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### Implementation of Community Health Worker Education Toolkit to Promote Compliance in Managed Care Organization

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*University of New Hampshire*

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**Implementation of Community Health Worker Education Toolkit to Promote Compliance  
in Managed Care Organization**

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### **Abstract**

Community health workers provide case management and care coordination services to high-risk members enrolled in Louisiana Department of Health's Medicaid program. Centers for Medicare and Medicaid Services require states entering contracts with managed care organizations to conduct external quality reviews by an independent External Quality Review Organization. Healthcare Effectiveness Data and Information Set are quality metrics managed by the National Committee for Quality Assurance. These metrics are reported annually and required by Louisiana Department of Health. Community health workers are required to demonstrate quality accreditation and meet state specific requirement compliance through documentation. The aim of this project was to increase community health worker chart audit scores to 100% by May 2021, thereby improving quality accreditation and meeting state contractual compliance. Louisiana's managed care organizations are required to provide care coordination, medical management, and continuity of care to Medicaid enrollees through a care management program. Services are provided through telephonic and face-to-face outreach. Community health workers are non-clinical personnel and may not have prior training in health care, medical terminology, accreditation agencies or Medicaid programs. Survey Monkey online survey tool was used to conduct pre-test and post-event feedback surveys. The Plan-Do-Study-Act cycle was used to develop and implement an education toolkit. Following development of toolkit, community health workers participated in education trainings and began implementation of the toolkit. Participants' charts were audited on 13 metrics prior to training. Pre-chart audit scores averaged 82%. One month following CHW training of education toolkit, participant chart audit average scores decreased by two percentage points to 80%. Development of CHW education toolkit did not improve overall chart audit scores. The Community Health Worker Performance

Measurement Framework identifies programmatic inputs and community health worker outputs that should be examined for measuring performance. Although community health worker participants support implementation of an education toolkit and agree more training would be beneficial, other motivational factors were indicated.

*Keywords:* community health worker, education toolkit, Medicaid, case management, compliance, managed care organizations, Community Health Worker Performance Measurement Framework

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## **Implementation of Community Health Worker Education Toolkit to Promote Compliance in Managed Care Organization**

### **Introduction**

#### **Problem Description**

Louisiana's managed care organization (MCO) emergency contract requires MCO case management programs to provide medically related services, social services, and specialized behavioral health services to members identified in the special healthcare needs population. Identification of these populations allow members and case managers to collectively review and agree on goals and plan of care. Community health workers (CHW) have deep expertise in best practices specific to individual communities that identify and develop outreach, recruitment, and education strategies that are responsive to the needs of diverse patients and overcome challenges to access, service delivery, and care coordination (Islam et al., 2015). The Patient Protection and Affordable Care Act's (PPACA) emphasis on community-based initiatives affords a unique opportunity to disseminate and scale up evidence-based community health worker models that integrate CHWs within health care delivery teams and programs (Islam et al., 2015). UnitedHealthcare Community Plan of Louisiana's CHWs are links to MCO Medicaid members with complex medical, substance use disorders, and mental health disorders. Responsibilities of CHWs include developing care plans, post discharge planning, coordination of care, referral activities, completing health risk assessments, and conducting face to face member visits. Including CHWs in the design and implementation of PPACA programs can help overcome barriers to serving high-need and hard-to-reach populations (Islam et al., 2015).

Louisiana's 2019 External Quality Review Organization (EQRO) compliance review was conducted on June 26, 2020 with the period of review April 1, 2019 to March 31, 2020. Review

determinations are classified as full compliance, substantial compliance, minimal compliance, and not met. Case management's EQRO final report found five elements that were determined to be substantial. Substantial elements were in the following areas: individualized treatment plans and care plans, revision of treatment and care plans, planning and care coordination and referral activities, coordination of hospital and institutional discharge planning, and referral activities.

**Table 1**

*Review Determinations*

Review Determination	Definition
<b>Full Compliance</b>	The MCO is compliant with the standard
<b>Substantial</b>	The MCO is compliant with most of the requirements of the standard but has minor deficiencies
<b>Minimal</b>	The MCO is compliant with some of the requirements of the standard but has significant deficiencies that require corrective action.
<b>Non-compliance</b>	The MCO is not in compliance with the standard.
<b>Not Applicable</b>	The requirement was not applicable to the MCO.

Case management managers conduct monthly chart audits to evaluate CHW documentation and compliance. Community health workers are expected to achieve score of 100% on each monthly chart audit. Failure to obtain chart audit scores of 100% is an indicator of noncompliance that can potentially be selected for review by National Committee for Quality Assurance (NCQA), EQRO, and Louisiana Department of Health (LDH) state specific deliverables. Noncompliance from these agencies may result in administrative actions, monetary penalties, sanctions, or loss of accreditation.

**Available Knowledge**

UnitedHealthcare Community Plan of Louisiana MCO emergency contract defines care management as the overall system of medical management, care coordination, continuity of care,



care transition, chronic care management, and independent review (Daspit, 2019). Health care executives, regulators, accreditation agencies, consumer advocates, other stakeholders, and the marketplace in general are placing increasing demands for improved outcomes, efficiency, cost-effectiveness, safe health care, and human services (Tahan et al., 2015). Medicaid MCOs under Louisiana's emergency contract are to provide primary and behavioral health services to health plan members. Centers for Medicaid and Medicare Services (CMS) require MCOs with state Medicaid and Children's Health Insurance Program (CHIP) contracts to receive annual independent external quality reviews to evaluate the health plan's quality of care. External quality reviews are in accordance with LDH MCO contract language.

The 2010 PPACA allows states to utilize unlicensed personnel to deliver healthcare in their perspective communities and funds are allocated to organizations that include CHWs as part of the integrated healthcare team. The American Public Health Association defines CHW as a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served (*Community Health Workers*, n.d.). Community health workers employed by Medicaid MCOs deliver care to members who are identified as being part of a disproportionate population to improve healthcare outcomes. The role of CHWs as trusted community leaders can facilitate accurate data collection, program enrollment, provision of culturally and linguistically appropriate, and patient and family centered care (Islam et al., 2015). In addition to improved health outcomes, CHWs can contribute to reduced health care costs by diverting care from emergency departments to primary and preventive care (*Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities*, 2009).

Community health workers should be knowledgeable of healthcare systems, social services, contractual obligations, and accreditation systems as UnitedHealthcare Community

Plan of Louisiana is required to maintain compliance with state contracts and accreditations. Louisiana Department of Health prefers NCQA full accreditation for MCOs under contract with LDH. The National Committee for Quality Assurance was formed in 1979 by the managed care industry and the Group Health Association of America and has been accrediting health plans since 1991 (Scanlon & Hendrix, 1998). As an independent non-profit agency providing accreditation of health plans, NCQA's accreditation standards identify opportunities for health plan quality improvement. Accreditation surveys occur every three years and NCQA renewal survey look-back period is 24 months. To receive NCQA accreditation, health plans are scored in six categories and must receive 80% in each category. Health plan accreditation is the most common measure that purchasers require and use in contracting decisions (Scanlon & Hendrix, 1998).

External Quality Review Organizations conduct external quality review analysis and evaluation of health plan services. Although external quality reviews are mandated by CMS, states contracting with Medicaid MCOs may independently select proposals from EQROs of choice. External quality reviews are conducted annually to assist states in the oversight of contracted Medicaid MCOs to improve access to care and quality. Louisiana Department of Health selected Island Peer Review Organization (IPRO) as the independent EQRO to conduct health plan reviews. As stated in the LDH contract, IPRO is responsible for the following tasks:

- Develop evaluation methodologies for the external quality review activities.
- Perform data collection and analysis.
- Prepare reports presenting evaluation findings and recommendations.
- Provide technique assistance to LDH and its contracted MCOs (*External Quality Review Organization Statement of Work*, 2019).

