Greater Columbia Accountable Community of Health

Collaboration · Innovation · Engagement

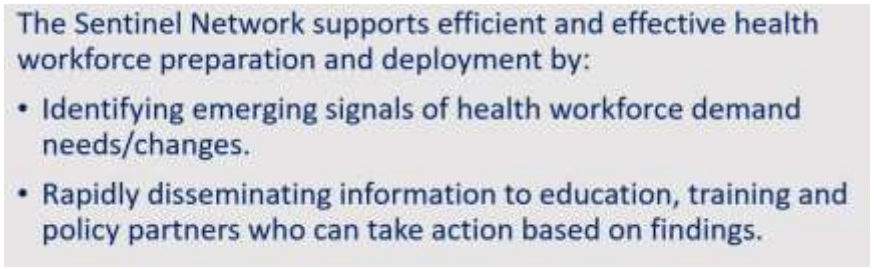
Leadership Council & Practice Transformation Learning Collaborative

Minutes

July 18, 2019 | 9:00 a.m. – 11:30 a.m.

ATTENDANCE	
Participants (*: called in, †: GCACH Board Member, Bold Lettering for presenters and panelists)	Michelle Sullivan, Jocelyn Pedrosa, Lisa Hefner, Dan Ferguson, Mary Hoerner, Farion Williams, Kay Olson, Sierra Foster, Maria Marquez, Dana Oatis†, Barbara Mead, Shauna Banner, Jorge Rivera†, Martha Lanman†, Erin Hayes, Courtney Winston, Les Stahlnecker†, Morgan Linder, Rebekah Woods, Sandra Haynes, Kirk Williamson, Hayley Middleton, Sarah Clark, Sindi Saunders, Todd Frans, Holly Siler, Alex Nilson, Kendra Palomarez, Bill Dunwoody, Jac Davies, Annamelisa Scarlett*, Sarah Avant*, Mandy Olsen*, Chuck Eaton*, Crystal Bagby*, Deborah Watson*, Diane Campos*, Jean Murrow*, Kelly Lanman*, Ken Dorais*, Dr. Kevin Martin*, Mary O'Brian*, Dr. Mike Maples*, Minnie Smith*, Patrick Flores*, Sue Skillman*, Joyce Newsom*, Corrie Blythe*
Staff (*: called in)	Carol Moser, Wes Luckey, Becky Kolln, Sam Werdel*, Rubén Peralta, Rachael Guess, Diane Halo, Jenna Shelton, Martin Sanchez, Lauren Johnson, Aisling Fernandez
MEETING PRESENTATIONS & REPORTS	

Welcome & Introductions (Patrick Jones, GCACH Staff)	• Dr. Patrick Jones facilitated the meeting. He welcomed everyone and asked for introductions around the room.
	• This meeting's theme was WORKFORCE. We need people to fill these workforce roles. We are grateful for the high quality of speakers we have today.
	
	• Mentimeter Survey Results from the May Leadership Council Meeting about WORKFORCE (22 respondents):
	  ○ Question 1: What employment positions are most in demand within your organization?
	  ▪ Top Three results were: Behavioral Health, Clinical and Nursing
	  ○ Question 2: What employment positions will be most in demand in 2021?
	  ▪ Top Three results were: Clinical, Behavioral Health, and Case/Care Management

The Washington State Health Workforce Sentinel Network: Recent Findings for Greater Columbia ACH (Susan Skillman, Center for Health Workforce Studies, University of Washington)	• Presenter's Name: Susan Skillman, MS, University of Washington Center for Health Workforce Studies and WWAMI Rural Health Research Center and the Collaborative for Rural Primary Care, Research, Education, and Practice • Presentation Title: *"The Washington State Health Workforce Sentinel Network Recent Findings for Greater Columbia ACH"* •  o You can't do healthcare transformation without people who trained in the right way. Beyond nose counting, you need to learn more in-depth information about which occupations are experiencing demand changes. What are the policy issues vs regulatory issues? This is information you don't get from looking merely at counts of employment numbers. o The sentinel network collects data, focusing on qualitative input. Over the last 6 months they have collected this data about WHICH, HOW and REASONS WHY: ▪ Long Vacancies ▪ High Turnover ▪ Changes in demand ▪ New occupations ▪ New roles for existing employees ▪ Changes in orientation/onboarding ▪ Changes in training priorities ▪ Find whether facilities serve clients primarily from urban, rural or a mix of locations? o The network then makes this information useful and available to folks who have the ability to identify where the problems are showing up and what needs to be done. They are looking for signals of the healthcare workforce changes. o Pleased that the legislature in the last session made the Sentinel Network a line item in the last budget which will help with longevity. o The presentation provided results for the Greater Columbia Region, which had the highest number of responses of all of the ACHs. o It's important to note that the results of the survey are considered SIGNALS as these are not large, representative surveys with statistically significant results. You can't talk about proportions. You can consider if the signals seem true.

