



COMMUNITY HEALTH WORKERS IN MASSACHUSETTS: Progress and Recommendations

EXECUTIVE SUMMARY

Community Health Workers (CHWs), also known as health navigators or *promotores de salud*, are frontline health workers who serve as a crucial bridge between patients and their health care teams. By integrating CHWs into care teams, healthcare providers can reduce healthcare costs, improve patient health and care quality, and address health disparities. Massachusetts has historically been a leader in recognizing the importance of CHW services, and is now on the verge of implementing a statewide CHW credentialing system. However, without additional efforts to establish sustainable funding streams for CHW services, it will remain challenging to fully integrate CHWs into state healthcare systems. This white paper summarizes the progress that Massachusetts has made with respect to CHW credentialing and provides recommendations on how state decision-makers can build upon that progress by improving public and private funding of CHW services.

The Center for Health Law & Policy Innovation provides information and technical assistance on issues related to health reform, public health, and food law. This document should not be considered legal advice. For specific legal questions, consult with an attorney.

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ABOUT THE AUTHORS

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) advocates for legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, government officials, and others to expand access to high-quality healthcare; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective healthcare systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health and public health law and policy.

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I. INTRODUCTION

Community Health Workers¹ (CHWs), also known as health navigators or *promotores de salud*, are “trained frontline staff who bridge the communication and cultural gaps common between low-income, underserved, often high-cost patients and clinical staff.”² CHWs are often members of the communities they serve, giving them unique knowledge of the language, culture, and socio-economic pressures impacting the patients they assist. Incorporating CHWs into care teams has been shown to improve health outcomes, reduce health disparities, promote access to primary care, and reduce costs by preventing unnecessary emergency hospitalizations.³

Despite strong evidence regarding the role that CHWs can play in improving health outcomes, a number of barriers have historically prevented the full integration of CHW services into public and private healthcare systems. These barriers include: inconsistent scope of practice, training, and qualifications; lack of sustainable funding; and lack of professional recognition from other healthcare personnel.⁴ Several states, including Minnesota, Ohio, Oregon, and Texas, have implemented statewide credentialing or training systems to address these barriers.⁵ The establishment of such systems can be an important first step in obtaining public and private insurance coverage of CHW services. These systems encourage integration and broader coverage of CHW services by establishing a consistent baseline of training and core competencies that public and private payers can expect when contracting with CHWs. Thus, states such as Minnesota have been able to obtain Medicaid coverage for services provided by CHWs who have completed an approved training program.⁶

Massachusetts legislators and agency officials have long supported the role of CHWs in patient care. Over the last decade, Massachusetts has made significant progress towards establishing a CHW credentialing system. It has enacted a statutory framework, published policy documents relating to the core competencies of CHWs, and is in the process of finalizing regulations that will enable the certification of individual CHWs and standardization of CHW training programs. Massachusetts is currently well-positioned to build upon the momentum of these successes by better integrating CHW services into sustainable funding streams such as private and public health insurance systems.

This issue brief will detail Massachusetts’s progress towards establishing a CHW credentialing framework and examine current opportunities to obtain additional funding for CHW services in the Commonwealth.

II. ORIGIN OF CHW TRAINING AND CERTIFICATION IN MASSACHUSETTS

In 2006 Massachusetts passed landmark legislation which resulted in significant reforms to the state’s healthcare system.⁷ As part of these reforms, the law required the Massachusetts Department of Public Health (DPH) to convene an Advisory Council to examine the current use and funding of CHWs in the state and provide recommendations to the legislature regarding the establishment of a sustainable CHW program that included “a training curriculum and community health worker certification program to insure high standards, cultural competency and quality of services.”⁸

