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## Educating Primary Care Providers to Include Community Health Care Workers Within a Healthcare System

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**Educating Primary Care Providers to Include Community Health Care Workers Within a  
Healthcare System**

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A DNP project submitted in partial fulfillment of the  
requirements for the degree of

Doctor of Nursing Practice

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## Abstract

**Background:** Evidence shows community health workers (CHWs) can effectively deliver proven behavior change strategies to prevent chronic disease (CD) and enhance preventive care efforts in primary care. However, CHWs are still an unfamiliar term in healthcare and remain underutilized.

**Objective:** To determine whether providing education regarding the role of the CHW to PCPs can increase the use of CHWs within a health care clinic.

**Setting:** Primary Care Providers (PCPs) at an ambulatory primary care clinic in Washington State that is part of a research and learning/teaching (Academic) hospital and healthcare system.

**Design:** Guided by Wiedenbach's Prescriptive Theory, this study features a PCP education intervention to determine if educating PCPs ( $n=7$ ) influences the desire to utilize CHWs in their clinic. A five-item survey was collected pre, immediately post, and 30-days post education intervention. Surveys quantitative questions were analyzed nominally for raw data and the one qualitative question was analyzed via thematic analysis for themed patterns.

**Key results:** Seventy-one percent of respondents have heard of a CHW prior to receiving the education session as compared to 100% immediately following education and 86% 30 days post education session. Zero percent answered did not understand how a CHW could help manage PCPs patients prior to receiving education verses 86% immediately following the education session and 57% 30 days post education. One hundred percent of respondents agreed that PCPs need education concerning CHWs key features pre, post, and 30 days post education. Eighty-six

percent of respondents would like to have a CHW as a part of their team prior to education compared to 100% immediately following and 30 days post education session.

**Conclusions:** The data collected from this project indicates the need for PCP education about the roles and responsibilities of CHWs. The data also concludes that once PCPs are educated concerning the roles and responsibilities of CHWs, the PCPs desire to utilize them within their healthcare system.

**Keywords:** community health worker; primary care provider; chronic disease; team; fragmented.

## **Background and Significance**

According to the Center for Disease Control (CDC), chronic diseases that are avoidable through primary care management account for 75% of the nation's healthcare spending (Beaton, 2017). Lifestyle-related risk factors of chronic disease (CD), such as obesity, physical inactivity, and diet-related behaviors, have been linked to increased risks of morbidity and mortality and reflect 40% of chronic diseases that can be prevented. The burden of CD not only affects the individual, but also affects families, employers, and healthcare systems. Over 100 million patients have been diagnosed with CD, yet the care patients receive remains fragmented and inconsistent (Wang et al. 2018)

When healthcare providers and/or healthcare organizations do not work as a team or work independently, the healthcare systems become fragmented and this lack of continuity of care contributes to the CD burden. Fragmentation appears to increase patient populations suffering from chronic illnesses, compared to patients participating in a coordinated care environment (Diaz, 2018). In today's complex healthcare environments, effective interprofessional teamwork can enhance the quality and safety of health outcomes for patients. Interprofessional teams consist of providers from different disciplines working together to address the health and social needs of the patients with comprehensive care, increased continuity, and coordination of care (Wranik et al. 2019).

One method for providing patients with a more comprehensive team approach to managing their chronic disease is to incorporate a Community Health Worker (CHW) into the patient's care team. CHWs have the potential to enhance primary care quality by providing culturally appropriate health education, social services, care coordination, case management, and system navigation. However, CHWs remain underutilized. The responsibilities for CHWs can

range from acting as a liaison between various providers and patients to educating patients about immunizations, diabetes, tobacco cessation, chronic pain management, and stress relief. Primary Care Providers (PCP), that includes NPs, PAs, MDs, and DOs, are typically not aware of the roles or responsibilities of CHWs, their benefit to patients, or the ability for PCPs to bill for CHWs services.

The purpose of this project was to determine whether providing education regarding the role of the CHW to PCPs can increase the use of CHWs within a health care clinic. The aims of this project were to: 1) Educate PCPs on the key features and benefits of CHWs, 2) Assess current knowledge of PCPs concerning CHWs, and 3) Assess the willingness of PCPs to include CHWs in the care of their patients.

Fragmented care is described as focusing and acting on the parts without adequately appreciating their relation to the evolving whole (Strange, 2009). This imbalance contributes to the unsustainable healthcare costs, poor quality care, and inequality in distribution of health care and is particularly true for patients from culturally and linguistically diverse backgrounds (Strange, 2009). For healthcare organizations, fragmentation in care results in higher costs (Strange, 2009). Patients and healthcare organizations can all benefit from a coordinated care model.

