

Funding Stream Models to Support Community Health Workers

APHA 2007

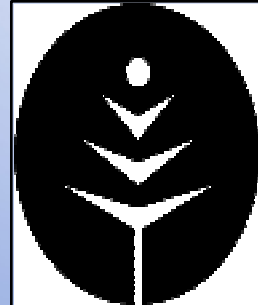
Anne Willaert

Healthcare Education Industry Partnership
Minnesota Community Health Worker
Project



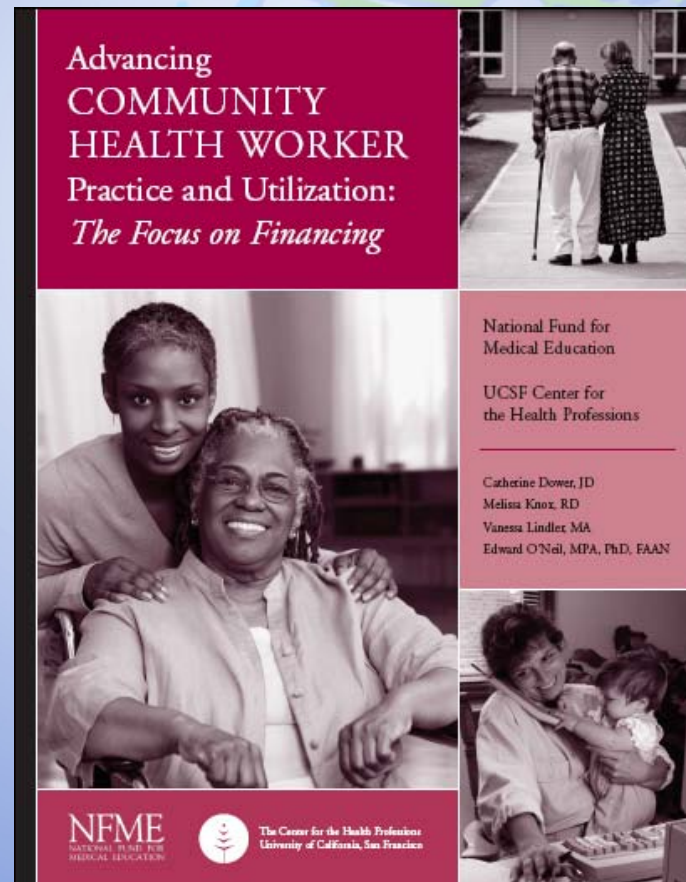
Funded by a grant from the Blue Cross and Blue Shield of Minnesota Foundation to the National Fund for Medical Education, which is administered at the UCSF Center for the Health Professions.

