

Clinical Workforce Development June 2023 New Library Available from Spring 2023 Offerings

June 2023

Introduction to the Publication

The purpose of this publication is to highlight resources that present relevant information to inform health centers' decisions about their choices of resources to use and share within their organizations.

For more information, please visit chc1.com/nca to access resources and receive updates on our upcoming free technical and training opportunities.

Community Health Center, Inc. (CHC) serves as the **National Training and Technical Assistance Partners (NTTAP)** for Clinical Workforce Development funded by the **Health Resources and Services Administration (HRSA)**.



Resources and Past Webinars



The NTTAP provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research and publications.

Spring 2023 Webinars

In Spring 2023, **NTTAP (National Training and Technical Assistance Partners)** hosted eight national webinars focused on:

- Postgraduate residency and fellowship programs,
- Health professions student training,
- Advancing team-based care,
- Comprehensive care, and
- HIV prevention.

► Implement Behavioral Health Training Programs to Address a Crucial National Shortage in Community Health Care Settings

Overview: This webinar discusses the considerations of sponsoring an in-house training program across all educational levels, including the benefits, program structure, design, curriculum, supervisors' role, and required resources.

View webinar at: <https://bit.ly/3P0OUuT>

Takeaways:

- The importance of collecting data
- Trainees improve processes and systems by providing feedback to staff about workflow issues
- Supervision training is needed
- One day per week for didactics, supervision, and cohort activity is invaluable
- Be very clear about expectations and what you can and cannot offer
- Behavioral Health Training Levels at CHC (See Figure 1)

Behavioral Health Training Levels at CHC		
Practicum	Internship	Residency
<ul style="list-style-type: none"> ● Still in training program prior to receiving degree ● In placement as part of their training ● Each discipline has a different variation 	<ul style="list-style-type: none"> ● Completed all training with the exception of dissertation ● Nationally competitive program ● APA Accredited internship 	<ul style="list-style-type: none"> ● Completed training and received terminal degree, but in order to get licensed, you need additional supervision to qualify for licensure ● APA Accredited Postdoc Residency program

Figure 1. Behavioral Health Training Levels at CHC

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► Implement Behavioral Health Training Programs to Address a Crucial National Shortage in Community Health Care Settings

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Takeaways:

- Elements of Training Program (See Figure 2)



Figure 2. Elements of Training Program

Notable Participant Live Feedback:

- *"I liked the outline of how to create a training program."*
- *"The year plan was really helpful. That's a level of detail I hadn't thought out yet."*
- *"Good real life examples of integrated care training for various levels of trainees."*

► Training the Next Generation: Investing in Workforce Training

Overview: Community Health Center, Inc.'s National Health Center Training and Technical Assistance Partners (NTTAP) and Northwest Regional Primary Care Association (NWRPCA) presented information on how to build the business case for why health centers should invest in health professions education and training.

View webinar at: <https://bit.ly/42rw2YY>

Takeaways:

- What is a Strategic Workforce Development Plan?
 - Dynamic workforce plan for today and tomorrow
 - Data-driven
 - Assessment of today's CHC workforce
 - Analysis of CHC and community need today and looking forward
 - Projection of staffing configuration needed to meet tomorrow's needs
 - Gap analysis
 - Initiatives to move from here to there
 - Partnerships
 - Internal development: "Grow your own"—HP-ET focus
 - Implementation
- Aspects of Assessing Organizational Capacity
 - Assess and approve your organization's clinical staff on their availability to precept
 - Maintain an available preceptor capacity report
 - Communicate with available preceptors regarding their interest
 - Assess secondary review for available space, day(s) of the week
 - Formally match preceptors to students

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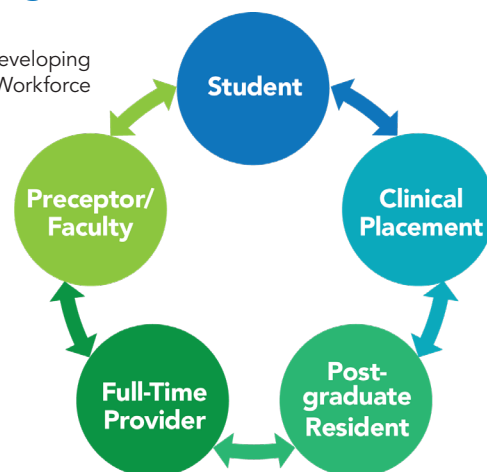
▶ Training the Next Generation: Investing in Workforce Training

