

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #26 (Conducted Virtually)

March 14, 2023, 4:00 PM ET

Attendees:

Name	Organization
Amy Russell, MD	Medical Director Mission Health Partners
Gregory Adams, MD	Member of CCPN Board of Managers Community Care Physician Network (CCPN)
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's
Carol Stanley, MS, CPHQ	Medicaid Transformation Manager NC AHEC
Jennifer Houlihan, MSP, MA	Associate Vice President Value-Based Care Operations Atrium Health Wake Forest Baptist
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians
Kristen Dubay, MPP	Director Carolina Medical Home Network
Eugenie Komives, MD, and Zach Mathew	WellCare of North Carolina, Inc.
Jennifer Frazer (for George Cheely, MD, MBA)	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.
Jason Foltz, DO (absent)	Medical Director, ECU Physicians MCAC Quality Committee Member
Joy Key, MBA	Director of Provider Services Emtiro Health
Mary Gallupi, BA	Associate Director C&S Healthplan
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina
Rick Bunio, MD	Executive Clinical Director, Cherokee Indian Hospital
Robert Rich, MD, and Atha Gurganus, MPH CPHQ	United

Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office
Zach Mathew	Wellcare of North Carolina
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.
Keith McCoy, MD (absent)	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD
NCDHHS Staff and Speakers	Title
Leonard Croom	Program Lead
Shannon Dowler, MD, FAAFP, CPE	Chief Medical Officer

Agenda

- Welcome and Roll Call
- NC Medicaid’s Community Health Worker (CHW) Strategy
- Wrap Up and Future Meeting Topics

NC Medicaid’s CHW Strategy

- The Department provided an overview of its intended strategy for leveraging the growing number of community health workers (CHWs) in North Carolina to achieve the goals of Medicaid transformation, including supporting local capacity to overcome persistent health inequities by empowering and deploying CHWs and other care extenders to improve population health and support equitable health outcomes.
- The [document](#) released on February 17 outlines the Department’s vision to further integrate CHWs into Medicaid managed care.
- The Department’s goals for its CHW effort in NC Medicaid are to:
 - Further integrate CHWs as trusted care team members to engage members,
 - Promote health equity,
 - Help facilitate access to high-quality care and close gaps in care,
 - Align with the broader CHW workforce infrastructure under development in North Carolina, and
 - Support local, community-based deployment.
- The Department reviewed the following components of the CHW strategy and sought feedback from TAG members on each component:
 - Deploying CHWs to reach specific communities and target populations
 - Supporting efforts to ensure CHWs are local to the communities they serve
 - Providing health plans with flexibility to use CHW services to improve health outcomes for select target populations

- Testing a model that considers employment and contracting of CHWs at a ratio of CHWs to health plan members
- Requiring minimum training and development for CHWs who support NC Medicaid members via this strategy
- Developing bi-directional feedback and monitoring processes
- The Department encouraged health plans, providers, community-based organizations (CBOs), and other entities exploring or already leveraging CHWs to pursue components of this proposed strategy now to advance community-centered, equitable care for Medicaid members.
- Certain components of the strategy are already supported through existing funding, whereas other components are contingent upon additional funding appropriations.

Discussion

Deploying CHWs to Reach Specific Communities and Target Populations

- A TAG member saw significant benefits when using CHWs for engagement and outreach to the community – especially in rural areas – acknowledging that the approach for deploying CHWs may look different in rural vs. urban environments.
- Another TAG member has observed firsthand the benefits of using CHWs in provider settings to accompany patients to visits, explain provider recommendations, break down language barriers, and address misconceptions that patients may have.
- TAG members noted the benefits of CHWs who speak different languages, especially in connecting with patients at the point of care or soon after the patient has a care appointment. CHWs’ language proficiency is invaluable to promoting access to care for non-English speaking communities.
- Several TAG members noted that maternal populations are underserved in addressing upstream risks (e.g., accessing proper nutrition for their infants) and that CHWs could provide education to reduce these risks.
- A TAG member viewed CHWs as crucial to reach patients to bring them into primary care practices. TAG members requested the Department analyze how to measure member engagement gaps and which metrics CHWs could help drive improvements against.
- TAG members suggested that medically fragile patients (e.g., those with sickle cell disease), members eligible for Tailored Care Management, and patients with mental health needs that utilize care at a high rate be added as additional target populations for the CHW strategy.
- TAG members encouraged the participation of Medicaid members and CHWs themselves in determining where to deploy CHWs in service to the strategy.

