

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #19 (Conducted Virtually)

June 14, 2022, 4:00 PM ET

Attendees:

Name	Organization
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children’s Clinic – New Bern, Coastal Children’s
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians
Anna Boone (for Gregory Adams, MD)	Member of CCPN Board of Managers Community Care Physician Network (CCPN)
Jennifer Houlihan, MSP, MA	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist
Amy Russell, MD	Medical Director Mission Health Partners
Joy Key, MBA	Director of Provider Services Emtiro Health
George Cheely, MD, MBA	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina
Michelle Bucknor, MD, MBA	Chief Medical Officer UnitedHealthcare of North Carolina, Inc.
Eugenie Komives, MD	Chief Medical Officer WellCare of North Carolina, Inc.
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member
Chris Weathington, MHA	Director of Practice Support, AHEC
Jennifer Wehe-Davis	Regional Vice President, Community Care of North Carolina
Elizabeth Hudgens, MPP	Executive Director, NC Pediatric Society
Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD
NCDHHS Staff and Speakers	Title
Kelly Crosbie, MSW, LCSW	Chief Quality Officer

Leonard Croom	Quality Measure Evaluator Lead – Program Evaluation
Jaimica Wilkins	Deputy Director of Quality and Population Health
Eumeka Dudley	Tailored Care Management Program Manager
Chelsea Gailey	Quality Measure Evaluator Lead – Program Evaluation
Matt Gawthrop	Healthy Opportunities Evaluator

Agenda

- Welcome and Roll Call
- Preview DSC Focus Areas
- Community Health Worker Integration into NC Medicaid Managed Care: Discussion on CHWs' Critical Role in Advancing Health
- Wrap-Up and Next Steps

Preview DSC Focus Areas

Key Takeaways

- The next AMH TAG Data Subcommittee meeting will be on Friday, 6/17/22. During this upcoming subcommittee meeting, the Department will review issues, causes, and potential solutions for three data issues: (1) Beneficiary Assignment, (2) CIN-AMH relationship tracking, and (3) the Patient Risk List.

Notes

- The Department has observed the following issues with each data topic:
 - Beneficiary Assignment: PHPs and AMHs/CINs report issues with respect to accuracy, timing and completeness.
 - CIN-AMH Relationship Tracking: PHPs' understanding of CIN-AMH assignment is not always reflective of the latest CIN-AMH contracting, which may have downstream effects on the Beneficiary Assignment and Patient Risk List files.
 - Patient Risk List: PHPs and AMH/CINs have reported issues with data format and completeness as well as interpretation of risk level categories.
- The Department is working to identify root causes to the Beneficiary Assignment and Patient Risk List issues. For the CIN-AMH Relationship Tracking topic, the Department has identified and is working to develop an issue solution.

Community Health Worker Integration into NC Medicaid Managed Care: Discussion on CHWs' Critical Role in Advancing Health

Key Takeaways

- The Department presented an overview of Community Health Workers (CHWs) and their important role in promoting positive health outcomes among members of the communities that they serve.

- The Department requested feedback from AMH TAG members on the role of CHWs in Medicaid to inform forthcoming resources and guidance on the Department’s strategy to further integrate CHWs into NC Medicaid. Specifically, the Department discussed the following areas:
 - How AMH TAG members are leveraging CHWs today,
 - Ideas for expanded utilization of CHWs,
 - How CHWs can maintain their core strengths and local connections as part of the AMH program, and
 - Barriers to further adoption of CHWs.

Notes

- *How CHWs Are Used Today*
 - CHWs connect members to community-based resources and are embedded within care management structures and Medicaid practices.
 - CHWs increasingly work to support pharmacists by screening for social needs and connecting high-risk members to referrals to address social drivers of health.
 - CHWs also work with women of child-bearing age who have a substance use disorder to discuss family planning and connect them to treatment with the goal of improving birth outcomes.
 - A TAG member has partnered with a local community college to develop a CHW training curriculum.
 - TAG members suggested encouraging high school seniors to pursue CHW training courses to gain career experience and gain exposure to the healthcare system, as well as potentially offering free or reduced cost community college courses to invest in building the CHW workforce.
 - Another TAG member has several CHW pilots ongoing that focus on counties and practices with high health disparities. CHWs are based in practices but also go out into the field to engage members in the community.
 - A TAG member also has experience with CHWs who help set up remote member monitoring and mobile integrated health platforms.
- *Ideas for Expanded Utilization of CHWs*
 - CHWs could be used in hybrid care models, such as doulas with CHW training to support women during prenatal and postpartum periods.
 - CHWs could also be the person who connects with members directly in their home or other community setting while the rest of the care team participates virtually to assist the member (e.g., pharmacist available via teleconference to assist with medication management).
 - CHWs can be the lead ambassadors to community-based organizations to promote connections to social supports.
 - The Department views CHWs as ambassadors for the Medicaid program, both for residents who are not enrolled in Medicaid and members who do not engage or underutilize their Medicaid benefits.
 - CHWs can present members with financial resources on Medicaid eligibility and explain what coverage an individual may qualify for to help them understand the benefits available to them.

- CHWs can assist with identifying pregnant women to encourage Medicaid enrollment and earlier access to prenatal visits.
 - CHWs can also assess low or medium-risk members to identify barriers and gaps before their acuity/level-of-care needs rise.
- *Maintaining CHW Core Strengths and Local Connections*
 - TAG members emphasized the need for CHWs to be based in the community to break down barriers to engagement.
 - Organizations should hire CHWs who represent the communities they serve, particularly related to urban vs. rural areas, language, and culture.
 - CHWs should assist with health-related resources (e.g., nutrition and transportation) and other health strategies to free up care managers and other care team members to address more complex medical issues.
- *Barriers to Further Adoption of CHWs*
 - Direct contracting relationships with CHWs present challenges regarding shared communication platforms, securing the necessary legal agreements, and navigating payments for services.
 - An AMH TAG member suggested revisiting the care manager requirement to be a registered nurse (RN) or licensed clinical social worker (LCSW) to allow CHWs to be care managers for lower-acuity members.

Wrap-Up and Next Steps

- The next AMH TAG meeting will be Tuesday, July 12, 2022, 4:00-5:00 PM.
- AMH TAG Members are encouraged to send any additional feedback or suggestions regarding the CHW topic with leonard.a.croom@dhhs.nc.gov and for future AMH TAG meetings with loul.alvarez@dhhs.nc.gov and lauren.burroughs@dhhs.nc.gov
- The meeting adjourned shortly after 5:00 pm.