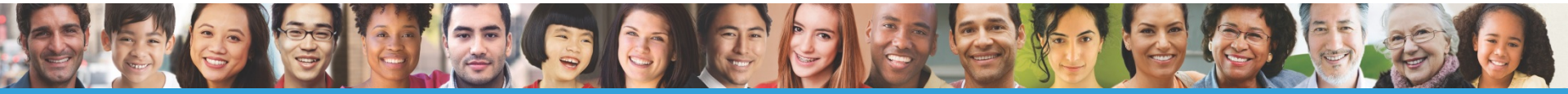
FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

Sustainably Funding Community Health Workers to Advance Equity and Improve Value

Kentucky Association of Community Health Workers
Annual Conference
September 28, 2017



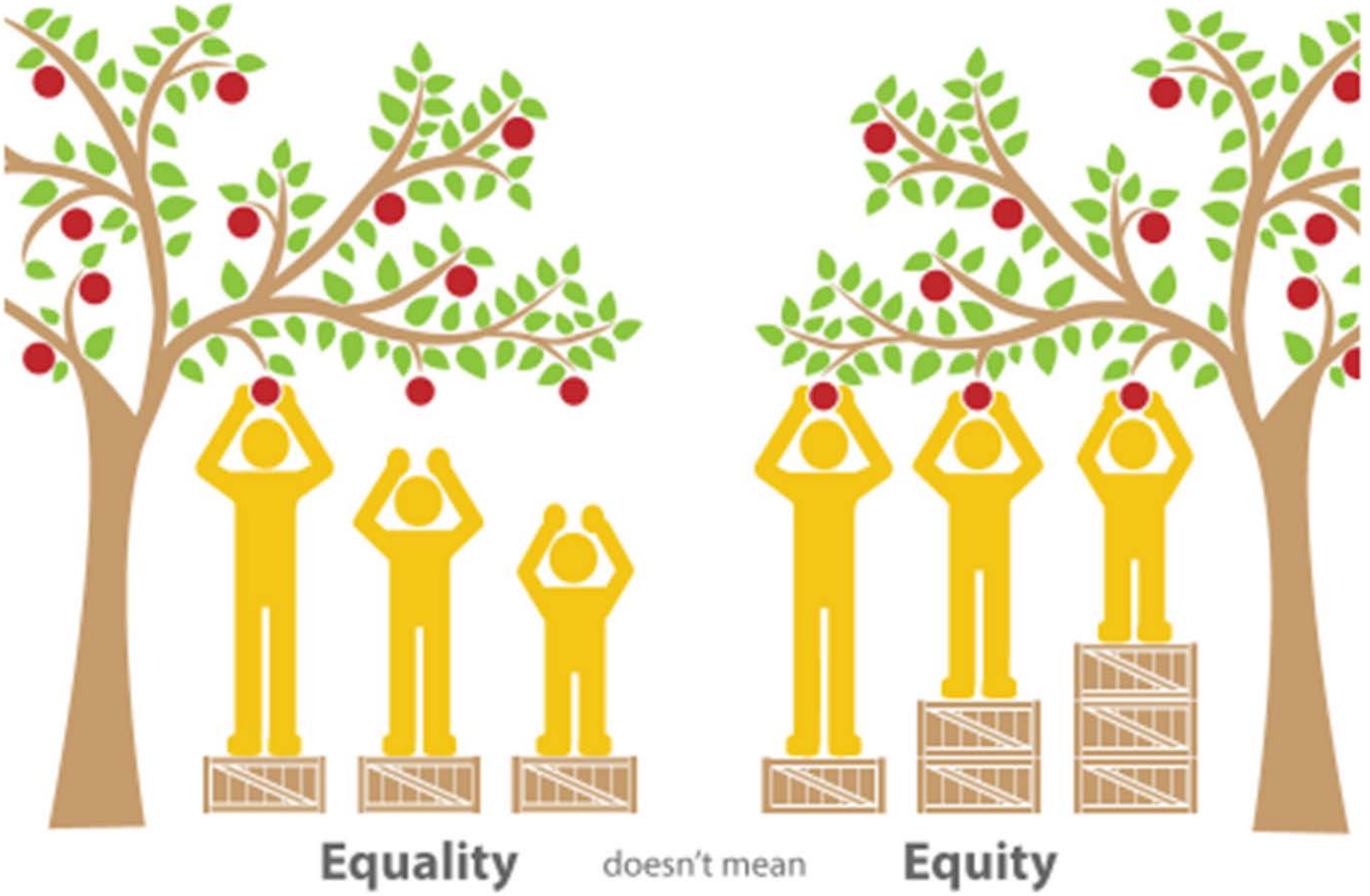
Sinsi Hernández-Cancio, JD
Health Equity Director

Families USA's Mission and Focus Areas

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all. We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient-and community centered health system.

