Targeted Investments Program

Quality Improvement Collaborative #3

August 8, 2024: 11:30 AM to 1:00 PM

ASU Arizona State University

AHCCCS
Arizona Health Care Cost Containment System

1

Zoom Expectations

At least one representative from each TI organization must have registered and attend the QIC session using that registration link.

Participants will automatically be muted and videos off as they join.

When interested in participating in the discussion, please raise your hand and unmute yourself.

Disclosure

This is a CME activity

Acknowledgment: This CME event is not supported by any commercial entity.

Disclosure: All speakers and members of the planning committee have no relevant financial relationships with a commercial interest to disclose.

Credit Statement: Arizona State University designates this live activity for a maximum of 1.5-credits from the following:

- *AMA PRA Category 1 Credit™ – CME – 1.5 credit hour per session*
- *Nursing Continuing Professional Development – NCPD – 1.5 credit hour per session*
- *Psychology – APA – 1.5 credit hour per session*
- *Social Work – ACE – 1.5 credit hour per session*
- *Interprofessional Continuing Education – IPCE – 1.5 credit hour per session*

*Providers should only claim credit commensurate with the extent of their participation in the activity.

3

Learning Objectives

1. Recognize the benefits of team-based approaches for addressing Health Related Social Needs (HRSNs) compared to individual-led efforts.
2. Understand the roles and responsibilities of various team members, such as physicians, nurses, social workers, community health workers (CHWs) and others.
3. Discuss the importance of collaboration and communication among team members.

Agenda

Time	Topic	Presenter
11:30 AM	Welcome	Matt Martin
11:35 AM	Programmatic Information and Updates	Matt Martin
11:45 AM	Community Health Workers	Mindy McEntee
12:20 PM	Peer Presentation	Tiffany Zenk, Meghan Perez, Alana Ngyuen from Terros
12:55 PM	Closing	Matt Martin

Programmatic Information & Updates

Matt Martin

Arizona State University

AHCCCS Office Hours Schedule

- **TI 2.0 General Office Hours:** August 12, 2024 | 11am ([Register](#))

- **AHCCCS TI 2.0- General NCQA Office Hours Monthly:** August 14, 2024 | 12pm ([NCQA HEA Only - Register](#))

- **TI 2.0 General Office Hours:** August 26, 2024 | 11am ([Register](#))

- **NCQA-Led AHCCCS Office Hours:** August 28, 2024 | 12pm ([NCQA HEA Only - Meeting Link](#))

- **AHCCCS TI 2.0- General NCQA Office Hours Monthly:** September 11, 2024 | 12pm ([NCQA HEA Only - Register](#))

TI Online Project

- Lessons Learned from Project Charter & Process Map
  - Extremely detailed and organized submissions
- Common Areas for Improvement
  - Clearly indicating the related TI 2.0 process milestone
  - Indicating specific, actionable, and measurable metrics
  - Process map formatting
- Feedback Survey
  - Available on Canvas

- **Remaining TI Online Project A Deliverables Due:**
  - Root Cause Analysis: September 30, 2024
  - PDSA Cycle: September 30, 2024

TI Year 3 Schedule
Quality Improvement Collaborative

TI Year	QIC #	Date	TI Year 3			
			Q4	Q1	Q2	Q3
Year 3	QIC 1	November 7 2024	■			
	QIC 2	February 6 2025		■		
	QIC 3	May 8 2025			■	
	QIC 4	August 7 2025				■

TI Year 3 Schedule
TI Online Projects

Project #	Deliverable	Date	TI Year 3			
			Q4	Q1	Q2	Q3
Project B	Project Charter	December 31 2024	███			
	Project Map	December 31 2024	███			
	Root Cause Analysis	March 31 2025		███		
	PDSA Cycle	March 31 2025		███		
Project C	Project Charter	June 30 2025			███	
	Project Map	June 30 2025			███	
	Root Cause Analysis	September 30 2025				███
	PDSA Cycle	September 30 2025				███

