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- CHW Meetings

CHW Meetings

Past Meetings:

Community Health Worker- Curriculum Review Meeting October 26th, 2017

10:30 am-12:30 pm

Presentation slides

Community Health Worker- Curriculum Update September 12, 2017

9:30 am- 12:30pm

Presentation - has since been updated

Supervised experience

Elder case study

Case study rubric

Community Health Worker Policy and Reimbursement Committee-

June 14, 2017

10:00 a.m.- 12:00 p.m.

Montana Hospital Association

2625 Winne Ave.

Helena, MT 59601

Meeting documents:

Funding Model Worksheet

2017 CHW Employer Survey

Comprehensive Primary Care

National Academy of State Health Policy

State Self assessment

Community Health Worker Training Program Orientation- June 13, 2017

Agenda: Sue Roe will review the CHW Training Program and solicit feedback.

12:30 p.m.— 3:30 p.m.

Disability Rights Montana

1022 Chestnut St, Helena, MT 59601

Montana Community Health Worker Curriculum Meeting- April 14, 2017

10:00 a.m. to noon.

Location: Disability Rights Montana

Agenda: Sue Roe will review the CHW Curriculum Fundamentals Modules and solicit feedback.

Presentation from Sue Roe

Community Health Worker Workforce Assessments -April 3, 2017

Environmental Scan Presentation- 1:00 p.m. - 3:00 p.m.

MT Healthcare Workforce Advisory Committee

The agenda will include a presentation on the CHW Workforce Assessment, as well as a presentation from the Rocky Mountain Tribal Leaders Council, Epidemiology Center on their recently completed Public Health Workforce Study.

CHW Workgroup Curriculum Design-February 2, 2017

MHA- Helena-

Call in available

Introductions

Sue Roe presents curriculum layout thus far.

-Curriculum committee provides feedback and asks questions.

-Discuss options and where CHW curriculum progresses from here

CHW Workgroup: Curriculum Design- October 20, 2016

Education Center-
-St. Peter's Hospital, 2475 East Broadway Street
-Helena, Montana
-12:30 to 3:30 PM

Call-in available: 888-387-8686, 8422675#

Sue Roe will be joining us to review the curriculum framework and identify next steps for curriculum and training.

Agenda

Community Health Worker: Curriculum Development Retreat- March 24, 2016

-Disability Rights Montana (1022 Chestnut St, Helena, MT 59601) in the Liberty Room
- 10 AM – 2 PM

Welcome and Introductions

Overview of CHW Development in Montana – Kristin Juliar, Participants

Curriculum Discussion – Facilitated by Sue Roe

-Small Group Sessions: Community Health Worker Competencies and Skills

-Large Group Session: Commonalities and Differences

-Large Group Session: Key Competencies and Skills for CHWs

-Creating a Framework

Lunch

Continuation of Curriculum Development

Education and Training Models

Length of Training

Policy and Payment Issues

Next Steps

Montana Community Health Worker Dialogue-October 22, 2015

-Disability Rights Montana Building, 1022 Chestnut Street, Helena
-1:00-3:00 pm

I. Introductions

II. Review Previous Meeting – Review Meeting Summary Report

Report from the Montana Community Health Worker Dialogue

May 28, 2015

Helena, MT

Speaker/Facilitator: *Carl Rush, MRP, Research Affiliate for the Project on Community Health Worker Policy and Practice, a part of the University of Texas Institute for Health Policy*. Email – carl@chrllc.net

Why we are meeting

-Community Health Worker interest in Montana

-National Perspectives on CHWs (Carl Rush)

Definitions and Standards

-Definition adopted by American Public Health Association: "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."

-Montana's State Health Dept. and State Labor Dept. need to accept/adopt definition and work together

-"A community health worker 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."

-CHWs are unlike any health related professions

-Challenge is to understand that CHW view is very broad

-Do not provide clinical care – assist with non-medical needs

-Generally do not hold another professional license

-Expertise is based on *shared* life experience and usually culture within the population served

-Rely on relationships and trust more than on clinical expertise

-Relate to community members as peers rather than purely as client

-Can achieve certain results more effectively than other professionals

-Uniquely able to "work both sides of the street – skilled at community-level and patient-level strategies

Why CHWs now?

-The "Triple Aim"

-Improving patient experience of care (quality and satisfaction)

-Improving the health of populations

-Reducing the per capita cost of health care

-What's missing or broken within our system?

