Community Health Worker Advisory Committee

April 19, 2016

Meeting Agenda

Item	Allotted Time
1. Introductions/Call to order	10 min
2. Collection of Conflict of Interest Forms	5 min
3. Public Comments	10 min
4. Project Goals and Timeline	10 min
5. SIM Overview and Goals	15 min
6. CHW Landscape- Nationally and Locally	15 min
8. Open Discussion	45 min
9. Confirmation of Committee Charter	5 min
10. Next Meeting and Next Steps	5 min

Introductions

CHW Advisory Committee- Welcome

Migdalia Belliveau
Generations Family Health Center

Ashika Brinkley
Connecticut Associations of Directors of Health

Yolanda Bowes
United Community and Family Services

Thomas Buckley
UConn School of Pharmacy

Juan Carmona
Project Access New Haven

Darcey Cobbs-Lomax
Project Access New Haven

Michael Corjulo
Children's Medical Group

Grace Damio
Hispanic Health Council

Tiffany Donelson
Connecticut Health Foundation

Loretta Ebron
Optimus Health Care

Peter Ellis
Project Access New Haven

Liza Estevez
Northeast Medical Group

Linda Guzzo
Capitol Community College

Terry Nowakowski
The Connection, Inc.

Chioma Ogazi
CT Department of Public Health

Jacqueline Ortiz Miller
Curtis D Miller Center for Health Equity

Nicholas Peralta
ProHealth Physicians

Lauren Rosato
Planned Parenthood of Southern New England

Milagrosa Seguinot
CHW Association of Connecticut

Mayce Torres
Planned Parenthood of Southern New England

Robert Zavoski
CT Department of Social Services

SIM CHW Initiative- Team Members

CHW Initiative Team

- Bruce Gould, UCONN Health/ Connecticut AHEC
- William Tootle, UCONN Health/ Connecticut AHEC
- Meredith Ferraro, Southwestern AHEC
- Stanley Zazula, Southwestern AHEC
- Luisa Casey, Southwestern AHEC
- Katharine London, UMASS Medical School

Conflict of Interest Forms

Public Comments

2 minutes per comment

Charter

The Community Health Worker Advisory Committee will develop recommendations for the Healthcare Innovation Steering Committee with respect to the training, promotion, utilization and certification of Community Health Workers (CHWs), as well as establishing a framework for sustainable payment models for compensation. The Committee's work will support the recommendations of the Practice Transformation Task Force with respect to the role of CHWs in care delivery reforms. The Committee will also examine key success factors for employers of CHWs including basic understanding of the nature of the workforce, requirements for successful integration of CHWs into clinical operations, distinctive considerations in hiring and supervision, and provision of technical/clinical backup to CHWs in home and community settings. The goal of the Committee is to support the integration of and effective support for CHWs in the healthcare system and the communities that they serve.

Key focus of this group:

CHW Advisory Committee charge:

1. Recommend a policy framework that examines a range of issues relevant to establishing a CHW workforce, which may include:

   a) Definition of CHW which properly represents the diversity of individuals who work in the field

   b) Scope of Practice, including practice within a comprehensive care team

   c) Skill requirements, nationally recognized competencies/standards, and criteria and mechanisms for accreditation of training programs

   d) Certification Process

   e) Options for sustainable financing of CHWs, especially as part of the reforms recommended by the Practice Transformation Task Force

2. Propose a toolkit for CHW utilization that will provide strategies for:

   a) Integration of CHWs into health care systems and teams

   b) Supervision and support of CHWs

   c) Inclusion of CHWs in staffing under value-based payment models

   d) Access to CHW assistance for providers and patients: who receives their services and how the services are implemented

   e) CHW Career Ladder

3. Facilitate integration of the Community Health Worker Association of Connecticut into the process of developing the CHW workforce in the state

Project Goals

Phase 1: Recommend a **Policy Framework** to establish a CHW workforce

- CHW Definition
- Scope of Work
- Required Skills
- Certification Process
- Sustainable Funding Mechanism
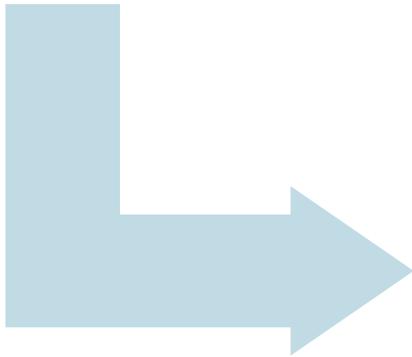
Phase 2: Propose a **Toolkit** for CHW Utilization