### **Rationale/Organizing Framework**

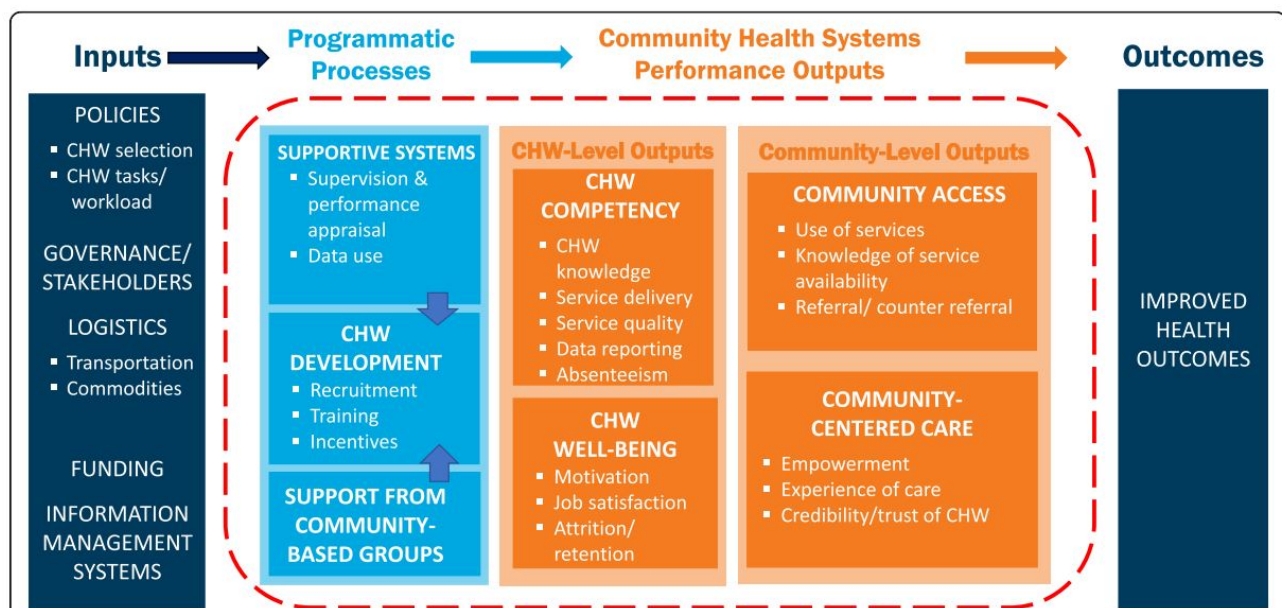
Quality improvement frameworks define theoretical frameworks as theories expressed by experts in the field of planned research, draw upon to provide a theoretical coat hanger for data analysis, interpretation of results and a structure that summarizes concepts and theories, develop from previously tested and published knowledge that synthesizes to help have a theoretical background, or basis for data analysis and interpretation of the meaning contained in research data (Kivunja, 2018). Frameworks are considered supportive structures that provide explanations for the relationships between change concepts. In healthcare, quality improvement frameworks are used to systematically improve the ways care is delivered to patients (*Practice Facilitation Handbook*, n.d.). Models are established from frameworks and symbolizes an idea or process. A body of knowledge can be described as concepts, skills, or competencies for a specific profession or industry.

The Community Health Worker Performance Measurement Framework uses a logic model and consists of four elements that evaluate the performance of CHW programs. A logic model is an illustrative diagram used to display inputs, programmatic processes, performance outputs, and outcomes. Derived from an iterative framework, indicator review and consultation, the measurement framework identifies critical areas for measuring the performance of CHW programs within their community health systems (Agarwal et al., 2019). Specific measurement domains and sub-domains are defined under the inputs, programmatic processes, community health performance, and output areas. Operational definitions are also included in this measurement framework. Domain and subdomain areas are used to create and study interventions and measure outcomes. The proposed framework and indicators are a critical first

step to addressing a long-acknowledged gap in identifying relevant, pragmatic, and contextually appropriate indicators to monitor the performance of CHW programs (Agarwal et al., 2019).

**Figure 1**

*Community Health Worker Performance Measurement Framework*



*Note.* Map Community Health Worker Performance Framework by Agarwal et al. Human Resources for Health (2019)

Following a case management conference in July 1990, the National Task Force formed a steering committee to develop an examination that provided case manager certification. Considering the diverse backgrounds of case managers, the focus of stakeholders was to protect the welfare of patients from case managers who lacked fundamental case management training. The Commission for Case Manager Certification (CCMC) is an accredited nonprofit organization established as the result of the Steering Committee's vision. Created by CCMC, Case Management Body of Knowledge Framework (CMBOK) consists of a case management process that equips case managers with care management tools to improve Triple Aim outcomes.

All improvement theories include the following concepts: commitment of the organization to quality; focus on the customer or consumer; modification of systems, not people;

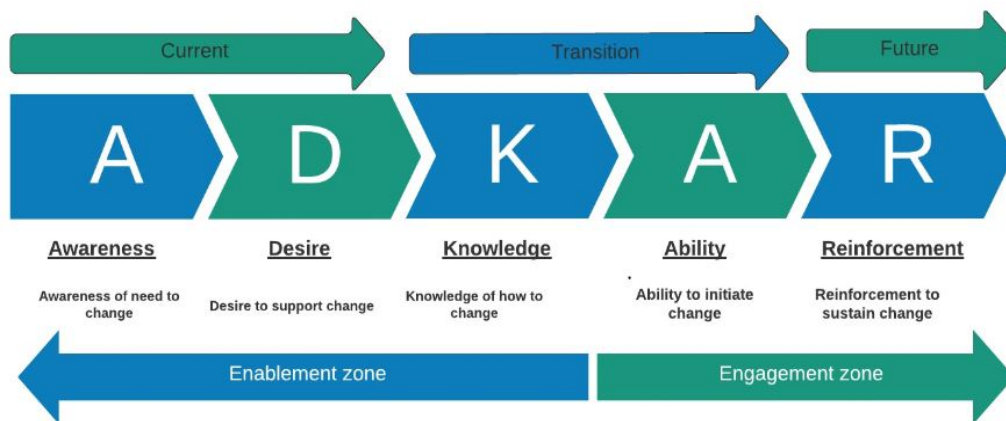
ability to foster teamwork; and encouraging group problem solving (Courtlandt et al., 2009). The Institute for Healthcare Improvement (IHI) Model for Improvement Framework promotes improvement of patient outcomes while using Rapid Cycle Improvement (RCI) and Plan-Do-Study-Act (PDSA) to develop strategies, implement change, and test interventions on a small scale. Quality improvement initiatives can be traced back to engineer Joseph Juran and statistician Edward Deming. Introduced by statistician Walter Shewart, PDSA is also identified as the Deming Wheel. Although PDSA and Plan-Do-Check-Act (PDCA) are often used interchangeably, PDSA studies outcomes of process change and PDCA checks efficiency of process change. The Model for Improvement Model asks the following three questions:

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What changes can we make that will result in an improvement?

The ADKAR change management model, created by engineer Jeff Hiatt, focuses on individual employee's adaptation to change. Most often used by managers to diagnose organization as economical system resistance to change, ADKAR helps managers and employees transition through the change process and create an action plan for professional development during change periods (Boca, 2013). The five letters of the ADKAR acronym are awareness, desire, knowledge, ability, and reinforcement. These words identify the outcomes that should be consecutively followed to successfully implement change. According to Boca (Boca, 2013), the five elements of ADKAR are:

1. Awareness of the need for change.
2. Desire to make the change happen.
3. Knowledge about how to change.

4. Ability to implement new skills and behaviors.
5. Reinforcement to retain the change once it has been made.

**Figure 2***ADKAR Change Model*

*Note.* ADKAR Model (Created in Lucidchart, [www.lucidchart.com](http://www.lucidchart.com))

Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines were utilized to develop an organized process of development and reporting of project outcomes. Also described as a framework for healthcare improvement, SQUIRE guidelines were published and designed to support the scholarly publication of healthcare improvement work (Ogrinc et al., 2015). Updated in 2015 to SQUIRE 2.0, updates included SQUIRE methods from iterative changes using PDSA cycles in single settings to retrospective analyses of large-scale programs to multisite randomized trials (Ogrinc et al., 2015).

