



Paul R. LePage, Governor

Department of Health
and Human Services
Maine People Living
Safe, Healthy and Productive Lives

Mary C. Mayhew, Commissioner

SIM Initiatives: Executive Summary (for Subcommittee use)

1. **SIM Initiative /Title: Community Health Worker (CHW) Initiative**
2. **Lead Partner Organization: Maine CDC/ MCD Public Health/Maine Migrant Health Program**
3. **Primary Contact (individual):**
 - **Name: Barbara Ginley**
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4. **Timeline:**
 - **Planning start date (target): April 1, 2013**
 - **Implementation date (target): October 1, 2013**
 - **Anticipated duration: Implementation - 36 months**
5. **Brief summary (300 words or less):** Maine's Community Health Worker Initiative (MCHWI) is focused on developing the infrastructure to support Community Health Workers (CHWs) as part of Maine's transformed healthcare system. CHWs' "experience- based expertise" is a core strength of this workforce and translates into care that is more patient-centered, culturally-competent and effective (JACM, 2011).

A series of (5) pilots will be developed to test this emerging workforce model. It will employ CHWs to improve health of underserved populations. The pilots will focus on:

- a. Chronic disease support and management;
- b. Education and promotion of preventative screenings;
- c. Interventions for high consumers of healthcare resources or other high-risk individuals.

Core services provided under the pilots will include: health coaching, peer support, referrals, acting as liaison/advocate, interpretation, care management, chronic disease management, health education transportation, navigation, etc. CHWs will provide patients with culturally appropriate health information, education, and outreach in their communities and medical settings. They will provide essential linkages between individuals, communities and health and human services, to actively build individual and community capacity, assure access to care and services patients need and advocate for the health of individuals and their shared communities (*adapted from Rosenthal, E.L., The Final Report of the National Community Health Advisor Study. The University of Arizona. 1998*).

The pilots will: (1) demonstrate the value of integrating CHWs into the health care team; (2) provide models that can be replicated and emulated across Maine; (3) build a core group of experienced CHWs who can provide leadership and community engagement to drive the ongoing development of the system.

Concurrent to the pilots, a statewide stakeholder group will be convened to support the networking and mentoring of CHWs and their allies and to develop recommendations specific to sustainability, namely a certification process and reimbursement for CHW services.

6. Relevant SIM Subcommittees for input/guidance

	Primary Subcommittee (check one)	Other Relevant Subcommittees (check all that apply)	Dependencies (per SST)	Key Questions/Input Requested from Subcommittee
Payment Reform		X	1.MC modeling of total cost of care should be inclusive of CHW services as part of bundled payments 2. Healthcare Cost Workgroup metrics should include costs/savings related to integration of CHW services into health care teams. 3. MHMC will introduce CHW pilots to ACI steering committee, as well as seek input on the pilots from the Payment Reform Subcommittee.	
Delivery System Reform	X		Successful integration of CHWs into HH/PCMH/CCTs relies on providers having knowledge and awareness (i.e. education) on how to best integrate, utilize and support CHWs (i.e. Inclusion as key learning within QC/MC Collaboratives)	
Data Infrastructure		X		

7. Other Concerns/Issues: