

Recommendations and Action Steps

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).

Action Steps:

1. Stakeholders should track the NC 1115 waiver rollout for learning opportunities.
2. 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.
 - a) Consider the definition set forth by Healthy People Healthy Carolinas
3. Government organizations and community-based organizations (CBOs) should educate providers and the public on the importance of social determinants of health to health care delivery and health outcomes.
4. Government organizations and CBOs should train and incentivize appropriate personnel at health and human service agencies, food banks and other organizations to screen for social determinants of health.
5. Health and human service providers and their staff should receive general education on screening tools for social determinants of health.
 - a) Two team members at each care site should receive in depth technical training for using the bidirectional screening tool.
 - b) The state legislature should provide funds through government agencies for the training and implementation of screening tools.

Recommendation 2—

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

Action Steps:

1. The South Carolina Department of Administration's Office of Revenue and Fiscal Affairs, SCDHHS, health systems and other health and human service providers should develop data sharing agreements that address HIPAA fears.
2. 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.
3. South Carolina should create a database that lists health systems and CBOs who have received training on, and participate in, bidirectional data sharing.
4. Payers, providers and government organizations should fund a program to gather, collect and interpret relevant data generated through data sharing agreements.
5. The state should invest in an evaluation to assess all relevant data, such as the effectiveness of data sharing between health providers and CBOs and the impact of having additional data about patients and/or clients on hand during interactions.

Recommendation 3—

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

Action Steps:

1. [Stakeholders should identify funds or other resources to provide patient education on becoming familiar with 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.](#)
2. Stakeholders should collaborate to develop an interstate compact for telehealth providers.
3. [Academic institutions that train advanced clinical providers should test the best models for interprofessional training with the use of telehealth during their academic programs.](#)
4. Stakeholders should develop telehealth standards and guidelines for the state.
5. Professional associations, CBOs and public and private academic and training institutions should collaborate to create a telehealth curriculum for students and providers.
6. Government agencies, CBOs and health systems should fund and implement the strategies of the South Carolina Telehealth Alliance¹.
7. Government agencies should map all broadband capacity throughout the state, including health and human service points of access, and [fund any expansion needed to reach under resourced patients.](#)
8. Stakeholders should collaborate to fund broadband access for all care sites across the state.
9. The state legislature should remove policy barriers to telehealth implementation. For example, allow reimbursement for same-day visits and alter the originating site eligibility requirement to allow patients to receive services in the home (instead of only in a hospital or clinic).
10. The state legislature should expand the South Carolina Telemedicine Act to include telehealth reimbursement for community health workers, [social workers](#), [pharmacists](#) and other health and human service providers.
11. The state should fund the expansion of the Master of Health Information Technology (HIT) program at the University of South Carolina to produce more health IT analysts. The program offers core requirements that include management of health information systems, project management, health care administration, systems analysis and design of health care database systems.
12. AHEC, SCHA and other state partners should create and distribute continuing education modules for HIT professionals interested in career development, but not an advanced degree.

¹ SCTA strategies include [open access](#), service development, collaboration, rural focus, education and training, mental health, outcomes, promotions and sustainability.

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.

Action Steps:

1. AHEC and the South Carolina Center for Rural and Primary Health Care should collaborate to identify emerging roles and track educational pipelines, supply and demand.
2. SCHA should consider adding relevant emerging roles to the “[Be Something Amazing](#)” website.
3. Payers, providers and government agencies should obtain data from health systems that utilize emerging roles within at-risk ACOs and other value-based programs.
 - a. This data should be used to assess the ideal placement for these roles, the return on investment (ROI) of adding them to the care team and any related outcome improvements.
4. Stakeholders should develop pilot programs through waivers and/or philanthropy to test payment mechanisms for reimbursing emerging roles at CBOs and health care providers.
 - a. In the long term, stakeholders should evaluate return on investment of the pilot(s) and determine the best permanent payment mechanism **and best practices for delivery of the model**.
 - b. Following the completion of the pilot program, stakeholders should develop payment policies and procedures to support the development of emerging health roles within the context of value-based payment.

<h2 style="text-align: center;">Training and Education</h2>
<p>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.</p>
<p>Action Steps:</p> <ol style="list-style-type: none">1. The state legislature should provide increased funding for AHEC’s training modules for current health and human service professionals.2. Health systems and community-based organizations should work with education and training institutions to integrate behavioral health, primary care, population health, preventative care, social determinants of health, health equity and health disparities into health and social service program curricula and continuing education.
<p>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.</p>
<p>Action Steps:</p> <ol style="list-style-type: none">1. South Carolina should continue to fund/support AHEC’s research on identification of high-need, high priority professionals in each region of the state.2. 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.3. The state legislature should consider the use of lottery funds to support the education of minority and rural students for high-need, high priority health professions, including emerging roles.4. The South Carolina Department of Education should collaborate with AHEC, post-secondary schools, health and human service providers, and other state partners to develop a health and human service curriculum for students beginning in the 9th grade and continuing through high school.5. The state legislature should create programs to fund the education of non-clinical students, such as those pursuing careers as community health workers (CHWs) or social workers.
<p>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.</p>
<p>Action Steps:</p> <ol style="list-style-type: none">1. The state legislature should support the creation of incentives, such as tax breaks, to attract primary care preceptors for in-state students.2. Stakeholders should identify and break down barriers to adding more care delivery sites for health and human service student training (such as workflow improvements, balancing relative value units (RVUs) with student support and increased resources for specific components of the site).

