



JUNE 11 ACTION STEPS

On June 11, 2015, 85 representatives from health plans and other agencies convened to discuss Community Health Workers (CHWs) in Michigan. The forum, **Sustaining Community Health Workers in Michigan: Taking Action for the Future**, asked health plans, health systems, CHWs, and others to think about how CHWs could be a part of a sustained payment and service delivery system in the state. The following are **raw action steps and ideas** brainstormed by participants. MiCHWA teams will be reviewing these steps in the coming weeks and will create a full action plan within the next month. In some cases, a group or entity is attached to each item (but not for all). As such, please consider this document a **draft** and look for our updated, polished action plan during summer 2015.

CHW Education

- Standardized Education and Training Program with a core curriculum and specification (Community colleges, employers, CHW advocates, health systems and health plans, American Medical Association--Michigan, Michigan Hospital Association)
 - MiCHWA certify CHWs
 - Standardize CHW certificate (MiCHWA)
 - Have state recognize
 - MiCHWA advocate and lead 1 CHW curriculum
- Survey employers to have awareness of number of interested CHWs in being certified
- Have health plans give an endorsement or approval to MiCHWA's CHW curriculum
- Identify how much money is needed to "start up" curriculum certification at the community college (Grand Rapids Community College, Henry Ford College, etc.)
 - Health plan will review
- Collect and collate results of 3 pilots occurring now (core curriculum and extra education models) (Medicaid health plans and beneficiaries; Michigan Health Endowment Fund, MiCHWA partners and supporters)
- Move toward a state level certification (MI Health and Hospital Association, payer groups) -- Standard education that will lead to certification, share with MiCHWA, community colleges
- Create access to training for CHW and require certification (Current CHW, payers, MiCHWA, Stakeholders)

Payer Education

- Encourage insurance companies to become involved with community organizations and partner with them
- Continue to educate health plans on the value of CHWs, CHW education, and SDOH - Michigan Hospital Association to make SDOH higher priority

Policy

- Require that Medicaid health plans engage CHWs starting 2016: Directed at Medicaid health plans and beneficiaries
- Bring associations together as an advocacy group on one common plane and develop a policy position MiCHWA (MPHI, MPCA, MAHP, MHA, advocacy groups, Blue Cross Blue Shield, Michigan DHHS-- including public health and human services)
- Evaluate possibilities for State Plan Amendment and Medicaid Managed Care Contract
- Look at possibility for State Plan Amendment and Medicaid Managed Care Contract

Collaboration

- Bring others to the table (outside of health care) for financing: United Way, Community Foundations, manufacturers (Michigan Manufacturing Association), faith-based organizations
- Bring associations together as an advocacy group on one common plane or to determine plane/develop a position Health plans (also FQHCs, health systems) can come together to share quality & outcome metrics

Payment and Reimbursement

- Tie training to reimbursement
- Develop a sustainable payment model
- Do PMPM payment for reimbursement until value-based payment comes

Evaluation

- Test where CHWs are most effectively used, and for what purposes within community organizations or directly hired by plans (PHP Ingham County):
 - Connect senior leaders in this process to the human side of the CHW work
 - No matter what the outcome, figure out how the CHWs coordinate with existing care management
 - Support a provider transformation process to be inclusive of CHWs
 - Find the folks that want to be the early adopters
 - Look at the unexpected outcomes benefiting both providers and plans like no show reductions, med adherence
- Develop tool to holistically analyze CHW success and outcomes, not just ROI
- Share quality & outcome metrics among health plans, FQHCs, and health systems
- Evaluate how plans have implemented CHWs, see what works, would have national influence - incorporate CHWs into SIM test sites (SIM leaders, Michigan Hospital Association)

Other

- Need to solidify "unknowns" (measures, timelines, payment models) -- Other groups looking at billing codes, use some of that? see what is out nationally
- Have MiCHWA have a follow up meeting after Jan. 1 to see the outcome of Action Steps and keep momentum forward
- Create a demand for CHWs (Schools of SW, Nursing, Medicine, Medicaid)
 - Awareness from general public to providers
 - Standardized naming so there aren't 50+ names for the same job
 - Awareness: Lecture @ schools of social work, nursing, and medicine to inform providers
 - General public: Info @ doctors offices to raise interest in people joining fields
 - Community Organizations, Churches
- Standardized Naming
 - As you start dialogue about financing, use a standard naming convention so the name will follow Medicaid
 - Barrier is that many CHWs consider themselves by their roles--Navigators, Coaches, etc.--not as CHWs. Need to find ways to engage the CHWs to know that they are CHWs.

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