

# Improving Access to Preventive Services

Emerging Practices from Community Transformation Grant projects



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and Human Resources

# Agenda

- Welcome – Center for Medicaid and CHIP Services
- Community Transformation Grants Overview – CDC
- Improving Access to Preventive Services: Emerging Practices in Iowa – Kala Shipley
- Enhancing Team-Based Care through Emerging Professions-Reimbursement Opportunities in Minnesota – Cherylee Sherry
- West Virginia Bureau for Public Health Community Transformation Partnership – Bob Wines
- Discussion (Open to questions from participants)

# Welcome

The Center for Medicaid and CHIP Services supports state efforts to improve access to preventive services

- Medicaid Prevention Learning Network
- Rule regarding providers of preventive services
- Webpage: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prevention.html>
- TA mailbox: [MedicaidCHIPPrevention@cms.hhs.gov](mailto:MedicaidCHIPPrevention@cms.hhs.gov)

# Community Transformation Grants

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For more information:

<http://www.cdc.gov/nccdphp/dch/programs/communitytransformation/>



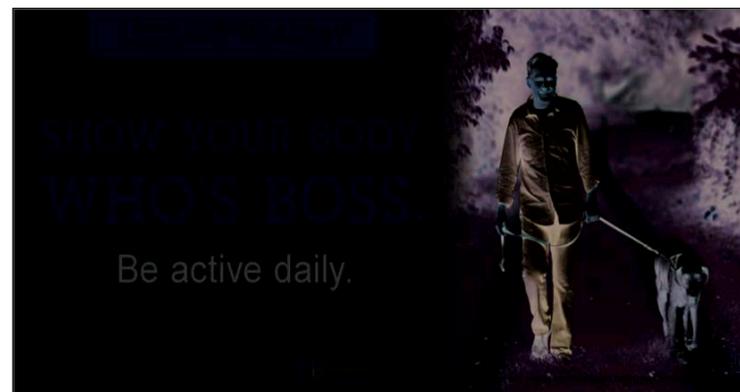
# Improving Access to Preventive Services: Emerging Practices in Iowa

**Kala Shipley**, Executive Officer and  
Community Transformation Grant  
Project Director

Division of Health Promotion and  
Chronic Disease Prevention

Iowa Department of Public Health

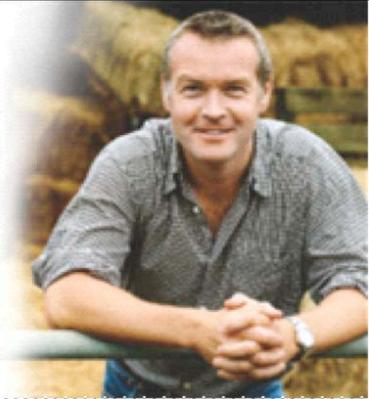
# Improving Access to Preventive Services: Emerging Practices in Iowa



**LET'S GET HEALTHY**

**"I WILL REDUCE MY STRESS."**

Get your blood pressure checked.



**IOWA COMMUNITY TRANSFORMATION**

Make positive with testing from the Centers for Disease Control and Prevention



**IOWA COMMUNITY TRANSFORMATION**



**IDPH**  
Iowa Department of Public Health

# Iowa CTG Clinical Prevention Initiatives

1. Tobacco Use & Blood Pressure Screening in Dental Practices
2. Iowa Medication Therapy Management Project
3. Stanford Chronic Disease Self-Management Program
4. Community Referral Project

# Polk County Health Department, YMCA, and Mercy Health Care



**Better Choices, Better Health**  
*Put Life Back in Your Life*

# Implementing a CDSMP Referral System: Dubuque County

- Send 2 individuals to CDSMP Peer Leader Training
- Promote program through coalition and health care champion(s)
- Implement fax and telephone referral systems through multiple sources
- Add program to Electronic Health Record system as a referral to public health agency
- Contact patient and register patient for workshop
- Inform referral source of workshop completion status

