



JUNE 11 SUMMARY POINTS

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 details some of the key themes pulled from our table discussions at the event.

What elements of education, regulation, and/or financing do you see as essential for Michigan's CHW sustainability model?

- Structure of payment models
 - Including CHWs in value based/per member per month payment
 - Paying and billing for CHWs linking clients to social services
- Medicaid RFP
- State Plan Amendment
- Standardized training curriculum
- CHW certification
- Addressing the social determinants of health
- Demonstrating that CHWs can achieve Triple Aim results
- Connecting health with education, housing, and other social services

What barriers do you see to these elements?

- Establishing payment models
- Measuring and demonstrating CHW effectiveness
 - Measuring non-monetary CHW functions
- Variation across financing models
- Measuring ROI and establishing agreed-upon measures of success
- Determining who will measure effectiveness
- Standardizing education and certification
- Initial investment costs in education and certification

What stands out most to you? Why?

What are you most interested in learning more about or discussing as it relates to CHW sustainability?

Note: this question asked participants to respond to a list of items brainstormed at our May 11, 2015 health plan forum. The full list is below.

- Medicaid
 - Strategies for collaboration with health plans and strategies for Medicaid to begin covering CHWs as a certified provider type
- Training/Certification

- Standardized education/training to ensure quality CHW services
- Specialty training options beyond a core curriculum, focusing on specific health conditions and populations
- Pathways to certification
- Payment Models
 - Moving beyond fee-for-service, attaching payment to outcomes, and incentivizing appropriate CHW utilization for programs
- Integrated Care Teams and Care Coordination
- Systems Coordination
- Evidence/Evaluation/Outcomes
 - Productivity Measures
 - Gathering a true measurement of ROI and using it to make the case for CHWs to health plans
 - Measuring CHW effectiveness beyond a ROI; representing other CHW contributions and clinical outcomes beyond what's already being collected

Issues of Interests to Health Plans and Stakeholders from May 11, 2015

- 1. Medicaid**
 - Role of MDHHS versus plans
 - Understanding role of CHW with Medicaid populations
- 2. Payment Models**
- 3. State Innovation Model**
 - How does it relate to CHWs?
- 4. Training/Certification**
- 5. CHW Role**
 - How do you define? What differentiates CHWs from other workforces?
- 6. CHW Productivity**
 - How is a CHW job productivity assessed?
 - Measuring quality of visits vs. quantity (production purposes)
- 7. Integrated Care Teams & Care Coordination**
 - Examples of CHW as embedded member of care team (ex: PCMH or FQHC Mode)
 - CHW deployment models—triggers, staffing, location, etc.
- 8. Systems Coordination**
 - Between plans, health systems, community agencies, etc.
- 9. Data Collection/Tracking/Documentation**
- 10. Evidence/Evaluation/Outcomes**
 - Pilot programs, ROI Analysis
 - Outcomes—data driven: Identify what key outcomes greatly support the CHW's role and add value
- 11. Best Practices for Programs/Plans**
- 12. Legislation**
 - Legislation perspective and activity regarding CHWs
- 13. Other**
 - Coping mechanisms for stress on the job
 - CHW field safety
 - Policies/strategies to support safety of citizens and CHWs
 - Liability
 - Resources for CHWs
 - Supervision

For questions about this document or its contents, please contact katie@michwa.org.

