

Community Health Workers

THE LEVERAGE POINT
in a Transformation of Healthcare
toward **POPULATION HEALTH**

MARC PIERSON

Elder Friendly Futures Conference

University of Washington, 2014

Select Your Top 5 Investment Priorities



Exploring Priorities (Pre-Workshop Self-Assessment)

Selected Strategies to Improve Local Health System Performance (i.e., health, care, cost, equity, productivity, etc.)	Which are the most critical strategies over the next several decades (2012-2040)?
1 Coordinate Care	<p>Select the Top FIVE (record the number)</p> <p>A. _____</p> <p>B. _____</p> <p>C. _____</p> <p>D. _____</p> <p>E. _____</p>
2 Capture and Reinvest Savings	
3 Create Pathways to Advantage (for Students)	
4 Create Pathways to Advantage (for Families)	
5 Enable Healthier Behaviors	
6 Establish Medical Homes	
7 Expand Use of Generic Drugs	
8 Expand Use of Hospice	
9 Improve Care for Mental Illness	
10 Improve Care for Physical Illness	
11 Improve Hospital Efficiency	
12 Improve Post-Discharge Care	
13 Offer Pre-Visit Consultation	
14 Prevent Hospital-Acquired Infections	
15 Recruit Primary Care Providers (General)	
16 Recruit Primary Care Providers (in FQHCs)	
17 Redesign Primary Care for Efficiency	

The Answer Sheet

Cumulative Change from Baseline (2012-2040)

100% Contingent Global Payment, No Insurance Expansion	Health Care Costs	Death Rate	Quality Care	Inequity	Productivity (\$B)	Program Spend (\$B)
Base run (no Contingent Global Payment, no Insurance Expansion)	9,535	0.754%	44.8%	46.6%	192.5	0.00
CGP only	-3.34%	-2.43%	13.04%	-0.56%	0.60%	0.056
Coordinate Care (with Updating)**	-10.22%	-2.64%	14.02%	-1.49%	1.23%	0.168
Coordinate Care**	-8.01%	-2.57%	13.72%	-1.22%	1.04%	0.149
Healthier Behaviors	-7.38%	-8.67%	14.66%	-2.17%	1.72%	0.467
Medical Home**	-5.00%	-3.20%	16.73%	-1.05%	0.93%	0.080
Pre-Visit Consult	-4.62%	-2.49%	13.45%	-0.74%	0.71%	0.207
Generic Drugs	-4.58%	-2.45%	13.18%	-0.70%	0.69%	0.068
Environ Hazards	-4.55%	-5.31%	13.26%	-1.57%	0.89%	0.333
Crime	-4.39%	-3.98%	13.25%	-1.26%	0.80%	0.344
Post-Discharge Care*	-4.15%	-2.45%	13.16%	-0.68%	0.68%	0.088
Malpractice	-4.04%	-2.45%	13.14%	-0.66%	0.67%	0.094
Family Pathways	-4.02%	-3.44%	16.42%	-8.74%	5.62%	2.928
Recruit PCP (FQHC)	-3.93%	-2.53%	13.83%	-0.67%	0.65%	0.077
Shared Decision Making	-3.91%	-2.44%	13.12%	-0.64%	0.66%	0.059
Student Pathways	-3.76%	-3.04%	14.46%	-3.62%	2.64%	0.809
Hospital Infections	-3.62%	-3.80%	13.06%	-0.41%	0.76%	0.089
PCP Efficiency*	-3.59%	-2.47%	13.38%	-0.61%	0.62%	0.079
Hospice	-3.37%	-2.43%	13.04%	-0.56%	0.60%	0.058
Recruit PCP (General)	-3.35%	-2.43%	13.06%	-0.56%	0.60%	0.191
Hospital Efficiency	-3.33%	-2.42%	13.02%	-0.56%	0.60%	0.108
Mental illness	-2.73%	-3.70%	17.33%	-1.95%	2.24%	0.809
Prev/Chronic Care**	-2.43%	-3.98%	21.62%	0.10%	0.67%	0.118
Self-Care**	-1.54%	-7.41%	38.13%	-2.39%	1.03%	0.566

Contingent Global Payment

In this table, Contingent Global Payment (CGP) covers the entire population and fully suppresses supply-push responses. CGP also spurs actions by providers that give partial impact along several different domains (blue and red text), even without an initiative in place.

* **Blue initiative:** CGP provides 20% of impact on top of 80% provided by initiative

** **Red initiative:** CGP provides 40% of impact on top of 60% provided by initiative

A sunset over a large body of water, likely a bay or lake. The sky is filled with orange and yellow clouds, with the sun low on the horizon. In the background, there are dark silhouettes of mountains. In the foreground, a wooden pier extends into the water. The overall mood is serene and contemplative.

Who is “We”?

Where is “Home”?

How long will you care?

Anything smaller than community is too small.

