

**STATE OF CONNETICUT**  
**State Innovation Model**  
***Community Health Worker Advisory Committee***  
**Meeting Summary**  
**Tuesday, March 21, 2017**  
**2:30 pm – 4:00 pm**

**Location:** Litchfield Room, CT Behavioral Health Partnership, Suite 3D, 500 Enterprise Drive, Rocky Hill, CT 06067

**Members Present:** Migdalia Belliveau, Lauren Rosato, Milagrosa Seguinot (Chair), Terry Nowakowski, Mayce Torres

**Members on the Phone:** Ashika Brinkley, Thomas Buckley, Juan Carmona, Michael Corjulo, Darcey Cobbs-Lomax, Grace Damio, Tiffany Donelson, Loretta Ebron, Peter Ellis, Liza Estevez, Chioma Ogazi

**Members Absent:** Yolanda Bowes, Linda Guzzo, Nicholas Peralta, Robert Zavoski

**Other Participants:** Supriyo Chatterjee, Brenda DelGado (phone), Tekisha Everette, Meredith Ferraro, Bruce Gould, Maggie Litwin, Katharine London, Jenna Lupi, Mark Schaefer (phone), William Tootle, Stanley Zazula

**1. Call to Order and Introductions**

Milagrosa Seguinot served as Chair and called the meeting to order at 2:38 pm.

**2. Public Comments**

There were no public comments.

**3. Approval of Minutes**

Ms. Seguinot proposed replacing all instances of “24 months” in the 2/21/17 minutes with “two years” and changing the word “form” on page 4 to “from.” Motion: to approve minutes from 2/21/17 with recommended changes—Lauren Rosato; seconded by Migdalia Belliveau. Vote: all in favor.

**4. Certification Recommendation Discussion and Vote**

Katharine London led discussion of two outstanding questions about the committee’s certification recommendation.

Question 1: Should recertification be required every two years?

Mayce Torres noted that renewal fees would help offset DPH’s administrative burden. Michael Corjulo raised the question of whether two years would be sufficient time to complete all of the recertification requirements. Migdalia Belliveau observed that Certified Health Educators could provide guidance on recertification. She also recommended that CHWs be required to learn about changing epidemiological trends at least every two years. Ms. Seguinot referred to Texas’s recertification process and online multimedia training resources as a potential model. Everyone agreed on keeping two years as the length of certification.

Question 2: Should grandfathering be allowed based solely on passing the standardized competency-based assessment?

Ms. Torres recommended eliminating the grandfathering option altogether and requiring everyone to take a test because it would help make the CHW workforce more uniform. Ms. Belliveau disagreed, saying that it is important to have grandfathering and two forms of it: via either experience (option A) or standardized assessment (option B). Option A is important for retaining those CHWs with lots of practical experience and avoiding insulting them. Option B is important because it could open up opportunities for those who get laid off. Ms. Seguinot suggested that if option B remains, then it requires some clarification. Darcey Cobbs-Lomax recommended keeping both options. As an employer, she would likely look for certification, but she would also look for other things relevant to the job, like years of experience or Spanish proficiency. She advocated letting employers decide how much experience, if any, is necessary for any particular position.

Further discussion revealed that a general concern about the way option B was written was that someone without any experience as a CHW could take the assessment during the grandfathering period and become a “Certified CHW.” Members agreed that that would go against the goal of grandfathering, which is to recognize and honor what someone already is, as Tekisha Everette put it. Katharine London then proposed a revision (in red) of option B based on these concerns:

DPH shall allow for grandfathering: For the first two years, DPH shall issue certifications to CHWs who demonstrate knowledge of the core competencies and experience of the CHW field based on either a) completion of a designated number of hours as a CHW and recommendations from current or previous employers or b) a reduced number of hours of experience and passing the standardized competency-based assessment (number of hours to be determined by DPH and Advisory Committee).

Lauren Rosato made a motion to accept the following changes to the committee’s certification recommendation:

- substitute two years for 24 months
- add the proposed experience requirement to grandfathering option B

Migdalia Belliveau seconded the motion. Vote: all in favor.

## **5. Primary Care Payment Reform Update and Discussion**

Jenna Lupi reviewed primary care payment models and their pros and cons, presented stakeholder-interview findings, and engaged the committee in a discussion of primary care payment reform as a potential means for sustainably financing CHWs.

