Community Health Workers

Public Meeting – June 28, 2013

Agenda

- Introductions (10-10:15)
- Evidence presentation, Q&A (10:15-11:15)
- Public comment, discussion (11:15-12:15)
- Lunch (12:15-1:00)
- CEPAC deliberation and votes on evidence (1:00-1:45)
- Roundtable, comment and approval of best practices recommendations (1:45-3:50)
- Closing Remarks (3:50-4:00)

New England CEPAC

- Funding
  - Agency for Healthcare Research and Quality
- Goal
  - To improve the application of evidence to guide practice and policy in New England
- Structure
  - Independent clinicians, scientific review experts, and public representatives from all six New England states

New England CEPAC, cont.

- CEPAC recommendations designed to support aligned efforts to improve the application of evidence to:
  - Practice
    - Patient/clinician education
    - Quality improvement efforts
    - Clinical guideline development
  - Policy
    - Coverage and reimbursement
    - Medical management policies
    - Benefit design

What is a Community Health Worker (CHW)?

- Bureau of Labor Statistics (2012):
  - *Assist individuals and communities to adopt healthy behaviors.*
  - *Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health.*
  - *May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening.*
  - *May collect data to help identify community health needs.*
  - *Excludes Health Educators.*

CHW Definition (cont.)

- American Public Health Association:
  - *A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.*
  - *A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.*

QUESTIONS FOR DELIBERATION

Votes on Effectiveness

For each question, rank the likely contribution that each component of a CHW program has for improved health outcomes.

1 = **Not at all likely** to contribute to improved health outcomes

2 = **Unlikely** to contribute to improved health outcomes

3 = **Somewhat likely** to contribute to improved health outcomes

4 = **Likely** to contribute to improved health outcomes

5 = **Highly likely** to contribute to improved health outcomes

1. Training

40+ hours focused on development of core competencies and/or specialized, condition-specific curriculum.

1. **Not at all likely**
2. **Unlikely**
3. **Somewhat likely**
4. **Likely**
5. **Highly likely**

2. In-Person Home Visits

CHW interaction includes in-person visits in the patient's home or own environment.

1. **Not at all likely**
2. **Unlikely**
3. **Somewhat likely**
4. **Likely**
5. **Highly likely**

3. Length of CHW Visit

CHW in-person interaction is at least 60 minutes in duration.

1. **Not at all likely**
2. **Unlikely**
3. **Somewhat likely**
4. **Likely**
5. **Highly likely**

4. Patient Participation Incentives

CHW interaction includes incentives (e.g. gift cards, cash rewards, free transportation, etc.) for participating or completing program.

1. **Not at all likely**
2. **Unlikely**
3. **Somewhat likely**
4. **Likely**
5. **Highly likely**

5. Matching

CHWs are matched to patients by a shared community, ethnicity/race, or disease/condition.

1. **Not at all likely**
2. **Unlikely**
3. **Somewhat likely**
4. **Likely**
5. **Highly likely**

Votes on Value

1. Does the budget impact analysis of the Asthma CHW program (Krieger, 2005) suggest that a community health worker program with these outcomes and costs represents:

1. high value;
2. reasonable value; or
3. low value?

Votes on Value

2. Does the budget impact analysis of the High Resource Utilization program (Johnson, 2012) suggest that a community health worker program with these outcomes and costs represents:

1. high value;
2. reasonable value; or
3. low value?

EVIDENCE PRESENTATION

Outline

- CHW Status in New England
  - ICER survey data
- Evidence on effectiveness of CHW programs
  - Program components associated with success
- Economic impact of CHWs
- Potential budgetary impact of CHWs in New England

CHW STATUS IN NEW ENGLAND

CHW Status in New England

- Massachusetts
  - Professional association for CHWs established in 2000; very active on local and national levels
  - 2009: comprehensive report on CHW status and needs
  - 2012: CHW board of certification established to develop training and certification requirements
  - Global payment reform legislation includes formal CHW role

CHW Status in New England

- Rhode Island
  - Established CHW professional association
  - Training modules and conferences developed by professional association
  - Formal training or certification not yet required
  - State Department of Health recognizes CHWs as part of healthcare teams in new initiatives and funding opportunities