Working at the national, state and community level for over 35 years.

Health Equity Frame



Spectrum of Determinants of Health

10-20%

Economic Stability	Neighborhood and Physical Environment	Education	Physical Sustenance	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education	Clean Air	Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training	Clean Water	Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Discrimination (Economic Stability)

Discrimination (Neighborhood and Physical Environment)

Discrimination (Education)

Discrimination (Physical Sustenance)

Bias (Health Care System)

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

THE HENRY J. KAISER FAMILY FOUNDATION

Spectrum of Health Intervention Points

Poverty

Unemployment

Strapped schools
Low quality & insecure housing

Food insecurity

Environmental hazards

Risk of violence

No insurance

Provider shortages

Inadequate networks

No Transportation

Limited hours

Fragmented care systems

Lower quality/ standard of care

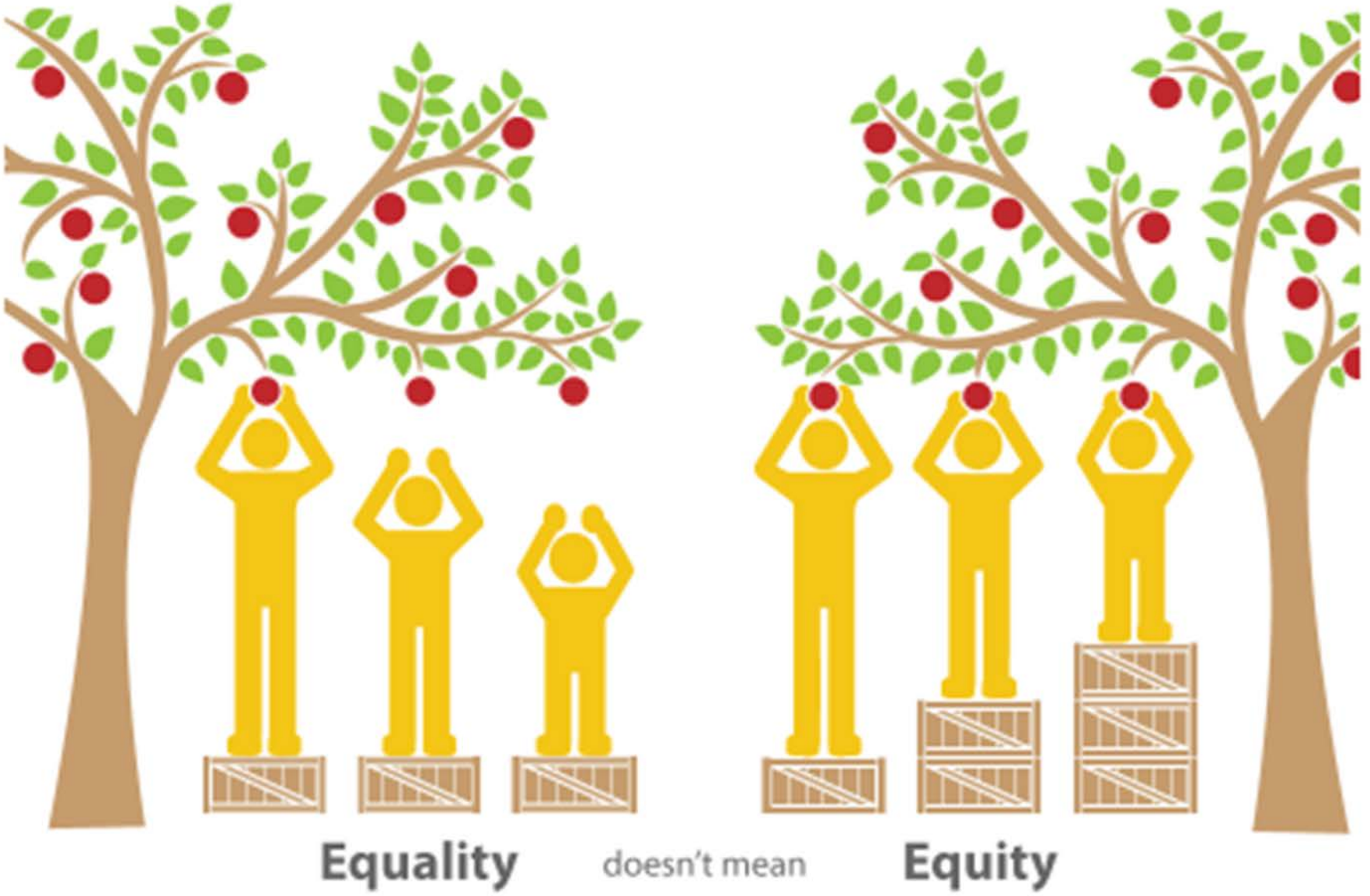
Limited Evidence Base

Health Literacy

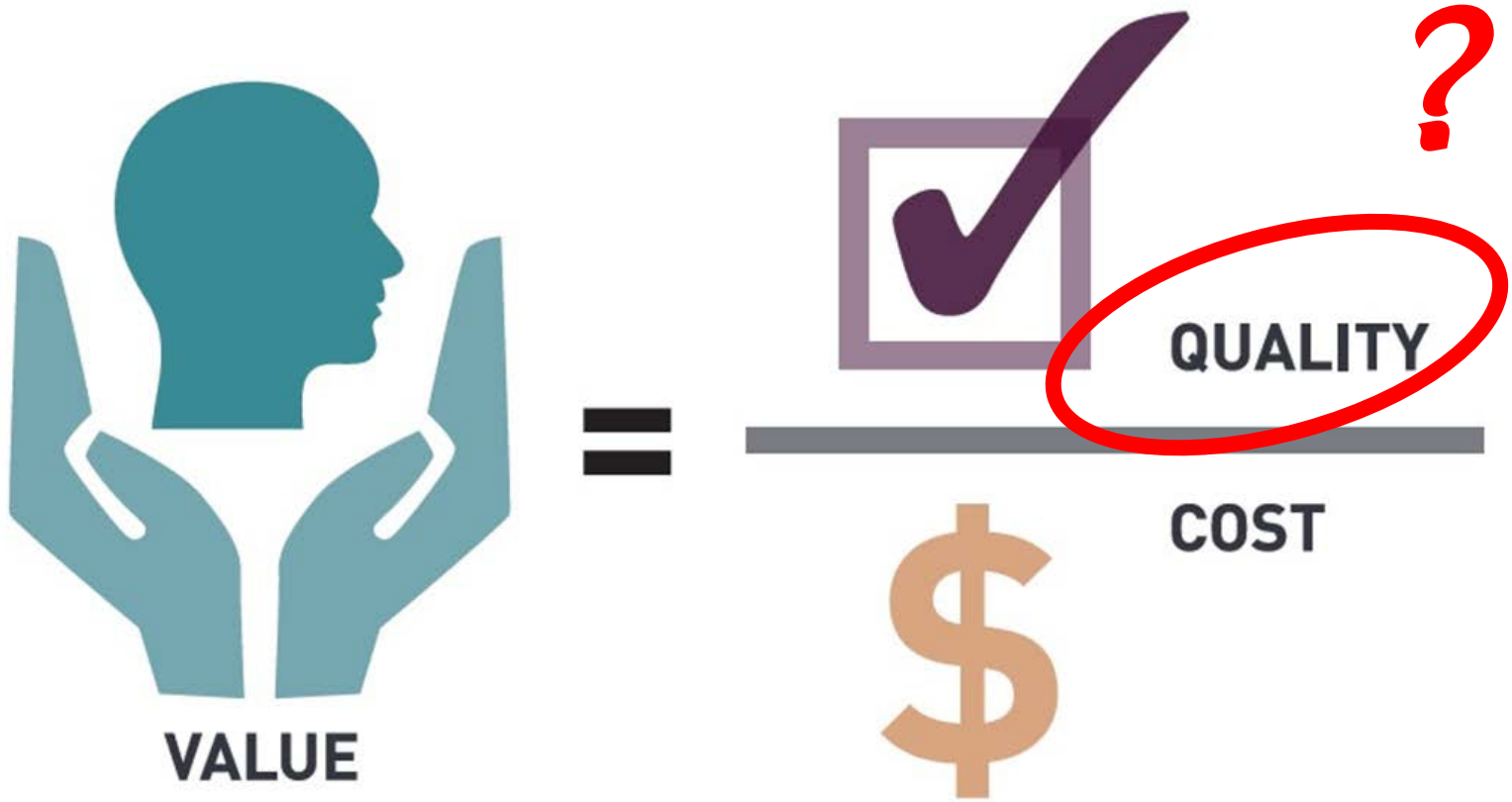
Language Access

Provider Bias

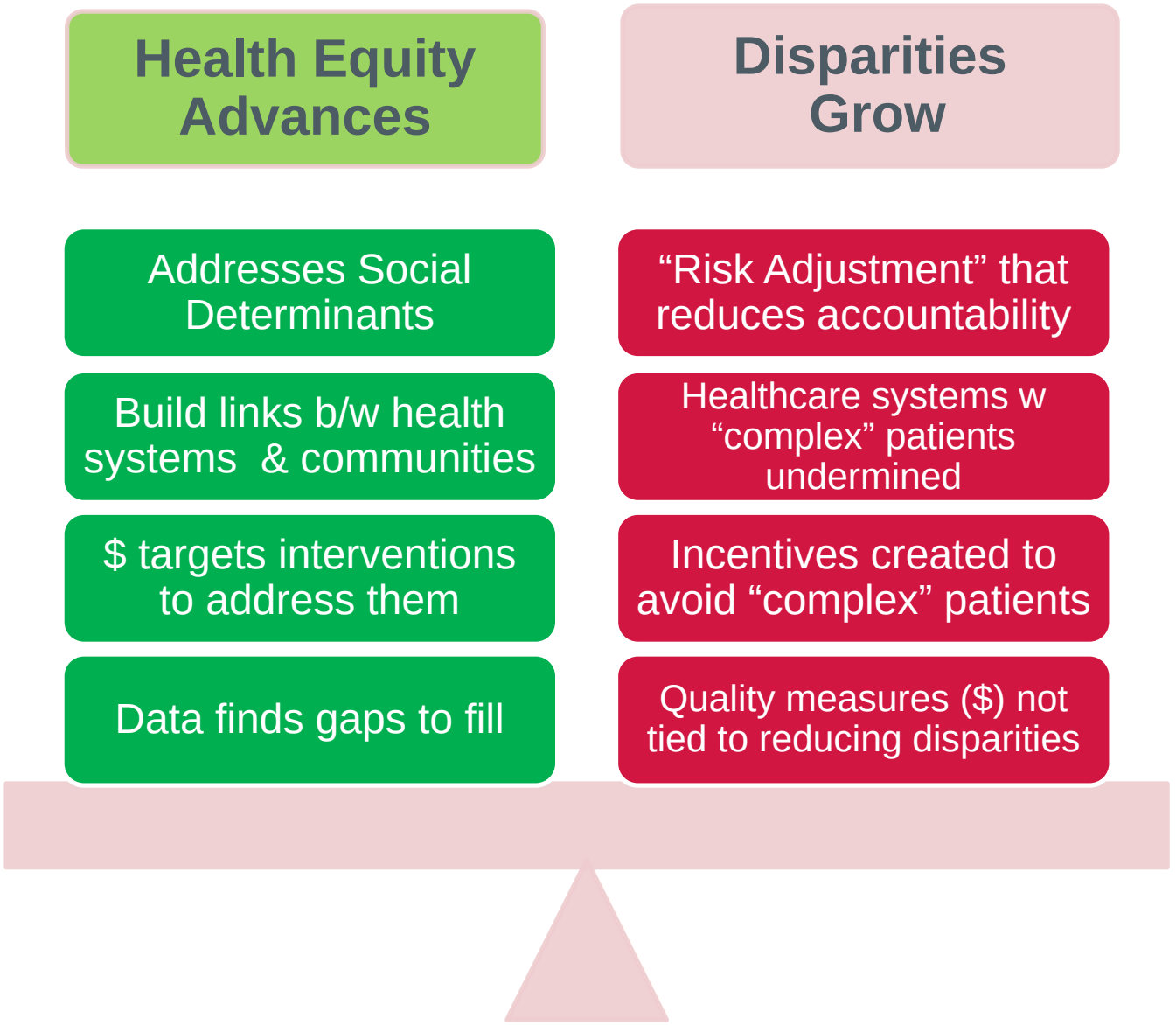
Health Equity Frame



Payment & Delivery Reform: Value vs. Volume



Payment & Delivery Reform: Promise vs. Pitfalls



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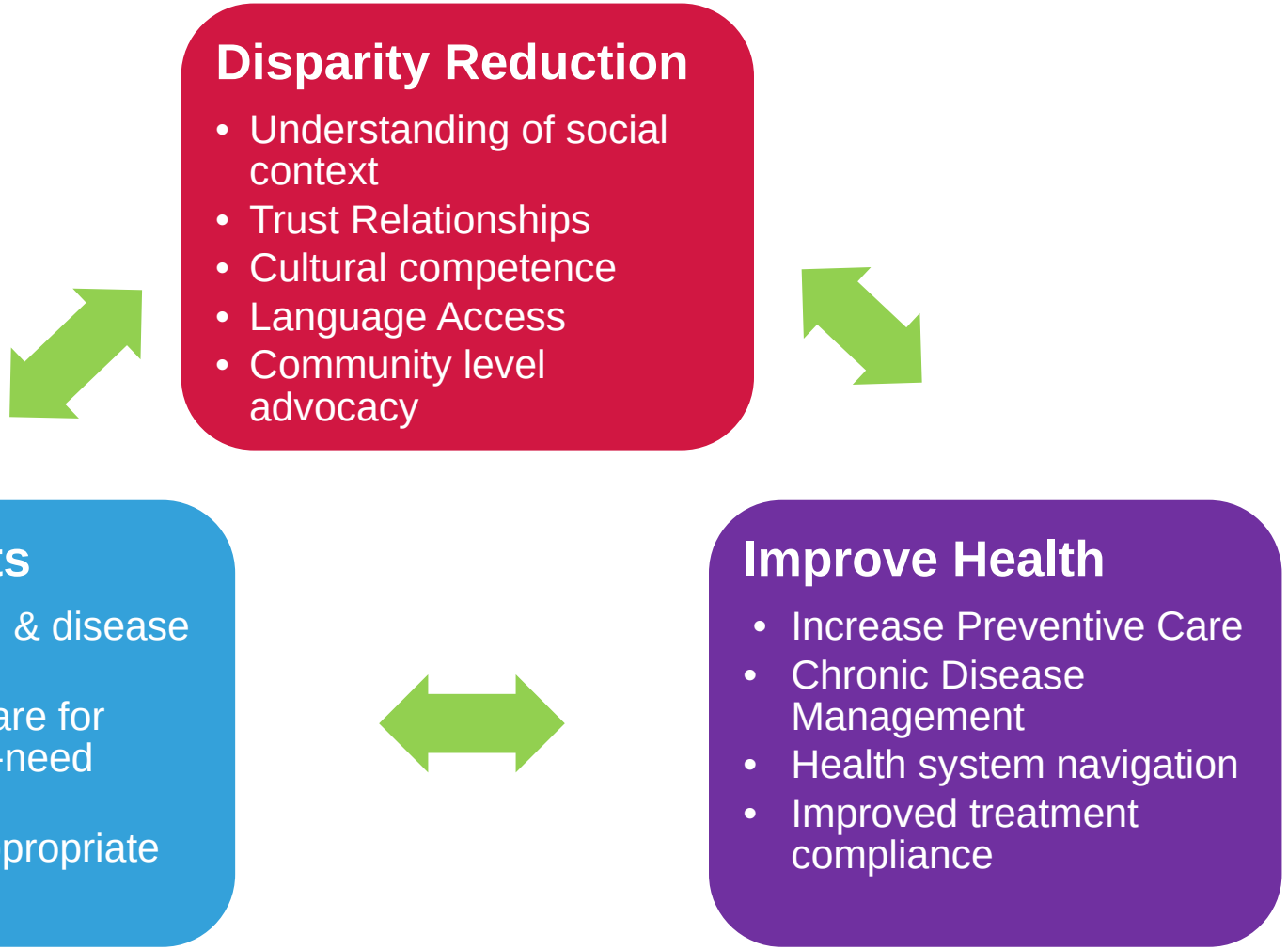
CHWs Value in Transforming HealthCare



CHWs serve many functions

- Enhance language access and cultural competency of care
- Improve patient understanding of health and health care
- Make home visits and address environmental challenges
- Promote community based lifestyle changes
- Enable patient engagement & self-management & provide disease management
- Help people enroll and maintain coverage
- Navigate health care and social services system
- Advocate at community level

