

Overview of the Alaska Community Health Aide Program

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Community Health Aide Program (CHAP) Summary

- ▶ The Community Health Aide Program (CHAP) is unique to Alaska, and to the Indian Health Service. This distinctive health care delivery system was developed as a solution to:
 - Geography. Most Alaska Native villages are off the road system, and are accessible only by boat or airplane.
 - Village populations too small to support a physician or midlevel provider (Physician Assistant or Nurse Practitioner).
 - Harsh and unpredictable weather conditions.
 - High cost of travel and transport.
 - Difficulty recruiting and retaining trained health care providers.
- ▶ The CHAP solution was to train local people who were familiar with village life and likely to stay in the community.
 - Initially "the eyes and ears of the physician", Health Aides have successfully taken on an increasing role in provision of primary care services, and have helped meet rising expectations for health care.
 - The primary care model used in the Community Health Aide Program has always included emergency, acute, chronic and preventive health components.
- ▶ Community Health Aides and Community Health Practitioners (CHA/Ps) have one of the hardest and most important health care jobs in Alaska.
 - CHA/Ps provide care to friends, family, and others they live with.
 - They are isolated professionally and geographically from their colleagues and supervisors.
 - They manage a full range of health care issues across the life span, with limited training and resources.
 - CHA/Ps function under the medical supervision of a licensed physician many miles away. The doctor may travel to the village only once or twice a year.

- ▶ It is essential that physicians, and all others working with CHA/Ps, have an understanding of the CHAP program and be familiar with the *Alaska Community Health Aide/Practitioner Manual* (CHAM).
- ▶ A survey of CHA/P recruitment and retention showed that appropriate field follow-up, and understanding and support from physicians and other co-workers, play a large role in Health Aide job satisfaction and retention.
- ▶ By supporting the CHA/P, other providers will be supporting better health care for everyone.
 - Doctors should follow the guidelines in this Manual when they train CHA/Ps or take reports from them.
 - Providers who work with CHA/Ps should try to support the CHA/P's medical assessments, based on this Manual and regional guidelines.
 - Physicians should talk with the CHA/P regularly, regardless of the usual pattern of reporting. With daily verbal contact the physician and CHA/P can discuss details of patient encounters that may not appear on the Patient Encounter Form (PEF), or discuss other concerns. This builds the relationships among the members of the health care team.

History

- ▶ The CHA Program is often said to have begun during the tuberculosis epidemic of the 1950s in Alaska, when volunteer chemotherapy aides gave out oral medicines in the village under the remote supervision of a physician. As this devastating outbreak declined, people continued to seek health care and advice through these village aides.
- ▶ In the 1960s, more formal training was gradually offered, and the CHA Program began to take form.
 - In 1968 the Alaska Community Health Aide Program was recognized and funded by Congress. Since that time, the number of CHA/Ps, and their responsibilities, have grown tremendously.

- ▶ With Public Law 93-638 (Indian Self-Determination and Education Assistance Act) contracting and compacting, tribal organizations became more directly involved with the funding and management of their own health care delivery programs.
 - There are now 28 CHAP programs across the state of Alaska run by Tribal Health Organizations. These programs range in size from a single village with one or two CHA/Ps to a region with about 50 villages and 200 CHA/Ps.
 - Currently there are over 600 CHA/Ps providing care to more than 50,000 people in 180 Alaska Native communities.
- ▶ The federally authorized Community Health Aide Program Certification Board (CHAPCB) was created in 1998, and charged with formalizing the process for maintaining CHA/P training and practice standards and policies. The CHAPCB:
 - Certifies CHAP Training Centers.
 - Certifies individual Community Health Aides, Community Health Practitioners, and Dental Health Aides at all levels of training.
 - Approves the *Alaska Community Health Aide/Practitioner Manual* revision.
- ▶ Copies of the Certification Board standards are available from the Alaska Native Tribal Health Consortium (ANTHC) Community Health Services CHAP/Rural Health Consultant, and at the web site: www.akchap.org
- ▶ The CHAP program is authorized by Congress and largely funded by the federal government through the Indian Health Service. It is a federal program, rather than a state program.
- ▶ After hire, Community Health Aides receive:
 - One to 2 week Pre-Session training from their employer, including at least:
 - Tribal Health Organization policies.
 - Use of the *Alaska Community Health Aide/Practitioner Manual* (CHAM).
 - Introduction to the CHA/P role and patient care.
 - One week Emergency Trauma Technician Training (ETT). Some take Emergency Medical Technician (EMT-I) training.
- ▶ They then begin CHAP Basic Training:
 - Four Sessions, each 3 to 4 weeks long, at a certified Training Center in Alaska.
 - All Training Centers use a uniform curriculum that describes in detail the training content, time, and level of understanding or performance.
 - These training Sessions teach the basics of History taking, Exam techniques, common Assessments, Recording, Reporting, and following Plans.
 - Parts of the Plan include patient education; medicine selection, labeling, administration; treatment procedures; and follow-up (recheck) care.
 - During Basic Training the CHAs have:
 - Focused didactic classes.
 - Skills practice.
 - Clinical time seeing patients with the guidance of a midlevel provider (PA or NP) or physician instructor.
 - All training emphasizes the use of the *Alaska Community Health Aide/Practitioner Manual* (CHAM), which the CHA is expected to follow throughout the visit, to guide each patient encounter.
 - Training is very much “skills based”; it does not teach in-depth pathophysiology or differential diagnosis.
 - Since Basic Training is brief, intense, and without extensive prerequisites; classes are kept small (usually 6 to 8 CHAs) and clinical training is done with one instructor to each CHA.
- ▶ CHAs return to their villages between Sessions to see patients and practice skills according to the Community Health Aide Program Certification Board Standards and Procedures.
 - Clinical Instructors (usually PAs, NPs, RNs, or experienced CHPs) work in the Tribal Health Organization’s field program, going to the village between Sessions to work with the CHA on skills.

