MAY 2021

COMMUNITY HEALTH WORKERS & *PROMOTORES* IN THE FUTURE OF MEDI-CAL

CHW/P Data Collection and Outcomes Measurement
Project Newsletter #3

CHW/P PROGRAM LEADERS BELIEVE DATA SHOW VALUE

CONVERSATIONS WITH DR. SHIRA SHAVIT AND LIZ KROBOTH OF TRANSITIONS CLINIC NETWORK AND FAITH RICHIE AND PORSCHA HILL OF TELECARE

For this third project newsletter, we spoke with leaders from two organizations that have used data to demonstrate the value of community health workers and *promotores* in terms of both health outcomes and cost savings. Each organization is based in California but serves multiple states.

About Transitions Clinic Network

The Transitions Clinic Network (TCN) serves individuals with chronic physical and behavioral health conditions who are transitioning from incarceration. TCN created a model of care management that embeds CHW/Ps who have lived experience with incarceration themselves into primary care teams to help patients navigate the health system and their transition to the community. The Southeast Health Center Transitions Clinic opened in 2006 in a historically Black neighborhood of San Francisco. The model was so successful, the Transitions Clinic Network — a nonprofit organization that supports a network of clinics maintaining fidelity to the same model of care — was created in 2010 and currently includes 48 health systems nationwide. This growth is partly due to published research that shows the value of their model to clinics across the country.

PROJECT DATES OF INTEREST

JUNE 1-8
Draft Resource Package #4 on financing and sustaining CHW/P roles through Medi-Cal posted for public comment

JUNE 2
Convening for Medi-Cal MCPs: Advancing Health Equity with a CHW/P Workforce

JUNE 17
Release of Final Resource Package #3 on CHW/P data collection and outcomes measurement

TCN CHWs meet patients where they're at. CHW Joe Calderon (right) discusses reentry with a patient.

With the goal of achieving health equity for Medi-Cal members, the Community Health Workers & Promotores in the Future of Medi-Cal project will generate a set of four resource packages, informed and reviewed by stakeholders, that support CHW/Ps' integration into Medi-Cal managed care programs.

CONVERSATIONS CONTINUED ...

About Telecare's Intensive Community Treatment Program

Telecare has offered recovery-oriented behavioral health services since 1965 and currently operates in five states. Telecare began contracting with a health plan to address the needs of members with high utilization of behavioral health services — for both Medicaid and commercial lines of business — in 2017. They call it the Intensive Community Treatment or ICT; it is based on Assertive Community Treatment (ACT), a team-based treatment model that provides multidisciplinary, flexible treatment and support to people with mental illness 24/7. The program currently serves 500 members in Northern California; however, it started with two small pilots serving 75 members in Oakland and Sacramento. Members become eligible if they have at least three psychiatric hospitalizations. The ICT helps members to more effectively utilize plan services, with additional support for housing, social services, and navigating health care systems.

This model includes a high-touch community-based health care worker who works intensely with the member — interacting with them multiple times per week — to ensure they are on track. The workers are not titled community health worker or *promotor*, but they generally have a background with lived experience, either themselves or their family, having experienced behavioral health challenges. This role is different from a peer because they are not actively using their personal recovery story as a part of the treatment.

Overcoming Data Collection Challenges

Data collection has often been a challenge in community-based work. When a CHW/P or other community-based worker is engaging with a client in the community, rather than a clinical setting, it may feel inappropriate or be impossible to start documenting the type of clinical or administrative data health systems, health plans, and government agencies require for health care service providers.

Data Collection at TCN

Dr. Shavit noted similar concerns with collecting data in the community: "Most data is collected through the electronic health record, which is challenging with the CHW/P is in the community. There's a lot of time when they're not in front of a computer, and they have to come back and record what they did when they return from the community."

> **"The TCN model of care is the CHW with lived experience. That is what made the difference [in the outcomes]."**
>
> **- Shira Shavit, MD**

To ameliorate this challange, TCN piloted a mobile app for their CHW/Ps to use. Ms. Kroboth explained, "The app tracks social determinants data over time, collects contact information, and acts as a panel management tool for the CHW/Ps. There are risk assessments and risk stratification tools built in, along with reminders to check in with patients." CHW/Ps designed the app, so it collects data they need to best serve their clients, which is not necessarily the same data that a health plan, health system, quality improvement program, or government agency would collect.

