Milbank Memorial Fund

The Reforming States Group

Community Health Workers: the State of the Evidence

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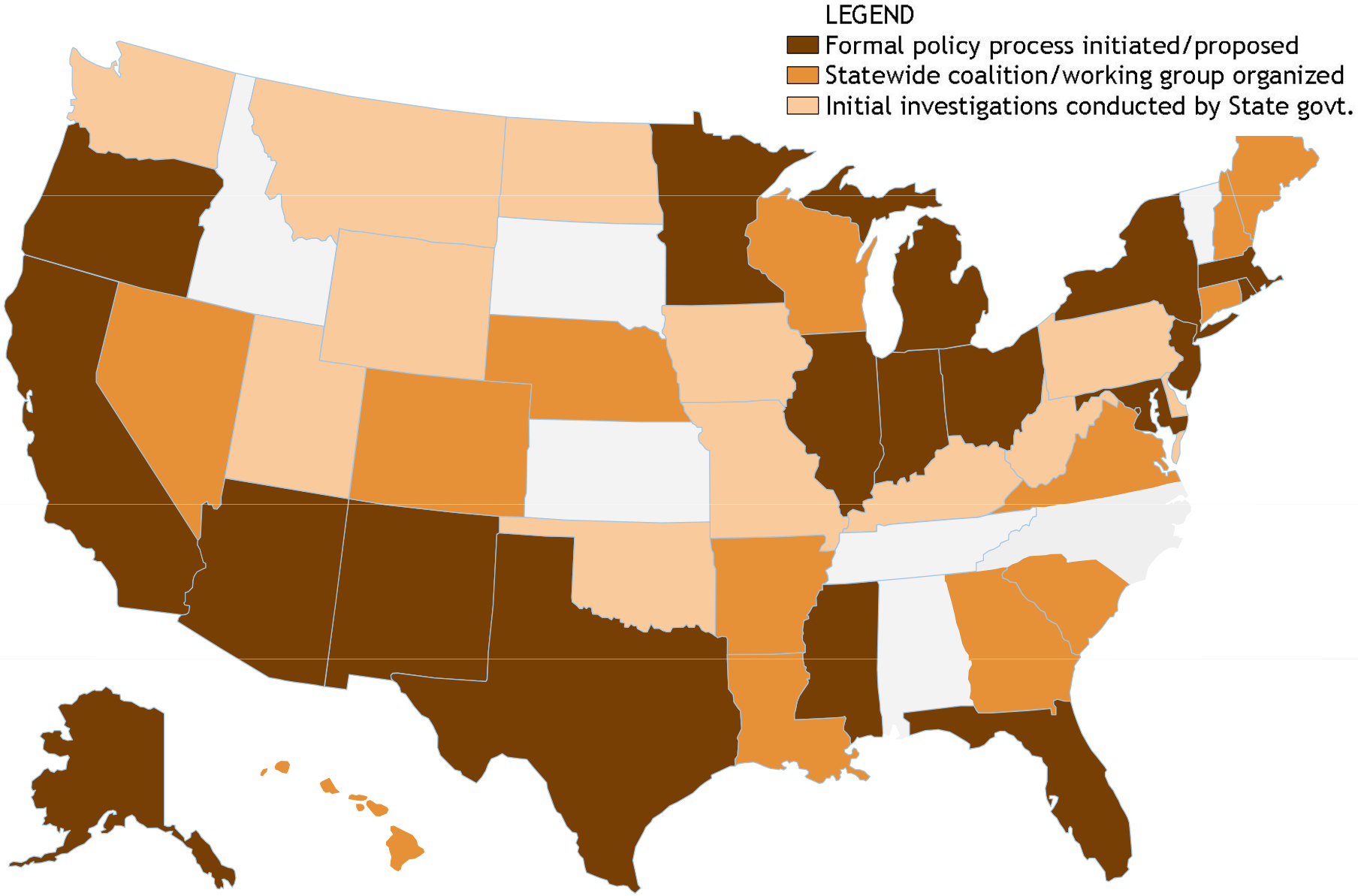
Topics

- Why CHWs now; state and federal activities
- Definitions and what do CHWs do
- State of the Evidence
- Key challenges in CHW policy and workforce sustainability

UTHealth | School of Public Health
The University of Texas Health Science Center at Houston

CHW Policy Activity by State



Updated 10/1/14

Why are we discussing CHWs?

