NATIONAL ASSOCIATION OF Community Health Centers®

Primed for Progress: Expanding Community Health Workers in Community Health Centers

Monday, March 15, 2021

Audience Participation

Chat
(use to talk with peers)

Polling/Q&A
(participate in polls, ask questions to faculty)

- Phillip Bergquist, Michigan Primary Care Association
- Andrea Dwyer, University of Colorado Cancer Center
- Denise Smith, National Association of Community Health Workers

The Partners

- Michigan Primary Care Association – 45 Health Centers
- Michigan Quality Improvement Network (HCCN) – 41 Health Centers
- Michigan Community Health Network (CIN) – 33 Health Centers
- Michigan Medicaid Health Plans – 3 (of 10 MCOs in Michigan's Medicaid program)
  - Meridian Health Plan (Centene) – 77,500 Lives
  - Molina Healthcare – 55,000 Lives
  - UnitedHealthcare Community Plan – 37,000 Lives

The Program

History, Structure, and Goals

History

- Like many states, Michigan has tried several approaches (particularly in the Medicaid program) to achieve sustainable funding for CHW services with varying degrees of success
- One approach used the State Medicaid agency's competitive bid process for Medicaid managed care organizations to introduce a contractual requirement that Medicaid health plans provide access to CHW services for their members
- Alongside policy and financing efforts, the Michigan CHW Alliance simultaneously made significant progress in implementing a strong CHW training/certification process and registry, providing a statewide mechanism to recognize the CHW workforce

Our Goals

- Focus CHW efforts on interventions which not only engage and support patients but lead to tangible health center performance improvement (and corresponding quality of care and utilization outcomes for health plan partners)
- Provide funding for CHW services in sustainable manner to health centers
- Manage services as a collaboration with participating health centers (not a funding opportunity) to move the program forward consistently
- Grow the capacity to manage and support CHWs within the health center network and at the state level through MPCA

Structure

- Health plans contract with CIN based on the number of plan members assigned to participating health center primary care providers across the network
- CIN contracts with participating health centers to fund CHW personnel expenses and set the base scope of work for the program
    - Health centers provide most CHW staffing and supervision through these subcontracts, MPCA employs a small number of CHWs to fill in gaps
    - Many participating health centers have subcontracts involving resources from multiple health plan partners which allows for resource "braiding" to make up full FTEs in most cases
    - CHWs are allocated in 0.5 FTE increments based upon number of plan members (currently 1 per 5,000)
- CIN contracts with MPCA to operationalize the CHW program, MPCA provides program management, training, reporting structure and monitoring

The Program

CHW Efforts and Connections

- CHWs serving in the program work to reach and engage patients who fall into five categories, most of the time a single patient will fall into more than one of the outreach categories:
  - Patients with at least one social determinant of health (SDoH) related need
  - Patients who have recently used the emergency department for a non-emergency reason
  - Patients who are assigned to a health center PCP but have had no visit in past 24 months, have never had a visit at the health center, or are newly assigned to a health center PCP
  - Patients with a gap in care, defined using a series of preventive and chronic condition care measures
  - Patients who need to complete a health risk assessment (part of Michigan's Medicaid expansion program)
- CHWs provide support in a variety of ways depending on the reason(s) for outreach and their conversation with the patient, but some of the most common interventions include:
  - SDoH screening/assessment and community resource linkages based on patient needs
  - Patient education and "barrier busting" focused on helping patients utilize care appropriately
  - Arranging appointments at the health center and related enabling services (transportation etc.)
  - Basic health education about preventive and primary care using a motivational approach
  - Completing paperwork or assisting patients with applying for benefits/programs
- During COVID, a significant amount of CHW outreach has been by phone and video, but we envision that will change to a more balanced combination of phone/virtual, at the health center, and in community engagements as we move forward
  - All of the program's health plan partners have expectations about outreach attempts, prompting detailed expectations for number of patient contacts, type and timeframe
- CHWs document their interactions using a combination of interventions and outcome in most cases, with SDoH and health risk assessments being the notable departures (in both cases documentation follows a structured assessment)

Payment Structure

- All of the contracts between Medicaid health plans and the CIN use a per member per month (PMPM) payment, based on the number of plan members assigned to participating health center primary care providers across the network
  - Plan membership served by health center PCPs is fairly consistent (generally increasing a bit month over month) so the payment approach provides a steady financial basis for the program to build from
  - The PMPM approach also has the added advantage of not requiring health centers or the CIN to generate claims to bill and receive reimbursement for CHW services, but that does mean the CIN/MPCA has to provide detailed activity (this has placed pressure on the accuracy and comprehensiveness of CHW documentation)
  - All of the health plans the program has been operationalized with also have a value-based agreement (inclusive of alternative payment methodologies) with the CIN, and that engagement on multiple fronts with the plans has been a significant advantage
- Health Centers are paid a fixed monthly fee for providing a specific amount of CHW coverage (priced per FTE) in the program
  - MPCA based the payment to health centers on state averages for CHW salary and benefit costs out of the Association's compensation and benefits survey which offered the most relevant source we could find for those costs without pricing unique to every participating health center
- So far, the payment model has resulted in $2.5 million in new funding for patient engagement focused CHW services within participating health centers
  - This will grow over time, the program is less than a year old currently