-Relationships and communication

-CHWs Address Social Determinants

Curriculum and Training

-Must Consider Key Dynamics to be Successful Training Program

-Unique nature of CHW workforce

-Dynamics of CHW labor market

-Emerging consensus of definitions and standards

-Other necessary aspects of policy infrastructure

Supervisors/instructors need to be trained on program in order to implement successfully and role model the relationship they expect CHWs to have with community members (patients)

-Training

-Has to fit policy and infrastructure

-Central importance of practicum/internship – apprenticeship models

-Use performance-based assessment

-Interpersonal skills

-Most students require financial aid or employer subsidy

-Ongoing dialogue about knowledge base requirements and pre-hire vs. in-service learning

Employment Opportunities

-CHW Labor Market has unusual dynamics

-History of marginalization and isolation

-Dominant pattern of "siloed" financing thru short term grants and contracts

-Unique presence of volunteers

-Diversity of roles

-…but specific jobs often narrowly defined

-Central importance of "community membership" or shared life experience as a qualification

-…not everyone can be a CHW

-…and employers will hire the "right person" first and then train them – no conventional pipeline

-Healthcare payers are interested in CHWs

-"Hot-spotters" – better care for "super-utilizers"

-Chronic disease management

-Improving birth outcomes

-Cancer screening and navigation

-Care transitions

-Based on shared experience – not for those coming out of high school or college

-Interest with older individuals who have life experiences

CHW Policy and Financing

- 4 interrelated policy areas affect CHWs

-Occupational definition (agreement on scope of practice and skill requirements)

-Sustainable financing models

-Workforce development (training capacity/resources)

-Documentation, research and data standards (records, evidence of effectiveness and "ROI") – often neglected

- Certification

-Declaration by issuing authority that an individual has necessary skills

-NOT the same as an educational "certificate of completion"

-Issuing authority: government, educational, association or employer-based; does NOT have to be the State government

- A *responsive* CHW certification system has:

-Multiple paths to entry, including based on experience ("grandfathering")

-User friendly application process without unnecessary barriers of education, language, citizenship status

-Required education available in familiar, accessible settings

-Skills taught using appropriate methods (adult/popular education)

-Easy access to CEUs, distance learning

-Respect for volunteer CHWs – "first, do no harm!"

-Financing, models, etc.

-NASHP webinar - https://www.statereforum.org/integrating-chws

- Key principles in policy change

-Minimize barriers of language, education level, citizenship status, and life experience

-Encourage contracting with community-based organizations for CHWs' services

-Remember not all CHWs work in healthcare!

-Again, respect volunteers

- Stakeholders

-Every state needs to have awareness campaign for stakeholders – 90% of employers probably does not know what a CHW is or does

- Federal agencies are increasing support for CHW strategies

-CDC, HRSA support for state policy change

-CMMI grantee learning collaboratives

-HHS CHW Inter Interagency Work Group

-CMS-CDC discussions

- Medicaid Preventative Service rules have changed

-78 FR 135 p. 42306: 7/15/13 – (effective Jan. 2014)

§ 440.130 Diagnostic, screening, preventative, and rehabilitative service

-"*Preventive services* means services recommended by a physician or other licensed practitioner…" (previously read "provided by")

-Brings rules into conformance with ACA

-Commentary clearly reflects interest in funding services by CHWs and other "non-licensed" providers

-Payment for CHW services will no longer need to be treated as admin costs

- Taking Advantage of Medicaid Rule Change

-Medicaid State Plan Amendment – must specify:

-What non-licensed occupations are covered, and qualifications (skill requirements)

- not necessarily certification

-What services will be paid for (CPT codes), and what categories of Medicaid recipients may receive them

-Rates and mechanisms of payment (FFS, MCO, bundled payment, etc.)

Standards, Metrics, Documentation and Evaluation

-Documentation of CHW activity has not been a high priority

-Historically separate from medical records

-Lack of common metrics has hampered pooling and comparison of data

-No coherent research strategy exists

-Example: CMMI Innovation Grants

-Increasing recognition of beneficial CHW roles in research (CBPR)

-Value of CHW observations for clinicians is being recognized

-Adapting to the CHW workforce:

-Equipping CHWs to document and report appropriately

-User-friendly documentation tools for field work

-Other initiatives on CHW research

-Institute for Clinical Economic Research 2013 report

-PCORI planning national conference to fill evidence gaps

Next Steps – Strategic Planning

-Keep engaged – AHEC's CHW Listserv, etc.

-Maintain infrastructure at state level – PCORI grant, payers need to be involved

-Montana Healthcare Foundation

-collaborative funding source

-Currently in process of creating Environmental Scan of Montana's Community Health Workers – collecting data from survey

-Review training and curriculum development materials used in other states instead of creating new – create sustainable model

III. Environmental Scan – Review 2015 CHW Workforce Environmental Scan

IV. Next Steps

Montana Community Health Worker Dialogue- May 28, 2015

10 am to 2 pm
-Helena, MT - St. Peter's Hospital, Education Room

Speaker/Facilitator: Carl Rush, MRP, Research Affiliate for the Project on Community Health Worker Policy and Practice, a part of the University of Texas Institute for Health Policy.

Please feel free to share this invitation

Introductions

Why we are meeting

-Community health worker interest in Montana

-National Perspectives on CHWs (Carl Rush)

Definitions and Standards

-National perspectives

Curriculum and Training

-National trends in CHW curriculum and training

-Montana perspectives on curriculum and training

-Current training

-Potential training options

Employment Opportunities

-National trends in CHW employment

-Who employs or may employ CHWs in Montana

-What workforce information is needed

Policy and Payment Options

- National trends in payment systems

- Are CHWs regulated?

- What options exist for Montana

Standards, Metrics, Documentation and Evaluation

-National perspectives

-Roles on teams, collecting and reporting data

Next Steps – Strategic Planning

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