



## Michigan Community Health Worker Alliance (MiCHWA)

### STATE INNOVATION MODEL: MICHIGAN BLUEPRINT TO HEALTH INNOVATION

#### Summary of Community Health Worker References

##### The 5 fundamental components of the Michigan Blueprint for Health Innovation:

- 1) Patient-centered medical homes providing access to high quality primary care;
- 2) Accountable systems of care responsible for improving systems of care to ensure delivery of the right care, by the right provider, at the right time, and the right place;
- 3) Community health innovation regions building capacity within a community to improve overall population health;
- 4) Payers committed to paying for value rather than paying for volume; and
- 5) Infrastructure support that facilitates system improvements to reduce administrative and delivery system complexity.

##### Intro Sections

- **p. 38:** CHWs listed as part of Pathways Community HUB model
- **p. 69:** MiCHWA is referenced as a stakeholder group that provided input on the model

##### Section G. Strategies for Improving the Effectiveness and Efficiency of the Health Care Workforce *Health Care Teams*

- **p. 126:** CHWs listed as members of the health care team that could assist in person-centered care as part of the patient-centered medical home
- **p. 127:** CHWs cited as part of the interprofessional health care team again, specifically related to sharing responsibilities amongst team members within each team member's training and skill level

##### *Community Health Workers*

- **p. 128-p. 130**
  - APHA definition
  - MiCHWA approved core competencies
  - MiCHWA approved roles
  - MiCHWA approved curriculum recommendations
  - Reference to Pathways Community HUB model
  - MiCHWA references, including approved and endorsed standards
  - Recommendation for creation of a CHW registry to assist in regulating the profession
- **p. 131:** Summary of section G includes "Support for efforts to define the roles and skill sets of community health workers that will enable better care at lower cost – this may include development of a registry within the Health Professions Licensing Division in the Bureau of Health Care Services, at the Department of Licensing and Regulatory Affairs"



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### Other Sections of the Paper

- **p. 140:** Community Health Innovation Region financial figures include reference to Pathways Community HUB model costing \$1.2 million annually with 20 CHWs
- **p. 152:** CHWs references as part of interprofessional teams in patient-centered medical homes that would be part of accountable systems of care
- **p. 160:** policy considerations section cites MiCHWA as a convener of relevant policy personnel to discuss CHW policy:
  - “The Policy and Planning Office will work with the Office of Policy and Legislative Affairs within the Department of Licensing and Regulatory Affairs to determine how to define and manage responsibilities of community health workers. As discussed in chapter G, the Michigan Community Health Worker Alliance is taking the lead in convening community stakeholders to determine the best approach to regulation, licensure, and certification. The Policy and Planning Office will seek their input to inform policy about the regulation of community health workers.”
- **p. 169:** Timeline of projected activities include “Legislation in place to support regulation of community health workers” in 2015

### Appendices

- **p.11:** overview of Pathways to Better Health project
- **p.56:** referenced as being involved in communicating with patients and prospective patients in order to convey and connect people to the right care as part of the systems-wide linkages model
- **p.58:** listed as part of payment for value list, including a call for community partners to work together to identify sustainable financing mechanisms for non-medical services that add value (such as community health workers)
- **p.65:** CHWs listed as strategy in Pathways Community Hubs to invest in patient centered medical homes
- **p.68:** “all aspects of Michigan’s SIM require expanding Michigan’s health care workforce and providing the education and training opportunities to equip health care professionals and lay personnel to practice at the top of their training and licensure in team-based settings” including “development of definitions and curriculums for community health workers (CHWs)”
- **p.93:** listed as peer support workers as an option for care coordination models
- **p.99:** “Design Deliberations by Notice of Award Topic Area” which includes areas that have been identified for future follow-up, as discussed during the creation of the plan
  - *“Work to develop innovative approaches to improve the effectiveness, efficiency and appropriate mix of the health care work force through policies regarding training, professional licensure, and expanding scope of practice statutes, including strategies to enhance primary care capacity, and to better integrate community health care manpower needs with graduate medical education, training of allied health professionals, and training of direct service workers; and move toward a less expensive workforce that makes greater use of community health workers when practicable”*



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- **p.100** Value of CHWs on health care teams referenced
- **p.101** listed as potential members of the health care team

### **G2. Community Health Workers, p.128-130**

“Michigan’s Blueprint includes support for greater use of community health workers, who are important members of the health care team. Community health workers are trusted members of the community they serve, making them ideal for delivering information, building relationships, and coordinating care for at-risk residents. The American Public Health Association defines a community health worker as “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 community health 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. 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.”<sup>5</sup>

“Strong evidence exists to support the use of community health workers to provide health promotion and education and facilitate access to services. In Michigan, the use of community health workers in a variety of programs and initiatives has been tied to increased access to primary care and specialty services,<sup>6</sup> improvements in prenatal care and birth outcomes,<sup>7</sup> improved adherence to blood glucose testing and decreased blood glucose levels,<sup>8</sup> and decreased depressive symptoms.<sup>9</sup> One study found that the use of community health workers to improve children’s asthma-related health led to improved lung function, decreased frequency of asthma symptoms, and decreased unscheduled health visits among children.<sup>10</sup> Estimated health care cost savings associated with the use of community health workers ranges from \$2.28 to \$4.00 for every \$1.00 spent.<sup>11,12,13</sup> Thus, community health workers are not only likely to contribute to better health outcomes, but also to contribute to improvements in utilization of health care services as well.

“Community health workers are currently being incorporated in multiple settings in Michigan. One setting is the Pathways Community HUB described in appendix 2.1. The Innovation Model test will allow Michigan to assess the extent to which community health workers improve patient engagement and self-management, access to health care, and coordination of services.

“There is work currently underway to define core competencies and qualifications for community health workers, identify a curriculum for use as the certification competency standard for community health workers in Michigan, and set a course of action relative to state licensure or certification. The Michigan Community Health Worker Alliance has adopted the American Public Health Association’s community “health worker definition of community health workers, and adopted several core competencies and roles that serve to further define and standardize expectations for the vocation:



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### Core competencies

- Advocacy and outreach
- Community and personal strategies
- Teaching and capacity building
- Legal and ethical responsibilities
- Coordination, documentation, and reporting
- Communication skills and cultural competence
- Health promotion
- Practice (internship)

### Roles

- Outreach and community mobilization
- Community/cultural liaison
- Case management and care coordination
- Home-based support
- Health promotion and health coaching
- System navigation
- Participatory research

“The Michigan Community Health Worker Alliance has also convened working groups to determine a course of action relative to state licensure or certification. Based on the working groups’ recommendations, the Michigan Community Health Worker Alliance has endorsed the use of the Minnesota community health worker curriculum as the certification competency standard for community health workers in Michigan, and has endorsed the development of a system for community health worker certification in Michigan.

“The Policy and Planning Office will convene stakeholders to address issues related to regulation of community health workers. A potential option is through the development of a registry that would include those individuals who have completed an agreed upon community health worker curriculum. A registry would allow Michigan to achieve a standard for entry into the community health worker vocation. Some professions, such as respiratory therapists, are not regulated and/or certified in Michigan, but are certified by a national organization. If a national community health worker certification is established, Michigan could consider leveraging that certification in the development of a registry, or use a national registry if one is available.”

### Learn more about SIM

MDCH: [http://www.michigan.gov/mdch/0,4612,7-132-2945\\_64491---,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2945_64491---,00.html)

CMS: <http://innovation.cms.gov/initiatives/state-innovations/>