Subject Matter Expert on Community Health Workers

Mindy McEntee, PhD

Arizona State University

Learning Objectives

1) Explain why CHWs/CHRs are well positioned to address health disparities throughout AZ

2) Describe the ASU CHW Training Program and its efforts to expand the CHW workforce

3) Examine ongoing barriers to CHW sustainability

CHW Role and Importance

The Spectrum of Community Health Worker Service
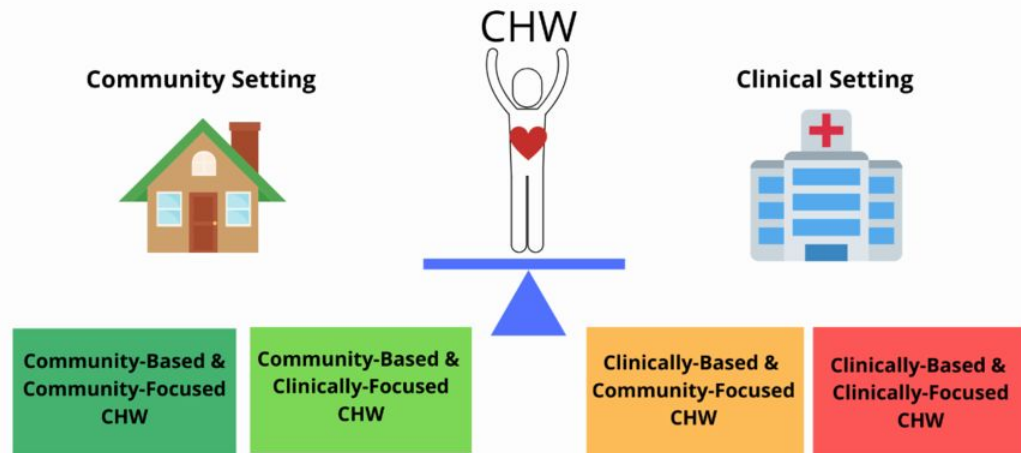
- Build individual and community capacity
- Advocate for individual and community needs
- Help clients navigate healthcare and community services/systems
- Address barriers that block access to care
- Promote wellness by providing culturally appropriate health information
- Educate and empower clients

Why CHWs?

- Lived experience reflects community values and culture
- Peer-to-peer relationships easier to build rapport and trust
- Relationships as foundation of care → well positioned liaisons
- Strengths-based approach to problem-solving
- ROI demonstrated worldwide and for multiple conditions
    - Not panacea, but investment to improving health outcomes

The ASU Community Health Worker
Training Program

ASU CHW-TP

- $3M HRSA grant 9/2022 - 9/2025

- 200 learners over 4 cohorts
  - At least 75% new to field
  - Stipends up to $15,000

- Eligible for voluntary CHW certification with ADHS at completion

Program Goals:

Increase # of CHWs & Health Support Workers

Build Trust with Communities

Strengthen the Public Health Workforce & Achieve Health Equity

ASU CHW-TP

- Online curriculum to build core competencies
  - Small groups, guest speakers, group assignments, Slack

- Specialized OTJ training via placement with community partner

Registered Apprenticeship
2,000 hours
Paid, Full Time
$7,500 stipend

OR

Internship
480 hours
Paid/Unpaid
PT or FT
No stipend

ASU CHW-TP Curriculum

- Targets AzCHOW's 10 CHW Core Competencies
- 13 topics areas (culminates with final CHW badge)

Community Partners

We welcome new additions! chwtp@asu.edu

NATIVE HEALTH

Arizona Breastfeeding Medicine & Wellness

Support Birth

INTERNATIONAL RESCUE COMMITTEE

CREIGHTON COMMUNITY FOUNDATION

Terros HEALTH

BENSON HOSPITAL
TMC HealthCare

ROOTED DOULA COLLECTIVE

Ventanilla de Salud

the Y YMCA

Associated Retina Consultants

Unlimited Potential

Hushabye Nursery

EQUALITY HEALTH

balance Midwifery & Women's Health

AGAPE Blooming MIDWIFERY

Canyonlands Healthcare

SCFA Sickle Cell Foundation of Arizona

Interim HEALTHCARE®

advance PARTNERING FOR HEALTHY COMMUNITIES

Barriers to CHW workforce expansion & sustainability

ADHS Voluntary CHW Certification

- Promotes standardization of training
- Eligible for Medicaid reimbursement
- Multiple pathways
- No qualifying exam required

