

Community Health Worker Stakeholder Meeting

June 29, 2017

9:00 AM – 3:00 PM



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Welcome and Introductions

Greg Martin

Deputy

Chief Engagement and
Dissemination Officer, PCORI

Kristin Carman, MA, PhD

Director

Public and Patient Engagement,
PCORI



Housekeeping

- Today's meeting is open to the public and is being recorded
 - Members of the public are invited to listen to the teleconference and view the webinar
 - Meeting materials can be found on the PCORI website
- Visit www.pcori.org/events for more information



Housekeeping (cont.)

- We ask that participants stand up their tent cards when they would like to speak and use the microphones
- Please remember to state your name when you speak



Agenda

| Agenda Item | Time |
|--|---------------------|
| Welcome and Introductions | 9:00 AM - 9:15 AM |
| CHWs: A Brief Overview | 9:15 AM - 9:30 AM |
| PCORI's CHW Portfolio | 9:30 AM - 10:30 AM |
| Break | 10:30 AM – 10:45 AM |
| Attendee Perspective on Deployment of CHWs: Discussion | 10:45 AM - 12:15 PM |
| Lunch | 12:15 PM - 1:15 PM |
| Information Needed for Policy Making: Discussion | 1:15 PM - 2:45 PM |
| Wrap Up | 2:45 PM - 3:00 PM |
| Adjourn | 3:00 PM |



Introductions

- Please quickly state the following:
 - Name
 - Stakeholder group you represent
 - Position title and organization



Introductions (cont.)

Colleen Barbero, MPPA, PhD

Interdisciplinary Health/Behavioral Scientist, *Centers for Disease Control and Prevention*



Introductions (cont.)

Kate Blackman, MSW, MPH

Senior Policy Analyst, National Conference of State Legislatures



Introductions (cont.)

Shoshanah Brown, MS, MBA

Executive Director, *a.i.r. NYC*



Introductions (cont.)

Abby Charles, MPH

Senior Program Manager, *Institute for Public Health Innovation*



Introductions (cont.)

Barb Cole, MS, BS

Director, Accreditation and Compliance, *Highmark BlueCross BlueShield*



Introductions (cont.)

JaNeen Cross, DSW, MSW, MBA

Heals Policy Fellow, *National Association of Social Workers*



Introductions (cont.)

Andrea Gelzer, MD, MS, FACP

Senior Vice President and Chief Medical Officer, *AmeriHealth Caritas*



Introductions (cont.)

Arvind Goyal, MD, MPH, MBA, CPE, FAAFP, FACPM

Medical Director, Medical Programs, *Illinois Department of Healthcare and Family Services*



Introductions (cont.)

John Haughton, MD, MS

Chief Health Information Officer/Chief Quality Officer, *Independent Health*



Introductions (cont.)

Melissa Hawkins, PhD

Director, Public Health Scholar Program, *American University American Public Health Association*



Introductions (cont.)

Felicia Heider

Policy Associate, *National Academy for State Health Policy*



Introductions (cont.)

Sinsi Hernández-Cancio, JD

Director of Health Equity, *Families USA*



Introductions (cont.)

Socrates Jimenez, MBA

Regional Vice President, Medicaid Plan Operations, *Empire BlueCross BlueShield*



Introductions (cont.)

Thomas Lane, CRPS

Senior Director, Consumer and Recovery Services, *Magellan*



Introductions (cont.)

Carolyn Langer, MD, JD, MPH

Chief Medical Officer, *MassHealth*



Introductions (cont.)

Jordan Luke, MA

Director, Program Alignment and Policy Analytics Group, Office of Minority Health, *Centers for Medicare and Medicaid Services*



Introductions (cont.)

Megan Miller, MSW

Senior Director, Health Integration,
Association of State and Territorial Health Officials



Introductions (cont.)

Beth Neuhalfen, BS, CHC

Operations Coordinator, Community Health Services, *Denver Health and Hospital Authority*



Introductions (cont.)

Travis Oliver

CHW Supervisor, *Priority Partners*



Introductions (cont.)

Jeri Peters, RN, BSN, PHN

Vice President, Clinical Services & Chief Nursing Officer, *UCare*



Introductions (cont.)

Kristine Sande, MBA

Associate Director, *Rural Health Information Hub*



Introductions (cont.)

Jeff Schiff, MD, MBA

Medical Director, *Minnesota Department of Human Services*



Introductions (cont.)

James Schuster, MD, MBA

Chief Medical Officer, *Behavioral Health and Medicaid Services*

Vice President, Behavioral Physical Health Integration, *UPMC*



Introductions (cont.)

Victoria Terry, MPH

Youth Community Engagement Specialist, NJ Personal Responsibility Education Program, *Southern New Jersey Perinatal Cooperative*



Introductions (cont.)

Michelle Washko, PhD

Deputy Director, National Center for Health Workforce Analysis, *Health Resources and Services Administration*



PCORI Staff



Greg Martin
Deputy
*Office of the Chief Engagement
and Dissemination Officer*



Kristin Carman, MA, PhD
Director
Public and Patient Engagement



Steve Clauser, PhD, MPA
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*Healthcare Delivery and Disparities
Research*



Mira Grieser, MHS
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*Healthcare Delivery and Disparities
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Joanna Siegel, SM, ScD
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*Dissemination and
Implementation*



Jane Chang, MPH
Program Officer
*Dissemination and
Implementation*



Tomica Singleton
Senior Administrative Assistant
*Healthcare Delivery and Disparities
Research*



Dionna Attinson
Program Assistant
*Healthcare Delivery and Disparities
Research*



Introduction to PCORI

Steve Clauser, PhD, MPA

Program Director, *Healthcare Delivery and Disparities Research*



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Patient-Centered Outcomes Research Institute (PCORI)

- Authorized by Congress as an independent research institute through the Patient Protection and Affordable Care Act.
- Funds comparative clinical effectiveness research (CER) that engages patients and other stakeholders throughout the research process.
- Seeks answers to real-world questions about what works best for patients based on their circumstances and concerns.



