

WV Health Innovation Collaborative  
Better Care Work Group  
November 17, 2015  
Meeting Notes

Present: Nancy Sullivan, DHHR  
Crystal Welch, WV Medical Institute  
Brent Tomblin, Partners in Health Network/CAMC  
Kim Fetty, DHHR, BMS  
Christine DeRienzo, PEIA  
Perry Bryant, Self  
Aila Accad, Future of Nursing WV  
Toni DiChiaccho, WVU, School of Nursing  
Pat Kelly, WV Health Care Authority  
Chris Zinn, Hospice Council of WV  
Barbara McKee, Partners in health Network/CAMC  
Richard Wittberg, Marshall University  
Joshua Austin, SIM Grant

By Phone: Lilly Clay, DHHR, BMS  
Garrett Moran, SIM Behavioral Health Consultant  
Georgia Narsavage, WVU, HSC  
Drema Mace, Mid-Ohio Valley Health Alliance

Nancy Sullivan opened the meeting and welcomed everyone. Introductions were made.

Ms. Sullivan introduced Dr. Richard Crespo, PHD, Professor, Department of Family and Community Health at Marshall University.

Dr. Crespo shared a powerpoint presentation with the group on Community Health Workers in the United States and WV. The presentation is attached.

- Shared the process for developing CHW Certification in WV
  - ✓ Organize steering team
  - ✓ Literature review
  - ✓ Interview WV programs
  - ✓ Select and interview programs in other States
  - ✓ Convene four regional forums
  - ✓ Based on input, develop recommendations for review and finalization by forum participants
  - ✓ Present final recommendations

- Community Health Workers in WV:
  - ✓Women/infant child – reimbursement through State/Federal grants and inclusion in the WV budget
  - ✓Volunteer Programs
  - ✓High Risk
  - ✓Prevention
  - ✓Navigation
- Community Health Workers are trusted members of their community; have a close understanding of the ethnicity, language, socioeconomic status, and life experiences of the community served; and they communicate with patients in a caring and supportive manner.
- Works under the direct supervision of a medical provider.
- Core Competencies
  - ✓Interpersonal and communication skills
  - ✓Chronic disease self-management skills
  - ✓Service delivery skills
- Training should be based on core competencies
- Quality measures should be data driven and linked to patient outcomes
- Reimbursement System:
  - ✓Recommended a pay for performance model
  - ✓Per Member per Month
  - ✓Provide financial incentives for achieving stipulated outcomes
- Shared examples from other states
- Key Recommendations:
  - ✓CHWs work best if they are from the community they serve
  - ✓CHWs should be part of a health care system that links tertiary care, primary care, clinical/CHW team management, and CHW service in the community
  - ✓Control should be at a local level
  - ✓Should be linked to specific health outcomes
  - ✓Focus on high-risk patients
  - ✓Payment should be based on a capitated system
- Next Steps:
  - ✓Advocacy with health insurance payers to endorse a clinical case management system that includes CHWs
  - ✓Implement a care coordination pilot project with the Mid-Ohio Valley Health Alliance and Williamson Health and Wellness Center

Discussion period followed.

- ☞Who would be the certifying agency for CHW? Up for discussion – local agency
- ☞Direct Supervision Care Plan made for each patient
- ☞Community Transformation Grant
- ☞Trust from the community – trainers and recruit community members
- ☞Project ECHO – great training
- ☞Williamson model – AmeriCorp members

**The next meeting of the Better Care Work Group is December 15, 2015, 3:00 – 4:00 p.m. at One Davis Square, Suite 100 East, Conference Room 134.** We will be hearing from Dr. Jennifer Mallow from WVU on a pilot program in WV using technology and will be hearing a SIM update in January.