Community Health Aide Selection and Training

- ▶ Community Health Aides are selected and hired by local Tribal Health Organizations. Generally, they must:
 - Live in the community while employed as a CHA/P.
 - Read and write English, and perform math (including decimals and fractions) at a 6th grade minimum level. (English is a second language for some CHA/Ps.)
 - Be willing to leave home for weeks at a time to attend training.
 - Preferably be able to speak the Native language of the village.
- ▶ CHAs, unlike other health care providers, are hired and *then* trained.

- Initially the CHA consults the referral doctor about EVERY patient encounter (or discusses the case with an on-site midlevel provider).
- With experience and additional training, the doctor may grant the CHA/P Standing Orders to see patients using the CHAM, and without calling the physician each time.
- ▶ The 15 weeks of Basic Training and the corresponding field follow-up is typically spread over about 2 years.
- ▶ Currently, the Community Health Aide (CHA) can become a Community Health Practitioner (CHP) some time after finishing the Session IV clinic field follow-up by:
 - Completing a 1 to 2 week preceptorship; working one-on-one with a midlevel or physician, AND
 - Passing a written credentialing exam.
- ▶ Under current standards, to maintain credentials, the CHA/P must:
 - Have 48 hours of approved continuing medical education (CME) every 2 years.
 - Renew ETT or EMT every 2 years.
 - Retake the CHAP credentialing exam and preceptorship every 6 years.

CHAP Training and the CHAM

- ▶ CHAP Basic Training is progressive. Each Training Session covers new information and reviews prior topics in more depth. Examples:
 - Session I: Introduction to the CHAM; vital signs; charting (recording); medicine skills; review emergency skills; and teach how to do a patient encounter for some body systems.
 - Session II: Review of Session I. The rest of the body systems are introduced.
 - Session III: Includes Maternal-Child Health.
 - Session IV: Reviews prior sessions and introduces more chronic disease care.
- ▶ Use of the CHAM is taught in ALL sessions.
- ▶ The CHA/Ps are responsible to:
 - Know which treatments and procedures they have been taught.
 - Tell the doctor if they do not know how to do a requested skill.
 - *Only* perform those skills that they have been taught, unless clearly instructed to do otherwise by the doctor.
 - Sometimes, when no one with more training or experience is available in the village, the CHA/P may need to provide care for a problem she/he is not yet specifically trained in. This should only be done in close consultation with, or direction from, the referral doctor.

- ▶ CHA/Ps who have completed at least ETT (or EMT-I) and CHAP Session I, are trained to use the *Alaska Community Health Aide/Practitioner Manual* to begin emergency care, before contacting the doctor.
 - The CHA/P will report these emergency patients to the doctor as soon as possible.
- ▶ The CHAM includes some skills that are not taught in the Basic Training Curriculum. These are generally:
 - Advanced skills that some Tribal Health Organizations teach their CHA/Ps to perform (Example: Pap smear, tympanometry).
 - These “advanced skills” are indicated by the words “*if you have been taught*”.
 - Procedures that a patient may need on an urgent basis, or in an emergency, when no health care provider with more training is available to perform the skill.
 - The physician may need to talk a CHA/P through the procedure in an emergency.
 - Directions are included in the CHAM to help with that instruction.