PCORI's Mission and Strategic Goals

PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from **research guided by patients, caregivers, and the broader healthcare community.**

Our Strategic Goals:

-  Increase quantity, quality, and timeliness of useful, trustworthy research information available to support health decisions
-  Speed the implementation and use of patient-centered outcomes research evidence
-  Influence research funded by others to be more patient-centered



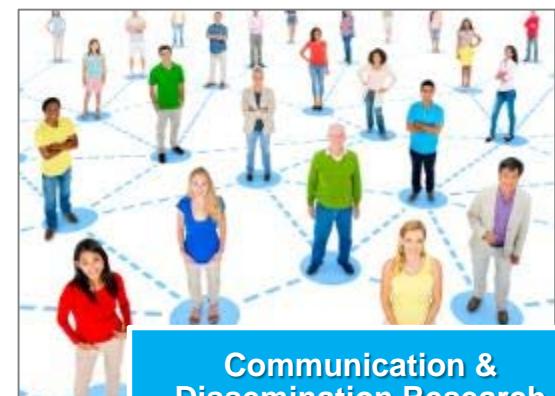
The Research We Fund is Guided by Our National Priorities for Research



Assessment of Prevention,
Diagnosis, and Treatment Options



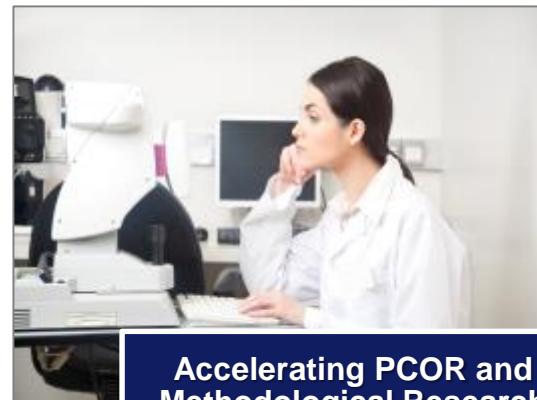
Improving Healthcare
Systems



Communication &
Dissemination Research



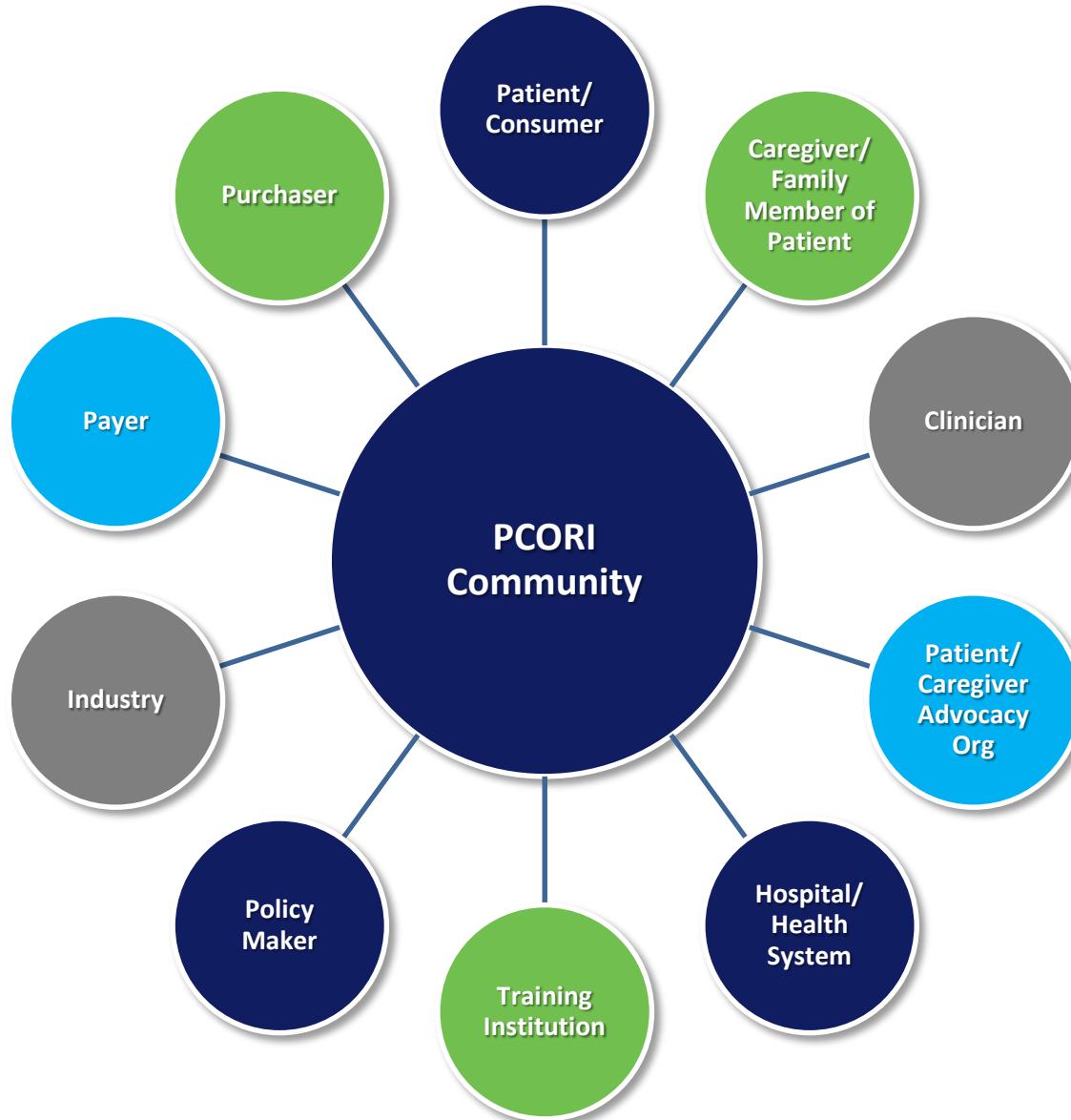
Addressing Disparities



Accelerating PCOR and
Methodological Research



Who Are Our Stakeholders?



