

The Business Case for CHWs: Employers & the ACA
New Haven, CT
December 11, 2014

The Business Case for Community Health Workers

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A business case should be based on real market needs

- ❑ There is no single “universal” business case
- ❑ WHAT DO HEALTH CARE ORGANIZATIONS REALLY WANT?
- ❑ Making the numbers work
 - ❑ Reducing risk and avoidable costs
 - ❑ Achieving shared savings
- ❑ Improving outcomes and other key performance indicators
- ❑ Building customer satisfaction and loyalty

Top reasons why healthcare payers are interested in CHWs

- ❑ “Hot-spotters” – better care for high utilizers
- ❑ Improving key clinical outcomes
- ❑ Improving uptake on key preventive services
- ❑ Improving HEDIS measures, including patient satisfaction
- ❑ Increasing member loyalty – reducing “churn”

Top reasons why Community, Rural and Migrant Health Centers should be interested in CHWs

- ❑ Increasing primary care visits and revenue
- ❑ Increasing penetration of Medicare market
- ❑ Performance as Medical Home





2014: Volume 4, Number 3

*A publication of the Centers for Medicare & Medicaid Services,
Office of Information Products & Data Analytics*

Costs and Clinical Quality Among Medicare Beneficiaries: Associations with Health Center Penetration of Low-Income Residents

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Objective: Determine the association between access to primary care by the underserved and Medicare spending and clinical quality across hospital referral regions (HRRs).

Data Sources: Data on elderly fee-for-service

spending and quality measures between the high- and low-penetration deciles. We also employed linear regressions to estimate spending and quality measures as a function of health center penetration.

Workforce investment boards are interested in CHWs

- ❑ Interest in job creation potential of CHWs since the late 1990s
- ❑ Life experience as an asset
- ❑ Investment has been modest due to slow progress in other policy areas
- ❑ U.S. Labor Department interest
 - ❑ BLS began counting CHWs in 2010
 - ❑ ETA approved “apprenticeable trade” in 2011
 - ❑ DOL-HRSA collaboration

Examples of concrete results

- ❑ United Health Care, Camden NJ
- ❑ Spectrum Health, Michigan
- ❑ Baylor Scott & White Health, Dallas





- ❑ Phila. office approached CamCare (FQHC) about shared-savings contract
- ❑ Objective: reduce preventable hospitalizations and ER use in high-cost Medicaid members in Camden
- ❑ CamCare was free to design their approach, and chose to engage CHWs
- ❑ CamCare's share of first year savings: "in six figures"

Overview of Core Health

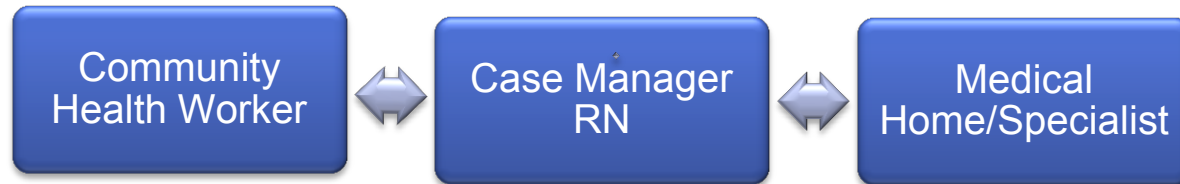
Overview:

Core Health is a continuum-based free 12 month program for adult clients with **Heart Failure** and/or **Diabetes** that:

- Live in Kent County
- Have economic, demographic, or cultural barriers to healthcare
- Are able to participate in a self-management program

Address barriers to achieve Self Management!

