



NOTES

Sustainability Committee

Date: Tuesday, February 25, 2020 • Time: 2:00 pm – 3:00 pm

❖ **Members:** Diana Lady, Erika Saleski, Julio Caro, Kim Downes, Laila Cure, Lucia Jones, Barb Wiman, and Aaron Davis

❖ **Discussion**

- Alternative methods of billing for CHW services
 - National Provider Identifier (NPI) Project update
 - Mariah at Community Health Council of Wyandotte County
 - Kim Downes at Kansas City Quality Consortium
 - Going to apply for NPI but were unable to apply for a new NPI due to being locked out of the CMS system. If not billing, these codes become inactive.
 - Goal was to get these numbers for CHWs
 - NPIs are only for licensed medical professionals (e.g., doctors, nurses, etc.)
 - It is possible to look up different NPI numbers in Kansas.
 - Approximately 200 CHWs are currently registered in Kansas.
 - CHW classification may not match as CHWs according to KCHWC. It would be interesting to determine who might be considering themselves as CHWs.
 - BRAINSTORM: What are some additional innovative CHW billing/payment models that you know of?
 - Bundled payment options – Ask Matt Thibault.
 - Telehealth opportunities: HRSA is requiring based on how involved they are
 - Kansas Statewide Farmworker Health Program – Any phone encounters with CHWs can be considered virtual telehealth
 - This includes follow-up with clients.
 - Mental health consultations
 - Application with HRSA to be part of this telehealth effort on April 10th.
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- Future for Sustainability
 - BRAINSTORM: What ways could we make the Coalition more sustainable?
 - Join the national association. Some of the funds from the national group can be funneled to the coalition.
 - Creating a branch of the coalition to serve as consultants in a fee-for-service format to help those wanting to implement CHWs
 - If certification is in place, could provide continuing education. We would need to increase the infrastructure around this work to do that.
 - Data: Creating a location for showing the value of CHWs, promoting the work.
- Advocacy Committee (KC Regional CHW Collaborative)
 - Completed survey in fall of 2019
 - 49 CHWs served 3,395 clients in home/clinic settings
 - Serve adults, children/families
 - 59% reduction in ED visits
 - 70% reduction in hospitalizations
 - Building promotional presentation that can be shared with potential employers
 - MARC is the funder for this survey
 - Reported out what has been shared with
 - Market feasibility studies are not having the same positive information that has been shared by employers and grant reports.
 - Benefit of CHWs can be shared here.
- Measuring the performance of CHWs
 - Laila Cure, Ph. D.
 - See the table below from the National Academies Press:
<https://www.nap.edu/read/25467/chapter/2#4> and #1 listed in the resources below.

TABLE S-1

Definitions of Health Care System Activities That Strengthen Social Care Integration

Activity	Definition	Transportation-Related Example
Awareness	Activities that identify the social risks and assets of defined patients and populations.	Ask people about their access to transportation.
Adjustment	Activities that focus on altering clinical care to accommodate identified social barriers.	Reduce the need for in-person health care appointments by using other options such as telehealth appointments.
Assistance	Activities that reduce social risk by providing assistance in connecting patients with relevant social care resources.	Provide transportation vouchers so that patients can travel to health care appointments. Vouchers can be used for ride-sharing services or public transit.
Alignment	Activities undertaken by health care systems to understand existing social care assets in the community, organize them to facilitate synergies, and invest in and deploy them to positively affect health outcomes.	Invest in community ride-sharing or time-bank programs.
Advocacy	Activities in which health care organizations work with partner social care organizations to promote policies that facilitate the creation and redeployment of assets or resources to address health and social needs.	Work to promote policies that fundamentally change the transportation infrastructure within the community.

- Reviewed performance measures literature review. From the literature, items that have been previously reported for desired outcomes and potential measures are:
 - Reduce number of Emergency Department visits and ensuing hospitalizations.
 - Reduce number of urgent care visits
 - Completion of primary care follow-up within 14 days of discharge
 - Reducing emergency medication use
 - Reduction of 30-day readmission rate
 - Improving self-rated health
 - Improved hypertension control
 - Reduction in rates of premature, avoidable deaths
 - Reduction in no-shows
 - Increased documentation of advanced care planning
- These are the listed references as reviewed by Dr. Cure:

1. National Academies of Sciences, Engineering and M. *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*. Washington, DC: National Academies Press; 2019. doi:10.17226/25467
2. Lin TY, Beckman WJ. HI-C: Health Impact Checklist (February 2020). Kansas Health Institute, Policy & Research. <https://www.khi.org/policy/article/HI-C>. Published 2020.
3. Basu S, Jack HE, Arabadjis SD, Phillips RS. Benchmarks for Reducing Emergency Department Visits and Hospitalizations Through Community Health Workers Integrated Into Primary Care. *Med Care*. 2017;55(2):140-147. doi:10.1097/MLR.0000000000000618
4. Jack HE, Arabadjis SD, Sun L, Sullivan EE, Phillips RS. Impact of Community Health Workers on Use of Healthcare Services in the United States: A Systematic Review. *J Gen Intern Med*. 2017;32(3):325-344. doi:10.1007/s11606-016-3922-9
5. Kangovi S, Mitra N, Grande D, et al. Patient-centered community health worker intervention to improve post hospital outcomes: A randomized clinical trial. *JAMA Intern Med*. 2014;174(4):535-543. doi:10.1001/jamainternmed.2013.14327
6. Sud S, Pursell I, Joodi G, Simpson RJ. Engaging Community Health Workers in the Effort to Prevent Sudden Unexpected Death and Death From Chronic Illness. *Med Care*. 2017;55(12):1061. doi:10.1097/MLR.0000000000000817

- Recommendation to compare this list of measures with the CHW practice.
- Utilize some of this information to share outcomes. Full review may be needed as each individual paper had a different view.
- The number three article listed applied a dollar amount to the services/reduction in hospitalizations.
 - This included retrospective data.
- Return on Investment is difficult to quantify for CHWs. Look at the article on reducing no-shows.
- Potential billing opportunity: Chronic Care Management billing message from Matt Thibault

“...one approach we’ve tried to take with alternative payment models for CHWs, which is Chronic Care Management (CCM) billing and coding. A provider can submit a CCM code for any Medicare patient who receives 20 or more minutes of care *outside* the doctor’s office, and can include anything from coordinating the next appointment, getting labs done, doing coaching, or med reconciliation. We’ve promoted the idea of using CHWs to fill some of that 20 minutes outside the office, allowing the doctor to submit for the CCM code, then paying the CHWs on a PMPM [Per Member Per Month] basis. This is the model we’re trying to get off the ground with the Project Access CHWs.”

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❖ KDHE Updates

- None.

❖ Next steps

- Reach out to National Association for CHWs to see if there is an opportunity to become a local affiliated chapter.

- Explore Matt's statement above with the Chronic Care Management billing codes.
- Follow-up with Mariah and the Community Health Council to determine progress of NPI numbers.

❖ **Next meeting dates**

03/24/2020

04/28/2020

05/26/2020

06/23/2020

07/28/2020

08/25/2020

09/22/2020

09/27/2020

11/24/2020

12/22/2020