STATE INNOVATION MODEL
COMMUNITY HEALTH
WORKER INITIATIVE

Best Practices for Clinical Integration: Guide and Resource READINESS

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Executive Summary

Readiness

Prior to recruiting and hiring a Community Health Worker (CHW), it is essential to determine the organization's general level of readiness to make this change. CHWs can play a profoundly different role within the organization and the clinical practice care team, but it requires changing the way things are done in a practice. Studies have shown strong evidence for CHW effectiveness in this setting, and it relies heavily on the organization's ability to provide a supportive infrastructure. The success of CHW integration into an organizational model is directly related to the general level of readiness of the organization to make this change and should be measured while developing the team.

As part of the Connecticut State Innovation Model test grant, the Community and Clinical Integration Program (CCIP) requires the integration of CHWs as part of a team-based model for care delivery focused on the whole person. CCIP includes the provision of technical assistance and transformation awards to Advanced Networks and Federally Qualified Health Centers (FQHCs) to help them achieve the CCIP Standards, which include: Complex Care Management, Health Equity Improvement, and Behavioral Health Integration. As part of the program, CCIP Participating Entities (PEs) are also participating in the Patient-Centered Medical Home Plus (PCMH+) initiative, which includes similar requirements and the opportunity for PEs to achieve shared savings as the result of improved care delivery and health outcomes. CHWs are critical to success in both initiatives, as well as to the success of any organization that seeks to improve healthcare delivery. However, CHWs have not historically been widely used within the integrated healthcare team.

Readiness Assessment

The starting point for an organization considering the integration of CHWs into their care teams is a readiness assessment for CHW integration. The purpose of the assessment is to help identify organizational strengths and challenges that may arise when implementing new procedures, structures, and processes within a current organizational context.

Within this manual are considerations for assessing organizational readiness to integrate CHWs. These considerations will help to map out what the CHW will be doing within the practice, as well as how and where, and will provide clarity and consistency for all involved before the CHW is hired.[1] The readiness assessment takes into consideration the organization's current infrastructure, administrative support, payment structure, and human resources. Additionally, the readiness assessment provides an opportunity for the members of the team to familiarize

themselves with the idea of the CHW and what they do, while also providing the opportunity for the care team to operationalize this new model to meet their program goals.[2] It is highly recommended that these considerations be included in the CCIP vendor's assessment for each practice transformation plan.

Tool

An organizational readiness tool is now available for any practice to use, the Primary Care Team Guide Assessment, developed by the MacColl Center for Health Care Innovation, Group Health Research Institute.[3] The tool is divided into resource sections (e.g., practice team, medical assistants, RNs, CHWs, Pharmacists, enhancing access, self-management support, population management, planned care, care management, medication management, referral management, behavioral health integration, communication management, and clinic community connections) and asks questions on how well the practice is implementing team-based care. The readiness assessment can also be used during and after the hiring of the CHW as a way to continuously improve the integration process.

Acknowledgements

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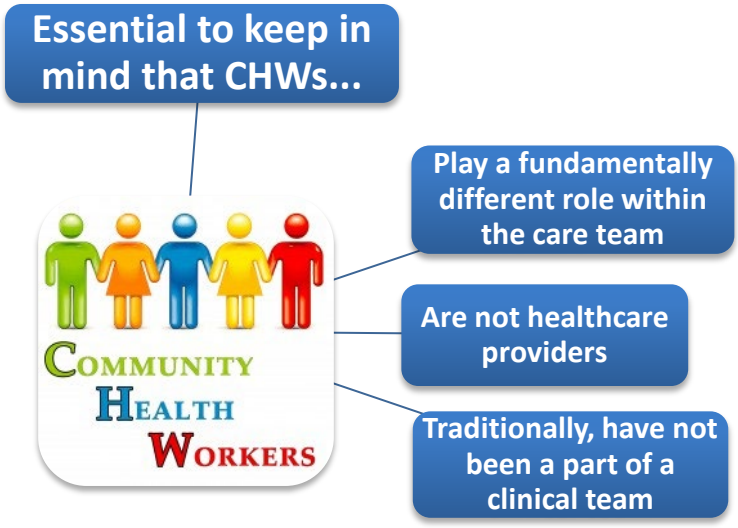
Organizational Readiness

CHW Role

Prior to recruiting and hiring a CHW, it is essential to keep in mind that the CHW plays a fundamentally different role within the organization's care teams. CHWs are not healthcare providers, and traditionally have not been a part of the clinical care setting. It is important that the organization's care team appreciates this.