Keys to Success and Challenges

Keys to Success

- The Medicaid requirement for health plans to provide CHW services was a critical jumping off point to engage with plans
- Persistence in the dialogue and partnership with health plans was critical, and our focus on developing some shared vision took time but paid off (we really had to define what the shared wins could be, the CHW evidence alone wasn't enough)
- Working as a statewide CIN allowed us to align activities across health plans to a much more significant extent than we see in plan developed programs alone
- Pursuing CHW contracts with plans that the CIN also had a value-based agreement with provided a vehicle for the outcome of the program to benefit health centers
- Major investments in CHW training and building program support capacity at MPCA have been critical as the program continues to mature (without that added capacity we wouldn't have come as far in such a short period)

Challenges

- Proving return on investment for health plan partners in the short term
- Keeping all program stakeholders on the same footing in terms of current priorities and focus as the program has evolved
- Competition for the limited CHW workforce, and staff turnover associated with that competition from other healthcare stakeholders
- Significant frontend time required for CHW training and program orientation
- Complex, detailed CHW documentation expectations and downstream effects on reporting to plans using inconsistent or incomplete documentation
- Decentralized direct supervision of the CHW workforce (and accompanying differences in management familiarity with this type of service and capacity to engage)
- Balancing "productivity" with depth of engagement and job fulfillment for CHWs
- Aligning the expectations of health plan stakeholders on the value-based agreement side and with health plans staff who engage with us for the CHW program (different people and often different expectation even thought they are working in the same organization)
- COVID-19 – Perhaps idyllic expectations vs. realities during the pandemic

Early Successes

- Financial resources for outreach and patient engagement that are sustainable (we've generally struggled with funding stability for this aspect of health centers' work in the past)
- 47 new CHWs trained, certified, and working in health centers during the initial 6 months of the program
- Proof of the need for more robust tools to document and report CHW services leading to investment in that area (we should have a new system in place by the end of year 1, building off the CIN and HCCN's integrated data system)
- Over 7,300 successful patient outreach contacts to-date and over 3,000 patient appointments at participating health centers (with a patient population who, prior to working with a CHW, was largely not engaged in care)

University of Colorado Cancer Center

COLORADO CANCER SCREENING PROGRAM

Patient Navigator Training Collaborative

Community Health Work and Lay Navigation Policy Strategies Colorado and National

Presenting
Andrea (Andi) Dwyer

colorado school of public health

Outline:

- **Colorado Based Policy Advancement CHW/Lay Navigators**
  - **Patient Navigator Training Collaborative**
  - **COVID RESPONSE**
  - **Health Navigation Workforce Initiative**
  - **State Level Policy Solutions: Cancer Screening Example**
- **National Efforts**
  - **National Navigation Roundtable**

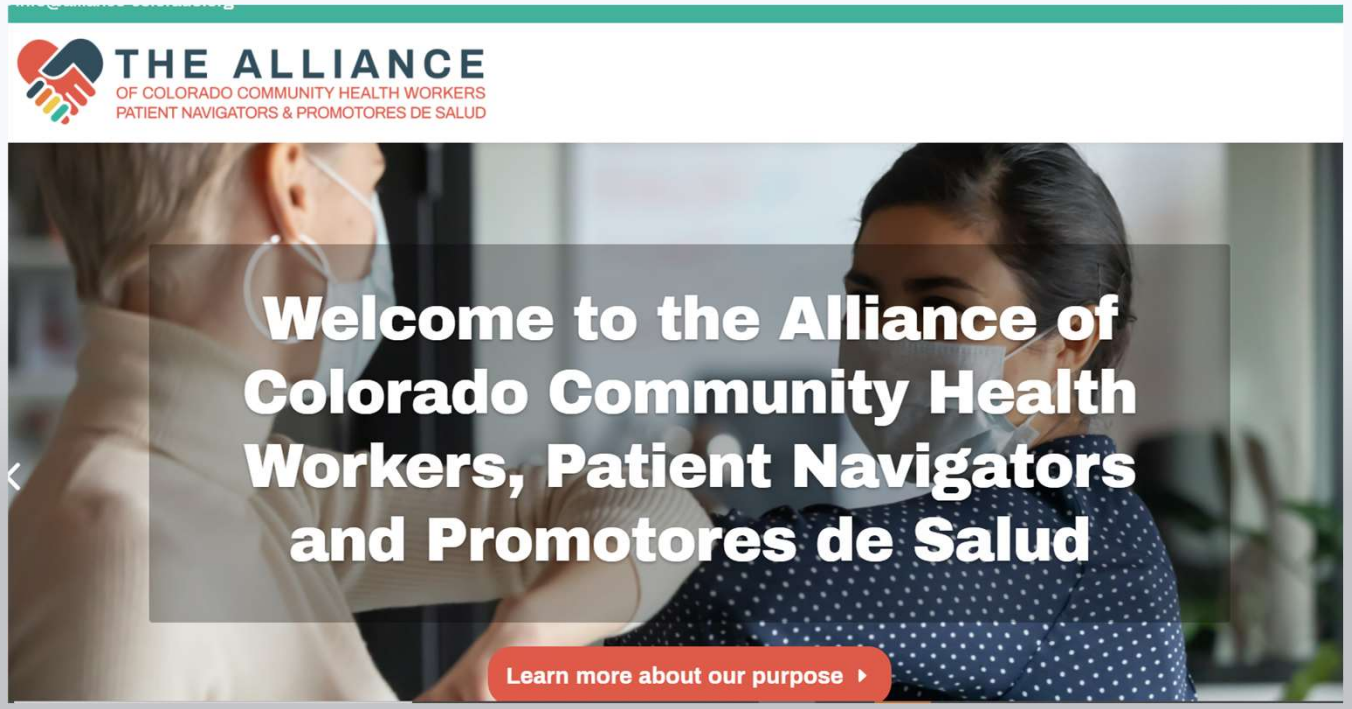
Partner of Colorado Community Health Network