- Integration into healthcare teams
- Supervision and support
- Inclusion in payment models
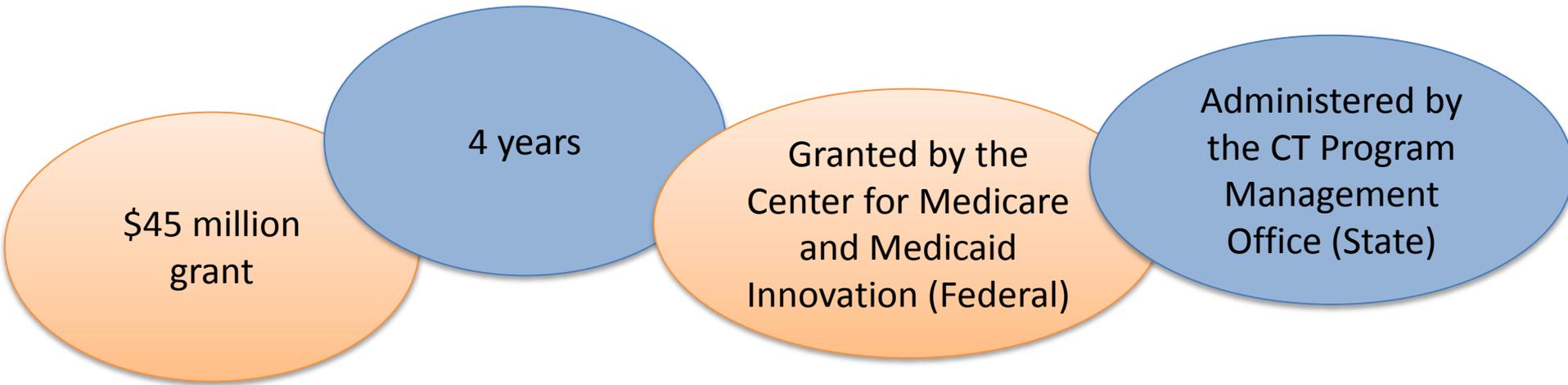- Access to CHW services
- CHW Career Ladder

CHW Advisory Committee Timeline

Activity	Timeframe
Develop Recommendations on Policy Framework	April 2016-October 2016
Present Policy Framework and respond to feedback from the SIM Steering Committee	October 2016- December 2016
Develop toolkit recommendations	Beginning January 2016

SIM Overview & Goals

What is the State Innovation Model (SIM)?

$45 million grant

4 years

Granted by the Center for Medicare and Medicaid Innovation (Federal)

Administered by the CT Program Management Office (State)

Grants were awarded to:
- 6 states in Round 1
- 11 states in Round 2 (including CT)

Each state will test a unique approach to achieve **the goal**

Triple Aim
- Improve population health
- Improve quality of care and experience
- Decrease costs

Why do we need the SIM?

Southeast Asian Listening Session-October 2015

- 45% of Cambodians and 14% of Vietnamese self-reported symptoms of Post-Traumatic Stress Disorder (PTSD)

- Rates of depression among Vietnamese, Laotian, Cambodian, 36%, 16% and 74%, respectively

- Higher risk of diabetes, hypertension, cardio-vascular disease, cervical cancer, and more

- **Barriers to care – cultural appropriateness, low cultural acceptance of preventive health, language, other social factors**

- As distinct sub-populations, they are not captured in OMB race/ethnicity categories; needs can go unrecognized and difficult to target for quality improvement

SIM Southeast Asian Listening Session revealed that members of the Southeast Asian community in Connecticut face specific healthcare challenges, including high rates of diabetes and hypertension

Stages of Transformation

Connecticut's Current Health System: "As Is"

Our Vision for the Future: "To Be"

We are here

Fee for Service 1.0

Accountable Care 2.0

Health Enhancement Communities 3.0

- **Limited accountability**

- Pays for quantity without regard to quality

- Lack of transparency

- Unnecessary or avoidable care

- Limited data infrastructure

- Health inequities

- Unsustainable growth in costs

- **Accountable for patient population**

- **Rewards**
  - **better healthcare outcomes**
  - **preventive care processes**
  - **lower cost of healthcare**

