State Policies and Strategies that Impact Community Health Workers at Health Centers

Spotlight on States # 8

NATIONAL ASSOCIATION OF Community Health Centers

August 2015

DEFINITIONS AND ROLES

Community Health Workers (CHWs) are considered to be the "frontline public healthcare workforce" and the most versatile members of the health care community. CHWs perform a diverse set of roles and functions as well as carry a variety of titles including "community health advisor, outreach worker, community health representative (CHR), *promotora/promotores de salud* (health promoter/promoters), patient navigator, navigator promotores (*navegadores para pacientes*), peer counselor, lay health advisor, peer health advisor, and peer leader".[1]

> **Definition of a Community Health Worker, *American Public Health Association*:**
> **Community Health Workers (CHWs) are frontline public health workers who are trusted members of the community and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison, link, or intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build 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.[2]**

Because of the trusting and close relationship CHWs have with the population they serve, they are able to influence behaviors and help patients achieve individualized health goals through tailored support. They have a significant impact on high-risk populations and individuals who lack the resources to be self-sufficient. For this reason, their inclusion in Health Center[3] models has proven to be extremely beneficial. The use of CHWs has been tied to increased access to primary care and specialty services, improvements in prenatal care and birth outcomes, improved adherence to blood glucose testing and decreased blood glucose levels, and decreased depressive symptoms.[4] Estimated health cost savings associated with CHWs ranges from $2.28 to $4.00 for every $1.00 spent. [5]

Although CHWs have had a long-standing role in the health care system, they have gained more prominence in recent years. They are increasingly being incorporated into both private and public health care delivery models, and states are beginning to develop supporting policies around CHWs.

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[1] CDC, Addressing Chronic Disease through Community Health Workers: A Policy And Systems-Level Approach, April 2015, pg. 1
[2] American Public Health Association, Policy Statement #20091, Nov. 10, 2009; *Support for Community Health Workers to Increase Health Access and Reduce Health Inequities*, available at: http://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities
[3] Throughout this brief, the term "health center" refers to a health center program (330) grantee, or FQHC and FQHC look-alike entity
[4] Reinventing Michigan's Health Care System: Blueprint for Health Innovation, submitted to CMS by Governor Rick Snyder, January 24, 2014.
[5] Ibid.

OPPORTUNITIES BROUGHT ABOUT BY THE ACA

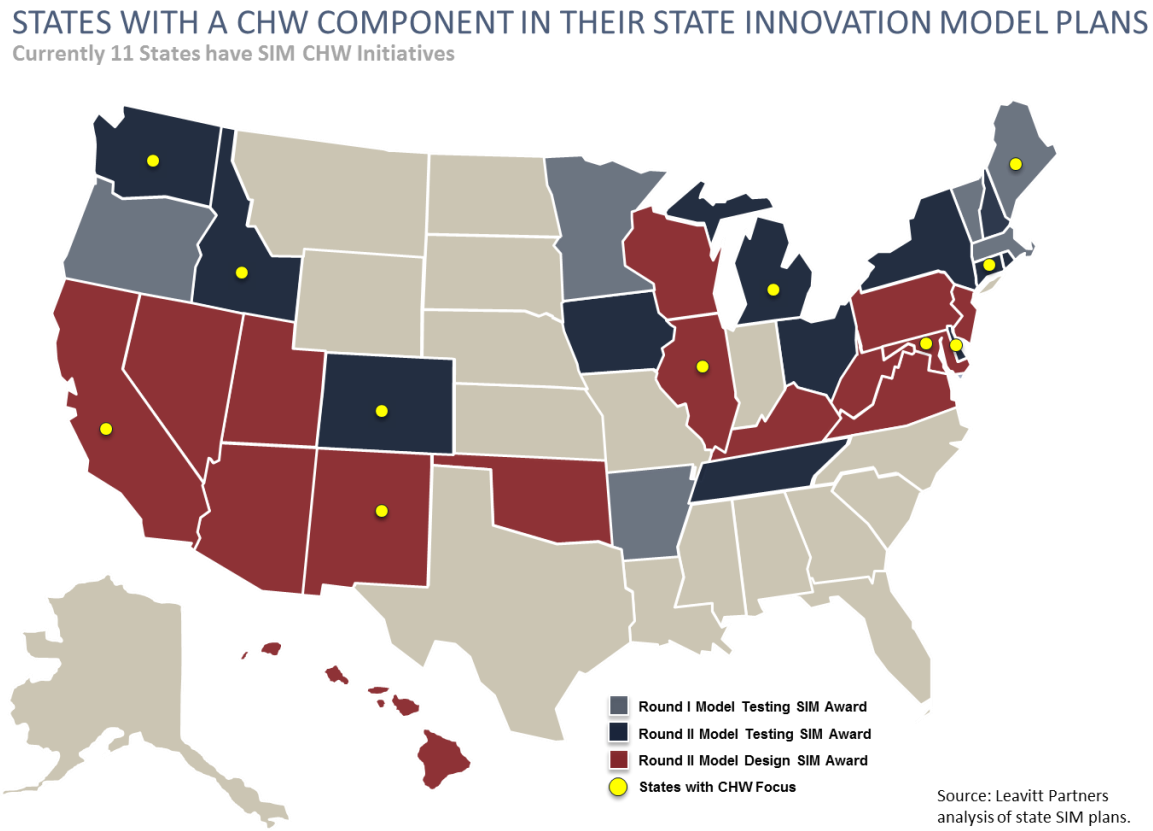
The Affordable Care Act (ACA) opened several opportunities for greater use of CHWs and their inclusion in new integrated care delivery models. Some of these opportunities are outlined below.

