



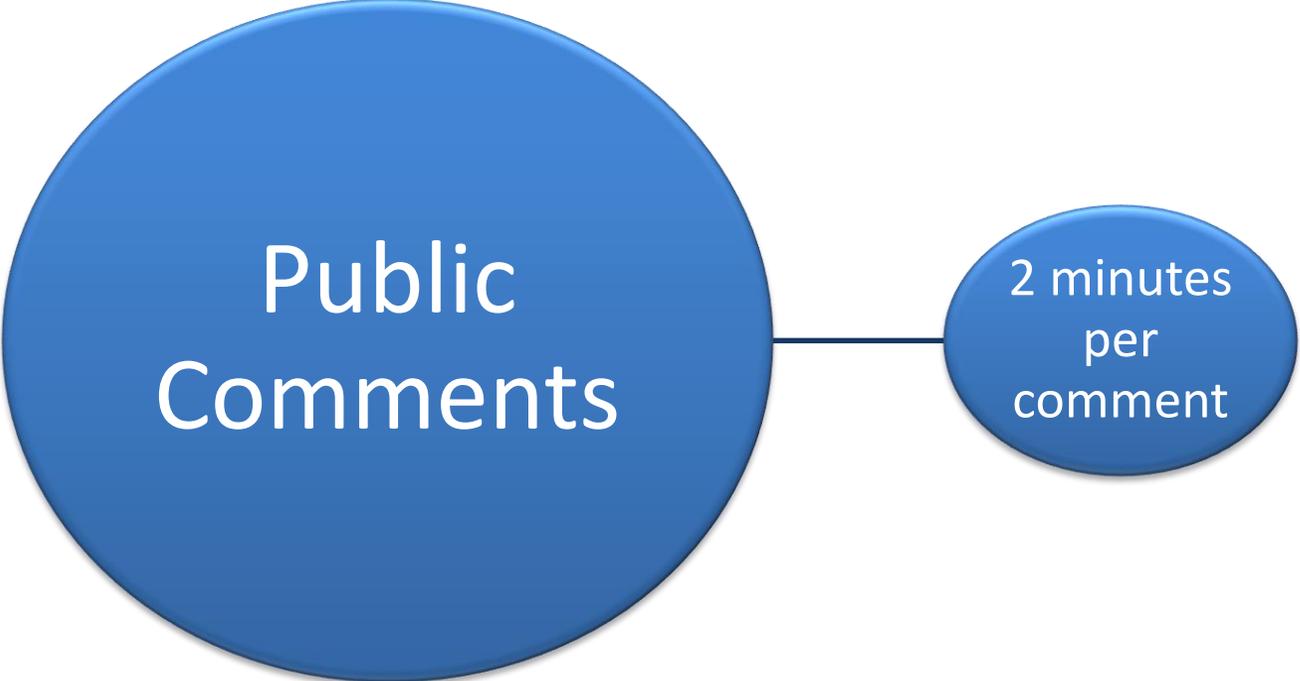
Community Health Worker Advisory Committee

November 17, 2016

Meeting Agenda

Item	Allotted Time
1. Call to order and Introductions	5 min
2. Public Comments	10 min
3. Approval of the Minutes	5 min
4. CHW Certification- Review and Design Group Plan	15 min
5. Community & Clinical Integration Program Review	30 min
6. CCIP & CHWs Discussion	50 min
8. Wrap Up and Next Steps	5 min
9. Adjourn	

