



## Workforce Development Workgroup

Monday, September 14<sup>th</sup> 2015 - 9:00 a.m. – Noon  
Marshall University Graduate College – South Charleston Campus – Room 116

### MEETING SUMMARY NOTES

#### Today's Expected Results:

- Developed and prioritized recommended short and long term strategies for addressing West Virginia's workforce needs.
- Reviewed workforce geographic distribution data and made recommendations for strategies to strengthen rural access to health care.

**Co-Chairs:** Laura Boone and Dana King

**Facilitator:** Leslie Stone

Participants: Due to an Internet outage, no participants were able to join electronically. 14 people – 14 in person

TOPIC	OVERVIEW/DISCUSSION/DECISIONS
<b>Welcome, Introductions and Opening Remarks</b>	The third SIM Workforce Development Workgroup meeting opened with welcoming remarks. Joshua Austin, SIM Project Coordinator, was recognized for his role as liaison between all workgroups. The agenda with expected results for the meeting and ground rules were reviewed with workgroup members.

<p><b>Review of Workgroup Meeting Results to Date</b></p>	<p>Mr. Austin provided a PowerPoint presentation summarizing the results of all SIM workgroups to date. Five key themes for the SIM model design have emerged. These are as follows:</p> <ol style="list-style-type: none"> <li>1. Must include care coordination / coordinators</li> <li>2. Must be an integration of behavioral health and physical health</li> <li>3. Must be alignment of provider and payor quality measures</li> <li>4. Must include telehealth / telemedicine</li> <li>5. HIT must be a backbone, aid to this model design and its deployment</li> </ol>
<p><b>Overview of the Workforce Gap Strategy Development Process</b></p>	<p>Participants worked in randomly assigned small groups to review the following documents that were sent electronically prior to the meeting:</p> <ul style="list-style-type: none"> <li>• Workforce Gap Analysis notes from the August workgroup meeting;</li> <li>• The health care system vignette distributed at the August workgroup meeting;</li> <li>• Workforce Development segment (8.0) of Pennsylvania’s SIM plan and</li> <li>• Workforce maps developed by and based on data from and The Robert Graham Center.</li> </ul> <p>Participants, in their small groups, collaborated to develop strategies, then shared them with the large group and addressed clarifying questions and comments.</p>
<p><b>Workforce Gap Strategy Development: Small Group Discussion and Reports</b></p>	<p>In small groups, workgroup members developed strategies to address West Virginia’s Workforce Gaps (both headcount and skills). Each strategy was identified as either <b>long term (3-5 years)</b> or <b>short term (1-2 years)</b>. Each group’s top two priorities are identified with an ‘*.’</p> <p><b>The responses below have been lightly edited for clarity.</b></p> <p>Strategies to Fill Headcount Gaps (refers to gaps in the number of providers):</p> <ul style="list-style-type: none"> <li>• Create and develop written policies for non-traditional workers, including: care coordinators, community health care workers, direct care workers and peer support recovery specialists. Do not codify this in law / regulation, but rather in cross-system policy. <b>Short Term*</b></li> <li>• Promote the sharing of the interests and intentions of graduates related to practice in rural and underserved areas of West Virginia among professional schools, health care and health-related institutions and the public. <b>Short Term</b></li> </ul>

- Break down barriers related to scope of practice issues. **Long Term\***
- Break down barriers between professional schools so like-minded students can begin sharing experiences earlier to bond and work together. **Long Term**
- Gather accurate data that reflects “true need”- reconsider MUA/Ps; consider geography (miles to provider, days to appointment) **Short Term\***
- Develop a clear care coordination model for use across the state. Nurses and social workers are poised to take care coordination roles, but there are shortages of both. Funding / incentives are needed to get more people (undergraduates) into these roles. **Short Term\***
- Offer associate degree programs to establish para-professionals certified to do substance abuse counseling and human services technology. **Long Term**
- Develop state strategies to increase loan repayment options for physicians to come to and / or stay in West Virginia. **Long Term**
- Clearly define the roles of community engagement specialists and care coordinators. **Short Term\***
- Fund the roles of community engagement specialists and care coordinators. **Long Term**
- Increase providers’ scope of practice to meet patient needs. **Long Term**
- Promote incentives for rural health care providers. **Short Term\***

