Welcome to the Webinar

The Role of Community Health Workers in Asthma Management

**Moderator:** Tracy Washington Enger, U.S. Environmental Protection Agency

**Presenters:** Nancy Sutton, Manager of the Asthma Control Program, Rhode Island Department of Health

Jean Zotter, Director of the Asthma Control Program, Massachusetts Department of Public Health

**Thursday, December 6, 2012**
Webinar 2:00 – 3:00
Live online Q&A 3:00 – 3:30 on AsthmaCommunityNetwork.org
Introduction

Tracy Washington Enger
U.S. Environmental Protection Agency

Operator Assisted Toll-Free Dial-In Number: 800-374-0278
Conference ID: 58959690
Purpose of Webinar

To address five readiness for reimbursement steps for Community Health Worker asthma services:

- Promote a common definition of CHWs and develop the CHW workforce
- Integrate standardized asthma education training into CHW training
- Secure partnerships and develop collaboration across an integrated care system (medical, housing, community-based organizations) to identify and serve individuals most at-risk
- Ensure workforce standards for CHW services
- Develop cost-benefit models to evaluate the financial impact of CHWs on healthcare systems and policies
Agenda

1. Describe the System for Delivering High-Quality Asthma Care

2. Presentations:
   – Jean Zotter, Director of the Asthma Prevention and Control Program, Massachusetts Department of Public Health
   – Nancy Sutton, Manager of the Asthma Control Program, Rhode Island Department of Health

3. Q&A Session on AsthmaCommunityNetwork.org Discussion Forum
Questions & Answers Session on AsthmaCommunityNetwork.org Discussion Forum

Do you have questions? Nancy and Jean will be available online in the AsthmaCommunityNetwork.org Discussion Forum from 3:00-3:30 p.m. EST today to respond to questions you post in the Discussion Forum. To post a question in the Discussion Forum, follow these directions:

1. If you are a Network member, log-in to your AsthmaCommunityNetwork.org account.

2. Under the “Interact” tab on the homepage navigation, Click on the “Discussion Forum” link.

3. Click on the blue “post to the forum” button in the green box at the top of the page to post your question.

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Not a member? Create an account at AsthmaCommunityNetwork.org by clicking the “Join Now” link at the top of the page. Your account will be approved momentarily and you can begin posting questions.
What type of organization do you represent?

- Health Plan: 4%
- Community-Based Organization: 15%
- Healthcare Provider: 17%
- No Answer: 28%
- Government Agency: 25%
- Other: 11%
Does your organization use community health workers?

- Yes: 34%
- No Answer: 30%
- Considering using them: 12%
- Not applicable: 10%
- No: 14%
Connecting to the System

Key Drivers of Program Effectiveness:
- Strong Community Ties
- Integrated Health Care Services
- Tailored Environmental Interventions
- Committed Leaders & Champions
- High Performing Collaborations

BUILDING THE SYSTEM
GETTING RESULTS
EVALUATING THE SYSTEM
SUSTAINING THE SYSTEM
Connecting to the System

- Strong Community Ties
- High Performing Collaborations
- Strong Community Ties
- High Performing Collaborations
- Community Assets
- Community Assets
The Role of Community Health Workers in Asthma Management

~ Massachusetts~

Jean Zotter, JD
Director, Asthma Prevention and Control Program
Overview

• What is a Community Health Worker (CHW) and how can they address asthma disparities
• The CHW movement in Massachusetts
• How the MA Asthma Prevention and Control Program has implemented CHW interventions in MA
• Preliminary results from CHW study
• Developing an infrastructure to support this intervention
CHW definition

- American Public Health Association:
  - Is a trusted member of, or deeply understands, the community served
  - Is a liaison between health and social services and the community
  - A CHW builds individual and community capacity through:
    - Outreach
    - Community education
    - Informal counseling
    - Social support
    - Advocacy
CHWs and Asthma

- Found effective in improving chronic disease outcomes in HIV/AIDS, diabetes and heart disease
- Also effective in improving asthma outcomes for children (Postma article)
  - Review of 8 publications of CHW multi-trigger home-based education
  - All focused on low-income urban communities
  - Overall, studies support effectiveness of CHWs in improving asthma symptoms and reducing urgent care usage
CHW Movement in MA

• MA Association of CHWs forms in 2000
• 2006 MA Health Care Reform law includes reference to CHW
  – Tasks MA DPH to conduct CHW workforce study
• Study released in 2010 and includes recommendations on workforce sustainability
• CHW certification law passed 2010
MA Board of Certification for CHWs

