

## **Promoting Effective Communication and Coordination of Care**

# COMMUNITY HEALTH WORKERS THE BEST-KEPT SECRET IN CARE TRANSITIONS AND READMISSIONS

"Community health workers (CHWs) are front-line public health workers who have a close understanding of the community they serve. They help link people to needed health care information and services." — Explore Healthcareers.org.

### DISCHARGE WORKFLOW CONCEPT



CHW













Helping to reduce readmissions, further reducing leveraged penalties

## TRANSITIONAL CARE MANAGEMENT WORKFLOW CONCEPT

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## DISCHARGE:

- CHWs work within a practice coordinating with hospitals to follow practice patients after hospital discharge.

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#### **INITIAL CONTACT:**

- CHWs can make 48-hour contact, coordinate services, obtain necessary testing and imaging, and consult records for review while retaining responsibility for appropriate chart documentation.

#### TRACKING:

- The CHW can track patient progress and activity for the 30-day discharge period.

## BILLING:

 When period is complete, CHW will notify billing services of successful completion of TCM to facilitate reimbursement submission.

## Step 4



<sup>5</sup>36,010 - <sup>5</sup>48,490

is the salary range of a CHW in a clinical setting, according to the U.S. Bureau Labor and Statistics.

## **POSSIBLE CHW JOB TITLES**



- Health coach
- Patient advocate
- Outreach coordinator
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- Care planner
- Promotora
- Care transition navigator
- Patient navigator
- Outreach navigator
- Discharge navigator

## UTILIZING CHWs IN CARE TRANSITIONS

- Helping patients, families and communities develop capacity and access to resources, including health insurance, food, housing, home health equipment, quality care and health education for chronic conditions
- Facilitating communication and empowering interactions with health care and social service programs with their clients
- Helping patients develop strategies to improve their health and well-being
- Providing informal counseling, support and follow-up
- Providing health services, including monitoring blood pressure, and completing screenings, first aid and health checks
- Making home visits to chronically ill patients, pregnant women, nursing mothers, elderly, high -risk individuals and recently discharged patients
- Completing discharge planning, and coordinating services and follow-up with patients



chwnv.org

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