

November 26, 2013

Office of the Healthcare Advocate, Hartford, CT
Attention: Victoria Veltri, Healthcare Advocate

Re: Connecticut State Innovation Plan Comments

Dear Ms. Veltri,

Thank you for the opportunity to comment on the draft CT Healthcare Innovation Plan. The report represents an impressive level of effort, expertise and input from diverse stakeholders. CT is to be commended for securing the grant funds to enable this process and for being on the vanguard of health care reform.

My comments on the Plan focus primarily on a specific area of concern relative to the aim of eliminating disparities and advancing equity in our health care system, namely the important role of community health workers (CHWs) in achieving health equity both for patient populations within the medical care system and in terms of broader population health improvements in communities and groups with disparate health outcomes. CHWs figure large in all of the primary drivers noted in the Plan as essential to transforming the CT health care system and improving overall community health. Yet the discussion of the role of CHWs and the critical issue of securing sustained revenue to support and institutionalize this vital sector of the public health workforce is limited and warrants greater specificity regarding implementation strategies to advance CHW workforce development, and related issues around financing, certification and training.

“Promotion of Health Equity and Elimination of Disparities for all CT Residents, formation of an Equity and Access Council, Consumer Empowerment, and Community Health Improvement” are prominently and aptly noted as distinctive features of the Plan. Moreover, the Plan proposes bold new constructs to achieve targeted community health improvement through the creation of Health Enhancement Communities and Certified Community Based Practice Support Entities. CHWs are pivotal to all of these elements of the Plan, e.g., the Plan specifically states that Certified Entities must have “a unique understanding of the community and population served and be able to deliver high quality, culturally and linguistically appropriate services”; the 3 topical health foci of the Certified Entities, diabetes prevention, asthma home assessment and falls prevention, fall squarely within the domain of CHW expertise and proven efficacy; and CHWs can help overcome several of the barriers identified by CT health consumers, particularly barriers to engagement and issues with fragmentation of care that are exacerbated for persons of color who experience health inequities and SES disparities.

There are many more examples. Indeed, one could create an overlay of the entire Plan mapping the numerous proposed initiatives within and outside traditional health care entities, systems changes, and envisioned outcomes that would benefit from if not hinge on a more robust and sustained engagement of the unique attributes and skills of CHWs. In summary, while the Plan does recognize and acknowledge the essential role of CHWs, in places, and proposes advances in CHW workforce development including certification and training initiatives, it could be more explicit around how this will occur with some embellishment on the role of all stakeholders, particularly current CHWs, employers of CHWs, and those who would be involved in developing certification and training standards and revenue enhancements.

There is a statewide CHW Task Force facilitated by CT AHECs that a number of us in academic institutions and health/human service agencies have been involved with for nearly two years. The initiative encompasses CHWs who work within the health care system, in community health centers and other traditional health care entities as well as CHWs that work in a variety of other settings doing outreach related to substance misuse, HIV/AIDS, maternal and child health, housing etc. The Task Force spawned 3 workgroups: Definition and Scope, Training, and the Business Case, that have generated several tangible products. It will be important for the developers of the CT Plan to continue to collaborate with this Task Force to coordinate and expedite progress on the CHW front.

An issue of foremost concern to the CT CHW Task Force is financing. The CMS recently issued a ruling (July 2013) stating that Medicaid can cover preventive services that are recommended by physicians or other licensed practitioners, and gives the states latitude to determine who is appropriate to provide these services. This ruling gives Medicaid (either directly or through its managed care contractors) flexibility to cover and pay for community-based interventions carried out by asthma educators, healthy homes specialists, or other community health workers. A recent paper "Medicaid Funding Of Community-Based Prevention Myths, State Successes Overcoming Barriers and the Promise of Integrated Payment Models (Burton, Chang, Gratale, June 2013) cites examples of other states that have successfully expanded Medicaid coverage for nontraditional services rendered by nontraditional professions such as CHWs. The paper also outlines specific policy recommendations that should be considered to expand community based prevention services paid under Medicaid that CT might well heed. While the CT Plan cites a strategy specific to the Certified Entities construct, "to propose legislation to speed up the CHW certification process and, more overtly, the proposed certification criteria state these Entities must "employ CHWS for their services", the issue of financing is not squarely addressed. It is critical to engage in conversation about possibilities of future use of CHWs with the Medicaid population and mechanisms to pay for these services in CT with the Department of Social Services and others. Private insurers must also be enjoined to provide coverage for CHW services and other sources of revenue should be explored to support this sector of the health workforce. The evidence for the value added of CHWS is well documented. Again, the Plan would benefit from more in depth discussion of these important issues and proposed solutions.

My final comment pertains to the scope of the Plan and the role of public health. Ultimately, health disparities will not be fully addressed by health care system improvements. This is acknowledged in the CT Plan. The constructs of Health Enhancement Communities and Certified Community Based Practice Support Entities in particular, transcend health care entities and systems and summon the integration of medicine and other sectors that are vital to the ultimate goal of redressing broader social determinants of health, moving into the realm of community-based population health. It will be critical to broaden the engagement of established public health entities such as local health departments, voluntary health organizations, public health advocacy groups, public health researchers, and others in the development of these new constructs. This should be explicitly stated in the plan. While public health experts are named as a group in the composition of the proposed governance structure, within the Equity and Access Council, the role described for this council is limited and warrants expansion to the broader terrain encompassed in these new constructs. Assuming CT is successful at obtaining an implementation grant to execute the Innovation Plan there will be tremendous opportunity to apply these resources to improve both the health care and public health system. This will require the expanded and sustained input of both health care system and public health stakeholders.

Thank you for considering my comments. I look forward to the final Plan and to our continued progress on health care system and population health equity goals in CT.

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