Provider-Community Health Worker (CHW) Partnerships

Otero-Sabogal, R., Arretz, D., Siebold, S., Hallen, E., Lee, R., Ketchel, A. … Newman, J. (2010). Physician-community health worker partnering to support diabetes self-management in primary care. *Quality in Primary Care*, 18, 363-372.

A pilot-program was created to incorporate CHWs into the multidisciplinary clinical team working with a primary care physician in order to determine whether their involvement would improve health outcomes amongst minority diabetes patients. Enrolled patients noted a positive impact on their HbA1c levels, both among those considered high-risk and those considered to be in the maintenance phase at baseline. Additionally, patient satisfaction was reported at 97% during the intervention. In particular, patients credited their relationship with the CHW to their success with managing their diabetes. Similarly, physicians gave a very positive evaluation of the integration of CHWs. Physicians reported that patients were better educated on how to manage their diseases including medication adherence. In addition, physicians who utilized CHWs were able to see more patients, resulting in improved billable hours through the support of CHWs.

Meadows, T., Valleley, R., Haack, M.K., Thorson, R., and Evans, J. (2010). Physician "costs" in providing behavioral health in primary care. *Clinical Pediatrics, 50: 447-455.*

Physicians, especially pediatricians, spend more time on average with patients who need behavioral health counseling, yet are not reimbursed for their time at the same rate they would be if the appointment was medical only. This leads to physicians seeing fewer patients at a lower reimbursement rate. After conducting a study, it was found that physicians are reimbursed at a rate of $18.12 per hour for medical-only visits, while they are only reimbursed at a rate of $5.86 for behavioral and medical visits, and a rate of $4.36 for behavioral-only visits. Recommendations include integrating behavioral health specialists, who do not have to be medical doctors, into the primary care system, which would reduce the amount of time patients spend with their physicians talking about behavioral health issues and lead to higher reimbursement rates.

Heisler, M., Spencer, M., Forman, J., Robinson, C., Shultz, C., Palmisano, G. … Kieffer, E. (2009). Participants' assessments of the effects of a community health worker intervention on their diabetes self-management and interactions with healthcare providers. *Am J Prev Med*, 2009; 37 (6S1).

Qualitative methods were used to determine how participants in a CHW-led intervention felt about their ability to self-manage their diabetes and their interactions with healthcare providers. The two key questions addressed in this study were the following: What gaps in diabetes care, with a focus on patient-doctor interactions, do REACH Detroit participants identify? And, How does a CHW diabetes self-management program influence participants' diabetes care and interactions with healthcare

providers, and what gaps, if any, does it address? Nearly all respondents in this study cited low quality and quantity of information from their healthcare providers about how to manage their diabetes, though they understood the time constraints physicians found themselves in. Researchers also found that participants felt their physicians told them what they needed to do to manage their diabetes, but not how to do those things. Participation in the REACH intervention provided members with the skills to manage their diabetes and the knowledge of how to interact with their healthcare providers in order to increase their positive outcomes. Suggestions for CHW programming include specific curriculum designed to teach patients how to be more assertive with their providers as a way to reduce racial and ethnic disparities in diabetes care and outcomes.

Sherwen, L.N., Schwolsky-Fitch, E., Rodriquez, R., Horta, G., Lopez, I. (2007). The community health worker cultural mentoring project: Preparing professional students for teamwork with health workers from urban communities. *Journal of Allied Health*, Spring 2007, 36:e66-e86.

One of the key areas identified as a barrier to entry into the health services system for the CHW workforce is the lack of understanding of the CHW role by health professionals. In an attempt to address this barrier, Hunter College Schools of the Health Professions partnered with the CHW Network of New York City to bring CHWs into the classroom to act as community mentors for health professions students. Student reflections were captured, with the majority of students realizing that they had inaccurate views of the CHW role and having positive feelings about incorporating CHWs into their future work. Others, especially those in the Community Health Education field of study, felt threatened by the CHW presence, stating that the CHWs were less educated yet felt they were able to do work similar to professional health services employees. CHW reflections were also noted, with most CHWs having a positive experience and a sense that working together in the future would be more likely as a result of their involvement.

Summarization of Other States' CHW Initiatives

National Association of Chronic Disease Directors (2010). Working with community-based non-physician providers: The role of the state chronic disease prevention programs. *NACDD,* Atlanta, GA. Published online at http://www.chronicdisease.org/nacdd-initiatives/cardiovascular-health/about-the-council/practice-groups/community-health-worker-pharmacist-practice-group

This report outlines what various states around the U.S. are doing in an attempt to integrate or design CHW networks in their areas. Included in this report are Florida, Kansas, Nebraska, Arizona, Montana, Idaho, Connecticut, North Carolina, New York, Arizona, Georgia, South Carolina, Washington, Minnesota, and Maine. It is emphasized that there is much growth and support in the area of CHW associations and networks,

and that including pharmacists into the integrated care management has been shown to improve chronic disease outcomes. Finally, recent changes and updates on CDC initiatives to integrate CHWs into state systems are summarized.