TOOLKIT
Utilizing Community Health Workers (CHWs) to Deliver Clinic- and Community-based Pediatric Obesity Services

PRESENTED TO: The MPPOCC Learning Collaborative
May 16, 2018

Supported by the Statewide Health Improvement Partnership, Minnesota Department of Health

In partnership with the MN Partnership for Pediatric Obesity Care and Coverage (MPPOCC), convened by the MN Chapter of the American Academy of Pediatrics and the MN Council of Health Plans
TOOLKIT Purpose

1. Outline roles Community Health Workers (CHWs) can play to address pediatric obesity
2. Highlight two evidence-based curricula CHWs can deliver
   ■ MEND (Mind, Exercise, Nutrition...Do It!)
   ■ Smart Moves
3. Help providers cover service delivery costs through CHW billing and payments
4. Support overweight and obese kids and their families in adopting healthy lifestyles
What this TOOLKIT includes:

- Information to help you plan for CHWs delivering evidence-based pediatric obesity services at your clinic or community-based organization
- Examples and templates to modify for your own organization’s needs

**NOTE:** Every organization is different, with varied expertise, resources and experiences with CHWs and pediatric obesity services. No matter where you are now, this toolkit gives you some insights and resources to improve and expand your capabilities.
TOPICS:

- Background on pediatric obesity
- Evidence based curriculum examples
- MN CHW payment
- Steps to implement and bill for CHW-delivered pediatric obesity services
- Resources if you need help
TOPICS:

- Background on pediatric obesity
- Evidence based curriculum examples
- MN CHW payment
- Steps to implement and bill for CHW-delivered pediatric obesity services
- Resources if you need help
31.8% of children in the United States are overweight or obese

National NHANES data, for children 2-19 years old
Ogden et al. 2014
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>African American/Black</th>
<th>Asian Latino</th>
<th>Hispanic/Latino</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of children overweight or obese</td>
<td>35.2%</td>
<td>19.5%</td>
<td>38.9%</td>
<td>28.5%</td>
</tr>
</tbody>
</table>

National NHANES data, for children 2-19 years old
Ogden et. al. 2014

MN data for overweight/obesity by race show greater disparities (Overall 23.1%, Hispanic/Latino 45.2%, African American/Black: 42%, White 20.1%).

National Survey of Children’s Health, 2012
Treatment Algorithm
(2007 Expert Committee* and 2013 ICSI Guidelines)

- Most overweight or obese children will begin with a stage 1 intervention
- A child should progress to the next stage of management if no improvement in BMI after 3-6 months and family willing
- Beginning at stage 3, the intervention has exceeded the capabilities of a typical primary care clinic

*Staged Algorithm based on expert opinion
Obesity in Children and Adolescents
US Prevention Services Task Force
Recommendation (Level B):

“The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status.”

Intensive behavioral interventions:

http://jamanetwork.com/journals/jama/fullarticle/2632511
TOPICS:

- Background on pediatric obesity
- Evidence based curriculum examples
- MN CHW payment
- Steps to implement and bill for CHW-delivered pediatric obesity services
- Resources if you need help
Example Evidence-based Curricula

- Two curricula with Randomized Controlled Trials (RCTs) showing positive effects:
  - MEND (Mind, Exercise, Nutrition...Do it!)
  - Smart Moves
Example Evidence-based Curricula

MEND (Mind, Exercise, Nutrition...Do it!) Programs

- **Year first developed:** 2001 UK; 2007 US
- **Locations:** Original implementation in UK, thereafter extensive implementations USA, Canada, UK and Australia. Also in the Netherlands, Denmark and New Zealand.
- **Cost:** Range from $225 to $750 per child and parent depending on the implementation style and program desired.
- **Contact:** info@healthyweightpartnership.org
- **Website:** https://healthyweightpartnership.org/
Example Evidence-based Curricula

MEND (Mind, Exercise, Nutrition...Do it!) Programs

- Summary of impact and results:

The MEND program has been evaluated in underserved communities in 4 countries. MEND has the largest evidence-base internationally for a community-based child weight management program and has been the subject of 36 peer-reviewed publications and independently conducted reports. Evaluations include: RCTs; population level evaluations; long-term follow-up trials, qualitative evaluations and many others. Trial results have led to ongoing program development and localization to continually improve outcomes. MEND Programs have proven to be cost-effective interventions that deliver significant improvements in health outcomes and risk behaviors for children and their families struggling with obesity and overweight.
Example Evidence-based Curricula

MEND (Mind, Exercise, Nutrition...Do it!) Programs

Citations:

- Full reference list available at: https://healthyweightpartnership.org/our-research

2 key resources:


Example Evidence-based Curricula

Smart Moves

- **Year first developed:** 2005

- **Locations:**
  - New Haven, Connecticut at the Bright Bodies Program at Yale
  - Curriculum/program currently used in other areas of Connecticut (Hartford) and other states such as Georgia, Texas, Rhode Island, New Hampshire, New York, Ohio, Maryland, and Wyoming
  - Also used in Concepcion, Chile
Example Evidence-based Curricula

Smart Moves

■ Cost:
  - Program Start Up Manual: $1,295, includes full description on how to start pediatric weight management program, complete with flash drive for brochure, class topic schedules, etc.
  - Curriculum start up package: $1,255, contains 20 workbooks--Spanish or English--and 2 Instructor’s Manuals. (Electronic versions of curriculum are available for large workbook orders.)
  - Training (in person or via web conference): $2,000 (full-day training)
  - Annual cost for use of Smart Moves name: $265

■ Contact: Mary Savoye-DeSanti, RD, CDE; marydesanti@comcast.net

■ Web sites:
  - www.Smartmovessforkids.com
  - www.brightbodies.org (Yale program utilizing Smart Moves)
Example Evidence-based Curricula

Smart Moves

Summary of impact and results:

- The Smart Moves curriculum which utilizes a non-diet approach with better food choices of moderate portions sizes was compared with children who dieted using a structured meal plan (2005). Both groups attended exercise and were part of the Bright Bodies (BB) Program at Yale. At one year, the structured meal plan group (SMP) had a greater decrease in BMIz (-16.4%) than the non-dieters or better food choice (BFC) group (-4.7%), though not significant (P=.34) but at two years, the dieters regained weight towards baseline (-5.1% BMIz decrease), while the non-dieters using Smart Moves continued to decrease their BMI (-9.1% BMIz) (P=.006) (Savoye, 2005).

- After this, the curriculum continued to be used in a comprehensive program at Yale, and has been compared in a randomized control trial in which those in the comprehensive program lost 1.7 BMI after one year, while the clinic control gained 1.6 BMI at one year (treatment effect 2.3) (p < 0.001) (Savoye, 2007). At 2 years (with no intervention between year 1 and year 2), the treatment effect was still statistically significant (p < 0.001), indicating the curriculum-users continued to benefit from the education received (Savoye, 2011). It should be noted that in addition to BMI and BMIz scores, positive treatment effects such as percent body fat and the homeostasis model assessment of insulin resistance (HOMA-IR) were all sustained at 2 years (Savoye, 2011).

- Given this success, high-risk children with pre-diabetes were randomized to BB group or clinic control and the BB group improved 2 hr glucose and insulin parameters during OGTT significantly (P=0.005 and <0.001, respectively) more than control (Savoye, 2014). In fact, 42% of the BB group reverted to normal glucose tolerance, while only 7% reverted in the control group.
Example Evidence-based Curricula

Smart Moves

■ Citations:


Example Evidence-based Curricula

- A few examples of other research-based curricula that meet the MN Health Care Program standards for CHW best practices (but don’t have RCTs):
  - Hennepin County Medical Center’s Taking Steps Together--
    https://www.hcmc.org/foundation/HCMC_MAINCONTENT_421
  - YWCA’s Strong Fast Fit--
    https://www.ywcampls.org/child_care_youth_programs/afterschool_girls_youth_programs/strong_fast_fit/
  - KidShape-- http://www.kidshape.net

REMEMBER:
- Recruitment and attendance are important issues for these services
- Kids and their families need to be highly motivated to participate and succeed
TOPICS:

■ Background on pediatric obesity
■ Evidence based curriculum examples
■ MN CHW payment
■ Steps to implement and bill for CHW-delivered pediatric obesity services
■ Resources if you need help
Community Health Workers (CHWs) are uniquely situated to provide intensive family-based services