- $300 fee
- Required documentation
- Additional processes for CBOs
- Limited services/billing codes eligible
- No reciprocity with related certifications

- Limited funding
- Policy & regulatory requirements / limitations
- Lack of standardization
  - Poorly defined roles/scope
  - Unclear career pathways
  - Unclear expectations → exploitation
- Lack of integration
- Evidence based practice vs. practice-based evidence *(resistance to change)*
- Training/education *(career progression)*
- Lack of leadership recognition/support
- Work/life balance → Burnout, turnover
- Logistics
  - time, cost, transportation, service coordination, supervision, communication, QI

Systemic-Level Barriers

Community-Level Barriers

Individual-Level Barriers

How the ASU CHW Training Program is addressing these challenges:

- Funds allocated for learners, community partners, & apprentice mentors
- Leveraging strengths:
  - Experience & expertise
  - Existing infrastructure
  - Flexibility
  - Community connections

Key Considerations

- CHW self-fulfillment insufficient for sustainability of field
- Cost savings do not trickle down to CHWs
- Reimbursement processes need refining - unclear who is currently receiving reimbursement
- Applying apprenticeship model to healthcare/CHWs requires further modifications
- Need for coordinated response planning to unintended consequences (CHW vs. BHT/PRSS)
- Systemic problems require structural solutions (not targeting just the CHWs)

Systemic problems require **Structural** solutions

Systems:
- CHW involvement in high-level policy & planning
- Adequate CHW compensation & benefits
- Mainstream training on culturally competent practice
- Joint investments across community & health systems to address SDOH

Programs:
- Prioritize removal of barriers to training; build into programs where appropriate
- Increase CHW services where health systems & transportation infrastructure are weakest; ensure CHWs have sufficient resources to not incur personal costs
- Build in support for clients following up on referrals (subsidized transport, etc)

Implementation:
- Promote effective partnerships at multiple levels
- Ensure CHWs have sufficient resources, training, & institutional support
- Provide ongoing training & mentoring
- Utilize continuous QI cycles to ensure fit to local context & integrate feedback