**Specific Aim**

The aim of this project was to increase CHW chart audit scores to 100% by May 2021 to promote NCQA, EQRO, and state contractual compliance. UnitedHealthcare Community Plan of Louisiana's case management audit tool was used to conduct chart audits of CHW project participants. An education toolkit was developed to provide education to CHWs. Education was

provided in the areas of documentation, accreditation agencies, medical terminology, contractual compliance, and health payer systems.

## **Methods**

### **Context**

UnitedHealthcare Community Plan of Louisiana is one of five MCOs under contract to manage Medicaid and Children's Health Insurance Program (CHIP) under the Healthy Louisiana Medicaid managed care program. According to Louisiana's 2018 Annual Report, more than 1.8 million recipients were enrolled in the Medicaid program with over 400,000 members enrolled in UnitedHealthcare Community Plan of Louisiana. In January 2016, Governor Edwards signed an executive order to expand Medicaid to Louisiana adults with household incomes less than 138% of the poverty level. Medicaid expansion has improved access to preventive care and health outcomes. Per Louisiana MCO contract, UnitedHealthcare Community Plan of Louisiana is required to provide case management services to medical, behavioral health, and high-risk members.

Case management staff consists of clinical and non-clinical staff. Clinical staff includes behavioral health advocates and registered nurse case managers. Non-clinical staff includes CHWs with experience as social workers, patient navigators, and counselors. Community health workers act as member liaisons who engage members in managing health by providing support, education, closing gaps in care, and coordinating care with internal and external resources. In quality improvement, the people who do the work need to be the ones to change the work (Silver et al., 2016). Community health workers also complete assessments, facilitate, and advocate for members. Required qualifications for CHWs include high school diploma or GED, Louisiana resident, field-based experience, and own means of transportation. Preferred qualifications for

CHW role are bachelor's degree or higher in health-related field, experience in Medicaid or Medicare, previous care management experience, and experience with behavioral or substance abuse disorders. Although CHWs are an important part of the health care system, they are often not recognized at the same level as other team members and are frequently marginalized, because their unique roles, skill sets, and rich knowledge of the community are not understood (Allen et al., 2014).

### **Cost Benefit Analysis**

Costs associated with this project included an annual subscription to Survey Monkey online survey tool. The subscription fee for standard monthly student plan was \$23 with a total cost of \$276 for an annual membership. This cost covered design and management of survey questions and analysis of results. A total of five hours per CHW participant at a rate of \$20.00 per hour was estimated. The cost for each CHW participant was \$100 and \$1100 for 11 CHW participants. Project participants attended 30-minute project introductory meeting two weeks prior to implementation of education toolkit. Following introductory meeting, participants completed pretest ADKAR 5-point Likert scale survey based on the Community Health Worker Performance Measurement Framework. Participants attended a CHW toolkit education training for 90 minutes. Due to inability to cover content in its entirety, an additional 90-minute training was scheduled and held the following week. Average completion time for ADKAR pretest survey was one minute and two minutes for the Community Health Worker Performance Measurement Performance Framework survey. A 60-minute wrap-up session was held with participants. Average completion time for post-event feedback survey was one minute.

### **Interventions**



The focus of this project was to develop and test an education toolkit for CHWs who provide case management services to UnitedHealthcare Community Plan of Louisiana enrolled members. Providing education to CHW participants was expected to increase chart audit scores and improve contractual compliance. Implementation of an education toolkit was expected to improve CHW knowledge in documentation, accreditation agencies, medical terminology, contractual compliance, and health insurance payer systems. Microsoft PowerPoint was used to develop and present content of education toolkit. Question and answer stop points between sections and links to websites of covered content were included in education toolkit.

Described as an iterative and short rapid cycle used to improve process and test change, the PDSA model was used to test education toolkit on a small scale. Planning stage consisted of stating the problem, identifying team members, and planning strategies. Case Management Body of Knowledge and the Community Health Worker Performance Measurement Framework were used to develop education toolkit. Surveys were sent to CHW participants' emails by Survey Monkey online survey hosting site. The pre-test survey ADKAR was conducted to assess readiness of change. Case Management Performance Measurement Framework pre-test survey was used to assess inputs, processes, outputs, and obtain CHWs' feedback for identification of material to be included in education toolkit. Staff education should include a formal orientation program, cross-functional training, maintenance of professional skills, coaching, career development, and personal development (Gesme et al., 2010). Patient satisfaction, increased employee productivity, decreased turnover, and improved employee morale are identified positive outcomes of staff education. As indicated by IHI (n.d.), short surveys are inexpensive, simple and permit rapid completion of PDSA.

An introductory meeting was held with CHW project participants. The number of participants increased from 10 to 11 following participation request from an additional CHW. In this meeting, participants were introduced to the Doctor of Nursing Practice (DNP) project goals and content to be covered in training. Eleven CHWs participated in a 90-minute education training. All meetings were conducted using Microsoft Teams platform and education material was provided via PowerPoint slide presentation. Due to higher-than-anticipated participation, CHW requests, and inability to complete PowerPoint presentation in the education training session, an additional 90-minute training was scheduled and conducted the following week. Participants were provided with CHW education toolkit, LDH MCO contract, and EQRO determination review. During the do stage of the PDSA cycle, education toolkit was implemented by CHWs during documentation and management of cases. Goal was to improve CHW documentation by auditing charts and increasing chart audit scores from 82% average score to 100% by May 2021. In the study stage, post-audit scores were collected and compared to pre-chart audit scores. Team members met for 60-minute wrap up session to review chart audit scores and outcomes. Participants requesting individual results were provided with identification numbers of members selected for audits along with baseline audit scores and post implementation audit scores. Following wrap-up session and meeting with departmental managers, post-event feedback survey was completed by CHW participants one month following education toolkit training. Following wrap up session with CHW participants and case management managers, a collective decision was made to edit the toolkit by dividing content into separate PowerPoints toolkits. Toolkits were be adopted and disseminated across case management team.

### **Study of the Interventions**

According to IHI (n.d.), “the PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act)”. Planning is the first stage of Deming’s PDSA cycle that identifies the focus of the project, assembles team members, identifies responsibilities, and set goals. In the do stage of the PDSA cycle, the intervention/educational toolkit was tested on a small scale by CHW project participants. Implementation of the intervention occurred when CHW participants began applying the educational toolkit in managing members. Case management of members include all tasks and responsibilities required to ensure members receive access to appropriate care, provide social assessments, and member education.

The online platform Survey Monkey was used to create pre-test and post-implementation surveys, collect data and analyze results. Based on the ADKAR model, the 5-point Likert scale was used to assess participants awareness, desire, knowledge, ability, and reinforcement needed to successfully implement change (see Appendix A for pre-test ADKAR survey). Community Health Worker Performance Measurement Framework was used to create pre-test questions and composed of closed-ended and one open-ended questions (see Appendix B for pre-test Community Health Worker Performance Measurement Framework). A 5-point Likert scale was also used to develop the post-event feedback survey. Survey included five questions assessing content knowledge post training and one free text question to obtain feedback concerning barriers to goals.

### **Measures**

The Community Health Worker Performance Measurement Framework and ADKAR model were used to compose survey questions for outcome measures. Applied during the first

stage of research work, ADKAR measures effectiveness of the change process (Boca, 2013).

Community Health Worker Performance Measurement Framework addresses gaps in identifying relevant, pragmatic, and contextually appropriate indicators to monitor the performance of CHW programs (Agarwal et al., 2019). To obtain feedback, demographics, and identify education toolkit topics, pre-test surveys were administered to CHW participants. Survey Monkey was used to create surveys and collect responses. Participants received surveys through email invitation and web link. Post-event feedback survey assessed effectiveness of CHW education toolkit and barriers affecting outcomes (see Appendix C for post-event feedback survey).

