CalSIM Workforce Work Group Meeting
Friday, March 28, 2014
Office of Statewide Health Planning and Development (OSHPD)
400 R St. Sacramento, CA, Conference Room 471

-- Summary Notes –

Attendees: Marci Aguirre, Lupe Alonzo Diaz, Alma Avila, Desiree Backman, Kevin Barnett, Tim Berthold, Shom Dasgupta, Diane Factor, Maria Lemus, Viola Lujan, Barbara Masters, Perfecto Munoz, Pat Powers, Sonia Robinson, Wendy Soe, Carol West

1. Welcome and Purpose of Work Group

The Workforce Work Group aims to inform the California State Innovation Model (CalSIM) Innovation Plan on how community health workers and promotores (CHWs) can be incorporated into the Health Homes for Complex Patients, Palliative Care and Accountable Care Communities initiatives. Kevin Barnett and Lupe Alonzo-Diaz will serve as co-leads to this work group and Barbara Masters will be providing project management and facilitation. In their opening remarks Lupe and Kevin noted that CHWs have tremendous contributions to make to improve health and health care. It will be a short term and time intensive process to lay the groundwork to move this agenda forward. Each person was invited to participate for a specific reason; there is a vast source of expertise and experience around the table. CalSIM and the prospective Testing Grant funding offers an opportunity to accelerate the engagement of CHWs within mainstream health organizations and the safety net.

2. Overview of CalSIM

Innovation Director, Patricia Powers, provided an overview of the State Health Care Innovation Plan. The Innovation Plan process started in 2012 with the Let's Get Healthy California (LGHC) Task Force, which established priority indicators statewide. This served as the basis for the State Innovation Model (SIM) Design Grant, developed with support from the Center for Medicare and Medicaid Innovation (CMMI). CalSIM is currently awaiting an announcement for a three-year implementation grant.

Secretary Dooley is committed to advancing both LGHC and CalSIM. LGHC answered the question "What would California look like if it was the healthiest state in the nation?" by establishing a Dashboard for Health that includes six goal areas and priority indicators within each goal area to measure over ten years. Just as LGHC was producing its final report, CMMI released a solicitation for the SIM Design Grant. California applied for and received a Design Grant, which centers on new ways to deliver and pay for care and establishes linkages between health and healthcare. This design grant has turned into a year-long process for California, the current federal grant expires on March 31st. California will then apply for a Testing Grant, which is a three-year grant. Foundations are providing support to advance key pieces of the Plan between the Design and the Testing phases (from April through September).

This work group is tasked with thinking how CHWs may impact three of the four initiatives – the first initiative on maternity care is probably not as relevant to this work group. The Maternity Care Initiative focuses on reducing elective early deliveries and Cesarean sections. The second initiative, Health Homes for Complex Patients (HHCP), focuses on people with multiple chronic conditions who represent a great percentage of expenditures. The aim is to include more frontline

workers, such as CHWs, into team-based care to provide better care management and linkages with community services. The third initiative centers on Palliative Care. We know from surveys that most people prefer to die at home however many still die in the hospital. CHWs can be helpful in that they reflect the diversity of California's population more so than traditional professionals and can work with patients to ensure that their preferences are met. The fourth initiative is the Accountable Care Communities which will conduct two or three pilots at the community level. This initiative will break down silos between the public health and healthcare sectors by building community-wide coalitions. CHW are already working as trusted sources within the community.

Work group members noted that there is a lot of overlap within the four initiatives, especially between the HHCP and the ACC initiatives. Work group members also expressed interest in Maternity Care; there may be a role for this work group with respect to patient engagement. For example, a colleague of a work group member is closely associated with HealthConnect One's Doula program, which focuses on increasing the time between pregnancies to reduce low birth weight.

3. Introductions

Work Group members then introduced themselves and the organization they represented:

Sonia Robinson, Project/Research Assistant at CalSIM, works with Pat Powers and Barbara Masters on CalSIM and is pleased to be taking notes for this work group.

Desiree Backman, Prevention Officer at the Department of Health Care Services (DHCS), participated in CalSIM Work Group #2 around HHCPs. In a previous line of work with the Five a Day campaign, she relied heavily on CHWs to provide nutritional education and physical activity consulting as part of the Latino/a initiative. From the Medi-Cal perspective, DHCS has conducted a survey of managed care organizations, asking them about their use of CHWs. Eleven managed care organizations indicated that they use CHWs and described their uses. The next step will be to figure out how to pay for CHWs.

Wendy Soe, Chief Deputy Director of Healthcare Programs at DHCS, works with issues related to payment reform, financing, rate setting, and actuaries. She is hoping that this process will inform the role that CHWs do/can play and how to structure reimbursement for services. A federal rule, issued last July, just came out related to this issue. CMS is interfacing with states to find innovations in this area.