Changes to recommendations & action steps are in blue text

3. Training sites should collaborate to develop one set of standards for student placement and a [checklist for qualified mentors](#). For example, require all students to receive background checks, a specific set of immunizations, etc.
4. Stakeholders should utilize simulation centers to provide more students and providers with opportunities for hands-on learning.
5. Health and human service educational sites should offer students more opportunities to participate in case discussions, and other active learning activities.
6. Stakeholders should explore options for new hands-on training experiences for students training with CBOs.
7. [Clinical science programs should promote opportunities for interprofessional training to their students.](#)
8. Public and private education and training institutions should explore new options for funding productivity and time lost at onsite training programs, such as grants or public/private partnerships.
9. Government agencies should ensure parity for identification and funding for onsite training opportunities.²
10. Academic and training institutions should utilize a team-based model for health care when possible. (In rural areas where the supply of health care professionals is limited, team-based care may not always be possible; however, telehealth can augment care delivery.)
11. Academic and training institutions should align student calendars and ongoing interprofessional engagement should include more mixed and shared classes and community-based experiences (including retraining and continuing education).
12. [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.](#)
13. Stakeholders should create a public/private partnership to research how to overcome the current barriers to the establishment of a student placement registry/clearinghouse for all relevant academic and training institutions in South Carolina.
 - a. Stakeholders should utilize evidence-based practices from other states to inform this effort.

Recommendation 4 –

[State partners should develop an academy for the workforce of community-based organizations and health systems.](#)

Action Steps:

- 1) [Partners should train participants to see health systems and CBOs as equals in care delivery.](#)
- 2) [Partners should create a curriculum around capacity building and cultural competence.](#)

² For example, nurse practitioners, physicians and social workers should all have equal assistance and access when identifying training sites. Programs should provide equal funding to training sites for all programs.

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.

Action Steps:

1. 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.
2. Stakeholders should collaborate to define statewide CHNA methodologies to include validity, cultural competence, representative participant group and other key metrics.
 - a. Consider the CDC’s CHNA framework
3. Stakeholders should determine best practices for CHNA development.
 - a. Consider a focus on the data needed to understand health and human service workforce demands.
 - b. Review the Tri-County Community Health Needs Assessment for examples and lessons learned.
4. Health systems should continue to use a portion of their community benefit, charity care or other resources to invest in workforce needs identified by CHNAs.
5. Government organizations and other stakeholders should share and leverage the data they collect in the CHNA process.
6. Stakeholders should collect data from additional community or statewide assessments when evaluating workforce priorities.
7. Utilize existing community-led efforts such as Healthy People, Healthy Carolinas; Blueprint for Health; and Eat Smart Move More coalitions to support workforce priority setting.
8. 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.

Family Caregivers

Recommendation 1 –

Stakeholders across the state should create a system to support, educate and train family caregivers.

Action Steps:

1. Support communities in developing grassroots resources that support family caregivers. Resources should include:
 - a. Targeted training and direct technical support for family caregivers to provide them with the knowledge, tools and strategies necessary to support an aging relative with complex needs,
 - b. Targeted incentives to promote family caregiving, including improvements to the availability and support of in-home respite care,
 - c. Pursuit of managed long-term services and support payment reform and
 - d. Employment policies that support the efforts of family caregivers.
2. Learning networks should be created for families caring for children with cystic fibrosis or other medically fragile conditions, families caring for people aging in place, caregivers for people with serious mental illness and caregivers for people with special needs living in homes or group homes.
3. Government organizations should explore the feasibility of creating and funding a 24 hour hotline for family caregivers.
4. Health and human service providers should identify their subpopulations that need these services and help connect people to community resources. Many of these patients will be covered by Medicaid.
5. Increase and improve resources for those caring for medically fragile children who are transitioning to adulthood (at the age of 18). Far fewer resources are available for those caregivers than what is provided to them when their family member is under 18.
6. South Carolina hospitals and health systems should provide the education recommended in the CARE Act³ during patient discharge. This includes recording the name of the family caregiver on the medical record of your loved one, informing the family caregivers when their loved one is to be discharged and providing the family caregiver with education and instruction of the medical tasks he or she will need to perform for the patient at home.

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.

³ South Carolina is one of 10 states that have yet to implement the Caregiver Advise, Record, Enable (CARE) act.