Call to Order



CHW Certification- Review & Design Group Plan

CHW Certification- Review

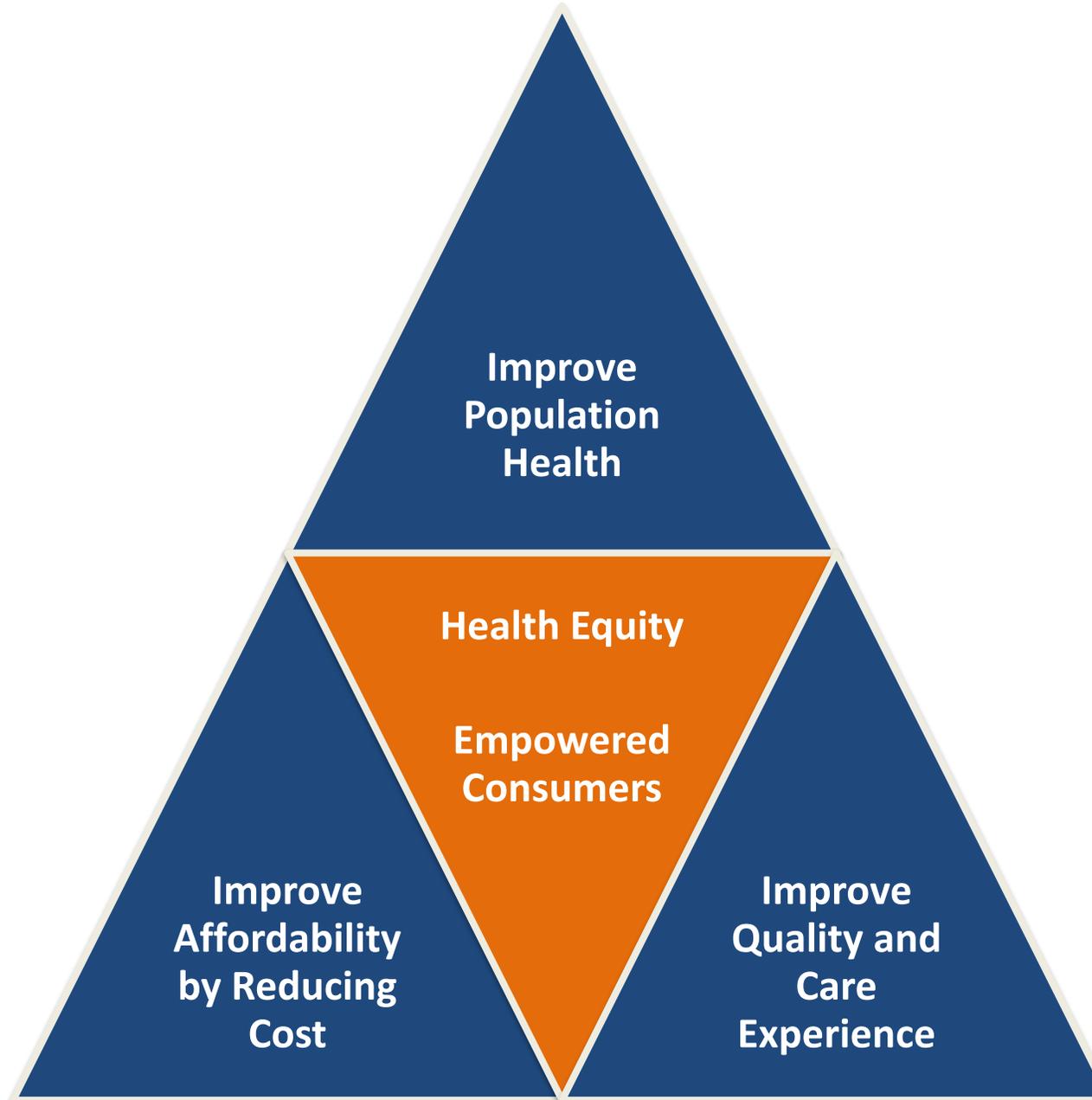
- There are many categories of Certification that can be considered, each with pros and cons and various levels of cost
- Statutory recognition was identified as an option to identify CHWs without an associated administrative cost or complicated certification pathway
- There was general consensus on the Committee that the purpose of CHW certification should be to provide CHWs with a professional feeling and respect
- There were concerns from the Committee that disciplinary action for CHWs at the state level would not be ideal and could be damaging to CHWs
- There were concerns from the Committee that some forms of Certification could impact access for CHWs (i.e. because of cost)

CHW Certification- Review

- It was noted that CHWs need to look like other healthcare professionals in order to be integrated into the healthcare system. For example, a CPR-like certification may not be enough
- CHWs are an asset to the healthcare team, but the Committee noted the importance of reserving the role of CHWs outside of the healthcare setting in any type of Certification
- While many states are pursuing certification, some states feel that CHW skills do not require regulation

CCIP Review

Community Clinical Integration Program



CT SIM: Primary Drivers to Achieve Aims (How are we going to get there?)

