

National Community Health Aide Program

2024 IHS PARTNERSHIP CONFERENCE

AUGUST 13-15, 2024

IHS HQ



Current National CHAP Team



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Historical Development of CHAP

1950 to 1960s - CHAP begins in response to a TB outbreak and the chemotherapy aide is created to mobilize the village medical team

1968 - Formal training & federal funding formalizing the program

1975 - Indian Self-Determination and Education Assistance Act (PL 93-638)

1998 - Alaska CHAP Certification Board (CHAPCB) authority through the Snyder Act & IHCI

2005 - First cohort of dental health aides certified formally adding “DHA” to Alaska CHAP

2009 - First cohort of behavioral health aides certified formally adding “BHA” to Alaska CHAP



CHAP Overview

The Community Health Aide Program (CHAP) includes three (3) different health aide provider types which each include a tiered level practice.

Community Health Aide

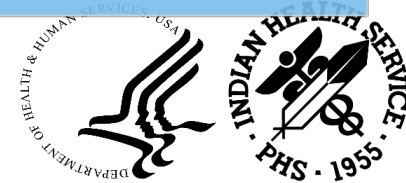
- Community Health Aide I
- Community Health Aide II
- Community Health Aide III
- Community Health Aide IV
- Community Health Aide Practitioner

Dental Health Aide

- Primary Dental Health Aide I & II
- Expanded Function Dental Health Aide I & II
- Dental Health Aide Hygienist
- Dental Health Aide Therapist

Behavioral Health Aide

- Behavioral Health Aide I
- Behavioral Health Aide II
- Behavioral Health Aide III
- Behavioral Health Aide Practitioner



Benefits of CHAP

Increased Access to Healthcare

- CHAP helps bring healthcare services to remote and underserved areas
- Health Aides provide prompt medical attention

Empowering Local Individuals

- Trains residents to become Health Aides, fostering community connections
- Creates job opportunities, enhancing economic stability

Tailored Healthcare Services

- Enables Health Aides to offer services that meet specific local needs
- Culturally sensitive and community-aligned healthcare

Impact & Ongoing Success

- Profound and transformative effects on Alaska Native communities
- Significant reduction in healthcare disparities



CHAP vs. CHR Program

Factor	Community Health Aide Program (CHAP)	Community Health Representative (CHR) Program
Primary Focus	Clinical healthcare services	Public health education and outreach
Training	In-depth clinical training, often includes EMT or similar certifications	Mostly non-clinical, focuses on public health education, outreach, and some basic health screenings
Role	Often act as primary care providers in remote or underserved areas	Serve as liaisons between their communities and healthcare providers
Tasks	Diagnosis, treatment, patient monitoring, emergency care	Health education, community outreach, basic screenings, data collection
Certification Requirements	Typically requires certification through rigorous training and testing processes	May not always require certification, but some specialized training is often provided
Scope of Practice	Defined clinical scope of practice, can administer medications, conduct exams, etc.	Non-clinical; focus on health promotion and disease prevention



Community Health Aide (CHA)

THE EMERGENT & PRIMARY CARE PARAPROFESSIONAL



Role of Community Health Aides

Bridging Community Healthcare Gaps

- Linking medical professionals to the community
- Tailoring Healthcare solutions

Care in Remote Areas

- Primary healthcare providers in isolated regions
- Address basic to intermediate medical needs

Cultural Sensitivity & Trust

- Respect and integrate community traditions
- Strengthen Community Relationships



CHA Scope of Practice Overview

- Independent patient care under supervision
- Training in medical model: History, Physical, Assessment, Plan
- Conduct assessments, not diagnoses
- Utilize Community Health Aide Manual (CHAM)
- Medication dispensing (non-prescriptive)
- Qualified for standing orders



CHA Training & Education Framework

Provider Type	Training Courses	Field Work
CHA I	<ul style="list-style-type: none"> • EMT or ETT Course • Session I training at CHA/P Training Center 	<ul style="list-style-type: none"> • 200 Hours Post Session I • 20 Patient encounters
CHA II	<ul style="list-style-type: none"> • Maintain ETT or EMT certification • Session II training at CHA/P Training Center 	<ul style="list-style-type: none"> • 200 hours Post Session II • 60 patient encounters
CHA III	<ul style="list-style-type: none"> • Maintain ETT or EMT certification • Session III training at CHA/P Training Center 	<ul style="list-style-type: none"> • 200 hours Post Session III • 60 patient encounters
CHA IV	<ul style="list-style-type: none"> • Maintain ETT or EMT certification • Session IV training at CHA/P Training Center 	<ul style="list-style-type: none"> • 200 hours Post Session IV • 60 patient encounters
CHA/P	<ul style="list-style-type: none"> • Approved Preceptorship • Statewide CHA/P Program Score • Medical Math Exam 	<ul style="list-style-type: none"> • 30 hours of supervised patient care • 15 patient encounters as primary provider



