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WV Partnership for Elder Living presentation on

Community Health Workers in the United States and in WV

Process for Developing CHW Certification in WV

- 1- Steering Team
- 2- Literature
- 3- Interview WV programs
- 3- Select and interview programs in other States
- 4- Convene four regional forums
- 5- Based on input, develop recommendations for review and finalization by forum participants
- 6- Present final recommendations at a State-wide Conference (Rural Health Conference)

Peers for Progress CHW Functions



Assistance in Daily
Management



Social/Emotional
Support



Linkage to Clinical
and Community
Resources



Ongoing
Support

“CHWs” in WV

- Women/infant/child (Home Visitation, Birth to Three, Right from the Start, HAPI, MIHOW, Starting Points); reimbursement through State/Federal grants and inclusion in the WV budget
- Volunteer Programs (Hospice Home Teams, AA); program internally funded
- “High risk” (Cabin Creek (elderly), Southeastern Diabetes Initiative (diabetes)); grant funded
- Prevention (Adolescent Health, MOVHD, Future Generations, Berkley HD); grant funded
- Navigation (CHIPRA, WVAHC); grant funded

Survey of CHW programs in the US

- States selected based on long-standing, successful CHW programs:
- Massachusetts, Minnesota, New Mexico, New York, Oregon, and Texas
- Oregon was later dropped because their program was not as well developed as the other States.

Key considerations in WV forums

- Definition of CHW
- Scope of Practice
- Core Competencies
- Training Models
- Quality Measures
- Organizations Structures
- Reimbursement

Reimbursement System

- Forum participants uniformly stated that a fee for service system would not work. They unanimously recommended that a pay for performance model would be the preferred method to support CHW activities in WV. Some sort of capitated, packaged or bundled payment for the primary care medical home was seen as the ideal payment structure.