NFME
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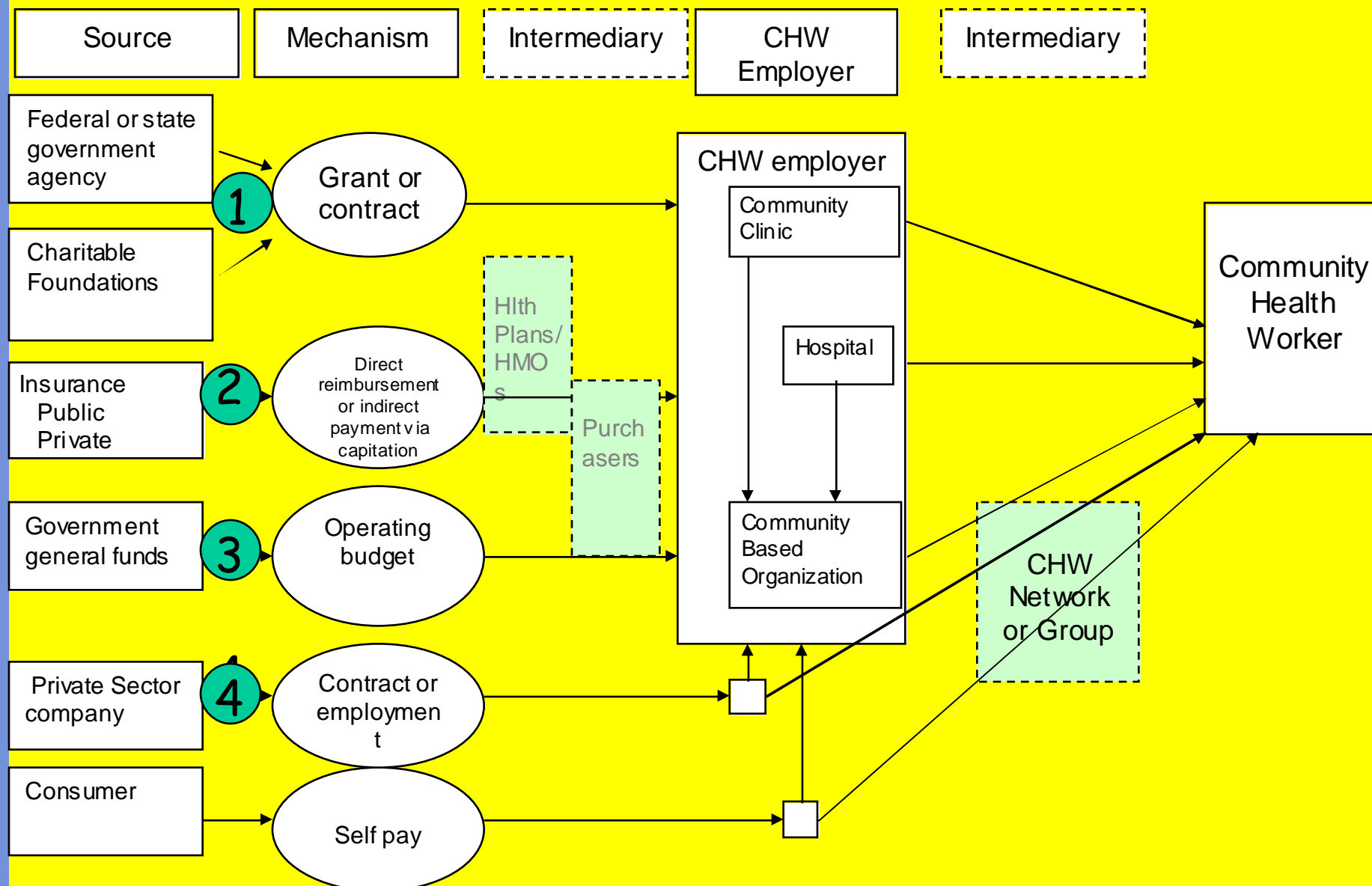


THE CENTER
FOR THE HEALTH PROFESSIONS
University of California, San Francisco

Advancing Community Health Worker Practice and Utilization: The Focus on Financing

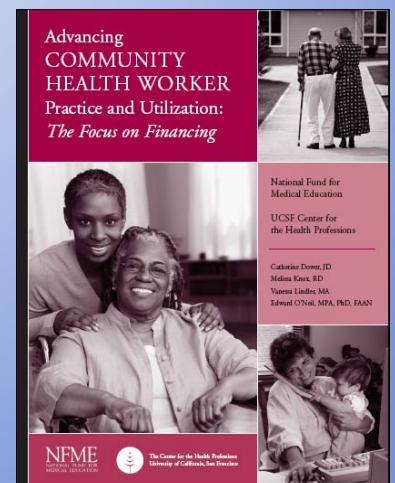


CHW Potential Funding Flow Chart



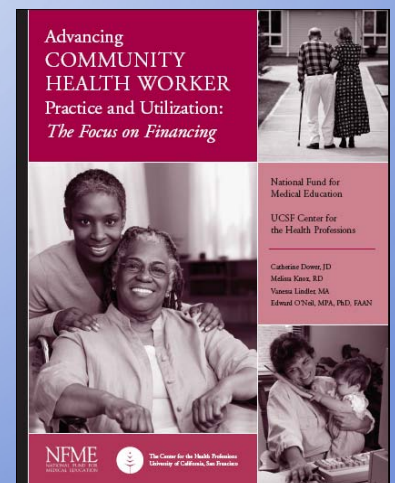
1. Foundations and Government Agencies

- Mechanisms: Grants and contracts
- Most common arrangement
- Pros: known entity; required evaluations
- Cons: short term; categorical
- Examples
 - Latino Health Access, CA
 - Community Health Access Project, OH