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Takeaways:

- The Preceptor's Impact
 - If done well...
 - Trainee skill development
 - Decreased turnover
 - Increased efficiencies
 - Culture of learning
 - Increased focus on quality improvement
 - If well-supported preceptors could reduce turnover by even 1%, how much could you organization save?
- Developing a Clinical Workforce (See Figure 3)
- Does Strategic Workforce Development Planning Make Business Sense? (See Figure 4)

Figure 3. Developing a Clinical Workforce





Does Strategic Workforce Development Planning Make Business Sense?

Definitely! Qualitatively:

- Fully staffed clinic, particularly with a stable workforce = Increased patient satisfaction.
- “Halo effect” of HP-ET—public perception that teaching institutions are higher quality and thus more highly regarded in their communities.
- Local experience and institutional history/patient history/relationships walk out the door with employees.
- The “Multiplier Effect”—Engaging employees leads to higher employee satisfaction which in turn increases retention and supports recruitment.

Figure 4. Does Strategic Workforce Development Planning Make Business Sense?

Notable Participant Live Feedback:

- “Valuable Links to learn more about Growing our own.”
- “I gained knowledge about something I’m interested in.”
- “Helpful tools and assessment techniques for a grown your own program readiness.”

▶ Health Professions Student Training: Assessing Organizational Capacity

Overview: This webinar discussed best practices to assess your capacity and infrastructure to effectively host health professions students. Along with these best practices, panelists reviewed key faculty’s roles and responsibilities, as well as heard directly from preceptors at CHC.

View webinar at: <https://bit.ly/45TIFPv>

Takeaways:

- Aspects of Assessing Organizational Capacity
 - Assess and approve your organization’s clinical staff on their availability to precept
 - Maintain an available preceptor capacity report
 - Communicate with available preceptors regarding their interest

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Health Professions Student Training: Assessing Organizational Capacity

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Takeaways:

- Aspects of Assessing Organizational Capacity
 - Assess secondary review for available space, day(s) of the week
 - Formally match preceptors to students
- Conducting Secondary Review
 - Although you may have a willing and available faculty, a quality student training experience requires –
 - Adequate space on site (e.g. desk, set-up, parking)
 - Adequate training time to EHR
 - Set up in systems (e.g. email, EHR accounts)
 - Equipment (e.g. laptop)
 - Adequate onboarding to organization
- Once You've Secured Willing and Available Faculty... (See Figure 5)

Figure 5 is a slide titled "Once You've Secured Willing and Available Faculty...". It features the NTTAP logo (National Health Center Training & Technical Assistance Partners) on the top left and the MOSES/WEITZMAN Health System logo on the top right. The slide lists five bullet points: "Assessing credential, experience and clinical interests to prepare for match with academic affiliations", "Identify faculty preferences", "Prepare communication to preceptors early in advance on student details", "Assist in facilitating interview process (if applicable)", and "Keep On-Site Directors, Operations Managers, and Clinical Leadership involved in conversation".

Figure 5. One You've Secured Willing and Available Faculty...

- Negotiations with Academic Affiliations (See Figure 6)

Figure 6 is a slide titled "Negotiations with Academic Affiliations". It features the NTTAP logo (National Health Center Training & Technical Assistance Partners) on the top left and the MOSES/WEITZMAN Health System logo on the top right. The slide lists five bullet points: "Working with clinical leadership to match available and willing preceptors with the academic affiliation requests", "Juggling organization priorities, preceptor preferences and academic affiliation requests", "Finalizing the number of placements that the organization can accommodate for the requested affiliation agreements", "Notify the academic institutions of available placements only after internal communication and confirmation has occurred", and "Availability subjective to organization's providers and willingness, not to school's demands on capacity".