In December 2009, the Advisory Council released the Report of the Massachusetts Department of Public Health Community Health Worker Advisory Council. The report affirmed the value of CHWs but noted a number of key challenges. These challenges included: financial instability and job insecurity, lack of uniform training and core competencies, and lack of integration into mainstream healthcare systems.⁹ At the time of the report, no statewide infrastructure existed for CHW certification and training.¹⁰ All stakeholders (CHWs, employers, and payers) agreed that training and certification was essential to advancing the status of CHWs.¹¹

Based upon its analysis, the Advisory Council made 34 recommendations to the legislature, a number of which

related to the training, certification, and funding of CHWs in the Commonwealth.¹²

III. CURRENT PROGRESS ON CHW TRAINING AND CERTIFICATION

In its report, the Advisory Council recommended that the state: establish an accessible statewide CHW training and education infrastructure; engage public and private partners to develop financing solutions for the training of CHWs; and develop a training curriculum.¹³ The Council also recommended that the state establish a Community Health Worker Board of Certification (the Board) within the DPH Division of Health Professions Licensure to provide regulatory oversight of the CHW certification process.

A. ESTABLISHING THE BOARD OF CERTIFICATION OF COMMUNITY HEALTH WORKERS

After extensive consultation with existing CHWs, the Massachusetts Association of Community Health Workers (MACHW) worked with experts at DPH to develop legislation.¹⁴ The legislation, An Act Establishing a Board of Certification of Community Health Workers (the Act), was passed into law in 2010 and became effective in 2012.¹⁵ The Act requires the Board to include the DPH Commissioner (or a delegee) and ten appointees of the governor.¹⁶ At least four of these appointees must be CHWs.¹⁷

The Act charged the Board with the following duties:

- Developing and administering a program of certification for CHWs, establishing qualifications for such certification, and developing standards of practice for certified CHWs;
- Setting standards for CHW training programs and continuing education programs;
- Establishing a mechanism to certify existing CHWs without completion of training program (i.e., a grandfathering mechanism);
- Identifying and adopting “a certification examination or other means to assess [CHW] competency in connection with board certification” if the Board believes that doing so will enhance the profession of CHWs; and
- Establishing and implementing procedures to investigate and resolve complaints related to the practice of CHWs.¹⁸

The Act also provided the Board with the power to develop rules and regulations for the proper administration and enforcement of its responsibilities.¹⁹

B. PROGRESS BY THE BOARD OF CERTIFICATION OF COMMUNITY HEALTH WORKERS

Thus far, the Board has advanced its mission by issuing a number of key documents and recommendations regarding the role and training of CHWs. In 2014, the Board issued the “Core Competencies for Community Health Workers.”²⁰ The core competencies are broken into ten broad categories of skills and knowledge that are central to the work of CHWs. These categories include: (1) outreach methods and strategies, (2) individual and community assessment, (3) effective communication, (4) cultural responsiveness and mediation, (5) education to promote healthy behavior change, (6) care coordination and system navigation, (7) use of public health concepts and approaches, (8) advocacy and community capacity building, (9) documentation, and (10) professional skills and conduct.²¹

The Board has also developed standards for hours of classroom instruction in CHW training programs and continuing education.²² Under these standards, CHW training programs will include 80 hours of classroom instruction, 80% of which will be dedicated to the ten core competencies and 20% of which will be dedicated to “special health topics.”²³ To maintain their certification, all CHWs will be required to complete 15 hours of continuing education every two years.²⁴ For the first three years of the credentialing system, the Board also plans to allow a

“grandfathering” system—referred to as the Work Experience Pathway—under which existing CHWs with 4,000 hours of experience will be eligible for certification without completing approved core competency training.²⁵

The Board has incorporated these and other requirements into draft regulations that will establish the CHW training and certification system in Massachusetts. These draft regulations are moving through an internal administrative review process, and then will be made available for public comment. While no exact timeline is available, stakeholders should urge decision-makers to move quickly in finalizing the regulations so that certified CHWs can play a greater role in the significant reforms currently taking place in Massachusetts’s healthcare landscape (described in more detail in the next section).

