

October 1, 2018 Workforce for Health Taskforce Meeting

Breakout Group Notes

Group 1: Health Systems

1. What do health systems need from other stakeholders in order to transition from volume to value? What can health systems do to stimulate this transition?
 - a. Getting constituents comfortable with shared data
 - i. Better PR job could be helpful with constituents
 - b. Work collaboratively – silo approach still exists in the health care industry
 - c. Suggested to influence the cultural norm of the health system - Many community members are still limited in their definition of a health system that it only includes the hospitals. It would be beneficial to expand that norm.
 - d. Should choose a narrow approach – health care will be unstable if it continues to focus on physicians and nurses- an emphasis should be on diabetes educators, community health workers, social workers, etc. – picking a few of those would be integral to success - less training for those positions/fields

2. Reflecting on today's material and the notes from July and August, brainstorm potential actionable recommendations needed to support the development of the workforce of the future.
 - a. Partner with USC Arnold School of Public Health or other schools/organizations to train and recruit clinical data professionals
 - i. Health system is the clinical learning environment
 - ii. Create research partnerships
 - iii. Have practicum aspect to facilitate “real life” learning environment
 - iv. Consider partnerships with magnet schools
 - b. Review list from Angelo's presentation to narrow down and make 4-5 recommendations
 - c. Focus on non-physician health care providers
 - d. Desire for more recommendations around prescriber education, the need for more addiction psychiatry residencies and prevention medicine residencies

October 1, 2018 Workforce for Health Taskforce Meeting

Breakout Group Notes

Group 2: Health Care Education & Training

1. What do educational and training organizations need from other stakeholders to prepare more students for emerging roles that support population health and prevention? What can educational and training organizations do to stimulate the transition from volume-based care to value-based care?
 - a. Need to define clear employment pathways
 - i. Number of jobs and where they are located
 - ii. What knowledge and skills are needed (including data skills)
 - iii. What is learned before employment vs. learned on the jobs
 - iv. What opportunity is there for career advancement, upward trajectory
 - v. What are the clear outcomes
 - b. Skills needed
 - i. Mix of clinical expertise and skills to translate data into action
 - ii. Skills to build healthy communities (which means students and community workers need ideas about what does a healthy community look like?)
 - iii. Communication skills
 - iv. Determining what does the target population need?
 - v. Skills needed to address health needs, like exercise, nutrition
 - c. Education/training programs
 - i. Need voice of the customer- community advisory boards
 - ii. Can't just be health systems training their own workforce, need other training available for job mobility, other health employers
 - iii. Education program should reflect the skills needed for job
 - iv. Don't create a barrier to employment by requiring costly education
 - v. Must pay attention to person/job fit- does person have personality for job
 - vi. Must pay attention to how students are taught and mentored, not just what subjects they are taught
 - vii. Community health workers should be from the target community- recruit and train locals who will stay in the community
 - d. Diversity
 - i. Incentivize what services are wanted and needed
 - ii. Need additional resources to level playing field, starting at high school
 - iii. Students need awareness of opportunities and encouragement

iv. Need to fix K-12 education funding in rural areas

2. Reflecting on today's material and the notes from July and August, brainstorm potential actionable recommendations needed to support the development of the workforce of the future.
 - a. [group needs to develop] Explicit statement of diversity, equity, and inclusion
 - b. A recommendation about needing additional resources to level playing field
 - c. Workers will need a mix of clinical expertise and skills - will vary by role, but needed at all levels
 - d. Establish community advisory boards for education/training programs that include the Voice of the customers
 - e. Community building and community skills

October 1, 2018 Workforce for Health Taskforce Meeting

Breakout Group Notes

Group 3: Community Based Organizations

1. What do CBOs need from other organizations and entities in order to scale their efforts to support population health and prevention through emerging workforce roles? What can CBOs do to stimulate the transition from volume-based care to value-based care?
 - a. Need to Scale
 - i. As clinical providers, we need to be paid - respect the trust → resources to pay that staff not volunteers (relying on volunteers cannot be a stable, trusted system)
 - ii. Financial support is critical for CBOs to be effective
 - iii. Salary support needs to recognize lived/other experience (beyond educational attainment)
 - iv. Workforce for the small-scale intervention in the community
 - v. Ability to share crucial data - 2-way data flow from SDH to clinical review/evaluation from both directions
 1. Also needed b/t CBOs
 - b. Needed to Stimulate Transition
 - i. Education for community and ourselves
 - ii. Capacity building of CBOs is needed now to be ready
 1. People participate able to speak when asked to table – they are ready
 - iii. Whatever we do needs to be high quality/fidelity
 - iv. Coalition - knowing community partners roles/boundaries to support/promote unity and each other
2. Reflecting on today's material and the notes from July and August, brainstorm potential actionable recommendations needed to support the development of the workforce of the future.
 - i. Reimburse these positions (CHW) peer as example
 1. Value-based team must have CBO/SDH/person model funded
 - ii. Community members with lived experience/experts in the community need to be viewed as equal partners with clinicians and other formal members of the health system.
 - iii. Cross-train leadership across CBOs
 - iv. Health systems need to be willing to be trained by CBOs/community
 - v. 2-way data sharing

- vi. Reputation – value placed on the community partner
 - 1. Recognize that hospitals don't equal the health system
 - 2. Increase quality
- vii. Develop the pipeline

Other thoughts:

- 1. Rebrand/re-teach rural as a positive/change perceptions
- 2. Needs = more than “just” grassroots – includes FQHCs, etc.
- 3. Trust is necessary. Not there now.
- 4. For next time – once health systems partner – how to handle when credit is taken. (i.e., health system suddenly owns and is “doing” the work)