

FACT SHEET

Community Health Worker Standing Orders

Minnesota Community Health Worker Alliance

June 2017

What are standing orders?

Standing orders are written, authorized directions commonly used in a variety of fields such as banking, government and health care. Mosby's Medical Dictionary defines a standing order as "a written document containing rules, policies, procedures, regulations, and orders for the conduct of patient care in various stipulated clinical situations. The standing orders are usually formulated by the professional members of a department in a hospital or other health care facility. Standing orders usually name the condition and prescribe the action to be taken in caring for the patient, including the dosage and route of administration of a drug or the schedule for the administration of a therapeutic procedure."

According to the Center for Excellence in Primary Care at the University of California San Francisco (UCSF), "Standing orders and protocols allow patient care to be shared among non-clinician members of the care team, like medical assistants and nurses. Standing orders are often based on national clinical guidelines, but practices may customize those guidelines based on their own patient population or care environment... Standing orders enable all members of the care team to function to their fullest capacity."

Standing orders are widely used in hospital inpatient settings such as intensive care units, coronary care units, and emergency departments as well as in emergency medical services, public health clinics, hospice programs, long term care facilities and summer camps.

Emergency medical technicians, medical assistants, pharmacists and registered nurses often provide patient services and perform tasks under standing orders. For example, standing orders can empower:

- "Medical assistants to identify patients due for colorectal cancer screening and provide them with a home testing kit before their medical visit" (UCSF)
- "Registered nurses to treat uncomplicated urinary tract infections" (UCSF)
- Public health agency staff and volunteers trained as overdose prevention educators to administer naloxene to treat opioid overdose.

What do they typically include and how are they implemented?

Standing orders need to identify the population and condition for which the order is directed, the personnel who will carry out the order, and the services to be provided. While standing order forms vary by organization, they typically include the following fields: topic, effective date, approval body, purpose, policy, procedure and rationale.

For standing orders to be successfully implemented, it's important for:

- Leadership to approve them and to revisit them at specific intervals to evaluate and update them, with team input
- Staff who are expected to carry them out to understand their roles and be fully trained and supported to execute the orders
- Supervisors to routinely ensure that the orders are being performed satisfactorily and to provide coaching or additional training as needed
- Other members of the team to understand the standing orders and to support the staff who are empowered to perform them.

How are standing orders applied to Community Health Worker services?

Standing orders are a vehicle to empower trained and supervised Community Health Workers (CHWs) to provide specific services to specific patient populations within organizational guidelines as members of care teams. Examples include one-to-one patient self-management services related to prediabetes, diabetes and hypertension in the clinic, home and community. Several Minnesota CHW employers have developed and implemented CHW standing orders or similar vehicles, some with support under the Minnesota Department of Health's CDC-funded Community Wellness Grant (CWG).

Examples

Otter Tail County (MN) Public Health Dept: CHW Standing Orders

Flow and contents:

- Local clinic makes referral to Otter Tail County Public Health (OTCPH)
- Agency uses standing order signed by Public Health Nurse to provide CHW services
- CHW provides and documents services
- Initial Focus: Prediabetes and Hypertension patient self-management
- Form reflects Minnesota Department of Human Services (DHS) CHW payment guidelines and includes indication, number of units of service, monthly cap and accompanying best practices for patient education.

Refer to the Appendix for the CHW Standing Order form developed by OTCPH.

(2) Intercultural Mutual Assistance Association (IMAA)-Mayo Clinic, Rochester: Order by Proxy for CHW Services

“Order by proxy” is similar to a standing order insofar as it is a written authorization by a clinician for specific services. As applied at Mayo Clinic, Rochester, it is issued for designated services/programming to be delivered to a specific patient. The designated clinical lead (who is not a medical doctor) serves as the physician proxy placing the order and referral on behalf of the primary care provider. Under a successful long-standing collaboration, Mayo partners with Intercultural Mutual Assistance Association (IMAA), a regional community-based organization, to co-supervise the CHWs who are IMAA employees and who serve Mayo patients.

CHW Co-Supervisor Jean Gunderson, DNP, Mayo Clinic, Rochester states, “All CHW services require an order. We are also trying to assure the care team alignment as well as the clinical communication and analysis. CHWs serve as another member of the care team for our Employee and Community Health (ECH) patients. Please note that one order does include a bundled visit set specific to the context of care and team/patient perspectives. If the CHW needs to go beyond the approved number of visits, they let the clinical lead know, as well as consult with the patient, to determine if additional visits/new order can be placed.” CHWs support patients under orders initiated by leads for the primary care, pediatrics, adult and integrated behavioral health areas. A tutorial has been created to help the leads place the order. This process has contributed to the development of a continuum of care and strong bidirectional communication.

Flow and contents:

- Order by Proxy submitted by clinical lead (RN, Care Coordinator or Social Worker) with diagnosis and targeted request for service including what health education to provide, what self-management to support, services to be provided one-to-one or as group, number of units of time and monthly cap, per DHS guidelines
- It goes in the electronic health record (EHR) to go forward
- Signed by primary care physician
- Referral faxed to IMAA CHW Co-Supervisor
- CHW reports to Mayo clinical lead who initiated the Order by Proxy
- CHW documentation on CHW Visit Report Form includes patient goals as well as
 - Direct patient face-to-face time with visit start and end times
 - Indirect time
 - Self-management skills acquired by the patient
 - Health education provided by the CHW and other key information.
- IMAA faxes the completed CHW Visit Form back to the Mayo clinical lead.
- CHW Visit Form is scanned into the EHR.