C. EFFORTS TO PREPARE FOR IMPLEMENTATION OF THE REGULATIONS

A number of CHW training programs currently operate in the Commonwealth.²⁶ Once the CHW training and certification regulations are finalized and implemented, these programs will need to take steps to meet the new regulatory standards. In preparation, several organizations already appear to be incorporating relevant standards into their training programs or advertising that their programs will be able to help CHWs meet credentialing requirements.²⁷ DPH anticipates that additional training programs will also need to be approved when the CHW certification system goes into effect in order to meet growing demand.²⁸

IV. CURRENT PROGRESS ON ESTABLISHING FINANCING MECHANISMS FOR CHWs

In its 2009 report, the Advisory Council also noted that it is vital to provide sustainable financing for CHW positions and made recommendations with respect to both public and private payers. With respect to public payers, the Council recommended that Massachusetts’s Medicaid program—MassHealth—convene a workgroup to explore the possibility of recognizing CHWs as billable MassHealth providers.²⁹ The Council also recommended that MassHealth provide incentives for Medicaid Managed Care Organizations (MMCOs) and Primary Care Clinician (PCC) Plan providers to “hire CHWs for outreach efforts and/or [to] integrate CHWs into their care models and care teams,” and that MassHealth encourage the use of CHWs in pay-for-performance programs.³⁰ With respect to private payers, the Advisory Council recommended that organizations such as hospitals, community health centers, managed care organizations, and commercial insurers be encouraged to incorporate CHWs into healthcare teams and programs.³¹ Finally, although the Council acknowledged the need for more sustainable sources of funding, it recommended that public and private grant money continue to be targeted and expanded to support the integration of CHWs into care systems.³²

While Massachusetts has made some progress in expanding financing for CHWs since the publication of the Advisory Council report, many of these recommendations remain highly relevant today and may be more likely to gain traction as Massachusetts implements its credentialing system. The following section summarizes the current status of public and private funding for CHW services in the Commonwealth and provides recommendations regarding how decision-makers can expand funding for CHW services moving forward.

A. GRANT FUNDING

In general, most CHW programs in Massachusetts continue to be funded by short-term grants.³³ In 2014, the Institute on Urban Health Research and Practice of Northeastern University reported that in a survey of 32 Massachusetts Community Health Centers (all of which employed CHWs), 60% of respondents reported that they supported their CHW staff solely through grants.³⁴ Of the remaining respondents, 27% reported funding CHWs through a combination of grants, core operating funds and other resources, while 13% funded their CHWs solely through core operating budgets.³⁵ The following table provides examples of grants that have been used to support CHW services in Massachusetts.

