



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:

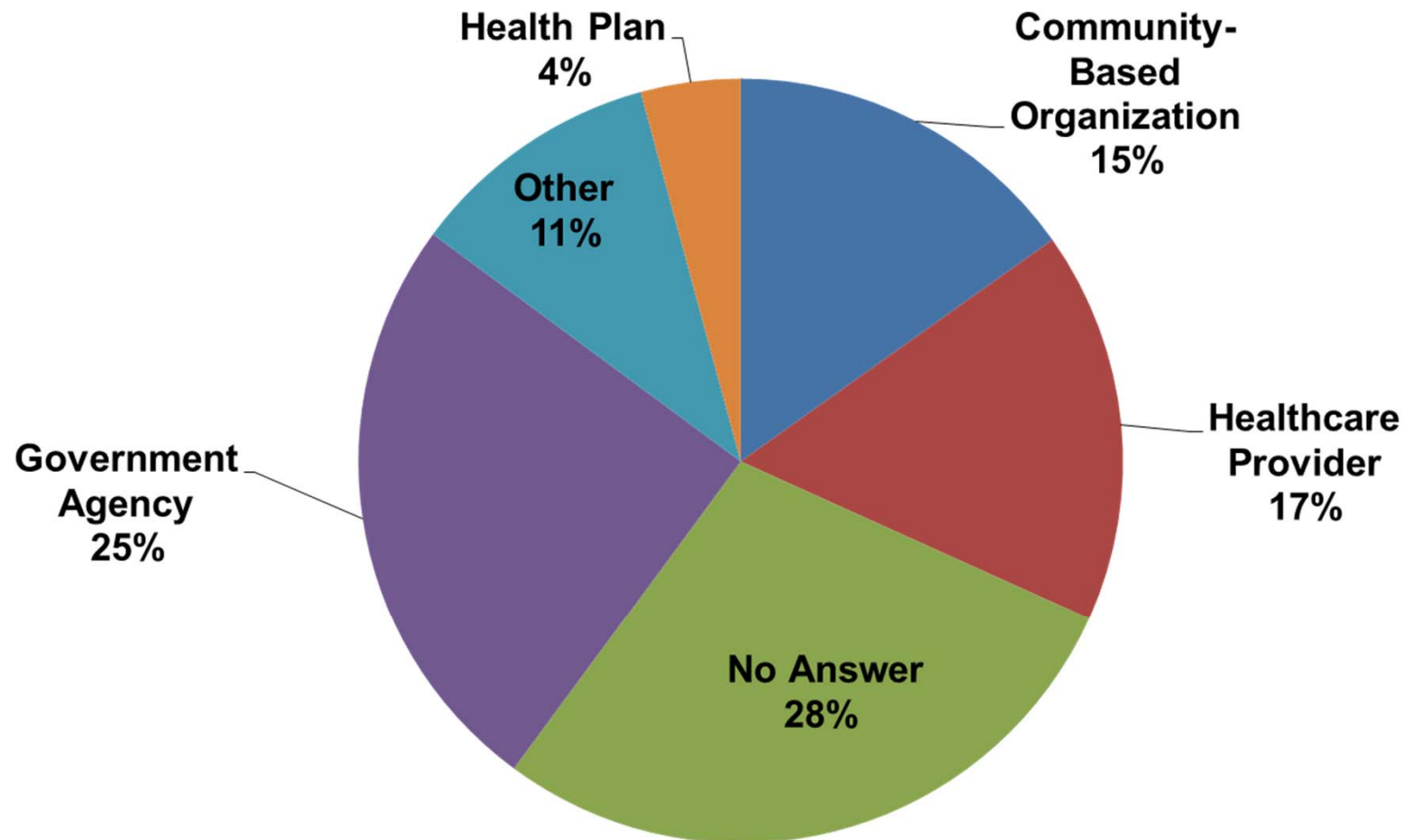
1. If you are a Network member, log-in to your AsthmaCommunityNetwork.org account.