WHAT CHANGES ARE NEEDED TO REACH THE AIMS?



Population Health



Payment Reform



Transform Care Delivery



Empower Consumers

Health Information Technology

Evaluation

GOALS?
HOW DO WE REACH THEM?

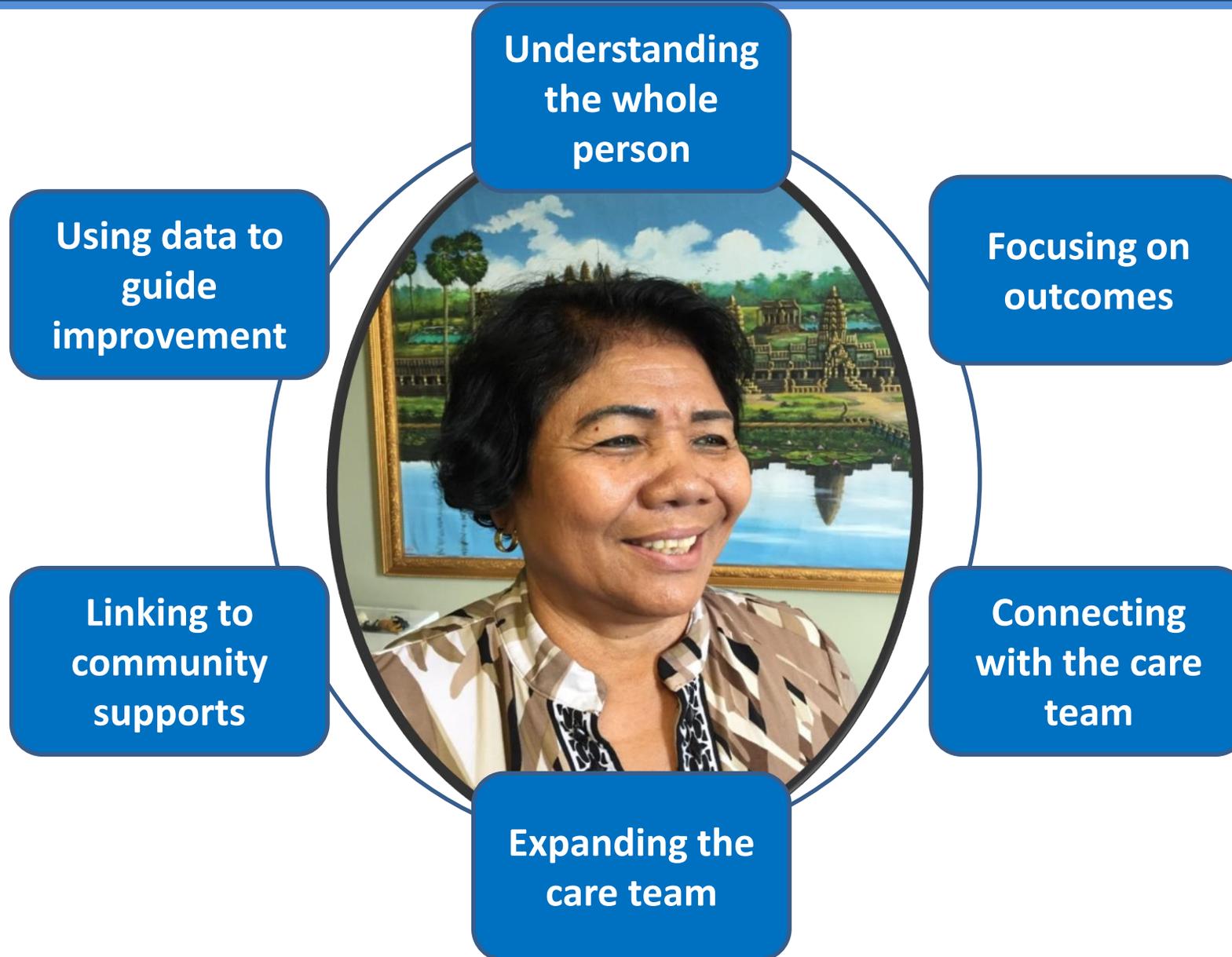


The Role of CHWs in CCIP



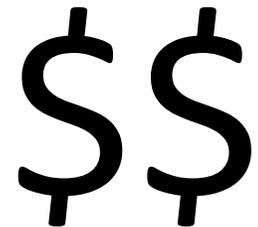
- Bridge social, cultural, and health literacy gaps
- Health coaching/education
- Patient navigation
- Advocacy
- Behavioral Health perspective
- Linkage to community resources and supports
- Care Coordination
- Support care team in executing and monitoring care plan

What are the CHWs doing in CCIP?