Sue took the Leadership Council through her presentation (can be found on the GCACH website under Leadership Council meeting 7/18/19). GCACH had 55 responses to the survey, and the break out for exceptionally long vacancies by sector are illustrated in the following table. Comments on the slide included:

- Regulatory changes reason for difficulty hiring nurses. "Skilled nursing facilities recently were required to provide 24/7 RN coverage."
- Mental Health Counselors. Licensing requirements and reimbursement rates are a challenge. "Individuals with Associate licenses who still need to complete clinical hours cannot be hired because we cannot bill health insurance."
- BHOs/MCOs/Medicaid have not increased mental health rates for almost 3 years.
- Chemical Dependency Professionals competition is statewide and attracting candidates is seen as a challenge. There are not enough qualified staff in the state. Many older CDPs are retiring.
- Medical Assistants competition is statewide and attracting candidates is seen as a challenge.
- Overall increase in demand for this type of certified staff in many different settings.
- There is an apprenticeship program for MAs. (Could be part of the solution)

- Take home recommendations for GCACH region workforce:
  - Take this information and pay attention to signals that need more attention. Who are the key stakeholders and who is responsible for responding to the findings? Which ones need more studying? Be connected to educators and policymakers. The action is around the full network.
  - Prepare for the next round of surveys beginning in October and make it even larger than the previous round by maintaining great participation.

DISCUSSION:

- Dan Ferguson noted that the last few questions are really important. He's been on the steering committee for a few years. He asks the community groups the SO WHAT question. Why is it beneficial to obtain this information and are we using it in workforce development conversations? Why is this beneficial? How do you move your workforce conversations from CRISIS toward LONG-TERM SOLUTIONS? Were industry and academic partners working together from the beginning of the planning process? Are the MCOs involved?
- Rhonda Hauff: How does academia respond?

	▪ Susan Skillman: The talk of the high sign-on bonuses was shocking to me. Sign-on bonuses are a sign of crisis management. This doesn't promote retention and cause a lot of disruption and costs a lot of money. ▪ Dan Ferguson: Make sure the Allied Health teams across the state are encouraged to develop partnerships with industry. The majority of healthcare deans are familiar with the Sentinel Network. It's up to the deans what they do with the information from the SN. Bring the information to the local healthcare coalitions as well. o Question: Are we asking people what they want from employers? Perhaps rather than a sign-on bonus something else. There is power in story telling and put this out on social media. o Sandra Haynes, WSU Tri-Cities Chancellor: At WSU we are in the middle of a strategic plan asking employees what they want. Trying to get better and better. Trying to involve communities when developing programs. At WSU Tri-Cities they are trying to meet the rural medicine need. They are doing that by embedding physician trainees in rural areas. Some of the restrictions are not about the university. What are the ways we can and cannot partners with the community? Community has limited clinical sites. o Patrick Jones: Can healthcare compete with tech? ▪ Dan Ferguson: Rhonda and I did a presentation a few years ago about team-based training. We emphasized workflow and the culture of the organization as key ingredients why someone would or wouldn't want to stay there. Important to have more of those discussions about the culture of an organization. It's not just about the spigot but also about focusing on retention strategies. The health of the employee is just as important. o Sue Skillman: We urge you to take on the issue of clinical training. At a regional level, work on the solutions for expectations to help educations systems and assumptions improve. o Audience Comment: Moving from the crisis mode to long-term solutions is similar to what the fire commission does and decisions have to be made at the higher levels. o Audience Comment: Want to second what Sue is saying about the importance of participation in training. We have to confer every advantage we can. If we are not participating in training and homegrown solutions for residency training, medical school, MA, DA, etc., we'll be in a world of hurt. Aside from the trainees right now, we have many other "learners," which is fertile ground for recruitment. o Audience Comment: Comment on clinical training sites. I want to advocate for people to train in rural areas. Its hard for rural organizations to host trainees and it's important to make them better suited for hosting trainees. This could be part of the role of GCACH. o Carol Moser: Many of you know that we have a workforce committee at GCACH. We have some scholarship funds that we're trying to figure out how to allocate. We're getting many requests but we're trying to be strategic as to how to allocate them and decide where to put the scholarship funds.
Columbia Basin College	• Presenter's Name: Mary Hoerner, MN, BSN, NP-C, ARNP, Dean for Health Science Programs at Columbia Basin College