- Strong Engagement for Inclusion of CHW and PN Work
- Real-Time Assistance and Connection with FQHCS
- Engagement in Research, Service Delivery and Policy

COLORADO
COMMUNITY HEALTH NETWORK
Access for All Colorado

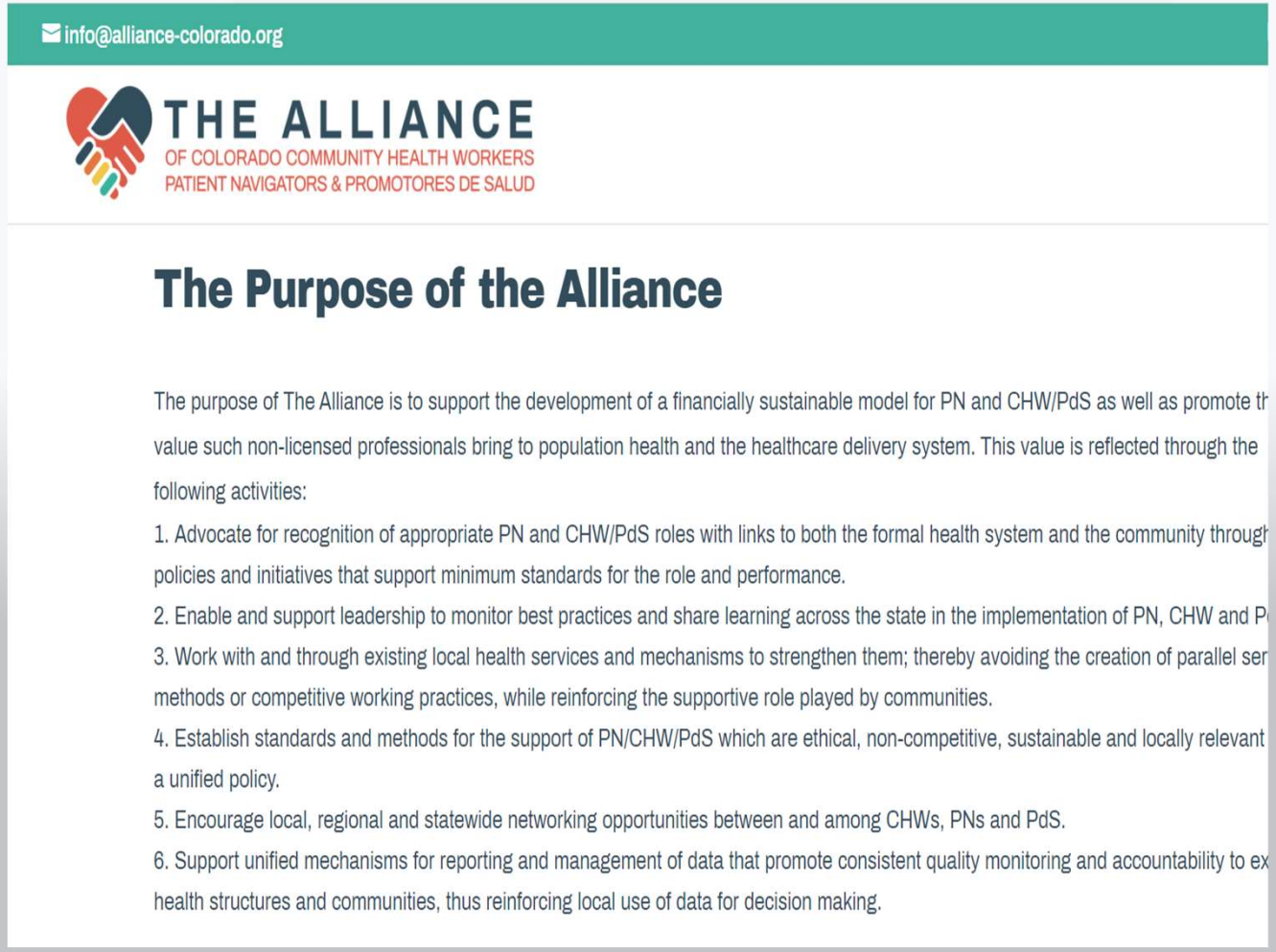
A Note About Policy Strategies ASTHO

- Recommendation Goal
- I. Workforce Development Support standardized training and certification of PN and Community Health Workers (CHWs).
- II. Long Term Financing Support standard reimbursement for PN and CHW services
- III. Occupational Associations Create occupational networks to strengthen PN and CHW effectiveness in the workforce.