What does CCIP mean for CHWs?

- **CCIP requires that CHWs be integrated into care teams to achieve the standards**
- Participating entities may not have any experience with CHWs on their care teams
- It is critical that we support the Participating Entities to be successful in integrating CHWs
- **Successful Integration can demonstrate how effective CHWs can be at improving care, achieving outcomes, and strengthening the care team**



Glossary:

- Population Health
- Payment Reform
- Transform Care Delivery
- Health Information Technology
- Standards
- Integrated Teams
- Practice Entities
- Community Health Collaboratives

CCIP Care Teams will Strive to Create this Integrated Model



Comprehensive Care Management

Comprehensive care team, Community Health Worker, Community linkages



Health Equity Improvement

Analyze gaps & implement custom intervention  CHW & culturally tuned materials



Behavioral Health Integration

Network wide screening tools, assessment, linkage, follow-up

Community Health Collaboratives

Oral health Integration

E-Consult

Comprehensive Medication Management

Key Elements of Comprehensive Care Management in CCIP

Identify and Assess

Plan and Execute

Monitor and Evaluate



Identify Individual with complex health care needs



Conduct Person-Centered **Assessment**



CHWs



Develop Individualized **Care Plan**



Establish Comprehensive **Care Team**



Execute and monitor individualized care plan



CHWs



Identify patient readiness to **transition** to self-directed care maintenance and primary care team support