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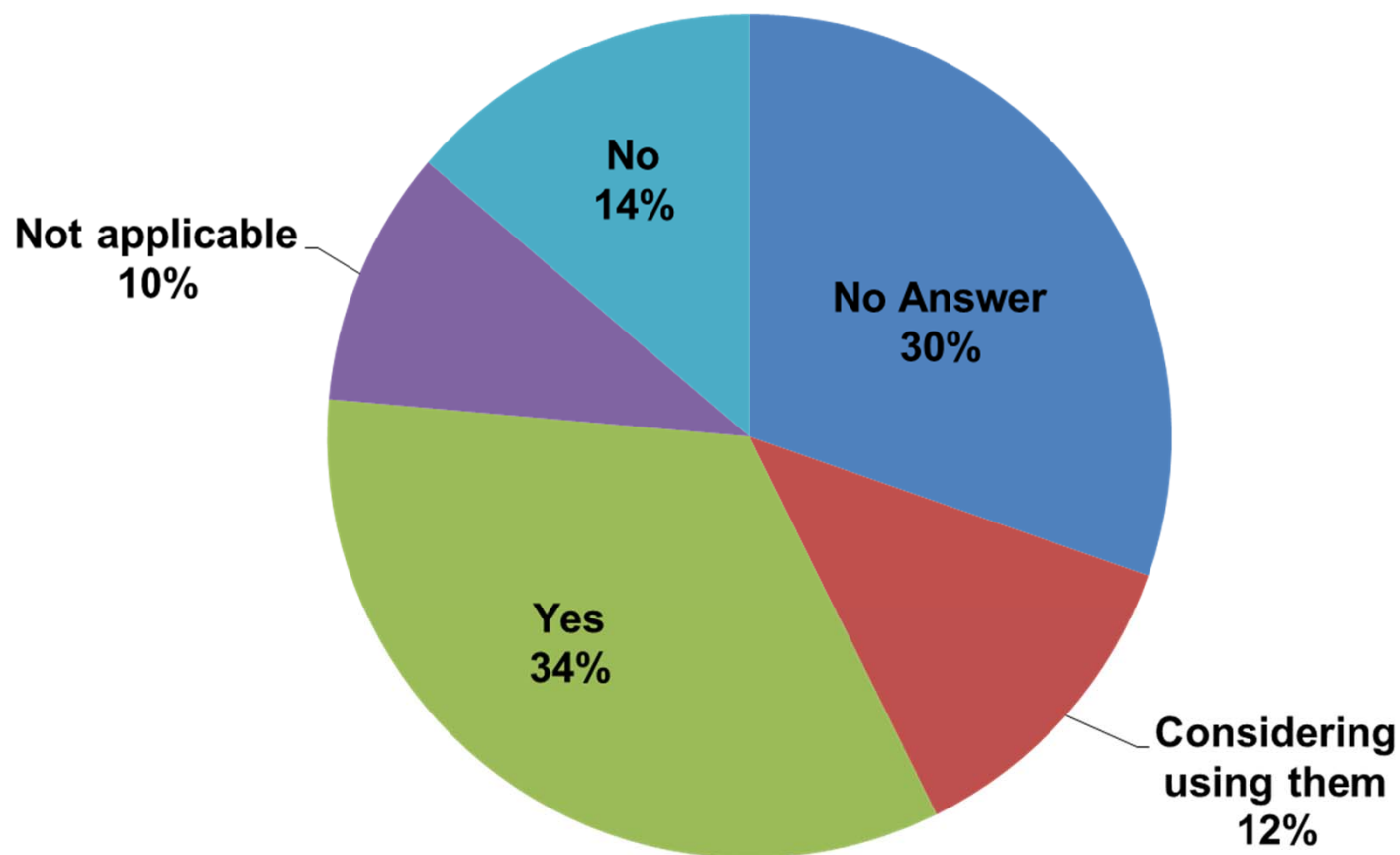


What type of organization do you represent?





Does your organization use community health workers?

