

Supporting CHWs as part of the health care team through policy change and successful supervision

MICHIGAN'S PREMIER PUBLIC HEALTH CONFERENCE

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Michigan Community Health Worker Alliance
Spectrum Health Healthier Communities



Purpose of Presentation

To increase your understanding of how stakeholders can support Community Health Workers through...

- Policy and systems changes
- Successful supervision strategies in seven key areas



CHW Definition

A Community Health Worker (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.

A 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.

American Public Health Association,
Community Health Worker Section 2009



Why Community Health Workers?

- Directly address health disparities
 - Build trust in communities, work with patients and providers, reach disadvantaged populations, provide culturally competent assistance, promote health
- Improve health outcomes
 - Asthma, hypertension, diabetes, cancer, infant mortality, HIV/AIDS
- Contain costs for health and social service systems
 - Reduce ED visits, increase number of kept appointments, improve adherence

Problem: Existing policy and payment structures encourage CHW programs to depend on time-limited grants and other unsustainable mechanisms that limit the impact CHWs have in their communities to combat health disparities in Michigan



Barriers to CHW Sustainability

To the Programs

- Lack of training programs
- Unstable funding
 - Grants, time-limited
- Lack of recognition
 - By providers, funders, policymakers
 - Of CHW roles and CHW impact

To the Profession

- Lack of training standards
- Unstable funding
 - Lack of job security, benefits
- Lack of recognition
 - As professionals
 - For the training they have and the expertise they bring to their clients and employers



National Policy: PPACA (H.R.3590)

The Patient Protection & Affordable Care Act cites CHWs:

- §5101: CHWs listed as “health professionals” and an important part of the health care workforce
- §5313: CDC funds to agencies who train health care team members, including CHWs, and to direct intervention grants “to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.”
- §5403: mandates Area Health Education Centers to provide interdisciplinary training of health professionals, including CHWs



Cost Effectiveness

- Denver Health, 2006
 - Community Voices outreach program works with underserved populations, especially pregnant women, on issues including appropriate outpatient service utilization
 - ROI: \$2.28 saving for every \$1.00 invested in the program
- New Mexico, 2012
 - Medicaid managed care uses CHWs to intervene with the plan's highest resource-consuming patients, including those with high ED usage and low treatment adherence
 - ROI: Approximately \$4.00 savings for every \$1.00 of cost
- Boston, 2012
 - Prevention and Access to Care and Treatment (PACT) program works with HIV-positive, chronically ill patients and connects them to health and human service systems
 - Medicaid analysis reveals a 16 percent net savings in total medical expenditure after a patient enrolls in PACT for 2 years

Source: Whitley EM, Everhart RM, Wright RA. Measuring return on investment of outreach by community health workers. *Journal of Health Care for the Poor and Underserved*. 2006;17(1):6-15.

Johnson D, Saavedra P, Sun E, et al. Community health workers and Medicaid Managed Care in New Mexico. *Journal of Community Health*. 2012;37:563-571.

PACT's commitment to the Boston HIV/AIDS community. Partners In Health Web page. <http://www.pih.org/pages/usa/>. Published 2009. Updated 2012. Accessed July 11, 2012.



Cost Effectiveness: Health Systems

Health Systems have understood the benefits of CHW programs:

- New York-Presbyterian Hospital, New York, NY
 - Washington Heights/Inwood Network Asthma Program (WIN)
 - Bilingual CHWs work with families during a 12-month asthma intervention
 - Program results excellent, Hospital elected finance the program and expand the program to other chronic diseases
 - ROI in process, to be finished by end of 2012
- Spectrum Health, Grand Rapids, MI
 - Healthier Communities Program
 - CHWs work with maternal child health, hypertension, diabetes, nutrition, healthy lifestyles; work in schools, hospital, community
 - Core Health ROI over 3 years: “\$1.68 in savings for every \$1.00 of cost”

Source: Lubberts M and Carabellese P. A chronic disease self-management program with a highly positive return on investment. Paper presented at: Association for Community Health Improvement Annual Conference; March 14, 2012; Denver, CO.