Strategies to Fill Skills Gaps:

- Promote inter-professional education. **Long Term\***
- Promote the use of Motivational Interviewing across all professions. **Short Term**
- Promote patient-centered health homes. **Short Term\***
- Create and utilize training programs for care coordinators, community health care workers, etc. **Short Term\***
- Train professionals to move patients into self-management. **Long Term\***
- Include more geriatric education into all professional and para-professional training. **Long Term**
- Train our secondary education students on the importance of resiliency and health management. **Long Term**
- Provide more extensive training on communication in team environments. **Long Term**
- Explore the use of mobile health units as a training environment for both teaching and care provision across disciplines, such as social work, nursing, nurse practitioners / nurse practitioner students, physician assistants and physician assistant students.

	<ul style="list-style-type: none"> <li>○ Collaboration among state schools and universities</li> <li>○ Include telehealth as a component on the mobile units <b>Long Term</b></li> <li>● Track and focus social workers (MSWs) education into behavioral health care / primary care integration. <b>Short Term</b></li> <li>● Establish para-professional health care degree programming in high schools. Begin with those in poor, rural areas. Investigate at the program in Ft. Lauderdale, Florida, to get new para-professionals and jumpstart an introduction into the health care field, including a glide path to jobs and further education. <b>Long Term*</b></li> </ul>
<p><b>Workforce Geographic Gap Strategy Development: Small Group Discussion and Reports</b></p>	<p>Participants reviewed four (4) data maps from The Robert Graham Center related to geographic distribution of West Virginia providers. In small groups, workgroup members developed strategies to address West Virginia’s Workforce Geographic Gaps (both headcount and skills). Each strategy was identified as either <b>long term (3-5 years)</b> or <b>short term (1-2 years)</b>. Each group’s top two priorities are identified with an ‘*.’</p> <p><b>The responses below have been lightly edited for clarity.</b></p> <ul style="list-style-type: none"> <li>● Address scope of practice barriers for practitioners. <b>Short Term*</b></li> <li>● Expand the role of the local / county health departments to assist in meeting client needs. <b>Short Term</b></li> <li>● Assess communities for locations, such as health departments, community centers, school-based health centers, to use as satellites for health care provider programs and delivery of both education and services. <b>Long Term</b></li> <li>● Integrate telehealth, behavioral health, health education, etc. into high school, community and technical colleges for the provision of both services and education. <b>Long Term</b></li> <li>● Incentivize providers from provider-rich areas to serve—both physically and via telehealth—for short periods of time (1 week to 1 month) in underserved areas. <b>Long Term</b></li> <li>● Expand telehealth services. <b>Short Term*</b></li> <li>● Change provider norms and learn to adapt to the norms in the location of service to earn trust. <b>Long Term*</b></li> <li>● Use in-home service as a delivery model across disciplines in rural areas. <b>Long Term</b></li> <li>● Adapt as needed and implement “Housing Plus” and PACE models of care in West Virginia. <b>Long Term</b></li> </ul>

	<ul style="list-style-type: none"> <li>• Design a program that incorporates a recreational component to deliver health care and behavioral change services. Explore the Native Alaskan Model—participants made muck lucks while receiving substance abuse counseling—the participation in receiving health care was increased by using another vehicle of interest (making useable gear) to gain attendance and interest. <b>Short Term</b></li> <li>• Identify earlier those students “in the pipeline” with a strong interest in the health care profession. Support them. <b>Long Term</b></li> <li>• Develop strategies for identifying students with a strong interest in the health care profession that are in rural areas. Support them early and strongly in the rural practice environments. <b>Short Term*</b></li> <li>• Reinstate state loan deferment programs for graduate students pursuing health care careers while offering loan education and budgeting. Seek the help of economic developers, as this is an economic development tool. <b>Short Term*</b></li> <li>• Promote work-study programs for health care students. <b>Short Term</b></li> <li>• Incentivize practice in rural areas by increasing payor rates. <b>Long Term</b></li> </ul>
<p><b>Final Comments, Next Steps, Action Items, Assignments and Check Out</b></p>	<p><b>The Workforce Development Workgroup will not meet in October, as its future work is largely dependent, at this point, on the output of the other SIM workgroups. Workgroup members will be notified as soon as another meeting is scheduled. It is likely meetings will continue to be held at Marshall University Graduate College in South Charleston, WV.</b></p> <ul style="list-style-type: none"> <li>• Mr. Austin will reach out to those who attended the first and / or second workgroup meetings but have not participated since to encourage them to attend future Workforce Development Workgroup meetings.</li> <li>• Question: Does The Robert Graham Center have data on nursing graduates and other professions?</li> <li>• West Virginia’s Integrated Behavioral Health Conference will be held in Charleston, WV, from September 22 to 24, 2015.</li> <li>• West Virginia’s Housing Conference will be held in Charleston, WV, from September 15 to 17, 2015.</li> <li>• The 6<sup>th</sup> Annual WVPEL Partner Summit – Great Expectations: A New Vision for Successful Aging will be held at the University of Charleston in Charleston, WV, on November 6, 2015.</li> </ul>
<p><b>Parking Lot</b></p>	<ul style="list-style-type: none"> <li>• Comment from a workgroup member that the final SIM plan address Hepatitis B and C, as well as substance abuse.</li> </ul>