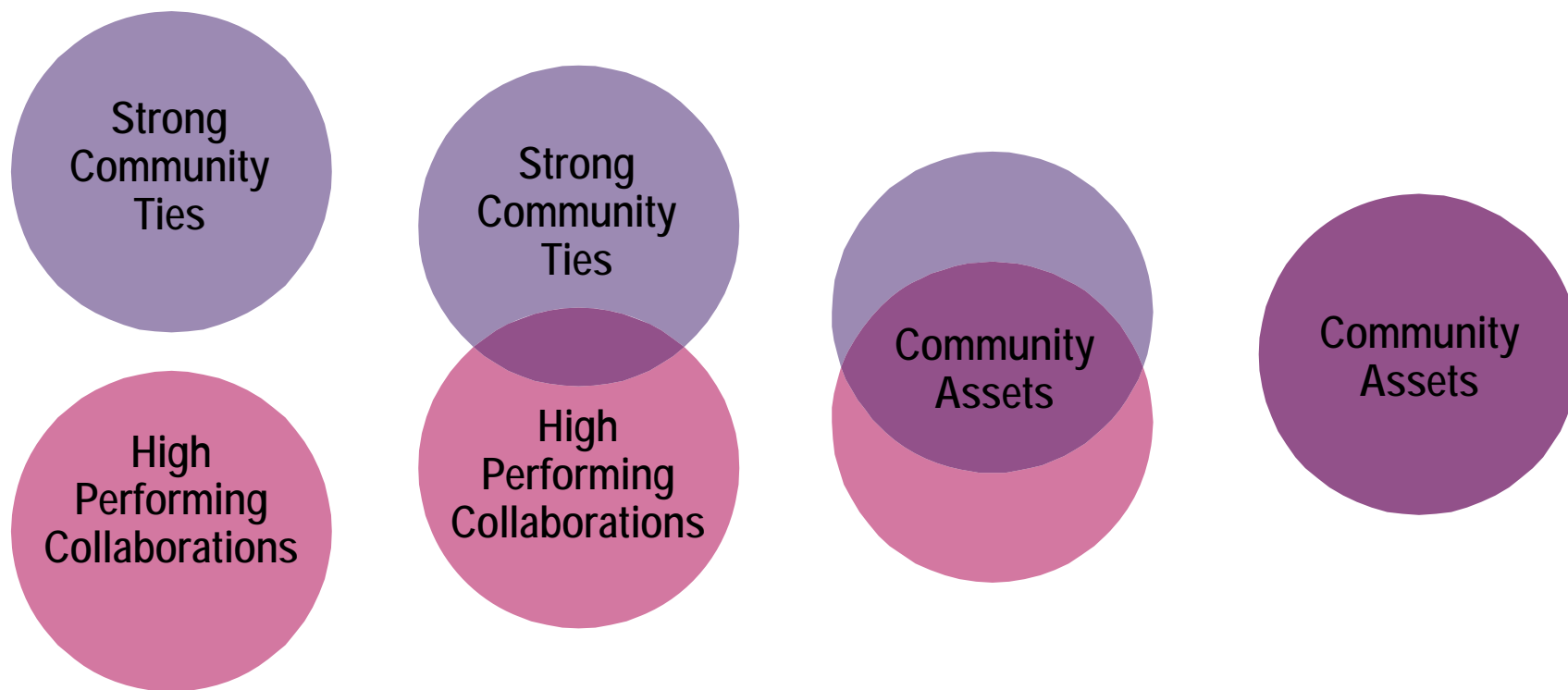


Connecting to the *System*





Connecting to the *System*





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



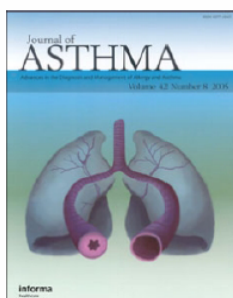
Jean Figaro reviews his notes before a home asthma care visit. (Martha Bebinger/WBUR)

CDC, Promoting Policy and Systems Change to Expand Employment of Community Health Workers (CHWs) - CHW eLearning

- 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



Journal of Asthma

Publication details, including instructions for authors and subscription information:
<http://www.informaworld.com/smp/title-content=t713597262>

Community Health Workers and Environmental Interventions for Children with Asthma: A Systematic Review

Julie Postma^{*}, Catherine Karr^{*}, Gail Kieckhefer^{*}

^{*} Family and Child Nursing, University of Washington School of Nursing, Seattle^{*} Environmental & Occupational Health Sciences, University of Washington, Seattle

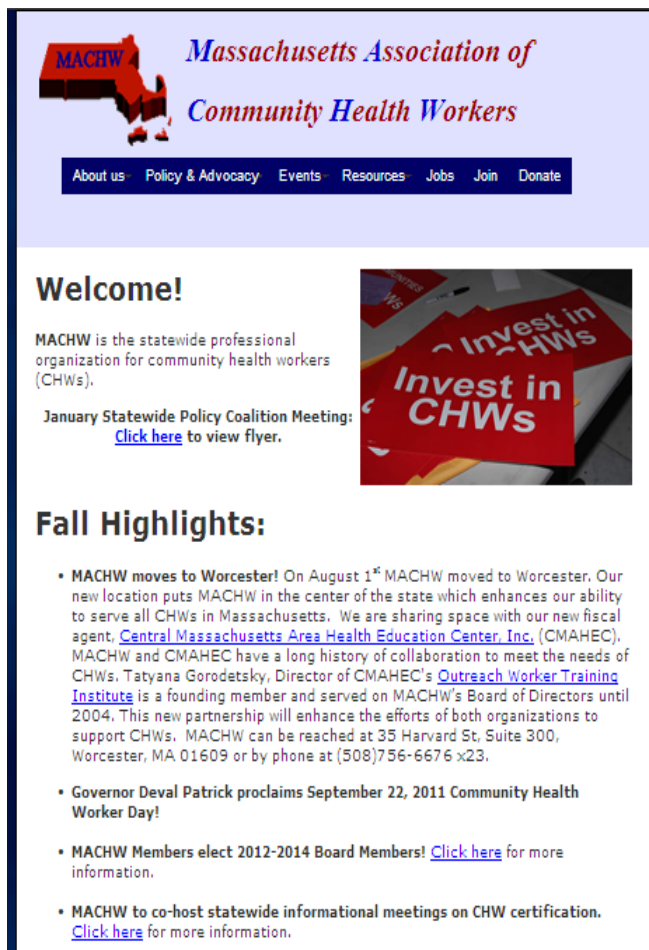
Online Publication Date: 01 August 2009

To cite this Article Postma, Julie, Karr, Catherine and Kieckhefer, Gail(2009)'Community Health Workers and Environmental Interventions for Children with Asthma: A Systematic Review', Journal of Asthma, 46:6, 564 — 576

To link to this Article: DOI: 10.1080/02770900902912638

URL: <http://dx.doi.org/10.1080/02770900902912638>

CHW Movement in MA



The screenshot shows the MACHW website with a purple header. The header includes the MACHW logo (a red outline of Massachusetts with 'MACHW' inside) and the text 'Massachusetts Association of Community Health Workers'. Below the header is a navigation bar with links: 'About us', 'Policy & Advocacy', 'Events', 'Resources', 'Jobs', 'Join', and 'Donate'. The main content area has a 'Welcome!' section with a paragraph about MACHW being the statewide professional organization for CHWs. It also mentions a 'January Statewide Policy Coalition Meeting' with a 'Click here' link. To the right of this text is a photo of red signs that say 'Invest in CHWs'. Below the welcome section is a 'Fall Highlights:' section with four bullet points: 1. MACHW moves to Worcester! (August 1st), mentioning the new location and partnership with CMAHEC. 2. Governor Deval Patrick proclaims September 22, 2011 Community Health Worker Day! 3. MACHW Members elect 2012-2014 Board Members! with a 'Click here' link. 4. MACHW to co-host statewide informational meetings on CHW certification, with a 'Click here' link.