- Frontline health professionals trained to provide health education and self-management support
- Represent diverse backgrounds and can bridge cultural and linguistic barriers
- Trained to assess and address social determinants that impact health
- In MN, CHWs can obtain a certificate via a standardized 17-credit curriculum offered at several post-secondary schools, including one offered fully online
- MN Health Care Programs, including through managed care organizations, provide reimbursement for CHW services

For a great video on CHWs, see Rishi Manchanda’s TED talk: “What makes us sick? Look upstream.”
https://www.ted.com/talks/rishi_manchanda_what_makes_us_get_sick_look_upstream
CHW Reimbursement: What’s available?

- Available to all MN Health Care Program recipients
- Max of 2 hours/day and 12 hours/month per client
- Can only bill for face-to-face time (1:1 or group) delivering self-management education and training
- Services can be provided in a clinic, home or community setting
CHW Reimbursement: What’s available?

■ Current (Jan 2018) rates per client, per 30-minute unit, in DHS fee schedule:
  
  - 98960 (1:1): $19.92
  - 98961 (groups, 2-4): $9.70
  - 98962 (groups, 5-8): $6.89

■ NOTE: In May 2018 DHS decided to start covering CHW-led groups larger than 8. More specific information on how to bill is expected to be posted in the MHCP CHW Provider Manual in summer 2018. May include use of a state-specific u-modifier added to the code above.
CHW Reimbursement: What’s required to access it?

- MN Health Care Program (MHCP) Provider Manual
  - Outlines rules about reimbursable CHW services

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

*Check website for updates regularly!
CHW Reimbursement: What’s required to access it?

- CHWs must have certificate from MN training program
- A clinical provider must order the CHW services
  - Accepted ordering providers are: physicians, Advanced Practice RNs, dentists, public health nurses, mental health professionals and RNs
  - Ordering provider can be in-house, or arranged by contract
CHW Reimbursement: What’s required to access it?

- CHWs must follow **best practices** when delivering ordered services

“The content of the patient education plan or training program is consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual patients.”

(MN Health Care Program Provider Manual)
TOPICS:

- Background on pediatric obesity
- Evidence based curriculum examples
- MN CHW payment
- Steps to implement and bill for CHW-delivered pediatric obesity services
- Resources if you need help
Steps to implement and bill for CHW-delivered pediatric obesity services

**STEP 1:** Identify an ordering provider

**STEP 2:** Develop standing orders

**STEP 3:** Recruit and train CHWs on standing orders and best practices

**STEP 4:** CHWs provide pediatric obesity services

**STEP 5:** Bill for CHW services
Steps to implement and bill for CHW-delivered pediatric obesity services

**STEP 1: Identify an ordering provider**

1. If your organization is already enrolled with DHS, identify an interested provider to be the ordering provider for CHW services.
2. If your organization is not a DHS-enrolled organization, you can:
   - Develop a contract with an external provider to serve this role
   --or--
   - Become a DHS-enrolled organization
Steps to implement and bill for CHW-delivered pediatric obesity services

**STEP 1: Identify an ordering provider**

- The provider ordering CHW services must be enrolled with DHS as an individual provider.

- The ordering provider’s organization must have the capacity to bill MN Health Care Programs for CHW services, and have contracts in-place with payers (FQHCs currently cannot bill for CHW services).

- If the ordering provider is arranged via partnership, a Business Associates Agreement (BAA) will be needed to outline that privacy protections are in-place.
Steps to implement and bill for CHW-delivered pediatric obesity services

STEP 1: Identify an ordering provider

For community-based organizations wanting to become a DHS enrolled entity:

- DHS provider enrollment information
- You will likely have to hire or contract with a Medical Director (can be very part-time/hourly)
- After enrolling with DHS, contact each Managed Care Organization individually to set-up contracts to bill for your CHW pediatric obesity services
- MN E-connect provides free medical claims processing (https://mneconnect.healthec.com)
- See DHS, MCO and Technical Assistance contacts at the end of this presentation for more information
Steps to implement and bill for CHW-delivered pediatric obesity services