The Community Health Aide Manual (CHAM)

Central guide for CHA/P patient encounters

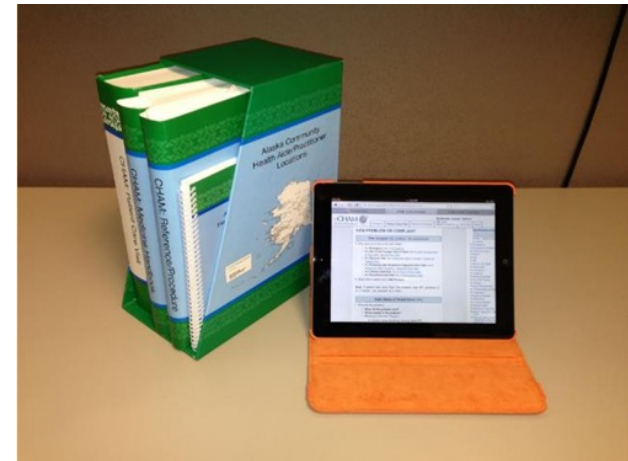
Sections for history, examination, & assessment

Standardized plans & reporting procedures

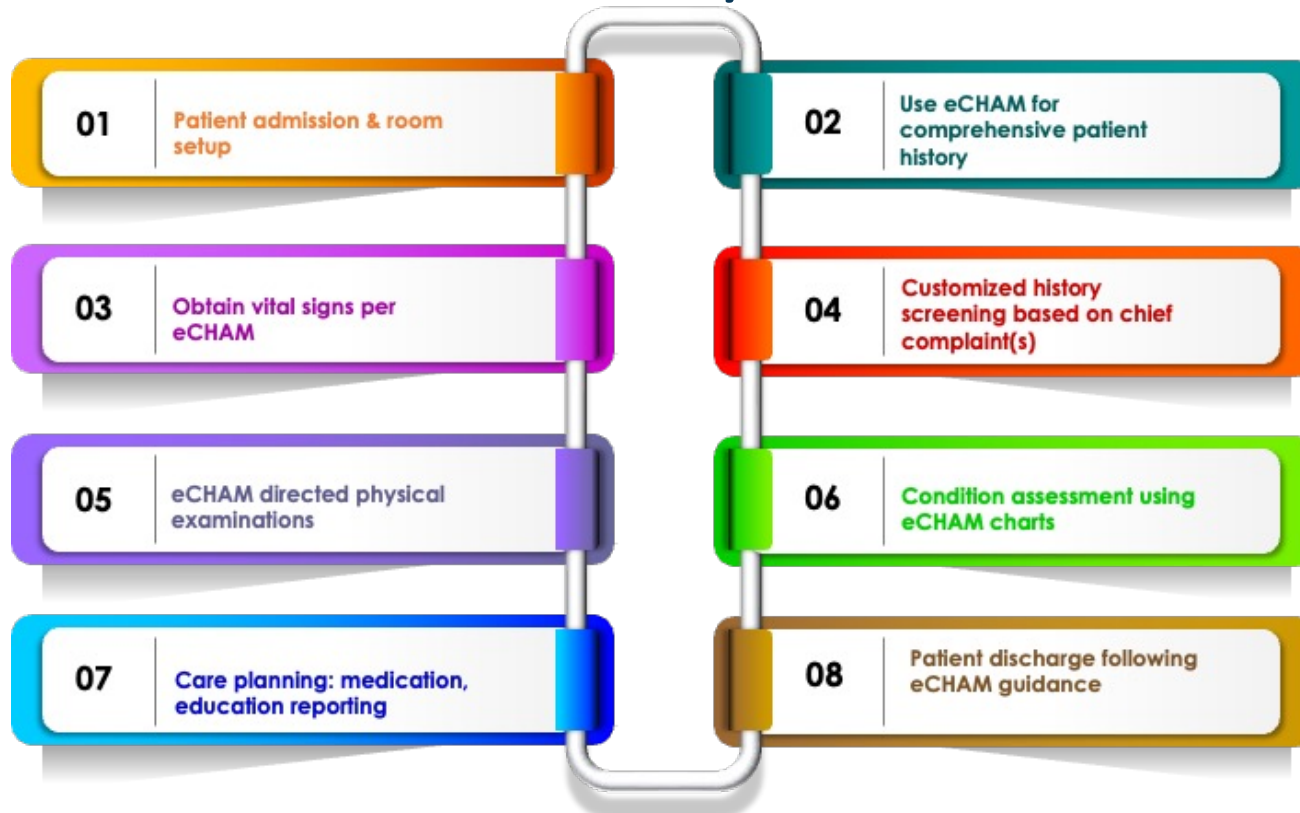
Accessibility: eCHAM & iCHAM (iPad App)

Personalization: bookmarks, comments, highlights

Includes regional specific notes



CHA/P Encounter Scenario (Acute Care)



