WELCOME! BIENVENIDXS!

Today's "Fun Fact"

Please tell us in the chat:
Your name and if you are
a dog person or a cat person...
or neither!




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https://www.allrecipes.com/recipe/155182/pfeffernusse-cookies/

NATIONAL ASSOCIATION OF Community Health Centers®

HEALTH CENTER PROFESSIONAL DEVELOPMENT PROGRAM

CHW SUPERVISOR TRAINING, POWERED BY Northwest Regional Primary Care Association

CHW SUPERVISION 201-A: CHW TRAINING/ROLE DEVELOPMENT ON A CARE TEAM

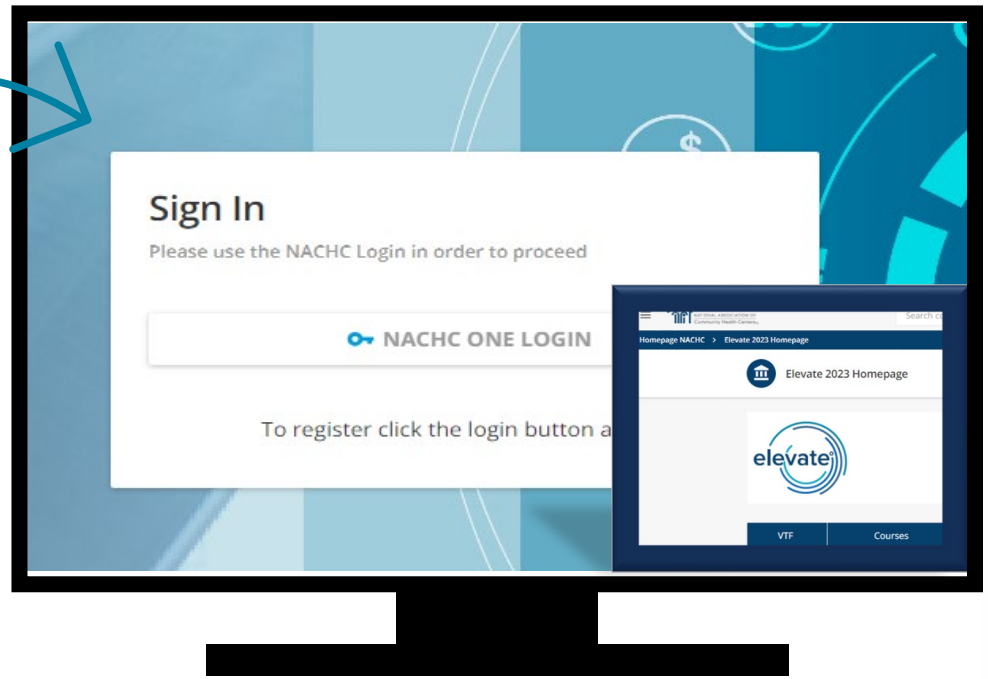
SEPTEMBER 26, 2023
3:30 PM ET

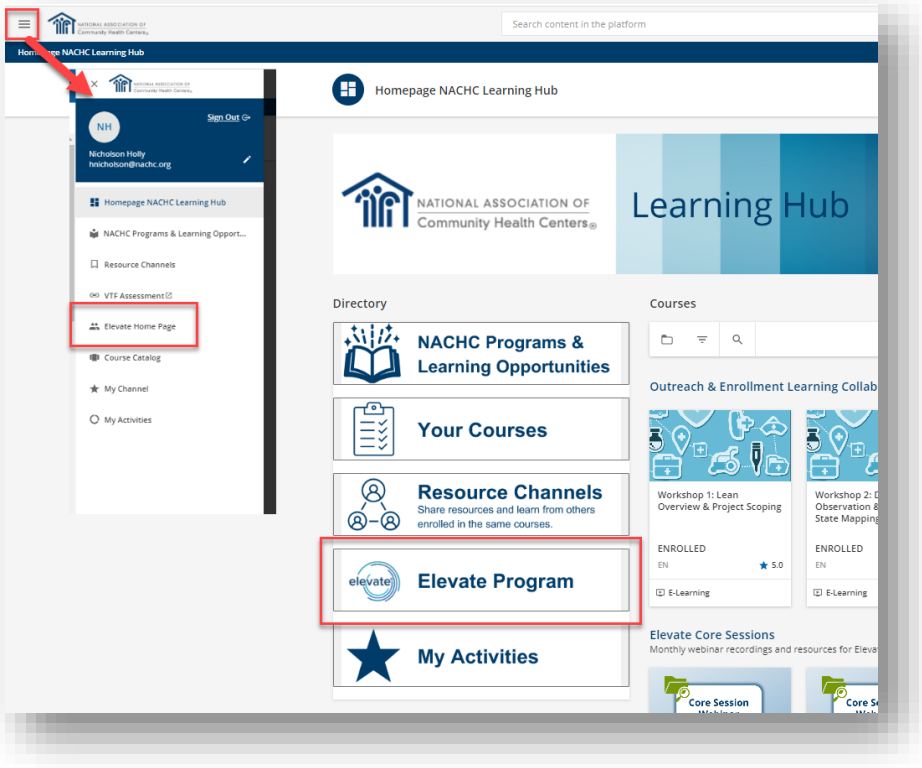
NACHC's Online Learning Hub

Session will be recorded and available in the Learning Hub

If you already have a 'NACHC One' login (the login used for NACHC conferences), use this to sign in.

*If you do not yet have a 'NACHC One' login, **register for free**!*





Access NACHC's Learning Hub at
https://nachc.docebosaas.com/learn/signin

Community Health Worker Supervision 201-A:

CHW Training and Role Development on a Care Team

Seth Doyle, NWRPCA
Kelly Volkmann, NWRPCA
Christian Castro, NWRPCA

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Objectives for today

**This is a reminder for Kelly!

- Describe 2 types of trainings that a CHW needs to be successful in a clinical setting
- Become familiar with a competency and training tracker tool
- Discuss ways to develop and define CHW roles on a care team

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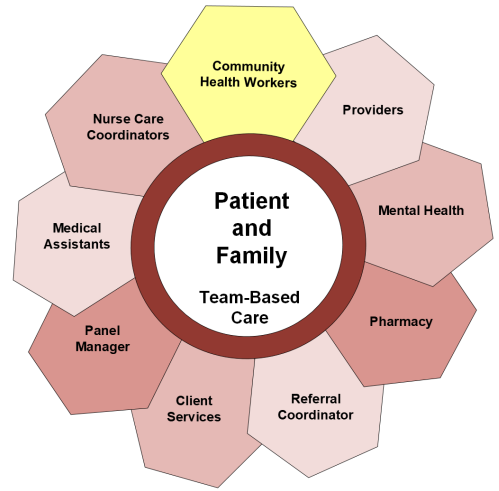
CHW Training: Core and Clinical



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CHWs *may* have had some "Core" training

- Care coordination
- System navigation
- Chronic disease education
- Health promotion and coaching
- HIPAA and Ethics
  - This may be very basic
- Outreach and community mobilization
- Community and cultural liaising
- *Popular education*
- *Motivational interviewing*
- *Health literacy*
- …and much more!

CHW certification…or licensure…or not…?