Evidence of CHW Effectiveness

Many interventions utilizing CHWs have found strong evidence in their effectiveness, and even greater value added when engaged in a team-based care model.[4] Currently, there have only been a few instances of studies that have looked at CHW integration into clinical practice.[5] With only a limited number of interventions integrating CHWs into the clinical practice, there is not enough data to support, with significance, any particular methods of evidence-based best practice.[6] Therefore, recommendations are based on genuine observations and experience, and are highly encouraged for successful integration of CHWs into the clinical practice.[7]

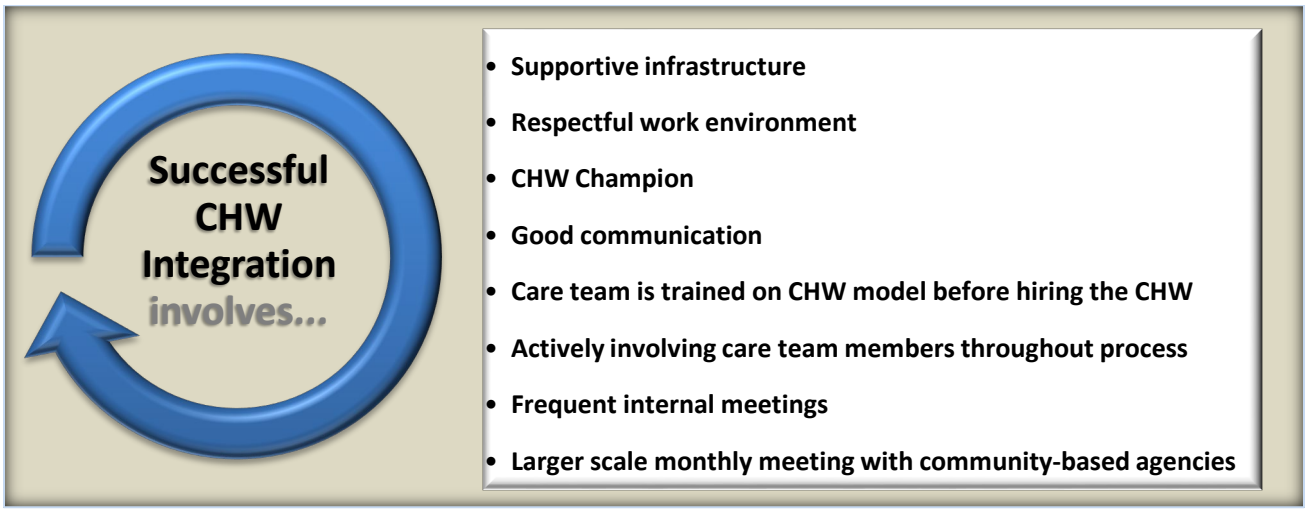
Managing Change

Integrating CHWs into clinical settings involves changing the way things are done in a practice. This can mean changing how the front desk and administrative duties are completed, who sees the patient during their visit, and how the recommended plan of care is put together with care coordination. It is the general phenomenon of "change," which means the organization may express some initial resistance to the idea of a CHW joining their team; it is important to indicate that this is not a reflection on the character of the team members. CHW integration is an ongoing process that will likely require adjustments to be made along the way and

will take time to see the desired results. Assessing the organization's "readiness" for CHW integration is a critical component to this process and is highly recommended to be completed prior to hiring a CHW.

