

Integrating Community Health Workers in the Changing Health System

Haley Stolp, MPH
Public Health Analyst, IHRC Inc.
Centers for Disease Control and Prevention

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Disclaimer

The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry.

Agenda

- Drivers for CHW integration
- Research findings and recommendations
- CHW activities in the field
- Opportunities for engagement
- Q&A

Community Health Worker (CHW)

- “**Frontline** public health workers who are **trusted members** of and/or have an unusually close understanding of the community served...
- ...serve as a **liaison, link, and intermediary** between health/social services and the community to
- **facilitate access** to services and **improve the quality** and cultural competence of service delivery...
- **build individual and community capacity** by increasing health knowledge and self-sufficiency through a range of activities...”

Drivers for CHW Integration

- Affordable Care Act
 - Health insurance enrollment (i.e. Navigators, Certified Application Counselors) and coverage expansion
 - Care delivery and care coordination models (i.e. PCMHs, ACOs, Medicaid Health Homes, etc.)
 - Others → State Innovation Models (SIMs), Health Care Innovation Awards (HCIA), Medicare's Hospital Readmission Reduction Program, Hospital Community Benefits
- Health information technology
- Movement towards value-based payment

New Research on CHW Interventions

Roles and effectiveness of lay community health

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to Address

Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?

Zulfiqar A Bhutta, Jai K Das, Arjumand Rizvi, Michelle F Gaffey, Neff Walker, Susan Horton, Patrick Webb, Anna Lartey, Robert E Black,

The Lancet Nutrition Interventions Review Group, and the Maternal and Child Nutrition Study Group

Seattle Children's Research Institute, Seattle, Wash (Dr Lion)

Address correspondence to Jean L Raphael, MD, MPH, Clinical Care Center Suite D.1540.00, Texas Children's Hospital, 6701 Fannin St, Houston, TX 77030 (e-mail: Raphael@bcm.edu).

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**Sally Findley, PhD; Sergio Matos, BS; April Hicks, MSW;
Ji Chang, MA; Douglas Reich, MD, MPH**

H. Shelton Brown III, PhD; Kimberly J. Wilson, MPIA; José A. Pagán, PhD; Christine M. Arcari, PhD, MPH; Martha Martinez, MSN, RNC, CNS; Kirk Smith, MD, PhD; Belinda Reininger, DrPH

Suggested citation for this article: Brown HS III, Wilson KJ, Pagán JA, Arcari CM, Martinez M, Smith K, et al. Cost-Effectiveness Analysis of a Community Health Worker Intervention for Low-Income Hispanic Adults with Diabetes. *Prev Chronic Dis* 2012;9:120074. DOI: <http://dx.doi.org/10.5888/pcd9.120074>

CHW Health Topics

- *Asthma*
- *Behavioral health*
- *Cancer*
- *Chronic disease/case management*
- *Community health*
- *CVD and Stroke*
- *Diabetes*
- *Environmental health*
- *Global health*
- *Health access/utilization*
- *Health insurance enrollment*
- *HIV/AIDS*
- *Maternal/child health*
- *Mental health*
- *Nutrition/Obesity/Physical activity*
- *Occupational health/injury*
- *Social determinants of health/health disparities*
- *Sexual/reproductive health*
- *Smoking cessation*
- *Substance abuse*
- *Tuberculosis*

Research Findings

- CHW interventions:
 - Enhance patient health literacy
 - Strengthen culturally competent provider practices
 - Improve behavioral and health outcomes
 - Reduce health disparities
- CHW interventions can be cost-effective.
- More research is needed.