- **Certification** – a voluntary process that demonstrates advanced expertise
- **Licensure** – legal requirement that establishes a minimum standard of competence and protects patients
- Currently no ***national*** **standardized core training** or certification for CHWs
- Many states have developed their own, state-specific standard training and/or certification
- You can find information on your state on the Association of State and Territorial Health Officials (ASTHO) website:
  - https://www.astho.org/topic/brief/state-approaches-to-community-health-worker-certification/
- This has been an area of debate among many CHWs and CHW advocacy agencies and associations
- Good reasons for and against…

Reasons NOT to require certification

- Begins the “professionalization” of Community Health Workers

- May disenfranchise CHWs who have been working as such for decades, or who have barriers to obtaining certification
  - Education opportunities – access to training programs
  - Training expense
  - Potential documentation or citizenship requirements

Reasons TO require certification

- In many states, it is a requirement of the Medicaid waiver that allows for CHW billing
  - Oregon is one of the states that requires CHW certification and registry with the Oregon Health Authority
  - CHW must complete a state-approved core training
- Can lend credibility to the profession, especially in a clinical setting
- Could ensure consistency in quality of care
- Could enhance career advancement and employment stability

Essential agency-specific trainings for CHWs

- HIPAA, Confidentiality
- Release of Information
- Ethics
- Medicaid/Medicare Fraud and Abuse
- Documentation protocol
- Charting (language, expectations, writing shortcuts, legal do's and don'ts)
- Mandatory reporting
- Safety protocol
- Patient boundaries and dual relationships

Are there other agency trainings that you have your CHWs go through?

Please share your thoughts in the chat box!

Additional clinical training needs

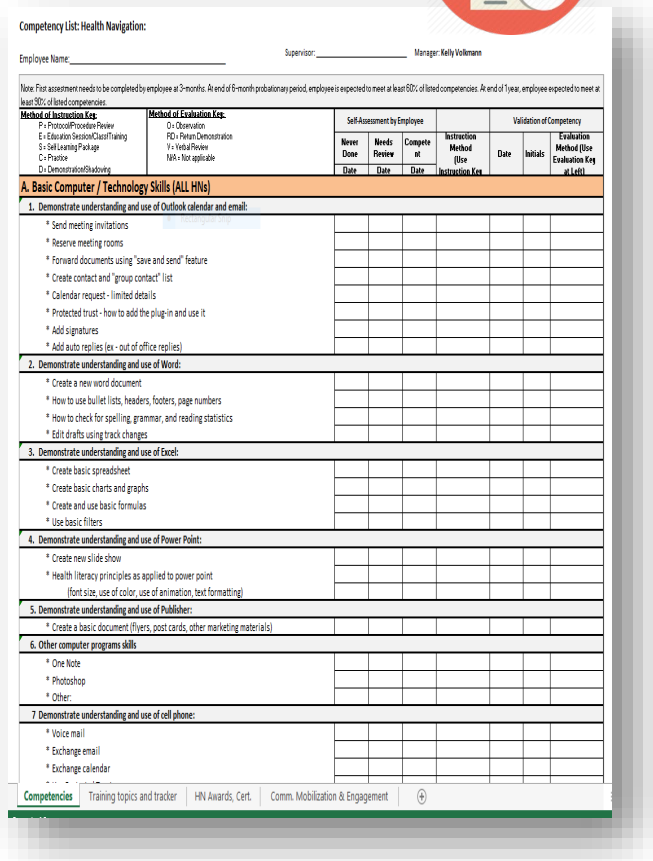
- Not like hiring a new nurse or an MA – *clinical* CHWs may not come to you with *clinical* knowledge and skills

- May – or may not – have experience with computer programs, using complicated email servers, or Electronic Health Records
  - Additional time and support may be needed

- Supervisor must ensure CHW has adequate training and skills needed to be successful in the ***clinic setting***
  - Track and communicate training to clinical staff

Agency must be willing (and have the expertise)

to train new CHWs in their role



Competency List: Health Navigation:

Employee Name:_____ Supervisor:_____ Manager: Kelly Vollmann

Note: First assessment needs to be completed by employee at 3-months. At end of 6-month probationary period, employee is expected to meet at least 80% of listed competencies. At end of 1 year, employee expected to meet at least 90% of listed competencies.

Method of Instruction Key: P = Protocol/Procedure Review; E = Education Session/Class/Training; S = Self-Learning Package; C = Practice; D = Demonstration/Shadowing

Method of Evaluation Key: O = Observation; PD = Person Demonstration; V = Verbal Review; NA = Not applicable

	Self-Assessment by Employee				Validation of Competency		
	Never Done Date	Needs Review Date	Competent Date	Instruction Method (Use Instruction Key	Date	Initials	Evaluation Method (Use Evaluation Key at Left)
A. Basic Computer / Technology Skills (ALL HNs)							
1. Demonstrate understanding and use of Outlook calendar and email:							
* Send meeting invitations							
* Reserve meeting rooms							
* Forward documents using "save and send" feature							
* Create contact and "group contact" list							
* Calendar request - limited details							
* Protected trust - how to add the plug-in and use it							
* Add signatures							
* Add auto replies (ex - out of office replies)							
2. Demonstrate understanding and use of Word:							
* Create a new word document							
* How to use bullet lists, headers, footers, page numbers							
* How to check for spelling, grammar, and reading statistics							
* Edit drafts using track changes							
3. Demonstrate understanding and use of Excel:							
* Create basic spreadsheet							
* Create basic charts and graphs							
* Create and use basic formulas							
* Use basic filters							
4. Demonstrate understanding and use of Power Point:							
* Create new slide show							
* Health literacy principles as applied to power point (font size, use of color, use of animation, text formatting)							
5. Demonstrate understanding and use of Publisher:							
* Create a basic document (flyers, post cards, other marketing materials)							
6. Other computer programs skills							
* One Note							
* Photoshop							
* Other:							
7 Demonstrate understanding and use of cell phone:							
* Voice mail							
* Exchange email							
* Exchange calendar							

Competencies | Training topics and tracker | HN Awards, Cert. | Comm. Mobilization & Engagement

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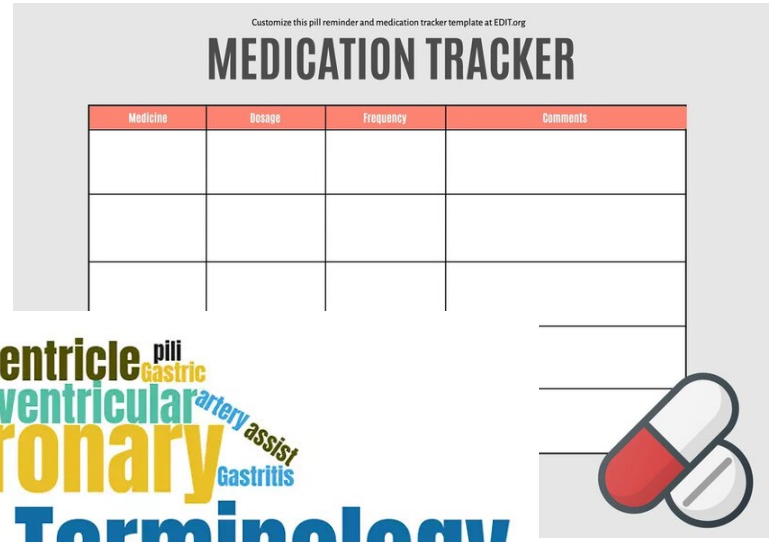
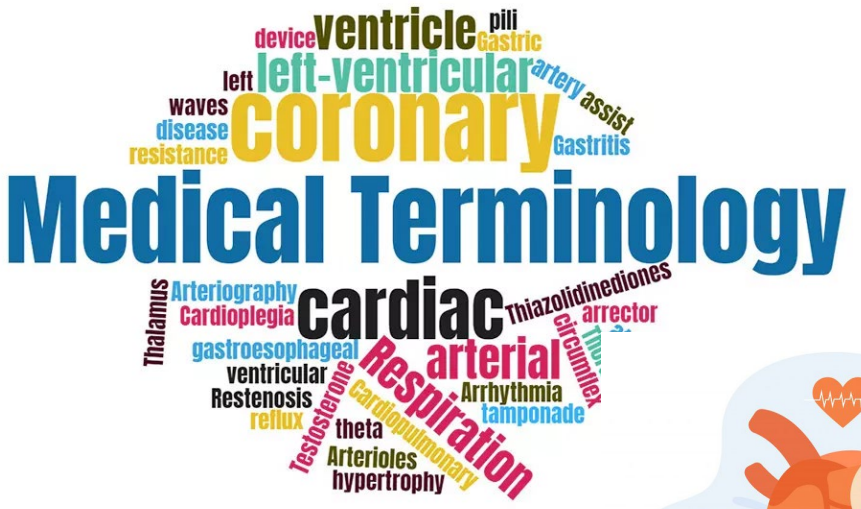
Clinical training curriculum