Shom Dasgupta represents St. Johns Well Child and Family Center in Los Angeles. St. Johns has nine clinics in south LA and Compton which include the sickest and poorest in communities in LA County. Their mission is to provide clinical services to this patient population and address social determinants of health. St. Johns has figured out creative ways to develop and maintain CHW workforces to perform a variety of different functions. Shom's background is in developing community health networks in rural areas, specifically a referral system for complex patients in Guatemala. Globally, CHWs are considered a standard of care. When CHW models are brought into a community, outcomes are improved, at least for highest risk/high utilizer patients. Shom's interest is to figure out sustainable ways to document and acknowledge the work that CHWs can do as well as demonstrate increased health care quality and outcomes dependent on integrating CHWs into care teams.

Maria Lemus is the Executive Director of Visión y Compromiso which reflects a collective voice of promotores and promotores organizations. They are working toward fuller integration of CHWs in the community, the workforce, clinics, and other non-hospital organizations. Maria is especially interested in the influence CHWs can have on non-hospital activities. She hopes that this work group can bring fuller voice to CHWs in both hospitals and communities.

Diane Factor represents the Service Employees International Union (SEIU). SEIU partners with the public sector in LA County at a worker education resource center. They support 19 stand-alone clinics and four large hospitals in LA. SEIU has developed a curriculum with the mental health department which is used in patients recovering from substance use and some who have chronic conditions. Diane would like to see a connection between this work group and serious mental illness. SEIU has also worked with the Department of Health Services in LA to hire CHWs in a pilot apprenticeship program to train them in an outpatient setting. There will be an evaluation piece to this pilot which will look at measureable patient outcomes. They are currently deciding which patient population to focus on and leaning towards focusing on people with diabetes. SEIU is also looking at the reimbursement issue with LA Care health plan. She is hopeful that SEIU's apprenticeship certificate might be industry-recognized so that CHWs can be incorporated into the care team.

Alma Avila is the program director of the CHW Certificate Program at San Francisco Community College. This program is the longest continuous certification program in nation; they have been training CHWs since 1994. In 2011 they added two new certification programs, one focusing on post-prison health workers and other focusing on youth health workers. The program is 17 college units and it can be completed in two semesters. The certificate costs $46/unit, about $500 total, and can serve as a path to more formal education. They can only accept 35-40 students per year. Graduates usually work with community-based agencies on special projects, about 80% of graduates work in the field. Most come from the Bay Area and continue to work there. San Francisco Community College has an agreement with San Francisco Department of Public Health, as well as connections with the Chinatown Public Health Center and UC San Francisco; it is working to establish a linkage between CHWs and local clinics.

Viola Lujan is the Community and Business Director at La Clínica da la Raza. La Clínica is an outpatient medical center operating in three counties in Bay Area. They provide medical, dental, and behavioral health to vulnerable populations in the Bay. La Clínica has many programs in the medical arena (e.g., cancer screening, diabetic programs) but is also operating innovative programs (e.g., setting up home visits for seniors when they are released from the ER). La Clínica aims to incorporate CHWs within their staff. They have set up a 10-week leadership training program for promotores. The CHW program is based on grant funding, so it is not available across all sites. Financing and sustainability are two of the biggest issues with employing and training CHWs.

Marci Aguirre is the Director of Community Outreach at Inland Empire Health Plan. Inland Empire Health Plan began a health navigator program five years ago with the initial intent to reduce emergency room visits. The patient navigators connect consumers with nutritionists, make sure that families keep their doctors' appointments, and educate them about the health system. The program is funded by First Five, so families need to have a child under five to participate in the program. Inland Empire Health Plan has also partnered with hospitals to fund ER navigators. The CHW program has resulted in a 40-45% reduction in ER utilization. IEHP also partners with community clinics to provide patient navigator services for individuals with

chronic conditions. The Inland Empire Health Plan uses America Bracho's program for training; they do not have a formal certificate.

Perfecto Muñoz is with the School of Public Health at UC Berkeley and participated in the state Workforce Investment Board. The workforce investment board has looked into various issues related to CHWs. Sustainability and immigrant status are key issues. CHWs play an important role in delivery of healthcare (e.g., bridging between mental and physical health). Muñoz believes that clearly defined training will be critical.

Carol West is a community health worker. Carol has served as a CHW advocate for the last four years and has not been paid for her work. Payment is critical so people can continue to work in their chosen profession and serve an important need. They need the flexibility to be able to deal with what families need since many families served by CHWs often face multiple stresses.

She follows the field closely and indicated that American Public Health Association studies have demonstrated that the selection of CHWs before any training has occurred (based on personality, cultural background, connection with community, etc.) is a very important factor in long-term success. There are many definitions and names for CHWs, which will need to be sorted through.

