**“Asthma Community Network – Conversations for Advancing Action” Podcast Series**

**Episode 10 – Working towards Reimbursement: Building a Network of Community Health Workers**

**Approximate Run Time:** 5 –7 minutes

|  |  |
| --- | --- |
| **Speaker** | **Content** |
| ***(Music plays at full volume and then fades into the background)***  **Narrator**  *(This paragraph is repeated on all podcasts to deliver the message that the AsthmaCommunityNetwork.org has a library of material available to enhance knowledge about asthma management programs.)* | Welcome to “Asthma Community Network – Conversations for Advancing Action” – a podcast series from AsthmaCommunityNetwork.org, an online Network designed for people committed to improving asthma outcomes in their community. This podcast series shares best practices for reducing the impact of asthma through delivery of comprehensive, community-based care, especially in underserved communities. In these podcasts you’ll learn about strategies for managing effective program delivery systems, addressing environmental triggers, and leveraging community assets through partnerships.  Today, Kevin Kennedy, Environmental Hygienist and Managing Director at the Center for Environmental Health at Children’s Mercy Hospitals and Clinics, joins us again from Kansas City, Missouri.  He will share his experience establishing a network of Community Health Workers across Kansas and Missouri.  Mr. Kennedy, you are currently establishing a statewide Community Health Worker network as part of your effort to engage your state Medicaid offices.  Why are you taking this approach? |
| **Mr. Kevin Kennedy** | Well, because of the concern about better care at lower cost, there is a recognition by those of us in this region that the most effective way to deliver better asthma care at a lower cost is using a community health worker model.  So, we know that Medicaid offices are looking at the use of community health care or community health workers for a variety of chronic health conditions, and there is evidence to show it’s beneficial for those other health conditions, as well as with asthma.  And we think that’s important because that helps to create a workforce that can easily move from each different type of health condition, so it creates sustainability within the system. It’s very important that if you’re going to advocate for a particular model to support disease management that it be uniform and sustainable. And to make it sustainable the workforce needs to be flexible and be able to train in one type of healthcare management. |
| **Narrator** | Tell us a little about your process for building this Network. |
| **Mr. Kevin Kennedy** | One of our community colleges here got a workforce development grant and from that grant they developed a community health worker training. It’s not unique to asthma; it’s just unique to the development of a workforce of community health workers. It’s a 160-hour training course: 60 hours of it are classroom training on what any community health worker should know, and then 100 hours of it are service learning where the students have to identify specific education and training programs that are related to the kind of health services they’d like to provide. So for us, that would be asthma education training and healthy home training.  One of the other charges of that community college grant was they had to develop the curriculum and provide it for free to any community college that wanted to deliver the training services. So now you’ve developed this training in one community, but it can be offered through the community college network across the entire state, so you have a training system to create a workforce in all of the regions of the state and create that capacity across the state that ultimately creates a uniform care model that Medicaid would be looking for. |
| ***Narrator*** | What challenges have you faced as you establish a network of Community Health Workers? |
| **Mr. Kevin Kennedy** | As you might imagine, it’s never a perfect system. The first challenge is getting buy-in from Medicaid and making sure they are aware and up-to-date on the latest information about the value of using community health workers.  It’s identifying people in different parts of the state that agree with the concept. You have to make all the provider offices aware of this model, so you may have to offer training to bring their entire clinic staff up to speed on what the guidelines recommend. Many of them may not be aware of the importance, the value, what the evidence says about home visits and how it can impact families and empower them to do a better job of taking care of their asthma.  And then you run into politics. So, different people across the state can have different priorities and believe in different uses of funds that might be available through Medicaid. So, you have to work hard to try to get everybody to agree on a consistent message. You have to try to build a consensus. |
| ***Narrator*** | What are some examples of initial successes? |
| **Mr. Kevin Kennedy** | Well, we’ve been fortunate that as we have reached across states we’ve seen a real enthusiasm. There are lots of people across the state who agree with us, who we didn’t have to offer any kind of new information to them – they were well-aware of things, the good asthma care, and in some cases were real models that we could then learn a lot from, so that was pleasant to see that.  And then what was really beneficial for us was we had a summit last June—we did an asthma summit—and invited the Medicaid directors from both states to attend the summit, along with national representatives of federal agencies working on asthma disparities, inviting research groups from various parts of the country that have done the research to show the benefits of home visits and the benefits of specific interventions. And we were really surprised at the very positive response we got from both Medicaid offices in Kansas and in Missouri, and a commitment on the day of that summit from both Medicaid offices to implement a healthy home model in their states and to try to develop a reimbursement mechanism for asthma home visits and for some evidence-based interventions.  So, we were thrilled to hear that and have continued to be in communication with those Medicaid offices.  We continue to build the workforce, working on offering training across the state on healthy home training and then there are other groups in the state that offer asthma training.  So, uh, we’ll continue to work on creating that capacity and hopefully all the timing will fit so that there’ll be a workforce that’s ready once each state approves some kind of reimbursement model. |
| ***Narrator***  *(This clip concludes the Episode and directs listeners back to AsthmaCommunityNetwork.org to access more resources)* | Thank you, Mr. Kennedy, for sharing these valuable insights.  For additional resources and to hear other podcasts in this series, visit asthmacommunitynetwork.org/podcasts.  And for more information on asthma management, go to AsthmaCommunityNetwork.org – an online Network for people committed to improving asthma outcomes in their community. |