SANTA ROSA COMMUNITY HEALTH
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Community Health Worker Integration into Clinical Care Teams:
Defining the Scope; Planning for Sustainability
Aliados Health Promising Practice

PROMISING PRACTICE OVERVIEW

Community Health Workers (CHWs) are frontline public health workers who are trusted members of the community being served (APHA, 2019). CHWs have been widely recognized for their role in providing culturally relevant care, relating to patients on a peer level, providing health education, and connecting patients to resources. Through these actions, CHWs help reduce health disparities and mitigate the impacts of social drivers of health.

Although the benefit of having a CHW workforce is well documented, clinical sites often lack a blueprint for incorporating a new, unfamiliar, and non-clinical role into the care team. Additionally, because the scope of a CHW is broad, it can be hard to define the role. This leads to confusion about which patients to refer to CHWs for what reasons, leading to CHWs receiving either too many referrals outside of their scope or not enough referrals to sustain their positions. Finally, CHW programs face multiple, and sometimes conflicting, pressures to produce deliverables required by funding sources, leaving the program at risk of being changed or eliminated due to funding dynamics.

At Santa Rosa Community Health, CHW Supervisor, Veronica Barragan, addressed these three challenges by defining a CHW scope of practice for her team, developing workflows and templates, providing education to the care teams, and creating target goals for the number of CHW visits needed to have a financially sustainable program.

AIM

Overarching goal: For CHWs to become fully integrated and trusted members of the care team with a clearly defined workflow.
SMART goals:
- To develop a shared understanding among all staff about CHW scope of practice and services offered.
- To provide clinical care team with a workflow on how to refer patients to CHWs.
- To increase patient visits with a CHW with the double aim of 1) improving patient health outcomes and 2) making the CHW program self-sufficient (not needing to rely on grant funding)
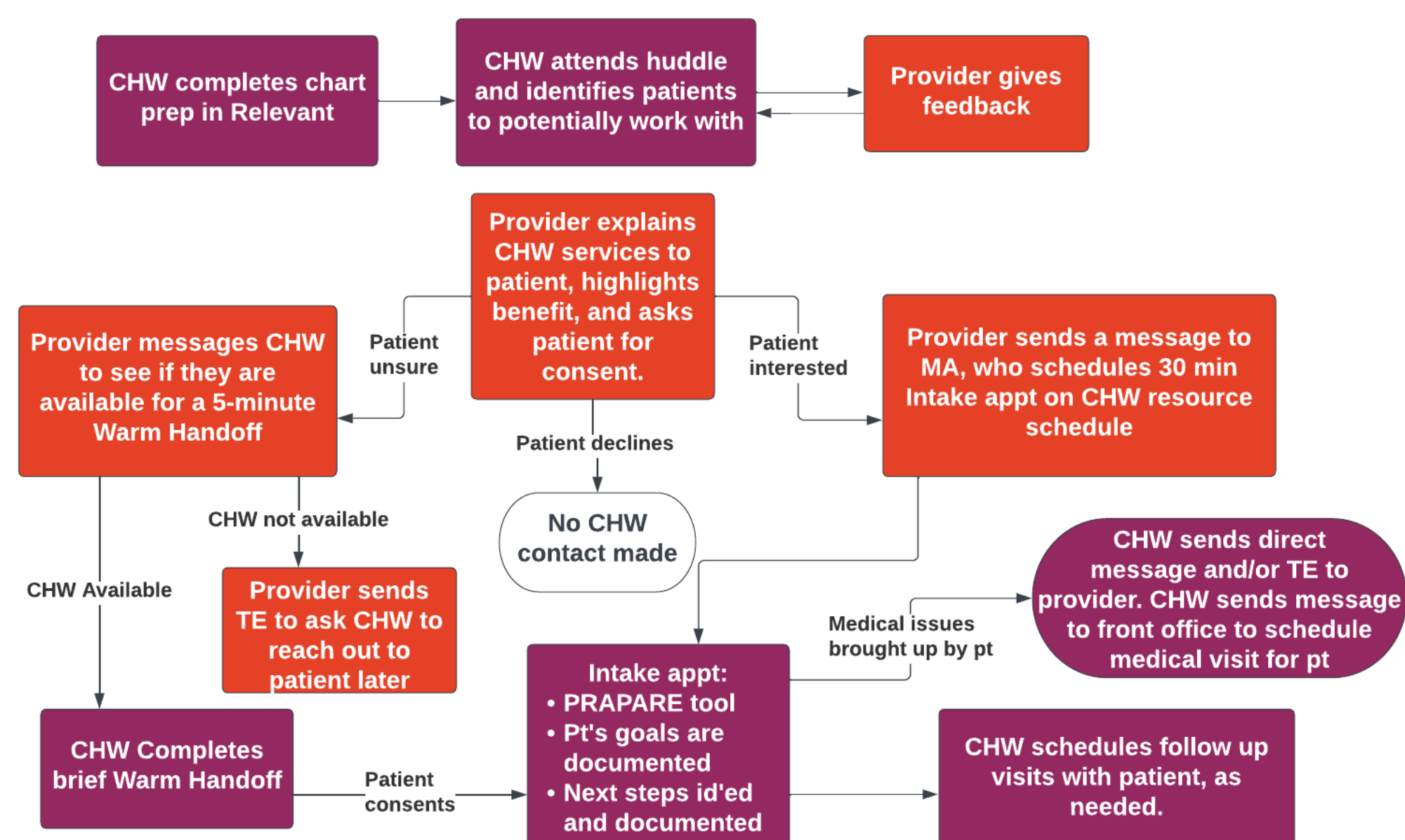
MEASURES

