Community Health Workforce in Virginia: A Critical Link to Reducing Costs and Improving Quality and Population Health

Joint Commission on Health Care

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Who We Are

- An independent non-profit resource that builds partnerships across sectors and cultivates innovative solutions to improve health and well-being for all people and communities throughout VA, DC and MD.

- Facilitate Cross Sector Partnerships
- Training, Technical Assistance, and Capacity Support
- Support Effective Public Policy
- Design, Implement, and Evaluate Innovative Public Health Strategies
What is a Community Health Worker?
What is Distinctive About Community Health Workers?

✓ Do not provide clinical care
✓ Generally do not hold a professional license
✓ Expertise is based on *shared life experience* (and often culture and community) with people served
✓ Rely on relationships and trust more than on clinical expertise
✓ Relate to community members as peers rather than purely as clients or patients
✓ Can achieve certain results that other professionals cannot

Acknowledgement: Carl Rush, Community Resources LLC
Why Community Health Workers?

Why Now?

- Recognition of CHWs as an official job classification by the Department of Labor in 2010
- Medicaid rule change opens door for Medicaid financing of CHWs
- Trends toward Patient-Centered Medical Homes, Accountable Care Organizations, and value-based financing
- Emerging evidence base demonstrating significant Return on Investment (ROI) – average of about 3:1
- Increased recognition of the evidence base related to improved health outcomes
Evidence of CHW Effectiveness
Aim: To reduce inappropriate ED utilization and costs among high utilizers at VCU’s Medical Center

- Enrolled 37 patients in the intervention group (57% female)
  - Mean age 50 years
  - 100% African American
  - 73% unemployed

- ED visits from baseline to follow-up decreased by 15.4% for the intervention group and 7.4% for the comparison group.

- Not statistically significant
GWU/IPHI Care Transitions Project - Outcomes

Chronic Heart Failure 30-Day Readmission Rates, – Overall Historical vs. Pre- and Post-Enrollment

Overall Historical 30-day Readmit Rate (2011-2014) 23%
Prior to Enrollment (n=73) 18%
Post Intervention (n=73) 11%
Eastern Virginia Care Transitions Partnership
Led by Bay Aging

Baseline Readmission: 23.9%
Target Group Readmission: 7.9%

$9,600 saved per prevented readmission
$17 million reduction in total readmission costs
Building a Quality CHW Workforce in Virginia
CHW History in Virginia

- 2006 Final JMU study report titled Status, Impact and Utilization of CHWs.
- 2012 VDH gathers key stakeholders to continue CHW discussion
- 2014 CHW Advisory Group and CHW Association founded
- 2015 SIM Grant Awarded and Consultant hired by IPHI
- 2015 Statewide CHW forum held in Fredericksburg
- 2016 Establishment of VA CHW Policy Committee
CHW Advisory Group Membership

- American Cancer Society
- Bon Secours
- Cancer Action Coalition of VA
- Capital Area Health Network
- Chesterfield Health District
- Crater Health District
- Crossover Ministry
- Dept. of Aging
- DMAS
- Fan Free Clinic
- Free Medical Clinic of Northern Shenandoah Valley, Inc.
- George Mason University
- Gilpin Ct. Resource Ctr.
- George Washington University
- Healthy Roanoke Valley
- Henrico Health District
- INOVIA
- IPHI
- J. Sargeant Reynolds Community College
- James Madison University
- Lord Fairfax Health District
- Martinsville-Henry County Coalition for Health
- Northern Neck Health Coalition
- Northern VA Community College
- Prince William Health District
- Peninsula Health District
- Portsmouth Health District
- Richmond City Health District
- Southern VA Higher Education Ctr.
- Thomas Jefferson Health District
- Three Rivers Health District
- Virginia Beach Health District
- Virginia Commonwealth University
- Virginia Community College System
- Virginia Community Healthcare Assoc.
- Virginia Dept. of Health
- Virginia Health Quality Center
- Virginia Oral Health Coalition
- United Way of Roanoke Valley
- University of Virginia
- Virginia Department of Health
Work of VA CHW Advisory Group