Health Homes

Many state Medicaid agencies that are pursuing implementation of health homes for individuals with chronic conditions under ACA Section 2703[6] have integrated CHWs in the design of their care coordination models with a focus on outreach, participant enrollment, and engagement roles. In many states, health centers serve as 2703 health home service providers, providing a direct opportunity for both health centers and CHWs to be involved in the health care system.

State Innovation Models

Since 2013, the Centers for Medicare and Medicaid Innovation (CMMI) has provided financial support to states through the State Innovation Model (SIM) initiative. SIM is a targeted effort to accelerate broad scale development and testing of new service delivery and payment models that have the potential to increase the quality of health care while lowering total costs. To qualify for funding, states are required to develop a State Health Innovation Plan (SHIP) utilizing a broad based stakeholder engagement process that includes health care practitioners, provider organizations, consumers, insurers, and purchasers from both public and private sectors. Currently 17 states have received SIM testing awards to support implementation of their SHIP and another 17 states, the District of Columbia, and 3 territories have received funding to plan and design their SHIP.



[6] For more information on the 2703 Health Home option see: http://www.nachc.com/client//Emerging%20Issues%209_2703%20Health%20Homes%20FINAL.pdf

The critical role of CHWs and the value they offer to broad scale health care service and delivery reform is recognized in many state SIM plans and implementation efforts. In terms of direct care delivery, states are seeking to integrate CHWs into primary care teams as health coaches and patient navigators. In terms of health care system reform, states are seeking to convene and empower communities through initiatives such as "accountable communities of health" or "medical neighborhoods" and use CHWs in many roles including as a liaison between health providers and community organizations and as on-the-ground resources for population health improvement initiatives. These efforts provide opportunities for health centers to align efforts with CHWs and effect system change.

Commercial Medicaid Managed Care Plans

The recognition of the vital role and value of CHWs is also increasing amongst commercial health plans operating as Medicaid managed care plans. Medicaid managed care plans are hiring or contracting with CHWs to serve in outreach, liaison, care coordination and/or navigator roles. Typically CHWs are attached to care coordination units if a health plan hires them directly. Alternatively, health plans may contract with providers or community organizations for CHW services. In this latter case, health centers are uniquely positioned to provide CHW services either as a stand-alone contracted service or as a component of the service package they contract with plans to provide to their members

As states, health care providers, and health plans pursue effective service delivery reforms, these opportunities, and more related to support and utilization of CHWs, are expected to accelerate over the coming years.

CHALLENGES REMAIN

Despite the support CHWs are receiving, there are still many challenges to overcome before they become fully embedded in health care delivery systems and models. Top challenges are financing and reimbursement for CHW staff and services and workforce development issues.

Financial Challenges

Despite making great strides in the recognition of the valuable role that CHWs play in health care delivery at an individual, community, and system level, barriers remain to securing funding to support their utilization. While short-term grant funding has been essential in the establishment of many CHW programs across the country, sources of on-going funding to sustain these programs is difficult to secure. Medicaid and other payers do not traditionally provide reimbursement for CHW services, and in many cases, remain reticent to do so. Health centers and other safety net providers face unique challenges when either an assumption is made that CHW services are already accounted for in existing payment models or when payment models developed for CHWs do not align with health center payment models.

Emerging Financing Options

Grants will continue to serve as a key resource for CHW programs. However, grant funding, whether from a private or public source, increasingly comes with expectations that the grantee seek and secure sustainable funding. For health centers, a couple of options for sustainable funding are beginning to emerge. As previously highlighted, states pursuing 2703 health home models can authorize reimbursement of CHWs as members of care coordination teams. This can be done through their inclusion in care coordination FFS models and/or pay for performance (P4P) models. In states with a Medicaid managed care delivery model, health centers can encourage plans to recognize and financially support CHWs as a part of care teams. For example, Michigan recently placed new requirements on managed care plans to utilize and develop payment models to support CHWs.

