Community Health Worker Stakeholder Meeting

June 29, 2017
9:00 AM – 3:00 PM
Welcome and Introductions

Greg Martin
Deputy
Chief Engagement and Dissemination Officer, PCORI

Kristin Carman, MA, PhD
Director
Public and Patient Engagement, PCORI
Housekeeping

• Today’s meeting is open to the public and is being recorded
  – Members of the public are invited to listen to the teleconference and view the webinar
  – Meeting materials can be found on the PCORI website
• Visit www.pcori.org/events for more information
Housekeeping (cont.)

• We ask that participants stand up their tent cards when they would like to speak and use the microphones
• Please remember to state your name when you speak
## Agenda

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<td>CHWs: A Brief Overview</td>
<td>9:15 AM - 9:30 AM</td>
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<td>PCORI's CHW Portfolio</td>
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<td>Break</td>
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<td>Attendee Perspective on Deployment of CHWs: Discussion</td>
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<td>Information Needed for Policy Making: Discussion</td>
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<td>Wrap Up</td>
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<td>Adjourn</td>
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Introductions

• Please quickly state the following:
  – Name
  – Stakeholder group you represent
  – Position title and organization
Introductions (cont.)

Colleen Barbero, MPPA, PhD

Interdisciplinary Health/Behavioral Scientist, *Centers for Disease Control and Prevention*
Introductions (cont.)

Kate Blackman, MSW, MPH

Senior Policy Analyst, National Conference of State Legislatures
Introductions (cont.)

Shoshanah Brown, MS, MBA

Executive Director, a.i.r. NYC
Introductions (cont.)

Abby Charles, MPH

Senior Program Manager, Institute for Public Health Innovation
Introductions (cont.)

Barb Cole, MS, BS

Director, Accreditation and Compliance, Highmark BlueCross BlueShield
Introductions (cont.)

JaNeen Cross, DSW, MSW, MBA

Heals Policy Fellow, National Association of Social Workers
Introductions (cont.)

Andrea Gelzer, MD, MS, FACP

Senior Vice President and Chief Medical Officer, AmeriHealth Caritas
Introductions (cont.)

Arvind Goyal, MD, MPH, MBA, CPE, FAAFP, FACPM

Medical Director, Medical Programs, Illinois Department of Healthcare and Family Services
Introductions (cont.)

John Haughton, MD, MS

Chief Health Information Officer/Chief Quality Officer, Independent Health
Introductions (cont.)

Melissa Hawkins, PhD

Director, Public Health Scholar Program, American University American Public Health Association
Felicia Heider

Policy Associate, *National Academy for State Health Policy*
Introductions (cont.)

Sinsi Hernández-Cancio, JD

Director of Health Equity, Families USA
Socrates Jimenez, MBA

Regional Vice President, Medicaid Plan Operations, Empire BlueCross BlueShield
Introductions (cont.)

Thomas Lane, CRPS

Senior Director, Consumer and Recovery Services, Magellan
Introductions (cont.)

Carolyn Langer, MD, JD, MPH

Chief Medical Officer, MassHealth
Introductions (cont.)

Jordan Luke, MA

Director, Program Alignment and Policy Analytics Group, Office of Minority Health, *Centers for Medicare and Medicaid Services*
Introductions (cont.)

Megan Miller, MSW

Senior Director, Health Integration,
Association of State and Territorial Health Officials
Introductions (cont.)

Beth Neuhalfen, BS, CHC

Operations Coordinator, Community Health Services, Denver Health and Hospital Authority
Introductions (cont.)

Travis Oliver

CHW Supervisor, *Priority Partners*
Introductions (cont.)

Jeri Peters, RN, BSN, PHN

Vice President, Clinical Services & Chief Nursing Officer, UCare
Introductions (cont.)

Kristine Sande, MBA

Associate Director, Rural Health Information Hub
Introductions (cont.)

Jeff Schiff, MD, MBA

Medical Director, Minnesota Department of Human Services
Introductions (cont.)

James Schuster, MD, MBA

Chief Medical Officer, *Behavioral Health and Medicaid Services*
Vice President, Behavioral Physical Health Integration, *UPMC*
Introductions (cont.)

