WELCOME to the

Roles of Community Health Workers and Support Specialists during COVID-19 ECHO

Session will start in less than 15 minutes
New Hampshire Community Health Worker Coalition

Community Health Workers:
- Reduce Costs
- Improve Care
- Advance Quality throughout New Hampshire.

Join us today!
NHCHW.org

www.surveymonkey.com/r/JoinNHCHWCoalition
Certification Subcommittee

Goal: To explore certification options in NH and educate CHWs and stakeholders on the different possible paths and models for certification. To facilitate discussion amongst CHWs and a variety of stakeholders to determine if certification is right for NH.

• Met twice
• Roughly 14 members, both Northern and Southern AHECs, CHWs & stakeholders from member organizations
• Has identified processes from several other states and discussed pros & cons of each
• If interested in joining, email Carolyn Nicoli at cnicoli@nchcnh.org or Nancy Collins at nancy.j.collins@centene.org
NH Financing Strategies for CHWs

May 25, 2020 / D-H CHW ECHO
Trinidad Tellez, MD, Director, Office of Health Equity, NH DHHS & NH CHW ASTHO Learning Community Team Captain

Adapted from May 15, 2019 and November 5, 2019 ASTHO Learning Community Presentations
Lessons Learned: Important State Assets to Move Financing Forward

- Appreciation for many ways to finance CHWs; often many strategies already in action
- State CHW Leadership
- Expertise from other states, national – can be helpful
- Leadership buy-in takes relationship building (public health, health systems, MCOs, quality directors, Medicaid, legislators)

- Build strategy – is there more opportunity from one angle than another?
Lessons Learned: Important State Assets to Move Financing Forward – Share the evidence!

Share evidence on the effectiveness and value of CHWs (e.g., CMMI study, Penn Center for CHWs, and others show reduced ED admissions, chronic disease management)


"Of six types of innovation components that we evaluated (i.e., used health IT, used community health workers, medical home intervention, focus on behavioral health, used telemedicine, workflow/process redesign intervention), only innovations using community health workers (CHWs) were found to lower total costs (by $138 per beneficiary per quarter).”

Clinicians also reported spending between 30-50% less time arranging and coordinating social services and referrals.

CHW Financing Opportunities: Multiple Potential Strategies

- Provider-funded through Core Operating Budget/Community Benefit
- Managed Care Contracts
- Medicaid Fee Schedule
- Alternative Payment Methods and Accountable Care Organizations
- State Plan Amendment

Adapted from NH State Team Call on CHW Financing, May 15, 2019
CHW Financing Opportunities: Multiple Potential Strategies

Provider-funded through Core Operating Budget/Community Benefit

Managed Care Contracts

Medicaid Fee Schedule

Managed Care

CHW Financing Opportunities: A “Both/And” Approach

Sustainable CHW financing: A “Both/And” Approach

- A robust financing system for CHWs will require a collection of approaches, rather than a “silver bullet”
- Medicaid and insurance uptake does NOT have to be a prerequisite to encourage adoption of CHWs into delivery systems

State Plan Amendment

Adapted from NH State Team Call on CHW Financing, May 15, 2019
Grant funding for CHWs

**HOW:** Grant funds (e.g., CDC 1815 funds, HRSA, state grants, or through philanthropy funded projects) are used to pay CHW salaries or contracted positions.

**BENEFIT:**
- Widespread use, including in New Hampshire.
- Can be used to support CHW positions in full (versus reimbursement for specific services).

**DRAWBACK:**
- May not be consistently funded year-to-year.

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1. **Catholic Medical Center:** Breast and Cervical Cancer Program outreach
2. **Dartmouth-Hitchcock Medical Center:** Population Health Workers and Community Health Resource Specialists through a mix of funds, including a state young adult grant.
3. **Lamprey Health Care:** Community outreach, population management, and health education classes in part through grants.
4. **Manchester Community Health Center:** Prenatal SUD CHW through One2One grant.
5. **DPHS:** CHW coalition support, Asthma Program, Breast and Cervical Cancer Screening Program, WIC peer support workers, Infectious Disease care coordinators, Early Hearting Detection and Intervention program follow-up coordinator, Primary Care Homeless Program
6. **DHHS Human Services & Behavioral Health:** Pro Health NH Program through SAMHSA grant.
7. **Northern NH AHEC:** CHW program provides acre coordination through a HRSA grant.
8. **Southern NH AHEC:** CHW in interpretation and cultural competency, program coordination.
Provider-Funded through Core Operating Budget or Community Benefit Dollars

**HOW:** Commonly begins with pilot or demonstration (often financed with grant or employer community benefits funding).
- Involves a cost/benefit analysis, including ROI calculation.
- Positive financial and other outcomes lead to decision to include CHW positions in budget in ongoing basis.
- Decision and procedures internal to employer.

