November **2017**

Revisioning the Care Delivery Team: The Role of CHWs within State Innovation Models

ISSUE BRIEF

Community Health Workers (CHWs) have the potential to reduce health care costs and improve health care access, particularly for people with complex human service needs.[1] As trusted members of the communities they serve, they help create bridges between patients and health systems to better meet patients' needs. CHWs have been studied since the 1960s, and their effectiveness in diverse settings is well documented.[2] However, until the Affordable Care Act (ACA) was passed in 2010, CHW roles within health care systems were limited.[3] The ACA promoted the broader use of CHWs through a number of initiatives designed to reward health outcomes and value rather than paying providers by volume.[4] One prominent ACA initiative under the Center for Medicare and Medicaid Innovation (CMMI) was the State Innovation Model (SIM) grants to states to design and test new payment and care delivery models.[5] While the political future of the ACA remains uncertain, states continue to use their previously awarded SIM grants to experiment with how CHWs can improve health care outcomes and lower the cost of care.

This brief, developed with support from the Commonwealth Fund, highlights the ways that states are using SIM grants to integrate CHWs into value-based health care systems. States can use their SIM experience and momentum from aligning multiple stakeholders to overcome the challenges to diffusing CHWs throughout the health care system.

Methods

CHRT staff conducted 19 interviews with key informants from 14 states. Key informants included state health department and Medicaid officials, leaders from state CHW associations, leaders in health systems and other organizations employing CHWs, and CHWs themselves. Twelve of the 14 states had received SIM test awards (described below). CHRT staff supplemented the interviews with a systematic literature review, including academic and non-academic publications and state policy reviews.

Suggested citation: Lapedis, J.; Kieffer, E.; and Udow-Phillips, M. *Revisioning the Care Delivery Team: The Role of CHWs within State Innovation Models.* Nov. 2017. Center for Healthcare Research & Transformation. Ann Arbor, MI.

State Innovation Models

The CMMI created SIM grants to help states transform their health care systems in ways that improve access and quality while reducing costs.[6] The grants allowed states to design plans and test models that meet state-specific needs. SIM provided two types of funding:

1. "Pre-testing/design awards" that allowed states to plan their strategies for transformation
2. "Testing awards" that allowed states to implement strategies to transform their health care systems

SIM grant funding was awarded in two rounds, the first in 2013 and the second in 2014. Thirty-eight states received SIM awards totaling $960 million. Many states that received design awards in the first round received testing awards in the second round to implement the plans they developed with their design award. Fifteen states that received SIM testing awards included CHWs in their strategies for health care system transformation. See *Figure 1* for a summary of SIM-related CHW activity.

The Unique Role of Community Health Workers

The goals of the SIM grants are to improve health care while reducing costs. CHWs can play a key part in achieving those goals. Over four decades of research has shown that CHWs play important roles in addressing social determinants of health and improving health outcomes.[7] The ACA described CHWs as key members of community-based health care teams who have the potential to lower costs and improve health care outcomes.[8] CHWs increase access and quality of health care[9] while also reducing the overall cost of care,[10] especially for people with chronic conditions.[11]

CHWs are distinct from other health care professionals because they are chosen specifically for their knowledge and experience with the cultural and socioeconomic context of the communities in which they work.[12] This knowledge and experience allows them to build trust with patients in ways that other providers often cannot. CHWs working with or within health care systems may be in unique positions to act as liaisons between health care providers and patients, and to help patients access medical and social resources.[13] Importantly, CHWs are uniquely able to increase patient understanding of their health condition and provider recommendations. Providers working with CHWs often are better able to understand patient needs.[14]

Figure 1: SIM-Related Community Health Work Activity for States that Received SIM Test Awards

