Using Community Health Workers to Address Social Determinants of Health in Public Housing

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Lara Pratt, Minneapolis Health Department
Megan Ellingson, CHW Solutions
Deqa Adan, Volunteers of America
Learning Objectives

Participants will:

• understand the process that VOA followed to integrate CHWs into public housing buildings.
• understand the roles and impact of the CHWs in public housing buildings.
• understand the potential for reimbursement and VOA’s process for seeking it.
• be aware of resources that could help them to integrate CHWs into community-based organizations and/or seek reimbursement for the CHWs.
About Minneapolis Public Housing Authority high rise buildings

• 42 high rise buildings; 12 are senior-designated
• 5006 units
• Residents are mostly older, disabled, many immigrants.
• Social services provided by Volunteers of America
Context of the CHW project at MPHA

Population-level strategies

- Mobile Market
- Community gardening
- Walking clubs
- Pedestrian safety improvements
- Healthier food shelves

One-on-One social services via VOA

New One-on-One health services
Aspirations to Action

Needed to determine:

• CHWs’ scope of services
  • WHAT they do and HOW

• Eligibility and referral process

• Documentation practices

• Structure to support CHWs (supervision, etc.)

• Training and orientation

• Evaluation plan
VOA’s Hybrid Model

From ImPAct
- Job description
- Supervisory structure
- Scripting for communicating with primary care coordinators

From Pathways
- Standard approach for 1:1 visits
- 20 condition-neutral Pathways focused on social determinants
- Database
Pathways

• Types of Pathways
  • Social service referrals
  • Medication adherence
  • Education

• Outcome-oriented
  • Reimbursement for completed Pathways

Medication Management Pathway

Initiation
Client is not taking medications as prescribed.
(Record referral source)

Obtain list of medications client should be taking from:
(check all that apply)
☐ Primary care provider
☐ Medication reconciliation form from hospital
☐ Medication reconciliation form from emergency department
☐ Pharmacist
☐ Other:

Visit client in his/her home and complete the Medication Assessment Chart:
1. Send completed Medication Assessment Chart and any reconciliation forms to client’s primary care provider.
2. Schedule appointment with primary care provider — record date.

Primary care provider completes medication reconciliation:
1. Care coordinator receives updated medication list
2. Home visit scheduled within 3 business days to follow-up.

Visit client in his/her home and complete the Medication Assessment Chart — send completed chart to primary care provider for review.

Completion
Verify with primary care provider that client is taking medications as prescribed.

Date appointment kept with primary care provider

Date information sent
☐ Fax
☐ HUB
☐ Mail
☐ Other:

Verification Date

Record reason if Finished Incomplete: ________________________________

Start Date

Referral Source

Scheduled appt. date

Date appointment kept with primary care provider

Date information sent
☐ Fax
☐ HUB
☐ Mail
☐ Other:

Verification Date

Record reason if Finished Incomplete: ________________________________
Which of the following statements about Pathways is untrue?

a. Pathways address social determinants that affect health.

b. Pathways provide an opportunity for value-based payment.

c. Each Pathway provides a definitive end-point and general steps for achieving it.

d. There are Pathways for diabetes, hypertension, cancer and other health conditions.
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CHW Services

Deqa Adan
Volunteers of America
One-on-One Case Management

• CHW schedule across buildings
• Intake process
• Goal setting
• Pathways
  • 132 residents pursued Pathways between July 2016 - June 2017.
  • Majority of Pathways are for social service referrals (includes transportation) and education.
Blood pressure check events and classes

- Health education events
- Weekly BP events
  - 102 events Jan-June 2017; 480 pb checks
- Goal to encourage bp self-monitoring
- Great way to meet potential clients
Community Pharmacist Partnership

- On-site medication management visits
- Community education talks
- Preview and follow-up with community health workers
- 15 residents received MTMs between Jan-June 2017.
Reimbursement

Megan Ellingson
CHW Solutions
Reimbursement: What’s available?

• In MN, there’s reimbursement for CHW services delivered to people on MN Health Care Programs
• Max of 2 hours/day and 12 hours/month per client
• Can only bill for face-to-face time delivering self-management education and training
Reimbursement: What’s available?

- Current rates per 30-minute unit in DHS fee schedule (can negotiate different rates with insurance companies):
  - 98960 (1:1): $19.92
  - 98961 (groups, 2-4): $9.45
  - 98962 (groups, 5-8): $6.89
Reimbursement: What’s required to access it?

• MHCP Provider Manual (updated regularly)
• Outlines rules about reimbursable CHW services
• https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357
Reimbursement: What’s required to access it?

• CHWs must have certificate from MN training program
• CHWs must enroll as a provider with DHS
• A provider must provide general supervision and order the CHW services
  • Accepted providers are: physicians, Advanced Practice RNs, dentists, public health nurses or mental health professionals
• The agency providing CHW services, and/or the ordering provider, must have contracts with payers and the capacity to submit claims to DHS and insurance companies
Which of the following is **not** required for CHW reimbursement?

- a. CHW must work under an order from a qualifying provider (e.g. physician, public health nurse).
- b. CHWs must be enrolled as a provider with DHS.
- c. CHWs must be employed in a clinical setting.
- d. CHW must have a certificate from MN training program.
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Reimbursement: What’s required to access it?

• CHWs must follow best practices

“The content of the patient education plan or training program is consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual patients.”

(MN Health Care Program Provider Manual)
Reimbursement: What’s required to access it?

• Documentation requirements:
  • Order for services
  • Education plan or training program used by CHW
  • Periodic (at least monthly) assessment of progress and need for services
  • Date of service
  • Start and end time of service
  • Group or individual
  • If group: # present, session content
Which of the following is **NOT** true about the MN Health Care Program CHW Provider Manual?

a. It outlines all the rules to follow for providing CHW services to MHCP clients, and for accessing available reimbursement.

b. It is accessible online.

c. It rarely changes.

d. It is updated on an ongoing basis.
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Reimbursement:

- Took time to find the right provider partner, and develop relationships, roles and communication
- Complexity of implementing a new approach
- Developed scripting for talking to clients about switching from grant funding to billing their insurance
- Finding a documentation method meeting all needs
- Initial reimbursement likely won’t be enough to cover costs
Reimbursement: Next Steps

• Conduct a billing pilot submitting a few claims—make sure we are capturing all required data
• Then, submit claims for all MHCP clients
• Continue regular check-ins with Nurse Practitioner
• Decide on Electronic Health Record
Summary & Resources

Lara Pratt
Minneapolis Health Dept.
Successes and Challenges

**Successes**

• High risk residents are getting help!
• Reimbursement is on its way!

**Challenges**

• Often in crisis mode, difficult to follow Pathways.
• Reimbursement only for face-to-face time.
• Haven’t deeply tested social determinant Pathways
Available Resources

**IMPaCT Model: Penn Center for Community Health Workers**
Best practices
http://chw.upenn.edu/impact

**Minnesota Community Health Worker Alliance**
http://mnchwalliance.org

**A Community Health Worker Training Resource for Preventing Heart Disease and Stroke**

**CHW Best Practice Guidelines for Diabetes education, hypertension education and blood pressure self monitoring education.**
(link to health department website)

**CHW Topic Specific Competencies for Hypertension, Pre-diabetes and Diabetes**
(link to health department website)
Contact Information

Megan Ellingson
612.385.4862, meganellingson@chwsolutions.com

Deqa Adan
612.430.0036, deqa.adan@voamn.org,

Lara Pratt
612.673.3815, lara.pratt@minneapolismn.gov