**STEP 1: Identify an ordering provider**

- Most providers are familiar with standing orders as an acceptable service delivery method within their practices.
- Most providers will need to learn more about the CHW role and expertise, and requirements of CHW service delivery.
- Ordering providers’ role will include:
  - Helping develop the criteria for at-risk clients (for example: children ages 6-17 years with BMI in the 85th % ile or higher), and the best practices the CHW will follow when delivering services
  - Signing the standing orders
  - Providing general oversight of the CHW services (administration and supervision to assure curriculum fidelity; **NOT** clinical oversight of day-to-day operations)
  - Providing their NPI # on CHW service claims
Steps to implement and bill for CHW-delivered pediatric obesity services

STEP 2: Develop standing orders

FIRST—A little background on standing orders...
What are Standing Orders?

- Standing orders are used to deliver services to an identified population that meet at-risk criteria, without necessarily seeing a clinical provider first.

- “Standing orders are often based on national clinical guidelines, but practices may customize those guidelines based on their own patient population or care environment.”

*University of California, San Francisco’s Center for Excellence in Primary Care
http://cepc.ucsf.edu/standing-orders
What are Standing Orders?

Standing Orders include:

• How at-risk clients are identified
• How best practice services will be delivered to at-risk clients
• Ordering provider signature
What Standing Orders are NOT?

Standing orders are **NOT** a way to deliver general CHW services to everyone.

Instead, they are a way to identify at-risk clients who can benefit from receiving specific CHW services.
CHW Services Delivered Under Standing Orders

Ordering provider (MD, APRN, PHN, Dentist, Mental Health Professional, RN) develops and signs standing orders

- Defines criteria for at-risk clients to be served
- Outlines protocol for CHW service delivery

Clients identified

- Referral from client's provider
- For clients not referred, assessment tool administered to determine if client meets risk criteria in standing orders

CHW delivers patient education and self-management support services

- Best practices and protocols outlined in the standing orders are followed
- CHW communicates with clients' primary care provider about CHW services delivered

37
Steps to implement and bill for CHW-delivered pediatric obesity services

**STEP 2: Develop standing orders**

**INCLUDE:**

- Criteria for clients to be served (define at-risk pediatric obesity population and how clients will be identified)
- Services outlined in the evidence-based or research-based pediatric obesity curriculum CHWs will deliver

**SEE ALSO:** Example template CHW Pediatric Obesity Standing Orders in this toolkit at:
http://www.mnaap.org/obesitymppocc.html
Steps to implement and bill for CHW-delivered pediatric obesity services

STEP 3: Recruit and train certificate-holding CHWs on standing orders and best practices

CHW competencies materials in this toolkit include:

- Example CHW interview questions
- Supervisor/CHW check-in guide for ongoing review of performance
- CHW training resources
- CHW Core Competencies grid for supervisors to evaluate and plan for training needs
- Example template CHW Pediatric Obesity Best Practices

You can find these materials at: http://www.mnaap.org/obesitymppocc.html
Steps to implement and bill for CHW-delivered pediatric obesity services

STEP 3: Recruit and train certificate-holding CHWs on standing orders and best practices

- Assure CHWs are familiar with the standing orders and best practices you are using
- Train CHWs on specific pediatric obesity curriculum they will deliver (Arrange MEND and SmartMoves class leader training when you purchase the curriculum)
Steps to implement and bill for CHW-delivered pediatric obesity services

STEP 3: Recruit and train certificate-holding CHWs on standing orders and best practices

- Obtain an NPI# for billing purposes for each CHW (online form, one-hour turn-around time):
  https://nppes.cms.hhs.gov/#/

- Enroll each CHW with DHS using forms under “Enrollment Criteria” in the MHCP CHW Provider Manual (30-day turn-around time, or more):
Steps to implement and bill for CHW-delivered pediatric obesity services

STEP 4: CHWs provide pediatric obesity services

- Follow Standing Orders to identify and serve clients
- Follow chosen pediatric obesity curriculum
- Assure staff are trained in HIPAA and rules are followed (online DHS HIPAA training is available at: [https://data-securitytraining.dhs.mn.gov/Account/Login](https://data-securitytraining.dhs.mn.gov/Account/Login))
- Follow all MHCP Provider Manual rules for documentation and supervision
Steps to implement and bill for CHW-delivered pediatric obesity services

