

# Community Health Workers: The Valuable Link Between Community and Clinical Setting

## Edward M. Kennedy Community Health Center's Experience Integrating CHWs into the Primary Care Setting

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## The Goal

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- Develop a CHW Team at Kennedy CHC Worcester
- Integrate CHWs into the clinical care team to:
  - Facilitate access to medical home
  - Assist patients to use medical home vs emergency settings
  - Address issues affecting patient access and retention in care
  - Bridge communication between patient and provider
  - Provide patient education regarding preventive care and chronic disease management
  - Promote self-management
  - Link patients to community resources



# The Existing Teams

- **CHWs / Tacoma Street**  
(Formerly on-site  
Social Service staff)
- **CHWs / Lincoln Street**  
(Grant funded positions -  
Prevention and Education)



Maribel Gonzalez, and Gina D'Ottavio, MD  
HIV/AIDS CHW



Sandra Restrepo and Maria Cruz  
Corrections CHWs



Diogenito Jorge, Ayesha White, Demario Andrews  
Youth Programs CHWs



Ivy Sully  
Luz Ramos  
Substance Abuse  
HIV/AIDS  
CHWs



## The Aim

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To provide clinicians with 'real time' access to CHWs be scheduling them at the clinical areas to work side by side with providers during clinical visits.



# The Plan

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- CHW assigned to the floor daily.
- Weekly schedule to be posted in all areas
- Morning 'huddle' – CHW and clinical staff review patient schedule
- CHWs prepare to connect with their already identified patients
- CHWs available to meet with patients referred by provider
  - In the exam room
  - After the clinical visit
  - A longer visit scheduled for another day
- Provider introduces CHW as part of the team
- Other CHWs available to be called for specific needs
- Provider educates CHW / CHW educates providers



## DO

- Phase I
- November 2014 – 4 week pilot
- Deployed one CHW on the floor for joint visits with providers
  
- Phase II
- Created a queue to reach CHWs not on the floor
- Used tags to identify CHWs in an exam room
- Trialed a CHW encounter form to document activity
- Deployed CHW on the floor for evening session
- Created a CHW template and reports from EHR



Abigail Mathews, MD and CHW Leonora Ramadani



# Study

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- Created reports from EHR CHW template
- Joint meeting with providers and CHWs to share experiences
- Solicited feedback from clinical staff and providers



# ACT

- Deployed 2 – 3 CHWS on to the floor for 2 months
- Identified space for CHWs in clinical area
- CHWs began to wear ‘tag’ all the time
- Work with QI / CHW Leadership Team to evaluate data from newly created CHW template reports
  - Provider usage of the queue
  - CHW encounters prior to ‘on the floor’ and after Nov 1<sup>st</sup>
- Reframe system for triaging patients to CHWs
- Report monthly to providers on integration implementation



Robert Arce, Leia O’Callaghan, Marline Ruiz, Carmen Marrero, Ramona Gil  
Community Health Workers





## Lessons Learned

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- Making CHWs available to clinicians in ‘real time’ improves the quality and scope of the visit
- Providers are able to work at the top of their license, while knowing the issues that effect patient retention in care are addressed by CHWs
- Most ‘on the floor’ CHW encounters are short and efficient with immediate feedback to providers
- Providers educate CHWs. CHWs educate Providers
- Change is hard
- Training is on-going challenge



## CHW Core Competency Training, Holyoke, MA Winter 2015



Kennedy CHC CHWs Graduates: Sousn  
Imam, Lizette Perez, Panchi Negron Cruz,  
Melissa Sabo

DPH Trainers: Dawn Heffernan, Jeanette  
Rodriguez

Tracy Kennedy: PWTF Project Coordinator





# Next Steps

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**Thank you**

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