CHW Collaborative and Training Programs

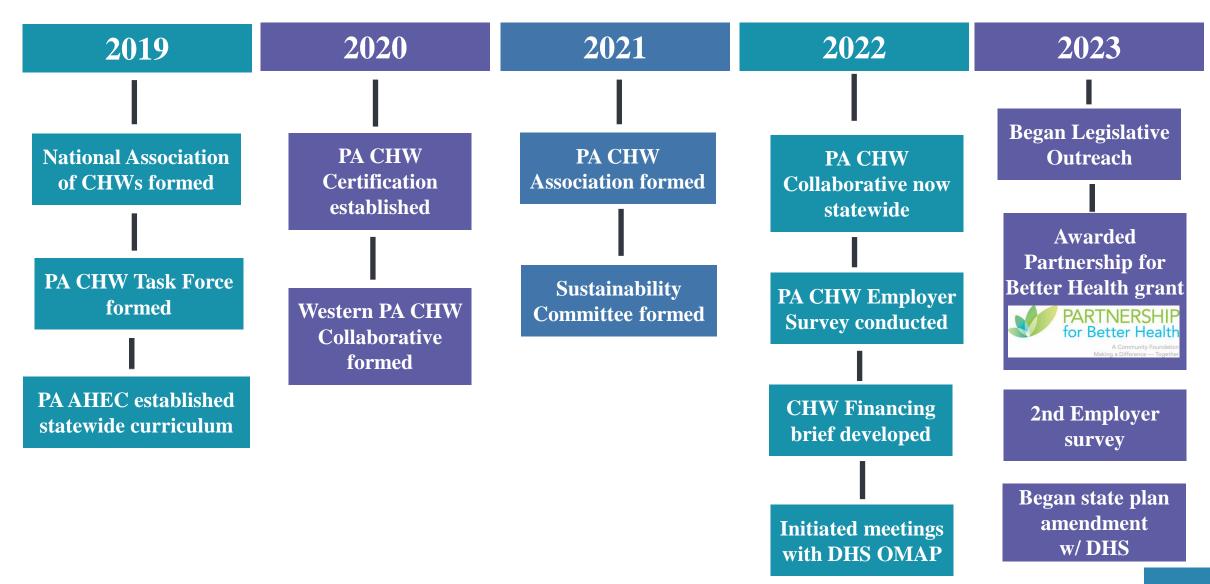
- Heather Emmanuel
- Kristin Lazzara
- Lynne Williams



Sustainable Financing for Community Health Workers in Pennsylvania



PA CHW Advocacy Timeline (2019-2023)





- Statewide coalition that facilitates active collaboration, education, advocacy, & support for Pennsylvania CHWs.
- Over 90 member organizations
 - CHWs
 - CHW Allies
 - Employers
 - Payers
 - Funders
 - Stakeholders
 - Trainers
- Meets 3rd Thursday bi-monthly, 9 am.
 To join, email <u>Kristin.Lazzara@ahn.org</u>



ACCT PennMedicine

Allegheny Health Network

AHN Center for Inclusion Health

Allegheny Intermediate Unit (AIU)

Alliance for Nonprofit Resources

Alleghenies United Cerebral Palsy

Beginnings Inc.

Birmingham Free Clinic

Blueprints

Bradbury-Sullivan LGBT Community Center

Bucks County Opportunity Council

CareStar

Center of Life

Center for Family Services

Centerville Clinics, Inc

ChesPenn Health Services

Children's Hospital of Philadelphia

Clairton Family Center

Community Action Partnership of Cambria County

Community Health and Dental Care

Community Progress Council

Contact to Care/Hamilton Health Center

Cornerstone Care, Inc.

Crossroads Treatment Center

CSO Community Action Agency

Dasher Services Inc.

