

# Community Health Workers: Contributing to the Triple Aim

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# Introduction

Health Care Excel is a non-profit company that . . .

- Was incorporated in 1974
- Employs a staff of highly skilled professionals
- Provides consultation and quality improvement services
- Promotes and enhances the delivery of cost-effective health care of the highest quality
- Serves clients in the private sector, and state and federal governments

# Services

- Medical Record Review
- Fraud, Waste, and Abuse Analyses
- Performance Measurement
- Quality/Process Improvement
- Health Information Technology

# Objectives

By the end of this presentation the audience will. . .

- Gain clarity on how Community Health Workers (CHWs) improve quality of care
- Understand how utilizing a CHW as a member of the team benefits the provider and patient
- Increase awareness of potential cost savings from averted complications and reduced readmissions

# Community Health Worker and the Triple Aim

How can the role of the CHW assist with accomplishing the goals of the Triple Aim?

# Definition of Community Health Worker

*The CHW is a frontline public health worker who is a **trusted member** of and/or has an unusually close understanding **of the community served**. This trusting relationship enables the CHW to **serve as a liaison/link/intermediary** between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.*

American Public Health Association

# Common Titles

Abuse Counselor	Access Worker	Adult Case Manager
Assistor	Case Coordinator	Certified Recovery Specialist
Community Coordinator	Community Counselor	Community Health Advisor
Community Health Educator	Community Health Representative	Community Liaison
Community Organizer	Community Outreach Manager	Community Outreach Worker
Community Social Worker	Discharge Planner	Family Advocate
Financial Counselor	Family Education Coordinator	Family Support Worker
Health Advisor	Health Advocate	Health Agent
Health Assistant	Health Communicator	Health Insurance Counselor
HIV Peer Advocate	HIV Prevention Coordinator	Home Care Worker
Home Visitor	Home-Based Clinician	Intake Specialist
Interpreter	Lay Health Worker/Advisor Maternal and Child Health Case Manager	Medical Representative
Mental Health Worker	Navigator	Nutrition Educator
Outreach Advocate	Outreach Case Manager	Outreach Coordinator/Outreach Educator

# Triple Aim

## What is the Triple Aim?

- Originally developed by the Institute for Healthcare Improvement (IHI)
- Later adopted by Centers for Medicare & Medicaid Services (CMS)
- A framework that describes an approach to optimizing health system performance
  - Improve patient experience
  - Improve population health
  - Reduce costs

# Triple Aim—Improving the Patient Experience

Community Health Workers are uniquely qualified to be connectors in the community because they generally live and/or work there.

- Understand the social context of patients' lives
- Can often offer linguistic and cultural translations
- May assist with identifying sources of coverage
- Develop relationships with care in the area
- Understand risk behaviors
- Motivate to engage in risk management
- Provide support and encouragement for maintaining these efforts

# Improving Patient Experience

CHWs can help address some of the challenges associated with limited health literacy.

- Nearly 9 of 10 adults have difficulty using everyday health information that is routinely available (National Assessment of Adult Learning).
- Without clear information and an understanding of prevention and self-management of conditions, people are more likely to . . .
  - skip necessary medical tests
  - end up in the emergency room
  - have a harder time managing chronic diseases

# Triple Aim—Improving Population Health

As an integrated member of the primary care team, CHWs can contribute to disease management through ensuring continuity of care, coordination of care, and overall quality of care

- Facilitate access to care through appointment keeping and adherence to prescribed regimens of care
- Increase use of preventive health services
  - Mammography
  - Colorectal cancer screening
  - Diabetes self-management education and training
  - Cholesterol screening
  - Tobacco cessation
  - Hypertension and cardiovascular disease management and control
  - Mental health case management
  - Human immunodeficiency virus (HIV)/AIDS case management and treatment
  - Other chronic disease management approaches

# Improving Population Health

When CHWs encourage clients to become more involved in their care, the provider can collect more accurate patient data, thus contributing to a healthier population.

- Quality Recognition/Incentive Programs
  - Accountable Care Organization
  - Patient Centered Medical Home
  - Meaningful Use
  - Physician Quality Reporting System
  - Insurer Quality Programs



# Improving Population Health

In **Ten Attributes of a Health Literate Organization** (June 2012), participants at an Institute of Medicine Roundtable listed “*Provides easy access to health information and services and navigation assistance*” as #7.

- Assist consumers and families in understanding the available health care benefits and services , including enrollment into wellness, case management, and disease management programs.
- Supply navigators (or **community health workers** [*promotores*], *lay health advisors*, *peer coaches*) to answer questions, problem solve, advocate, lend support, and give guidance and assistance in overcoming barriers to accessing information and services.
- Assist in scheduling appointments with other care providers (e.g., primary care providers, specialists, labs, physical therapists, home health).
- Do not rely on patients to relay information among care providers.
- Maintain a list of community health, literacy, and social service resources; establish referral relationships with these organizations; and institute processes for keeping the list current.
- Track referrals and follow-up to ensure they are completed.

# Triple Aim-Reducing Costs

As part of the health care team, CHWs can work with at-risk populations to help reduce costs associated with low health literacy.

- Patients with limited or low health literacy . . .
  - use fewer preventive services
  - have more hospitalizations
  - make more visits to the emergency room
  - have poorer health outcomes
  - show higher mortality rates
  - make more medication errors

# Reducing Costs

- The Agency for Health Care Research and Quality (AHRQ) estimates the cost of low health literacy to be between \$106 billion and \$238 billion
- \$3.5 billion is spent on extra medical costs of adverse drug events (ADEs) annually
- At least 40% of costs of ambulatory (non-hospital settings) ADEs are estimated to be preventable
- Approximately one-third of all hospital readmissions occurred from day 16 through day 30 post-hospitalization



# Summary

A CHW, as an integral member of the health care team, can significantly benefit the patient and team in a number of ways. By building a trusting relationship with the patient, a CHW can . . .

- **improve the patient experience** by increasing meaningful communication between the care team and the patient, and identifying and addressing barriers to care that may not be visible to the care team
- **improve population health** by improving coordination of care, and increasing the likelihood that your patients will understand the information they are being given
- contribute to a **reduction in health care costs** by encouraging the patient to engage in and adhere to their care plan

*“Everybody can be great. Because anybody can serve. You don't have to have a college degree to serve. You don't have to make your subject and your verb agree to serve.... You don't have to know the second theory of thermodynamics in physics to serve. You only need a heart full of grace. A soul generated by love.”*

Martin Luther King, Jr. (1929-1968)  
Minister, Civil Rights Activist

# References

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# Health Care Excel

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