Presentation Road Map

- Background
- Program
- Methods
- Members
- Findings
- Discussion
- Recommendations

Community Health Worker Return on Investment Study

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Return on Investment

CHWs in Nevada

Health in Nevada

50th In public health funding among the 50 states.
Health in Nevada

46th For number of active primary care physicians among the 50 states.

Health in Nevada

45th For lack of insurance among the 50 states.

Health in Nevada

35th On 15 health indicators among the 50 states.

What are the financial impacts of embedding CHWs in a managed care organization?

The Program

Do CHW services reduce the number of acute admits, acute readmits, Emergency Room visits and urgent care visits?

Do CHW services increase primary care provider visits?

Do CHW services reduce overall medical costs for super-utilizer clients?

What is the impact of CHW services on prescription costs?

What is the Return on Investment for the CHW program?
The Program

Manager RN

3 CHWs

Las Vegas, NV

1,437 members

The Program

Contact methods

CHWs

The Program

Services Provided

CHWs

Methods

Study Design

Medical costs and utilization 90 days pre-CHW

Medical costs and utilization 90 days post-CHW

Member enrolled in CHW program
Of the seven chronic diseases tracked, the largest percentage of study members had diabetes.
Findings

Do CHW services reduce the number of acute admits, acute readmits, Emergency Room visits and urgent care visits?

Acute admits and readmits decreased 18% and 20%, respectively.

ER visits decreased 14%.

Urgent care visits decreased 6%.

The number of acute admissions, acute readmissions, emergency room visits, and urgent care visits decreased from pre- to post-CHW intervention.
Do CHW services increase primary care provider visits?

Primary care provider visits were similar.

The number of primary care provider visits were similar from pre- to post-CHW intervention.

Do CHW services reduce overall medical costs for super-utilizer clients?

What is the impact of CHW services on prescription costs?

Mean medical and prescription costs per member per month decreased from pre- to post-CHW intervention.

Mean medical and prescription costs per member per month followed a decreasing trend in the 90 days pre- and post-CHW intervention.

Primary Care Provider Visits

1-90 Days Pre-CHW 0-90 Days Post-CHW

Medical Costs PMPM
$1,200 $1,140

Prescription Costs PMPM
$521 $506

1-90 Days Pre-CHW 0-90 Days Post-CHW

Medical Costs PMPM
$1,223 $1,128 $1,248 $1,243 $1,184 $983

Prescription Costs PMPM
$539 $549 $478 $550 $475 $491

1-90 Days Pre-CHW 0-90 Days Post-CHW
Total medical and prescription costs decreased from pre- to post-CHW intervention for members with coronary atherosclerosis, diabetes, chronic renal failure, and COPD.

Asthma 47%
Heart Failure 27%
Cancer 7%
COPD 6%
Chronic Renal Failure 9%
Diabetes -10%
Coronary Atherosclerosis -35%

% change in costs from pre- to post-CHW intervention

Total medical and prescription costs decreased from pre- to post- for members aged 0-17 years, 36-45 years, and 56-65 years.

0-17 years -27%
18-25 years -1%
26-35 years 1%
36-45 years -7%
46-55 years 0%
56-65 years 24%

% change in costs from pre- to post-CHW intervention
Total paid medical and pharmacy claims decreased by $503,384 from pre- to post-CHW.

8%

CHW program costs totaled $278,331 for 14 months.

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<th>CHW salary &amp; benefits</th>
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ROI Calculation

$503,384 Medical/Rx Cost Savings

$278,331 CHW Program Costs

1.81 ROI

Discussion

Utilization

Chronic disease
“A lot of members feel stigmatized for being on Medicaid. I get to remove small portions of the stigma by going in and meeting with members who feel shamed for being on government assistance. I’m there to show them what is available and not pass judgment on them.”

–HPN CHW

**Strengths**

- Accurate claims data
- Participants as own controls

**Limitations**

- Short intervention period (30-60 days)
- Short study period (90 days pre and post-intervention)

**Recommendations from CHWs**

- Continue and expand programs
- Increase CHW intervention period
- Increase study length for future studies

**Recommendations**

- Focus on members with diabetes, coronary atherosclerosis, chronic renal failure, and COPD
- Expand Medicaid reimbursement to cover more CHW services