Delaware Valley Community Health

Dress for Success Pittsburgh

Drexel Center for Non Violence and Social Justice

Duquesne University, Center for Integrative Health

East Liberty Family Health Center

Education Plus Health

Einstein Care Partners/ Einstein Healthcare Network

Epilepsy Association of Western and Central PA

Erie County Department of Health

Esperanza Health Center

Every Child Counts

Family First Health

Family Health Council of Central PA

Family Links

Geisinger

Greater Philadelphia Health Action, Inc

Harrisburg Area YMCA Center For Healthy Living

Healthcare Council of Western PA

Health Federation of Philadelphia

Health Ministries of Christ Lutheran Church

Health Partners Plans

Healthy Start, Inc. Highma<u>rk Wholecare</u>

Jefferson Health

Jefferson Health, P-CHE

Keystone Health Center

Latino Connection

Lehigh Valley Health Network

Main Line Health

Maternity Care Coalition

Metro Community Health Center

Neighborhood Resilience Project

North Side Christian Health Center

New Kensington Community Development Corporation

PA Department of Health

Penn Center for CHWs

Penn State College of Medicine

Penn State Health St. Joseph

Pennsylvania Peer Support Coalition

Project Home

Primary Care Health Services, Inc.

Project Destiny, Inc.

Public Health Management Corporation

Regional Integrated Human Services, Inc.

