

## Sustainable Financing of CHW Activities: Three Broad Pathways

<b>Basic pathways</b>			
	<b>A</b> <b>Conventional health care</b>	<b>B</b> <b>Population/community-based public health</b>	<b>C</b> <b>Patient-centered care systems (emerging hybrid structures)</b>
<b>1</b> <b>Promising program models</b>	Emergency room diversion “Hot-spotters” (high cost users) Prenatal/perinatal coaching Primary care based chronic disease management Care transitions Home/community-based long-term care	Specific condition-focused initiatives Community development approach (social determinants)	Patient Centered Medical Homes Accountable Care Organizations Health Homes
<b>2</b> <b>Specific CHW roles in these models</b>	Care coordination Self-management support for chronic conditions Referral and assistance with non-medical needs and barriers Medication management support Patient/family advocacy Support and extension of health education Patient navigation	Basic outreach and education Community advocacy/organizing	Combination of health care and population-based (as at left)
<b>3</b> <b>Payment mechanisms for these models</b>	Fee for service Managed care organizations: admin/service dollars; duals Medicaid 1115 waivers Internal financing Prospective payment (FQHCs)	Medicaid waivers Block grants Prevention trust fund (Mass. model) Pooled funds from third-party healthcare payers	Bundled/global/prospective payment Supplemental capitation payment for specific services
<b>4</b> <b>Options for third-party payers</b>	CHWs directly employed by payer Health care provider contracts/add-ons to hire CHWs CBO contracts to employ CHWs CHWs as independent contractors		