

Rural Clinic Summit

May 16, 2014

“Linking patients and healthcare providers
Right Care, Right Time, Right Place.”

Kentucky Homeplace Community Health Workers

Presented by:

Dr. Frances J. Feltner

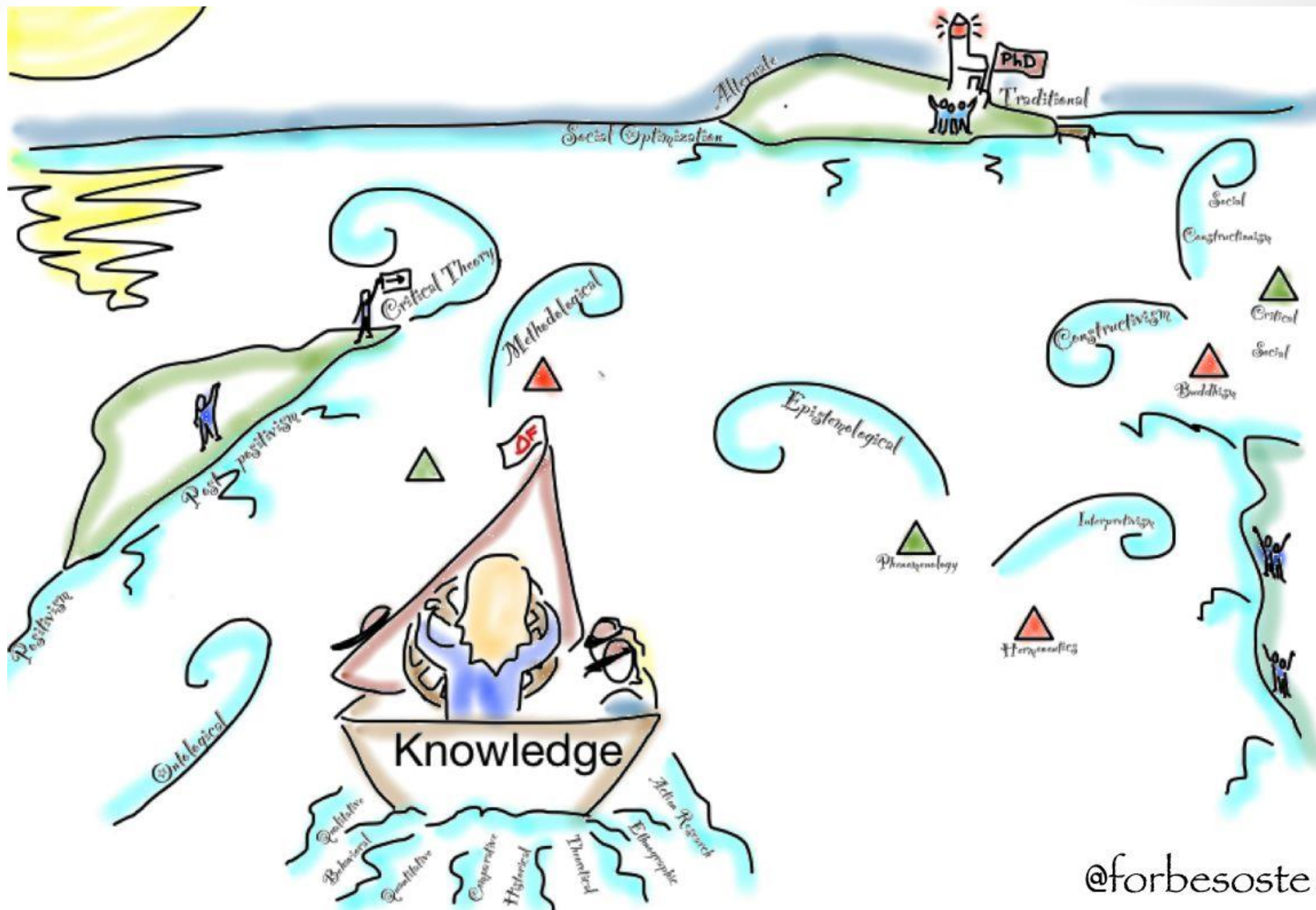
Director

University of Kentucky Center of Excellence in Rural Health

Objectives

1. Review Health Disparities 101
2. Discuss the impact of the ACA on the need for Kentucky primary physicians (PCPs)
3. Gain information on a new type of health care worker
4. Discuss Medicare/Medicaid CHW reimbursement ruling
5. Review successful CHW results