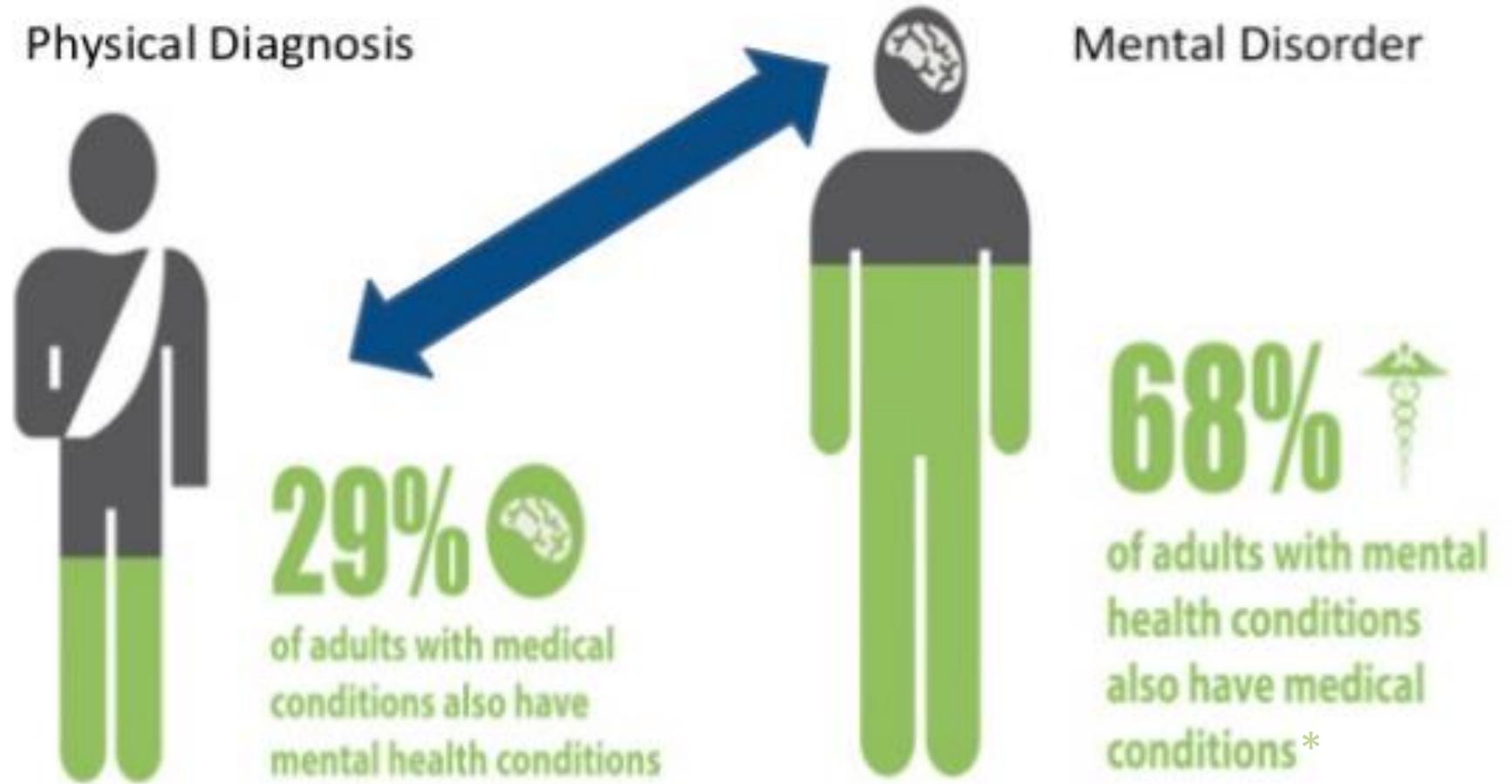


Monitor individuals to reconnect to comprehensive care team when needed



Evaluate and improve intervention

CCIP Standards: Why Behavioral Health Integration?



Combined Physical & Behavioral Health Needs

Under-diagnosis

Across the top 9 chronic conditions, including Arthritis, Asthma, and Diabetes, depression goes undiagnosed **85%** of the time**

Source: *Druss, B.G., and Walker, E.R. (February 2011). Mental Disorders and Medical Comorbidity. Research Synthesis Report No. 21. Princeton, NJ: The Robert Wood Johnson Foundation
**<http://www.ncbi.nlm.nih.gov/>

Key Elements of Behavioral Health Integration in CCIP

Identify

Serve

Evaluate



Identify individuals with behavioral health needs



Integrated (on-site) brief assessment and treatment

or

Behavioral health referral and treatment



Behavioral health coordination with primary care source of referral



Track behavioral health outcomes/improvement for identified individuals



CHWs

CHWs can play a role in behavioral health need identification and referrals as part of the care team

Health Equity Improvement in CCIP:

Assess and Plan

Implement

Monitor



Create a more culturally and linguistically sensitive environment



Establish a CHW capability



CHWs



Identify individuals who will benefit from **CHW** support



Conduct a person-centered **needs assessment**



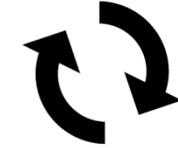
Create a person-centered self-care **management plan**