"The MCO must agree to increase the total percentage of health care services reimbursed under value-based contracts over the term of the agreement. Value-based payment models include, but are not limited to: Payment for new services that promote more care coordinated and appropriate care, such as care management and CHW services that are traditionally not reimbursable."

"Contractor agrees to establish a reimbursement methodology for outreach, engagement, education, and coordination services provided by CHWs or peer support specialists to promote behavioral health integration."

Provisions from Michigan Medicaid Managed Care RFP issued May 8, 2015

While state SIM funding may also provide some grant support to providers and communities for their efforts to initiate or expand CHW programs, the need for other private and public funders will continue.

Workforce Development Challenges

Another challenge states are facing is workforce development, both among the broader health care industry and with respect to CHWs. There is a general lack of understanding among many providers and health plans about the role of CHWs, the benefits they provide, and how to incorporate them into clinics and health systems. As a result, many don't know how to deploy them. In these cases, CHWs are either not employed, are not tasked effectively, or there is a learning curve for all personnel involved.

There is also a lack of training for CHWs. While other health care providers have established education and certification/licensure programs, there are few standardized training curriculum or certification processes for CHWs. As a result, there is no standard to ensure that an individual employed as a CHW has the necessary training and expertise. This adds to the problem of states or managed care plans not providing reimbursement for CHW services.

Strategies to Overcome Workforce Challenges

Many states are beginning to incorporate care coordination and population health strategies into health care provider curriculum and continuing education training. These courses usually include techniques for effectively integrating CHWs into care teams and using them to bridge gaps between diverse populations and the health care system. There are also many organizations, such as the Penn Center for Community Health Workers, which have developed detailed, evidence-based programs as a guide for providers and health systems to use CHWs effectively.[7]

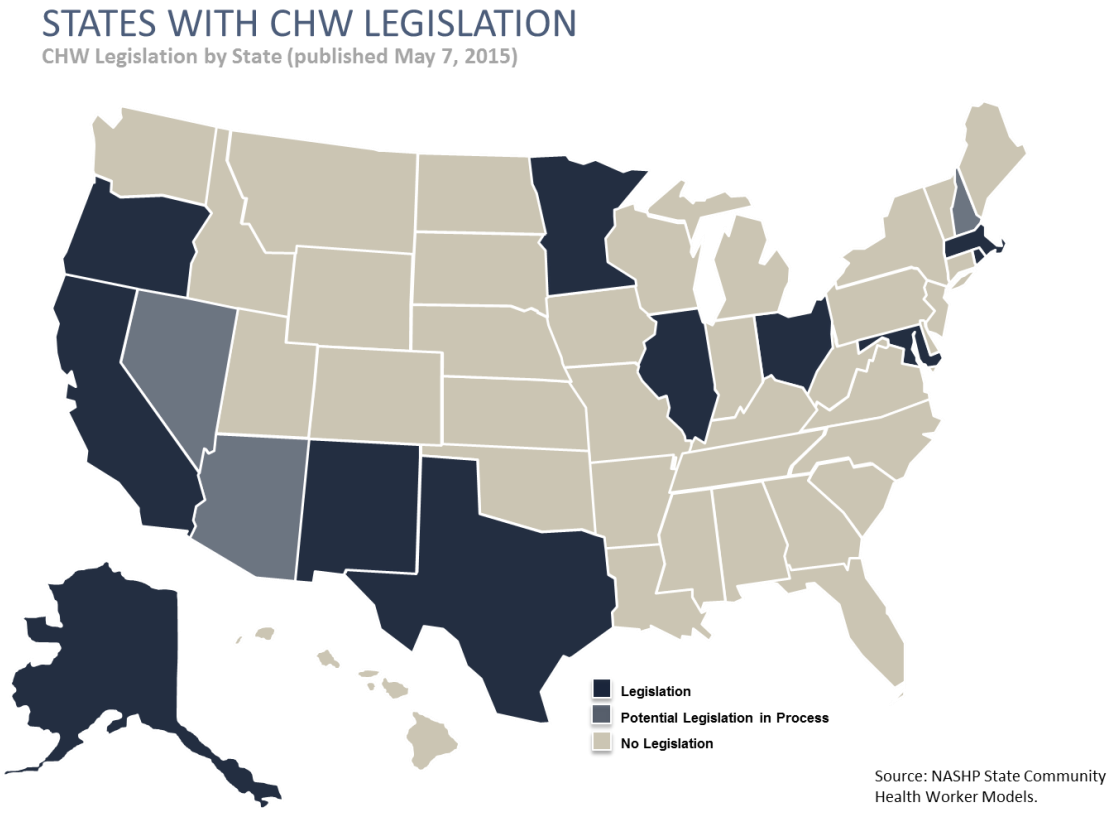
Additionally, many states (e.g., Michigan, Colorado, Illinois, and New Mexico) are establishing formal standards and certification/licensure requirements for CHWs with the goal of improving access, effectiveness, job stability, and future funding. However, one of the challenges in developing a curriculum is that each community's needs are different. As such, CHWs often participate in on-the-job-training programs to develop the necessary competencies specific to the populations they serve. There are also concerns that the establishment of credentialing will create a barrier for those best suited for the job, or that the focus will shift away from community relationships to credentialed "skills."[8]

