members with more confidence and know what to look for in our conversation to assist (in hypertension management)”

“I really enjoyed learning about the Behavioral change model. It is a great tool I look forward to leaving with the families. The learning skills used throughout the lectures, the group works and the time allotted to practice with the instructor to get feedback for our competencies and poster presentation. I enjoyed the learning technique shared by Dr. Celestine to study the medical terms.”
Thank you!