Medical Supervision

- ▶ Each Community Health Aide/Practitioner works under the medical supervision of a licensed physician. It is the licensed doctor’s medical oversight that enables the CHA/P to practice.
- ▶ The authorization to treat a patient may be given:
 - Directly: Through reporting the patient to the physician or the doctor’s designee (example: Physician Assistant or Nurse Practitioner).
 - Indirectly:
 - CHA/Ps who have completed at least ETT (or EMT-I) and CHAP Session I, are trained to use the *Alaska Community Health Aide/Practitioner Manual* to begin emergency care, *before* contacting the doctor.
 - A Standing Order that allows the CHA/P to follow the CHAM Plan (or other specified treatment plan) *without* consulting the doctor.

- ▶ The Tribal Health Organization that administers each CHAP program arranges for day-to-day supervision, direction and support for the CHA/Ps in a number of different ways.
 - When this Manual says “Report to your referral doctor”, the CHA/P should follow regional guidelines.
 - The role of “referral doctor” to whom a CHA/P reports may actually be filled by a variety of providers, such as:
 - ◀ Doctor who is taking CHA/P medical traffic or on-call.
 - ◀ Doctor assigned to the village.
 - ◀ Midlevel provider (Physician Assistant or Nurse Practitioner) acting as the intermediary for the physician.
 - ◀ Maternal-Child Health (MCH) coordinator, if patient is pregnant.
 - ◀ Dentist, for mouth and dental problems.
 - ◀ Optometrist for eye problems.
 - Available staffing and technology will influence *how* the report is made:
 - By telephone.
 - By fax.
 - By telehealth.
 - By radio.
 - By e-mail.
 - In person.
- ▶ Any provider working with the CHA/Ps needs to be familiar with the Community Health Aide Program and the *Alaska Community Health Aide/Practitioner Manual* (CHAM) because:
 - CHA/Ps are trained to follow the CHAM for all patient encounters.
 - The CHAM contains patient care Plans that the supervising physician can sign as Standing Orders, for a CHA/P to take care of certain patient problems without contacting the doctor.
 - The CHAM provides a framework that CHA/Ps will use to understand other instructions from doctors.
 - The CHAPCB Standards and Procedures and CHAP Curriculum direct Community Health Aides and Practitioners to use the CHAM for patient care encounters.
- ▶ This book reflects best practice recommendations for health care delivered by Community Health Aides and Community Health Practitioners in the Native villages of rural Alaska.
 - It is not possible to write how to give proper health care to every patient, for all problems, in a book of guidelines.
 - One must be flexible and use common sense.

- At times there must be changes to what you do and how you do it. Those changes depend on many things, including:
 - What the problem is.
 - Training and experience.
 - Equipment and supplies.
 - What help is available.

Responsibilities of Health Care Team Members

▶ Responsibilities of the Community Health Aide/Practitioner include:

- Provide patient care:
 - Emergency.
 - Acute.
 - Chronic.
 - Preventive.
- Work collaboratively with the other members of the health care team.
- Maintain confidentiality regarding patient care.
- Manage the clinic, according to Tribal Health Organization’s guidelines.
- Be familiar with the *Alaska Community Health Aide/Practitioner Manual* (CHAM).
 - Use the CHAM for each patient encounter.
 - Document (record) each patient encounter thoroughly.
- Be familiar with CHAP Certification Board Standards and Procedures, as amended.
- Seek advancement in training, working toward the Practitioner level.
- Be in compliance with Continuing Education and credentialing requirements.
- Be familiar with the local clinic operations:
 - The local culture and how it might impact health issues and care.
 - Personnel and resources available.
 - Equipment available and its proper use.
 - Understand and follow the Reporting and referral process.
 - Participate in a quality assurance process.
- Be familiar with the organization’s system of medical supervision.
 - Who provides your medical supervision?
 - To whom do you report patients?
 - Who will do your clinical skills evaluations?
 - Who will evaluate you and sign any appropriate Standing Orders, and review these skills periodically?

► **Responsibilities of the Field Supervisor/ Instructor or Clinical Instructor (SI/CI) include:**

- Provide clinical training and assistance to CHA/Ps in the village clinic setting.
 - Regular chart reviews.
 - Periodic precepting of patient encounters.
 - Completion of Post Session Learning Needs.
 - Be prepared to provide consultation regarding skills and Standing Orders.
- Be familiar with the basic documents of the Community Health Aide Program:
 - The *Alaska Community Health Aide/Practitioner Manual*.
 - The Community Health Aide Basic Training Curriculum.
 - The Community Health Aide Program Certification Board Standards and Procedures, as amended.
- Assist in advancement of each CHA to the Practitioner level.
- Monitor Continuing Education, EMS and CHA/P credentialing and certification requirements and expirations.
- Be familiar with the local clinic operations:
 - The local culture and how it might impact health issues and care.
 - Personnel and resources available.
 - Equipment available and its proper use.
 - Reporting and referral process.
 - Quality assurance process.

