October 17, 2018 Workforce for Health Taskforce Breakout Group Notes

Group 1: Health Systems

- Leverage power of non-licensed providers by connecting systems with community-based organizations
- Scope of skill sets and competencies should match the environmental needs of population health management
- There is a need for Aging Planners
- Training family members to have appropriate conversations
- Utilization of community health workers
- Who has the responsibility for education? – community
- CARE Act – enacting this in SC would advance our objectives
- Nurse Practice Act – extend scope of practice to benefit the workforce
- Build education in workforce on Aging to extend the scope of practice
- How can systems get people to think about LTC needs early?
    - Staff and training?
    - Focus on the younger population
- There is a need for "Patient, Education, and Planning"
    - Who should have this responsibility?
        - State?
- Identify high risk patients and manage them for living at home
    - Need for ancillary support staff and allow additional time
- Is there a life planner with the info to help patients? → case management
- Use community health workers to build relationships and start early – tied with primary care
- Health systems should employ community health workers for early intervention
- Health systems should coordinate with community-based resources
- How do health systems access life plans?
    - Need a workforce to get a data set to determine system needs
    - Includes as EMR or a state database
    - Get baseline info for aging in place population
- Incorporate community health workers as part of the transition from fee for service to value-based.
- Systems will have to reach out to the community in a capitated environment.
- Create of a business model in the community that provides both services and education.
    - What should be the role of insurers?

- A value-based business model to keep people healthy
- What are the incremental steps toward this new model?
  - Shifting risk and cost
  - Alignment with insurers
- Transform the network of navigators in the Office of Aging – during its realignment; recommend a proactive focus as it relates to aging in place goals.
- There are needed services which are not part of the essential benefit program
  - Redesign for value in lieu of volume

Summary: Primary/Main areas of focus for policy recommendations

1. CARE ACT – possible start voluntarily
2. Nurse Practice Act (expanding scope of practice)
3. Early End of Life Planning
4. Maximizing Case Management
5. Community Health Workers
6. Seeing patients in the context of their homes

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Group 2: Health Education & Training

- Curriculum Development
    - We need to develop interdisciplinary advisory groups to update existing and create new educational and training models
    - We need interdisciplinary teams to develop professional education programs (e.g., certificate and certification)
    - We need to work with our accrediting bodies to require interdisciplinary training
    - Don't leave out humanities and liberal arts, particularly as conduits of cultural relevance
        - Include gender studies, ethnicity studies, sexuality studies
    - Interprofessional team education across disciplines in care for the elderly
    - Develop a statewide strategy or a curriculum for 4-year or 2-year programs to train future health care workers
    - Need to include content on aging in a variety of academic degree programs
        - Bring in engineering, technology experts as people trained in different fields to interprofessional and team-building in workforce
    - Challenge: Curriculum design and approval is based on need
- Statewide certification standards
    - Rec: is there a need for specialization certificates that are middle-ground, or that bridge different professions (post-grad)
        - Certificate program in gerontology at one college didn't have enough interest
    - Rec: workforce, practitioner-oriented training practical application
    - Obstacle: students are not looking to work in LTC
        - Need to do more to create a pipeline to increase student interest
        - Think about people choosing 2nd careers, who retire early, to do something they are inspired by:
            - Community based services, community helpers
            - Direct care workers
        - Rec: interprofessional education formats
            - Teams are trained together to then work together
    - Comment on meeting: Today's presenters didn't discuss staffing facilities, or do a discussion of social work, public administration
    - Geriatric Doulas – new term for holistic-oriented, non-medical professionals
- Low/No cost Lay Health Professional training
    - Make low/no cost training available to family caregivers through technical college
    - Train community support workers as supervisors and as an information resource for family caregivers
- Define level of training & competencies

    - Map out pathways of skill competencies with work functions
    - Connect students with senior mentors
    - Define clear levels of training/education for segments of workforce
    - Expand the professional workforce
        - Initial education, advanced professional education
    - Expand the technical/skilled workforce
        - Initial training and education, advanced training and education
- Engage hiring agencies
    - Recommend statewide certification/education standards to hiring agencies
    - Work with hiring agencies to articulate need for health care workers & competencies
- Educate consumers on needs of the elderly (consider dense education needs)
- Increase values, awareness, and knowledge about caregiving for the elderly
    - Increase knowledge about caregiving in the state
        - Become more informed of the needs of family caregivers, workers
    - Increase emphasis on care for the elderly in health professions programs
    - Have discussion and increase awareness regarding cultural attitudes about caring for the elderly
        - Minority communities and rural communities may accept caregiving more easily as regular family interaction rather than as tasks that a social worker or professional might identify as job training options
- Needs assessments
    - Workforce should learn more about needs of families and caregivers and what local resources are available for families
        - Elderly adults can provide new outlook on health care services
        - Do community asset mapping with focus group to find out what is needed
            - Include Neighborhood/community needs
        - We need training and educational needs assessments
            - Which assessments and assessment tool developments can be professional education that needs academic professionals? and which can be training for lay health professionals?
    - Tech assessment – is tech outpacing policy?
        - Examine emerging technologies and recommend policy changes to make sure emerging technologies are aligned with current policies and practices
        - Define level/types of education for consumers/family support
            - Technology
            - What to do with/when/how-to
            - Future planning would be aided by understanding the stages of aging and associated tasks
            - Communicating with professionals
- Address reimbursement