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Dental Health

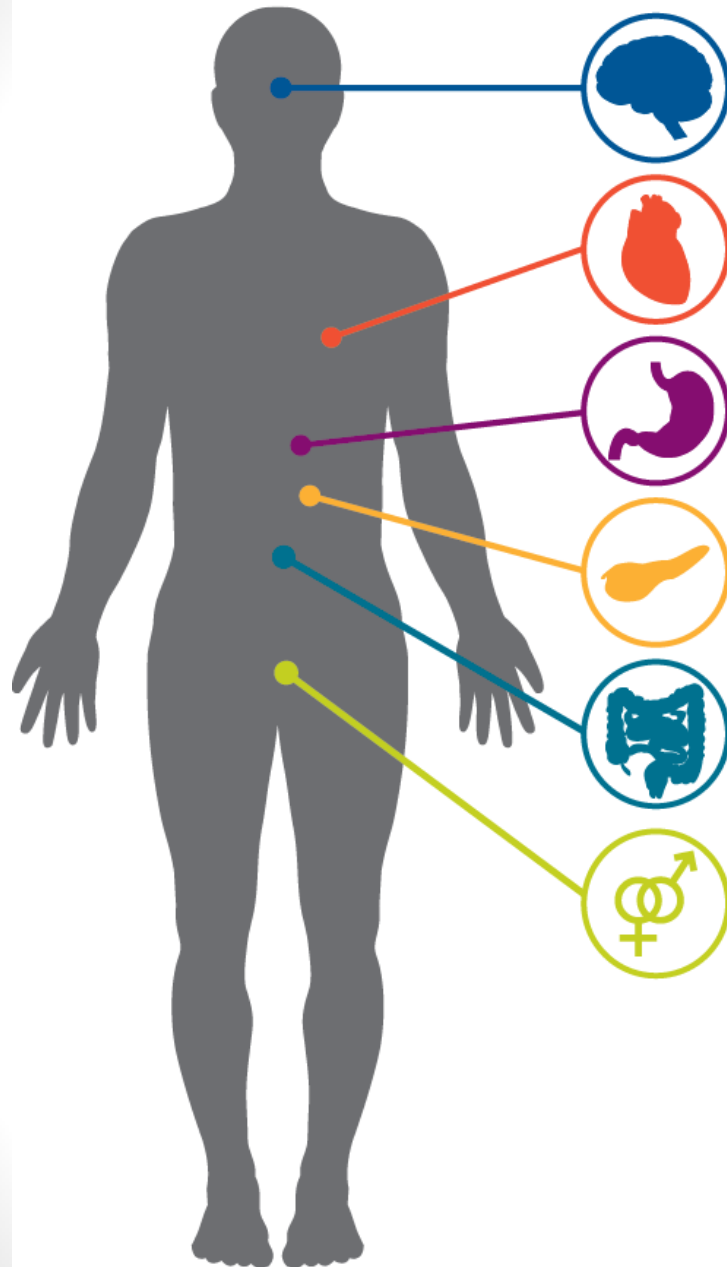


25% of Kentuckians Age 65 and older have had all their natural teeth removed

May is Mental Health Month



Effects of Stress on the Body



Brain and Nerves: Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, trouble concentrating, memory problems, difficulty sleeping, mental health disorders (anxiety, panic attacks, depression, etc.)

Heart: Faster heartbeat or palpitations, rise in blood pressure, increased risk of high cholesterol and heart attack

Stomach: Nausea, stomach ache, heartburn, weight gain, increased or decreased appetite

Pancreas: Increased risk of diabetes

Intestines: Diarrhea, constipation and other digestive problems

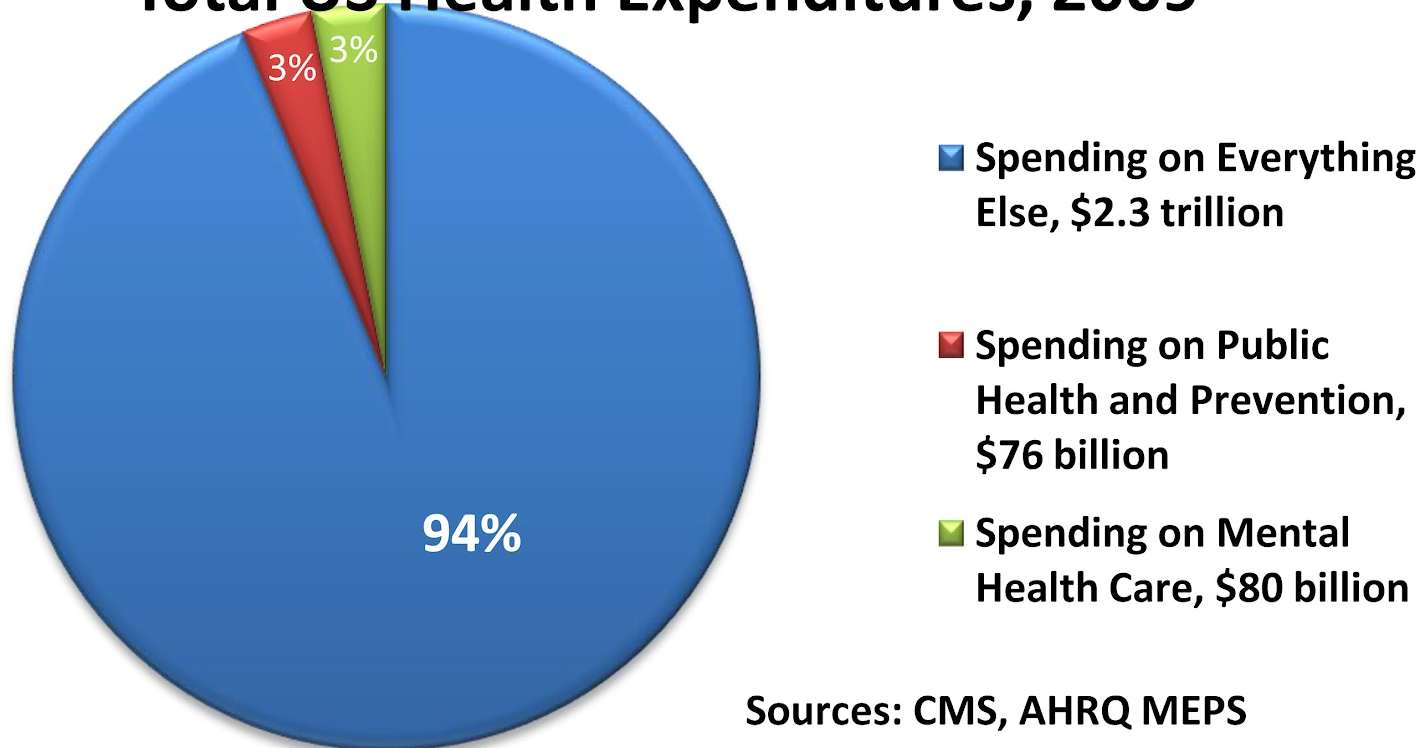
Reproductive Organs: For women-irregular or painful periods, reduced sexual desire. For men-impotence, low sperm production, reduced sexual desire