Figure 6. Negotiations with Academic Affiliations

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► Health Professions Student Training: Assessing Organizational Capacity

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Notable Participant Live Feedback:

- *"I liked the practical steps and examples."*
- *"I liked the discussion with current preceptors."*
- *"Excellent information on factors to consider when deciding who is ready to precept, individuals and organization."*



► Quality Improvement Strategies in a Team-Based Care Environment

Overview: This webinar discussed the importance of building a quality improvement (QI) infrastructure within team-based care, facilitating QI committees, coach training within health centers, and an example of how trained coaches use QI tools to test and implement changes within an organization.

View webinar at: <https://bit.ly/3P6MICc>

Takeaways:

- Infrastructure for Data: Business Intelligence
 - BI systems combine data gathering, data storage, and knowledge management with analytical tools to present actionable information to planners and decision makers.
 - BI provides actionable data structured so that it is meaningful and can be acted on by staff: dashboards, reports, graphics, etc.
 - Without the right data in the right hands at the right time in the right format, you cannot improve performance or measure performance.
- Coach Training within Health Centers
 - Identification of the new coach
 - Communication with leaders
 - Commitment from the coach in training and supervisor
 - Training (six to seven didactic sessions)
 - Mentor program
 - Monthly coach meeting
 - Reports to Performance Improvement/Steering committee
- Clarifying Terms (See Figure 7)



Clarifying Terms

- **Plan-Do-Study-Act (PDSA) Cycle**—an approach to testing a change and learning from the experience
- **Standardize**—the effort to make something reliable and defect-free
- **Standardize-Do-Study-Act (SDSA) Cycle**—an approach to standardizing a process and learning from the experience
- **Sustain**—the ability to maintain an effort (process) without or with minimal vulnerability over time
- **Spread**—the movement of an idea or process from one setting to another setting

Figure 7. Clarifying Terms

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Quality Improvement Strategies in a Team-Based Care Environment

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Takeaways:

- PDSA #1: Plan for HTN eConsult Workflow Example (See Figure 8)