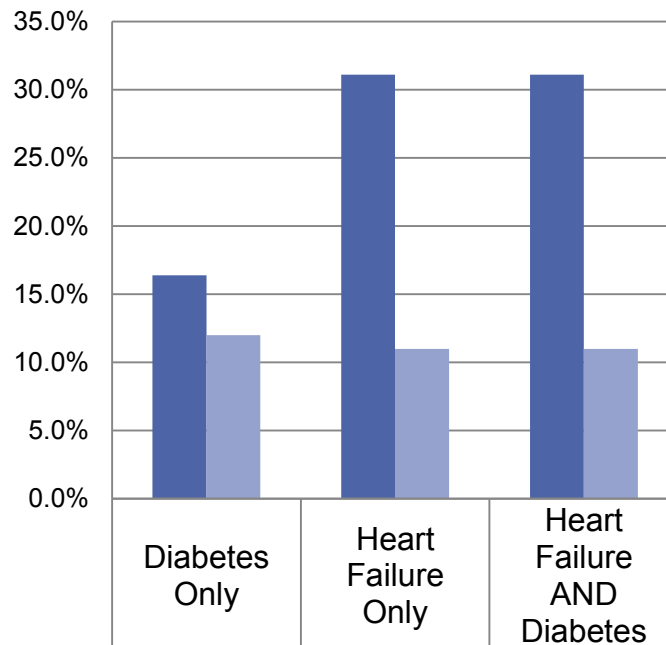
Case Manager RN/CHW Model



Core Health Program Team

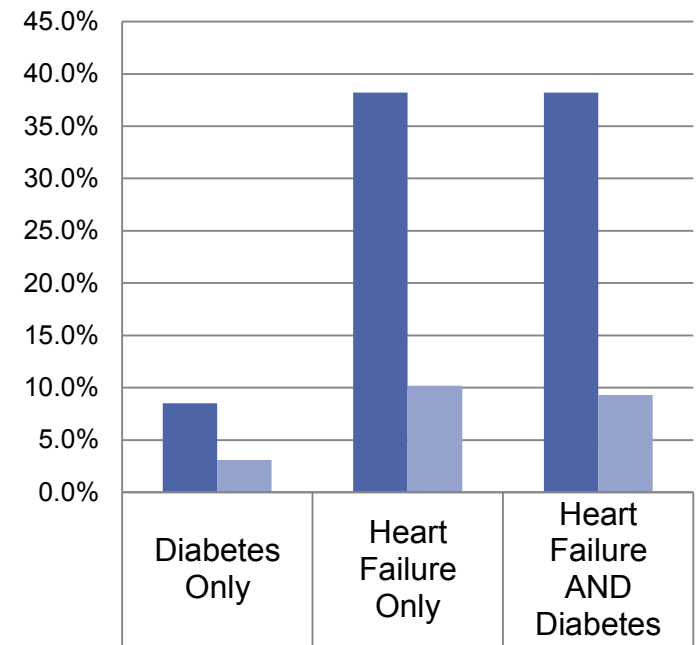
Cost Efficiencies – Right Place Care

Emergency Department Visits



■ Usage Rate BEFORE Core Health	16.4%	31.1%	31.1%
■ Usage Rate for Core Health Experience	12.0%	11.0%	11.0%

Hospital Admissions



■ Usage Rate BEFORE Core Health	8.5%	38.2%	38.2%
■ Usage Rate for Core Health Experience	3.1%	10.2%	9.3%