- 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

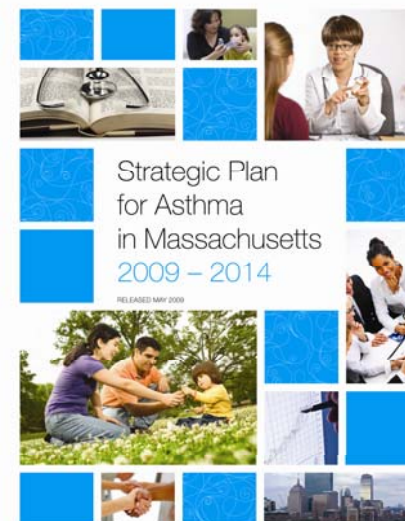
- Established by the MA legislature in the Acts of 2010 - Chapter 322; codified at M.G.L. Chap. 13, Sec. 108
- Intended to address CHW, provider, and payer needs for workforce standards
- Charged to promulgate regulations by 2014
- Focused on core competencies all community health workers need – not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

Adapted with permission from Gail Hirsch, Office for Community Health Workers MDPH



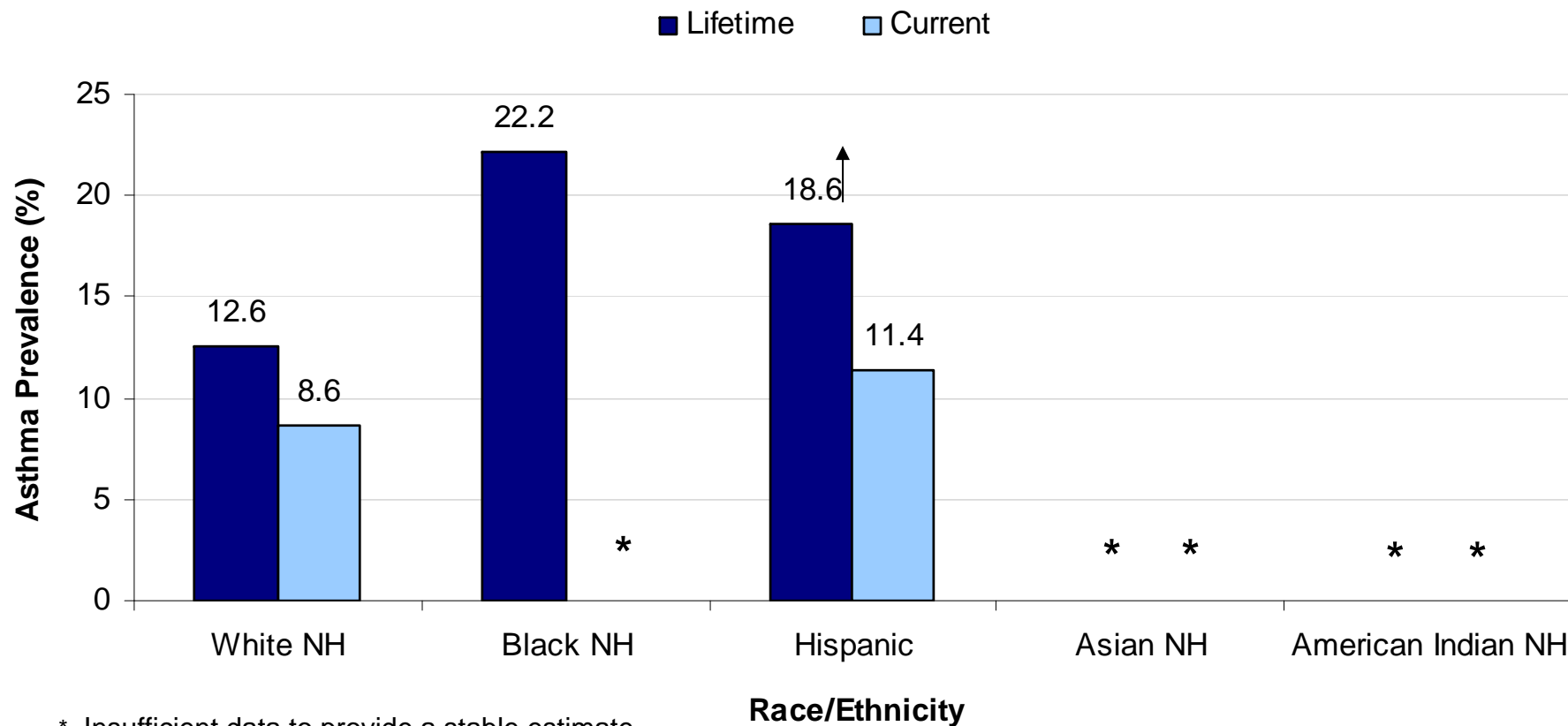
MA Asthma Prevention and Control Program (APCP)