CHW Integration Success Stories

Interventions that have successfully integrated Community Health Workers have found it vital that the organization provide a supportive infrastructure for CHWs, both initially and ongoing. Among providers, managers, supervisors, care team, and other practice staff, there should be a respectful work environment that has a clear understanding of the important role CHWs play.[8]



Bronx-Lebanon Hospital Department of Family Medicine's PCMH

Integration of CHWs into the Bronx-Lebanon Hospital Department of Family Medicine's PCMH (BLDFM) began in 2007 when the Chair of Family Medicine began to notice that providers seeing patients with complex issues were facing barriers with the lack of time they had to diagnose and treat their patients. This resulted in little to no time for discussion with the patient. In addition, if patients didn't show up for their appointment, the providers were unable to provide care, which left them powerless in helping patients reach long-term health improvements.[9] The Family Medicine Department of the hospital decided to utilize CHWs with their complex needs patients. "Initially, hospital leadership was disinterested in the CHW model, but the Departmental Chair used a combination of enthusiasm, persistence, and regular communication to gain support first from the Family Medicine team and then from the hospital administration."[10] The Departmental Chair played a key role as the CHW Champion by engaging and educating the team on the CHW model to ensure that it was successful.

The BLDFM CHW program trained their clinical teams on the CHW model before hiring the CHW. By training their clinical teams on the CHW model, their clinical teams had a better understanding and became familiar with the CHW model before hiring the CHW. This training was strongly believed to reduce tension between the clinical teams and the CHW and resulted in better outcomes of CHW integration.[11]

St. Johnsbury VT Community Health Team Model

In the St. Johnsbury (Vermont) Community Health Team Model, communication both formally (i.e., electronic health record system communication and referrals) and informally (i.e., impromptu phone calls and face-to-face conversation) were noted to be key factors in reinforcing collaboration among all team members, including the CHWs.[12] Equally important was having the care team members know one another, as well as their roles and expertise, which ultimately aided in the care team's ability to communicate and collaborate.[13] The outcome of this cardiovascular disease project in Vermont resulted in patients' having an improved quality of life.

Massachusetts League of Community Health Centers

In the report, "Integrating Community Health Workers into Health Care Teams to Improve Equity and Quality of Care" by the Robert Wood Johnson Foundation, the Massachusetts League of Community Health Centers recognized that a key implementation consideration for CHW programs was allocating an adequate amount of time to educate the team members, by actively involving them throughout the process of how to best incorporate the CHW[14]. The BLDFM CHW Program utilized opportunities such as Continuing Medical Education courses, rounds with CHWs, team meetings, and staff meetings within the department so that they were included as regular members of the team. The BLDFM was able to demonstrate to the clinical staff how the CHWs were transitioning into the care team to organize and facilitate opportunities for formal collaboration, as well as to encourage methods of informal communication among team members to enhance these unique relationships.[15] Examples of opportunities that reinforce interconnectedness among the care team and partnerships in the community were established through frequent internal meetings.[16] All of the care team members, including the CHW and non-clinical members also participated in larger scale monthly meetings with community-based agencies.[17]

Based on findings from these successful interventions, when integrating CHWs into the clinical practice, it is strongly recommended to do the following:

Create an infrastructure that is supportive to the CHW, both initially and ongoing

Maintain a respectful work environment for the CHW among all staff with an understanding of the important role the CHW plays

Identify a CHW Champion who will help ensure the CHW model is understood and gain support

Train clinical teams on the CHW model before hiring the CHW

Allocate adequate time to educate and involve team members throughout the CHW integration process

Ensure CHW is able to communicate, both formally and informally, with the other members of the care team

Utilize any opportunities to reinforce connectedness among the care team and partners in the community

