

Community Health Workers in Virginia



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Presentation Objectives

- Role and model of Community Health Workers
- CHW state-wide work
- Models from around the state
- CHW return on investment

Role of Community Health Workers (CHW)

What is a Community Health Worker?

Individual(s) who (i) applies his(her) unique understanding of the experience, language, and culture of the populations he(she) serves to promote healthy living and to help people take greater control over their health and lives and (ii) is trained to work in a variety of community settings, partnering in the delivery of health and human services to carry out one or more of the following roles: (a) providing culturally appropriate health education and information; (b) linking people to direct service providers, including informal counseling; (c) advocating for individual and community needs, including identification of gaps and existing strengths and actively building individual and community capacity. - *As defined by the Virginia CHW Advisory Group*

Community Health Worker roles can be categorized as:

- Community Mobilization and Outreach
- Health Promotion and Coaching
- Service System Access and Navigation
- Care Coordination/Management
- Community-Based Support
- Participatory Research

Why CHWs Should be Utilized?

- CHWs officially recognized **job classification** by the Department of Labor in 2010
- **Medicaid** rule change allows states to reimburse for preventive services
- Growing evidence across the country regarding the roles CHWs play in helping healthcare organizations achieve the **Triple Aim**
- Healthcare Trends toward **Patient-Centered Medical Homes, Accountable Care Organizations, and value-based financing**
- Emerging evidence demonstrating a significant **Return on Investment (ROI)**



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How to Integrate CHWs

CHWs help link fragmented healthcare and public health domains

- Chronic disease treatment and prevention
- Clinic and community-based care
- Behavioral health and primary care
- Oral health and medicine
- Care coordination
- Social determinants of health

Focus: CHW integration into organizations and teams

- Different organizations involve different integration challenges (e.g., hospitals, FQHCs)
- Use a systems change approach—CHW integration requires more than “fitting them in”
- Scope of practice challenges involve other professions as well as CHWs
- Organizational policies and procedures matter
- Integration requires sustainable funding

Are CHWs Replacing Other Traditional Healthcare Professionals?

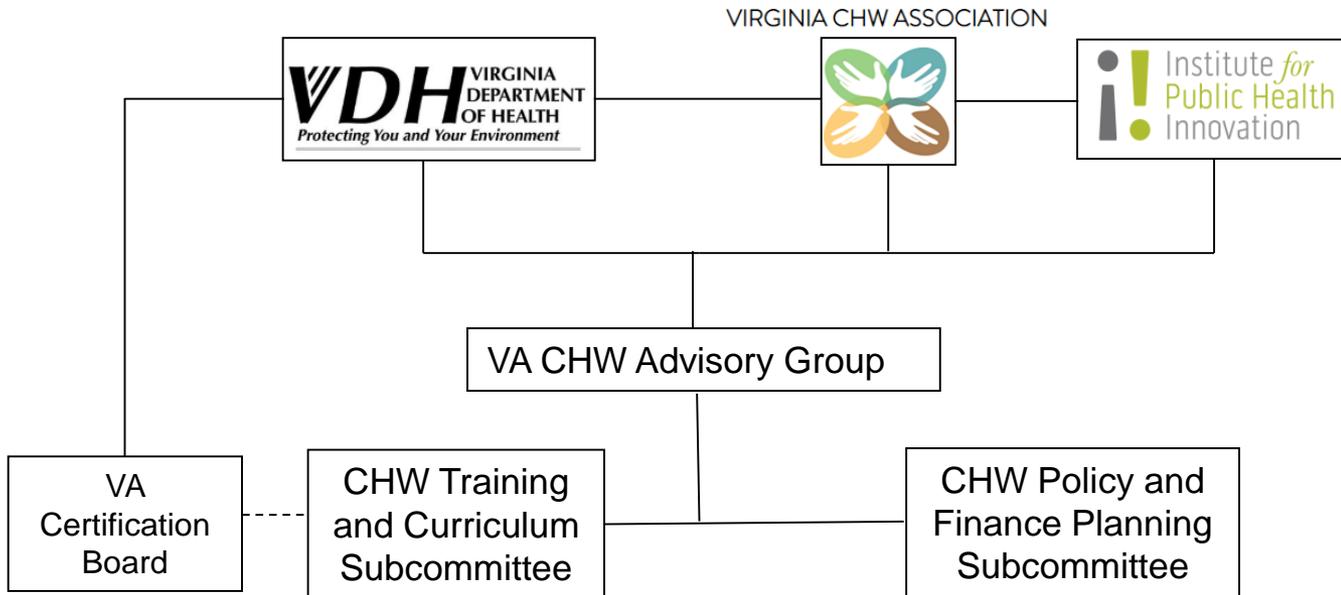
NO.