- Established by the MA legislature in the Acts of 2010 - Chapter 322; codified at M.G.L. Chap. 13, Sec. 108
- Intended to address CHW, provider, and payer needs for workforce standards
- Charged to promulgate regulations by 2014
- Focused on core competencies all community health workers need – not disease specific

Adapted with permission from Gail Hirsch, Office for Community Health Workers MDPH
MA Asthma Prevention and Control Program (APCP)

• Mission: Improve quality of life for all people with asthma and reduce asthma disparities
• Funded by CDC and HUD; past support – NIH/ARRA
• Statewide Partnership: Massachusetts Asthma Action Partnership (MAAP)
• In 2009 APCP released:
  – The Burden of Asthma in MA
  – A Strategic Plan for Asthma in Massachusetts 2009-2014
Asthma Prevalence among Massachusetts Youth Aged <18 by Race/Ethnicity, 2005-2008

Data Source: MA Behavioral Risk Factor Surveillance System, 2005-2008

* Insufficient data to provide a stable estimate

Statistically significantly higher than White, NH
Average Annual Asthma Hospitalization Rate by Race/Ethnicity, Youth Aged <18, Massachusetts, 2005-2008

*Statistically significantly higher than White, NH
↓ Statistically significantly lower than White, NH

Data Source: 2005-2008 Massachusetts Inpatient Hospital Discharge Database
MA Asthma CHW Projects

• Reducing Ethnic/Racial Disparities in Youth (READY) study
  – Funded by HUD Healthy Homes Technical Studies and ARRA R01 NIH grants

• Asthma Disparities Initiative (ADI)
  – Similar clinic-based CHW home intervention
  – Linked to policy efforts at local level
  – Evaluation: how CHWs create bridges between families/clinics/communities
  – Funded by CDC Negotiated Agreement
READY Study – Cost Analysis

• An intervention:
  – Based in the medical home
    • With large Black and Hispanic pediatric patient population
    • Boston Medical Center and Baystate Medical Center
  – Integrates Community Health Workers (CHWs) into medical team
  – CHWs conduct in-home environmental assessment and education over multiple visits
  – CHWs provide low cost tools to family
  – CHWs’ link visit findings back to medical team

• Purpose is to conduct a cost analysis of the intervention
READY CHW Asthma Training

• Training and support developed and implemented for MDPH by Boston Public Health Commission’s CHEC Program
• Included:
  – Comprehensive Outreach Education Certificate Program offered by CHEC
  – 4 Day Asthma Home Visitor Training developed by CHEC, 2 day “refresher” training annually
  – 2 day Supervisor Training
  – Quarterly in-person support meetings
  – Study specific training (e.g., use of questionnaires, study protocols) done by PIs at study sites
### Preliminary Health Outcomes of READY Study Participants

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>READY Participants N = 65</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline N (%)</td>
<td>Post N (%)</td>
<td>P-value</td>
<td></td>
</tr>
<tr>
<td>Asthma symptom days (Mean. (SD))</td>
<td>4.34 (4.1)</td>
<td>2.42 (3.0)</td>
<td>0.0006</td>
<td></td>
</tr>
<tr>
<td>Asthma control level</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Well controlled</td>
<td>8 (12.3)</td>
<td>20 (30.8)</td>
<td>0.0040</td>
<td></td>
</tr>
<tr>
<td>Not well controlled</td>
<td>37 (56.9)</td>
<td>35 (53.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very poorly controlled</td>
<td>20 (30.8)</td>
<td>10 (15.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER visit</td>
<td>35 (53.9)</td>
<td>16 (24.6)</td>
<td>0.0004</td>
<td></td>
</tr>
<tr>
<td>Hospitalization</td>
<td>17 (26.2)</td>
<td>1 (1.54)</td>
<td>0.0002</td>
<td></td>
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<tr>
<td>Urgent care use*</td>
<td>48 (73.9)</td>
<td>28 (43.1)</td>
<td>0.0006</td>
<td></td>
</tr>
<tr>
<td>Oral Steroid medication used</td>
<td>48 (73.9)</td>
<td>26 (40.0)</td>
<td>0.0003</td>
<td></td>
</tr>
<tr>
<td>Rescue medicine used</td>
<td>53 (81.5)</td>
<td>43 (66.2)</td>
<td>0.0525</td>
<td></td>
</tr>
<tr>
<td>Received Asthma Action Plan (AAP)</td>
<td>44 (67.7)</td>
<td>59 (90.8)</td>
<td>0.0002</td>
<td></td>
</tr>
<tr>
<td>Actually used the AAP</td>
<td>30 (47.7)</td>
<td>46 (70.8)</td>
<td>0.0081</td>
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</tr>
</tbody>
</table>