Snapshot of PCORI Funded Projects

Number of projects:

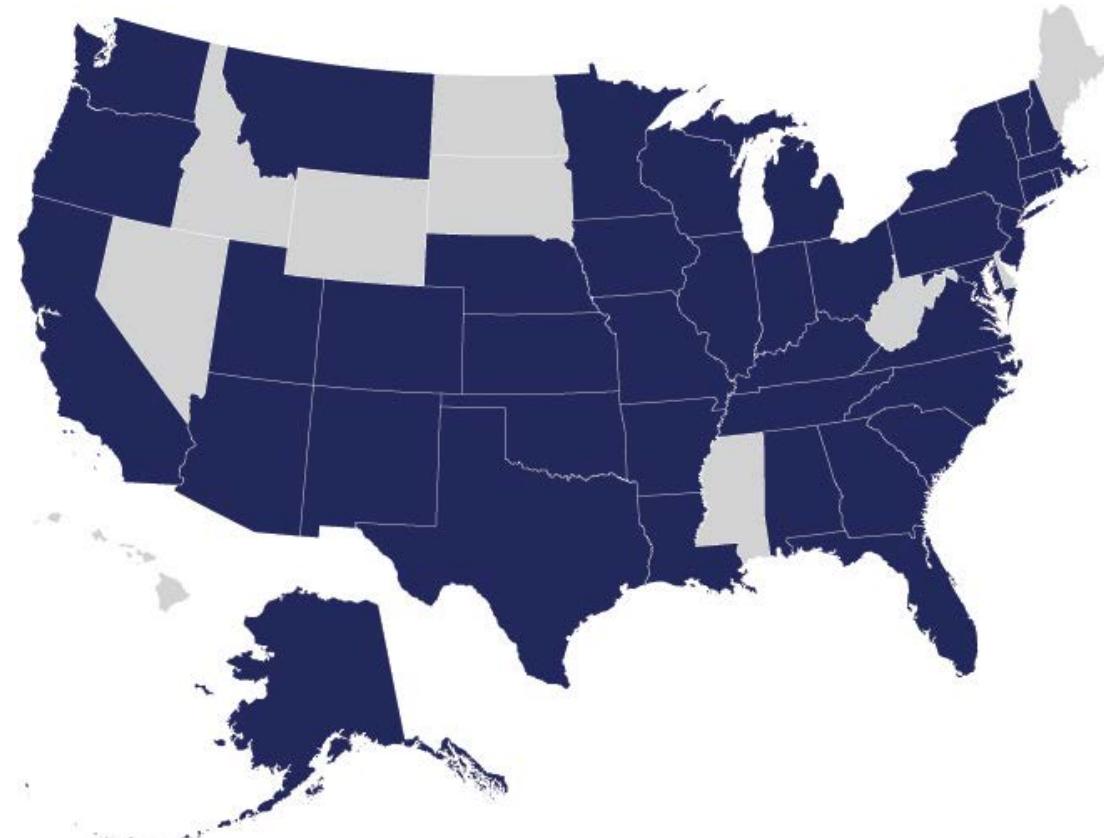
582

Amount awarded:

\$1.68 billion

**Number of states where
we are funding research:**

41 (plus the District of Columbia)



As of March 2017



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Community Health Workers: A Brief Overview

Steve Clauser, PhD, MPA

Program Director, *Healthcare Delivery and Disparities Research*



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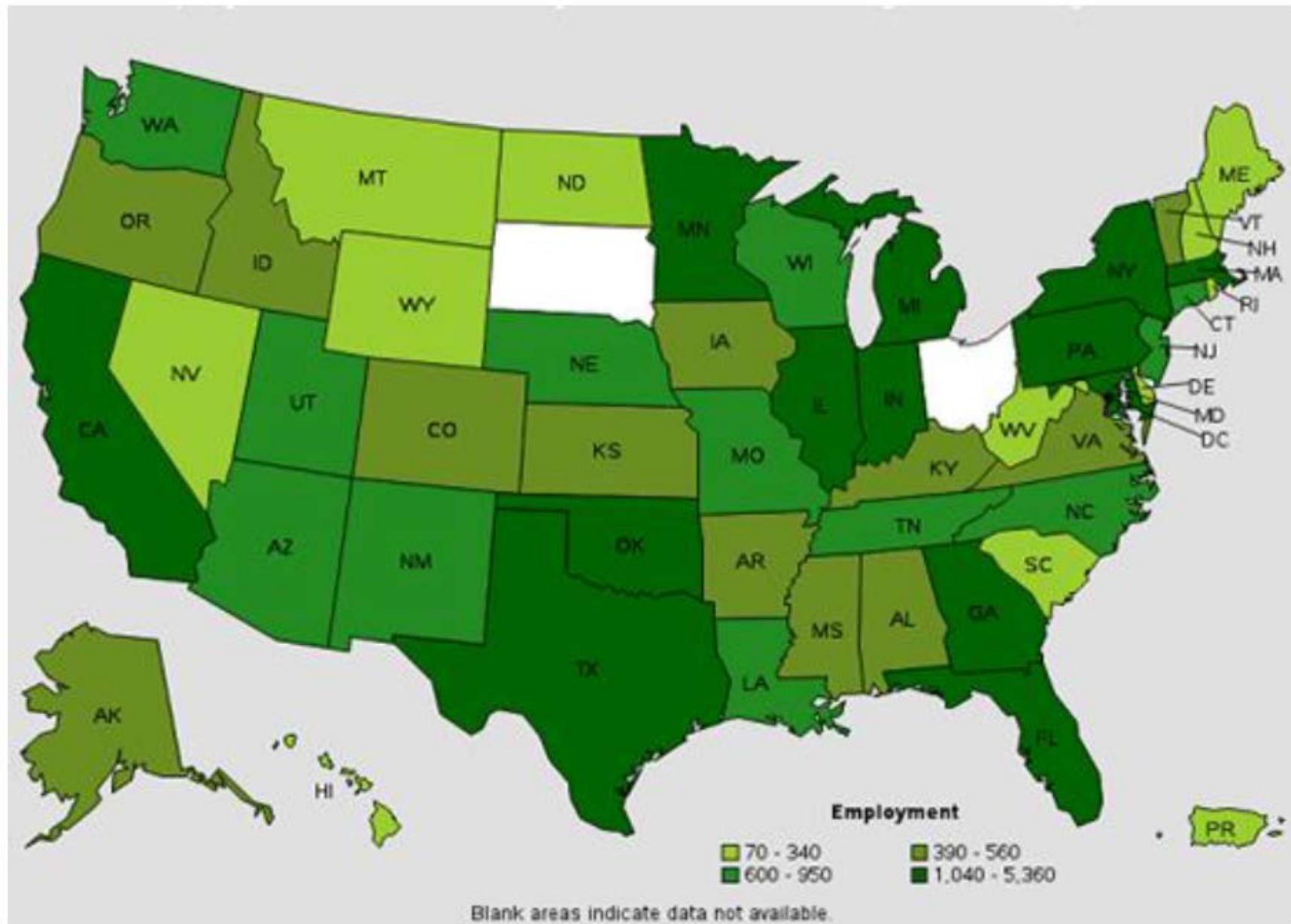
Community Health Workers in the Workforce