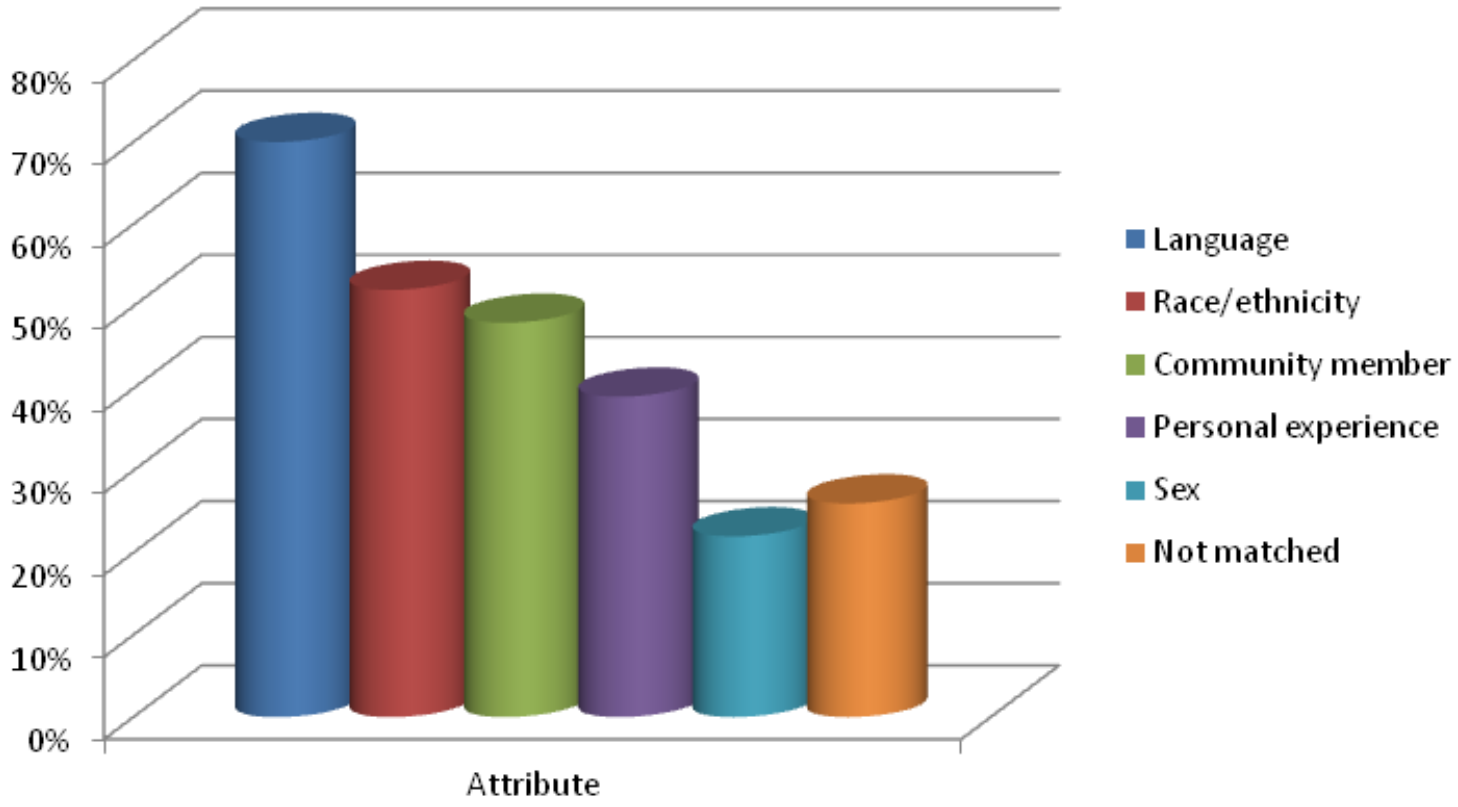
CHW Status in New England

- Other States
  - New professional association in CT, still pending in other states
  - No formal requirements for certification or training
  - Local efforts to organize and deploy CHWs, through:
    - Patient-centered medical homes (PCMHs)
    - Federally-qualified health centers (FQHCs)
    - Area health education centers (AHECs)
    - Other community-based organizations and agencies

