Community Health Workers and Primary Care Plus (PCPlus) Webinar

October 29, 2021

Agenda

- What is a Community Health Worker?
- How does the Community Health Worker role connect to Primary Care Plus?
- Overview of the Environmental Scan
- Questions

What is a Community Health Worker (CHW)?

- A trained and trusted public health worker who is respected by the people they serve and applies their unique understanding of the experience, socio-economic needs, language and/or culture of communities to:
  - Act as a bridge between providers and individuals to promote health, reduce disparities, and improve service delivery.
  - Advocate for individual and community needs.[1]
- American Public Health Association CHW Member Section
- Bureau Labor Statistics Occupational Code: 21-1094

[1] Maine CDC Division of Prevention and John Snow Inc. (2017) Maine State Innovation Model Grant Community Health Workers Pilot & National Diabetes Prevention Program Evaluation Report. Page 141

How are CHWs different from other professionals?

- CHWs are distinguished from other health professionals because they:
  - Are hired primarily for their understanding of the populations and communities they serve.
  - Conduct outreach a significant portion of the time.
  - Have experience in providing services in community settings.

- CHWs possess inherent qualities[2]
  - Relationship with the community
  - Desire to help the community
  - Empathy
  - Persistence
  - Creativity and resourcefulness
  - Personal strength and courage
  - Respectfulness

[2] Rosenthal, E. Lee, Noelle Wiggins, J. Nell Brownstein et al. "Summary of the National Health Advisor Study: Weaving the Future." University of Arizona, 1998. Page 6. Retrieved from: https://crh.arizona.edu/publications/studies-reports/cha

Titles within the CHW umbrella

- Examples of alternative titles include:
  - Community Services Specialists
  - Community Resource Specialists
  - Parent Community Specialists
  - Peer Navigators
  - Patient Navigators
  - Community Health Outreach Workers (CHOW)
  - Promotores de Salud
  - Community Health Representatives (CHR)
  - Community Health Advisors (CHA)
- CHWs may overlap but also can be different from:
  - Peer Recovery Coaches
  - Peer Support Specialists
  - Certified Medical Interpreters

Community Health Worker Roles

The Community Health Worker Core Consensus (C3) Project:[3]

1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research

[3] The CHW Core Consensus (C3) Project Texas Tech University Health Sciences Centers. C3 Project Findings: Roles & Competencies. 2018. Retrieved from: https://www.c3project.org/roles-competencies

CHW Training Options

- Medical Care Development (MCD) CHW Online Training Program:
  - Chronic Conditions Self Paced Modules
  - Core Skills Training Pilot
- Center for Health Impact:
  - Successful Supervision with CHWs
- Penn Center for Community Health Workers:
  - Individualized Management for Patient-Centered Targets (IMPaCT)
- Maine Center for Disease Control:
  - Implementing Team Based Care for Chronic Disease - Tier I

➢ CHW certification does not yet exist in Maine

Setting

- CHWs in Maine work in diverse settings:
  - 1.1 Community Based & Community Focused CHW
  - 1.2 Community Based & Clinically Focused CHW (outreach)
  - 2.0 Patient Centered & Community Responsive Model
  - 3.1 Clinically Based & Community Focused CHW (in reach)
  - 3.2 Clinically Based & Clinically Focused CHW[4]
- CHWs bridge both clinical and community perspectives and can adapt to the priorities of an organization or community

[4] The CHW Core Consensus (C3) Project Texas Tech University Health Sciences Center. A Report of the C3 Project: Phase 1 & 2 Leaning Together Towards the Sky. 2018. Retrieved from: https://www.c3project.org/resources

Evidence Base

- The Community Prevention Services Task Force recommends engaging CHWs in these interventions:[5]
  - Screening for breast, cervical, and colorectal cancer
  - Cardiovascular disease prevention
  - Diabetes prevention
  - Diabetes management
- Systemic reviews have also demonstrated that CHW interventions are effective in mental health[6] and chronic disease management[7]

[5] Community Prevention Services Task Force. Recommendations for Interventions Engaging Community Health Workers. March 2020. Retrieved from: https://www.thecommunityguide.org/content/community-health-workers