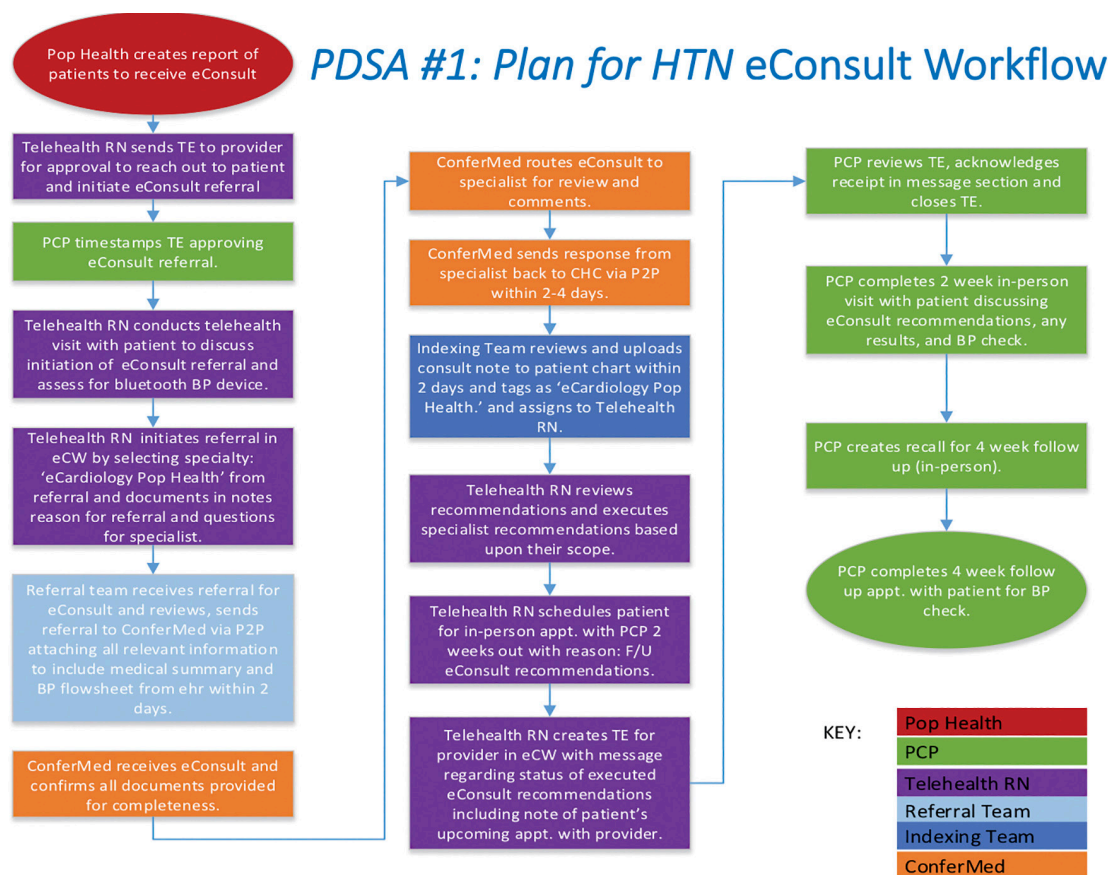


Figure 8. PDSA #1: Plan for HTN eConsult Workflow Example

Notable Participant Live Feedback:

- *"I liked the actual PDSA walk through example."*
- *"Great summary of microsystem concept and QI process. Very concrete suggestions regarding how to perform QI."*
- *"The information was easy to follow and provided a good resource."*

Implementation of Timely and Effective Transitional Care Management Processes

Overview: This webinar discussed best practices for integrating daily follow-ups for patients recently hospitalized for health emergencies. Experts shared how their teams respond to patients to identify care gaps and support the transition of care. Workflow descriptions provided participants with the tools to support their work to adapt specific steps into their model of team-based care.

View webinar at: <https://bit.ly/3X4EEenf>

Takeaways:

- Daily Follow-up on ER Visits
 - MA reviews the list and notifies PCP of any ER visits that require follow up
 - Other uses of ER information
 1. For pediatric patients with an ER visit for asthma, a text message is sent to the patient to encourage them to schedule follow up with PCP (if a visit is not already scheduled)
 2. For patients in a value-based program that requires complex care patients who meet certain criteria to have follow up we send a text message to patient to schedule follow up visit

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Implementation of Timely and Effective Transitional Care Management Processes

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Takeaways:

- Integrated Care Team Meetings
 - The purpose of the Integrated Care Meeting (ICM) is to coordinate a comprehensive plan to address risk factors impacting the health and well-being of our patients. Input from all team members is shared at these meetings to support optimal patient outcomes.
 - A dedicated Behavioral Health Coordinator is responsible for coordinating ICM at every site once a month for patients identified as high risk who would benefit.
- Bamboo Health Process (See Figure 9)