- 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





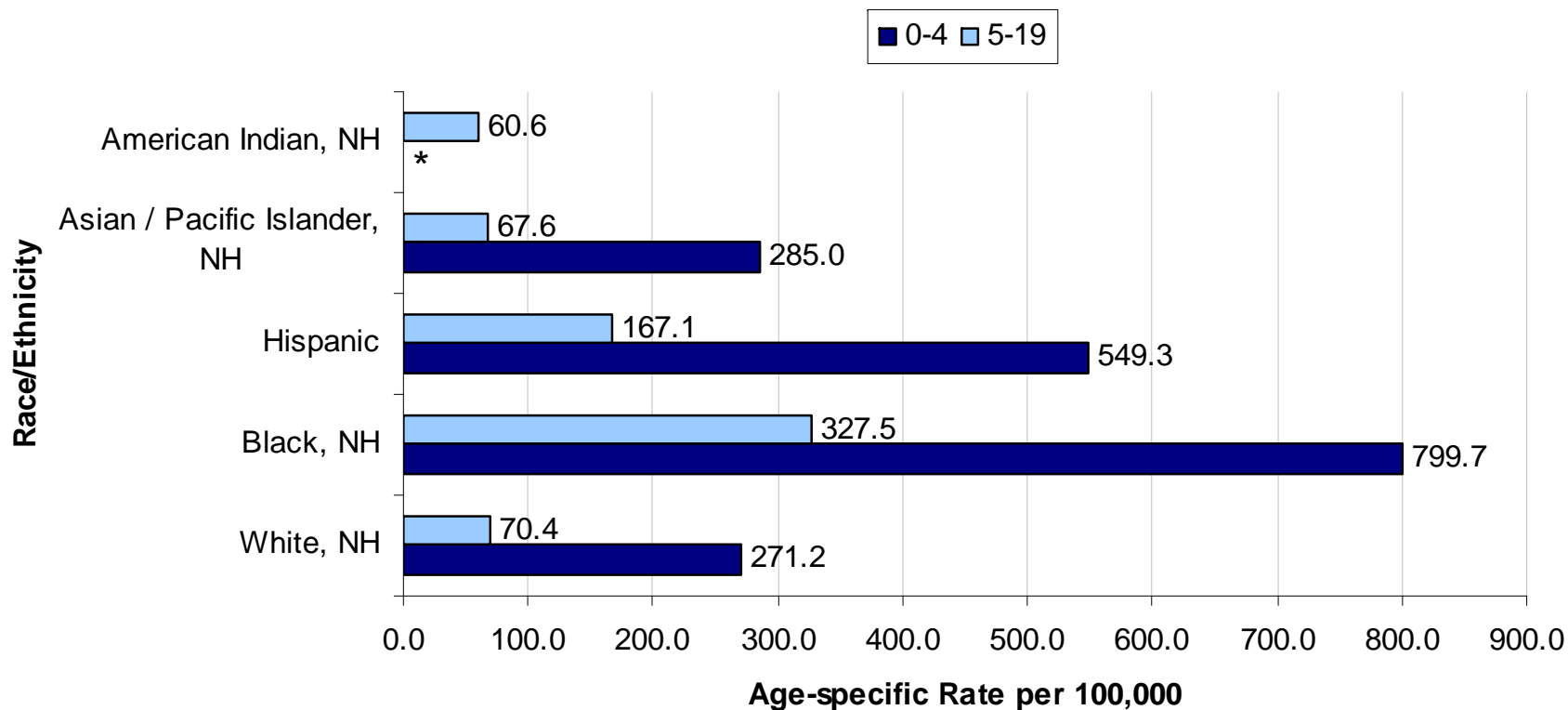
Asthma Prevalence among Massachusetts Youth Aged <18 by Race/Ethnicity, 2005-2008



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



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

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

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

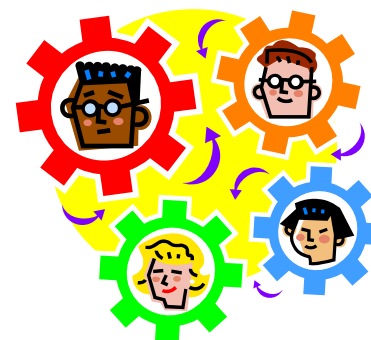
Evaluation looked at the following questions:

- 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

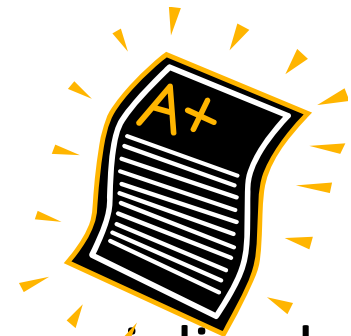
- Overall, positive feedback on training
- Suggestions:
 - Include more case studies and Motivational Interviewing
 - Include a mentorship or practicum phase
 - Support a network of CHWs with preceptors
 - Make core competency a prerequisite
 - Test expansion thru a pilot
 - See if payers will subsidize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





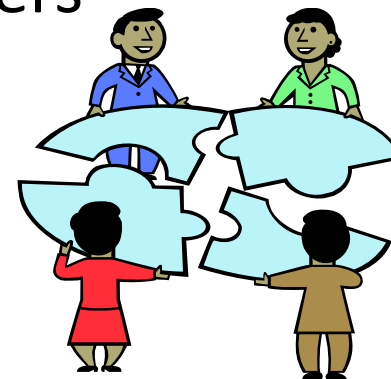
CHW Asthma Skill Assessment

- 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/dhdsdp/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