Assessing Organizational Readiness

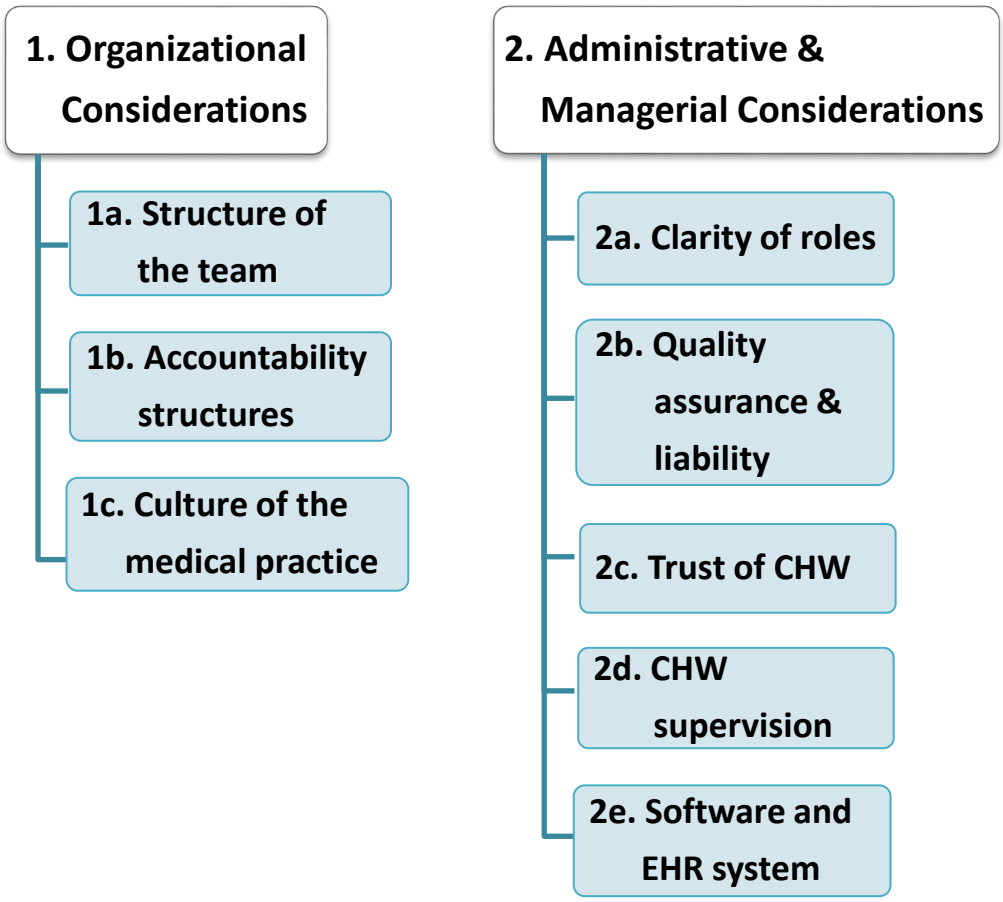
The successful integration of a Community Health Worker into an organization is directly related to the general level of readiness of the organization to make this change. This level of readiness should be measured while developing the team.

Changing Cultural Norms

The CHW and organization will need time to adjust to one another, as well as time to figure out how they are going to function together. Therefore, it is important to think about the dimensions within the organization and recognize organizational relationships within the practice where there may be resistance to change.[18]

With experience working with CHWs for over 15 years within various capacities, Carl Rush, MRP, is a national leader and expert on CHWs. To integrate CHWs into the practice, Carl acknowledges that you must be willing to relax the "cultural norms" of the "authority" of clinical practice and assess the overall readiness of the organization to make this change. Carl recommends the following items as key components in assessing the readiness of an organization to integrate CHWs into their practice and care teams.