Examples of Grant-Based Funding for Massachusetts CHWs

PROGRAM	PROGRAM GOALS	SCOPE
<p>Attorney General of Massachusetts has provided for a Community Health Worker Grant Program through a multistate settlement with pharmaceutical manufacturers.³⁶</p>	<p>To reduce healthcare disparities and improve health of underserved populations by supporting the use of CHWs as part of healthcare teams.</p>	<p>The grant provided \$75,000 annually for two years to four community health centers:</p> <ol style="list-style-type: none"> 1. Community Health Center of Cape Cod <ul style="list-style-type: none"> • Focus: To address cancer and chronic disease in women. 2. Edward M. Kennedy Community Health Center <ul style="list-style-type: none"> • Focus: To reduce emergency room visits. 3. Hilltown Community Health Center <ul style="list-style-type: none"> • Focus: To promote prevention and management of diabetes and other chronic diseases. 4. Lynn Community Health Center <ul style="list-style-type: none"> • Focus: To address asthma in children.
<p>Prevention and Wellness Trust Fund (PWTF) funded through a one-time assessment on acute hospitals and payers totaling \$57 million.³⁷</p> <p>Nine communities were awarded grants.³⁸</p>	<p>To reduce healthcare costs by preventing chronic conditions.</p> <p>The program seeks to have communities achieve this goal by implementing interventions that will increase healthy behaviors, address health disparities, increase the adoption of wellness programs in the workplace, and reduce the rate of prevalent and preventable health conditions.³⁹</p>	<p>The grant is a four-year initiative that will allocate \$42,750,000 for the Grantee Program.⁴⁰</p> <p>Priority Health Conditions Addressed:</p> <ol style="list-style-type: none"> 1. Hypertension 2. Smoking 3. Fall prevention among older adults 4. Pediatric asthma <p>Each of the nine community partnerships receiving grants includes CHWs in their program in some way.⁴¹</p>
<p>Division of Global Populations and Infectious Disease</p> <p>(Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health)</p>	<p>The Division of Global Populations and Infectious Disease houses both DPH's Tuberculosis (TB) Prevention and Control Program and its Refugee and Immigrant Health Program.</p> <p>TB Program Goal: To “reduce the incidence of tuberculosis (TB) through surveillance, education and clinical services delivered within a collaborative multiagency system.”⁴²</p> <p>Refugee and Immigrant Health Program Goal: To “control communicable diseases among refugees and newly arrived immigrants and to improve the general health status of the State’s refugee populations.”⁴³</p>	<p>The Division of Global Populations and Infectious Disease uses a variety of state and federal funding streams to support the work of both on-staff and contract-based CHWs.</p> <p>These CHWs perform functions such as:</p> <ol style="list-style-type: none"> 1. Patient education 2. Treatment monitoring and follow-up (e.g., directly observed therapy for TB patients) 3. Healthcare systems navigation 4. Linkage to primary care 5. Home visits⁴⁴

<p>Office of HIV/AIDS</p> <p>(Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health)</p>	<p>The Office of HIV/AIDS (OHA) “works with clinical and non-clinical community programs, people living with HIV/AIDS, and other stakeholders to advance HIV prevention and care services.”⁴⁵</p>	<p>Agencies funded by OHA employ HIV-positive peers that function as CHWs. These CHWs support linkage to and retention in HIV care and medication adherence.</p> <p>OHA CHWs perform functions such as:</p> <ol style="list-style-type: none"> 1. Patient education 2. Emotional support 3. Risk reduction counseling 4. Support in attending appointments 5. Social service navigation⁴⁶
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Grant Funding Recommendations Moving Forward

Until more sustainable funding streams are established, public and private grants remain an important source of support for CHW services. Therefore, public and private decision-makers should continue to target grant funding towards programs working to integrate CHWs into chronic and infectious disease care systems in Massachusetts. For example, the Attorney General’s office should continue to seek opportunities to use settlement funds to address health disparities in Massachusetts through the use of CHWs. Additionally, legislators should consider taking action (e.g., appropriating additional funds) to extend the lifespan of programs such as the Prevention and Wellness Trust Fund that currently play important roles in supporting CHWs.

B. PUBLIC PAYERS

Massachusetts has made some progress in increasing coverage of CHW services in its public health insurance system. However, coverage is currently limited to a few targeted programs and payers, leaving significant room for expansion.

MassHealth, Massachusetts’s name for its Medicaid and Children’s Health Insurance (CHIP) programs, currently provides health insurance coverage to more than one quarter of Massachusetts residents.⁴⁷ Massachusetts has adopted the Affordable Care Act Medicaid expansion, and so MassHealth currently provides coverage to all adults with incomes up to 138% of the Federal Poverty Level (FPL). Certain populations, such as individuals diagnosed with HIV, pregnant women, and individuals with breast or cervical cancer, are subject to more lenient income standards.⁴⁸ Roughly 70% of MassHealth beneficiaries receive their Medicaid benefits through managed care, with nearly half of MassHealth members enrolled in Medicaid Managed Care Organizations (MMCOs) and 20% of members enrolled in the state’s Primary Care Clinician (PCC) Plan (a program in which medical services are paid on a fee-for-service basis and managed by primary care clinicians).⁴⁹

