

Community Health Workers and Their Role in the Transition to Value



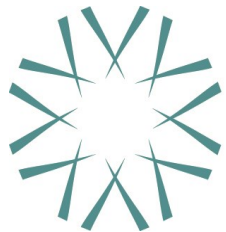
Debra Laine

Senior Program Specialist

May 2018

Rural Health Innovations' Purpose

Rural Health Innovations (RHI), LLC, is a subsidiary of the National Rural Health Resource Center (The Center), a non-profit organization. Together, RHI and The Center are the nation's leading technical assistance and knowledge centers in rural health. In partnership with The Center, RHI connects rural health organizations with innovations that enhance the health of rural communities.



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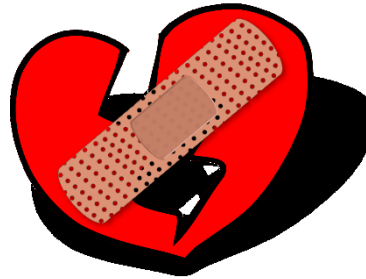
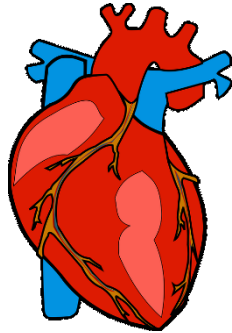
Moving From →



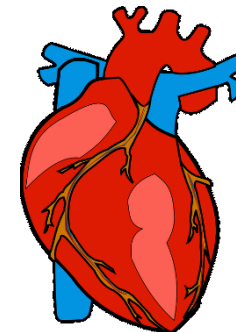
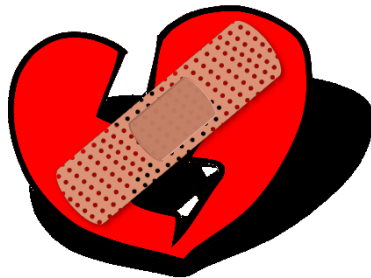
- High cost
- Low quality
- High chronic illness
- Low access

→ Moving To: The Triple Aim

Better health. Better care. Lower cost.



Better care. Smarter spending. Healthier people.



Population Health has Many Partners



The Community Health Worker



CHW 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 worker 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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CHW Definition continued...

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 worker 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.