[6] Weaver A, Lapidos A. Mental Health Interventions with Community Health Workers in the United States: A Systematic Review. J Health Care Poor Underserved. 2018. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/29503292/

[7] Kim K, Choi JS, Choi E, Nieman CL, Joo JH, Lin FR, Gitlin LN, Han HR. Effects of Community-Based Health Worker Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations: A Systematic Review. Am J Public Health. 2016. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/26890177/

Evidence Base

- CHW interventions have been found to generate a positive return on investment when they target Medicaid populations[8]
- A meta-analysis prepared for the Center for Medicare & Medicaid Innovation found that out of six innovation components only those using CHWs lowered cost ($138 per beneficiary per quarter)[9]

[8] Association of State & Territorial Health Officials. Community Health Workers: Evidence of their Effectiveness. 2020 March. Retrieved from: https://www.astho.org/Community-Health-Workers/

[9] Centers for Medicaid & Medicare Services, Centers for Medicare & Medicaid Innovation. Healthcare Innovation Awards Meta-Analysis and Evaluators Collaborative, Third Annual Report. 2018, Feb. Retrieved from: https://downloads.cms.gov/files/cmmi/hcia-metaanalysisthirdannualrpt.pdf

Evidence Base

- Maine CDC funded four CHW pilot projects between 2014-2016 as part of the State Innovation Model Project
- Within the pilots, CHWs demonstrated they were able to:[10]
  - Improve patient satisfaction and outcomes
  - Increase enrollment and coverage
  - Reduce cost-of-care
  - Avoid late-stage diagnoses
  - Reduce preventable hospitalization and ED usage
  - Decrease missed visit rates
  - Avoid medication errors

[10] Maine CDC Division of Prevention and John Snow Inc. (2017) Maine State Innovation Model Grant Community Health Workers Pilot & National Diabetes Prevention Program Evaluation Report. Page 80

Examples in Maine: Community Based Organization

- CHWs at New Mainer's Public Health Initiative
  - Serve immigrants and refugees in Androscoggin County in 8 languages
  - Engage patients in community settings
  - Focus on nutrition, housing, lead poisoning, health literacy, and intellectual disabilities
  - Support patient access to health care, Maine Care, community resources, health information, and navigating school resources
  - Participate in Strengthen ME: provide emotional support, stress management, and referrals to address unmet and emergent needs
  - Support COVID19 testing and vaccination in community settings.

Examples in Maine: Federally Qualified Health Center

- CHWs at Maine Mobile Health Program
  - Serve migrant and seasonal workers in agriculture and seafood processing
  - Conduct outreach and register patients in community settings
  - Assess needs and connect patients to sliding scale care at mobile clinics and contracted clinical sites
  - Address barriers to care by providing care coordination, health education, transportation, and interpretation
  - Assist with enrollment or referrals for health coverage, prescription access, nutritional assistance, behavioral health, educational supports, and legal counsel
  - Support patient engagement in self motoring blood pressure program

Examples in Maine: Healthcare System

- CHWs at Peter Alfond Prevention and Healthy Living Center within MaineGeneral Health
  - Use IMPaCT (Individualized Management of Patient Centered Targets)
  - Work with patients diagnosed with chronic health conditions, publicly insured or uninsured, and from zip codes with lower socio-economic or education status.
  - Identify patients through registries or health system referrals
  - Work in primary care setting and communicate directly with care team
  - Work with patients on a long-term health goal for six months
  - Address the social determinants of health through connections with community resources and social supports.
  - Past interventions focused on colorectal cancer screening, food insecurity, oral health, and lung cancer screening.

Questions?