CURRENT SITUATION

Demographics

Population Health

Workforce Design

IN CRISIS

Inequitable
Unhealthy
Unsustainable
Frustrated
Insolvent

ALTERNATIVES AT EACH LEVEL

I. Nation

II. States

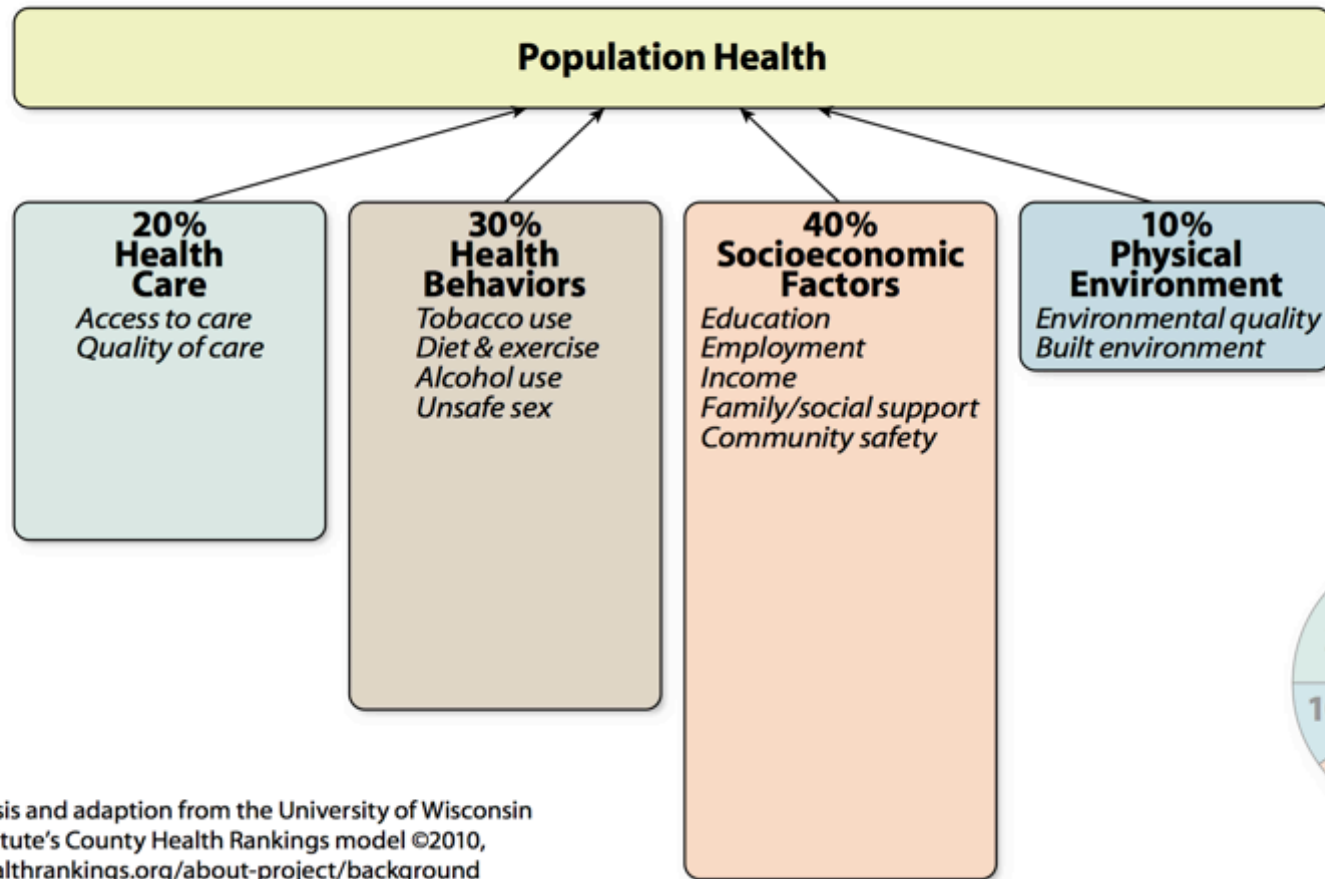
III. Communities

IV. Institutions

V. Individuals

ACA (Nation) Requires: Population Health Takes More Than Medicine

Figure 1: Social Determinants of Health



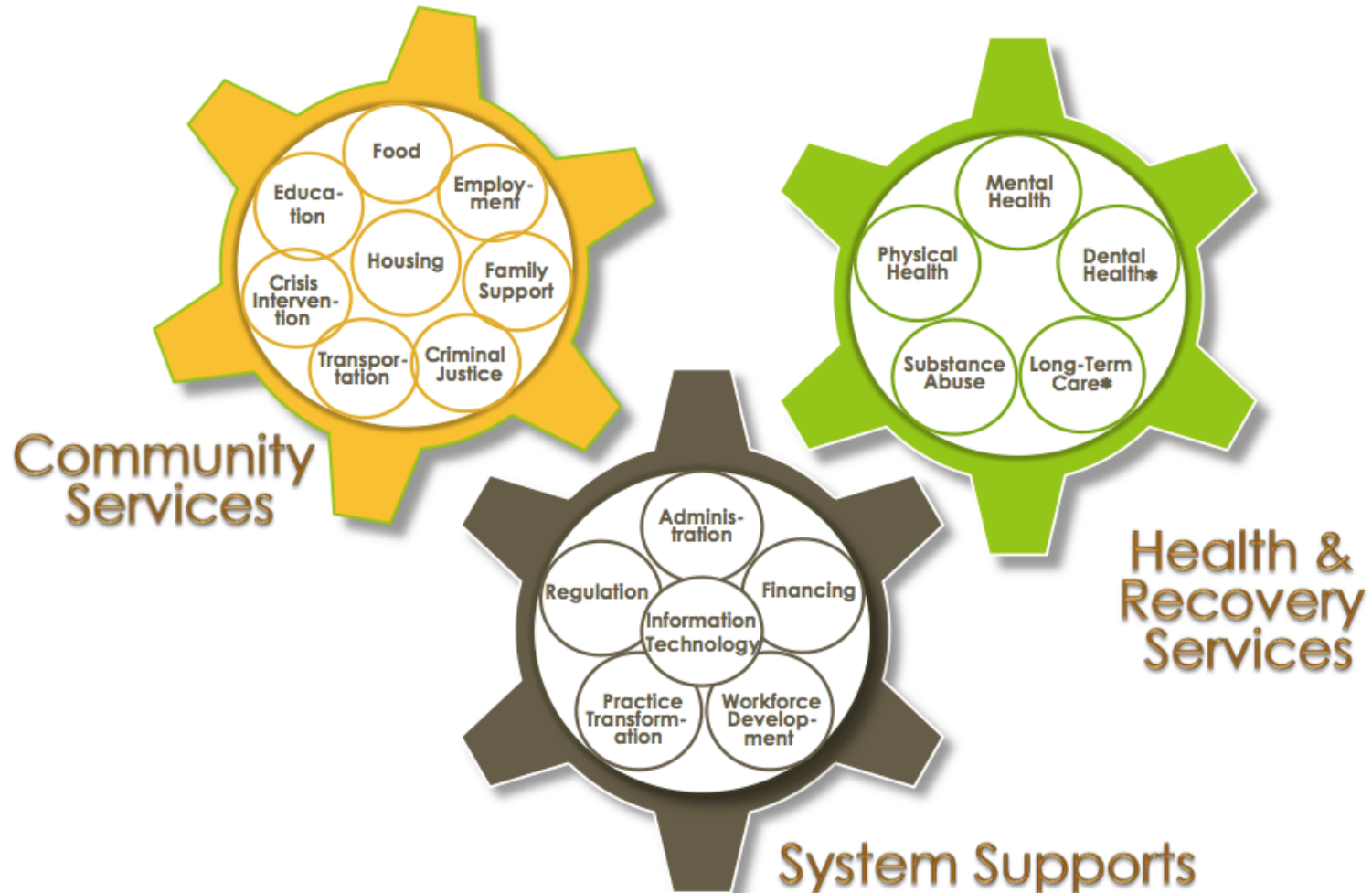
Source: Authors' analysis and adaption from the University of Wisconsin Population Health Institute's County Health Rankings model ©2010, <http://www.countyhealthrankings.org/about-project/background>