**BENEFIT:** Built-in evidence and recognition of financial and other value of CHWs to employers and patients. CHWs can provide a broad range of services.

**DRAWBACK:** Employers not paid by insurers (CHWs not direct source of income); however, there can be savings in integrated care systems from reduced emergency room use, reduced inpatient hospitalizations, reduced readmissions, etc.

1. **Dartmouth-Hitchcock Medical Center:** Population Health Workers and Community Health Resource Specialists through a mix of funds, including internal innovation fund and community benefit investments.
2. **Lamprey Health Care:** In-office patient/provider support through core budget.
3. **Manchester Community Health Center:** Four clinic-based CHWs supported in part by general funds.
4. **Manchester Health Department:** Two school-based CHW positions through local hospital community benefit dollars.
Medicaid Managed Care – *Capitated rates and payment flexibility*

**OVERVIEW:** Common for health plans to employ/pay for CHWs as administrative expense.

- CMS may offer greater flexibility by allowing cost of some CHW services to be treated as part of the cost of quality improvement
- Medicaid Managed Care requirements include care coordination and member engagement & flexibility to pay for — roles CHWs can play

**BENEFIT:** Increasing proportions of Medicaid members are in managed care

**DRAWBACK:** Low Medicaid payment rates can constrain innovation and risk-taking.

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1. **NH Healthy Families:** Employs two CHWs for outreach and connecting members to resources, supported through a Medicaid managed care contract with the state.

2. **Well Sense Health Plan / BMC HealthNet Plan:** Care Management department employs two CHWs; RFP issued every five years.

Adapted from NH State Team Call on CHW Financing, May 15, 2019
Medicaid Managed Care – Change in Contract Language to Require/Encourage Specified CHW Services in Plan Offerings

HOW: Authority varies state-by-state (e.g., Medicaid director may require approval by legislature if change in contract contributes to a budget increase).

BENEFIT: Does not require a waiver or state plan amendment approval from CMS.

DRAWBACK: Can be cumbersome process to manage; need to wait for Medicaid managed care contract renegotiation period.

EXAMPLES: New Mexico Medicaid managed care contracts must list CHW services in benefits packages. Michigan Medicaid managed care contracts required to offer CHW or peer support specialists to members with complex care needs and/or significant behavioral health needs.

Not in use in New Hampshire
# Medicaid 1115 Demonstrations

**HOW:** Demonstration programs approved by CMS to test new delivery and payment mechanisms—usually for system reform
- Include changes to eligibility, benefits, cost sharing, and payments outside normal Medicaid rules
- Short-term but renewable (3-5 years)
- Must show budget neutrality over the approved period

**BENEFIT:** Wide variety of possibilities, depends on state

**DRAWBACK:** Without agreement on Delivery Service Reform Incentive Payment (DSRIP), no additional payments. Changes are specific to the program.

1. **Ascentria Care Alliance:** CHWs work with refugees through IDN-3 DSRIP funds.
2. **Catholic Medical Center:** Three integrated care patient navigators employed through IDN-4 DSRIP funds.
3. **Families in Transition/Willows Family SUD Treatment Center:** CHWs funded through IDN-4 DSRIP funds.
4. **The Farnum Center:** Two CHWs funded through IDN-4 DSRIP funds.
5. **Lamprey Health Care:** Community outreach supported through IDN budget.
6. **Manchester Community Health Center:** IDN-4 funds help support four clinic-based CHWs (combined with general funds).

Adapted from NH State Team Call on CHW Financing, May 15, 2019
Medicaid State Plan Amendment (SPA)

OVERVIEW: CMS approves changes to policies/approaches of a state Medicaid program.

BENEFIT: Ongoing compared to a Section 1115 Demonstration.