- **The "Triple Aim"**
  - Improving the patient experience of care (including quality and satisfaction);
  - Improving the health of populations; and
  - Reducing the per capita cost of health care

- **Health care reform**: changing accountability for outcomes: CHW as members of health care teams
  - Accountable care organizations (ACOs)
  - Patient-centered medical homes (PCMHs)
  - Incentives to reduce costs, improve care

THE LUND REPORT
Oregon's most vital source of health news

Traditional Healthcare Workers Join CCO Movement

This work force is intended to help people lead healthier lives, as well as save money

By Amanda Waldroupe

July 1, 2013—Traditional health workers and their impact on Oregon's healthcare system, particularly the Oregon Health Plan, were the subject of an all-day conference sponsored by Acumentra Health last week.

The legislation creating coordinated care organizations (CCOs) requires them to use three types of traditional healthcare workers: community health workers, peer wellness specialists and patient navigators. Doulas, and other types of workers, can also be used.

Federal agencies are increasing support for CHW strategies

- CDC priority on support for policy and systems change
- CDC and HRSA support for TA at state request
- HHS CHW Interagency Work Group
- Office of Women's Health:
  Women's Health Leadership Institute
- CMMI Grantee CHW Learning Collaborative
- National Health Care Workforce Commission

What is a CHW?

Community Health Worker Definition

American Public Health Association

- The 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. (cont'd)

Community Health Worker Definition

American Public Health Association

- 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 and
  - advocacy.

APHA CHW Section, 2006

CHWs are unlike other health-related professions

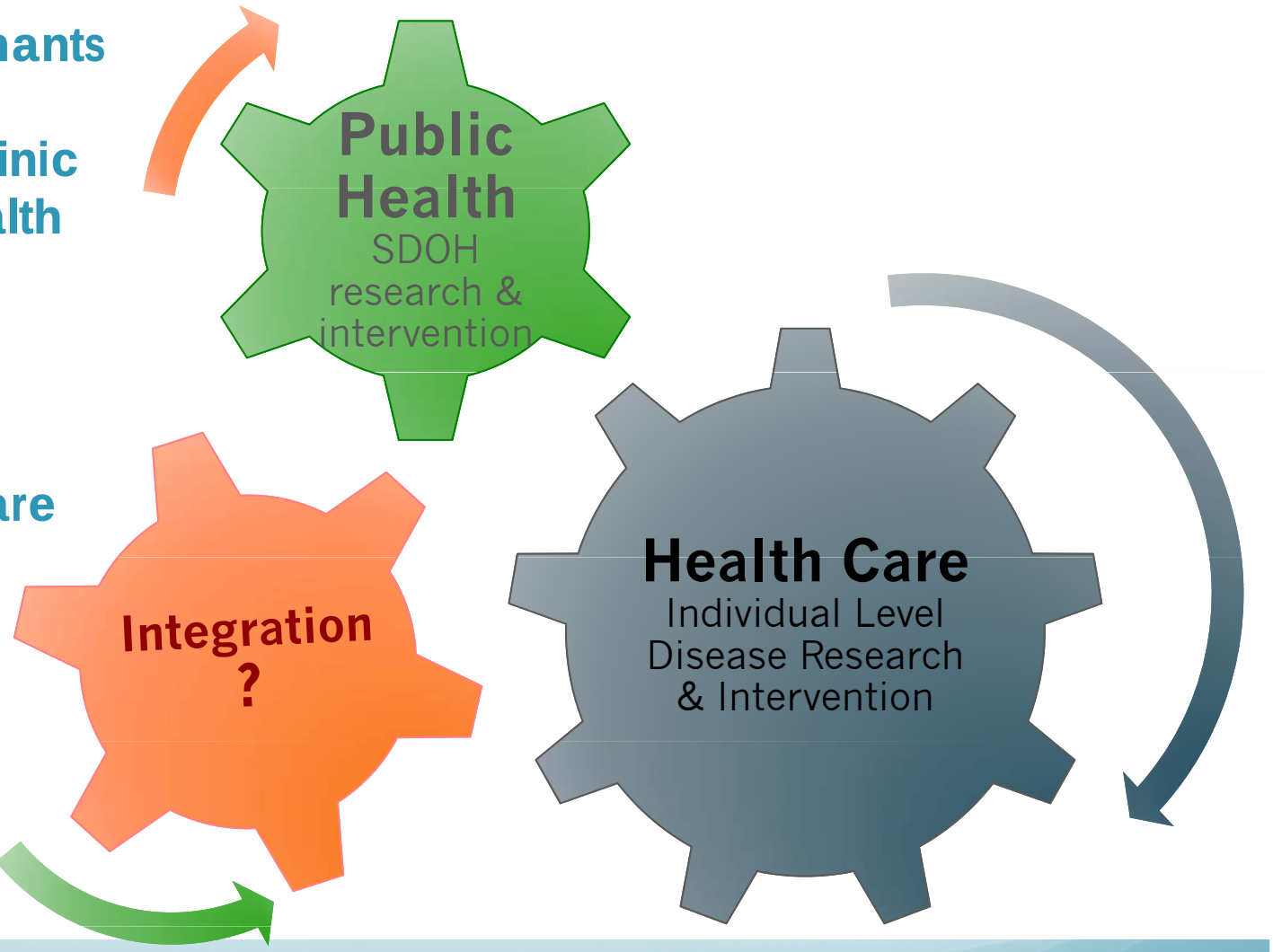
- Do not provide clinical care
- Generally do not hold another professional license
- Expertise is based on *shared life experience and (usually) culture* with the population served