Key to Sustainability …. Of Navigation Coalition Building

Statewide Initiatives



info@alliance-colorado.org

THE ALLIANCE
OF COLORADO COMMUNITY HEALTH WORKERS
PATIENT NAVIGATORS & PROMOTORES DE SALUD

The Purpose of the Alliance

The purpose of The Alliance is to support the development of a financially sustainable model for PN and CHW/PdS as well as promote th value such non-licensed professionals bring to population health and the healthcare delivery system. This value is reflected through the following activities:

1. Advocate for recognition of appropriate PN and CHW/PdS roles with links to both the formal health system and the community through policies and initiatives that support minimum standards for the role and performance.
2. Enable and support leadership to monitor best practices and share learning across the state in the implementation of PN, CHW and P
3. Work with and through existing local health services and mechanisms to strengthen them; thereby avoiding the creation of parallel ser methods or competitive working practices, while reinforcing the supportive role played by communities.
4. Establish standards and methods for the support of PN/CHW/PdS which are ethical, non-competitive, sustainable and locally relevant a unified policy.
5. Encourage local, regional and statewide networking opportunities between and among CHWs, PNs and PdS.
6. Support unified mechanisms for reporting and management of data that promote consistent quality monitoring and accountability to ex health structures and communities, thus reinforcing local use of data for decision making.

Community Health Worker

A lay member of the community who is trained to deliver an intervention to community members in community settings.

Health Navigator

A trained member of the health care team, typically employed by health delivery systems to assist individuals in reducing barriers to care and in negotiating complex health care systems.

Patient Navigator Training Collaborative

Patient Navigator Training Collaborative

Training program for patient navigators, care coordinators, community health workers and others working to remove barriers to care

Serves more than 200 participants per year with instructor-led in person and online trainings; hundreds more with webinars and online modules

Topics include motivational interviewing, care coordination, client support, health promotion

Prepared more than 100 navigators to date to take the state of Colorado assessment and be listed on the Health Navigator Registry

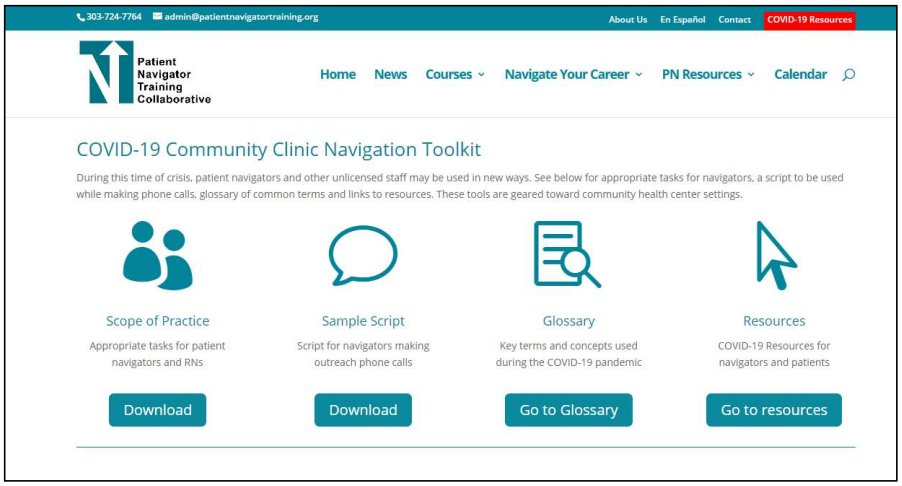
Fee-for-service; scholarships made possible by grant funding

colorado school of public health


CDPHE
CO
COLORADO
Health Navigator Registry
Department of Public Health & Envirionment
Home
Health Navigators
Training Programs
Evaluation Sites
Sign in
Welcome to the Colorado Health Navigator Registry
Please choose your action from the menu bar at the top
We do not license or certify health navigators. On this site, you'll find:
* CDPHE-recognized training programs.
* Competency evaluation sites.
* Navigators who have completed the requirements for this registry.
These three lists are voluntary, and we provide them as part of our public service.
Nothing on this site prohibits other health navigator training programs from operating or individuals from using the titles "health navigator" or "patient navigator."
Intent and limits of our credentialing process and registry.

In response to COVID-19 crisis:

- All trainings moved online
- Developed toolkit to help community health centers adapt navigator role in new ways
- Developed webinars on timely topics such as: reducing anxiety, ethics and stigma and health care policy
- Launched Virtual Happy Hour to provide support and self-care to navigators
- List of COVID-19 resources on website



Preventive Medicine: CHWs and PNs

Community health workers and non-clinical patient navigators: A critical COVID-19 pandemic workforce

Kristen J. Wells,a,b,∗ Andrea J. Dwyer,c Elizabeth Calhoun,d and Patricia A. Valverdec

Author information Article notes Copyright and License information Disclaimer

- Abstract

The COVID-19 pandemic has resulted in substantial morbidity and mortality and challenged public health agencies and healthcare systems worldwide. In the U.S., physical distancing orders and other restrictions have had severe economic and societal consequences. Populations already vulnerable in the United States have experienced worse COVID-19 health outcomes.

Colorado Policy Integration CHW PNs

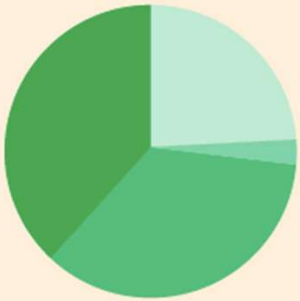
The Ask

- Establish a comprehensive screenable cancer program to increase access to prevention, early detection, and follow-up care for the most lethal cancers. The goal is to provide more equitable access to care for the medically underserved in Colorado.