Quality CHW Workforce:
- CHW Definition
- Scope of Practice
- Core Competencies
- Training and Certification

Integration of CHWs into Health Workforce:
- Pilot Projects
- Model Development
- Technical Assistance

Sustainability of the Workforce:
- Data Collection
- Educating Stakeholders
- Legislative and Organizational Policy
- Financing Strategies
VA CHW Scope of Practice

Role 1: Community Mobilization and Outreach
Role 2: Health Promotion and Coaching
Role 3: Service System Access and Navigation
Role 4: Care Coordination/Management
Role 5: Community-Based Support
Role 6: Participatory Research
VA CHW Core Competencies

#1: Communication Skills

#2: Cultural Humility and Responsiveness

#3: Knowledge Based Skills

#4: Service Coordination and System Navigation Skills

#5: Health Promotion and Disease Prevention

#6: Advocacy and Outreach Skills

# 7: Professionalism
Next Steps for CHW Workforce Development

- Adopt training and certification guidelines for CHWs
- Determine oversight for assuring implementation of guidelines
- Raise awareness among and engage key health system and legislative partners
- Identify sustainable payment systems for CHWs
Potential Legislative Issues

- Official recognition of the CHW Advisory Group
- State Plan Amendment
- Defining CHWs in the Code
- Identification of a certifying entity in the Code
Contact Information

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IPHI’s Role Creating Sustainable CHW Models

- CHW workforce and integrated care team training

Developing Adapting Implementing Evaluating

CHW program models across the region to create best practices for the region.

- Creating partnerships with CBOs, medical providers, and Medicaid MCOs to test CHWs as a business strategy

- Facilitate state-level CHW policy development

- 400+ CHWs trained
- 30+ CHW employees
- 40+ CHW jobs created
- Thousands enrolled in CHW services across our region
“A Community Health Worker applies his or her unique understanding of the experience, language and culture of the populations he or she serves to promote healthy living and to help people take greater control over their health and their lives. CHWs are trained to work in a variety of community settings, partnering in the delivery of health and human services to carry out one or more of the following roles:— Providing culturally appropriate health education and information— Linking people to the services they need— Providing direct services, including informal counseling & social support— Advocating for individual and community needs, including identification of gaps and existing strengths and actively building individual and community capacity.”

(Interim Report: The Status, Impact, and Utilization of Community Health Workers, James Madison University, 2005)
Washington AIDS Partnership/IPHI Positive Pathways Project - Outcomes

Change in CD4 and Viral Load for Positive Pathways Clients Enrollment to 12 months (CD4 n=192; VL n=189)

Data analysis provided by Johns Hopkins Bloomberg School of Public Health as part of AIDS United A2C national evaluation.

Numbers in parenthesis are standard deviations.
*denotes significance at the 0.05 level; ***denotes significance at the 0.001 level
Test of Significance is compared to enrollment.
AmeriHealth Caritas DC and CHWs

✓ 2011: Through a partnership with AmeriHealth DC, IPHI placed 2 CHWs focused on linkage to care for persons living with HIV.
  ✓ CHWs were funded by grant funds

✓ 2014: Amerihealth DC began to support the HIV project through its own funding.

✓ 2016: IPHI’s grant ended, however Amerihealth DC continued to fund the CHW project for HIV linkage to care.

✓ 2016: Amerihealth DC also contracted with IPHI to hire three additional CHWs and 1 CHW supervisor for the purposes of reducing ED/ER re-admission.

✓ CHWs facilitate education and linkage to medical homes and other social services for Amerihealth DC members recently admitted to the ER.
The use of CHWs as an extension of the Care Management team offers addresses two critical challenges:

1) the ability to reach difficult to reach members by engaging with them in person and, at a place of their choosing. This has yielded results superior to phone and mail.

2) the ability to truly engage the member by first building a trusting relationship on which a health and wellness conversation is more likely to flourish.

The use of this model was beneficial in widening the view of the care managers regarding effective engagement and the value of using non-clinical peers to augment care management approaches.

Members report a high level of satisfaction with having the level of support received from CHWs to address psychosocial issues that pose a barrier to treatment engagement.