(cont'd)

CHWs can be the integrators!

Social determinants have not been integrated in clinic practice or health care systems

Leads to lower value, substandard care



IOM. 2013. U.S. Health in International Perspective: Shorter Lives, poorer health. Washington DC: The National Academies Press.

CHWs are employed in many different models of care

- Member of primary care team
- Patient navigator
- Provider: services, screening, education
- Outreach/enroll/inform concerning specific programs or services
- Organizer/advocate

Source: HRSA CHW National Workforce Study, 2007

CHWs maintain a unique balance of accountability between community and health care system

- Roots of CHWs in social justice and economic opportunity
- Many are still grassroots volunteers, especially Promotores
- Increasing interest from health care employers
- CHWs must preserve integrity of community relationships
  - As part of personal values
  - As an essential factor in their effectiveness!
  - Constant balancing act: relationship vs. task
- Compromise: providers/payers can contract with community-based organizations

The State of the Evidence

Evidence base on CHWs is growing but complicated

- Hard to present simple answers,
  but impact is evident on health outcomes, health knowledge/behaviors, and costs
- Diversity of CHW activities and health issues means no unitary measure
- Increasing evidence of cost-effectiveness or "return on investment" from cost savings

Evidence of CHW impact on health outcomes is clear in many areas

- Birth outcomes: clearest evidence of preventive impact
- Diabetes: A1c, BMI, HTN, health behaviors
- Asthma: symptom control, missed days
- Cancer screening rates > early detection
- Immunization rates
- Hospital readmissions (care transitions)

Financial ROI can be dramatic

Recent studies all showing about **3:1 net return or better:**

- **Molina Health Care**: Medicaid HMO reducing cost of high utilizers
- **Arkansas "Community Connectors"** keeping elderly and disabled out of long-term care facilities
- **Community Health Access Program (Ohio)** "Pathways" reducing low birth weight and premature deliveries
- **Texas hospitals:** redirecting uninsured from Emergency Depts. to primary care
- **Langdale Industries:** self-insured industrial company working with employees who cost benefits program the most

