

Health care reform over the past decade has dramatically changed the ways in which Americans receive care. From the federal Affordable Care Act to statewide changes across the country, increased momentum has steered health care reforms toward improving the health disparities of populations that have struggled more than most.

This report will address these four areas by highlighting the benefits of CHWs, defining CHWs and their scope of practice, describing the return on investment and positive patient outcomes yielded from CHWs, providing an overview of training programs for certified and non-certified CHWs as well as for providers, and reviewing payment models for CHWs. This report provides an overview of CHWs in Ohio and provides examples of other states that have adopted innovative strategies in the four areas.



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Our review on CHWs in Ohio revealed four major areas:

Standardized scope of practice

Training and certification for CHWs

Training for licensed providers on how to use and pay for CHWs

Sustainable financing

KEY RECOMMENDATIONS

1. The Ohio Department of Health and the Ohio Board of Nursing works with the Ohio Association of Community Health Workers (OCHWA), Pathways Community HUBs, Medicaid Technical Assistance and Policy Program (MEDTAPP) training centers, and The Ohio Colleges of Medicine Government Resource Center to further define and standardize the roles and scope of work for certified and non-certified CHWs.
2. The Ohio Board of Nursing works with the Ohio Community Health Worker Association (OCHWA), ASIA Inc., the Ohio Hispanic Coalition, MEDTAPP Training Centers, Pathways HUBs, and the Ohio Commission on Minority Health to implement a tiered process that would allow for certification for the various roles CHWs may play in Ohio.
3. The Ohio Board of Nursing works with the Ohio Community Health Worker Association(OCHWA), ASIA Inc., the Ohio Hispanic Coalition, MEDTAPP Training Centers, Pathways HUBs, and the Ohio Commission on Minority Health to develop and adopt a grandfathering process for current certified and non-certified CHWs that gives credit for work and life experiences.
4. The Ohio Department of Medicaid includes language in their CPC design recommending primary care providers in the program to include CHWs as part of their care teams and allows for reimbursement for CHW services using codes and other reimbursement mechanisms.
5. Funding increases for Pathways HUBs are included in the Ohio state budget, and reimbursement of CHWs is included in the Ohio Department of Medicaid SIM grant CPC design.
6. The Ohio Department of Medicaid, managed care plans, and Ohio's private insurers and provider associations provide education and training to increase provider understanding on CHW roles, benefits, return on investment, and reimbursement methods.
7. The Ohio Department of Health and the Ohio Colleges of Medicine Government Resource Center implement a statewide capacity assessment to provide a more accurate picture of how many certified and non-certified CHWs are in Ohio, how many are employed, how many remain unemployed, what health care settings are using them and which ones are not, and what and how they are being paid.

Integrating Community Health Workers in Ohio's Health Care Team



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In Ohio, CHWs are called by many titles and used in many different settings. Both non-certified and certified CHWs provide services to Ohio's population. In Ohio, Certified CHWs hold a certification from the Ohio Board of Nursing (OBN). To be certified, a CHW must have a high school degree or equivalent and complete one of the twelve OBN-approved training programs. According to the Ohio Board of Nursing, as of May 2016, there were 341 active, certified CHWs in Ohio. The CHW role was created from models like Promotoras (a model for training community lay health educators to work in Hispanic communities) and peer educators (lay people trained to provide health screenings and provide health promotion activities). As a result, many CHWs in Ohio and across the country do not receive formal academic training and are not certified. Instead, their training may come from their employer and is based on the roles they play within their organizations. In Ohio, there are a number of CHWs with various titles trained by their organizations or by programs that train certain groups of CHWs for roles specific to their patients/clients. The number of these non-certified CHWs in Ohio is unknown. However, the Bureau of Labor Statistics reported that there were 590 CHWs and 1,810 health educators in Ohio as of May 2015.

One of the challenges to improving Ohio's training and certification process is creating a process that includes all of Ohio's current CHWs and the roles they play in our health care system. The report outlines some recommendations for addressing this challenge including a tiered process and grandfathering, both discussed later in the paper and in the recommendations.

Financially, the return on investment for CHWs is considerable, making them a wise investment for providers, particularly those working with populations with high health disparity rates. Several studies have found that CHWs are cost-effective — sometimes dramatically so. One randomized, controlled trial for pediatric asthma cases found that the return on investment for the CHW intervention was \$1.90 for every \$1 invested. Another study found that by shifting urgent and inpatient care to primary care using CHWs, the return on investment was \$2.28 for every \$1 invested.⁴

Their effectiveness in improving health outcomes is also significant.

CHWs have demonstrated significant improvements in key patient outcomes in treating diabetes, cardiovascular disease, asthma, premature births, and musculoskeletal health as outlined in the return on investment section of the report. **Yet in spite of CHWs' high yields on investment, few Ohio providers use them.**

Our research led us to focus our review on two key areas for increasing utilization by Ohio providers, provider training and sustainable reimbursement.

Training for providers is critical to improving acceptance of CHWs by licensed professionals and the integration of CHWs on health care teams. For example, many providers here in Ohio don't know about high rates of return on investment with CHWs, or the roles they can play on health care teams in helping patients achieve health outcomes and addressing health disparities. Ohio lacks a standardized method for training health care providers on how to use CHWs.

The Ohio Comprehensive Primary Care (CPC) Delivery and Payment Model is charged with promoting high-quality, individualized, continuous, and comprehensive care.

In order to ensure that high-quality care is available in populations where it is most difficult to deliver, CHWs must play an integral part in the CPC model. Ohio's emerging CPC model is an excellent place to begin to educate providers on the role of CHWs and expand their use as part of CPC health care teams. Ohio's CPC model could be greatly enhanced by providing standardized training for these providers that demonstrated how CHWs can pay for themselves and included information on roles they can play on the health care team and how they can increase cultural competency, bridge cultural gaps, and address health disparities.

Finally, the biggest challenge for expanding the use of CHWs continues to be the question of how to pay for them.

Specifically, providing reimbursement for CHW services is a challenge because of a lack of sustainable funding. Primarily, resources to fund CHWs are available through a variety of federal, state, local, and private grants. However, some states are integrating CHWs into operating budgets for Medicaid using Medicaid 1115 waivers, State Plan Amendments (SPA), and state budgets. CHWs also receive funding through community-based organizations, hospitals, clinics, private insurers, and nonprofit organizations. Additionally, some states have created codes that allow for reimbursement of CHWs out of capitation rates.

In Ohio, CHWs are mostly paid for out of grant dollars with a few notable exceptions. For example, Medical Technical Assistance and Policy Program (MEDTAPP) grants fund training programs for CHWs, and these training programs use some of their dollars to contract with Federally Qualified Health Centers, local public health departments, hospitals, and community-based organizations to hire CHWs. Some local community-based organizations have been successful in identifying local, state, and national grants to hire CHWs. Pathways Community HUBs have been successful in attracting and pooling public and private dollars to fund the services of CHWs. However, these funding sources are not permanent solutions to the reimbursement challenge.