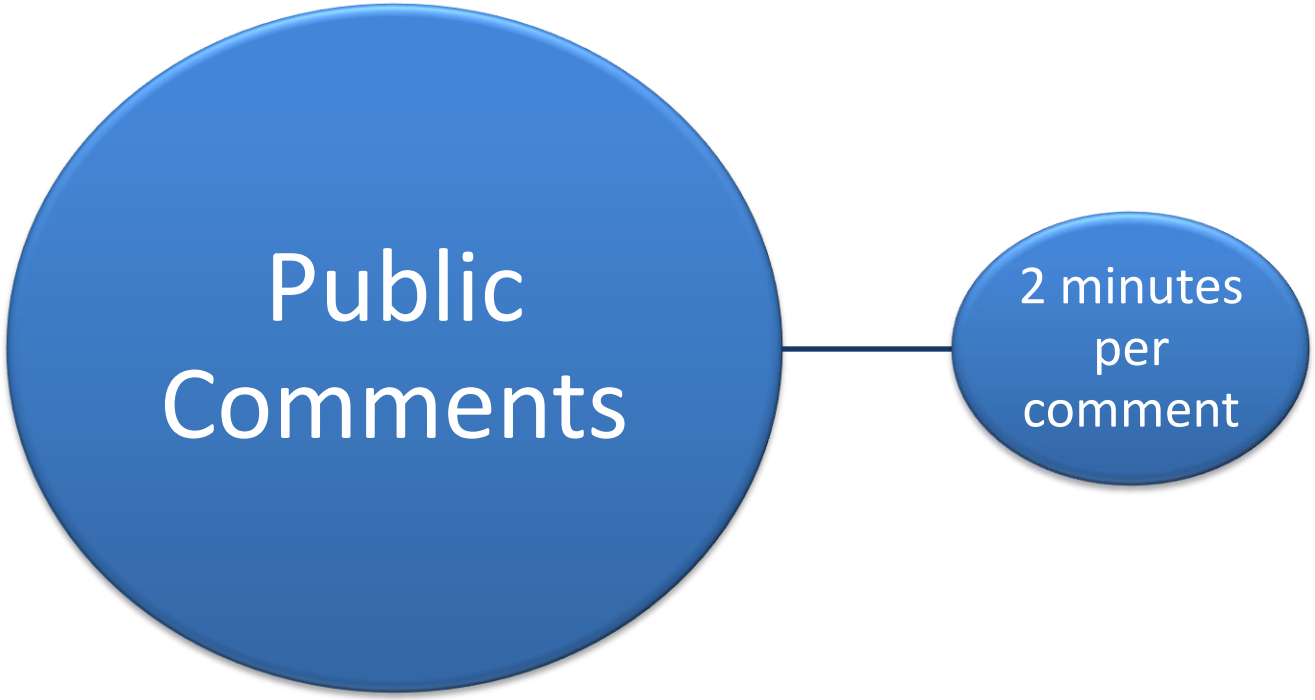
Community Health Worker Advisory Committee

June 28, 2017

Meeting Agenda

Item	Allotted Time
1. Call to Order	5 min
2. Public comment	10 min
3. Approval of the Minutes	5 min
4. Report of the CHW Advisory Committee- Review and Approval	25 min
5. Sustainable Funding for CHWs- Discussion and Recommendations	20 min
6. The CHW Definition in Practice	55 min

Call to Order


Public Comments
2 minutes per comment

Approval of the Minutes

Report of the CHW Advisory Committee- Review of Comments and Approval

Review of Comments and Responses

- Page 3: Under sustainable funding – I thought the CPC+ was off the table (even for commercial plans), which is why we were pursuing global payment options?

  Response: Yes, we would like to keep the original recommendation on record in the report, in addition to the language agreed upon by the Committee on global payments.

- Page 5: the CCIP section should clarify that it's only available as part of PCMH+ (right?), if so, should combine under page 6 PCMH+ section

  Response: Instead of combining, added the following explanation: The CCIP Standards require Advanced Networks and FQHCs to develop CHW capabilities and fully incorporate CHWs into the primary care team. Only those Advanced Networks and FQHCs participating in Person Centered Medical Home Plus (described below) are eligible to participate in CCIP. This ensures that care delivery reform efforts and payment reform efforts are aligned to improve health outcomes.

Review of Comments and Responses

- Aren't some of the recommendation repeated (redundant)?

  Response: We don't believe so. The recommendations are included twice- at the beginning for the executive summary, and then later on for more detail.

