# GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

## Workforce Committee Meeting Minutes

Wednesday, May 27, 2020 | 11:00 AM to 12:00 PM

*Teleconference ONLY*

| ATTENDANCE | | | |
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| **Committee Members**<br><br>Board Member: *Name*<br>Called-in: Name*<br>Absent: Name | Asja Suljic | Jac Davies | *Ronni Batchelor* |
| | Bevan Briggs | John Christensen | *Sandra Suarez* |
| | Chuck Eaton | Les Stahlnecker | Scott Koopman |
| | *Dan Ferguson (Chair)* | *Madelyn Carlson* | Steve Perry |
| | Debbie Spink | Patrick Jones | Suzanne Swadener |
| | Heidi Snyder | *Rhonda Hauff* | |
| **GCACH Staff** | Becky Kolln | Carol Moser | Chelsea Chapman |
| | Diane Halo | Laurel Avila | Lauren Noble |
| | Martin Sanchez | Rachael Guess | Ruben Peralta |
| | Sam Werdel | Wes Luckey | |

| WELCOME & INTRODUCTIONS | |
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| **Welcome & Introductions**<br>Dan Ferguson | Dan Ferguson, Committee Chair, facilitated the meeting. There was a total of eight (8) voting members present (or calling in) to the convening.<br><br>Meeting items included:<br>1. May 2020 Agenda<br>2. March 2020 Minutes<br>3. Early Reports from the Sentinel Network Survey for Assisted Living Facilities, CHC/FQHCs, and Nursing Homes/SNFs<br>4. Themes from Allied Health Deans |

| MEETING MINUTES | |
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| **Meeting Minutes**<br>Dan Ferguson | Dan Ferguson, Title or Affiliation, reviewed the minutes from 03-26-2020. No comments or revisions were recommended.<br><br>✓ **Motion by Sandra Suarez to accept the 03-26-2020 Workforce committee meeting minutes. Seconded by Bevan Briggs. Motion passed with no additional discussion.** |

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| **DISCUSSION ITEMS** | |
| **Themes from Allied Health & Nursing Deans**<br>Dan Ferguson | Dan walked through the summary of challenges around doing health workforce education and how to maintain and sustain the workforce pipeline via the Allied Health & Nursing Deans and Directors. The themes that were identified included:<br>• HR issues such as part-time contract faculty losing benefits and privacy issues with working from home<br>• Clinical/labs such as simulation question, timing of students on campus safely, screening and social distancing guidelines<br>• Online delivery such as frontloading curriculum, online labs, existing practices, funding for virtual products<br>• Technology issues such as student access issues, bandwidth, hardware, faculty access<br>• Student issues such as electronic transcripts, financial aid, offsite testing<br>• Accreditation such as credentialing and licensing<br><br>They did an analysis and survey to prioritize these themes. Among the top were ongoing clinical training and lab training, simulation question, getting back on campus safely, and blend of online delivery of education and technology issues.<br><br>It's been interesting to work with these directors of health workforce programs and how innovative the faculty has been in terms of developing online training. They've developed over the last 2-3 months a "communities of practice", which is based out of the state board of community and technical colleges website on sharing ideas. This includes things such as guidelines for the essential workforce that the DOH and Governor's office put out as well as guidelines for safely getting back on campus. Now the conversation has turned toward the cost of simulation training and how simulation can be tracked (e.g. who pays for training, cost to employ faculty who were coordinating training).<br><br>Dan wanted to share with the group to inform them how the educational system has been addressing this real-time transition and adaptation.<br><br>Questions and comments included:<br>– Bevan mentioned that at WSU they are having the same problem, they had to transition from face-to-face to everybody zooming in from home. They are going to have to make up some of their clinical labs. Right now, the biggest issue we are facing has to do with the budget. Revenues from the state are down, so appropriations are going to be down. They are looking at potential cuts across programs. They run lean to begin with, but still trying to figure out. The issue with recruiting and retaining staff is critical because nursing instructors are so poorly paid to being with. They make less than what the new grad RN's make. It is a really big problem. The target keeps changing as we go on. Not sure what budgets will be cut. |