Colorado Cancer Coalition

Specifically:

- Integrate colorectal cancer into existing targeted community outreach patient navigation and health systems work approaches for breast, cervical, and colorectal cancer
- Maintain direct services for breast & cervical cancer



CURRENT STATE FUNDING

Breast + Cervical State Allocation: Housed at CDPHE

- Clinical Services
- Targeted Community Outreach
- Clinic Quality Improvement
- Health Navigation

PROPOSED FUTURE STATE FUNDING

- Breast + Cervical Clinical Services*
- Targeted Community Outreach: Integrated Breast + Cervical + Colorectal
- Clinic Quality Improvement: Integrated Breast + Cervical + Colorectal
- Health Navigation: Integrated Breast + Cervical + Colorectal

*Protects and preserves the funding that provides direct services to individual women.

National Navigation Roundtable

Chair:
Tracy Battaglia
Vice Chair:
Andrea (Andi) Dwyer

American Cancer Society®

Our Mission
A collaboration of organizations and individuals dedicated to achieving health equity and access to quality care across the cancer continuum through effective patient navigation.

Policy Subcommittee:
Katie Garfield, JD and Elizabeth Franklin, PhD

Return on Investment Tool
Policy with National Payers
Job Codes and Workforce Development

Thank You

Andrea (Andi) Dwyer

Andrea.dwyer@ucdenver.edu

PNTC:

https://patientnavigatortraining.org/

NNRT:

https://navigationroundtable.org/

Colorado Cancer Screening Program

https://sites.google.com/view/colorado-cancer-screening-prog/

NACHW

NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS

Community Health Workers: Building a Movement for Equity and Social Justice during COVID-19

March 15, 2021
National Association of Community Health Centers 2021 Policy and Issues Forum

DENISE OCTAVIA SMITH, MBA, CHW
EXECUTIVE DIRECTOR
NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS

ABOUT NACHW

VISION : Community Health Workers united nationally to support communities in achieving health, equity and social justice.

ENGAGE

CHWs, Allies, Supporters, Partners, Sponsors, and Influencers

EXPAND

Membership, Recognition, Opportunities, and Collective Action

ENHANCE

CHW Leadership Skills and Opportunity

EDUCATE

Stakeholders on the Impact of CHWs

ESTABLISH

National Voice and Sustainable Strategies On Issues Related To CHW Workforce

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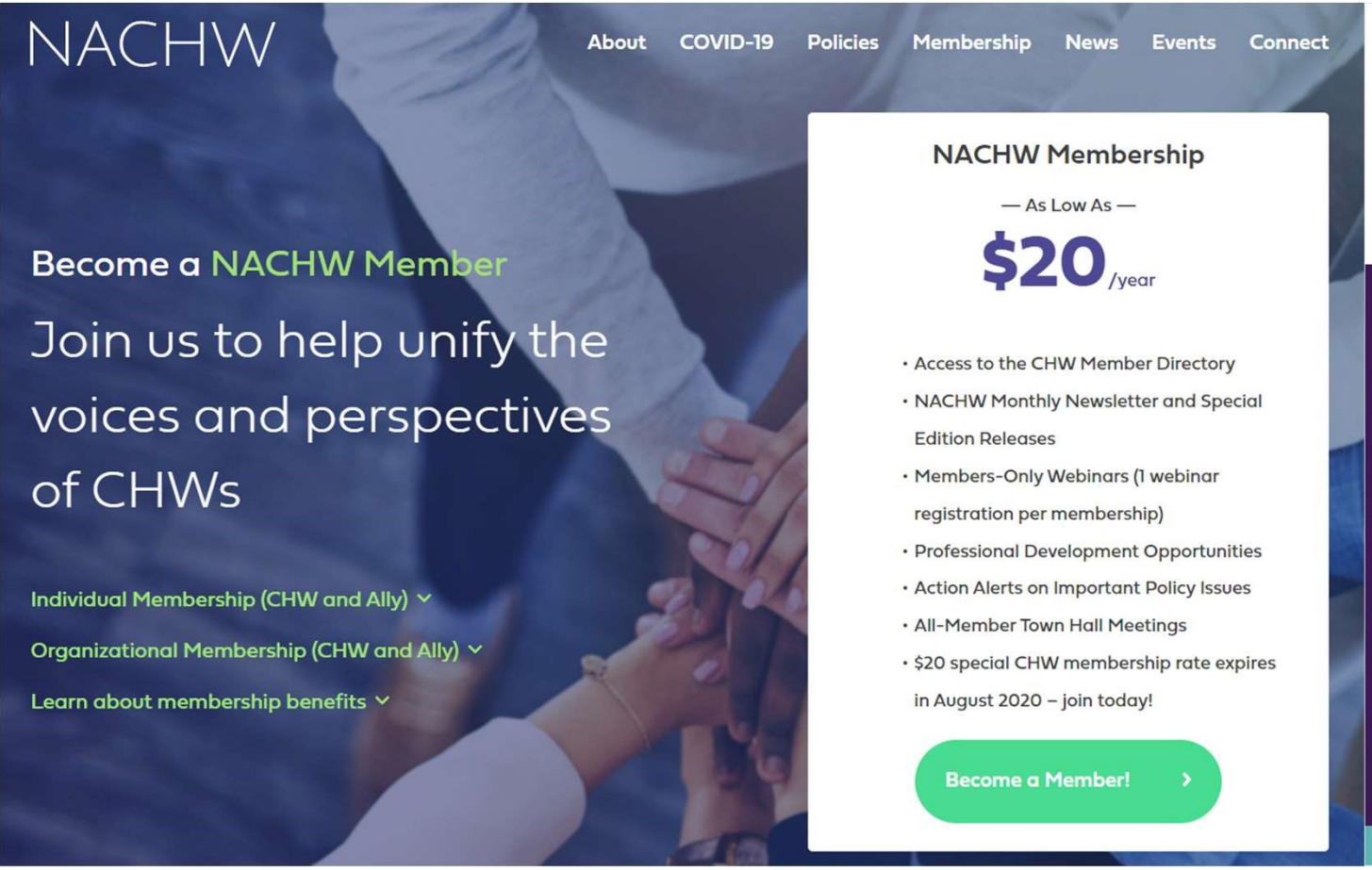

