Community Health Workers: A Positive Return on Investment for Connecticut

WHY INVEST IN COMMUNITY HEALTH WORKER SERVICES?

Research demonstrates that community health workers (CHW) enhance patient experience, strengthen care coordination, improve clinical outcomes, and can help to control health care costs.

They bring an understanding of patients’ culture, language, and community to the health care team. They can be the team’s eyes and ears on the ground, identifying obstacles patients face and tailoring health management strategies to meet each patient’s needs.

The health care system’s movement toward value-based payment methods – which reward quality health care with incentive payments – encourages providers and payers to meet ambitious quality standards for all patients, including those who face significant barriers to achieving better health.

CHWs enhance the patient experience, improve clinical outcomes and contain health care costs.
To date, some policymakers, health systems, insurers and community organizations have been hesitant to invest in CHW services because of uncertainties about the return on investment and the challenges inherent in translating research into real-world practice.

In fact, research provides a strong business case for the use of community health workers. A review by the University of Massachusetts (UMass) Medical School’s Center for Health Law and Economics demonstrates the value of CHW services, and provides four practical, ready-to-use, sustainable financing models anchored in Connecticut data.

WHAT THE RESEARCH SHOWS

Studies show that community health workers help underserved and high-need patients access the right care at the right time by removing barriers to care. These services enhance patient experience, improve population health outcomes, and reduce costs.3

SUCCESSFUL CHW PROGRAMS IN THE U.S.

**MOLINA HEALTHCARE OF NEW MEXICO**, a Medicaid managed care organization, partnered with Community Access to Resources & Education in New Mexico (CARE NM) to employ CHWs to help patients with complex and unmet health needs navigate the health care system.3,4

- Molina pays providers a monthly per-patient fee for CHW services
- Molina reported a $4 return on every $1 invested in CHW services
- Molina is expanding this model to the nine other states within its network

**NEW YORK-PRESBYTERIAN HOSPITAL IN NEW YORK CITY** integrated CHWs as team members in five medical homes through the Washington Heights/Inwood Network For Asthma (WIN) program.5,6

- An initial grant-funded program generated cost savings from reduced health care utilization over 5 years
- Hospital leadership then agreed to support WIN through the hospital’s operating budget and later expanded the program

**UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM** uses CHWs to improve primary care utilization and patient engagement, while reducing hospital readmission rates.7,8

- CHWs are now fully integrated into routine care throughout the health system
- The health system employs 40 CHWs to provide health care system navigation, social support and advocacy for more than 1,500 high-risk patients each year

**HENNEPIN HEALTH IN MINNESOTA**, a safety net system, uses CHWs at patient-centered medical homes to help patients with high needs navigate the health care system.9,10

- CHW services are covered through per-member per-month and fee-for-service payment arrangements
- Hennepin Health expanded the role of CHWs by reinvesting savings generated by accountable care organizations

WHAT CONNECTICUT COULD DO

Researchers at UMass developed four CHW models aligned with priorities of Connecticut’s State Innovation Model, a federally funded grant initiative to transform state health care systems. The models target high-need, high-cost patients – the populations for which CHW interventions are most likely to improve health outcomes and generate cost savings. The analysis applies results obtained by successful interventions in other parts of the country and projects outcomes that could be achieved if the same interventions were implemented in Connecticut.

Evidence compiled from research studies, interviews with Connecticut CHW employers, and state public health data were used to construct cost-effective CHW models. Specific state population and cost data were used to create the most cost-effective model for each community.

While the four models are based on actual state data, they are projections based on programs that could be implemented, not evaluations of programs that currently exist.
CHW MODEL 1

CONTROLLING DIABETES AMONG HARTFORD LATINOS

Target population: 158 Latinos (mostly Puerto Rican) with type II diabetes, per 18 month cohort
CHW employer: Community-based organization
Model: University of Texas Community Outreach, Laredo, Texas, an 18-month intervention that included home visits, counseling, group education, exercise classes
Projected intervention cost: $388,000 over 3 years

CHW MODEL 2

IMPROVING ASTHMA CONTROL OF CHILDREN IN GREATER NEW HAVEN

Target population: 96 children with uncontrolled asthma per year
CHW employer: Private group practice using a patient-centered medical home model
Model: Seattle-King County Medicaid Healthy Homes, Washington, a 4-month intervention that included home visits, an environmental assessment and asthma mitigation supplies
Projected intervention cost: $229,000 over 3 years

CHW MODEL 3

CONNECTING INDIVIDUALS WITH COMPLEX HEALTH NEEDS TO APPROPRIATE HEALTH CARE SERVICES IN NEW LONDON COUNTY

Target population: 72 adults with chronic conditions and behavioral health needs with multiple emergency department visits, per year
CHW employer: Hospital system in partnership with affiliated practitioners and clinics
Model: Molina Healthcare/CARE NM, New Mexico, a 1-6 month intervention to connect patients to primary care providers and reduce emergency department visits
Projected intervention cost: $394,000 over 3 years

CHW MODEL 4

PREVENTING CARDIOVASCULAR DISEASE COMPLICATIONS IN WINDHAM COUNTY

Target population: 148 adults in Windham County with cardiovascular risk factors including diabetes, hypertension or high cholesterol, per year
CHW employer: Federally qualified health center
Model: Community Outreach and Cardiovascular Health in Baltimore, a year-long nurse-led intervention that included diet modification, stress management, smoking cessation, exercise and medication management
Projected intervention cost: $194,000 over 3 years

Projected outcomes:

- 230 percent more individuals with controlled blood pressure and 170 percent more individuals with controlled cholesterol levels than if no intervention
- Savings in direct medical costs: $388,000 over 3 years
- Financial ROI: $2 for every $1 invested over 3 years
- Social return: For each working adult with diabetes, 2 recovered workdays per year
The full report, which is available at www.cthealth.org, provides the detailed budget, financial, and clinical impact analyses that health care providers, payers and community-based organizations need to justify funding CHW services.

REFERENCES


15. Ibid

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