

## The COVID Pandemic and Innovative Workforce Strategies

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Date: July 13<sup>th</sup>, 2020

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## ■ YOUR PRESENTERS



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**\*Uma will be your moderator today.**

- 1:00 – 1:05** Welcome and Overview
- 1:05 – 1:15** COVID Workforce Response – Setting The Context
- 1:15 – 1:30** CHWs in Contact Tracing and Beyond
- 1:30 – 1:45** Non-COVID Disease Management
- 1:45 – 1:55** Question and Answer
- 1:55 – 2:00** Closing and Poll



# Webinar Agenda

# BUSINESS DEVELOPMENT TRAJECTORY

## Reframing Prior Processes in Light of New Normal

### Rebalancing Strategies

#### Immediate Response Strategies





# COVID Workforce Response

## Setting the context

## ■ STATE RESPONSE TO CONTACT TRACING

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- States are the recipients of CDC and other federal funding sources for contact tracing programs
- Most states have initiated efforts to do contact tracing.
  - Many began with existing tools, people and systems
  - Supplemented as testing capacity grew, including volunteers
  - Primarily phone-based/call-center operations
- The majority of general contact tracing doesn't require a skilled or particularly tailored workforce.

**But when telephonic contact tracing by unskilled callers isn't enough, community-health workers are appropriate.**

## ■ WHEN “ON THE GROUND” IS NEEDED

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- No response to telephonic outreach
- Populations without stable housing
- Immigrant populations
  - Language issues
  - Lack of trust
  - Barriers to access to care
- Social and economic disparities that make adherence to contact recommendations challenging
- Adherence and follow up required
- Populations with multiple health issues need additional support



## ■ LOCAL BUILD OUTS

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- States and localities are looking to community partners to assist with contact tracing
- Community health workers bring the tools and cultural competencies to the job
- CHWs are typically connected to needed resources
  - Community clinics
  - CBOs for health and human services
  - Behavioral health clinics/service providers

**The City of Chicago is working with their networks of clinics to put CHWs into the field**



## ■ MOBILE HOT-SPOTTING

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- Other jurisdictions are using CHWs in a more flexible way to address outbreaks
- CHWs help connect individuals with resources that make self-isolation possible and protect communities
- Ramping up and down is easier with these kinds of issues, but also have to be focused on matching CHWs to the communities

**When the state of Delaware had outbreaks in rural communities connected to poultry processing, they established local “resource centers” staffed with CHWs outside testing sites. These CHWs were experienced with the poultry community of workers and their families as well as local resources/CBOs**

## ■ THE STATE OF PLAY

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- At the beginning of COVID-19 pandemic, the nation's contact tracing was in place, but insufficient
- Populations with social and economic inequities, high rates of co-morbidities, and cultural barriers are most frequently affected and have significantly worse health outcomes from the pandemic and related economic woes
- CHWs were an emerging model, with many entities and payers taking small, but significant steps to support disadvantaged communities
- CHWs offer significant leverage in the COVID-19 response, but will need to be expanded to address the growing and shifting community needs

## ■ IDEAS AND PROMISING PRACTICES

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- As testing shifts away from hospitals and more into the community, deploy CHWs as resource coordinators and as an effective patient engagement strategy
- Deploy experienced CHWs as “crew chiefs” to local efforts
- Encourage/offer training programs for CHWs that include contact tracing, but also go further to include navigator and outreach functions
- Coordinate with local providers to ensure optimal use of existing CHW resource
- Implement nimble programs to address pandemic as new issues arise
- Prepare for what comes next (e.g., immunizations, prophylaxis distribution, program enrollment)

## ■ FUNDING

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- **Federal money exists and can be used for CHW programs if linked directly to contact tracing and COVID response**
- **Work toward sustainability of CHWs :**
  - Engage providers in understanding CHWs and their contribution and value in COVID and in equity efforts
  - Convene with payers, like Medicaid and health plans, to promote CHWs post-COVID response
- **Use the opportunity to optimize targeting and expansion of CHW programs**



# CHWs in Contact Tracing

And beyond.

## ■ COVID REALITIES AND STRATEGIES

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- We are all grappling with issues of isolation uncertainty and fear in the new normal as experts work to bend the curve.
- The approach is to find and conquer. Primary care has taken a back seat as first line professionals are in daily combat with the virus. Those most vulnerable with serious health or social issues are at increased risk.
- What strategies can help tackle these issues?
- Community Health Workers (CHWs) can play an important role in assuring that individuals with chronic disease and social determinant issues have those health needs met while remaining as safe as possible.
- CHWs and other paraprofessionals are a first line of defense in combatting the negative effects isolation and mitigating exacerbations of existing or developing disease for those sheltering in place.

