



South Carolina Institute of  
Medicine & Public Health

Our **mission** is to collectively **inform policy** to improve health and health care

We **serve** as an **informed, nonpartisan convener** to provide evidence-based information relevant to policy decisions and other actions impacting the health and well-being of all South Carolinians



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# Welcome

Today is our last meeting.

THANK YOU for your  
participation and contributions!

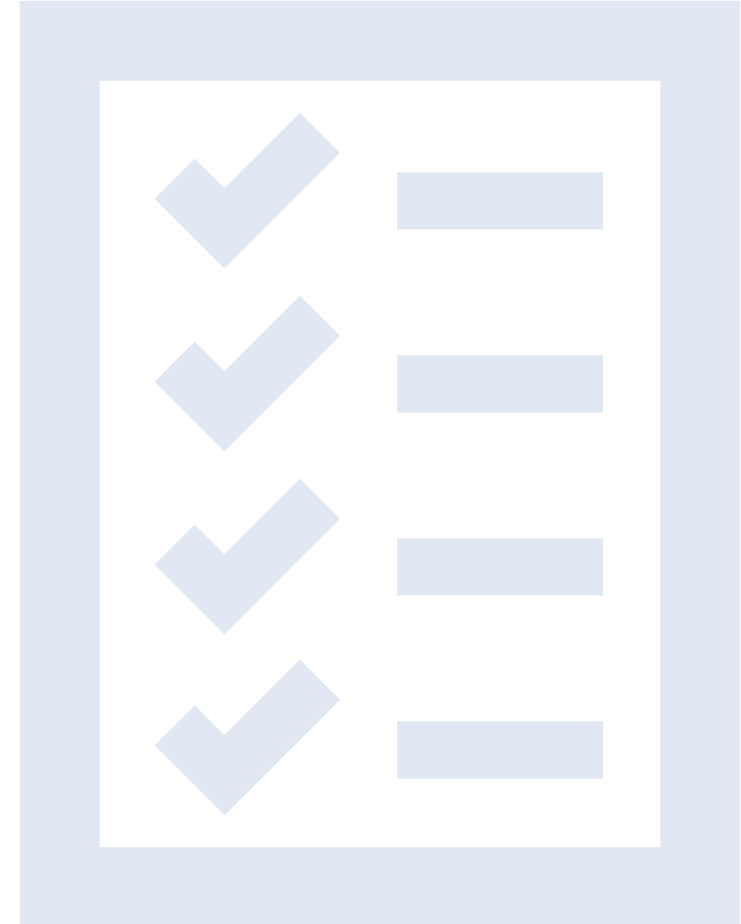


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## Defining Consensus



# Review Additions to Recommendations & Action Steps – Themes 1-6



I gave you feedback but I don't see it represented here . . .

There are several reasons why you may not see your (awesome!) contributions in the recommendations today:



You may have given us (fantastic!) info that will appear in the context of the recommendation and/or in the final report.



Your recommendation was great, but it was specific to physicians, nurses or another area this report will not focus on.



Your feedback made minor adjustments to a recommendation, but did not change the meaning of the recommendation.



The “Emerging Roles” Section of the paper is not a comprehensive list. This will be noted in the final report.

# Additions: Creating the Ideal State for the Health Care Workforce of Today and Tomorrow

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a) The South Carolina Department of Health and Human Services (SCDHHS) should consider adopting a standard definition of social determinants of health for all providers in South Carolina.

Consider the definition set forth by Healthy People Healthy Carolina



b) South Carolina should provide an incentive for CBOs and health care providers to encourage as many organizations in the state as possible to adopt a common set of standards to track health and human service referrals and social and health outcome data.



c) South Carolina should create a database that lists health systems and CBOs who have received training on, and participate in, bidirectional data sharing.