### **The Benefits of Coordinated Care Services**

Coordinated care is the organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of healthcare services (Diaz, 2018). Coordinated care models, that include multiple levels of providers, are needed to create a new generation of health professionals able to work in efficiently functioning teams (Comprehensive Education Foundation, 2013). Coordination and integration of care

among physicians and other health-care professionals improve efficiency and avoid lapses of care (Comprehensive Education Foundation, 2013). For example, when Group Health Cooperative improved coordination of care, access to care, and goal setting with patients, several things happened: patient involvement increased, hospitalizations declined 6%, emergency department visits declined 29%, and costs diminished \$10.3 per patient per month (Comprehensive Education Foundation, 2013). Coordinated primary care offers the potential to dramatically improve the quality and efficiency of health care (Comprehensive Education Foundation, 2013).

Coordinated care consists of shared responsibility and contributions from all participants, including the providers, health-care professionals, and patients. Easy access between the patient and their care team permits for adjustment to treatments and prevents loss of control during an evolving disease process. Community Health Workers (CHW) can be an invaluable part of coordinated care, especially since the CHW live in the community they serve.

### **Roles and Responsibilities of Community Health Worker**

A community health worker is defined as a “frontline public health worker who is a trusted member of a community or who has a thorough understanding of the community being served” (CDC, 2020). Involvement of CHWs in a primary care setting can improve patient health outcomes by educating about culturally appropriate nutrition, physical activity, weight management and medication adherence. CHWs education leads to an increase of patients implementing and maintaining health behavior change by educating, counseling, and socially supporting the patient, therefore keeping the patients out of emergency care.

CHWs serve in many different roles, including care coordination, health education, and psychosocial support. Disease prevention and management is a service that CHWs can provide to

potentially fulfil standards of care for patients with CD. The Washington State CHW Taskforce identified four broad roles for CHWs: 1) Cultural mediation among individuals, communities, and health or social services. 2) Provide culturally appropriate health education and information 3) Care coordination and 4) System navigation.

The utilization of CHWs not only improves patient outcomes, but also results in enhanced provider job satisfaction, enhanced professional collaboration, and helps primary care systems achieve value-based targets of improved health, cost, and patient experience. CHWs help providers and payers meet new quality standards and save money by reducing costs to Medicare/Medicaid. Furthermore, The Community Preventive Services Task Force (CPSTF) for Healthy People 2020 and 2030- recommends community health workers to assist patients in navigating and manage their chronic disease.

CHWs are trained differently in different states. However, in Washington State they are trained by the Department of Health (DOH). The training is at no cost and lasts eight to ten weeks. The training is offered quarterly and can be done online. CHWs are employed by Community Health Centers, YMCA, Hospital systems, and Insurance companies. The cost for a CHW is around \$46K/year.

Efforts to integrate CHWs into clinical settings and managed care environments date to the 1960s and 1970s and were renewed in the 1990s (George et al. 2020). However, CHW programs were mostly grant-funded and situated in community-based organizations and clinics. The 2010 Patient Protection and Affordable Care Act provided incentive to incorporate CHWs into large health systems with options to fund CHW services under alternative payment models that encourage lower costs and better quality and performance. In 2013, Centers for Medicare & Medicaid Services changed a rule in the “fee-for-service” model that allowed for CHWs to

be paid as part of a Medicaid value-based payment. CHWs can be part of Washington's Health Homes, which allows them to receive Medicaid funding for each patient served.

### **Theoretical Framework**

Wiedenbach's Prescriptive Theory was used as a theoretical framework for this project. This theory directs actions toward an explicit goal and is based on three factors: the central purpose- recognized as essential to the particular discipline, the prescription for the fulfillment of the central purpose, and the realities in the immediate situation that influence the central purpose (Petiprin, 2020). The "realities" are aspects of the situation that influence the outcome and consist of the agent or practitioner who performs the action, the recipient or patient who is vulnerable and is dependent on others for help, the goal or directed outcomes that are desired to be achieved, and the means (actions, skills, experience) to achieve the desired goals (Petiprin, 2020).