As stated in CMBOK (n.d.), metrics can be used to monitor and assess quality and outcomes of important aspects of care or services. A chart audit is a tool used to assess performance and identify areas of improvement. Prior to implementation of education toolkit, one chart from each of the CHW participants was selected to obtain baseline chart audit scores using the MCO's case management audit tool. Audits also assess state contractual compliance and adherence to NCQA guidelines. Member charts with current case management enrollments between January 1, 2021 and March 1, 2021 were selected for audits. Following implementation of education toolkit, one post chart audit was conducted on each CHW participant to measure effectiveness of education toolkit.

### **Analysis**

The use of qualitative methods in qualitative research involves the systematic collection, organization, and analysis of textual material derived from talk or observation (Pope, 2002). Pre-test surveys and post-event feedback survey results were analyzed using Survey Monkey analysis tool. One chart from each CHW participant was audited prior to CHW training and implementation of toolkit to obtain baseline chart audit scores. Thirteen of 29 metrics from the

case management audit tool were selected to conduct audits. Each metric was equally weighted with total of 100 percentage points. Selected metrics were applicable to all member cases and specific to Louisiana's MCO contract and NCQA guidelines. Post-implementation chart audits were conducted to evaluate effectiveness of education toolkit. Baseline chart audit scores were compared to post-implementation chart audit scores to determine if education toolkit yielded improvements in documentation and bar charts were used to reflect chart audit percentage scores.

### **Ethical Considerations**

The Code of Ethics for Nurses with Interpretive Statements establishes the ethical standard for the profession and provides a guide for nurses to use in ethical analysis and decision making (*Code of Ethics Pdf*, n.d.). Ethics is rooted in the ancient Greek philosophical inquiry of moral life and research ethics involve requirements on daily work, the protection of dignity of subjects and the publication of the information in the research (Fouka & Mantzourou, 2011). Provision three of the Code of Ethics addresses protection of the rights of privacy and confidentiality and protection of human participants in research. Privacy and confidentiality refer to non-disclosure of Protected Health Information (PHI). Protection of human participants requires participants to make informed decisions and be allowed to withdraw from participation without ramifications. The names of CHWs were not identified and project participation was voluntary. Data collected did not include patient names or other identifiers. Participation in project did not include additional financial arrangements outside of company hourly pay or salary. Prior to project implementation, proposal was submitted to the Nursing Quality Review Committee for Institutional Review Board (IRB) determination.

### **Results**

Community Health Worker Performance Measurement Framework Survey included seven closed-ended question and one open-ended question. The ADKAR Model change adaptation survey used an 8-point Likert scale for questions related to the current and transition states. The model is most often used by managers to diagnose an organization's economical system resistance to change, help employees and managers transition through the change process, and create an action plan for professional development during change periods (Boca, 2013).

The pre-test Community Health Worker Performance Measurement Framework survey was completed by 10 of 11 participants. Survey demographic results indicated 30% of participants had one to two years of experience, 20% three to four years, and 50% with minimum five years of experience. Twenty percent of participants indicated some college and no degree, 10% two-year college degree, 40% four-year college degree, and 30% graduate level degree. Ten percent of participants reported being employed by a contracting agency and 90% were fulltime UHC employees. In describing satisfaction with new hire training, 40% of participants stated training was extremely helpful, 50% very helpful, and 10% somewhat helpful. Ten percent of participants strongly agree they are satisfied with MCOs on-the-job training, 70% agree, 10% were neutral, and 10% disagree. Eighty percent of participants indicated knowledge of medical terminology, 30% LDH MCO contract, 20% NCQA and HEDIS, and none of the participants had knowledge of EQRO review determinations. Sixty percent of participants have experience in Medicaid or Medicare, 80% previous case/care management experience, 60% experience in mental health or substance abuse disorders, and 50% bachelor's degree or higher (see Appendix D for Community Health Worker Performance Measurement Framework survey results). This

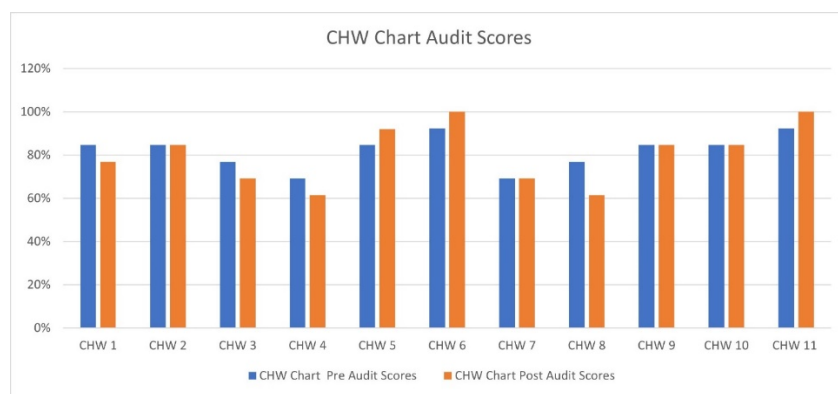
survey also assessed required and preferred qualifications as listed in the UnitedHealthcare Community Plan of Louisiana CHW job description.

The ADKAR model assesses an individual’s success for change. Participants completed a pre-test survey consisting of eight Likert survey questions to assess willingness to utilize education provided in CHW Education Toolkit. According to survey results, 80% of participants strongly agree toolkit will be beneficial and 60% support implementation of CHW toolkit (see Appendix E for ADKAR model pretest survey results).

Baseline chart audit scores were obtained using 13 metrics from the case management audit tool (see Appendix F for chart audit metrics). One chart for each of the 11 CHW participants was selected for audit. Charts with enrollment dates between January 1, 2021 and March 31, 2021 were selected for pre-chart and post-chart audits. Post-chart audits were conducted one month following pre chart audits. Pre-chart audits ranged from 69% to 92% with an average of 82%. Post-chart audits ranged from 62% to 100% with an average of 80%.

**Figure 3**

*CHW Pre and Post Audit Scores*

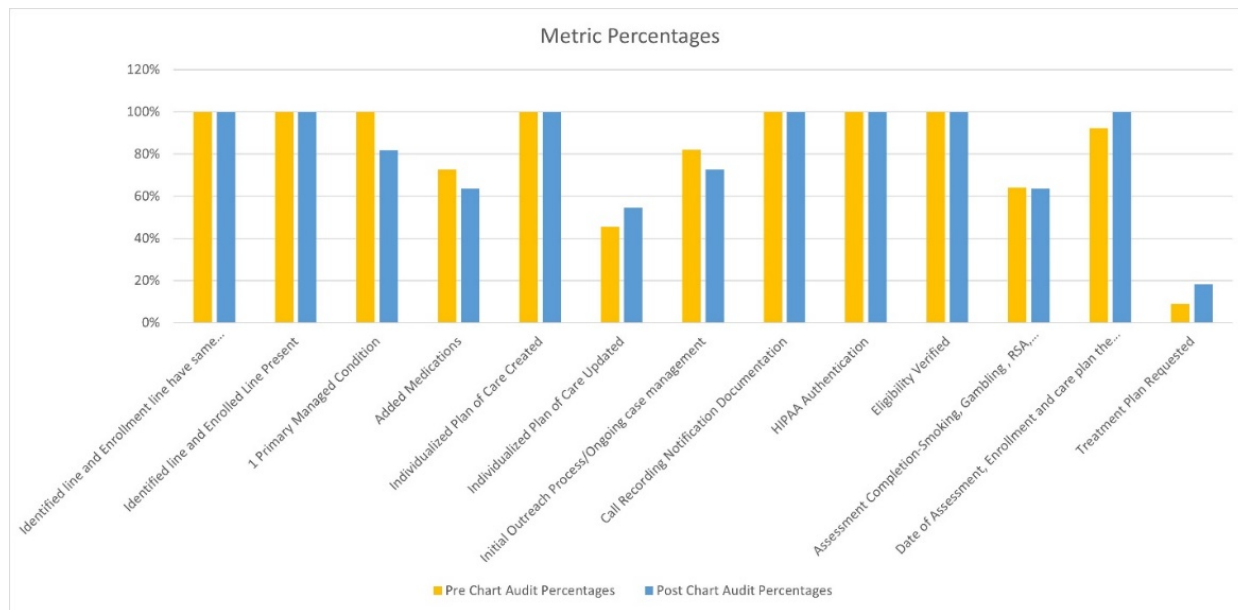


Selected metrics were applicable to federal laws, accreditation standards, MCO contract, and LDH managed care reporting deliverables. In the pre-chart audit, 7 of 13 metrics scored

100% and 2 of 13 metrics scored less than 50%. Post-chart audit results also include 7 of 13 metrics scored at 100% and 2 metrics scored less than 50%.