Peretz PJ, Matiz A, Findley S, Lizardo M, Evans D, McCord M. Community health workers as drivers of a successful community-based disease management initiative. *American Journal of Public Health*. 2012;102(8):1443-1446.



CHW as an Emerging Profession

In the past few years, several national groups and organizations have released CHW recommendations, endorsements, or statements legitimizing the use of CHWs within health and human service systems and the communities they serve.

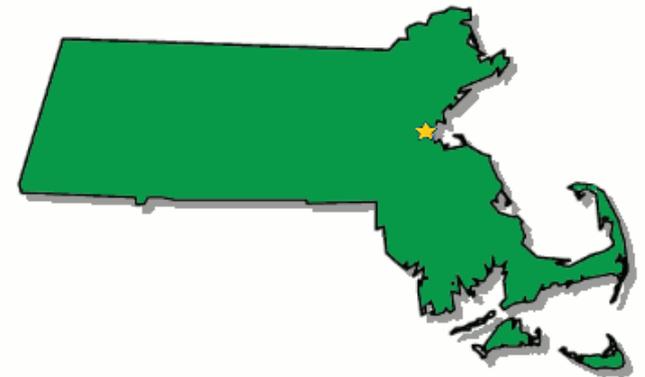
- ASTHO 2012
- CDC Division for Heart Disease and Stroke Prevention 2011
- National Prevention Council 2011
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities 2011
- HHS National Health Action Plan to Improve Health Literacy 2010
- AADE 2010
- AHRQ 2009
- APHA 2009, 2001
- NCSL 2008
- AACHW 2008
- Family Strengthening Policy Center 2006
- NFME 2006
- IOM 2003
- AMA 2002



Lessons from Other States

Massachusetts

- Massachusetts Association of Community Health Workers (MACHW) formed in 2000 to do education, research, policy development, and advocacy
- Study of CHWs and recommendations to build a sustainable CHW workforce mandated in MA Health Reform in 2006
- Massachusetts Department of Public Health CHW Advisory Council convened
- In 2010, Office of Community Health Workers established at state level to continue CHW efforts, including certification, policy advocacy, and an awareness campaign of the CHW role
- In 2010, CHW Board of Certification bill becomes a law, establishing a state-level CHW board within the state's public health department



Source: Rosenthal EL, Brownstein JN, Rush CH, et al. Community health workers: part of the solution. *Health Affairs*. 2010;29(7): 1338-1342.

Mason T, Wilkinson GW, Nannini A, Martin CM, Fox DJ, Hirsch G. Winning policy change to promote community health workers: lessons from Massachusetts in the health reform era. *American Journal of Public Health*. 2011;101(12): 2211-2216.



Lessons from Other States

Minnesota

- Minnesota Community Health Worker Alliance formed in 2005 to create standardized training and curriculum standards for CHWs statewide
- In 2006, a statewide certification system was implemented
- In 2007, Minnesota legislature approved the direct hourly reimbursement of CHW services under Medicaid
- In 2008, CMS approved a Medicaid State Plan Amendment allowing hourly payments for CHW up work under the supervision of Medicaid-approved providers



Michigan Community Health Worker Alliance (MiCHWA)



The Michigan Community Health Worker Alliance's mission is to promote and sustain the integration of community health workers into Michigan's health and human service systems through coordinated changes in policy and workforce development.



MiCHWA's Plan of Action

1. Establish and maintain the infrastructure of MiCHWA
2. Strengthen and support CHW workforce development and education in Michigan
3. Identify and develop sustainable policies and financing mechanisms for CHWs in Michigan
4. Develop and sustain effective communication mechanisms for MiCHWA and CHWs in Michigan
5. Establish and maintain a vibrant network of diverse CHWs and CHW supporters throughout Michigan
6. Develop and implement a process, context, and outcome evaluation of MiCHWA