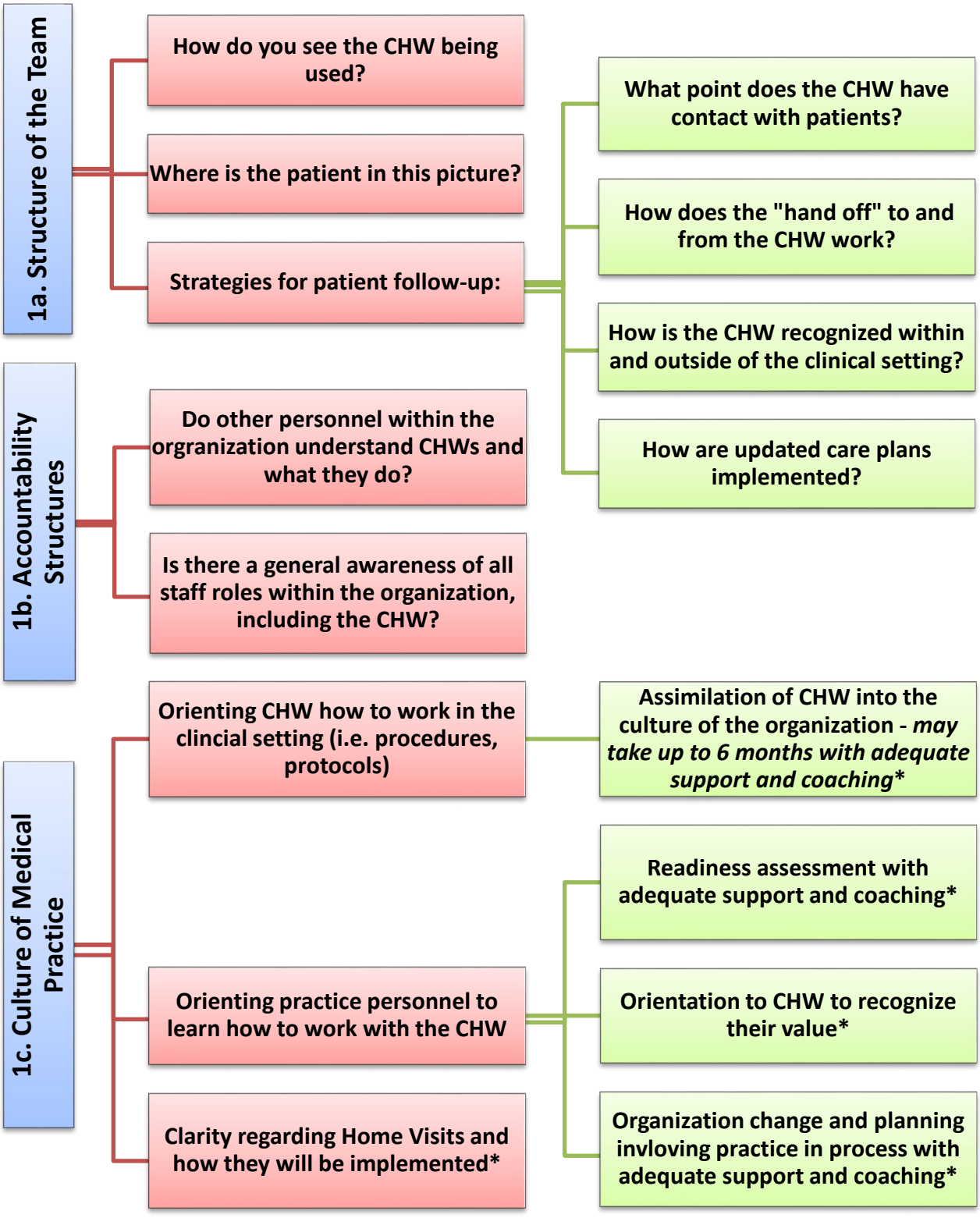
An Overview of Assessing Readiness to Change



*Adapted from Carl Rush, MRP and Joanne Calista, MSW, Personal Communication.