Other: Acne and other skin problems, muscle aches and tension, increased risk for low bone density and weakened immune system (making it harder to fight off or recover from illnesses)

May is Mental Health Month



Total US Health Expenditures, 2009



<http://www.samhsa.gov/spendingestimates/toc.aspx>

Why Focus on Kentucky?

- 54 of 120 (45%) KY counties are Appalachian
- 11.7 % average diabetes rate in these counties
- 10.6% average rate in non-Appalachian KY counties
- 68 KY counties fall within the “diabetes belt”
- 32.7% of Homeplace clients statewide are diabetic
- Mal-distribution of CDEs
 - Diabetes belt has 48 CDEs per 1,000 diabetics,
 - non-diabetes belt has 209 per 1,000.

Kentucky Health Disparities

Health Outcome	National Ranking	Kentucky	Kentucky Homeplace	Kentucky Homeplace Medicaid Eligible*
Obesity	40 th	30.4%	47.6%	48.4%
Diabetes	41 st	10.8%	31.7%	29.7%
High cholesterol	43 rd	41.3%	50.2%	46.2%
Sedentary Lifestyle	43 rd	29.3%	67.6%	67.6%
Annual dental visits	44 th	-----	-----	-----
Heart attacks	48 th	6.1%	15.2%	12.4%
Poor mental health days	48 th	4.8	17.2	17.3
Poor physical health days	49 th	5.0	18.4	18.1
Cardiac heart disease	49 th	5.9%	17.3%	13.7%
Cancer deaths	50 th	-----	-----	-----
Smoking	50 th	29.0%	35.1%	40.5%

Kentucky ranks at the bottom in national health outcomes

*A total of 5,689 clients in the Kentucky Homeplace coverage area are Medicaid eligible

