

# National Indian Health Board



## **Community Health Aide Program: Potential for National Expansion**

Michelle Castagne,  
*Congressional Relations Manager*

# Learning Objectives

- 1. Understand the development and of the Community Health Aide Program and Certification Board role in Alaska.
- 2. Understand the educational process, standards of practice, program management, and health impact of the three health aide disciplines.
- 3. Inform Tribal leaders and Community Health Representatives on the Community Health Aide Program Proposed Expansion through Indian Health Service.





With rising demand for quality health care, communities are increasingly looking for innovative approaches to health service delivery. Recognizing the success of community health aides, Congress authorized the creation of a national federal Community Health Aide Program (CHAP). The Indian Health Service (IHS) is currently exploring necessary steps to create a national CHAP, including the creation of a national certification board.

# CHAP Providers in Indian health

- **Community Health Representatives (CHRs)**
  - Over 1,000 well-trained, medically guided health care workers
- **Community Health Aides**
  - Scope of Practice for each level is different and encompasses all of the scope of practice for the levels below the highest level of training reached by the Individual.
- **Behavioral Health Aides**
  - Designed to promote wellness in Alaska Native individuals, families, and communities through culturally relevant training and education for village-based counselors
- **Dental Health Aides**
  - Scope of practice for each provider is different and encompasses all of the scope of practice for the levels below the highest level of training reached by the provider.



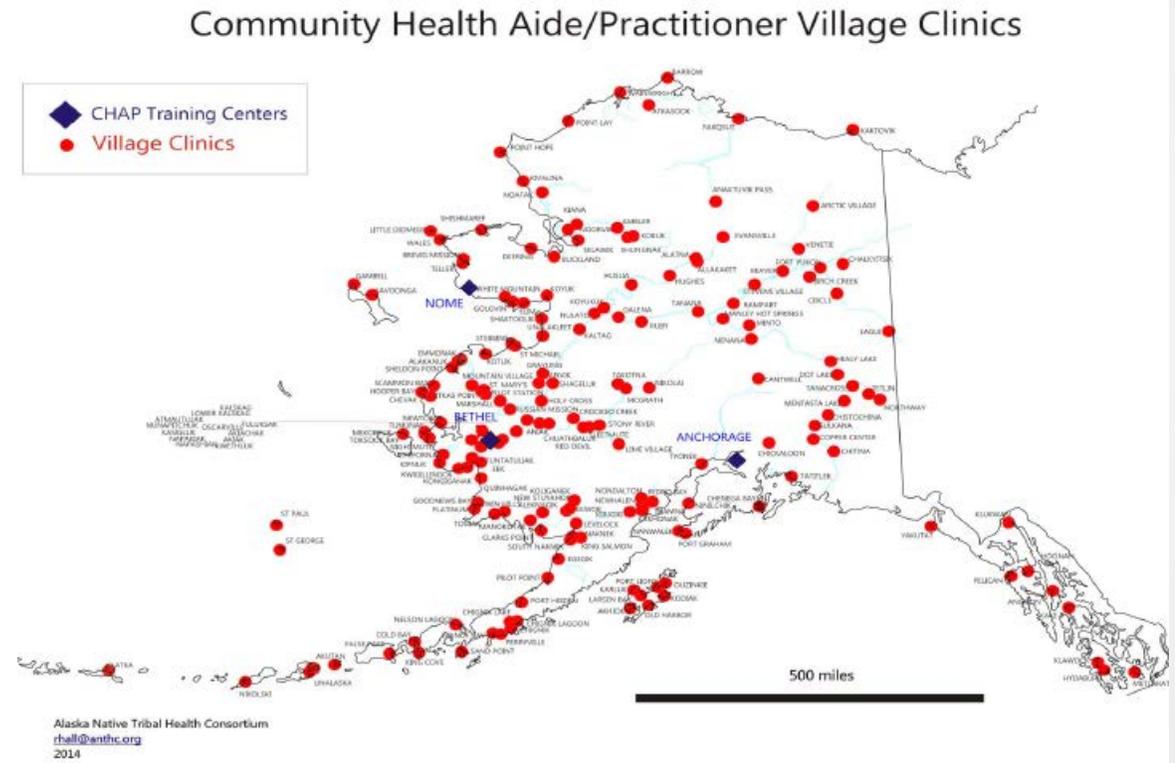
# History of CHAP in Alaska

- **1950s** - Chemotherapy Aides
- **1960** – Formal Training of Community Health Aides
- **1968** – CHAP recognized and funded by Congress
- **1990s** – IHS transferred Alaska’s health programs to local regional Native health corporations through the Indian Self-Determination and Education Assistance Act (PL 93-638)
- **1998** – CHAP Certification Board Standards and Procedures Authority
- **2005** – Dental Health Aides Certified
- **2009** – Behavioral Health Aides Certified
- **2016** – IHS seeks Tribal consultation on CHAP Expansion