WA STATE HEALTHCARE INNOVATION PLAN (HCA)

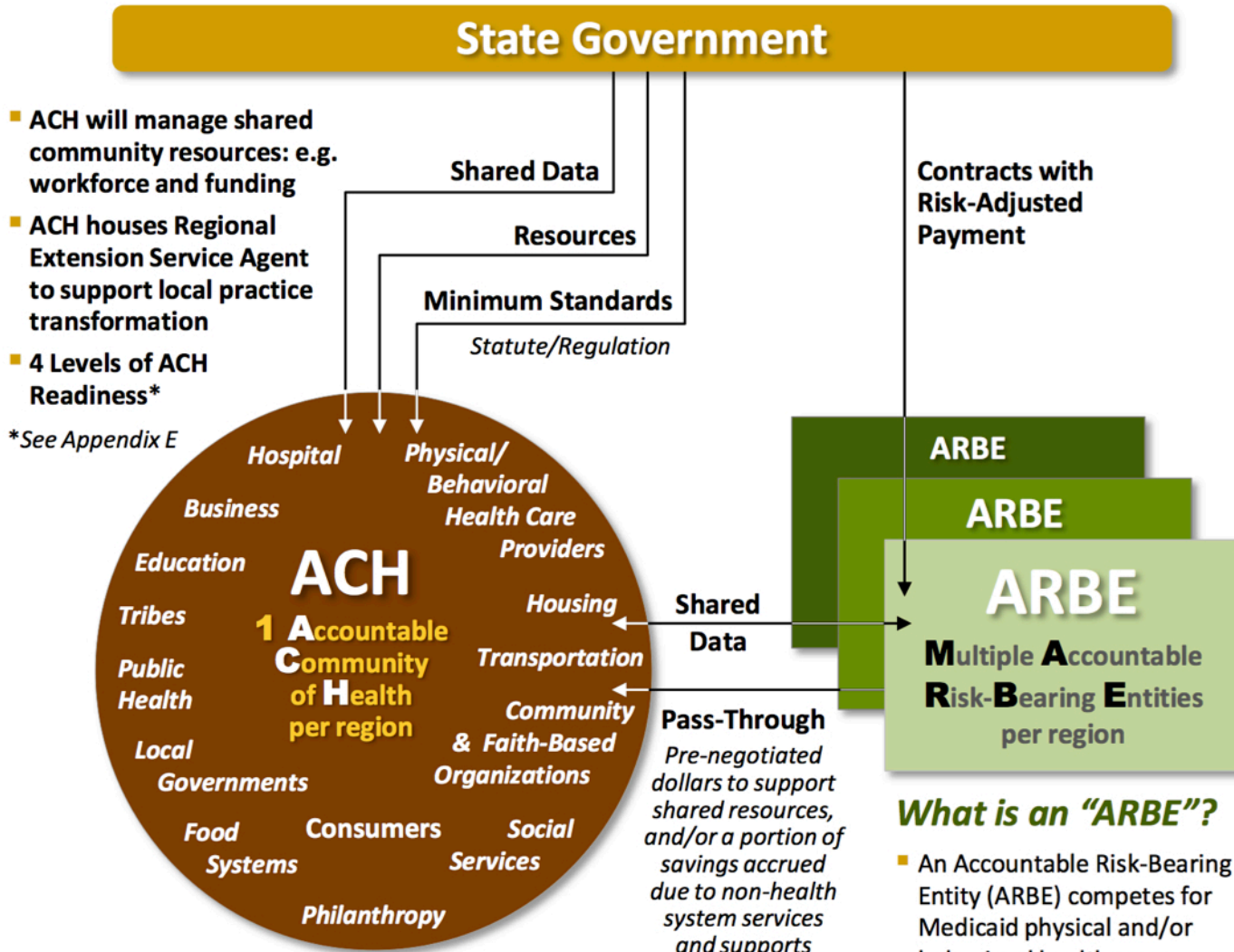
State as an INTEGRATIVE purchaser
Integration of Insurers and Providers
Integrated Communities for Health & Social Services
Integration of Community Health Workers
Integrative Design and Learning Centers for Population Health

WA State: Supports for the Triple Aim

A Systems Framework for Health



New Integrated Regional Approach: Medicaid Financing and Delivery Re-Engineering



- ACH will manage shared community resources: e.g. workforce and funding
- ACH houses Regional Extension Service Agent to support local practice transformation
- 4 Levels of ACH Readiness*