# Adding to Discharge Instructions: Poweshiek County

Follow-up Tests
<input type="checkbox"/> _____ in ____ days. Call results to: _____
<input type="checkbox"/> _____ in ____ days. Call results to: _____
Follow-up Appointments
<input type="checkbox"/> Primary care provider within 7 days
<input type="checkbox"/> Dr. _____ (Cardiologist) within ____ wks
<input type="checkbox"/> Other: _____
Referrals
<input type="checkbox"/> Cardiac Rehab <input type="checkbox"/> Home Health <input type="checkbox"/> Palliative Care
<input type="checkbox"/> Chronic Disease Management classes: <i>Better Choices, Better Health</i> . 6-week class to improve self management
<input type="checkbox"/> Other: _____
Other Treatments

# Health Navigation Program: Dallas Co.

## Dallas County Health Navigation Toolkit

[http://www.idph.state.ia.us/CTG/  
ClinicalPreventiveServices.aspx](http://www.idph.state.ia.us/CTG/ClinicalPreventiveServices.aspx)

Scroll down to  
“Resources”



Sample  
Health Navigation  
Clinic Referral Tool  
Fax xxx.xxx.xxxx Phone xxx.xxx.xxxx

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Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_

Release of Information authorizing exchange of information obtained?  Yes

**Areas of Need**

Help w/ Medical Insurance or Payment source     Medication Assistance  
 Parenting Skills     Counseling     Dentist     Food  
