
Community Health Workers: Understanding your role in planning on the health care team

Presented By:

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Objectives

- Participants will be able to:
 - Define a care plan (the road map)
 - Understand what is patient centered care (the shortest path)
 - Describe the role of the CHW on the health care team in the developing an effective patient-centered care plan (rider, driver, or navigator)
 - Identify the multidisciplinary provider team including supportive professionals, such as social workers, dieticians or physical therapists.
 - Understand patient outcomes (destination)

What is a care plan?

- strategies designed to guide health care professionals involved with patient care. Such plans are patient specific and are meant to address the total status of the patient. Care plans are intended to ensure optimal outcomes for patients during the course of their care – <http://medical-dictionary.thefreedictionary.com/care+plan>
- A written personalized plan, under the single assessment process, details a patient's integrated health and social care needs.

Care Plan – the simple version

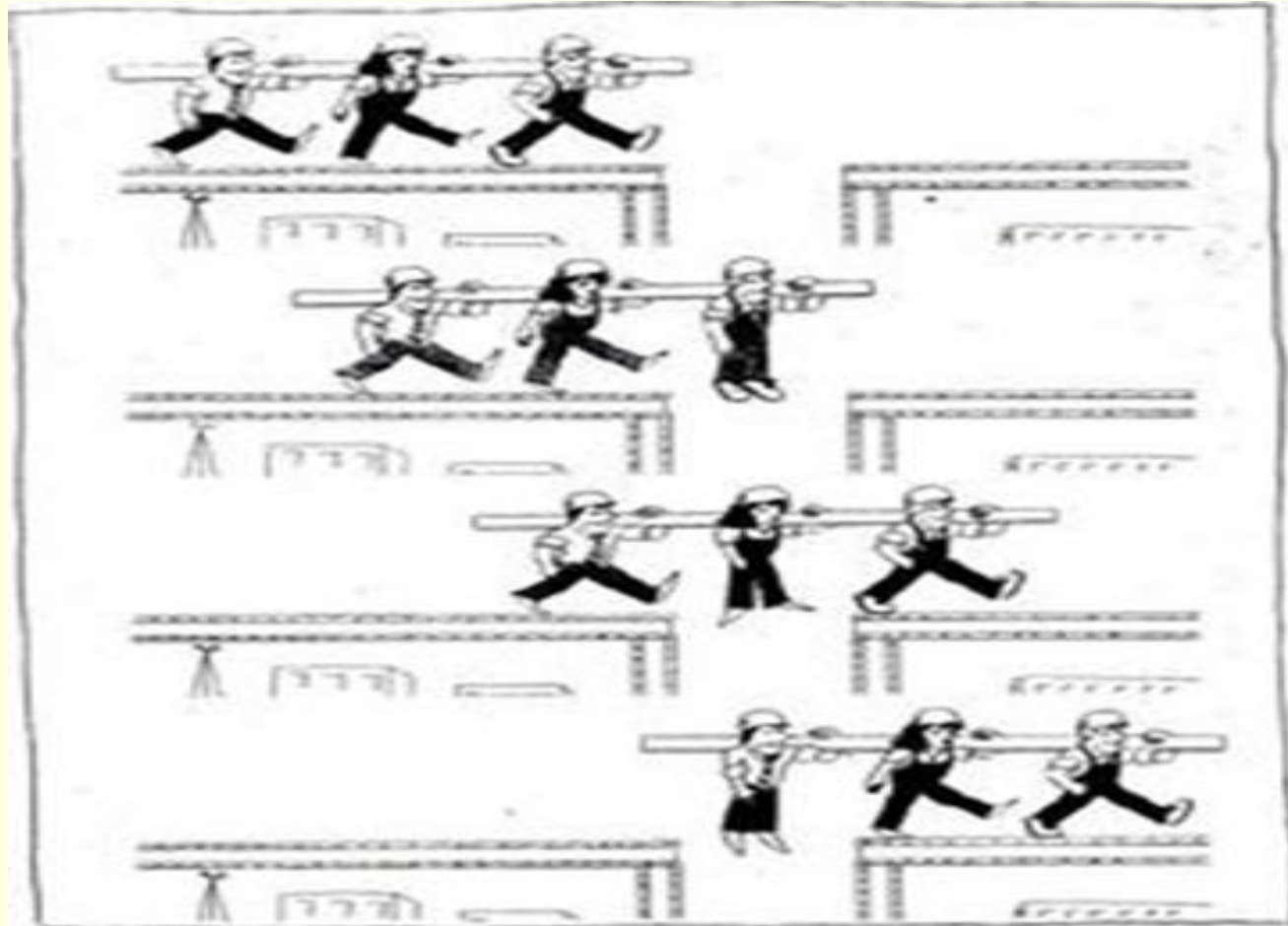
- A **road map** that an individual will follow on his or her journey (through accessing care, receiving treatment, and/or better understand the social service system).
- It is built around the problems that the individual brings into treatment/the reason(s) he/she accessed services or the outcome to be achieved.
- It is developed with the patient as the focus.