*See Appendix E

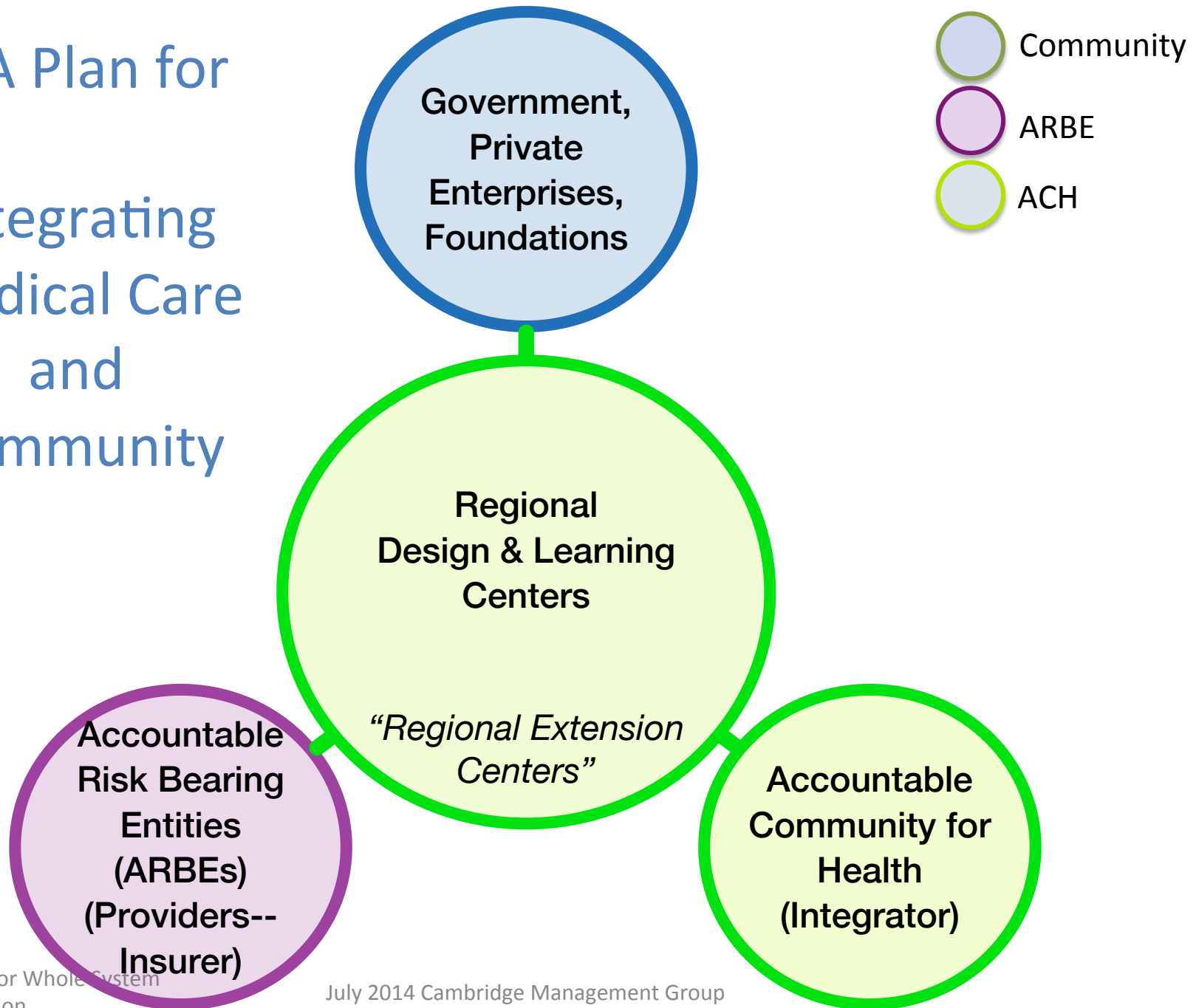
What is an “ACH”?

- Locally governed, public-private partnership organizations bringing together and supporting communities, sectors, and systems—including health and social service providers, risk-bearing entities, counties, public health and tribes. ACHs link, align and act on achieving community health improvement goals and encourage cross-sector resource sharing.

What is an “ARBE”?

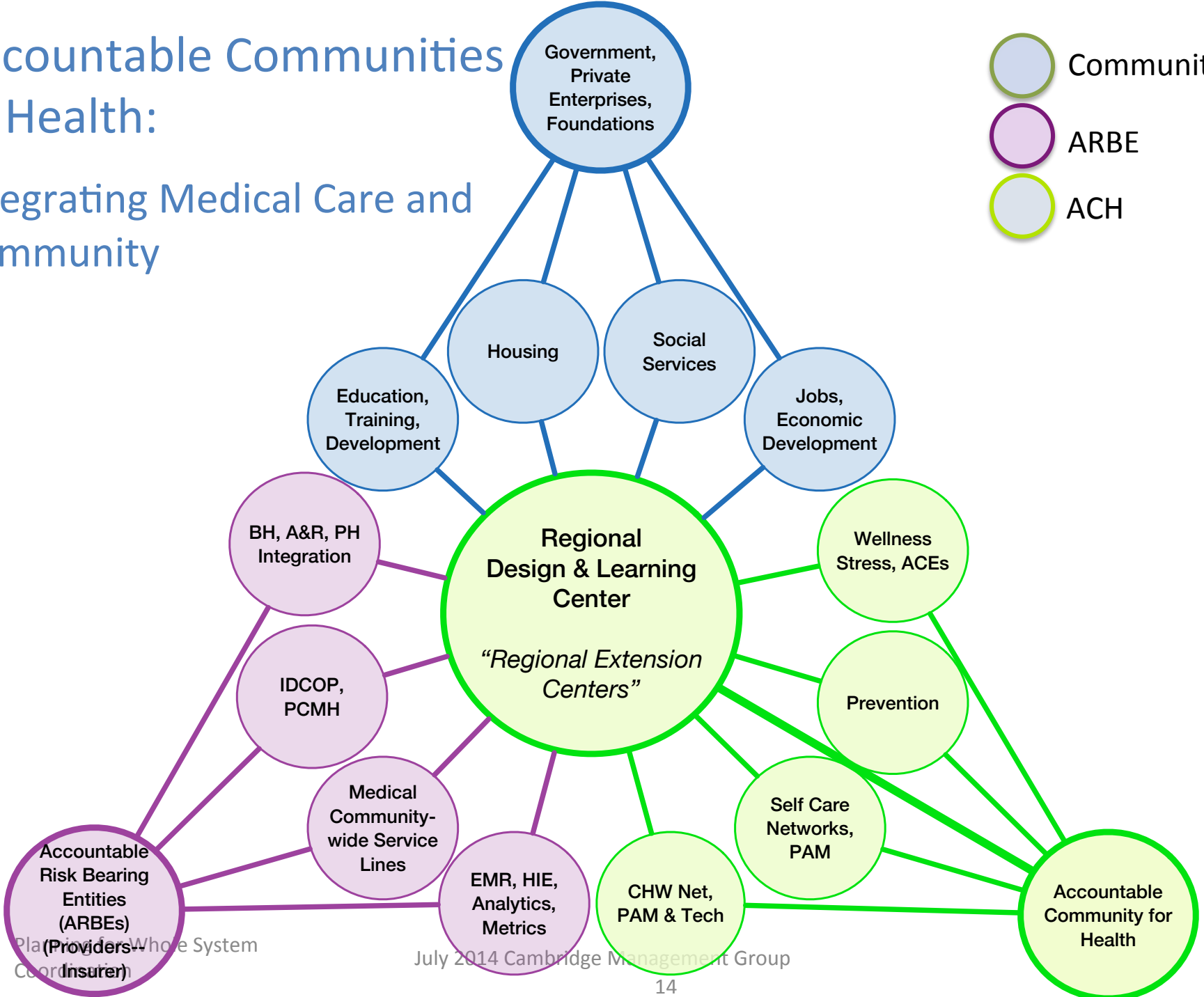
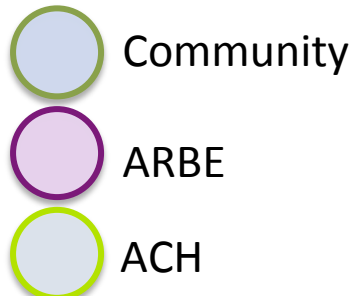
- An Accountable Risk-Bearing Entity (ARBE) competes for Medicaid physical and/or behavioral health care contracts.
- Serves all individuals or may focus only on high-needs populations.
- Multiple ARBEs will serve each regional service area.