River Valley Health and Dental Center

Sadler Health Center

Spectrum Health Services

St. Christopher's Hospital for Children

St. Luke's University Health Network

St Luke's University Hope Program

Sto-Rox Neighborhood Health Council

Squirrel Hill Health Center

Temple University Health System

The Primary Health Network

The Wright Center for Community Health

UPMC

UPMC Children's Hospital of Pittsburgh Diabetes Wraparound

UPMC Lawrenceville Family Health Center

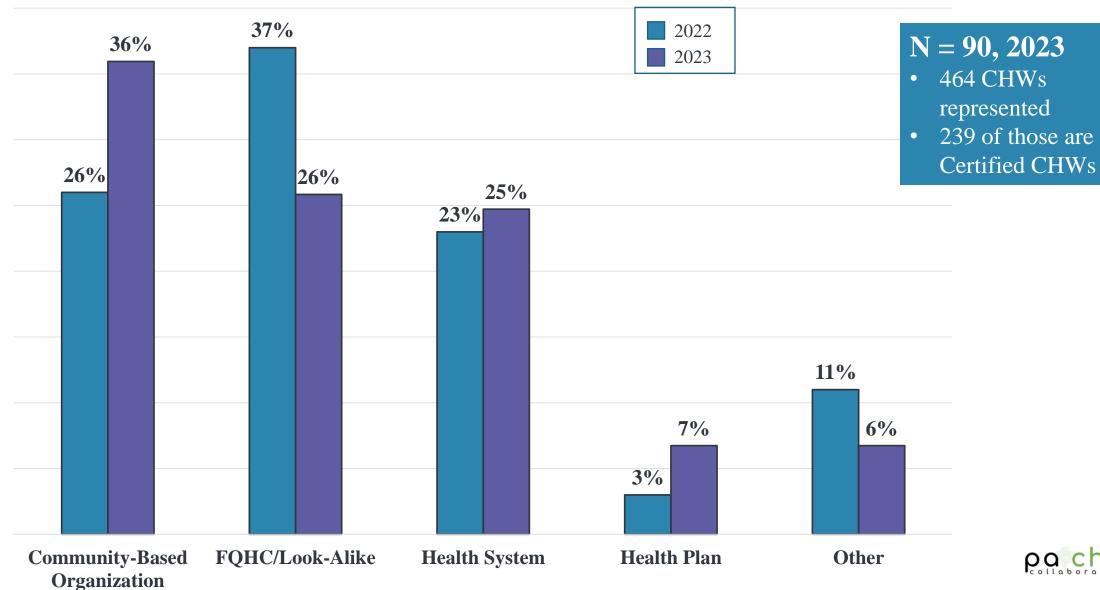
Valley Health Partners

WellSpan Population Health

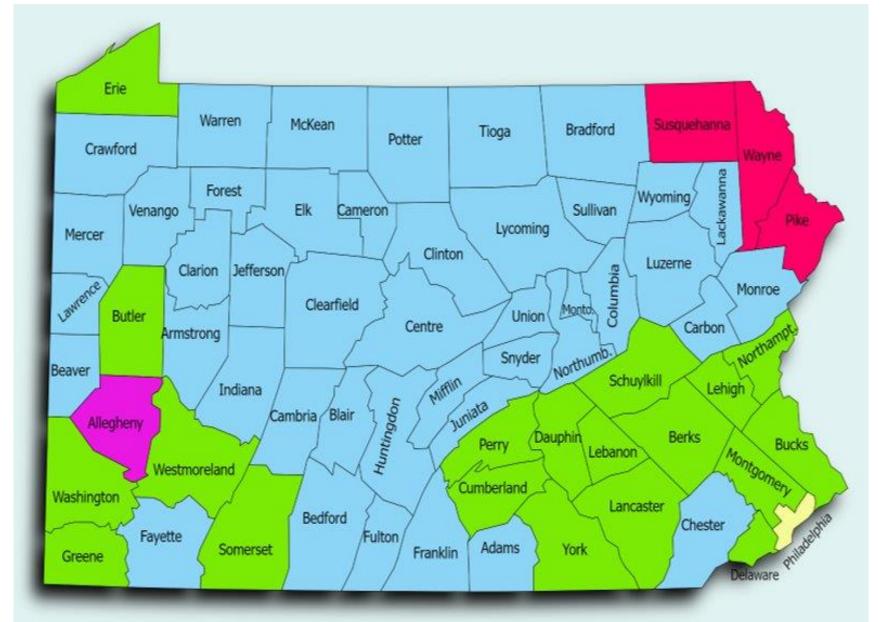
Women for a Healthy Environment



PA CHW Employer Classification (2022 v. 2023)

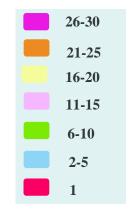


Employers providing CHW services by county (2023)



Employers serve all 67 counties

Number of Employers Serving Each County





Populations Served by CHWs (2023)

ALL Populations (45 employers)

Chronic disease/Clinical

- Cancer (2)
- Dementia (1)
- Diabetes (3)
- General/ED admissions (1)
- HIV/AIDS (3)
- IDD, Autism (1)
- Prevention (1)
- Primary Care (2)
- Substance Use Disorder (2)

Health plan members

- Highmark Wholecare (4)
- Magellan
- United
- UPMC (2)



ALL Populations (45 employers)

Marginalized populations

- Environmental justice communities (1)
- Gun violence/trauma (1)
- Homeless (3)
- Immigrants and refugees (4)
- Post-incarceration
- Seniors (1)
- Spanish-speaking
- Under/uninsured (2)

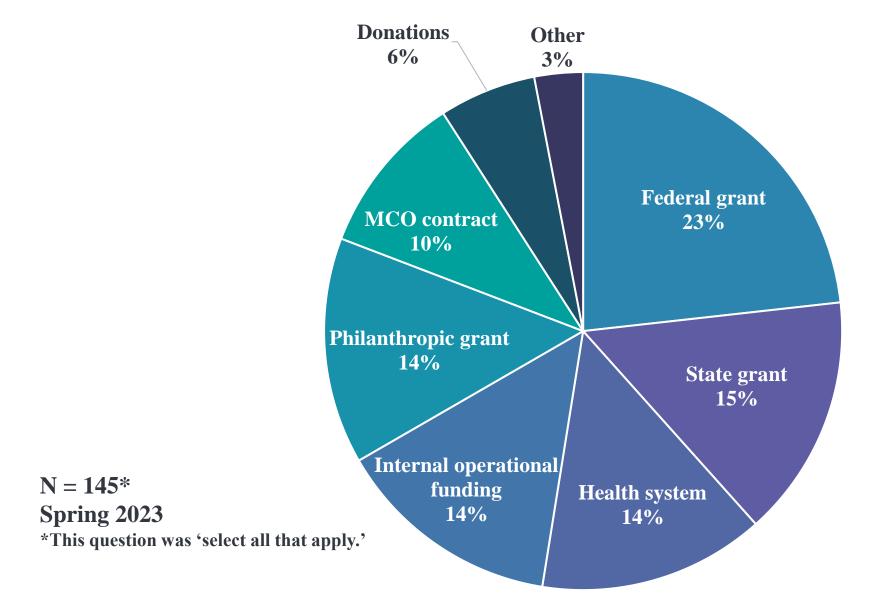
Women's Health

- General (2)
- Postpartum
- Pregnant (6)