Do all CHW employers need to apply standing orders?

While standing orders are in widespread use by health care providers and public health agencies, their application to CHW services is still relatively new. Not all types of CHW employers have a tradition of using these tools. For example, standing orders are not commonly used by staff in schools, social service agencies, community action programs, mutual assistance associations, faith-based organizations, housing developments and other non-profits where CHWs are employed. In these settings, CHW services are outlined in their job descriptions and may also be detailed in program guidelines and protocols.

In Minnesota, where there are relationships between Medicaid-enrolled providers (such as clinics and hospitals) and community-based CHW employers that are not set up to bill under Minnesota Health Care Programs (MHCP), standing orders may be used to provide authorization by the Medicaid-enrolled ordering provider for the CHW certificate-holder employed by the partnering agency to provide patient education and self-management services to MHCP enrollees that are included in the approved benefit set. This documentation is also needed for billing and entry into the patient's record. Additional information may be found in the CHW Section of the DHS Provider Manual.

What is the outlook for the use of standing orders for CHW services?

While CHW programs have operated for many years in community-based and social services agencies, the last decade has seen a trend in CHW employment in clinical settings that are organized under a medical model and that qualify for insurance, health plan and government program payment such as Medicaid, called Medical Assistance in Minnesota. With the growing integration of CHWs in team-based care models and clinical-community partnerships, there will be greater use of standing orders by clinics, hospitals, local public health agencies and other CHW employers as efficient tools for ordering specific services by trained and trusted culturally-competent CHWs in order to improve patient health, address social determinants of health and advance health equity.

References

Center for Excellence in Primary Care, University of California, San Francisco (UCSF)
<http://cepc.ucsf.edu/standing-orders>

Minnesota Department of Human Services Provider Manual, Community Health Worker
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

Mosby's Medical Dictionary, 9th Edition, Elsevier, 2009.

For more information

Minnesota Community Health Worker Alliance: Community Wellness Grant Resources
<http://mnchwalliance.org/explore-the-field/tools-resources/community-wellness-grant-information/>

Michigan Community Health Worker Alliance: Chronic Disease Resources for CHWs
<http://www.michwa.org/chronic-conditions-resources/>

CHW Solutions: Standing Orders to Conduct Advance Care Planning
<http://chwsolutions.com/wp-content/uploads/2018/08/aaaCHW-Standing-Orders-ACP-Jul-21-2018.pdf>

Acknowledgments

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About the Minnesota Community Health Worker Alliance

Committed to equitable and optimal health outcomes for all communities, the Alliance serves as a catalyst, leader, convener and resource to build community and systems' capacity for better health through the integration of CHW models. As the voice of Minnesota CHWs joined with stakeholders across the state, Alliance priorities include:

- Education and training for CHWs and organizations that employ them
- Advancing the field including CHW integration, leadership development and sustainability
- Continuing policy support in the areas of health access and equity, workforce diversity and the Triple Aim through federal, state, local and institutional policy change.

Learn more at www.mnchwalliance.org. Please contact us with questions or comments at info@mnchwalliance.org.

APPENDIX

OTTER TAIL COUNTY (MN) PUBLIC HEALTH (OTCPH) STANDING ORDERS

Community Wellness Grant (CWG) - Community Health Worker Services

Community Health Worker Certification

The Community Health Worker (CHW) must have a current and valid certificate from Minnesota State Colleges and Universities (MnSCU) demonstrating completion of the approved CHW curriculum.

Client Scope

The CHW may offer services to Otter Tail County residents with at least one of the following:

- A referral from the Lake Region Healthcare (LRH) Care Coordinator to OTCPH for CHW services related to prediabetes diagnosis
- A referral directly from the Lake Region Healthcare (LRH) Care Coordinator to OTCPH for CHW services related to undiagnosed hypertension or hypertension management

Community Health Worker Services Units

Delivered in 30-minute units: limit 4 units per 24 hours; no more than 24 units per calendar month per client

Community Health Worker Services

1. Face-to-face with the client (individually or in a group)
2. Delivery of diagnosis-related patient education services: The content must be consistent with established or recognized health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms, and health literacy of the client. Disease/diagnosis-specific education best practices attached to this standing order must be included as part of the patient education or training plan.
3. Assisting individuals in adopting healthy behaviors and self-management behaviors.
4. Conducting outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health.
5. Providing information on available resources.
6. Providing social support.

7. Advocating for individual and community health needs.
8. Collecting data to help identify community health needs.
9. Providing services such as using the American Diabetes Association (ADA) prediabetes risk tool to assess prediabetes risk.

Personal Health Information

Clients will receive a copy of the following documents:

1. Release of information
2. Notice of Privacy Practices

Medical Emergency

In the event of a medical emergency, follow the OTCPH medical emergency protocol.

Standing Orders Authorization: This standing order shall go into effect on June 12, 2017 and remain in effect until rescinded or until September 30, 2017.

Number of units ordered: up to 12 units within 30 days of the initial visit

Service type: Individual Group

Ordering Provider's Name and Credentials: [Click here to enter text.](#)

Ordering Provider's Signature: [Right click here to paste Signature.](#) Date: [Click here to enter a date.](#)

For more information about this form and its use, please contact:

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