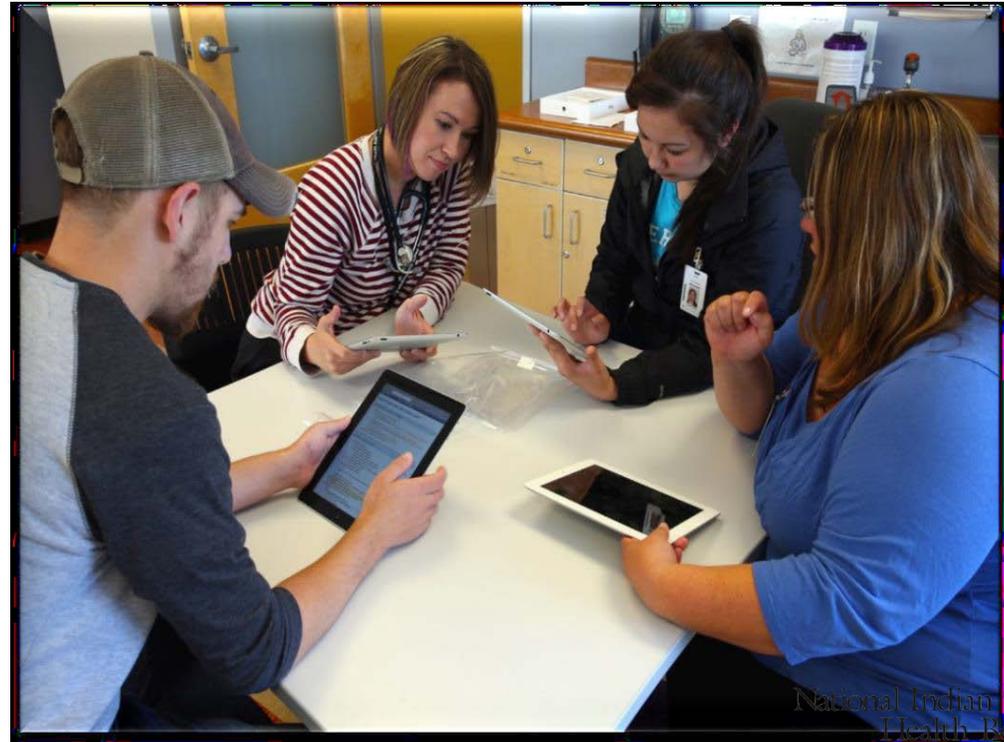
# Key Components of CHAP

- Community role in selection of workers
  - Local people
- Culturally competent care and curriculum
- Competency base curriculum
- Provides routine, preventative, and emergent care
  - 300,000 encounters per year
- Part of team
  - Described as the “eyes, ears, and hands of the physician”



# Alaska Community Health Aides

- The Alaska Community Health Aide/Practitioner Manual (CHAM) contains current guidelines of health care
- The CHAM guides the CHA/P throughout the patient encounter
- Now accessed electronically
- Can be utilized to:
  - Guidelines on how to perform an exam,
  - Take patient medical history,
  - Conduct a lab,
  - Conduct an assessment,
  - Create a patient care plan



# Community Health Aid

- Role:
  - Emergency Medical Response
  - Front Office Manager/Receptionist
  - Admissions and Registration Clerk
  - Medical Records Clerk
  - Nurse
  - Provider
  - Lab Technician
  - Pharmacy Technician
  - Travel Clerk
  - Medical Supply Officer



# Community Health Aide Education

- After Hire, Community Health Aides Receive:
  - 2 Week Pre-session Training on use of the Alaska Community Health Aide/Practitioner Manual
  - 1 Week Emergency Trauma Technician Training
  - 1 Week Emergency Medical Technician Training
- Session I: 4 Weeks -> 60 hours in Village Clinic
- Session II: 4 Weeks -> 200 hours in Village Clinic
- Session III: 3 Weeks -> 200 hours in Village Clinic
- Session IV: 4 Weeks -> 200 hours in Village Clinic
- Preceptorship: 1 Week
- Continuing Medical Education: 48 hours every 2 years
- Eligible for University Credit