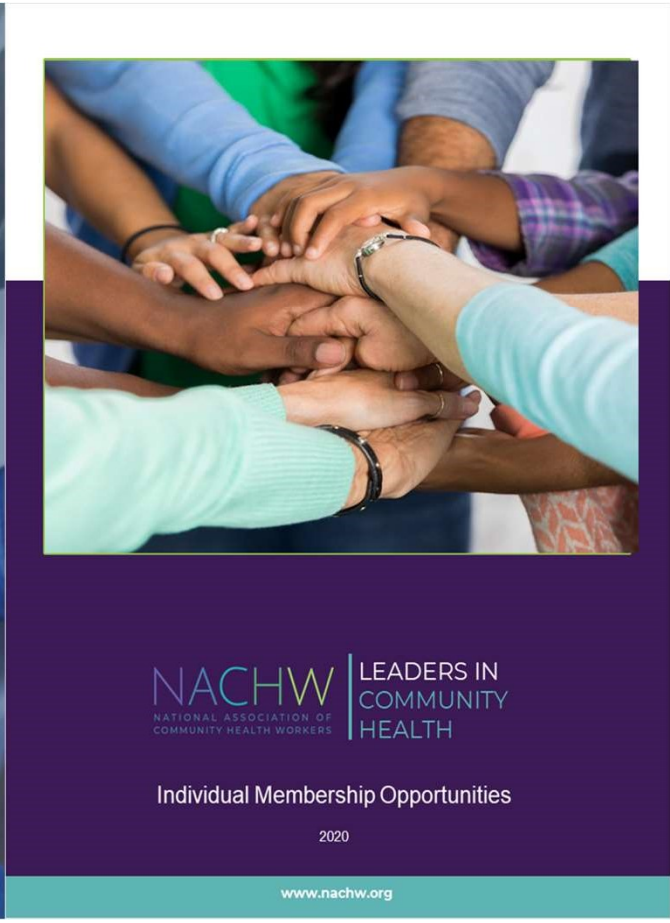

WE VALUE OUR MEMBERS – JOIN US!


PUMA
PORT AUTHORITY


NACHW


PENSKE
Truck Rental

"I've had difficulty getting a response from the emergency response teams in my community. I've called, emailed the city, joined their Facebook groups, answered their questionnaires, etc. It is very frustrating."

- CHW respondent to NACHW March 2020 Survey

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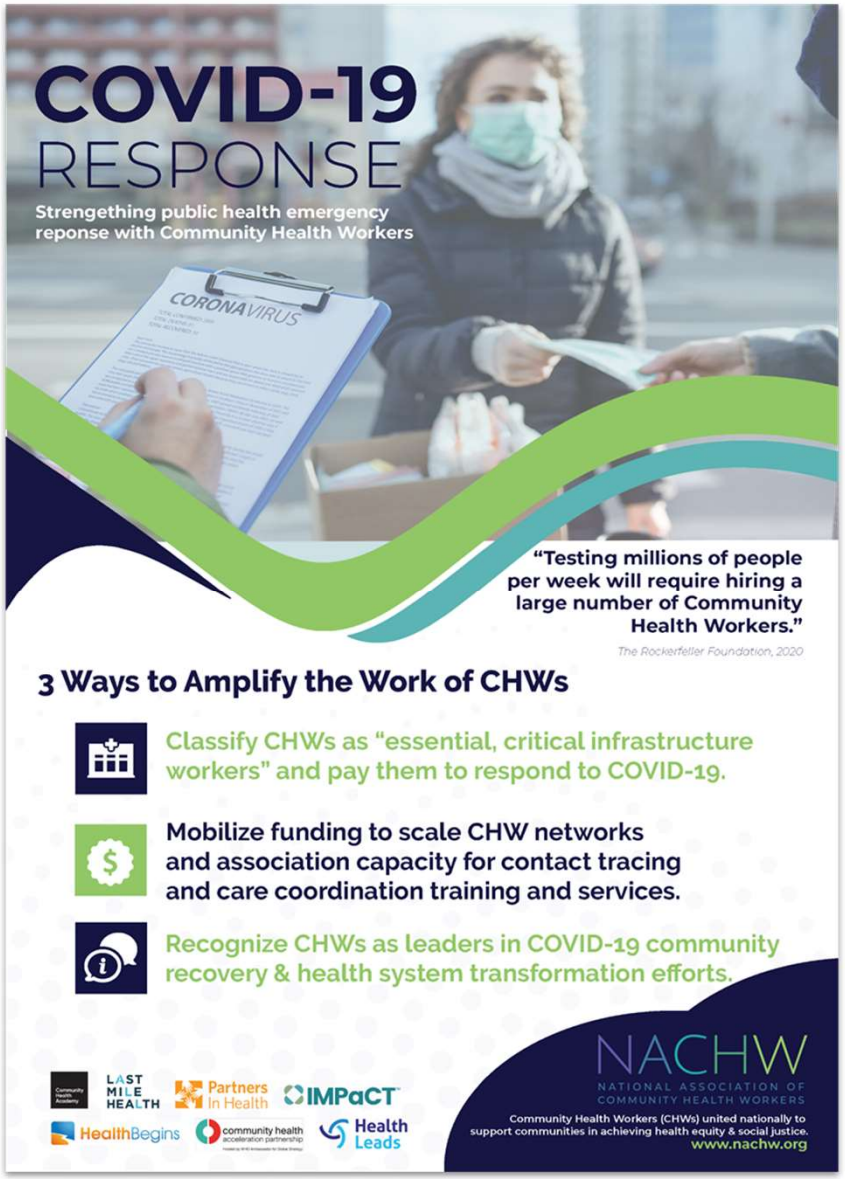