Direct Care Workers

Recommendation 1 –

Stakeholders across the state should create a system to support, educate and train direct care workers (DCWs).⁴

Action Steps:

1. The IMPH Long-Term Care Implementation Leadership Council (ILC) should oversee a feasibility study to consider the establishment of infrastructure for a comprehensive statewide training program for direct care worker categories that are not subject to any standardized training requirements.
 - a. The state legislature should fund any related training programs or certifications developed as a result of this process.
2. The state legislature should fund national and state certifications for all applicable current or future DCWs.
3. Stakeholders should consider a tiered approach to training levels for direct care workers (ex., CNA level 1, 2, 3).
4. The statewide training program should be responsible for outreach to diverse populations to increase diversity in the workforce pipeline.
5. Stakeholders should implement ongoing training and career counseling programs, offered at no charge to participants, to provide a career pathway for DCWs and expand their skill sets.
6. Employers of direct care workers should help improve the health of their workers by signing them up for coverage on the exchange; they will likely qualify for significant subsidies that will make coverage very inexpensive.
7. South Carolina should fund dementia-specific training for DCWs
 - a. DCWs should be trained to provide person-centered dementia care based on thorough knowledge of the care recipient and their needs.
 - b. The training should advance optimal functioning and a high quality of life and incorporate problem-solving approaches into care practices.

⁴ The title “direct care worker” represents all unlicensed individuals who are contracted or employed in any setting with public funds or by an agency, hospital or facility that is licensed and/or certified by the SC Department of Health and Environmental Control (DHEC) or SC Department of Disabilities and Special Needs (DDSN) as defined in Section 43-35-10 and who provide hands-on care or services to vulnerable adults.

Behavioral Health
Recommendation 1 – Adopt strategies for retention and job satisfaction for behavioral health ⁵ providers.
Action Steps: <ol style="list-style-type: none">1. The state legislature should adjust public sector pay bands to be more competitive.<ol style="list-style-type: none">a) Identify funding to increase salaries for the mental health and substance use disorder treatment workforce – especially for those employed by state agencies.2. Medicare, Medicaid and other payers should reimburse substance use and mental health services at rates comparable to other similar health care services.3. Employers should promote encouraging, positive, democratic work environments and provide time for motivational activities and bonding among co-workers.4. Providers should utilize coaching and consultation during field clinical supervision as a means for continuous quality improvement and worker satisfaction.5. Stakeholders should identify and utilize career ladder models for advancement.6. Provide additional tuition reimbursement opportunities, loan repayment programs and incentives for providers working in mental health or substance use disorder programming.7. Continue Student Loan Repayment Program Awards.<ol style="list-style-type: none">a) For example, the Health Resources and Services Administration’s National Health Service Corps (NHSC) expanded the definition of eligible professions for Student Loan Repayment Program awards in 2018 to include substance use disorder (SUD) counselors.8. Establish a culture of health and well-being in the workplace to create an environment in which employees feel valued, supported, and stimulated to perform at their peak.
Recommendation 2 – Integrate care delivery for prevention, treatment and recovery services and primary care, behavioral health and addiction services.
Action Steps: <ol style="list-style-type: none">1. Health and human service providers should be trained to treat the whole person, including biological, psychological, social and spiritual needs.2. Health and human service providers should be trained to address substance use disorders as preventable, treatable, chronic and sometimes deadly diseases.3. Health and human service providers should consider transitioning to team-based models of care in which primary care physicians, physician assistants and nurse practitioners prescribe medications under the guidance of psychiatrists either in person or via telehealth technologies⁶.4. Health and human service providers should consider utilizing psychiatric mental health nurse practitioners more extensively.5. Explore opportunities for greater collaboration, community partnerships and standardization across the public and private entities.
Recommendation 3 – Market the mental health and SUD workforce to high school and college students.

⁵ Behavioral health = mental health illnesses and substance use disorders

⁶ <https://healthforce.ucsf.edu/publications/california-s-current-and-future-behavioral-health-workforce>

Action Steps:

1. Government agencies should create a webpage to provide an overview of careers in their systems, describe the important work provided by each position and stress that entry-level professionals are needed now. This should include a standard definition of behavioral health that is used in all health and medical contexts to address any potential stigma.
2. Stakeholders should share information about the new webpages through newsletters, presentations, meetings and other opportunities for shared learning.
3. Stakeholders should improve and expand the collection, analysis and dissemination of data that can be used to describe South Carolina's behavioral health workforce.

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.

Action Steps:

1. Stakeholders should develop standardized policies/agreements for accepting behavioral health field placements.
2. Government agencies and public and private academic institutions should work with providers to nurture a supportive learning experience for students.
3. Stakeholders should provide incentives to programs and supervisors who host and mentor interns. *See Training and Education recommendation 3, action step 1.*

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.

Action Steps:

1. Stakeholders should provide comprehensive academic, social, emotional and financial support to underrepresented minority students at the high school and undergraduate level in preparation for admission to professional school.