Several Barriers to Greater Adoption of CHWs

- Lack of awareness/knowledge of the value of including CHWs on health care teams
- Unclear about professional identity of CHWs and their role(s) compared to other team members
- No standardized curriculum or training program
- Wide variety of models and intervention designs
- Lack of Sustainable Funding

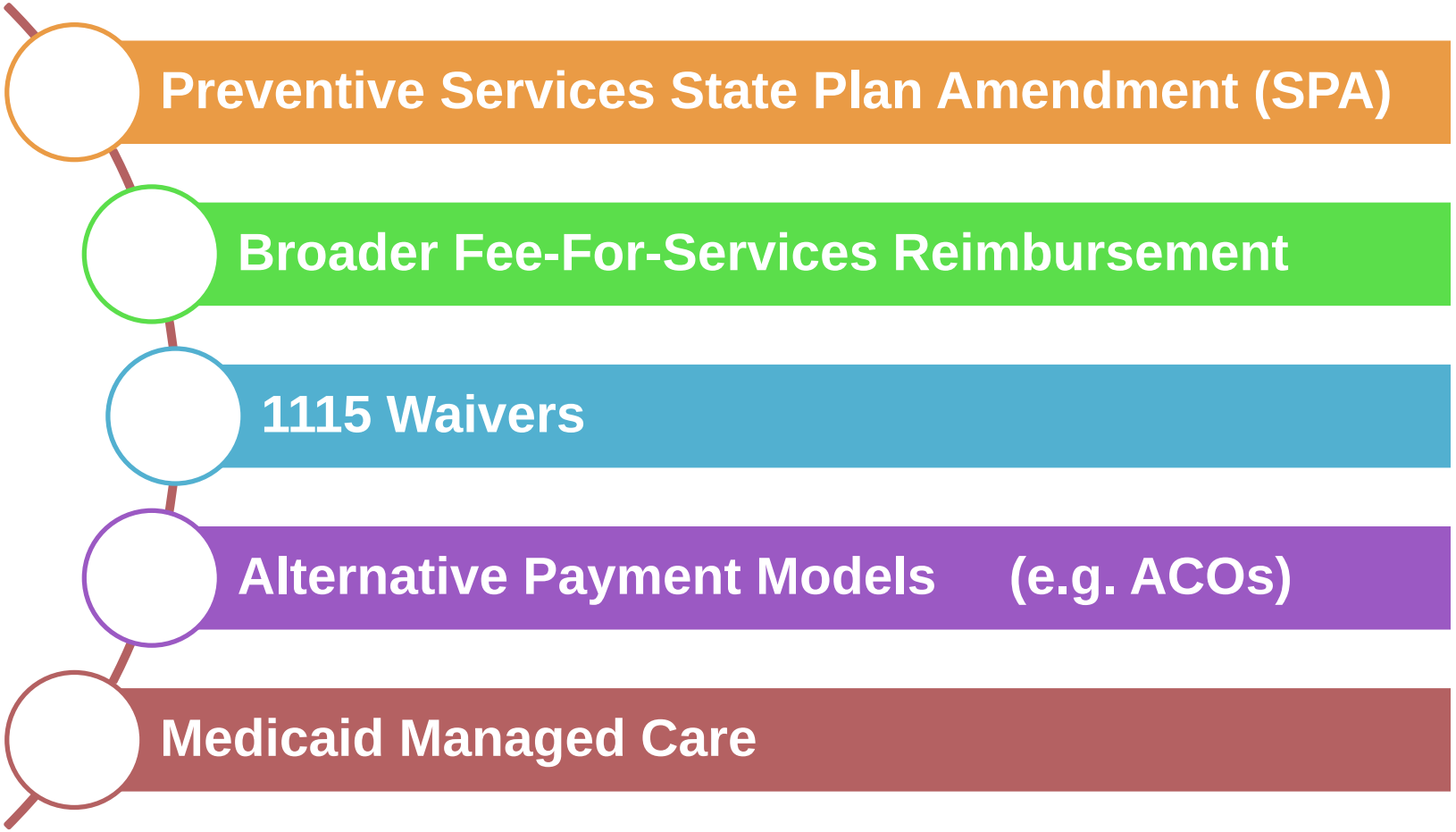
Sustainable Funding Remains Biggest Barrier

- Current funding largely grant-based or from general operating budgets
  - Unpredictable, time-limited

- Often disease or population-specific
  - Fragmented, siloed
  - Doesn't meet needs of people with multiple conditions
  - Harder to do family or community-oriented interventions

- Lack of sustainable funding also affects other barriers (role clarity, awareness, etc.)