 Utilities Assistance     Child Care     Veterans     Tobacco  
 Substance Abuse     Domestic Abuse     Elderly Issues     Housing  
 Financial Assistance     Employment     Education Issues     Other  
 Maternal Child Health/ Child Development Issues

**Reason For Referral**

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# Adding Healthy Behaviors to Electronic Health Records: Decatur County

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Healthy Advice: Nutrition: Increase water consumption and decrease high sugar drinks

Healthy Advice: Nutrition: Reduce high fat and high sugar foods

Healthy Advice: Increase activity to 3 times a week for at least 30 mins each time

Healthy Advice: Tobacco Cessation 800-784-8669

Healthy Advice: Increase activity to 3 times a week for at least 20 mins each time

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# Consistent Messaging



<http://www.idph.state.ia.us/CTG/ClinicalPreventiveServices.aspx>

# Iowa Community Transformation



For more information, contact Kala Shipley at [Kala.Shipley@idph.iowa.gov](mailto:Kala.Shipley@idph.iowa.gov)



# Enhancing Team-Based Care through Emerging Professions-Reimbursement Opportunities in Minnesota

**Cherylee Sherry**, Health Care  
Coordinator

Office of Statewide Health  
Improvement Initiatives

Minnesota Department of Health

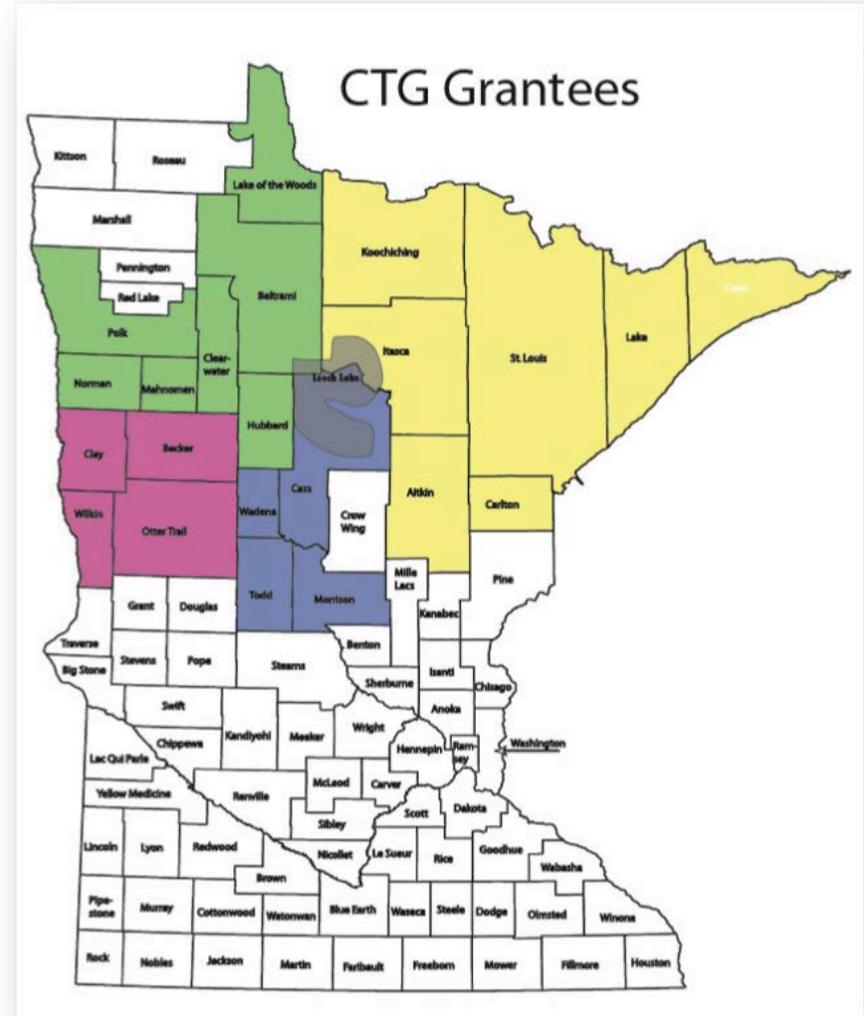
# CTG Clinical and Preventive Health Services