Community Guide Recommendations for CHW Interventions

- CVD Prevention and Control
 - **Strong evidence** – *CHW interventions in a team-based care model to improve BP and cholesterol in patients at increased risk for CVD*
 - **Sufficient evidence** – *CHW interventions for health education, and as outreach, enrollment, and information agents to increase self-reported health behaviors in patients at increased risk for CVD*
- Diabetes Prevention and Control (pending)

Medicaid Financing Opportunities

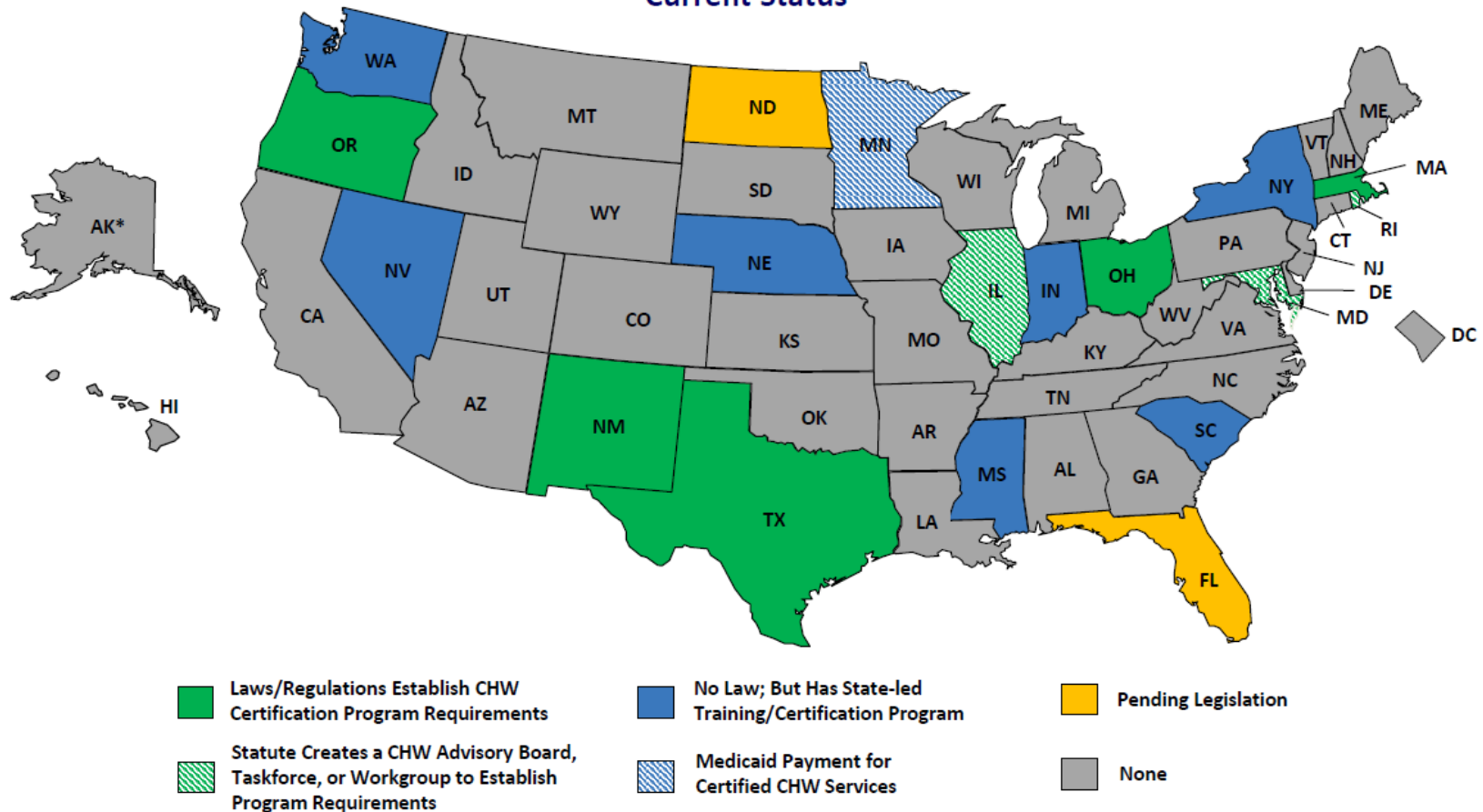
- Medicaid 1115 waivers
- CMS 440.130 Rule Change
 - Medicaid will reimburse for preventive services recommended by licensed providers and provided, at state option, by non-licensed providers.
 - Applies to fee-for-service market
 - Requires a State Plan Amendment
- Medicaid Managed Care Organizations

CHW Activities in the Field

- CHW associations
- State-based CHW Training/Certification Standards

Community Health Workers (CHWs) Training/Certification Standards

Current Status



* AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third-parties to train community health aides.