WA Plan for Integrating Medical Care and Community



Accountable Communities of Health:

Integrating Medical Care and Community



ACH Planning

10 Planning Grants

December Deliverables

Two or more regions start in Jan. 2015

Community Health Worker Innovations

Curriculum

Work force

Grass roots

ACH role?

AAA role?

PHD role?

A Community Network View

How to create conditions for EFFECTIVE care:

Trustworthy

Safe

Equitable

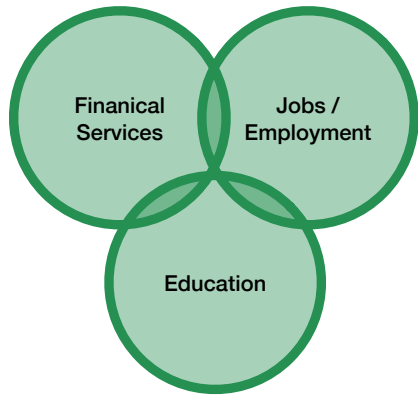
Timely and Efficient (affordable)

Q: Current State of
Care Coordination?

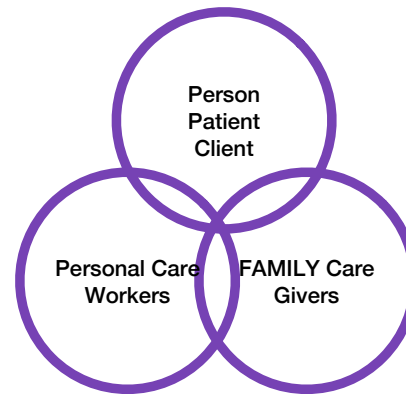
Q: Current State of
Client Coaching?

Q: Current State of
Navigating?

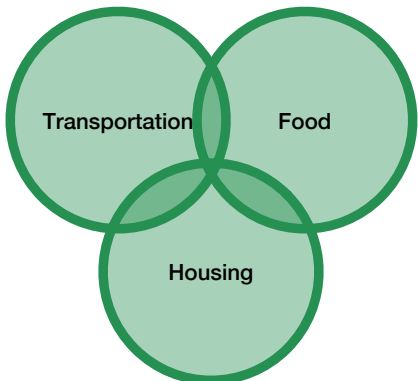
PIECES HUMPTY DUMPTY? GLUE?



NEIGHBORHOOD



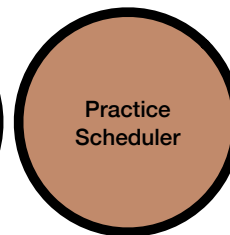
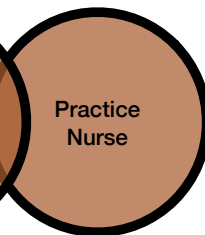
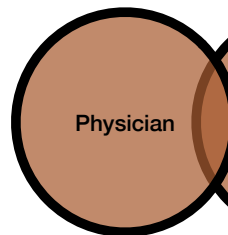
HOME