Healthcare Workforce Education Programs (Mary Hoerner, Columbia Basin College)	• Presentation Title: "Columbia Basin College Healthcare Workforce Education Programs"
	  ○ My work is all things nursing. I have a long history in the Tri-Cities and my heart is deeply rooted here.
	  ○ CBC's School of Health Sciences is in Richland. We have expanded greatly.
	  ○ What makes people not want to stay? What can we do to fix that? This is a huge issue. We could mass produce graduates, but what good is that? What's the purpose of going to school? Will there be a job at the end of that training?
	  ○ Constraints to capacity: Instructor commitment. Where will I make the most money? Burn out with work load. What do we do to keep the workforce happy? Instructors are hard to come by- you have to grade papers on weekends and additional work as an instructor vs. clinical nursing work. This is a hard sell.
	  ○ Accreditation: We are providing quality programs based on national standards. What worries me the most is: Are those accreditation standards updated and relevant for today? For example, the paramedic program and the MA program and a few others are missing mental health in their curriculum. How can we teach people with boots on the ground about mental health? There are some changes that need to happen. We need to make changes to the accreditation standards. Food for thought.
	  ○ Clinical Placement: All of these programs need clinical placement/rotations. Our workplaces are saturated with students. People say, "Please don't give me another student."
	  ○ Preceptors: Don't make people teach who don't want to. Being an instructor is a gift. Not everyone is a preceptor.
	  ○ Other topics to consider:
	  ▪ Student debt
	  ▪ Prep for academic rigors
	  ▪ Online programs are competing for spaces with in-person programs because they appear to be more affordable or faster to go through or more convenient
	  • We're losing to poor quality online programs. The paramedicine program is suffering people there are online paramedic programs. Hard to keep up with the online competition and still provide quality training.
	  ▪ Cross discipline training: All of our programs teach to each other.
	  ▪ What else can we do? What else can boost the quality of the graduates?
	  • Suicide Prevention Training
	  • Community Health worker training.
	  • BH
	  • MH First Aid
	  • Put immunization clinics everywhere
	  • Peer support
	  • Trauma Informed Care
	• LC Discussion:

	○ Carol Moser: I know that CBC looked at adding Behavioral Health degree. Can you please tell us the results of that effort? ▪ Mary: We looked to see if there's a BH degree. The need for MH people in the State. We need to figure out who those people are and what people are needed. Employers didn't respond to the survey. ○ Audience Commend: LISCW. We need to be able to bill for services. Also, to have MD psychiatrists- this is difficult to recruit.
Invited: Washington State University Tri-Cities Education Program for School of Nursing (Farion Williams & Kay Olson) Washington State University)	• Farion Williams and Kay Olson Co-Presented. ○ Presenter's Name: Kay Olson, MN, RN, Instructor, Washington State University, Tri-Cities Campus ○ Presenter's Name: Farion Williams, MD, Associate Dean of Clinical Education, Tri-Cities Campus • Presentation Title: "Washington State University Tri-Cities Education Program for School of Nursing" ○ Kay: The WSU nursing program has grown and moved from the TC complex to the Kadlec Healthplex. ▪ The Kadlec Healthplex is a wonderful facility and partner, however it is limited in space, it is far enough away that it's difficult for students to participate in main campus health activities. ▪ Offers BSN, RN to Bachelors, and Graduate programs. ▪ Clinical/hands-on opportunities are made possible by made community healthcare partners in the region. ▪ Growing demand for qualified nurses. WSU and CBC cannot produce enough nurses to satisfy needs. ▪ Currently working on a curricular revision. ○ Farion: Regarding the college of medicine. We now have 3 cohorts. The class size went up from 60 to 80 students per class. There were 1500+ applicants for the inaugural class. Clinical opportunities made possible by community healthcare partners including Kadlec, Trios, Lourdes, Grace Clinic, TCCH, TCCC, NW Cancer Clinic, High Desert Surgery Center, YVFWC, Ideal Option, Inland Imaging, Chaplaincy Health, PMH. ○ Challenges in meeting demands for the future of medicine: ○ Preceptors for clinical placements ○ Financial pressures often preclude physicians from participating in teaching endeavors ○ Physician burnout/wellness ○ Student Debt ○ Need for growing graduate medical education programs (90% in King County) ○ Regulatory requirements ▪ The medical school has innovative approaches: • The goal is to produce physicians for the State of Washington. Most people who grew up in WA have stayed in WA, and for these physicians to areas with high needs, who work in challenging areas, rural and underserved areas.