# Supervision

- Every Community Health Aide Practitioner (CHA/P) is supervised by a licensed physician
  - Treatment Authorization
    - Directly
    - Indirectly
- CHA/Ps are responsible to know which procedures and treatments they have been taught
- CHA/Ps must tell the doctor if they do not know how to do a requested skill
- CHA/Ps can only perform those skills that they have been taught, unless clearly instructed to do otherwise by the doctor



# Community Health Aides – Hiring Process

- Positions open and advertised several months prior to scheduled pre-session
- Applications received
  - Test for Adult Basic Education
  - Interview with Tribal Council
    - Council provides top 3 choices
  - Community Health Aide is selected and hired



YUKON-KUSKOKWIM HEALTH CORPORATION  
"Working Together to Achieve Excellent Health"

*Job Opening*

*1- Community Health Aide  
Shageluk Clinic*

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*Duties Include:*

- 1. Work 30 hours per week in clinic seeing patients*
- 2. Be On Call*
- 3. Receives liberal fringe benefits*
- 4. Clinic administrative duties*
- 5. Training in Bethel for 4-5 weeks at a time*

*On the job training provided by YKHC/CHAP*

*Apply online at [www.ykhc.org](http://www.ykhc.org)*

*Position closes when filled.*

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# CHA/P Workflow

- CHA/P reviews patient history
- CHA/P calls the patient and takes their vitals
- CHA/P reviews the CHAM and asks the patient questions
- During the Encounter, the CHA/P completes the history, exam, assessment, and plan
- CHA/P sends the encounter to supervising physician or treats patient under standing orders or sends patient home
- In general, patient encounter is 30 minutes to 2 hours.
- Health Aides cannot see patients with the CHAM
- CHA/Ps work 4-8 hours of regular clinic hours plus on-call



# CHAP Certification Board

- ❖ **Established in 1998**
- ❖ **Federal Authority, 12 members**
- ❖ **Standards and Procedures**
  - Individuals, Training Centers, Curricula
- ❖ **489 individuals certified**
  - 405 Community Health Aides
  - 52 Dental Health Aides
  - 32 Behavioral Health Aides



# CHAPCB Membership

12 Positions, representing:

- Each region with a CHA Training Center (4)
- CHA Training Centers (1)
- CHAP Directors' Association (1)
- CHA Association (1)
- Medical Director (1)
- Federal [Alaska Area Native Health Service] (1)
- State of Alaska (1)
- Dental Health (1)
- Behavioral Health (1)