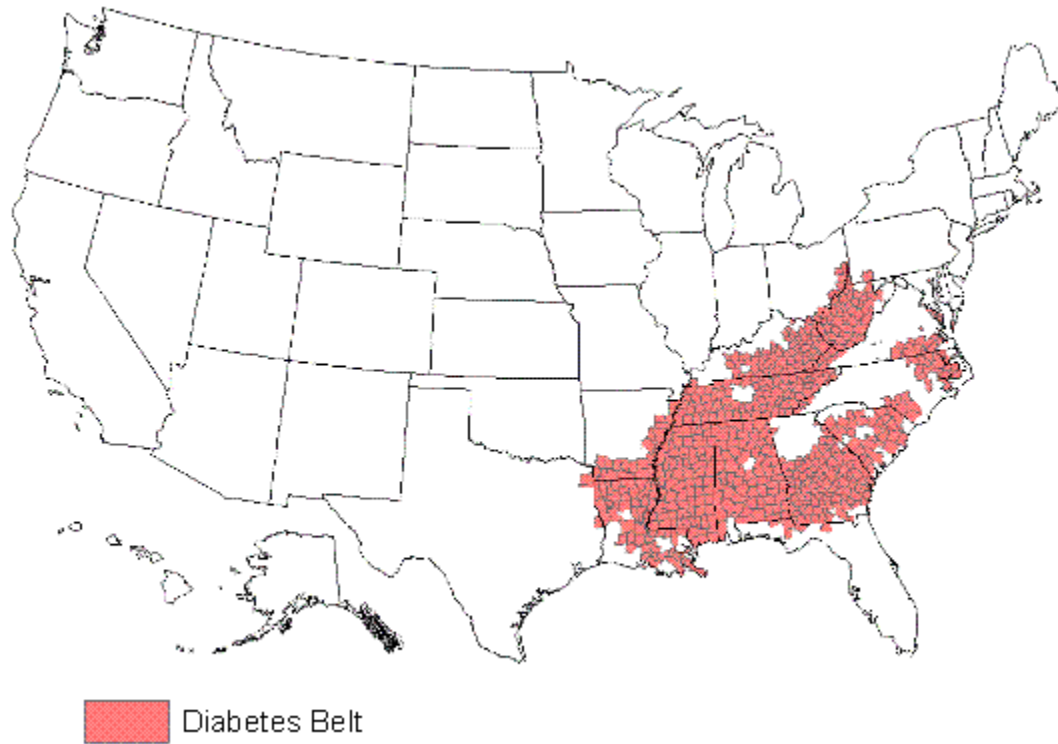
Barriers to Health Care

- Access to the Health Care System
- Lack of Understanding of How to Navigate the Health Care System
- Uninsured/Underinsured/Underserved
- Transportation
- Access to Primary Provider
- Access to Medications
- Health Literacy
- Education on Illness
- Communication (culture)

Transportation Barriers?



Diabetes Belt



Map Source: Centers for Diseases Control and Prevention

Obesity is more than an epidemic?



Child Obesity Rate

- **Kentucky is the 7th most obese state in the U.S. for children.**
 - **35.7%**
 - **Adult Obesity Rate**
 - **Kentucky is the 9th most obese state in U.S. for adults.**
 - **31.3%**
- Kentucky has the 7th highest childhood obesity rate in the United States. Currently 35.7% of youth in Kentucky are overweight or obese.
- Obese children are more likely to become obese adults. And if you're overweight as a child, your obesity in adulthood is likely to be more severe. So the changes you make now can help your state provide the next generation with the most opportunities to live a longer and healthier life.
- ***[Child Health Data](#)**

Physical Inactivity Rate: 29.4%

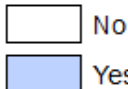
- This is the percentage of adults that live a lifestyle with no or irregular physical activity.
- Research shows that the amount of time parents spend physically active can influence the amount of time their children are physically active.
- Adults need at least 30 minutes of physical activity every day and youth need at least 60 minutes, so let's lead by example and create the most opportunities for movement for our youth

https://www.healthiergeneration.org/about_childhood_obesity/in_your_state/kentucky/?gclid=CMjZldyHrr4CFWgF7AodnWYA5g

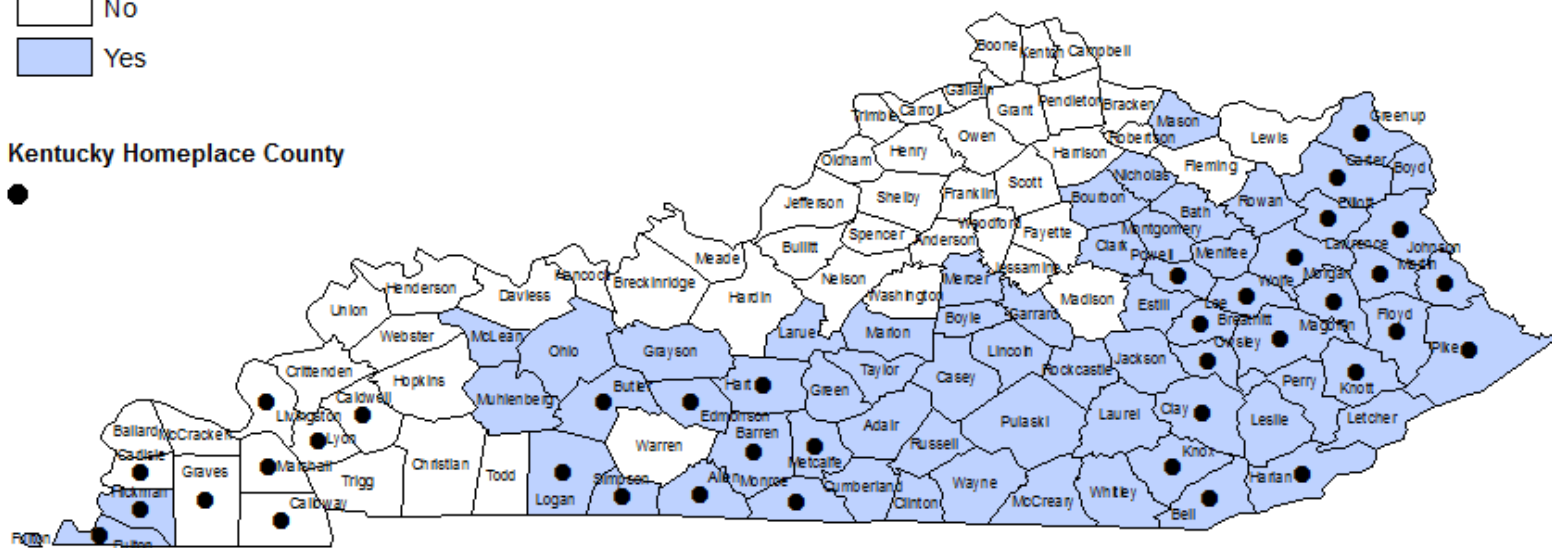
*2012 F as in Fat Report (p. 10)