# Additions: Creating the Ideal State for the Health Care Workforce of Today and Tomorrow

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a) Stakeholders should identify funds or other resources to provide patient education on comfortably utilizing telehealth tools; for example, this could include the creation of a digital literacy certificate for personnel to assist patients in home with telehealth sessions.



b) Academic institutions that train advanced clinical providers should test the best models for interprofessional training with the use of telehealth during their academic programs.



d) The state legislature should expand the South Carolina Telemedicine Act to include telehealth reimbursement for community health workers, **social workers,** **pharmacists** and paraprofessionals .

# Additions: Reimagining Health and Human Service Roles to Support Value-Based Care

Community Health Workers (CHWs) – A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.



# Additions: Reimagining Health and Human Service Roles to Support Value-Based Care

- a) Community Paramedics and Mobile Integrated Health Care Providers – Experienced EMTs and Paramedics, with appropriate training and approval of their supervising EMS agency and Medical Director, who identify community health needs and address gaps in care, coordinate and facilitate continuity along the care continuum for individual patients, and work to reduce unnecessary ED visits and promote better navigation of the health care system.
  
- b) Pharmacists - Among other pharmacy care functions, today's pharmacists can provide immunization services, medication synchronization, patient customized packaging, specialty compounding, medication therapy management (MTM), transition of care services, and even more under collaborative practice agreements. Considerable evidence demonstrates the value of expanded pharmacist involvement in patient care. Allowing pharmacists to practice at the top of their profession in a truly team-based collaborative environment will improve quality and access while helping control costs.

## Additions: Training and Education

- a) The state legislature should provide increased funding for AHEC's training modules for current health and human service professionals.
- b) South Carolina should continue to fund/support AHEC's research on identification of high-need, high priority professionals in each region of the state.
- c) South Carolina should fund the expansion of AHEC's Health Careers Academy to increase the SC health and human service workforce pipeline, especially for high need roles.

# Additions: Training and Education

- a) South Carolina should create programs to fund the education of non-clinical students, such as those pursuing careers as CHWs or social workers. *Handout page 4*
- b) Training sites should collaborate to develop one set of standards for student placement and a **checklist for qualified mentors**. *Handout page 5*
- c) Clinical science programs should promote opportunities for interprofessional training to their students. *Handout page 5*



# Additions: Training and Education

South Carolina should continue to fund the SC Center for Rural and Primary Healthcare's forgivable loan program for select clinical students who will commit to rural primary care or critical need specialties.



State partners should develop an academy for the workforce of community-based organizations and health systems.

- Partners should train participants to see health systems and CBOs as equals in care delivery.
- Partners should create a curriculum around capacity building and cultural competence.

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## Additions: Training and Education

## Additions: Community- Level Workforce Optimization

- a) Public and private academic and training institutions should require all health and human service students to take “community assessment,” a course currently offered at USC, or a similar course.
- b) Stakeholders should collaborate to define statewide CHNA methodologies to include validity, cultural competence, representative participant group and other key metrics. - Consider the CDC’s CHNA framework
- c) Utilize existing community-led efforts such as Healthy People, Healthy Carolina; Blueprint for Health; and Eat Smart Move More coalitions to support workforce priority setting.
- d) Incentivize pilot projects in rural areas to understand the best way to deliver care for the community in a culturally competent way that optimizes the contributions of everyone in the health care system.

# Additions: Direct Care Workers

South Carolina should fund dementia-specific training for DCWs

- DCWs should be trained to provide person-centered dementia care based on thorough knowledge of the care recipient and their needs.
- The training should advance optimal functioning and a high quality of life and incorporate problem-solving approaches into care practices.

# Review & Come to Consensus on Recommendations and Action Steps: Themes 1-6

Facilitator Pam Gillam, MPA

Director, Core for Applied Research and Evaluation (CARE)

Office of Research, Arnold School of Public Health

University of South Carolina

# Defining Consensus

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Defining

*“Majority Agreement”*



# Process for Consensus

## What We Are Going To Do Today:

- Review Recommendations and Action Steps
- Answer the question—  
    “Is there anything here that I absolutely cannot support?”
- If no support and lots of discussion, we will formally vote
- If silent, we will celebrate!