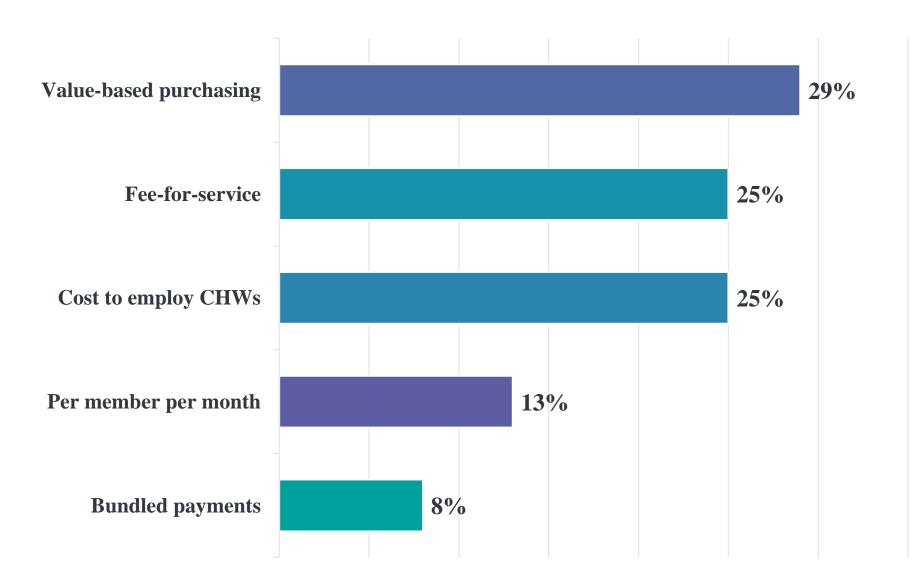
Children, school districts (4)



PA CHW Funding Mechanisms (2023)



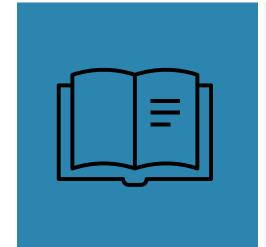
MCO Contract Structures for CHW Financing (2023)



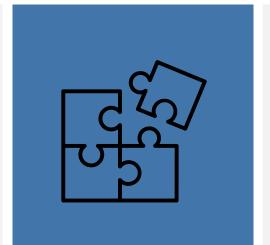
N = 15 (out of 90 employers) Spring 2023



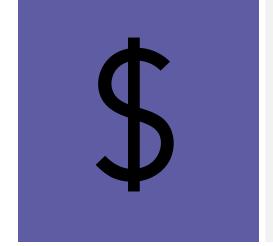
Best Practices for Financing CHWs



Adhere to APHA CHW definition.



Prioritize community-based organizations.



Provide adequate financing for full-service coverage.

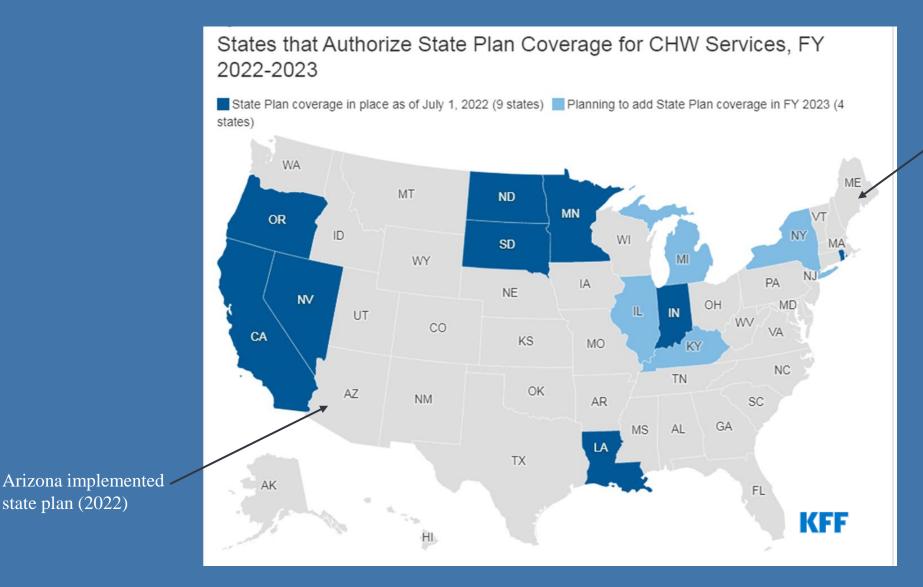


Leverage work of other states.