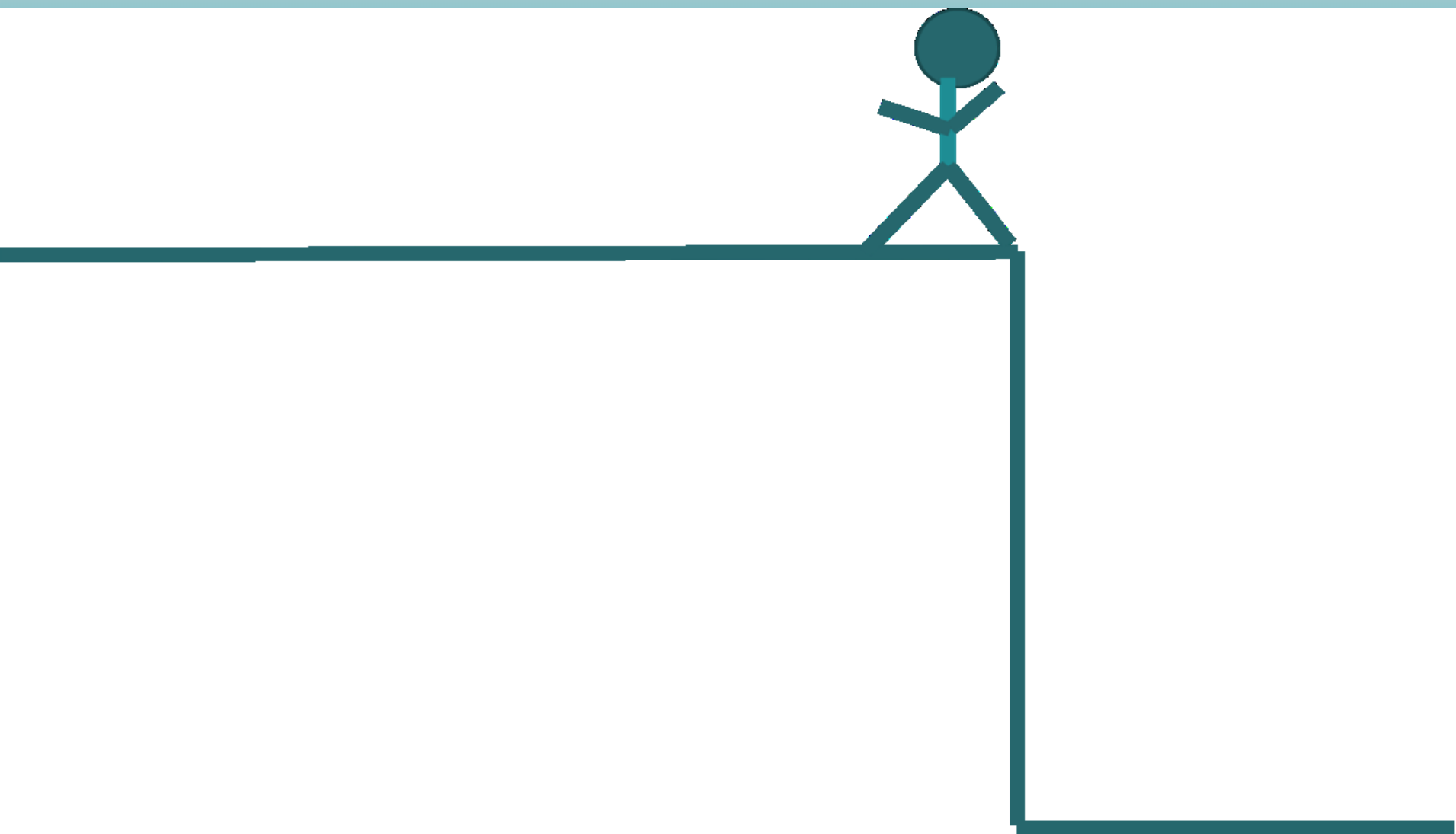
American Public Health Association

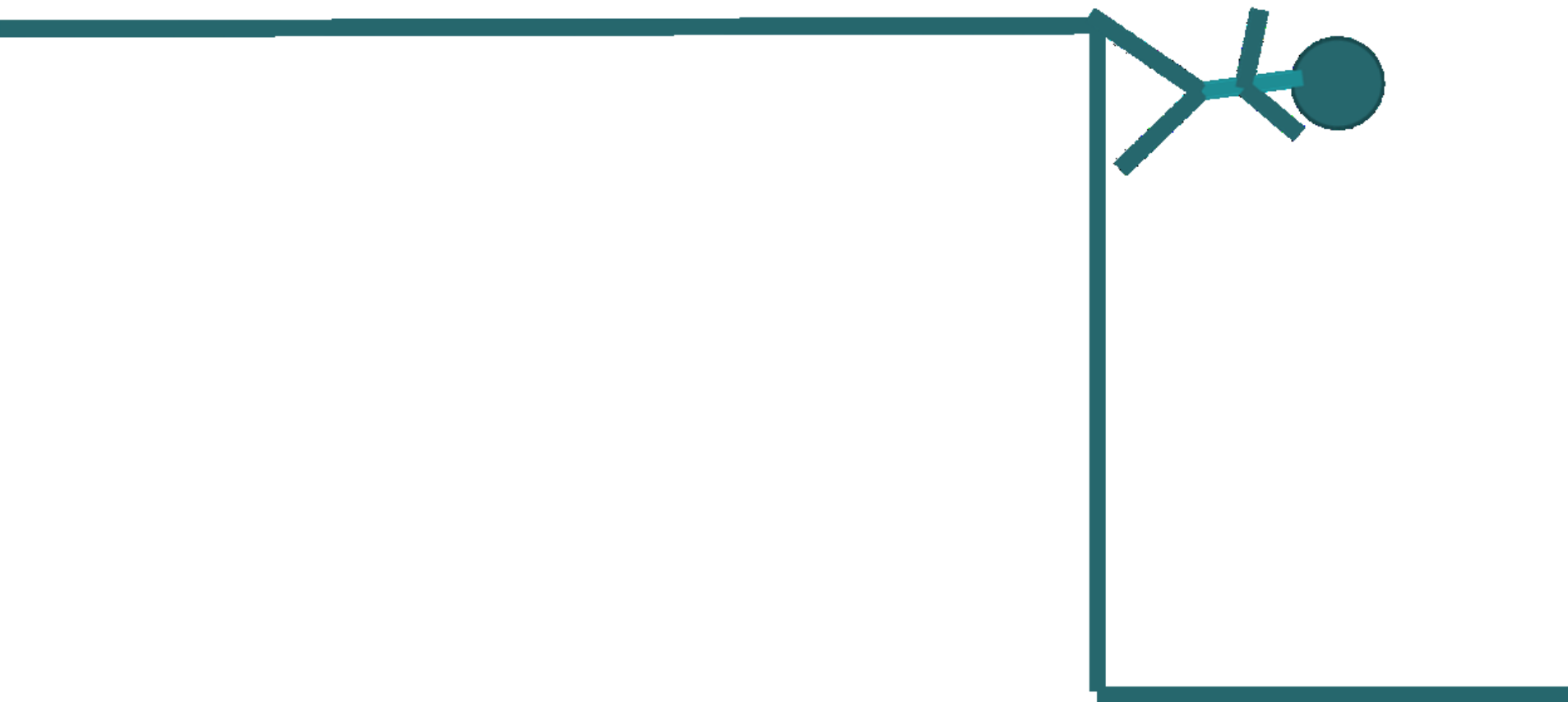
Levels of Health Intervention



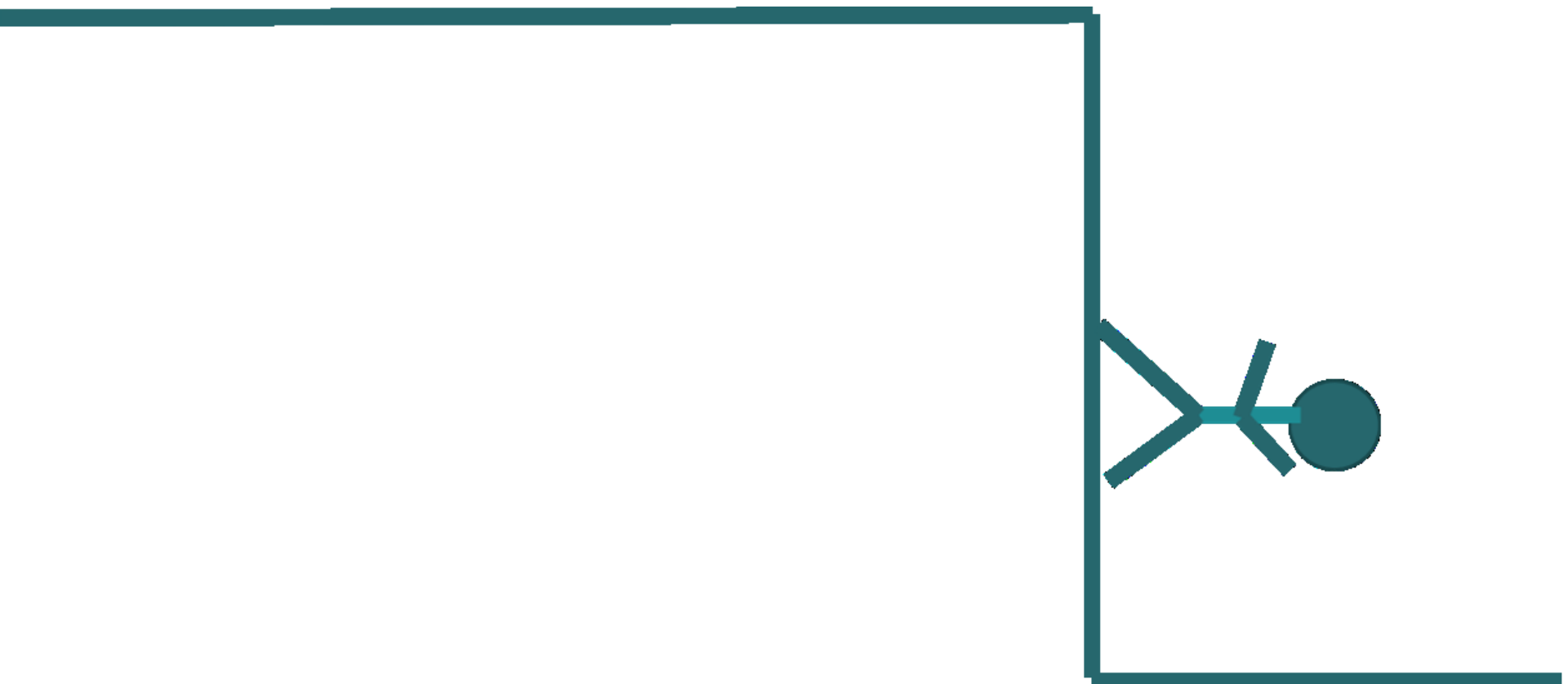