Create healthier communities by making healthy living easier and more affordable where people work, live, learn and play

# CTG Grantees

- Carlton-Cook-Lake-St. Louis-Aitkin-Itasca-Koochiching
- Clay-Wilkin-Becker-Otter Tail
- Leech Lake Tribal Community
- Morrison-Todd-Wadena-Cass
- North Country-Polk-Mahnomen-Norman



# Multi-level approach



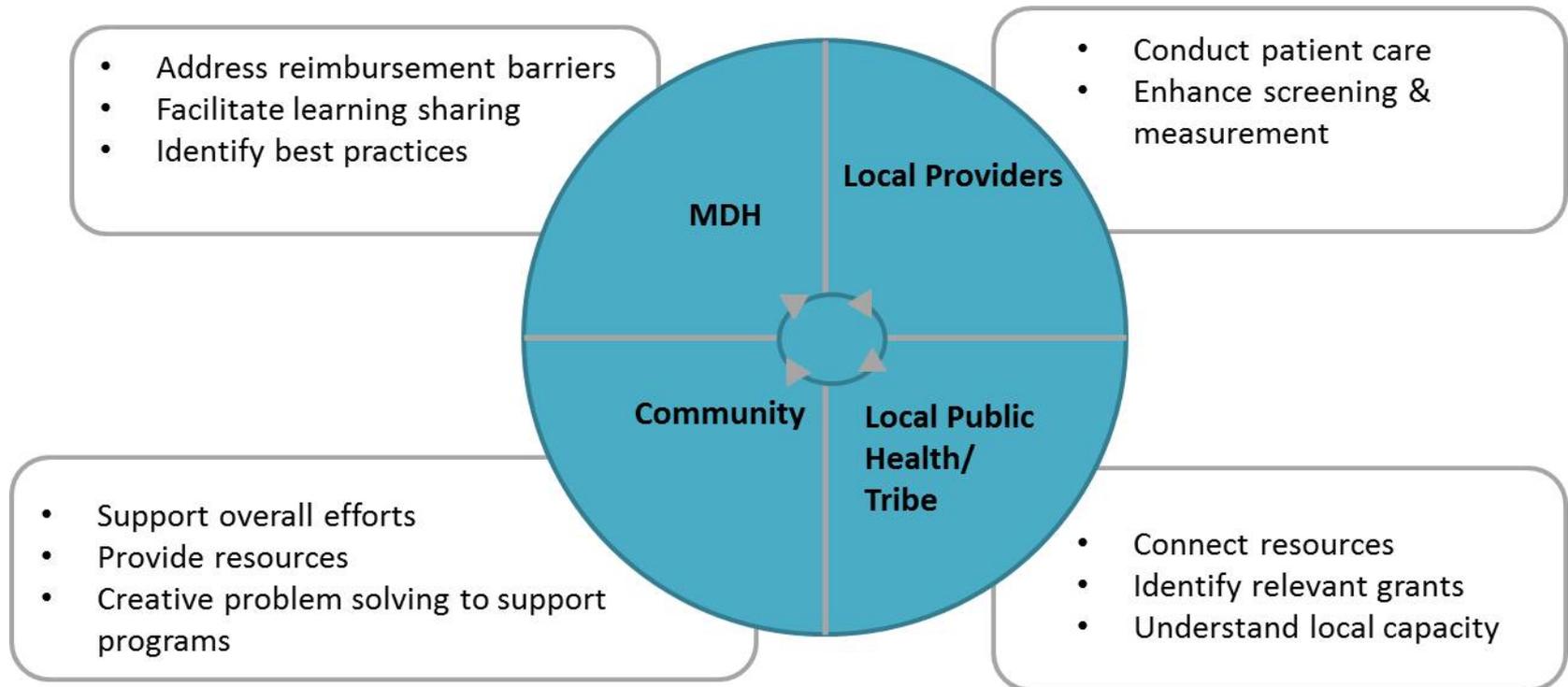
Provider-patient interactions

Clinic policies and systems

Partnership with community-based resources

Advancing broader policy and environmental changes in the community

# Stakeholder Alignment



Alignment of goals, messaging, and resources for better patient outcomes

# Team-Based Care

“The high-performing team is now widely recognized as an essential tool for constructing a more patient-centered, coordinated, and effective health care delivery system.”

Core Principles & Values of Effective Team-Based Health Care, IOM,  
October 2012

# Clinical-Community Team Members

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- Community Health Workers
- Community Paramedics

# CHWs: An Emerging Profession

- Trusted members of the communities they serve
- Educate and connect underserved communities to care, coverage and support
- Working under different titles and in many different settings
- Provide outreach, advocacy, patient education, care coordination, social support and informal counseling
- Reduce cultural and linguistic barriers to health care and social services; improve quality, cost-effectiveness and cultural competence of care, and expand and diversify our health care workforce.

# Role of CHW

- Work as a part of the interdisciplinary care team to provide culturally and language specific navigation of the healthcare system
- Connect patients to clinic and community resources
- Support patients in setting and achieving goals to improve their health
- Help to eliminate barriers to care
- Assist with coordination of transportation, scheduling appointments, closing the loop on referrals, follow-up on goal progress, etc.
- Registry work to provide panel management for ED visits, hospital admissions, no shows, upcoming appointments, diabetes scores, etc.

# MN CHW Scope of Practice

- Build the gap between communities and the health and social service systems.
- Promote wellness by providing culturally appropriate health information to clients and providers.
- Assist in navigating the health and human services system.
- Advocate for individual and community needs.
- Provide direct services.
- Build individual and community capacity.