Ahmed, S., Chase, L. E., Wagnild, J., Akhter, N., Sturridge, S., Clarke, A., ... & Hampshire, K. (2022). Community health workers and health equity in low-and middle-income countries: systematic review and recommendations for policy and practice. *International Journal for Equity in Health*, *21*(1), 49.
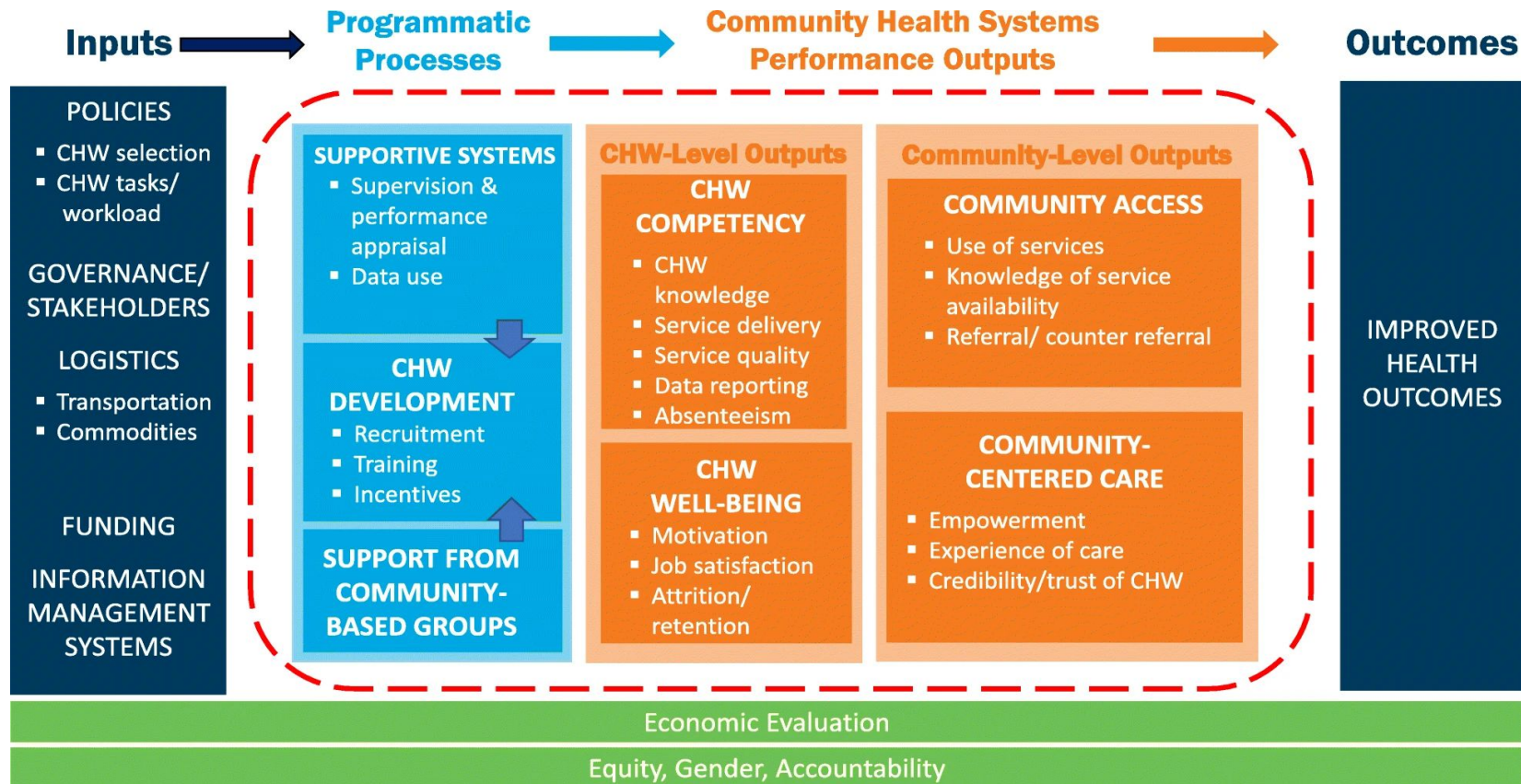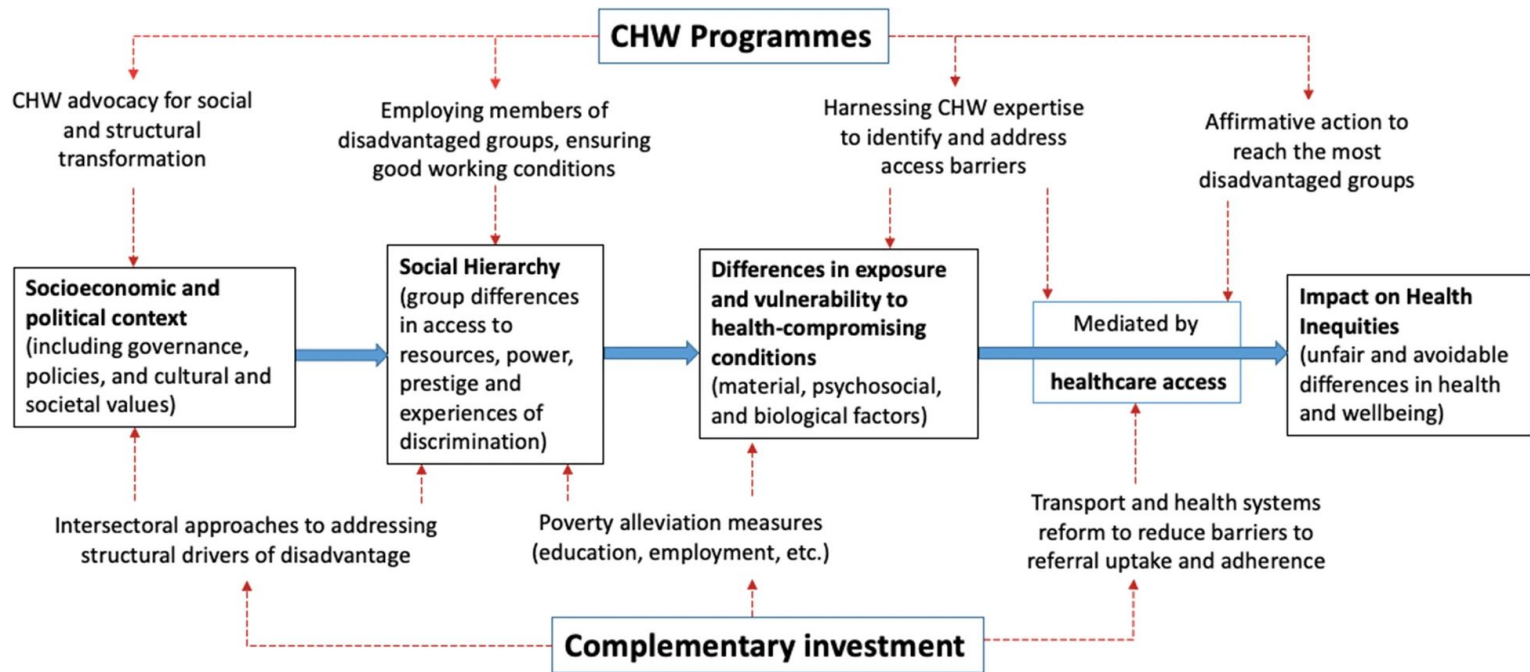
More Resources for Promoting Sustainability