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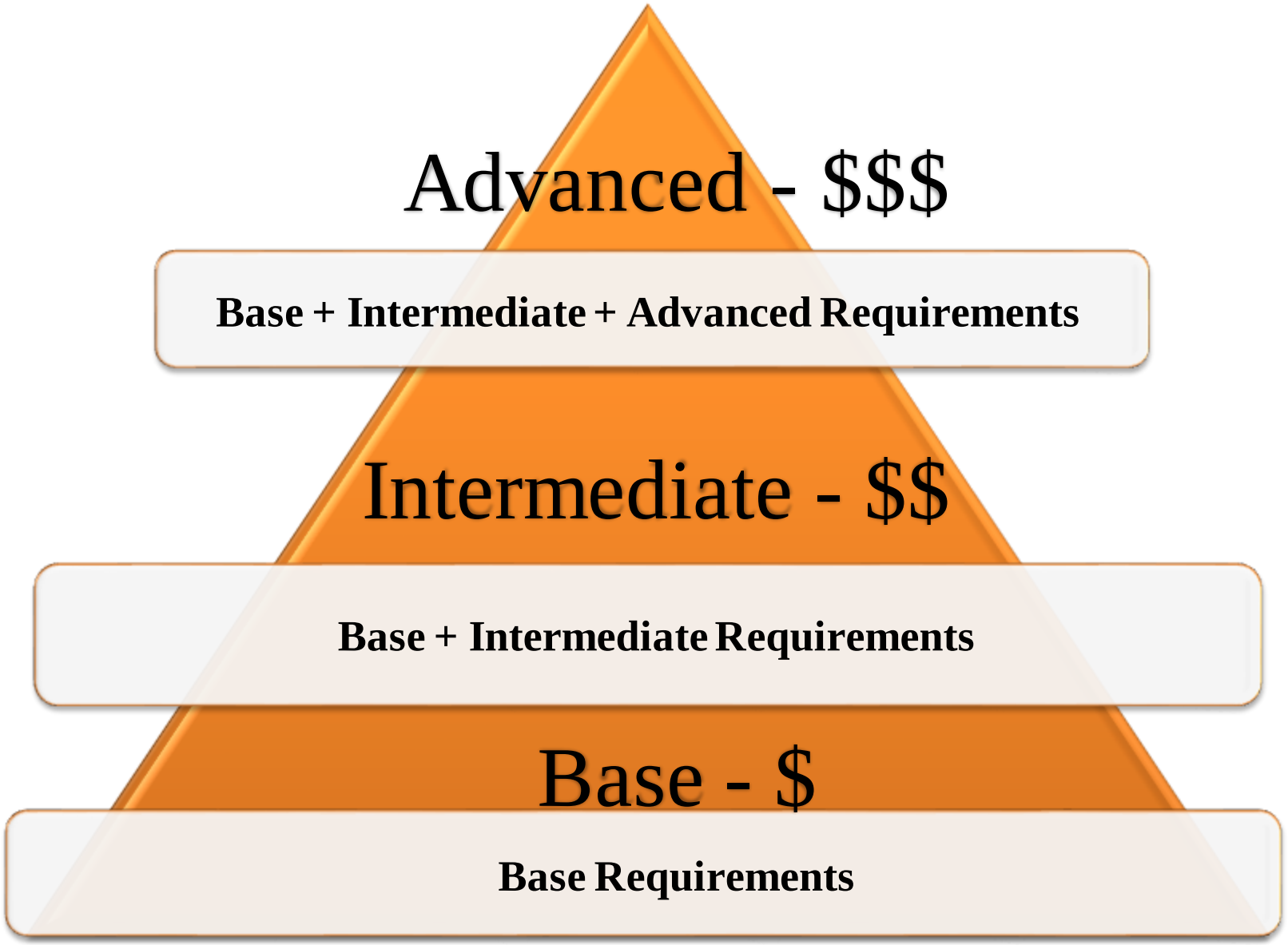
PCPlus Practice Levels