## **Methods**

### **Design**

#### ***Purpose and Aims***

The central purpose of this project was to identify and analyze whether educating primary care providers (PCPs) regarding the key features of Community Health Workers (CHWs) can increase the use of CHWs within a health care system. The prescription for fulfillment of the central purpose of this project was to: 1) Educate PCPs on the key features and benefits of CHWs, 2) Assess current knowledge of PCPs concerning CHWs, and 3) Assess the willingness of PCPs to include CHWs in the care of their patients.

The "realities" agent or practitioner performing this project was the Doctor of Nursing Practice (DNP) student. The "realities" concerning the recipient or patient for this project was

the UW Primary Care Providers. The “realities” goal or directed outcome (aim) was to provide education to providers to increase awareness and a desire to utilize CHW’s within their clinic.

The “realities” means to achieve the desired goals were the Qualtrics surveys, literature reviews, and data analysis.

### ***Project Type and Setting***

This was a program development and evaluation to explore whether educating PCPs about the roles and responsibilities of CHWs can increase their utilization within a healthcare system. Provider education was developed and presented to primary care providers at one ambulatory clinic comprised of approximately 15 primary care providers. It was based at an ambulatory primary care clinic that is part of a research and learning/teaching (Academic) hospital and healthcare system. The healthcare system is a network of community-based primary care clinics, urgent care clinics, and hospitals located throughout the Puget Sound region. The clinics within this system provide a wide spectrum of primary and secondary care services and deliver culturally appropriate healthcare, regardless of age, race, ethnicity, gender, sexual orientation, religion, or ability and is committed to embracing diversity, fostering inclusion, and advancing equity across their organization to reduce disparities in healthcare delivery.

### ***Participants and Recruitment***

Purposive sampling was used by emailing PCPs and by personal invitation of PCPs within one clinic. The population consisted of PCPs within that clinic. Exclusion criteria included those that are not a PCP (ARNP, PA, or MD/DO) and those without current license to practice as a PCP. The PowerPoint presentation was emailed to the PCPs who attended the Zoom session for reference.

### ***Ethical Considerations***

Considerations for human subject protection deduced no real direct or indirect risk and was expected to be minimal or no greater than that encountered during everyday life in a medical practice.

### ***Intervention***

A 20-minute education session was offered via Zoom (due to Covid restrictions at UW Medicine Primary Care) consisting of a PowerPoint presentation detailing CHW training (See Appendix A), key services, pay rates, reimbursement, benefits to patients and sustainability within a health care system. Research has shown that adding CHWs to a coordinated primary care clinic can decrease CD by improving the patient's coordination of care, access to care, and goal setting. However, CHWs are still underutilized related to "barriers".

### ***Benefits of an Intervention***

Educating PCPs about the key features, cost, and reimbursement of CHWs can lead to an increased usage of CHWs in any coordinated primary care clinic.

### ***Measures***

A survey consisting of four nominal (Yes/No) type questions (See Appendix B) was used to evaluate PCPs knowledge of community health workers and evaluate whether providers have a new desire for the use of community health workers within their healthcare system. "Do you think teaching PCPs about Community Health Workers will increase the desire to utilize CHW within your healthcare system?" was one example of the 5 questions asked. The survey response options were "Yes" and "No".

Quantitative statistical analysis performed with Qualtrics was used to survey PCPs (See Appendix B). Four questions were designed using *The Qualtrics Handbook of Question Design*.

The Qualtrics survey also included one open-ended, qualitative question asking “Why? Or why not?” (See Appendix B) with a free text box for responses.

The survey questions were intended to determine if PCPs currently understand CHWs key services and whether PCPs desire to utilize CHWs within a healthcare system after learning about CHWs key services.

### ***Data Collection, Gathering, and Analysis***

A Qualtrics quantitative survey was administered immediately before the educational session, immediately following the session, and 30 days following the education session to measure for sustained learned behavior (See Appendix B). Raw values were used for each of the four nominal (yes/no) type questions across the study and then compared across all three time points using descriptive statistics.

