# GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

## Workforce Committee Meeting Minutes

Wednesday, September 30, 2020 | 11:00 AM to 12:00 PM

*Teleconference*

Voting (✓): Majority Present
Italicized: GCACH Board Member

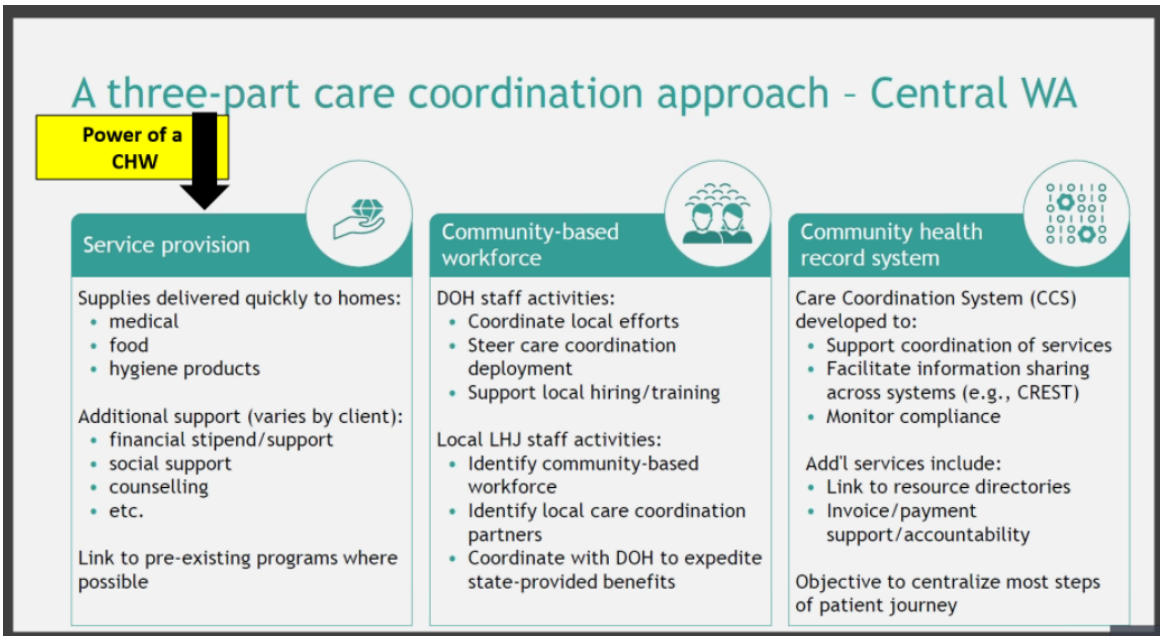
| ATTENDANCE | | | |
|---|---|---|---|
| Committee Members | Asja Suljic | Jac Davies | *Ronni Batchelor* |
| | Bevan Briggs | John Christensen | *Sandra Suarez* |
| | Chuck Eaton | Les Stahlnecker | Scott Koopman |
| | *Dan Ferguson (Chair)* | *Madelyn Carlson* | Steve Perry |
| | Debbie Spink | Patrick Jones | Suzanne Swadener |
| | Heidi Snyder | *Rhonda Hauff* | |
| GCACH Staff | Becky Kolln | Laurel Avila | Sula Savchuk |
| | Brittany FoxStading | Lauren Noble | Wes Luckey |
| | Carol Moser | Martin Sanchez | |
| | Diane Halo | Sam Werdel | |
| Guests | Becky Betts | Martha Lanman | |

| WELCOME & INTRODUCTIONS | |
|---|---|
| Welcome & Introductions (Dan Ferguson) | Dan Ferguson, Committee Chair, facilitated the meeting. The group went through introductions. There were 17 individuals present at the meeting. |

| MEETING MINUTES | |
|---|---|
| August 2020 Meeting Minutes (Dan Ferguson) | Dan reviewed the August 2020 GCACH Workforce Committee meeting minutes.<br><br>✓ **MOTION: Sandra Suarez moved to approve the August 2020 GCACH Workforce Committee meeting minutes. Seconded by Bevan Briggs. Motion passed.**<br><br>No further comments or questions. |