State Plan Amendment – CHW services

state plan (2022)



Maine implemented state plan (2022)

Arizona California

Illinois ('23)

Indiana

Kansas ('23)

Kentucky

Louisiana

Maine

Michigan ('23)

North Dakota

Minnesota

Nevada

New York ('23)

Oregon

Rhode Island

South Dakota

State Plan Amendment Examples

Nevada CHW covered services (2021)

- Guidance in attaining healthcare services
- Identify needs and provide education
- Information on health and community resources, including referrals
- Provide education, including but not limited to, med. adherence, tobacco cessation, & nutrition
- Promote health literacy



South Dakota reimbursement (2019)

- Billing and Policy Manual
- Services provided in units (1 unit = 30 mins)
- 1 Hour = \$61.78 reimbursement

CPT Code	Rate*	Service Type
98960	\$30.89	1 patient 1 unit
98961	\$15.45	2-4 patients 1 unit



Best Practices: State Plan Amendments

Cover a wide range of services and SDoH as a qualifying condition.



Allow non-medical providers to recommend services.



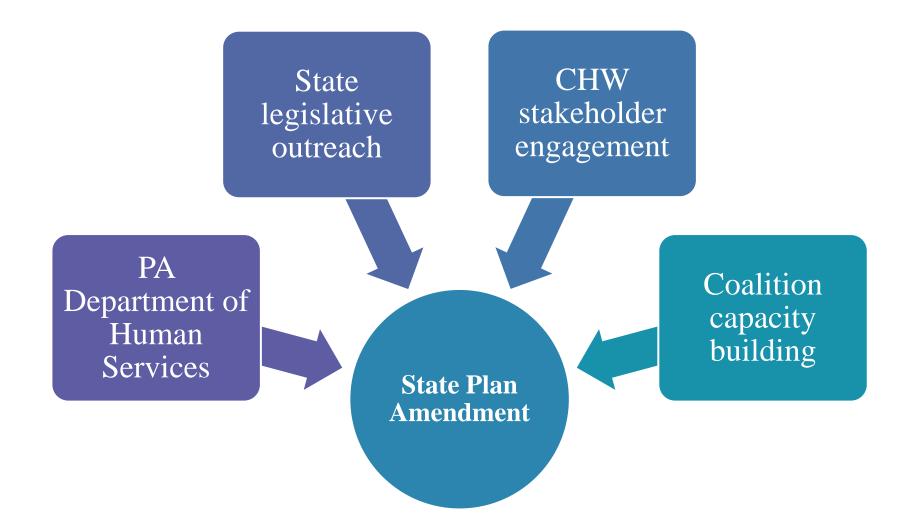
Minimize limits on number of units billed.



Include all populations, employers, & settings.