- Competition on healthcare outcomes, experience & cost

- Coordination of care across the medical neighborhood

- Community integration to address social & environmental factors that affect outcomes

- Accountable for all community members

- Rewards
  - prevention outcomes
  - lower cost of healthcare & the cost of poor health

- Cooperation to reduce risk and improve health

- Shared governance including ACOs, employers, non-profits, schools, health departments and municipalities

- Community initiatives to address social-demographic factors that affect health

Our Journey from Current to Future: Components

CT SIM Component Areas of Activity

Transform Healthcare Delivery System

Build Population Health Capabilities

Reform Payment & Insurance Design

Transform the healthcare delivery system to make it more coordinated, integrate clinical and community services, and distribute services locally in an accessible way.

Build population health capabilities that reorient the healthcare toward a focus on the wellness of the whole person and of the community

Reform payment & insurance design to incent value over volume, engage consumers, and drive investment in community wellness.
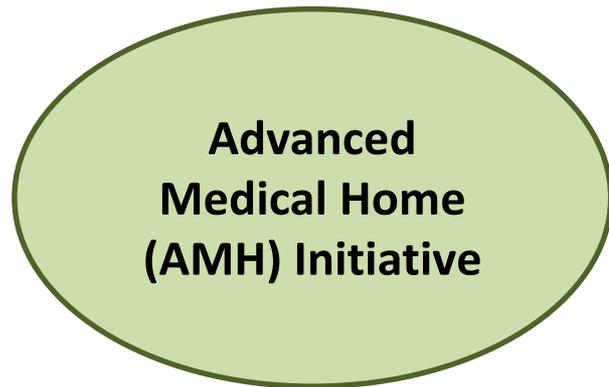
Engage Connecticut's consumers throughout

Integrate Community Health Workers

Invest in enabling health IT infrastructure

Evaluate the results, learn, and adjust

Transforming the Healthcare Delivery System

Major SIM Initiatives

Advanced Medical Home (AMH) Initiative

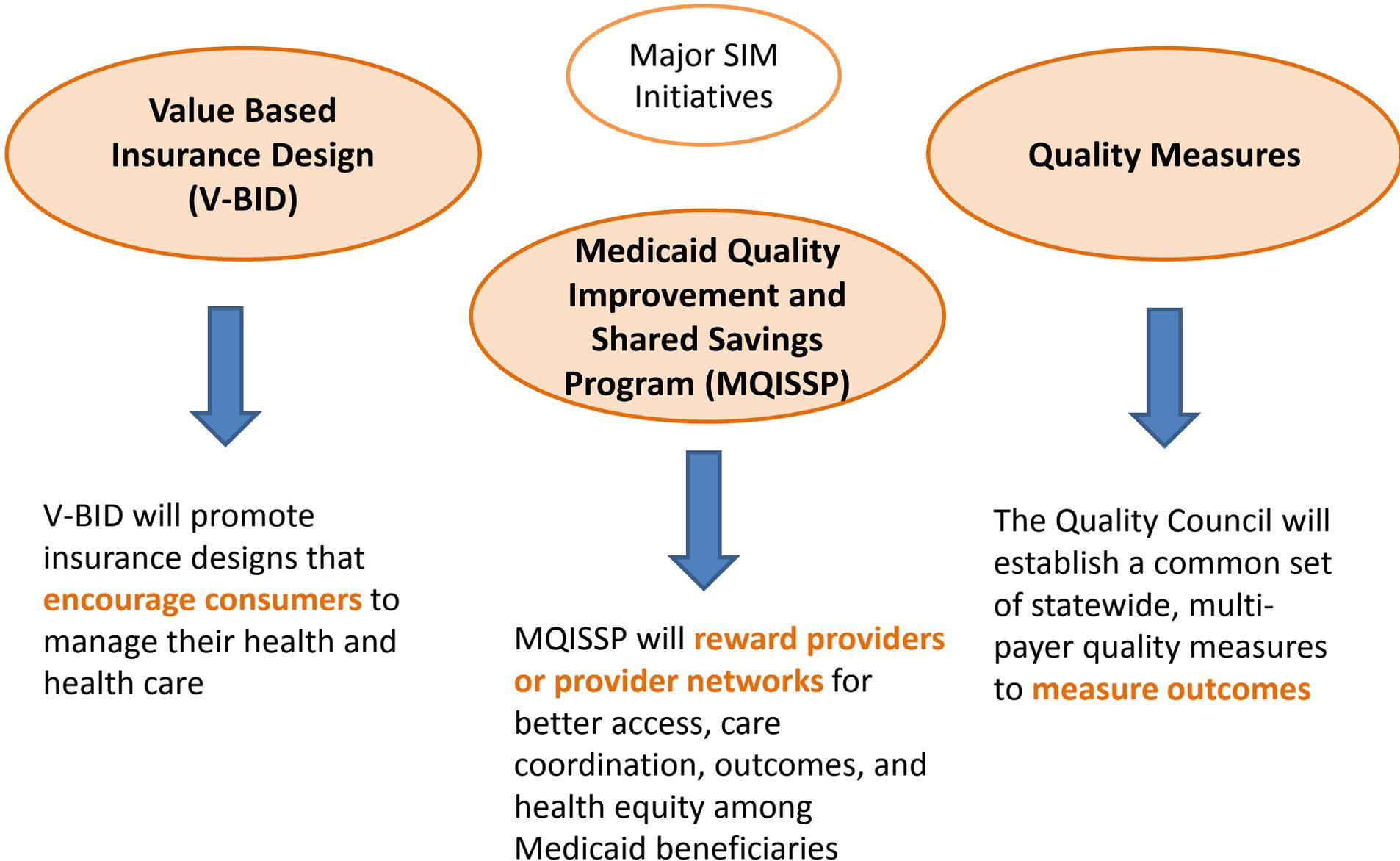**Community and Clinical Integration Program (CCIP)**