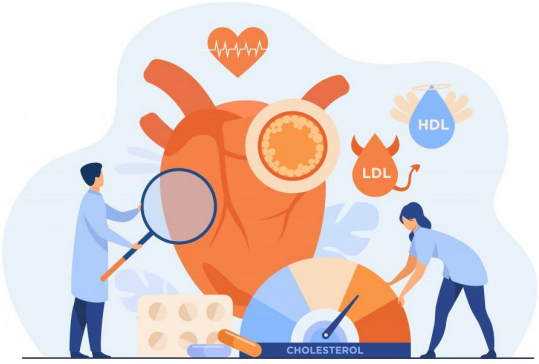
- Last 10 years, noticeable shift from CHW programs working only in the community to working within the care team setting
- This has highlighted the need for more SDOH resources and community-centered care within the CHC
- Uncommon for core / standard CHW curriculum to have clinical training topics
- Benton County Health Services developed a clinical curriculum in 2019
    - NWRPCA will be rolling it out in 2024!

CLINICAL CHW training topics

- Understanding primary care teams
- Prescription literacy
- Basic anatomy
- Basic medical terminology
- Basic medical documentation
- Chronic disease overview
- Chronic disease self-management
- Specialty populations served
  - Elderly, pediatric, maternity







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https://edit.org/blog/medication-tracker-templates
https://www.ed2go.com/piedmont/online-courses/medical-vocabulary-class/
https://www.myshortlister.com/insights/disease-management-programs

Chronic disease self-management education

- **This is a FABULOUS role that CHWs can play on your care team**
  - Requires extra training
  - Living Well with Chronic Disease
  - Tomando Control de Su Salud
  - National Diabetes Prevention Program (NDPP)

- Work alongside Nurse/Care Manager or Diabetes Educator to provide self-management education and support

- Benefit for the patient and their families
  - No direct charge for CHW services
  - Extra time and follow-ups
  - Grocery shopping…Cooking demos…
  - Resource navigation
  - Help set goals and celebrate successes!

NACHC has resources on this topic and will be posting them to their website SOON. You can reach out to the NACHC team for info!

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Training & Competency Tracker

- Important to track CHW training and competencies (or skills)
  - Gives credibility to CHW program
  - May be an important element of accreditation
- Health Navigation Program at Benton County Health Services developed an extensive tracker to show CHW competencies and agency competencies
- Included training and professional development tracking as well
- Used with all new hires for the first year
- A useful tool to measure progress and assess areas for growth

Competency List: Health Navigation:

Employee Name:_____ Supervisor: _____ **Manager: Kelly Volkmann**

Note: First assestment needs to be completed by employee at 3-months. At end of 6-month probationary period, employee is expected to meet at least 60% of listed competencies. At end of 1 year, employee expected to meet at least 90% of listed competencies.

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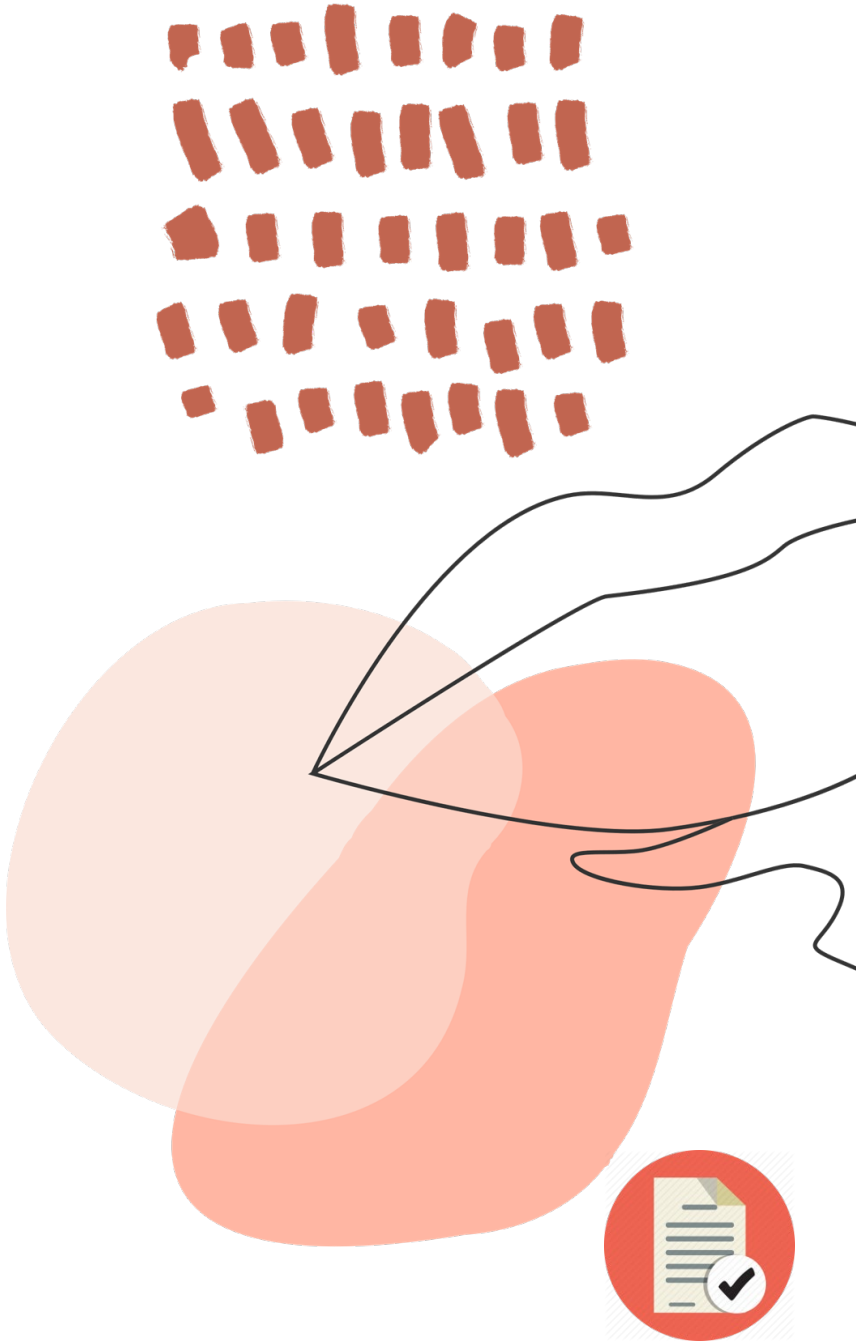
* Use Protected Trust								
* Go To Meeting								
*								

NOTE:

- We are providing an excel file of this extensive competency and training tracker for you
- It includes the C-3 Competencies: Roles and Skills
- I will do a complete walk-through of the document during the “Office Hours 2” on 10/4 from 1:00 – 2:00 PT

Practice: Competencies, Skills, and Trainings

- Christian will put you into 6 break-out rooms with 5-6 people in each room
    - Assign one person each as **facilitator** (keep the discussion moving), **recorder**, and **time-monitor**
- **Open the Word document labeled "Worksheet_CompetenciesTrainings"**
- Your group will be assigned one of the 3 scenarios
- I will share my screen with each break-out room so you can see the scenarios
- You will spend 15 minutes in the breakout room and then return to the main group to share your thoughts and insights



