



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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Paving a Path to Advance the Community Health Worker Workforce in Illinois

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August 7, 2015

Learning Objectives

- Background – National policy shifts
- Define CHW role - what makes this workforce unique
 - Business case
- Identify the main goals of the newly created Illinois CHW Advisory Board.
- Financing/Reimbursement for CHWs

Background-Policy Shifts

The ACA formally recognizes the role of CHWs in Sec.5313

ACA offers multiple opportunities to expand the ability of CHWs in a financially sustainable manner.

ACA aims to improve patient access to comprehensive, coordinated care and offers multiple opportunities to expand the ability of CHWs to contribute to care teams.

Background-Policy Shifts

Key provisions of the ACA:

- Medicaid Health Homes (Section 2703)
- Medicare's Hospital Readmission Reduction Program (Section 3025)
- Hospital Community Benefits (Section 9007)
- Innovation Model Awards offered by the Centers for Medicare & Medicaid Innovation (CMMI) (Section 3021)

ACA provisions provide important opportunities for integration of CHWs into prevention and care. **However, these provisions of ACA are not self implementing.**

CHW advocates must take advantage of the opportunities afforded by the ACA to establish and expand the role of CHWs as an indispensable part of health and healthcare for all people. This evokes a call-to-action for policy development

Business Case for CHWs

CHWs contribute to overall health system savings through:

- (1) improved prevention and chronic disease management, reducing costly inpatient and urgent care costs.
- (2) cost-shifting, with increased utilization of lower cost services.
- (3) indirect savings associated with reallocation of expenditures within the health care system, e.g., by appropriate team allocations within the patient centered medical home.

Savings and ROI:

\$2.28 to \$4.80 for every \$1.00 spent on CHWs.

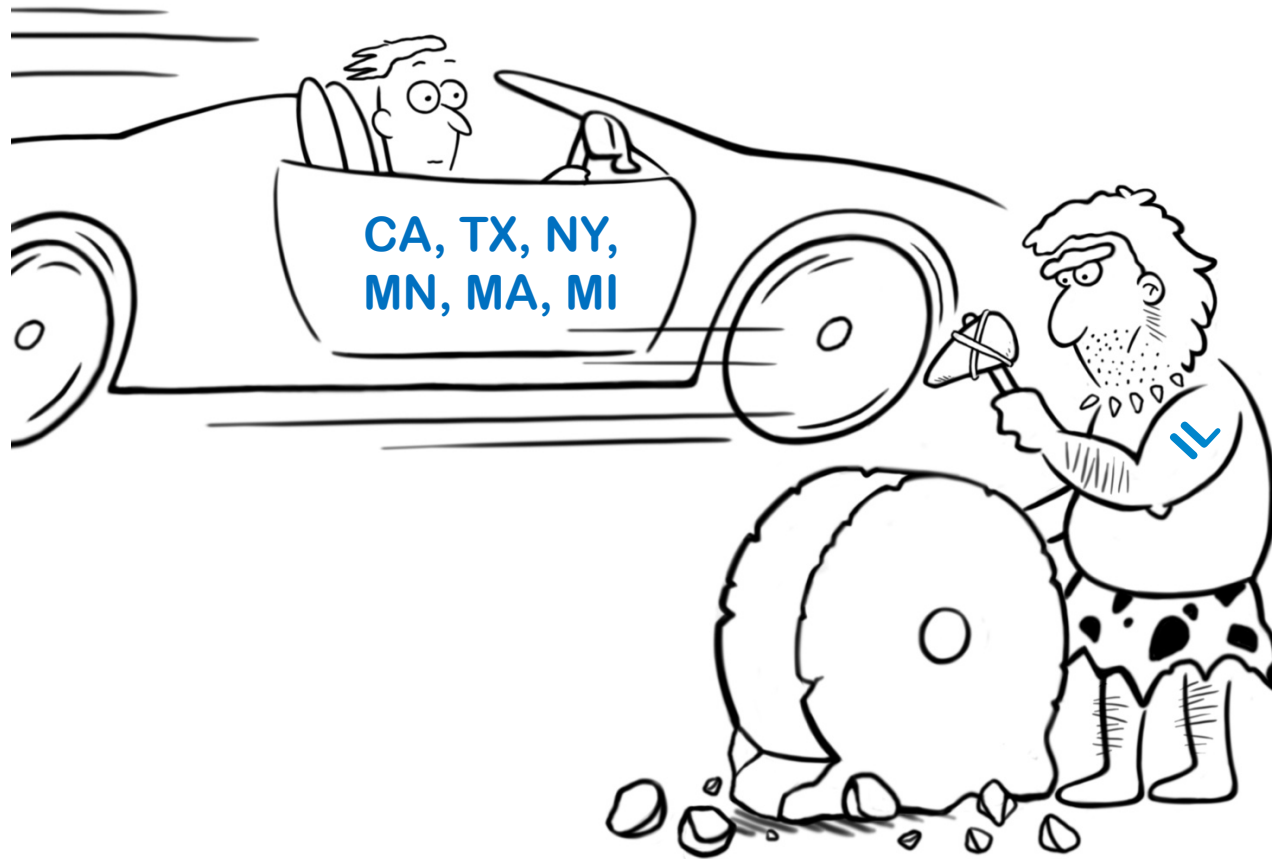
At NY-Presbyterian Hospital, CHWs working to control asthma reduced hospitalizations and ER visits by 50%