CHA: Expansion Beyond Alaska

- Community-based approach & cultural competency proven highly effective in addressing healthcare disparities in diverse settings
- Emphasis on cultural understanding strengthens trust & acceptance in implementing the CHAP
- Flexibility & replicability of core principles allow adaptation to unique cultural contexts
- Community engagement fosters ownership & pride in the program's success



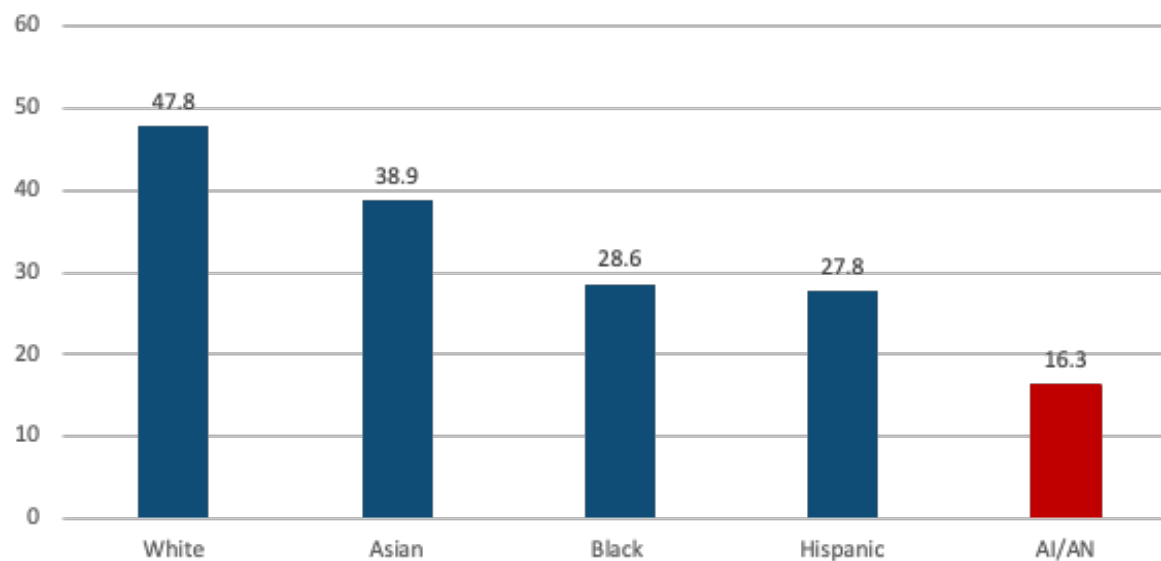
Dental Health Aide (DHA)

COMMUNITY BASED ORAL HEALTHCARE



Access to Dental Care

Dental Visit in the Last Year, by Race/Ethnicity
2022



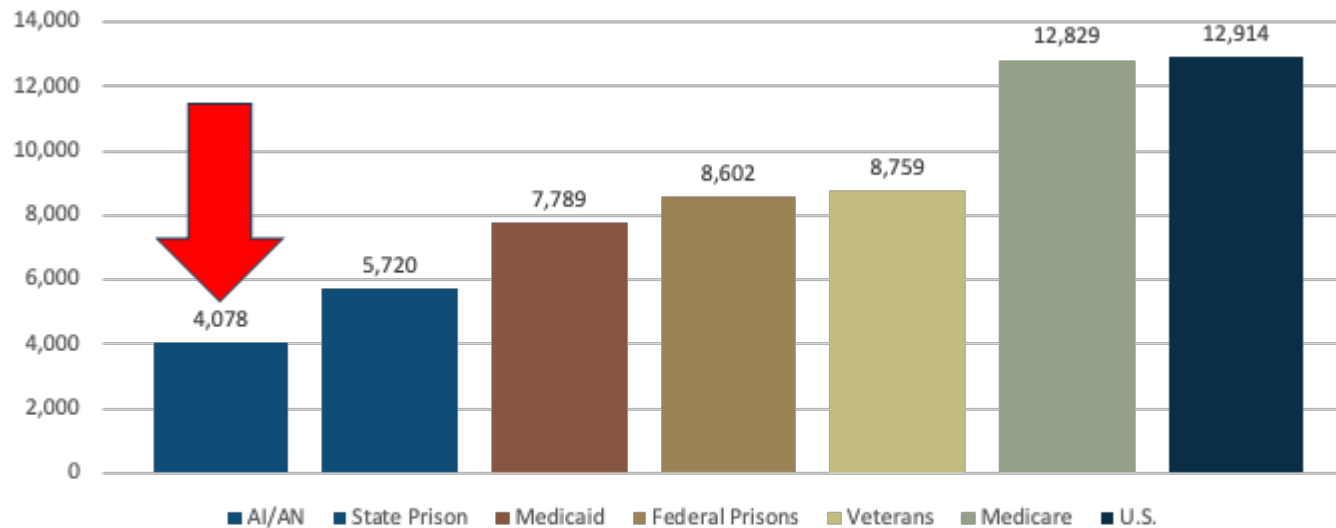
https://www.ada.org/-/media/ADA/Science%20and%20Research/HPI/Files/HPIrnanbic_0421_4.pdf?h=en

<https://www.irs.gov/quality/government-performance-and-results-act-gora/gra-report-summary-2022/>



Factors Affecting Access to Care

Per Capita Health Care Spending, IHS vs. U.S.