► **Responsibilities of the Doctor include:**

- Provide medical supervision and advice to Community Health Aides/Practitioners (CHA/Ps), as specified by the Tribal Health Organization.
- Respond to CHA/P calls and contacts promptly.
- Be familiar with the local clinic operations:
 - The local culture and how it might impact health issues and care.
 - Personnel and resources available.
 - Equipment available.
 - Reporting and referral process.
 - Quality assurance process.
- Be familiar with the *Alaska Community Health Aide/Practitioner Manual* (CHAM) and Standing Orders.
- Understand the level of training of each of the CHA/Ps supervised.
- Be familiar with the Community Health Aide Program Certification Board Standards and Procedures, as amended.

Standing Orders

Medical supervision is essential to the success of the Community Health Aide Program and CHA/Ps. The following provides additional information about *Standing Orders*, as an alternative to the CHA/P reporting every patient encounter.

1. Physician-signed Standing Orders authorize a Community Health Aide/Practitioner (CHA/P) to treat a patient by following specific patient care plans as written in the *Alaska Community Health Aide/Practitioner Manual* (CHAM) (or regional alternative plans) without consulting the referral doctor.
2. Why grant Standing Orders?
 - The CHA/P, with training and experience, can follow the CHAM to provide good care for routine health issues without contacting the doctor on every patient.
 - A CHA/P with appropriate Standing Orders can practice more efficiently.
 - Having Standing Orders for straightforward, routine care reduces demand on the physician's time.
3. When might CHA/Ps get Standing Orders?
 - Many Tribal Health Organization physicians begin granting Standing Orders to eligible CHAs after the completion of their 200 hours of clinical experience at the end of Session II.
 - Generally the Standing Orders are divided by Training Session-specific content.
4. Plans with possible Standing Orders.
 - The CHAM includes the option of allowing a CHA/P to be granted a Standing Order for certain health problems that have been covered in the Community Health Aide Program Basic Training Curriculum and that can be assessed in the village.
 - Plans for which the CHAM provides a possible Standing Order are indicated after the Plan title with:
[Standing Order possible].
 - The Clinical Directors of the Tribal Health Organizations selected an advisory group of physicians experienced at working with CHA/Ps. These doctors decided which Plans would have Standing Orders possible.
 - These are usually common, straightforward problems, where reporting is not likely to change the Assessment or Plan. That is, the doctor probably would not come to a different conclusion if the CHA/P reported verbally or sent in a Patient Encounter Form (PEF).