- My only other comments is a question:
- On page 8, at the end of paragraph 2 there is a reference to the Affordable Care Act as a source of potential funding opportunities for CHWs. I just wonder if we should address the likelihood of the repeal of the Affordable Care Act and what impact that will have on our recommendations, especially regarding sustainable funding.
- Response: The Committee should provide input on this suggestion. Example language may be: "The ACA led to substantial investment in testing alternative payment models. Its repeal would make it exceedingly difficult to sustainably fund Community Health Workers as a reliance on fee-for-service payment models would likely be re-established. In addition, funding streams to support CHWs helping to improve patient outcomes would likely be cut. Lastly, cuts to Medicaid would further hurt the likelihood of using Medicaid funds to support CHWs."

Review of Comments and Responses

- Should there be a specific pass rate for the competency exam, i.e. 75% or higher? To confirm all "approved training providers" will use the same competency exam?
- Response: Recommend leaving the pass rate decision to the certification design process that will be undertaken per SB 126. Yes, all approved training providers would use a standard competency exam.
- Even though there is a grandparenting process I thought individuals had to take the competency exam?
- Response: The PMO's understanding is that a final decision on whether individuals being considered on the basis of experience should be required to complete the competency exam should be left to the certification design process under SB 126.
- Will a renewal process be determined, i.e. required continuing education courses? Will the continuing education courses and/or provider need to be approved by DPH?
- Response: There will be some continuing education required. Again, the details of this will have to be worked out during the certification design process.

Review of Comments and Responses

- The CHW Advisory Committee responsible for working on the training was to have other specific members in addition to the CHW's, i.e. higher education, should that be detailed?

  Response: Suggested language for inclusion if the Committee would like to include:

  - At least 50% of the seats on the Advisory Committee should be reserved for CHWs
  - Other multi-stakeholder representatives should include a CHW employer, higher education representative involved with a CHW training program, a commercial payer, and the CHW Association of Connecticut, in addition to relevant state agencies.
- In the section regarding MFP there needs to be something included that individuals who fall into the "donut hole" are included. There are a significant number of elderly who just miss the income eligibility for MFP/medicaid, have been transitioned back to the community, cannot afford services and are left with nothing. They are being completely neglected by the State.
- Response: For discussion during the Committee meeting.

Review of Comments and Responses

- In the skills CHW's need to work with caregivers and family.
- Response: Suggested modification for Skill 2.a.- Revise to include: “developmentally appropriate” to accommodate need to work with children, adolescents, adults, elderly, caregivers, and families
- There is no mention of the federally funded comprehensive CHW training curriculum that currently exists at 3 community colleges. I would hope that the State would use this curriculum that was developed with input from CHW's, DPH, healthcare providers and other stakeholders as part of the process going forward.
- Response: Suggested modification to Recommendation #3: Use the definition and scope of practice developed by the CHW Advisory Committee as the basis for developing curriculum standards, and build on the federally-funded comprehensive CHW training program currently in use by Community Colleges.

Review of Comments and Responses

- Does not talk anything about CHW's being part of the "*health care team', "practice team", or "medical team".* Having this in the definition I think maybe critical to the acceptance that continues to be missing in many medical setting. A suggestion would be *a trusted member of the health care team and/or etc.*
- Response: Since the definition has been established by the Committee, it is the Committee's choice whether or not to make adjustments at this point.
- Similarly, the scope of practice also does not mention *a role on the team or the opportunity to impact health planning and health behavior which are important components*
- Response: Same comment as above

Review of Comments and Responses

- Certification- Becoming part of the health care team involves both CHW and other members of the medical team understand their respective value. A consideration would *be a one month clinical rotation at a community health center. My bias is that the training of this rotation for the CHW would be standardized, coordinated, consistent across the state with sites also available throughout the state and have the ability to be evaluated for its usefulness. This one month could be a pilot for new CHW's and the FQHC's could be compensated for this clinical rotation and the state could be responsible for working with the non-FQHC agency staff through their TRAIN program or something similar*. Also like any other health profession continuing education is required and important. I know it is not addressed yet but putting a statement in may also be helpful given health care is not static.
- Response: This suggestion might be better considered by the Certification Design Process to be undertaken as a result of SB 126.

- It may be important to mention in the CHW recommendations that having a CHW will *impact the triple AIM areas and how that would happen.* Being consistent with the message of the CHW positive impact on health care is important and the ultimate goal
- Response: Suggested modification: A fully integrated CHW workforce will support the triple aim by improving patient care in a culturally appropriate way, reducing cost of care by improving efficiencies and allowing all team members to work at the top of their licenses, and developing healthier people and communities by linking communities to the clinical healthcare setting. Based on the substantial evidence in support of integrating CHWs fully and sustainably into the healthcare system, and given the barriers identified through numerous studies and reports, the CHW Advisory Committee developed the following recommendations to advance the CHW workforce in Connecticut.