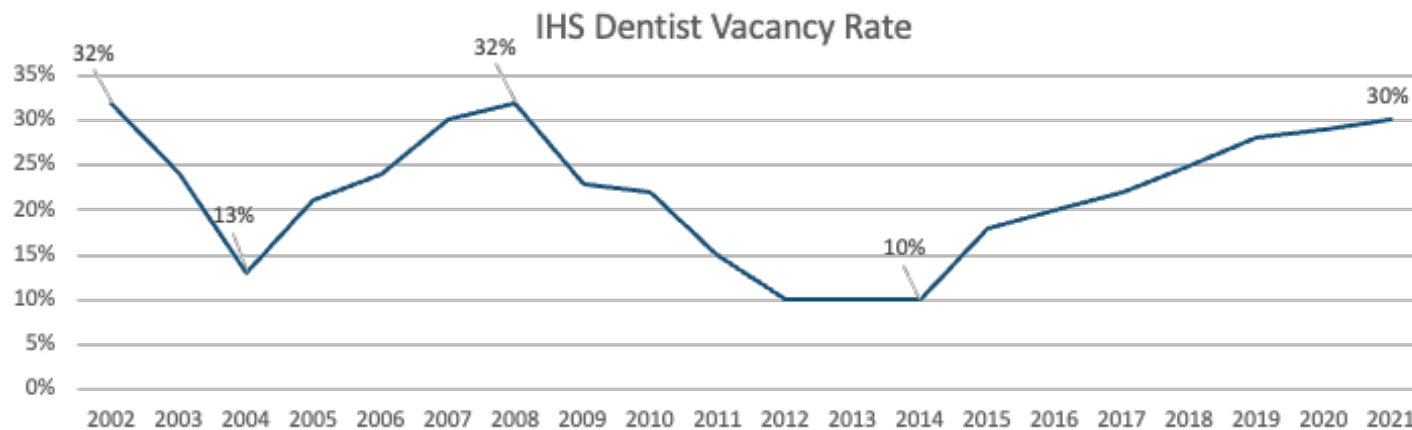


<https://www.ihs.gov/newsroom/factsheets/ihsprofile/>
<https://www.newzjutsu.com/en/research-and-analysis/articles/2017/12/15/prison-health-care-spending-varies-dramatically-by-state>
<https://www.pao.gov/zeofacts/eap-17-379>
[https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet#:~:text=NHIE%20rew%202.7%25%20to%20%244.3.Gross%20Domestic%20Product%20\(GDP\)](https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet#:~:text=NHIE%20rew%202.7%25%20to%20%244.3.Gross%20Domestic%20Product%20(GDP))
https://www.ihs.gov/sites/ihd/f/themes/responsive2017/display_objects/documents/2018/2017_IHS_Expenditures.pdf



Factors Affecting Access to Care

Increasing dentist vacancy rate + increasing AI/AN population and demand for services = need for increase in alternative dental workforce model consideration



Dental Health Aide Types

Primary Dental Health Aide I & II

Expanded Function Dental Health Aide I & II

Dental Health Aide Hygienist

Dental Health Aide Therapist



Primary Dental Health Aides (PDHA) I & II

PDHA I

- Health Educator
- Fluoride varnish applications
- Nutritional counseling
- Oral hygiene instruction

PDHA II

- Sealants
- Atraumatic restorative treatment
- Dental radiology
- Dental Assisting



Expanded Function Dental Health Aide (EFDHA I and II)

EFDHA I

- Basic restorations
- Basic supra-gingival dental cleanings

EFDHA II

- Advanced restorations



Dental Health Aide Hygienist (DHAH)

DHAH

- Allows a licensed dental hygienist, who has received additional and appropriate training, to provide anesthesia without a dentist being physically present in the clinic
- Offers patients with more advanced gum disease the ability to receive treatment in their home community during times when a dentist is not present in the community