Individual Practices will focus on improving capabilities around:
- Whole-Person Centered Care
- Coordination through the Primary Care Team
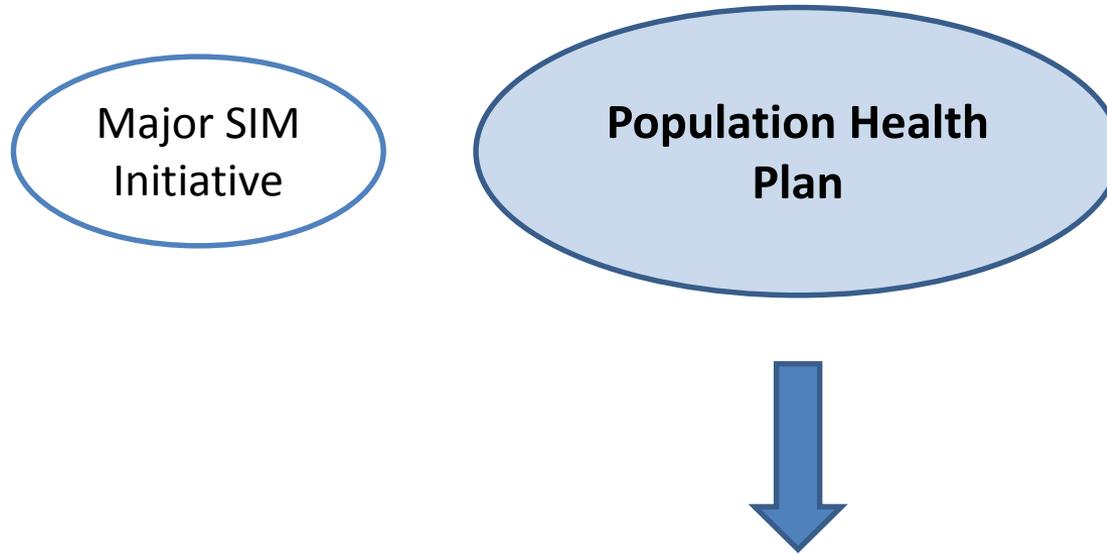- Continuous Improvement of coordination and quality

Advanced Networks will focus on improving capabilities around:
- Comprehensive Care Management
- Behavioral Health Integration
- Health Equity Improvement

Reforming Payment and Insurance Design

Major SIM Initiatives

Value Based Insurance Design (V-BID)

Medicaid Quality Improvement and Shared Savings Program (MQISSP)

Quality Measures

V-BID will promote insurance designs that **encourage consumers** to manage their health and health care

MQISSP will **reward providers or provider networks** for better access, care coordination, outcomes, and health equity among Medicaid beneficiaries

The Quality Council will establish a common set of statewide, multi-payer quality measures to **measure outcomes**

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Building Population Health Capabilities