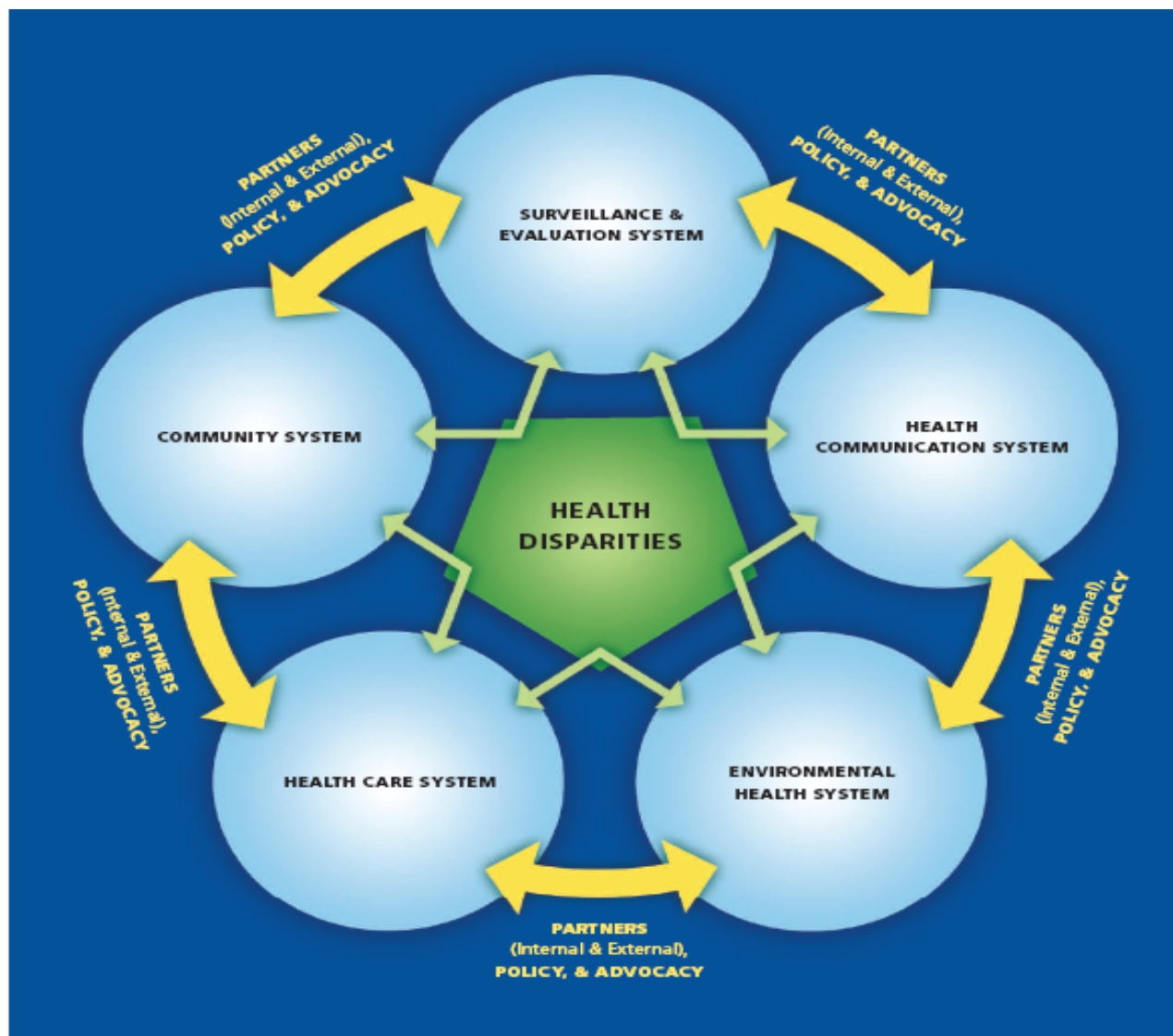


RI Asthma Control Program

- 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



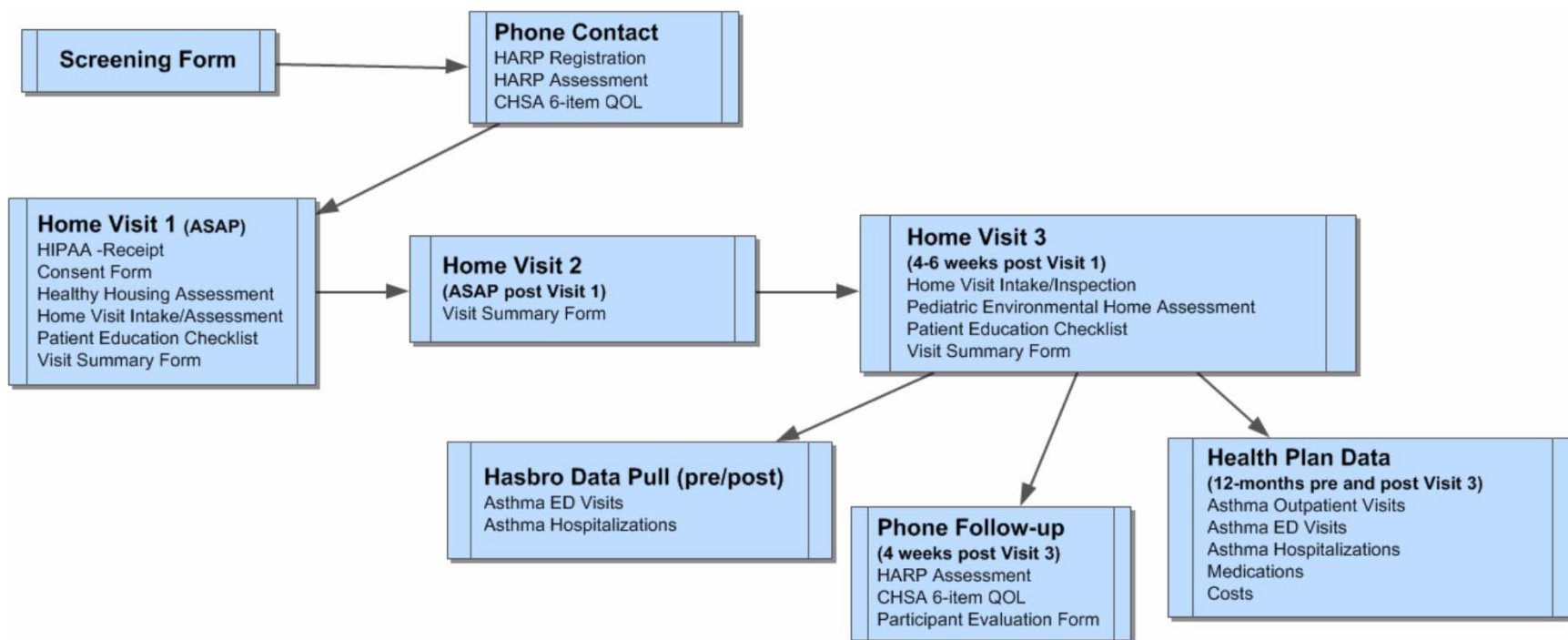


Sustainability

