Integration of Community Health Workers in Minnesota

Goal

Integration of Community Health Workers (CHWs) in Minnesota is an element of the Minnesota Accountable Health Model – Minnesota’s State Innovation Model (SIM).

- This SIM project component targets emerging professions, such as Community Health Workers (CHWs), in an effort to integrate new roles into the evolving health care workforce. Minnesota is using a multi-pronged approach for CHWs to test how integration into new settings can meet the Triple Aim goals of improving care, improving population health and reducing costs per capita.
- A secondary objective of this component is greater uptake of the profession; meaning more CHWs working in their fields, providing services covered by and billed to Medicaid and other insurers, utilizing CHWs in broader and new settings.

To achieve these goals, the SIM project offers grants to support organizations’ efforts to integrate emerging professions.

Emerging Professions Integration Grants

The goal of the Emerging Professions Integration Grant Program is to foster the integration of emerging professions, including Community Health Workers, into new roles that support the Minnesota Accountable Health Model.

- Three rounds of grant funding were available to support the hiring of individual professionals as they integrate in new settings.
- A total of fourteen organizations were awarded 12 months of start-up funds to support salary and benefits of the emerging professions at a maximum of $30,000 per grant.
- Six of those grants helped to fund the hiring of CHWs. Each grantee also contributed funds to the project.

The emerging professional(s) hired each filled 1 full time position and had appropriate education, training and credentials. For example, each CHW held a certificate from one of the seven Minnesota post-secondary education schools that offer the approved CHW curriculum.

Round 1 CHW Grant Recipients (8/2014 – 8/2015)

MVNA: Integrated a CHW into their home-health and community-based palliative care program providing follow-up services to post discharged patients. Their goal was to prevent hospital re-admissions, especially for clients with complex medical conditions and behavioral health issues.

Well Being Development: Added a CHW in rural, northern Minnesota working in an adult mental health clubhouse, or recovery type program, which is connected to a community care team/accountable community for health. The CHW provided outreach and follow-up services to complex behavioral health clients to assure they had access to team-based, coordinated, patient-centered care.

Round 2 CHW Grant Recipient (12/2014 – 12/2015)

Hennepin Health: Hired a CHW to work in the clinic inside the Hennepin County Jail coordinating care for behavioral health clients while in the jail, during discharge planning and up to 90 days following release. Hennepin Health is an Accountable Care Organization (ACO).

Round 3 CHW Grant Recipient(s) (9/1/15 – 8/31/16)

Hennepin County Public Health: Hired a CHW to work in the Public Health Tuberculosis and Refugee Health Clinic with refugees. The position collaborates with a public health nurse to develop plan of care, facilitate adherence to medical appointments, link

Photo credit: HCMC and Scott Streble
clients to needed services, help them to understand medications, and provide access to resources.

**Northwest Indian Opportunity Industrial Center:** Hired a CHW to work in their clinic with American Indians from four reservations/tribes providing health and social services related navigation, advocacy and education.

**Open Door Health Center:** Added a bilingual CHW to work in a mobile clinic serving residents in Marshall, Gaylord, Dodge Center and Worthington Minnesota to provide education, screening, follow-up services, referrals, link clients to resources, etc.

### Emerging Professions Toolkits

The goal of the Emerging Professions Toolkit Program is to develop resources for employers to be able to hire and integrate an emerging professions practitioner into the workforce.

The target audience of the toolkit is potential employers from a variety of stakeholder organizations within the health care, dental, public health, long-term care, social services and behavioral health system.

MDH contracted with three vendors, each of which will develop a toolkit for the identified emerging professions, including CHWs. The toolkits will include information such as:

- Scope of practice;
- Requirements for obtaining and maintaining a necessary license, certificate or credential;
- Any additional training needed for a recently-graduated emerging professional to transition into the workplace;
- Services that can be, or are, provided by an emerging professional, distinguishing between those services that are covered and reimbursed by insurance and those services that are not covered by insurance;
- Policies and procedures for billing an emerging professional’s services;
- Salary estimates;
- Return on Investment (ROI) information on hiring workers in the emerging profession;
- Models or cases that illustrate how an organization can use an emerging professional’s services to coordinate care for complex patients across settings of care and;
- Examples and models of integration into Accountable Care Organizations (ACO) and other developing cost-sharing arrangements between providers.

The toolkit will be posted on the Minnesota Department of Health’s website upon completion, in 2016.

### Other CHW-Related Projects

Minnesota organized a CHW and Community Paramedic Learning Community to share information about each other’s profession and discuss ways to collaborate. Topics discussed included Multidisciplinary Team Based Models, Role Delineation, Supervision and Management, and Payment under Care Reform.

A website was developed that provides background information on the CHW profession and includes reports, resources and lessons learned. Information from the Emerging Professions Integration Grants and Toolkit Projects will be posted on this website.

Technical assistance is available for employers interested in hiring CHWs.

### Overall Goals

- Better data about CHWs
- Greater uptake of CHWs
- Greater participation of CHWs in ACO models
- Understanding of Practice Transformation
- Information about Return on Investment

### Contact

For more information about the Emerging Professions Program and the Minnesota Accountable Health Model State Innovation Model testing grant please visit the ORHPC website or you may contact Will Wilson in the MDH Office of Rural Health and Primary Care at (651) 201-3842.

**MINNESOTA ACCOUNTABLE HEALTH MODEL - SIM MINNESOTA**

This project is part of a $45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by The Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.

The goal of this model is to improve health in communities, provide better care, and lower health care costs by expanding patient-centered, team-based care through service delivery and payment models that support integration of medical care, behavioral health, long-term care and community prevention services.