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

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<th>Basic pathways</th>
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<td><strong>A</strong> Conventional health care</td>
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<tr>
<td><strong>B</strong> Population/community-based public health</td>
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<td><strong>C</strong> Patient-centered care systems (emerging hybrid structures)</td>
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#### Promising program models

1. **A** Conventional health care
   - 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

2. **B** Population/community-based public health
   - Specific condition-focused initiatives
   - Community development approach (social determinants)

3. **C** Patient-centered care systems (emerging hybrid structures)
   - Patient Centered Medical Homes
   - Accountable Care Organizations
   - Health Homes

#### Specific CHW roles in these models

1. Promising program 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

2. Specific CHW roles
   - Basic outreach and education
   - Community advocacy/organizing

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
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