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| Issue/Concern | Comments on Present Work | Recommendation for Modification and TimeLine |
| Ensure CHW Pilot Projects are focused to meet the needs of populations who will most benefit from CHW services; avoid duplication/overlap of services. | All four pilot projects have developed workflows that they are refining over time. CHW scope of work includes: 1) preventive screenings, 2) linkages to care and resources, 4) medication management and 3) chronic disease management support.  For the most part, CHW sites target at-risk, hard to reach, socially-complex individuals that are not being seen by a CCT. Frequently the CHWs are working with the tier of patients just under the high cost utilizers; the pilots work to prevent the health of these individuals declining to the point that they need CCT services.  Streamlining care management to prevent duplication is proactively being addressed by MaineGeneral and Portland Public Health/ Maine Medical Partners. They each have projects aimed at expanding the capability of their EMRs to better 1) identify who is involved in care, 2) streamline information sharing and 3) prevent duplication of services. | Pilot sites meet monthly by phone; further discussion about these topics could be addressed.  By August 2016, the JSI evaluation report will be final. Report evaluation findings related to pilot sites will describe populations served by each, workflows of the teams that include CHWs and a description of the unique team member roles and benefits of CHWs. |
| As part of your work, develop a sustainability strategy for how CHWs will be paid in the future. | Research of existing payment models and a description of potential paths for Maine are being undertaken. This deliverable will include a potential model/mechanism to support the work of CHWs and the CHW workforce of the future.  The evaluation is uncovering and documenting strategies that pilot sites are exploring, including commitments to support CHW as part of their own investments towards ACA transformation. | By February 15, 2016 a summary of Maine responses to the New England Regional Health Equity Council survey on payment models and CHWs will be completed.  By April 1, 2016 we will work to set up a meeting with SIM Payment Reform Committee to occur in June 2016.  The meeting will provide an opportunity for input on potential reimbursement paths for CHW services in Maine. |
| Share best practices of CHWs to spread best ways of working with the workforce and support further adoption of the model. | Pilot site evaluation and technical assistance plans for year three focus on model promotion and sharing of best practices through monthly TA meetings with pilot sites, presentations and written documents.  “Lessons Learned” will be included in dissemination products of the evaluation plan. | Summaries of monthly TA calls are available.  Interim findings will be reported out on January 11, 2016 at the JSI Strategic Evaluation Committee meeting with evaluation stakeholders and again in April 2016 at the Maine Quality Counts Annual meeting.  By August 2016 the final summary evaluation report will be produced. |
| Request from a Steering Committee member to explore CHW involvement with patients transitioning from long term care (LTC) facilities. | One of the pilots, Spectrum Generations/Seniors Plus has a focus that would make a pilot possible. | A phone call was held with Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center on 11-16-15.  Pilot project with CHWs from two Area Agencies on Aging linking patients in transition from LTC facilities to home is being discussed.  Initial draft of protocol developed and sent 11-24-15 to Genesis Healthcare. The CHW Pilot Projects completed their review of the draft on 12-3-15. |