

STATE OF CONNETICUT
State Innovation Model
Community Health Worker Advisory Committee
Certification Design Group
Meeting Summary
Thursday, December 15, 2016
3:00 pm – 4:00 pm

Location: webinar

Members on the Phone: Michael Corjulo, Grace Damio, Tiffany Donelson, Loretta Ebron, Liza Estevez, Milagrosa Seguinot

Other Participants: Tekisha Everette, Faina Dookh , Meredith Ferraro, Maggie Litwin, Katharine London, Jenna Lupi, Mark Schaefer, William Tootle, Stanley Zazula

1. Call to Order and Introductions

The meeting was called to order at 3:06 pm.

2. Public Comments

No public comments were submitted.

3. CHW Certification—Review and Discussion

Jenna Lupi explained that the purpose of the call was to take a step back and talk about the goals of the CHW initiative in general and how certification relates to those goals so as to better prepare the committee to make a decision about certification. The reason why the format of the meeting was changed from an in-person meeting to a webinar was to answer some of the questions about and clear up some of the confusion around the certification model she had proposed at the last meeting of the certification design group on 11/30/16.

Ms. Lupi reviewed highlights from the last meeting (11/30/16), which included various pros and cons of DPH involvement in certification, issues related to other potential certifying entities, and points about funding, community college degree programs, and CHW empowerment. She then restated the certification model that she had proposed at the end of the last meeting:

- Designate the CHW Association of CT (CHWACT), which is now a section of the CT Public Health Association, as the certifying entity for CHW training programs. They would only review training programs (at, for example, AHECs and the community colleges).
- CHWACT would adopt training-program requirements as determined by the recommendations of the CHW Advisory Committee in collaboration with a CHWACT board.
- CHWACT would review training programs against the adopted requirements every two years.
- CHWs who completed training programs approved by CHWACT would be considered Certified CHWs.
- Certification would be based solely on having completed a CHWACT-approved training program. There would be no individual review of CHWs applying for certification and no additional steps to take for certification.

Tiffany Donelson asked if those completing community college CHW programs already receive some type of certificate and whether those programs have not already been coordinated with AHEC. It was not clear to her exactly what Ms. Lupi's model was proposing that CHWACT do versus what is already being done. Meredith Ferraro explained that Southwestern AHEC helped coordinate bringing the community colleges together to develop their curriculum and provided advice about content. The three community colleges got together because they had DOL grants and wanted to have a consistent curriculum. They developed a 120-hour didactic curriculum with a 40-50 hour internship component. Graduates of the program are eligible for 4 college credits at Charter Oak State College. SWAHEC has done parallel trainings and would like to combine them with what the community colleges are doing and have a unified curriculum. Loretta Ebron added that she, Milagrosa Seguinot, and another CHW helped evaluate the community colleges' CHW curriculum in 2014 and noted that Housatonic Community College awards a certificate verifying that students have completed the required coursework and internship hours.

Ms. Lupi posed the question of what the goals of the CHW Initiative are and how certification can impact them. She said that two overarching objectives seem to come out of each committee meeting—namely, achieving **stature** for the CHW profession and ensuring **sustainable funding** for CHWs—and that these relate to the overall objective of fully integrating CHWs as valuable members of the care team in a sustainable way. For the objective of achieving stature, she reviewed current issues facing CHWs, desired outcomes, and steps that can be taken to achieve those outcomes. She then asked if members could identify additional ways to achieve stature and how certification might play a role in them.

Ms. Ferraro noted that an additional issue facing CHWs is that there are so many different names in use and that many don't even realize they are doing the work of a CHW. Like employers, they too need to be educated. Michael Corjulo agreed. Faina Dookh observed that stature can be seen from two different perspectives, that is, from the point of view of CHWs and how they see themselves and from the point of view of non-CHWs. Ms. Lupi asked how certification would help raise the stature of CHWs within the CHW community itself.

Ms. Donelson expressed concern about discussing stature only in terms of recognition or raised consciousness because it leaves out the equally critical piece of sustainable funding. Ms. Lupi used that to transition to the next slide, which was about sustainable funding. She reviewed how CHWs are paid now, what options are available for sustainable funding, and some of the potential ways to enable sustainable funding. She asked how certification might support the enabling activities that she enumerated and posed the question of whether certification would lead to more employers hiring CHWs, which is the overall goal of the CHW Initiative. She added: Why aren't payers currently funding CHWs? Why aren't employers currently staffing CHWs?

Ms. Seguinot asked if anyone has talked to payers about all of these issues. Ms. Lupi said not specifically because SIM's position is that if CCIP demonstrates cost savings through CHWs at the practice/employer level, that will persuade payers to support utilization of CHWs. Ms. Ferraro relayed that Bruce Gould's and her discussions with payers indicate that they want to see some kind of credential, which they call certification, before they will consider paying for CHWs. Ms. Donelson agreed. She has had similar conversations with payers, who say they are looking for certification. This is why she keeps bringing up the idea of certification through sustainable funding. She noted that a United Healthcare executive on the Connecticut Health Foundation's board said they are paying for CHWs in certain states. Ms. Lupi thought that was interesting because SIM's discussions with states that have done certification indicate that they have not been able to get commercial payers to cover CHWs. SIM is cautious about spending a

lot of time and effort developing a system of certification if it is not going to result in sustainable payment.