Key policy areas for consideration in states that want to advance the CHW workforce

4 key policy areas require attention

1. **Occupational definition** (agreement on scope of practice and skill requirements)
2. **Sustainable financing models**
3. **Documentation, research and data standards** (records, evidence of effectiveness and "ROI")
4. **Workforce development** (training capacity/resources)

4 key policy areas require attention

1. Occupational definition
   - Need agreement on CHW Scope of Practice (SOP) and skill requirements
     - Linked to awareness/education effort
     - Broad consensus needed

CHW Scope of Practice gradually gaining traction

- SoP formally adopted only in MA, MN
- States with certification (TX, OH) currently have broader definitions
- States relying on the 1998 National Community Health Advisor Study "Core Roles" as starting point
  - Derived from national surveys and focus groups of CHWs and employers

4 key policy areas require attention
Cont'd

2. Sustainable financing models

- Support CHWs as permanent, integrated workforce, rather than on short-term
- Encourage internal financing by employers as well as 3rd-party payment
- High potential in new models of care (PCMH, ACO)

Project on CHW Policy and Practice
University of Texas Institute for Health Policy
Sustainable Financing of CHW Activities: Three Broad Pathways

	Basic pathways		
	A **Conventional health care**	**B** **Population/community-based public health**	**C** **Patient-centered care systems (emerging hybrid structures)**
1 **Promising program models**	Emergency room diversion "Hot-spotters" (high cost users) Prenatal/perinatal coaching Primary care based chronic disease management Care transitions Home/community-based long-term care	Specific condition-focused initiatives Community development approach (social determinants)	Patient Centered Medical Homes Accountable Care Organizations Health Homes
2 **Specific CHW roles in these models**	Care coordination Self-management support for chronic conditions Referral and assistance with non-medical needs and barriers Medication management support Patient/family advocacy Support and extension of health education Patient navigation	Basic outreach and education Community advocacy/organizing	Combination of health care and population-based (as at left)
3 **Payment mechanisms for these models**	Fee for service Managed care organizations: admin/service dollars; duals Medicaid 1115 waivers Internal financing Prospective payment (FQHCs)	Medicaid waivers Block grants Prevention trust fund (Mass. model) Pooled funds from third-party healthcare payers Social impact bonding	Bundled/global/prospective payment Supplemental capitation payment for specific services
4 **Options for third-party payers**	CHWs directly employed by payer Health care provider contracts/add-ons to hire CHWs CBO contracts to employ CHWs CHWs as independent contractors		

4 key policy areas require attention
Cont'd

3. Documentation, research and data standards

- Records, evidence of effectiveness, and ROI

4 key policy areas require attention
Cont'd

4. Workforce development

- Training:
  - Must be competency-based, learner-centered, participatory
  - Emphasize field work, mentoring, and include on-going practice-based assessment
  - Should be offered in various settings: familiar, accessible
  - Who pays?
  - How much classroom pre / post-hire?
- Employers must consider career development

