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Using Community Health Workers through Interprofessional Collaboration in Effecting Change in Quality of Life for Heart Failure Patients

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Introduction

With changes in our healthcare environment, hospitals and healthcare systems must find innovative ways to decrease readmissions and unnecessary emergency room visits, increase patient adherence, and manage chronic disease, while improving the patient's overall quality of life. Once creative approach is through the use of a Community Health Worker (CHW) program.

Purpose

According to Perry & Zullinger (2012), a CHW provides an essential link within the healthcare team and is a powerful force for promoting health behaviors. According to Brooks, et al. (2014), CHW programs have resulted in an average savings of $2,245 per patient. These authors estimated that that the healthcare system saves $2.28 for every $1 it invests in a community health workers program.

Studies show that approximately 76% of heart failure patients have a relatively poor quality of life, while most of these factors can be modified through the use of ongoing education (Lakdizaji, et al., 2013). In a randomized trial documented by Lakdizaji, et al. (2013), the control group that utilized an educational program showed significant differences in their total quality of life score as well as their individual physical and emotional dimensions as measured by the Minnesota Living with Heart Failure Questionnaire®. This study indicated that through ongoing education, heart failure patients' quality of life can be improved.

This program was designed to evaluate the effectiveness of adding the role of Community Health Worker to a current Continuum Case Management model on the quality of life for heart failure patients. Assisting with health education, patient navigation, and patient monitoring, CHWs act as a "bridge" between the patients and other healthcare providers to improve health behaviors and outcomes.

Study Design

Patients were identified for services following the same criteria used for RN Continuum Case Managers (CCM) . The CCMs initially assessed each patient and developed a plan of care. This assessment determined specific individual needs and how/if a CHW would be appropriate for involvement with the patient. This study included patients whose plan of care included services by the CHW.

This longitudinal cohort pilot study focuses on providing more skill appropriate, cost-effective chronic care management and expanded services to chronic heart failure patients (n=50).

The Minnesota Living with Heart Failure Questionnaire® (MLWHFQ) was used to evaluate the heart failure patients' perception of quality of life at the time of initiation of services and after 3 months. This tool measures the physical, emotional, social, and mental components of one's quality of life. The questionnaire utilizes a 6-point Likert scale to determine how much each of 21 facets prevented them from living as they desire (Rector, 2015).

MINNESOTA LIVING WITH HEART FAILURE® QUESTIONNAIRE

The following questions ask how much your heart failure (heart condition) affected your life during the past month (4 weeks). After each question, circle the 0, 1, 2, 3, 4 or 5 to show how much your life was affected. If a question does not apply to you, circle the 0 after that question.

Did your heart failure prevent you from living as you wanted during the past month (4 weeks) by -	No					Very Much
1. causing swelling in your ankles or legs?	0	1	2	3	4	5
2. making you sit or lie down to rest during the day?	0	1	2	3	4	5
3. making your walking about or climbing stairs difficult?	0	1	2	3	4	5
4. making your working around the house or yard difficult?	0	1	2	3	4	5
5. making your going places away from home difficult?	0	1	2	3	4	5
6. making your sleeping well at night difficult?	0	1	2	3	4	5
7. making your relating to or doing things with your friends or family difficult?	0	1	2	3	4	5
8. making your working to earn a living difficult?	0	1	2	3	4	5
9. making your recreational pastimes, sports or hobbies difficult?	0	1	2	3	4	5
10. making your sexual activities difficult?	0	1	2	3	4	5
11. making you eat less of the foods you like?	0	1	2	3	4	5
12. making you short of breath?	0	1	2	3	4	5
13. making you tired, fatigued, or low on energy?	0	1	2	3	4	5
14. making you stay in a hospital?	0	1	2	3	4	5
15. costing you money for medical care?	0	1	2	3	4	5
16. giving you side effects from treatments?	0	1	2	3	4	5
17. making you feel you are a burden to your family or friends?	0	1	2	3	4	5
18. making you feel a loss of self-control in your life?	0	1	2	3	4	5
19. making you worry?	0	1	2	3	4	5
20. making it difficult for you to concentrate or remember things?	0	1	2	3	4	5
21. making you feel depressed?	0	1	2	3	4	5

Outcomes

The evaluation of this project will follow the evaluation model by Donabedian that highlights structure, process and outcomes. The table below presents the operationalization of the three aspects of the model.

Program Evaluation Model		
Structure	**Process**	**Outcome of Service**
Resources	Use of CHWs for delivery of skill appropriate services	Most appropriate use of skill mix
Education	Self-management and patient/ family education	Increase patient family knowledge and self-management skills; improve quality of life
Access	Patient/family involvement in care and evaluation	Reduction in readmissions; ED visits
Healthcare Finances	Use of available/ app resources	Decrease healthcare expenses

Data collection began in March 2016.
Preliminary data will be available in August 2016.

References

Available upon request