- Community Health Worker: '*a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served*' (APHA 2009).
 - While terminology varies (e.g., patient navigators) the APHA definition guides our research designation of CHWs
- As of May 2016, nearly **51,900** community health workers (CHWs) were employed in the **United States**
 - This is a 38% growth in CHWs since 2012

Source: ASTHO, Community Worker Successes and Opportunities for States, 2017



Employment of Community Health Workers by State



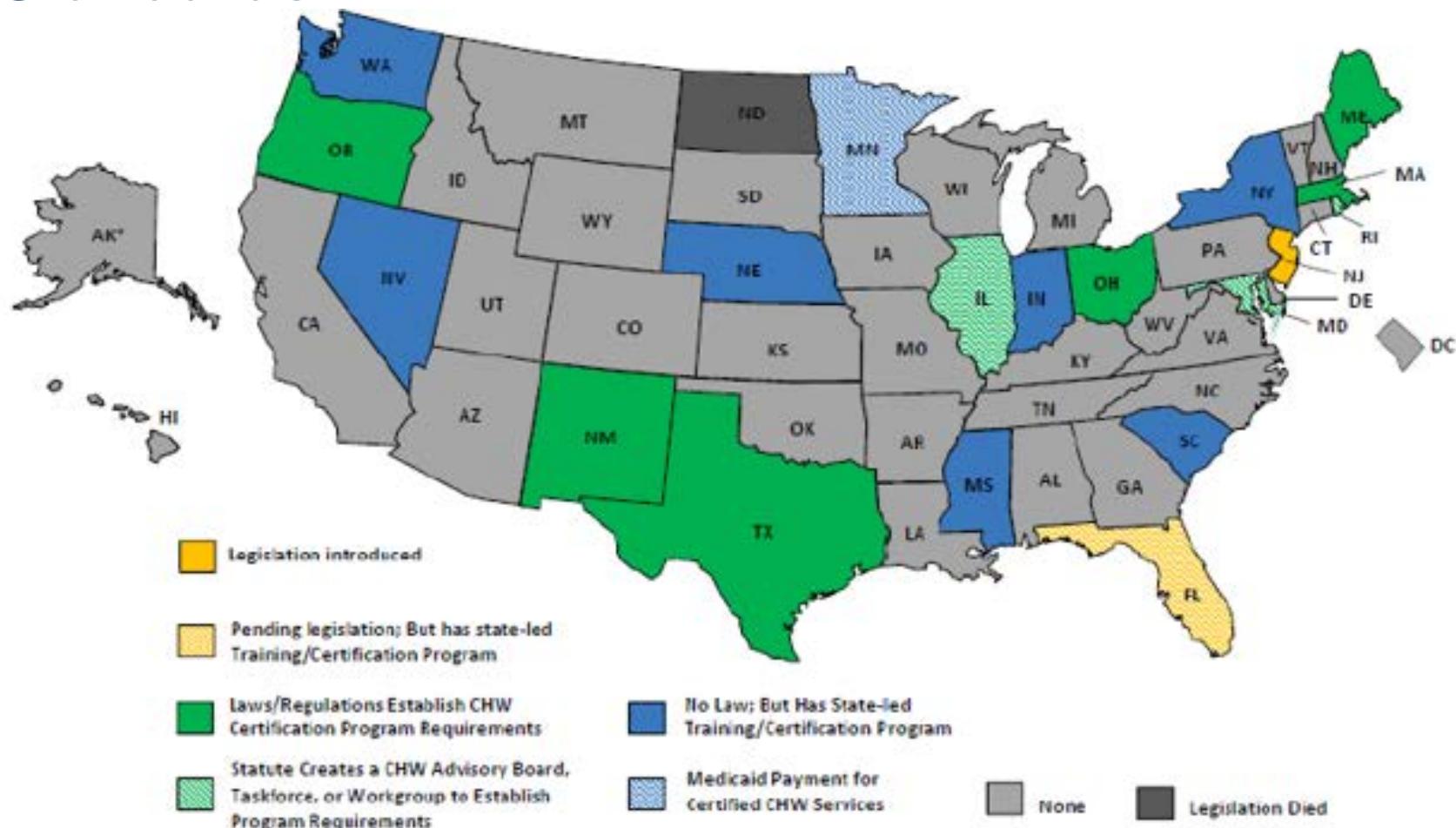
Community Health Workers: Changes in Setting and Employers

- Employment Setting:
 - A shift from community-based organizations to hospital/health systems
- Employers:
 - Providers initially partnered with community organizations and now directly hire CHWs
- PCORI research priorities reflect changes in field.
 - We now emphasize CHW interventions that are part of team- based care in health care organizations

Source: Health Services Research, The Changing Roles of Community Health Workers, 2017



Community Health Workers Training/ Certification Standards



* AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third-parties to train community health aides.