- HARP Advisory Committee
 - Medicaid (RItCare) & 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

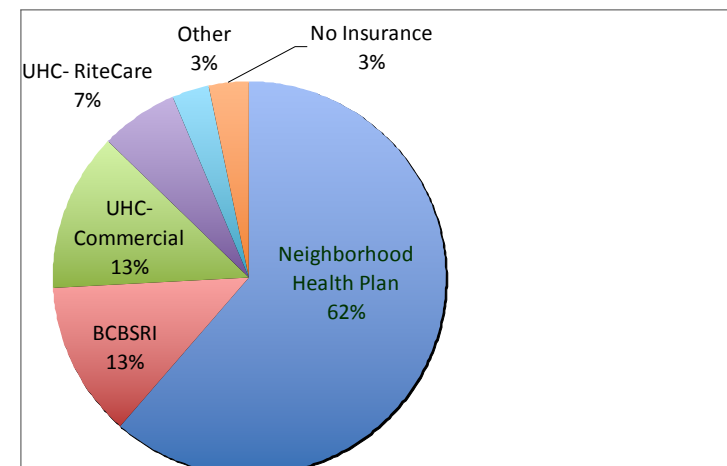
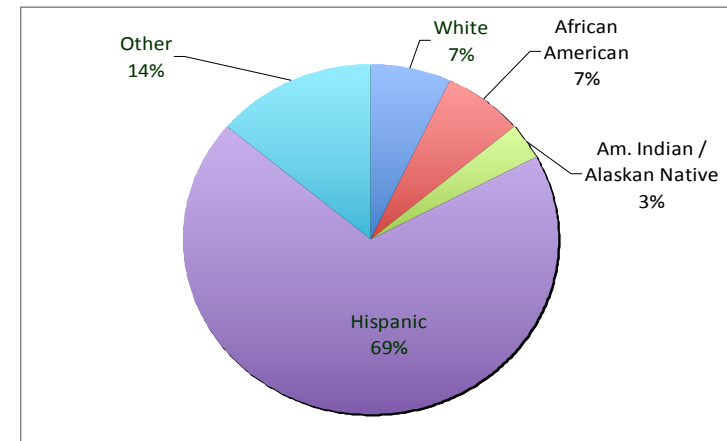