Integrated Advocacy Approach



Pennsylvania Endorsing Organizations







Bucks County

OPPORTUNITY COUNCIL









ERIE COUNTY



























italinoconnection









A Collaboration of Penn State Health & UPMC Pinnacle













the









for a Healthy

















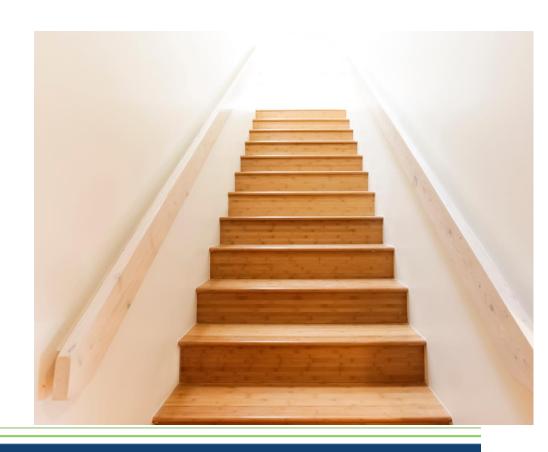
PITTSBURGH





PA AHEC Community Health Worker Core Training

Lynne Williams, MD PhD







- Education/Training: 75 total hours of education from a PCB accredited CHW training provider gained within the last five years.
- Work Experience: One (1) year of full-time volunteer or paid employment or 2000 hours of part-time of volunteer or paid employment as a Community Health Worker.
- Current Volunteer/Job Description: Copy of current Community Health Worker volunteer/job description, obtained from current organization, and which must be signed by both the applicant and their immediate supervisor.
- One-The-Job Supervision: 60 hours of on-the-job supervision of qualifying work experience specific to the domains.

www.pacertboard.org/cchw

CHW Training Program Accreditation: Core Competencies

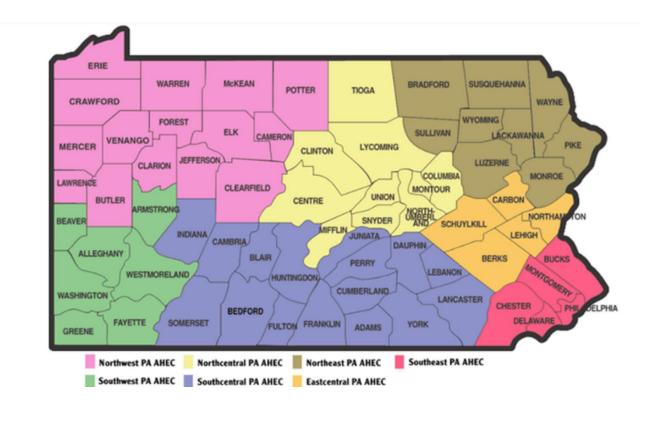


- Community Health Concepts
- Advocacy and Capacity Building
- Care Coordination
- Health Literacy and Education
- Safety and Self-Care
- Cultural Competency
- Communication and Interpersonal Skills
- Ethical Responsibilities and Professionalism





- Statewide curriculum
- 100 hours
- Several models
 - In-person
 - Hybrid
 - Virtual



Southwest PA AHEC Training to Date



- 9 classes since 2020
- 102 CHWs trained
- 44 organizations



PCB Continuing Education Requirements

- 30 hours every 2 years (including 3 hours of ethics training)
- Examples:
 - College/university courses
 - Trainings, workshops, seminars, and conferences
 - Distance learning/online courses/webinars



PA AHEC Continuing Education

- Lunch and Learn sessions Southwest AHEC
- Echo Project AHEC Program Office
- Annual CHW Conference Eastcentral and Northcentral AHEC
 - Sept 27-29, 2023



Community Health Workers

Key Points When Creating a Training Manual for Onboarding



Key Onboarding Themes

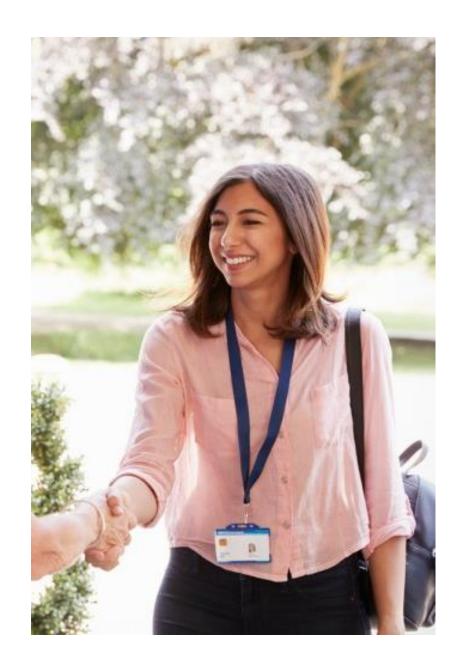
- Patient Relationship
- Healthy Boundaries
- Teamwork
- CBO Relationship Building and Networking
- Self-Care
- Phone Script
- Documentation
- CHW Safety Guide
- Crisis Response

CHW ROLES IN HEALTHCARE

CHWs may perform the following roles:

- Create connections between vulnerable populations and healthcare providers.
- Help patients navigate healthcare and social service systems.
- Manage care and care transitions for vulnerable populations.
- Reduce social isolation among patients.