Kentucky Counties in Diabetes Belt

In Diabetes Belt



Kentucky Homeplace County

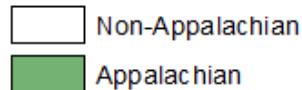


Data Source: Centers for Disease Control and Prevention

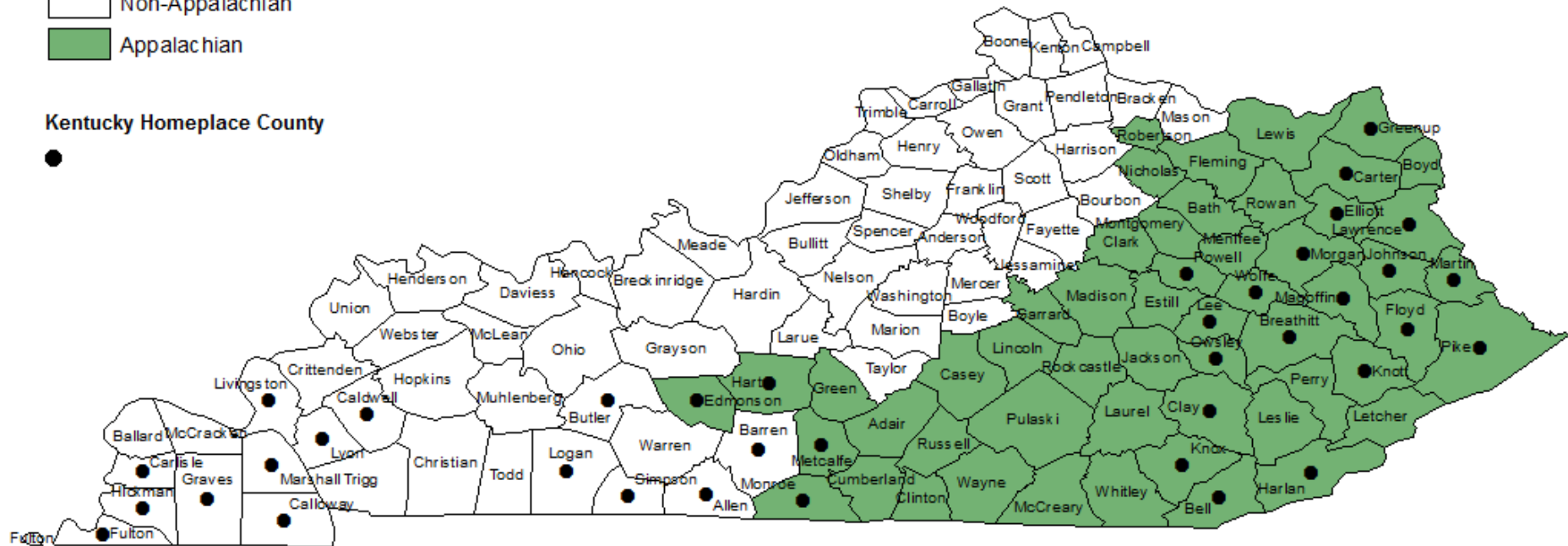
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Kentucky Appalachian Counties

Appalachian Status



Kentucky Homeplace County

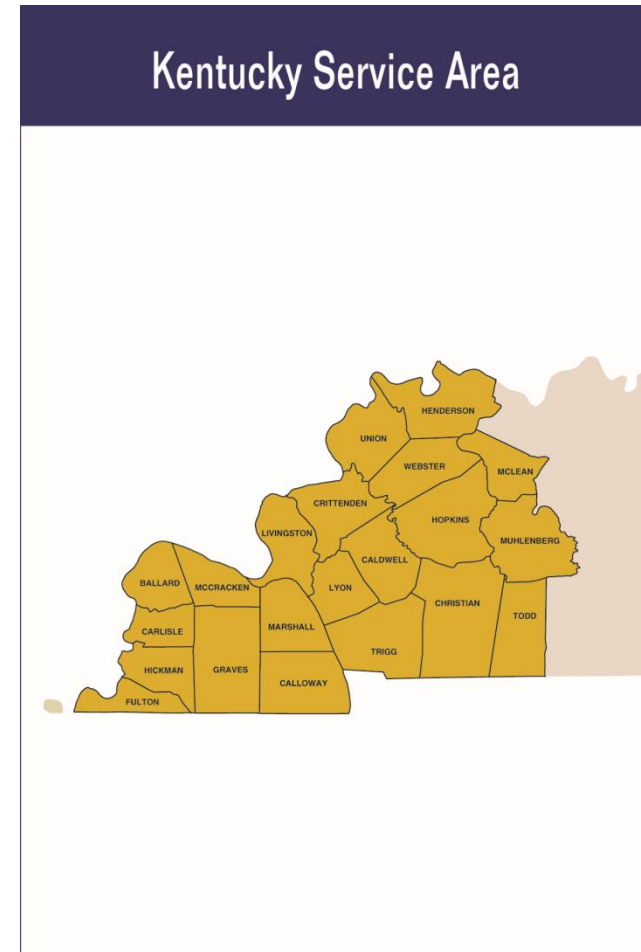


The population of Kentucky is 4,380,415 with 41.4% (1,814,340) living in rural Kentucky and 58.6% (2,566,075) living in urban Kentucky. 54 of its 120 counties are considered Appalachian.

