

# Hospitals Hire Frontline Workers to Improve Care, Trim Costs

Nonmedical health workers trained to support patient outcomes in underserved and vulnerable communities



Nuzhat Quaderi, who manages Northwell Health's community health worker program, teaches a class designed to address health disparities and reduce emergency-room visits. PHOTO: KELLYANN PETRY FOR THE WALL STREET JOURNAL

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To drive down health care costs and improve outcomes for patients with chronic illnesses, New York's Northwell Health hospital system is training health care workers who can better relate to—and help—people from underserved and largely minority communities.

Less than a year old, Northwell's program has trained nearly 30 people to become community health workers, a nonmedical, entry-level job at the front lines of serving hard-to-reach patients in vulnerable communities, many of whom use Medicaid.

Parts of the job might include scheduling patients' transportation, calling to ensure medication is taken, signing patients up for public benefits, or working one-on-one during routine care following an illness or to manage a chronic condition like diabetes.

The role typically requires earning patients' trust, getting them to talk about their health and encouraging them to be receptive to care, workers say. People with varied life experience and history within a particular community are top recruits, according to Nancy Copperman, vice president of community health at Northwell.

"It's much easier to talk with someone who understands you and knows where you have been and has overcome things," said Ms. Copperman. "It's kind of like talking to your friend."

The growth of the community health worker role is partly the result of two shifts in the medical field.

The first started several years ago, as the industry moved away from fee-for-service reimbursement models toward value-based care, which rewards providers for quality of care and positive health outcomes. In a value-based system, the patient's care follows a more holistic approach.

The second is a growing focus on the so-called social determinants of health, an umbrella term for elements outside the medical realm that can be hurdles to health—from a person's access to transportation, job type, rent burden, living situation or immigration status.

Those changes have contributed to an increase in the number of community health workers throughout New York. There was an average of 5,440 community health workers in the state in May 2017, up from an estimated 1,790 in 2012, according to a report from Bureau of Labor Statistics. The current average annual wage for a community health worker in New York is \$45,070, according to the most recent BLS data.

Donna Stovall, 53 years old from Coram, N.Y., will graduate from Northwell's training program in December. She previously worked in retail, as a medical coordinator and in community organizing. What drew her to the program, she said, was the opportunity to start a new career and to help bridge a divide between the health care system and her diverse community. "A lot of people just do not take care of their health. They don't trust the system," said Ms. Stovall. "They need familiar faces and people they can identify with."

Some local hospital systems and community-based health groups have long employed community health workers. Mount Sinai Health System has hired some 250 community health workers since 2010. Their average salary is roughly \$50,000, according to Jane Maksoud, the system's chief human resources officer.

Northwell officials say their community health worker program partly stemmed from a need to take better care of high-risk Medicaid patients.

Doctors and nurse practitioners need to focus on the medical elements of care, whereas a community health worker can manage the logistical and interpersonal aspects, like bringing patients in for wellness screenings or connecting with primary-care physicians. The latter role can support earlier intervention, leading to decreased overall costs by preventing avoidable emergency room visits, for example.

So far, Northwell has seen positive early results. When community health workers were added to care teams in one program that serves Medicaid patients, patients turned to their teams more often for help setting up appointments or arranging for transportation for medical visits, for example, said Dr. Kristofer Smith, who leads Northwell's population health management efforts.

Northwell's two-month training program, which is funded with a \$750,000 gift from the foundation of JPMorgan Chase & Co., has heavily recruited trainees from communities of color and people who have historically been unemployed or underemployed. The training is a mix of classroom and field work, with a heavy focus on the basics of care management and client engagement.

Keith Rowe, 43 and from Freeport, N.Y., finished training about six months ago and now works for Northwell in a program helping patients with diabetes. Years ago Mr. Rowe suffered a serious accident at a previous job, he said. He draws on that experience when talking to patients who used to be active but now have difficulty getting up the stairs or who have had multiple surgeries, he said. "I have been there—what they have gone through and what they are going through," he said.