SOCIAL SERVICES



COMMUNITY

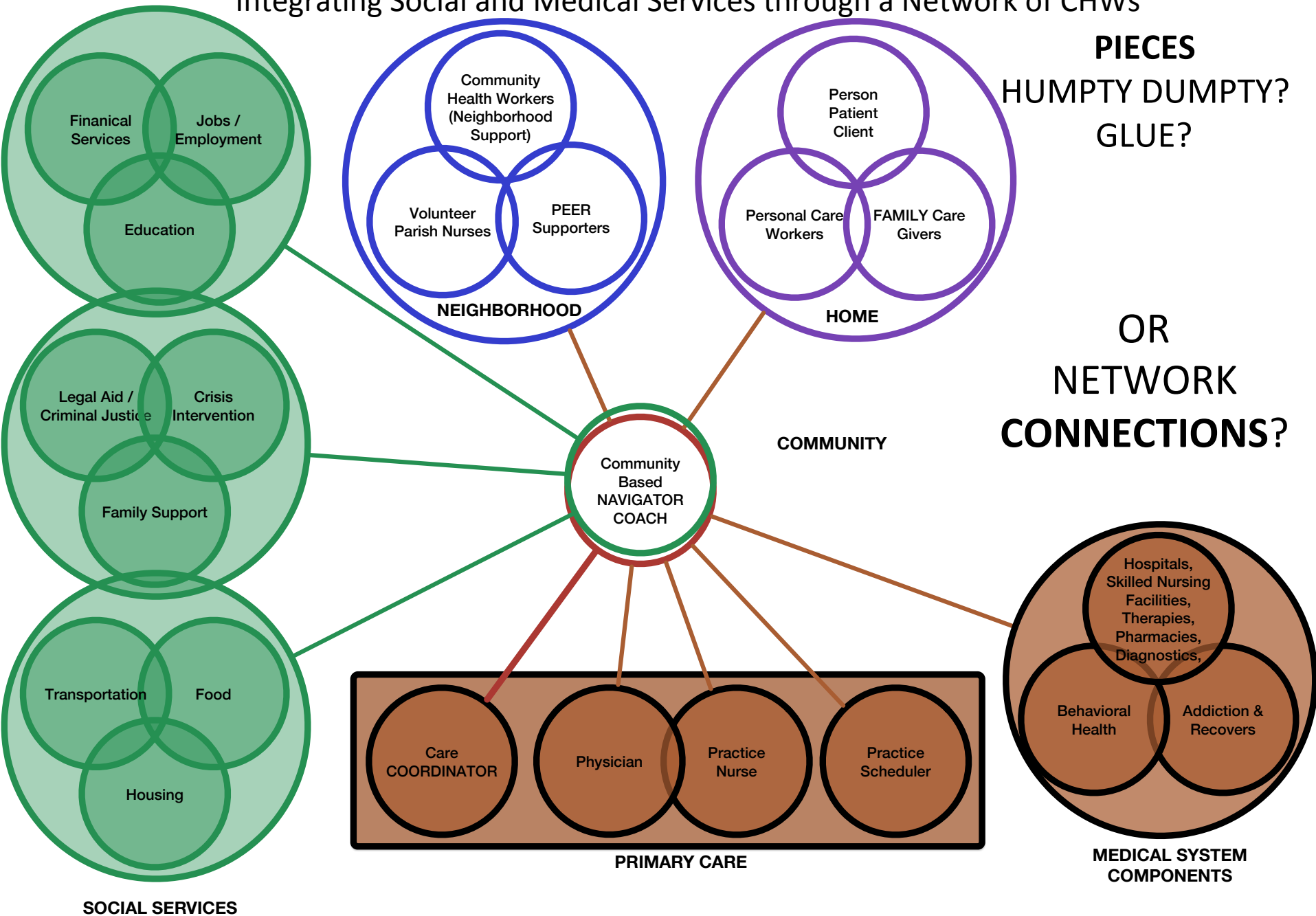


PRIMARY CARE



**MEDICAL SYSTEM
COMPONENTS**

Integrating Social and Medical Services through a Network of CHWs



CRITICAL COMMUNITY LESSIONS from Rippel ReThink Health Model

1. Capture and Reinvest
2. Whole Community
3. CHW-network

RETHINK HEALTH

ABOUT

ACTIVITIES

WHO'S INVOLVED

TOOLS & RESOURCES

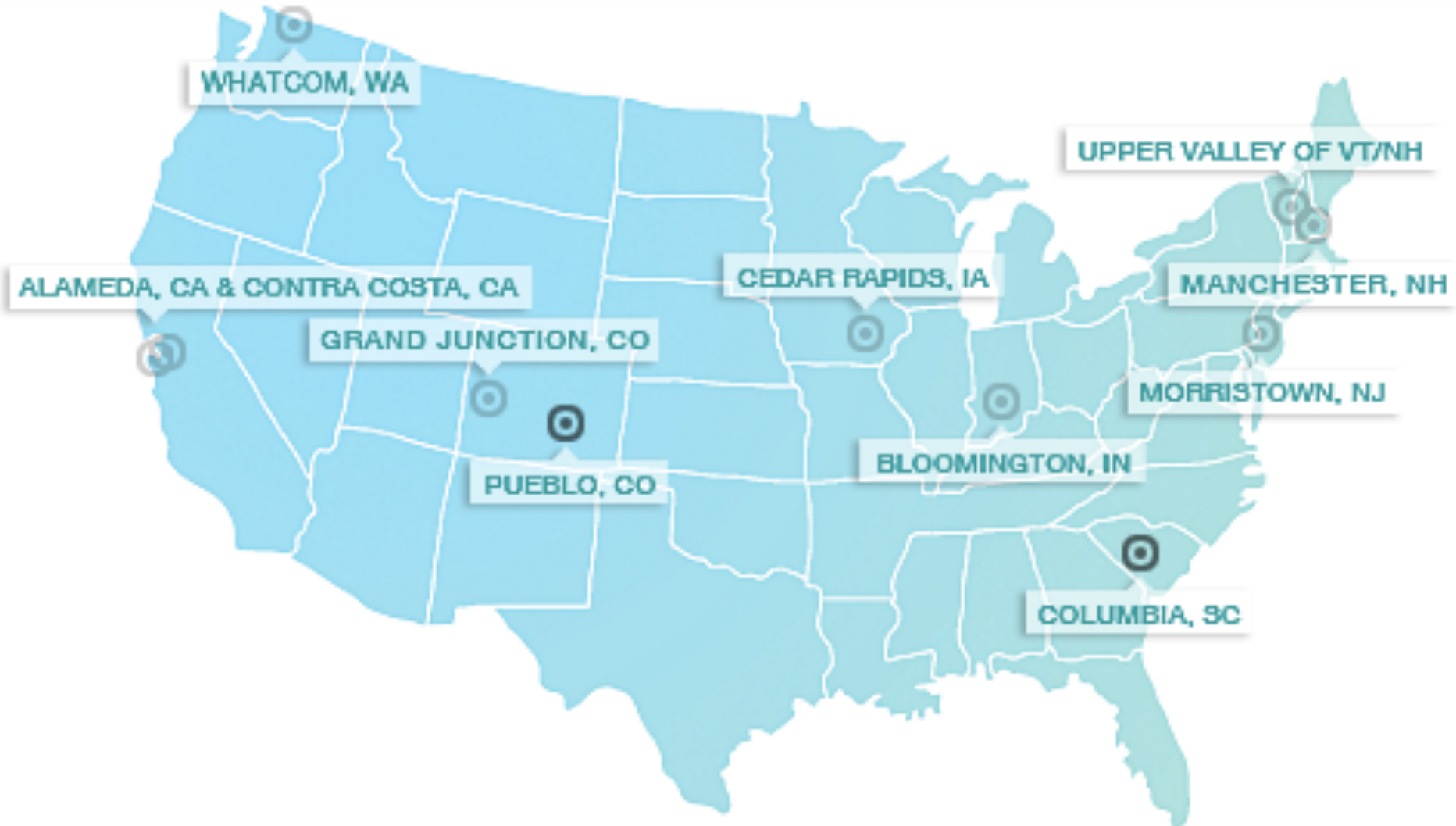
REGIONS

LEARNING OPPORTUNITIES



What should health and health care in America look like? And how do we foster the new thinking and breakthrough initiatives that will get us there from where we are today?

Some communities that have used the ReThink Health systems dynamics model





























Community System Levers



Intervention Options for Simulation Scenarios

The table below shows where the direct effects of each intervention concentrate.

<http://www.RethinkHealth.org/Dynamics>

RISK	 	Behaviors Environ hazards		Crime		Pathways to advantage (family; student)
CARE	 	Prev/chronic Mental illness		Self-care		Hospital infections
CAPACITY		PCP efficiency		Recruit PCPs (general; FQHC)		Hospital efficiency
COST		Pre-visit consult		Coordinate care		Post-discharge care
		Medical homes		Shared decisions		Malpractice
				Generic drugs		Hospice
TRENDS		Uninsurance		Primary care slots for Disadvantaged		Inflation rate
		Local economy				
FUNDING		Innovation fund		Capture & Reinvest		Contingent Global Payment

4 Categories for Effecting Change

COMMUNITY

Medical System

Finance a New System

Redesign the Professional Workspace

Manage Health in the Community Space

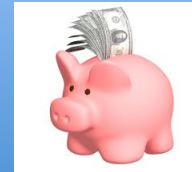
Focus on Upstream Community Opportunities

Finance a New System

1. Establish
Innovation Fund



2. Capture & Reinvest
Savings



3. Pay Providers for
Performance



4. Expand Insurance
Coverage



Redesign the Professional Workplace



Create medical homes



Redesign primary care practices for efficiency



Recruit primary care providers for safety net clinic



Prevent hospital-acquired infections



Recruit primary care providers in private practice



Improve hospital efficiency

From ReThink Health, Fannie E. Rippel Foundation

Between Visits & Between Institutions: the Community Space



Discharge



Improve
post-discharge care



Coach & coordinate
health care



Provide adherence
support for routine
care



Extend hospice &
end of life choices

Person-centric



Improve routine
preventive and chronic
physical illness care



Enable healthier
behaviors



Improve care
for chronic
mental illness

SOMEONE WILL CREATE
A CHW-network
for Population Health
(ACH?)

