



Massachusetts Partnership for Health Promotion and Chronic Disease Prevention



Achieving Health Equity through Community-Clinical Linkages
January 16, 2014



Partnership Goals

- Prevent 20,000 heart attacks and strokes (10% reduction in heart attack and strokes by 2017)
- Prevent 1,500 diabetes-related hospitalizations (1% decrease in diabetes related hospitalizations by 2017)
- Prevent 800 cancer deaths (6% decrease in cancer deaths by 2017)
- Prevent 1,000 asthma-related hospitalizations (1.5% decrease in asthma-related hospitalizations by 2017)
- Decrease obesity among Massachusetts youth and adults by 5% by 2017
- Engage an additional 34,000 adults with arthritis in the recommended amount of physical activity (5% increase in adults with arthritis that are getting the recommended physical activity by 2017)

Leadership Team

CoP Representatives

James Buszkiewicz, MDPH

Joanne Calista, Central MA AHEC

Kathy Cunningham, BPHC

Heather Drake, MassDOT/SRTS

Patti Henley, MDPH

Phyllis Kaplan, MassPRO

Steve Winslow, Mass in Motion Gloucester

At-large Members

Robyn Alie, Mass Medical Society

Rick Buckley, MassPRO

Carol Girard, MDPH

Lea Susan Ojamaa, MDPH

Ruth Palombo, Tufts Health Plan Foundation

Annette Peele, EOEA

Allyson Perron, AHA/ASA

Staff Support

Jennica Allen

Peggy Kocoras

Jean Zotter

Communities of Practice

Healthy Eating

Ruth Walsh, Tufts Health Plan and Cynthia Bayerl, MDPH

Physical Activity

Marybeth Allen, Tufts Health Plan and Chris Nordstrom, MDPH

Built Environment

David Watson, MassBIKE and Ben Wood, MDPH

Tobacco-Free Living

Chris Banthin, Public Health Advocacy Institute and Esmirna Damaso, MDPH

Clinical Preventive Services and Population Health Management

Phyllis Kaplan, MassPRO and Patricia Daly, MDPH

Community and Healthcare Linkages

Joanne Calista, Central MA AHEC and Gail Hirsch, MDPH

Improved Access to State and Local Data

Joshua Nyambose, MDPH

Prevention and Wellness Trust Fund

- Established under MGL Chapter 224
- How funds are allocated:
 - \$57 million in trust for 4 years
 - No requirement for spending equal amounts annually
 - At least 75% must be spent on grantee awards
 - No more than 10% on worksite wellness programs
 - No more than 15% on administration through MDPH

Outcome Measures Defined by Chapter 224

- Reduction in prevalence of preventable health conditions
- Reduction in health care costs and/or growth in health care cost trends
- Beneficiaries from the health care cost reduction
- Employee health, productivity and recidivism through workplace-based wellness or health management programs
- Outcomes in 4 years or less

Health Conditions Addressed

Priority Conditions (2 of 4 are required, at minimum)	Optional Conditions (Not Required)	Other Conditions (not specified)
Tobacco use Asthma (pediatric) Hypertension Falls prevention (older adults)	Obesity Diabetes Oral health Substance abuse	To proposed by applicant
Vulnerable Populations and Co-Morbid Mental Health Conditions Plans to address the conditions listed above should also include specific strategies to reduce disparities in the burden of these conditions (e.g., racial and ethnic disparities). Mental health conditions, such as depression, may be viewed as co-morbid to any of the above. Interventions may be proposed and tailored for populations affected by mental health conditions.		

Interventions

Priority and Optional conditions proposed *must* include interventions in each of 3 domains:

- Community – Supports behavioral change to improve health through individual, social and physical environments where people live and work
- Clinical – Improves clinical environment – delivery and access
- Community-Clinical Linkages – Strengthens connection between community-based services and healthcare providers



Massachusetts Partnership for Health Promotion and Chronic Disease Prevention

Activating Community Healthcare Linkages CHWs: Synergies and Opportunities



Joanne L. Calista
Central MA AHEC, Inc.



The Accomplishments of the CHL CoP

Identified 3 Models of Practice

- The Engagement and Utilization of CHWs
- The Utilization of Evidence Based Practices
- The Utilization of Mobile Health/ Community Based Care

Impact

Prevention and Wellness Trust Fund:

Model for the U.S.

Core Component: Community Healthcare Linkages

Includes CHWs as well as Mobile/ VNA Practices

Incorporation of 3 Models of Practice

CHWs—Pediatric Asthma

Evidence based programs-Geriatric Falls Prevention/Hypertension

Interventions

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Community and Healthcare Linkages

- Surge in National Attention
 - Agency for Healthcare Quality and Research (AHRQ)
 - Centers for Disease Control and Prevention (CDC)
 - Core Element>>>CHWs
 - Emerging ROI Evidence

Community Healthcare Linkages CoP: Sharpening Our Focus/ Broadening Our Partnerships

- Workforce Sustainability
- Further Integration of CHW Efforts with:
 - ACA
 - MA HCR
 - MA Payment Reform *chapter 224”
 - Triple Aim and....
- CMS Ruling

MA History: Collaboration, Leadership, and Identification of Opportunities

- MA Department of Public Health
 - Tenacious Leadership, 2005 Study, Support of CHW Professional Association
- MACHW: Importance of a CHW Professional Organization/ Network
- Allies: Legislators, Training Entities, Payers...