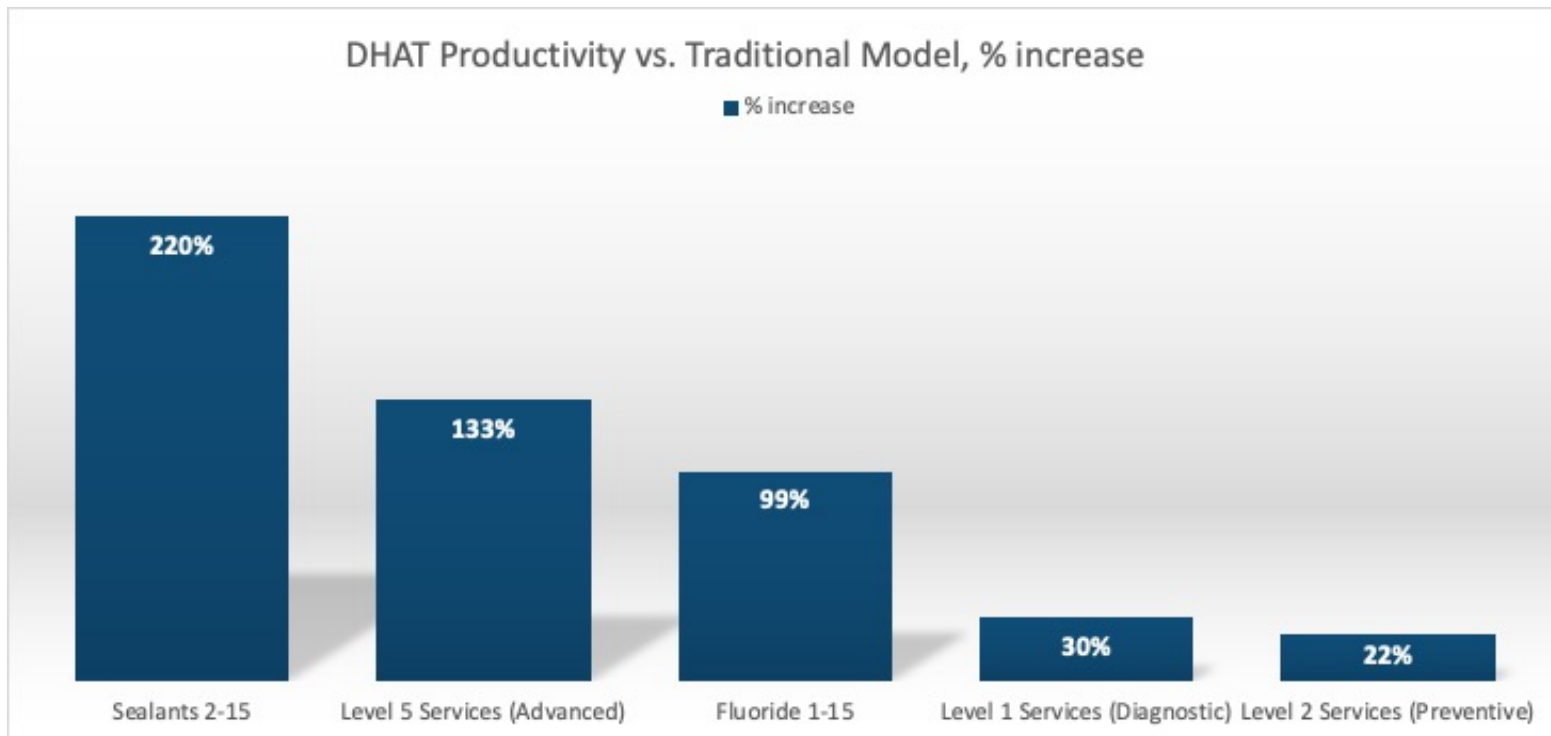
Dental Health Aide Therapist (DHAT)

DHAT

- Requires the highest level of education and training of the Dental Health Aides
- Three academic years compressed into 2 calendar years of education and training in dental disease prevention, restorative, relatively non-complicated extractions and basic dental treatment skills.
- Nationally, outside of the IHS, DHATs are known as “**Dental Therapists**”
- State Authorization is required to utilize DHATs



DHAT Effectiveness



*Done in collaboration with the Johns Hopkins Bloomberg School of Public Health

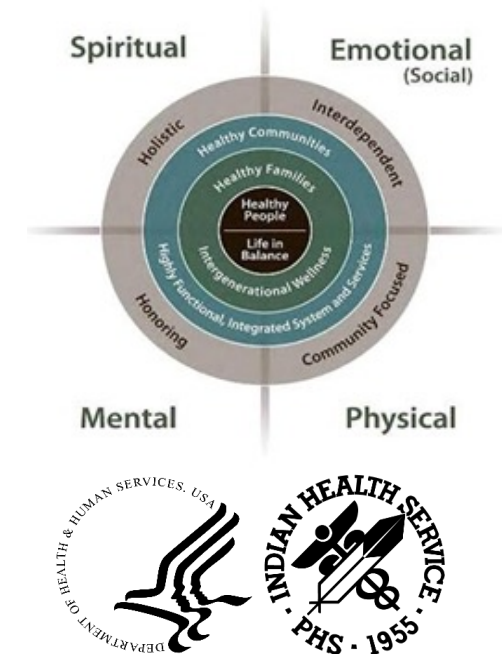
Behavioral Health Aide (BHA)