Will it be you?
NOT FOR THE FAINT OF HEART

Attempts by Non-trustworthy Parts will Fail

Competitors must become allies

Integration trumps improvement

Right sequence essential

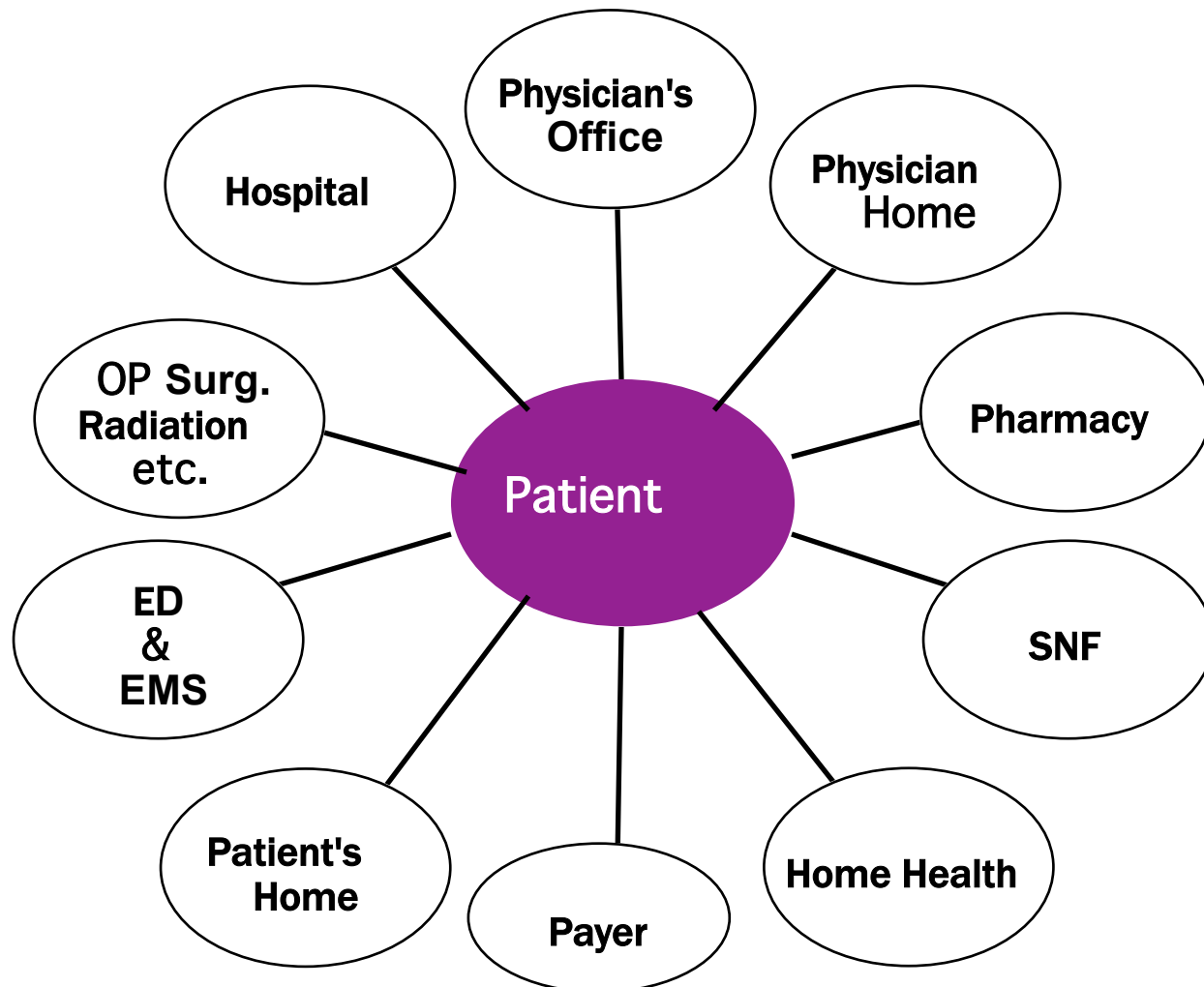
Courage and experience

My Community and Me



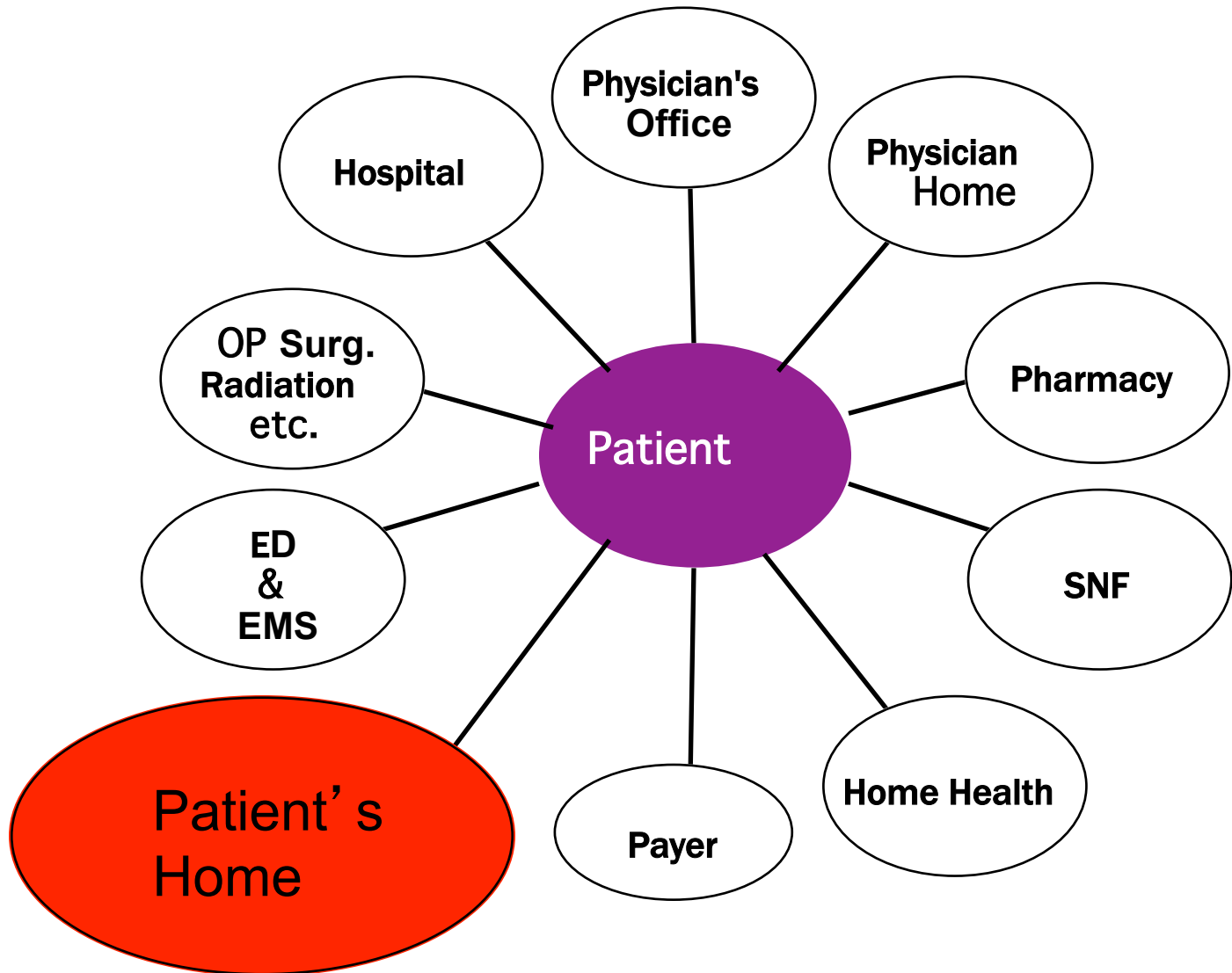
PATIENTS AT THE CENTER

Whatcom County, WA 1995



PATIENTS AT THE CENTER

Whatcom County, WA 1995



Learning from Patients during PURSUING PERFECTION *“Redesign American Health Care”*

1. Navigator-Coaches

- Solve the impedance mismatch between:
 - Providers and People (previously know of as patients)

2. Access & control for sharing of their medical information

- Solve the information gap in both directions
- Shared Care Plan (PHR) & MS HealthVault

3. On-going learning for self-management

BETWEEN

Life occurs in the large spaces

- Between visits
- Between organizations
- Between EMRs

Which organizations and technology will support people in between?

CREATE a HIGH CAPACITY and FUNCTIONING CHW-net

1. **TRUST** worthy (ACH)
2. Informed by **Patient Activation Level**
3. Connected by Electronic **Communication**

COACHING AMPLIFIED

Level 1

Self-Awareness & Confidence

Individual becomes self-aware of own behaviors and symptoms. Focus coaching on the relationship between symptoms and behaviors, building self-confidence and awareness. The individual should choose the area(s) they want to work on.

Level 2

Increase in Knowledge, Confidence, & Initial Skills Development

Individual develops the knowledge, skills and confidence needed to master new self-management competencies. Coaching should focus on helping the individual learn to monitor symptoms, behaviors and adverse triggers - and adjust accordingly. Focus on taking small steps.

Level 3

New Behaviors & Problem Solving

Individuals initiate new health promoting behavior(s) and work to further refine techniques to monitor and adjust. Coaching should focus on providing encouragement, noticing successes, and problem solving.

Level 4

Maintaining Behaviors & Techniques to Prevent Relapse

Individual strives to maintain desired health-related behaviors over time and learn to anticipate difficult situations that will arise. Coaching should focus on the issues that make it hard to stick to correct behaviors and to help the individual trouble-shoot.