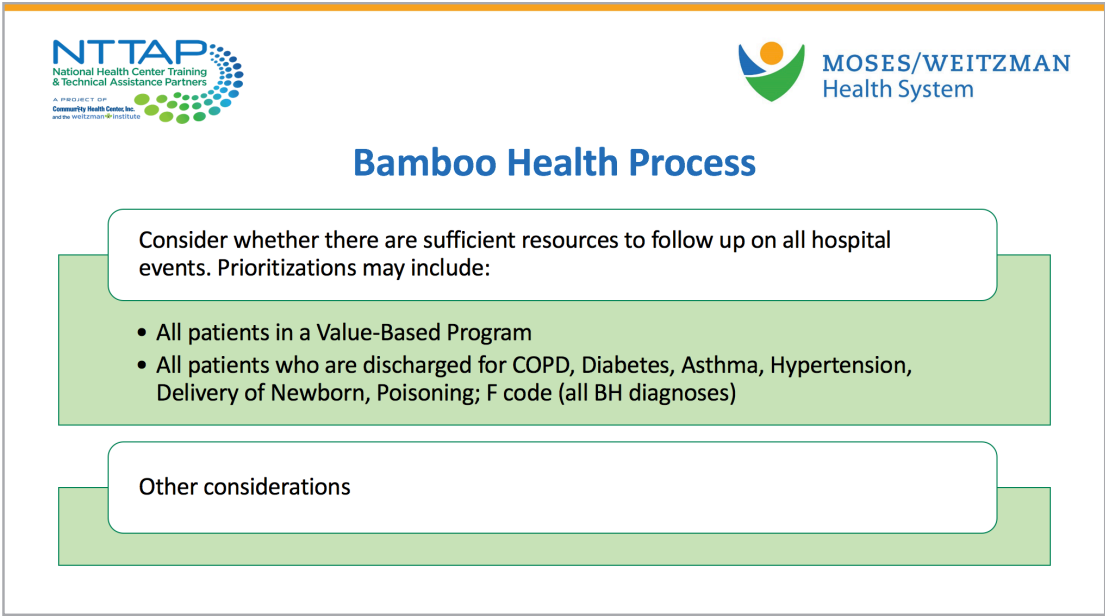


Figure 9. Bamboo Health Process

- Response Upon Learning of the Death of a CHC Patient (See Figure 10)

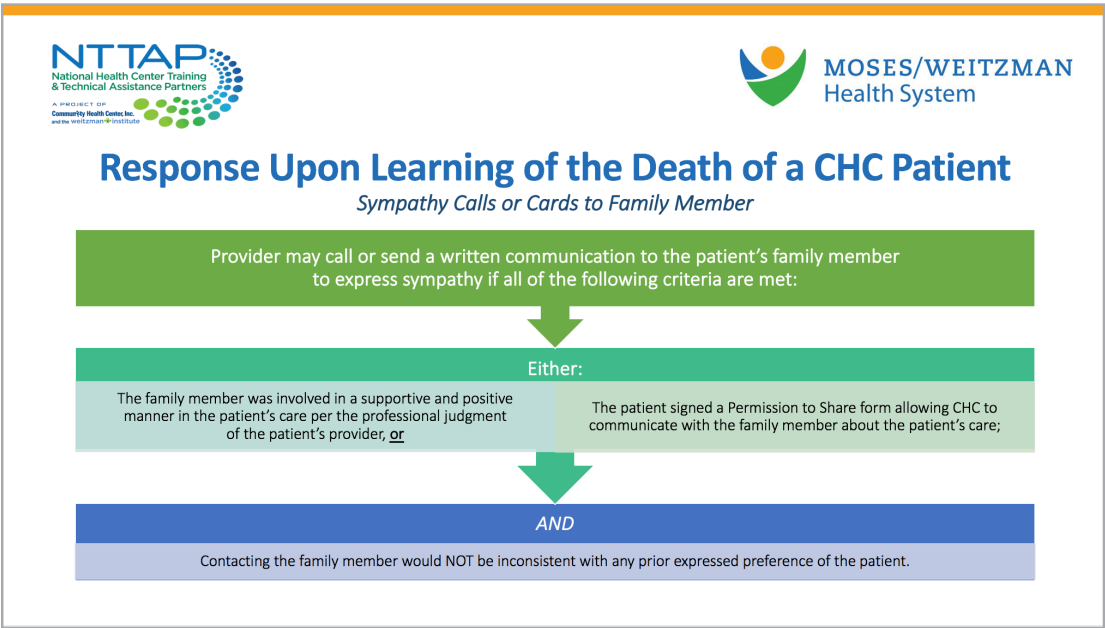


Figure 10. Response Upon Learning of the Death of a CHC Patient

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► Implementation of Timely and Effective Transitional Care Management Processes

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Notable Participant Live Feedback:

- *“Very relevant topic and there were key ideas for how to implement parts of transitional care that would be helpful for our practice.”*
- *“Very well presented! I liked the way they follow up after a patient’s death.”*
- *“TOC is new at our FQHC CHC. This was informational to help us pilot the new program. I did like the idea of sending out Congratulation cards to new moms, as we are seeing many of these patients in our reports. Also Bamboo Health app.”*

► The Changing Landscape of Behavioral Health Care: What is the “New Normal” Going to Look Like?

Overview: This webinar discussed the challenges currently facing behavioral health care and strategies for each. Along with these strategies, panelists will go over what integrated behavioral health care was and is before and following COVID-19, as well as what actions should be taken going forward to increase access to comprehensive care.