Response and recovery efforts must be *embedded in and in partnership with communities* to be equitable and effective.

I would like to be included in the planning rather then being told something after the fact. I feel what I am expected to do is being decided without my input.

- CHW respondent to NACHW March 2020 Survey

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CHWs Help Build an Equitable Vaccine Infrastructure

- CHWs can co-design, develop, distribute and evaluate materials and strategies that appropriately respond to community health beliefs, misinformation and cultural concerns.
- CHWs can coordinate and administer screenings for food, housing, financial needs and mental health services and help people navigate to or directly access these services.
- CHWs can navigate technology, literacy, language, enrollment and transportation barriers to ensure access to vaccines, emergency services and health care coverage.
- CHWs can coordinate mobile testing and vaccination sites, organize tabling and registrations, collect data and monitor symptoms, and engage home-bound, house-less and transient community members.

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Checklists and Playbooks to Advance CHW Engagement

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Checklist for Administrators, Managers and Clinicians to Integrate Community Health Workers in Vaccine Outreach, Acceptance, and Distribution Strategies

Community-Based Workforce Alliance

Advancing CHW Engagement in COVID-19 Response Strategies

A Playbook for Local Health Department Strategies in the United States

The National Community-Based Workforce Alliance

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CHWS Address Historic and Systemic Racism

Understand and respond to low trust, mistrust and distrust among Black, Latinx, Native and other communities of color as well as a history of medical apartheid.

Avoid terms like "vaccine hesitancy" which reduce centuries of mistreatment to surface solutions that more information will resolve these concerns.

Unethical and harmful medical treatments and experimentation are not things of the past.

Misinformation in effective COVID-19 vaccines is magnified when community members cannot reach trusted individuals to answer questions, address concerns and help navigate increasing complexities.

CHWS Promote and Protect Social Justice

Stop AAPI Hate Reporting Center

We encourage all who have witnessed or experienced micro-aggressions, bullying, harassment, hate speech, or violence to help us document. The more information we have, the better we can respond and prevent further incidents from occurring.

NACHW NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS | LEADERS IN COMMUNITY HEALTH

COMMUNITY HEALTH WORKERS AND COVID19

THREE WAYS TO SUPPORT ASIAN AMERICAN AND PACIFIC ISLANDER COMMUNITIES

BACKGROUND

Asian Americans and Pacific Islanders (AAPI) represent nearly 5.6% of the US Population and are expected to grow to 10% by 2050, faster than any other racial or ethnic group. Far from being a monolith, these communities have diverse cultures, languages and lived experience, and trace their origins to at least 19 countries in East and Southeast Asia. The "myth of the model minority" promotes a belief that AAPI's have few problems with health and with racism when in fact they share significant disparities in both areas.

The National Association of Community Health Workers offers three ways that Community Health Workers can inform and advocate for AAPI communities to improve their health and well-being during the pandemic and beyond.

01 **Language Access**: Title VI of the Civil Rights Act requires interpreter services for all patients with limited English proficiency who are receiving federal financial assistance, however in most states these services are an unfunded mandate.

What CHWs Can Do: Inform AAPI communities with Limited English Proficiency of their rights and connect them to high quality resources. Learn more about the Cultural and Linguistic Access Service Standards.

Visit https://nachw.org/covid-19-resources/ for more COVID19 resources for CHWs

At Khmer Health Advocates a CHW provides telemedicine services

02 **Data Disaggregation**: Data collection analysis and reporting are needed to understand the impact of COVID-19 and ensure that Asian American, Native Hawaiian and Pacific Islander communities are visible and heard.