In addition to its standard Medicaid systems, MassHealth has also implemented a number of innovative programs that provide expanded care to certain populations. These programs include: One Care (a managed care program for individuals aged 21-64 who are eligible for both Medicaid and Medicare); Senior Care Options (SCO) (a managed care program for individuals over the age of 64 who are eligible for MassHealth); Section 1915(c) Home and Community Based Services Waiver programs;⁵⁰ and demonstration projects, such as the upcoming pilot program that will target pediatric asthma patients.⁵¹

MassHealth does not yet provide widespread coverage for CHW services. CHW services are not a covered benefit in MassHealth’s fee-for-service program, and MassHealth does not require MMCOs to cover or provide such services. Some programs within MassHealth do, however, provide at least some funding for CHW services. Examples of

these programs and the extent to which they fund CHW services are provided in the table below.

Examples of Public Insurance Funding of Massachusetts CHW Services

PROGRAM	PROGRAM DETAILS	PROGRAM GOALS	SCOPE
MMCOs	<p>Massachusetts currently contracts with 6 MMCOs: Boston Medical Center HealthNet Plan, CeltiCare, Fallon Community Health Plan, Health New England, Neighborhood Health Plan, and Tufts Health Plan.⁵²</p> <p>These MMCOs are not required to cover or provide CHW services, but have the flexibility to choose to do so.⁵³</p>	To provide the full range of Medicaid services, while managing patient care to control costs.	<p>While Massachusetts MMCOs do not appear to currently provide reimbursement for CHW services as a covered benefit, some MMCOs report directly employing or contracting with CHWs at the plan level.</p> <p>For example, CeltiCare uses CHWs as part of its Member Connections program to engage hard to reach patients,⁵⁴ and Neighborhood Health Plan recently announced its new Neighborhood Care Circle program, which will provide CHW services and other targeted care to high-risk, high-cost members.⁵⁵</p>
Senior Care Organizations (plans offering SCO)	<p>SCO provides coverage of all Medicare and MassHealth Services. The SCO program is voluntary and open to MassHealth members who meet certain requirements, such as being aged 65 and over and residing in an SCO service area.⁵⁶</p> <p>There are currently six Senior Care Organizations.⁵⁷</p>	To combine health and social support services by coordinating care and specialized geriatric support services, along with respite care for families and caregivers. ⁵⁸	At least one Senior Care Organization— Commonwealth Care Alliance —appears to incorporate CHWs into its care teams. ⁵⁹
One Care	<p>One Care provides coverage of all Medicare and MassHealth services.⁶⁰</p> <p>The One Care program is voluntary and open to individuals who are between the ages of 21 and 64, enrolled in Medicare Parts A & B, eligible for Medicare Part D, and eligible for MassHealth Standard or CommonHealth (a MassHealth program available for disabled adults who do not qualify for MassHealth).⁶¹</p>	To make it easier for individuals with disabilities to get the full set of services provided by MassHealth and Medicare, and coordinate physical, behavioral, and long term services and supports. ⁶²	<p>The One Care team can include CHWs at the behest of the patient.⁶³</p> <p>Additionally, at least one of the One Care plans—Fallon Total Care—expressly provided for the use of CHW services. Such use required prior authorization from the care team.⁶⁴ However, Fallon Total Care chose to leave the One Care program as of September 30, 2015.⁶⁵</p>

<p>Section 1115 Demonstration Programs</p>	<p>The Pediatric Asthma Pilot Program provides preventive and treatment asthma services to eligible children between the ages of 2 and 18 with high-risk asthma who are enrolled in the PCC Plan.⁶⁶</p>	<p>To improve health outcomes, reduce asthma-related emergency department visits and hospitalizations, and reduce associated Medicaid costs.⁶⁷</p>	<p>This program will offer and encourage home visits from CHWs to provide family education and to identify potential asthma triggers in the home.⁶⁸</p>
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Public Payer Recommendations Moving Forward