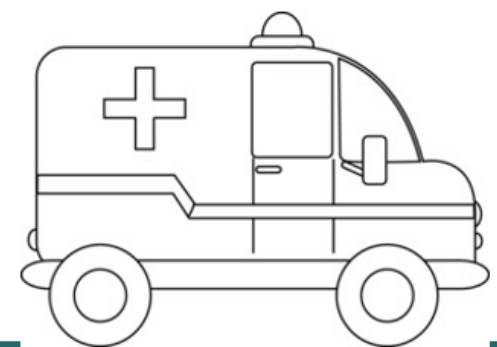


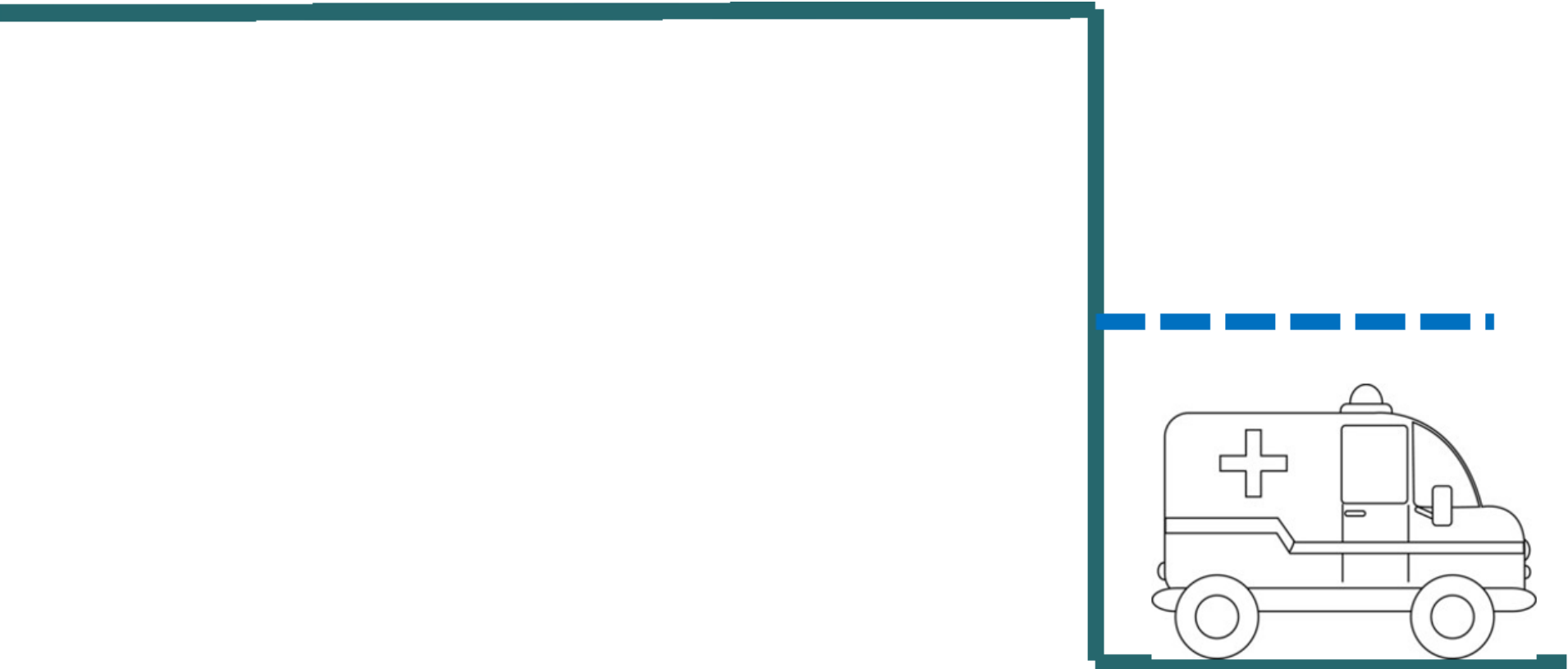


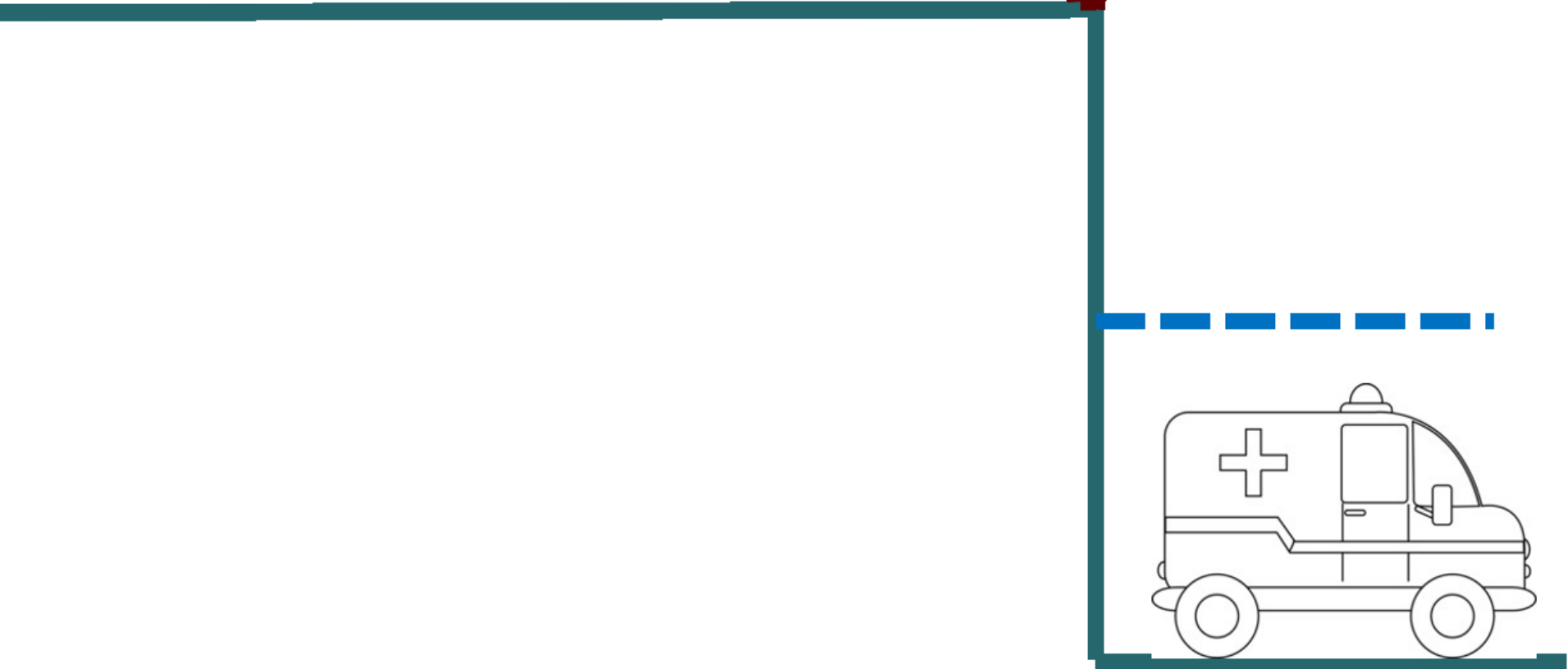




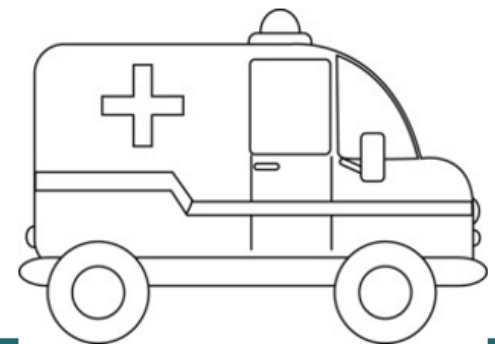




