**Arizona Community Health Worker Workforce Coalition Meeting**

**August 20, 2015**

**MINUTES**

**Welcome and Introductions:** Flor Redondo and Yanitza Soto welcomed coalition members to our meeting and provided a description of our activities for the meeting including: ADHS updates, discussion of the Sunrise Process, discussion of provider survey results, Medicaid and other financing streams, and discussion of a certification process, national and state updates, a presentation of innovative models for sustainability, and working groups in the areas of: advocacy, sustainability, research and workforce development.

 **ADHS Update:** On this day, the Community Health Worker Leadership Council held a meeting prior to the coalition meeting. Executive Summaries were shared with Leadership Council members for reports which were completed on Workforce Development, Advocacy, Sustainability and Research. Continued effort and vision for the workgroups which are both part of the Leadership Council and Coalition was discussed. Projected Goals and Objectives for the Leadership Council will be established during a facilitated meeting in October. Coalition members will be updated on the outcomes. ADHS Office of Chronic Disease has started Year 3 of the 1305 Public Health in Action Grant and will be working with two clinics to support CHW workforce in a team based, clinical setting in Arizona. Also, moving forward this funding year is the implementation phase of the Paramedicine Project with Rio Rico Fire Dept. and Mariposa Community Health Center. In addition, continued support for the annual Arizona Community Health Outreach Workers Association (AzCHOW) conference will be on-going in Year 3 with additional training/webinar opportunities for Arizona CHWs.

**Medicaid and other financing stream Update:** Carl Rush (TEXAS) and Theresa Mason (Massachusetts) were commissioned to develop a concept paper on the numerous mechanisms for financing the engagement of CHWs:

*Medicaid nationally presents a number of challenges as a potential financing mechanism for CHW services; it was designed to finance medical services, and CHWs are generally not recognized as providers of “services.” Our review of experience in other states, and feedback from interviews in Arizona, suggest that AHCCCS has a number of potential policy tools or vehicles for financing CHW services. One overall caution, however, is that health care reform, especially efforts to contain costs, are taking place in a chaotic environment, with significant policy changes taking place even in the last month of drafting this paper.*

*Policy changes for Medicaid in Arizona must recognize the scope, scale and priorities of the current AHCCCS program, including the relationship of AHCCCS to health care for Arizona’s American Indian residents. AHCCCS strategic plan priorities include advancement of value-based payment and shared savings systems; reforms to improve access; improving outcomes for “integrated” populations including dual eligible and the seriously mentally ill; and implementing care coordination. Each of these areas has shown potential for CHW integration in other states.*

*A table of Medicaid CHW initiatives in other states has been prepared. A small number of these are recommended for further study, including Medicaid State Plan Amendments to qualify CHWs to deliver Medicaid-defined “services” (Minnesota, South Carolina); leveraging Medicaid managed care contracts (New Mexico, Michigan); Medicaid 1115 waivers (Texas, Oregon, Arkansas); and patient-centered medical homes (PCMH) (Vermont). A list of NCQA accreditation criteria for PCMH relevant to CHW contributions is provided.*

*Several strategic opportunities specific to circumstances in Arizona are also identified. These include the upcoming submission of a renewal application for the AHCCCS 1115 waiver, and building on priorities in the Arizona State Innovation Model (SIM) planning grant; integration of CHWs into the implementation of the AHCCCS Value-Based Payment Strategy; embedding CHWs in the process of integrating behavioral health and primary care; building a business case for the contributions of CHWs toward “bending the cost curve” and improving quality measures for acute care; and integration of maternal and child health services previously funded through other sources into AHCCCS.*

Group discussion focused on learning more about how to integrate our efforts in two areas: the AHCCCS 1115 waiver and integration of CHWs into the implementation of AHCCCS value based payment strategies. The full report will be available in September. Two background documents were mentioned for more information:

1. Health Management Associates “Arizona Stakeholder Consensus: Opportunities for Healthcare Delivery System Transformation and Payment Reforms”

 <http://slhi.org/wp-content/uploads/2015/07/SLHI-Medicaid-Opportunities-Report-July-2015.pdf>

1. ASTHO Issue Brief: Expanding Access for Preventive Services: Key Issues for State Public Health Agencies [//www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Expanding-Access-for-Preventive-Services-Issue-Brief/](http://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Expanding-Access-for-Preventive-Services-Issue-Brief/)

**Sunrise Process Update:** A Sunrise Application was prepared over the summer and has been reviewed and has incorporated comments from numerous individuals and key stakeholders. (See attachment for draft Sunrise Application.) The deadline for submitting an application to the Reference Committee in the legislature is September 1st. However, recently in conversations with both Republican and Democratic senators and representatives, it has become clear that at this time the probability of approval in the Sunrise Process is very low and that perhaps a more viable direct discussion with the AHCCCS Health plans and the Governor’s health policy advisor would be important steps to take at this time. Additionally, we have the opportunity to present to the House Health Committee an informational presentation when the legislature reconvenes in the coming year.