PAM™ Tailored Coaching Improves Outcomes

WHY NOT?

As a friend: Really don't commit if...

What can YOU and your Organization can do?

Systems view and enough ambition?

Current position?

Allies?

Scale?

Sustainable?

CAN YOU DO SOMETHING DIFFERENT?

Why and for Whom?

With whom?

How long do you have?

WORTH THE RISK?

Easier to Fail than to Succeed

Mindset

Mood

Scale

Time

Sequence

Super organization
that Emerge
Above the current Competition

Jonkoping County, Sweden

My favorite!

They had advantages

But we can learn from their success

Regional Innovation and Development Centers

Modeled upon Qulturum

EXPERIEMENTS & INNOVATIONS IN COMMUNITY HEALTH

WAHA
SPOKANE
COLUMBIA
KING AND PIERCE COUNTIES
ETC.

ONE OR MORE ACH'S WILL TAKE THESE ON

Trusted Governance

CHW-network

Financing (capture & reinvest)

Centers for local Innovation and Development

IF WE CREATE AND EMBRACE
GREAT CHW-networks
We can avert the coming chaos!

THEN

The parts don't have to change as much
The parts don't have to increase their competition and the cost of
competition
We can all work at the top of our licenses—
if we invite others to participate

This will be TRIAL AND ERROR learning

But it is essential for
Population health
Lower costs

And for Safe, Effective, Equitable healthcare

There are lots of folks who want
this and will participate with you.

Find them

Understand their points of view

Design with them

Test and learn

Stay together

PARTICIPATE IN YOUR ACHs as they develop

YOUR VOICE IS CRITICAL

FIND YOUR VOICE

GIVE VOICE TO OTHERS

ESPECIALLY, FROM OUTSIDE OF MEDICINE

Three Silver Bullets

- Integrated Communities for Health & Social Services
 - Accountable **COMMUNITY** for Health
- A **PLACE** for innovation and development
 - Integration of Community Health Workers
- Build the bridges **BETWEEN** the parts
 - Integrative Design and Learning Centers for Population Health

ISN'T THIS THE LOCAL OPPORTUNITY
THAT NURSES AND SOCIAL WORKERS
HAVE BEEN WAITING FOR?

AND PLEASE

Tell your stories and help your patients
tell their stories to local policy makers.

A TIME OF GREAT CHANGE,
RISK and OPPORTUNITY

THANK YOU FOR WHAT YOU WILL DO

CALL ME IF I CAN HELP YOU

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