CommonSpirit

Implementation Lessons: Community Health Integration and Principal Illness Navigation Services

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Prepared by: Center for Community Health & Evaluation | **Prepared for:** CommonSpirit Health

For questions or additional information, contact Marc Rosen or Azieb Ermias

marc.rosen@commonspirit.org | azieb.ermias@commonsprit.org

commonspirit.org/mhes-pilot

Executive Summary

From September 2024 through March 2026, CommonSpirit Health implemented the Medicare Health Equity Services Pilot across eight clinics in six markets to better understand how Community Health Integration (CHI) and Principal Illness Navigation (PIN) services could be operationalized, reimbursed, and sustained within routine healthcare delivery. Participating sites entered the pilot with established Community Health Worker (CHW), Patient Navigator, care coordination, or social care programs. Rather than creating new services, the pilot focused on adapting existing programs to meet Medicare reimbursement requirements.

The evaluation found broad agreement that CHI and PIN services addressed important patient and community needs and aligned closely with CommonSpirit's mission and commitment to whole-person care. However, the pilot demonstrated that readiness to deliver CHW and Patient Navigator services was not the same as readiness to sustain those services through Medicare reimbursement. While participating organizations already had experience providing social care coordination, many lacked the operational infrastructure needed to support reimbursable service delivery, such as documentation workflows, provider engagement, governance processes, EHR functionality, billing operations, revenue cycle integration, and cross-functional coordination. As a result, the pilot became less a test of whether CHW and Patient Navigator services were valuable than whether existing programs could successfully be adapted to a Medicare reimbursement model. Implementation

Participating Sites

Rainier Health Network/Virginia Mason Franciscan Health | Bremerton, WA

Dignity Health Connected Living | Redding, CA

Mercy Medical Group/Dignity Health Medical Foundation | Sacramento, CA

Dignity Health St. Joseph's Medical Center Community Health Department | Stockton, CA

Senior Health First St. Anthony/St. Anthony North | Lakewood, CO; Westminster, CO

CHI St. Alexius Health Mandan Primary Care/Pinehurst Clinic | Mandan and Bismarck, ND

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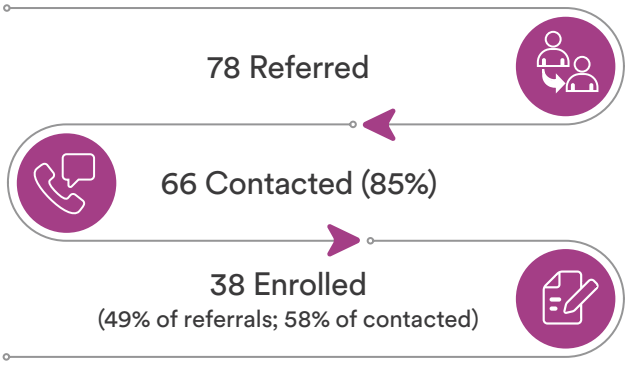
challenges were driven primarily by the work required to build new operational and reimbursement infrastructure rather than by delivering the services themselves. The evaluation generated practical lessons about the organizational, operational, and reimbursement conditions needed to support sustainable implementation of CHI and PIN services.

Although the pilot did not establish long-term financial sustainability, it generated practical implementation guidance, operational workflows, readiness resources, and organizational learning. These resources can inform future CHI and PIN implementation, and CHW sustainability more generally, within CommonSpirit and by other health systems seeking to integrate social care services into routine healthcare delivery.

Patient Flow Through the Pilot



Note: *Referred indicates patients referred to a CHW or Patient Navigator for CHI or PIN services. Contacted indicates referred patients who were successfully reached by a CHW or Patient Navigator. Enrolled indicates patients who consented to and enrolled in CHI or PIN services.*

Top Four Distribution of Referral Needs Among Enrolled Patients (N = 38)

24%
Financial Strain

17%
Family and Community Support

17%
Care Navigation

15%
TransportationProblems

Key Findings

1. Program benefits were clear; long-term sustainability remained uncertain.
2. Service delivery readiness did not equal reimbursement readiness.
3. Organizational agility mattered as much as staffing and infrastructure.
4. Implementation worked best when key operational partners were involved early.
5. Billing aligned best with intensive, longitudinal CHW and Patient Navigator services.
6. Community organizations were essential, but formal integration remained difficult.
7. Several reimbursement requirements complicated scale and sustainability.