EOCCO Community Health Worker Program

Sean Jessup
EOCCO structure

• Ownership
  – Moda Health (29%)
  – GOBHI (29%)
  – Good Shepherd Hospital (10%)
  – Grande Ronde Hospital (10%)
  – St. Alphonsus Hospital (10%)
  – St. Anthony’s Hospital (10%)
  – Eastern Oregon IPA (1%)
  – Yakima Valley Farm Workers (1%)

• 17 Member Governing board

• Community advisory council’s
  – 12 Local Community Advisory Council’s (LCAC’s)
  – 1 Regional Community Advisory Council (RCAC)

• Clinical Advisory Panel (CAP)
CHW program journey

- CCO requirement to integrate traditional health workers
- Successful CHW focused transformation grant in 2014
- EOCCO Board dedicated funding for CHW initiatives in 2015
- Developed a CHW policy and reimbursement program in 2015
- Partnership with OSU College of Public Health and Human Services 2015
- Program modification, growth, lessons learned and results to date
EOCCO CHW policy

- EOCCO will reimburse for CHW services when provided by a State certified CHW and supervised by a contracted provider

- Reimbursement is limited to individual face to face or group visits

- CHW roles are allowed to vary at the discretion of the organization

- CHW’s must be certified by OHA and receive training by an approved training program

- Policy outlines covered/non covered services

- Billing, payment and documentation
  - Claims based billing using specified CPT codes
  - Billing limits
  - Documentation in clinical record

https://www.eocco.com/eocco/~media/eocco/pdfs/chw_policy.pdf
CHW training program

- Initial three year partnership with OSU College of Public Health and Human Services
  - Developed a State certified CHW training program (Spring 2016)
  - Developed and launched continuing education modules (Fall 2017)
    - Poverty and related social determinates of health
    - Mental and behavioral health
    - Management of chronic health conditions
  - Developed CHW leadership certificate (First class Fall 2018)
  - Training had to be primarily on-line
    https://pace.oregonstate.edu/community-health-worker-training-program
Other CHW initiatives

- 2015 and 2016 grant funding for CHW projects

- CHW collaboration/sharing of best practices
  - EOCCO clinician and staff summits

- Group and individual provider training on CHW billing process

- CHW learning collaborative 2017
  - Project ECHO
  - Billing requirements
Lessons learned/discoveries

• A variety of different partners employ CHW’s in our region
  – Primary Care
  – Hospitals
  – Public Health
  – Behavioral Health

• CHW’s perform services in a variety of different locations

• Billing for CHW services was more challenging than we initially expected

• Employers need assistance defining CHW duties and position descriptions

• Employers would like EOCCO to explore paying for other CCO activities
  – Telephonic engagement
Results to date

- **Seven completed entry level CHW training courses**
  - 44 trained CHW’s since 2016
  - Number of employed CHW’s doubled between 2015 and 2016
  - Approximately 100 certified CHW’s in eastern Oregon

- **Continuing education CHW modules**
  - 9 individuals completed

- **CHW billing has increased**
  - 453% increase in provider billings from 2016-2017
  - Average claims per month increased from 21 to 97 between 2016-2017

- **CHW’s are having a positive impact on our members**
  - Would still like to validate a financial ROI
EOCCO Cost & Utilization Report
- Emergency Department -
For Current Period: October 1 2016 - September 30 2017

Emergency Department Summary Indicators

Change in paid PMPM since prior 12 month period:

0.8%

Change in Services/000 since prior 12 month period:

-1.5%

Change in total paid since prior 12 month period:

-2.7%

Emergency Department Services Trend

Emergency Department Statistics

<table>
<thead>
<tr>
<th># of ED Visits</th>
<th># of Members</th>
<th>% of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current</td>
<td>Prior</td>
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<tr>
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<td>33,358</td>
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<tr>
<td>1</td>
<td>8,226</td>
<td>8,437</td>
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<tr>
<td>2</td>
<td>2,839</td>
<td>2,945</td>
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<tr>
<td>3</td>
<td>1,198</td>
<td>1,307</td>
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<td>11-20</td>
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<td>21-30</td>
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<td>9</td>
</tr>
<tr>
<td>31+</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Grand Total</td>
<td>45,887</td>
<td>47,534</td>
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</table>

Average ED Visits by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Current</th>
<th>Prior</th>
<th>% Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>0.74</td>
<td>5.0%</td>
<td></td>
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<tr>
<td>2-4</td>
<td>0.51</td>
<td>8.6%</td>
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<tr>
<td>5-14</td>
<td>0.30</td>
<td>26.6%</td>
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<tr>
<td>15-24</td>
<td>0.53</td>
<td>16.8%</td>
<td></td>
</tr>
<tr>
<td>25-44</td>
<td>0.72</td>
<td>23.0%</td>
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<tr>
<td>45-64</td>
<td>0.66</td>
<td>17.8%</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>0.71</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>0.86</td>
<td>0.8%</td>
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</tr>
</tbody>
</table>