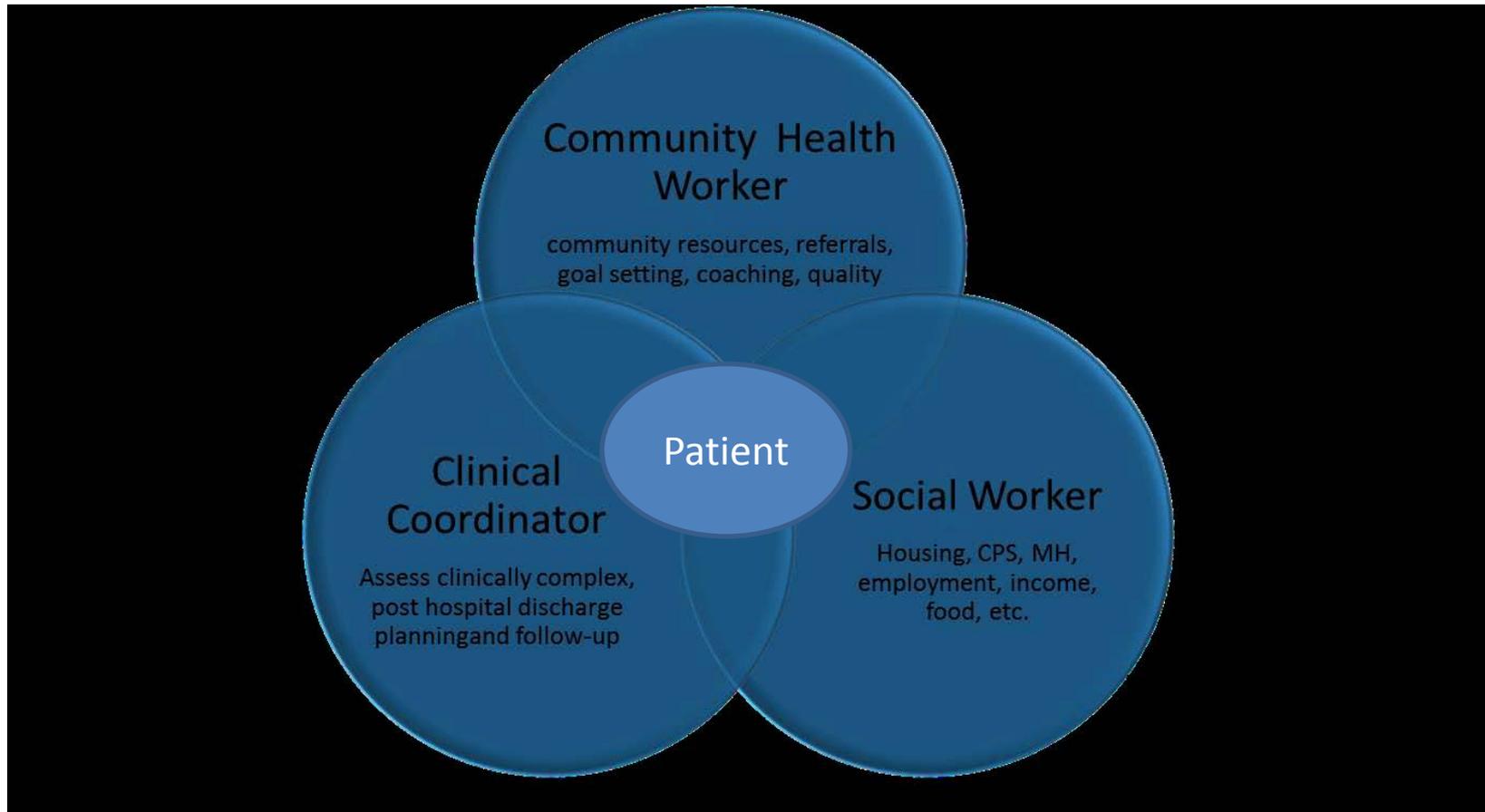
MN CHW Alliance 2012

# Community Health Worker Team



Hennepin County Medical Center , November 2013

# HCMC Care Coordination Team Structure



# MN CHW Payment Legislation

## 2007 Legislation

- 12/19/07: Federal approval received
- Minnesota Health Care Program (MHCP) enrollment criteria:
  - CHW certificate from school offering MnSCU-approved curriculum
  - Supervised by a physician/advanced practice registered nurse
  - Grandfathering provision

# MN CHW Payment Legislation

- 2008 Legislation
  - 3/18/09: Federal approval of expansion of CHW supervision to the following provider types:
    - Certified public health nurses operating under the direct authority of an enrolled unit of government
    - Dentists
- 2009 Legislation
  - Federal approval of supervision by Mental Health Professionals

# MN CHW Payment Legislation

Minnesota Statute (MS 256B.0625.0625, Subd. 49)

Subd. 49. **Community health worker.** (a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:

(1) received a certificate from the Minnesota State Colleges and Universities System approved community health worker curriculum; or

(2) at least five years of supervised experience with an enrolled physician, registered nurse, advanced practice registered nurse, or dentist, or at least five years of supervised experience by a certified public health nurse operating under the direct authority of an enrolled unit of government.

Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment.

(b) Community health workers must work under the supervision of a medical assistance enrolled physician, registered nurse, advanced practice registered nurse, or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.

(c) Care coordination and patient education services covered under this subdivision include, but are not limited to, services relating to oral health and dental care.