**Figure 4**

*Pre and Post Metric Percentages*



Participants completed post-event feedback surveys to assess knowledge of education toolkit content post-training (see Appendix G for post-event feedback survey results). In NCQA and HEDIS documentation knowledge, 9% of participants rated average, 64% good, and 28% rated very good. Ability to interpret language in the LDH MCO contract was rated poor by 9% of participants, 18% average, 46% good, and 27% very good. Medical terminology and documentation were rated average by 9% of participants, good by 27% good and 64% very good. In documentation improvement, 27% agreed and 73% of participants strongly agreed. With respect to peers’ support of training, 9% of participants were neutral, 27% agreed, and 64% strongly agreed. Participants were asked to share barriers contributing to inability to meet goals. These responses can be found in the post-event feedback survey.



## Discussion

### Summary

Louisiana Department of Health case management report is a managed care reportable deliverable due monthly. This report evaluates contract compliance of the special health care needs population. The contract language states MCO will identify and assess at least 90% of members with special health care needs (SHCN) within 90 days of receiving the member's historical claims data (*Request for Proposals for Louisiana Medicaid Managed Care Organizations*, 2019). The most recent case management report in April has shown an increase to 84%. Although surveys indicated 80% of participants were satisfied with job-related training, the case management department has not met MCO case management report deliverable.

Baseline chart audits revealed that less than 50% of participants successfully met individualized plan of care updates and treatment plan requests metrics. The above-mentioned are significant as these metrics are selected for annual EQRO review determinations. In post-chart audits, individualized care plan updates increased 5% to 55% and treatment plan requests increased by 9% to 18%. Although two participants increased by 8% to 100% and one participant increased by 7% to 92%, overall percentage scores decreased by 2 percentage points. The Community Health Worker Performance Measurement Framework measures programmatic processes such as supportive systems and incentives. Framework also measures CHW performance outputs such as CHW-wellbeing, motivation, and satisfaction. Aim of the project was to increase chart audit scores to improve documentation and compliance. Following review of post implementation chart audits and survey results, intrinsic and extrinsic factors were identified.

### Interpretation

Following completion of CHW training and implementation of education toolkit, project aim was not met as post-chart audit overall average score decreased by 2 percentage points to 80%. Two of 13 metrics increased in percentage points and two metrics decreased. According to post-event feedback survey results, knowledge related to NCQA/HEDIS guidelines and documentation and interpretation of LDH MCO contract improved. However, after reviewing post-event feedback survey, free text responses identified factors affecting CHW performance:

- low employee morale,
- lack of effective communication,
- changing roles and expectations,
- inconsistent training with new requirements,
- lack of communication, guidance, and support from leadership,
- unrealistic expectations of time required to manage cases,
- lack of career advancement, and
- few incentives for performance and low pay compensation.

According to Argarwal (2019), the know-do gap assessment of the actual performance of the CHW is more important, as knowledge does not always translate to practice, known as the “know-do” gap. If the know do gap is present, the CHW may possess the knowledge, skills, and abilities to be perform above expectations but may not meet expected goals due to intrinsic and extrinsic factors. The performance outcome motivation refers to intrinsic and extrinsic factors that influence CHWs’ interest in and willingness to perform their jobs (Agarwal et al., 2019). As outlined above, barriers attributed to intrinsic and extrinsic factors were also discussed in wrap-up session and post-event feedback surveys.

### **Limitations**

This quality improvement project encountered several limitations. In error, access to chart audit tool was not available. Managers were in the process of revising audit tool. These metrics were created using Microsoft Excel and awaiting rebuild by analytics team. Due to sensitivity of time, thirteen metrics were selected from the modified audit tool. The selected metrics were specific to NCQA standards and LDH MCO contract. Time constraints limited timeframe and number of baseline chart audits and post implementation chart audits.

Another limitation was sample size of participants. The case management department employs between 25 to 30 CHWs, 5 Registered Nurses (RN), and 1 Behavioral Health Advocate (BHA). Registered Nurses and BHAs are considered clinical staff and were excluded from this project. Community health worker participants were recruited during monthly team huddles and assigned managers. Due to voluntary participation, only 11 CHWs volunteered to participate in this project.

### **Conclusions**

This project found that CHW training in the areas of federal programs, state contracts, and accrediting agencies did not increase chart audit scores. In new hire training, CHWs receive training on documentation, departmental policies and procedures, job aids for member documentation, and are provided with continuous on the job training. CHWs described feeling empowered when in the know of organizational processes. Although participants supported the CHW education toolkit verbally during wrap-up session and through surveys, post chart audit scores decreased following implementation of toolkit.

The Community Health Worker Performance Measurement Framework provides measurement considerations for programmatic processes and performance output barriers. Despite survey results indicating CHWs are satisfied with ongoing training offered by the

organization, CHWs have been unable to demonstrate full compliance in documentation. The know-do gap was mentioned in the CHW competency measurement of the framework as a possible explanation for insufficient performance outcomes. In developing an aim statement, the implication was that goals were not met due to need for additional training. Identified as factors adversely affecting outputs and outcomes, this framework recognizes intrinsic and extrinsic factors will influence performance. Programmatic processes such as supervision and development and the outputs competency and well-being should be explored. Supervision, motivation, job satisfaction, attrition, and retention are outcomes that should be measured based on congruency with post-event survey feedback. Community health workers may be a member's first line of contact to the health plan. Job dissatisfaction and lack of motivation may negatively influence performance and quality of care disseminating across teams. Identifying root causes of intrinsic and extrinsic motivation factors affecting outcomes is critical in improving performance and organizational sustainability.

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## Appendix A

### ADKAR Model Survey

**ADKAR Survey**

1. I understand the goals and objectives of the Community Health Worker education toolkit.

Strongly Disagree      Disagree      Neither Agree or Disagree      Agree      Strongly Agree

★      ★      ★      ★      ★

2. I understand how the Community Health Worker education toolkit will promote MCO compliance.

Strongly Disagree      Disagree      Neither Agree or Disagree      Agree      Strongly Agree

★      ★      ★      ★      ★

3. I support training to implement the Community Health Worker education toolkit.

Strongly Disagree      Disagree      Neither Agree or Disagree      Agree      Strongly Agree

★      ★      ★      ★      ★

4. I believe I will benefit from the Community Health Worker education toolkit.

Strongly Disagree      Disagree      Neither Agree or Disagree      Agree      Strongly Agree

★      ★      ★      ★      ★

5. I have the necessary knowledge to apply the Community Health Worker education toolkit to my role.

Strongly Disagree      Disagree      Neither Agree or Disagree      Agree      Strongly Agree

★      ★      ★      ★      ★

6. I understand how the Community Health Worker education toolkit relates to my work.

Strongly Disagree      Disagree      Neither Agree or Disagree      Agree      Strongly Agree

★      ★      ★      ★      ★

7. I will be able to improve performance utilizing the Community Health Worker education toolkit.

Strongly Disagree      Disagree      Neither Agree or Disagree      Agree      Strongly Agree

★      ★      ★      ★      ★

8. I can positively contribute to the change of implementing Community Health Worker education toolkit.

Strongly Disagree      Disagree      Neither Agree or Disagree      Agree      Strongly Agree