The group discussed postponing the Sunrise Process at this time, but continuing to update the document based on information and feedback that comes over the next six months in order to have a viable document available if we eventually decide to submit the application.

**Provider Survey Update:** A provider survey has been conducted over the past two months to determine knowledge and attitudes of providers in relation to the use and impact of community health workers:

*In 2013, Community Health Workers (CHWs), defined as a frontline public health worker who applies a unique understanding of the experience, language, and culture of the population were included in the Affordable Care Act as distinct members of the health care team. In 2014, the Centers for Medicaid and Medicare (CMS) issued new guidance that allows for reimbursement of preventive services offered by unlicensed professionals such as CHWs. These developments have tremendous implications for the integration and reimbursement of CHWs in the primary care setting in Arizona. In direct response to monumental shifts in health policy in support of the integration of CHWs in the health care setting, the University of Arizona, Arizona Prevention Research Center (AzPRC) conducted the* ***Community Health Worker Utilization and Impact in the Primary Care Setting Survey****, to assess general attitudes, barriers and impact CHWs among Arizona licensed health care providers. Providers were defined as licensed health professionals, inclusive of physicians, physician assistants, nurse practitioners, psychologists or behavioral health specialists, and pharmacists involved in direct patient care. The cross-sectional, anonymous, on-line survey was conducted with 364 Arizona providers from various clinical settings including federal qualified community health centers (FQCHC), Indian Health Service and 638 Tribal Clinics and other solo, group, managed behavioral care settings.*

*Approximately 67% (245) of Arizona providers who participated in the survey were directly or indirectly involved with CHWs. Highlights from the survey include:*

* *90% of providers reported that CHWs have had a positive impact on patient care.*
* *No less than 70% reported that as a result of working with CHWs their patients were more likely to follow their recommendations, maintain regular care, better manage their chronic disease and have access to care.*
* *Approximately 70%, 52% and 63% of FQCHC, IHS/638 and other clinical provider respectively, agree that CHWs have contributed to the prevention of high risk or high cost health conditions.*
* *No less than half of all providers reported that CHWs saved them time in arranging clinical and social referrals for patients, as well as educating patients on disease management, health promotion and healthy childbirth.*
* *Approximately 75% of providers would be more likely to utilize CHWs as part of the health care team if CHWs service were reimbursable by the Center for Medicare and Medicaid Services (CMS) (or AHCCCS in Arizona) or third-party payers.*

*Among those 119 (34%) providers with no direct involvement with CHWs, 75% thought CHWs could provide culturally appropriate health education/information, serve as a bridge / culturally mediating between patient and health services, provide informal counseling, lead support groups, and conduct home visits.*

***Summary and Recommendations***

*Arizona providers are actively engaged with the CHWs workforce and experience great value in the integration of CHWs into the primary care setting to improve health outcomes, reduce cost of care and save provider time. The biggest barrier to utilize and integrate CHWs into the health care team is the ability to reimburse and pay for CHW activities. A standardized system that recognizes and reimburses this class of health care worker is required.*

The group discussed the importance of this survey as it provides the important data needed for discussions with stakeholders including health plan administrators, key health policy folks, and legislators for making our case. The full report will be available in September and can be utilized by coalition members to support the importance of sustainability of this workforce.

**Certification Process Update:** Flor Redondo and Kathleen Gilligan have developed a concept paper discussing the process of certification in the state of Arizona. The report includes a literature review of the efforts in other states as well as information collected throughout the state on what community health workers would like to see happen in this arena.

*The purpose of this project was to develop a set of recommendations to guide the design and implementation of a statewide voluntary credentialing system for community health workers (CHW) in Arizona. The process of developing those recommendations was influenced by Arizona’s long history of working with community health workers to build a workforce model based on community advocacy and social justice. Our state has been a proving ground for community health worker workforce development for nearly 20 years. In that time, Arizona's community health workers have labored alongside academic researchers, public health professionals and within a broad range of health, community, and educational contexts to address disparities in our healthcare system that undermine our ability to provide quality, affordable healthcare in an equitable manner. In doing so, they have also helped to document the best strategies for their own professional development. Those strategies include training, supervision, and sustainable financing that leads to strengthening the professional self-determination, knowledge, and skills of CHWs, thereby increasing their capacity to address health disparities in their communities.*

