



AUGUST 24 SUMMARY POINTS

On August 24, 2015, 51 representatives from health plans and other agencies convened to discuss Community Health Workers (CHWs) in Michigan. This third forum, **Community Health Workers in Michigan: Next Steps**, challenged health plans, health systems, CHWs, and others to discuss the feasibility of different CHW payment models, essential elements of supporting CHWs in programs, and the need and value of CHW data integrity and sharing. The following is a brief summary of each key themes from each table's discussion, by topic, and key takeaways for ongoing work.

CHW FINANCING

Per Member Per Month

Benefits

- Consistent fund source; several current examples
- Easily variable based on risk
- Bridge the gap between grants and more financial risk

Challenges

- Creating the rate
- Scalability
 - Challenges will low volume or small programs; works well with high member volume
- Investment occurs before performance return/savings
- Risk of complicating data collection due to lack of codes

Recommendations for Action Steps

- Design a PMPM model using Fee for Service as a starting point with attributed patients/subset of stratified patients that allows the contractor to take on risk slowly
- Need to create and implement a common IT platform
 - Would allow for tracking performance metrics

Partial Capitation

Benefits

- Validates the work of the CHW, including time the CHW may need to spend with each client
- Allows addressing of social determinants
- Brings value back to the care team
- Allows multiple services to be covered
- Opportunity for improved outcomes
- Encourages one point of entry to the system

Concerns

- How do you cap payments?
- ROI may take awhile
 - To see immediate ROI, would need to focus on specific conditions that have a quicker monetary return
- Doesn't capture what CHWs do (versus in fee for service)
- Could be very confusing: how do you bill, and what are you actually billing for?
- Provider billing staff changes frequently
- Could be duplication for services between providers on the team (i.e. CHW and physician each doing education)

Recommendations for Next Steps

- Define role of CHW in clinical care to better align with billing functions in the future
- Standardize data collection methods, as able

Get Creative! (“Other”)

This group discussed a variety of models. Discussion is reflected below.

- Total ACO model can result in many payments with direct contracts between plans and providers
- Need to make sure we move beyond only covering high utilizers
- Churn is important; when people change plans, need to avoid duplication of services
- Common performance measures are tied to payment – what does this look like across plans?
 - Health plans need adaptability but there must be common standards
- Pros and cons to health plans employing their own CHWs vs contracting for services
- Create contracts with rates based on levels of performance, creating a basis for trust for future value-based payments
- Need to consider the CHW-client relationship

Recommendations

- Pool investments to compensate with member churn between plans
 - Idea: social impact bonds
- CHWs included in the clinical patient experience

Risk Stratification

Benefits

- Data collection on social determinants is essential
- Stratified payments feasible for patients who have been assigned a CHW
 - How do we determine who needs what?
 - Need consistent message/focus on preventative medicine and care

Challenges

- How to identify and define levels of risk
- Need to identify social determinants and other determinants that result in a high Emergency Department user
- Brainstormed high-risk identifiers:
 - High Emergency Department use
 - Gaps/needs in social determinants of health (including multiple social determinant challenges identified)
 - Readmissions
 - Uncontrolled chronic disease
 - Poverty, barriers to demographics

Recommendations for Next Steps

- Unify Billing Codes
 - If we can unify billing codes, we can unify payments
- Engage with Primary Care Provider offices for next steps
 - Create awareness of the CHW and the CHW role through coordination and partnerships
- Additional Considerations
 - Discussion on bridging the value of social determinants of health to already value risk stratification of health plans to create payment methodology
 - Revisit feasibility of centralized data sharing to help identify payment options

CHW SUPPORT

Supporting CHWs in the Workplace

- Safety is vital, including safety training
- CHW scope of practice needs to stay consistent and be well-defined within a program or agency

- Provider buy-in to CHW value add/role continues to be a barrier
 - Many efforts exist to educate providers, including physicians, social workers, nurses, etc.
- Trust is key: CHW-client and CHW-provider
- Setting for CHW work varies and needs to stay flexible
- Access to community resources (updated) is essential for CHW impact
- CHW supervision is vital, need to have a supervisor that really understands the CHW's role
 - Scheduled check-in times, especially when in the field, help with safety and ongoing support
- Communication with plans essential to avoid duplication of services, especially if a member changes plans

DATA

Understanding the CHW Value Add

- Challenge to quantify what a CHW does
- CHWs often need to take notes outside medical records or do not have access/ easy access to records (notes sections, qualitative information, etc.)
- Efforts need to be made to understand and analyze the value of qualitative data
 - How can we include qualitative data in reports for comparison across Michigan?
 - What information is necessary?
- Need 4-5 consistent measures across the state
 - What are they?
 - When do you report?
 - What system are you using?

Best Practice Goals

- Algorithm to identify individuals who are at-risk for high utilization
 - Focus on prevention
 - Create ability to have warnings triggered
- Standard measures and protocol for data extraction
 - Help answer the question, "Where is information going?"
 - Use as way to support cost reduction and track data on social determinants/quality

LARGE GROUP DISCUSSION

Main Points from Large Group Discussion

- Avoid duplication: how can we use data and collaboration to avoid duplication of services when CHWs are working for various types of agencies and organizations?
- Data sharing and quality improvement are priorities
- Need to make sure payments allow for activities like people finding and outreach, even when there is no billable outcome on the other end
- Existing IT platforms create challenges for data sharing and duplication: what changes can be made to better use existing IT or create new IT?
- CHWs address social determinants of health, and payment should reflect their ability to address social determinants and help clients make change

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