Decentralizing Health Care Delivery
By Using Community Health Workers

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The Healthcare Imperative: Lowering Costs, Improving Outcomes
Roundtable on Evidence-Based Medicine
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Our health care system relies upon costly expertise and highly-centralized facilities

• Optimal for the practice of “intuitive medicine”
• Well-suited for sickness care that is episodic and complex
• Temporal mismatch for chronic illness, preventive, and wellness care
• Creates additional barriers to care and disparities among underrepresented groups

We must depart from the one-size-fits-all paradigm and create channels of delivery that can better serve the unique needs of “non-consumers” of health care
Key components of the strategy...

In areas of precision medicine, medical expertise has been commoditized and access to care can be democratized

- Enable new types of health care workers
- Enable new venues of care delivery
Key components of the strategy...

Decentralizing health care delivery can lower costs and broaden accessibility while maintaining or improving quality

- PCPs doing specialists’ work in outpatient clinics
- Nurse practitioners in retail clinics
- Diabetic self-management at home
- Lay community health workers (promotores)

Nature of the cost drivers targeted...

- Costly downstream expenditures resulting from barriers created by a centralized delivery system
  - Improve access to *effective* care

- Costlier care substituted for less expensive options that may better correspond to the values and preferences of the patient
  - Educate patients to manage *preference-sensitive* care

- Mismatch between the complexity of care provided and the complexity of care needed
  - Develop cost-effective avenues for *supply-sensitive* care, particularly chronic disease care
Evidence of the impact on outcomes...

Common areas of intervention include:

- Breast, cervical, and colon cancer screening
- Childhood and adult vaccinations
- HIV, cancer, diabetes, HTN, and asthma care
- Prenatal care and parenting skills
Evidence of the impact on outcomes...

June 2009 AHRQ report “Outcomes of Community Health Worker Interventions”

- Mixed evidence of improved health outcomes
- Low to moderate evidence of increased appropriate health care utilization
  - increased mammography and Pap smear testing
  - fewer emergency department visits and hospitalizations for asthma and infectious diseases
Evidence of the impact on costs...

- AHRQ report found insufficient data to evaluate cost-effectiveness of CHW intervention
### Potential to impact costs...

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<th>Amount</th>
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<td>-$8B</td>
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<td><strong>Prevention</strong>: increased secondary prevention raises costs, balanced by primary and tertiary prevention savings</td>
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<td>+$10B</td>
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<td><strong>Access</strong>: increased access to traditional services raises costs, balanced by decreased downstream expenses</td>
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<td>-$1.5B</td>
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<td><strong>Unnecessary services</strong>: replace costly preference-sensitive services with less expensive ones</td>
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<td><strong>Inefficiently-delivered services</strong>: replace costly providers</td>
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Caveats...

- Lack of reliable cost-effectiveness data

- Disparities expected to increase due to changing composition of U.S. population

- Formal training programs, state certifications, and possibility of reimbursement will increase the cost of CHW programs and may exclude participation of some CHWs and patients

- Unmeasured benefits related to wellness, including housing, poverty, food, and employment
Critical factors for successful implementation...

• Reform that prioritizes value over simple cost-cutting

• Regulatory oversight that does not significantly impede enrollment of CHWs and patients

• Restriction of CHWs to aspects of care that are simple and rules-based and where there are large numbers of non-consumers
Results achievable in the near term...

- Measure impact on outcomes and cost-effectiveness in trials at integrated health systems

- Expand to online communities so CHWs and patients no longer have to be physically co-located

- Expand across existing institutions of care to improve outcomes and utilization (not necessarily cost-saving)
Results achievable in the long term...

- Disrupt traditional pathways of care delivery, not just help sustain them (likely to be cost-saving)

- Free up traditional providers to manage more complex cases that truly require their capabilities

- Adjust payment structure to accurately reflect the complexity of care delivered
Policy options...

- There will be demands for formal training and licensure, particularly from professional associations.

- For precision medicine, competency-based rather than credential-based licensure is appropriate.

- We must then ensure that everyone practices up to the limits of their licensure.
Complexity of diagnosis and treatment

Unpredictable & iterative

Intuitive Medicine:
Regulation of Resources

Empirical Medicine:
Regulation of Processes

Precision Medicine:
Regulation of Outcomes

Time

Straight-forward

Technology Progress