Major SIM Initiative

Population Health Plan

The Population Health Plan will

- Develop **Health Enhancement Communities** that establish collaboration between community organizations, healthcare providers, schools, and other local entities
- Move health and health care toward **community accountability** (the 3.0 system)

Stages of Transformation

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- **Accountable for patient population**

- **Rewards**
  - **better healthcare outcomes**
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- **Accountable for all community members**

- Rewards
  - prevention outcomes
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- Cooperation to reduce risk and improve health

- **Shared governance including ACOs, employers, non-profits, schools, health departments and municipalities**

- Community initiatives to address social-demographic factors that affect health

Where does the CHW Initiative fit? (Hint: everywhere)

- CHWs play a critical role in **improving health outcomes** in their communities as part of the care team

- CHWs **address barriers** like those seen in the Southeast Asian population: cultural appropriateness, cultural acceptance of preventive health, language, and other social factors

- CHWs will be an important part of the strategy for **Population Health Planning and Health Enhancement Communities**

- The CHW model has the potential to be utilized in many populations, **regardless of payer** (i.e., commercial, Medicaid, Medicare)

CHW Advisory Committee: Your Challenge

- How do we most effectively integrate CHWs into care teams?
- How do we most effectively integrate CHWs into new payment models?

SIM Southeast Asian Listening Session

CHW Landscape- Nationally and Locally

Community Health Workers:
What's Happening in the States

Carl H. Rush, MRP

University of Texas – Houston, Institute for Health Policy

Topics

❑ Definitions and distinctive features of the CHW

❑ Activity at the national and state levels

❑ Key challenges in CHW policy and workforce sustainability

Community Health Worker Definition American Public Health Association (1)

- The CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

- This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

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Community Health Worker Definition (2)

- The CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as

- outreach, community education, informal counseling, social support and advocacy.

APHA Policy Statement 2009-1, November 2009

CHWs are unlike other health-related professions

❑ Do not provide clinical care

❑ Generally do not hold another professional license

❑ Expertise is based on *shared life experience and (usually) culture* with the population served

Distinctive capabilities of CHWs in clinical settings

❑ Establishing close relationships with patients

❑ Building trust: overcoming power distinctions and historic mistrust of institutions

❑ Fostering candid and continuous communication

❑ Managing Social and Behavioral Determinants of Health

  ❑ Providing context to team members on "whole picture" of patient's life; servings as the "SDOH expert" on the team