Quantitative:
- # of visits on CHW schedule
- # of patient touches with a CHW
- # of successful referrals from a medical provider to CHW
- Increased number of visits are within appropriate CHW scope

Qualitative:
- Improved relationship between CHW and clinical care team
- Increase in CHW confidence and sense of purpose

WORKFLOW

ACTIONS TAKEN

- CHW supervisor developed a written scope of practice for CHWs. CHWs were defined as an entry-level position, in process with obtaining a CHW certification training. They are non-clinical staff. By contrast, care coordinators were formerly MAs and have clinical certification.
- CHW scope aligned with the grant deliverables to work with patients with prediabetes and prehypertension. The scope also aligned with the level of skill and training the CHWs had and did not ask them to go beyond their skill set.
- Paid training was provided to CHWs in order to help them develop the skills needed to expand the role (CCSF CHW Certification program).
- 3 types of CHW visits were developed: warm handoffs (quick meet & greet), intake (using PRAPARE tool), and follow-up (as many as deemed necessary). Goal is to have 25 visits scheduled per week.
- CHWs were given a resource schedule and charting templates in eCW. CHW supervisor created a workflow for MAs and front office staff to schedule a patient with a CHW.
- CHW supervisor created talking points for medical providers about CHW services to encourage referrals. CHWs were required to chart prep in Relevant and attend huddles.
- CHW supervisor presented regularly at provider meetings about the role of the CHW. CHW supervisor continued to build relationships with providers, listen to feedback, and provide information when workflow changed.
- Robust tracking spreadsheet was developed to track both grant deliverables and issues discussed in CHW visits with patients.

RESULTS TO DATE

- CHW appointments with patients increased from 3 per day to 5 per day in the first year. Additionally, warm hand off requests are seen in-between CHW appointments
- CHW team has been averaging 250 touches a month since the second month of starting services at the clinical campuses
- CHWs and medical providers report an improvement in working relationship
- A higher percentage of CHW visits with patients are aligned with CHW skill set and scope of practice

> *"Community health workers build individual and community capacity by increasing health knowledge and self-sufficiency."*
> *(American Public Health Association, 2008)*

LESSONS LEARNED

- While CHWs have a broad scope of practice, it is important to get clear on what realistic expectations and scope of work are for any given team of CHWs.
- Medical providers need to see and understand what CHWs do in order to be able to have buy-in to referring their patients.
- Getting patient consent for CHW services is critical to ensure a positive experience for all.
- Direct, in-person, in the moment communication between CHWs and medical providers is essential for clarifying what is within and outside of CHW scope as well as for clarifying requests from medical providers.
- It is helpful to have a documented CHW "menu of services" that all members of staff can refer to.
- Updates to CHW workflows should always be communicated both verbally and in writing to the entire care team.