*Note: * Urgent care use: visit an emergency room or urgent care center or stay overnight in a hospital or unscheduled office visit
Other Initiatives:
Health Resources in Action's *New England Asthma Innovation Collaborative*

- Recently awarded to HRiA’s Asthma Regional Council to work with NE states
  - CHW Intervention in medical home model
  - Particularly MA, RI, CT and VT and their Medicaid programs
  - 3 MA Managed Care Medicaid insurers part of project
  - MA insurers committed to covering service at end 2 years if show ROI or cost effectiveness
Other Initiatives: MassHealth Pediatric Asthma Payment Pilot

$26.75 Billion waiver agreement with CMS will strongly support integrated health care in Massachusetts

By Health and Human Services Secretary Dr. JudyAnn Bigby

Earlier this week, Governor Patrick announced that the federal Centers for Medicare and Medicaid Services (CMS) has renewed Massachusetts’ 1115 Research and Demonstration Waiver Agreement, commonly referred to as the Waiver. Yesterday’s announcement of a $26.75 billion, three-year agreement gives Massachusetts an additional $5.69 billion in spending authority and strongly supports our commitment to promoting integrated systems of care and establishing alternative payment models.

Massachusetts will also establish a Pediatric Asthma Payment Pilot, which will support a bundled payments to providers for services to improve asthma outcomes in children not traditionally covered, including home visits by community health workers and supplies for reducing environmental triggers in the home. Efforts like these have been shown to help keep kids with asthma healthy and out of the emergency room with acute asthma exacerbations.

Legislation required EOHHS

• develop global or bundled payment system for high-risk pediatric asthma patients in MassHealth
• reimburse currently uncovered services
• demonstrate financial return on investment
National Health Care Reform Supports CHWs

• CHWs specifically mentioned in 3 places:
  – In definition of the term “Health Professionals”
  – CDC “Grants to Promote the Community Health Workforce” and “To Promote Positive Health Behaviors and Outcomes” through the use of CHWs
    • enrollment, chronic disease management, MCH, and more (Sec. 5313, as yet unfunded)
  – Inclusion in interdisciplinary training with clinicians by AHEC (Area Health Education Centers)
• CMS Innovations Awards funded at least 14 CHW projects (several on asthma)

Adapted with permission from Gail Hirsch, Office for Community Health Workers MDPH
Moving Forward: From Demonstration Project to Policy

• Response from Insurers to Asthma CHW Intervention
  – Openness to payment
    • Some convinced it works
    • Some still need more cost benefit analysis

• To expand reimbursement wanted:
  – Standardized training
  – Standardized skill assessment/evaluation
  – Easy referral system
Infrastructure Needs Assessment

Evaluation looked at the following questions:

- Assess the MDPH CHW Asthma training and how it can be improved
- Identify feasible and effective ways to make training statewide
- Identify methods to assess CHW skill attainment
- Evaluate the supervision and other institutional supports needed to promote the success of the CHW component of the intervention such as referrals
CHW Home Visitor Workforce Development

• Overall, positive feedback on training
• Suggestions:
  – Include more case studies and Motivational Interviewing
  – Include a mentorship or practicum phase
    • Support a network of CHWs with preceptors
  – Make core competency a prerequisite
  – Test expansion thru a pilot
  – See if payers will subsidize training
  – Explore hybrid training (in person and on-line)
  – Consider occupational health and safety issues
CHW Asthma Skill Assessment

• Suggestions:
  – Assess feasibility of different testing thru pilots
  – Develop performance-oriented assessment that includes:
    • Home visit observations
    • Preceptor evaluation
  – Consider second tier of certification for specialized or generalist chronic disease prevention and self-management skills
Integrating CHWs into Health Teams

• Suggestions:
  – Promote the role of health care teams in improving asthma to providers and payers
  • Put CHW role into perspective of the whole team
  • Underscore success relies on team response not just CHW
  – Make obvious the value of CHWs to medical or public health professions who value academic attainment
Referral Systems

