Community Health Workers & Rural Health: Increasing Access, Improving Care

Minnesota Rural Health Conference
June 26, 2012

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Presentation Outline

- Overview of the Community Health Worker (CHW) role
- Building blocks of Minnesota’s CHW field
- CHW models in rural communities & potential starting-points
- Helpful resources
Minnesota CHW Alliance:

We are a broad-based partnership of CHWs and stakeholder organizations who work together to advance the CHW field.

http://www.mnchwalliance.org/
**Mission:**
Promote the role of CHWs and establish a sustainable funding system

**Mission:**
Support CHW leadership development

**Mission:**
Advance the knowledge & skills set of CHWs

**Mission:**
Advance the CHW profession through research and policy

**MN CHW Alliance**

**Education**

**Policy & Research**

**Workforce**

**CHW Leadership**
CHWs: An Emerging Profession

- Educate and connect underserved communities to care, coverage and support
- Work under different titles & in many settings
- Provide outreach, advocacy, patient education, care coordination, social support and informal counseling
- Trusted members of the communities they serve
CHW Strategies:
Evidenced-based best practices

- Effectively address cultural, linguistic, literacy-related, socioeconomic and other barriers to health and social services
- Increase access and improve quality, cost-effectiveness and cultural competence of care
- Expand and diversify our health care workforce
CHW Roles

CHWs help patients of all ages:

• Prevent costly health conditions, diseases and injuries
• Access needed care and coverage
• Avoid unnecessary ER and hospital visits
• Navigate our complicated health care system
• Manage chronic illness and maintain quality of life
• Improve individual and family capacity
• Foster healthy communities
CHW Roles, continued

CHWs help health providers, health plans & public health:

- Produce better outcomes
- Manage complex cases and reduce costs
- Find coverage options for the uninsured
- Educate, empower and activate patients for better health
- Deliver culturally-sensitive care
- Reach those who are vulnerable and/or hard-to-reach
- Effectively tackle health disparities
- Link to community services and organizations
CHW employer types and examples in Minnesota

Public Health Departments
Clinic/Hospital
Dental
FQHC
Mental Health
Non-Profits
CHW Profession & Benefits: Recognized by Leading Public & Private Authorities

- American Public Health Association (APHA)
- Centers for Disease Control (CDC)
- Health Affairs
- Health Resources and Services Administration (HRSA)
- Institute of Medicine
- U.S. Dept. of Labor Standard Occupational Classification (DOL)
CHWs & Healthcare Reform

- Centers for Medicare and Medicaid Services (CMS)— Innovation Grants
- Patient-Centered Medical Homes
- HRSA grants--Patient Navigator Program
- Three sections of the Affordable Care Act (HR5390):
  - CDC grant (section 5313) to promote positive health behaviors and outcomes in medically underserved communities through Community Health Workers.
  - National Health Care Workforce Commission (Sec 5101) includes CHWs as primary care professionals
  - Area Health Education Centers (sec. 5403 Sec.751) add CHWs to mandate for interdisciplinary training of health professionals
MN CHW Building Blocks

- CHW scope of practice developed (2004)
- Standardized, competency-based 11 credit curriculum created by Healthcare Education Industry Partnership, leading to certificate (2003-2005); revised to 14 credit program (2010)
- Minnesota CHW Peer Network formed (2005)
- CHW payment legislation successfully introduced (2007) in follow-up to commissioned research on sustainable funding strategies (2006)
- Minnesota CHW Alliance formed as outgrowth of CHW Policy Council (2010) and incorporated as nonprofit (2011)
Minnesota CHW Scope of Practice

- **Role 1:** Bridge the gap between communities and the health and social service systems.
- **Role 2:** Promote wellness by providing culturally appropriate health information to clients and providers.
- **Role 3:** Assist in navigating the health and human services system.
- **Role 4:** Advocate for individual and community needs.
- **Role 5:** Provide direct services.
- **Role 6:** Build individual and community capacity.
MN CHW Curriculum

- Model curriculum was updated in 2010 to a required 14 credit certificate program
- MnSCU curriculum offered at no charge to post-secondary schools in Minnesota
- Sold to over 30 organizations outside of Minnesota
- Credits provide educational pathway for CHWs interested in other health careers
MN CHW Curriculum

- **Role of the CHW – Core Competencies (9 credit hours)**
  - Role, Advocacy and Outreach - 2
  - Organization and Resources - 1
  - Teaching and Capacity Building - 2
  - Legal and Ethical Responsibilities - 1
  - Coordination and Documentation - 1
  - Communication and Cultural Competency - 2

- **Role of the CHW – Health Promotion Competencies (3 credit hours)**

- **Role of CHW – Practice Competencies – Internship (2 credit hours)**
MN CHW Curriculum

- Currently four schools offer the certificate program:
  - Minneapolis Community and Technical College
  - Rochester Community and Technical College
  - St. Catherine University
  - Summit Academy OIC

- An online option for rural MN is in the planning stages with a pilot scheduled for this summer
CHW Peer Network

Sponsored by Wellshare International

• Established in 2005 in follow-up to CHW focus group research commissioned by the Blue Cross Foundation identified peer support and professional growth as priorities of practicing CHWs

• Goals:
  – Improve resource sharing and information exchange among CHWs
  – Create opportunities for peer mentoring and support
  – Offer continuing education and professional development

http://www.wellshareinternational.org/chwpeernetwork
Commissioned Research on Sustainable Funding

- Blue Cross Foundation awarded grant to University of California-San Francisco Center for the Health Professions to conduct study of sustainable financing options for CHW services