CHWs do NOT:
Provide clinical diagnosis
or treatment

CHWs do:

- Strengthen healthcare team
- Increase effectiveness of healthcare team
- Address SDOH
- Improve patient's health literacy
- Advocate for patient

Statewide Structure



Statewide Structure

The VA CHW Advisory Group

The CHW Advisory Group convenes CHWs, CHW program representatives and stakeholders who support the expansion of CHWs in Virginia. The Advisory Group is designed to ensure that a diversity of voices are heard when setting priorities and direction in the promotion and sustainability of CHW programs.

The Training and Curricula Subcommittee

The Committee develops guidelines and standards for CHW training and curriculum for certification and continuing education.

The Policy and Finance Planning Subcommittee

The Committee develops a coordinated strategy to effectively engage elected officials and health and human service system leaders (i.e. hospitals, managed care organizations, community health centers) to identify financing options and policies that will support, sustain, and grow the CHW workforce.

Virginia CHW Advisory Group

- Advisory group that serves Virginia's CHWs by raising awareness of CHW efforts statewide and works to address topics such as scope of practice, credentialing, reimbursement, professional development, etc.
- Meets quarterly
- **Priorities:**
 - Define CHW scope of service/finalize core competencies
 - Develop model training requirements
 - Recommend a process for credentialing CHWs to ensure that CHWs have the required skills and knowledge
 - Explore financing options



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The Certification Process

One Day Focus Group to review Scope of Practice and Core Competencies	VA Certification Board Staff, VDH Staff, CHW's (SME)	September 7, 2017
Draft Content Outline Developed	VCB Staff	October 4, 2017
Review of Draft Content Outline by all CHW's	Statewide CHW's	October 27, 2017 - extended November 3, 2017
2 nd and 3 rd review of Content Outline	CHW Advisory Group	December 12 - January 25, 2018
Submitted bill to the General Assembly Senate Bill 417 - CHW House Bill 1389 CHW	IPHI/Sen. Barker/Delegate Aird	February - March 2018 *bills passed by indefinitely
Virginia Certification Overview	VCB Staff	January 25, 2018
Draft Certified Community Health Worker Application	VCB Staff	January - February 2018
CWH Advisory Board to review CCHW Application	CHW Advisory Board, CHW's; All interested parties	February 2018
CCHW Application is submitted to VCB Board	VCB Staff	February 2018
CHW Certification Opens in Virginia	VA Certification Board	April 2018 - Ongoing
Initial marketing of Virginia Certification	VDH/CHW Advisory Group Members/CHW Association	Ongoing

CHW Certification Process

- VDH is the certifying body
- Virginia Board of Certification is the pass through

To Date – 57 Certified CHWs have been credentialed in Virginia

CHW Certification Requirements

EXPERIENCE: One year full-time or 2000 hours of volunteer or paid work experience as a community health worker specific to the domains within the last three (3) years. Part-time employment is acceptable..

SUPERVISION: 50 hours of supervision obtained during the 2000 hours of work experience. The supervision must be specific to all the domains.

EDUCATION: 60 hours of education/training specific to all the domains within the last three (3) years. While a specific number of hours per domain is not required, applicants must document hours in each of the seven (7) domains.

Virginia Organizations Employing CHWs

- Medicaid Managed Care Organizations
- Hospitals
 - Carilion, VCUHS, Bon Secours Mercy
- Public Health Departments
- Community Health Centers
- Free Clinics
- Not-for-profit Community-based organizations

Danville Community Health Worker Initiative

Danville Community Health Worker Initiative and ED Diversion*

January 1, 2017 – August 31, 2018

640 clients referred

Program Enrollment
61.3% (390)



Program Graduates
53% (205)



Enrolled Clients
w/ PCP connections
42% (163)



Readmissions Rate for the Community Health Worker Project Clients January 1, 2017 - August 31, 2018	
Decrease in Admits After Enrollment for all Enrolled Clients*	22.83%
Decrease in Admits After Enrollment for Active and Graduated Clients	32.12%
Decrease in Admits After Enrollment for Super-user Active and Graduated Clients **	34.30%
Decrease in Admits After Enrollment for Super-user Active and Graduated Clients Excluding Outliers***	44.15%
Decrease in Super-user Admits after Enrollment	77.86%