Recent state and federal policy reforms present a number of opportunities to provide greater coverage of CHW services in the MassHealth program. To realize these opportunities, Massachusetts decision-makers should take the following actions:

1. Submit a State Plan Amendment (SPA) to Allow Coverage of Preventive Services Provided by CHWs

Effective January 1, 2014, the Centers for Medicare and Medicaid Services (CMS) amended federal Medicaid regulations to allow reimbursement of preventive services “recommended by” a physician or other licensed practitioner. Prior to this revision, preventive services were reimbursable only when “provided by” a physician or other licensed practitioner.⁶⁹ The amended rule opens the door for non-clinician providers, such as CHWs, to be reimbursed for delivery of preventive services covered by Medicaid.

To take advantage of the revised rule, states must submit a State Plan Amendment (SPA).⁷⁰ Once the SPA is in place, CHWs (or their employers) will have the ability to bill Medicaid programs directly for the provision of preventive services recommended by a physician or licensed practitioner.⁷¹ MassHealth decision-makers should submit an SPA to allow CHWs to bill for providing preventive services. By doing so, MassHealth will both expand statewide capacity to provide preventive care and establish a new sustainable funding stream for CHW services.

2. Establish Medicaid Health Homes that Utilize CHW Services.

Under Section 2703 of the Affordable Care Act (ACA), states now have the option to create Medicaid Health Homes to provide coordinated care for individuals living with chronic conditions.⁷² Medicaid Health Homes must provide six core services: (1) comprehensive care management; (2) care coordination and health promotion; (3) comprehensive transitional care; (4) patient and family support; (5) referral to relevant community and social support services; and (6) use of health information technology to link services, when feasible and appropriate.⁷³ CHWs are well positioned to effectively provide or assist in providing many of these core services.

As with the regulatory change regarding preventive services, states must submit an SPA to take advantage of the opportunity to establish Medicaid Health Homes. Several states, including Maine, New York, South Dakota, Washington, and Wisconsin, have already filed Medicaid Health Home SPAs that include or make reference to CHWs.⁷⁴ Massachusetts has not yet established any Medicaid Health Homes.⁷⁵ However, MassHealth is currently in the process of developing a request to renew the 1115 Demonstration Waiver that governs the vast majority of the state Medicaid program. As part of this renewal process, MassHealth plans to establish Medicaid Health Homes focused on providing care to individuals with chronic behavioral health conditions.⁷⁶ Given the close alignment between Health Home services and CHW core competencies, MassHealth officials should work to ensure that CHWs are included in the care teams for these new Health Homes and for all future Health Homes in the state.

3. Use Managed Care Contracts to Mandate or Encourage Funding of CHW Services

As noted earlier, the 2009 Advisory Council report recommended that MassHealth provide incentives for its managed care plans (e.g., MMCOs, PCC, SCO, and One Care) to “hire CHWs for outreach efforts and/or [to] integrate CHWs into their care models and care teams.” Given that MassHealth plans to engage in a re-procurement process for its MMCOs over the next year,⁷⁷ this is a crucial moment for MassHealth to consider implementing this recommendation. MassHealth should incorporate incentives to utilize CHW services into the new MMCO contracts. Alternatively, MassHealth should consider requiring MMCOs to contract with CHWs, as Michigan did in its most recent MMCO contracts.⁷⁸ To ensure that MMCO efforts to fulfill these requirements are as effective as possible, MassHealth should encourage MMCOs to consult with experts such as DPH and MACHW to identify potential models and community partners for the provision of CHW services.