- Plans with possible Standing Orders often have an “ALWAYS Report” caution, which safeguards those patients who may be more complicated (Examples: Infants, elders with multi-system disease, or patients with more concerning symptoms).
 - These patients would not be covered by the Standing Order, and the CHA/P would actively consult the referral doctor.
 - The Plan in the CHAM is the Standing Order.
 - To grant a Standing Order, the supervising physician must agree with the Plan in the CHAM that the CHA/P will follow.
 - ◀Some of these Plans will include only Patient Education and Recheck information.
 - ◀Other Plans may also include Medicines and procedures.
- or**
- Write an alternative Plan for the CHA/P to follow.
 - ◀Due to regional variation of resources, changes in medical practice, etc., some physicians or Tribal Health Organizations may prefer a treatment plan other than what is written in the CHAM.
 - ◀If a different treatment plan is created, it must be clear which instructions the CHA/P is to follow. Any new Plan:
 - ♦ Should be plainly written (preferably in a format similar to the CHAM).
 - ♦ Must be signed by the supervising physician.
 - ♦ Should be on file at the Tribal Health Organization, the CHA/P’s clinic, and with the doctor.
5. Who can grant Standing Orders?
- Only a licensed physician who is employed by the federal government or affiliated with the Tribal Health Organization can grant a CHA/P Standing Orders.
 - Community Health Aides/Practitioners practice under the medical authorization of the supervising physician.
 - Standing Orders authorizing the CHA/P to follow the CHAM treatment Plan (or other written guideline), without consulting a physician, *must be signed by the supervising physician*, as designated by the Tribal Health Organization.
6. Deciding if Standing Orders should be granted.
- To grant a Standing Order, the supervising physician must have sufficient experience working with, or supervising, the individual CHA/P so that the doctor is comfortable with *this* CHA/P’s clinical skills and ability to:
 - Use the CHAM to obtain a thorough History.
 - Perform an adequate Exam, and recognize and describe abnormal findings.
 - Use the CHAM to arrive at an accurate Assessment.
 - Follow the Plan without needing further direction.
 - Recognize the patients who are exceptional and need to be reported, even with a Standing Order.
 - In addition to personal experience, the physician will also receive information about the CHA/P’s clinical skills through:
 - Basic Training Center evaluations of a CHA’s progress in training. These evaluations include appraisal of each CHA’s clinical skills in:
 - ◀History taking.
 - ◀Physical Exam and Lab skills.
 - ◀Using the CHAM to make Assessments.
 - ◀Ability to follow Plans.
 - ◀Giving Patient Education.
 - ◀Administering medicines.
 - ◀Performing certain treatment procedures.
 - ◀Documenting the encounter.
 - Consultation with Supervisor Instructors/ Clinical Instructors, part of the Tribal Health Organization’s CHAP field program, who work with CHA/Ps in the village between and after Basic Training Sessions to:
 - ◀Reinforce skills listed above.
 - ◀Evaluate retention of knowledge and skills in the home clinic setting.
 - Some Tribal Health Organizations use a written Standing Orders test.
 - ◀The test evaluates the CHA/P’s skill, when provided with certain history and exam information, to use the CHAM to make an assessment, and to interpret (follow) the steps of the plan.
 - Other Quality Assurance/Quality Improvement systems in place at the clinic.
 - Some Tribal Health Organizations do not use Standing Orders at all. Instead those CHA/Ps report to an on-site midlevel provider or consult with the physician about every patient encounter.

7. The granting of Standing Orders should be individualized.
 - Not all CHA/Ps receive Standing Orders.
 - Each CHA/P comes to the job with different skills and abilities.
 - CHA/Ps master clinical skills at different rates, based on background, training, clinical exposure and support.
 - Depending on individual knowledge, skills and abilities, a specific CHA/P may be granted:
 - A full list of Standing Orders.
 - A limited selection of Standing Orders.
 - No Standing Orders.
 - CHA/Ps with Standing Orders still need to have periodic evaluations to ensure maintenance of knowledge and skills.
8. Documentation of Standing Orders.
 - The employing Tribal Health Organization should have a Standing Orders form listing the CHAM Plans that are signed off by the supervising physician for each CHA/P, as appropriate.
 - The signed Standing Orders document should be on file at the Tribal Health Organization CHAP program office, the CHA/P's clinic, and the physician's records.
 - When a CHA/P treats a patient using Standing Orders, without contacting the doctor, the CHA/P should record this on the Patient Encounter Form.
9. Renewing Standing Orders or change of supervising physician.
 - Most Tribal Health Organizations that use Standing Orders recommend re-evaluation and re-signing every two years, to emphasize the importance of maintaining knowledge and skills.
 - If the CHA/P supervising physician changes, the new supervising physician must determine which Standing Orders are appropriate, and re-sign those orders that continue to be suitable. The CHA/P functions only under the medical supervision of the doctor.
 - If Standing Orders are not re-signed, the CHA/P may no longer treat patients under them, and would need to report each patient, as directed in the CHAM.
 - Standing Orders must be reviewed and re-signed when a new edition of the CHAM is published.
10. Revoking Standing Orders.
 - The supervising physician can revoke a Standing Order if the doctor determines that a CHA/P does not have the skills or resources as outlined above, to treat patients for that specific problem, without contacting the doctor.
 - Revocation of Standing Orders should be done in writing, in consultation with the CHA/P and the CHAP program supervisor.
 - The CHA/P could be recommended for remediation through the Tribal Health Organization's field program, or through a CHAP Training Center.
11. Change of CHA/P Employment.
 - Standing Orders are specific to an employer and a physician.
 - If a CHA/P changes employment to a different Tribal Health Organization, or itinerates among agencies, their original signed Standing Orders do NOT carry over with them.
 - The new supervising physician must determine which Standing Orders are appropriate.

Questions:

- ▶ If you have questions about the Community Health Aide Program, talk with the CHAP Director in your region. Additional information may be available through:
 - The CHAP web site: www.akchap.org
 - The Alaska Native Tribal Health Consortium (ANTHC) Community Health Services CHAP/Rural Health Consultant at 1-907-729-3642.

Community Health Aide/Practitioner Locations

