“For Such a Time As This”: CHWs and an Opportunity to Transform our Health System

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‘Integrating Community Health Workers into Healthcare Systems’

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NYS HEALTH FOUNDATION
Improving the state of New York’s health
A New Era: Opportunities with Federal Health Reform

- Coverage expansion

- **Re-designing how care is delivered**
  - ACOs, Health Homes
  - Focus on Community-based prevention and management

- **Containing Cost**
  - Payment models focused on value not volume
  - Bundling of services
Key Challenges of our Health Care system

- Preventing Chronic Disease
- Managing Chronic Conditions
- Managing Care for Populations with Special and Complex Needs (20/80)
  - Difficult Life Circumstances
  - Multiple Chronic Conditions
  - Mental Health or Substance Use Condition
  - Multiple Social and Economic Challenges
Western New York (WNY) Community Medicaid Collaborative Coordination of Care – Conceptual Framework

Old Framework

- Individual
- Health Delivery System
- Primary Care Physician
- Community
- Health Plan

New Framework

- Patient Centered Medical Home (PCMH)
- Care Coordinator
- Health Plan
- Health Coach, Disease / Case Manager
- Mentor Individual

- Hospitals / Health Delivery System
- Discharge Planner / Case Manager

Supported by Health Information Exchange
Why CHWs?

• Serve as liaisons between communities and health and social services
  – Improve access
  – Improve quality and cultural appropriateness of service delivery
  – Help people integrate disease prevention and management regimens into their daily situation

• Contribute to community building by combating social isolation and exclusion

• Address social determinants of health

• Lower health care costs
Federal Health Reform and Opportunities for CHWS

• Payment demonstrations to reward community health workers for improved outcomes
• Community health workers part of teams to support medical homes
• Area Health Education Centers (AHEC) health professionals training grants now require CHW involvement
The Challenges

• No standard for reimbursable scope of practice
• No standard for training or credentialing process
• Predominance of short-term categorical health funding
  – Lack of sustainable funding streams
NYSHealth Plan of Action to Advance the CHW Field

Partnered with CHW Network of NYC and Columbia School of Public Health

Three-Part Strategy

• Standardize role and scope of practice for CHWs in NYS
• Implement statewide training and certification standards for CHWs
• Identify and establish sustainable financing for the CHW workforce in NY
CHWs: Identity, Roles, and Scope of Practice

- There is no consensus on exactly who CHWs are, their roles and the CHW scope of practice
- Need clear articulation of roles and scope of practice to develop training, certification, and funding models for CHWs
- Implemented a market survey of CHWs and CHW employers to forge a consensus on identity, skills, and scope of practice
CHW Roles: What Makes You a CHW?

- Advocating for individual and community needs
- Providing cultural bridge between communities and health professionals
- Providing referral and follow-up services
- Providing informal counseling and social support
- Conducting outreach and mobilization
- Providing health education about asthma or other diseases
- Assisting in health insurance enrollment
- Perform translation and interpretation
CHW Value Added: 
What Part of Your Work is Most Important? 
CHWs vs. Employers

[Bar chart showing the importance of various tasks for CHWs and employers. The tasks include Outreach and enrollment, Improve health outcomes, Retention of clients, Health education, Establish rapport/build trust, Demonstrate education, social services, Reduce health care costs/burden, Communication with health care provider, Visit homes and help with family, Support patient-centered medical home, Informal counseling, Patient navigation or escort service, Increase medication and regimen adherence.]
**CHW: Qualities, Skills, and Roles**

- 29 elements identified
- Required further analysis – Statewide Market Survey of 226 CHWs and 44 CHW Employers
- Elements fall into three domains

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Skills</th>
<th>Roles (Scope of Practice)</th>
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<tbody>
<tr>
<td>• Establishing trust</td>
<td>• Advocacy</td>
<td>• Health Education</td>
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<tr>
<td>• Community connection</td>
<td>• Observation</td>
<td>• Home Visiting</td>
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<td>• Non-judgmental</td>
<td>• Informal counseling</td>
<td>• Outreach/Inreach</td>
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<td>• Resourcefulness</td>
<td>• Adult Learning</td>
<td>• Case Management</td>
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<td>• Creative</td>
<td>• Behavior change</td>
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<td>• Empathic</td>
<td>• Professionalism</td>
<td>• Interpretation/Translation</td>
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<td></td>
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<td>• Community Organizing</td>
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Discussions Clarified Scope of Practice

• **Identify support for scope of practice:**
  – 81% of CHWs would seek credentials for scope of practice if a certification procedure were established
  – 80% of employers would prefer CHWs with credentials if they were established

• **Keep** as Scope of Practice if >50% of the CHWs and CHW employers agreed should be in scope or for which >50% employers provided training

• **Distilled** into marketable elements, including relevant packages of skills needed to accomplish those elements
## Consensus on CHW
### Scope of Practice for NYS