MENTAL HEALTH AND SUBSTANCE ABUSE



Behavioral Health Status

- Highest rates of suicide of any minority group within the U.S.
- Suicide rates are increasing since 2003
- High rates of substance use disorder of both illicit drugs & alcohol use
- Alcohol-related deaths from 2016 to 2020 were significantly higher rates (51.9/100,000) in comparison to the rest of the U.S. population (11.7/100,000)
- In 2019 and 2020, drug overdose death rates were highest for non-Hispanic American Indian & Alaska Native (AI/AN) people at 30.5 & 42.5 per 100,000, respectively
- From 2019-2020, the AI/AN overdose death rates increased by 39%



Role of the Behavioral Health Aide

- Utilize a combination of Western & traditional based practices to provide behavioral health prevention treatment & recovery services to our beneficiaries
- BHAs are counselors, health educators, & advocates for patients
- Find a balance between the cultural needs of a client & providing patient specialized treatment
- Added to the CHAP in 2009 & modeled after the Community Health Aides



Certification Requirements

- **BHA I:** 1000 work hours under the direct supervision of a licensed BH professional & 100 hours of clinical practicum
- **BHA II:** 1000 work hours under the direct supervision of a licensed BH professional & 100 hours of clinical practicum
- **BHA III:** 4000 work hours under the direct supervision of a licensed BH professional & 100 hours of clinical practicum
- **BHA Practitioner:** 6000 work hours under the direct supervision of a licensed BH professional & 100 hours of clinical practicum



Course Requirements

- **BHA I:** Community Needs Assessment; Screening, Intake, Referral, Crisis Management, Case Management, Orientation to Services, Life Skills Development, Psychoeducation, Individual and Group Interventions
- **BHA II:** BHA I & Substance Abuse Disorder (SUD) Assessment, SUD diagnosis, SUD treatment planning, SUD Treatment Implementation, Community Readiness Assessment, Individual, Group Family Counseling
- **BHA III:** BHA I & II and Treatment Planning & Implementation for Co-Occurring Disorders, Child/Youth Services, Clinical Case review, Quality Assurance Case Review
- **BHA Practitioner:** BHA I - III & BHA Mentoring, Child-Centered Interventions



CHAP Reset

- “Reset” of the program by IHS on March 26, 2024
- Request for identification by the TAG for minimum input required by IHS
- Maximum input from Tribes
- Direction by IHS for implementation of the program by the end of the year



Billing for CHAP

- Medicaid State Plan Amendments (SPAs) must be passed to bill for services
- Medicare would be a separate matter with potential for multiple medical billing opportunities, including chronic care management. This authorization is being pursued.
- Currently Alaska & Oregon are the only States that includes CHAP services as a billable service
- WA SPA passed (limited to DHATs)
 - Some providers scopes of work may fit well under existing billable provider types
 - If not under existing provider types, new provider codes need to be developed



IHS IT Modernization Update

- Benefits of Business Process Modeling
- Offers a visual overview of future clinical practice workflows for health aides to implement in clinical settings
- Collaborative input enhances EHR vendor's understanding of unique workflows for optimal configuration

Phase 2:

- Current State:
 - Quality Review: Detail about performing final reviews for clinical and technical accuracy
 - Ready for Organizational Acceptance: Steps on approving models for Governance Review and sharing with EHR Vendor