State	Workforce Development	Integration Demonstrations	Sustainable Funding Steps Catalyzed by SIM
Colorado	Colorado has sought to expand CHWs' system navigation role by defining core competencies and standard training programs for health navigators. Colorado is developing a registry of health navigators.	Colorado's health navigators are employed by health care providers to overcome barriers to accessing health care.	None at a state level.
Connecticut	Connecticut's SIM team drafted a policy framework for defining CHWs and their scopes of practice and outlined sustainable funding options. Parallel to this work, Connecticut's legislature recently passed a bill defining CHWs and designing a feasibility study for CHW certification.	The state requires "advanced networks" (Accountable Care Organizations, or ACOs) participating in its Medicaid Shared Savings program to utilize CHWs through a SIM technical assistance program.	Medicaid Shared Savings with ACOs and community health centers.
Idaho	The state adopted a CHW definition and curriculum. Through a public university, virtual and in-person CHW training is offered.	SIM-selected patient-centered medical homes (PCMHs) were encouraged to utilize CHWs.	Per Member Per Month (PMPM) payments to PCMHs.
Maine	Maine adopted common definition of CHWs (outside of SIM).	CHWs were used in four sites targeting different populations: refugees and migrants, children with asthma, promotion of colorectal screening for patients with behavioral health issues, and aging service.	Seed funding for CHWs.
Massachusetts	Massachusetts CHW curriculum pre-dated SIM. The state is in the process of beginning CHW certification.	SIM-selected PCMHs were encouraged to utilize CHWs.	PMPM payments to PCMHs.
Michigan	SIM funds were used to expand the Michigan Community Health Worker Alliance's standardized CHW training and continuing education to more locations.	SIM-selected PCMHs were encouraged to use CHWs for care coordination and participate in standardized training. CHWs are also recommended for Community Health Innovation Regions to address social determinants of health.	PMPM payments to PCMHs, seed funding for CHWs.
Minnesota	The Minnesota Community Health Worker Alliance partnered with the state to develop a CHW toolkit.	The state created grants to seed CHWs in a small number of organizations throughout the state.	Seed funding for CHWs, Medicaid codes (predates SIM).
Rhode Island	The state developed a CHW certification process and expanded training opportunities for CHWs.	CHWs are integral members of the community health teams funded by the Rhode Island SIM.	Seed funding for CHWs.
Vermont	None at a state level.	CHWs were part of a nurse-led community health team, providing outreach to individuals and making institutional connections between primary care offices and social service organizations.	PMPM Payments to ACOs funded through a tax assessment on health plans.
Washington	A CHW task force adopted a definition, training curriculum, and roles for CHWs.	One Accountable Community for Health (i.e., ACO) in Washington used CHWs as links between community health centers and low-income housing sites.	Seed funding for CHWs, and later, outcomes-based payments through a Medicaid waiver.

Overcoming CHW Integration Challenges: Example Approaches in SIMs

States used SIM funding to promote the integration of CHWs in two broad categories: 1) CHW workforce development, and 2) demonstrations to integrate CHWs into healthcare systems. Underlying each state's efforts is the challenge of creating sustainable funding for CHW services. These approaches reflect three CHW integration challenges that interviewees identified:

- **Diverse functions lead to lack of a standard understanding of the role of CHWs.** Despite a long history of CHW programs in other countries,[15] and in the United States since the 1960s, the CHW profession is not formalized in the United States. CHWs lack a common definition, standardized training and a certification process.[16]
- **CHW roles are not well-known to the medical community,** making integration into care teams a potentially daunting process.
- **CHW funding almost universally comes from grants and therefore is unsustainable**. The lack of a sustained funding stream creates barriers to stable, long-term CHW employment and integrated CHW programs.

States kept these challenges in mind while designing their SIM grant CHW models. Each state designed its CHW models by convening multi-stakeholder task forces, including state and local health departments, health plans, health systems, community health centers, foundations, non-profit organizations, and educational institutions.[17] Four examples of these efforts are highlighted below.

Workforce Development

Connecticut

Connecticut's state SIM office established a CHW Advisory Committee to complete work in two phases. The first phase culminated in a May 2017 report that recommended a policy framework for defining CHWs and their scopes of practice and outlined sustainable funding options. Parallel to this work, the Connecticut Legislature recently passed a bill defining CHWs and designing a feasibility study for CHW certification. The second phase of this work involves coordination with the Connecticut's SIM care delivery reform activities, which include the use of patient-centered medical homes (PCMHs) and "Advanced Networks" (i.e., Accountable Care Organizations, or ACOs). The state requires Advanced Networks participating in its Medicaid Shared Savings Program to use CHWs and participate in a technical assistance program that the CHW Advisory Committee will draft. The program will cover CHW care delivery models and CHW integration best practices. It also will develop a toolkit for integrating CHWs into primary care practices.

