

Community Health Representatives Touch Points of Care

INDIAN HEALTH SERVICE

MICHELLE ARCHULETA

NATIONAL CHR CONSULTANT

Presenter

Michelle Archuleta, MA, MS

Public Health Advisor, Community Health Representative Consultant, Project Manager/National Health Coach Pilot Project, IHS Office of Clinical and Preventive Services, Division of Clinical and Community Services



Background of IHS/CHR Program

The IHS, an agency in the [U.S. Department of Health and Human Services](#), provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to [574 federally recognized tribes](#) in 37 states.

Headquartered in Rockville, Maryland, the CHR Program was established in 1968 under the 1921 Snyder Act. The authority for the CHR program is found in the Indian Health Care Improvement Act (IHCIA), Section 107 of P.L. 100-713, dated November 23, 1988.

CHRs are considered the first CHW workforce program.



Community Health Workers (CHWs)

American Public Health Association definition of a CHW:

Frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

TRAINING AND CREDENTIALING, 2014. AVAILABLE: [HTTPS://WWW.APHA.ORG/POLICIES-AND-ADVOCACY/PUBLIC-HEALTH-POLICY-STATEMENTS/POLICY-DATABASE/2015/01/28/14/15/SUPPORT-FOR-COMMUNITY-HEALTH-WORKER-LEADERSHIP](https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership)

What is a Community Health Representative?

A frontline public health worker who is a trusted member of and has an unusually close understanding of the community served.

- This trusting relationship enables the CHR to serve as a liaison between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- CHRs build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Their goal is to help people:

- Navigate a complex health care system,
- Encourage preventive care (as mammograms, cervical cancer screenings, and immunizations),
- Manage chronic illnesses (blood sugar, follow treatment plans, and lower blood pressure),
- Maintain healthy lifestyles, and
- Assist people in receiving the care they need in culturally and linguistically relevant ways.



CHR Program Identity

CHRs are frontline public health workers who are trusted members of the community with a close understanding of the *community, language, and traditions*.

CHRs serve as a link between the clinical setting and the community to improve the quality and cultural competence of service delivery.

[IHS Indian Health Manual Chapter 16](#)



Extenders of the Health Care System



Shah MK, Heisler M, Davis MM. Community health workers and the Patient Protection and Affordable Care Act: an opportunity for a research, advocacy, and policy agenda. *J Health Care Poor Underserved*. 2014 Feb;25(1):17-24

Maximizing Touch Points

Touch points: Any interaction with a patient.

Touch points contribute to the patient experience.

How can CHRs maximize care?