Execute and monitor the person-centered self-care management plan

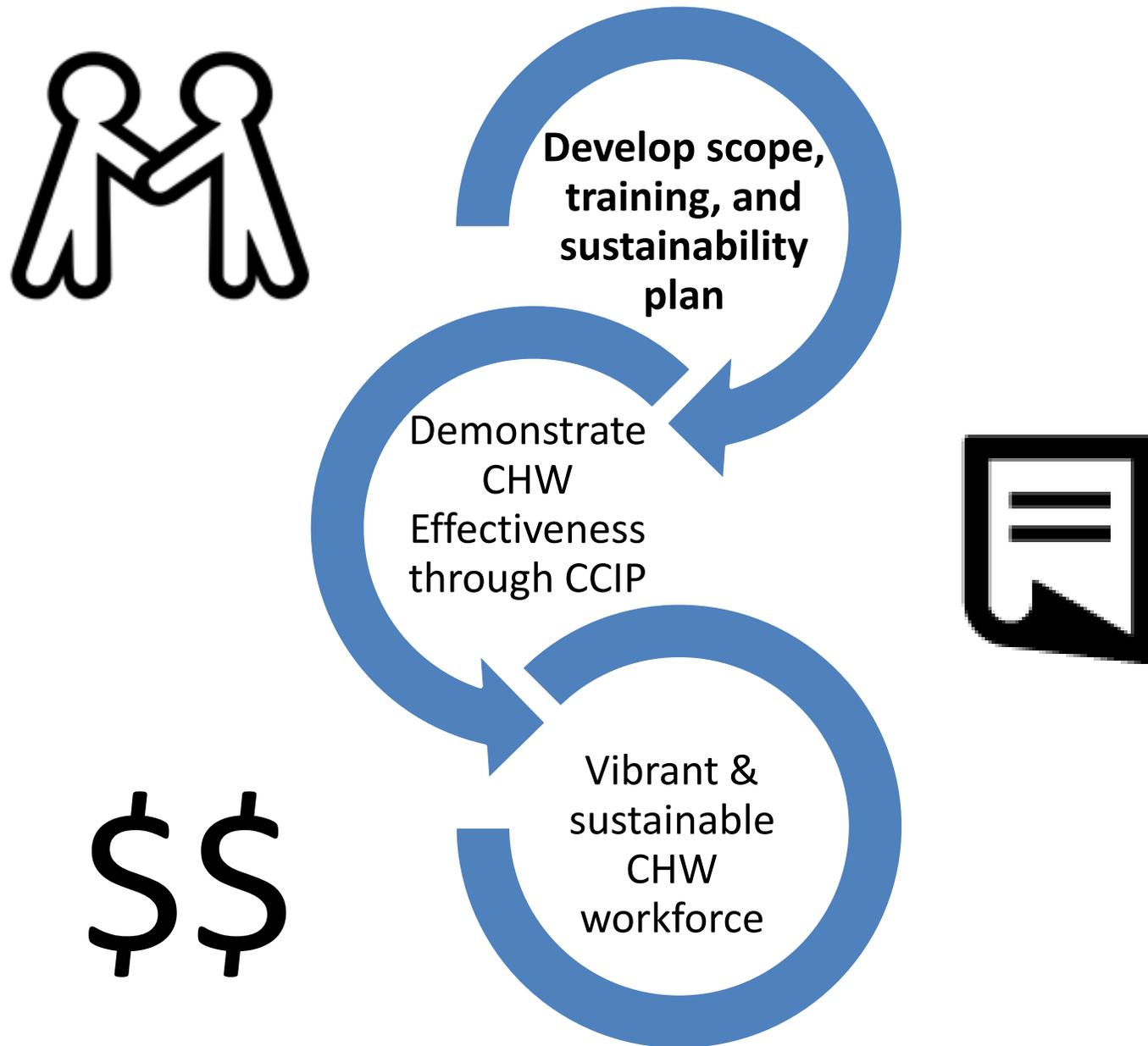


CHWs



Identify a process to determine when an individual is ready to transition to self-directed care maintenance

The SIM Goal: Fully Integrate CHWs as part of the Care Team



CCIP Discussion

- What do you think about the CCIP model for integrating CHWs into care teams?
- Do you have experience working on or with an integrated care team that included CHWs, similar to the model envisioned under CCIP?
 - What was your experience?
 - What made it successful?
 - What challenges needed to be overcome?
 - What lessons did you learn?
 - Do you have helpful materials you can share?

ICER recommendations developed by the Institute for Clinical and Economic Review (ICER) and approved by the New England Comparative Effectiveness Public Advisory Committee (CEPAC) July 2013

- **Recruitment:** Employers should seek CHWs from the community they will serve. Consider partnering with community-based organizations such as local aid groups and religious or cultural organizations to identify candidates.
- **Care Team Integration:** There must be a clear plan for the integration of CHWs into the health care team that includes role definition of all team members, allows CHWs to participate in creation of the care plan, and provides the power necessary for CHWs to marshal care team resources as needed for the patient.