- Key informant interviews, literature review and advisory group

Themes

✓ Collaboration and inclusiveness
✓ Targeted training
✓ Educational standardization and/or certification for payment
✓ Targeted interventions
✓ Ongoing, high quality research on outcomes and cost-effectiveness
✓ Diversified funding sources
✓ Understanding of partnerships with other health professions, health and social service providers and government agencies
✓ Champions and visionaries
Major Funding Models

- Foundation grants
- Government grants and contracts
- Medicaid & other coverage options
- Government general fund
- Private organizations
- Consumer/self-pay
MHCP CHW Payment Legislation

- **2007 Legislation**
  - 12/19/07: Federal approval received
  - MHCP enrollment criteria:
    - CHW certificate from school offering MnSCU approved curriculum
    - Supervised by a physician/advanced practice registered nurse
    - Grandfathering provision

- **2008 Legislation**
  - 3/18/09: Federal approval of expansion of CHW supervision to the following provider types:
    - Certified public health nurses operating under the direct authority of an enrolled unit of government
    - Dentists

- **2009 Legislation**
  - Federal approval of supervision by Mental Health Professionals
Subd. 49. **Community health worker.** (a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:

(1) received a certificate from the Minnesota State Colleges and Universities System approved community health worker curriculum; or

(2) at least five years of supervised experience with an enrolled physician, registered nurse, advanced practice registered nurse, or dentist, or at least five years of supervised experience by a certified public health nurse operating under the direct authority of an enrolled unit of government.

Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment.

(b) Community health workers must work under the supervision of a medical assistance enrolled physician, registered nurse, advanced practice registered nurse, or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.

(c) Care coordination and patient education services covered under this subdivision include, but are not limited to, services relating to oral health and dental care.
Covered Services

- Signed diagnosis-related order for patient education in patient record
- Face-to-face services
- Standardized education curriculum consistent with established or recognized health or dental care standards
- Document all services provided
Provider Types Authorized to Bill for CHW Services

Advanced Practice Nurse
Clinics
Critical Access Hospital
Dentists
Family Planning Agency
Tribal Health Facility
Hospitals
Indian Health Services Facility
Mental Health Professionals
Physicians
Public Health Clinic Nurse
Billing Guidelines

• Bill electronically

• Use one of three procedure codes for self-management education & training, both individual and group

• Bill in 30 minute units; limit 4 units per 24 hours; no more than 8 units per calendar month per client

• Enter appropriate diagnosis
Documentation Requirements

- Physician order for services signed by MHCP-enrolled physician, dentist, advance practice nurse or public health nurse. The billing and order providers may be different.

- Include date of service, start and end time, whether service was group or individual and if group, number of patients present, summary of session content and CHW signature and printed name.
Rates per 30 minute unit

- 1 client: $18.59
- 2-4 clients: $9.07
- 5-8 clients: $6.65
CHWs in Rural, Frontier & Tribal Communities

- CHW-type roles have deep roots in many rural, frontier, border and tribal communities
- Adding or linking CHWs to health teams can help address health occupations workforce shortages in rural communities
- Greater Minnesota’s twin demographic trends—an increasing aged and more diverse population—point to the benefits of CHW strategies
Selected Models & Examples

- Community Health Representative (CHR) workforce in tribal communities
  http://www.ihs.gov/nonmedicalprograms/chr/

- Promotora programs serving Latino communities and migrant/seasonal workers
  http://www.nmsu.edu/~bec/bien/consumer_pages/programs-promotoras-guide%5B1%5D.pdf

- Pathways Model/Community HUB
  http://www.ahrq.gov/research/jun11/0611RA1.htm
Where CHWs can make a difference in rural Minnesota communities

- Primary care and Health Care Home clinics
- Accountable Care Organizations
- Local Public Health
- Community Mental Health Centers
- Dental access and dental preventive care
- Healthy housing
- School-based clinics
Potential Starting-points to Introduce CHW Strategies

Appropriate use of health services:
- Prevent unnecessary hospital readmissions
- Prevent unnecessary use of the emergency room and linking patients to primary care medical home
- Navigate the complicated health care system

Accessing needed services:
- Getting regular prenatal care, promoting breastfeeding and increasing immunization rates & well child visits
- Referrals for SNAP, food shelf, heating assistance, affordable housing, and social services
Starting points, continued

Preventing and managing chronic illness

- Increase rate of cancer screenings
- Improve asthma reduction and control
- Manage diabetes
- Promote cardiovascular risk reduction
- Address medication compliance
- Teach self-care
Getting Started:
HRSA Toolbox

- Job focus and interface
- Recruitment, training and supervision
- Interprofessional education
- Funding/Sustainability
- Metrics and evaluation

CHWs Evidence-based Models Toolbox. HRSA Office of Rural Health. 2011
Trends that Impact Future CHW Employment and Funding

- Move from volume-oriented payment to pay for performance and outcomes

- Workforce needs related to expanded coverage

- Demographic shifts with aging baby boomers and growth in populations of color
Trends Continued...

- Growing body of outcome-based studies that point to effectiveness of CHW strategies to reduce health disparities and improve cultural competence

- Focus on team-based, patient-centered care and shift from more expensive institutional settings to home and community-based settings

- Interest in integrative care that emphasizes prevention, whole person approaches and incorporates a variety of modalities
Conclusion

CHWs are an integral part of the solution to the challenges facing our health care system—including those unique to rural communities—related to outcomes, cost, population health, geography, workforce size & diversity and equity.
Selected Resources


Q & A and Discussion

- Where could CHWs make a difference in your community to help achieve the Triple Aim—better health, better care and lower costs?
- What information or assistance would be helpful to introducing the CHW role to your community?
For more information:

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Thank you!