Primary Care Practice Levels

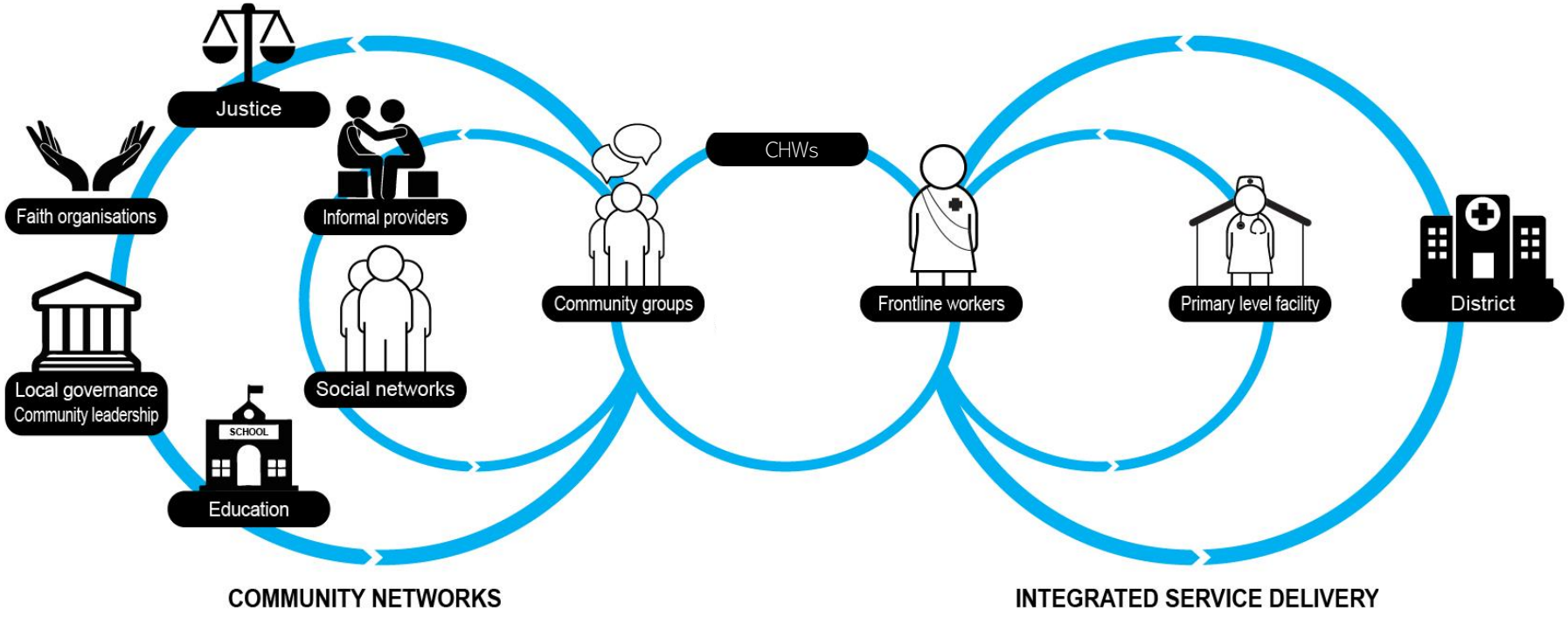
Base Level	Intermediate	Advanced
• Has 24/7 coverage, including access to records • Has a certified Electronic Health Record • Participates in technical assistance	**Tier 1 AND** • PCMH accreditation or is a Primary Care First participating practice • HealthInfoNet connection • Collects and track social health needs • Holds a practice agreement with at least one Behavioral Health Home • Refers to a Community Care Team • Offers telehealth • Offers MAT services or has a cooperative referral and co-management process with an MAT provider • Includes MaineCare members and/or their families as advisors in practice improvement efforts • Offers community-based community health worker services directly or through partnerships (e.g. CBOs)	**Tier 2 AND** • Bi-directional HIN connection with data elements that would allow for clinical quality measurement • Participates in MaineCare's AC program • Has a Joint Care Management and Population Health Strategy with AC and any contracted CCT

PCPlus Requirements and CHW

- Goal is to build a sustainable CHW workforce, especially through partnerships with community-based organizations.
    - Year 1 of PC Plus requires an "environmental scan" to get these partnerships started.
    - Year 2 CHW services are offered directly or through partnerships

- CHW services are included as part of the rate for the Intermediate level and Advanced levels