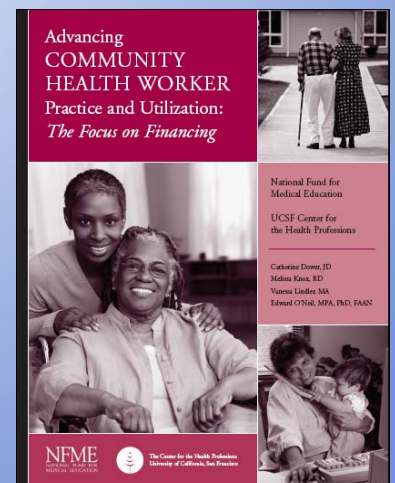
2. Medicaid

- Mechanisms: Reimbursement; capitation
- Relatively rare arrangements
- Pros: stability
- Cons: long, challenging negotiations; incomplete coverage; reporting requirements & bureaucracy
- Examples
 - Alaska (direct)
 - Health Plus, NY (mgd care contract)
 - NM Community Access Project



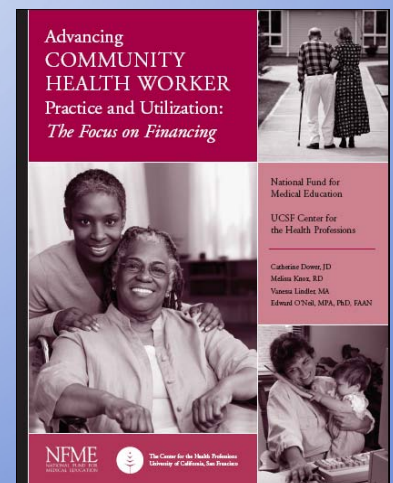
3. Government General Funds

- Mechanisms: Federal, state or local general fund budget
- Very rare arrangement
- Pros: Very stable
- Cons: political tradeoffs, long timeline, limited evaluations, requires strong leadership
- Examples
 - Indian Health Services
 - Fort Worth, Texas



4. Businesses: Hospitals, managed care organizations, employers

- Mechanisms: Operating budgets
- Unknown popularity; probably rare
- Pros: relatively stable, evaluations required as part of business
- Cons: proprietary info, dependent on strength of business
- Example
 - Christus Spohn Health System, TX



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The screenshot shows the homepage of the UCSF Center for the Health Professions. The browser window title is "The Center for the Health Professions - Home - Mozilla Firefox". The address bar shows "http://futurehealth.ucsf.edu/". The website features a navigation menu with "PROGRAMS", "PUBLICATIONS", "RESOURCES", "IN THE NEWS", "FOCUS AREAS", and "ABOUT US". The main content area includes a "What's new" section with a link to an abstract, a "From the director" section with a link to a reform essay, and a "Leaders advance" section with a link to a report on financing CHW programs. The website also features a "February 2007" search bar and a "Center Roadshow" section.

This collage features several promotional materials. At the top left is a book cover titled "Advancing COMMUNITY HEALTH WORKER Practice and Utilization: The Focus on Financing" with a photo of an elderly couple. Below it is a photo of two women, one of whom is likely the author. To the right is a report cover titled "Funding CHW Programs and Services in Minnesota: Looking to the Future" with a photo of a woman. Below the report is a map of Minnesota with the text "MINNESOTA" written vertically. At the bottom right is a photo of a woman smiling. The collage also includes logos for NFME (National Fund for Medical Education) and the UCSF Center for the Health Professions.

MINNESOTA COMMUNITY HEALTH WORKER LEGISLATION, 2007

- **Community health worker. (a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:
(1) received a certificate from the Minnesota State Colleges and Universities System approved community health worker curriculum; or
(2) at least five years of supervised experience with an enrolled physician, registered nurse, or advanced practice registered nurse.
Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment (b) Community health workers must work under the supervision of a medical assistance enrolled physician, registered nurse, or advanced practice registered nurse.**

