Connecticut Health
FOUNDATION
Changing Systems, Improving Lives.

POLICY
Brief

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HIGHLIGHTS

- **CHWs engage patients in their communities, extending health care beyond the clinic walls.**
- **Research shows that CHWs can improve health outcomes and contain costs.**
- **CHWs can help clinical practices meet new quality standards and earn higher payments from health plans.**
- **New federal rules make it easier for state Medicaid programs to pay for CHW services.**
- **Connecticut can enact legislation to develop a credentialing process for CHWs and integrate CHWs into the state health care workforce.**
- **Integrating CHWs into Connecticut's delivery and payment systems will improve sustainability for their vital services.**

Tomorrow's Health Care System Needs Community Health Workers: A Policy Agenda for Connecticut

WHY DOES CONNECTICUT NEED COMMUNITY HEALTH WORKERS?

Health care providers are under increased pressure to meet ambitious quality of care standards, such as providing recommended preventive screenings while reducing the need for expensive emergency department visits.

Physicians know that when they talk to their patients about health measures, such as diabetes management, asthma care, or improved diet, some patients follow the prescribed regimen exactly, while others do not. Physicians often feel frustrated that they cannot influence their patients' actions once patients leave the office.

To meet the new quality standards, providers must find new, low-cost ways to reach out to patients. Community health workers (CHWs) can help clinicians fill the gap between current practice and new expectations. CHWs can help improve health outcomes and contain costs.

Community health workers can help clinicians fill the gap between current practice and new expectations.

Research on CHWs has highlighted a number of programs in which CHWs have been effective in improving patients' health and health care by reducing health disparities, expanding access to coverage and care, improving quality outcomes, and increasing health care cultural and linguistic competency.

WHO EXACTLY IS A COMMUNITY HEALTH WORKER?

CHWs are public health workers who are trusted members of the communities they serve. CHWs typically share ethnicity, culture, language, socioeconomic status, and life experiences with community members. Because they understand the context of patients' lives—where they come from, how they do things, what their families and friends expect, what foods they cook—CHWs can coach a patient to implement care recommendations, such as diet, exercise, medications, and asthma-sensitive cleaning strategies, that are manageable and that fit their lifestyles.

Although CHWs are not required to have a college or an advanced degree and do not deliver medical care, their in-depth knowledge about their communities enables them to connect patients with health and community services. CHWs are able to bring their unique, firsthand knowledge of their culture into the community settings and into the patient's home. They culturally and linguistically understand what motivates the patient.

CHWs help patients take control of their health by

- **providing culturally and linguistically appropriate health education and information;**
- **providing informal counseling, social support, care coordination, and health screenings;**
- **assisting patients with chronic condition self-management;**
- **coaching patients to follow through with smoking cessation, exercise, diet, and health screenings;**
- **conducting home visits to assess health risks;**
- **ensuring that people receive the services they need; and**
- **advocating for individual and community needs.**[1,2]

WHAT ARE CHW EMPLOYMENT MODELS?

Health care providers can employ CHWs directly or contract for CHW services. For example, Baystate High Street Medical Center in Springfield, Massachusetts, contracts CHW services through Springfield Partners for Community Action. Springfield Partners employs CHWs from several ethnic and linguistic communities. The Baystate High Street interdisciplinary care team, which includes doctors, nurses, and a dietician, identifies patients with poorly controlled conditions who would benefit from CHW services. The CHW provides the service, which is overseen by a supervisor. The CHW reports back to the team on the outcome.[3]

HOW CAN COMMUNITY HEALTH WORKERS IMPROVE HEALTH OUTCOMES?

Research on CHWs has highlighted a number of programs in which CHWs have been effective in improving patients' health and health care by reducing health disparities, expanding access to coverage and care, improving quality outcomes, and increasing health care cultural and linguistic competency.

CHW programs that include some key components have been shown to be very effective, while programs lacking those components are less effective.

The Institute for Clinical and Economic Review (ICER), on behalf of the New England Comparative Effectiveness Public Advisory Council (CEPAC), reviewed US studies published from 1980 to 2008 and measured CHWs' effectiveness in helping patients manage chronic conditions. ICER cited studies that showed positive effects of well-designed CHW involvement in diabetes management, asthma control and improved activity levels, blood pressure, dietary habits, and follow-up care for individuals with cardiovascular disease and hypertension.[4]

ADDING VALUE, EXTENDING HEALTH CARE'S REACH – CONNECTICUT CHILDREN'S MEDICAL CENTER: The Children's Center for Community Research (C3R) received grant funding to add home visits and monthly telephone calls provided by CHWs to its Steps to Growing Up Healthy childhood obesity prevention study. The goal of the study was to develop a brief, evidence-based approach to obesity prevention that providers could use with children age 2-4 to encourage adoption of healthy eating and exercise. C3R hypothesized that it could more effectively prevent obesity and enhance health with Hartford's Latino and African-American families when CHWs followed-up monthly with mothers. This created regular community-based, culturally and linguistically tailored opportunities to reinforce messages and extend care provided in the pediatrician's office.

