Q&A from Webinar: Lessons from Implementing a CHW Program in HIV Care

Sept 12, 2019

Q. Do CHWs typically have lived experience with HIV? (Honoring the principle of MPIA would call for us to hire CHWs for HIV services who are either living with or at-risk for HIV)

A: McGregor Clinic: *While many agencies choose to hire "peers" or individuals living with HIV as Community Health Workers, it is not my experience that this is always necessary. The valuable piece of the "lived experience" is in navigating the healthcare system, social service system, and the realities of living in the geographic area where those services are provided. Meaningful involvement can extend itself to hiring for other valuable positions beyond CHW's such as medical staff, case managers, administrative staff, etc.*

A: CrescentCare: *Often CHW's (or comparable title) are people with lived experience, but it is not required. At our agency, we chose to hire a person who is living with HIV because of their close ties to the community and experience navigating health systems in New Orleans. I do believe that having a workforce that is representative of the demographic you are trying to reach is valuable, however my ultimate recommendation is to prioritize hiring someone who is knowledgeable, relatable, motivated, and is deeply connected to the community in which they will work, which may or may not be a person living with HIV.*

Q. What is a self-care activity you would suggest to others?

A: McGregor Clinic: *Self-care activities are those activities that bring the individual peace and respite so they are typically unique to the person needing the self-care. However, examples can be yoga, meditation, prayer, listening to music, taking a walk, dancing, playing pool, tai chi, laughter, crying, drawing, journaling, and many others.*

A: CrescentCare: *Prioritizing self-care is a work in progress for me. But what I've found helpful is taking time off and completely disconnecting from work. Often, we feel that if we're not always accessible to our staff or agency that things will fall apart. They'll survive! Trust me! Being intentional about setting those boundaries for yourself is healthy, and although it may be uncomfortable at first, after some time it feels good knowing that you are taking care of your emotional and physical well-being. You matter! Also, meditation and other mindfulness activities have been helpful to me.*

Q. What is the difference between Early Intervention Specialist (EIS) and CHW or would you consider the EIS staff a CHW?

A: McGregor Clinic: *If the role of the Early Intervention Specialist mirrors the role that a Community Health Worker could typically be assigned then the EIS is a CHW. Community Health Workers have many different titles. It is their unique ability to serve the clients in a way that addresses biopsychosocial needs beyond case management and medical that facilitates them being a Community Health Worker despite the assigned job title.*

A: CrescentCare: *Remember that CHW's often have different titles (i.e. Health Educators, Navigators, Outreach Workers, etc.). An EIS could fall under the umbrella of CHW work. It depends on how your agency outlines the duties of an EIS.*

Q. So do you all transfer clients from CHW to Medical Case Management (MCM) after 6 months? Do CHW's work in collaboration with MCM's or is it required they can only work with one at a time?
A: McGregor Clinic: *Our agency protocols call for a 6-month limit when working with a Community Health Worker. However, if the CHW determines that more time is needed, this can be extended with approval of the supervisor. CHW and case managers work hand-in-hand from day 1 so, no, clients are not limited to working with one at a time. Keep in mind that CHW's and Case Managers have very distinct roles so clients may need the services of both simultaneously.*
A: CrescentCare: *The client will work with the CHW and the MCM at the same time. Usually, the CHW gets them back into care and connects them with their care team (MCM, nurse, provider, etc.). The CHW will act as additional support for the client as they are transitioning back into care. After 6 months, if the client can engage with their care team without the help of the CHW, then they will work solely with the MCM going forward. If the client still needs CHW services, then they will continue to work with them.*

Q. Were your CHWs full-time employees?
A: McGregor Clinic and CrescentCare: Yes.

Q. What is the pay grade for a CHW in your area?
A: McGregor Clinic: *$30,000 to $35,000 per year (for context, the McGregor clinic is located in Southwest Florida). The Federal Bureau of Labor Statistics has some information on CHW wages (https://www.bls.gov/oes/current/oes211094.htm).*

Q: How many CHWs do you have versus your patient population?
A: McGregor Clinic: *Our agency currently serves 1200+ patients but the CHW does not see all of them. Currently, the CHW sees only newly diagnosed patients or patients who are new to the clinic transferring from elsewhere. The maximum expected caseload is 40 active patients with varying acuity levels.*

Q. Do either of you have your CHW focus on re-engaging clients who have fallen out of care and if so - how long does it have to have been since you've seen a patient before you consider them out of care or in scope for outreach by your CHW?
A: McGregor Clinic: *The CHW at McGregor Clinic does not see clients who are lost to care as we have a partnership with the local Department of Health. Their linkage staff seeks out those clients and, if successfully re-engaged, they return to the clinic and are linked to the Adherence Nurse as well as case management.*

Q. How do CHWs improve linkage and retention in HIV care at your agency?
A: McGregor Clinic: *Many clients have issues in their lives that affect their medical care. These issues can be completely unrelated to the typical barriers medical staff is equipped to handle such as side effects, forgetting doses, transportation, housing, etc. Instead, issues can be complex such as anxiety over a sick pet, difficulty understanding external social service system requirements, concerns over disclosure, shifting priorities surrounding a new relationship, etc. Often, clients do not share these issues with medical and case management staff for many reasons- time and trust being the most obvious. Yet, these issues can be direct causes of declining health and non-adherence to treatment. By building trust and rapport with the client, the CHW is able to uncover some of these root causes, communicate them effectively and succinctly to the medical/case management team and work collectively to assist the client to overcome the obstacles thereby increasing health outcomes. This explanation is over-simplistic but the evidence of the impact on the HIV care continuum by the work of the CHW is clear and compelling.*

Resources Shared During the Webinar:

Financing CHW Positions-

In Connecticut, Yale, NASTAD, and DPH are taking on CHW billing. We begin roll-out next month. Folks can also adapt NASTAD's protocol with its Medicaid Directors to get CHW encounters billable. The link to that is this: https://www.nastad.org/resource/billing-coding-guide-hiv-prevention

CHW Training and Certification-

Community Health Educators (CHEs) in Florida now have the opportunity to become certified Community Health Workers (CHW) through the Florida Certification Board, which validates their competencies and ethical practices. http://floridahealthnetworks.org/chw-certification-page/

The college below offers CHW training in Southern California:
https://sanmanuelgatewaycollege.llu.edu/certificate-programs/promotores-academy/training-programs

CHWs can also be trained and certified through the Institute for Public Health Innovation, a collaborative effort of the DC, MD, and VA depts. of health