Medicaid CHW Funding Pathways



Preventive Services State Plan Amendment

- 2013 CMS rule change: will reimburse preventive services ~~delivered~~ *recommended* by a licensed practitioner
  - Allows non-licensed practitioners, like CHWs, to deliver services

- No state has taken advantage of this:
  - No template SPA or further guidance from CMS
  - Fairly narrow scope: direct impact on health & direct patient care
  - Still fee-for-service
  - Still have to decide on education, training, supervision, etc.

Funding through 1115 Waivers

- Often used by states to test different benefit designs or new models for delivering care
- Can also use to focus on specific populations
- Must be approved by CMS, but still fairly significant flexibility for states
- Has been used several times by states to support CHWs:
  - Massachusetts: “dual eligibles”
  - California: family planning

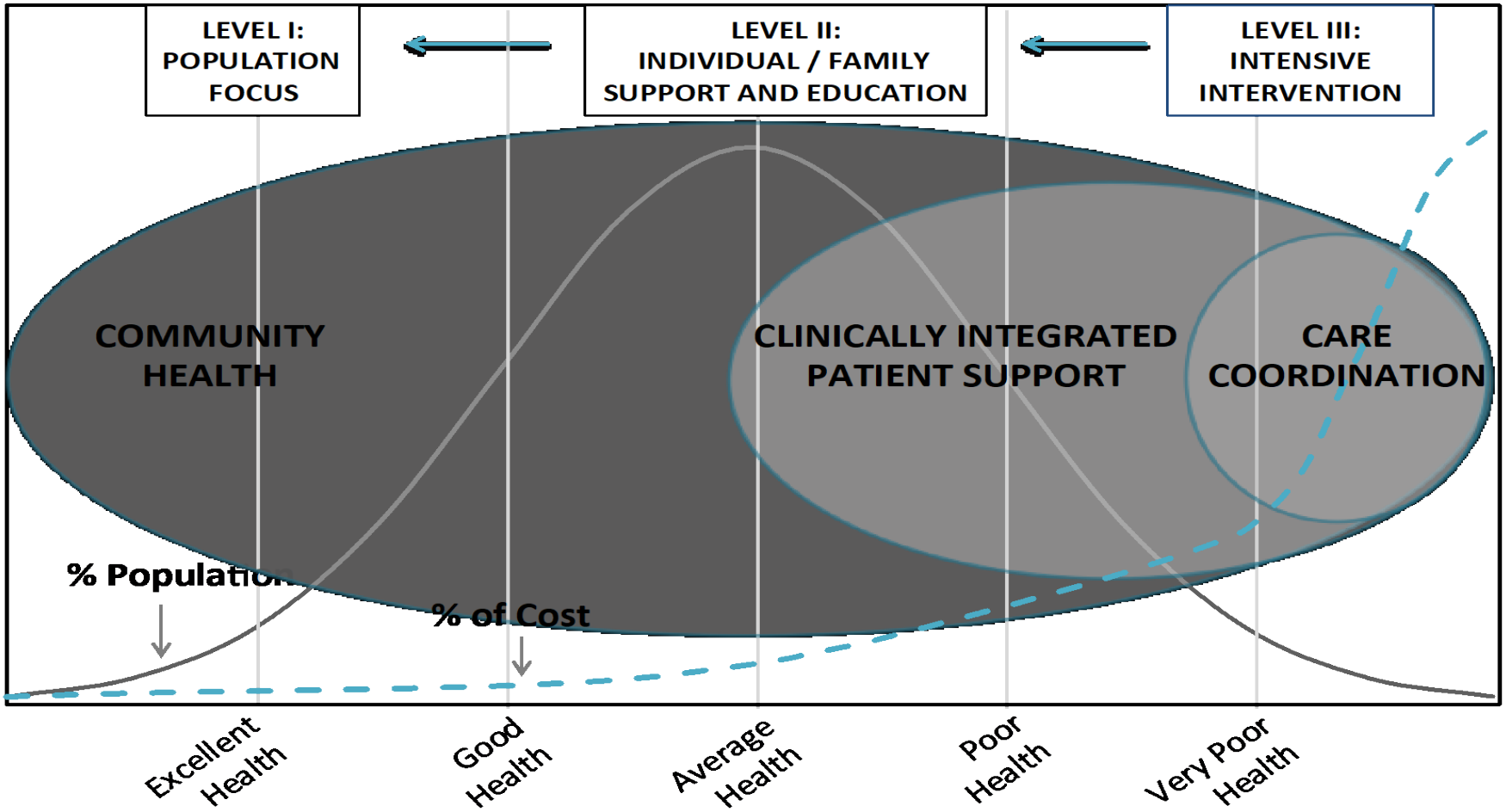
Fee-for-Service Reimbursement

- Likely requires both state legislation and a CMS-approved state plan amendment
- State has a lot of flexibility to define who will deliver what services
- Heavy lift, and still FFS
- Minnesota:
  - Passed legislation in 2007
