The national CHW policy landscape

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Topics

- Focusing CHWs’ roles and effectiveness
- Financing: how states are engaging CHWs in managed care and value-based payment
- CDC policy initiatives with CHWs Certification
- Patterns in state CHW certification
- Continuing importance of educating stakeholders
State Community Health Worker Models

As states transform their health systems many are turning to Community Health Workers (CHWs) to tackle some of the most challenging aspects of health improvement, such as facilitating care coordination, enhancing access to community-based services, and addressing social determinants of health. While state definitions vary, CHWs are typically frontline workers who are trusted members of and/or have a unique and intimate understanding of the communities they serve. This map highlights state activity to integrate CHWs into evolving health care systems in key areas such as financing, education and training, certification, and state definitions, roles and scope of practice. The map includes enacted state CHW legislation and provides links to state CHW associations and other leading organizations working on CHW issues in states.

Updated August 2017 except for HI and NE

Development and ongoing updates of the State Community Health Worker Models Map would not be possible without the generous support of the Robert Wood Johnson Foundation and the National Center for Healthy Housing.
Where and why are CHWs effective?

- Origins in war on poverty
- Effectiveness based in *shared life experience* with population served: poverty, discrimination, culture
- Can contribute to new patient-centered models of care through capabilities in:
  - Cultivating relationships with patients (patient engagement)
  - Fostering trust in providers and institutions (overcoming power differential and historic mistrust)
  - Facilitating candid and continuous communication
  - Dealing with Social Determinants of Health
What is your biggest challenge or hurdle to integrating community health workers into health care systems?

- Financing the work of CHWs: 57.5%
- Training & certification of CHWs: 10.6%
- Defining roles & scope of practice: 20.8%
- Forming effective partnerships: 11.1%
Sustainable financing of CHW activity

- Focus on Medicaid, chronic illness and individuals with complex needs (2013 preventive services rule has not been used)

- Managed care organizations have taken initiative in many states, often by treating expenditures as administrative (14/19 in Texas)

- State Plan Amendments
  - Oregon CCOs
  - Minnesota 2008 FFS reimbursement for CHW educational services
  - North Dakota 2012 funding CHRs for Targeted Case Management
  - Health Homes (ME, MI, MO, NY)
Sustainable financing – managed care

- Pennsylvania: MCOs may treat CHW expenditures as part of the cost of delivering care
- CMS: allowance of CHWs as part of quality improvement for MCOs specifically (May 2016)
- Michigan: health plan re-bid RFP requires plans to make services of CHWs and peer support specialists available to members
- New Mexico:
  - Contracts encourage employment of CHWs for care coordination
  - CHW care coordination costs factored into cost of services
Value-Based Payment Mechanisms

- Global or other alternative payments allow flexible staffing to include CHWs
  - Bundled payments for episodic or encounter-based service packages or outcomes (may or may not be global)
  - Supplemental/enhanced payment for specific purposes (per member per month wrap-around services for target populations)
  - Shared risk (evidence that CHWs can reduce other costs)
CDC priorities for CHW policy

- Policy briefs and technical assistance
- CHW elements required in 1305 and 1422 plans
- CDC collecting performance and impact data on state CHW investments
- Community Guide (Preventive Services Task Force) recommends engagement of CHWs: https://www.thecommunityguide.org/content/community-health-workers
- Funded a national policy on state certification of CHWs; starting new study on return from investment in CHW workforce development
Certification: discussions underway in most states

Community Health Workers (CHWs)
Training/Certification Standards
Current Status

Only two states (AL, WY) are not at some stage of considering policies on CHWs

*AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third-parties to train community health aides.
+MN also allows Medicaid payments for certified CHW services

Last updated: 1/17/2017

Legend:
- Legislation introduced
- Has a Training/Certification Program
- Laws/Regulations Establish CHW Certification Program Requirements
- Statute Creates a CHW Advisory Board, Taskforce, or Workgroup to Establish Program Requirements
- Has Training and Certification Program and State Law Licensing CHW businesses
- None
Developing certification policy: process

- CHWs in leadership roles
- Stakeholders agree on purpose and objectives
- Stakeholders agree on meaning/definition of certification *(includes sharing preconceptions)*
- Recognize overlap with other professions in what CHWs DO; reinforce need for a distinct profession that has CHWs’ *distinctive CAPABILITIES*
- Commit to create *responsive* certification policies and procedures that respect the nature of the CHW practice

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National trends in CHW certification

- It's not “a done deal” – process varies widely
  - Some states do not want to deal with it; CHWs oppose it in a few states

- Where it’s happening, it is voluntary, not mandatory: it is not licensing

- CHW practice is recognized as not overlapping in a meaningful way with licensed clinical professions
  - CHWs cannot perform any functions that require a license

- More discussion of reciprocity and interstate collaboration
Engaging Stakeholders

Awareness
Articulating employer needs/priorities

Salience
Relating CHW capabilities to needs

Value
Business case/evidence

Commitment
Confidence in qualifications (certification?)

Follow-thru
Persuading others

Documentation, evaluation

Education/assistance on successful implementation
Public policy tools: incentives, mandates

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The CHW Core Consensus (C3) Project

- Recommended definitions of CHW Core Roles, Skills and Qualities based on benchmark documents from leading states; reviewed and modified by a broad cross section of CHW workforce and other experts

- Used by 20+ states as a starting point for policy discussions

- Embraced by CDC Community Guide and American Diabetes Assn. as a working definition of the CHW

- Supported by other diverse national groups as an educational tool for their constituencies, e.g.:
  - Natl. Assn. of Community Health Centers
  - Natl. Rural Health Assn.
  - National Center for Healthy Housing

- http://c3report.chwsurvey.com
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