Definitions:
*Services are defined as individual claims
*Visits are defined as unique dates of service by member

Current | Prior
---|---
PMPM | $37.15 | $36.85
Services/000 | 652 | 662
Total Paid | $20,454,937 | $21,018,653
EOCCO Cost & Utilization Report  
- Primary Care -  
For Current Period: October 1 2016 - September 30 2017

Primary Care Summary Indicators

Change in paid PMPM since prior 12 month period:  
32.3%

Change in Services/000 since prior 12 month period:  
16.8%

Change in total paid since prior 12 month period:  
27.7%

Primary Care Services Trend

Primary Care Visits Statistics

<table>
<thead>
<tr>
<th># of Primary Care Visits</th>
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<tbody>
<tr>
<td></td>
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<td>11-15</td>
<td>769</td>
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<td>21-30</td>
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<tr>
<td>31-50</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
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<td>1</td>
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<tbody>
<tr>
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</table>

Average Primary Care Visits by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Current</th>
<th>Prior</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>5.0</td>
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<tr>
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<td>5-14</td>
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<td>1.9</td>
<td></td>
</tr>
<tr>
<td>25-44</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>45-64</td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>3.0</td>
<td></td>
</tr>
</tbody>
</table>

Definitions:  
*Services are defined as individual claim lines on a claim  
*Visits are defined as unique dates of service by member
### Inpatient Non Maternity Summary Indicators

- **Change in paid PMPM since prior 12 month period:** -15.7%
- **Change in Services/000 since prior 12 month period:** -4.2%
- **Change in total paid since prior 12 month period:** -18.6%

### Inpatient Non Maternity Statistics

<table>
<thead>
<tr>
<th>Provider Health System</th>
<th>% of Total Paid</th>
<th>Total Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Alphonsus</td>
<td>17.8%</td>
<td>$4,795,183</td>
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<tr>
<td>Providence Health and Services WA</td>
<td>8.9%</td>
<td>$2,406,989</td>
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<tr>
<td>Good Shepherd Medical Center</td>
<td>9.4%</td>
<td>$2,535,360</td>
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<tr>
<td>OHSU Hospitals and Clinics</td>
<td>14.8%</td>
<td>$3,981,926</td>
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<tr>
<td>Grande Ronde Hospital</td>
<td>8.5%</td>
<td>$2,287,767</td>
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<tr>
<td>St. Anthony Hospital</td>
<td>5.5%</td>
<td>$1,470,117</td>
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<tr>
<td>St Luke's</td>
<td>7.3%</td>
<td>$1,962,178</td>
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<tr>
<td>St. Charles Health System</td>
<td>5.1%</td>
<td>$1,366,475</td>
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<tr>
<td>Kadlec Regional Medical Center</td>
<td>7.2%</td>
<td>$1,934,574</td>
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<td>Wallowa Memorial Hospital</td>
<td>2.4%</td>
<td>$650,990</td>
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<td><strong>Top 10 Total</strong></td>
<td>86.9%</td>
<td>$23,391,558</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td>100.0%</td>
<td>$26,912,054</td>
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### Top 10 Diagnoses for Inpatient Services

1. Diseases of the digestive system: 13.6%
2. Diseases of the respiratory system: 13.1%
3. Diseases of the circulatory system: 11.1%
4. Injury, poisoning and other due to external causes: 10.2%
5. Diseases of musculoskeletal and connective tissue: 9.4%
6. Certain infectious and parasitic diseases: 9.0%
7. Endocrine, nutritional and metabolic diseases: 6.4%
8. Diseases of the genitourinary system: 5.5%
9. Neoplasms: 4.3%
10. Sympt and abnorm clinical and lab findings, NEC: 4.1%

### Definitions:
*Services are defined as individual claims.*
Questions?
Supporting the CHW Role in a Health Care Setting

McKenzie Wilson, MHS
Community Health Programs Manager
Objectives

- Valley Family Health Care
- Evolution of the CHW Role
- Value of the CHW Role
- Lessons Learned
Valley Family Health Care
VFHC Background

- Established 1982 in Payette, ID
- Federally Qualified Health Center
- Medical, pediatric, dental, nutrition, behavioral and community health services
- 14 sites total: 11 service, 3 administrative
- About 200 employees
VFHC Service Area
VFHC Locations