WHO Community Health Worker Guideline Recommendations Using Lifecycle Approach

BUILDING

HEALTH FOR ALL

High-performing health system that is accessible, accountable, affordable and reliable

COMMUNITY HEALTH NEEDS INFORM NEW SKILLS | ENHANCED SCOPE

CHW Retained

6 Supported through routine supervision, mentoring and performance feedback

9 Career path opportunities

CHW Contracted

7 Adequate remuneration

8 Formal agreement

CHW Certified

5 Formal, competency-based certification

CHW Trained

2 Content builds on responsibilities and baseline knowledge, and promotes quality services

3 Competency-based curriculum includes service package, health system links, interpersonal skills

4 Training is practical, blended and close to community

CHW Selected

1 Based on educational level, gender equity, motivation, community membership and trust

MANAGING

OPTIMIZING

CHW Integrated in Health System

10 Appropriate workload and population size

11 Data generation and use, including mHealth

12 CHW tasks integrated in primary health care

13 Community engagement to use and inform services

14 Community health resource mobilization and solutions

15 Contributions to "last-mile" supply chain management

EDUCATION/HEALTH SECTOR

COMMUNITY HEALTH LABOR MARKET

September 2019. Source: USAID/HRH2030 2019 and WHO 2018. Adapted from Sousa et al. 2013.

CHW POLICY IMPLEMENTATION ENABLERS: Tailoring CHW policy options to context | Considering CHW rights & perspectives | Embedding CHW program in health system | Investing in CHW programs

Agarwal, S., Sripad, P., Johnson, C., Kirk, K., Bellows, B., Ana, J., ... & Warren, C. E. (2019). A conceptual framework for measuring community health workforce performance within primary health care systems. *Human resources for health*, *17*(1), 1-20.

CHW Programmes

CHW advocacy for social and structural transformation

Employing members of disadvantaged groups, ensuring good working conditions

Harnessing CHW expertise to identify and address access barriers

Affirmative action to reach the most disadvantaged groups

Socioeconomic and political context (including governance, policies, and cultural and societal values)

Social Hierarchy (group differences in access to resources, power, prestige and experiences of discrimination)

Differences in exposure and vulnerability to health-compromising conditions (material, psychosocial, and biological factors)

Mediated by **healthcare access**

Impact on Health Inequities (unfair and avoidable differences in health and wellbeing)

Intersectoral approaches to addressing structural drivers of disadvantage

Poverty alleviation measures (education, employment, etc.)

