

November 29, 2018 Workforce for Health Taskforce

Breakout Group Notes

Group 1: Health Systems

Based on today's presentations and your experience, what can health systems and their partners do to enhance the community-based behavioral health workforce? What, if any, policy changes are needed to enable this enhancement?

- Health systems cannot make the desired changes without payment reform. A specific recommendation could be to create a Medicaid Bundled Payment/ACO Pilot:
 - With a payment methodology that allows for workforce training & development
 - That provides health care systems with the needed flexibility to manage care at an efficient cost to achieve high quality outcomes
 - That allows for student training in providing direct care
 - Two pilots: one urban and one rural
 - Incentivize academia involvement to align academic programs with health care workforce needs of the future (Medical School & School of Public Health working as partners together, with collaborative assistance from a health economist).
 - Support existing successful programs
 - SC Rural Physician Program: increase funding
 - Replicate AHEC's Health Career Program (to expand the high school training pipeline)
- Other Important Options:
 - Enact Tax Incentives that allow for student training/employment; support pending legislation.
 - Establish a single point of contact for student placement coordination such as a residency match.
 - Ensure a strong health care workforce pipeline from high school to profession.

NOTE: The formation of a post-taskforce advocacy group could help advance the recommendations.

Reflecting on the thematic content analysis of all previous meetings, begin to collapse the themes that you see emerging (this will be the foundation for the recommendations to be drafted in January).

- Recommendations should be based on population needs
- Incentivize global-based care (without any carve outs)

Group 2: Health Education & Training

Based on today's presentations and your experience, what can educational/training institutions and their partners do to enhance the community-based behavioral health workforce? What, if any, policy changes are needed to enable this enhancement?

- Improving the behavioral health workforce is a conversation that should be ongoing amongst communities, schools, providers, organizations and other stakeholders.
- Sharing workforce data with schools and stakeholders to better understand curricula and training needs to address future workforce requirements – some data already exists via organizations such as the Health Resources and Services Administration ([HRSA](#)).
 - Understanding how to use existing data effectively is a critical capability for the future of the health care workforce.
 - Stakeholders, such as businesses and schools, should share data.
 - On a regional basis, which professionals (i.e. caseworkers) are needed or would best meet the community’s perceived needs?
 - Community members are less likely to know what specific professions would best fill access to care gaps (e.g., nurse practitioner versus physician’s assistant).
- Data sharing is critical in other areas of the workforce as well – information is needed to identify the benefit of lived experiences versus certifications for behavioral health professionals.
 - Additionally, what is the return on investment (savings and cost avoidance) to the state of South Carolina?
 - What value is placed on knowledge, credentials and certifications versus lived experience for community health workers and peer support counselors.
 - Universities are well positioned to analyze return on investment, cost savings and cost avoidance.
- Conversations should be more collaborative versus siloed – including the voice of the community.
 - For example, include the community voice through structured processes, such as local needs assessments.
 - Research could be conducted by technical college graduates to ensure those living in the community are involved in community research.
- Expose students to behavioral health issues in secondary, college and postgraduate education.
- Technical schools should expand their program offerings based on the needs in the field.
- Create a career ladder strategy to ensure that behavioral health workers understand the work and experiences needed to advance their careers.
 - For example, what credentials do you need to move up? Do the workers understand the different approaches needed when delivering care to urban versus rural populations?
 - Workforce pathways experiences and lessons could begin as early as kindergarten and continue through high school.
 - Students should learn how to think critically and problem solve before they reach college.
- Health care professionals need to be paid a living wage and should have the opportunity to participate in loan repayment programs.
- The cost of education should not be a barrier to an education in the health care industry.
- Create a rapid dissemination network for models that are found to be successful.
 - For example, imbed behavioral health experts in medical schools.
- Coverage reimbursement needs to improve for behavioral health services so the community will access these services more often.

- Interdisciplinary teams are needed and should include behavioral health workers.
 - Social determinants of health should be on the agenda.
- Advisory boards should be diverse, should include the community and will determine what is needed.
- A move from fee-for-service to value-based-payments should be a focus, with Medicaid serving as a starting point.
 - Consider coalitions and private payers.
- Students and providers should be trained to provide team-based care, as evolving care delivery models often call for this multidisciplinary approach.
- Create partnerships between employers, schools and the business industry.
 - What do businesses need? Create school curricula based on the business needs of the community.

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- Community-based, local focus, get the public involved
- Collaboration and data-sharing
- Create clear workforce pathways beginning in kindergarten
- Ongoing education at all levels
- Reduce cost as a barrier to education
- Technology and shared data
- Create partnerships between employers, the business industry and schools.
- Prepare the workforce for the model of team-based care that has already begun to proliferate in Medicare models, such as accountable care organizations.

Group 3: Community Health

Based on today's presentations and your experience, what can community-based organizations and their partners do to enhance the community-based behavioral health workforce? What, if any, policy changes are needed to enable this enhancement?

- Train providers on substance use disorder and mental health identification and treatment.
 - Cross-train with multidisciplinary teams.
 - Promote a general understanding of commonly used terms, systems in place partners and available resources.
 - Emphasize a warm hand-off.
- Determine what level of licensure and certification should be required for health staff (i.e. peer supporters, community health workers).
 - Ensure these individuals are included in interdisciplinary care coordination discussions.
- Medicaid expansion
- Equity in reimbursement for behavioral health services
 - Community based organizations are not reimbursed at the same level as state system organizations.
 - Find better ways to reimburse team-based care

- Examine peer support and the one-stop shop approach to health care delivery.
 - Consider creating a medical clinic for students in schools via grants.
 - Create relationships in high-risk communities by teaming up with health care providers who will bring healthy food or other supplies to community parks on a regular basis.
 - Talk to community members and provide information or services as needed.
- Find pre-existing opportunities to provide resources (food access, behavioral health, community-based organizations, etc.) to the homeless and other high-risk groups.
 - For example, free tax assistance locations, such as libraries, in the first few months of the year or the flu clinic.
 - Reduce the stigma of follow-up care.
- Train students and providers on cultural norms for relevant populations.
 - Trainers should be those working and/or living in the community.
 - Health care professionals need more experiential training.
 - Ensure stakeholders are up-to-date on medical/health care system terminology (i.e. community-based organizations versus community benefit organizations)
- Community-based organizations should operate in both directions – working to help community members and eliminating access-to-care barriers.
 - Create an “equity bridge” using multidisciplinary teams.
 - Policies must address institutional biases.
- Establish a part-time workers program.
 - Draw from the retiree population.

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- Create an interdisciplinary electronic health record application
- Cross-train community-based organization leadership
- Establish mutually beneficial partnerships between health systems and community-based organizations that foster bidirectional data sharing