Review of Comments and Responses

- Background- They complement clinically trained ..etc. *Given the variety of workforce labels for CHW's, some are trained, CNA's, LPN's etc. so you may want to include this somehow in your sentence.*

  Response: Suggested modification: They complement clinically trained healthcare teams, while some are clinically trained themselves, by carrying out a broad range of responsibilities that facilitate access to healthcare services and help patients achieve the goals of their care plans.

Sustainable Funding for CHWs- Review, Discussion, and Recommendations

Beyond Shared Savings- Where can we go next?

1. Shared Savings plus Advance Payments
2. Shared Savings with Primary Care Bundles (and Advance Payments)
3. Global Budgets

Alternative Payment Models: Beyond Shared Savings

SIM connecticut state innovation model

Built on Fee-for-Service Infrastructure

Population-based Payments

Fee-for-Service

Pay for Performance

Shared Savings

Shared Savings plus Advance Payments

Shared Savings with Primary Care Bundles and Advance Payments

Global Budgets

Shared Savings: Opportunities and Limitations

+ Opportunities
  - Return on Investment for improved healthcare outcomes
  - Limited financial risk for the provider
  - Minimal risk of under-service
  - First step toward value-based care

− Limitations
  - Providers may not invest, because savings are uncertain and take a long time
  - Lack of capital for up-front investments needed to improve care
  - Only supports practice changes that yield substantial ROI in 1-3 years
  - Limited flexibility to make substantial care delivery changes due to fee-for-service infrastructure
  - Not sustainable- limitations on how much can be saved over time
  - Does not address rising healthcare costs due to fee-for-service infrastructure
  - Only supports care delivery changes in the primary care office

Alternative Payment Models: Beyond Shared Savings

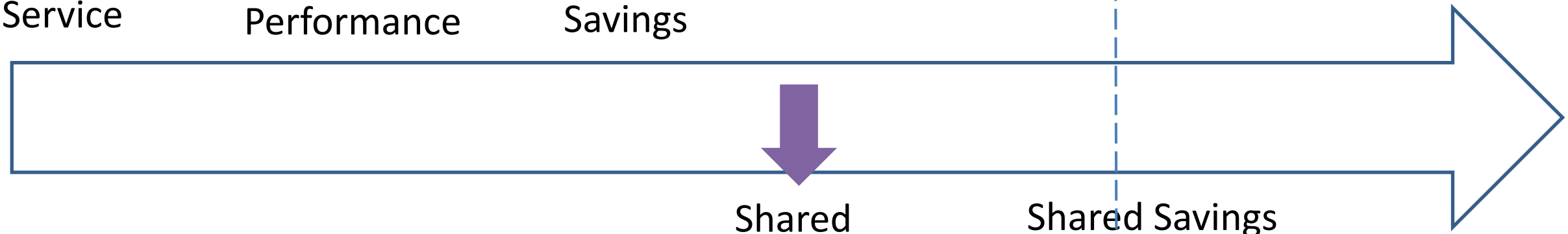
Built on Fee-for-Service Infrastructure

Population-based Payments

Fee-for-Service

Pay for Performance

Shared Savings



Shared Savings plus Advance Payments

Shared Savings with Primary Care Bundles and Advance Payments

Global Budgets

Shared Savings with Advance Payments: Opportunities and Limitations

+ Opportunities

- Return on Investment for improved healthcare outcomes
- Limited financial risk for the provider
- Limited risk of under-service
- First step toward value-based care
- Some capital to make up-front investments needed to improve care

– Limitations

- Savings are difficult to predict so ROI is uncertain
- Only supports practice changes that yield substantial ROI in 1-3 years
- Limited flexibility to make substantial care delivery changes due to fee-for-service infrastructure
- Not sustainable- limitations on how much can be saved over time
- Does not address rising healthcare costs due to fee-for-service infrastructure
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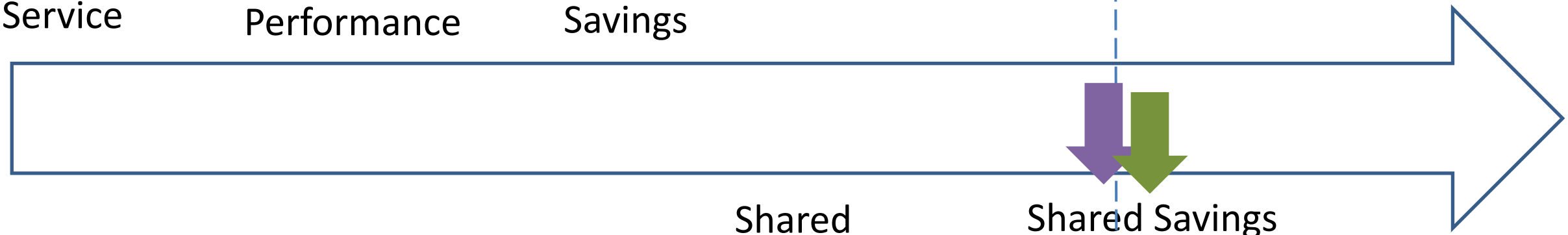