Michigan

The Michigan Community Health Worker Alliance (MiCHWA) used the SIM grant to supplement funding from foundations and the Michigan Department of Health and Human Services to expand the reach of its core competency-based CHW training and certificate program. Through recruiting and training new instructors and working within the existing education system, CHW training has expanded to a growing number of community colleges and community organization sites throughout the state. The state SIM office recommends that SIM-selected PCMHs employ CHWs for care coordination and participate in standardized training and webinars. CHWs are addressing emergency department utilization and social determinants of health in Michigan's SIM Community Health Innovation Regions—a demonstration that is still in its early stages.

Integration Demonstrations

Minnesota

Minnesota used SIM funds to test novel models for integrating CHWs into Accountable Communities of Health (i.e., ACOs). The state funded CHWs to work in several settings, including a mental health community center, a county jail system with those who are recently released, a public health department with refugees, and a rural federally qualified health center where CHWs helped patients follow through with specific elements of their care plans. By addressing patients' social and personal needs (such as applications for food assistance), CHWs freed up other care team members to focus on patients' clinical needs—an outcome that interviewees noted leads to more effective and cost-effective care. Minnesota also produced a CHW Toolkit designed to offer practical guidance to employers seeking to use CHWs. The toolkit describes various CHWs models; hiring, training and supervising practices; and sustainable financing models.

Vermont

In the Vermont SIM (which has concluded its funding), CHWs were employed as part of a nurse-led community health team, providing outreach to individuals and creating institutional connections among primary care offices and social service organizations. Those interviewed noted that many health care practices struggle to make connections to social services, even though more practices are starting to pay attention to the effect of social determinants of health on their patients. The social service sector is decentralized and has opaque eligibility requirements, and referrals are much more complex than simply giving someone a phone number. It is often difficult for medical providers to know if their patients received necessary social services to which they were referred. CHWs in Vermont addressed this need. They extended the reach of providers and helped to close the loop between medical and social service organizations. ACOs received a per member per month payment for their community health teams funded through a tax assessment on health plans. Though the Vermont SIM has ended, the community health teams continue as part of the Vermont Blueprint for Health.

Lessons from States and CHWs beyond SIMs

The SIM funding provides an important learning laboratory to demonstrate ways to effectively develop and deploy CHWs; yet sustainably financing CHWs remains a challenge. Although six states used SIM funds to develop the CHW workforce through expanding trainings, and many others are working toward state certification programs, interviewees noted that without additional efforts to integrate CHWs at a provider level[18] and to obtain sustainable funding sources,[19] these activities alone are unlikely to lead to permanent integration of CHWs into health care systems.

The SIM funding gave states and localities the ability to experiment with different CHW roles and team models, giving health care providers more experience working with CHWs. This ability to experiment at a local level allows CHW models to adapt and respond to local needs, taking advantage of CHWs' knowledge of their own communities and building upon local programs and partnerships. Interviewees, particularly those from CHW associations, suggested that as healthcare providers get more experience with CHWs through the SIM and other efforts, they can begin to understand the value that CHWs add to health systems and the importance of clarifying CHW roles. A few states have funded CHWs through per member per month payments to individual practices or ACOs, though it is unclear if these funding streams will continue after SIM grants end. In an example of one state's strategy to fund CHWs beyond the SIM, Washington used its SIM experience to obtain a Medicaid waiver in which ACOs covering the entire state employ CHWs.

Though six states have finished with their SIM testing award funding, many states are still in the process of implementation. There are likely to be additional lessons learned on CHW workforce development, CHW integration demonstrations and CHW funding models. States will, hopefully, build on their SIM experiences to further expand and integrate CHWs when SIM funding ceases. With the multitude of stakeholders involved, the SIM work across the U.S. is advancing the engagement and recognition of the value of CHWs. As the U.S. healthcare system shifts to reward value over volume, states can continue the work of the SIM to align payments and service delivery models to overcome the barriers to the integration of CHWs into the healthcare system, including sustainable financing mechanisms.

Acknowledgments: The staff at the Center for Healthcare Research & Transformation would like to thank the Commonwealth Fund for its support of the development of this brief, as well as Kirsten Bondalapati, Neha Kumar, Ezinne Ndukwe, and all the state experts and community health workers interviewed for the brief.