## ■ COVID REALITIES AND STRATEGIES

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- FQHCs and Rural Health Centers have used CHWs to extend their reach to residents who may be new to their centers. By definitions, CHWs are from the community and are able to develop trusted relationships with vulnerable patients.
- CHWs' scope of work includes contact tracing, health and welfare visits, identifying food and home insecurity. In a time of severely stretched resources, CHWs are a source of communication for patient and the clinical team, and one in home contact can accomplish multiple goals. This is particularly critical in a pandemic.



## ■ CONTACT TRACING

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- CHWs are well positioned to conduct tracing, whether it be community wide, or specifically focused on hotspots like meat processing and packing plants, schools and congregate settings.
- Telephonic call center-like programs are insufficient for many individuals in the community who may be in first stages of dementia, who are immigrants, or are not accessible by phone.
- CHWs are uniquely positioned to assist, and in many cases are already known to and trusted by the community.

# Non-COVID Disease Management

## ■ INNOVATION

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- Innovation sometimes equates to an individual or group recognizing a need and finding a way to meet that need that works, and then replicating it and finding ways to make it sustainable.
- The current COVID crisis is an abundant laboratory for innovation.
- CHWs are well placed to make a substantial contribution to the COVID battle and helping to maintain the health and welfare of persons sheltering in place.

## COMMUNITY HEALTH WORKERS

- Conduct contact tracing
- Conduct health status visits
- Connect individuals with needed services
- Act as open line of communication for individuals and their healthcare teams
- One visit can accomplish multiple goals

*Rural FQHCs and Health Centers have long recognized the value of CHWs and have used them in a variety of ways. Many have come to rely on CHWs as an important component of the team.*

*The current state of COVID provides an opportunity to shine a light on the work of CHWs and other paraprofessionals and how their skills can be leveraged to fill gaps and contribute to the service team...*

## ■ INNOVATION

*The pandemic requires us to think in unique and innovative ways to deploy existing workforce. In addition to CHWs the use of the paramedic workforce is another critical strategy to leverage.*

### PARAMEDICS

- Paramedics are uniquely positioned to play multiple roles in a pandemic and in post pandemic.
- Their training and skill sets are ideal for a variety of roles including health assessments, checking for medication compliance, acting as a mobile lab for blood draws, administering medications, immunizations (well child, flu shots, Corona vaccine).
- Paramedics know their neighborhoods and are recognized in their communities.

### PARAMEDICS AND PRIMARY CARE

- Following certain discharged patients at 24 and 72 hours to assess status and avoid returns to ER or readmissions
- A paramedic is a trusted colleague who can give a physician or surgeon a heads up when things are not going well in the home post discharge and avoid recidivism.
- In rural areas lacking a hospital or ambulance service, Paramedics can fill the void.

## SUSTAINABILITY

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- CHWs are eligible for Medicaid reimbursement, so there is built in sustainability. A State Plan Amendment permits the reimbursement of peer supports. Medicaid is the primary funder of CHWs in many states.
- For Paramedicine, barriers to overcome include some health insurance, including Medicaid, do not reimburse for a call that does not include a transport. Legislation is usually required to remedy this.
- Managed care organizations can leverage contract dollars to utilize CHWs and paramedics in non- traditional roles.
- For these strategies to work, Community Health Workers and Paramedics need to be recognized as essential workers in health care, and for their services to be reimbursed by Medicaid and other payers.
- The improved health outcomes are well worth the match.



# Questions and Answers





# Summary and Closing

## ■ HMA CAN HELP...

### HMA has direct contract experience and competencies in the following domains:

- Recruitment, Retention, Repurposing and Deploying the CHWs
- Operational supports to meet infrastructure needs, hiring practices, training and capacity building related to contact tracing and other CHW roles
- Community Engagement and outreach
- CBO network development and support
- Implementation of models such as Pathways HUB or IMPACT, Social Services Navigators, other
- Support in expanding current models to address COVID related needs
- Identify sustainable models and funding pipelines including responding to funding opportunities
- Applying an equity lens in using CHWs in population level health improvement, protective services and self-sufficiency efforts

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