    - Increase payment systems for elderly care – educate legislators about the importance
    - Engage public and private insurers in hopes that they will suggest reimbursement and cost-effective service delivery that help people age in place
- Make sure jobs are available
    - Articulate clear training to workforce pathways
    - Assess employment markers to determine how workforce will be used
        - Entry level?
        - Career path?
    - Assess potential employer market to see what skills, knowledge, and abilities are needed
- Recommendation: community/industry advisory boards at regional and state level for education
    - Bring together industry and education partners to identify where (if any) new training programs are headed and if a specialized certification would be more appropriate (vs. a 2- or 4-year degree)
- Ed. & Training Needed
    - Additional certification for practitioners already in the field would have practical application
    - Advertisements/info/PSAs/increased awareness of training and education opportunities in long-term care
    - Create a pipeline of interest in LTC among students
        - Practicum, internships
    - Consider 2nd career – prime target for workforce
        - Have CHWs translate information to families and coach families in order to implement an integrative CHW curriculum
    - Collaborate between advocacy groups to affirm the need
    - Programs and information materials to help caregivers know when to step in with assistance and to help empower families to be caregivers
    - Interprofessional/team education, more out of SIBS
    - Community health workers should consider how to determine appropriate services with/for disabled adults who have elderly parents as caregivers
- What kinds of professionals are needed to improve population health to help avoid, treat or manage chronic diseases?
- How do we help students understand the importance of interprofessional skills or the broad array of consumers, so student can diversify themselves?
    - Do we need nutritionists who work in the community or do we need CHWs who can get the information from the nutritionist and interpret for patients?
        - Group agrees it could be both
- How to empower families to be caregivers
    - How do we train community health workers to assess and undress “different situations”?
        - Disabled

        - Never married/no family
        - Mental health/substance abuse disorders
    - Need to involve community members in the conversation
- 2 arenas: professional education vs. academic preparation
    - How do we plug people into jobs?
        - Well-paying, meaningful
    - DHHS care team model

Recurring Themes:

- Community Advisory Boards
- Partnerships between employers and academies/schools
- Interprofessional training/learning
- Practical lessons needed: get students out in the field with patients and the elderly as much as possible
- Curriculum development should be interdisciplinary
- Need more student engagement with community health worker job opportunities
- Promote second-career possibilities
- Make sure jobs are available (i.e. curriculum matches community needs)
- Require needs assessments (for certificate) for which workers are needed where
- Education for family caregivers is essential
- Implement CARE Act in SC

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Group 3: Community Health

- How do CBOs help elder live in their own homes and communities?
    - Substance use disorders – chronic conditions
        - Peer support, also telephonic
    - Insurance providers – pay family members
    - Family support trainings LGoA
    - What to do for workforce
        - Pay; Travel; Training?
    - 1st know what is available in community (even clinical folks need to know to share information)
        - CHW for aging
            - Systemic connection
            - Utilize retirees—building a village within the age group
        - Technology repository
            - Share – refer – connect to health
            - Whole picture of individual
        - Recurring theme
            - A platform for coordination of data is needed
            - Social Determinants of Health connected to data coordination
    - Affordable Housing
        - Great need for more working in social determinants of health – groups assessing available funds
        - State Housing Authority and use of funds
            - Regulation stalls Federal money set aside for state housing funds
        - Incentive – zoning when building approved (looks different urban vs. rural)
    - $1 billion for LTC in Medicaid – how to spend smarter
    - Consider Washington state model: https://www.dshs.wa.gov/altsa
- Education and Training: Gerontology certification – back to basics competencies needed
    - Interdisciplinary – CBO agencies needed
    - Include non-traditional students as well
- Recurring Themes:
    - Need a platform for 2-way data sharing
        - With privacy protected
        - How is the data shared
    - Funding/shared people working SDoH
    - Pipeline
- RWJF Report
    - Support demo and evaluation projects
- Develop competencies – communication health/health literacy

    - Geriatric certification because of the difference in patient needs
    - Interdisciplinary with CBOs
    - Scheduled – not necessarily formal, education, certificate
    - Training modules different types
- Merging of knowledge between community health workers and health system to foster two-way data sharing