Victoria Terry, MPH

Youth Community Engagement Specialist, NJ Personal Responsibility Education Program, *Southern New Jersey Perinatal Cooperative*
Introductions (cont.)

Michelle Washko, PhD

Deputy Director, National Center for Health Workforce Analysis, Health Resources and Services Administration
PCORI Staff

Greg Martin
Deputy
Office of the Chief Engagement and Dissemination Officer

Kristin Carman, MA, PhD
Director
Public and Patient Engagement

Steve Clauser, PhD, MPA
Program Director
Healthcare Delivery and Disparities Research

Mira Grieser, MHS
Program Officer
Healthcare Delivery and Disparities Research

Joanna Siegel, SM, ScD
Director
Dissemination and Implementation

Jane Chang, MPH
Program Officer
Dissemination and Implementation

Tomica Singleton
Senior Administrative Assistant
Healthcare Delivery and Disparities Research

Dionna Attinson
Program Assistant
Healthcare Delivery and Disparities Research
Introduction to PCORI

Steve Clauser, PhD, MPA
Program Director, Healthcare Delivery and Disparities Research
Patient-Centered Outcomes Research Institute (PCORI)

- Authorized by Congress as an independent research institute through the Patient Protection and Affordable Care Act.
- Funds comparative clinical effectiveness research (CER) that engages patients and other stakeholders throughout the research process.
- Seeks answers to real-world questions about what works best for patients based on their circumstances and concerns.
PCORI’s Mission and Strategic Goals

PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.

Our Strategic Goals:

- Increase quantity, quality, and timeliness of useful, trustworthy research information available to support health decisions
- Speed the implementation and use of patient-centered outcomes research evidence
- Influence research funded by others to be more patient-centered
The Research We Fund is Guided by Our National Priorities for Research

- Assessment of Prevention, Diagnosis, and Treatment Options
- Improving Healthcare Systems
- Communication & Dissemination Research
- Addressing Disparities
- Accelerating PCOR and Methodological Research
Who Are Our Stakeholders?

- PCORI Community
- Patient/Consumer
- Caregiver/Family Member of Patient
- Hospital/Health System
- Training Institution
- Payer
- Policy Maker
- Industry
- Patient/Caregiver Advocacy Org
- Clinician

PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE
Snapshot of PCORI Funded Projects

Number of projects: 582

Amount awarded: $1.68 billion

Number of states where we are funding research: 41 (plus the District of Columbia)

As of March 2017
Community Health Workers: A Brief Overview

Steve Clauser, PhD, MPA
Program Director, Healthcare Delivery and Disparities Research
Community Health Workers in the Workforce

- Community Health Worker: ‘a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served’ (APHA 2009).
  - While terminology varies (e.g., patient navigators) the APHA definition guides our research designation of CHWs

- As of May 2016, nearly 51,900 community health workers (CHWs) were employed in the United States
  - This is a 38% growth in CHWs since 2012

Source: ASTHO, Community Worker Successes and Opportunities for States, 2017
Employment of Community Health Workers by State

Source: ASTHO, Community Health Worker Successes and Opportunities for States, 2016
Community Health Workers: Changes in Setting and Employers

- Employment Setting:
  - A shift from community-based organizations to hospital/health systems

- Employers:
  - Providers initially partnered with community organizations and now directly hire CHWs

- PCORI research priorities reflect changes in field.
  - We now emphasize CHW interventions that are part of team-based care in health care organizations

Source: Health Services Research, The Changing Roles of Community Health Workers, 2017
Community Health Workers Training/ Certification Standards

Source: ASTHO 'Community Health Workers: Orientation for State Health Departments, 2016
Implications for Patient Centered Outcomes Research

- Rapid growth and utilization of CHWs in clinical care have enhanced the evidence base to support PCOR.
- Breadth of PCORI’s CHW portfolio reflects how CHWs are used in “real world” health care delivery.
- CHW interventions are especially important for Addressing Disparities national research priority area.
  - CHWs have been used extensively in underserved communities and low-income and minority populations.
PCORI’s Community Health Worker Portfolio

Mira Grieser, MHS
Program Officer
Healthcare Delivery and Disparities Research
Highlights of PCORI’s CHW portfolio

