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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Kennedy CHC



The Goal

- 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

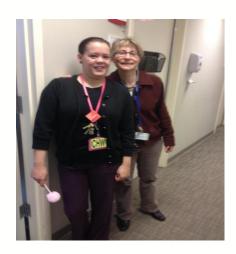


The Existing Teams

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



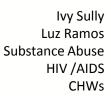
Diogenito Jorge, Ayesha White, Demario Andrews Youth Programs CHWs



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



Sandra Restrepo and Maria Cruz
Corrections CHWs





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

- 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



- 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

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



- 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 1st
- 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

- 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







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