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Worksheet_CompetenciesTrainings

Scenario #1. Elderly Patients with multiple chronic diseases	
Think about what skills your CHW will need to adequately serve this patient population, and what training they will need to gain those competencies or skills	
Competency / Skills	**What kind of training would address this competency/skill**
1- Demonstrate knowledge / understanding of three top chronic diseases in the elderly	
- Basic understanding of disease process for diabetes	Class or workshop on diabetes
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#1

#2

1. Fill in the competency and skill CHW will need to work with these patients

2. Does CHW need training to acquire this skill? If so, what kind of training?

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Practice building competencies and identifying trainings

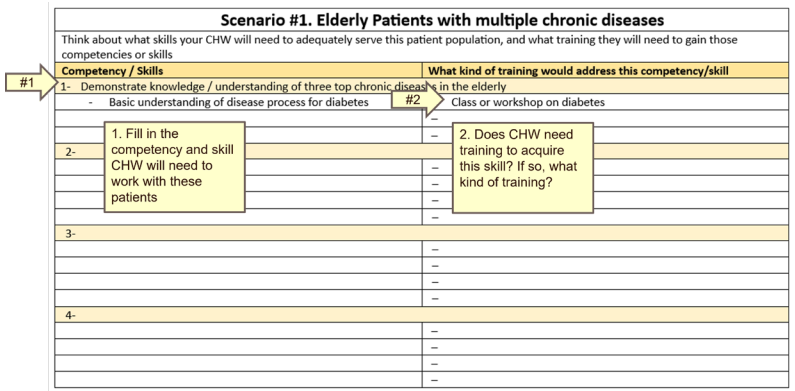
Scenario:

- You work for a Community Health Center and have just hired your first CHW to work with your care team

- Your CHW will work with ***one*** of the following groups:
  1. Elderly patients with multiple chronic diseases
  2. Patients from refugee community
  3. Pediatric patients

- Working with your group, decide
  - What competencies/skills your CHW will need to adequately serve your particular patient population
  - What trainings your CHW will need to gain those competencies/skills

Assign one person each as **facilitator** (keep the discussion moving), **recorder**, and **time-monitor**



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#1 1. Fill in the competency and skill CHW will need to work with these patients

#2 2. Does CHW need training to acquire this skill? If so, what kind of training?

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Please share your insights and strategies with the group!

1. What competencies/skills will your CHW need to adequately serve your particular patient population?

2. What trainings will your CHW need to gain those competencies/skills?

Increasing care team trust in CHW

- Share training topics and competencies with care team
- Tell them how you will implement the trainings, what the timeline will be, etc
- Get input from care team on any additional training needed
- “Routinely review and remind”
  - Include as part of new staff orientation to the CHW
  - Quarterly reviews of CHW competencies may be needed
  - This will need to be done whenever there are new care team members

“If it wasn’t charted…It wasn’t done”

Clinical CHWs should be charting in EHR using ***your agency and industry standards***

- Each EHR uses different language and “tools” for different types of encounters
- Some potential choices
  - Interim note: Non-billable encounter
  - Ancillary visits: Billable for limited services as allowed (Medicaid, case management)
  - Telephone encounters
  - Labs encounters: COVID testing only

- Each encounter is routed back to the nurse/care coordinator and the provider to “close the loop” and support communication between team members
  - Allows care team to see what the CHW is doing with the patient
  - Allows CHW to give input and insight into patient care plan

Keeping CHWs safe: They do NOT give medical advice…

- CHWs should be carefully trained in their roles and boundaries
  - Essential to understand when to "take off their Clinical CHW hat"
- They provide resources, linkages, connections, self-management education
- They assist patients to make their own goals
- If patient asks CHW "What do you think I should do?" or "What do you think is wrong with me?" the CHW knows to say:

"It sounds like you have a question that needs to be answered by your provider. ** Let me see if I can find/call her…"

** Nurse, care manager, or another clinical role

Let’s take a
5-minute break to
stretch and hydrate!

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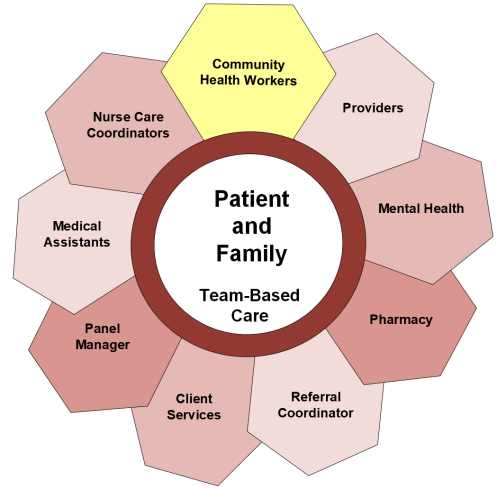
Developing CHW roles on the care team



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Developing CHW roles

- Possibly the most difficult task when first bringing CHWs onto a care team
- Lack of understanding of CHWs – who they are and what they can do
- First response may be unwillingness to have "non-medical" staff work closely with care team, patient, the care plan, and the EHR
  - This is where the competency tracker can help!

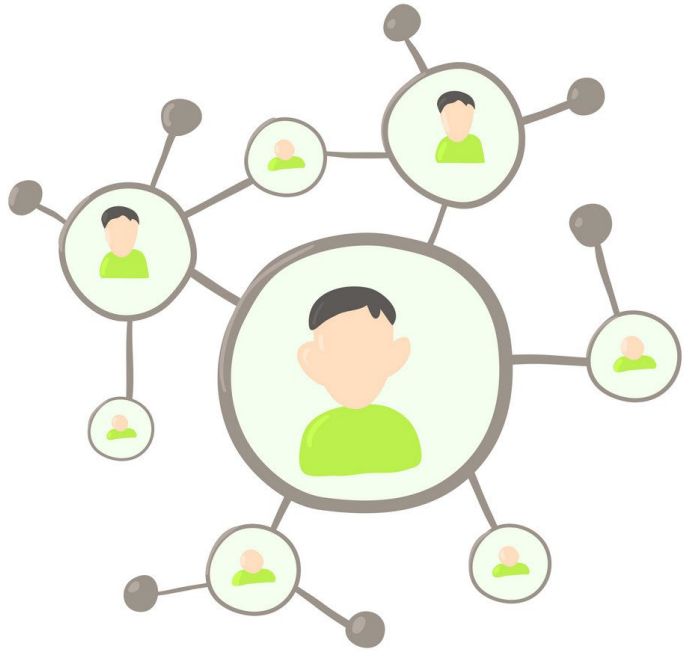
Define CHW role and scope

- Must decide what role the CHW will play
  - Social service and resource connection?
  - Self-management education and care coordination?
  - Some of both?
- What patients will the CHW work with?
  - Chronic disease? Pediatric? Elderly?
- **One CHW** can't be **all** things to **all** care teams, **all** providers, and **all** patients…**all** the time

Supervisor will need to limit the possibilities to keep the job manageable and prevent burnout

Helpful to have ALL care team roles defined

- This may seem obvious
  - The provider gives the medical care
  - The MA rooms the patient, etc
- But there are multiple layers of roles and duties that each team member has
- Interactions between care team members may not be clearly defined



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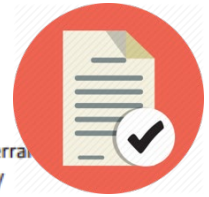
https://www.vectorstock.com/royalty-free-vector/connection-icon-cartoon-style-vector-11658815

This can help you think about the tasks…

- This is just one way to outline and sort the tasks
- Useful to show the care team



Community Health Worker: Tasks in Primary Care

1. **Application assistance, resource connection, and follow-up as needed:**
   a. Refer to Medicaid enrollment assisters
   b. Electronic Health Record patient chart enrollment
   c. Patient Screenings: Social Determinants of Health, Depression
   d. Direct connection to primary care: appointments, providers
   e. Financial Assistance
   f. Local "service clubs" for vision and hearing assistance (ex: Lions Club)
   g. Tobacco Cessation screening and referral
   h. Health care and social service access / system navigation
   i. Medication Assistance Programs
   j. Dental resources and services
   k. Referral to community resources, such as clothing, food supplementation, housing, immigration and legal assistance (limited)
   l. City and county recreation opportunities

2. **Transportation assistance / resources**
   a. Scheduling/arranging transportation
      i. **NOTE:** In general, CHW staff should NOT transport clients in personal vehicles. If they are expected to do so, there needs to be an agency policy in place providing guidance and support, as well as mileage and compensation.

