

# Indian Health Service

Community Health Aide Program: Potential for National Expansion

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# Why CHAP? Why now?

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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

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- **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

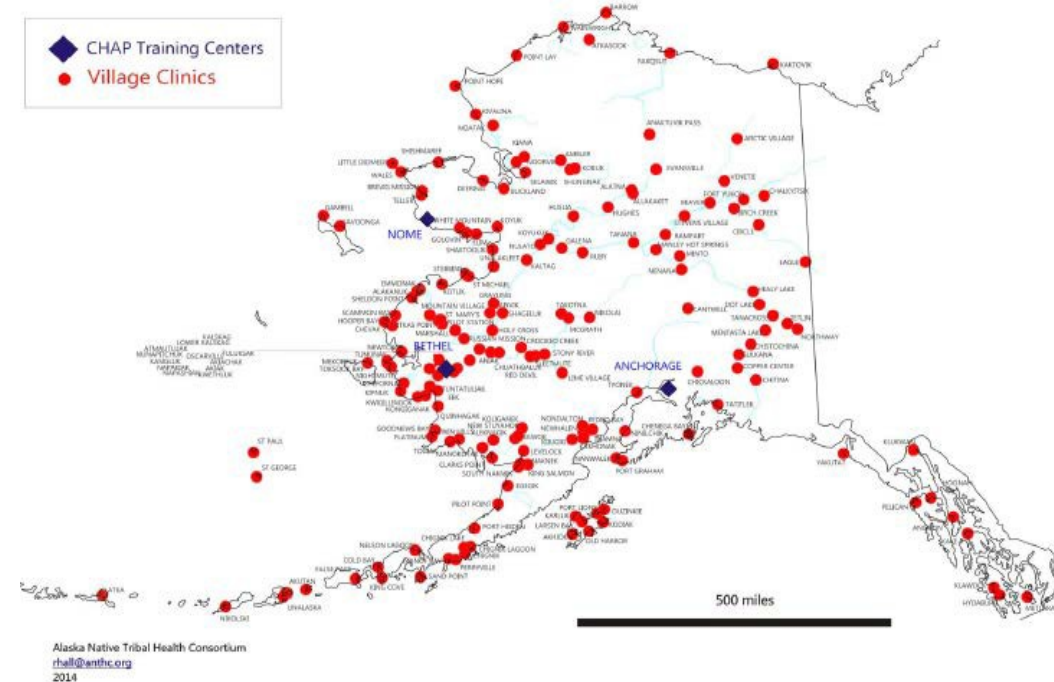
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- **1950s** - Chemotherapy Aides
- **1960** – Formal Training of Community Health Aides
- **1968** – CHAP recognized and funded by Congress
- **1990s** – IHS transferred Alaska’s health programs to local regional Native health corporations through 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”

Community Health Aide/Practitioner Village Clinics



# Alaska Community Health Aides

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- 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 Aide Manual

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- 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
- 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

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- 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

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- 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 (Alaska)

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- 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

# CHA/P Workflow

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- 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

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- Established in 1998
- Federal authority, 12 members
- Standards and Procedures
  - Individuals, Training Centers, Curricula
- Over 500 individuals certified
  - Over 400 Community Health Aides
  - Over 50 Dental Health Aides
  - Over 30 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)

# CHAPCB Operations

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- 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

# Behavioral Health Aides

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- 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 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

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- 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 – limited scope- 46 procedures

# IHS Proposed CHAP Expansion

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- On June 1, 2016 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.



# Benefits of National CHAP Expansion

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- 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 IHS and Tribes and individuals that no longer have to travel long distances or receive care outside the IHS system
- Develops much needed Native healthcare workforce- “Grow our own,” raising socioeconomic status of individuals in Native communities

# What about CHRs vs CHAP?

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## CHR

Tribal leaders have voiced opinion that they do not want to see CHRs eliminated

CHR provide transportation, assist patients with access to care and are extenders for Public Health Nurses

CHR could elect to be trained up to become CHAPs

## CHAP

CHAPs paraprofessional extenders for Medical, Behavioral Health, and Dental providers

CHAP provides a standardized curriculum

Higher level of services can be provided

# CHAP Expansion Next Steps

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- IHS has convened a CHAP-Tribal Advisory Group (CHAP-TAG) 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 has developed a draft policy
- Federal position descriptions in development
- IHS issued a Dear Tribal Leader Letter to review the draft policy for the CHAP program. Comment are due June 7, 2019.
- There is currently no funding for National CHAP, but it is included in the FY2020 President's Budget Proposal.
- IHS intends to partner with Tribal Colleges and Universities to adopt and adapt the Alaska curriculum to the lower 48