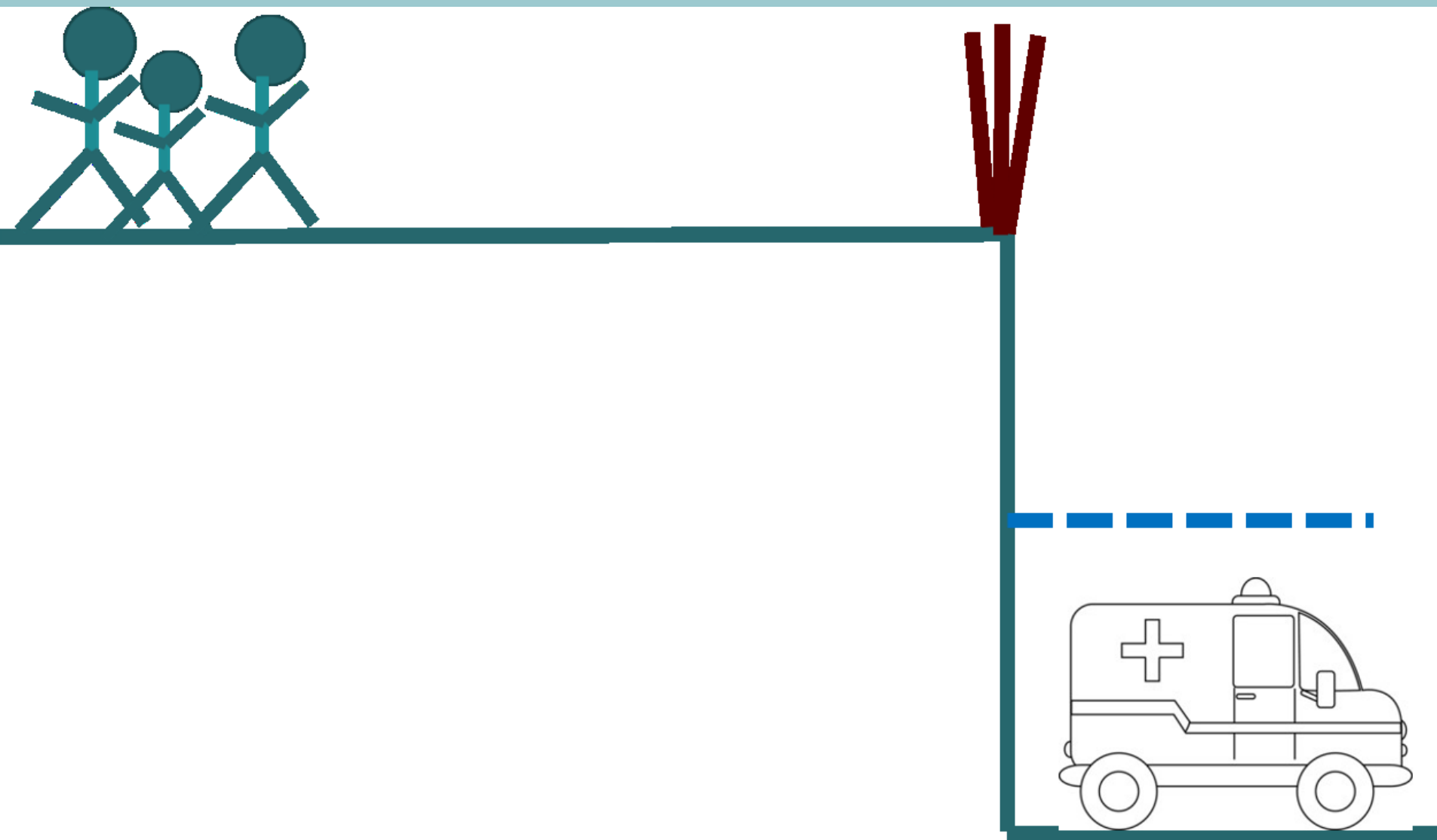




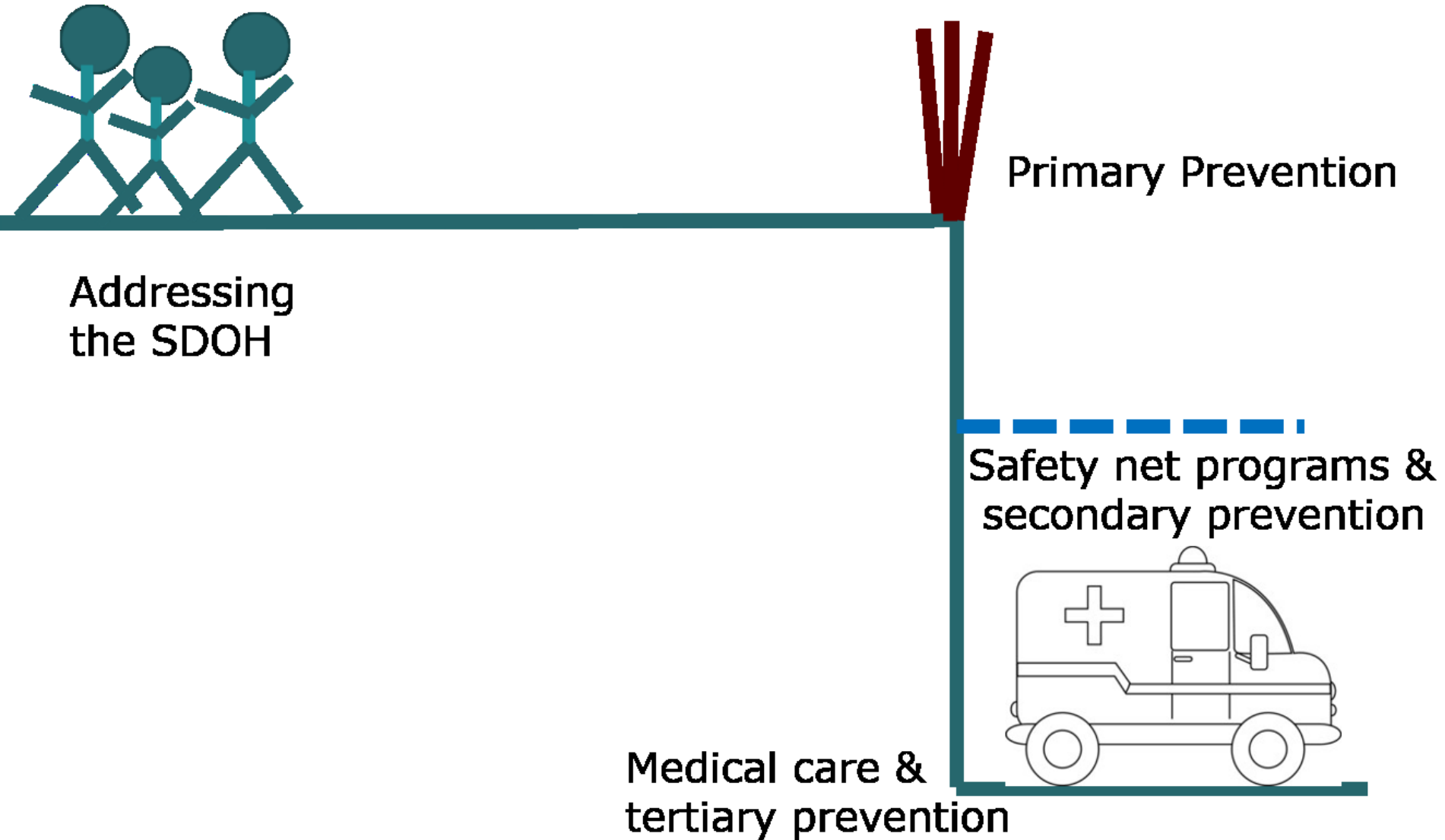
Case Management



CHW Advantage



Levels of Intervention



The Defining Role of CHW's