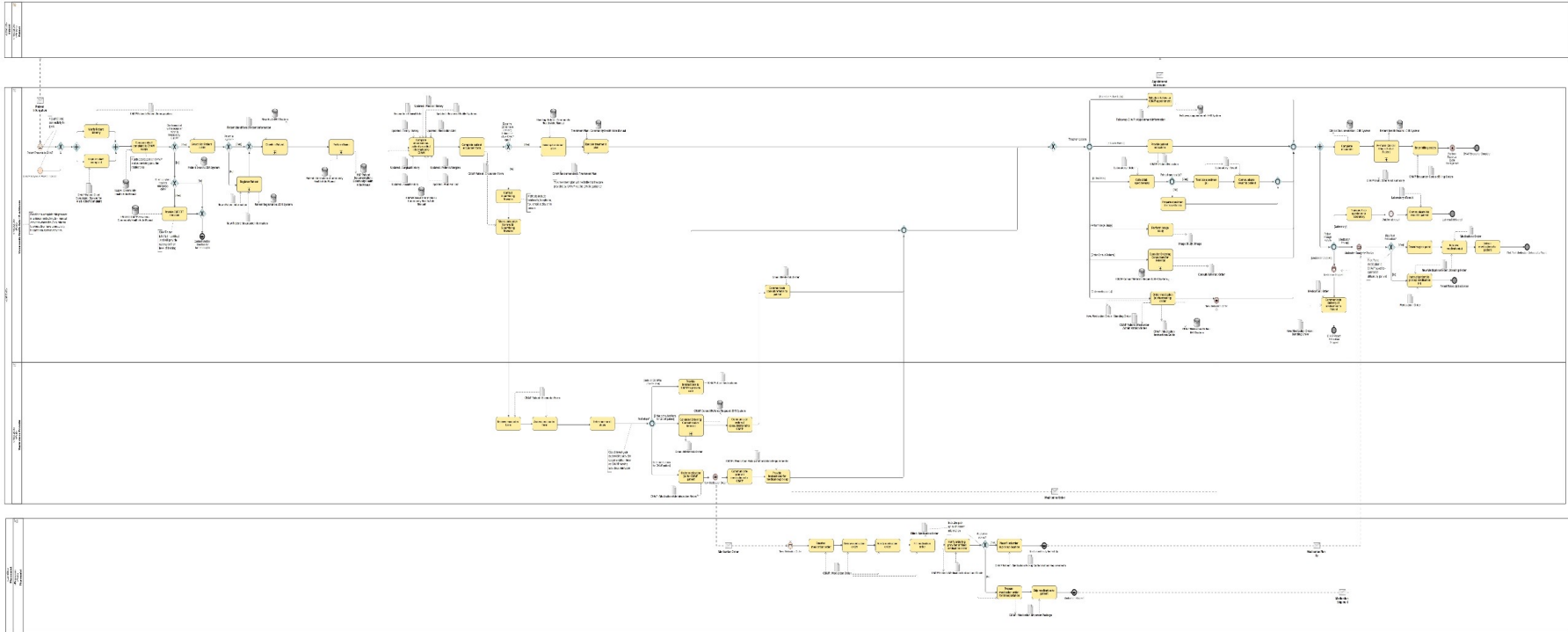
EHR Modernization WRAP Business Process Model

CHAP



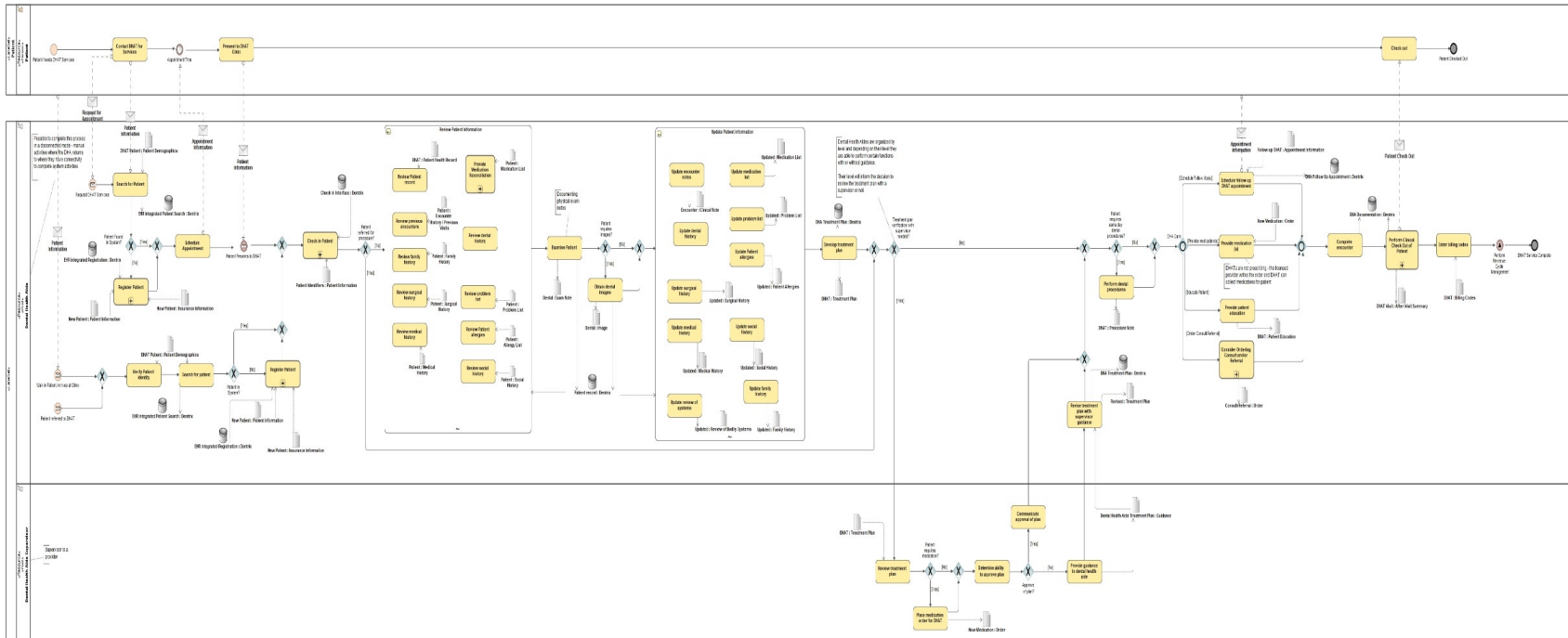
CHAP BPM WRAP Workflow Model

Objetivo:	Control de calidad
Proceso:	Control de calidad
Objetivo de Calidad:	Control de calidad
Objetivo de Costo:	Control de calidad
Objetivo de Tiempo:	Control de calidad
Objetivo de Seguridad:	Control de calidad
Objetivo de Medio Ambiente:	Control de calidad
Objetivo de Recursos:	Control de calidad
Objetivo de Información:	Control de calidad
Objetivo de Otros:	Control de calidad