Last updated: 3/16/2015

CHW Activities in the Field

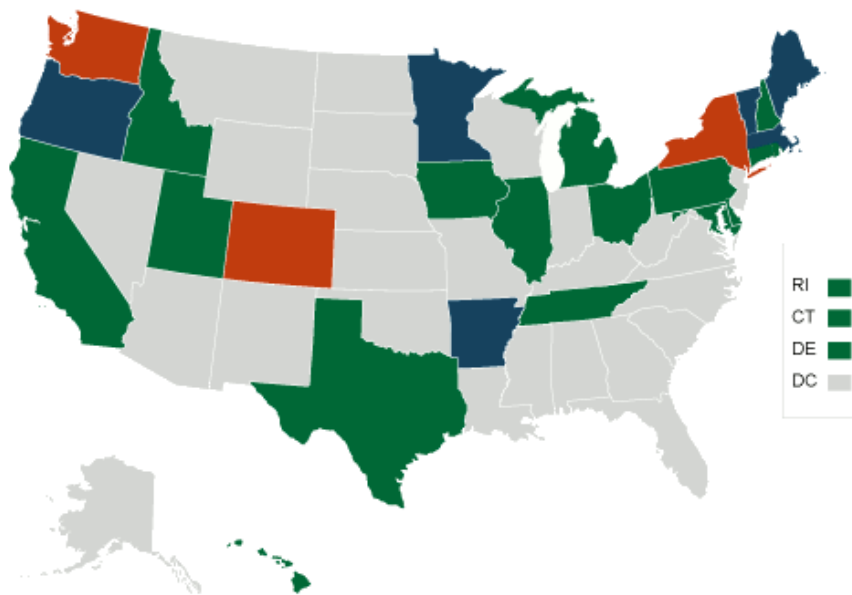
- CHW associations
- State-based CHW Training/Certification Standards
- Delivery System Reform Incentive Payment (DSRIP) programs
- State Innovation Models (SIM) Initiative

State Innovation Models (SIM) Initiative

- Provides financial and technical support to states for the development and testing of state-led, multi-payer health care payment and service delivery models that:
 - Improve health system performance
 - Increase quality of care
 - Decrease costs for Medicare, Medicaid and CHIP beneficiaries

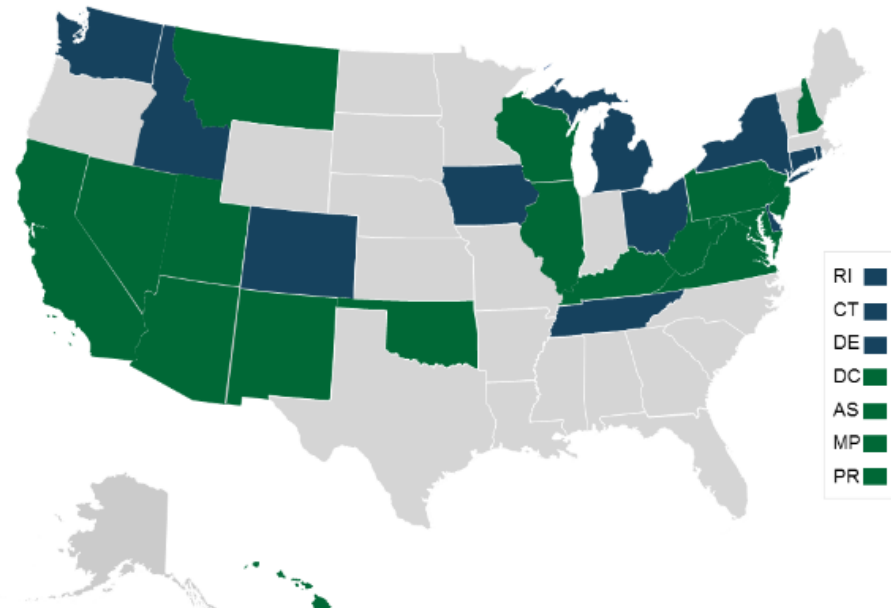
Round 1 and Round 2 SIM States

Model Testing Awards Model Pro-Testing Awards Model Design Awards



Source: Centers for Medicare & Medicaid Services

Model Test Awards Model Design Awards



Source: Centers for Medicare & Medicaid Services

CHW Activities in the Field

- CHW associations
- State-based CHW Training/Certification Standards
- Delivery System Reform Incentive Payment (DSRIP) programs
- State Innovation Models (SIM) Initiative
- Health Care Innovation Awards (HCIA)
- Patient-Centered Outcome Research Institute (PCORI) Address Disparities Program
- Others