Problem Description

- In spite of these well documented benefits, there is an inconsistent utilization of CHWs statewide. Here in Illinois, we lack state-wide policies or common standards:
 - No standard definition of CHWs
 - Limited funding/reimbursement mechanisms
 - Uncoordinated statewide curriculum/certification
 - Unidentified career pathways and career ladder opportunities

State Policies on CHWs

“There’s no need to re-invent the wheel”



Who are CHWs?



community health advocate
family support worker

community health advisor

parent aid

community health representative

promotor(a) de salud

outreach educator

street outreach worker

outreach advocate

patient navigator

youth worker

family health advocate

case worker

community coordinator

home visitor

SOURCE: Lisa Renee Holderby-Fox, Executive Director, Massachusetts Association of Community Health Workers, c/o CMAHEC, Worcester, MA

Chicago Community Health Workers Local Network



What do CHWs do?



SOURCE: Sergio Matos, Executive Director, Community Health Worker Network of New York City.

Illinois' Response

Law can and should be used as a tool to establish sustainable mechanisms for CHWs.

July 31, 2014 HB5412 was signed into law.

- Establishes the Illinois CHW Advisory Board.
- 15 voting members
- 8 are CHWs from across the state
- 7 members are stakeholders representing healthcare and social services, health workforce policy development, employers of CHWs, and institutions of higher ed
- Ex-officio members represent various state agencies

Board's Responsibilities

- Advise the Governor and the legislature on all matters that impact the effective work of CHWs
 - consider the core competencies, skills and areas of knowledge of a CHW essential to expanding health and wellness in diverse communities and reducing health disparities.
 - training and certification processes for CHWs
 - make recommendations for reimbursement options and pathways through which secure funding for CHWs may be obtained.

Reimbursement/Funding

Things to consider*:

- Sustainable funding sources need to be expanded (i.e. Medicaid, private sector, health insurance plans, etc.)
- Analyze current funding mechanisms for effectiveness/expansion (pursue waiver or SPA for Medicaid)
- While establishing system for reimbursement, avoid creating barriers for “volunteer” employees
- Clarify/define which health professionals can serve as supervisors of CHWs for Medicaid reimbursement models

*Mid-America Regional Public Health Leadership Institute, TA Project, December 2012

Medicaid Reimbursement in Other States

Minnesota

- CHWs may bill for patient education and care coordination services (face-to-face) through fee-for-service
- 30 minute units; limit 4 units/day; no more than 8 units/month
- Must be supervised by clinical professional

South Carolina

- Two authorized Medicaid codes for reimbursement of CHW patient education; clinical supervisor must submit CHW service codes to receive reimbursement
- Individual Patient education: face-to-face, \$20 per patient for up to 2 hours/day and no more than 4 hours/month
- Group education: face-to-face, \$6.00 per patient with max of 5 patients in a group for no more than 1 hour/day and 4 hours/month
- Managed care plans reimburse for CHW services

Alaska

- Community Health Aides and Community Health Practitioners are directly reimbursed by Medicaid through fee-for-service billing arrangements
- Reimbursement is ~85% of physician fee schedule for some services, but 100% for services like EPSDT screening
- Includes face-to-face and telemedicine
- Physician supervision is required for reimbursement

SUHI Asthma CarePartners

- Asthma CarePartners (ACP) is a comprehensive asthma management program for children and adults living with the disease.
- The program started in the summer of 2011 when the Sinai Urban Health Institute (SUHI) formed partnerships with Blue Cross Blue Shield of Illinois (BCBSIL) and Family Health Network (FHN), a Medicaid managed care community network
- Objective: To provide the program to identified individuals whose asthma may not be well controlled. SUHI currently partners with FHN and is seeking other healthcare organizations to implement the CHW model, home visit intervention. There are six home visits in the yearlong program.

SUHI Asthma CarePartners

- Preliminary data shows an improvement in participants' level of asthma control and correct usage of medication, as well as reductions in health resource utilization including ED visits and hospitalizations.
 - ED visits decreasing by 71%
 - hospitalizations by 57%
 - urgent clinic visits by 89%
 - Cost savings averaged across six interventions over the years, including ACP, ranges from \$2.33 to \$7.79 per dollar spent.

Draft Recommendations

- **Recommendation #1:** The Department of Healthcare and Family Services (HFS) should contractually require or otherwise encourage the managed care entities (MCEs) to hire CHWs for outreach efforts and/or to integrate CHWs into their care models and care teams.
- **Recommendation #2:** HFS should file a state plan amendment (SPA) in order for CHWs to be reimbursed by Medicaid.
- **Recommendation #3:** CHWs play a key role in assisting hospitals and FQHCs that are required to complete community health needs assessments and community benefit reporting. Hospitals and FQHCs should compensate CHWs for this work.
- **Recommendation #4:** Home visiting programs should be incentivized to hire CHWs who can implement the recommendations by third party payers (Medicaid, MCOs, private, state grants).
- **Recommendation #5:** Explore public-private partnerships to increase grant funding for demonstration projects that promote effective models of using CHW services within the health care system. Promote grant, contract support, and demonstration projects for CHWs employed in sectors outside the clinical health care delivery system.

Note: Recommendations are in draft form and are subject to change



The recommendations put forth by the Board will help Illinois build a strong supportive infrastructure for CHWs, addressing professional identity and developing workforce and financing mechanisms to strengthen the depth and breadth of their impact.



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THANK YOU

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