Last updated: 3/20/2016

Source: ASTHO 'Community Health Workers: Orientation for State Health Departments, 2016



Implications for Patient Centered Outcomes Research

- Rapid growth and utilization of CHWs in clinical care have enhanced the evidence base to support PCOR
- Breadth of PCORI's CHW portfolio reflects how CHWs are used in “real world” health care delivery.
- CHW interventions are especially important for Addressing Disparities national research priority area
 - CHWs have been used extensively in underserved communities and low-income and minority populations



PCORI's Community Health Worker Portfolio

Mira Grieser, MHS

Program Officer

Healthcare Delivery and Disparities Research



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Highlights of PCORI's CHW portfolio

- Aggregate view of PCORI's CHW projects
 - Target populations, conditions, settings, outcomes
- Functions of CHWs in PCORI-funded research
- A closer look at 3 PCORI CHW projects
- Overall question for participants:
What information from PCORI's portfolio would be helpful in making decisions about the utilization of CHWs?



CHW Research in the PCORI Portfolio

56 studies

PCORI National Funding Priorities

Addressing Disparities
22 studies

Improving Health Care Systems
18 studies

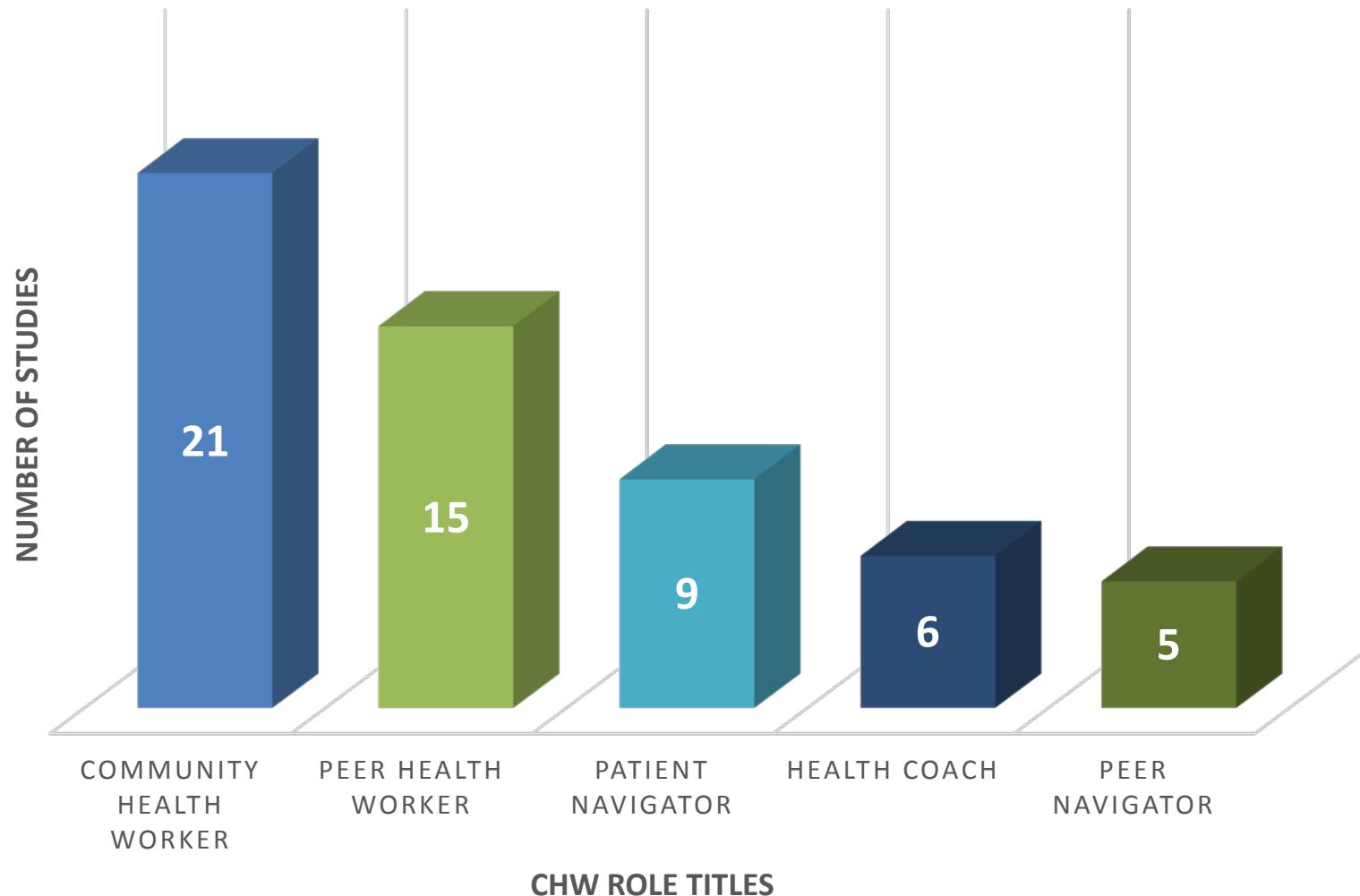
Assessment of Prevention,
Diagnostic & Treatment Options
11 studies