3. **Interpretation**
   a. Scheduling appointments and follow-up on no-shows to determine barriers to attendance
   b. Asking provider limited questions on behalf of the parent/patient due to language barrier
   c. **NOTE:** Unless specifically trained as a medical interpreter, bilingual CHWs should not be expected to act as an interpreter during health-related appointments.

4. **Chronic Disease Self-management (requires additional, topic-specific training)**
   a. Nutrition and weight self-management
   b. Chronic disease self-management (Diabetes, Uncontrolled Lipids, High Blood Pressure, etc.)
      i. Healthy Eating, Active Living groups (such as Living Well with Chronic Disease, Tomando Control de su Salud/Diabetes)
   c. **NOTE:** Self-Management includes:
      i. Setting SMART goals
      ii. Learning to make healthier choices
      iii. Plate method
      iv. Food label reading
      v. Ways to increase daily activity
      vi. Practicing self-care

Community Health Workers DO NOT:

1. Medically assess or diagnose; interpret lab/test results; make medical/mental health recommendations
2. Provide any medical or mental health "therapy", "counseling", or "therapeutic intervention"

Community Health Workers DO:

1. Walk alongside the client to provide peer support and resources connection
2. Increase communication and trust between the care team and the client/family
3. Help increase self-efficacy and self-sufficiency
4. Strive to always leave the client with three essential things: ***that the client was seen, heard, and respected***

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Figuring out team roles and responsibilities

- There are a number of different ways you can do this
- Have different care team roles work together to define their tasks and responsibilities
- Tools available online…or create your own!
- NACHC has a great resource for this:
  - https://nachc.docebosaas.com/learn/course/147/play/1136/care-team-planning-worksheet-patient-appointments

Team Planning

Assigning responsibilities and timing of tasks is important as the care team takes shape and becomes more sophisticated. Additionally, the team benefits if everyone knows what the rest of the team are doing.
Use this spreadsheet to define who accepts responsibility for or performs certain tasks. This may be a starting point to start thinking about who else can perform a task. For each current and future role, there is a drop-down box that includes commonly occurring team roles. WHEN IN VISIT CYCLE also has drop-downs for your convenience. If a choice does not match the reality of your clinic and care team, you can type in a role or time during the visit cycle.
If you develop improvements or have issues with this worksheet, don't hesitate to contact Trudy Bearden at trudyb@qualishealth.org

RESPONSIBILITY / TASK	*ROLE - Current*	*ROLE - Future*	*WHEN IN VISIT CYCLE*	*Notes*
Check-in patient				
Verify and update insurance information				
Verify and update demographic information (address, phone, etc)				
Verify and update PCP selection	RN	LPN		
Print summary lists (meds, dx, allergy); give to patient to review	MA	LPN		
Verify and update missing preventive / chronic care services	Provider	Front Office		
Track and follow up on lab & imaging results	LPN	LPN		
Notify patient of normal results	Front Office	Front Office		
Notify patient of abnormal results	Pharmacist	RN		

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Example from the Community Health Centers of Benton and Linn Counties, 2015

NOTE: They call their CHWs “Health Navigators” or HNs

Community Health Centers of Benton & Linn Counties

CHC Team Roles and Responsibilities

Updated: 3/4/2015

Clinical Health Navigator (HN)	Task / Responsibility	Who Else Can Do This
Navigators help patients get timely care. They work with patients individually to “navigate” the healthcare system and to help them overcome the barriers that keep them from getting timely care. A navigator is someone who identifies and reduces barriers to patient care, helps patients find resources, help patients understand that it is important to get treatment quickly.	**Integrated Behavioral Health**	
	Living Well w/Chronic Conditions	
	Patient education on diet & exercise	RN
	Patient education on overall health	RN, Provider
	Self-management including personal goal setting, lifestyle changes, making dietary and exercise choices, and patient education	RN, CP, BH
	Tobacco cessation/referral to the Quit line	
	Tomando Control de su Salud	
	Barrier-Free Access	
	Assist with internal services	
	Assist with social services	
	Help patients fill out medical forms	
	Transportation assistance	
	Customer-Driven Care	
	Bilingual and bicultural	
	Community outreach/cultural liaison – helping patients and the general community navigate the healthcare system (culturally and linguistically sensitive)	
	Family, community leader development	
	Models advocacy for self & family	
	Personal relationship building	
	Provides cultural sensitivity education	

You could use this model...

Developing duties for different roles on a care team. Fill in primary and secondary duties for different care team roles. Consider how different roles work together on a daily/weekly basis to fill patient/staff needs.

Care Team Role	Primary Role Duties* *Best or only performed by this role; usually daily basis	Secondary Role Duties* *Can assist other roles with these tasks, but not daily basis
Provider	•	•
Community Health Worker	•	•
Nurse/ Care Coordinators	•	•
Medical Assistants	•	•

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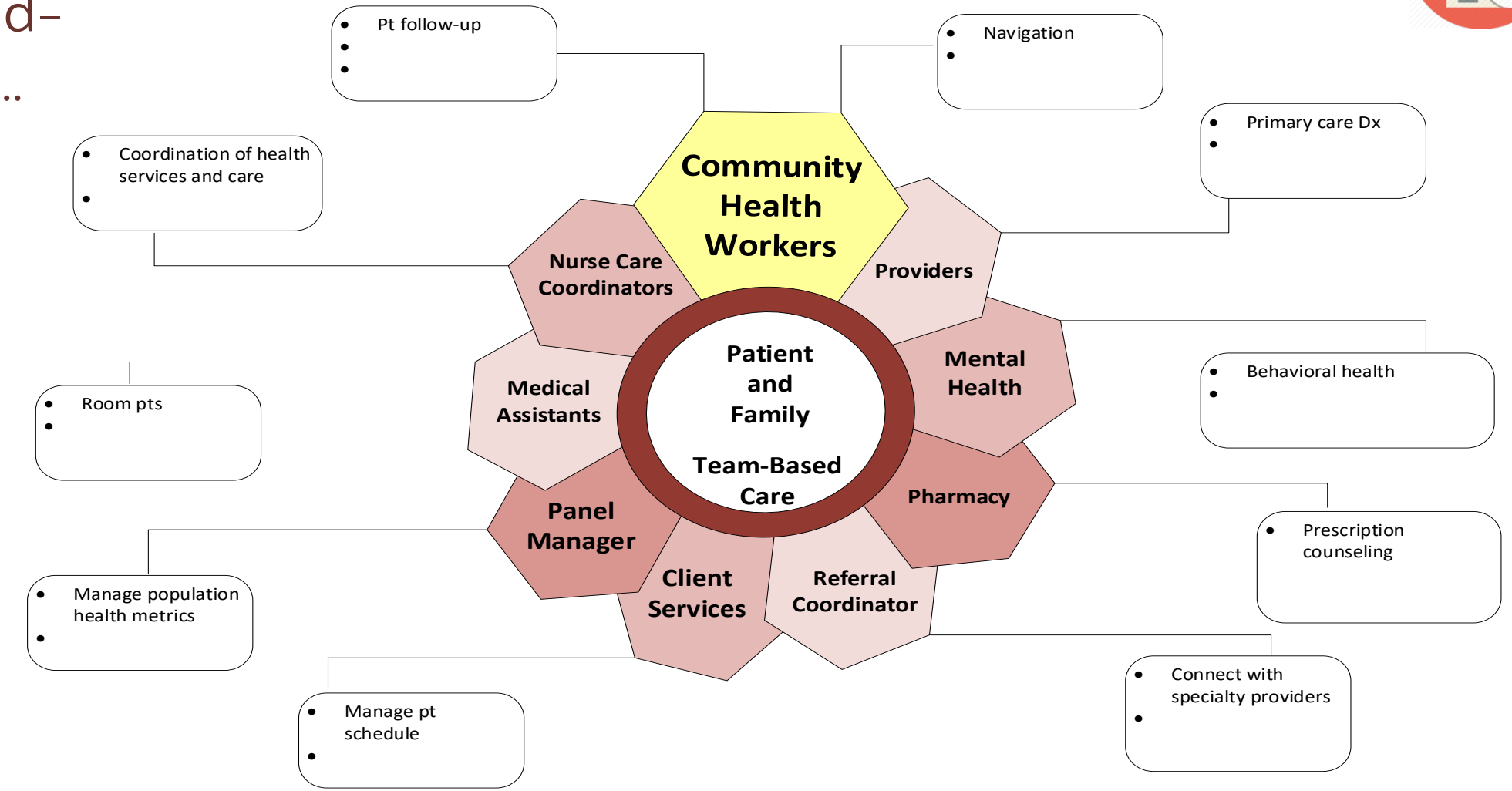
Or you could use this "mind-map" model...



