**MEETING SUMMARY**

**DCHI Subcommittee on Community Health Workers**

**March 9, 2017, 3:30 – 5:00 PM**

**Meeting Co-Chairs:** Kathy Janvier and Lolita Lopez

**Facilitator:** Donna Cohen Ross

**Notes:**  Liddy Garcia-Bunuel

**Attendees:** Kathy Janvier, Cassandra Codes-Johnson, Nadinia Davis, Brian Rahmer, Tanner Polce, Maggie Norris-Bent, Tyrone Jones

**Absent:** Lolita Lopez, Norma Everett

**Others:** Julane Armbrister, Judith Chaconas, Noel Duckworth, Jeanene Smith, Sarah Arvey, Lori Weiselberg

**Guests:** Carla Aponte, Andrew Brittingham, Catalina Figueroa, Brian Olson

***Welcome and Introductions:***

Kathy opened the meeting at 3:30 PM, and welcomed the Subcommittee members, support staff and HMA team. Nadinia moved to accept the February 9, 2017 Meeting Summary. The motion was unanimously approved.

***Presentation:* *How Community Health Workers are Serving Delaware Communities***

Cassandra moderated the discussion with three community health workers representing different organizations. Cassandra thanked the CHWs for joining and helping to advance the Subcommittee’s thinking around the infrastructure for CHWs.

**Carla Aponte, Christiana Care**

Carla started at the Maternal and Child Health Consortium of Chester County, helping community members with their SNAP and Medicaid applications. She later became a community educator with a diabetes program for pregnant women, focused on gestational diabetes and encouraging adherence to medication. While the women were termed “non-compliant,” their inability to follow specified regimen was due to social barriers such as a lack of food and transportation.

Carla is now the Program Manager for Christiana Care’s Health Ambassador program, which is funded by the state Division of Public health through the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Limited funding has decreased positions from 5 to 2. The program sponsors a full range of activities, which Carla described as “completely grassroots.” These include educational sessions at churches, community centers, child care centers, state services centers and health care facilities on topics such as safe sleeping, breastfeeding, life planning, and birth control. A community baby shower is big event is held for the community twice a year. It includes educational activities, games, food and “give-aways” of cribs, car seats, etc. Initially, staff referred community members to 2-1-1 (information and referral line), but follow-up was ineffective, so staff now provides more direct help finding and obtaining needed services.

The Health Ambassadors program is not currently billing private health insurance or Medicaid. According to Carla, a CHW certificate program would lead to greater acknowledgement of CHWs from clinical team. She stated that CHWs deliver a large part of the patient’s care, but there is very little data to demonstrate the value of their work. Any data that exists is not integrated into the patient’s EHR. She also said that grant requirements (i.e. number of patient contacts) are not connected to how the institution defines value. (Brian Rahmer said that the hospital funded creation of a robust patient-level data set that would show connections to CHW efforts, but it is not reliable yet.)

**Brian Olson and CatALINA (CAThy) FIGUEROA, La Red Health Center**

La Red Health Center is a federally qualified health center (FQHC). Brian introduced Cathy who has worked with La Red’s “Promotora” program since 2001. There are 11 outreach workers: two health ambassadors, six promotores, and three additional outreach workers whose efforts are specifically targeted to addressing immunizations, homelessness and STD/HIV.

A credential program will give us that additional credibility with outside providers and organizations. It will also create a training tool for all 3 counties in DE to finally be on the same page when it comes to training future CHW's. Often we are required to provide transportation for Medicaid patients to any sane day appointments or those when Logisticare can't provide and is one of the "must see patient requests". While transporting patients we learn of electricity cut off, eviction notices, kids not up to date on immunizations or not enrolled in school, domestic violence , and other issues that patients do not always share with providers. The CHWs are documenting information in the patients’ EMR.

La Red receives funding from the state Division of Public Health for the health ambassador program; the other staff are funded through the FQHC’s operating budget. Brian stated that La Red sees the promotores as a cornerstone of their practice. He noted that specialty offices won’t see La Red’s patients unless there is a CHW to provide translation services. La Red has not billed insurance for CHW work yet, but currently is engaged in conversation with a health plan. Cathy stated that a state credential program would give the CHWs additional credibility with outside providers and organizations. It would also create a training tool for all three counties in Delaware so that everyone would be on the same page when it comes to training future CHW's.

**MEGAN WILLIAMS and ANDREW BRITTINGHAM, Beebe Heatlhcare**

Megan discussed Beebe HealthCare’s Population Health model and emphasized that social determinants play a significant role in health outcomes. CHWs (who function as care coordinators) are each assigned to a designated group of primary care providers/practices, and also work with patients who do not have their own primary care providers, bringing them to the advanced care clinic for follow up. They contact patients by phone when they are released from hospital, review diagnoses, verify their medications and ensuring the patient has follow up. They are looking to catch errors/misunderstandings/access issues/unmet patient needs that may have occurred from discharge to home. The CHW keeps in touch with the patient as needed and assures needs are met. Patients are usually more open and realize “someone cares” about them.

Andrew stated that a CHW certification would be beneficial since it would give trainees a solid background to start. He said the process must be flexible and allowed to evolve and that Increasing awareness of the CHW role will give momentum to the profession. Andrew has a bachelor’s degree and is a Certified Nursing Assistant. He stated that his background helped him but not everyone needs the same depth.

CHW positions are funded by the healthcare system (Beebe), justified as “cost avoidance.” Megan hopes to bill for complex case management but has yet to implement this. The CHWs are documenting their activities in the EHR.

***CHW Decision Points:***

The CHW definition, scope and core competencies require some revision, based on feedback from the Workforce Committee. The Healthy Neighborhoods Committee also will be given the opportunity to offer input at its 3/15 meeting.

Nadinia discussed the methodology used to draft the curriculum based on the Massachusetts core competencies. She and Kathy will share the results of their work at a later meeting. Nadinia stated that the curriculum should take between 240 and 318 hour, which is comparable to the Minnesota model.

***Discussion***

Lori indicated that additional elements of the training program “cross walk” still need to be discussed, including grandfathering criteria and continuing education requirements. She clarified the sense of the group on issues discussed in February, for example, the Subcommittee is interested in creating a training program that leads to a certificate, and the DE Department of Health and Social Services would oversee a certification program that would be needed for eligible CHWs to obtain third-part reimbursement. Lori will present an outline for the step-by-step path to the training infrastructure at the next meeting.

***Next Steps:***

1. Donna will revise the CHW definition, scope of practice and core competencies based on feedback and discussion and will re-send to the Subcommittee by Friday, March 10, 2017. She will need any further comments by Monday, March 13 so that an up-to-date version of the draft can be shared with the Healthy Neighborhoods Committee at its March 15 meeting.
2. Kathy will invite members of the Payment Committee and representatives from the Medicaid agency to attend the April 13th meeting.
3. An interim conference call will be held before the April 13th meeting to discuss outstanding issues related to the training and certification programs. A Doodle poll will be sent to identify a date and time.
4. Next meeting is April 13th and will begin at 3:15 p.m.

**The meeting adjourned at 5:07 PM**