Bridging the gap between hospital/PCP and community.



Creating a Professional Relationship With a Patient

Keep these factors in mind when starting a new relationship with a patient:

- Be yourself to make a positive first impression
 - Dress professionally
 - Have a positive attitude
- Be prepared with talking points and relevant questions
- Actively listen and avoid multi-tasking (i.e. texting)
- Use respectful and professional language
- Follow up with the patient after the initial phone call/visit to make sure they have connected with the referrals that were sent out.

Building and Maintaining a Relationship With Patients

Tips to remember when speaking with patients

Always use active listening with patients and be compassionate/empathic

 Active listening is the practice of preparing to listen, observing what verbal and nonverbal messages are being sent, and then providing appropriate feedback for the sake of showing attentiveness to the message being presented. This form of listening conveys a mutual understanding between speaker and listener.

Take a trauma-informed approach

- Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.
- Always keep in mind "What happened to you" instead of "What is wrong with you"

Building a relationship with a patient is key to the success of the patient

- Make sure patient is eligible for a program you are referring them to.
- Key to building trust
- Does not waste the time of the organization and the patient
- Caseloads can be large at times, but FDI is about quality in working with patients not quantity

Never speak of patients negatively to them or to anyone else.

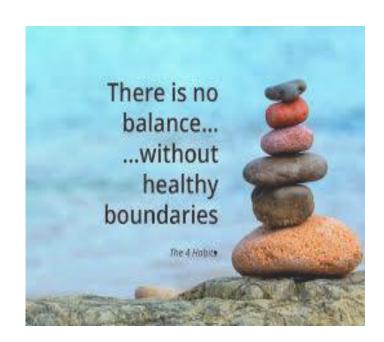
- We are her to support their struggle and help them through it. Never judge
- Problem-solving with colleagues is best practice.

Healthy Boundaries

"Healthy boundaries can be your best self-care"

Questions To Consider In Examining Potential Boundary Issues

- Is this in the patient's best interest?
- Whose needs are being served?
- Will this have an impact on the service I am providing?
- Should I make a note of my concerns or consult with a colleague? How would I feel telling a colleague about this?
- How would this be viewed by the patient's family or significant other?
- Does this patient mean anything "special" to me?
- Am I taking advantage of the patient?
- Am I treating the patient differently (appointment length, extent of personal disclosures, etc.)?
- Would I feel comfortable documenting this decision/behavior in the patient file?



Teamwork

Ten Benefits of Teamwork

- 1. Better problem solving
- 2. Increased potential for innovation
- 3. Happier team members
- 4. Enhanced personal growth
- 5. Less burnout
- 6. More opportunities for growth
- 7. Boosted productivity
- 8. Smarter risk taking
- 9. Fewer mistakes
- 10. Expanded creativity



CBO Relationship Building and Networking













Practice Self-Care

Practicing self-care can be a critical method of protecting yourself against compassion fatigue.

Those who practice good self-care are significantly less vulnerable to stress and compassion fatigue than those who fail to do so. A good self-care regimen will look different for each person, but it should generally include:

- Balanced, nutritious diet
- Regular exercise
- Routine schedule of restful sleep
- Balance between work and leisure
- Honoring emotional needs



CHW Supportive Services

CHW Share and Learn Support Group

Share personal and professional success stories.

Problem solve together for difficult situations for patients without using PHI.

Community Health Workers

Learn and share about resources available in the region. Webinar trainings

Compassion fatigue activity/self-care

Develop a CHW Phone Script

Does the patient answer?

If Yes Patient answers: utilize the scripting below:

"Hi, may I speak with Joe? Good morning/afternoon, this is <CHW name > I am a Community Health Worker with the Front Door Initiative at Jefferson Hospital. How are you today?

