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Baseline Assessment of Providers' Perspectives on Integrating Community Health Workers into Primary Care Teams to Improve Diabetes Prevention

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Introduction

- Type 2 Diabetes Mellitus (T2DM) affects 11% of U.S. adults
- Additional 35% considered pre-diabetic, at-risk for developing T2DM¹
- Bellevue Hospital and the VA NY Harbor Hospital disproportionately affected: 2x the prevalence in the general population, and increasing²
- Only 55% of adults receive recommended preventive services³
- Panel management:** each care team is responsible for preventive care, disease management, and acute care of a patient panel
- Community health worker (CHW):** non-clinical frontline public health professional trained in behavioral counseling, care follow-up, program referrals, and health education⁴⁻⁸
 - Come from the community that they serve, so they can offer ongoing social support, key to successful behavior change⁹⁻¹²
- CHW interventions have been shown to improve diabetes outcomes and progression to diabetes¹³
- Lack of literature on integrating CHWs on a larger scale into a clinical care team
- CHORD study:** Community Health Outreach to Reduce Diabetes
 - Randomized controlled intervention trial to assess the efficacy of integrating CHWs into primary care teams at Bellevue and the VA to prevent T2DM in pre-diabetic patients
- Present study is a baseline assessment in preparation for the CHORD study

Methods

- Semi-structured in-person interviews conducted with key informants
 - Primary care clinical staff at Bellevue Hospital (9) and the VA New York Harbor Hospital (8)
 - Each interview lasted 20-30 minutes
- Interviews conducted by 2 researchers, using an open-ended interview guide

Question Number	Interview Question
1	Generally, how do you and your team monitor your assigned panel of patients?
2	How do you individually manage your patients with pre-diabetes (or those at risk of diabetes)?
3	How do you work with your team to manage your patients with pre-diabetes?
4	What is your current understanding of what a CHW is/does?
5	If you had access to a CHW, how could he or she help you (and your team) to better manage your pre-diabetic patients?
6	What concerns do you have about working with a CHW and how could these concerns be addressed?

- Transcripts of audio-recorded interviews independently analyzed for common themes
- Codebook developed, then constant comparison until emerging themes were saturated

Results

Current Diabetes Prevention Practices

- Difficulties with effective panel management
- Variability in screening practices among providers
- Provider-driven, with lack of teamwork
- Resources favor diabetes treatment over prevention

	Bellevue	VA
Diabetics	A1c clinic Diabetes nurse educator Health Homes Newly diagnosed diabetics clinic Endocrinologists Medication Diabetes recall clinic Bariatric surgery MITI trial	Diabetes clinic Medication Diabetes nurse educator Bariatric surgery
Pre-diabetics	Healthy Lifestyles Weight management clinic Bariatric surgery	MOVE! Pre-diabetes clinic Nutritionist Weight management clinic

- Lack of knowledge of patients' communities/available community resources
- Lack of sufficient staff to meet patient demand
- Lack of sufficient time during clinic visits for adequate prevention efforts
- Patient barriers to lifestyle changes interfere with prevention efforts (culture, social determinants, motivation, etc.)
- Low self-efficacy regarding effectiveness of prevention efforts

Views on Community Health Workers

- CHWs should share certain characteristics with the patients they serve
- Primary roles of CHWs should include health education, information gathering, referral to community resources, patient outreach
- Many expected benefits: improve patient access to healthcare, more individualized diabetes prevention strategies, empower providers

"It's one thing to screen, but if you can't do anything with the results of your screening you're kind of stuck. So by having a CHW, it would motivate me more to screen because now I have a partner, we can do something about it."

- Concern about accuracy of information provided to patients
- Discordance between provider's and CHW's approaches
- Concern that it will add extra burden to both providers and patients

Implementation Strategies

- Would like to receive infrequent, concise updates from CHWs
- Patient updates/information should be logged in patient chart (EMR)
- Possibility of having CHWs attend clinic team huddles
- CHWs should report only problems/concerns and not successes
- Most of CHWs' work should occur outside the clinic visit
- Have CHWs shadow in the clinic to learn clinic flow/resources
- Warm hand-off between provider and CHW for patient

"It's basically saying, 'okay, you trust me as your doctor, let me take some of that trust and endow it to this person whom you haven't met before, but who will help you...'"

Conclusions

- For the CHORD study, researchers will develop a list of identified pre-diabetic patients, and this list will be used to recruit study participants. Outside of this study, however, it is unclear how a similar CHW intervention would function without a way to identify and target pre-diabetic patients within panels. Thus, it seems to suggest a strong need for development of a pre-diabetes patient registry.
- Providers revealed that patients receive little preventive care due to numerous barriers limiting both patient and provider efforts.
- Providers agreed that CHWs are most valuable for the concordance that helps them better connect with patients and the additional time they can spend with patients to better understand them and individualize their health education.
- Providers are most worried about whether adding CHWs to the clinical team and communicating with them will monopolize their already limited time and feel burdensome rather than helpful.
- As providers' reported low self-efficacy stems from areas in which CHWs have been identified to play a key role, CHWs can act as a tool to increase providers' self-efficacy in diabetes prevention.

Moving Forward

- Insights collected from this study will be used to iterate on the intervention model in order to make improvements while minimizing burden on the clinical team.
- This knowledge will also serve as a point of comparison for the CHORD intervention, and can contribute to the literature about provider readiness for CHW integration to facilitate adoption of this model in other clinic sites.

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