Home Asthma Response Program (HARP) EVALUATION



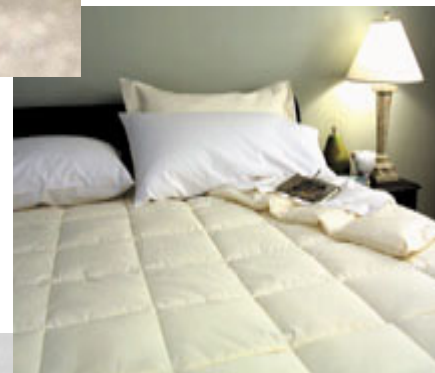
2011 Preliminary Evaluation

- 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%**

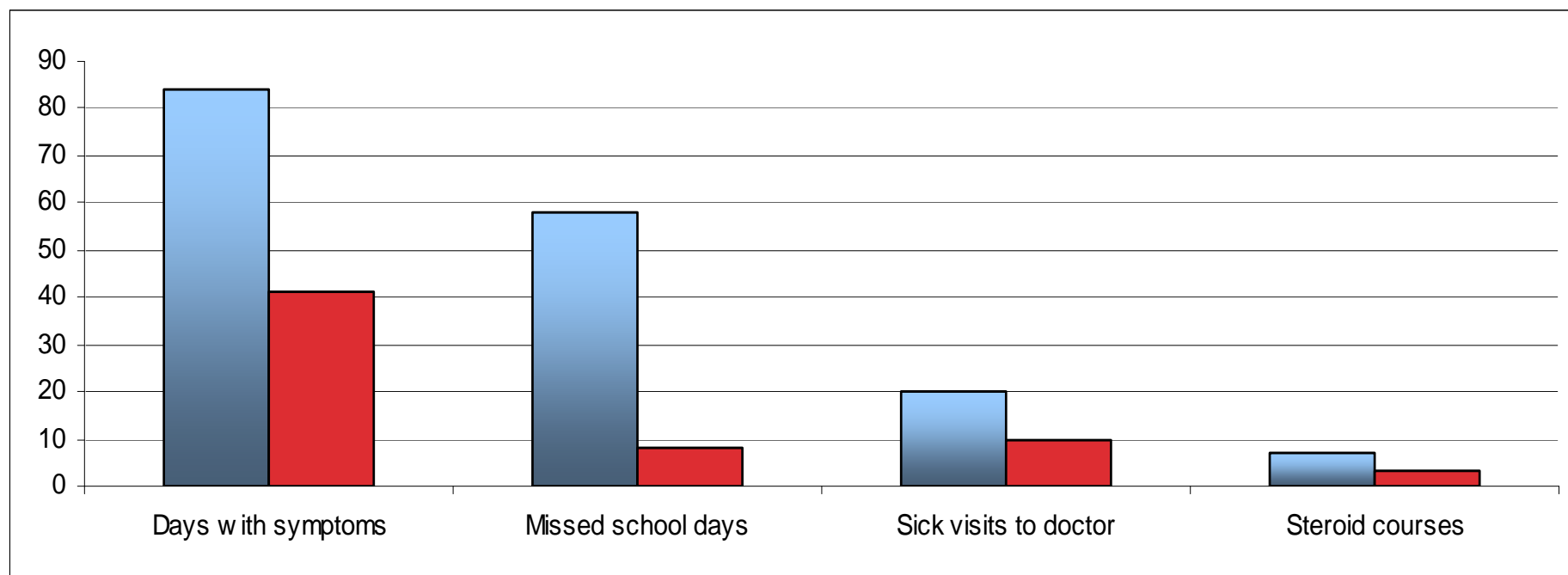


Asthma Control after HARP

- 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





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!!!

Nancy A. Sutton, MS, RD

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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.*



Purpose of Webinar

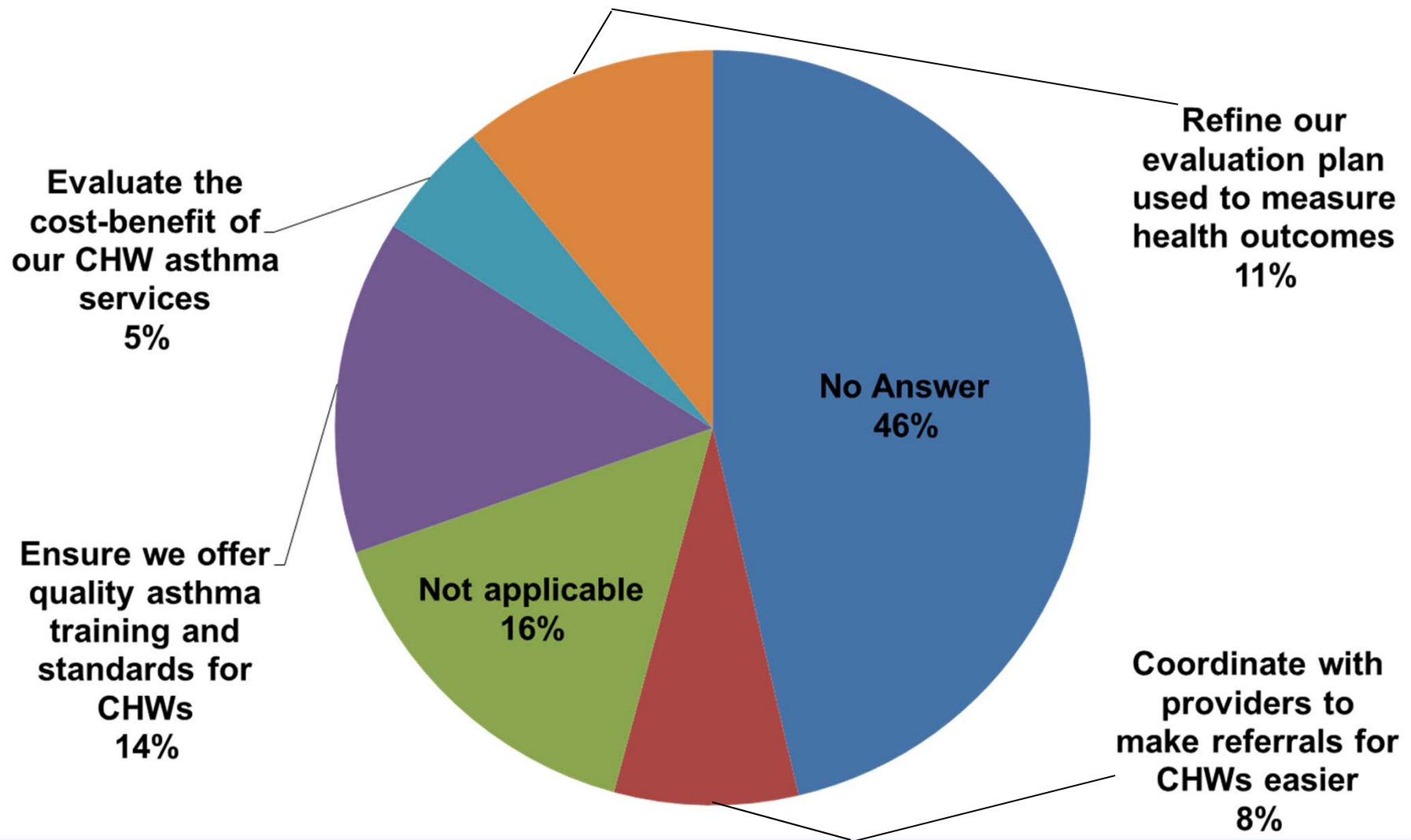
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- Ensure workforce standards for CHW services
- Develop cost-benefit models to evaluate the financial impact of CHWs on healthcare systems and policies





Which of the following actions will you prioritize for your program?





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)
- 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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