Shared Savings plus Advance Payments

Shared Savings with Primary Care Bundles and Advance Payments

Global Budgets

Shared Savings with Primary Care Payment Bundles & Advance Payments

+ Benefits

- Return on Investment for improved healthcare outcomes
- Some capital to make up-front investments needed to improve care
- More flexibility to make needed changes to delivery of primary care services
- Less dependency on shared savings
- May provide incentive for changes that yield longer-term ROI

– Limitations

- Limited flexibility *outside of primary care* to make substantial care delivery changes due to fee-for-service infrastructure
- Not sustainable- limitations on how much can be saved over time
- Does not address rising healthcare costs due to fee-for-service infrastructure
- Only supports care delivery changes in the primary care office
- Some financial risk for the provider
- Some risk of under-service
- Can be administratively complex

Alternative Payment Models: Beyond Shared Savings

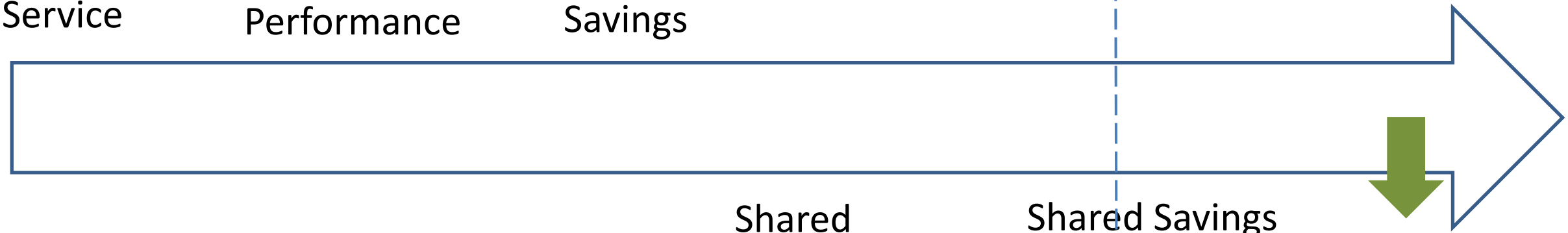
Built on Fee-for-Service Infrastructure

Population-based Payments

Fee-for-Service

Pay for Performance

Shared Savings



Shared Savings plus Advance Payments

Shared Savings with Primary Care Bundles and Advance Payments

Global Budgets

Global Budgets

+ Benefits

- Return on Investment for improved healthcare outcomes
- Prospective payments allow for needed investments
- Most autonomy and flexibility for hospitals to make needed care delivery changes due to global payment
- Incentivizes changes that yield longer-term ROI
- Sustainable- ROI does not depend on savings
- Addresses rising healthcare costs
- Supports care delivery changes across all healthcare settings
- Not administratively complex

− Limitations

- Significant financial risk for the provider network
- More potential for under-service
- Can reinforce poor care delivery processes if the budget is based on historical trends
- To achieve maximum benefit, requires multi-payer participation or single-payer model

Question for Discussion

Do global budgets offer an opportunity for sustainable funding for Community Health Workers?

Sustainable Funding- Proposed Language for CHW Report

- Questions?
- Recommended edits
- Suggestions for the final recommendation

The CHW Definition in Practice

The Definition of a Community Health Worker in Practice

Exercise and Discussion Goals:

1. What are the minimum required standards for a CHW? In other words, what are the critical components that separate CHWs from other professions?
2. What are the activities in which a CHW most often engages?
3. What additional activities should CHWs consider adding to their scope once they have been properly oriented and integrated in the care team?

Next Steps

Next Steps

- Share Report of the CHW Advisory Committee with the Steering Committee (7/13/17)
- Release Report for Public Comment following Steering Committee
- Finalize the Report based on Public Comment (August or September Steering Committee)
- Share results of the “CHW Definition in Practice” exercise with CCIP Technical Assistance vendor to help CCIP Participating Entities maximize their CHWs as members of the care team.
- Use the results of the “CHW Definition in Practice” to inform modifications to the CCIP Standards and Wave 2 CCIP Contracts.
- Determine the implications and next steps related to SB 126.

Adjourn