ICER Survey

- 23 respondents (of 184 invited) to 25-item instrument
- 40% from MA
- Two-thirds from provider organizations (hospitals, health centers, integrated health systems)
- Most organizations recruited CHWs through advertisements or posting at community centers
- Most CHW programs based on existing intervention models
  - e.g. PACT, CCSF Capacitation Center

CHW Workforce: Matching Attributes



CHW Programs: Individuals Served

Type of Individual Served	Percentage of Programs
Racial and ethnic minorities	83%
Specific diseases or conditions	83%
Pregnant women	74%
Older adults or seniors	74%
Individuals with disabilities	70%
Infants and children	70%
Adolescents	65%
Homeless individuals	61%
Individuals with substance abuse disorders	61%
Income eligible individuals	57%
Refugees	57%
Migrant workers	35%
Military/veterans	35%
Rural populations	26%

CHW Programs: Visit Length & Frequency

Figure 6a: Length

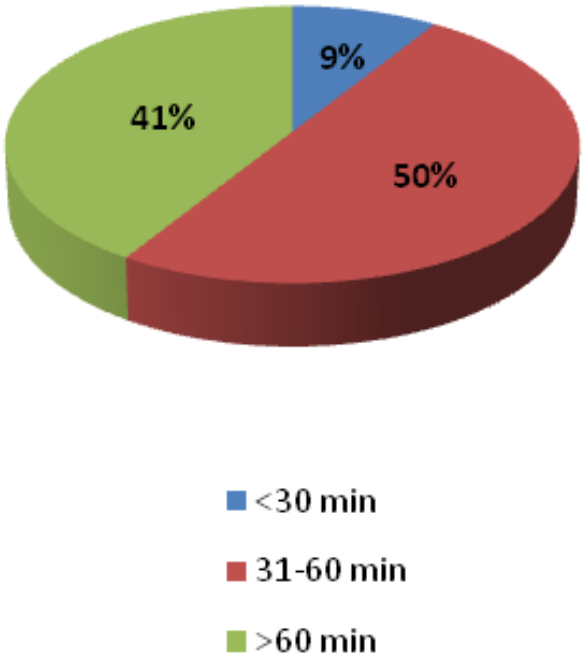
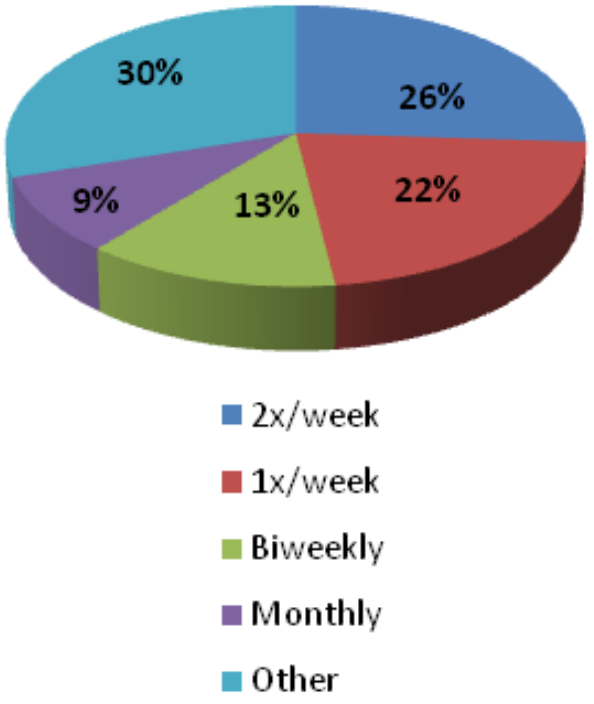
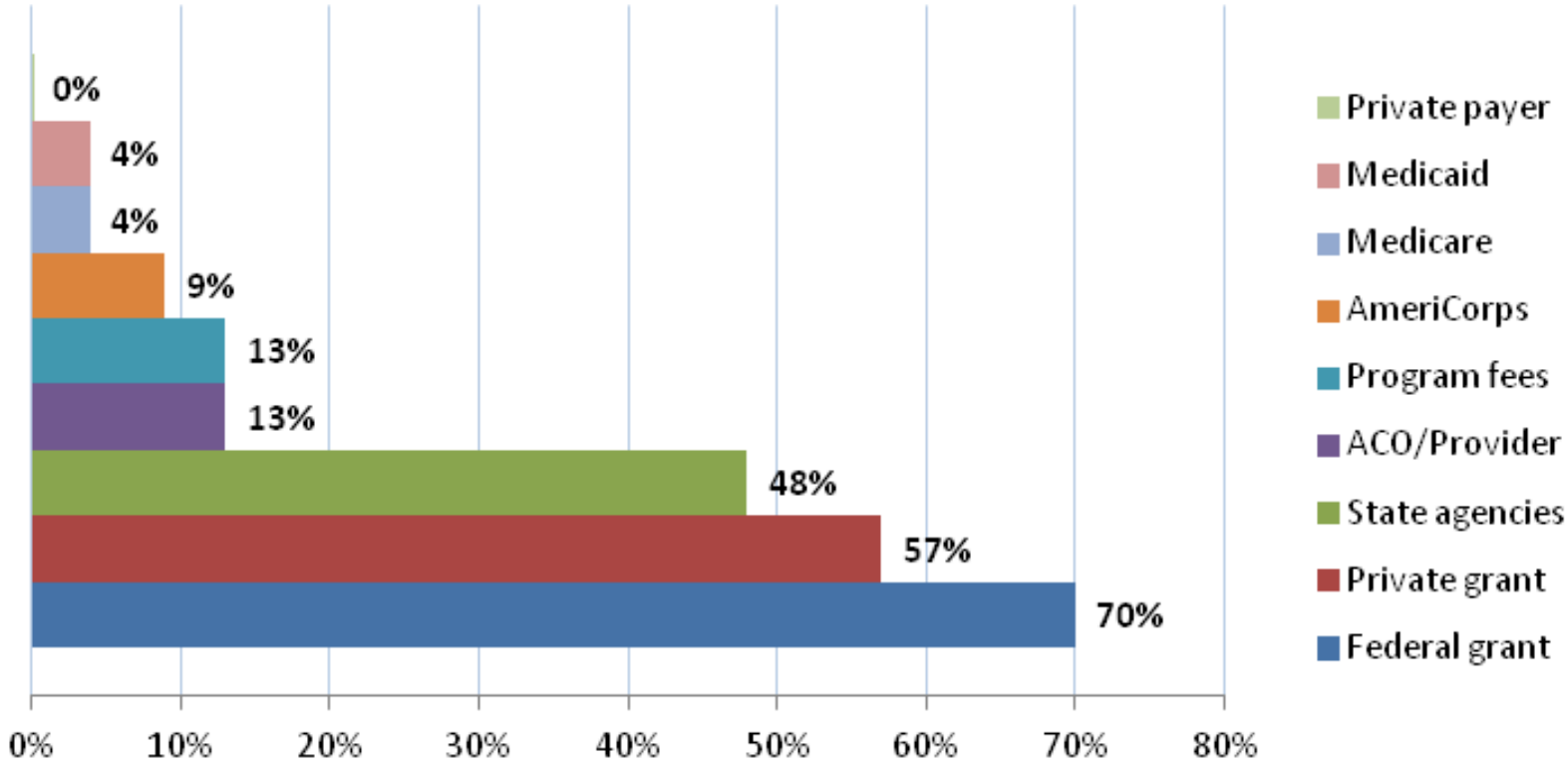


Figure 6b: Frequency



CHW Programs: Funding



CHW PROGRAM EFFECTIVENESS

Effectiveness of CHW Programs

- Review of studies from 2009 AHRQ review* and updated ICER literature search
- 46 good- or fair-quality studies identified from combined reviews that focused on “clinical” outcomes
- Major foci: chronic disease management, cancer screening, maternal/child health

*Viswanathan M et al. AHRQ Evidence Report #181.