  ❑ Assisting patient/family in dealing with non-medical circumstances and issues
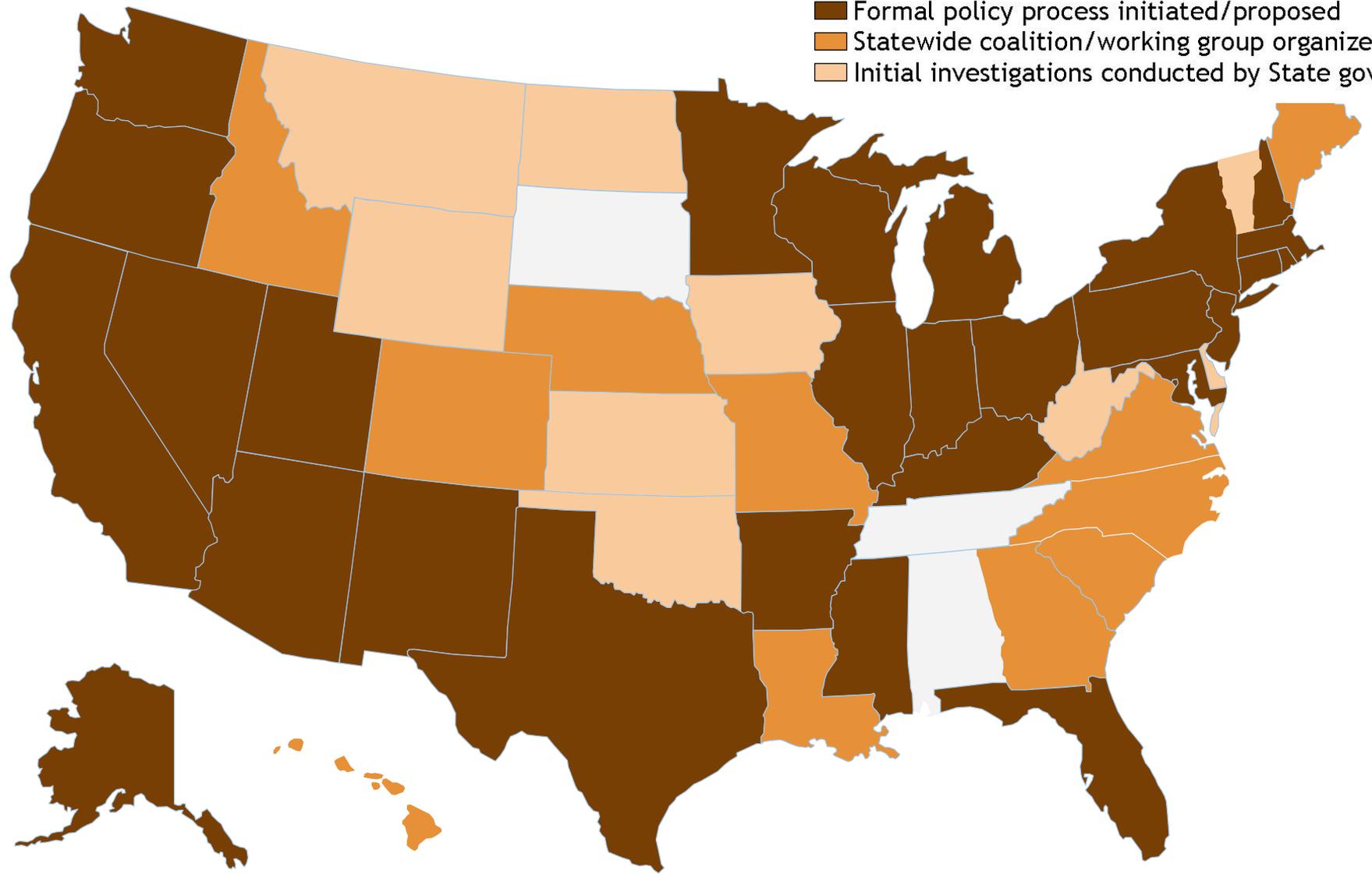
  ❑ Mobilizing community to deal with macro issues

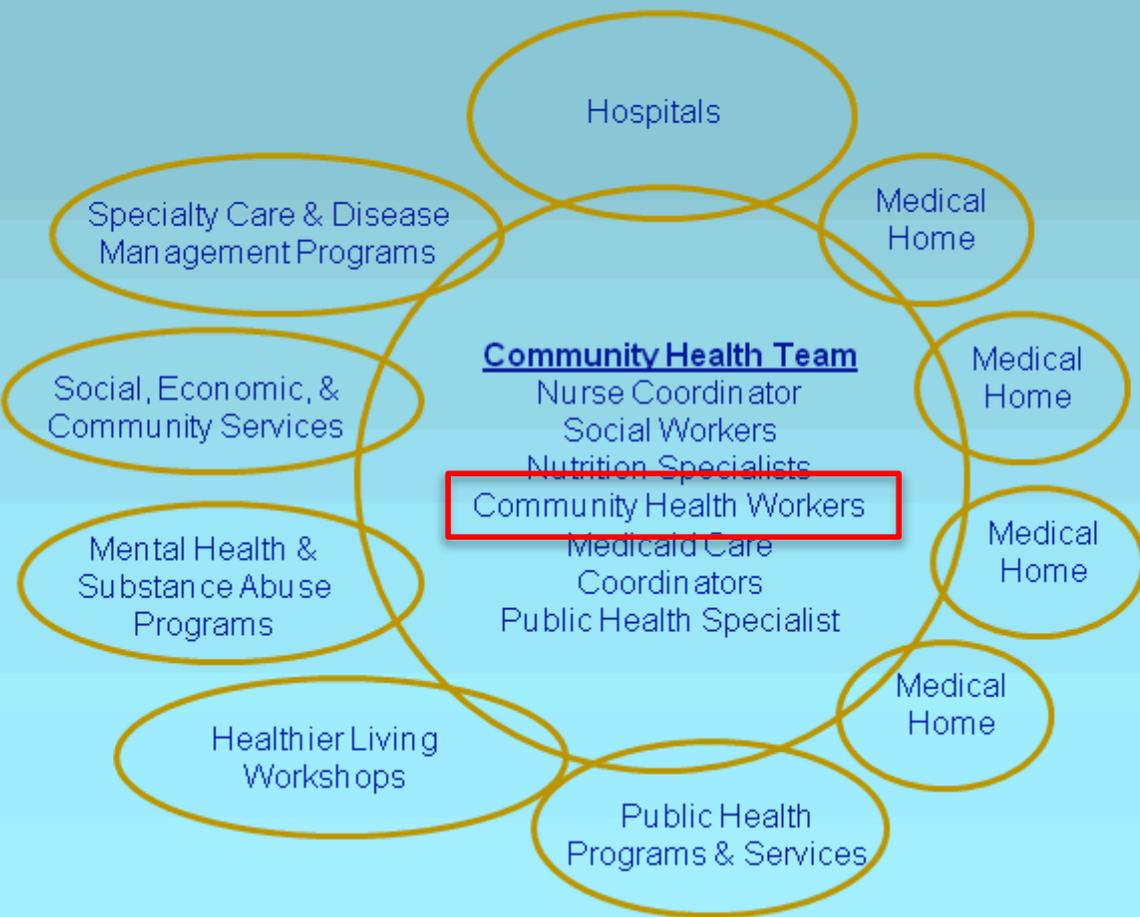# What's happening in the States - and at the national level?