DRAWBACKS: State share will be an issue. If SPA is under 2014 Preventive Services ruling, reimburses CHWs for a very limited set of activities and time.

The preventive reimbursable services are limited to the following:

- the service must be a preventive service (can include counseling or investigating potential cause of condition);
- must be recommended by a physician or other licensed practitioners;
- must involve direct patient care; and
- must directly address the physical or mental health of the patient.
FFS/Reimbursement approach may not use the full range of services a CHW can contribute

**Areas where CHWs could be reimbursed for their time – though fee-for-service financing not likely to support an entire full-time CHW salary.**

**Discrete services that have been billed:**
- Diagnosis-related patient education services (e.g., childhood obesity or diabetes education)
- Blood pressure monitoring
- Medication Assisted Treatment (MAT)
- Group education
- Care coordination

**Broader services, including SDOH (harder to bill, but important):**
- Housing service navigation
- Community advocacy
- Cultural brokerage

*In contrast...*

CHW Core Consensus (C3) Project describes core skills as:

1. Communication skills
2. Inter-personal and relationship-building skills
3. Services coordination and navigation
4. Capacity building
5. Advocacy
6. Education and facilitation
7. Individual and community assessments
8. Outreach
9. Professional skills and conduct
10. Evaluation and research
11. Knowledge base

Adapted from NH State Team Call on CHW Financing, May 15, 2019
New Hampshire’s Assets & Context

✓ See many financing strategies already in action in NH
  • AND there is a strong need for continued cross-sector coordination and engagement (e.g. education, identifying CHW champions, etc.)

✓ A lot of activity happening
  • Grant, Core operations, and DSRIP funding
  • Leadership buy-in from DHHS divisions
  • CHW Coalition with mobilized community of CHWs

✓ Although significant evidence on the effectiveness and value of CHWs (CHWs contribute to cost savings)...
  ✓ CMMI study
  ✓ Penn Center for CHWs, and others show reduced ED admissions, chronic disease management
  ✓ And opportunity for CHW Integration especially as appreciation for SDOH intervention grows

➢ However, NH stakeholders often want local evidence – ongoing challenges for how to translate national studies into a business case for local providers
Thank you!

CHW Resources Online (financing, certification, and more):
www.astho.org/community-health-workers

ASTHO CHW Learning Community
• Supported by HRSA Cooperative Agreement
  • Washington, Kentucky, South Carolina and New Hampshire

SME Team:
• Terry Mason, PhD, Independent Policy Consultant, Boston, MA
• Carl Rush, MRP, Community Resources, LLC
• Geoffrey Wilkinson, MSW, Boston University School of Social Work

ASTHO Staff:
• Anna Bartels, Director, Clinical to Community Connections
• Tequam Tiruneh, Senior Analyst, Clinical to Community Connections
New Hampshire CHW ECHO Series

May 26, 2020
VISION: Community Health Workers united nationally to support communities in achieving health, equity and social justice.

ABOUT NACHW

ENGAGE
CHWs, Allies, Supporters, Partners, Sponsors, and Influencers

EXPAND
Membership, Recognition, Opportunities, and Collective Action

ESTABLISH
National Voice and Sustainable Strategies On Issues Related To CHW Workforce

EDUCATE
Stakeholders on the Impact of CHWs

ENHANCE
CHW Leadership Skills and Opportunity
“CHWs – and NACHW – should be front and center as federal and state leaders seek to move out of the pandemic and re-open society.”

Claire Qureshi, Community Health Acceleration Partnership at the World Health Organization
COVID-19 RESPONSE

3 Ways to Amplify the Work of CHWs

- Classify CHWs as “essential, critical infrastructure workers” and pay them to respond to COVID-19.
- Mobilize funding to scale CHW Networks and Associations capacity for contact tracing and care coordination training and services.
- Recognize CHWs as leaders in COVID-19 community recovery and health systems transformation efforts.
COVID-19 RESPONSE

Building Awareness of the CHW Workforce

Disseminating guidance to public and private institutions

Co-branding with CHW Networks and Partners

All materials are available for download at www.nachw.org.
PARTNER WITH NACHW

○ CHW Network Town Halls
○ COVID-19 Bi-monthly newsletter
○ May 29th Webinar on CHW Networks and COVID!
○ NACHW 1st Annual Meeting August 27th! SAVE THE DATE!
○ Become a member!