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| | – Dan mentioned the incentives for nursing faculty and directors, they are fearful that the funding that was used to reach parity, might be diverted to more technology solutions.<br>– Bevan responded that the funds were specifically earmarked for community colleges. The four-year colleges didn't see any of that.<br>– Carol mentioned that she is not surprised and mentioned a case study on Brown University regarding going back to in-person settings. It's a tremendous cost to education because they are having to implement these work arounds.<br>– Dan mentioned it is going to be interesting to see where priorities lie.<br><br>No further comments or questions. |
| **Health Workforce Council Update**<br>Dan Ferguson/Carol Moser | Dan spoke to the Health Workforce Council. Both Carol and Dan participate as members of this group, which delivers recommendations to the Governor's office and the state legislator on a yearly basis on health workforce development.<br><br>They met two weeks prior and the main item of work that came out of that meeting was identifying some opportunities to share with the state legislator regarding four areas.<br>• Career pathways work<br>• Industry and academic partnerships<br>• Online education and technology<br><br>They could not recall the fourth item. The Health Workforce Council is convening small workgroups to finetune these topic areas.<br><br>The issues around online education and technology, simulation, etc. There is a question if there is something the legislator can do to support health workforce education with funding. There has been a huge shift from in-person education to online education. The reprioritization of funding and resources is going to be tremendous.<br><br>Bevan stated that when he started last fall, there was a big discussion about students being able to Zoom in because of inclement weather. It was turned down. Now, it has completely changed the landscape. This summer they are getting training on how to course development to function more effectively in the online world. He stated that we were going to get there anyways, this has just pushed us there more quickly out of necessity.<br><br>Dan asked about the pain points or lessons learned by the amount of time spent online versus in-person. He seconded that the pandemic has moved us down the dial a lot quicker. We need to help faculty and students realize that this will be the new normal.<br><br>Rhonda stated that what it does from a practical standpoint, it puts on a bigger burden on the person providing the training at the provider level. When COVID-19 started, they suspended |

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| | almost all of their externships with the exception of the Behavioral Health program. Within the last few weeks, they have resumed the medical assistant externships because their pipeline dried up. She emphasized that there is a lot more training involved from being in the classroom to being online. It reminds her of the days before Certified Medical Assistants when they only had Medical Assistants.<br><br>Bevan noted the parallel of clinical medicine switching to telehealth as education is switching over to classrooms. Rhonda seconded that it requires an entirely new skillset.<br><br>Carol mentioned that she is apart of the Behavioral Health Institute Strategic Operations Committee at the state level that is being led by Jim Volendroff. They have been reaching out to a lot of partners in telehealth and put together a streamlined list of rules and regulations at the state and federal level (all around policies). Telehealth is here to stay. It is becoming the new normal. Because it has increased access in those communities that have internet, it has also exposed communities that don't have internet. Which is a barrier to care. They are giving a series of trainings on how to telehealth effectively.<br><br>Dan shifted to the focus area of industry and academic partnerships and asked, "where is the best place for health workforce development conversations regionally to occur?" One of the ideas on the table is creating a health workforce council that are a basis of the WDC's to convene and facilitate academic and industry partnerships to look at the broad scope of health workforce development. There is a number of ACHs involved with this work, but the GCACH workforce committee is the most robust. He is curious where these conversations should be hosted? Should it be the ACH's, Workforce Development Councils?<br><br>Rhonda asked if there has been WDC representation at the ACH. Carol stated that she sits on the local WDC, but not anyone specifically from a WDC. She suggested that it be a specialized committee that be funded somehow.<br><br>Bevan mentioned that CBC and WSU have a twice-yearly community advisory council that fills the same role. It is focused on workforce development. It is a report out from the colleges to the employers in the community. It might be a right way to gain some synergy.<br><br>Steve Perry stated that his former background was with WDC and knows their work pretty well. They are similar in nature to the ACHs in some regard. Some dabble more in healthcare than others. Thus, it would be a heavy lift in some regions and in alignment with others. Work would need to be done to get it moving.<br><br>Madelyn Carlson mentioned that in their South-Central Workforce Development Council has been interested in being part of the local discussion on how they can help support that pipeline for |