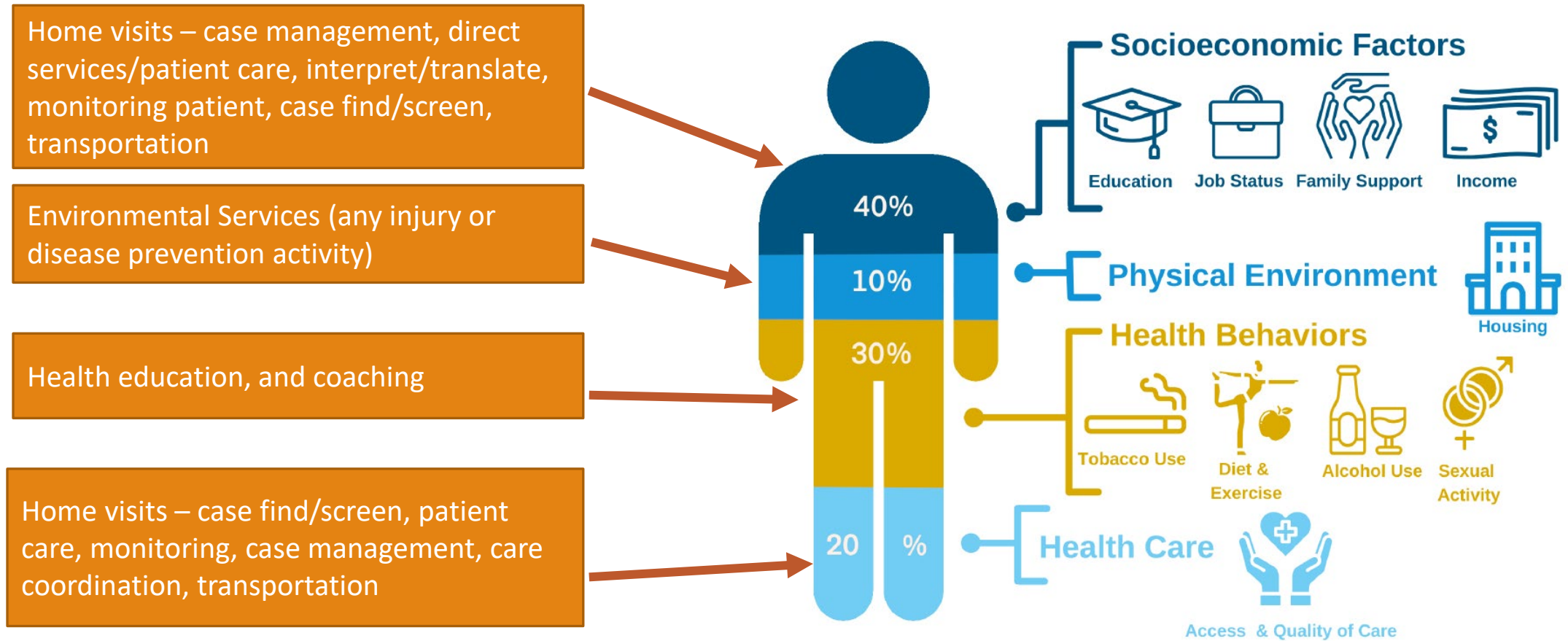
Being relational in a holistic way

Competencies/Skills: Interpersonal and relationship building, communication, advocacy, coaching and social support

Activities: *Home visits, phone calls, transports, and case management* are all opportunities to focus on building rapport.



CHR Health Services & Drivers of Health



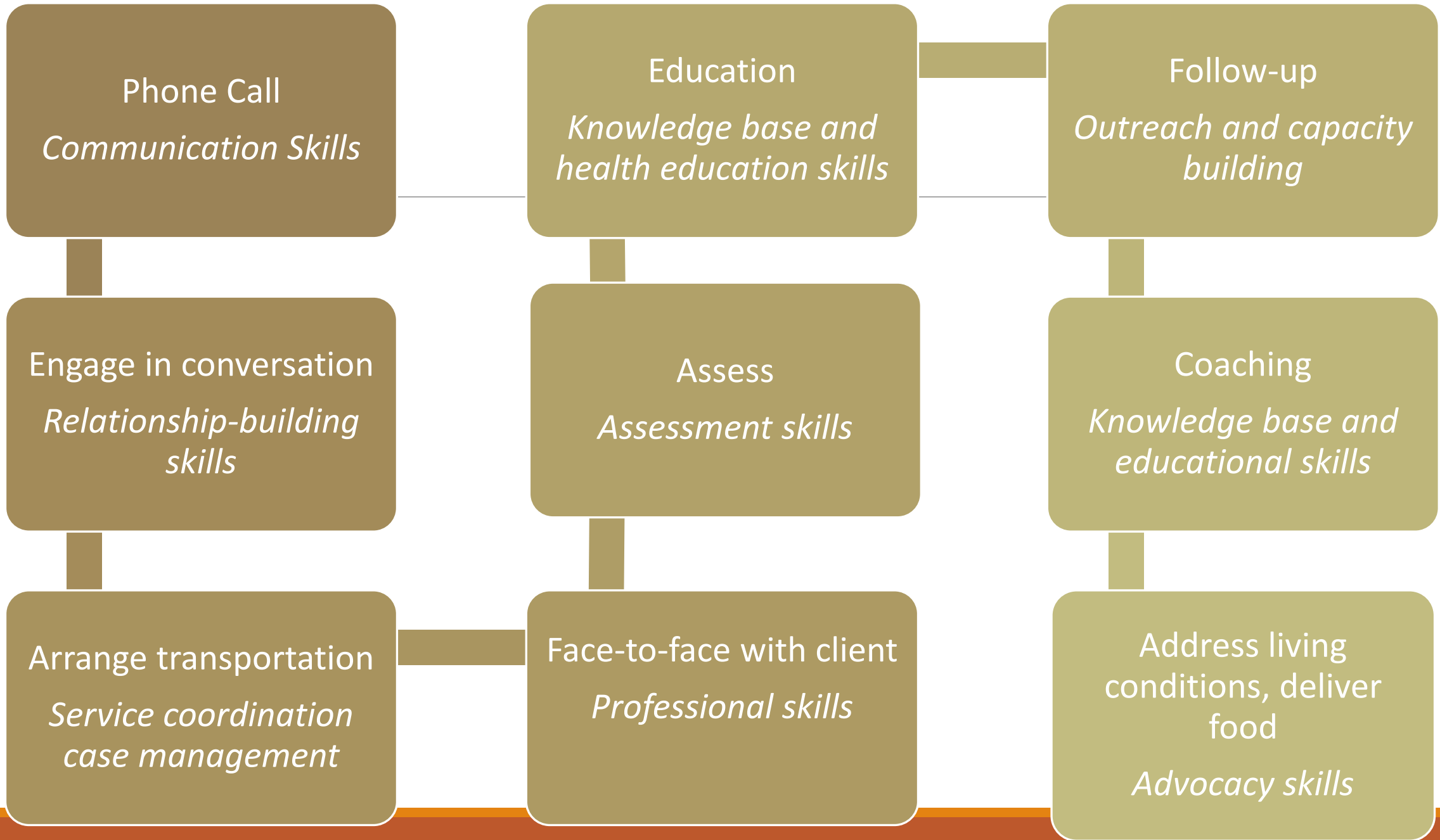
Brownstein JN, Hirsch GR, Rosenthal EL, Rush C. Community Health Workers “101” for Primary Care Providers and Other Stakeholders in Health Care Systems. *J Ambulatory Care Management* 2011 Jul-Sep;34(3):210-220.