Effectiveness of CHW Programs: Chronic Disease

Clinical Area	# Studies	# Positive Studies	Outcome Examples
Diabetes	8	6	Improved HbA1c, dietary changes
Asthma	3	3	Reduced use of urgent care, fewer activity limitations
Hypertension	3	1	Increase in appointments kept; no differences in clinical parameters
Multiple CV Risks	2	2	Improved blood pressure; no changes in other parameters
Other Diseases	6	3	Improved HIV viral load, better adherence to TB care, reduced use of ED; no differences in back pain measures, STDs, preventive care for healthy women

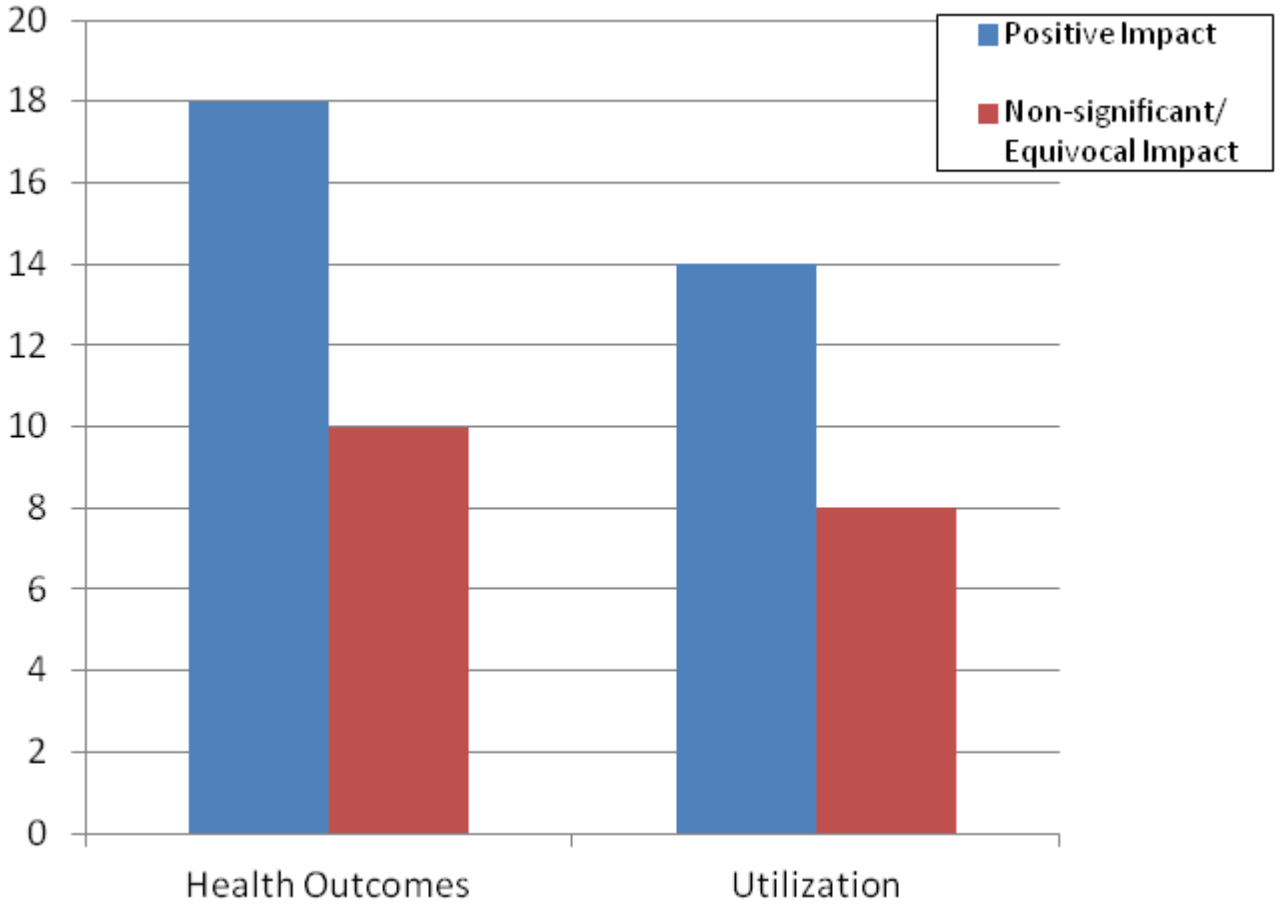
Effectiveness of CHW Programs: Cancer Screening