Transport and health systems reform to reduce barriers to referral uptake and adherence
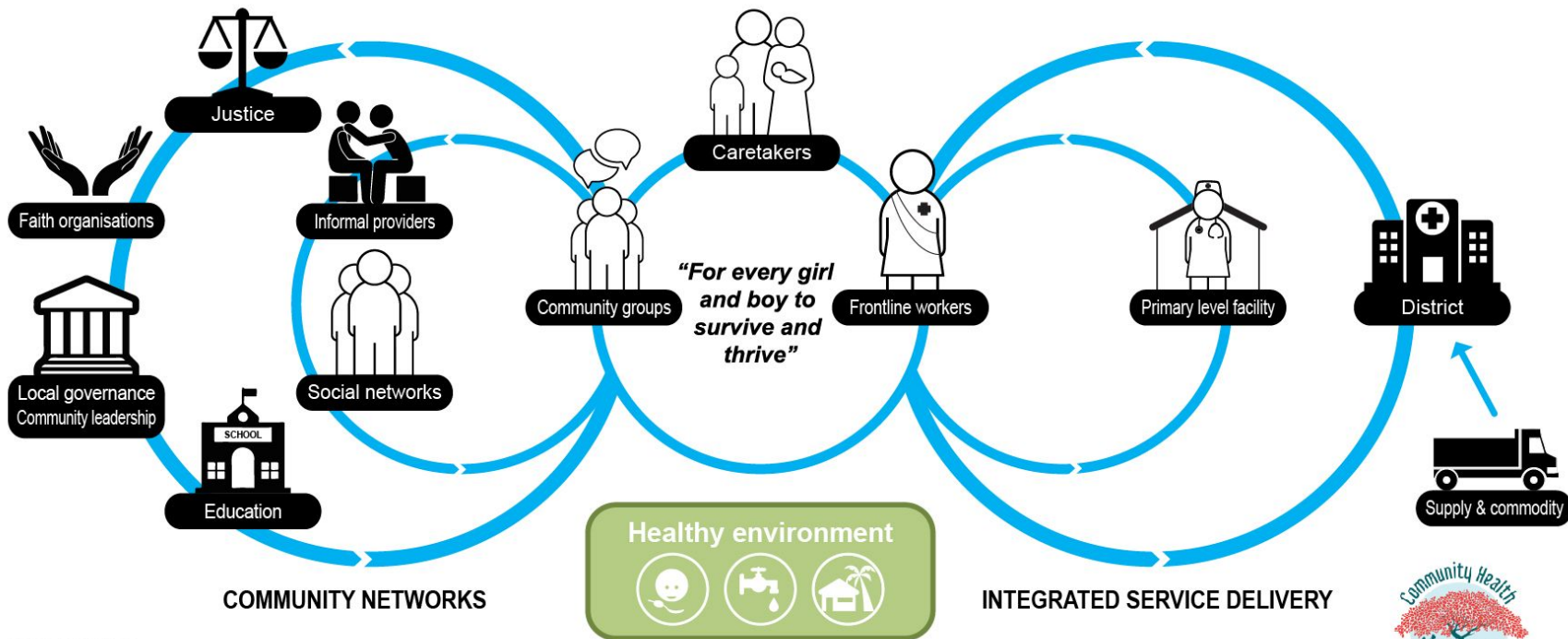
Complementary investment

Solid boxes and lines represent processes in the emergence of health inequities; these have been adapted and simplified from the WHO's Conceptual Framework for Action on the Social Determinants of Health. Dotted lines represent pathways through which CHW programmes can influence these processes, reducing health inequities and contributing to the promotion of health equity. This conceptualization recognizes that CHW programmes can go beyond bridging healthcare access gaps to address some of the root causes of inequity.