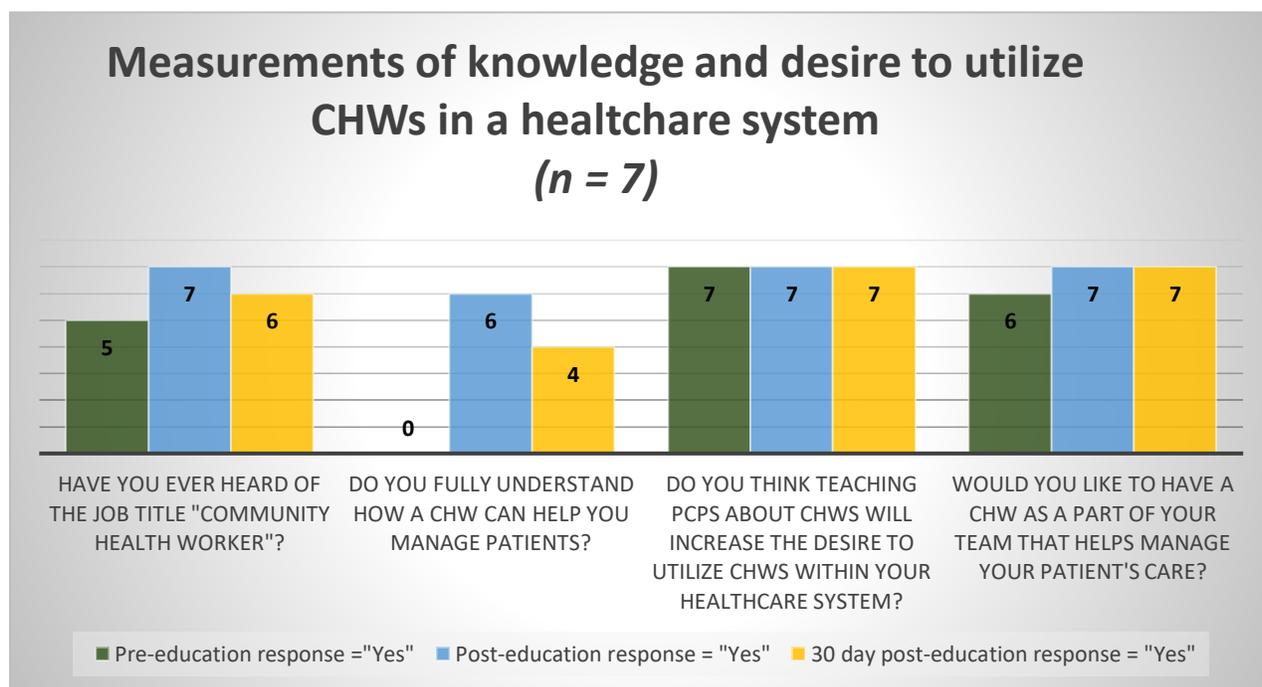
The data for the one qualitative open-ended question was analyzed using thematic analysis to identify themed patterns. This question was on all three quantitative surveys and analyzed together in one timepoint.

### ***Results***

Seven PCPs ( $n=7$ ), at one clinic, agreed to participate. The length of education session was 20 minutes. Time to complete survey averaged approximately two minutes (total timeranged from one to three minutes).

Survey results characterized PCPs knowledge and awareness of CHWs roles and responsibilities. Survey results revealed PCPs high interest in working with CHWs as well as the need for educating PCPs on the roles and responsibilities of CHWs. Seventy-one percent of respondents answered “yes” to “Have you ever heard of the job title “Community Health Worker?” prior to receiving the education session as compared to 100% immediately following

education and 86% 30 days post education session. Zero percent answered “yes” to “Do you fully understand how a CHW can help you manage patients?” prior to receiving education verses 86% immediately following the education session and 57% 30 days post education. One hundred percent of respondents answered “yes” to the question “Do you think teaching PCPs about CHWs will increase the desire to utilize CHWs within your healthcare system?” pre, post, and 30 days post education. Eighty-six percent of respondents answered “yes” to the question “Would you like to have a CHW as a part of your team that helps manage your patient’s care?” prior to education compared to 100% immediately following and 30 days post education session (See Table 1).



**Table 1**

*Bar chart depicting “yes” values to the four quantitative survey questions*

Results of the one qualitative question in Table 2 were organized by direct quotes.

Results of the one qualitative question in Table 3 were organized by theme one and

theme two. The PCPs direct quotes (See Table 2) established two themes: 1) the PCPs surveyed had limited knowledge of the roles, responsibilities, and benefits of a CHW and 2) educating PCPs about benefits and key features of CHWs increased the PCPs desire to utilize CHWs (See Table 3).