## What We Are Not Going to Do Today:

- Wordsmith
- Discuss the importance of the recommendation
- Share examples

# Creating the Ideal State for the Health Care Workforce of Today and Tomorrow

Recommendation 1: Health and human service providers should screen for social determinants of health when interacting with patients and/or clients, and this data should be integrated into electronic health records (EHRs).

Recommendation 2: Health and human service providers across South Carolina should participate in bidirectional data sharing.

Recommendation 3: Implement telehealth policies that extend the capacity of the workforce to meet the needs of communities, schools, worksites and prisons.



Reimagining Health  
and Human Service  
Roles to Support  
Value-Based Care

**Recommendation 1:**  
Government organizations,  
academic and training  
institutions and health and  
human service providers should  
prioritize, promote and support  
the utilization of new and  
existing care delivery roles.

# Training and Education

Recommendation 1: South Carolina public and private education and training institutions (i.e. degree and certification programs) should collaborate with government agencies, health and human service providers and community-based organizations to train health and human service students and professionals in integrating behavioral health and primary care, population health, preventative care, social determinants of health, health equity and health disparities.

Recommendation 2: Stakeholders should remove cost as a barrier to health and human service education at all levels and create clear health care workforce pathways for students and the existing workforce.

# Training and Education

Recommendation 3: Stakeholders should collaborate to create policies and programs that overcome the barriers to efficiently and effectively placing health and human service students in on-site training positions with qualified mentors.

Recommendation 4: State partners should develop an academy for the workforce of community-based organizations and health systems

The background features several concentric, curved lines in shades of gray, some solid and some dashed, creating a sense of motion and depth. A blue rectangular box with a white border and a small white triangle pointing downwards at the bottom center is positioned on the left side of the slide.

Community-  
Level  
Workforce  
Optimization

**Recommendation 1: Utilize data derived from improvements to community health needs assessments (CHNAs) and other community assessments to drive priorities for the composition of the workforce at the community level.**

- Recommendation 1: Stakeholders across the state should create a system to support, educate and train family caregivers.
- Recommendation 2: Stakeholders should provide better support to family caregivers, especially as it allows people to age in place, through the adoption of recommendations created by the Center for Health Care Strategies' *Helping States Support Families Caring for an Aging America* program, which will provide technical assistance to our state.

Family  
Caregivers

Direct Care  
Workers  
(DCWs)

Recommendation 1:  
Stakeholders across the  
state should create a  
system to support, educate  
and train direct care  
workers (DCWs).



# Behavioral Health

Review the new section with Brie

Come to consensus on the recommendations with Pam

# Behavioral Health



Recommendation 1: Adopt strategies for retention and job satisfaction for behavioral health providers.



Recommendation 2: Integrate care delivery for prevention, treatment and recovery services and primary care, behavioral health and addiction services.



Recommendation 3: Market the mental health and substance use disorder workforce to high school and college students.



Recommendation 4: Support an infrastructure for student internships to create a more unified statewide strategy for entry-level professionals to receive hands-on clinical experiences.



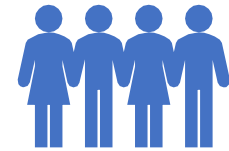
Recommendation 5: Increase racial and ethnic diversity in behavioral health professions to improve access to professionals with the same racial/ethnic and cultural backgrounds as the people they serve.

The Safe School Environment Vision and Call to Action includes the following goals:

- Access to school-based mental health counselors in every school by 2022
- Recommend expansion of state health care coverage for mental health counseling.

# Behavioral Health

- Recommendation 1: Adopt strategies for retention and job satisfaction for behavioral health providers.
- Recommendation 2: Integrate care delivery for prevention, treatment and recovery services and primary care, behavioral health and addiction services.
- Recommendation 3: Market the mental health and SUD workforce to high school and college students.



# Behavioral Health

- Recommendation 4: Support an infrastructure for student Internships to create a more unified statewide strategy for entry-level professionals to receive hands-on clinical experience.
- Recommendation 5: Increase racial and ethnic diversity in behavioral health professions to improve access to professionals with the same racial/ethnic and cultural backgrounds as the people they serve.

