Community Health Workers: Striving for Value & the Triple Aim

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Health Benefits & Health Services

50M beneficiaries

Health care coverage and benefits:
  • Employer & Individual
  • Medicare & Retirement
  • Community & State
  • Military & Veterans
  • Global

Information and technology-enabled health services:
  • Technology solutions
  • Intelligence and decision support tools
  • Health management and interventions
  • Administrative and financial services
  • Pharmacy solutions

Helping people live healthier lives

Helping make the health system work better for everyone
Collaborate
Virtual Integration of a Patient-Centered Care Model

- Moving from a disease-centric or specialty-based model to a Patient-Centered Medical-Behavioral-Social Health Model.
- Coordination across multidisciplinary health teams.
- Focused on multi-morbidities in patients with chronic clinical conditions to improve health outcomes and affordability.
- Use of proven programs to support and incentivize the key stakeholders to focus on the well being and improvement of the overall patient health.

Focusing on the Needs of the Patient to Achieve Better Care, Better Health and Lower Costs.
Collaborate
Focus on Population Segments

Cost by Segment

- Pregnant Women
- Children
- Adults
- Seniors
- Institutional / Eligible

Foundational Programs

- Pre & Post Natal Visits → Out/Inpatient Services
- EPSDT Program → Out/Inpatient Services/NIC U
- Healthy Adults → Out/Inpatient Services
- Healthy Seniors → Out/Inpatient Services
- Frail at Home → Institutionalized Nursing Home

1.4% of population = 36% of medical cost.
5.0% of population = 54% of medical cost.

Improving Health for Populations
Using the Patient-Centered Care Model

Harnessing the community to improve the care of the individual.

Creating and Delivering Care that Address Segments & Sub-Populations
Leveraging Community Health Workers

- Community Health Workers (CHWs) function as a bridge between individuals and a broad array of necessary healthcare and social support services.

- Their experience and skills in communicating and advocating both within the community and within the health care system uniquely position them as effective and necessary.
Kansas Example

**Before Engaging in Care Coordinators & CHW**
- Experienced depression and homelessness
- Had dependency on alcohol
- Had no reliable transportation
- Had no support network

**After Engaging with Care Coordinators & CHW**
- Established primary care relationship
- Working on disability
- Maintaining good communication for problem solving, resources, and education
- Follow care plan
- Reduced ED frequency
- Lost weight and maintaining sobriety
- Using other benefits – PCP, Nurseline, Case management
- Reports feeling better