Clinical Area	# Studies	# Positive Studies	Outcome Examples
Breast	6	3	Improved adherence to mammography and self-exam
Cervical	6	6	Increased annual Pap smear rates, % ever receiving Pap smear
Colorectal	1	1	Increase in 6-month rates of colonoscopy
Multiple	2	0	No differences in screening rates for breast, cervical, colorectal cancer

Effectiveness of CHW Programs: Maternal/Child Health

Clinical Area	# Studies	# Positive Studies	Outcome Examples
Pregnancy	2	2	Better metabolic control in women w/PKU, better adherence to prenatal visit schedule
Child immunizations	2	1	Improved rates of adherence to scheduled vaccinations
Child development & mother-child interactions	5	2	Improved motor development in children, maternal mental health

Positive Impact of CHWs



Positive Impact of CHWs

	Element Present (% of studies)	Element Absent (% of studies)
CHW paid salary/stipend (n=22)	95%	5%
CHW matched to patient (n=28)	96%	4%
By Community By Ethnicity/Race By Disease State/Condition		
Formalized training (n=27)	67%	33%
Patient financial incentives (n=17)	100%	0%
Method of patient interaction		
Weekly Meetings (n=18)	44%	56%
In-person Home Visits (n=26)	73%	27%
Phone Calls (n=27)	48%	52%
Group Sessions (n=27)	33%	67%
Visit/Session Length ≥ 1 hour (n=18)	72%	28%
> 5 sessions (n=24)	50%	50%

Policy Comparator

- Evaluation of Medicare disease management and care coordination demonstration projects*
- Characteristics of cost-saving interventions similar to those reported in positive CHW studies:
  - *At least monthly face-to-face contact with patient*
  - *Regular contact between care coordinators and physicians*
  - *Training in behavior-change and motivational techniques*

*Brown RS et al. Health Affairs 2012;31(6):1156-66.

ECONOMIC IMPACT OF CHW PROGRAMS

Published Evidence

- 14 studies from combined literature review evaluated economic impact of CHW interventions
- Majority of studies reported net cost savings (i.e., cost offsets > program expenses)
  - Exceptions: studies focused on screening or medication adherence
- Many study reports lacked detail on program component costs