• Aggregate view of PCORI’s CHW projects
  – Target populations, conditions, settings, outcomes

• Functions of CHWs in PCORI-funded research

• A closer look at 3 PCORI CHW projects

• Overall question for participants:
  What information from PCORI’s portfolio would be helpful in making decisions about the utilization of CHWs?
CHW Research in the PCORI Portfolio

56 studies

PCORI National Funding Priorities

- Addressing Disparities
  22 studies

- Improving Health Care Systems
  18 studies

- Assessment of Prevention, Diagnostic & Treatment Options
  11 studies

- Other Priority Categories
  5 studies

Community Health Workers (CHWs) are the primary focus of the research in 46 of the studies.
What Were CHWs Called in These Studies?

<table>
<thead>
<tr>
<th>CHW ROLE TITLES</th>
<th>NUMBER OF STUDIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Worker</td>
<td>21</td>
</tr>
<tr>
<td>Peer Health Worker</td>
<td>15</td>
</tr>
<tr>
<td>Patient Navigator</td>
<td>9</td>
</tr>
<tr>
<td>Health Coach</td>
<td>6</td>
</tr>
<tr>
<td>Peer Navigator</td>
<td>5</td>
</tr>
</tbody>
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Geographic Location of PCORI CHW Studies

States Represented
- Alabama
- Arizona
- California
- Colorado
- Connecticut
- District of Columbia
- Florida
- Georgia
- Illinois
- Kentucky
- Massachusetts
- Maryland
- Michigan
- North Carolina
- New Mexico
- New York
- Pennsylvania
- Rhode Island
- Tennessee
- Texas
- Washington

BOLD=Multiple projects

Map showing the distribution of PCORI CHW studies across the United States:
- **West**: 15 projects
- **Midwest**: 4 projects
- **South**: 20 projects
- **Northeast**: 13 projects
- **Nationwide**: 4 projects
PCORI-funded CHW research (n=56 studies)

- Most are Randomized Control Trials (RCTs)
  - Only 4 of other designs (i.e. observational)
  - Sample size in general range of 200-400 participants

- About half of PCORI’s CHW projects include a qualitative component
  - To provide information on implementing or tweaking the intervention for the target population prior to the RCT
  - To provide context and deeper understanding of participants’ experience post-intervention
### Conditions Targeted in PCORI’s CHW projects (n=56)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Behavioral health</td>
<td>• 14 studies</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>• 9 studies</td>
</tr>
<tr>
<td>Nutritional and Metabolic Disorders</td>
<td>• 6 studies</td>
</tr>
<tr>
<td>Cardiovascular Health</td>
<td>• 5 studies</td>
</tr>
<tr>
<td>Multiple/Co-Morbid Chronic Conditions</td>
<td>• 4 studies</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>• 4 studies</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>• 4 studies</td>
</tr>
<tr>
<td>Other Conditions</td>
<td>• 10 studies</td>
</tr>
</tbody>
</table>
# Populations targeted in PCORI’s CHW projects (n=56)

<table>
<thead>
<tr>
<th>Population</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial/Ethnic minorities</td>
<td>49</td>
</tr>
<tr>
<td>Low income</td>
<td>39</td>
</tr>
<tr>
<td>Low Health Literacy/Numeracy</td>
<td>18</td>
</tr>
<tr>
<td>Women</td>
<td>17</td>
</tr>
<tr>
<td>Multiple Chronic Conditions</td>
<td>16</td>
</tr>
<tr>
<td>Older Adults</td>
<td>15</td>
</tr>
<tr>
<td>Rural</td>
<td>10</td>
</tr>
</tbody>
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*Categories are not mutually exclusive*
Intervention Settings in PCORI’s CHW projects (n=56)