Community Health Worker Led Diabetes Coaching within the Medical Home

Christine Snead, RN

Erin Kane, MD

Baylor Scott & White Health



www.alliancefordiabetes.org



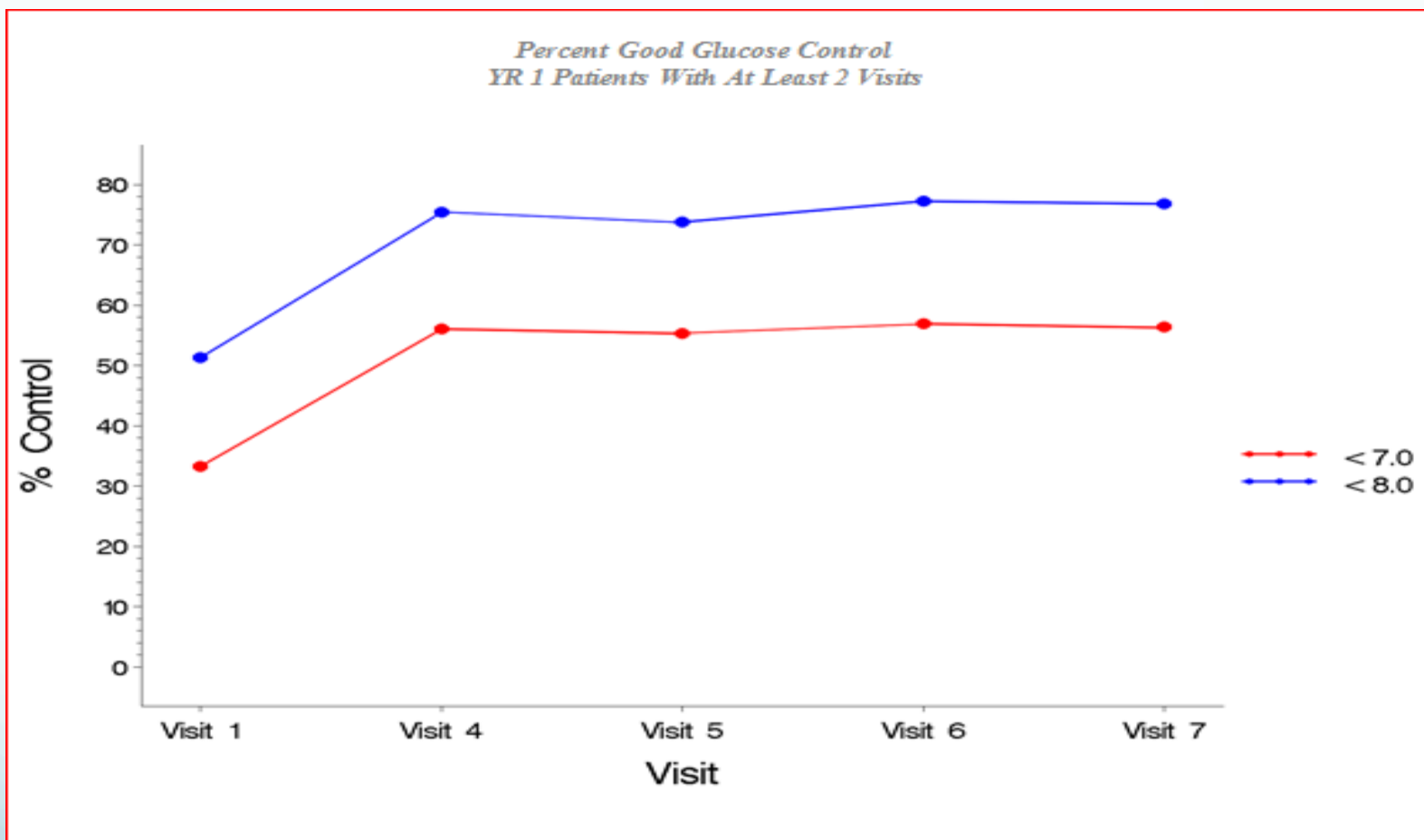
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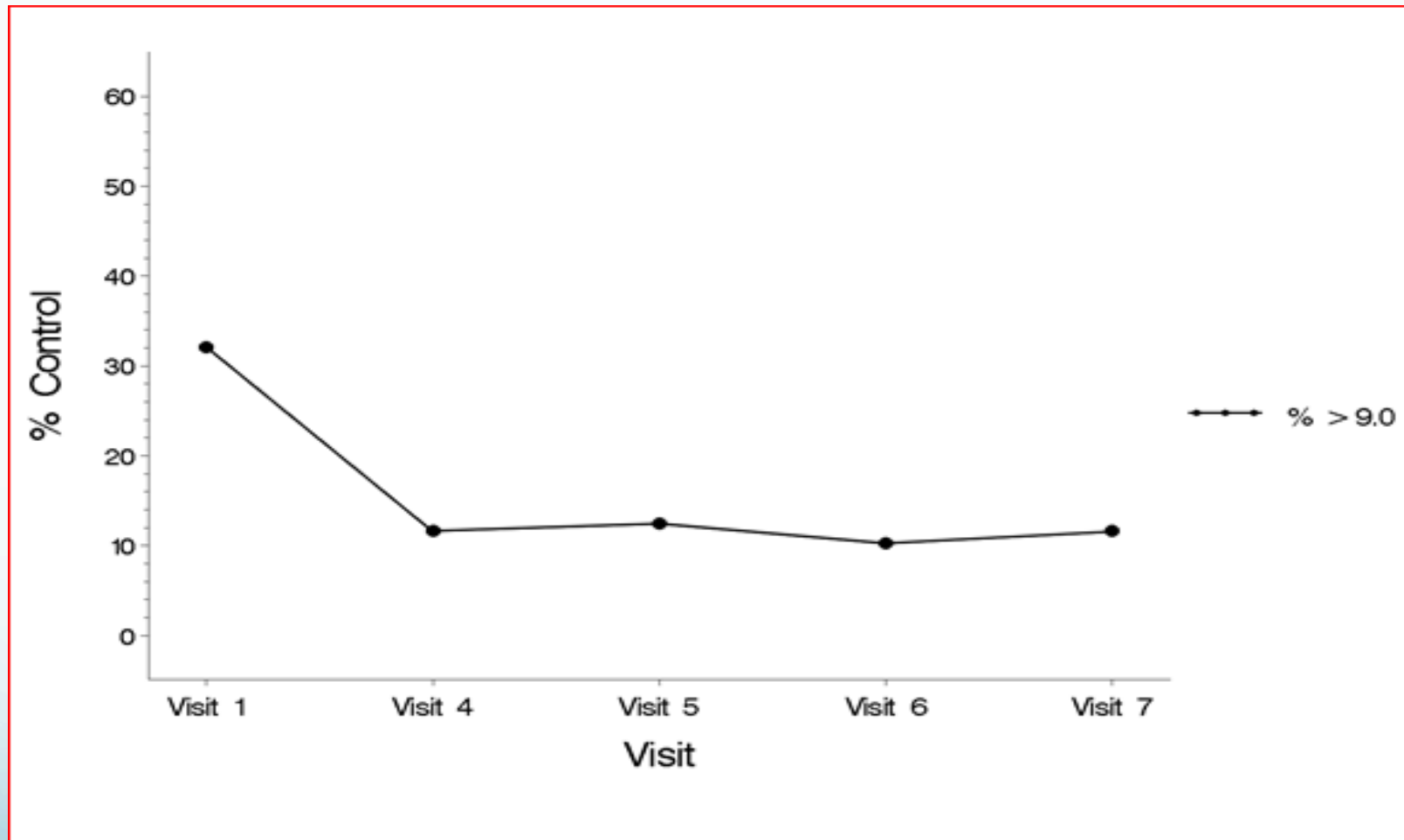