[illegible]

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Kentucky Delta 21 Counties



Delta State Regions

Key Factors in Kentucky's Chronic PCP Shortage

1. Three in-state medical schools lack productive capacity to overcome shortage
2. Low retention rate of graduates and residents
3. Urban-Rural maldistribution
4. Steady but inadequate supply of IMGs
5. Growing proportion of aging physicians tending to retire early or reduce FTE

A few numbers to consider

1. 426: number of physicians Kentucky needs to add per year to catch up to mean USA workforce physician/100K population ratio
2. 309: maximum number of new physicians ready for practice that Kentucky can now produce per year

Need + estimates by HPSA for counties needing additional PCPs

HPSA	Counties	FTEs	%
County	35	141	55.2
Partial	7	33	12.6
None	18	82	32.2
Total	60	256	100



Got your hands full?



Recommendations

Increase Use of lay Community Health Workers (CHWs) to:

1. Work with the health care team to decrease over-utilization of emergency rooms and hospitals
2. (Right Care, Right Time, Right Place)
3. Help establish primary care medical home
4. Provide nurse-led diabetes CHW coordinated self-management education
5. Educate (Health Coach) for more healthier behaviors: diet and increased physical activity, e.g.
6. Identify and remove barriers to care

Community Health Workers

Definition

- A Community Health Worker, (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.
- A 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.¹[p.1]

<http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393>

You may have to walk in others shoes!



CHW Job Classification

- The United States Department of Labor, Bureau of Labor Statistics now recognizes and has classified the Community Health Worker title in category 21-1094. The job duties are described as:
- Assist individuals and communities to adopt healthy behaviors
- Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health
- May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening
- May collect data to help identify community health needs.

Excludes "Health Educators" (21-1091).

<http://www.bls.gov/soc/2010/soc211094.htm>

CHWs in Kentucky

Bureau of Labor Statistics:

21-1094 Community Health Workers

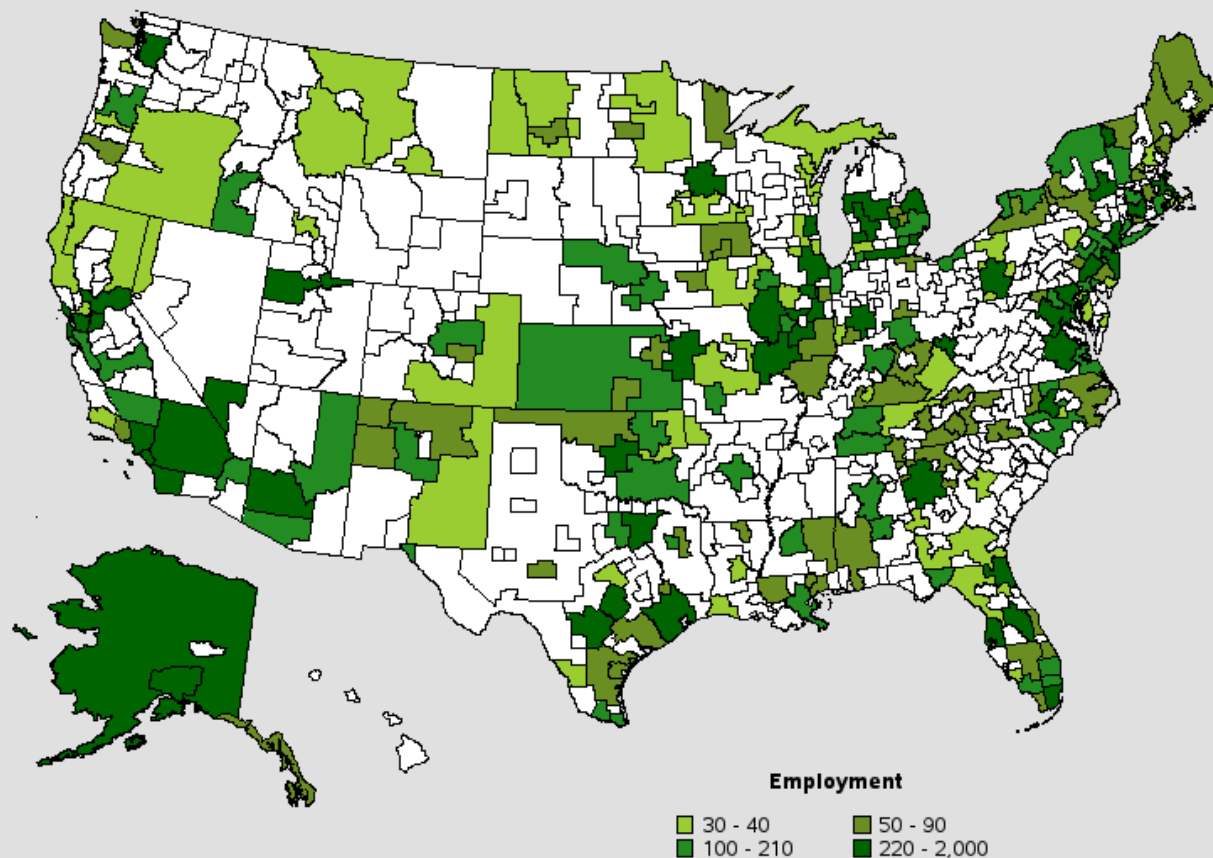
Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091).

