

GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Workforce Committee Meeting Minutes Wednesday, December 2, 2020 | 2:00 PM to 3:00 PM *Teleconference*

Italicized: GCACH Board Member

ATTENDANCE			
Committee Members	Asja Suljic	Jac Davies	<i>Ronni Batchelor</i>
	Bevan Briggs	John Christensen	<i>Sandra Suarez</i>
	Chuck Eaton	Les Stahlnecker	Scott Koopman
	<i>Dan Ferguson (Chair)</i>	<i>Madelyn Carlson</i>	Steve Perry
	Debbie Spink	Patrick Jones	Suzanne Swadener
	Heidi Snyder	<i>Rhonda Hauff</i>	
GCACH Staff	Becky Kolln	Laurel Avila	Sula Savchuk
	Brittany FoxStading	Lauren Noble	Wes Luckey
	Carol Moser	Martin Sanchez	
	Diane Halo	Sam Werdel	
Guests	Brianne Ramos (DOH)	Lena Nachand (HCA)	Sagung Colina (HCA)
	Carya Bair (ESD)	Mia Nafziger (HCA)	
WELCOME & INTRODUCTIONS			
Welcome & Introductions (Dan Ferguson)	Dan Ferguson, Committee Chair, facilitated introductions. There were eight (8) members present at the convening.		
MEETING MINUTES			
October 2020 Meeting Minutes (Dan Ferguson)	<p>Dan reviewed the October 2020 GCACH Workforce Committee meeting minutes.</p> <p>✓ MOTION: Sandra Suarez moved to approve the October 2020 GCACH Workforce Committee meeting minutes. Seconded by Ronni Batchelor. Motion passed.</p> <p>No further comments or questions.</p>		
DISCUSSION ITEMS			

Thank you for your engagement with GCACH!

<p>Community Health Worker (CHW) Survey Results</p>	<p>The GCACH team shared the results of the survey deployed to understand the needs for Community Health Workers (CHWs) in the Greater Columbia Region. This has been an ongoing topic over the past years and GCACH is in the process of developing a program to meet this need.</p> <p>We reviewed the results which included:</p> <ul style="list-style-type: none"> • Types of organizations that responded • Number that had CHWs in their organization (majority did not) • If organizations would like training on how to implement a CHW program (about half and half) • What training desired for the CHWs in their organization, this included screening for social determinants of health, mental health first aid, and more. <p>Questions and comments included:</p> <ul style="list-style-type: none"> • Discussion around leveraging the topics that came out of the DOH workforce training derived from CHW perspective. How does the intended materials line up with standards with what they are doing? It'd be helpful to understand what was deemed useful for training as well as what was not useful. Emphasis on finding resources in the right places. • Discussion around the focus on the healthcare system and reference of peer support counseling. Reminder that GCACH is healthcare system focused. Recognition on meeting the needs of the systems we are working with in the Greater Columbia area. <p>ACTION: Conduct crosswalk using DOH training derived from CHW perspective.</p>
<p>Community Health Worker (CHW) Program Policy</p>	<p>Carol reviewed the policy for the CHW internship program.</p> <p>Policy is a guideline for organizations. Carol reviewed each section:</p> <ul style="list-style-type: none"> • Purpose • Opportunity statement • Definitions • Background <ul style="list-style-type: none"> ○ (Dan) MCO's do not reimburse for CHW services. ○ (Rhonda) Care coordination dilutes the conversation. ○ Discussion around reimbursement. Medicaid and Medicare have a narrow list on who can be directly reimbursed. This leads to a question to the best way to reimburse for the services provided by the CHW as part of the team of care. ○ Paying person/provider vs. paying for services provided by team ○ Carol noted the language in the DOH LOI regarding funding for CHWs to provide care coordination for patients quarantined for COVID. Rhonda is getting reimbursed for care coordination. Discussion around the different pot of money. ○ The function of care coordination, whether through MCO or DOH, is reimbursable. What other functions CHWs might do are not reimbursable.

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	<p>Rhonda reiterated not using the term “care coordination” in this program. Suzanne added duplicating. Desire to pay title vs. function provided.</p> <ul style="list-style-type: none"> ○ (Ronni) CHW is not covered by Medicaid dollars. As a peer specialist, her function is her life experience—connecting with the clients and walking with them through their journey. That function is reimbursable. She has used her lived experience as a way to support the individuals she works with. ○ (Sandra) Need to be careful with language—look at projects that are paid for. That’s a pilot program (money has stopping point). That money is not guaranteed. Mentioned having conversation with the MCOs to understand how they are putting pressure on providers for SDOH. That is the partnership/relationship in order to support CHWs outside of the program. The plans can use their revenues to finance these types of things. They can include in package of benefits they provide if not fully paid for by Medicaid. ○ Comment that the problem is fee-for-service model. <p>Diane noted paying for one year’s salary for 24 CHWs with the funding available. Conversely, the Board recommended an 18-month program with less CHWs.</p> <ul style="list-style-type: none"> • Ronni noted the 18 months would be a better deal as they’d get training and hands on experience that they can take wherever they go. Conversely, they might stay and have employment opportunities. • Question around requirement to continue funding for the applicant and/or the intern. Commitment from both parties? Applicant organization for sure. Diane reminded GCACH is only covering salary, not benefits. <p>Next steps:</p> <ul style="list-style-type: none"> • Cross walk with DOH programs • Decide what providers will be held to (skin in the game) • DOH to connect with Diane
ADJOURNMENT	
Adjournment	<p>Meeting adjourned at 3:00pm. Minutes taken by Chelsea Chapman.</p> <p>Recap of Motions</p> <ul style="list-style-type: none"> • November meeting minutes <p>Recap of Action Items:</p> <ul style="list-style-type: none"> • Cross walk with DOH programs • Decide what providers will be held to (skin in the game) • DOH to connect with Diane

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