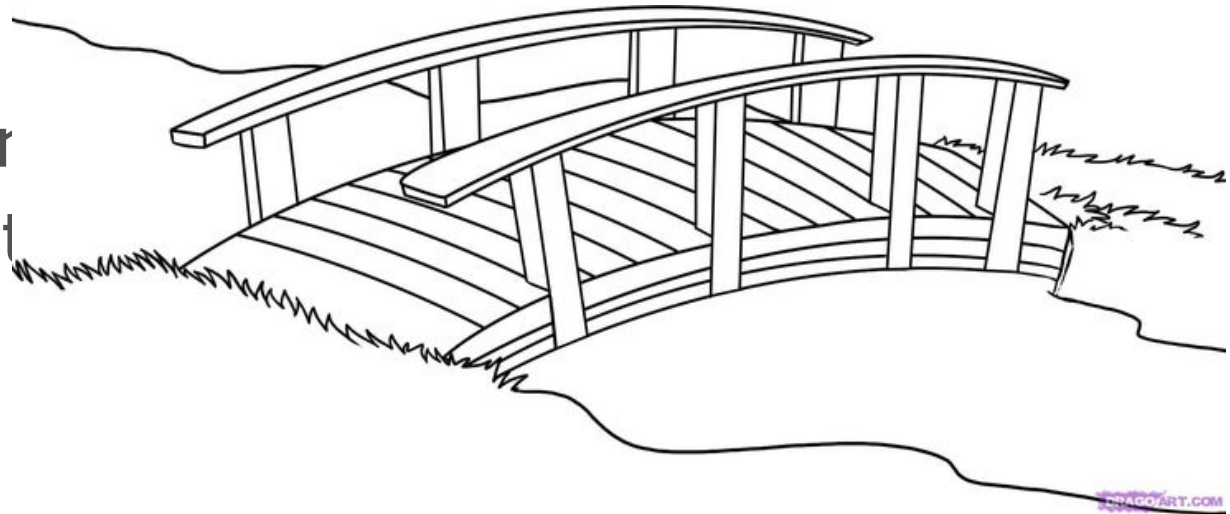
- Assist individuals and communities in adopting healthy behaviors
- Collect data to help ID community needs that are not normally collected
- Provide information on available resources, social supports, advocate, connect

New Model

- Work for making the community a better place (public health approach) vs. just with one person at a time