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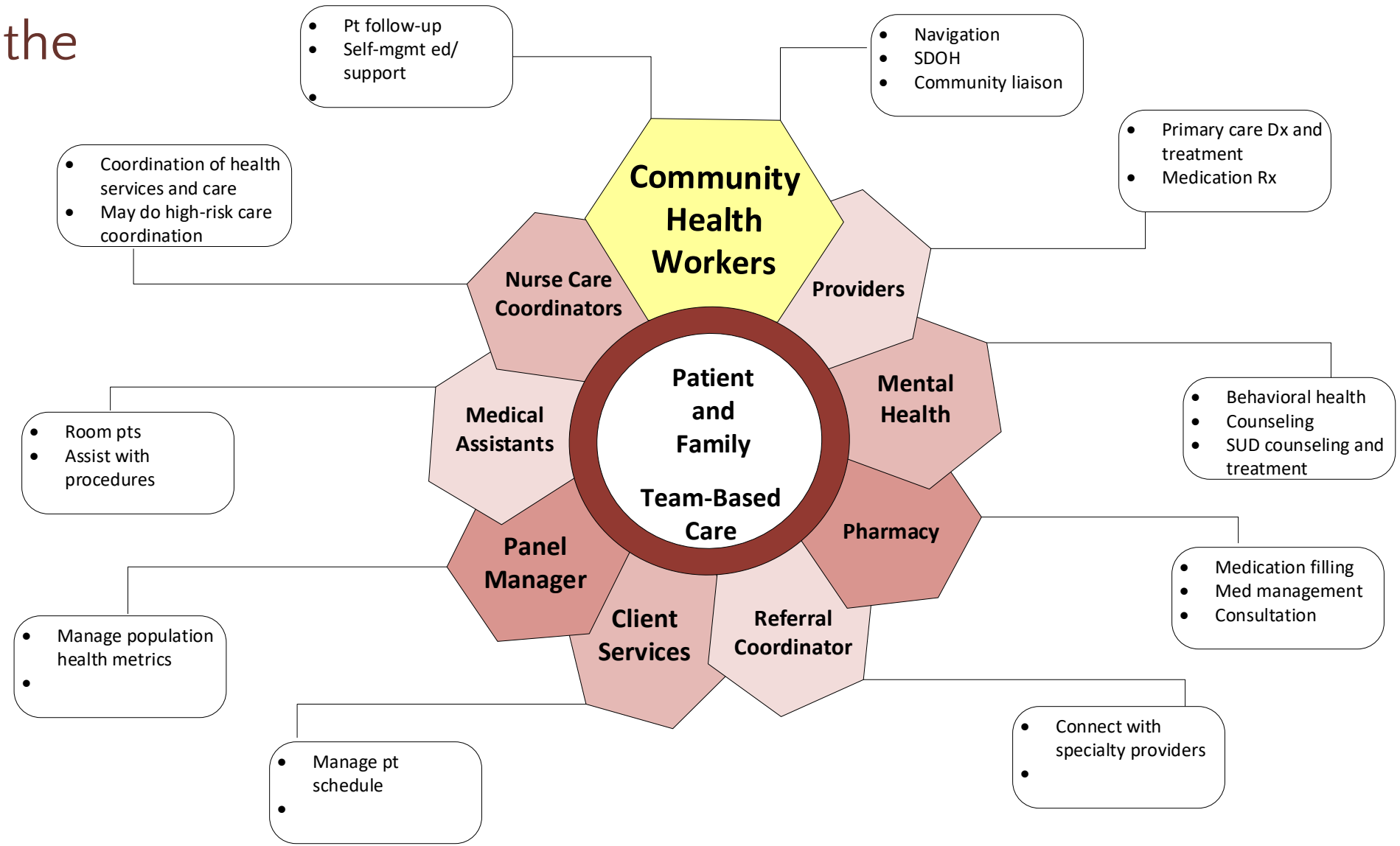
Filled in with some of the tasks:



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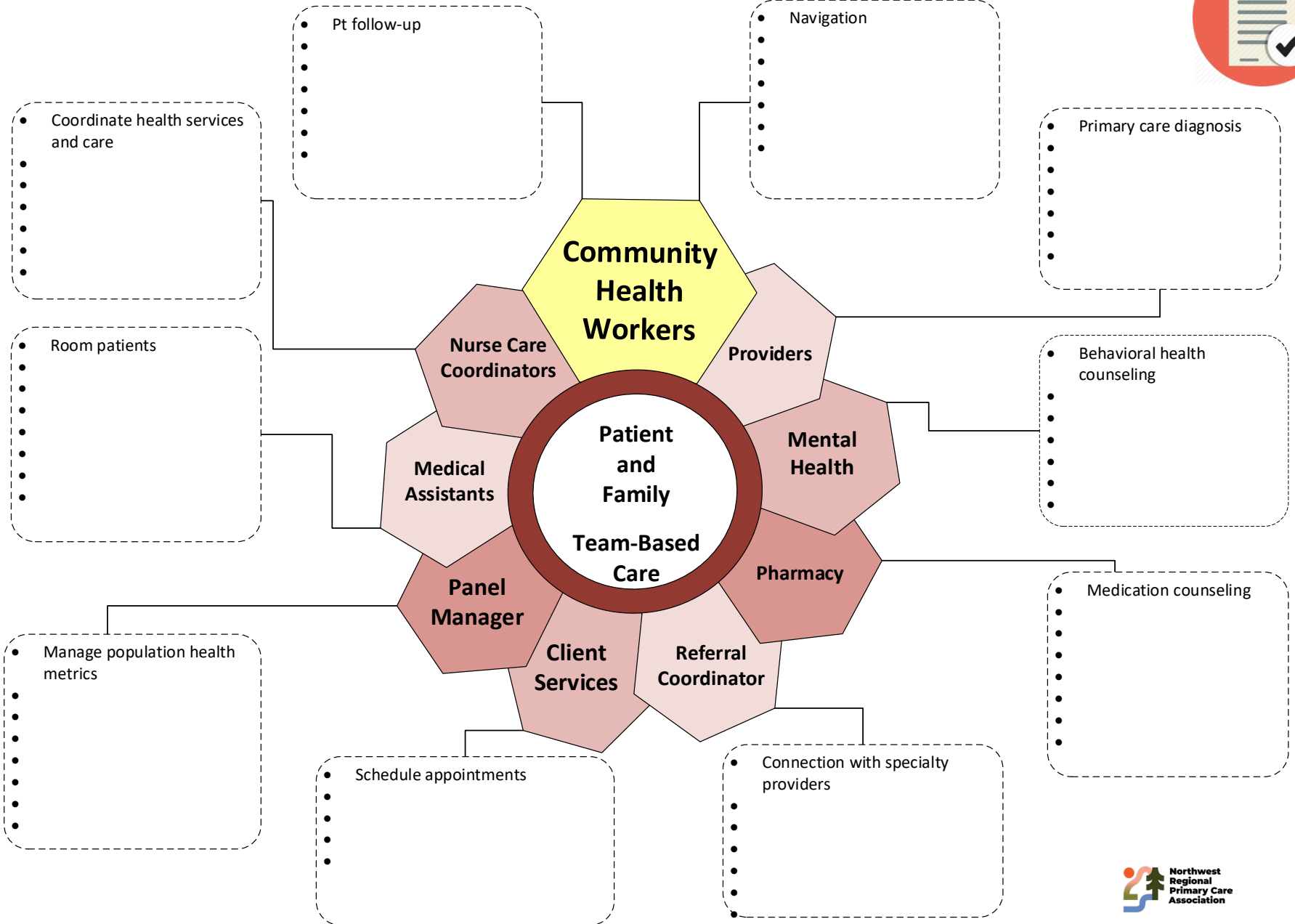
We are going to use this one for the next exercise