Bruce Gould emphasized that CMS is pushing the healthcare system toward population-based payment and that many of the value-based payment-reform policies enjoy bipartisan support. CHWs will become widespread and integrated when a more global view of healthcare delivery is in place. It is difficult to add people to the care team if they are not billable, and payers have indicated that they do not want to pay for CHWs under a fee-for-service model. With the system moving toward holding providers accountable for outcomes, they cannot afford not to have CHWs on their teams. Those providers that do not get the required outcomes will cease to exist. That is where the system is going.

Grace Damio asked what Medicaid's position is, and Ms. Lupi said that, as per her earlier message, Medicaid/DSS is not going to pursue Comprehensive Primary Care Plus (CPC+). Ms. Damio expressed concern about Medicaid's not participating in CPC+, saying that it seems like an enormous gap. She proposed making a recommendation to the Steering Committee about the importance of having Medicaid participate in CPC+. Thomas Buckley strongly agreed with Ms. Damio, adding that he was disturbed by the news that the administration was not going to pursue CPC+. He thought Medicaid's not participating would dramatically lower the state's chances of receiving the funding and thus proposed recommending that Medicaid be included in CPC+.

Mark Schaefer noted that primary care payment reform can include as a goal both investing more money in primary care, which can enable the hiring of a more diverse care team, and making the primary care setting more flexible so that there are different ways (home visits, phone consults, etc.) to engage patients beyond simply bringing them in for a visit. Primary care reform typically gets more money to practices to do these things. Dr. Schaefer said that what he was hearing from the committee was that primary care payment reform would be good if it led to CHW involvement on the care team, which is what CPC+ does. It requires practices to demonstrate that they are actually diversifying the care team and not, for example, just passing the money through as staff salary increases or bonuses. He suggested that one of the things the committee might want to consider is making a more fine-grained recommendation that says, for instance, that the committee cares about how the money is going to be spent and would like to see a requirement to diversify the care team with CHWs.

Mr. Buckley affirmed that Dr. Schaefer's comments made sense, but he said they did not change his view about the need for Medicaid to be part of the state's CPC+ proposal. Their exclusion is not going to facilitate the integrated team-based model that the SIM is promoting. He recommended that the committee state that it cannot move forward without including Medicaid in the CPC+ proposal.

Peter Ellis relayed that for him, as a primary care physician, having more money for primary care and more flexibility is very appealing. His practice is doing more and more email consultations that help people control their blood pressure, but he gets paid only if he sees a patient. More flexibility is therefore important. He enumerated the many demonstrated strengths of CHWs (e.g., controlling diabetes and hypertension) and stressed his support for integrating CHWs through primary care practice and his desire to have them on his care team.

Tiffany Donelson thought the recommendation should include language about integrated care teams and encouragement of DSS to reconsider its position on CPC+. She was concerned, however, about saying that the committee could not move forward without DSS. It will be challenging to move forward without them, but innovation needs to occur in the state.

Mr. Buckley asked the committee what the likelihood is for receiving CPC+ funding without Medicaid's participation. Dr. Schaefer responded that CMMI, the CPC+ grant-funding agency, will give preference to states that are SIM states with Medicaid participation. Mr. Buckley clarified that he was not suggesting that the committee not move forward. Rather, he was suggesting that the committee strongly urge Medicaid to be involved in CPC+ because it would increase the likelihood of Connecticut's being selected. Ms. Donelson agreed, but she would want the committee to move forward with or without Medicaid. Mr. Buckley observed that studies show that CHWs save the most money and produce the best outcomes in marginalized communities, which is the Medicaid population. He recommended therefore that the committee note that it thinks Medicaid is losing a big opportunity with communities that are most impacted by the effective delivery of CHW services. Dr. Ellis agreed.

Ms. Lupi drafted the following recommendation based on the committee's discussion:

- The proposed primary care payment reforms represent an opportunity to sustainably finance CHWs as members of the care team.
- Primary care payment reform should include a requirement that providers incorporate Community Health Workers into their care teams.
- DSS should reconsider their position on CPC+. CHW services have been demonstrated to improve quality outcomes while containing costs. CHW models have been shown to be most effective in underserved populations, such as those enrolled in Medicaid.

Motion: to accept the proposed CPC+ recommendations to the Steering Committee—Lauren Rosato; seconded by Migdalia Belliveau. Vote: all in favor.

#### **6. Next Steps and Adjourn**

The Steering Committee will consider the CHW Advisory Committee's recommendations on 3/23/17 via webinar. Ms. Lupi will send out call-in information for those who would like to listen in.

The meeting adjourned at 4:21 pm.