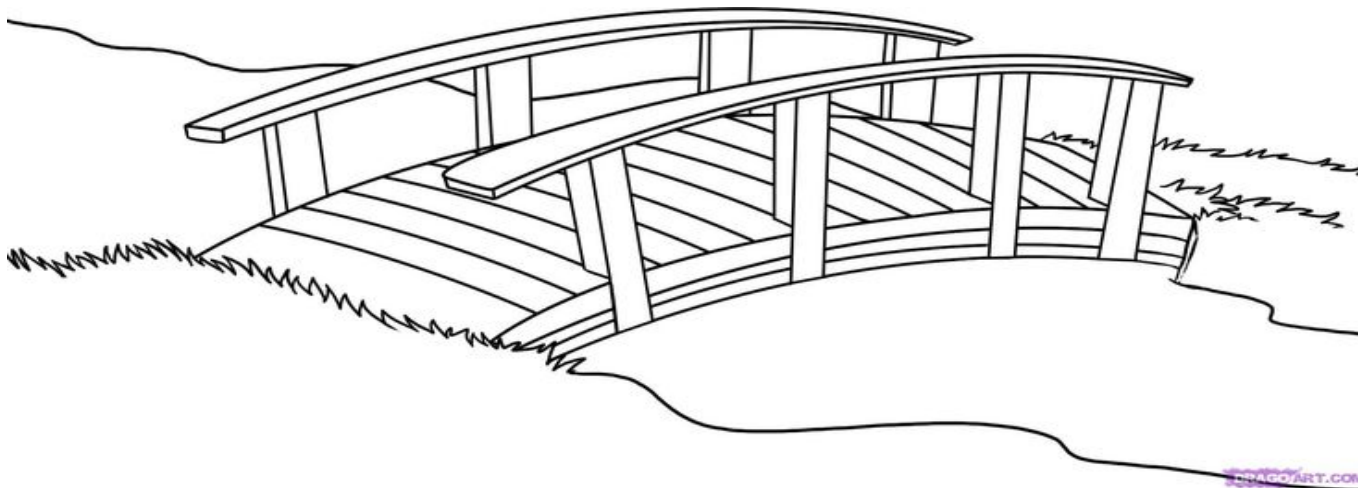
Times are changing

- Commonly, CHWs are in family service, non-medical, and government vs. health care
- Recent move to medical facilities
- Advocate
- Coach
- Educator
- Interpreter
- **Bridge**



CHWs Are About Bridging Gaps

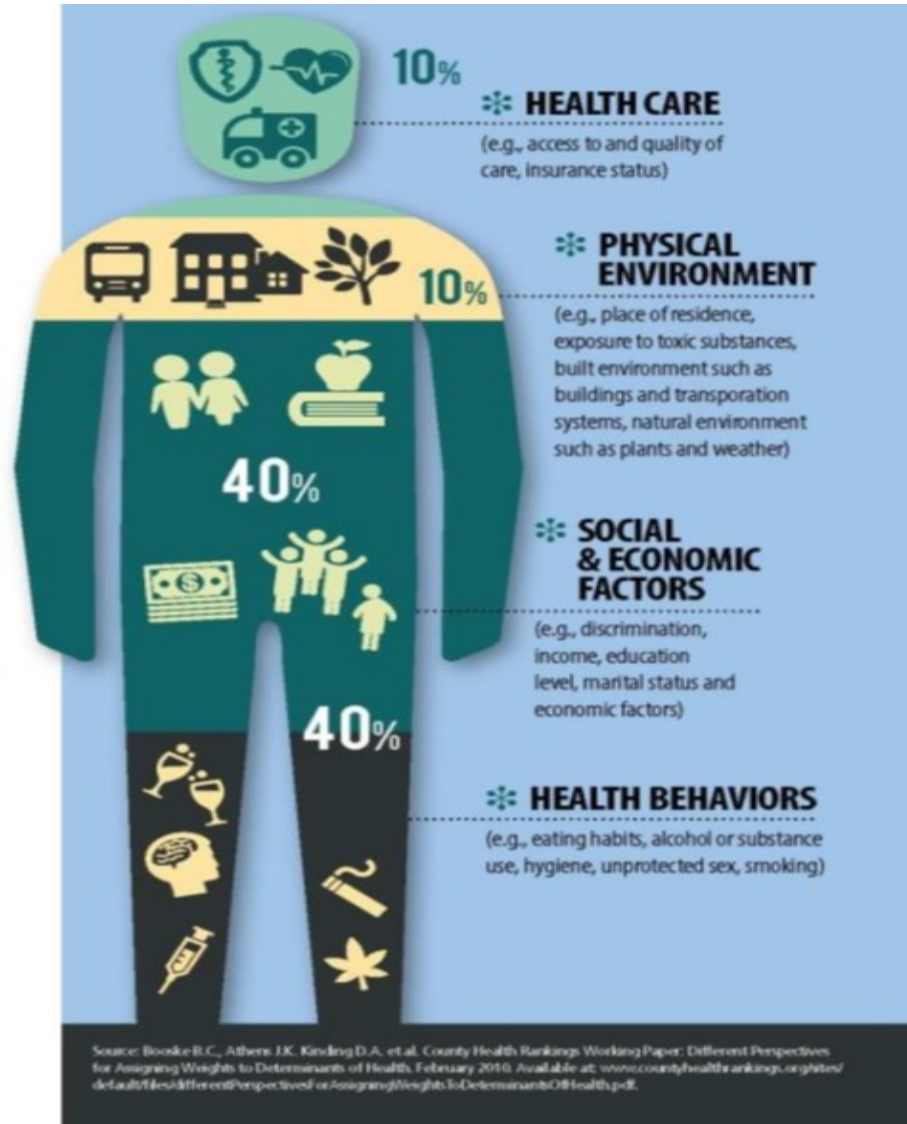
- The most basic element of what a CHW provides.
- Bridging from the clinic to the community/reality that the person lives in.
- Multi lingual - needs to speak the “language” of person and the medical team.