Ahmed, S., Chase, L. E., Wagnild, J., Akhter, N., Sturridge, S., Clarke, A., ... & Hampshire, K. (2022). Community health workers and health equity in low-and middle-income countries: systematic review and recommendations for policy and practice. *International Journal for Equity in Health*, *21*(1), 49.

Community Health system for Survival, Healthy Growth and Development
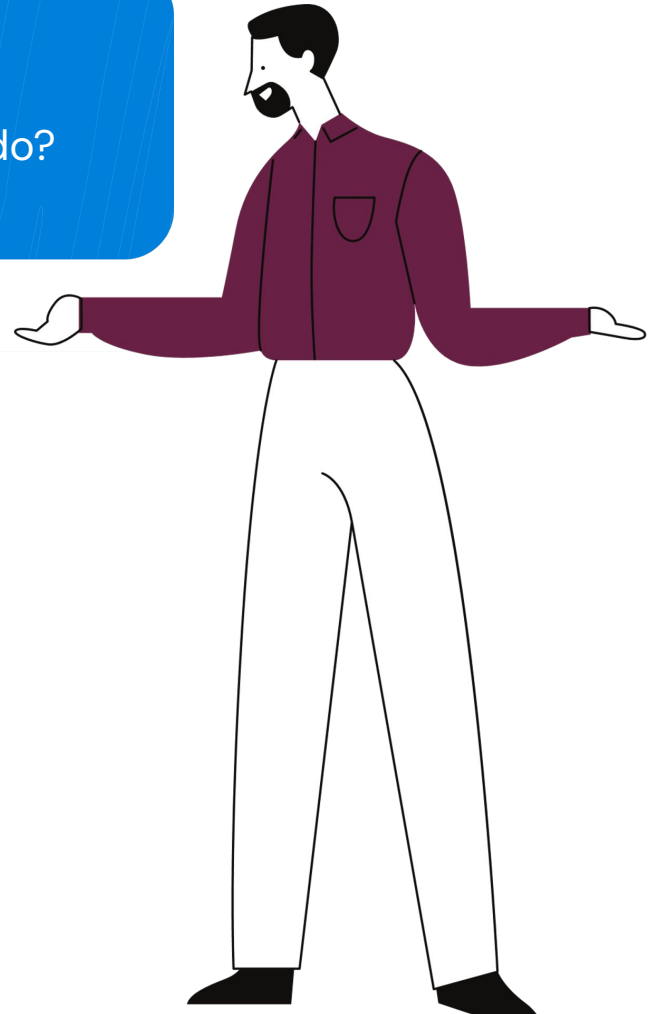
ENABLING POLICIES & ENVIRONMENT

Equitable financing • Payment mechanisms • Social accountability • Human resources • Coordination and supervision • Governance
Pharmaceutical • Quality of care • Private sector • HMIS • Civil society • Gender • Food and nutrition security • Media and new technologies

Justice

Caretakers
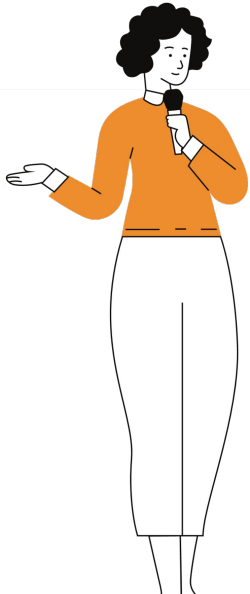
Faith organisations

Informal providers

Community groups

"For every girl and boy to survive and thrive"

Frontline workers

Primary level facility

District

Local governance Community leadership

Social networks

Education

Supply & commodity

COMMUNITY NETWORKS

Healthy environment

INTEGRATED SERVICE DELIVERY

Inspired by

unicef

Community Health
Community of Practice

Revised by the CH-CoP

Peer Presentation

Tiffany Zenk, Meghan Perez, Alana Ngyuen

Terros

How they work...

A Peer Utilizes their lived experience to impact Patient Care.

There is hope and possibilities implicitly shared in an "I get it" story, and frame of mind.