- Remote: 35
- Home: 30
- Clinic: 23
- Community: 10
- Hospitals: 3

*Categories are not mutually exclusive*
Outcomes in PCORI’s CHW projects (n=56)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health-related quality of life</td>
<td>34 studies</td>
</tr>
<tr>
<td>Psychological health status</td>
<td>29 studies</td>
</tr>
<tr>
<td>Physical health status</td>
<td>26 studies</td>
</tr>
<tr>
<td>Care experience</td>
<td>26 studies</td>
</tr>
<tr>
<td>Usage of specific services</td>
<td>23 studies</td>
</tr>
<tr>
<td>Hospital admission/readmission</td>
<td>17 studies</td>
</tr>
<tr>
<td>Patient adherence</td>
<td>15 studies</td>
</tr>
<tr>
<td>Patient activation</td>
<td>13 studies</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>12 studies</td>
</tr>
<tr>
<td>Emergency department utilization</td>
<td>11 studies</td>
</tr>
<tr>
<td>Weight control</td>
<td>11 studies</td>
</tr>
</tbody>
</table>

*Categories are not mutually exclusive*
CHW Compensation in PCORI projects

Information about what compensation CHWs received was provided in the research plan for 38 projects.

• Some studies paid an hourly wage.

• Some studies paid a monthly, quarterly, or annual salary adjusted for level of effort.

• A few studies provided CHWs with incentives for each study activity completed.

Data is limited to information about compensation in project summaries.
CHW Education Requirements in PCORI projects

20 studies indicated a minimum education requirement

- 11 required a high school diploma
- 1 required an associates degree
- 2 required a bachelor’s degree
- 3 required other forms of education

Data is limited to information about certification or education requirements in project summaries.
How CHWs are matched with target populations in PCORI CHW projects (n=56)

- 25 were matched by community (geographic frame of reference)
- 21 were matched by culture (references to religion, ethnicity, language, or race)
- 21 were matched by condition (i.e. chronic disease)
CHW Functions in PCORI-funded Research
CHW functions in PCORI-funded research

- Providing Social Support • 50 studies
- Assisting in Adopting Health Behaviors • 50 studies
- Leveraging Cultural Congruence • 47 studies
- Providing Direct Services • 47 studies
- Navigate the Health and Human Services System • 41 studies
CHW functions definitions

• **Providing Social Support (n=50)**
  – Sharing information to increase patients’ health awareness
  – Offering access to tools or resources
  – Providing feedback and advice
  – Offering empathy and/or reinforcement

• **Assisting in Adopting Health Behaviors (n=50)**
  – Developing plan
  – Teaching or role modeling skills
  – Enhancing self-efficacy

• **Leveraging Cultural Congruence (n=47)**
  – Providing language or health literacy support
  – Facilitating trusting relationships
  – Shared-decision making
CHW functions (continued)

- **Providing direct services (n=47)**
  - Assisting in self-management of chronic conditions, medication adherence
  - Organizing support groups
  - Conducting health-related screenings

- **Navigating the health and human services system (n=41)**
  - Facilitating the continuity of care by providing follow up
  - Making referrals
  - Teaching patients the skills they need to obtain care
  - Enrolling patients into programs
Highlighting 3 CHW-focused Projects

- Colorectal Cancer Screening
- Management of Multiple Chronic Conditions in Primary Care Setting
- Diabetes Self-Management
CRC Screening Adherence

Ronald Myers, DSW PhD

Research Question: How can health systems address the disparity in CRC screening rates of Hispanics?

The intervention:
- Participants receive a mailed kit with 2 options for CRC screening:
  - stool blood test kit
  - colonoscopy
- Spanish speaking “Patient Assistant” provides decision support & navigation in 1 phone call
  - Reviews screening tests
  - Assesses preferred test
  - Decision counseling (elicits barriers)
  - Develops personally-tailored plan for screening
- Patient Assistant links to provider
  - Schedules colonoscopy prep appoint, obtains referrals
  - Sends action plan to PCP; uploads into patient EHR
CHW Functions in CRC Screening Project

Providing Social Support
- Providing information on CRC screening, focusing on addressing patient concerns

Assisting in Adopting Health Behaviors
- Planning for CRC screening

Leveraging Cultural Congruence
- Intervention in Spanish
- Attention to trust building

Providing Direct Services

Navigate the Health and Human Services System
- Obtaining referrals for colonoscopy prep
Management of Multiple Chronic Conditions in Primary Care Settings