Encounters

- Connected at
 - Emergency Department or Transition Team
 - Clinic
 - Through public agency
- Goes into their environment
- Walks alongside
- Connects to service, education, clinical
- Direct service
- Follows until the person is ready to be on own
- Connects as often as need (daily, weekly, monthly)

Whole Person

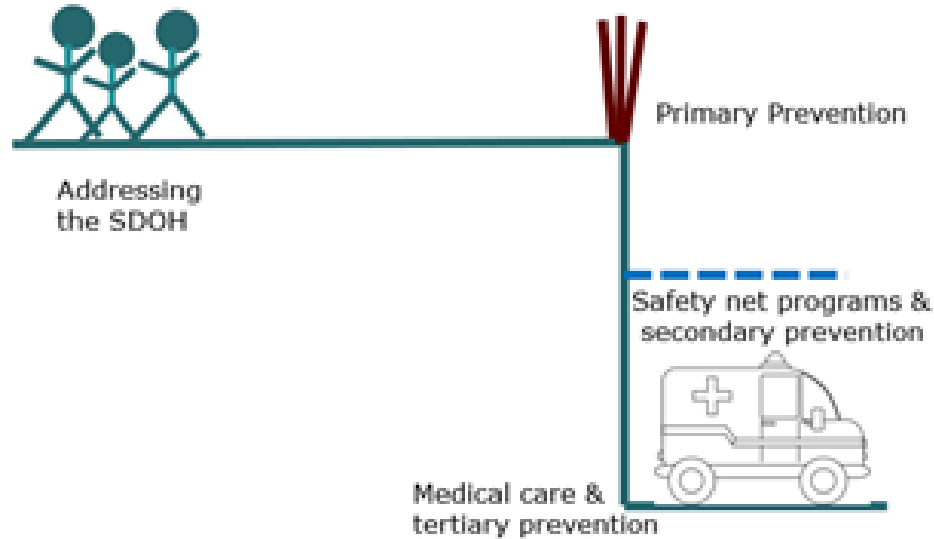


CHW Definition (Again)

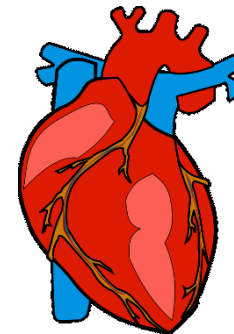
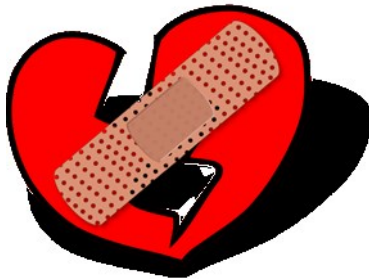
A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

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→ Moving Toward Transformation



Better care. Smarter spending. Healthier people.



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Get to know us better:

<http://www.ruralcenter.org>



**Montana Community Health Worker Project
Flex Virtual Knowledge Group – CHWs
Cindra Stahl
MT Office of Rural Health/AHEC
May 2, 2018**



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Office of Rural Health
Area Health
Education Center

CHW Driving Definition – APHA 2009

“...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.”



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History

- MORH/AHEC began exploring interest in CHWs in 2010
- Periodic workforce assessments
- Community Health Integration Project – Care Coordination Pilot Project
 - Funded by Federal Office of Rural Health Policy and CMS
 - Placed CHWs in 11 critical access hospital communities
 - Regional supervision by APRN at MT Hospital Association
 - Heavily evaluated and found to be cost effective, improve patient outcomes
- Convening of stakeholder groups beginning in 2015

Current Status

- Funding from MT HC Foundation, HealthCARE MT (Dept. of Labor project), MT Geriatric Education Center, SAMHSA/HRSA, and AHEC
- Staffed by MT Office of Rural Health/AHEC
- MORH/AHEC manages stakeholder group, policy and reimbursement committee, curriculum development
- Creating online Montana CHW Curriculum in distance education and apprenticeships
- SAMHSA/HRSA Behavioral Health Workforce & Training, Paraprofessional grant will pay training costs of CHWs

CHW Fundamentals Course

Modules

- ***There are four - 15 hour Modules in CHW Fundamentals with each Module divided into 3-5 hour Units***

- 1. Community Health Worker: Roles and Responsibilities**
- 2. Communicating and Collaborating with Individuals, Groups, and Communities**
- 3. Quality Healthcare Systems: Organizing and Coordinating Resources, Services, and Care**
- 4. Providing Outreach, Advocacy, and Promoting Healthy Communities**

Plus a supervised field experience

Policy and Reimbursement Committee

- Purpose
- Examine the role of CHWs in the models under consideration by the Governor's Council on the Montana State Innovation Model Design and other Montana initiatives
- Evaluate the use of CHWs with Medicaid populations and care coordination models including PCMH, CMS funded care coordination projects and ACOs
- Identify policies and reimbursement models that support the use of CHWs through Medicaid and private payers

2017 Environmental Scan

- **Are CHWs employed in Montana?**

11 or 42%

Assorted non-profit

10 or 38%

CAH

2 or 8%

State agency

2 or 8%

Tribal Health

1 or 4%

Long term care



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Services provided- *in rank order*

- 9 Underserved population
- 8 Promote preventive care
- 8 Help clients with paperwork
- 7 Transportation
- 7 Conduit for health care services
- 7 Education to clients on how to navigate and access health care
- 6 Nutrition education
- 6 Health promotion
- 6 Chronic disease management
- 5 Link uninsured to health care coverage
- 4 Conduit to health screenings

Populations served- *in rank order*

2015	2017
Elderly residents	Elderly residents
Rural residents	Rural residents
Low socio-economic households	Low socio-economic households
American Indians	American Indians
New mothers	Non-English speakers
Non-English speakers	New mothers



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Next Steps

- CHW Online Course and Supervised Field Experience starts May 2018, offered through MHREF, which runs the Flex grant, and MT Health Network
- Facilities must sponsor the CHW students, with reimbursement for training costs
- Discussions underway to offer CHW training widely to EMTs
- Fundamentals of Behavioral Health and Management of Aggressive Behaviors training also launching
- Much more to come – specialized modules, supervisor training, development of a CHW Association
- Potential for legislation related to CHWs

Questions?

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