Role of Community Health Workers in Federally Qualified Health Centers

Regina F. Lee, Esq.
Chief Development Officer
Charles B. Wang Community Health Center
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Issues:

- Overview of FQHC/PCMH
- Role of CHWs in CBWCHC
- Impact of CHWs on quality of care
- Challenges and lessons learned
Federally Qualified Health Centers

- Non-profit private or public entity
- “Medically Underserved Areas” or “Medically Underserved Populations”
- Primary care and support services
- Service to all regardless of ability to pay
- Consumer-majority board
- Adhere to federal program, clinical, administrative, and financial requirements
Patient-Centered Medical Homes

- Model for primary care delivery
- Endorsed by national associations (e.g. American Academy of Pediatricians, American Academy of Family Physicians, American College of Physicians)
- Combines access, teamwork and technology to improve health
National Committee for Quality Assurance PCMH Recognition

NCQA PCMH recognition standards

- Enhanced access
- Collects and uses data for population health management
- Plans and manages care
- Provides self-care support and community resources
- Tracks and coordinates care
- Measures and improves performance
CBWCHC Overview

- Established in 1971
- Four service sites in Lower Manhattan and in Flushing, Queens
- 44,780 patients & 253,000 visits in 2012
- 95% of patients are Asian Americans
- 89% have incomes ≤ 200% of poverty
- 89% are best served in a language other than English
CBWCHC Model of Care

- Multi-disciplinary practice teams
- Coordinates medical and non-medical needs
- Focus on patient engagement and patient education
- Comprehensive system of quality improvement/quality assurance (QI/QA)
- Evidence-based medicine and health information technology to manage and coordinate care
- NCQA Recognized Level III Patient-Centered Medical Home
Role of Community Health Workers in CBWCHC

- 323 FTE staff
- 158 FTE medical & dental providers
- 43 FTE “enabling service” staff
- Enabling services - non-clinical services that facilitate access to timely and appropriate care, such as transportation, interpretation, translation, case management, community outreach, and education"
CHW Job Titles at CBWCHC

- Outreach specialist
- Health educator
- Care management specialist
- Patient care advocate
- Social work assistant
- Facilitated enrollers
- Breast feeding doula
Health Educator Job Description

- Develop outreach and health education projects targeting medically underserved Chinese and Asian Americans
- Facilitate/conduct one-on-one counseling or group workshops
- Develop health education materials in print and audio/visual formats targeting individuals with low health literacy
- Provide Chinese/English written translation of health education and communications documents
- Maintain outreach database and prepare project reports
- Other duties as assigned
## Quality of Care Outcomes (2012 UDS)

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>2012 CBWCHC</th>
<th>2011 NYS Health Center Average</th>
<th>2012 NYS QARR Statewide Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of women who received prenatal care in first trimester</td>
<td>89.4%</td>
<td>76.2%</td>
<td>86%</td>
</tr>
<tr>
<td>% of women ages 21 to 64 with PAP test in past 3 years</td>
<td>80.3%</td>
<td>62.1%</td>
<td>78%</td>
</tr>
<tr>
<td>% of births with low-birth weight under 2500 grams</td>
<td>3.3%</td>
<td>7.25%</td>
<td>5.0%</td>
</tr>
<tr>
<td>% of 2 year olds with 25 required immunizations (new measure)</td>
<td>87% for 19 vaccines, 41.2% for 25 vaccines</td>
<td>44.9% for 25 vaccines</td>
<td>71% for 19 vaccines</td>
</tr>
<tr>
<td>% of patients with well-controlled diabetes – Hba1C under 9%</td>
<td>90.5%</td>
<td>76.2%</td>
<td>73%</td>
</tr>
<tr>
<td>% of patients with well controlled hypertension under 140/90</td>
<td>75.4%</td>
<td>64.3%</td>
<td>66%</td>
</tr>
<tr>
<td>Weight assessment and counseling for children and adolescents</td>
<td>78%</td>
<td>49.1%</td>
<td>BMI for children ages 3 to 17 – 65%</td>
</tr>
<tr>
<td>Tobacco use assessment</td>
<td>90%</td>
<td>84.3%</td>
<td>NA</td>
</tr>
</tbody>
</table>
Challenges

- NYC health care environment is extremely complex (multiple systems of care, payors, regulations)
- Health care delivery is knowledge-based and growing more complex (electronic health records, PCMH, QA/QI)
- Population difficult to serve (immigrants, uninsured, many languages and dialects)
- Shortage of trained, bilingual and bicultural frontline staff
- High CHW turnover because of low pay and lack of career advancement
Lessons Learned

- CHWs are important members of the health care team
- Training & recognition are key to job satisfaction
- Best training is on-the-job
  - Adult learning principles
  - CHW serve on curriculum committee and act as peer champions
  - Training emphasizes core competencies as well as advanced skills
  - On-line training modules
Lessons Learned

- Trained mid-level managers in coaching and mentoring skills
- Adjust salaries for completing training
- Offer scholarships for CHW for further education
- Publish CHW role and contributions widely (annual reports, poster sessions)