*R****ecommendations:***

1. *We recommend that the State of Arizona adopt and recognize "Community Health Worker" (CHW) as the official title for a class of health professionals who fulfill the roles and possess the core competencies of their profession.*
2. *That the State adopt and promote the scope of work, competencies and roles for CHWs which have been adopted by the Arizona Community Health Outreach Workers Association (AzCHOW,) formerly referred to as the AzCHOW Network, and by the Arizona Community Health Worker Workforce Coalition (AzCHWWC).*
3. *That the State recognize and promote Community Health Workers as deserving of the respect and recognition enjoyed by all health professionals with expertise and training in their field.*
4. *That the State establish and promote a statewide voluntary credentialing process for the training and certification of community health workers in Arizona.*
5. *That leadership of AzCHOW Association, representing the voice of community health workers in Arizona, take a leadership role in making decisions regarding all aspects of the creation and implementation of a statewide and State authorized system for the certification of CHWs, including certification, training, and curriculum development.*
6. *That a CHW Certification Board (CHWCB) be established and authorized by the State of Arizona to oversee the process of CHW certification*
7. *That oversight of the CHWCB be conducted by the person holding the office of the State Community Health Worker Program Manager, which is under the direction of the Arizona Department of Health Services, Bureau of Tobacco, and Chronic Disease.*
8. *That CHWCB membership be composed of 60% CHWs and of 40% other stakeholders.*
9. *That all CHW employers, supervisors, managers, and project directors be required to complete training and demonstrate competency in the management, support and promotion of the professional development and leadership skills of CHWs.*
10. *That the State recognize the AzCHOW Association to lead the development of and have the right of approval of The Arizona State CHW Certification Training Curriculum.*
11. *That the State recognize the AzCHOW Association as the official body qualified to set all certification related training requirements, and provide certification trainings.*
12. *That the State facilitate and promote collaboration among stakeholders to support the AzCHOW Association in establishing and operating an official CHW Certification and Training Center to provide all certification related trainings in the state.*
13. *That CHW employers cover the cost of CHW training and certification, so that the cost of certification does not become a burden on CHWs or a barrier to their pursuit of either employment or certification and training.*

Members of the coalition commented that this document is the first opportunity to hear directly from the community health worker community in our state and has resulted in a series of specific recommendations regarding the process. Most importantly, there is a broad consensus from community health workers of supporting a certification process which recognizes and validates CHWs as their own workforce. They are particularly interested in the certification providing some kind of recognition that comes from the state and/or ADHS. Second, they want to ensure that just as training and curriculum must include those competencies and scope of practice that are important to the role of a CHW, it is equally important that all supervisors of CHWs receive training regarding the competencies and scope of work of CHWs. The full report will be available in September.

**Meeting of Tribes to Discuss CHR Sustainability:** Kim Russell, Executive Director, Arizona Advisory Council on Indian Health Care informed the coalition members that the Arizona Advisory Council on Indian Health Care in collaboration with the University of Arizona, Zuckerman College of Public Health, Arizona Department of Health Services, Inter Tribal Council of Arizona, Navajo Nation CHR Program, and the Arizona Community Health Worker Outreach is coordinating a CHR summit to discuss the issues of CHR Sustainability. The meeting will be held on September 1, 2015 in Flagstaff and has strong participation from tribes throughout Arizona. It will provide information regarding national, state and local efforts for sustaining community health workers including the work of the Coalition and the New Mexico state model as well as implications for CHR programs in Arizona.

**General Discussion and Next Steps:** Maia Ingram led the discussion of next steps for our coalition working groups.

 **The Sustainability work group and the Advocacy work groups** will focus on developing and implementing a number of informational meetings over the next four months including: meeting with our health plans, meeting with the health policy advisor to the governor, provide an informational session on CHWs for the House Health Committee in late January and following up with key allies. Nancy Wexler, Anna Alonso, Monica Parsai, Flor Redondo and Karla Birkholz volunteered to collaborate on the development of a presentation for the AHCCCS health plans. Anna Alonso will be following closely the work of the AHCCCS SIM Planning Grant.

**The Workforce and Research Workgroups** Flor Redondo will be taking the lead in this area and will move forward with specific recommendations for the certification process, the development of a certification board and a certification training plan. David Aguirre and Michal Goforth volunteered to work with AZCHOW for the development of identifying support for AZCHOW. The Training Committee of the Arizona Prevention Research Center will be implementing a CHW training inventory to identify a network of CHW trainers throughout the state.

Members of the Coalition are encouraged to join work groups and meet over the fall to implement the action steps.

**Next Meeting:** To be determined.