Working Groups

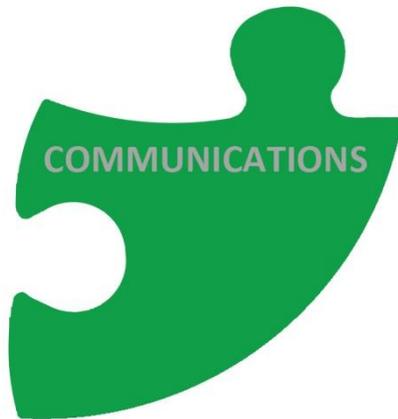
Education & Workforce

- Make recommendations regarding CHW certification and core competencies to MiCHWA
- Assess current CHW employment environment
- Make recommendations regarding CHW training to MiCHWA



Communications

- Establish MiCHWA's media presence as a way to promote community health workers in Michigan and nationwide.
- Build internal sustainability through a communications infrastructure as a way to streamline MiCHWA activities for members, participants, and those interested in joining.



Working Groups

Policy & Finance

- Achieve policy change that supports and advocates for the sustainable integration of CHWs into Michigan's health and human service systems
- Develop a business case for CHWs in Michigan



Michigan CHW Network

- Establish a vibrant network of diverse CHWs and CHW supporters throughout Michigan
- Promote CHW leaders that will inform and direct the sustainability of CHWs
- Create a larger supportive community of CHWs for resource sharing and to impact policy and advocacy efforts



Supporting CHWs

Policy Change

- CHWs need to be included as members of care teams
- CHWs need to be included as providers, not administrators, of essential services to patients and community members

Financing Change

- CHWs need to be paid fairly for their services as employees of health and human service systems
- CHWs need to be recognized as essential members of team-based care and offered sustained, secure funding as compensation, e.g. health insurance reimbursement, bundled payment, shared savings model, capitation

Source: Martinez J, Ro M, Villa NM, Powell W, Knickman JR. Transforming the delivery of care in the post-health reform era: what role will community health workers play? *American Journal of Public Health*. 2011;101(12):e1-e5.
Rush CH. Professionalism and the Experience-Based Expert: CHWs Walking in Two Worlds: Part 2. 2012. Presentation: Spectrum Health Community Health Worker Conference, Grand Rapids, Michigan, August 22.



MiCHWA

“to promote and sustain the integration of community health workers into Michigan’s health and human service systems through coordinated changes in policy and workforce development”

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SPECTRUM HEALTH



Keys to Successful CHW Supervision

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Goals of Supervision

- Provide support with positive feedback
- Mentorship for professionalism
- Empowerment for decision making
- Assist with increasing productivity

Seven Keys to Supervision

- Advocate for CHWs
- Recruit thoughtfully
- Develop field sensitivity
- Trust and respect the CHW
- Clarify boundaries and scope of practice
- Develop structure
- Encourage continued learning

Advocate for CHWs

- Believe in the value of the CHW
- Do not undermine the work of the CHW
- Demonstrate support of the role

Recruit Thoughtfully

- Skills and Talents
- Connection to the community
- Ability to support and nurture clients
- Link with other health professionals
- Knowledge of community resources
- Cultural sensitivity

Develop Field Sensitivity

- Conduct home visits with the CHWs
- Spend time in the field work areas
- Learn the complexity of the work

Trust and Respect the CHW

- Independence with structure and flexibility
- Need to be secure in your own role
- Stay within scope of practice
- Role model effective communication
- Utilize motivational interviewing skills

Boundaries and Scope of Practice

- Front line worker for clients
- Clients develop close relationships with CHWs
- Objectivity can be difficult
- Define appropriate relationships
- Limits on level of clinical education
- Identify safe interventions

Develop Flexible Structure

- Policies and procedures
- Community not a controlled environment
- Creativity and flexibility

Encourage Continued Learning

- Additional formalized learning
- Networking
- Evidenced- based research
- Leadership training and opportunities
- Mentorship
- Build professional credibility

References

- Keys to Successful Community Health Worker Supervision
- American Journal of Health Education –January /February 2012 Vol. 43 No. 1
- Patricia Duthie, BSN, RN
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- Evie Philippi, MPA, BSN, RN
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Thank You

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