4. Provide Opportunities for Coverage of CHW Services as Part of New MassHealth ACOs

Finally, plans to overhaul the MassHealth program also present a significant opportunity to enhance support of CHW services. Since April 2015, MassHealth has been conducting a “statewide, transparent, public listening initiative to discuss restructuring of the MassHealth program to improve the quality and efficacy of its services and its financial sustainability.”⁷⁹ This process culminated in MassHealth’s release of a draft *Section 1115 Demonstration Project Amendment and Extension Request* on June 15, 2016. The *Request* outlines MassHealth’s plan to move to a more value-based payment model by establishing provider-led Accountable Care Organizations (ACOs) that will be “contractually responsible for the quality, coordination and total cost of members’ care.”⁸⁰

The MassHealth restructuring process provides a number of opportunities to better integrate CHWs into care teams and fund CHW services. CHW services are well-suited to meet goals of the new ACO model such as “promot[ing] member-driven, integrated, coordinated care” and “improv[ing] integration among physical health, behavioral health, long-term services and supports, and health-related social services.”⁸¹ Thus, MassHealth should specifically require or incentivize ACOs to incorporate CHWs into their care teams, especially for complex patients living with chronic or infectious disease.

Additionally, MassHealth should encourage ACOs to consider how CHWs and programs that provide CHW services can help ACOs meet other program requirements. For example, all ACOs are required to contract with community-based behavioral health and long-term services and supports providers.⁸² ACOs should seek out partnerships with community-based organizations that provide CHW services when establishing these contracts. ACOs will also receive “flexible spending” funds to work with social service providers to address social determinants of health in their member population.⁸³ MassHealth should encourage ACOs to use some of these flexible spending funds to support CHWs, as CHWs can connect patients to social services or help patients overcome adverse social determinants such as lack of transportation by engaging with patients in their communities or homes.

To promote the effective integration of CHWs into ACO care teams, MassHealth should require or incentivize ACOs to engage with Massachusetts CHW experts. As noted above, such experts could include state and local departments of public health and CHW-focused organizations such as MACHW. These organizations have significant experience in using CHWs to address disparities and improve population health, and therefore could provide important insights into how ACOs could best leverage CHWs to meet the goals of MassHealth restructuring.

C. PRIVATE PAYERS

Currently, there is very little evidence of reimbursement for CHW services by private insurers in Massachusetts. As with MMCOs, some private insurers report employing or contracting with CHWs at the plan level or providing grants that support CHWs. For example, Harvard Pilgrim reports providing grant funding to support patient navigation pilot programs.⁸⁴ Additionally, Neighborhood Health Plan’s Neighborhood Care Circle program is available to both

its MassHealth and commercial populations.⁸⁵

Private Payer Recommendations Moving Forward

Some private payers report that they would be more comfortable providing coverage of CHW services once the statewide credentialing system is in place. Therefore, state decision-makers should prioritize reviewing and approving the current draft regulations. Policymakers should also continue to drive expanded coverage of CHW services by public payers, as such changes can create momentum for similar reforms by private payers (especially those operating both MassHealth and commercial plans).

V. CONCLUSIONS

While Massachusetts has made significant progress towards establishing a statewide credentialing system, additional work remains to be done to support the work of CHWs in the Commonwealth. In particular, state decision-makers must seize current opportunities to better incorporate CHWs into care teams and public and private insurance systems in order to improve funding and job security for the profession. Advocates, CHWs, and policymakers must work together to ensure that CHWs have an explicit and ongoing role in the new MassHealth ACOs and to take advantage of recent federal reforms to finance CHW services. Additionally, stakeholders must urge private payers to significantly expand their use and coverage of CHW services, such that CHWs become an integral part of all relevant care teams. With such changes in place, Massachusetts can establish a more sustainable, integrated CHW workforce and better meet the healthcare needs of vulnerable populations across the state.