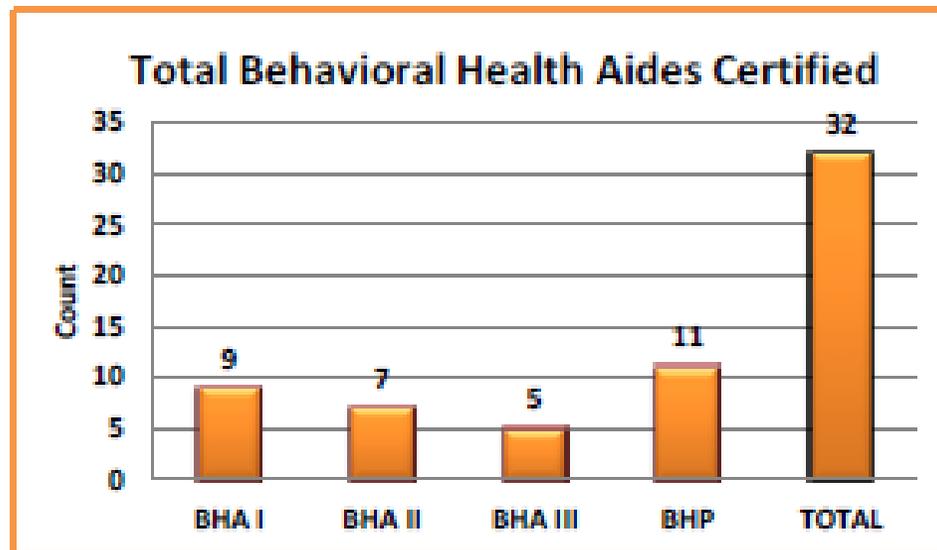
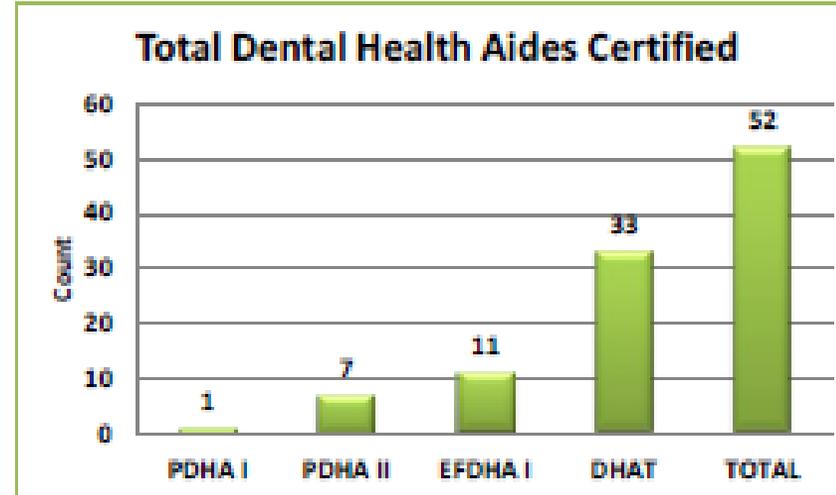
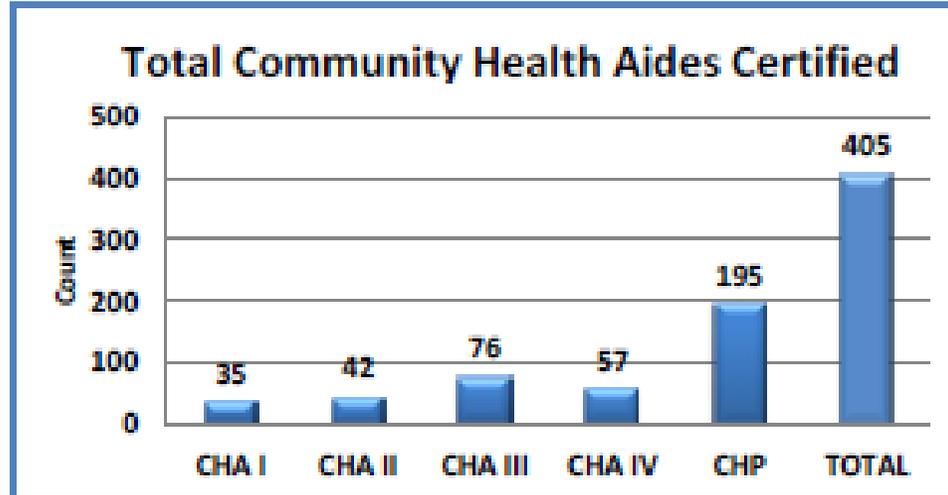
ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

# CHAPCB Operations

- Ongoing review of applications & granting provisional certification
- Maintain database and applicant files
- Facilitate 3 Board meetings per year
- Travel and support for Board Members
- Billing, budget projection & reconciliation
- Correspondence, newsletter & website



# Total Certified in Alaska to Date



# Behavioral Health Aides

- Village-based counselors to provide culturally-informed, community-based, clinical services
- Provide behavioral health prevention, intervention, aftercare, and post-vention
- Training and practicum requirements
- On-the-job training
- Four levels of certification
- Provide services using a Behavioral Health Aide Manual.



# Behavioral Health Aides Scope of Practice

- Behavioral Health Aide – Level I
  - Screening
  - Initial intake Process
  - Case management
  - Community education, prevention, early intervention
- Behavioral Health Aide – Level II
  - Substance abuse assessment and treatment
- Behavioral Health Aide – Level III
  - Rehabilitative services for clients with co-occurring disorders
  - Quality assurance case reviews
- Behavioral Health Aide – Practitioners
  - Team Leadership
  - Mentor/Support Behavioral Health Aides Levels I-III



# Dental Health Aides

- Primary oral health care professionals
- Provide basic clinical treatment and preventative services
- Providers:
  - Primary Dental Health Aide
    - Oral health educators
  - Expanded Function Dental Health Aides
    - Restorations, cleanings, temporary fillings
  - Dental Health Aide Hygienist
    - Local anesthesia
  - Dental Health Aide Therapist
    - Prevention, operative, and urgent care
- Supervised by licensed dentists



# Dental Health Aides

Different  
Providers

Different  
Education

## DHAT

NEED TO KNOW

Limited scope, 46 procedures

Supervised

Prevention oriented team  
approach

Accessible to students in  
target populations

Culturally competent

Patient centered

## DENTIST

NEED to know+ nice to know

Large scope, 500+

Team leader

Surgically oriented

Education is difficult to  
access, especially for  
minorities

Struggling to address cultural  
competency

Practice centered



# Dental Health Aides

## THE EVIDENCE IS CLEAR:

Dental Therapists Are Good for Native Communities



patient complaints in 10 years in Alaska and 4 years in Minnesota



working directly with a dentist before they are licensed



of the care dental therapists provide is routine & preventive.



a year for dental therapists' malpractice insurance



Review of found dental therapist provide high quality care.