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| | healthcare for other opportunities in the community. They had a great meeting a year ago looking at apprenticeships and how that might work within the healthcare arena.<br><br>Dan stated that we need to be thinking about what would we advocate for if the state came to us. Would it be a blended funding model? Would we try to encourage and stand up our local WDCs to take on that leadership role? It's something for us to be thinking about.<br><br>Rhonda stated that one of the initiatives under the waiver is workforce. What's happening there? Carol noted that it goes back to the degree of involvement of the other ACHs. Some are more involved in workforce than others. Ours has taken an interest in growing our own idea with respect to the apprenticeships. We are likely the most active in our program and it is with thanks to Dan.<br><br>Rhonda clarified that the state has not put together goals and is not leading anything. Carol confirmed that is not what she is seeing.<br><br>Dan believes that the WDCs are a great partner in this, but does not believe they have the expertise in the funding to lead these efforts. He appreciated Rhonda's question regarding the other ACHs. Dan stated that if Suzanne were on the call, she would say that it is not for a lack of effort. The WDCs are good at getting people into the workforce and support their pathway work. But as we know the health workforce development conversation is a lot more than just entry careers. It is broad based from everything to behavioral health, position shortages, health information management, etc. How do we address those other broader questions?<br><br>Rhonda recommended looking at the Sentinel Network data and then looking at regional needs to use a guide to who we should be talking to. To her, the WDC is a hidden entity. As a community health center, they only engage with them for entry level positions in billing, medical records, reception. She doesn't understand the interface for the other kinds of positions that they know they need such as behavioral health, nurse practitioners, etc.<br><br>Steve Perry mentioned that the WDC has a board like the ACHs. They are 51% or more business led. Depending on the dominant industries represented in the regions of the 12 WDCs, it drives the agenda for that work. Some would be more involved in healthcare, some would not be involved at all. If the focus is entry level, that would be a byproduct of the business representation on their board. Additionally, when a business or industry convene to discuss needs, they are often convened with education partners who play a vital role. He also believes the healthcare workforce voice is under represented on much of the WDCs.<br><br>Carol believes that sharing the Sentinel Network survey results with the WDCs would be a way to start in our region. In Benton and Franklin Counties, they grow their own and do not reach out to |

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| | the WDC for that task. They have specific ideas on who they want to recruit. Folks who are going through the WDC are not trained enough for hospitals to have enough buy-in.<br><br>Ronni Batchelor mentioned how COVID-19 has made it hard to communicate. She is thinking that having some kind of virtual summit would be helpful. Finding the players in the field already and bringing them together to tell their stories of their needs. In both the front lines and back lines.<br><br>Steve noted that the Health Workforce Council is staffed by the Workforce Training and Education Coordinating Board. That board is the designated workforce board for the workforce councils.<br><br>No further comments or questions. |
| **Sentinel Network Survey – Early Reports**<br>Dan Ferguson | Carol walked through the early reports from the Sentinel Network survey findings (as Dan's microphone stopped working).<br><br>Rhonda spoke to her experience regarding what occupation/service roles were most affected by the pandemic. This included a decrease in dental staff and a change in functions in how things are done e.g. parking lot visits in cars. There is an uptick in insurance eligibility so patient account specialist has ticked up. Nothing in the results really surprised her. Her staff is learning new skills in telehealth, not just conducting services but selling patients. They have hired a nurse practitioner since March to help in trying to find how to see children. Particularly in adult population have filled up in telehealth. Behavioral health is almost back to full capacity primarily through telephone and telehealth. Estimates from HCA state that behavioral health capacity will need to be increased by 50% over the next six months, so continuing to recruit there. They are following the CDC guidelines on when bringing people in for prevention. Doing a lot of marketing to try and make sure kids are in for their immunizations (big concern). The other big concern is P4P contracts with MCOs, so they have a lot of quality metrics to refocus on. For example, many patients don't have the necessary equipment in their home. Vision was also suspended as it is considered a phase 2 operation. Carol also noted the need for PPE. |
| **ADJOURNMENT** | |
| **Adjournment** | Meeting adjourned at 12:00 PM. Minutes taken by Chelsea Chapman.<br><br>Recap of motions and GCACH next steps:<br>✓ APPROVED: March 2020 meeting minutes<br>✓ GCACH to consider a virtual summit to gain alignment on who should take the workforce lead (academia vs. industries) |

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