Oregon
Malheur County

- Medical Clinics: Ontario, Nyssa, Vale
- Dental Clinics: Ontario, Nyssa
- Outreach Center: Ontario

Idaho
Payette & Gem Counties

- Medical Clinics: Payette, New Plymouth, Emmett
- Dental Clinic: Payette

51.8 miles
VFHC Outreach Center

- 4 / 5 CHWs
- Serve patients and other community members
- Walk-in & appointments
- Referrals from clinic and community
- Group education classes
  - Teaching Kitchen
VFHC Patient Population

Total Patients

Sex

- Male: 7377
- Female: 5688

*13,065

*does not include peds (~4,000)
## VFHC Patient Population

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
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<tbody>
<tr>
<td>0-4</td>
<td>526</td>
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<td>597</td>
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<td>10-19</td>
<td>1717</td>
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<td>20-29</td>
<td>1627</td>
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<tr>
<td>30-39</td>
<td>1616</td>
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<tr>
<td>40-49</td>
<td>1777</td>
</tr>
<tr>
<td>50-59</td>
<td>1906</td>
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<tr>
<td>60-69</td>
<td>1715</td>
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<tr>
<td>70-79</td>
<td>1077</td>
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<tr>
<td>80+</td>
<td>604</td>
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<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Number</th>
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<tbody>
<tr>
<td>Private</td>
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<tr>
<td>Medicare</td>
<td>1887</td>
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<tr>
<td>Medicaid / CHIP / Other</td>
<td>2969</td>
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<tr>
<td>Uninsured</td>
<td>3056</td>
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</tbody>
</table>
VFHC Patient Population

Race / Ethnicity

- Hispanic /...: 3327
- White: 1164
- American...: 60
- Black /...: 35
- Pacific...: 3
- Asian: 118

Prefer Language Other Than English

- 1,731
Evolution of the CHW Role
Evolution of the CHW Role

La Familia Sana (Promotora de Salud)

Outreach & Enrollment

Community Health Worker
La Familia Sana

- Fairly close to start of organization
- 7 - 8 Promotoras de Salud
- Responsibilities: health education at migrant farmworker camps; resource navigation
La Familia Sana: Funding

- Migrant farmworker grants – farmworker education and health promotion
- Susan G Komen grant - breast cancer awareness and education
Outreach & Enrollment

- Prompted by Affordable Care Act
- 4 – 5 O&E workers
- Responsibilities: health insurance education and enrollment assistance; health education around the community; resource navigation
Outreach & Enrollment: Funding

- HRSA O&E grant
- Idaho PCA monthly payment
Community Health Worker

- Awareness through Community Advisory Council (CAC)

- 3 – 5 CHWs

- Responsibilities: addressing Social Determinants of Health; resource navigation; outreach and enrollment; health education/promotion
Community Health Worker: Funding

- VFHC covered training cost, Northeast Oregon Network (NEON) provided reduced rate
- CHWs integrated into standard role
- Grants, partnerships, service reimbursement
Community Health Worker: Funding

Grants

- Include CHW funding in budget for projects they support
- EOCCO Adolescent Well Care project
- IPCA Virtual Patient-Centered Medical Home
Community Health Worker: Funding

Partnerships

- Training, curriculum, and implementation support
- Building Healthy Families – parenting and safe babysitting classes, car seat safety check events
- Qualis/Area 3 Senior Service Agency – diabetes self-management classes
Community Health Worker: Funding

Service Reimbursement

- **NEON**
  - Pathways Community Hub
  - Payment for outcomes that improve health

- **EOCCO**
  - Have not billed to date – developing program to meet requirements (facility scope, EHR documentation, supervision)
Community Health Worker: Funding

Future Opportunities for Sustainability

- APCM
  - Monthly payment supports non-traditional roles

- Increased NEON & EOCCO billing
  - More direct revenue
Value of the CHW Role
Value of the CHW Role

- Focus on Social Determinants of Health
  - Empathic conversations to inquire about SDH needs
  - Document conversations to communicate with care team

- Trusted community member
  - Patients often tell CHWs things they don’t tell providers
  - Help patients advocate for themselves

- Increased flexibility
  - More time to spend with patients
  - Home visits
Lessons Learned (and still learning!)
Lessons Learned

- Well-defined role description
  - Helps CHWs communicate their role
  - Helps clinic staff understand and differentiate
    - Continuously working on CHW vs Care Coordination

- Continuous training on scope
  - For CHWs and other staff

- Communicate, communicate, communicate!
  - Helps build rapport and trust with clinic staff
THANK YOU!
McKenzie Wilson, MHS
Community Health Programs Manager
mwilson@vfhc.org
(541) 889-6119