Patient Centered Care – the shortest path

- Replaces the traditional system in which the provider/physician made all of the decisions
- Includes the patient in the decision making
- The Institute of Medicine (IOM) defines it as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.” – Crossing the Quality Chasm, 2001, p.40.

Understanding the Roles of the Health Care Team



Role Clarification

- Clarifying each member's role helps reduce conflict, establish professional boundaries, and build trusting relationships.
- Inter-professional collaboration requires **communication** between professionals, mutual agreement on goals, problem solving skills, and a clear understanding of each member's role on the team.

Physician



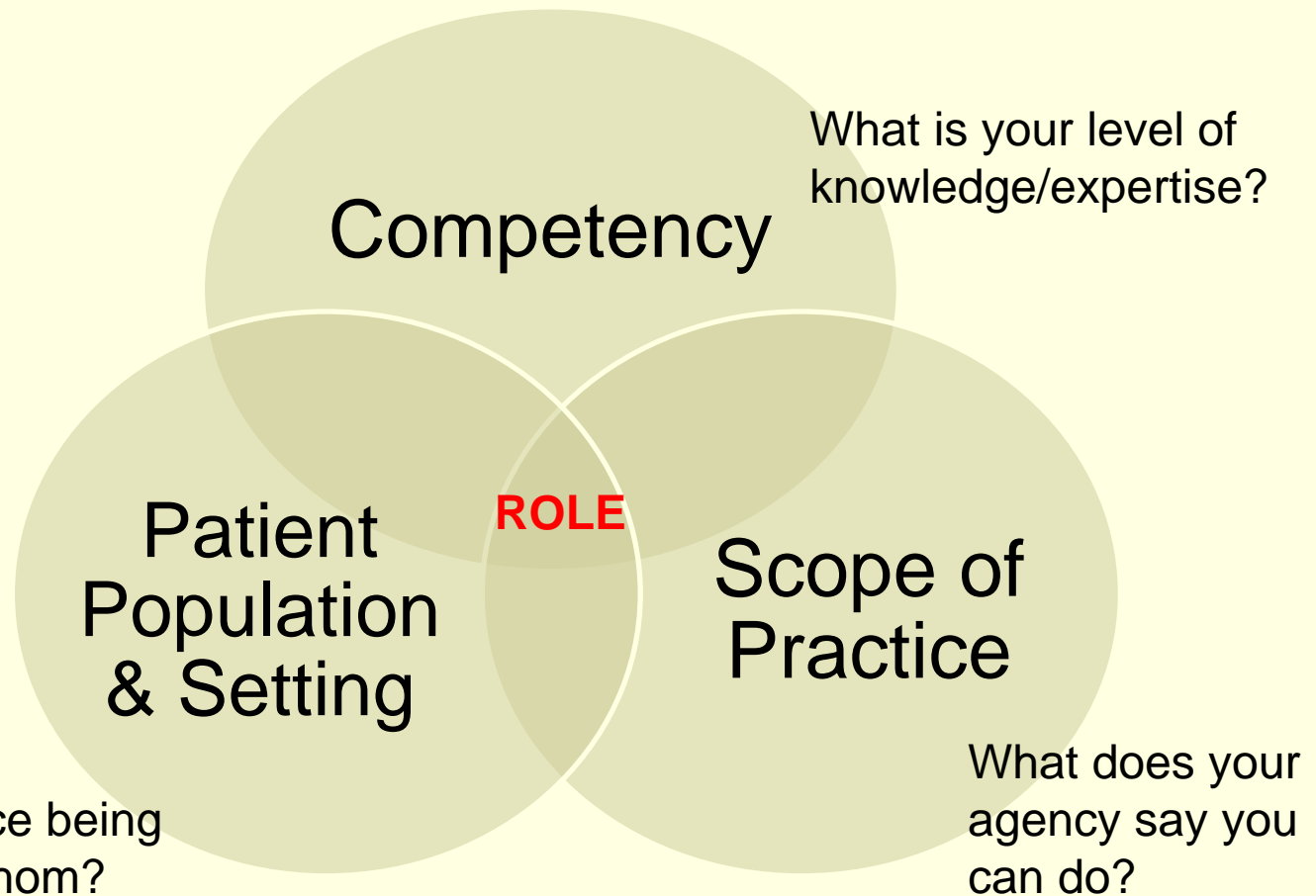
Nurse



Community Health Workers (CHWs)

Patient **FUNCTION** Plan Way Finding resources
INDIVIDUALS counsel specialty **Community** Psychosocial
Education **Medical** **Cases** Quality **Advocate** **Supportive**
Team Member Research Families **Navigator**

Determining your Role in Effective Care Planning on the Team



Where is the service being delivered and to whom?

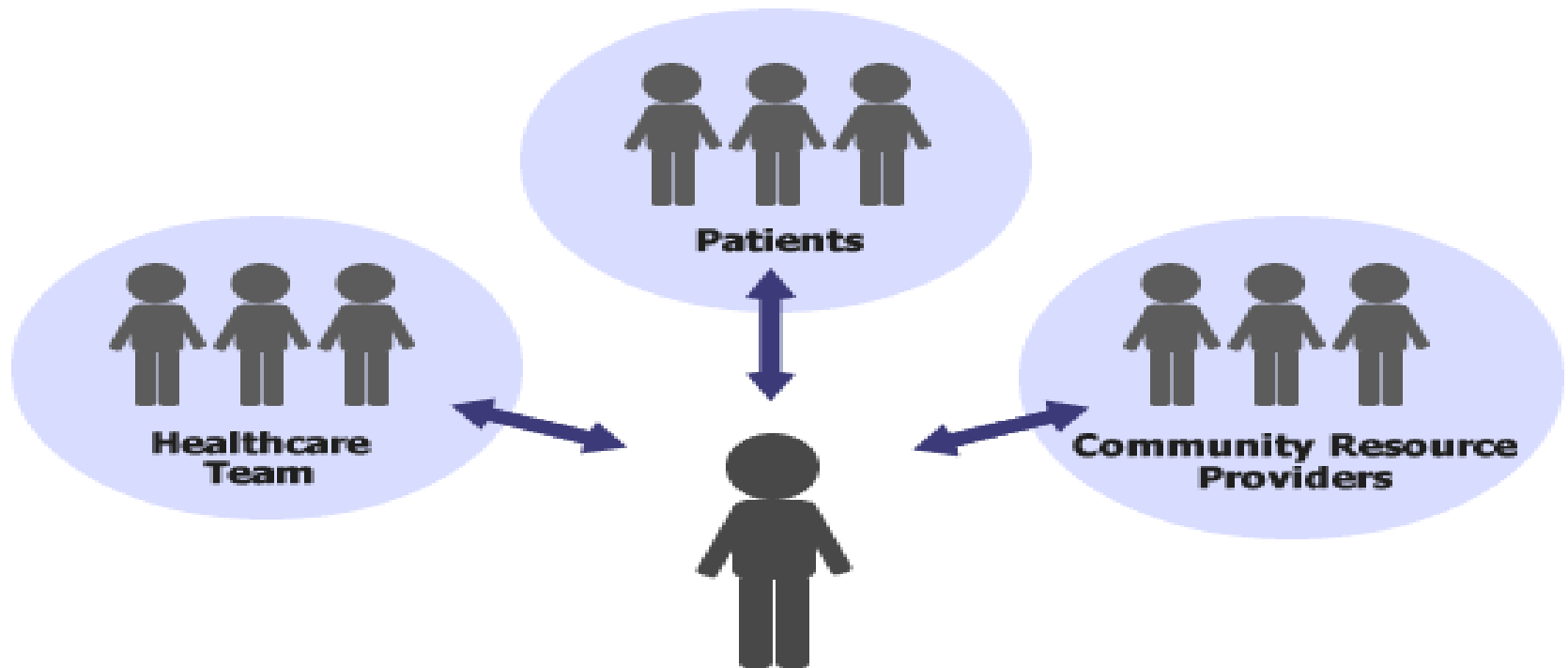
What does your agency say you can do?