★      ★      ★      ★      ★

## Appendix B

### Community Health Worker Performance Measurement Framework

#### Community Health Worker Performance Measurement Framework Survey

1. Which best describes your length of time employed with health plan?

- Less than 1 year
- 1 year to 2 years
- Between 3 and 4 years
- 5 years or more

2. What is the highest level of school that you have completed?

- Primary school
- Some high school, but no diploma
- High school diploma (or GED)
- Some college, but no degree
- 2-year college degree
- 4-year college degree
- Graduate-level degree
- None of the above

3. Which of the following best describes your CHW qualifications?

- |   |   |
|---|---|
| <input type="checkbox"/> Experience in Medicaid or Medicare       | <input type="checkbox"/> Experience in mental health or substance abuse disorders |
| <input type="checkbox"/> Previous care/case management experience | <input type="checkbox"/> Bachelors degree or higher in social work or counseling  |
| <input type="checkbox"/> Licensed Practical Nurse (LPN)           | <input type="checkbox"/> None of the above  |

4. Do you have a working knowledge in any of the following areas?

- |  |  |
|--|--|
| <input type="checkbox"/> National Committee for Quality Assurance (NCQA) and HEDIS | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> External Quality Reviews (EQR)                            | <input type="checkbox"/> None of the above   |
| <input type="checkbox"/> Louisiana Department of Health (LDH) MCO contract         |  |

5. Which of the following applies to your current employment status?

- I am a full time UHC employee.
- I am employed through a contracting agency.

6. How helpful was the training you received when you started your job?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Not so helpful
- Not at all helpful

7. I am satisfied with the job-related training my organization offers.

- Strongly Disagree
- Disagree
- Neutral/Neither agree nor disagree
- Agree
- Strongly Agree

8. Do you have any other comments, questions, or concerns?

### Appendix C

#### Post-Event Feedback Survey

##### Post-Event Feedback Survey

1. How would you rate your knowledge of NCQA documentation following training?

Very Poor	Poor	Average	Good	Very Good
★	★	★	★	★

2. How would you rate your knowledge of NCQA and HEDIS documentation following training?

Very Poor	Poor	Average	Good	Very Good
★	★	★	★	★

3. How would you rate your ability to interpret language in the Louisiana Department of Health MCO contract following training?

Very Poor	Poor	Average	Good	Very Good
★	★	★	★	★

4. How would you rate your knowledge of medical terminology and documentation following training?

Very Poor	Poor	Average	Good	Very Good
★	★	★	★	★

5. Do you agree this training will assist you in improving documentation?

Strongly Disagree	Disagree	Neutral/Neither Agree nor Disagree	Agree	Strongly Agree
★	★	★	★	★

6. My peers will support this training?

Strongly Disagree	Disagree	Neutral/Neither Agree nor Disagree	Agree	Strongly Agree
★	★	★	★	★

7. Please share barriers contributing to inability to meet goals.

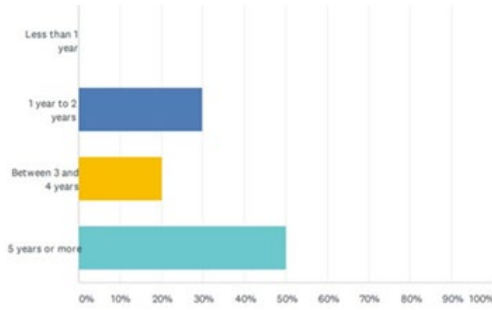
Appendix D

Community Health Worker Performance Measurement Framework Survey

Community Health Worker Performance Measurement Framework Survey

Q1 Which best describes your length of time employed with health plan?

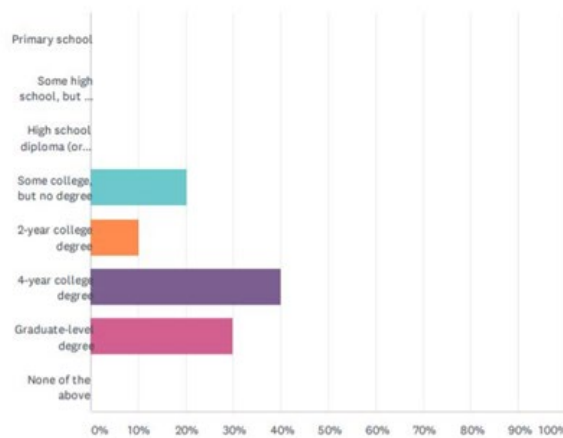
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES
Less than 1 year	0.00% 0
1 year to 2 years	30.00% 3
Between 3 and 4 years	20.00% 2
5 years or more	50.00% 5
TOTAL	10

Q2 What is the highest level of school that you have completed?

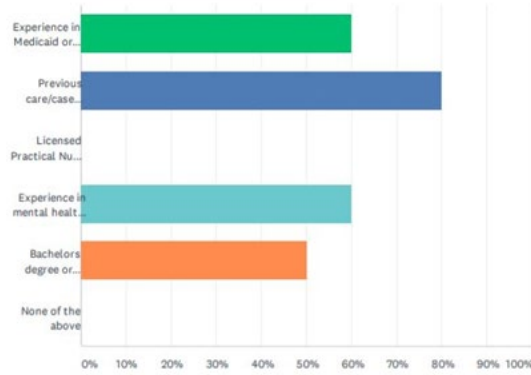
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES
Primary school	0.00% 0
Some high school, but no diploma	0.00% 0
High school diploma (or GED)	0.00% 0
Some college, but no degree	20.00% 2
2-year college degree	10.00% 1
4-year college degree	40.00% 4
Graduate-level degree	30.00% 3
None of the above	0.00% 0
TOTAL	10

Q3 Which of the following best describes your CHW qualifications?

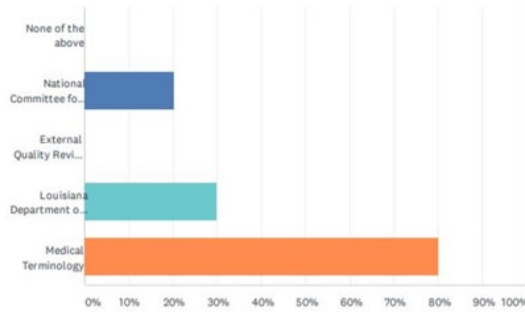
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES
Experience in Medicaid or Medicare	60.00% 6
Previous care/case management experience	80.00% 8
Licensed Practical Nurse (LPN)	0.00% 0
Experience in mental health or substance abuse disorders	60.00% 6
Bachelors degree or higher in social work or counseling	50.00% 5
None of the above	0.00% 0
Total Respondents: 10	

Q4 Do you have a working knowledge in any of the following areas?

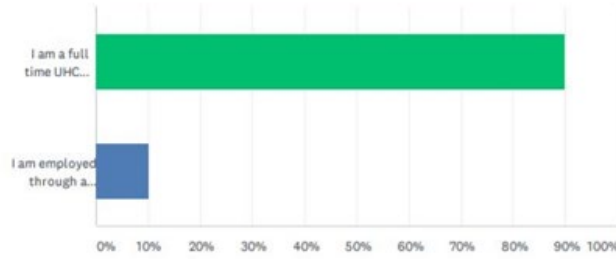
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES
None of the above	0.00% 0
National Committee for Quality Assurance (NCQA) and HEDIS	20.00% 2
External Quality Reviews (EQR)	0.00% 0
Louisiana Department of Health (LDH) MCO contract	30.00% 3
Medical Terminology	80.00% 8
Total Respondents: 10	

Q5 Which of the following applies to your current employment status?

