

The Role of Community Health Workers in Health Care Reform

Bureau of Community Health and Prevention
Division of Prevention and Wellness

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Objectives of Presentation

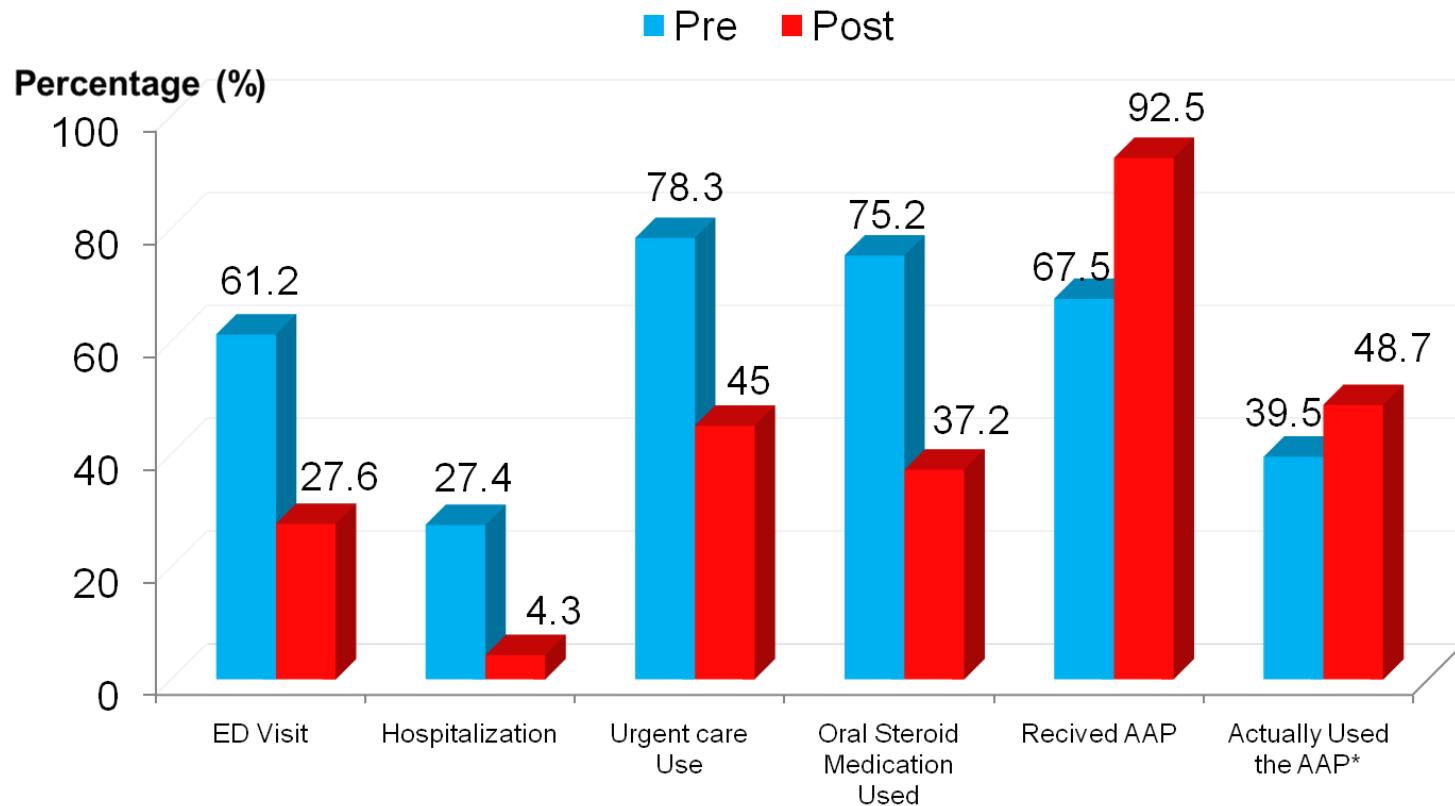
- Provide brief overview of DPH's efforts to promote CHWs in health care reform
- Explain CHW certification and increase your understanding of how to support individual certification
- Enlist your support for promoting CHWs in public health and health care

MDPH Policy Goal

- Long-term goal: Better integrate and sustain CHWs as part of effective public health and health care delivery systems
- Short-term goals:
 - Building workforce capacity
 - Promoting sustainability of the workforce
 - Supporting the integration of CHWs into health care teams

CHW Interventions Can Improve Health Outcomes and Control Cost

Preliminary Results – READY Study



Health Care Employment of CHWs

32 CHCs surveyed in 2014 :

- All employ at least 1 CHW
- Top 2 functions: 1) provision of information and education to patients (63%) and 2) case management (44%)
- 69% address chronic disease, 50% behavioral health and 83% act as liaison between patient and clinical staff
- For 89% - funding is a barrier to wider employment of CHWs