* Enrolled clients that have been referred to the program that are non-compliant, outlier, inactive, active, and graduates

** Super-user: Individuals that have used the ED more than 5 times in the past 12 months

*** Five outliers that have been active and/or graduated in the CHW Project

*Modeled after RCHD program

Forming Bonds, Improving Health

Program Reduces Hospitalizations, Keeps High-Risk Patients Healthy at Home

Significant Program Return on Investment

- 41 heart failure patients from April-September 2016
- Admissions for these patients dropped from 84 before intervention to 17 three months after being a part of the CHW program
- ER visits fell from 74 to 18
- A calculated cost reduction of about \$280,000

- Study of 114 patients with chronic diseases showed a cost reduction of about \$831,000, likewise with fewer admissions and ER visits
- Total cost reduction for these 155 patients was approximately \$1.1 million—as compared to cost of the pilot program at \$342,000

- Hospital agreed to fund the CHW program beginning in January 2018, with the three CHWs as full-time Sentara employees

Source: <https://sentaramhmagazine.yourwebedition.com/stories/forming-bonds-improving-health>



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Riverside and Bay Aging Earn 2013 Virginia Healthcare Innovators Award

Eastern Virginia Care Transitions Partnership program transitions to home reduced re-hospitalizations and will now expand across the region.

The Bay Aging and Riverside pilot program brought healthcare coaches (*Community Health Workers*) certified in the Care Transitions Intervention from the Area Agencies on Aging into the Riverside Walter Reed Hospital in Gloucester, the Riverside Tappahannock Hospital and Rappahannock General Hospital to work directly with patients and families preparing to transition home.

- 140 Medicare patients completed the Bay Aging and Riverside pilot program
- 98 percent avoided getting readmitted to the hospital within a month of having returned home
- An estimated savings of approximately \$1 million
- Nationally, an average of 20 percent of Medicare patients are readmitted to hospitals within 30 days of discharge

 RIVERSIDE
Center for Excellence in
Aging and Lifelong Health

Source: <https://riversideonline.com/cealh/about/news/press-release-01.cfm>

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VCU Health

Setting: Richmond and Tidewater Region

Summary: 18 month CHW intervention to demonstrate the effectiveness of a patient navigator-based program to improve medication (hydroxyurea) initiation and adherence among adult patients with Sickle Cell disease. Program was funded by NIH grant.

Total CHW program Costs: N/A

Total Cost Savings due to CHW intervention: \$333,839

Results: 82 inpatient discharges (2015 pre-intervention) reduced to 50 (2016 post intervention) difference of 32.

CHW ROI Cost Savings Nationally

ROI / Cost Savings	Health/ Disease Area	Description	Reference
\$3.36 first year of life; \$5.59 long-term for every \$1	Low birth weight prevention	Home visiting care coordination using the Pathways Community HUB model	Redding et al, 2014
\$1.80:1	Social determinants	CHW provide a wide range of services to high-risk populations in Philadelphia, PA.	Kangovi et al. 2014, 2016
2.3:1	Cancer	Wilder Research study of CHW services for cancer outreach	Diaz, 2012
Cost savings of \$2,044,465 pre to post intervention; cost of \$521,343 to manage the program over 25 months	High-utilizers, complex health issues	Based in New Mexico, Molina Healthcare's Community Connector Program assigned CHWs to reach members with complex health issues or high utilizers.	Johnson et al, 2012
2.28:1 \$95,941 annual cost savings	High-utilizers (Focus on primary, specialty, urgent, inpatient, outpatient behavioral services)	CHW case management outreach to underserved men.	Whitley et al., 2006
3:1 to 15:1 for total cost of care	Emergency department	CHRISTUS Health System and Memorial Hermann Hospital in East Texas employed CHWs to work with emergency department patients.	C. H. Rush, 2012
\$2,245 annual cost savings per patient	Asthma	CHW outreach program for Medicaid patients	Beckham et al., 2004
75% annual decrease in costs (\$735 to \$181)	Diabetes	Community-based diabetes case management by CHWs	Fedder et al., 2003

How Can CHWs Contribute to Cost Savings?

- CHWs contribute to cost containment by reducing preventable health care spending
- Produce financial returns on investment
- Help achieve quality standards of care benchmarks
- Enhance the member experience



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Thank you!

Questions?

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