	• We have an academic standard to ensure that the individual will be successful- similar to the quality that Mary focused on for the School of Nursing at CBC. • Admissions are blinded to academics- they look at the whole person. In the incoming class, ¼ come from a rural community in WA State. 1/3 are the first in their family to earn a bachelors. Greater than 50% of applicants are women. Many are Vets. Many are underrepresented minorities. Many come from socioeconomically disadvantaged backgrounds. The type of graduate we're trying to produce will fill the specific healthcare needs of our communities. • We have a competency-based framework instead of a time-based model to graduate, meaning they will graduate with specific skills. • There's a need for primary care physicians. • There's a community-hosting program in the Tri-Cities so students become families with the community before they're here full time. Get students to stay in the community to practice. • Community outreach for medical students. • We only have 8 psychiatrists in the Tri-Cities. • Physicians have high suicide rates in the US. About 400 physicians commit suicide each year. • Trying to work on developing programs where students can get specialty training without going to King County. • Importance of cross-discipline training. Recently started working with the Union Gospel Mission. Looking at respite care programs. • LC Audience Question: What can we do as a community to keep people in the area? o Kay: Be a community that people fall in love with o Farion: The Tri-Cities is probably the least known of the four training areas, but I call it the fun campus. o Studies on burnout show that teaching is one way of preventing burnout.
Panel Discussion on Workforce (Sandra Haynes (WSU), Rebekah Woods (CBC), & Dan Ferguson (Center of Excellence, Allied Health))	• Panelist: Sandra Haynes, Ph.D., Chancellor at Washington State University, Tri-Cities Campus • Panelist: Rebekah Woods, Ph.D., J.D., President of Columbia Basin College • Panelist: Dan Ferguson, Director, Center of Excellence, Allied Health o Rebekah: It's important to have relevant and current information about the needs of the community. o Sandra: What's most important is the personal relationships. We're out in the community making contacts and connections. People can let us know how we're doing. Serving on many boards. o Dan: In WA State we have 10 centers of excellence. We help colleges develop very strong partnerships. We are using Collective Impact principles. There are mutually reinforcing principles. Our role within the community college system is to make sure the academic clients understand the best practices around communication and collaboration. o Patrick: Everyone on the panel has a background in psychology or counseling. Please talk to us about the awareness of the paramount place of MH/BH in healthcare right now.

