

 [Care Transformation Center Blog](#)

Penn's IMPaCT program cracked the code of deploying community health workers—and you can, too

4:00 PM on May 22, 2018 by [Tomi Ogundimu](#) and [Darby Sullivan](#)

"[Doctors] can give you advice, like, 'Here's the kind of medicine you need.' But they don't really know how it works in the real world." Summed in just two sentences, a patient from the **University of Pennsylvania Health System** succinctly encapsulates the disconnect between health care professionals and at-risk patients who have difficulty effectively self-managing their conditions. For patients dealing with a range of non-clinical barriers to health—from unemployment to food deserts—clinical care isn't enough to improve long-term health outcomes and care utilization.

The [Penn Center for Community Health Workers](#) bridges the gap that prevents vulnerable patients from getting the care they need. After studying why so many community health worker (CHW) programs had failed, Penn researchers designed the IMPaCT model specifically to address historic limitations (e.g., staff turnover, a lack of infrastructure, low-quality evidence). After testing IMPaCT in multiple [randomized controlled trials](#), they found that the model:

- Improved clinical outcomes (e.g., improved hemoglobin levels, BMI, cigarette use, mental health);
- Improved quality of care (12% increase in HCAPHS communication scores);
- Improved access (12% increase in primary care access); and
- Reduced utilization (30% decrease in hospitalizations).

The 3 keys to Penn's success

Our research team (the Population Health Advisor) recently visited the University of Pennsylvania Health System to meet with the Center's programmatic leaders and CHWs themselves to uncover the central themes to their success. Here's what we found:

1. Not just anyone can be a community health worker—you may need to get creative to find the right people.

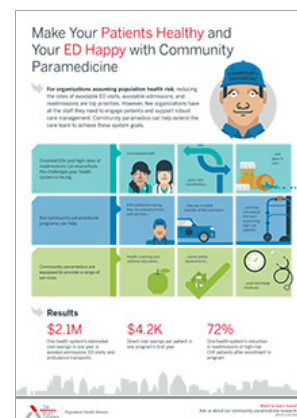
An effective CHW has a distinct personality profile. They're strong listeners, engaging, resilient, and closely tied to their communities. Provider organizations should recruit staff of this personality type and translate their intrinsic traits into key skills for the job (e.g., motivational interviewing). The onboarding process should map trainings to community-defined priorities, such as joining patients in activities like exercising at the gym or completing a housing application to increase motivation and build know-how.

Providers may have to open up their search for these staff to non-traditional venues. These "natural helpers" are more likely to be found in community forums or grassroots groups—not necessarily surfing the hospital's job posting page.

2. Evidence-based, in-depth training and a strong network of support sets community health workers up for success.

As with any health care worker, retention is key to building a financially sustainable care model. Want to lose CHWs fast? Place them in tough situations without adequate support.

IMPaCT sets CHWs up for success by administering in-depth, standardized training modules for CHWs and CHW supervisors (e.g., managing caseloads, coordinating with the care team, driving client engagement), supported by their growing evidence base. Since their training, the 30 CHWs employed at the Center have formed a powerful, collaborative team, trading best practices and tips on referring to community-based organizations.



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How to close the housing gap through strategic partnerships

Since CHWs are not clinically trained, Penn sets clear protocols for when clients' health escalates. For example, when clients experience an acute mental health crisis, CHWs are trained to connect their patient to the appropriate clinical support, such as a behavioral health specialist, and keep the patient's PCP in the loop. To strengthen these communication channels, CHWs are assigned to specific practices and hospitals and meet regularly with providers.

Across all client challenges, CHWs lean on their managers for continued training and guidance. With these tactics in place, Penn has seen a CHW turnover rate of just 1.7%, compared with the national average rate of 50%.

3. This can be done in a fee-for-service environment—but you need good data on your side.

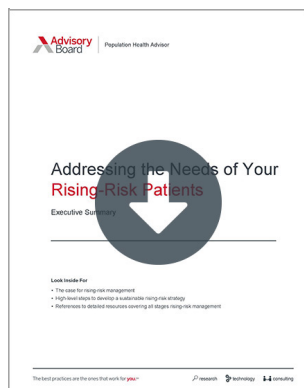
No matter the payment model, champions won't be able to secure leadership buy-in without presenting compelling data on the program's success.

To make the case for CHWs in a fee-for-service landscape, Penn created a board-like oversight committee that uses broader metrics of success rather than solely focusing on increasing revenue. The committee—which includes the health system's COO, CFO, the head of the Innovation Center, and two CHWs—used the results of Penn's randomized controlled trials to calculate the return on investment.

Importantly, the committee values metrics that span the triple aim, including HCAHPS scores, the likelihood clients recommend the program to others, and the replacement of negative margin admissions with average margin admissions. With the IMPaCT model, Penn has measured a \$2 return for every \$1 invested in the program.

Ready to start addressing the social determinants of health? Learn more about the [IMPaCT model](#); access the [recording](#) of our webconference, **Address Patients' Non-clinical Risk Factors in Ongoing Management**; or email sullivada@advisory.com.

Learn more about how to address the needs of your rising-risk patients



Each year, about 18% of rising-risk patients escalate into the high-risk category when not managed. By investing in rising-risk patient management, organizations can significantly slow the churn of rising-risk patients into the high-risk patient cohort and avoid associated future costs.

This research briefing covers the case for rising-risk management and includes four high-level steps to develop a sustainable strategy.

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