"I am calling to follow up on your recent visit to Jefferson Hospital. The Front Door Initiative is a service offered to patients who come to the Emergency Department who may have additional needs. As the community health worker, I do not replace any of your providers, but can work with you to connect you with valuable resources in your community to help with any needs you might have."

"Are you having any struggles with buying food, paying utilities, getting to doctor's appointments, etc?

Patient does not have time to speak

If No: "This call is a free service from Jefferson Hospital to answer any follow-up questions related to your recent ER visit. I can provide information to support you at home, assist with appointments and connect you with any additional resources you may need. When would be a better time for us to speak?"

Patient does not need any services

If the patient declines service, respond politely.

"Thank you for your time and have a great rest of your day"

Importance of Documentation

Documentation is a critical component of the work CHWs do

- Most CHWs are currently funded through grants and these funders have reporting requirements.
- We can highlight the work we are doing and the impact we are making in the lives of patients.
- It is important to maintain excellent data so that we can provide data for analysis. The patient is always
 at the center of everything we do. But this will gain evidence to support a that CHW work can reduce
 healthcare costs, improve health equity, decrease emergency department visits. It can help support
 funding the roles of Community Health Workers across the network and create sustainable CHW
 positions in the healthcare field.
- Where and how are they going to document.

CHW Safety Guide

Personal Safety

Preparing for the Call

- Review EPIC information
- Look for any behavioral health concerns to prepare for the conversation

During the Call

- If you feel uncomfortable, politely end the conversation
- Record notes on safety concerns

After the Call

- Inform supervisor of concerns
- Supervisor will report to Program Manager and a safety plan will be put in place

Safety Plan

- Assign patient to a different CHW
- Determine if the patient needs crisis intervention
- Determine if referrals to address the concerns are needed
- Determine if the patient is removed from the call list

CHW Safety Guide

Home Visit Safety

Before a Home Visit

- Canvas the area
- Become Familiar with the culture
- Inform supervisor on the location and appointment time and length
- List parking details, resources to take and who will be home
- Ask if they have any pets and can request that the pet(s) be secured on the time you are coming

Home Visit

- Become familiar with your surroundings
- Avoid areas that make you appear vulnerable
- Leave valuables in a safe place
- Remove anything that will impede vision or hearing

- Prepare files, applications, pen, computer for easy access
- Keep phone handy and fully charged
- Locate emergency exits upon entering
- Scan for weapons or drugs
- Listen to lingo and observe behaviors

After Home Visit

- Record notes on safety concerns
- Inform supervisor of concerns via phone and email to document the incident

CHW Safety Guide

De-escalation Definition and Purpose

De-escalation means "transferring your sense of calm and genuine interest in what the patient wants to tell you by using respectful, clear, limit setting [boundaries]."

De-escalation is a combination of strategies, techniques, and methods intended to reduce a patient's agitation and aggression. These can include communication, self-regulation, assessment, actions, and safety maintenance to reduce the risk of harm to patients and caregivers.

Purpose

- Preventing violent behavior
- Reducing patient anger and frustration
- Maintaining the safety of staff and patients
- Improving staff-patient connections
- Enabling patients to manage their own emotions and to regain personal control
- Helping patients to develop feelings of hope, security and self-acceptance

Crisis Response

Red Flags/Suicidal Cues Via Phone

- Talking about wanting to die, feeling hopeless ("I can't take it anymore" or "All my problems will end soon."
- Tells you they are looking for a way to kill oneself
- Tells you or record indicates increasing the use of alcohol or drugs
- Acting anxious, agitated or reckless
- Tells you they are sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or seeking revenge
- Displaying extreme mood swings
- Giving away possessions
- Loss of interest in hobbies/interest

Questions?

When 'I' is replaced with 'we' even 'illness' becomes 'wellness'.



Pachwative

Contact Information

Leanna Bird

AHN Center for Inclusion Health leanna.bird@ahn.org

Kristin Lazzara

AHN Center for Inclusion Health Kristin.lazzara@ahn.org

Heather Emanuele

AHN Jefferson Front Door Initiative Heather.Sims@ahn.org

Lynne Williams

Southwest PA Area Health Education Center lwilliams@southwestahec.org