See more detail in ICER report beginning p.46

<https://icer-review.org/wp-content/uploads/2016/01/CHW-Final-Report-07-26-MASTER.pdf>

ICER recommendations continued

- **Pairing Community Health Workers with Individual Patients:** CHWs must gain the respect of the community by demonstrating an understanding of the patient's cultural and socioeconomic environment. While CHWs should possess certain core competencies that make them effective with a wide range of patients, it is ideal to pair CHWS with patients based on shared life experiences.
- **Interaction with Patients:** The structure of the interaction of CHWs with their patients should include: 1) Significant, extended face-time with patients, and often, families; 2) Individual visits in the home or clinic; and 3) Active engagement with patients to plan for future care.

- Do the Best Practices recommendations cover the right categories of information?
- What's missing?
- What is most important to get right?
- Do you have additional suggestions?
- Do you have materials you can share?

What are some key considerations for the PEs as they develop their transformation plans to include CHWs?

- Identifying Practice Entities needs for CHW
 - the community to be served
 - Job Description Development
 - Candidate Search
- Interview/ Hiring Process
 - Assessing CHW's connection to the community
 - Onboarding/ Orientation

CHW Qualities – C3

NCHAS	New York
<p>Connected to the community (a community member or possess- ing shared experience with community members)</p>	<p>Connected to Community</p> <ul style="list-style-type: none"> • Community member OR having a close understanding of the community they serve • Shared life experiences • Desire to help the community
<p>Strong and courageous (healthy self-esteem and the ability to remain calm in the face of harassment)</p>	<p>Mature</p> <ul style="list-style-type: none"> • Courageous • Prudent • Temperate • Wise
<p>Friendly/outgoing/sociable</p>	<p>Friendly, Outgoing, Sociable</p> <ul style="list-style-type: none"> • Gracious • Pleasant • Responsive • Welcoming
<p>Patient</p>	<p>Patient [contained in list below]</p>
<p>Open-minded/non-judgmental</p>	<p>Open-minded/Non-judgmental--Relativistic, Non-dualistic</p> <ul style="list-style-type: none"> • Unbiased • Flexible • Tolerant
<ul style="list-style-type: none"> • Motivated and capable of self-directed work • Caring • Empathetic • Committed/dedicated • Respectful 	

CHW Qualities – C3 (con't)

NCHAS	New York
Honest	Honest, Respectful, [Patient] <ul style="list-style-type: none"> • Sincere • Candid • Polite • Courteous
Open/eager to grow/change/learn	
Dependable/responsible/reliable	Dependable, Responsible, Reliable <ul style="list-style-type: none"> • Trustworthy • Loyal • Motivated and capable of self-directed work • Committed/dedicated
Compassionate	Empathic, Caring, Compassionate <ul style="list-style-type: none"> • Kind • Gentle • Considerate • Sensitive
<ul style="list-style-type: none"> • Flexible/adaptable • Desires to help the community • Persistent • Creative/resourceful 	Persistent, Creative, and Resourceful <ul style="list-style-type: none"> • Determined • Imaginative • Ingenious

What are some key considerations for the PEs as they develop their transformation plans to include CHWs?

- CHW as part of the Care Team
 - Ongoing training
 - Peer-to-Peer Learning
 - Supervision Style
 - Health Care Team Coordination
 - Using a workforce analysis to determine CHW ratio to patient panel
- Evaluation: Assessing CHW Impact and ROI

Hiring the Right CHW

- What are important components of CHW job descriptions?
- How should the job description describe the community to be served?
- How can we ensure that the best candidates are considered?
- What are some key questions for effective interviews? Are there particular interviewing techniques we should consider?
- In a clinical setting, what are critical components of an onboarding process?
- What orientation materials can we collect, develop, and provide?
- In your experience, what has been missing in onboarding/orientation for CHWs?

Training

- How can we connect CHWs to ongoing training? What types of training are best?
- Share some examples of effective peer-to-peer learning experiences you have had. How were they delivered? Who participated?
- Share some examples of ineffective training or peer-to-peer learning experiences.

Supervision

- How can we best support the supervisor-CHW relationships?
- What types of supervisor training are best?
- Share some examples of helpful supervisory practices. Share some examples of supervisory practices that were not helpful in allowing CHWs to effectively serve their clients or communities.

Integration into Care Teams

- What types of exercises can we recommend for the healthcare teams as they learn to work together? Have you engaged in effective practices to increase the communication between the health care team?

Next Steps

Adjourn