Case Study

Loretta is a 67-year old who has been struggling to manage her diabetes. Her other conditions include hypertension, depression, and hyperlipidemia. Loretta is currently caring for her 2 young grandchildren. She has a fixed income, receiving food commodities monthly. Her car recently broke down and she relies on family members and friends for transportation. Although she frequently no-shows her appointments with the doctor, she did come in last month to be treated for a UTI and it was found that she had an A1C of 13.4%. She was placed on insulin and is scheduled for follow-up next week. The clinic requests the CHR to transport Loretta to the appointment.

How can a CHR increase Loretta's point-of-care?





Changing landscape

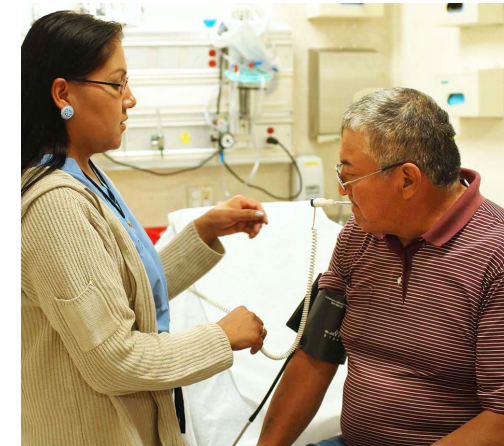
MOVING PARALLEL WITH THE FIELD

Medicaid Coverage of CHWs

CHW interventions are starting to be covered by Medicaid State Plan amendments. In order to make CHWs reimbursable states must submit a state plan amendment (SPA) that:

Describes the education, training or credentialing the state will require of CHWs,

Defines which services CHWs will provide and how they will be reimbursed.



Mechanism	Approach	State Example
<p>Essential Health Benefits – Preventive Services Rule</p>	<p>In January 2014, CMS issued a final rule (CMS-2334-F) giving states a new option to provide Medicaid reimbursement for preventive services <i>recommended by</i>, rather than <i>provided directly by</i>, a physician or other licensed practitioner. Hence, direct patient services can be furnished at the recommendation of a licensed provider by another health worker, such as a CHW, who may or may not be formally licensed by the state. The preventive benefit at 42 CFR 440.130(c) requires providers to furnish direct medical care for the express purpose of diagnosing, treating or preventing illness, injury or other impairments to an individual’s physical or mental health, and that is directed at the patient rather than at the patient’s environment.</p>	<p>States electing this option must submit a State Plan Amendment (SPA) to the Center for Medicaid and CHIP Services (CMCS) specifying what direct medical patient services they propose to cover; what providers will furnish these services; the required education/training, credentialing, and licensure of these providers; and the reimbursement methodology. To date SD, and AZ have approved and had submitted a SPA to reimburse for CHW services.</p>

Medicaid and Children’s Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligible Notices, Fair Hearings and Appeal Process, and Premiums and Cost Sharing, Exchange: Eligibility and Enrollment Federal Register. Acquired April 30, 2015 from: <http://www.gpo.gov/fdsys/pkg/FR-2013-07-15/pdf/2013-16271.pdf>.

COMMUNITY HEALTH WORKERS: ROLES AND OPPORTUNITIES IN HEALTH CARE DELIVERY SYSTEM REFORM, 2016. Acquired from: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//132001/CHWPolicy.pdf

CHW and CHR Training & Certification

CHW CERTIFICATION

- Voluntary Certification by state
- Reimbursable SOW and SPA's
 - System navigation and resource coordination
 - Providing coaching and social support
 - Providing culturally appropriate health education and information
 - Providing direct service

IHS CHR PROGRAM

- IHS SOW and Standards of Practice
- CHR E-Learning Basic, Advanced and Specialty training (*Basic is an approved training program*)
- Health Coaching
- CHR RPMS PCC
- Program partnerships



