Building a Sustainable Community Health Worker Workforce in Massachusetts

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Framing Scope-of-Practice Modifications:
Community Health Workers
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Overview of Presentation

• Steps to define the role of CHWs
• Process for creating CHW certification
• Looking at sustainability
• Recommendations to other states
Background for Policy Change

- Strong state public health department support for CHWs for over 20 years:
  - Services, training, workforce policy
- 4 established CHW training centers in MA and 1 MDPH-sponsored hybrid online core training:
  - Core competencies, supervisor training, and specialty health topics
- CHW leadership → founding of Massachusetts Association of Community Health Workers (MACHW) in 2000
- MDPH convened collaborative partnership with key stakeholders
- Synergy with national efforts
Collaboration Led to Legislation

- MDPH convened partnership: MACHW & Mass. Public Health Association (MPHA)
- Led to 2006 health care reform law requirement for CHW workforce study
- Recommendations to the legislature (2009):
  1) Strengthen professional identity
  2) Strengthen workforce development:
     • Stabilize and expand core CHW training
     • Establish a process for certification
  3) Expand financing mechanisms
  4) State infrastructure (Office of CHWs)
CHWs are public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in order to carry out one or more of the following roles:

1. Providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers;

2. Bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;

3. Assisting people to access the services they need;

4. Providing direct services, such as informal counseling, social support, care coordination, and health screenings; and

5. Advocating for individual and community needs.
CHWs are distinguished from other health professionals because they:

• Are hired primarily for their understanding of the populations and communities they serve;
• Conduct outreach a significant portion of the time in one or more of the categories above;
• Have experience providing services in community settings.
3000 CHWs in Massachusetts

*2009 MA DPH Legislative Report
Consensus on Strategic Value of Certification

• CHWs:
  – Opportunity to define the practice and build professional identity
  – Workforce development (pay, benefits, supervision, training, career ladders)

• Providers/employers:
  – Scope of practice in relation to other workforces
  – Training standards

• Public and private insurers:
  – Scope of practice, training
  – Possible prerequisite for payment
Issues Raised by CHW Integration into Health Systems

- Clarity of definition; core competencies
- CHW professional identity
- Scope of practice
- Retaining the grassroots nature of the work
- Roles and relationships with other health professions
- Stable financing for CHW services
Creating CHW Certification in Massachusetts

- Chapter 322 passed in Acts of 2010
- Certification under auspices of state Dept. of Public Health, Division of Health Professions Licensure
- MDPH Office of CHWs provides technical support and content expertise on CHW workforce
- 11 seat board appointed by governor (4 CHWs)
- Regulations pending approval in 2015
- Voluntary certification program: title act
- Competency-based (10 core competencies)
Creating CHW Certification in Massachusetts

- Regulatory provisions:
  - Certification of individual CHWs
  - Approval of CHW training programs
  - Standards for CHW trainers
  - CHW definition
  - Scope of practice
  - Determination of Good Moral Character
  - Potential tiered practice levels
  - Continuing education and renewal requirements
  - Reciprocity with other states
  - Discipline, grievance procedures
  - Fees, etc.
Core Competencies

1) Outreach Methods and Strategies
2) Individual and Community Assessment
3) Effective Communication
4) Cultural Responsiveness and Mediation
5) Education to Promote Healthy Behavior Change
6) Care Coordination and System Navigation
7) Use of Public Health Concepts and Approaches
8) Advocacy and Community Capacity Building
9) Documentation
10) Professional Skills and Conduct
Scope of Practice

- Regulations include “Scope of Practice” and “Standards of Conduct”
- Scope of practice includes what a certified CHW can and cannot do:
  - Scope DOES include: the CHW definition
  - Scope does NOT include any act or service for which a license or registration issued by a professional licensing board is required
Challenges in Certification

• Different understandings of what certification means
• Concerns about potential adverse impacts
  – Barriers to entry into workforce
  – Diminishing CHW effectiveness
    • Distorting CHW identity
    • Over-medicalizing CHW practice
    • Diminishing flexibility to respond to complex needs
  – Creating separate “classes” of CHWs
Well-designed Certification Can Anticipate and Address Challenges

• Includes “grandparenting” provision
• Recognition of voluntary and part time work experience
• Flexible training program approval standards (competencies must be addressed, but curriculum is flexible)
• Competency-based application requires 3 references
• No minimum educational requirements
• English language proficiency not required
• No testing required
Sustainability: Services and Workforce Infrastructure

• Training and services mostly grant funded
• Starting to see inclusion in alternative payment and delivery models, such as global payments
• MA training programs began charging CHW employers
• MDPH white paper with strategies for business case with private payers, providers: “CHWs Achieving the Triple Aim”
• MA Partnership for Health Promotion and Chronic Disease Prevention convened CHW Community of Practice
• Current opportunities to consider:
  – Influence in Medicaid re-design, MCO contracts
  – Potential for State Plan Amendment under new CMS rule change on non-licensed providers
Achieving the Triple Aim: Success with Community Health Workers

May 2015
Opportunities in Ch. 224, 2012: MA Payment Reform

- **Prevention and Wellness Trust Fund** - $60 million, 4 years to show that prevention works; CHWs in every project; CHW seat on PWTF Advisory Board
- **Health Care Workforce Transformation Fund** – To train new workforces in emerging models of care
- **MassHealth CMS-funded Dual Eligible** demonstration (One Care) - includes CHWs as a covered service
- **Inclusion of CHWs** in multidisciplinary teams in ACOs and Primary Care Payment Reform
Lessons

• Recognize inherent tension in formalizing the CHW role while retaining and supporting the grassroots nature of the profession
• Dedicate staff resources for workforce development: training and certification, financing, integration into health care
• Support organizational readiness for the CHW role
• Health equity and social determinants of health need to be addressed by all members of the care team (do not put sole burden on CHWs)
• Connect with relevant sister state agencies (Medicaid, Labor, Mental Health, Housing and Community Development, Transportation, Attorney General, Refugees and Immigrants)
• Actively support CHW leadership and involvement
Lessons

- Carefully consider which body will be the authorizing entity and how to build CHWs into the process.
- Certification should be competency-based (not educational level).
- Include CHWs who do not work in healthcare settings (do not create 2 “classes” of CHWs).
- Pay attention to career opportunities for CHWs; may be tied to tiers of certification.
- Actively educate all stakeholders about the process along the way.
- Take the time to build consensus.
- Engage across sectors: create ownership.
Contact Information

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Thank you!