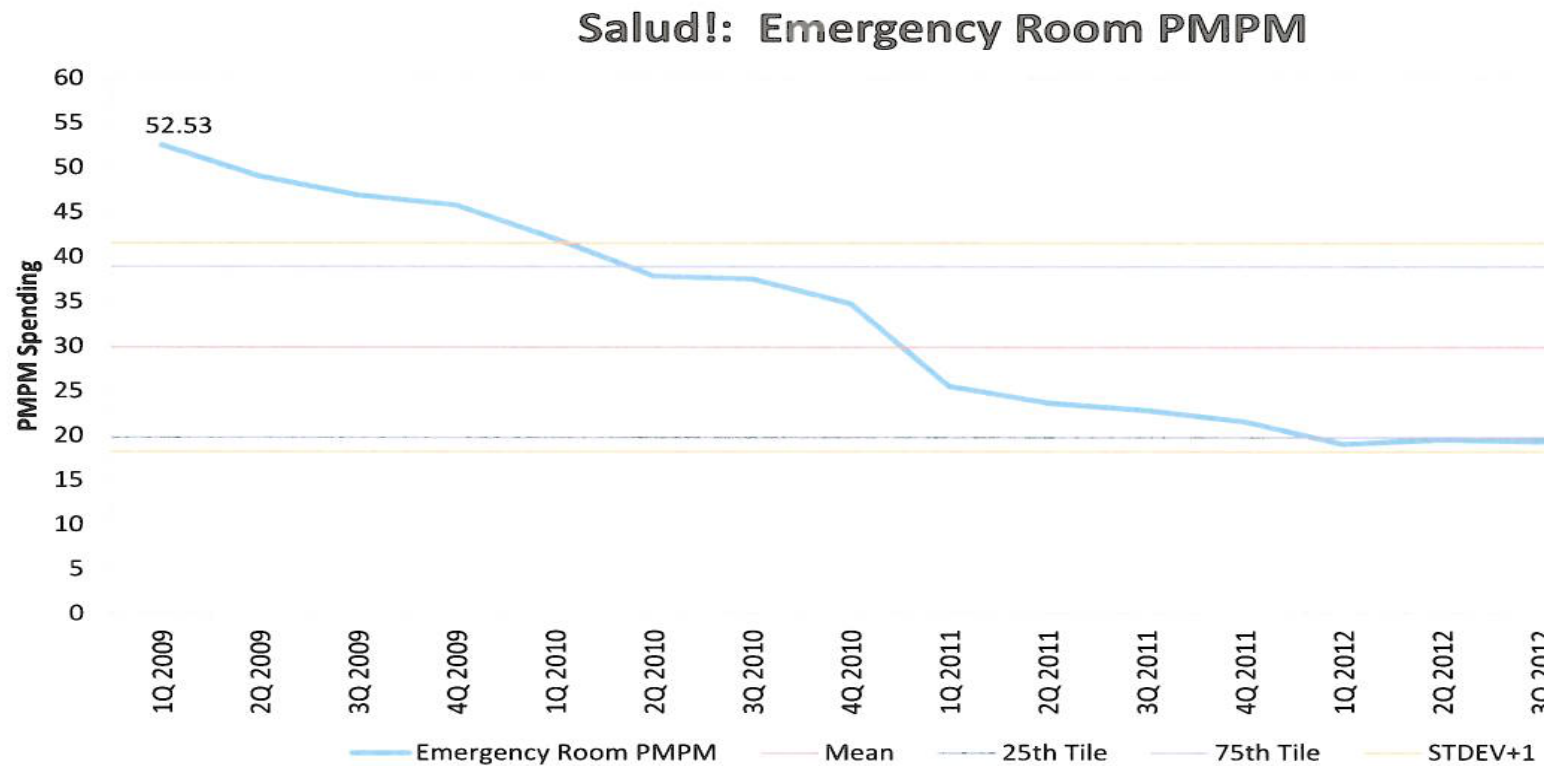
High Risk

- NM defines three tiers: 1- high medical resource utilizers (top 5% of population for risk), 2- patients needing help managing their chronic conditions (approximately 10% of population), and 3- the other 85% of the population.
- The literature supports that CHWs offer the best return when used for high-risk patients.

Community Health Workers Growing in Prominence Nationally

- In New Mexico, CHWs providing community-based support services to high consumers of health care resources were able to generate a 4:1 return-on-investment
- In a study in San Francisco the cost of diabetes care for patients served by CHWs was nearly half of that for patients that received medical care only.
- In Chicago, CHWs worked with children and their families to improve asthma management and reduced urgent care resource utilization by 75%. They estimated a 5.58:1 return on investment