References

[1] M. Viswanathan et al., "Outcomes of Community Health Worker Interventions," *Evidence Report/Technology Assessment* (181), no. 181 (June 2009): 1–144, A1–2, B1–14, passim.
[2] Centers for Disease Control and Prevention, "Policy Evidence Assessment Report: Community Health Worker Policy Components" (Atlanta, GA, 2014), https://www.cdc.gov/dhdsp/pubs/docs/chw_evidence_assessment_report.pdf.
[3] E. L. Rosenthal et al., "Community Health Workers Then and Now: An Overview of National Studies Aimed at Defining the Field," *Journal of Ambulatory Care Management* 34, no. 3 (2011): 247–59.
[4] Megha K. Shah, Michele Heisler, and Matthew M. Davis, "Community Health Workers and the Patient Protection and Affordable Care Act: An Opportunity for a Research, Advocacy, and Policy Agenda," *Journal of Health Care for the Poor and Underserved* 25, no. 1 (2014): 17–24, https://doi.org/10.1353/hpu.2014.0019.
[5] U. S. Centers for Medicare and Medicaid Services, "State Innovation Models Initiative: General Information | Center for Medicare & Medicaid Innovation," CMS.gov, December 7, 2016, https://innovation.cms.gov/initiatives/state-innovations/.
[6] Centers for Medicare and Medicaid Services, "State Innovation Models Initiative: General Information," https://innovation.cms.gov/initiatives/state-innovations/ (accessed 11/2/17).
[7] Centers for Disease Control and Prevention, "Policy Evidence Assessment Report: Community Health Worker Policy Components" (Atlanta, GA, 2014), https://www.cdc.gov/dhdsp/pubs/docs/chw_evidence_assessment_report.pdf.
[8] J. Martinez et al., "Transforming the Delivery of Care in the Post–Health Reform Era: What Role Will Community Health Workers Play?," *American Journal of Public Health* 101, no. 12 (December 2011): e1–5.
[9] S. Kangovi et al., "Community Health Worker Support for Disadvantaged Patients With Multiple Chronic Diseases: A Randomized Clinical Trial," *American Journal of Public Health* 107, no. 10 (October 2017): 1660–67.
[10] Centers for Disease Control and Prevention, "Addressing Chronic Disease through Community Health Workers," April 2015, https://www.cdc.gov/dhdsp/docs/chw_brief.pdf.
[11] K. Kim et al., "Effects of Community-Based Health Worker Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations: A Systematic Review," *American Journal of Public Health* 106, no. 4 (April 2016).
[12] E. Rosenthal, C. Rush, and C. Allen, "Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field" (University of Texas-Houston School of Public Health, April 2016), http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/chw/chw_c3_report.pdf.
[13] J. Lloyd and C. Thomas-Henkel, "Integrating Community Health Workers into Complex Care Teams: Key Considerations" (Center for Health Care Strategies, Inc., May 2017), https://www.chcs.org/resource/integrating-community-health-workers-complex-care-teams-key-considerations/?utm_source=CHCS+Email+Updates&utm_campaign=582e605642-2017+Summer+Reading+List&utm_medium=email&utm_term=0_bbced451bf-582e605642-152144421.
[14] Julianne Payne et al., "Integrating Community Health Workers (CHWs) into Health Care Organizations," *Journal of Community Health*, April 8, 2017, https://doi.org/10.1007/s10900-017-0345-4.
[15] L. Pérez and J. Martinez, "Community Health Workers: Social Justice and Policy Advocates for Community Health and Well-Being," *American Journal of Public Health* 98, no. 1 (January 2008): 11–14.
[16] Rosenthal, Rush, and Allen, "Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field."
[17] S. Silow-Carrol and J. Lamphere, "State Innovation Models: Early Experiences and Challenges of an Initiative to Advance Broad Health System Reform" (The Commonwealth Fund, September 2013), http://www.commonwealthfund.org/~/media/Files/Publications/IssueBrief/2013/Sep/1706_SilowCarroll_state_innovation_models_ib1.pdf.
[18] S. Kangovi, D. Grande, and C. Trinh-Shevrin, "From Rhetoric to Reality — Community Health Workers in Post-Reform U.S. Health Care," *New England Journal of Medicine* 372, no. 24 (June 11, 2015): 2277–79, doi:10.1056/NEJMp1502569.
[19] K.T. Kramer and C. Rush, "Certification and Licensure," 2016, http://www.astho.org/Community-Health-Workers/Call-Series/Certification-and-Licensure-Slides/.