MO HealthNet
Primary Care Health Home Initiative

Community Health Workers (CHWs): A Bridge to Value-Based Care

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Integrating CHWs into the Primary Care Health Home

- CHW two-year pilot project
  - Implemented in July (southwest Missouri) and September (Kansas City area) 2015
  - Funded in part by a portion of the participating providers’ health home per-member-per-month payments and supplemented with funding from the Health Care Foundation of Greater Kansas City and the Missouri Foundation for Health
  - Close collaboration with and support from Family and Community Trust (MO-FACT) and their partner organizations
CHW Pilot Goals

• Extend/expand care coordination provided by health homes into the community by using CHWs who work outside the clinic setting
• Concentrate primarily on activities related to enhancing self-efficacy and addressing the social determinants of health
• Focus on “high utilizer” health home population (those who have had multiple emergency department visits and/or hospitalizations)
• Evaluate pilot to determine effectiveness in impacting clinical outcomes, utilization and social determinants of health
• Develop a plan for sustainability for CHWs in health home and broader Medicaid populations
CHW Pilot Statistics

• Southwest
  • Five participating organizations
  • 8 CHWs

• Kansas City area
  • One participating organization (through September 2016)
  • One new organization beginning January 2017
  • 1 CHW through September 2016
  • 5 CHWs anticipated beginning January 2017

Ratio: 1 FTE CHW per 75 (high utilizer) participants
CHW Roles and Requirements

• No degree or licensure requirements in the pilot

• These individuals are not clinicians and do not have responsibilities

• These individuals are not social workers and do not have traditional social worker responsibilities

• Function as part of the Primary Care Health Home team
CHW Roles and Requirements (continued)

• Examples of activities:
  • facilitate making and keeping (including arranging transportation)
  • follow up on appointments or other instructions from the health home by making home visits
  • communicate with health homes about barriers to self-management noted during home visits
  • assist in obtaining social and/or community services for participants
  • assist with post-hospitalization or emergency department visit follow-up by attempting to track down participants health home staff have been unable to reach
  • participate in health home staff meetings when possible
CHW Roles and Requirements (continued)

• Training/Certification
  • Did not require completion of CHW training program and/or certification for pilot
  • CHWs were expected to have previous applicable experience or education/training
  • All current CHWs except one have completed the CHW training at Ozarks Technical College with tuition covered by the Missouri Department of Health and Senior Services (DHSS)
  • MO HealthNet participates in DHSS’s statewide CHW Advisory Group and supports their core competencies and certification decisions
Successes

• Developed and implemented a web-based encounter tracking system for CHWs to use to aid in the evaluation process
• Partnership with MO-FACT has been beneficial
  • Network development and access to community resources and knowledge
  • Mileage reimbursement for CHWs
  • Training opportunities
• Enthusiasm among all participating PCHH organizations and their CHWs
• Many great anecdotes about successful activities and outcomes
  • Plans in the works to create a video of CHWs “telling their stories”
Challenges/ Lessons Learned

• Identifying and hiring the right people
  • Turnover
• Determining how long someone stays on a CHW’s panel
• Determining an appropriate ratio for CHWs to participants
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