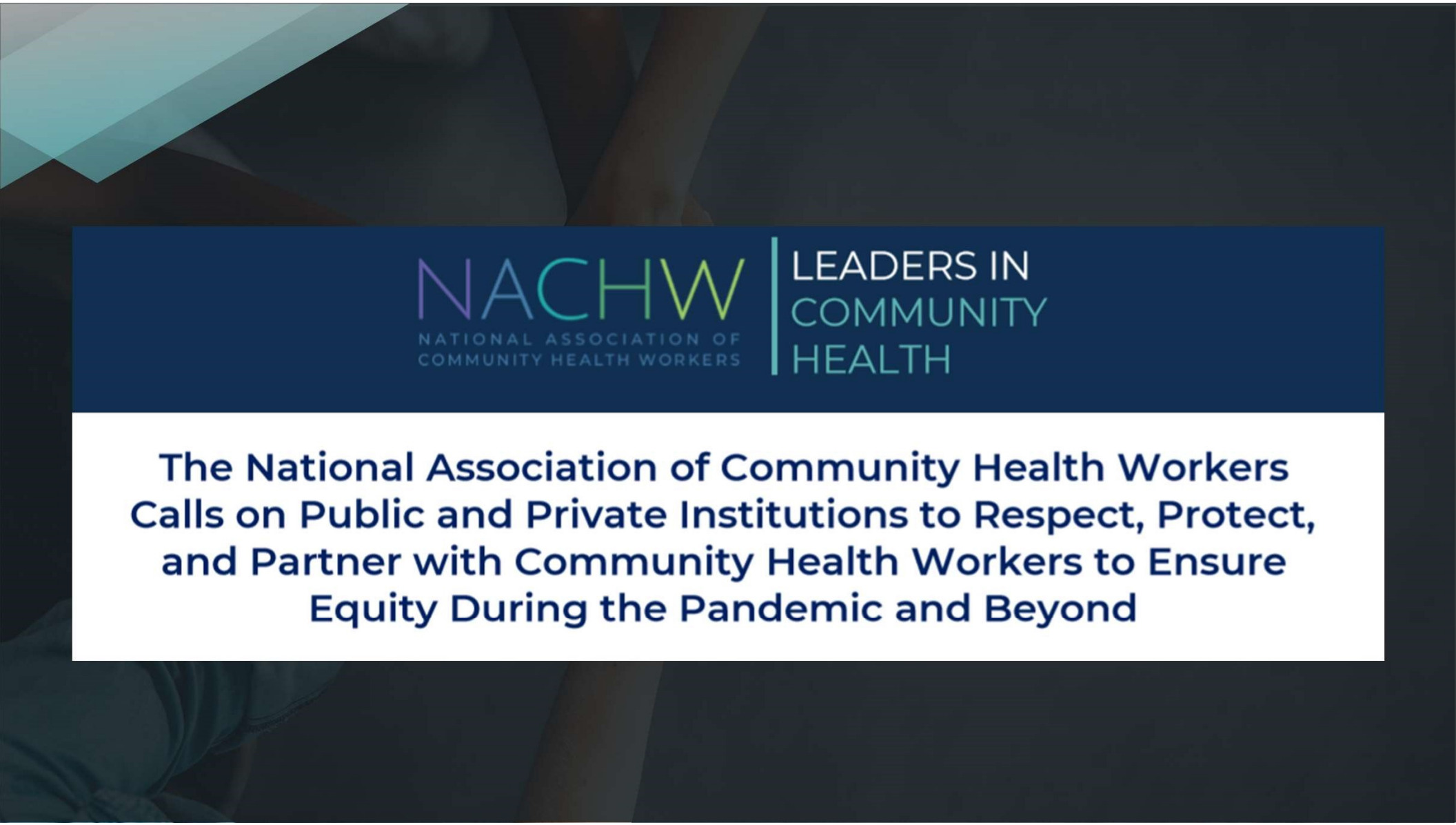
What CHWs Can Do: Data collection is one of the critical roles of the CHW profession and can improve services and outcomes. CHWs can advocate with employers and in communities for data collection that reflects the diverse communities we serve.

03 **Racial Discrimination**: AAPIs are more likely to report negative experiences because of their race or ethnicity since the coronavirus outbreak, including being subject to slurs or jokes, and fearing someone might threaten or physically attack them.

What CHWs Can Do: Use and share local and national Stop AAPI Hate Reporting Center website with AAPI communities and service providers (available in English and 11 other languages).

Developed in partnership with the Austin Asian Community Health Initiative and Khmer Health Advocates

The mission of NACHW is to unify the voices of the community health workers and strengthen the profession's capacity to promote healthy communities.



The National Association of Community Health Workers Calls on Public and Private Institutions to Respect, Protect, and Partner with Community Health Workers to Ensure Equity During the Pandemic and Beyond

Our Work Continues.

J Ambulatory Care Manage
Vol. 43, No. 4, pp. 268–277

Insights on COVID-19 From Community Health Worker State Leaders

Susan Mayfield-Johnson, PhD, MCHES; Denise O. Smith, MBA, CHW, PN; Sara A. Crosby, MPH; Catherine G. Haywood, BSW; Joelisa Castillo, CHW; Dolontria Bryant-Williams, MBA, CHW; Kim Jay, BA, CHW; Milagrosa Seguinot, AS, CCHW; Treva Smith, CHW; Nicole Moore, CHW; Ashley Wennerstrom, PhD, MPH

Abstract: Community health workers (CHWs) leverage their trusting relationships with under-resourced populations to promote health equity and social justice in their communities. Little is known about CHWs roles in addressing COVID-19 or how the pandemic may have affected CHWs' ability to interact with and support communities experiencing disparities. A focus group with CHW leaders from 7 states revealed 8 major themes: CHW identity, CHW resiliency, self-care, unintended positives outcomes of COVID-19, technology, resources, stressors, and consequences of COVID-19. Understanding the pandemic's impact on CHWs has implications for workforce development, training, and health policies. **Key words:** *community health, community health worker, COVID-19, health equity, resiliency, workforce development*

Promote, Protect and Pay CHWs as essential critical infrastructure workers

Create Workforce Infrastructure to Support CHW Physical and Psychosocial Mental Health

Share Insights to Adapt and Improve COVID-19 Response

Integrate CHW Leadership in the Design and Development of COVID-19 Response Strategies

Encourage CHW Engagement in Local, County and State CHW Networks

Strengthen Support for CHW Self-Care and Develop Targeted Approaches to Address their Concerns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