# MN CHW Payment-Covered Services

- Signed diagnosis-related order for patient education in patient record
- Face-to-face services, individual and group
- Standardized education curriculum consistent with established or recognized health or dental care standards
- Document all services provided

# MN CHW Payment-Provider Types Authorized to Bill for CHW Services

- Hospitals
- Clinics
- Indian Health Services Facilities
- Critical Access Hospitals
- Family Planning Agencies
- Public Health Clinic Nurses
- Tribal Health Facilities
- Advanced Practice Nurses
- Mental Health Professionals
- Dentists
- Physicians

# MN CHW Experience

- Over 500 CHWs have been certified
- CHW available job positions have been few but are increasing
- CHW role is new to the clinical and public health settings where Medicaid payment is available
- Lack of inter-professional education means that health and social service provider decision-makers are unfamiliar with role
- Cautious approach to addition of CHW certificate holders for a variety of reasons

# CHW Resources

MN CHW Alliance

<http://mnchwalliance.org/>

Community Health Workers Toolkit

<http://www.raonline.org/communityhealth/chw/>

AHRQ Innovation - MN CHW Alliance

<http://innovations.ahrq.gov/content.aspx?id=3700>

MN CHW Reimbursement Requirements

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_140357](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357)

# Community Paramedic Program

- Expands the role of EMS personnel
- Standardized curriculum
- Training:
  - Primary Care
  - Public Health
  - Prevention and wellness
  - Mental Health
  - Dental Care
- Community Paramedic Program adapts to the specific needs and resources of each community.

# MN Community Paramedic Certification

## 2011: S.F. 119 Created CP Certification

- Must have 2 years of experience as a Paramedic
- Must complete CP course through an accredited college or university
- Must practice under supervision of an ambulance service medical director
- Directed State DHS to develop services to be covered by Medicaid

# MN Community Paramedic Supervision

## 2012: S.F. 1543 CP Supervision

- CPs work under the supervision of an Ambulance Service Medical Director
- The Medical Director will bill Medicaid on behalf of CP
- To bill Medicaid, the Medical Director must have an order from the patient's primary care provider, and it must be maintained in the patient's record

# The Community Paramedic Role

- Blood Pressure Monitoring
- Home Safety Evaluation
- Fall Risk Assessment
- Medication profiles and Set-up
- Reinforcing preventive health messages
- Care coordination, Referrals and Follow up

# MN Community Paramedic Reimbursement

## **2012: S.F. 1543 Delineated CP Reimbursement**

Based on work of stakeholder process, authorized coverage in Medicaid for:

- Health assessment
- Immunizations and vaccination
- Chronic disease monitoring and education
- Laboratory specimen collection
- Medication compliance
- Hospital discharge follow-up care
- Minor medical procedures, as approved by the Medical Director

# Resources

MN Legislative Report 2012

<http://archive.leg.state.mn.us/docs/2012/mandated/120274.pdf>

DHS Community Paramedic Services

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_177475](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_177475)

Hennepin Technical College

<https://hennepintech.edu/customizedtraining/cts/44#&panel1-1>

North Central EMS Institute - St. Cloud, Minnesota

<http://communityparamedic.org/>

Inver Hills Community College –

<http://www.inverhills.edu/Departments/EMS/CommunityParamedic.aspx>

# Other Opportunities in Minnesota

- Health Care Home (MN Version of PCMH)  
Care Coordination
- PharmD-Medication Therapy Management
- Additional Emerging Professions
  - Dental Therapists
  - Doulas
- New CMS Rule- MN may consider Certified Health Education Specialists and others

# Contact Information

Cherylee Sherry, MPH, CHES

Office of Statewide Health Improvement Program

Minnesota Department of Health

651-201-3769

[Cherylee.Sherry@state.mn.us](mailto:Cherylee.Sherry@state.mn.us)