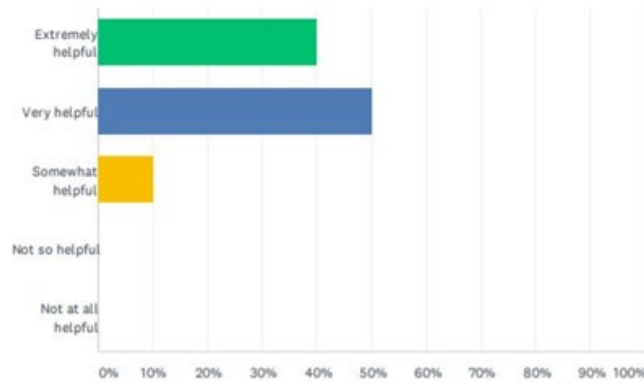
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
I am a full time UHC employee.	90.00%	9
I am employed through a contracting agency.	10.00%	1
TOTAL		10

Q6 How helpful was the training you received when you started your job?

Answered: 10 Skipped: 0

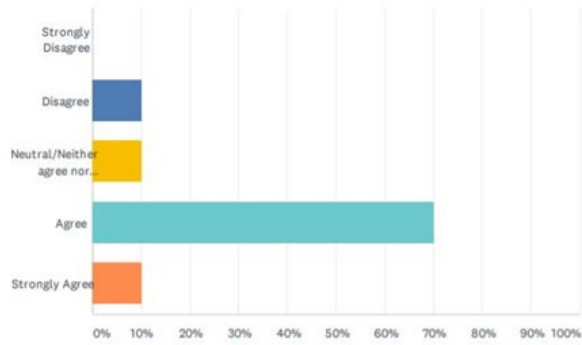


ANSWER CHOICES	RESPONSES	
Extremely helpful	40.00%	4
Very helpful	50.00%	5
Somewhat helpful	10.00%	1
Not so helpful	0.00%	0
Not at all helpful	0.00%	0
TOTAL		10



Q7 I am satisfied with the job-related training my organization offers.

Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly Disagree	0.00% 0
Disagree	10.00% 1
Neutral/Neither agree nor disagree	10.00% 1
Agree	70.00% 7
Strongly Agree	10.00% 1
<b>TOTAL</b>	<b>10</b>

Do you have any other comments, questions, or concerns?

Answered: 4 Skipped: 6

RESPONSES (4) WORD CLOUD TAGS (0) Sentiments: OFF

Filter: by tag Search responses

Showing 4 responses

- I am looking forward to gaining more insight as it relates to the healthcare arena. Thanks again for letting me be a part of your project.  
4/7/2021 11:52 AM View respondent's answers Add tags
- No  
4/7/2021 9:56 AM View respondent's answers Add tags
- I love my job!  
4/7/2021 9:52 AM View respondent's answers Add tags
- None  
4/7/2021 8:53 AM View respondent's answers Add tags

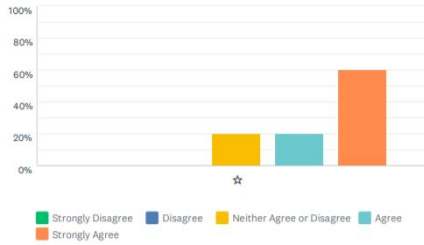
### Appendix E

### ADKAR Model Pre-test Survey Results

ADKAR Model Survey

Q1 I understand the goals and objectives of the Community Health Worker education toolkit.

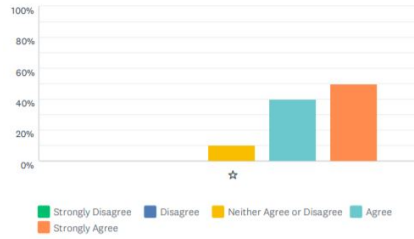
Answered: 10 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	20.00%	20.00%	60.00%	10	4.40
	0	0	2	2	6		

Q2 I understand how the Community Health Worker education toolkit will promote MCO compliance.

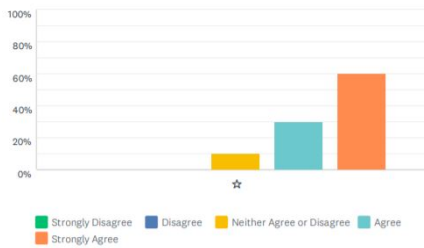
Answered: 10 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	10.00%	40.00%	50.00%	10	4.40
	0	0	1	4	5		

Q3 I support training to implement the Community Health Worker education toolkit.

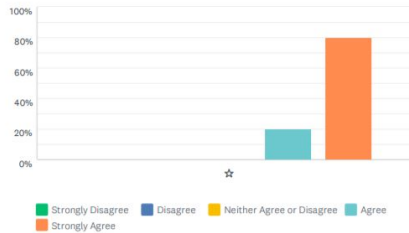
Answered: 10 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	10.00%	30.00%	60.00%	10	4.50
	0	0	1	3	6		

Q4 I believe I will benefit from the Community Health Worker education toolkit.

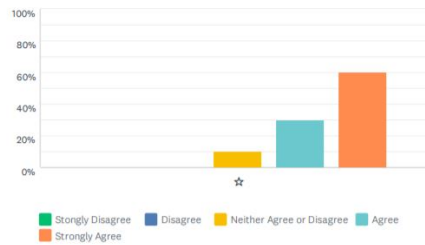
Answered: 10 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	0.00%	20.00%	80.00%	10	4.80
	0	0	0	2	8		

Q5 I have the necessary knowledge to apply the Community Health Worker education toolkit to my role.

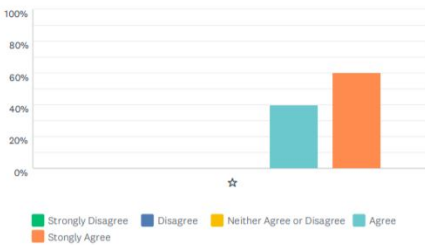
Answered: 10 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	10.00%	30.00%	60.00%	10	4.50
	0	0	1	3	6		

Q6 I understand how the Community Health Worker education toolkit relates to my work.

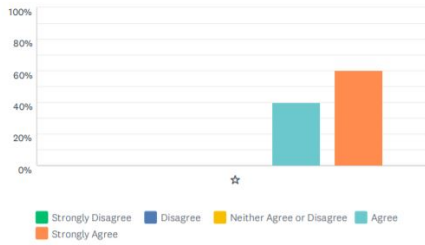
Answered: 10 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	0.00%	40.00%	60.00%	10	4.60
	0	0	0	4	6		

Q7 I will be able to improve performance utilizing the Community Health Worker education toolkit.

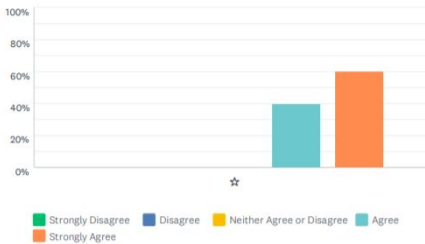
Answered: 10 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	0.00%	40.00%	60.00%	10	4.60

Q8 I can positively contribute to the change of implementing Community Health Worker education toolkit.

Answered: 10 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	0.00%	40.00%	60.00%	10	4.60