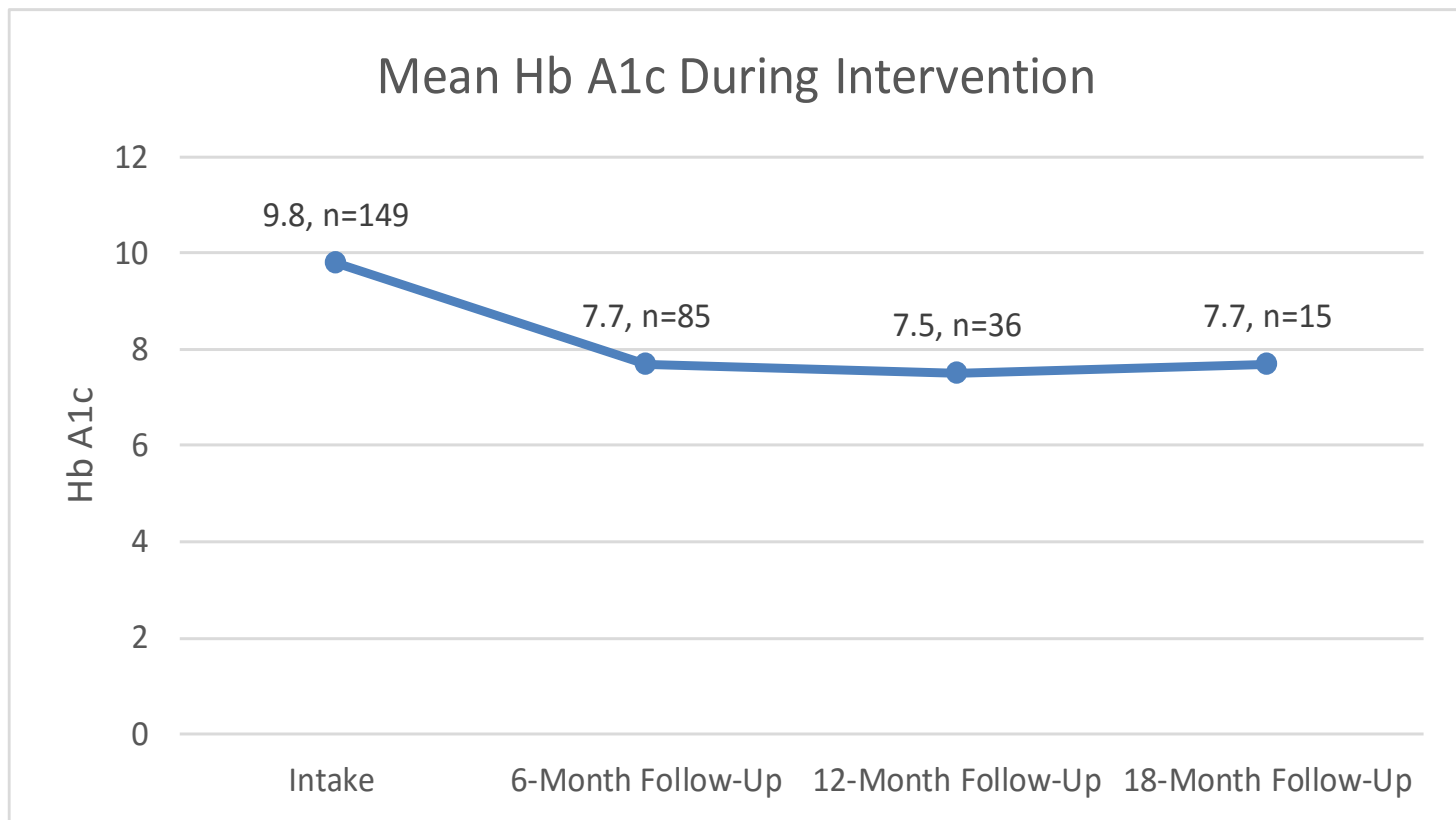
Impact of CHWs on ER Usage in NM



Source: NM DART Salud! HCUCR Report

Mingo County Diabetes Coalition

	Intake	6-Month Follow-Up	12-Month Follow-Up	18-Month Follow-Up
Mean	9.8	7.7	7.5	7.7
	9.8, n=149	7.7, n=85	7.5, n=36	7.7, n=15



Why do CHWs work?

- Relationship that develops between patient and CHW
- “Trained Listener”
- “Barrier Buster”
- “You can’t eat an elephant in one bite!”
- Compliance

CHW Certification

- At least 17 states have a CHW certification system
- Provides a basis for quality assurance
- Provides justification for health insurance reimbursement
- Keys:
 - Link performance to improvement in health outcomes
 - Target high risk populations because of higher return on investment for insurance companies.

Key Recommendations

- CHWs work best if they are from the community they serve
- CHWs should be part of a health care system that links tertiary care, primary care, clinical/CHW team management, and CHW service in the community
- The control of this system should be at the local level
- The performance of a system that includes CHWs should be linked to specific health outcomes
- Focus on high risk patients
- Payment should be based on a capitated system, not fee for service

Next Steps

- Dual track:
 - Advocacy with state agencies and health insurance payers
 - Generate data in the WV context to demonstrate cost savings
 - Care coordination, with CHWs, projects with the Mid-Ohio Valley Health Care Alliance and the Williamson Health and Wellness Center (FQHC in Mingo Co.)