Judith Long, MD
University of Pennsylvania

• Background
  – Widespread usage of CHWs has been hampered by a lack of standardized, scalable, and evidence-based models.
  – IMPaCT is an established CHW intervention used to provide tailored support to high risk patients after hospital discharge.
  – This study adapts IMPaCT for use in the primary care setting with low income patients with multiple chronic conditions.
  • Implemented in 3 primary care sites: academic, federally-qualified health center and Veterans Administration
Management of Multiple Chronic Conditions in Primary Care Settings (cont)

- The Intervention: Individualized Management for Patient-Centered Targets (IMPaCT)
  - CHW-patient contact: ~6/hours per month for 6 months
    - Goal setting re: chronic disease management
    - Tailored support (weekly)
    - Connection with longitudinal support (set up support groups)
  - IMPaCT model includes:
    - CHW recruitment guidelines
    - College-accredited training curriculum (1 month)
    - Manuals for work practice (caseload, supervision, workflow)
    - Manual for integration in health system
      - Embedded in workflow of primary care clinic (utilize clinic space, access to EHR, inclusion in team meetings)

Qualifications & Supervision of CHWs
- Longtime Philadelphia residents with minimum high school education
- Supervised by MSW to review caseloads and facilitate goal achievement
CHW Functions in Multiple Chronic Conditions Project

Providing Social Support
- Weekly contact with patients
- Connecting patients with social activities

Assisting in Adopting Health Behaviors
- Develop plan to achieve goals

Leveraging Cultural Congruence
- Longtime Phila residents

Providing Direct Services
- Organize support groups
- Self-management support

Navigate the Health and Human Services System
- Providing referrals (i.e. nutritionist)
Background:  
– Longstanding community-university partnership to improve health in the Alabama Black Belt.  
– Number one request from community was for programs to help people manage diabetes.  
  • Rural African American population  
  • High rates of chronic disease  
  • Scarce resources  
  • Mistrust of health system  
  • High rates of medication non-adherence

Research Question:  
– How can diabetes management, including medication adherence be improved in a rural African American population?
• **The Intervention:**
  – Diabetes education materials adapted to include videotaped stories of community members with diabetes
  – CHWs hold 8 weekly telephone sessions to discuss diabetes education module.
    • Assess barriers to self-management
    • Motivational interviewing, supportive listening
    • Goal setting
    • Reinforcing skills learned
  – Bi-weekly calls for 3 months after modules are completed

• **CHW Qualifications & Training:**
  – Rural community resident
  – Lived experience with diabetes
  – Trained and certified in:
    • motivational interviewing, communication, goal setting
    • study intervention
  – Employed by community-based organization
CHW Functions in Diabetes Self-Management and Medication Adherence Project

Providing Social Support
- Motivational Interviewing
- Supportive listening
- Sharing own stories

Assisting in Adopting Health Behaviors
- Goal setting

Leveraging Cultural Congruence
- Longtime residents of rural community
- Trust building

Providing Direct Services
- Assist with self-management of chronic conditions; medication adherence

Navigate the Health and Human Services System
- Link to local resources (i.e. social services)
Questions?
Break

Webinar will resume in 15 minutes
Attendee Perspective on Deployment of CHWs

1. What information from PCORI’s portfolio would be most helpful as you/your organization or constituency consider using CHWs?

2. What organizational factors are important in the utilization of CHWs?

3. What are the greatest challenges/barriers that organizations face or expect to face when using CHWs?

4. What are the characteristics of CHW interventions would best inform organizational priorities?

5. Do you feel most professionals within your segment of the health care sector have a common understanding of the role, “Community Health Worker”?

6. How do CHWs affect workflow? What changes to practice (or other considerations) would need to be made to integrate CHWs?
Information Needed for Policy Making

1. What kind of outcomes from PCORI’s CHW projects are most helpful for revising CHW policy or practice?

2. How much additional information is needed regarding the effectiveness of CHWs after their work is completed (i.e. sustainability of outcomes with patients)?

3. What other kinds of contextual information about CHW interventions in research studies would be useful to know?
   - Organizational environment
   - Community environment
   - Patient characteristics (insurance, health literacy, etc)
   - CHW qualifications

4. What information do you need from research to inform decisions on coverage?

5. How should PCORI communicate this additional contextual information from our portfolio?

6. Do you have any other feedback on making PCORI CHW work more relevant to your needs?