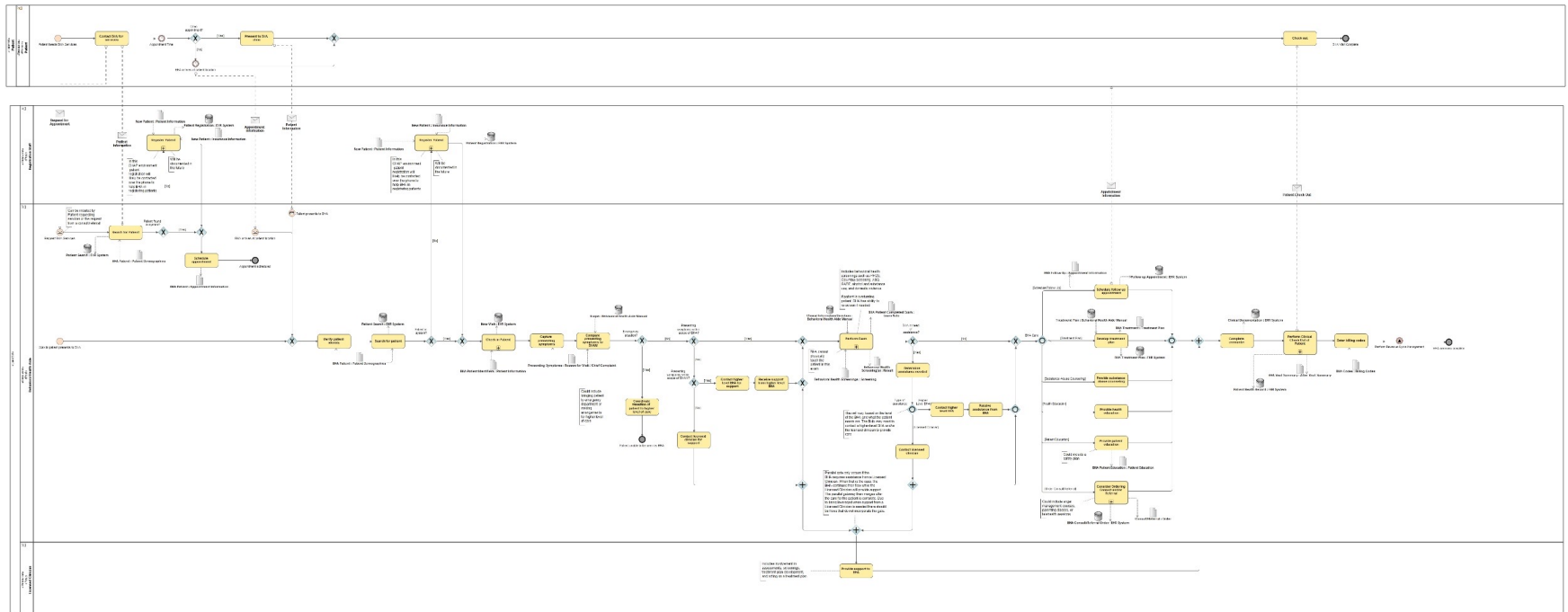
Dental Health Aide BPM WRAP Workflow Model

Organization	Dental Health Aide
Author	Business Process
Creation date	2024-01-15
Last update date	2024-02-01
Last modified by	Business
Description	The process describes the workflow for dental health aides in a dental clinic. The process starts with a patient appointment, followed by patient check-in, dental examination, dental treatment, and patient check-out. The process also includes the management of dental health aide resources and the handling of patient complaints.
Event-driven	Appointment, Patient Check-in, Dental Examination, Dental Treatment, Patient Check-out
Business Goals	Efficient patient care, High patient satisfaction, Low staff turnover, High dental health aide productivity
Final Condition	Appointment completed, Patient check-out, Dental treatment completed
Pre-conditions	Appointment scheduled, Dental health aide available
Control-Flow	Start to End



Behavioral Health Aide BPM WRAP Workflow Model

Document	Behavioral Health Aide
Version	1.0
Author	John Doe
Reviewer	Jane Smith
Approver	Bob Johnson
Effective Date	2023-10-01
Next Review	2024-10-01
Page	1 of 1



Wrap Up & Questions

Contact the National CHAP Team

- Email: IHSCHAP@ihs.gov
- Web: www.ihs.gov/chap
- ListServe: [CHAP ListServ](#)