<http://www.bls.gov/oes/current/oes211094.htm>

Kentucky Occupational Data for 2013

Occupation code	Occupation title (click on the occupation title to view its profile)	Level	Employment	Employment RSE	Employment per 1,000 jobs	Location quotient	Median hourly wage	Mean hourly wage	Annual mean wage	Mean wage RSE
21-1094	Community Health Workers	detail	450	14.9%	0.251	0.73	\$15.65	\$16.12	\$33,540	4.5%

Employment of community health workers, by area, May 2013



Blank areas indicate data not available.

Who Do CHWs Serve?

- Residents of rural Appalachia are statistically poorer, less educated and less likely to have medical coverage than those in other parts of the state and nation.
- Barriers, especially for poor rural people, include lack of knowledge about services, inadequate information on their own conditions, social and cultural inhibitors, lack of money, transportation, and numerous other factors.



Today's Community Health Workers Roles



What CHWs Can Do

- In 2009, the Department of Labor Bureau of Labor Statistics created an occupation code for CHWs. This definition includes duties such as:
 - Assist individuals and communities to adopt healthy behaviors
 - Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health
 - Provide information on available resources
 - Provide social support and informal counseling
 - Advocate for individuals and community health needs
 - Provide services such as first aid and blood pressure screening
 - May collect data to help identify community health needs
 - Excludes 'Health Educators'

What CHWs Do

- 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
 - Advocacy

What CHWs Do (continued)

- Affect Health and Social Policy
- Provide Research Opportunities in reaching health disparities and most vulnerable populations
- Recruit study participants
- Administer Survey Instruments

Job Titles for CHWs

- Community Health Educator
- Enrollment Worker
- Family Advocate
- Family Planning Counselor
- Family Support Worker
- Health Advocate
- Health Educator
- HIV Peer Advocate
- Outreach Worker
- Outreach Educator
- Patient Navigator
- Peer Advocate
- Peer Leader
- Promtora
- Promtor(a) de Salud
- Street Outreach Worker
- Doula

CHWs “None Licensed”

- Do NOT provide clinical care
- Generally do NOT hold another professional license
- Expertise is based on shared life experience (and often culture) with people served

CHWs Build Community and Individual Capacity

- Outreach
- Community Education/Health Coaching
- Informal counseling
- Social Support
- Advocacy

Kentucky Homeplace

1. Use of CHWs in ERs (EDs) to reduce inappropriate utilization and to educate persons about the need for a primary care medical home and to access it for services.
2. Reduction in risky health behaviors through disease self-management and education in healthier behaviors (exercise, nutrition, emotional/mental health, and preventative care).
3. Research expertise, such as gaining access to hard-to-reach clients for studies, preparation of these research subjects, and appropriate data collection.

Medicaid Will Allow Reimbursement for Community Health Worker Preventive Services!

- The Centers for Medicare and Medicaid Services (CMS) created a new rule which allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system, as long as the services have been initially recommended by a physician or other licensed practitioner. The new rule for the first time offers state Medicaid agencies the option to reimburse for more community-based preventive services, including those of CHWs. The rule goes into effect on **January 1, 2014**.
- The new rule now states,
 - “(c) *Preventive services* means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to—
 1. Prevent disease, disability, and other health conditions or their progression;
 2. Prolong life; and
 3. Promote physical and mental health and efficiency.”

The Rule can be found here: [PDF](#)

To visit the CHW Health Disparities Initiative website: <http://www.nhlbi.nih.gov/health/healthdisp>

Supervisor of CHWs for Reimbursement

- Physicians
- Certified Nurse Practitioners
- Physician Assistants
- PhD Psychologists
- PsyD Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Counselors
- Dentists
- Advanced Practice Nurses

Appalachian States CHW Certification

Kentucky

- Kentucky Homeplace Training Certificate only
 - State committee formed DR White chairman (meets every 2 weeks)
 - No state certification (The Committee has accepted Kentucky Homeplace training as the core training for certification)
 - Code of Ethics, Scope of Practice and Core Competency have been written and are in review

North Carolina

- Community Health Worker Certificate
- Students who complete this certificate program are eligible to be certified by the Ohio Board of Nursing as Community Health Worker.