States are pursuing various models in CHW policy innovation

❑ **Legislative**: Texas, Ohio, Massachusetts, New Mexico, Illinois, Maryland, North Dakota

❑ **Medicaid rules/SPA**: Minnesota, Wisconsin, DC

❑ **Policy driven by specific health reform initiatives**: New York, Oregon, South Carolina + SIM states

❑ **Broad-based coalition process**: Arizona, Florida, Kentucky, Michigan, West Virginia

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Recent state innovations with CHWs

- State Innovation Models

- Mass. Prevention and Wellness Trust

- Medicaid 1115 waiver DSRIP grants in TX, NY

- Oregon "CCO" legislation

- South Carolina Medicaid pilot

- Nevada pooled funds pilot

- Apprenticeship training model: MA, WI, AK

Hospitals

Specialty Care & Disease Management Programs

Medical Home

Community Health Team
Nurse Coordinator
Social Workers
Nutrition Specialists
Community Health Workers
Medicaid Care
Coordinators
Public Health Specialist

Social, Economic, & Community Services

Medical Home

Mental Health & Substance Abuse Programs

Medical Home

Healthier Living Workshops

Medical Home

Public Health Programs & Services

Health IT Framework

Evaluation Framework

- A foundation of medical homes and community health teams that supports coordinated care and linkages with a broad range of services

- Multi Insurer Payment Reform that supports a foundation of medical homes and community health teams

- A health information infrastructure that includes electronic health records (EHRs), hospital data sources, a health information exchange network, and a centralized registry

- An evaluation infrastructure that uses routinely collected data to support services, guide quality improvement, and determine program impact

VERMONT

Key policy areas for consideration in states that want to advance the CHW workforce

4 key policy areas require attention

1. **Occupational definition** (agreement on scope of practice and skill requirements)

2. **Sustainable financing models**

3. **Documentation, research and data standards** (records, evidence of effectiveness and "ROI")

4. **Workforce development** (training capacity/resources)

Live poll, NASHP webinar, 2/23/15

What is your biggest challenge or hurdle to integrating community health workers into health care systems?

Financing the work of CHWs	57.5%
Training & certification of CHWs	10.6%
Defining roles & scope of practice	20.8%
Forming effective partnerships	11.1%

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Four Dilemmas: Special challenges distinctive to policy on CHWs

1. Including non-clinicians in provision of care

2. "Community membership"

3. Professionalism and historical integrity

4. Cost savings: who gains, who loses (including SoP)

Other national action

❑ Organizing a national CHW association

❑ Endorsements from AMA and ANA

❑ CHW Core Consensus (C3) Project

CHW Core Consensus (C3) Project

❑ Producing recommendations for a common set of Core Roles (scope of practice) and Core Skills

❑ Seeking consensus in the form of endorsement or adoption across states and stakeholder groups

❑ Draft recommendations recently reviewed by 25 state/local CHW associations across the U.S.

❑ Next phase (2016) to seek input and endorsement from state and national stakeholder groups and state governments

Thank you!

- **Carl H. Rush, MRP**
  carl.h.rush@uth.tmc.edu
  210-775-2709

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The University of Texas
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CHW Advisory Committee Focus for SIM

**Design
Certification
Sustainability**

CHW Participants in Bridgeport
Focus Group, June 2012

Community Health Workers Association of CT

- **MISSION:** To advance the CHW workforce through policy, education, research and leadership.