  - After several years of workforce development
  - Face-to-face patient education (individual or group setting)
  - Care coordination

Using Medicaid Managed Care Contracts

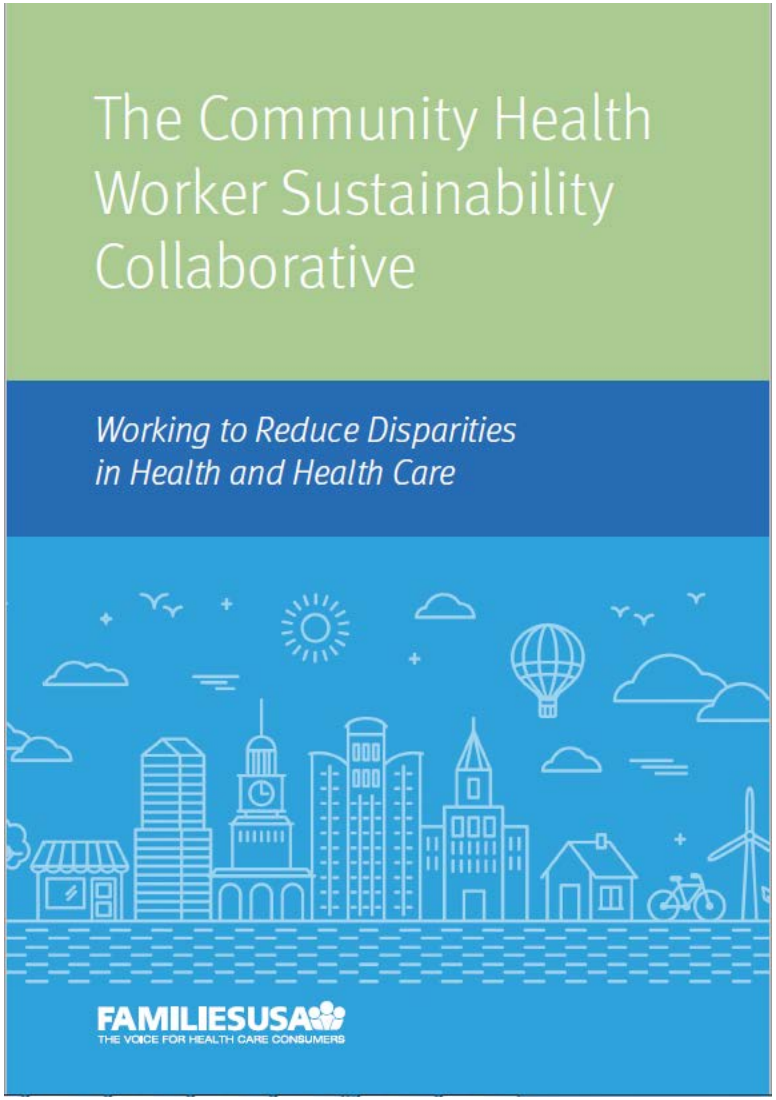
- Over 70% of all Medicaid beneficiaries are in managed care
- MCOs have more flexibility to cover additional services that aren't covered by traditional Medicaid
- States can use contracts with MCOs to support CHWs
  - MI: minimum ratio of CHWs to beneficiaries
- Can point to requirements in updated federal Medicaid managed care regulation as an incentive for MCOs to use CHWs (quality, equity, value-based contracting requirements)
- Clinics/providers can work directly with MCOs as well

New Mexico I-PaCS Model



Level III: $4 saved for every $1

Families USA CHW Sustainability Collaborative



- **Promotion**: Elevate the value of CHWs in reducing disparities, improving outcomes, & lowering costs.
- **Resources:** Hub with materials to support sustainable funding efforts.
- **Partnership:** Strategic guidance and technical assistance
- **Collaboration:** Platform for sharing ideas & best practices.

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