Section 110 of the Health Care Reform Law of 2006: Legislative Mandate to MDPH

- **Conduct investigation of the CHW workforce:**
 - Use and funding of CHWs
 - CHW role in increasing access to health care
 - CHW role in eliminating health disparities
- **Convene a statewide CHW Advisory Council**
 - Inform the investigation & interpret the findings
 - Develop recommendations for a sustainable CHW program in MA, including training, certification and financing
- **Submit a report of the findings and recommendations to the Legislature**

Source: Gail Hirsch and Stephanie Anthony: Raising Awareness and Making Change through Public-Private Partnerships: Lessons Learned from a Statewide Community Health Worker Advisory Council in Massachusetts 10/4/09.

Advisory Council Recommendations

- Stabilize current funding for training of CHWs and CHW supervisors;
- Expand statewide access to training;
- Establish a Board of Certification of CHWs.

Source: Gail Hirsch and Stephanie Anthony: Raising Awareness and Making Change through Public-Private Partnerships: Lessons Learned from a Statewide Community Health Worker Advisory Council in Massachusetts 10/4/09.

Chapter 322, Acts of 2010

- Resulted from CHW Advisory Committee policy recommendations
- Intent: address provider, payer, and CHW needs for workforce standards
- 11 members, appointed by governor
- Chaired by DPH commissioner or designee
- MACHW nominates 4 members
- Also reps from CHW training, health plans, CHCs, employers, MPHA, public
- Statewide geographic representation

Geoff Wilkinson, Senior Policy Advisor to the Commissioners, MDPH, 5/1/12

Chapter 322, Acts of 2010

§108 establishes the board's powers and duties, some of which include:

- to develop and administer a certification program and **establish the education, training and qualifications for certification**, the application requirements and standards of practice;
- to set **standards to approve CHW education and training programs**;
- to set continuing education standards and requirements for biennial renewal of CHW certificates;
- to establish **minimum qualifications for CHW trainers**;
- **to develop methods of evaluating CHW qualifications; (“Grandparenting”).**

Source: Gail Hirsch, Director, Office of Community Health Workers, MDPH: Summary of the Chapter 322, Acts of 2010 (2011).

Chapter 322, Acts of 2010 (cont'd)

to establish procedures to **review applications for certification, including renewals;**

- to adopt, amend and enforce relevant rules and regulations;
- to collect fees and create a trust fund;
- to develop **means to assess CHW competency;**
- to establish **tiered levels of certification;**
- to certify CHWs already certified in other states; (reciprocity)
- to establish grounds for complaints; to establish disciplinary actions;
- to develop rules for the mandatory certification of CHWs, effective five years after the board's inception.

Source: Gail Hirsch, Director, Office of Community Health Workers, MDPH: Summary of the Chapter 322, Acts of 2010 (2011).

Board of Certification of CHWS

- Review of the Field
- Created the CHW Advisory Workgroup
- Review and Determination of Core Competencies
- Determination of Hours of Training
- Development of a CHW Code of Ethics
- Design of “Grandparenting” Parameters
 - Pathways to Certification
- Next Steps
 - Draft Regulations to Legal Counsel
 - Public Comment
 - Revisions...

The Centers for Medicare and Medicaid Services Rule

CMS created a new rule which allows state Medicaid agencies 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. The new rule for the first time offers state Medicaid agencies the option to reimburse for more community-based preventive services, including those of CHWs.

The rule went effect on January 1, 2014.

Source: Adapted from: <http://www.nhlbi.nih.gov/health/healthdisp>

The Centers for Medicare and Medicaid Services Rule

"(c) Preventive services means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to...

1. Prevent disease, disability, and other health conditions or their progression;
2. Prolong life; and
3. Promote physical and mental health and efficiency."

Centers for Medicare & Medicaid Services. 78 Fed Reg 42160 (July 15, 2013). Section is, "a. Diagnostic, Screening, Preventive, and Rehabilitative Services (Preventive Services) (§ 440.130)" (paragraph citation: 78 FR 42226)

The Centers for Medicare and Medicaid Services Rule

State must file Medicaid State Plan Amendment
(in a few states this requires legislative authorization)

Must specify what non-licensed occupations are covered
and qualifications (skill requirements) – not necessarily
certification

Must specify what services will be paid for (CPT codes)

The Centers for Medicare and Medicaid Services Rule

Opportunity to provide stability and funding mechanism to
CHW Workforce

Receiving significant attention on a national level.

Like other Massachusetts CHW initiatives—should be CHW
driven and proceed systematically.



Massachusetts Partnership for Health Promotion and Chronic Disease Prevention

Community and Healthcare Linkages

CoP Meeting:

1:00 February 13, 2014 @ MDPH

For more information contact:

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