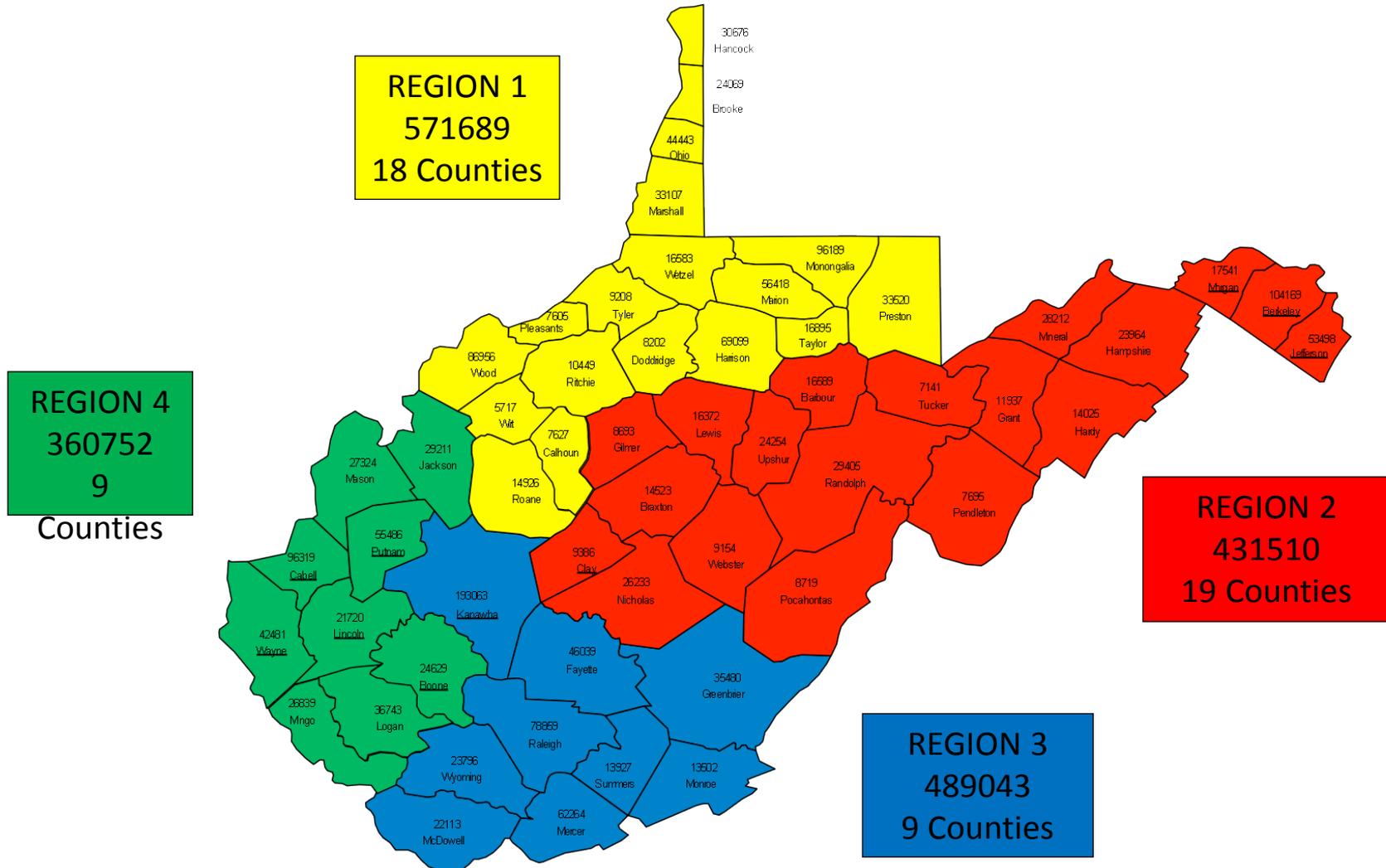


# West Virginia Bureau for Public Health Community Transformation Partnership



**Robert Wines**, Partnership Director  
Office of Community Health  
Systems and Health Promotion  
West Virginia Department of  
Health and Human Resources