Tim Berthold is the Youth Peer Educator at San Francisco City College. The US is far behind the rest of the world in terms of value of care delivered and contributions from CHWs. San Francisco City College is currently working on a CMMI grant with a coalition of primary care clinics around the country and in Puerto Rico. This coalition serves patients coming home from prison; San Francisco City College trains CHWs for this purpose. This program has been remarkably successful, with a 100% retention rate of CHWs who have come through this program. Tim mentioned that there is much to learn from other states that have prepared for the CMS ruling and thought about credentialing. Credentialing will need to be inclusive, regardless of documentation status or background. Defining how to see if a student has mastered the core competencies will be key. Providing reimbursement for preventive strategies is also important. Tim also noted about the importance of including CHWs in policy development; in New York, 25% of the stakeholders in meetings establishing policies are required to be CHWs.

4. Key Issues

Core Competencies:

- Cultural competency from shared experience is very important, and often something that Medical Assistants who do similar work lack.
- The mental health field is exploring a similar process with peer supports. They have found that it is complicated because it is difficult to share information between a physician and a mental health specialist. Some counties (Stanislaus, Kern) have been able to forge relationships and work collaboratively, utilizing CHWs.

Credentialing/Certification:

- There are a variety of opinions and perspectives about credentialing and certification. Most workgroup members believe, first and foremost, and it is important to measure skills demonstrated on the job and experience, rather than teaching to a test. Many thought some type of certification or credentialing will be needed, although there were various opinions and options expressed about who does it and what it should consist of.

- Health care providers will be doing much of the hiring of CHWs, and many will want some type of certificate or credential.
- As an example of potential unintended consequences, workgroup members indicated that in Texas, the certification process is overwhelming -- the testing process is cumbersome and the certification does not assess an individual's ability to work in the field.
- The purpose of this work group will be around the four core initiatives in CalSIM. This workgroup will not have the time or breadth of engagement to come to consensus around issues related to credentialing and certification, but it may make recommendations for a process to do so during the CalSIM process.

Reimbursement and Sustainability

- Reimbursement was identified as one of the most critical issues to resolve if CHWs will become a sustainable and integral part of the health workforce. It is particularly timely, given the CMS ruling which came out last July allowing for states to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system, as long as the services have been initially recommended by a physician or other licensed practitioner.
- When looking at cost reduction, if possible, savings should be viewed broadly, particularly for the public sector. For example, the SF CHW training program for individuals leaving prison may lead to reduced prison costs, which should be captured and be factored into the equation.

Work Group Process

- This work group should hear directly from CHWs about their interests. There will be two forums as part of this six-month process for that purpose.

5. Work Plan and Goals of the Work Group

Barbara Masters reviewed the goals and key tasks for the Work Group during the next six months in preparation for the potential SIM Testing phase. Three key issues/goals include:

(1) **Roles and structures for incorporating CHWs**: Understand the variety of roles and opportunities to incorporate CHWs into the SIM initiatives.
(2) **Core competencies and skills**: Understand what is currently going on, define core competencies and skills, and explore how that translates into training programs.
(3) **Reimbursement and financing for sustainability**: Identify options for reimbursing and/or paying for CHWs under various arrangements, such as managed care, FFS, direct employment, etc. The implications of the new federal rule will also be explored.

The co-leads will identify the proper sequence to address these issues. Meetings will primarily be conducted through conference calls. Co-leads referred meeting members to a previously emailed sample schedule of meetings. As mentioned, there will also be two community forums to solicit more input from CHWs. Another in-person meeting might coincide with one of those forums, this work group may also bring in people from other work groups or experts in other areas (e.g., mental health, peer support) at that time.

There are many issues to discuss, however, and the work group will focus on what is needed to support the Innovation Plan initiatives. Although the primary focus will be within the clinical care system, there is also a tie to what happens in the community. This will be especially

important in the ACC initiative. Recommendations may suggest additional work that needs to continue beyond September if needed.

It will be important to move quickly; there is already a bill at the state level (Hernandez, SB1322) which contains enabling language, encouraging California to act on the new Medicaid ruling. A draft of this bill will be included in the next meeting materials. The workgroup will track this and other CHW-related activities being undertaken by other groups, such as Public Health Institute, which is examining a variety of CHW-related issues in the Community Transformation Grants and other initiatives. The California Health Workforce Alliance is also conducting targeted research with safety net clinicians and administrators who engage CHWs to understand TA and capacity building needs of these organizations.

Work group members will share resources from their organizations including the New York plan for integration of CHWs in Medicaid, Visión and Compromiso's definition of CHWs, and the CHW-West List Serv. Work Group members should send all documents to Gloria at Gloria.Robertson@oshpd.ca.gov.

There was consensus that these calls should be two hours long. One work group member commented that this work group should be action focused. Work group members asked for "homework" ahead of time so that time during the meeting could be spent discussing the key issues. A doodle poll will be sent to schedule the meetings. Work group members' contact information will be shared with the group.