CEPAC concluded that certain CHW interventions provide "reasonable value" or "high value," that is, improved cost-efficient patient outcomes in state Medicaid programs and Accountable Care Organizations (ACOs). CEPAC identified four program components that likely contribute to improved health outcomes:

1. **The CHW has received at least 40 hours of training.**
2. **The CHW visits a patient's home or environment.**
3. **The CHW has in-person interaction with a patient for at least 60 minutes.**
4. **The CHW shares a community, ethnicity, or health condition with a patient.**[5]

Another comprehensive literature review examined 43 studies from 14 countries, including 24 studies from the United States, through 2002. A number of CHW interventions (called "lay health workers" in this study) showed promising benefits in increasing immunizations in children and adults, in breast-feeding success, and in pulmonary tuberculosis cure rates. Other interventions studied did not result in clinically significant improvements, however. These findings highlighted the need for best-practice program designs.[6]

HOW CAN COMMUNITY HEALTH WORKERS HELP PRACTICES SUCCEED IN TOMORROW'S HEALTH CARE SYSTEM?

CHWs can help a clinical practice meet new practice requirements and earn higher payments from health plans. These higher payments can cover the cost of the CHW intervention and other services.

Across the country, insurers and employers have been moving away from the traditional fee-for-service payment system to new value-based purchasing: paying for services in a way that rewards health care providers for delivering better care at lower cost.

Traditionally, commercial health insurers, Medicare, and Medicaid have paid hospitals, doctors, and other health care providers a fee for every service rendered. For example, a physician may receive high fees for treating complications from poorly controlled diabetes, such as kidney disease and nerve damage, but may not be able to bill for services designed to help patients manage their diabetes. This payment system rewards health care providers for providing *more services* but not necessarily for providing *better care*.

Under alternative payment methods, however, health care providers receive the highest payment for meeting the highest standards for quality care. For example, a practice may receive a standard payment for each patient with diabetes. That standard payment amount might be higher if a greater number of these patients have well-controlled diabetes. These payment methods aim to hold health care providers accountable for providing high quality care while containing costs.

CHWs' interventions help patients to understand and to adhere to physicians' instructions following a doctor visit. CHWs' efforts can help a practice meet quality standards and earn higher payments from health plans. The practice can then use the higher payments to cover the cost of CHW services and other interventions.

HOW CAN CONNECTICUT MEDICAID SUPPORT COMMUNITY HEALTH WORKERS?

Many of the people who would benefit most from CHW services are covered through HUSKY, the Connecticut Medicaid program. Medicaid could provide sustainable funding for CHW services through an alternative payment system. Or it could provide funding through its existing administrative and payment structure. A recent change in federal rules makes it easier for state Medicaid programs to pay fee-for-service for CHW services.

In July 2013, the federal Centers for Medicare and Medicaid Services (CMS) adopted a change in the federal regulation (42 CFR 440.130(c)) governing the set of services for which state Medicaid programs can pay. Previously, Medicaid programs could pay for preventive services that were *provided* by a physician or other clinician. The rule change allows Medicaid programs to pay for preventive services *recommended* by a physician or other clinician.

This rule change gives state Medicaid programs an opportunity to pay directly for CHWs to provide preventive services. CMS has said that it does not plan to issue additional guidance about this rule change; rather, it is looking to states to design Medicaid State Plans in compliance with the rule.

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To fund CHW services, Connecticut's Medicaid State Plan would need to be amended to include:

- **the preventive services for which the state Medicaid program will pay (including any quality standards and documentation requirements);**
- **who can provide these services (including required training/education, experience, credentialing/registration, and supervision);**
- **which patients can receive these services;**
- **the conditions under which the services can be provided;**
- **how the services will be "recommended" by a clinician and reported back to the referring clinician;**
- **who can bill for these services; and**
- **what method and rate Medicaid will use to pay for services.**

Medicaid programs in Minnesota and in Pennsylvania support CHW services directly, while those in a number of other states make monthly payments to clinical practices to cover CHWs and other services.[8] Connecticut Medicaid could propose to pay primary care practices an hourly rate for CHW services provided to patients with poorly controlled chronic conditions.