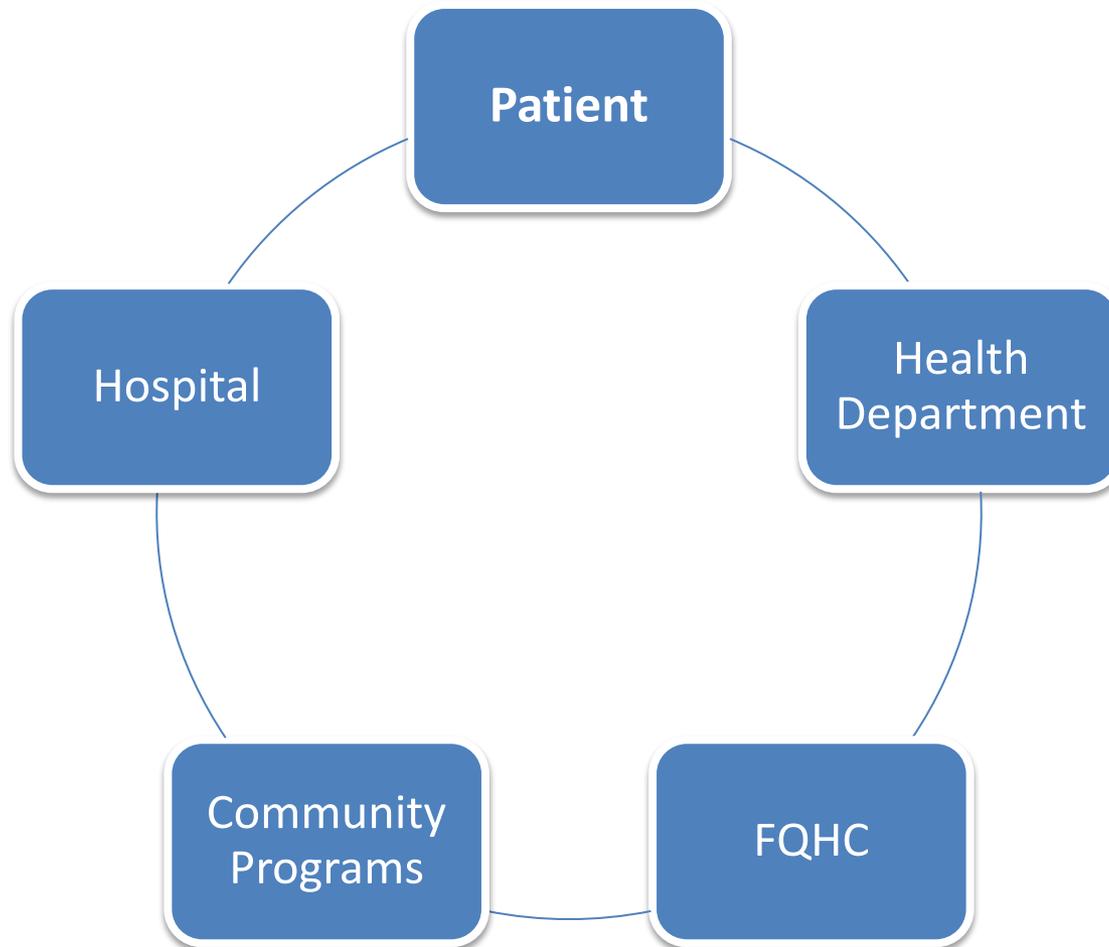
# Community Transformation Regional Coalition Structure



# Strategic Direction 3

- Integrate Community Health Workers into the clinical settings of LHDs and FQHCs to serve as health navigators
- Develop CDC recognized community based lifestyle change programs
- Develop a community based clinical referral system to the lifestyle change programs
- Develop a institutional based referral system to the lifestyle change programs

# Network of Care



# Community Based Programs

- Diabetes Prevention Programs
  - Decrease body fat by 7%
  - Increase physical activity to 150 minutes per week
  - Decreases risk for diabetes
- Every \$1000 spent in prevention =\$10,000 in care
- Effective program that should become reimbursable under Affordable Healthcare

# Chronic Disease Self-Management

## Diabetes Self-Management

- Stanford University Evidence Based Program
  - 6 week program
  - Teaches stress reduction
    - Self advocacy
    - Nutrition
    - Physical Activity
  - Taught in the community
  - CTG staff partnering with Marshall University to train coaches in communities

<http://www.changethefuture.wv.gov/>

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Like us on Facebook too!

Bob Wines, Partnership Director

(304) 356-4500

Robert.L.Wines@wv.gov

# Thank you

Slides and a webinar summary will be posted on the Prevention page on Medicaid.gov:

<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prevention.html>

Send questions and comments to:

[MedicaidCHIPPrevention@cms.hhs.gov](mailto:MedicaidCHIPPrevention@cms.hhs.gov)