

**STATE OF CONNETICUT**  
**State Innovation Model**  
***Community Health Worker Advisory Committee***  
**Meeting Summary**  
**Wednesday, June 28, 2017**  
**2:30 pm – 4:30 pm**

**Location:** Litchfield Room, CT Behavioral Health Partnership, Suite 3D, 500 Enterprise Drive, Rocky Hill, CT 06067

**Members Present:** Yolanda Bowes, Terry Nowakowski (Chair)

**Members on the Phone:** Thomas Buckley, Tiffany Donelson, Loretta Ebron, Liza Estevez, Chioma Ogazi, Lauren Rosato, Milagrosa Seguinot, Mayce Torres, Robert Zavoski

**Members Absent:** Ashika Brinkley, Migdalia Belliveau, Juan Carmona, Darcey Cobbs-Lomax, Michael Corjulo, Grace Damio, Peter Ellis, Linda Guzzo, Nicholas Peralta

**Other Participants:** Supriyo Chatterjee, Brenda DelGado (phone), Meredith Ferraro, Bruce Gould, Maggie Litwin, Katharine London, Jenna Lupi, Fatawu Mahama, Mark Schaefer, William Tootle, Stanley Zazula

**1. Call to Order and Introductions**

Terry Nowakowski served as Chair and called the meeting to order at 2:38 pm.

**2. Public Comments**

There were no public comments.

**3. Approval of Minutes**

Motion: to approve minutes from 6/1/17– Terry Nowakowski; seconded by Lauren Rosato. Vote: all in favor with the exception of one abstention.

**4. Report of the CHW Advisory Committee—Review and Approval**

Jenna Lupi reviewed committee-member [comments](#) on the report that had been submitted prior to the meeting, and the committee discussed what edits to make in response to them.

Bruce Gould reiterated a point that he has made many times before: getting systems to hire CHWs will require moving away from fee-for-service and toward global payment. His interactions with Centers for Medicare & Medicaid Services (CMS) suggest that the transition toward global payment will ultimately not be a matter of choice for providers.

Terry Nowakowski recommended that the SIM broaden its definition of a “network” (in the designation “Advanced Network”) to include more than just hospitals because they are not linked into the kinds of organizations that address the social determinates of health and therefore many of the issues that drive up healthcare costs. Yolanda Bowes added that those same organizations that are not part of Advanced Networks (ANs) are the main employers of CHWs, whose role is to bridge the gap between ANs and

service agencies. Ms. Lupi appreciated their points and explained that the SIM Population Health Council is working on exactly this issue.

Ms. Bowes raised the question of whether the report should address the potential repeal of the Affordable Care Act (ACA) since it refers to the ACA as a potential source of funding for CHWs. Dr. Gould responded that there is significant bipartisan support for CMS payment reforms and that repeal of the ACA would not necessarily return the healthcare system to fee for service. Dr. Schaefer felt that it was not necessary to address the potential repeal because the proposed changes to the ACA do not, as far as he is aware, have anything to do with payment reform. Instead, they focus on the Medicaid coverage expansion, individual mandate, and subsidies. He also explained that Medicaid capitation or block grants could potentially accelerate a move toward global budgets and the flexibility for providers to achieve more cost effective outcomes. In other words, there is not necessarily a straight line between Medicaid block grants and reduced opportunities to employ CHWs. Katharine London agreed, stressing that much about the potential repeal is still unknown. Meredith Ferraro agreed with Dr. Schaefer that Ms. Bowes's question is a good one and that the committee should keep the issue in mind, but she thought that since the report is a summary of what the committee has done to date, it does not need to get into projecting what might happen with the ACA.

The committee agreed to insert “developmentally appropriate” into skill 2.a. to reflect the need for CHWs to work with children, adolescents, adults, the elderly, caregivers, and families.

The committee agreed to keep the definition of CHWs and their scope of practice broad enough so as to include CHWs who work within and outside the healthcare setting.

The committee felt that there was already sufficient reference to the Triple Aim in the existing report language.

The committee agreed not to use the language of “clinically trained” in reference to CHWs and to state that CHWs link the community to “services and supports” instead of just the healthcare system.

Tiffany Donelson expressed concern that the report does not sufficiently distinguish CHWs from other health professionals for a reader who knows little or nothing about CHWs and that it only cursorily mentions that CHWs can go by many other job titles. The committee agreed to add more specificity to the definition of a CHW and to append a list of commonly used job titles to the report.

## **5. Sustainable Funding for CHWs—Discussion and Recommendations**

Ms. Lupi briefly reviewed the previous discussions of sustainable financing and reminded the committee that what had been decided at the last meeting was that moving toward global budgets is the direction that Connecticut needs to go in to sustainably fund CHWs. She and the SIM staff had agreed at the last meeting to draft recommendation language that capture this. They did and she asked members' for feedback on [it](#).

The committee agreed that the draft language around sustainable funding reflects the position that members articulated on 6/1/17. Ms. Bowes recommended contextualizing the committee's financing recommendation by adding a paragraph that explains where payment reform currently stands in Connecticut. Ms. Lupi said that the SIM staff will do that, add clarity to the CHW definition/role, and append a list of common CHW titles.

Motion: to approve the committee report to the HISC with all of the edits suggested during the present meeting—Ms. Nowakowski; seconded by Ms. Bowes. Vote: all in favor with the exception of one abstention (due to the member’s not having seen the final recommendation).

#### **6. The CHW Definition in Practice—Discussion**

Stanley Zazula led an exercise aimed at clarifying what CHWs are, what they do, and what distinguishes them from other positions that typically fall under the CHW umbrella in order to help ensure that those being hired under CCIP as CHWs are actually functioning as CHWs. There was insufficient time to complete the exercise.

Dr. Schaefer recommended caution when saying that narrow deployment of a CHW means that they are not really a CHW. People with the capabilities of a CHW may, for particular organizational purposes, be narrowly and strategically deployed because the organization wants them to focus on a particular issue and is employing someone else to perform other aspects of the CHW role. He found it helpful to think about other professionals, citing nurses at the CT Office of the Healthcare Advocate who only do telephone-based advocacy. They remain nurses even though they do not provide patient care.

#### **7. Next Steps and Adjourn**

Ms. Lupi asked everyone to complete the CHW-definition exercise and return the worksheets to Mr. Zazula. She will incorporate all of the edits to the committee report and send the final version to everyone. The committee will take a short break and reconvene in September.

The meeting adjourned at 4:37 PM.