Key Strategy Points in Policy Change

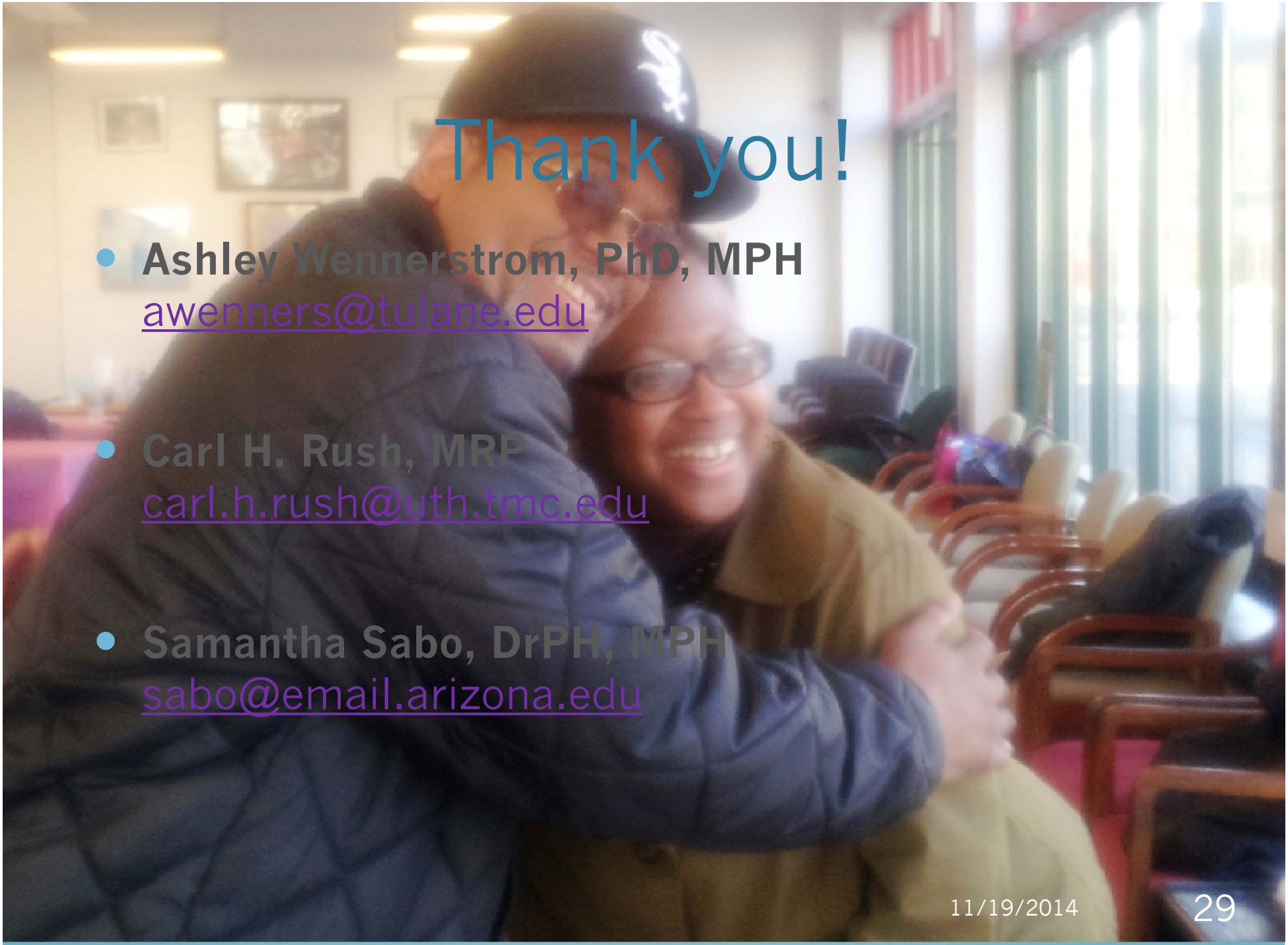
- Education and awareness effort needed first
- Need “Champions” in various stakeholder groups
- Interdisciplinary collaboration & self-determination
  - Recognize history of CHW leadership & advocacy for profession
  - Take action **with** CHWs, not **for** them
  - New APHA policy statement under consideration
  - CHW networks and associations may need support

States are pursuing various models in CHW policy innovation

- **Legislative**: Texas, Ohio, Massachusetts, New Mexico, Illinois, Maryland
- **Medicaid rules**: Minnesota, Wisconsin, DC
- **Policy driven by specific health reform initiatives**: New York, Oregon, South Carolina + SIM states
- **Broad-based coalition process**: Arizona, Florida. Michigan

Key Strategy Points in Policy Change cont'd

- Is legislation needed? At what point?
  - Learn from other states' experience with legislation:
    MN, MA, NM, IL, MD & others in progress
- Using local and national workforce data
- Remember: Not all CHWs work in health care!



Thank you!

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