Other Priority Categories
5 studies

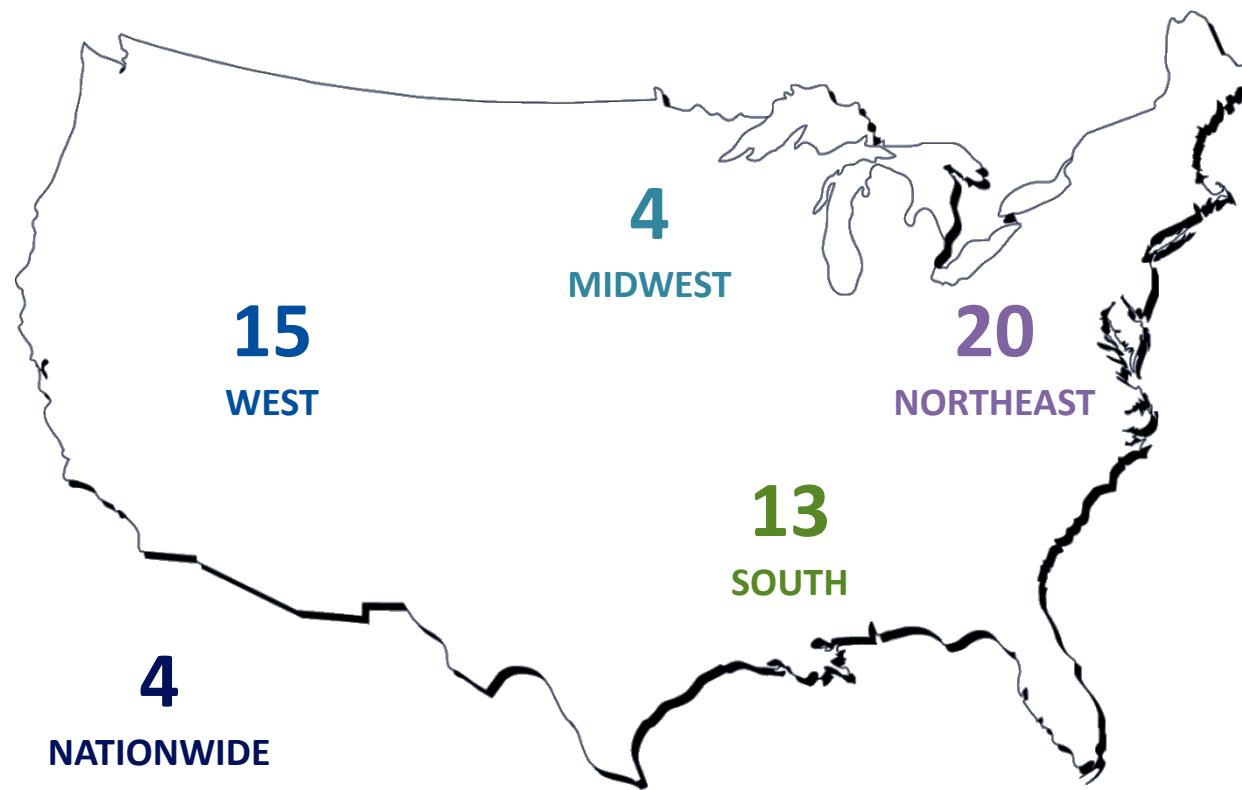
 Community Health Workers (CHWs) are the primary focus of the research in 46 of the studies



What Were CHWs Called in These Studies?



Geographic Location of PCORI CHW Studies



States Represented

Alabama
Arizona
California
Colorado
Connecticut
District of Columbia
Florida
Georgia
Illinois
Kentucky
Massachusetts
Maryland
Michigan
North Carolina
New Mexico
New York
Pennsylvania
Rhode Island
Tennessee
Texas
Washington
BOLD=Multiple projects



PCORI-funded CHW research (n=56 studies)

- Most are Randomized Control Trials (RCTs)
 - Only 4 of other designs (i.e. observational)
 - Sample size in general range of 200-400 participants
- About half of PCORI's CHW projects include a qualitative component
 - To provide information on implementing or tweaking the intervention for the target population prior to the RCT
 - To provide context and deeper understanding of participants' experience post-intervention



Conditions Targeted in PCORI's CHW projects (n=56)

Mental/Behavioral health • 14 studies

Respiratory Diseases • 9 studies

Nutritional and Metabolic Disorders • 6 studies

Cardiovascular Health • 5 studies

Multiple/Co-Morbid Chronic Conditions • 4 studies

Kidney Disease • 4 studies

Infectious Disease • 4 studies

Other Conditions • 10 studies



Populations targeted in PCORI's CHW projects (n=56)