- Suggestions:
  - Encourage training centers to update and disseminate graduate databases while meeting privacy protection policies
  - Explore community/regional CHW cooperatives
    - That offer supervision and other expertise, promote intervention standardization, serve as referral agency (such as Boston Public Health Commission’s Asthma Home Visitor Collaborative)
Reimbursement

• Suggestions:
  – Support coverage for supervision, in addition to CHW intervention
  – Ensure asthma home visiting intervention is part of fast-moving medical home and ACO initiatives
  – Evaluate other CHW interventions in which CHW addresses multiple chronic diseases or different age groups
Stay Tuned for More on Reimbursement

Childhood Asthma Leadership Coalition
• Hosting a webinar in January 2013
• Deep dive into reimbursement for CHW interventions with a focus on Massachusetts
• Panelist include:
  – Massachusetts Medicaid (MassHealth)
  – Health Resources in Action on CMS Award
  – MDPH Asthma Program
• To sign up, contact childhoodasthma@ccapr.com
Conclusion

CHWs “get into homes to get a real sense of what is happening and bring that knowledge back into the clinic, both directly through patient records and indirectly as a member of the clinical team... With the CHW intervention, families are more proactive in managing their child’s asthma. They come in when their child’s well to review medications and to prepare for the start of school.”

- Dr. Matt Sadof, Baystate Medical Center
APCP’s Funding Support for CHW Work

• This presentation was supported by the federal agencies listed below. The content of the presentation is solely the responsibility of the presenter and does not necessarily reflect the views of those agencies:

  – National Institute of Environmental Health Sciences (NIEHS); R01 ARRA Award; READY Study; #5R01ES017407-02
  – Housing and Urban Development; Healthy Homes Technical Studies Award; READY2 Study; #MALHH0227-10
  – Centers for Disease Control and Prevention; National Center for Environmental Health; Addressing Asthma from a Public Health Perspective; #5U59EH000501-3
Contact Information and Resources

• Jean Zotter, jean.zotter@state.ma.us, 617-994-9807
• APHA Community Health Worker Section
  http://www.apha.org/membergroups/sections/aphasections/chw/
• MDPH Office of Community Health Workers
  http://www.mass.gov/dph/communityhealthworkers
• CDC E-Learning CHW
  http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm
• Seattle King County CHW Resources
  http://www.kingcounty.gov/healthservices/health/chronic/asthma/resources/tools.aspx
The Role of Community Health Workers in Asthma Management

~ Rhode Island’s Story ~

US Environmental Protection Agency (EPA) Webinar
December 6, 2012

Nancy Sutton, MS, RD
Asthma Control Program
Rhode Island Department of Health
RI Asthma Control Program

• Funded by CDC since 1999
• Overall Goals:
  – To reduce the RI asthma hospitalization rates.
  – To reduce asthma disparities among populations disproportionately affected by asthma as compared to the general population with asthma.
  – To increase the proportion of people with current asthma who report that they have received self-management education.
• Integrated Systems Approach
Integrated Systems Approach
Key Partners

- RI Asthma Control Coalition
- RI Healthy Housing Collaborative
- New England Asthma Regional Council
- New England State Asthma Programs
- RI Department of Health
  - Office of Special Health Care Needs
  - Office of Minority Health
  - Home Visiting Program
  - Healthy Housing Program
  - Tobacco Program
  - RI Chronic Care Collaborative (RICCC)
RI Parent Information Network (RIPIN)

- Founded in 1991
- >100 staff
- Staff well trained
- Informs, supports, & empowers
- Focus on people with special health care needs, chronic conditions, and disabilities
- Health care, schools, community-based organizations
- www.ripin.org
CHW Association of RI
Workforce Development

- Established in 2009
- ~ 300 members
- Mix of community members and health professionals
- Developing credentialing for CHW in RI
- Provides education & trainings
- Develops & advocates for policies to improve health of communities
- www.chwassociationri.org
Integrating CHW into Asthma Interventions

• Home Asthma Response Program (HARP)
  – Hasbro Children’s Hospital
  – St. Joseph’s Medical Services – Health Center
  – Three home visits
    • 1st conducted by CHW and an AE-C
    • 2nd & 3rd – only CHW
  – Ages 2 – 6, Residents of Providence
  – Enter ED due to asthma (primary dx)
Home Asthma Response Program (HARP)