View webinar at: <https://bit.ly/3Jbbyga>

Takeaways:

- Decreased Workforce
 - Challenges
 - Workforce shortages
 - Workforce burnout
 - Secondary trauma: the emotional duress that results when an individual hears about the firsthand trauma experiences of another.
 - Strategies
 - Incentives
 - Retention and exit interviews
 - Team building activities
- Telehealth Groups
 - Meet the high demand of behavioral health by doing groups
 - Offer hybrid groups
 - Needing the space for it and the right technology
 - Membership open to clients at all of the agency sites
 - Co-facilitator
 - Student to help and group management outreach crisis
 - Don’t need to cancel if main facilitator can’t meet
- Increased Demand (See Figure 11)

Increased Demand	
Challenges	Strategies
<ul style="list-style-type: none">● The number of patients and the intensity of what the patients are feeling● Patients are being seen less frequently● Staff feeling more burned out	<ul style="list-style-type: none">● Implementing more groups● Leadership emphasis on self care● Ensuring staff members are taking their time off● Team meetings● Staff seeking supervision for guidance and support

Figure 11. Increased Demand

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The Changing Landscape of Behavioral Health Care: What is the “New Normal” Going to Look Like?

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Takeaways:

- Changing Regulatory Landscape as the PHE Ends
 - DEA proposed changes in telepsychiatry—Coming and then gone (for now)
 - Medicaid funding changes: CT example
 - Clinicians out of state seeing patients in state
 - Clinicians in state seeing patients out of state
 - Changes in standards to be met for telehealth: phone and video
 - Consent for telehealth rules changed

Notable Participant Live Feedback:

- “I liked seeing how telehealth groups are being used.”
- “Presenters were very accessible, liked the detailed responses to questions (i.e. productivity requirements).”
- “The various inputs and members discussing their own experiences with telehealth.”

Re-engaging Patients in Dental Care

Overview: This webinar discussed strategies to get patients back into dental care. Along with these strategies, participants gained knowledge on how to recognize challenges in dental practices, as well as how to engage the interdisciplinary care team through role redesign and integration to increase access to comprehensive care.

View webinar at: <https://bit.ly/3P711Xe>

Takeaways:

- Disease-centered Model to Patient-centered Care
- Oral health is linked to medical and behavioral services diseases that manifest in mouth
- Encourage patients to receive dental care
- Trying to do as much as possible (accomplish exams, restorations, sealants) when patients come in
- Open up more hours —access, Saturdays, evening hours, fill opening
- What is the technology that will help us keep going forward?
- Workforce Challenges (See Figure 12)

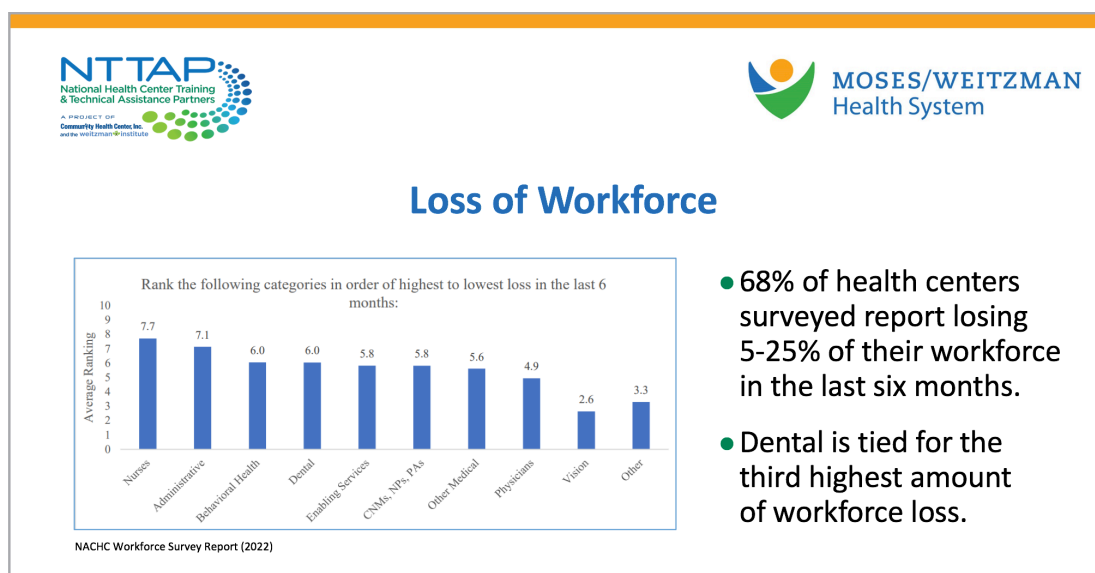


Figure 12. Workforce Challenges

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► Re-engaging Patients in Dental Care