Racial/Ethnic minorities

- 49 studies

Low income

- 39 studies

Low Health Literacy/Numeracy

- 18 studies

Women

- 17 studies

Multiple Chronic Conditions

- 16 studies

Older Adults

- 15 studies

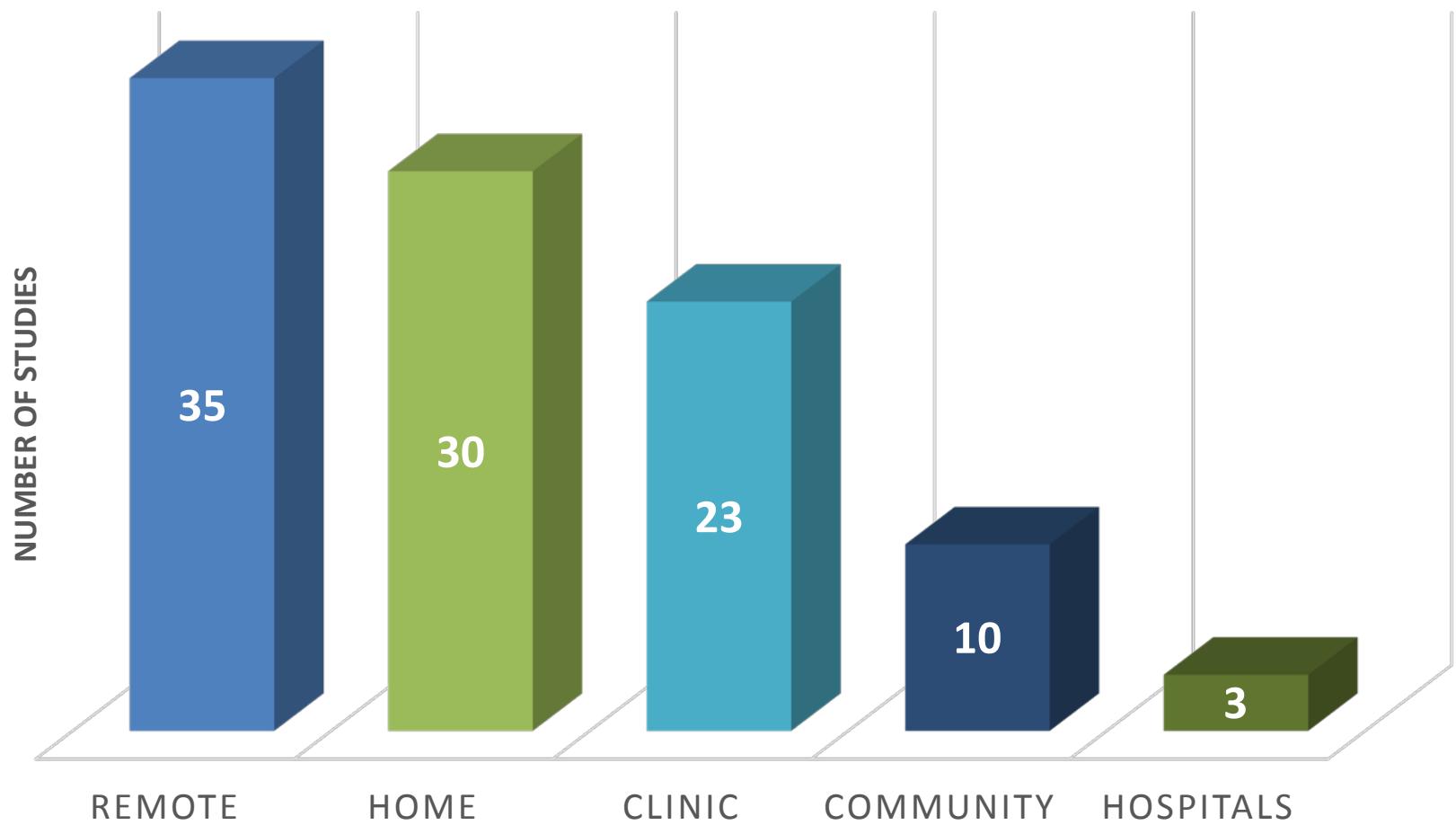
Rural

- 10 studies



*Categories are not mutually exclusive

Intervention Settings in PCORI's CHW projects (n=56)



*Categories are not mutually exclusive



Outcomes in PCORI's CHW projects (n=56)

| | |
|----------------------------------|--------------|
| Health-related quality of life | • 34 studies |
| Psychological health status | • 29 studies |
| Physical health status | • 26 studies |
| Care experience | • 26 studies |
| Usage of specific services | • 23 studies |
| Hospital admission/readmission | • 17 Studies |
| Patient adherence | • 15 studies |
| Patient activation | • 13 studies |
| Psychosocial support | • 12 studies |
| Emergency department utilization | • 11 studies |
| Weight control | • 11 studies |



*Categories are not mutually exclusive

CHW Compensation in PCORI projects

Information about what compensation CHWs received was provided in the research plan for **38 projects**.

- Some studies paid an hourly wage.
- Some studies paid a monthly, quarterly, or annual salary adjusted for level of effort.
- A few studies provided CHWs with incentives for each study activity completed.

Data is limited to information about compensation in project summaries.



CHW Education Requirements in PCORI projects

20 studies indicated a minimum education requirement

- 11 required a high school diploma
- 1 required an associates degree
- 2 required a bachelor's degree
- 3 required other forms of education

Data is limited to information about certification or education requirements in project summaries.



How CHWs are matched with target populations in PCORI CHW projects (n=56)

- 25 were matched by community (geographic frame of reference)
- 21 were matched by culture (references to religion, ethnicity, language, or race)
- 21 were matched by condition (i.e. chronic disease)



CHW Functions in PCORI-funded Research



CHW functions in PCORI-funded research

Providing Social Support

- 50 studies

Assisting in Adopting Health Behaviors

- 50 studies

Leveraging Cultural Congruence

- 47 studies

Providing Direct Services

- 47 studies

Navigate the Health and Human Services System

- 41 studies



CHW functions definitions

- **Providing Social Support (n=50)**
 - Sharing information to increase patients' health awareness
 - Offering access to tools or resources
 - Providing feedback and advice
 - Offering empathy and/ or reinforcement
- **Assisting in Adopting Health Behaviors (n=50)**
 - Developing plan
 - Teaching or role modeling skills
 - Enhancing self-efficacy
- **Leveraging Cultural Congruence (n=47)**
 - Providing language or health literacy support
 - Facilitating trusting relationships
 - Shared-decision making



CHW functions (continued)

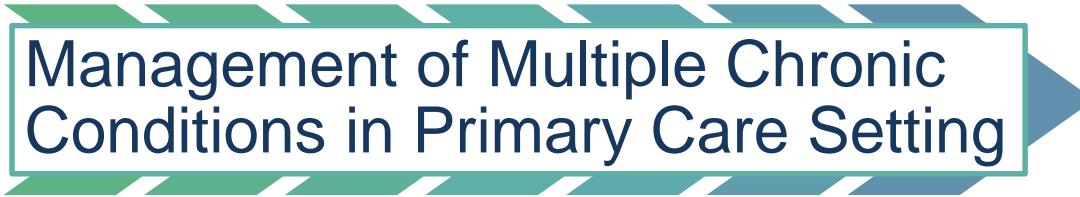
- **Providing direct services (n=47)**
 - Assisting in self-management of chronic conditions, medication adherence
 - Organizing support groups
 - Conducting health-related screenings
- **Navigating the health and human services system (n=41)**
 - Facilitating the continuity of care by providing follow up
 - Making referrals
 - Teaching patients the skills they need to obtain care
 - Enrolling patients into programs