Care Team Member Tasks



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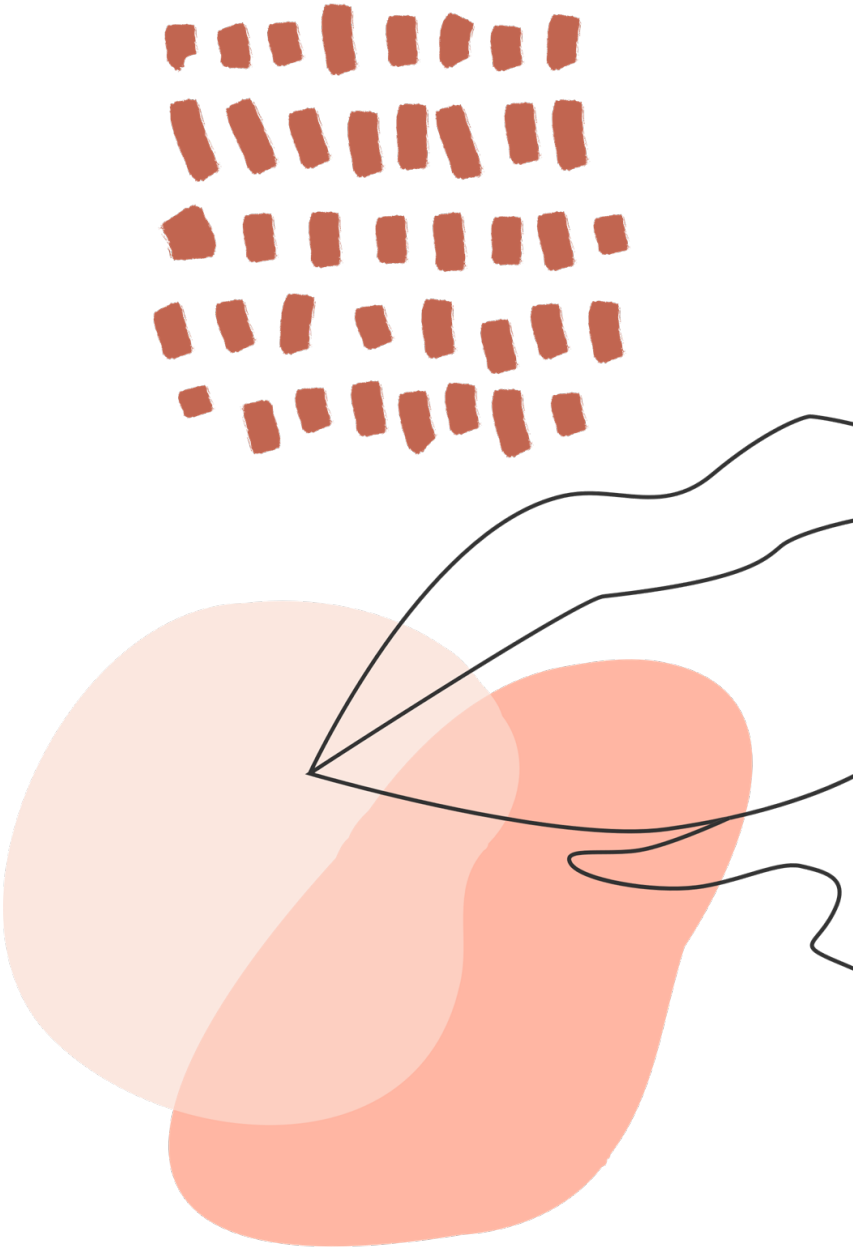
Your turn!

We will put you into break-out rooms

- **Open the PDF document labeled “Care_Team_Member_Tasks”**

I will share my screen with each break-out room so you can see the instructions

You will spend about 12 minutes in the breakout room and then return to the main group to share your thoughts and insights



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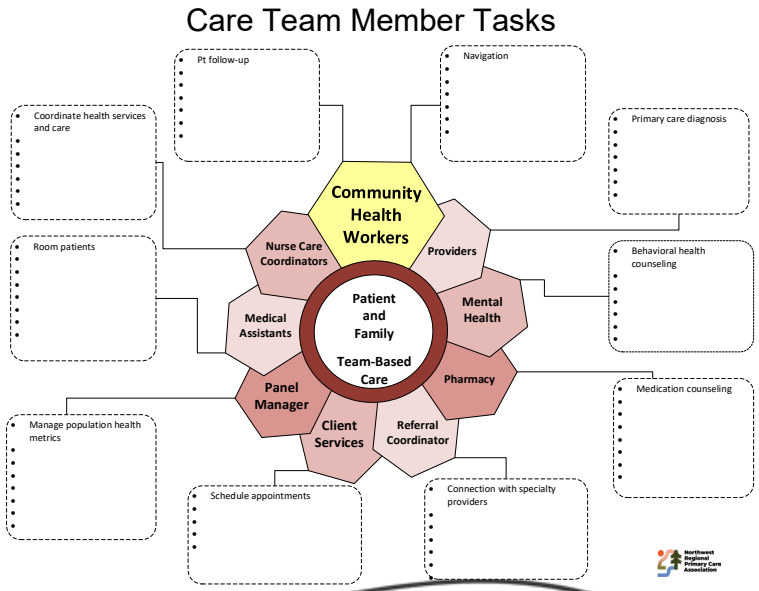
Practice: Creating care team roles/tasks

- Use the PDF document labeled “Care_Team_Member_Tasks”
- Working with your group, discuss the different roles your clinic/s use on your care teams
- Fill in the boxes (or make notes on a separate paper) of the tasks in each role
- **How does your clinical CHW intersect with these different roles?**
- NOTE: Each clinic may have different/additional roles for the care team than what is shown on the model – please share with us what they are!

Assign one person each as **facilitator** (keep the discussion moving), **recorder**, and **time-monitor**



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Time to share:

- Did your group have any new/different care team roles?
- Did you find that other clinics in your group had different/similar roles and tasks to your own?