Securing authorizing state legislation is one strategy that is being used to provide a framework or foundation to support CHWs. Examples of legislation include establishing a professional identity for CHWs, developing a workforce development infrastructure, and encouraging or mandating CHW utilization and/or service reimbursement.[9]

[7] Link to the Penn Center for Community Health Workers here: http://chw.upenn.edu/

[8] Center for Health Law and Policy Innovation, Harvard Law School, Community Health Worker Credentialing: State Approaches, June 16, 2014.

[9] For more information see NASHP State Community Health Worker Models: http://www.nashp.org/state-community-health-worker-models/



STATE STRATEGIES: MICHIGAN

The State of Michigan provides an important example of the power of collaboration and education to support CHWs. For the past several years, the Michigan Primary Care Association (MPCA) has joined forces with the Michigan Community Health Worker Alliance (MiCHWA) to develop and execute an action plan aimed at promoting and sustaining a CHW workforce in Michigan.

MPCA, with foundation support, is implementing the Linking Clinical Care with Community Supports (*Linkages*) program. *Linkages* has supported the hiring and training of CHWs and their integration into the primary care teams in 16 health centers across the state. As team members, CHWs provide patients with information on social and community services to meet identified needs such as food, housing and counseling as well resources to access these services. *Linkages* CHWs also engage patients in development of individualized patient plans and monitor patients' health.[10] In 2014, MPCA secured funding from the Michigan Department of Community Health allowing them to join with MiCHWA to develop business and strategic plans to move MiCHWA toward sustainability and create a platform for certification of CHWs.

Launched in 2011, the MiCHWA's mission is "t*o promote and sustain the integration of CHWs into Michigan's health and human service systems through coordinated changes in policy and workforce development.*[11] Serving as the state's "CHW information hub", MiCHWA provides a central support role for CHWs serving in various roles across the state and as a focal point where stakeholders and CHW supporters can coalesce their efforts to promote the use of CHWs as well as the development of a statewide infrastructure to support their workforce and training needs. Through collaborations

[10] For more information on the Linkages program see: http://www.mpca.net/?page=linkages&terms=%22linkages%22
[11] http://www.michwa.org/about/

with entities such as the MPCA, MiCHWA also seeks to influence policy to embed recognition of the valuable role that CHWs play in health care delivery and aligns reimbursement policy with that value.

MPCA and MiCHWA, along with allied stakeholders, have engaged in joint planning, stakeholder engagement, and policy support, in pursuit of two key results:

- Seeking the adoption of a standardized, competency-based training and certification system for community health workers
- Encouraging public and private payers to implement policies supporting CHW reimbursement

Key strategies that have proven effective in Michigan and that provide examples for others pursuing similar goals include:

Data and Analysis: MiCHWA has been instrumental in gathering statewide data and information. Conducted in 2014, the Community Health Worker Survey provides information to inform public and private funders as well as state and local policy makers regarding the current status and future needs of CHWs in Michigan.[12] Survey results and findings include where and in what programs CHWs are employed, how their work is funded, sustainability challenges, and information on education and training needs. Additional information on the utilization of CHWs and the services they provide is collected through MPCA's Health Center Controlled Network (HCCN).

Public Forums: MiCHWA and MPCA convened public forums providing an opportunity for CHWs and their supporters to share their common interests, jointly identify the most critical elements necessary to provide a statewide CHW support infrastructure and develop collaborative actions to establish that infrastructure.

The efforts of MPCA, MiCHWA and their partners have produced early results including development of a Core Competency CHW Training Program which was launched earlier this year[13] and which is intended to serve as the platform for statewide CHW certification. Training would be developed, implemented and overseen by MiCHWA and recognized by the State for certification purposes. Securing state commitment to furthering the recognition and use of CHWs through new requirements on managed care plans to utilize and develop payment models to support CHWs as referenced earlier in this brief is another example of the results that have been achieved through the collaborative efforts of MPCA and MICHWA.

[12] MiCHWA Community Health Worker Survey 2014, available at: http://www.michwa.org/about/evaluation/program-survey/
[13] For more information on the MiCHWA Core Competency Training Program see: http://www.michwa.org/about/michwa-chw-training/

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