Recommendations for Traditional Health Worker Payment Models (Core Principles)

Approved by Traditional Health Worker (THW) Commission 9/23/19

***Purpose*:** To provide guidance to Coordinated Care Organizations (CCOs) to design payment models that integrate Traditional Health Workers (THWs) within their service area.

***Intent*:** To outline the key components of potential effective payment models as approved by the THW Commission. CCOs can use this document to guide their policy development process. There are multiple payment model types that could incorporate these core principles.

Definitions *(Traditional health workers listed are as recognized by the State of Oregon in ORS 414.025 chapters 411, 413, and 414)*:

THW Commission: The THW Commission promotes the traditional health workforce in Oregon's Health Care Delivery System to achieve Oregon's Triple Aim of better health, better care, and lower costs. The THW Commission advises and makes recommendations to the Oregon Health Authority, to ensure the program is responsive to consumer and community health needs, while delivering high-quality and culturally responsive care.

Doula: A (birth) doula is a birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience (From original version of the THW rules, 410-180-0300).

Personal Health Navigator (PHN): A PHN is an individual who provides information, assistance, tools and support to enable a patient to make the best health care decisions.

Community Health Worker (CHW): A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

Peer Support Specialist (PSS): A PSS is any [range of] individuals with lived experience of substance use and/or a mental healths condition who provides supportive services to a current or former consumer of mental health or addiction treatment.

Peer Wellness Specialist (PWS): A PWS is an individual who has lived experience with a psychiatric condition(s) plus intensive training, who works as part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.

Youth Support Specialist means an individual who meets qualification criteria adopted under ORS 414.665 and may be either a peer support specialist or a peer wellness specialist and who, based on a similar life experience, provides supportive services to an individual who:
- Is not older than 30 years old, and
- Is a current or former consumer of mental health or addiction treatment; or
- Is facing or has faced difficulties in accessing education, health, and wellness services due to mental health or behavioral health barriers.

Family Support Specialist means an individual who meets qualification criteria adopted under ORS 414.665 and may be either a peer support specialist or a peer wellness specialist who, based on similar life experiences, provides support services to and has experience parenting a child who:
- Is a current or former consumer of mental health or addiction treatment; or
- Is facing or has faced difficulties in accessing education, health, and wellness services due to mental health or behavioral health barriers.

Health systems: In the context of this document, 'health systems' is an umbrella term that includes health care payers and providers.

Community-based organizations (CBOs): Nonprofit groups that work at a local level to improve life for residents, often with a focus to build equity across society in all streams - health care, environment, quality of education, to name but a few. Many CBOs provide culturally-specific services to communities most affected by disparities.

The THW Commission recommends that payment models for THWs should be:

1) Sustainable (i.e. continuous, not time-limited grants or pilots)
- -Rates that sustain services including administrative costs, living wage and benefits for THWs, ancillary program costs (e.g. supervision, training & education, data collection & evaluation), and a career ladder/lattice for THWs.
- -THWs are part of members' continuum of care and wellbeing across care settings.

2) Support THWs practicing at the top of their certification
- -THW roles and position descriptions should be based on the THW Commission-approved THW scope of practice.
- -Enable and support THWs to enact their full range of core roles, including individual-level (health-related social needs) and upstream community and policy-level (social determinants of health) interventions and activities.
- -Alternative payment methods such as per-member-per-month, capitated, global are likely to better support the full THW scope of practice compared to fee-for-service.

3) Community and equity-driven
- -Health systems are encouraged to leverage the expertise of community-based organizations and other health systems that currently employ or contract with THWs.
- -Options for integrating THWs include hiring directly or contracting with community-based organizations.
- -Consult the THW Commission for referrals to appropriate CBOs, THW-run organizations, and/or THW-recommended best and promising practices for THW integration.

4) Not solely contingent upon short-term outcomes
- -THW are an important component of strategies moving toward health equity and addressing the social determinants of health, not short-term return on investment or particular health outcomes, though those may well be some results of integrating THWs.
- -THWs improve the overall quality and value of healthcare by providing: person-centered care and increasing the timeliness, efficiency, equitability, safety and effectiveness of care.
- -It is recommended that THWs and participants of THW programs are involved in planning and implementing qualitative and quantitative THW program evaluation methods.
- -It is also recommended that THW program evaluations incorporate the large body of existing research regarding THW program evaluation.

Inventory of Existing Patient Health Navigator (PHN) Payment Models*

Oregon Traditional Health Worker Commission | Payment Models Subcommittee

Last update 9.24.19 by angie@orchwa.org

DISCLAIMER: NOT FORMAL PAYMENT MODEL RECOMMENDATIONS.

1. Please reference "Recommendations for THW Payment Model Core Principles."

2. The THW Commission does not recommend any one of the following existing payment models over another.

3. Many organizations use a combination of payment models and funding sources to sustain THW staffing, THW contracts, and necessary THW program costs (e.g. supervision, data collection & evaluation, training & education).

4. This is a living document . Please check here for updates: https://www.oregon.gov/OHA/OEI/Pages/THW-Resources-Policies-Laws.aspx

Payment Mechanism Name	Short Description	Possible Funding Source(s)	Pros	Cons	Documentation, Reporting, Accountability	Examples	Where to Find More Info & Technical Assistance
Direct Employment Also known as: -Operational overhead -Operating budget	An organization puts PHN positions and program costs directly into their operating budget. Possibly the most common method of funding PHN positions.	-Operating budget	-Freedom to design the PHN program to meet the needs of the organization and community(ies) it serves -Integrated fully in healthcare team	-Organizations vary in size, resources, and responsibilities -Cost prohibitive -Organizational change -Health outcome dependent	-Electronic health record	-Health care organizations (i. e. Kaiser Permanente, Providence, Federally Qualified Health Centers, Public Health Departments)	
Grants & Contracts Also known as: -Pre-Payment -Braided Funding	An organization patches necessary funding together from multiple streams.	-Medicaid -Federal funding -Federal Match Funds -Grants / contracts		-Multiple reporting/accountability requirements -Time-limited funds can cause disruptions to PHN program & employment	-ServicePoint -Community Linked Assistance Referrals Assessment (CLARA) -Electronic health record -Requirements vary based on funding sources	Federally Qualified Health Centers (FQHCs)	

*The Traditional Health Worker Commission acknowleges that an unknown number of certified PHNs may volunteer their services in various capacities and communities. This document intentionally does not recognize PHN volunteerism as a payment model because PHN volunteers are unpaid by nature of their volunteer status. The Traditional Health Worker Commission strongly discourages the integration of certified PHNs in health systems on a volunteer basis.