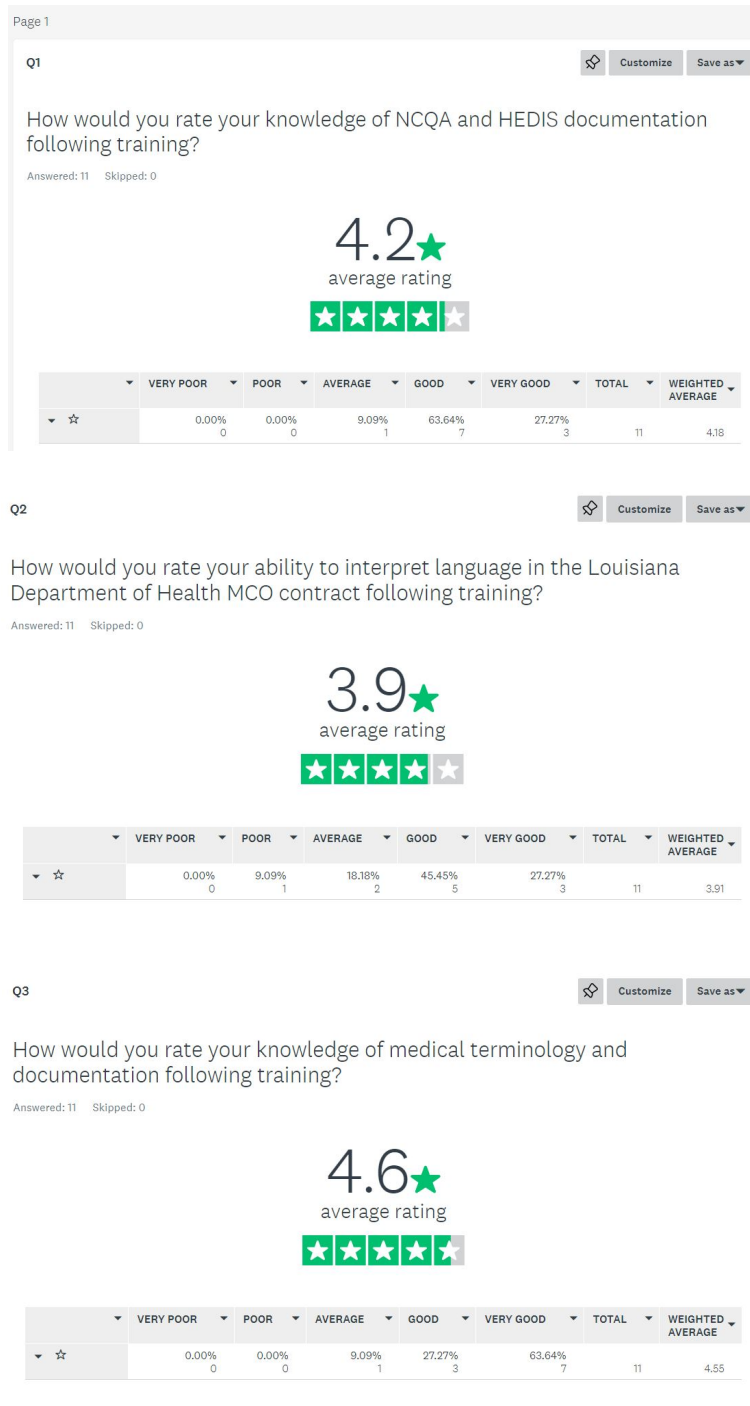
## Appendix F

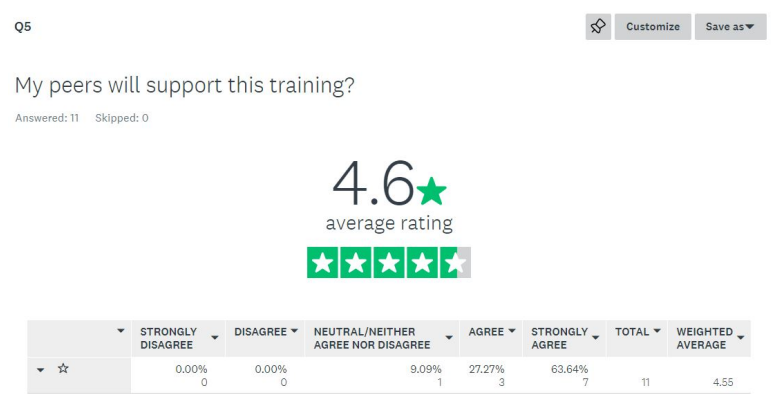
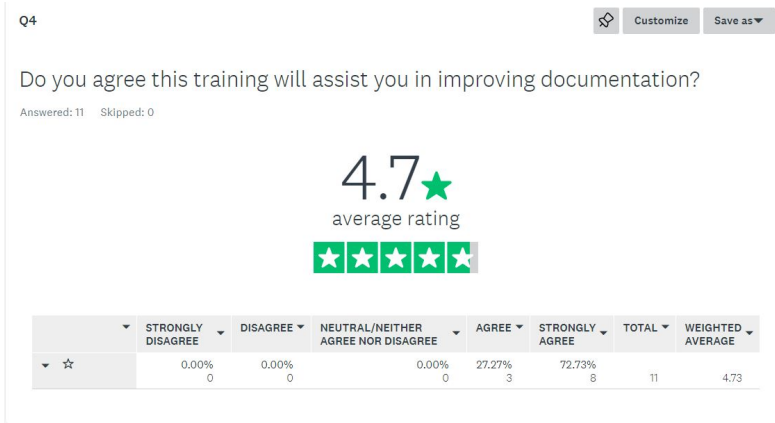
### Chart Audit Tool Metrics

1	Identified line and Enrollment line have same referral source
2	Identified line and Enrolled Line Present
3	<b>1 Primary Managed Condition (Is Uninterrupted Care Primary acceptable by LDH?)</b>
4	<b>Added Medications (CHWs) or Medication Reconciliation (RN CMs)</b>
5	<b>Individualized Plan of Care Created (including target opportunity)</b>
6	<b>Individualized Plan of Care Updated (Review and Revision)</b>
7	<b>Initial Outreach Process/Ongoing case management</b>
8	Call Recording Notification Documentation
9	HIPAA Authentication
10	Eligibility Verified / Documented
11	Assessment Completion-Smoking,Gambling,RSA,Core,Access to Care, TOC
12	<b>Date of Assessment, Enrollment and care plan the same</b>
13	Treatment Plan Requested-Requirement to request treatment plan from PCP-Follow appropriate steps if no PCP.

## Appendix G

### Post-Event Feedback Survey Results





Q6 Save as

Please share barriers contributing to inability to meet goals.

Answered: 9 Skipped: 2

RESPONSES (9) WORD CLOUD TAGS (0) Sentiments: OFF

Filter: by tag Search responses

Showing 9 responses

- There is no room for growth. All managers are not on the same page or manage them same. There is alot of work put on CHWs that go unrecognized. There are no incentives given for positive work ethics.  
5/10/2021 6:29 PM [View respondent's answers](#) [Add tags](#)
- As a CHW we need trainings like this monthly . We cannot do our job if we are not updated on changes that occur.i feel like CHWs should receive a higher pay compensation then they do because they are the ones on the front line. Alot of Chws need help with medical terminology. Alot of us are still struggling with documentation  
5/10/2021 5:45 PM [View respondent's answers](#) [Add tags](#)
- Lack of communication and support from management. Team moral no longer exist. Lack of guidance from management. Low pay, Delay with notification of inpatient /discharge. Lack of community resource knowledge.  
5/8/2021 5:15 PM [View respondent's answers](#) [Add tags](#)

Q6 Save as

Please share barriers contributing to inability to meet goals.

Answered: 9 Skipped: 2

---

**RESPONSES (9)** WORD CLOUD TAGS (0) Sentiments: OFF

Filter: by tag

Showing 9 responses

- I believe team moral has decreased and affects the team on completing goals. Also the fear of the CAP program  
5/7/2021 3:11 PM View respondent's answers Add tags
- Continuous role changes and expectations.  
5/7/2021 1:22 PM View respondent's answers Add tags
- My barrier is continuous training and update training when new requirements received.  
5/7/2021 12:45 PM View respondent's answers Add tags
- transparent expectations, descriptive communication  
5/7/2021 9:21 AM View respondent's answers Add tags

Q6 Save as

Please share barriers contributing to inability to meet goals.

Answered: 9 Skipped: 2

---

**RESPONSES (9)** WORD CLOUD TAGS (0) Sentiments: OFF

Filter: by tag

Showing 9 responses

- My barrier is continuous training and update training when new requirements received.  
5/7/2021 12:45 PM View respondent's answers Add tags
- transparent expectations, descriptive communication  
5/7/2021 9:21 AM View respondent's answers Add tags
- I believe United Health Care should give bravo bucks for birthday and anniversary. United Health care should know one assessment completing everything will take 2 1/2 to 3 hours. With 8 hours in a day if I enroll two mbr's it will take around 6 hours. All information provided was very informative and will help me do a better job.  
5/7/2021 8:10 AM View respondent's answers Add tags
- Lack of communication  
5/7/2021 8:03 AM View respondent's answers Add tags