Supporting Efforts to Ensure CHWs Are Local to the Communities They Serve

- A TAG member who employs CHWs in their practice now stated that their CHWs largely meet the proposed criteria. In addition to the proposed criteria, the CHWs also work with different faith-based organizations and are the lead points of contact with CBOs.
- A TAG member currently uses CHWs in the communities where they were born and raised, though the TAG member noted that recruitment can be challenging. The TAG member asked the Department to develop suggested recruitment questions for providers so that stakeholders

could potentially take a more standardized approach to identifying a CHW's lived and shared experiences, training, and other skills to ensure CHWs reflect the communities they serve.

- The Department noted that the North Carolina Community Health Worker Association (NC CHWA) can be a resource to address recruitment issues due to their connections with CHWs throughout the state.

Providing Health Plans with Flexibility to Use CHW Services to Improve Health Outcomes for Select Target Populations

- TAG members agreed that the proposed activities in the strategy support AMH practices.
- TAG members agreed that CHWs would be ideal for screening for social drivers of health, navigating community resources, and connecting members to care management.
- Several TAG members employ a hybrid model in working with CHWs. In some instances, CHWs work out in the community and others are embedded in provider practices. CHWs are an essential part of the care team, and clinicians, pharmacists, and RNs work closely with them. CHWs also build relationships with Local Health Departments and CBOs and have provided training and support with using various tools (e.g., Unite Us "Find Help").
- TAG members suggested that CHWs could be effective at connecting members to care after an admission to a hospital or emergency department to prevent readmission and at increasing awareness of value-added services and other Standard Plan benefits available to members.
- Another TAG member noted that access to care for independent providers is a challenge and suggested that CHWs could help onboard new patients to assist with the necessary paperwork and provide member-centric care. The TAG member described the administrative burden for independent practices when patients join a new health plan or switch between health plans, and requested the Department work to streamline these processes.

Testing a Model That Considers Employment and Contracting of CHWs at a Ratio of CHWs to Health Plan Members

- AMH TAG members discussed the potential administrative challenges and complexity with providers and CBOs blending funding from multiple plans to fund the hiring of CHWs to serve their members, including training and documentation requirements that may vary by plan and how independent practices, in particular, may be overburdened by administratively managing the different requirements.
- Generally, the TAG members suggested looking for opportunities for standardization and documenting clear process expectations for providers and CBOs in an effort to streamline processes.
- Another TAG member encouraged Standard Plans to consider how Clinically Integrated Networks (CINs) could support continuity of operations and established plan relationships. CHWs could also be utilized for AMH Tier 1 and 2 practices as an additional resource for these providers.

Requiring Minimum Training and Development for CHWs Who Support NC Medicaid Members Via This Strategy

- A TAG member asked the Department to consider minimum training standards for Standard Plans, CBOs, and providers that include cultural competency in working with CHWs.

Wrap-Up and Next Steps

- Stakeholders were encouraged to submit feedback on the [CHW strategy guidance paper](#) by email.
- Lastly, the Department announced that it will be releasing updated information about the assumptions underlying the care management component of capitation payments to Standard Plans.
 - By providing additional information on the assumptions the Department used to develop the care management component of capitation payments, Standard Plans and AMH Tier 3 practices will be better positioned to enter into care management contracts that enable all parties to meet the Department's expectations in the execution of care management responsibilities and achievement of improved health outcomes.
 - Details on the current care management rate assumptions are available in [Programmatic Guidance on Care Management Component of PHP Capitation Rates](#).
 - Additional information is available on the [NC Medicaid Advanced Medical Home webpage](#).
- The next AMH TAG meeting will be on Tuesday, April 11th from 4:00-5:00 PM. The agenda for the meeting will be forthcoming.
- The meeting adjourned shortly after 5:00 pm.