Highlighting 3 CHW-focused Projects



Colorectal Cancer Screening



Management of Multiple Chronic Conditions in Primary Care Setting



Diabetes Self-Management



CRC Screening Adherence

Ronald Myers, DSW PhD

Thomas Jefferson University

- **Research Question:** How can health systems address the disparity in CRC screening rates of Hispanics?
- **The intervention:**
 - Participants receive a mailed kit with 2 options for CRC screening:
 - stool blood test kit
 - colonoscopy
 - Spanish speaking “Patient Assistant” provides decision support & navigation in 1 phone call
 - Reviews screening tests
 - Assesses preferred test
 - Decision counseling (elicits barriers)
 - Develops personally-tailored plan for screening
 - Patient Assistant links to provider
 - Schedules colonoscopy prep appoint, obtains referrals
 - Sends action plan to PCP; uploads into patient EHR



CHW Functions in CRC Screening Project

Providing Social Support

- Providing information on CRC screening, focusing on addressing patient concerns

Assisting in Adopting Health Behaviors

- Planning for CRC screening

Leveraging Cultural Congruence

- Intervention in Spanish
- Attention to trust building

Providing Direct Services

Navigate the Health and Human Services System

- Obtaining referrals for colonoscopy prep



Management of Multiple Chronic Conditions in Primary Care Settings

Judith Long, MD

University of Pennsylvania

- **Background**

- Widespread usage of CHWs has been hampered by a lack of standardized, scalable, and evidence-based models.
- IMPaCT is an established CHW intervention used to provide tailored support to high risk patients after hospital discharge.
- This study adapts IMPaCT for use in the primary care setting with low income patients with multiple chronic conditions.
 - Implemented in 3 primary care sites: academic, federally-qualified health center and Veterans Administration



Management of Multiple Chronic Conditions in Primary Care Settings (cont)

- **The Intervention: Individualized Management for Patient-Centered Targets (IMPaCT)**
 - CHW-patient contact: ~6/hours per month for 6 months
 - Goal setting re: chronic disease management
 - Tailored support (weekly)
 - Connection with longitudinal support (set up support groups)
 - IMPaCT model includes:
 - CHW recruitment guidelines
 - College-accredited training curriculum (1 month)
 - Manuals for work practice (caseload, supervision, workflow)
 - Manual for integration in health system
 - Embedded in workflow of primary care clinic (utilize clinic space, access to EHR, inclusion in team meetings)

Qualifications & Supervision of CHWs

- Longtime Philadelphia residents with minimum high school education
- Supervised by MSW to review caseloads and facilitate goal achievement



CHW Functions in Multiple Chronic Conditions Project

Providing Social Support

- Weekly contact with patients
- Connecting patients with social activities

Assisting in Adopting Health Behaviors

- Develop plan to achieve goals

Leveraging Cultural Congruence

- Longtime Phila residents

Providing Direct Services

- Organize support groups
- Self-management support

Navigate the Health and Human Services System

- Providing referrals (i.e. nutritionist)



Diabetes Self-Management and Medication Adherence

Monika Safford, MD

Cornell University
University of Alabama

- **Background:**

- Longstanding community-university partnership to improve health in the Alabama Black Belt.
- Number one request from community was for programs to help people manage diabetes.
 - Rural African American population
 - High rates of chronic disease
 - Scarce resources
 - Mistrust of health system
 - High rates of medication non-adherence

- **Research Question:**

- How can diabetes management, including medication adherence be improved in a rural African American population?



Diabetes Self-Management and Medication Adherence

Monika Safford, MD

Cornell University
University of Alabama

- **The Intervention:**
 - Diabetes education materials adapted to include videotaped stories of community members with diabetes
 - CHWs hold 8 weekly telephone sessions to discuss diabetes education module.
 - Assess barriers to self-management
 - Motivational interviewing, supportive listening
 - Goal setting
 - Reinforcing skills learned
 - Bi-weekly calls for 3 months after modules are completed
- **CHW Qualifications & Training:**
 - Rural community resident
 - Lived experience with diabetes
 - Trained and certified in:
 - motivational interviewing, communication, goal setting
 - study intervention
 - Employed by community-based organization



CHW Functions in Diabetes Self-Management and Medication Adherence Project

Providing Social Support

- Motivational Interviewing
- Supportive listening
- Sharing own stories

Assisting in Adopting Health Behaviors

- Goal setting

Leveraging Cultural Congruence

- Longtime residents of rural community
- Trust building

Providing Direct Services

- Assist with self-management of chronic conditions; medication adherence

Navigate the Health and Human Services System

- Link to local resources (i.e. social services)



Questions?



Break



Webinar will resume in 15 minutes



Attendee Perspective on Deployment of CHWs

1. What information from PCORI's portfolio would be most helpful as you/your organization or constituency consider using CHWs?
2. What organizational factors are important in the utilization of CHWs?
3. What are the greatest challenges/barriers that organizations face or expect to face when using CHWs?
4. What are the characteristics of CHW interventions would best inform organizational priorities?
5. Do you feel most professionals within your segment of the health care sector have a common understanding of the role, "Community Health Worker?"
6. How do CHWs affect workflow? What changes to practice (or other considerations) would need to be made to integrate CHWs?



Information Needed for Policy Making

1. What kind of outcomes from PCORI's CHW projects are most helpful for revising CHW policy or practice?
2. How much additional information is needed regarding the effectiveness of CHWs after their work is completed (i.e. sustainability of outcomes with patients)?
3. What other kinds of contextual information about CHW interventions in research studies would be useful to know ?
 - Organizational environment
 - Community environment
 - Patient characteristics (insurance, health literacy, etc)
 - CHW qualifications
4. What information do you need from research to inform decisions on coverage?
5. How should PCORI communicate this additional contextual information from our portfolio?
6. Do you have any other feedback on making PCORI CHW work more relevant to your needs?

