Oregon Health Policy Board
Health Care Workforce Committee
Non-Traditional Health Care Worker Subcommittee

Approved by OHPB on _____, 2011

I. Authority

The Oregon Health Authority (OHA), under House Bill 3650, Section 13, is establishing a public process to inform the development of an Oregon Integrated and Coordinated Health Care Delivery System. This system will deliver integrated health care and services to Oregonians through a Coordinated Care Organization (CCO) model of care, beginning with Oregon Health Plan enrollees and with special attention to coordinating care and services for Medicare beneficiaries who are also on the Oregon Health Plan.

The goal is a health care system where Coordinated Care Organizations (CCOs) are accountable for care management and providing integrated and coordinated health care for each organization's members. CCOs will be managed within fixed global budgets and will provide efficient, high quality, culturally competent care aimed at reducing medical cost inflation. Additionally, Oregon's health care system will maintain regulatory controls necessary to ensure affordable, quality health care for all Oregonians, while supporting the development of regional and community accountability for health and health care equity.

Oregon is experiencing a widespread shortage of its health care workforce and an increasingly diverse population. Building and fostering the utilization of the workforce of community health workers, peer wellness specialists, and personal health navigators by more fully integrating them into health care teams will help to assure high-quality, culturally competent care to traditionally underserved populations within an integrated and coordinated health care system.

Section 11 of HB 3650 directs the Oregon Health Authority, in consultation with the appropriate health professional regulatory boards and advocacy groups, to develop and establish with respect to community health workers, personal health navigators, peer wellness specialists and other health care workers who are not regulated or certified by the state of Oregon:

(a) The criteria and descriptions of such individuals that may be utilized by coordinated care organizations; and
(b) Education and training requirements for such individuals.

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The criteria and requirements must be broad enough to encompass the potential unique needs of any coordinated care organization and must meet requirements of the Centers for Medicare and Medicaid Services in order that their services are reimbursable under Medicaid.

As the policy-making and oversight body for OHA, the Oregon Health Policy Board (OHPB) establishes the Health Care Workforce Committee's Non-Traditional Health Worker (NTHW) Subcommittee to provide recommendations to the Board that meet the direction of Section 11 of HB 3650. The Subcommittee will be staffed by the Office for Multicultural Health and Services within OHA.

The NTHW Subcommittee will be guided by House Bill 3650, the Board's 2010 report *Oregon's Action Plan for Health*, and by OHA's Triple Aim:

- improving the lifelong health of all Oregonians;
- improving the quality, availability and reliability of care for all Oregonians, and;
- lowering or containing the cost of health care so that it is affordable for everyone.

This charter defines the objectives, responsibilities and scope of activities of the NTHW Subcommittee.

This charter shall expire in March 2012 or when the Board determines that the charter has been fulfilled, whichever is sooner.

II. Deliverables

The NTHW Subcommittee is chartered to describe the functions and criteria for [generic term for all three workers] that may be employed by Coordinated Care Organizations (CCOs) and to establish education and training criteria that are broad enough to encompass the potential unique needs of any Coordinated Care Organization and meet the requirements of the Centers for Medicare and Medicaid Services to qualify for Medicaid reimbursement.

The NTHW Subcommittee will advise the Workforce Committee and the Health Policy Board on the utilization and standards for community health workers, personal health navigators, and peer wellness specialists that may offer services within or in conjunction with CCOs.

The Subcommittee shall deliver to the full Healthcare Workforce Committee, and ultimately to the Board, the following:

- Recommendations for criteria and roles of community health workers, personal health navigators, and peer wellness specialists, including:

- The range of activities (across covered health services) that can be performed by CHWs, personal health navigators and peer wellness specialists and the core/minimum set of such activities that should be performed by such professionals in the context of CCOs.
- The education and training required for [CHWs, personal health navigators and peer wellness specialists to: a) work within or in conjunction with CCOs ; and b) meet Centers for Medicare and Medicaid Services criteria to qualify for Medicaid reimbursement.

III. Timing

- The Health Worker Subcommittee shall convene by **September 30, 2011.**
- Assessment of current utilization of community health workers, personal health navigators, peer wellness specialists must be completed by **November 2011**.
- Research on existing education and training models must be completed by **November 2011.**
- Draft recommendations on criteria and descriptions of community health workers, personal health navigators, and peer wellness specialists, and education and training requirements will be completed by **January 2012** by the Subcommittee.
- Solicit community and stakeholder feedback by **February 2012**.
- The final recommendations will be delivered to the Health Policy Board and OHA leadership in **March 2012.**

IV. Dependencies

The Health Worker Subcommittee will seek information from and collaborate with a wide range of partners including:

a. Community health workers, peer wellness specialists, personal health navigators
b. The Department of Community Colleges and Workforce Development, the Oregon University System, OHSU, and other educational groups
c. Appropriate health professional regulatory Boards.
d. Health care employers and providers
e. The Oregon Office of Rural Health, the Oregon Primary Care Office, and Oregon's Area Health Education Centers (AHECs)
f. Oregon Primary Care Association
g. Oregon Health Authority Addictions and Mental Health Division, DHS Seniors and People with Disabilities Division, and Public Health Division
h. The Oregon Employment Department

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i. SEIU

j. Mental Health Service Providers (Cascadia Behavioral Healthcare, Oregon Family Support Network)

k. Home Care Commission

V. Staff Resources

The Office of Multicultural Health and Services will work with the Office of Health Policy and Research to facilitate the work of the Health Worker Subcommittee.

Lead Staff:

- Carol Cheney, Office of Multicultural Health and Services

Healthcare Workforce Committee staff:

- Lisa Angus, Office of Health Policy and Research

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