# IHS Proposed CHAP Expansion

- On June 1, IHS released a DTLL requesting Tribal consultation on creating a National Indian Health Service Community Health Aide Program (CHAP), including the creation of a national certification board.
- IHS released policy statement on expanding CHAP
  - Supportive of and committed to expanding CHAP throughout Indian Country
  - Goal is to have Community Health Aides utilized to the fullest extent in IHS and Tribally run hospitals clinics.



# Opportunity for Comment

- **October 4:** Telephone consultation
  - 3:00 PM – 4:00 PM Eastern
  - 1-888-955-8942, Code: 9659843
- **October 9:** In-person Tribal consultation
  - 2:15 PM – 3:30 PM
  - NCAI Annual Convention | Phoenix, AZ
- **October 27:** Comments due to [consultation@ihs.gov](mailto:consultation@ihs.gov)



# Benefits of CHAP National Expansion

- Routine, preventative, and emergent care would be provided within rural communities
- Culturally competent care that respects the knowledge and resources in the Tribal community would be provided
- Patient-centered, quality care from providers that understand the history, culture, and language
- Provides continuity of care in communities that face recruitment and retention challenges
- Cost savings for Tribes and individuals that no longer have to travel long distances or receive care outside the IHS system



# Historical Barriers to Expansion

- **Legislation**

- Restrictive language contained in the Indian Healthcare Improvement Act (IHClA) (25 U.S.C. 1616l(d)) that prevents the use of Dental Therapists (DTs) in Tribal Communities without approval by a state legislature

- **Litigation**

- In 2006, the American Dental Association and Alaska Dental Society filed a suit claiming that DHATs were practicing dentistry without a license (*The Alaska Dental Society, et al v. SOA, et al.* (2006)).

- **Funding**

# Legislative fix needed to expand DHATs

- **Indian Health Care Improvement Act restrictive language:**

Expansion of the Indian Health Service Community Health Aide Program “*shall exclude dental health aide therapist services covered under the program...*” Unless requested by, “*an Indian Tribe or Tribal organization located in a state (other than Alaska) in which the use of dental health aide therapist services or midlevel dental health provider services is authorized under state law to supply such services in accordance with state law.*”

# Considerations on a National CHAP

- How will CHA/Ps have oversight?
  - National Certification Board?
  - Regional Certification Board?
  - Tribal Certification Board?
- How can we ensure quality care is delivered
- Need to balance quality care and Tribal sovereignty/flexibility to meet the needs of their communities
- Don't want a national program to interfere with what has been so successful in Alaska
- Should Tribal participation in the national CHAP be optional?
- How would a national CHAP be funded?



# NIHB Recommendations

- IHS should conduct extensive Tribal consultation before expanding CHAP
- IHS should host a multi-day national conference and workshop to educate Tribal and health leaders about the CHAP program and its potential for national expansion
- IHS should convene a CHAP Expansion Workgroup comprised of Tribal Leaders, Subject matter experts, policy experts, providers (including CHA/Ps, DHA/Ts, and BHA/Ps), and federal officials to develop a comprehensive plan and strategy for expanding CHAP
- IHS needs to create a culture that supports and encourages Mid-Level practitioners success



# Next Steps

- Examine your existing health system.
  - Is it adequate?
- Utilize the template letters available
- Encourage your Tribe to submit feedback by October 27, 2016

# Next Steps: questions to consider

- How can we better utilize existing resources?
- Are our existing community programs meeting the needs of our community?
- Where should we be providing services?
- Who is left out of the current deliver service/how can we reach them?
- How can we organize our work so...
  - We meet our patients where they are
  - Providers are working at the top of their scope
  - Our community receives high quality, culturally competent care

# National Indian Health Board



**Devin Delrow**

*Director of Federal Relations*

[ddelrow@nihb.org](mailto:ddelrow@nihb.org)

**202-507-4072**

**Michelle Castagne**

[mcastagne@nihb.org](mailto:mcastagne@nihb.org)