- Social Support Integration for Health Outcomes
- Integrating Empathy and Customer Service
- Recognizing Needs including SDOH Impacts
- Trauma Informed & Trauma Responsive

Utilization of Peer Support and Social support services are systemically being looked at as a sustainable response for hospital utilization, homelessness rates, patient engagement initiatives, self-advocacy and skill building, as well as client choice.

Tell Me More...

Over 130 Employees Certified as Professionals with Lived Experience

Many Positions Utilizing Lived Experience Certification

- Peer Health and Wellness Coach
- Peer Recovery Support Specialist
- Peer Support Specialist
- Recovery Coach
- Recovery Coach Supervisor
- Family Mentor
- Crisis Peer Response

Lived Experience is Well Integrated at Terros Health
- Billing
- Front Office Support
- Executive Leadership
- Program Development
- Learning and Development
- Medical Providers

Our Goal is to be the Provider our Employees, Patients, Stakeholders and Community Would Recommend to Their Family... Which leads to full integration of lived experience...

Stapley Success

Terros Health Stapley Clinic

and Javelina added positions

to integrated team
- Forensic Peer Support
- MAT Case Management
- Engagement Specialist
- CHW

How they help meet clients needs????

- Recognize, empathize, listen and Advocate
- Inspire hope through changes they make
- Meet patients where they are at
- Speak their language and provide help in a way that supports patient feeling safe

What Does A Forensic Peer Support Do?

- Supports people during their involvement in the Criminal Justice System
- Promotes Recovery Principles including self-advocacy, social support integration,
- Advocate for recipients of behavioral healthcare when they are unable to advocate for themselves
- Educate stakeholders in Criminal Justice System about Mental health Recovery
- Inspires hope

BTG Reentry Team

Terros BTG Reentry Team strives to address the unique needs of the justice involved population and empower individuals to achieve their full potential.

Provides Services Prior to and Post Release

Assists with an Extensive Range of Resources

Housing	IDs
Employment	Clothing
Narcan	And so much more....

Terros Health works closely with Probation Officers to reach as many individuals as possible in the most effective and efficient manner, in an effort to facilitate a successful reentry process that promotes healing, growth, and positive change, while reducing recidivism and promoting community safety.

Peer Pilot Success

Peer & Social Support Impact on SDOH

Aligned with BRSS Tacs & Alliance of Recovery – Framework for Peer Utilization and measuring the impact for Patient outcomes

Connected with Patient Advisory Council

- Interests in Groups
- Timing
- Topics
- Opportunities & Requests

What Supports They Want

How They Want Them

- Compiled Requests & Recommendations
- Built 25hr/Wk Peer Groups
  - Creative Healing
  - Skill Builders
  - And Many Many More....
- Strategized Engagement Based on Need....

Zero Dollar Budget

- Increased Engagement
- Increased Group Participation
- Increased Peer Service Utilization
- Tracking Outcomes

Questions?
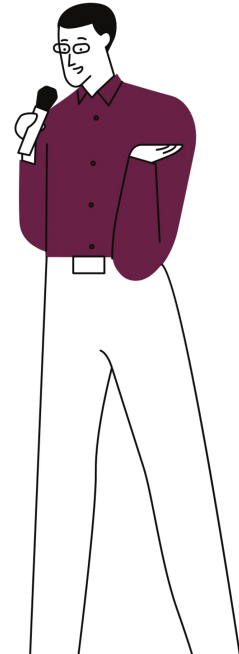
Discussion

All

Closing & Next Steps

Matt Martin

Arizona State University

Next Steps

- Remaining TI Online Project Deliverables Due:
  - Root Cause Analysis: September 30, 2024
  - PDSA Cycle: September 30, 2024
- Continuing Education Units (CEUs)
  - The post-event CEU evaluation survey will appear in your browser once the meeting ends.
  - In order to secure CEUs you must complete this survey.
  - If you are unable to find the survey, please look for the post-QIC follow-up email and/or email TIPQIC@asu.edu.
- Feedback Survey
  - A TI Online Project feedback survey is posted to Canvas and will also be distributed in the post-QIC follow-up email

Thank You!

Please email TIPQIC@asu.edu if any questions