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Takeaways:

- Text Campaigns (See Figure 13)

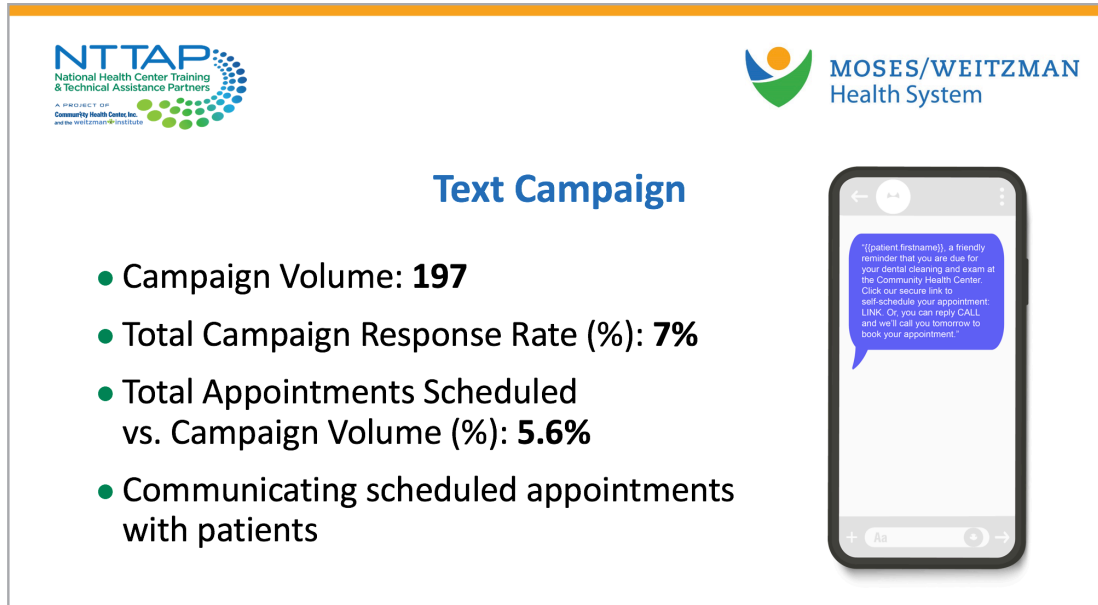


Figure 13. Text Campaigns

Notable Participant Live Feedback:

- *"Very tangible ideas to implement."*
- *"Learning about ways to work with other disciplines."*
- *"I liked the discussion of telemed opportunities, especially in the schools. This is a topic of be interested in hearing more about via another session."*
- *"I liked that they reminded us to be prepared for a pandemic at any time and the ways in which we can re-engage clients."*

► Integrating HIV Care into Training and Education for the Clinical Care Team

Overview: This webinar explored the need to integrate HIV care into training and education for the clinical care team, as well as educational models to train the next generation. Using Community Health Center Inc.'s Center for Key Populations Fellowship for Nurse Practitioners (NPs) as a framework for best practices, experts will discuss how to implement specialty care for key populations in your training programs.

View webinar at: <https://bit.ly/43Sb1ru>

Takeaways:

- CHC ECHO Model: Benefits
 - Eliminates barriers: patients can access specialty care in a community-based setting
 - Improves and ensures quality care
 - Facilitates integrated primary and specialty care
 - *Helps battle/remove stigma*
 - Engages experts in various fields/settings (interdisciplinary team)
 - Builds a longitudinal community of learners and mentors
 - Multi-level teaching: faculty to participants, participants to other providers in organization
 - Collaboration with and sharing of ideas among other HIV/MOUD programs
 - Sharing and identifying clinical and non-clinical community resources

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▶ Integrating HIV Care into Training and Education for the Clinical Care Team

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Takeaways:

