

### CASE STUDY

#### Overview

Since 2013, Penn Medicine's Center for Community Health Workers (PCCHW) has served as a national center of excellence for community health worker (CHW) research, patient care and dissemination. The Center designed IMPACT, a standardized, scalable, evidence-based CHW model of care, to help health care organizations reach beyond their own walls to help low-income patients address the root causes of their poor health.

IMPACT CHWs share life experiences with the patients they serve – they typically come from the same communities and speak the same languages. In the IMPACT model, CHWs join health care teams and provide social support, advocacy and navigation to high-risk patients. They do things with their patients that nurses, doctors and social workers do not. They exercise with patients at the neighborhood gym, help them reconnect with estranged family members, and help them re-experience joy through activities like singing in a local choir.

#### Impact

IMPACT has been tested in three clinical trials (the same level of rigor reserved for bringing new drugs to market) and has shown consistent improvements in patients' chronic disease control, mental health, quality of care, access to primary care and a reduction of 65 percent in total hospital days. The cost savings from these improvements have translated into a \$2 savings for every \$1 invested in the program. This return on investment has driven rapid scale of the model in Philadelphia and beyond. In Philadelphia, IMPACT has been delivered to over 7,500 low-income patients across Penn Medicine. The program received Gold Status recognition in the 2018 Veterans Health Administration Diffusion of Excellence initiative for its



IMPACT CHW.

work with veterans within the VA health care system. And across the country, more than 1,000 organizations have accessed the IMPACT CHW program toolkit to help inform their own CHW programs.

#### Lessons Learned

Part of the success of the IMPACT model has been achieved by developing tools, training and technology that address common implementation barriers that make it difficult to scale CHW programs. These include:

- Hiring algorithms to address high rates of CHW turnover, which can be upwards of 50 percent a year. In contrast, PCCHW's CHW turnover rate averages only 1.7 percent annually.
- High-caliber training for CHWs, supervisors and program directors, along with certification checkpoints related to core competencies for each role.
- Standardized program infrastructure codified in a series of manuals that provide workflows—including supervision strategies, caseloads, documentation, and quality control—to optimize fidelity and minimize variation.

- A HIPAA-compliant workflow and reporting software application that tracks patient progress, integrates with electronic medical records for seamless real-time data sharing, and produces automated reports to track Triple Aim metrics like chronic disease control, patient satisfaction and hospital admissions.
- Strategies for integrating CHWs within health system care teams, through specialized workflows and sustainable financing.

## Future Goals

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Since 2017, PCCHW has licensed its tools, training and technology to more than 20 health care organizations across the country, from hospital systems

to community health centers and state government agencies to multi-state integrated payer-provider organizations. Their goal is to reduce health inequality by helping health systems to rapidly build and scale high-quality CHW programs. By 2020, PCCHW aims to connect 50,000 low-income patients nationally to high-quality CHW programs.

## CONTACT

### Scott Tornek

Chief Strategy Officer, Penn Center for  
Community Health Workers

 215-662-8624

 [Scott.Tornek@penmedicine.upenn.edu](mailto:Scott.Tornek@penmedicine.upenn.edu)