Historically, CHWs have faced sustainability challenges that come with being mostly grant-funded. Integrating CHWs into Connecticut's delivery and payment systems will help ensure long-term viability.

WHAT ELSE CAN CONNECTICUT DO TO SUPPORT COMMUNITY HEALTH WORKERS?

The Connecticut General Assembly could enact legislation to establish a CHW certification process and integrate CHWs seamlessly into the health care workforce, providing a state mandate for and building on the plan established in Connecticut's State Innovation Model (SIM) Test grant. In December 2014, CMS awarded Connecticut a $45 million SIM grant to transform the state's health care delivery system. This grant earmarked almost $1 million over four years to develop a CHW workforce, including funding to: "conduct [a] workforce needs assessment; develop training curriculum and certification program; develop [a] placement and community college partnership program; evaluate [this] program; develop sustainability models; and facilitate stakeholder meetings/annual conference."[9]

Ten states have established a certification process to formalize CHW knowledge and skills and to increase recognition of the CHW workforce.[10] Health care providers are more likely to hire certified CHWs, and Medicaid programs and private health insurers are more likely to approve payments for services provided by certified CHWs.

An effective CHW certification process should not bar low-income and non-English-speaking community members. These individuals may be best suited to work within a community. Many states are considering a voluntary certification program, and several have certification exceptions that allow current CHWs to count experience toward training requirements.

State legislatures have taken actions to promote CHWs. For example, in 1999, Texas became the first state to adopt legislation that requires state health and human services agencies to use CHWs (or *promotores de salud*) and charged the state Medicaid agency with exploring sustainable funding for CHWs.

FACILITATING HIGH TOUCH CARE – PROJECT ACCESS OF NEW HAVEN: Patient navigators working with Project Access–New Haven, a nonprofit dedicated to connecting underserved community members with urgent medical needs with donated specialty care, have reduced the rate of no-show medical appointments from 34 percent to 3 percent. Navigators help address barriers such as language and access to transportation and assist patients in navigating the health care system. As a result of this "high touch" care and navigation, Project Access patients have reported improved health, quality of life, and access to care when surveyed one year after enrollment.

Project Access–New Haven, http://pa-nh.org/; Connecticut Hospitals annual report, http://pa-nh.org/wp-content/uploads/2014/05/CHA-Annual-Report.pdf

Additional legislation included developing and implementing training and certification programs.[11] A 2012 agency report to the legislature featured a survey of entities that employed CHWs or potentially could employ CHWs. Respondents supported maintaining and even expanding CHW services. The report also recommended considering other states' Medicaid models, amending the state uniform managed care contract to include CHWs, integrating CHWs into Patient Centered Medical Home interdisciplinary care teams, and explore including CHWs in the state's Medicaid 1115 waiver.[12]

The Oregon legislature began integrating CHWs into primary care practice in 2008 through the development of a statewide network in conjunction with the Northwest Regional Primary Care Association. In 2011, Oregon enacted two laws. One required the Oregon Health Authority to explore methods of improving birth outcomes among women of color. The second established coordinated care organizations (CCOs) for enhanced focus on prevention, reducing disparities, and improving health equity for recipients of medical assistance. This law also required that women have access to personal health navigators and qualified CHWs.[13]

CONCLUSION: A CHW POLICY AGENDA FOR CONNECTICUT

CHWs can offer a bridge from the doctor's office to the communities they serve. CHWs can also help patients access appropriate health care services, navigate the health care system, and adhere to prescribed health care regimens. By filling gaps in the health care system, CHWs can help health care providers to achieve better health outcomes at an efficient cost.

CONNECTICUT CAN TAKE THESE KEY STEPS TO CULTIVATE A ROBUST CHW WORKFORCE:

1. Enact legislation establishing a process for certifying CHWs, along with training and experience requirements, to document CHWs' skills for potential employers and insurers.
2. Implement the state's SIM plan to establish training programs for CHWs and CHW supervisors to improve and standardize knowledge and skills.
3. Add CHW services to the set of Medicaid-covered services and establish a Medicaid payment rate to provide sustainable funding for these cost-effective services.
4. Provide training programs for health care providers on how they can use CHWs to help achieve practice transformation goals.
5. Establish a CHW task force to promote and coordinate this agenda.

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