



MiCHWA POLICY BRIEF

Recommendations for Policy Action toward CHW Sustainability in Michigan

ISSUE

Community Health Workers (CHWs) effectively connect at-risk communities to health care and human services and promote better health. Our communities rely on these trusted links, but CHW programs lack the sustained financial support needed to impact Michigan's at-risk or unreached populations.¹ The majority of CHW program funding comes from government agencies as well as private resources such as foundations, and funding is often inadequate and unstable.² CHW programs must piece together grants and other resources to sustain operations, which requires host agencies to constantly search for funding.² Additionally, grants often restrict the work of CHW services to a specific disease and prevent CHWs from addressing food insecurity, housing, employment, and other social determinants of health.² CHW programs are constantly working to remain viable, which limits the time and resources necessary to develop the CHW profession and establish new avenues of financial sustainability. Professional recognition and sustained financial support is increasingly necessary for CHWs as Michigan stakeholders begin to recognize CHWs as part of the health care team in the community and in the clinic.

BACKGROUND

CHWs were first trained to provide services in Michigan in the 1960s. They currently deliver services at community health centers, community events, client homes, non-profits, and schools.³ CHWs are employed by community-based service agencies, Federally Qualified Health Centers, health systems, non-profits, academic and research institutions, government agencies, and health plans.³ Though CHW programs continue to show benefit in Michigan, programs are still largely unstable. According to the Michigan Community Health Worker Alliance's (MiCHWA) 2014 statewide program survey, the largest reported barrier to sustaining CHWs in programs was funding uncertainty, which was reported by 87% of programs.³

The Centers for Disease Control and Prevention (CDC) identified eight policies as best practice for CHW utilization.⁴ Specific to financing, the CDC determined that Medicaid payment for CHW service is best practice.⁴ Minnesota implemented this financing method in 2008 with a Medicaid State Plan Amendment allowing hourly payments for CHW work under the supervision of Medicaid-approved providers.⁵

EVIDENCE

On May 11, 2015, MiCHWA convened Michigan-based Medicaid managed care health plans and other agencies in Lansing, Michigan to discuss CHW sustainability. On June 11, 2015, MiCHWA reconvened the May 11 forum attendees with additional stakeholders to continue the discussion. The June 11 forum, **Sustaining Community Health Workers in Michigan: Take Action for the Future**, asked health plans and others to identify action steps toward realizing CHW sustainability in Michigan. Eighty-two representatives attended, including CHWs and CHW employers, and representatives from 10 health plans, the State of Michigan, and health systems. Participants heard brief background information on the current state of CHWs in Michigan and nationally, then spent the majority of the meeting in discussion.

Participants were divided into 11 discussion groups which were pre-arranged to ensure a diversity of affiliations, geographic regions, and experience with CHWs. Groups participated in three rounds of discussion, approximately 20 minutes per round, on the following topics: (1) topics of interest from the May 2015 forum discussion; (2) CHW education, regulation, and/or financing and barriers to those elements; and (3) action steps toward CHW sustainability.

Key themes pulled from the table discussions included:

Financing	<ul style="list-style-type: none">• Medicaid reimbursement of CHW services• Payment models; moving beyond fee-for-service payment
Policy	<ul style="list-style-type: none">• State Plan Amendment for CHW reimbursement• State Innovation Model
Workforce	<ul style="list-style-type: none">• Training/certification• Integrated care teams and care coordination• CHW Role
Evaluation	<ul style="list-style-type: none">• CHW productivity• Data collection/tracking/documentation• Evidence and evaluations (Return on Investment)
Other	<ul style="list-style-type: none">• Safety and liability• Systems coordination

RECOMMENDATIONS

Based on stakeholder feedback at the June 11, 2015 forum, MiCHWA recommends the following actions be taken to move CHWs forward in Michigan (*order not indicative of importance*):

- **Analyze various payment models for CHW services**
 - **Who:** MiCHWA, State of Michigan Medicaid Office, Medicaid Managed Care Plans
 - **What:** MiCHWA convenes Medicaid representatives and health plan representatives in a small, working meeting to analyze each potential payment model for CHWs and list the necessary steps to utilizing each model
- **Evaluate the possibility of a State Plan Amendment for CHW payment**
 - **Who:** MiCHWA and the State of Michigan Medicaid Office
 - **What:** Assess the value of and steps necessary to develop a State Plan Amendment for CHW service reimbursement
- **Create protocol for CHW certification**
 - **Who:** MiCHWA
 - **What:** Develop and implement standard steps for CHW certification in Michigan
- **Data collection and evidence**
 - **Who:** MiCHWA, MiCHWA Evaluation Advisory Board, CHW program stakeholders
 - **What:** Develop tool to holistically collect and analyze CHW processes, successes and outcomes
- **Data sharing and quality improvement**
 - **Who:** MiCHWA, Medicaid Managed Care Plans, Federally Qualified Health Centers (FQHCs), health systems
 - **What:** MiCHWA coordinates the sharing of quality and outcome metrics among stakeholders

MiCHWA's Policy & Finance Working Group, among other stakeholders, will identify next steps for each of these items. Updates on MiCHWA's progress toward sustainability can be found at www.michwa.org.

References

1. Dower C, Knox M, Lindler V, O'Neil E. Advancing community health worker practice and utilization: the focus on financing. Center for the Health Professions Web site. http://futurehealth.ucsf.edu/Content/29/2006-12_Advancing_Community_Health_Worker_Practice_and_Utilization_The_Focus_on_Financing.pdf. Published December 1, 2006. Accessed August 7, 2015.
2. Spencer MS, Gunter KE, Palmisano G. Community Health Workers and Their Value to Social Work. *Social Work*. 2010;55(2):169-180.
3. Community Health Worker Program Survey 2014. Michigan Community Health Worker Alliance Web Site. http://www.michwa.org/wp-content/uploads/MiCHWA-Program-Survey-2014_Public-Report_FINAL.pdf. January 9, 2015. Accessed August 7, 2015.
4. Policy Evidence Assessment Report: Community Health Worker Policy Components. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/dhds/pubs/docs/chw_evidence_assessment_report.pdf. Published 2014. Accessed August 7, 2015.
5. Community Health Worker. Minnesota Department of Human Services Web site. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357. Published 2014. Accessed August 7, 2015.

BACKGROUND: MiCHWA

The Michigan Community Health Worker Alliance (MiCHWA)'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.* Please visit <http://www.michwa.org/about/our-partners/> for a current list of MiCHWA partners.

