New England Comparative Effectiveness Public Advisory Council

Public Meeting – Portland, Maine
Community Health Worker Programs
June 28, 2013
DRAFT: April 1, 2013

QUESTIONS FOR DELIBERATION

Introduction

Each public meeting of CEPAC will involve deliberation and voting on key questions related to the analysis being presented by ICER. Members of CEPAC will discuss issues regarding the application of the available evidence to guide clinical decision-making and payer policies. The key questions are developed by ICER with significant input from members of the CEPAC Advisory Board to ensure that the questions are framed to address the issues that are most important in applying the evidence to practice and medical policy decisions.

About the Questions

The topics of CEPAC meetings vary and may address subjects related to specific clinical interventions, public health, care management, or delivery system innovations. Discussion and voting may highlight the following issues:

1. The evidence on risks and benefits to determine the *comparative* effectiveness of management options, clinical interventions, or delivery system innovations for specific patient populations. In judging comparative effectiveness, there are two interrelated questions: the relative magnitude of differences in risks and benefits; and the relative confidence that the body of evidence can provide in the accuracy of estimates of risks and benefits. Considering these two issues together is required in order to make a judgment of whether the evidence is "adequate" to demonstrate that one intervention is as good as or better than another.
2. Issues related to individual patient preferences and values, provider training, volume, or other factors that should be considered in judging the evidence on clinical effectiveness and value.
3. Weighing the evidence on cost-effectiveness and projected budgetary impact to determine the comparative value of various management options, clinical interventions, or delivery system innovations for key patient populations.

4. The specific components of various models for care management, public health interventions, or delivery system innovations that are most associated with improved patient outcomes.
5. Comments or recommendations related to broader considerations of public health, equity, disparities, and access.

Comparative Value

The value "perspective" that CEPAC will be asked to assume is that of a state Medicaid program that must make resource decisions within a fixed budget for care. While information about hypothetical budget tradeoffs will be provided, CEPAC will not be given prescribed boundaries or thresholds for budget impact or incremental cost-effectiveness ratios to guide its judgment of high, reasonable, or low value.

Questions for Community Health Workers

Comparative Effectiveness and Value: Community Health Worker Programs

Although the evidence base is mainly focused on the effectiveness of community health worker programs for specific patient populations and disease states, the most policy-relevant conclusions can be made by identifying the components of community health worker programs that are linked to improved patient outcomes across different interventions.

Therefore the voting questions on comparative effectiveness ask the Council to rank each component's importance as it relates to improving patient outcomes, without special consideration for how each component relates to a specific condition or population group.

Conceptual Framework

To inform the Council's votes, we adopted a conceptual framework that defines the core competencies and features of community health worker programs. The Council will not be asked to vote on the core components of a community health worker programs as they are considered the key definitional features to a community health worker's role and therefore do not vary significantly across programs or interventions. Rather, the Council will focus on those aspects of community health programs that are variable across interventions, or differ in their magnitude or intensity, with potential implications for patient health outcomes.

The following list of core functions and competencies of a community health worker is adapted from The National Community Health Advisor Study (Rosenthal et al., 1998) and AHRQ Technology Assessment on the Outcomes of Community Health Worker Programs (Viswanathan et al., 2009):

- Is a member of the community in which he or she works, defined by but not limited to, geographic location, race or ethnicity, language, culture, and exposure or disease status.
- Provides culturally appropriate health education and information
- Mediates between communities and the health and social service systems
- Provides social support and/or counseling, including engagement with patient's broader social network and community
- Connects patients to needed services and/or resources
- Advocates for individual and community needs

Comparative Effectiveness

<u>Component Ranking:</u>

Based on your understanding of the available evidence and other material presented and discussed during the meeting, rank the likely contribution that each component of a community health worker program has for improved health outcomes:

1. Training (40+ hours with specialized, condition-specific curriculum and/or development of core competencies)

1	2	3	4	5

2. Targeted/Individualized patient interaction (patient interaction incorporates action-plan or goal-setting in context of patient's individual knowledge, priorities, and goals)

1	2	3	4	5

3. Interaction includes in-person visit in the patient's own home or environment

1	2	3	4	5

4. Patient participation incentives (e.g. gift cards, cash rewards, free transportation, etc. for participating or completing program)

1	2	3	4	5

5. Funding source (Part of core funding for practice (e.g. bundled payments, payer reimbursement, core operating budget, etc.)

1	2	3	4	5

Comparative Value

CEPAC will be presented with an evidence-based community health worker intervention that details impact on patient outcomes and costs. The analysis takes the perspective of a state Medicaid agency deploying the program statewide. CEPAC will be asked to vote on whether the program represents a high, reasonable, or low value:

1. Does the analysis suggest that a community health worker program with these outcomes and costs represents: 1) high value; 2) reasonable value; or 3) low value?