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COACHing for COVID: A Qualitative Assessment of Incorporating Community Health Workers into Primary Care-Based COVID-19 Outreach

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COACHing for COVID: A Qualitative Assessment of Incorporating Community Health Workers into Primary Care-Based COVID-19 Outreach

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Context/background: In July 2020, recognizing the potential negative interaction between COVID-19 quarantine and medical and social needs, Oregon Health & Science University Family Medicine at Richmond developed a workflow to support clinic patients with acute social and medical needs who test positive for COVID-19. The workflow relies on Community Health Workers (CHWs) who call these patients and ask questions intended to identify social and medical needs. Within this workflow, patients with identified needs are connected by CHWs to community resources. The workflow is intended to reduce barriers to patients' ability to maintain isolation while adhering to physical distancing guidelines, and to help patients address social determinants of health (SDH).

Objective: Develop a comprehensive understanding of the design, implementation, and maintenance of the workflow via key informant interviews, with the goal of creating guidance for other primary care practices interested in developing a similar workflow.

Methods: This was a qualitative study conducted in a federally qualified health center housed in the department of family medicine at an academic health center. Key informant interviews were conducted with six personnel involved in developing the workflow. Using a semi-structured interview guide, evaluators asked participants about processes, barriers, and facilitators involved with design, implementation, and maintenance of the workflow. Participants were also asked to provide their assessment of the workflow's impact on patients, the clinic, and the healthcare system. Interviews were analyzed using an immersion-crystallization approach.

Results: Prominent themes associated with the workflow's development included adaptability, content expertise, data, environmental unpredictability, funding, staff bandwidth, lack of coordination across the system, patient centeredness and whole-person care. Perceptions of the workflow's impact most commonly related to its effects on the relationship between patients and the healthcare system. Across all project phases (design, implementation, and maintenance), adaptability and content expertise were reported to be essential for success. The main barrier across project phases was lack of coordination across the system. Delivery of whole-person care was felt to be the primary benefit to both patients and the healthcare system.

Conclusions: Personnel from a variety of disciplines expressed that integration of CHWs into COVID-19 outreach was beneficial to both patients and the primary care practice. For other practices interested in implementing such a workflow, key informants identified themes for success including a project framework built on patient-centeredness, adaptability and the unique content expertise of CHWs. Across all project phases, adaptability was a prominent facilitator while lack of system coordination was a prominent barrier. Overall, the workflow was felt to be beneficial to the patient-system relationship, the most common reason being the workflow's emphasis on providing whole-person care.