ENDNOTES

- ¹ In this white paper, the term “Community Health Workers” is used to encompass all forms of peer support, including promotores de salud, patient navigators, health coaches, or lay health advisers.
- ² *Achieving the Triple Aim: Success with Community Health Workers*, MA DEP’T OF PUBLIC HEALTH (May 2015), available at <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/achieving-the-triple-aim.pdf>.
- ³ See, e.g., *id.*; Sonjia Kenya et al., *Using Community Health Workers to Improve Clinical Outcomes Among People Living with HIV: A Randomized Controlled Trial*, 17 AIDS AND BEHAVIOR 2927, 2928, 2932-2933 (2013); Regina Otero-Sabogal et al., *Physician-Community Health Worker Partnering to Support Diabetes Self-Management in Primary Care*, 18 QUALITY IN PRIMARY CARE 363, 369-370 (2010); Michele Heisler et al., *Participants’ Assessments of the Effects of a Community Health Worker Intervention on Their Diabetes Self-Management and Interactions with Health Care Providers* 37 AMERICAN JOURNAL OF PREVENTIVE MEDICINE S270, S275 (2009); and Kia Davis et al., *Teaching How, Not What: The Contributions of Community Health Workers to Diabetes Self Management*, 33 THE DIABETES EDUCATOR 208S, 213S-214S (2007).
- ⁴ *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, INSTITUTE OF MEDICINE (2002).
- ⁵ Peyton Miller et al., *Community Health Worker Credentialing: State Approaches*, CTR. FOR HEALTH LAW AND POLICY INNOVATION at 3-4 (June 2014), available at <http://www.chlpi.org/wp-content/uploads/2013/12/Credentialing-White-Paper-FINAL-8-12.pdf>.
- ⁶ *Id.* at 19-20.
- ⁷ An Act Providing Access to Affordable, Quality, Accountable Health Care, Session Law Ch. 58 § 110 (2006).
- ⁸ *Id.*
- ⁹ *Community Health Workers in Massachusetts: Improving Health Care and Public Health*, MA DEP’T OF PUBLIC HEALTH, COMMUNITY HEALTH WORKER ADVISORY COUNCIL at 3-4 (Dec. 2009), available at <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/legislature-report.pdf>
- ¹⁰ *Id.* at 4.
- ¹¹ *Id.* at 5.
- ¹² *Id.* at 45-63.
- ¹³ *Id.* at 47.
- ¹⁴ *CHW Certification*, MA DEP’T OF PUBLIC HEALTH, <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/prevention-and-wellness/comm-health-wkrs/chw-certification.html> (last visited June 27, 2016).
- ¹⁵ *Id.*; An Act Establishing a Board of Certification of Community Health Workers, Session Law Ch. 322 (2010).
- ¹⁶ MASS. GEN. LAWS ANN. ch. 13, § 106 (West 2016).
- ¹⁷ *Id.*
- ¹⁸ This is not an exhaustive list. See MASS. GEN. LAWS ANN. ch. 13, § 108 (West 2016).
- ¹⁹ MASS. GEN. LAWS ANN. ch. 13, § 108(g) (West 2016).
- ²⁰ *Core Competencies for Community Health Workers*, DEP’T OF PUBLIC HEALTH, DIVISION OF HEALTH PROFESSIONS LICENSURE, MA BD. OF CERTIFICATION OF COMMUNITY HEALTH WORKERS (May 13, 2014), <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/community-health-workers/ma-board-of-certification-of-community-health-workers.html>.
- ²¹ *Id.*

22 *Board Meeting Minutes*, BD. OF CERTIFICATION OF COMMUNITY HEALTH WORKERS (Jan. 14, 2014), available at
23 <http://www.mass.gov/eohhs/docs/dph/quality/boards/past-minutes/chw/agenda-minutes-20140114.pdf>.
24 *Id.*
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Public Health Training Center; 3) Holyoke Community College; 4) Outreach Worker Training Institute; and
5) United Interfaith Action of Southeastern Massachusetts CHW Initiative. See *CHW Training Resources*,
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Id. at 54, 56.
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