Assessing Readiness to Change: 1. Organizational Considerations

***Topics available for an all-day conference**



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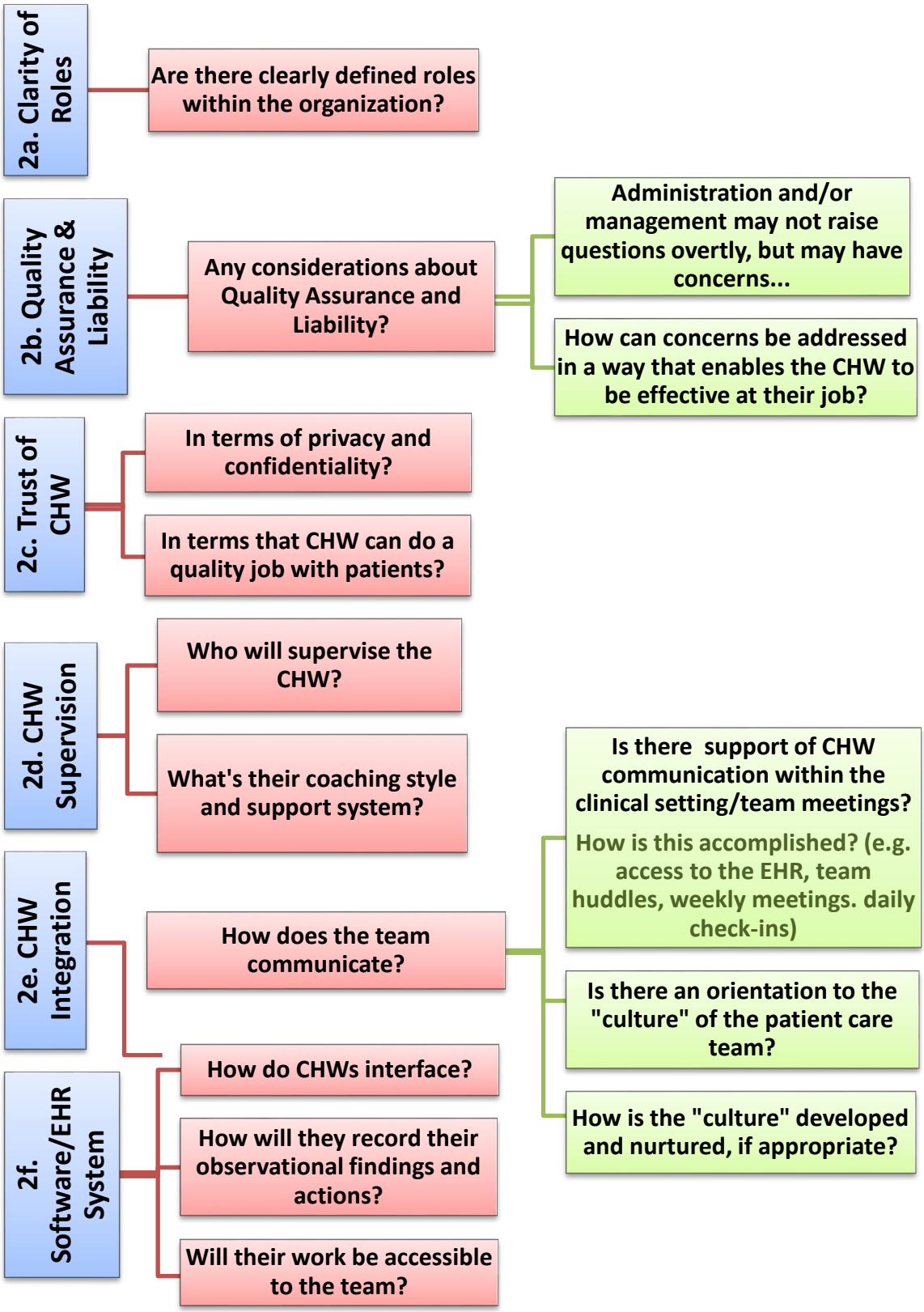
Assessing Readiness to Change: 2. Administrative and Managerial Considerations



*Adapted from Carl Rush, MRP and Joanne Calista, MSW, Personal Communication.

Discussion

CHWs as Essential Team Members

Community Health Workers are essential members of the care team in meeting the non-clinical needs of today's diverse patient population. CHWs provide person-centered care that is culturally and linguistically appropriate, while bringing their unique understanding and qualities to connect with patients and enhance the patient-provider relationship in primary health care.

Ensuring Interconnectedness

The concept of a CHW will likely be somewhat of a culture shock to many health professionals working in the clinical setting since the CHW plays a very different role within the organization. Every organization will need to ensure their infrastructure is continuously supportive to the CHW and their role and uphold an environment where the CHW feels like a respected member of the care team. Various methods of both formal and informal communication should be considered to allow for seamless communication between the CHW and the other care team members. Organizations should explore all opportunities to strengthen the interconnectedness between the CHW and the care team. It is exceptionally important that the care team is trained on the CHW model before the CHW is hired. In addition, be alert to the need to both plan for sufficient time to educate the care team on the CHW model and involve them in the CHW integration process.

Readiness to Change

Ultimately, the key to successful CHW integration into the care team is directly related to the organization's level of readiness to change. It is recommended that before bringing a CHW onto your care team that the organization should be assessed on their level of readiness to make this change. Assessing readiness will support the organization's ability to identify the strengths and potential challenges that may arise along the way. Every organization's level of readiness will vary, in addition to the time and attention necessary for successfully integrating the CHW and recognizing their true value. Achieving success requires a dedicated CHW champion, monitoring and modifying the team-based model of care as needed along the way.

References

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[15] CDC, *op. cit.* (pg10)

[16] CDC, *op. cit.* (pg10)

[17] CDC, *op. cit.* (pg10)

[18] Rush, *op. cit.*