Expanding CHR Impact



Research on CHW Impact

- Research on the impact of CHW-led interventions and programming has increased
 - Between 1964-1973: 14 studies
 - Between 2014-2016: 574 studies
- Studies evaluate:
 - Effectiveness at improving health outcomes
 - Reduction in healthcare costs
 - How CHWs bridge gap in health disparities



Expanding Services: Preventive Care

- More [screenings](#) performed when CHW performs screening or is part of the team that does the screening
- CHW interventions [reduce cancer care disparities](#)
- CHW interventions [improve chronic disease management](#) and care among vulnerable populations

[CHW interventions](#) demonstrated improved infant health; decreased post-natal mortality; higher immunization rates; improved cervical health outcomes; positive impacts on clinical disease risk indicators, screening rates, and healthy behaviors



Expanding Services: Certified Health Coaches

[Community health workers](#) can help meet the demand for self-management support

- Client-centered approach
- Build rapport and develop relationships
- Promotes self-discovery and behavior change
- Assist in identifying goals
- National Board Certification – Competency and Training



**APPROVED
TRAINING
PROGRAM**



Health Coaching comes to Indian Country

Indian Health Service (IHS) is pleased to announce the National Health Coach Pilot Project in Indian Country. The purpose of this project is to deliver health coach training to the community and health professionals. The project focuses on skills training, and increasing knowledge with client-centered strategies for improving health behaviors and overall health and well-being.



NATIONAL HEALTH COACH PILOT PROJECT

Health Coaching for better healthcare.

Connect with us

Legacy Holistic Health Institute

628-COACH-ME (628-262-2463)

Michelle Archuleta

michelle.archuleta@ihs.gov

Expanding Services: Palliative Care

South Dakota Palliative Care-Midwest Palliative Education Network

Increase awareness and knowledge of primary palliative care across the region.

- A. Education for students in healthcare professionals starting with nursing programs.
- B. Continuing education for current healthcare professionals.
- C. Education in communities including patients and families.

[Free-Online Palliative Education](#)

<https://avera.cloud-cme.com/course/search?p=4000&Curriculum=Palliative>



[The South Dakota Palliative Care Conference, November 17th](#)

Ho Chunk CHR program:

Providing palliative care education

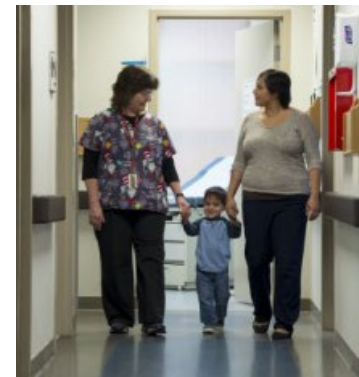
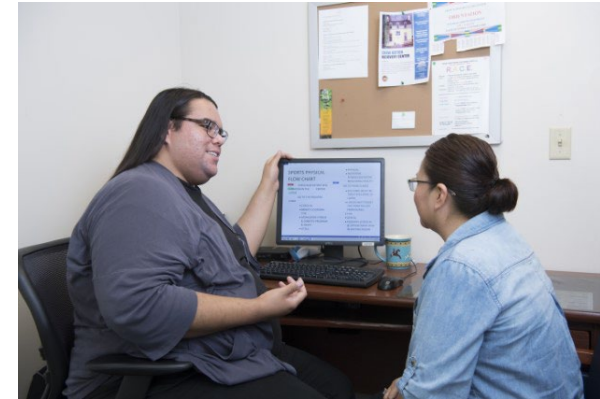
Program focus includes end-of-life care



Expanding Services: Patient Navigation

- [Patient Navigation](#): CHW interventions improved outcomes and [improved quality of life](#)
- Potential Maternal Care Coordinators

[Family Spirit](#) program: combines the use of paraprofessionals from the community as home visitors and a culturally focused, strengths-based curriculum as a core strategy to support young families



Expanding Services: Caregiver Support

- Caregiving is a public health concern because it can lead to physical, emotional, psychological, and financial strain [Source](#)
- CHRs can offer support to caregivers of patients with dementia
 - Assist with errands, chores, and other tasks
 - Emotional and social support
 - Connect with respite care resources
 - Help manage care plan



Expanding Services: HIV/STI

- CHRs can provide education, build knowledge and capacity to de-stigmatize HIV/STI screening
- Offer support: IHS carries out this work by providing enhanced resources for health issues, developing better information regarding health needs, and working to close the health disparities gap that currently exist for our Native Two-Spirit-LGBTQ people





To learn more about the IHS CHR Program or National Health Coach Pilot Project

Visit the [CHR website](#) or [NHCPP website](#)

Or contact:

Michelle Archuleta – Michelle.Archuleta@ihs.gov