A Population View: Glycemic Control Improves



DEP patients with at least two measures within specified period were included in the analysis. Visits listed are quarterly. The most recent measure was used. Data source is the registry used for the DEP. Data extracted January 6, 2014.

A Population View: Poor Glycemic Control Decreases



DEP patients with at least two measures within specified period were included in the analysis. Visits listed are quarterly. The most recent measure was used. Data source is the registry used for the DEP. Data extracted January 6, 2014. $p < .001$.

9/23/14

Patient Feedback: Qualitative Interviews



- Relaxed, safe environment
- Frequent contact
- Relatable and accessible when there are issues

“With the (CHW), you can be part of the conversation in deciding your health.”

“She tells me the truth. I believe she’s honest about things. I feel I can get open with her because she’s the kind of person who will listen to what you’re going to say.”

* Twelve qualitative interviews conducted by BHCS Director of Health Sciences Research Funding, 2012.

- CHWs improve efficiency and quality of care
 - Build rapport with patients quickly → identify barriers → providers refine medical management
 - Spends more time with patients than providers are able
 - Navigate needed services
 - Hold patients accountable as the driver of improved outcomes
 - Follow up with CHW occurs between provider visits
 - Providers recognized CHW knowledge base which increased professional trust

* Twelve qualitative interviews conducted by BHCS Director of Health Sciences Research Funding, 2012.

Evidence base on CHWs is growing but complicated

- ❑ Hard to present simple answers, but impact is evident on health outcomes, health knowledge/behaviors, and costs
- ❑ Diversity of CHW activities and health issues means no unitary measure
- ❑ Increasing evidence of cost-effectiveness or “return on investment” from cost savings

Evidence of CHW impact on health outcomes is clear in many areas

- ❑ Birth outcomes: clearest evidence of preventive impact
- ❑ Diabetes: A1c, BMI, HTN, health behaviors
- ❑ Asthma: symptom control, missed days
- ❑ Cancer screening rates > early detection
- ❑ Immunization rates
- ❑ Hospital readmissions (care transitions)

Financial ROI can be dramatic

Recent studies all showing about **3:1 net return or better:**

- ❑ **Molina Health Care:** Medicaid HMO reducing cost of high utilizers
- ❑ **Arkansas “Community Connectors”** keeping elderly and disabled out of long-term care facilities
- ❑ **Community Health Access Program (Ohio)** “Pathways” reducing low birth weight and premature deliveries
- ❑ **Texas hospitals:** redirecting uninsured from Emergency Depts. to primary care
- ❑ **Langdale Industries:** self-insured industrial company working with employees who cost benefits program the most

Citations for ROI

- ❑ Johnson D, Saavedra, P, Sun E, et al. Community health workers and Medicaid managed care in New Mexico. J Community Health; 2011; DOI 10.1007/s10900-011-0484-1
- ❑ Felix HC, Mays GP, Stewart MK, et al. The care span: Medicaid savings resulted when community health workers matched those with needs to home and community care. Health Affairs. 2011;30(7): 1366-74.
- ❑ Redding S, Conrey E, Porter K, Paulson J, Hughes K, Redding M. Pathways Community Care Coordination in Low Birth Weight Prevention. Matern Child Health J; Aug 2014; DOI 10.1007/s10995-014-1554-4
- ❑ Dols J. Return on investment from CHRISTUS Health CHW program. PowerPoint presentation, Houston TX, 2010.
- ❑ Miller A. Georgia firm's blueprint for taming health costs. Georgia Health News; July 27, 2011.

Discussion

A photograph of a man and a woman smiling and embracing. The man is wearing a dark blue jacket and a black baseball cap with a white logo. The woman is wearing a brown jacket and glasses. They are in a room with large windows in the background.

Thank you!

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