In your clinic…

Do you already have clearly defined roles for your care team members?

If so, how did you get there?

Did you use a specific tool or strategy that you can share with us?

Please unmute or share your thoughts in the chat box!

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Care team commitment to the CHW model

1. "Community" is the most important word in Community Health Worker…

2. CHW **must** have one foot in the clinic and one foot in the community
    1. Flexible scheduling and autonomy important

3. CHW input and insight into patient care is respected and valued

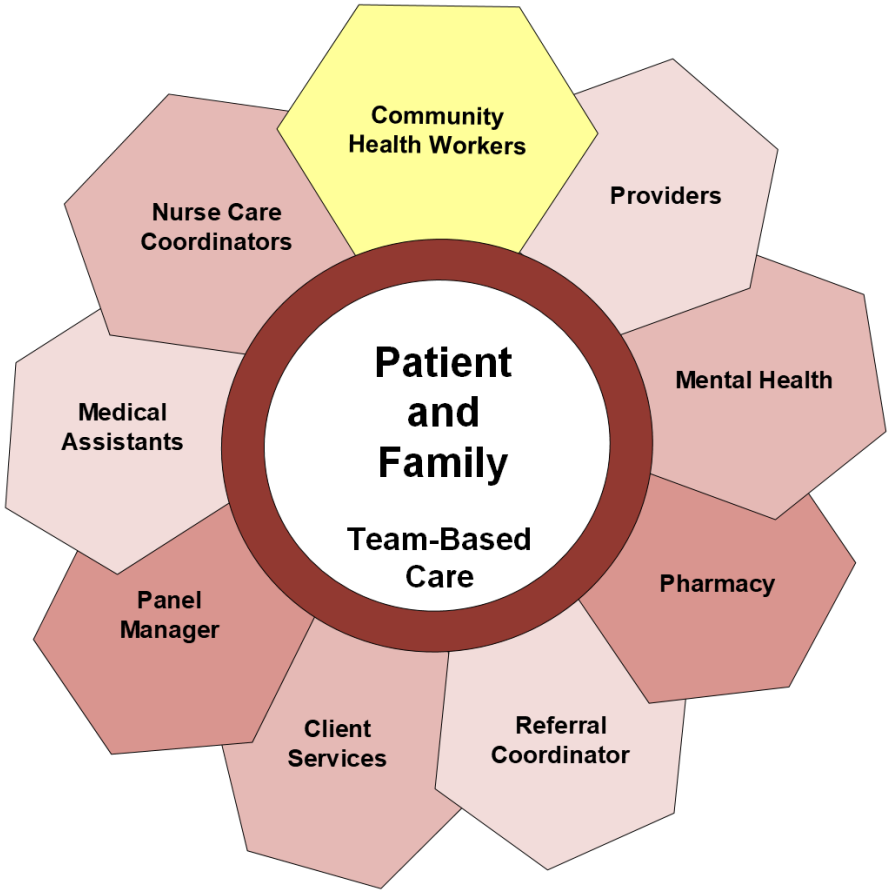
4. CHW is an *equal member* of the care team
    1. Not an after-thought or relegated to interpretation and transportation

CHWs

can and should be an

integral member

of your Primary Care Team!



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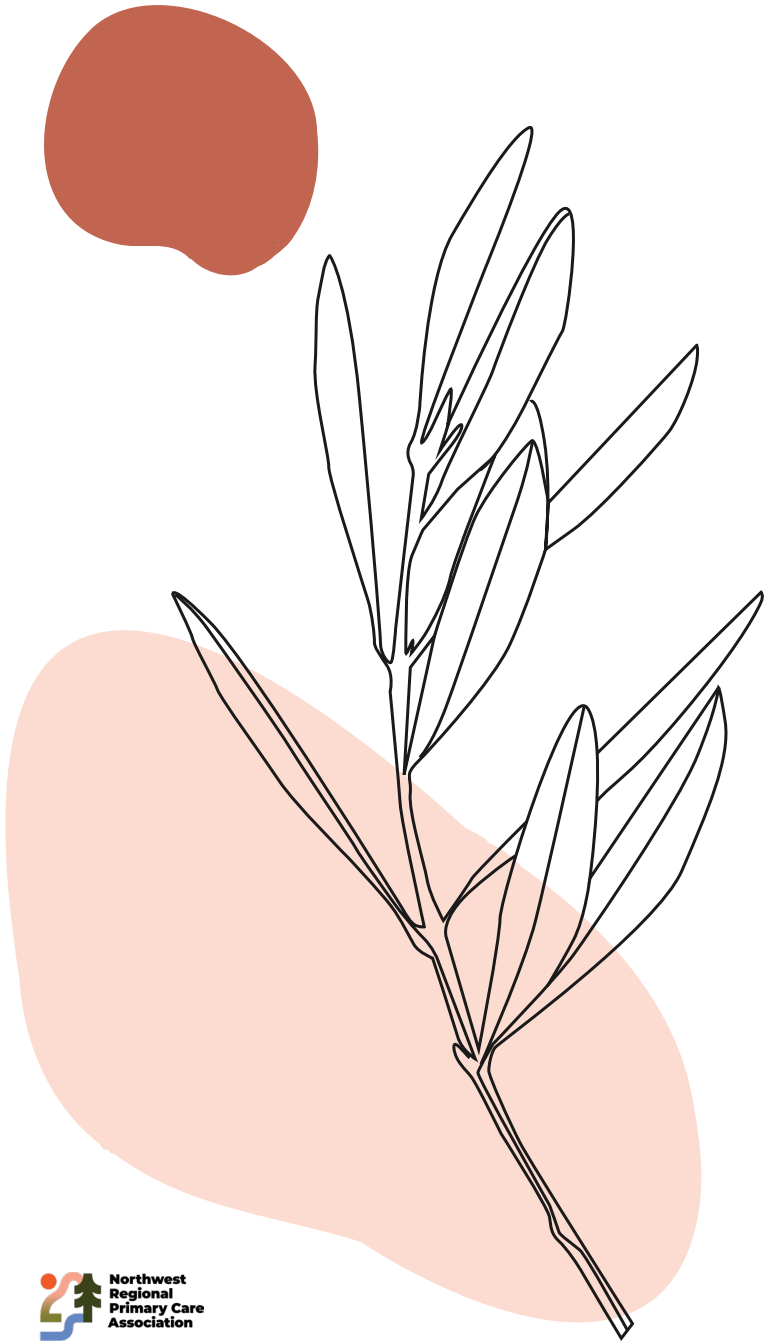

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Thank you!

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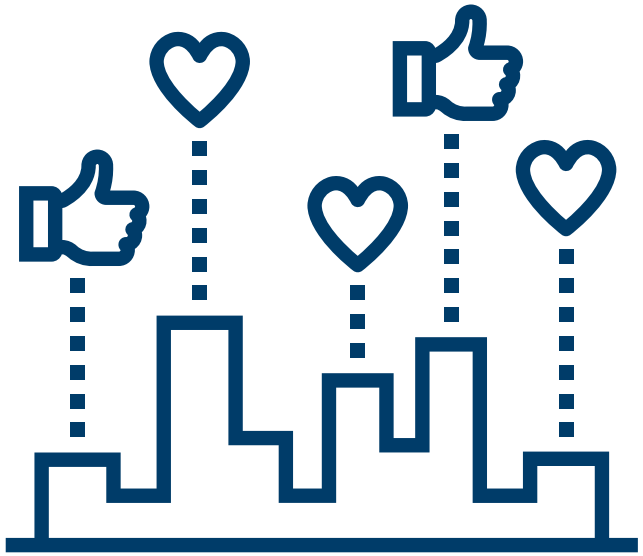

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Contact **QualityCenter@NACHC.org**