Ms. Lupi described various organizations that it will be important to talk to in order to inform the committee's decision-making about certification and asked who else, besides the payers that were previously mentioned, should be consulted. Mr. Corjulo asked if anyone has talked to organizations to find out if they are using CHWs but calling them something else, what it would take for them to employ CHWs, how they are using CHWs, etc. Ms. Ferraro mentioned the results of some of SWAHEC's previous surveys and noted that Yale students will be helping SWAHEC conduct non-SIM-funded focus groups with employers in the spring.

Mark Schaefer said he was not optimistic that the group would be able to engage payers. Ms. Donelson restated what she had said earlier about United's paying for CHWs in certain states and added that she wondered if payers might need a code that would allow CHWs to bill for their time as part of the care team.

Ms. Lupi responded affirmatively to Mark Schaefer's question about whether the design group was proposing to talk to payers, to which he replied that he thought there was zero chance of engaging them on the issue of fee-for-service payment for CHWs. Medicaid has already made it clear that in the current budget environment there is no consideration for fee-for-service. He noted that healthcare costs are rising and suggested that the return-on-investment argument for CHWs is less powerful and substantial than it is for, say, care coordination for super high-risk patients. Since employers are not interested in anything that doesn't have an immediate return on investment, he did not understand why the committee was not thinking of CHWs as members of the primary care team—whether community or clinic placed—in the same way that registered nurses (RNs) and medical assistants (MAs) are. He said both RNs and MAs are integral to primary care teams today. And both have some sort of credential, but neither one has fee-for-service to make them viable members of the primary care team.

Ms. Dookh suggested that since the link between certification and fee-for-service reimbursement may not be as strong as once imagined (because of, for example, the current budget environment and evidence from other states), it might be best to pursue multiple options simultaneously (alternative payment models, engaging employers to see if they could fund CHWs as part of the care team, etc.). There are many options, but certification would enable only a small portion of them. Dr. Schaefer affirmed his support for exploring various sustainable-financing models but emphasized that he thinks pursuing fee-for-service would not be productive. If the committee decides to engage payers, he recommended being careful and reasonable about what it asks them to do. Ms. Lupi confirmed that the committee had ruled out fee-for-service solutions and asked Ms. Donelson if the payers she had spoken to had indicated a willingness to consider non-fee-for-service options.

Ms. Donelson said that part of what the committee is trying to do is assure that CHWs are a respected, integral part of the healthcare-delivery team. And it has discussed the need for certification as part of that recognition and the need to develop a pathway to certification, possibly through legislation. But she expressed concern that the conversation sounded as if it was heading in a different direction that would not produce what people outside the committee had been telling her they need from it. She asked Tekisha Everette if she could describe what she would need from the committee.

Dr. Everette agreed that the committee seems to be going in a new direction. The high-level goal to her is making CHWs a viable and trusted ally on the care team, which recalls the history of CNAs in the US.

Before 1987, there were no CNAs, but after that there was a federal move to make them a trained, evaluated, and certified part of the care team. She said she thinks some level of certification will be required to get employers involved in hiring and paying for CHWs. Payers and employers need to know what they are getting when they hire or pay for someone. She thinks the reason that employers and payers are not involved yet is because the CHW workforce is not well understood and employers and payers don't know what they are getting. She said she was hoping to pursue some form of legislation in 2017 and after some summary comments from Ms. Lupi, added that there is not a certified health profession in the state that is not certified by DPH. The question she posed, then, was: If Connecticut moves forward with a model of certification that does not go through DPH, will CHWs be respected and trusted? DPH's role, as she understands it, is to certify against standards that are given to them. She said one of the questions is whether the committee can come up with those standards and how it is going to do that. DPH doesn't create the standards. She expressed a willingness to support a non-DPH certifying entity if it could provide CHWs with the same kind of trust and respect that DPH could.

Ms Dookh pointed out the costs (state appropriations, fees for CHWs) associated with having DPH as the certifying entity and asked whether other options might get the committee to the same desired outcome. Ms. Donelson agreed with the importance of cost-benefit analyses (and pointed out that Katharine London is in the process of doing a CHW-ROI study for Connecticut), but expressed concern about being in a situation in five years where CHWs are still not respected and integrated into care teams. Ms. Lupi said she understood and appreciated that, affirming that SIM wants to move forward with something and not remain under the status quo, which is not achieving what everyone wants, which is fully integrated CHWs that are respected. She added that if the committee is going to put something forward for the upcoming legislative session, that will need to happen soon.

4. Wrap Up and Next Steps

Ms. Lupi said SIM and the CHW Initiative will process the results of the discussion and begin interviewing key informants to inform the process of moving forward. Ms. Seguinot recommended surveying CHWs across the state to find out if they want certification. She said they have told her they would like a survey. Ms. Lupi acknowledged that that would complement the proposed focus group with CHWs. Mr. Corjulo relayed that he appreciated having Dr. Schaefer available to share his views.

5. Adjourn

The meeting adjourned at 4:20 pm.