



## Member of Care Delivery Team Model

In this model, community health workers (CHWs) may collaborate with or work alongside medical professionals.

When collaborating with medical professionals, CHWs render direct health services such as:

- Measure blood pressure and pulse
- First aid care
- Medication counseling
- Health screenings
- Other basic services

Other programs may adopt a more holistic approach or a [medical home model \(/toolkits/care-coordination/2/patient-centered-medical-home-model\)](#). CHWs may work alongside a team comprised of a physician, nurse or allied health worker, or assistant to deliver health education or basic screening services while the medical provider conducts a medical exam.

CHWs may also be medically trained as a registered nurse or phlebotomist prior to CHW training. These CHWs often work with medical providers in a mobile clinic setting.

The [Community Preventive Services Task Force \(http://www.thecommunityguide.org/cvd/CHW.html\)](http://www.thecommunityguide.org/cvd/CHW.html) recommends interventions that engage CHWs in a team-based care model to prevent cardiovascular disease.

## Implementation Considerations

Implementation considerations for this model are described below.

### Funding Barriers

A major consideration for implementing this model is identifying a funding source. Funding for incorporation of CHWs into care-based teams can come from grants, but increasingly, states are implementing reimbursement for CHWs in medical settings. In states that have not adopted new legislation, many public health plans have begun reimbursing for CHW services and or using teams of in-house CHWs.


### Liability Barriers


CHWs rendering limited direct health services raises questions about consequences of mistakes or negligence. In some states, including Virginia, there is a "Good Samaritan" statute addressing civil liability issues for CHWs. For example, people voluntarily performing certain types of care in good faith are immune from civil liability for acts or omissions resulting from that care. However, if a volunteer or paid CHW is negligent, the community health organization or employer may be liable.

Most CHW programs recognize these liability issues but few have formal policies. Programs should explore whether their state has relevant laws to understand the broader context of their activities. Programs should also assess liabilities, including:

- Do CHWs drive their own vehicles to appointments and/or transport patients in their vehicles?
- Is the employer responsible for a CHW who is injured on the job?
- Does the employer's liability change if the CHW is a paid versus volunteer employee?

Organizations hiring CHWs may consider acquiring malpractice insurance and should educate CHWs about their scope of practice and responsibilities.

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