Sustainable Funding for CHWs

Sustainability Strategies:

- 1) Explore partnership with MassHealth on potential State Plan Amendment
- 2) Promote coverage of CHWs using global payments with provider groups
- 3) Make the case for CHWs using the Prevention and Wellness Trust

ACHIEVING THE TRIPLE AIM: Success with Community Health Workers

Community Health Workers' Critical Role In Practice Transformation

Health reform offers new opportunities for primary care practices to transform their staffing and delivery models to provide higher quality and more efficient services. Community health workers (CHWs), as part of integrated care teams, contribute to cost-effective services that advance the Triple Aim for which providers are accountable: improved health, improved care, and reduced costs. CHWs also help reduce health disparities, a goal of health reform that is closely linked to achieving the more commonly highlighted dimensions of the Triple Aim.



The Triple Aim+

Evidence from research and the experience of numerous provider organizations in Massachusetts and other states demonstrate that CHWs add value to multidisciplinary care teams in the following ways:

1. Reduce costs

- Save costs through fewer emergency department (ED) visits and lower hospitalization and readmission rates for complex patients

2. Improve health

- Help patients **engage** more fully in their care and **adhere to care plans**
- Help patients **control chronic conditions**: increase asthma-free days, lower blood sugar and blood pressure levels

3. Improve quality of care

- Improve health and care utilization, reflected in performance measures and standards promoted by the National Committee on Quality Assurance (NCQA), such as HEDIS, and other **quality measures**¹
- Improve **retention in care** through outreach to reduce no-shows and assistance with insurance enrollment and retention

- Improve **patient satisfaction** through better understanding of and help with addressing their social needs

4. Reduce health disparities

- Reduce health disparities and related costs by strengthening communication with underserved patient populations and by diversifying the healthcare workforce

The value of CHWs in transforming health care was acknowledged in Massachusetts' healthcare reform laws in 2006 and in 2012, as well as in the national Patient Protection and Affordable Care Act (ACA) of 2010. The Institute of Medicine's (IOM) report on health disparities recommends integrating CHWs into multidisciplinary care teams as "a strategy for improving care delivery, implementing secondary prevention strategies, and enhancing risk reduction."²

Who Are Community Health Workers and What Do They Do?

Community health workers are trained frontline staff who bridge the communication and cultural gaps common between low-income, underserved, often high-cost patients and clinical staff. They also help to address the social, non-clinical challenges affecting patients' health and care.

Building Workforce Capacity:

Board of Certification of
CHWs

An Act to Establish a Board of Certification of CHWs

- Passed in 2010; took effect in 2012
- Includes DPH CHW definition and outline of core competencies
- 11 seat Board, under DPH Division of Health Professions Licensure



CHW Certification Board Authority

Establishment of standards and requirements for:

- Certification of **individual CHWs**, including a **grandparenting option**
- Approval of **training programs**
- Certification of a **CHW tier for CHW trainers**
- **Renewal** for all three
- Individual certification is **VOLUNTARY** (title act, not practice act)

Core Competencies

Core competencies defined by CHW certification board, based on statute:

- #1: Outreach Methods and Strategies
- #2: Individual and Community Assessment
- #3: Effective Communication
- #4: Cultural Responsiveness and Mediation
- #5: Education to Promote Healthy Behavior Change
- #6: Care Coordination and System Navigation
- # 7: Use of Public Health Concepts and Approaches
- #8: Advocacy and Community Capacity Building
- #9: Documentation
- #10: Professional Skills and Conduct

CHW Certification Process – Draft Regulations

- Two pathways:
 - Successful completion of core training + 2000 hours work experience
 - “Grandparenting” (experience only pathway, 4000 hours work experience, available for first 3 years only)
- Good moral character
- Documentation of mastery of competencies
 - 3 professional references

CHW Core Training – Draft Regulations

- Current range for core training: 45-55 hours
- State certification will require **80 hours of core training:**
 - ✓ 80% core competencies (64 hours)
 - ✓ 20% special topics (16 hours)
- Flexibility in curriculum design and delivery;
- Based on interactive learning methods
- CHW trainers will be required in training teams

Certification Timeline

- Draft regulations final (Jan. 2015)
- Administrative review and public comment period follow
- Office of CHWs, Certification Chair and Health Professions Licensure staff developing supporting materials: applications, standards of conduct exam
- MACHW to conduct regional meetings to get CHW input
- Certification becomes operational in 2015

How You Can Help

- Be a CHW champion with your organization and others
- Join Linkage CoP to partner with DPH in promoting CHW sustainability
- Promote certification once promulgated
- Contact DPH if you have technical assistance needs



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