Differing standards for data collection pose another challenge for CHW/Ps, just as with licensed health care providers and clinics. TCN clinics participate in a number of California's Whole Person Care pilot and Health Homes programs. "For Health Homes, the way they collect data is based on each individual plan they contract with. Each managed care plan may require something different and different data collection," said Dr. Shavit.

Data Collection at ICT

The ICT program is paid through a per-member per-month capitation rate, so they do not track individual claims. The health plan measures success by tracking utilization data very closely. According to Ms. Richie, "Although the capitation amount seemed like a large expense for the health plan at first, the resulting reduction in costs for psychiatric hospitalizations has been well worth the plan's investment."

Telecare developed a dashboard for the ICT program that includes real-time utilization data and information about a member's current and prior functional status, which is called a Wellness Snapshot. The team reviews the data in every morning huddle to prioritize their activities for that day. They piloted this dashboard at one of the

sites, and it was so successful, they scaled it to all the other ICT sites.

Ms. Hill experienced similar barriers to data collection as the CHW/Ps in TCN's program experienced when working in the field. "Some people are comfortable with you taking notes while you're talking to them. If I'm with the member, I will use a notepad. Some people use speech to text to make members feel more comfortable," said Ms. Hill.

The Wellness Snapshot data collection tool has eased this process for Ms. Hill and her colleagues. "Data collection for the Wellness Snapshot is really quick," she said. Tools like this and TCN's app can help CHW/Ps and other community-based workers gather the data they need to sustain programs funded by health care. Development of these tools by individual CHW/P programs may indicate a need for data collection tools that easily capture meaningful data in the field and make it accessible to both care teams for planning how to deliver services and the other parts of the health care system that require data collection, such as health plans, quality assurance organizations, and government regulators.

Outcomes Measurement Demonstrates Value

Both TCN and Telecare's programs grew exponentially in a short amount of time. They each attribute this, in part, to their ability to measure and demonstrate the success of these models through outcomes data.

Few parents will go to the doctor without first feeding their kids, so TCN CHWs make sure that their patients don't have to make that choice

Outcomes Measurement at TCN

TCN was able to conduct a rigorous evaluation of its model. They completed a randomized controlled study of individuals who were coming out of incarceration, some with the benefit of a CHW and some without. They were able to show "50% fewer ED visits in the first twelve months," according to Dr. Shavit. Through a grant from the Centers for Medicare and Medicaid Innovation (CMMI), they also did a propensity match study in Connecticut. They had two clinics in the same system — one in Hartford and one in New Haven. The one in New Haven followed the TCN model of care, and the one in Hartford did not. The matched cohort in New Haven showed better health outcomes with fewer preventable hospitalizations and shorter hospital stays. TCN patients also benefit in terms of criminal justice system involvement — the cohort had fewer technical violations for parole and probation and spent fewer days re-incarcerated. "The TCN model of care is centered around the CHW with lived experience," said Dr. Shavit, "That is what made the difference."

Outcomes Measurement at ICT

While they do not have a rigorous academic study of the ICT program, Telecare's health plan partner is studying the model for increased expansion, so it monitors outcomes very closely to determine the return on investment and health improvement of the population served by ICT.

The health plan has identified several metrics that demonstrate positive outcomes of the program. One of the goals of the program is to engage members to access the resources available to them in the community. The CHW/P-like care managers connect participating members with the services they need to manage their health:

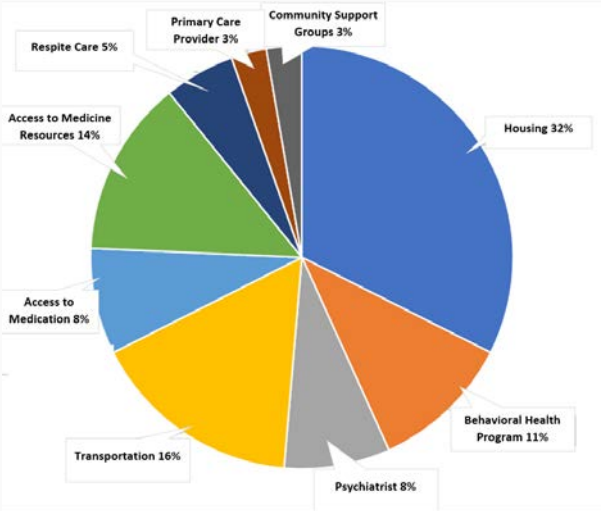
- 32% of participating members were connected to housing resources
- 22% of participating members were connected to either medication resources (14%) or medication (8%)
- 19% of participating members were connected to either a psychiatrist (8%) or a behavioral health program (11%)
- 15% of participating members were connected to transportation

CONVERSATIONS CONTINUED ...