*Table 1*

*Direct Quotes from PCPs Surveyed*

<b>Pre-education</b>	<b>Post-education</b>	<b>30-days post education</b>
Right now, the health system is stressed, and patients need guidance and coaching beyond what their visit provides.	Sounds wonderful  Facilitate care for patients	I think it could help motivate patients to reach their health goals and complement the medical visit.
I'm not sure what one is, so I wouldn't know how they could be utilized.	It would help reduce the burden for providers	There are issues in primary care that affect a person's health but don't necessarily fall under the purview of the provider - I think a community health care worker could help in situations like this, allowing for more comprehensive care.
Don't know what they can offer	There's so much non-medical assistance that patients need/ask for. I don't always know how to instruct them. This would be so helpful, esp in navigating resources and insurance.	Patient management is very time consuming -- I assume a CHW would be able to help with this.
The more team members from different perspectives the better		The more team members the better the patient care!

*Note.* Each response is directly related to the qualitative question "Why or why not?"

Clinicians appeared to find that educating PCPs about the roles and responsibilities of CHWs positive and valid. The desire for PCPs to utilize CHWs within the healthcare system was also positive and valid.

**Table 2***Themes Identified from PCP Qualitative Survey Responses*

Theme 1	Theme 2	Theme 2 Continued
PCPs surveyed had limited knowledge of the roles, responsibilities, and benefits of a CHW	Educating PCPs about benefits and key features of CHWs increased the PCPs desire to utilize CHWs	Educating PCPs about benefits and key features of CHWs increased the PCPs desire to utilize CHWs
I'm not sure what one is, so I wouldn't know how they could be utilized.	Right now, the health system is stressed, and patients need guidance and coaching beyond what their visit provides.	Patient management is very time consuming -- I assume a CHW would be able to help with this.
Don't know what they can offer.	Sounds wonderful!	Facilitate care for patients.
	I think it could help motivate patients to reach their health goals and complement the medical visit.	There's so much non-medical assistance that patients need/ask for. I don't always know how to instruct them. This would be so helpful, esp in navigating resources and insurance.
	The more team members the better the patient care!	It would help reduce the burden for providers.

*Note.* Each response noted was derived from the qualitative question "Why or why not?" and organized under the theme the direct quotes were related to.

***Intervention Result Characteristics***

Educating PCPs about the roles and responsibilities of CHWs could incorporate CHWs into the team of health professionals. When CHWs work on a health professional team, they can play a valuable role in bringing culturally and linguistically appropriate coaching, social services, and healthcare system navigation assistance to patients and their community.

***Discussion***

Two main themes emerged from this project.

- 1) Surveys demonstrated that providers need education concerning the roles and responsibilities of CHWs
- 2) Once PCPs are educated on the roles and responsibilities of CHWs their desire to utilize CHWs in a healthcare system increased.

The data collected from this project indicates the need for PCP education about the roles and responsibilities of CHWs. The data also concludes that once PCPs are educated concerning the roles and responsibilities of CHWs, the PCPs desire to utilize them within their healthcare system.

Nurse Practitioners (NP) working as PCPs have the opportunity to improve healthcare by partnering with diverse voices that seek to improve the healthcare system. As Nurse Practitioners command more responsibilities in conjunction with acting as PCPs of complex patient panels, CHWs will be invaluable to NPs as well. Therefore, it is crucial for NPs managing primary care patients to understand the value of teamwork that a CHW brings to the primary care team, to the healthcare system, and the healthcare system's surrounding community.

### ***Conclusion***

These findings illuminated the effect of educating PCPs concerning the roles and responsibilities of CHWs increased PCP knowledge and desire to utilize CHWs in a healthcare system. The successful delivery of CHWs incorporated into a health care system will not only depend on the relationship of CHW with their community but also the healthcare professional team (Physicians, NPs, PAs, Registered Nurses (RN), and Medical Assistants (MA)).

### ***Limitations***

The study had limitations that included a limited amount of non-representative convenience sample of licensed health care providers (n=7). Even though an exhaustive

sampling methodology was engaged to include two major healthcare systems and their employees, the sample proved very limited, was not randomized, nor representative of all the licensed providers within the one healthcare system that participated. Therefore, results concerning the PCP education need and their desire to utilize CHWs within a healthcare system may have been under-reported.

### ***Acknowledgements***

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## Appendix B: Qualtrics Survey

Q1 Have you ever heard of the job title "Community Health Worker"?

Yes (1)

No (2)

Q 2 Do you think teaching PCPs about Community Health Workers will increase the desire to utilize CHWs within your healthcare system?

Yes (1)

No (2)

Q 3 Do you fully understand how a Community Health Worker can help you manage patients?

Yes (1)

No (2)

Q 4 Would you like to have a Community Health Worker as a part of your team that helps manage your patient's care?

Yes (1)

No (2)

Q5 Why or Why not?