- CDC & HRSA Title V Funding (Asthma Control Program)
- $145,000/yr
  - 1 full time RIPIN - CHW
  - Contract with Hasbro and St. Joseph’s
- 2011 – 29 of 31 children
- 2012 – 50 of 52 children
- 2013 & 2014 – 140 children
- Targeted Total: 219 children

- CMS Innovations Grant (Asthma Regional Council)
  - 2013 – 2015
  - 283 children
Role of HARP Community Health Worker

- Environmental Home Assessment
- Provide Supplies and Basic Education
  - HEPA vacuum, waste basket, food storage containers, cleaning supplies
- Connecting Families with Resources
  - Weatherization, Heating Assistance
  - Public Housing/Rental Agencies
  - RI Legal Services/Medical Legal Partnership
  - Insurance/Medicaid/Asthma Free Clinic
  - Breathe Easy at Home (code enforcement)
  - Head Start/Early Intervention
  - Food Bank, WIC
Site Assessments

- Sanitation
- Sanitary problems identified in over 50% of homes
- *Healthy Recipe Cleaning Supplies* often substituted for potentially irritating products
- Mice and Cockroach Infestations
- Mouse glue-traps provided
- Cockroach gels often used to replace sprays
- Improve sanitation and blocking access points for pests
- Mold
- Most often required advocating for family with landlord
Sustainability

• HARP Advisory Committee
  – Medicaid (RIteCare) & Commercial Health Plans
  – RI Department of Human Services
• Neighborhood Health Plan of RI
  – Completed pilot with 21 families w/out CHWs
• New England Asthma Innovation Collaborative
  – Asthma Regional Council of New England
    • Program of Health Resources in Action, Boston
    • CMS Innovations Grant Funded
  – RI, MA, VT, CT
Home Asthma Response Program (HARP) EVALUATION
2011 Preliminary Evaluation

- March 2011 – October 2011
- 29 of 31 families completed all 3 home visits
- 69% Hispanic, 7% Black, 7% White
- 68% Medicaid, 26% Commercial
What We Learned

• Smokers In The Home: 35%
• Pets In The Home: 19%
• Poor ventilation
• 11% of homes used HEPA vacuums
• No children had mattress covers or allergen-proof pillows
In The Last Year...

- Children Hospitalized For Asthma = 48%
- Children With Ed Visit For Asthma = 91%
  (Median # ED Visits = 3, Range = 1 – 20)
- Children With Office Visit For Asthma = 87%
  (Median # Office Visits = 6, Range = 1 – 12)
- Children With Oral Steroids For Asthma = 91%
Asthma Control after HARP

- **Daytime Symptoms**
  - 67% of children improved
  - 25% no change and 8% worse
  - 4 children went from daily symptoms to none

- **Nighttime Symptoms**
  - 50% of children improved
  - 25% worse and 25% no change

- **Activity Limitations**
  - 83% of children improved
  - 17% no change
Monthly Data pre- and post-HARP

- Days with symptoms
- Missed school days
- Sick visits to doctor
- Steroid courses
Integrating Asthma into CHW Workforce

• Healthy Housing NCHH Trainings
  – 2011 & 2012 Basic Healthy Housing Trainings
    • >150 CHWs and home visiting professionals
  – Advanced Healthy Housing Trainings
    • September 2012 – 85 participants

• Asthma Trainings for CHWs
  • Spring 2013
Thank you!!!

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• This presentation was supported by the Cooperative Agreement Number 5U59-EH000524-04 from the US Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the author and do not necessarily represent the official views of the CDC.
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- Ensure workforce standards for CHW services
- Develop cost-benefit models to evaluate the financial impact of CHWs on healthcare systems and policies
Which of the following actions will you prioritize for your program?

- Evaluate the cost-benefit of our CHW asthma services (5%)
- Ensure we offer quality asthma training and standards for CHWs (14%)
- Refine our evaluation plan used to measure health outcomes (11%)
- Coordinate with providers to make referrals for CHWs easier (8%)
- Not applicable (16%)
- No Answer (46%)
Upcoming Engagement Opportunities

• Stay tuned for more information on the *GWU and MCAN Reimbursement for CHWs Webinar* for the Childhood Asthma Leadership Coalition ([childhoodasthma@ccapr.com](mailto:childhoodasthma@ccapr.com))

• Visit AsthmaCommunityNetwork.org for additional resources posted by our speakers on CHWs

• Join us for a Q & A session with our speakers following this webinar on AsthmaCommunityNetwork.org
Conclusion of the Webinar

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