Budget Impact Analyses

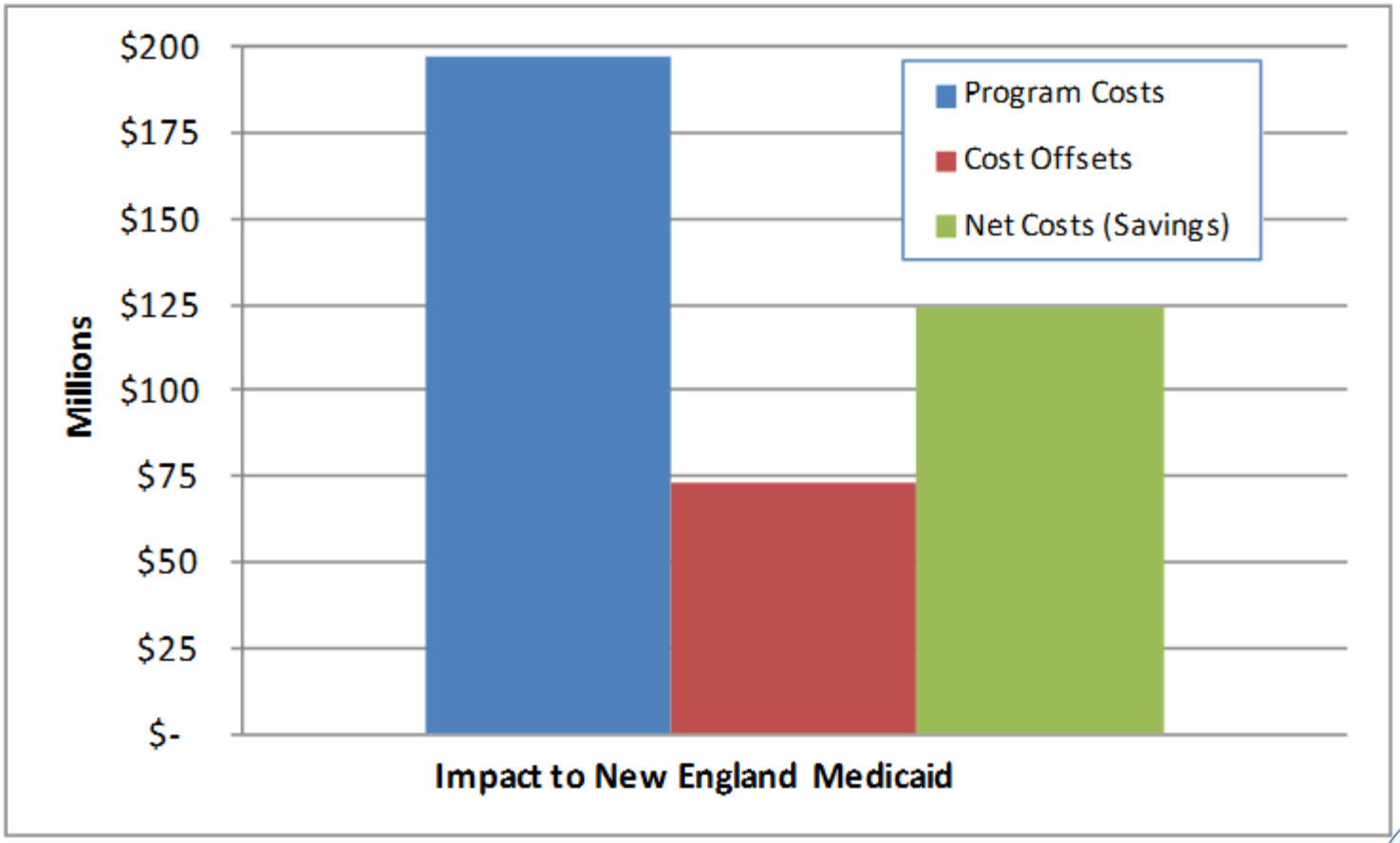
- Exploratory, population-based analysis to estimate regional impact of CHW programs
- Disease-specific and general examples chosen
- Based on published data from *specific* studies with sufficient cost detail reported
  - Program expenses (e.g., salaries, supplies, overhead, etc.)
  - Cost offsets (e.g., urgent care services)

Budget Impact Analysis: Asthma

- Based on data from Seattle-King County intervention (Krieger, 2005*):
  - RCT comparing intensive CHW interaction (in-home assessment, multiple visits, mitigation resources) vs. single CHW visit and limited education
  - Statistically-significant reduction in use of ED/urgent care
- Model inputs:
  - Perspective: ACO/PCMH
  - ~150,000 Medicaid children with persistent asthma in NE
  - Program cost: $1,300 per participant (includes incentive)
  - Caseload: 71 patients per CHW
  - Program savings: $480 per participant in first year

*Krieger JW et al. Am J Public Health 2005;95(4):652-9.