- **CORE VALUES**
  - **CHANGE:** We believe in the effectiveness of CHWs empowerment to transform individuals and communities.
  - **JUSTICE:** We protect the capacity for CHWs to function ethically and with care. We accomplish this with integrity and courage.
  - **LEADERSHIP:** We take steps to advance the CHW workforce and inspire others to join us.
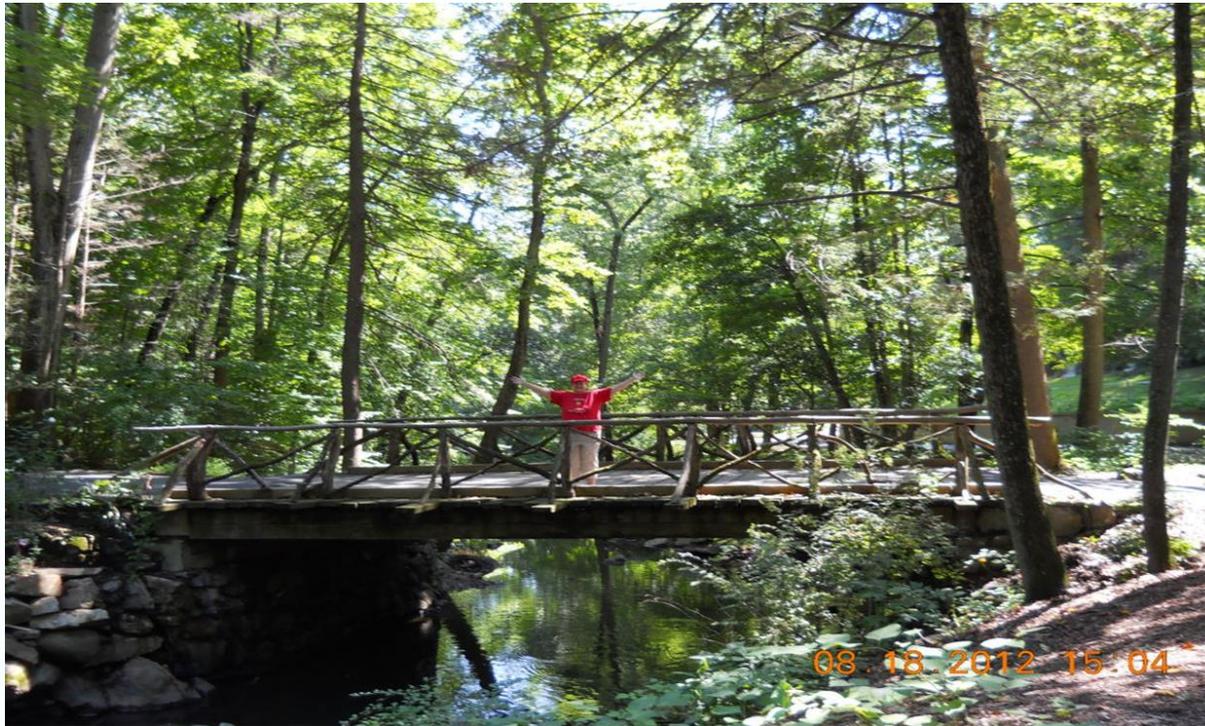
"WE ARE THE BRIDGE"

Many thanks to all of you for your interest and time.

Let's get to work!

Open Discussion

Open Discussion

What do you see as the best possible outcome for this Committee?

What would you like to see this Committee do?

What are your expectations as a member of this Committee in terms of:

- What you will produce
- How your input will be used

Open Discussion

What do you think the biggest challenges will be to accomplish the Committee goals?

What are some ways the Committee can overcome these challenges?

Confirmation of Committee Charter

Charter

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   e) CHW Career Ladder

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Next Meeting and Next Steps

Upcoming Meetings and Events

- Webinar: **Thursday, May 19, 12- 1 PM**

- Community Health Worker Conference: **Tuesday, May 24**

- June and July Meetings TBD

Next Steps

- **Appoint Executive Committee**

The Executive Committee will meet prior to each meeting to provide input on the agenda and materials. Volunteers to serve on the Executive Committee should email Jenna: jenna.lupi@ct.gov

- **Finalize summer meeting dates**

You will hear from us soon regarding the June and July meeting dates