### Outreach and Community Organizing
- Strong interpersonal skills
- Multi-cultural competence/Bilingual skills
- Advocacy skills
- Group Facilitation
- Information Exchange
- Participatory research methods

### Health Education
- Health education
- Modeling behavior change
- Topic specific health care knowledge
- Chronic Disease Mgmt framework
- Adult learning methods

### Case Management/Care Coordination
- Informal Counseling
- Goal Setting and Planning
- Time Management

### System Navigation
- Patient Navigation
- Interpretation and Translation
- Computer skills
- Ability to access information

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**NYS Health Foundation**

**Columbia University Mailman School of Public Health**
Existing CHW Training in NY

- Currently no formalized New York standards for CHW training
- Some employers provide on-the-job training
- Usually disease-specific or program-specific training
- Limited attention to skills development
- Competency training models
  - Family Development Credential program – focus on skills
  - Community Health Worker Network of NYC program – core competencies
  - Department of Health CHW Program in Maternal Child Health
- Lack of standards creates fragmentation in the CHW field and inhibits sustainable financing
What CHWs and Employers Want

• Training that enables CHWs to play their multifaceted roles
• Training that develops CHW’s unique and effective attributes
  – Natural helpers
  – Trusted community liaisons
• Training that provides expertise in a set of core competencies
• Training that transcends knowledge and technical expertise on disease
• Training that respects non-traditional adult-learner nature of the workforce
Why CHW Training Standards

• To establish statewide curriculum standards – not a standard curriculum
• To structure training to preserve unique and effective attributes of CHWs, while enhancing critical CHW competencies
• To provide best practice guidelines to organizations & institutions interested in providing CHW training
• To support development of a reimbursable scope of practice
• To leverage existing training/education/program resources
• To maintain integrity of the practice
What about Financing Options?
Medicaid Options

Section 1115 Waiver

- Expansion of Medicaid beyond required services and eligible for reimbursement

  - **New York:** CHWs used for at-risk pregnant women.
    - Scope of practice: outreach, education, referral and follow-up, case management, advocacy and home visiting.
    - Training: State offers training specific to the intervention
  
  - **Minnesota:** CHWs used for care coordination and patient education
    - Scope of practice: care coordination for underserved populations
    - Training: CHWs must have certificate from the Minnesota State Colleges and Universities System approved CHW curriculum or have five years supervised experience with a Medicaid-approved physician, registered nurse, advanced practice registered nurse, dentist, or a certified public health nurse under the direct authority of an enrolled unit of government
    - Financing: CHWs have specific billing codes and services are billed in 30 minute units at $12.50/unit.
Medicaid Options

Administrative

- Federal government will match the state for certain expenses such as translation services or operating costs for state Medicaid offices
  
  - **New Mexico:** CHWs used to help managed care organizations manage medically complex patients and retain coverage
    
    - Scope of practice: linking individuals with primary/specialty care, providing health education and transportation, linking with social services, food, behavioral health support.
    
    - Training: Trained by University Medical Center or other certifying organizations.
    
    - Financing: CHW services reimbursed at capitated rate of $329/month

- **Denver Health (CO):** use CHWs to enroll clients in Medicaid
  
  - Scope of practice: promotes health services and wellness. Helps people to enroll in Denver Health services.
  
  - Training: offered by Denver Health to become CHW or patient navigator.
  
  - Financing: CHWs paid hourly ($15.31 - $20.31 plus benefits).
Managed Care Contract

–Can use portion of capitated funds to pay for services outside of required benefits

• HealthPlus (NY): uses CHWs for telephone outreach and assist with health education to members
  • Scope of practice: telephone outreach to current health plan members to see if members are following treatment plans such as getting recommended screenings.
  • Training: CHWs trained by health plan. CHWs required to have high school diploma and some clinical experience.
Other Options – Government Financing

- Line item in budget
- Fairly stable but subject to cuts during difficult budget seasons
- Two noteworthy projects led by local Community Voices initiatives include:
  - Pathways (NM): CHWs connect uninsured individuals with social services
    - Scope of practice: CHWs work with hard to reach populations to connect them with medical care, housing, employment, etc.
    - Training: Offered by the UNM Health Sciences Center Office of Community Affairs
    - Financing: CHWs funded with portion of tax revenue (total budget is $1M)
  - Denver Health (CO): CHWs part of Bureau of Health Professions budget
    - Scope of practice: CHWs provide care coordination based on patient needs and reduce barriers to accessing care services. Provide referrals to resources as needed.
    - Training: CHWs complete certificate from the Community College of Denver or undergo training at University of Colorado.
    - Financing: CHWs funded through budget ($1.1M). CHWs paid $23k - $28k per year plus benefits.
But There Are Tensions to Be Resolved…

Benefits of CHWs not accrued to payer

Perceived intractability of social problems

Certification can restrict fluidity of role

How best to operationalize the scope of practice