Implementation of Community Health Worker Program to Reduce Hospital Readmissions

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BACKGROUND & OVERVIEW

Baptist Health Paducah (BHP) is a 349-bed hospital located in Paducah, Kentucky and is a regional medical and referral center in Western Kentucky. In 2016 BHP exceeded the expected readmission rate as defined by Center for Medicare & Medicaid Services (CMS). In 2017, BHP readmission committee had coordinated examination of the problem to bring awareness to vested partners and departments in the organization to address the issue. Internal efforts helped however, the opportunity to use external support was explored through the application of a grant from HRSA. Hence, a regional partnership with Purchase District Health Department was formed using Community Health Workers (CHW) with $2.2 million in HRSA grants which reduced hospital readmissions for Baptist Health Paducah.

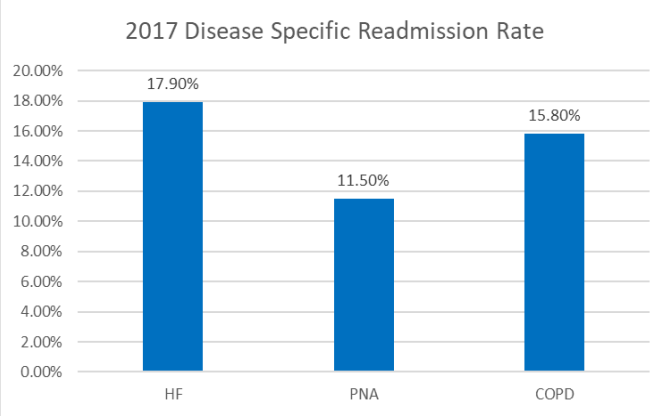
OBJECTIVES

- Reduce Readmission Rates for Baptist Health Paducah
- Enhance Community Partnership with Purchase District Health Department
- Establish relationships with HRSA for future grants
- Establish sustainable processes for Community Health Workers to assist with care transition into the home

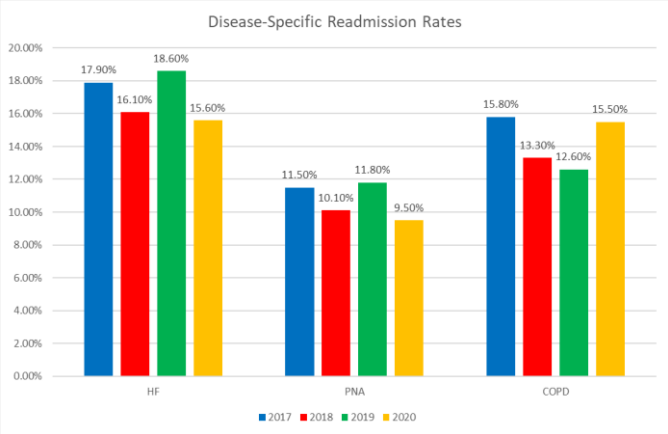
METHODS

1. Developed a team from Purchase District Health Dept. and other Case Management Leadership from community hospitals to develop Community Health Program.
2. Identifed target diagnosis groups through evaluation of data from each hospital. Focus was on CHF, COPD, and Pneumonia
3. Developed referral process where Case Management would make the referral to health department for community health worker consult.
4. Identified areas for targeted patient education regarding disease management.
5. Community Health Worker will follow patient once discharged from hospital and enroll into program.
6. Community Health Worker engages patient for 90 days in the home thru home visits and phone calls.

PRE-DISEASE SPECIFIC DATA



POST-DISEASE SPECIFIC DATA



ROLE of CHW

- Ensures patient has medications and helps decrease barriers in obtaining medications (i.e. affordability, pharmacy setup, etc)
- Connects patient with Primary Care Provider and helps assure patient is able to make follow-up appointment
- Assists with transportation needs, housing, food, DME, Medicaid enrollment
- Patient advocate
- Assess and identify healthcare disparities in the community
- Promotes health literacy and helps address social determinants of health

CONCLUSIONS

Community Health Workers are not healthcare professionals such as nurses, social workers, or pharmacists. They are formally trained to be advocates for patients. By engaging at risk patients prior to discharge and connecting with them with periodic in-home visits and regular follow-up phone calls, the CHW and find issues that need to be addressed. The program did assist the hospital in reducing readmissions and improved the post care quality for patients served.

Next Steps:

- Continue collaboration with Health Department and CHW program
- Identify sustainability of program
- Establish relationships with HRSA for future grants

REFERENCES

JAMA Network Open. 2021;4(5):e2110936. doi:10.1001/jamanetworkopen.2021.10936

Crespo R, Christiansen M, Tieman K, Wittberg R. An Emerging Model for Community Health Worker–Based Chronic Care Management for Patients With High Health Care Costs in Rural Appalachia. Prev Chronic Dis 2020;17:190316. DOI

Frances Feltner, Sydney Thompson, William Baker & Melissa Slone (2017) Community health workers improving diabetes outcomes in a rural Appalachian population, Social Work in Health Care, 56:2, 115-123, DOI: 10.1080/00981389.2016.1263269