Budget Impact Analysis: Asthma



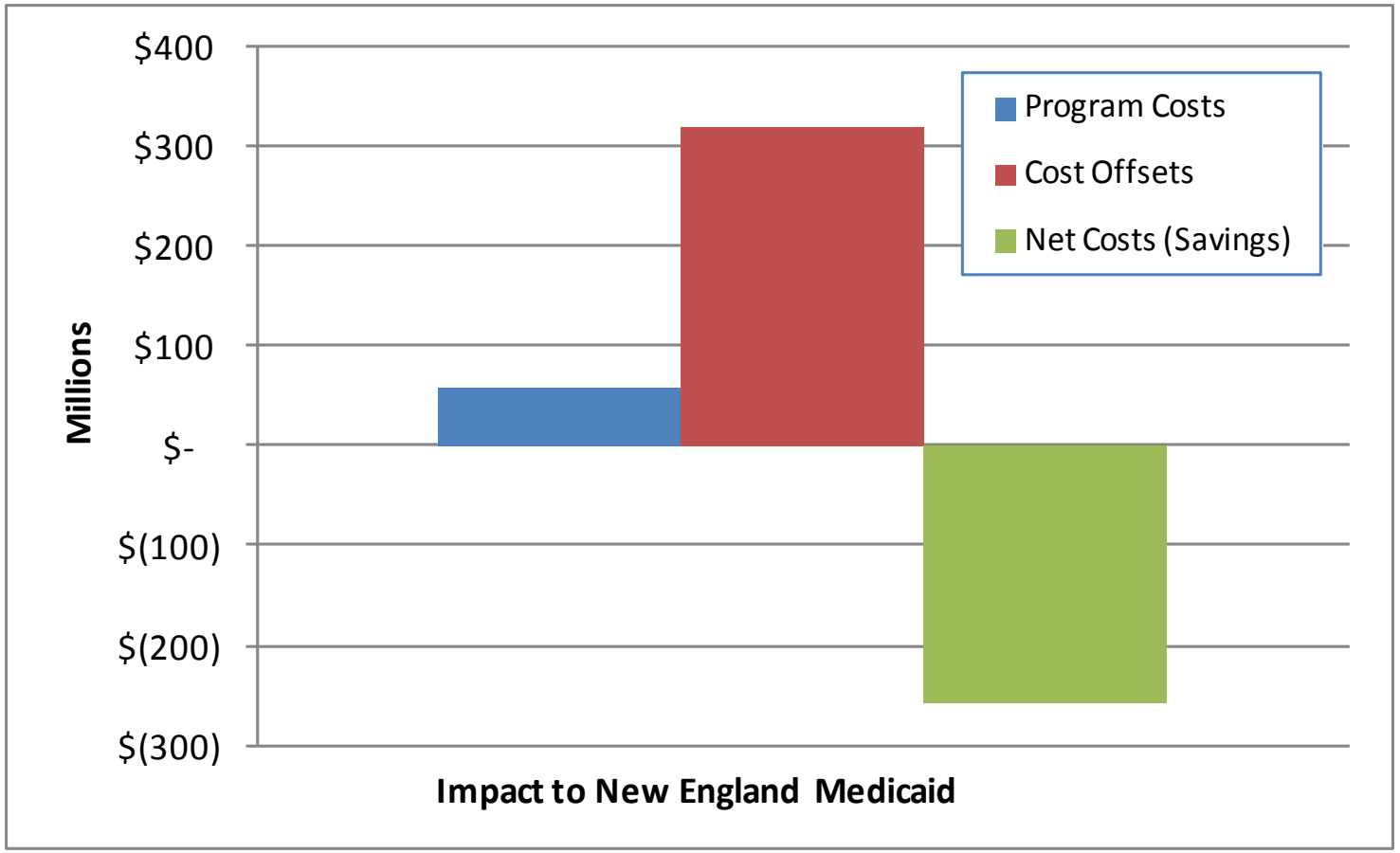
Program becomes cost-neutral after third year if annual utilization decreases persist and after first year if caseload increased to 192 patients per CHW

Budget Impact Analysis: High Risk

- Based on data from New Mexico managed Medicaid intervention (Johnson, 2012*):
  - Cohort study comparing high utilizers (≥3 ED visits in 3 mo) receiving CHW visits, appointment support/reminders, etc. vs. high utilizers receiving no intervention
  - Statistically-significant reductions in use of ED/hospital and prescription drugs
- Model inputs:
  - Perspective: Medicaid
  - ~105,000 Medicaid adults with "high utilization"
  - Program cost: $559 per participant
  - Caseload: 115 patients per CHW
  - Program savings: $3,003 per participant in first year

*Johnson D et al. Community Health 2012;37:563-71.

Budget Impact Analysis: High Risk



Public Comments

- CHW definition and job roles
- Budget impact analysis: data sources, benefits measured
- Integrated care team as focus of intervention
- Measurement of CHW benefit outside of discrete clinical endpoints