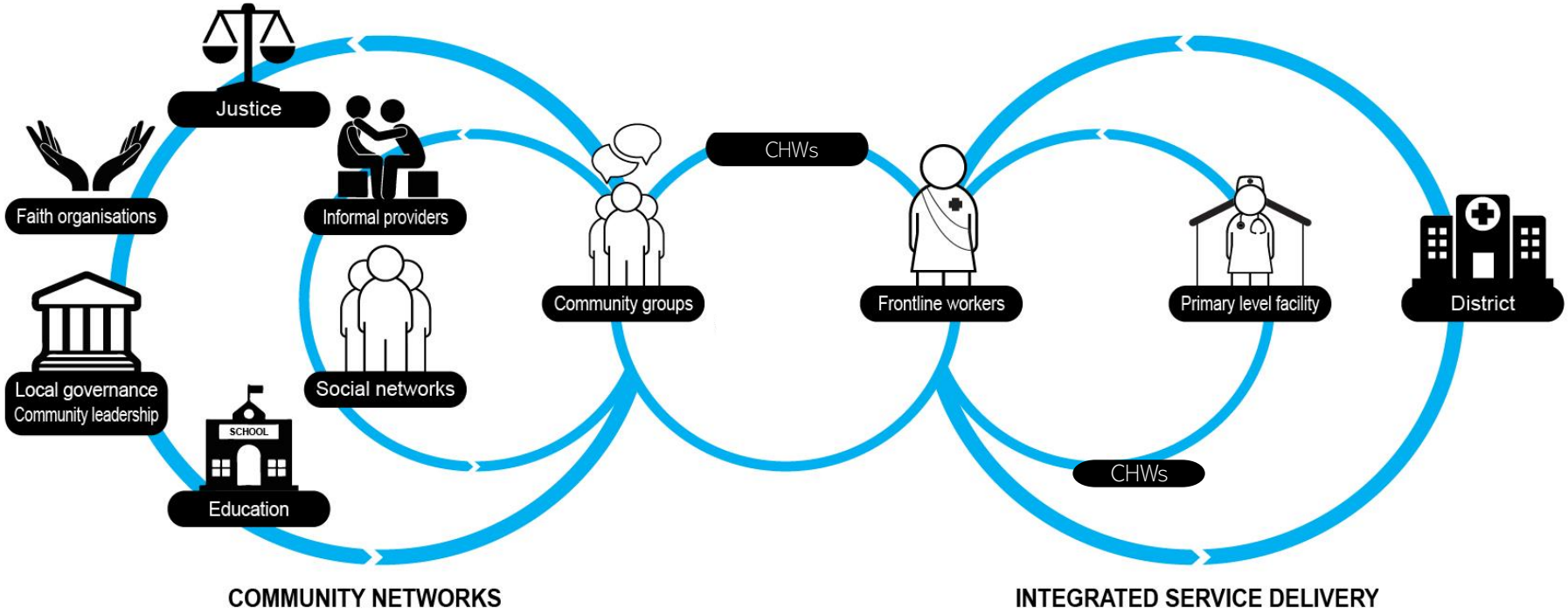
Sustainable CHW Workforce



CHW conceptual model adapted from Source

Sustainable CHW Workforce

We encourage making partnerships with community-based organizations



CHW Services Environmental Scan

- Recommended for all practices, but *required* for Intermediate and Advanced Level practices

- The Scan has four parts:
  1. Practice information
  2. Information about your practice population
  3. Description of CHW services you offer (if any)
  4. Description of nearby Community Based Organizations (CBOs) or other entities that offer CHW services

Environmental Scan

What to expect:

1. Practice information
   - Name and NPI+3
2. Information about your population
   - Race, ethnicity, age, primary languages spoken, disease types, etc.
3. Description of CHW services you offer (if any)
4. Description of nearby CBOs or other entities that offer CHW services
   - Existing partnerships with organizations offering CHW services?

Next Steps

Environmental Scan template available

- Mid-December
- The template is intended as a guide and is *not* required to begin or complete your scan

Scan Due Date :

- If you have already completed the pre-application:
  - The environment scan can be submitted with formal application materials in early 2022 (date to be determined)

- If you do not complete the pre-application:
  - You will still have an opportunity to apply during the formal application period that will be opening soon. The Scan can be completed as part of this application

Questions?

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