Ohio

- (CHW State Certification) Certified through the Ohio State Board of Nursing

Appalachian States

CHW Certification (continued)

Tennessee

- No training identified or certification required

Virginia

- Washington DC, Maryland and Virginia train and support CHW through the Institute for Public Health Innovation
- No certification only education

West Virginia

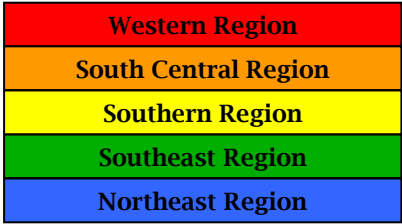
- §16-29H-9. Patient-centered medical homes.
- (3) *Community-Centered Medical Home Pilots*. -- This approach shall link primary care practices with community health teams which would grow out of the current structure in place for federally qualified health centers. The community health teams shall include social and mental health workers, nurse practitioners, care coordinators and community health workers.

Sustaining CHWs

Policy Change

- Financing mechanisms for sustainable employment
- Workforce Development
- Occupational regulations
- Standards/guidelines for publicly-funded CHW program evaluation and research

38 County Service Area



Kentucky Homeplace

Mission:

Provide access to medical, social, and environmental services for the citizens of the Commonwealth

Vision:

Educate Kentuckians to identify risk factors and use preventative measures to become a healthier people with knowledge and skills to access the healthcare and social systems.

Lung Cancer Research Initiative

UK Center for Excellence in Rural Health – Hazard

The Lung Cancer Research Initiative

For more information, please call toll-free: 866.997.6372



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A population-based case control-study of lung cancer in Appalachian Kentucky: The role of environmental carcinogens

This is a University of Kentucky research study about the relationship between lung cancer and environmental risk factors. The purpose of this study is to try to understand the effects of trace elements such as arsenic and chromium, as well as radon on the development of lung cancer. By doing this study, we hope to learn why there are more lung cancers in Kentucky's fifth Congressional District than anywhere else in the nation.

Improving Diabetic Outcomes

Goal:

Increase diabetes self-management knowledge and improve diabetic outcomes that lead to a reduction in complications resulting in a better quality of life, both for clients and their families



Anthem Foundation

I DO Phase 2

Project Year March 2013 - February 2014 Timeline

	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Southern and Southeast Regions*	Training	Nurse Visit **			CHW Visit ***			Nurse Visit **				Data Analysis for all Regions
Northeast Region*	Training		Nurse Visit **			CHW Visit ***			Nurse Visit **			
Western Region*	Training			Nurse Visit **			CHW Visit ***			Nurse Visit **		
South Central Region*	Training				Nurse Visit **			CHW Visit ***			Nurse Visit **	

* Sample population will include Homeplace clients who have been screened from July 1, 2011 through March 31, 2013.

** Diabetes Self-Management Education Modules will be administered by the CHW before the 1st nurse visit and after the Education session on the same day as the 2nd nurse visit.

*** CHWs make home visit with their clients and family to review the first nurse education and to pre-view the next visit.

Healthy People 2020

Who's Leading the Leading Health Indicators

Kentucky Homeplace: Improving Colorectal Cancer Screening Rates Through Tailored, Community-Based Approaches featured in Healthy People 2020 overarching goal addressed these objectives: Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.

<http://www.healthypeople.gov/2020/implement/sharinglibrary.aspx?storyID=48>

CHW Education and Support

Comparative ER utilization rates for US and Homeplace clients

Homeplace Clients Population	10.1 ¹
United States Population Living in Private Residences	39.2 ²

Data Sources:

¹Kentucky Homeplace Data Archive

²National Hospital Ambulatory Medical Care Survey: 2010 Emergency Department Summary Tables

Publications

- 2013
 - Ely; White; Jones; Feltner; Gomez; Shelton; Slone; Van Meter; DeSimone; Schoenberg; and Dignan. Cervical Cancer Screening: Exploring Appalachian Patients' Barriers to Follow Up Care. WSHC: Social Work in Health Care.
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 - Feltner, Fran; Wilson, Emery; Whitler, Elmer and Asher, Linda. UK College of Medicine – Future Role of Community Health Workers for Reducing Health Disparities. Poster presented at the 2011 NRHA Annual Rural Health Conference in Austin, Texas.

Conclusion

- Community health workers (CHWs) play a significant role in reducing and/or managing chronic illnesses, reducing healthcare costs, and improving the overall health of the population
- Evidence gathered over the years makes it clear that support for, and development of, a CHW workforce is a wise investment
- At the federal level, CHWs are recognized as professional members of the health care workforce who effectively address social determinants of health and reduce health disparities (US Department of Health and Human Services)
- They are also specifically listed as important professionals on the health care team in the Affordable Care Act of 2010

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Feedback, Questions, & Concerns