Opportunities for Engagement

- Be aware of the CHW environment in your state
- Ensure public health and CHWs are at the table
- Provide input to strengthen the role of CHWs and improve CHW integration
 - Infrastructure
 - Workforce development
 - Occupational regulation
 - Evaluation
 - Financing mechanisms

CHW Resources

- NASHP: State Community Health Worker Models
<http://www.nashp.org/state-community-health-worker-models/>
- ASTHO: Community Health Workers <http://www.astho.org/Community-Health-Workers/>
- Center for Medicare & Medicaid Innovation (CMMI): Innovation Models
<http://astho-sim.wikispaces.com/Workforce>
- AHRQ Health Care Innovation Exchange: Community Health Worker
<https://innovations.ahrq.gov/taxonomy-terms/community-health-worker>
- CDC: Community Health Worker Toolkit
<http://www.cdc.gov/dhdsp/pubs/chw-toolkit.htm>
- CDC: How the CDC Supports Community Health Workers in Chronic Disease Prevention and Health Promotion
http://www.cdc.gov/dhdsp/programs/spha/docs/chw_summary.pdf
- HHS Promotores de Salud/Community Health Workers Initiative
<http://minorityhealth.hhs.gov/omh/content.aspx?ID=8929>

"The current policy and financing environment has created a historic opportunity to improve U.S. health care delivery through the effective use of CHWs.... it will take hard work at the implementation level to maximize the likelihood of success."



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Perspective
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From Rhetoric to Reality — Community Health Workers in Post-Reform U.S. Health Care

Shreya Kangovi, M.D., David Grande, M.D., M.P.A., and Chau Trinh-Shevrin, Dr.P.H.

Community health workers (CHWs) are community members who are trained to bridge the gap between health care providers and patients. Many low-income countries, facing shortages of health

care professionals, rely on CHWs to perform various public health and clinical functions, including vaccination. Since the 1960s, CHWs in the United States have helped patients navigate health and social service systems, helped address socioeconomic barriers such as homelessness, and promoted healthy behaviors, among other functions. Though most U.S. CHW programs have been grant-funded and relatively small, some policymakers believe that CHWs will become instrumental members of future U.S. health care teams, as the Affordable Care Act (ACA) increases providers' accountability for outcomes that are influenced by upstream factors.

Various policies and programs should accelerate the adoption and growth of U.S. CHW programs. The Center for Medicare and Medicaid Innovation is supporting several demonstrations of care models that include CHWs. Several states have used CHWs to facilitate enrollment in ACA insurance programs or provide core services for Medicaid Health Homes. The Centers for Medicare and Medicaid Services recently allowed states to file Medicaid Plan Amendments authorizing reimbursement for CHW-delivered preventive care services; states such as New York, Oregon, and Massachusetts are testing strategies for reimbursing CHWs through Med-

icaid waivers. Numerous health care providers and Medicaid payers have developed internal financing strategies to support CHW-based interventions for high utilizers of care.

CHW programs date back to the 1800s in Russia, and they grew in the 1920s with the creation of China's "barefoot doctor" program. During the 1960s, the barefoot-doctor concept gained attention as it became clear that modern medical care was inaccessible to poor populations. CHW programs soon emerged in many countries, including the United States. By 1975, the World Health Organization described CHWs as a "key to [health care's] success, not only on the grounds of cheapness but because [CHWs] are accepted and can deal with many of the local problems better than anyone." Criticism of the model emerged in the 1980s, however,

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Q&A



Haley Stolp, MPH

vul4@cdc.gov