- CHC ECHO Model: Benefits
 - Exposure to trainees; NP residency and fellowship training
 - Provider recruitment/retention
- Considerations for Starting Fellowship Program
 - Internal expertise for clinical experiences and didactic education
 - Adequate clinical exposure for various key populations
 - Staffing: Clinical Faculty and Administrative Support for program operations
 - Schedule accommodation for clinical mentors and for fellows
 - Leveraging external community partnerships
 - Designing formal evaluation process
 - Exploring sustainable financial models
 - Consider NP and other residency programs as initial pipelines
 - Form associations with academic institutions
 - Seek mentorship to establish a program
 - National NP Residency and Fellowship Training Consortium
 - Other clinics/programs with existing fellowships
- Core Components of the Fellowship (See Figure 14)

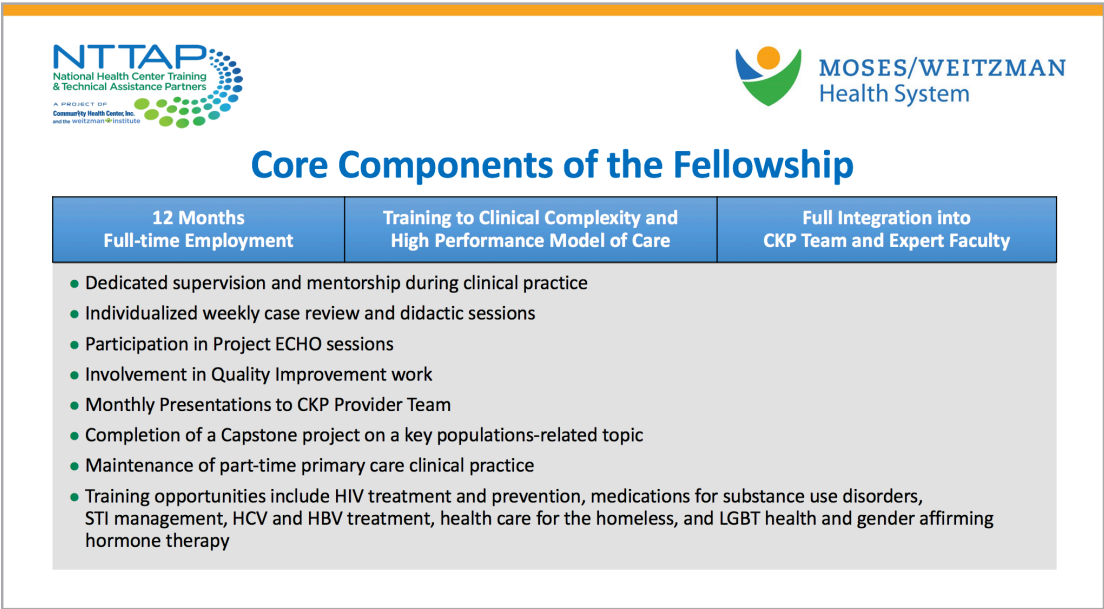


Figure 14. Core Components of the Fellowship

- Integrating HIV Education at Your Health Center
 - Identify the needs/gaps
 - Include people of lived experience
 - Mine internal and external local resources
 - Include HIV education in all medical/clinical curricula
 - Build up competencies in related key populations care
 - HCV, substance use disorders, LGBTQI+ health, homelessness
 - Promote continuing education for providers
 - Webinars, grand rounds, conferences, CME

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► Integrating HIV Care into Training and Education for the Clinical Care Team

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Takeaways:

- Integrating HIV Education at Your Health Center
 - Build an internal workforce pipeline
 - Recruit medical staff with interest or expertise to create/demonstrate demand
 - Fellowship
 - Find and/or provide opportunities to train staff
 - Project ECHO
 - Find one to join that works for your clinic
- **Find, share, support ways to educate, train, and expand the HIV workforce if we are to achieve the end of the HIV epidemic**

Notable Participant Live Feedback:

- *"I liked the topics about Project ECHO and HIV Training."*
- *"I liked the ideas on how to get staff in the health care setting educated and more involved in HIV care."*
- *"I liked how knowledgeable and passionate everyone was."*

To view over 50 archived webinars, visit: www.chc1.com/nca

This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,082,933 for a 3 year funding period with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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