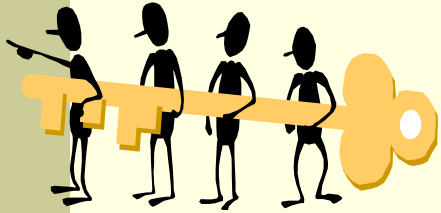
Making the Determination

- Are you the rider?
- Are you the driver?
- Are you the navigator?

CHW's Relationships

Healthcare Relationships





Communication is the Key!

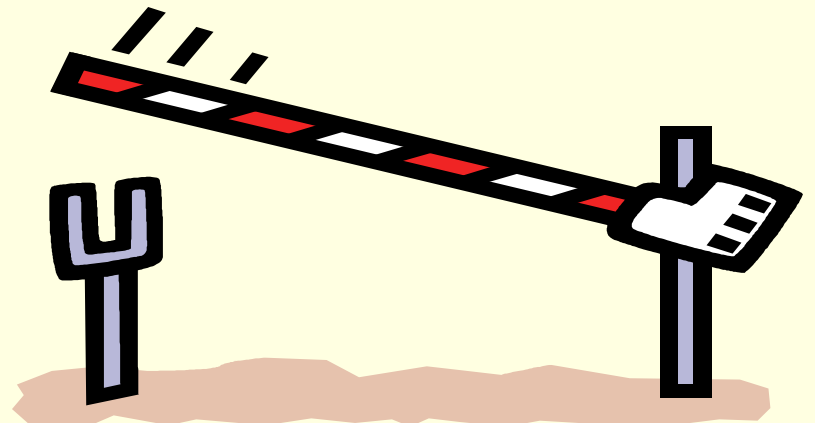
- Care planning is individualized - flexibility is critical
- Roles change
- Your presence and input is needed
- Clarify your role

Mapping the Core Team

- Depends on the primary presenting problem of the patient or setting encounter.
 - What providers are involved?
 - What providers need to be involved?
- Depends on the available resources to the patient
 - Federal, State, Local
 - Support System

CHW – Open the Gates to the System

- We work the care delivery system – It doesn't work us!
- CHWs facilitate the patient moving through the gates to access services.
 - Moving patients from primary care, emergency, urgent and specialty care providers
 - Moving through the social services programs, i.e., food stamps, Medicaid, food banks, etc.



The care plan is the road map to patient outcomes

Are you driving, riding, or navigating?



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