	<ul style="list-style-type: none"> <li>• Identify a process to address policy levers and policy changes. The issues will be identified but partners will need to convene, come up with a common request and message. The partners will need to work together to seek the policy change.</li> <li>• Explore the importance of local, county Boards of Health and health departments in a transformed health care system prior to making the decision as to whether or not to regionalize health departments in West Virginia.</li> <li>• Explore and clearly define the scope and role of local boards of health / health departments.</li> </ul>
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**Group Checkout (Verbatim Responses)**

<i>What worked well today?</i>	<i>What would you change for the next meeting?</i>
<ul style="list-style-type: none"> <li>• Good communication and information sharing</li> <li>• Meeting location</li> <li>• Facilitation</li> <li>• Good cohesion of group</li> <li>• Snacks ☺</li> <li>• Enough time to focus on activities</li> <li>• Excellent people make excellent group work</li> <li>• Good discussion time</li> <li>• Good group responses</li> <li>• Nice mix of people</li> <li>• Good, stimulating questions</li> <li>• Thanks for the water and the snacks!</li> <li>• Openness of participants</li> <li>• Bringing in behavioral health folks</li> <li>• Good group teamwork</li> <li>• Mix of different disciplines</li> <li>• Diversity of experience in the group</li> <li>• Moved quickly and efficiently</li> <li>• Openness to creative ideas</li> </ul>	<ul style="list-style-type: none"> <li>• More time on each job issue</li> <li>• Side conversations</li> <li>• Better visibility on the maps</li> <li>• Notes from last meeting for everyone</li> <li>• Don't need so much information on other groups; some, but not so much</li> <li>• Need more MDs for input</li> <li>• Certain "single issue" people dominated the discussion</li> <li>• More information on The Robert Graham Center data (methodology, variables, can we all get access?)</li> <li>• "Institutional history" of the health care industry in WV is important but has to be put in context of changing environments, technological improvements, different perspectives and players – In short, just because it didn't work before doesn't mean it wouldn't work now.</li> <li>• Poor visibility and legends of the workforce maps</li> <li>• The same ideas were recycled multiple times</li> <li>• How is this workgroup making sure it is being coordinated with other workforce workgroups to prevent gaps or</li> </ul>

<ul style="list-style-type: none"> <li>• Lots of discussion that generated good ideas</li> <li>• Good overview at the beginning of the meeting</li> <li>• Good participation</li> <li>• Facilitation</li> <li>• Excellent discussion in small groups</li> <li>• New people – new ideas</li> <li>• Enjoyable interactions</li> <li>• Great minds from different disciplines</li> <li>• Great understanding of various areas</li> <li>• Good group</li> <li>• Good dialogues</li> <li>• Good brainstorming</li> <li>• Water-based markers</li> </ul>	<p>duplicative work? (i.e., Governor’s Workforce Workgroup, etc.)</p> <ul style="list-style-type: none"> <li>• It is very difficult for folks to leave their own agenda at the door</li> <li>• Lack of consistent core group of people</li> <li>• Too many from the same profession in one group</li> <li>• People need to be encouraged to think beyond their profession, organization and employer</li> <li>• Nothing</li> </ul>
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**Suggested Ideas for Additional Workgroup Members**

- People who have participated in one or two meeting(s) but have not returned.