# Defining Consensus

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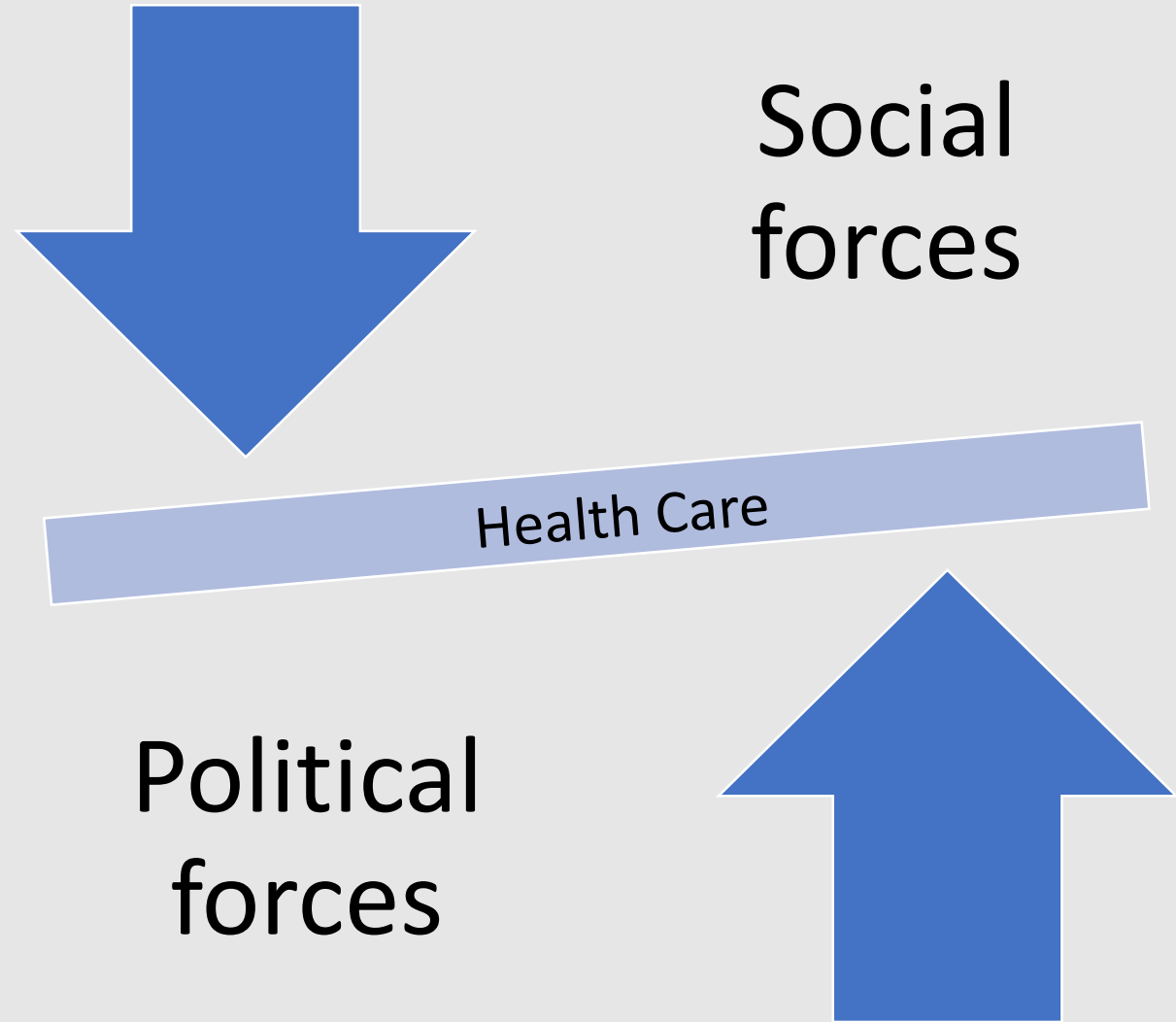
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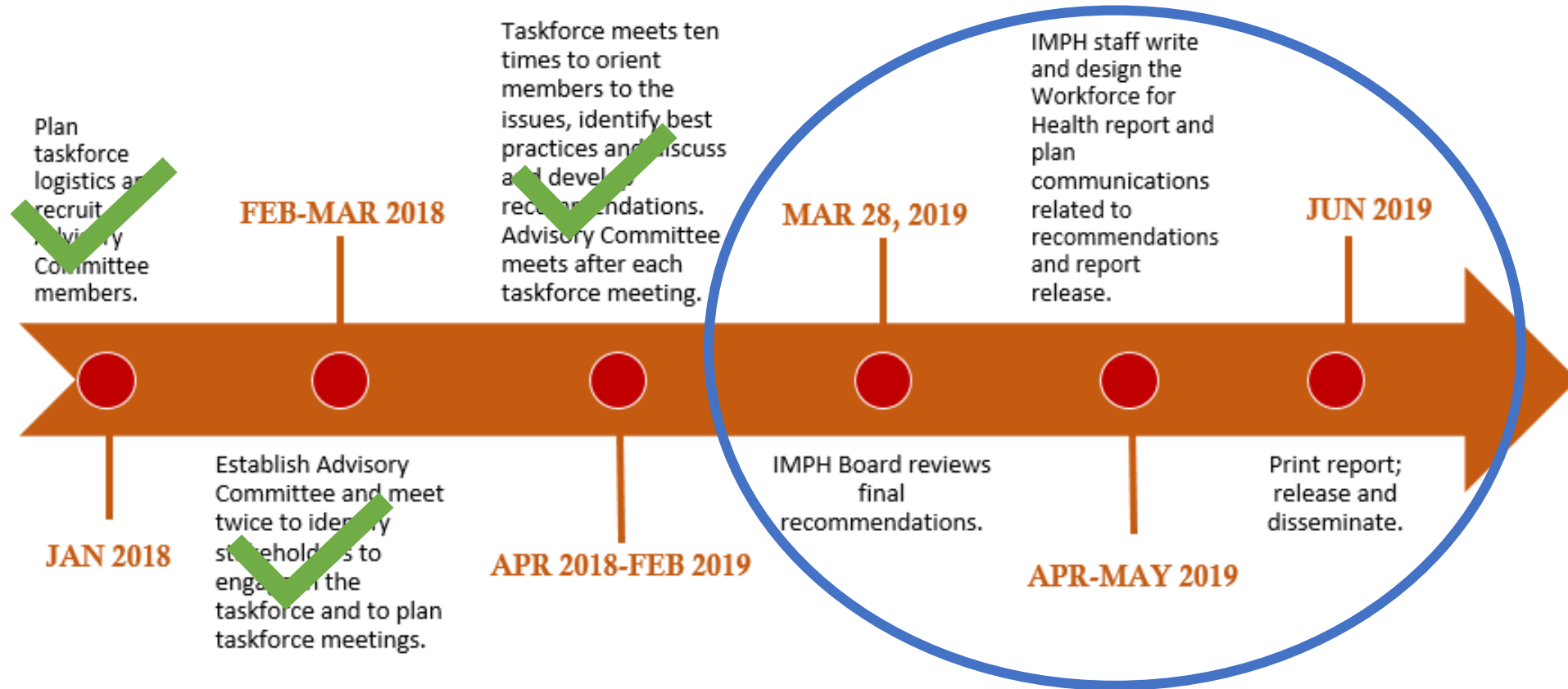
*“Majority Agreement”*



# Preamble Discussion

What environmental factors should be discussed in the preamble of our final report?





# Next Steps

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# Final Notes

- If you did not have time to give your action step feedback today, you may send your edits to Brie [brie@imph.org](mailto:brie@imph.org) until COB on Monday, 2/25
  - We will send out the final draft of the recommendations and action steps by Friday, 3/1.
- The Advisory Committee will meet today and later this spring to discuss our communication plan for the release of the final report.
- We will keep everyone in the loop as we know more.

Questions?



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# Thank you!

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