Further, the health plan documented more effective utilization of acute care hospital services. When member utilization is compared from before participating in the program (Jul 2019 – Mar 2020) and during participation in the program (Jul 2020 – Mar 2021):

- Emergency department visits decreased 25%
- Psychiatric hospital admissions decreased 45%
- Inpatient hospitalizations for physical health decreased by 49%

"On the behavioral health side, we struggle with measuring whether someone is doing better. This data collection was a game changer," said Ms. Richie. The increased connection to community-based resources and decreased utilization of acute care hospital services among ICT participants indicated to Ms. Richie that the health of the members in the ICT program was improving. After experiencing these results, the health plan expanded the program from four medical centers to 25 and is further increasing referrals at several sites.



Telecare Care Manager II linkages to services. Click to enlarge.

Systemic Needs for CHW/P Data Collection

It is clear that when the data are collected, deployment of a CHW/P workforce produces the desired outcomes of member engagement, proper utilization of services, health improvement, and cost savings. Challenges with data collection in the field remain, as most data collection tools were built for clinical settings. Provider concerns with varied and numerous health plan, health system, and agency health care metrics are only exacerbated for those working in community settings. Metrics need to be aligned across these bodies, and tools for collecting data are also needed to demonstrate performance on the metrics.

Meet Our Interviewees

Shira Shavit, MD is the executive director of the Transitions Clinic Network and came to this work, as many do, because "it's something you can't unsee or turn your back from" after witnessing what people who are or have been incarcerated experienced in terms of health care. During her family medicine residency, she worked with women in the East Bay who were federally incarcerated and pregnant. She then worked in the Alameda County jail and led a project with the University of California San Francisco (UCSF) on health care improvement in the prison system after her residency. After that experience, finding ways to advance health equity for communities impacted by mass incarceration became her life's work, and she became the lead physician at the first Transitions Clinic that later expanded to TCN.

Liz Kroboth has focused her public health career on addressing the social determinants of health. She was in grad school during the height of the Black Lives Matter movement and helped write and pass the American Public Health Association statement on *Addressing Law Enforcement Violence as a Public Health Issue.* She has a keen interest in the intersections of the legal system and public health, so after learning about TCN, she knew she had to be a part of it. Currently, she serves as the California program manager for TCN.

Faith Richie is the senior vice president and chief development officer for Telecare. In this role, Ms. Richie is responsible for all new business development, start-up operations, strategic growth, and government relations. Before joining Telecare, Ms. Richie held executive positions with behavioral health organizations across the west coast. She helped lead the development of the ICT program at Telecare and used data to make the case to support its expansion. Similar to Dr. Shavit's experience, Ms. Richie said she came to this work because she "just couldn't sleep at night" after learning how people, especially those with mental illness, experience the health care system.

Porscha Hill is a care manager II in the ICT program. She serves in a CHW/P-type role, engaging with otherwise difficult-to-reach members who require more intensive behavioral health services and connection to resources than they would normally receive through a clinical setting. Although her title is "care manager," she plays a very different role than a care manager in a health plan. In fact, she works very closely with the care management team at the health plan the ICT program serves. She is more of a community-based extender or navigator, helping the health plan members thrive in the community. Ms, Hill started a career serving people with behavioral health needs after helping a family member struggle with mental illness.

MCP CONVENING REGISTRATION

We hope Medi-Cal managed care plans join us for MCP Convening: Advancing Health Equity with a CHW/P Workforce to learn about resources to engage CHW/Ps in CalAIM initiatives.

JUNE 2
9:00-10:30 am PT

MCPs register here!

Visit the Project Microsite

Read the Resource Packages

Sign Up for Project News

NEWS FROM THE PROJECT

SPRING PROJECT HIGHLIGHTS

Since the March newsletter, the Project Team and Contributors have released Resource Package #2: Training Approaches for Community Health Workers and *Promotores* to Support Medi-Cal Members (PDF) in its final form.

Resource Package #3: The CHW/P Role in Data Collection and Outcome Measurement (PDF) was drafted using resources provided by Advisory Council members, posted for public comment, and reviewed by the Stakeholder Group. A final version of this resource package will be released on June 17.

A draft of Resource Package #4 on Financing and Sustaining CHW/P Roles through Medi-Cal will be posted for public comment on June 1 (with comments due by June 8).

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