	▪ Rebekah: We were approached by Senator Brown. We have a program looking at the specific needs and programs. Many positions require a four-year program. We don't want to educate people who aren't going to be needed in a community. You can get a transfer degree that will be in social work. We're completing a transfer degree to Eastern into the social work program. This is a huge area of concern for colleges across the country. So many times, there's someone on a campus who has been threatening suicide. There are close calls to be addressed quickly. All of us are impacted by this in some way. Something ALL our employees need to know. We have licensed professional counselors. ▪ Sandra- Ditto! Same on our campus. MH is a huge concern on college campuses, a huge concern in our community and every community. As a society, how do we integrate into community and into medical practices? We have to be able to bill for this. How do we adequately get services to work together? It's a bigger and bigger program. As a psychologist there's more of a focus that MH and physical health go together. It's up to us as a community. To do that effectively as a community. My background is broad- a licensed psychologist, I also worked with the Dept of Human Services. Dow does the community address the needs? The MH needs, the substance use, the homelessness, the domestic violence. How to do we make the community stronger? Effectively address community needs. ▪ Dan: The scenario that Mary described earlier is both a challenge and an opportunity. There are tension areas around moving innovation forward. My job is in health workforce development. Constantly encouraging my deans to be in that innovation space. The presidents are also innovative, but then they have boards, then the State Board of Community Colleges- many hoops to jump through. Look at bachelor's degree in BH. Important to work with Jorge and MCOs. • LC Discussion: o Barbara Mead: We only have 8 psychiatrists in our community and we're grossly underserved. Takes a long time for a person to go through med school and residency. Lack of availability of psych nurse practitioners. We need many more! Wondering how the program affected the graduate rate? ▪ Kay Olson: The reason we have so few numbers is so few faculty are willing to come teach. They can make much more money in practice and they set their hours. We just recently brought on a psych mental health nurse practitioner. Want to bring on more students but must be supported with staff. The good news is that we have two. Slowly but surely. o Sandra Haynes: It's a chicken and egg issue with anything that is MH. Do we have the faculty we need? o Ronni Batchelor: I work with Lourdes and I'm privileged to work with the True Blood program and do outreach. The clients have interactions with police, homelessness, MH, and addiction. Most of the clients are very vulnerable and difficult to work with- often they fall out of place. I get them into services and get their needs met. I'm a certified peer counselor- the education I have is not balanced with higher education but its lived experience. Coming alongside and asking them what they need. Some patients are many months out

	from getting a service- the equity is not there- we need to support the client base more. It's inundated with people- get them housing and things they need to be successful and stable- then they do well. Just worked with a gentleman who lived for 10 years on the street, the MH stability was not there. We were able to get him services, get him stabilized on meds, get him housing. When you're experiencing MH and addiction- that's a crisis. We need more doctors and more MH professionals and more people who are educated in a way where they can do the outreach without stigmatizing the people with MH so they can succeed with medical help. ○ Carol Moser: I'm going to brag on our practice navigation team- recently we had an innovative project with CHAS health. ▪ Martin Sanchez- We are doing practice transformation with CHAS and they are doing innovative work, especially with dental. Every meeting (Jenna and Martin share the location) they have great stories. Introduced the PHQ2 to the practice but the challenge was that staff wasn't familiar with this. It's 2 questions about MH. One of the patients needed BH services- then able to connect them with BH services- literally 2 blocks away is quality BH- connect them with services- a big network in Spokane and Idaho. This patient came back after receiving the BH intervention and thanked them! • Rhonda Hauff: In the spirit of practice transformation, one of our biggest challenges is really the issues around health literacy- this can be seen as a whole population issue to understand the priority of medical homes and the value of using medical homes for everything. So many of our patients don't understand how to use their medical cards. You don't hear this talked about enough- trying to achieve under patient centered medical home and think about that with your curriculum. ○ Sandra Haynes: We received a generous endowment from Kadlec and we're trying to use it to support nursing faculty and there's a taskforce looking at this. Can we make sure that our nurses and our doctors and our MAs, etc. are communicating well and integrating that into our training. This is up to our educational institutions- integrated into culture of health care from the very beginning. ○ Rebekah: Part of the clinical experience can be going out to do education to work with students on oral health, but we could do education on health literacy overall. ○ Dan: You bring up good points around extenders and others working as part of the team- taking a team from GCACH to Minneapolis to showcase the practice transformation work here- then come back to do some trainings in WA state.
ADJOURNMENT & MEETING SCHEDULE	
Adjournment	• Patrick thanked everyone. One last announcement- We are having a Transitional Care Collaborative event- August 1st and 2nd in Yakima- register by next Friday. We'll see you at the August meeting.

	• Minutes taken by Aisling G. Fernandez.

Thank you for your time and engagement with Greater Columbia Accountable Community of Health!

The following 2019 Leadership Council Meetings will be held from 9 a.m. to 11:30 a.m.
at Columbia Basin College, Classroom L102 (2600 N 20th Ave, Pasco, WA 99301) on the following dates:

August Meeting Cancelled Thursday, September 19th Thursday, October 17th