STEP 4: CHWs provide pediatric obesity services

- Include a plan for regular supervisor check-ins with CHW(s)
- Communicate about client progress with their primary care providers
- Conduct quality assurance activities
  - Outcome measures
  - Satisfaction surveys
Steps to implement and bill for CHW-delivered pediatric obesity services

**STEP 5: Bill for CHW services**

- Bill services under ordering provider’s billing mechanisms and payer contracts
- Follow MHCP Provider Manual instructions for CHW billing:
  

- MN E-connect is a free medical claims processing service: [https://mneconnect.healthec.com](https://mneconnect.healthec.com)

- SEE ALSO: CHW Billing Tip Sheet at: [http://www.mnaap.org/obesitymppocc.html](http://www.mnaap.org/obesitymppocc.html)
Steps to implement and bill for CHW-delivered pediatric obesity services

STEP 5: Bill for CHW services

It’s important to remember:

■ Know the details of your contract arrangements with payers to accurately understand the reimbursement you will receive. Sometimes payers pay a percent of charges, sometimes they pay the DHS rates, and sometimes it’s their own rate.
Steps to implement and bill for CHW-delivered pediatric obesity services

**STEP 5: Bill for CHW services**

Troubleshoot issues with DHS and health plan contacts

<table>
<thead>
<tr>
<th>Organization</th>
<th>General Website and Contracting Contact</th>
<th>Troubleshooting Contact</th>
</tr>
</thead>
</table>
Steps to implement and bill for CHW-delivered pediatric obesity services

**STEP 5: Bill for CHW services**

Troubleshoot issues with DHS and health plan contacts

<table>
<thead>
<tr>
<th>Organization</th>
<th>General Website and Contracting Contact</th>
<th>Troubleshooting Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hennepin Health</td>
<td><a href="https://www.hennepinhealth.org/providers/">https://www.hennepinhealth.org/providers/</a></td>
<td>Renae Froemming, Network Management: <a href="mailto:Renae.Froemming@hennepin.us">Renae.Froemming@hennepin.us</a>&lt;br&gt;Amy Crary, Quality Management: <a href="mailto:amy.crary@hennepin.us">amy.crary@hennepin.us</a></td>
</tr>
<tr>
<td>Medica</td>
<td><a href="https://www.medica.com/providers">https://www.medica.com/providers</a></td>
<td>John Zillhardt, Manager, Product Administration for Medica State Public Programs:&lt;br&gt;952-992-2290, <a href="mailto:john.zillhardt@medica.com">john.zillhardt@medica.com</a></td>
</tr>
<tr>
<td>UCare</td>
<td><a href="https://www.ucare.org/providers/Provider-Profile/Pages/Apply-For-Our-Network.aspx">https://www.ucare.org/providers/Provider-Profile/Pages/Apply-For-Our-Network.aspx</a></td>
<td>Annie Halland, County Manager: 612-676-3317, <a href="mailto:ahalland@ucare.org">ahalland@ucare.org</a>;&lt;br&gt;Sally Johnson, Contract Specialist: 612-294-5157, <a href="mailto:sjohnson@ucare.org">sjohnson@ucare.org</a></td>
</tr>
</tbody>
</table>
You can do this!

- Providing and billing for CHW pediatric obesity services is achievable
- Standing orders provide a method to reach at-risk clients with research- and evidence-based pediatric obesity services
- Enlist your team of CHWs and other professionals to develop and implement a plan
TOPICS:

- Background on pediatric obesity
- Evidence based curriculum examples
- MN CHW payment
- Steps to implement and bill for CHW-delivered pediatric obesity services
- Resources if you need help
RESOURCES if you need help:

MN Partnership on Pediatric Obesity Care and Coverage Web Site: http://www.mnaap.org/obesitymppocc.html

Cherylee Sherry, MN Department of Health
651-201-3769
cherylee.sherry@state.mn.us

Megan Ellingson, MHA; Co-Founder and President, Consulting Services
612-385-4862
meganellingson@chwsolutions.com

Megan Curran de Nieto, CHW; Co-Founder and President, CHW Services
651-315-4905
megannieto@chwsolutions.com