

APHA Annual Meeting

November 5, 2013

4313.0 Workforce Development in Public Health II

Rethinking Local Health Department (LHD) Roles in the Safety Net Under Health Care Reform: the Central Role of Community Health Workers (CHWs)

Carl H. Rush, MRP
Community Resources
LLC

June Robinson, MPH
Public Health Seattle-
King County

Theresa Mason, PhD
Public Health Policy
Consultant Boston



Highlights of PHSKC Report

- **Context: PHSKC role in reforming safety net care and responsibilities in managing CHW workforce**
- **Initial investigation of CHWs in metropolitan LHDs**
- **Exploration of sustainable financing of CHWs under health care reform**

Looking Ahead To ACA Implementation

- **Recognize the emerging role for CHWs in the public health workforce**
- **Leverage potential new funding**
- **Support PHSKC's role of assuring access for all**

CHWs at Public Health Seattle & King County

- **Scattered throughout divisions**
- **No common job description, job class or title**

Landscape Assessment

- **Part of a larger effort to identify needs and concerns of community partners**
- **Compare and learn from other local health departments in metropolitan areas**

Local Health Departments Interviewed

**Preliminary, exploratory research--
summer 2012**

- qualitative interviews
- one or two department managers interviewed per site
- estimates and overviews, rather than official data

City/County Health Departments Included

- 1. Baltimore City**
- 2. Boston Public Health Commission**
- 3. Chicago City**
- 4. Portland-Multnomah County (OR)**
- 5. San Antonio Metropolitan Health District (Metro Health)**
- 6. San Francisco City and County**

Local Health Departments and CHW Employment

All employ 1+ civil service title
loosely specific to CHW

LHDs + their contractors employ
dozens – hundreds of CHWs

Given varied job titles, having
official CHW definition common

LHDs, CHWs and Health Reform

All LHDs anticipate a CHW role in new service delivery and financing

- Interested in what CHW prevention or chronic disease roles might be billable
- LHDs with primary care clinics employ CHW positions to integrate primary care with prevention or behavioral health services (SF, Multnomah Co.)
- 2 LHDs provide T.A. about or contract CHW services with payers or providers

CHW Training, Certification

- **Two LHDs sponsor well-respected CHW training centers**
- **Other LHDs provide training or have relationship with established CHW training programs (city, community colleges)**
- **Half of the states have or are implementing statewide CHW certification (TX, MA, OR)**
- **State health entities are promoting certification in two additional states**

Future Research Questions

- **What are trends in LHD planning for health reform?**
- **How do CHWs fit into LHD visions for linkages between community-based and clinic-based services?**
- **What strategies are LHDs using to strengthen ties between population health and health care?**
- **Are other LHDs standardizing CHW positions?**

Digest of Informal LHD Survey

- Available as Occasional Paper from University of Texas – Houston, Institute for Health Policy, Project on CHW Policy and Practice
- <http://bit.ly/1ajdQkw>

CHW successes: current payer and provider interest

- **“Hot-spotters” – better care for high utilizers**
- **Chronic disease management**
- **Improving birth outcomes**
- **Cancer screening and navigation**
- **Patient-Centered Medical Homes (PCMH)**
- **Care transitions**

Sustainability options in health care

- **3rd party payers: CHW activity as “services” rather than “admin”**
- **New payment structures**
- **Internal financing**

Why CHWs in Patient-Centered Medical Homes (PCMH)?

- **Communication and trust**
- **Regular follow-up**
- **Management of chronic conditions**
- **Consider whole person/family**
- **Can work with communities as well as individuals/families**

Recent state/local innovations with CHWs

- ❑ DE “Health Ambassadors”
- ❑ CHW Network of Buffalo (NY)
- ❑ Seattle-King County
- ❑ Medicaid 1115 waiver in San Antonio
- ❑ Oregon “CCO” legislation
- ❑ South Carolina Medicaid pilot

Sustainable Financing of CHW Activities: Three Broad Pathways

Basic pathways			
	A Conventional health care	B Population/community-based public health	C Patient-centered care systems (emerging hybrid structures)
1 Promising program models	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
2 Specific CHW roles in these models	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)
3 Payment mechanisms for these models	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
4 Options for third-party payers	CHWs directly employed by payer Health care provider contracts/add-ons to hire CHWs CBO contracts to employ CHWs CHWs as independent contractors		

Contact Info

Carl H. Rush, MRP

carl.h.rush@uth.tmc.edu

June Robinson, MPH

June.Robinson@kingcounty.gov

Theresa Mason, Ph.D.

tmason826@gmail.com