| DISCUSSION ITEMS |
|---|

**Thank you for your engagement with GCACH!**

| | |
|---|---|
| Community Health Worker (CHW) Pilot Program (Carol/Wes/Diane) | Name, Affiliation/Title, reviewed Topic.<br><br>Diane shared how GCACH can make an impact with respect to a Community Health Worker (CHW) program. She invited Becky Betts to share the program from Providence in Walla Walla.<br><br>Becky shared a presentation on Providence's CHW program. This included an overview of the following:<br>• What is a Community Health Worker (CHW)?<br>• Executive Summary Points: medical care is estimated to account for only 20% of population health outcomes, the other 80% is attributed to social determinants of health. Also, chronic disease and heavier downstream costs.<br>• Real life stories/examples<br>• To strengthen the public health response to COVID-19, we need community health workers<br>• CHWs and COVID-19. She spoke about power of going to people<br>• A three-part care coordination approach (image below)<br><br>  <br><br><br>In closing, we can't do it alone. She is grateful that our community works together.<br><br>Questions included:<br>• How long have been doing outreach? Started in March, still in infancy. Four or five months. In future hiring, do they see projection? Third CHW position is posted. The |

**Thank you for your engagement with GCACH!**

| | |
|---|---|
| | requirements are bilingual and bicultural. Onboarding a third as soon as find right candidate.<br>• Working with public health. Under resourced in community when pandemic hit. How to convey compassion at time of telling people to stay away. Information health outreach, follow through department. Calling every POI and ask for test result. How are they doing? Symptom management and escalation if needed. In registree, 16k phone calls in the last six months. During calls, the county health dept was also doing their calls in contact tracing and investigation. It was a natural partnership- have daily call: talk about cases, care coordination needs (hearing of a lot of more economic despair as of recently). They dept of health needed a mechanism to get things to patient doorsteps. Value is comparing notes and transparency on learnings. Also, able to identify hotspots (can't do alone, but together it is feasible). There has been a daily call since March.<br>• Confirmation that this is happening in Walla Walla area. However, employees travel and is not held back by boundaries. Question around Kadlec Providence system? As of right now, proposal for 2-3 CHWs coming out of that health system.<br>• Curiosity around the planning and support that went into these positions: salary range, education requirements. Title of position? Community Health Worker. Started in east and worked its way west slowly. Made education requirement as HS diploma or GED. Most important is personality, experience (street credit), hold people with love and not judgement. Because it doesn't work post-secondary education, it is considered an inter level position. This is an opportunity to bring diversity and equity into our systems (long-term goal). Pay rage is $16-22 per hour.<br>• Leadership buy-in: It wasn't a slam dunk. Walla Walla is nonprofit rich—people doing a great job addressing substance abuse. However, the disconnect between healthcare systems and how they impact health. it was driving her crazy. Although we have goodness going on everyone. Massaging elephant analogy. Have someone based out of healthcare entity, go 30 feet above the clouds (holistic health) and creating that navigation and linkage. We know there are clients who just can't fill out a form, just need to walk the path with these individuals. Diane touched on the cost savings. Low hanging fruit for much higher yield, and it is just the right thing to do.<br>• Dyad between the case managers and the community health workers: the challenge is to link back to a healthcare system. When someone is working with a client, that is a backdoor channel to the provider's ear. Each is partnered with a nurse or someone from that healthcare organization to mutually confer on patients. Working through the front desk to get an appointment six weeks is not effective. It is healthcare on the move.<br>• In terms of where to base the CHW: local health jurisdiction or healthcare entity, cbo—which is the best to base individual? Based out of healthcare, but if out of CBO there should be a requirement to get out of those silos. Even if based somewhere, they will be out and about.<br>• Familiarity with getting invited to next iteration CHW taskforce leadership planning work from the state? She noted that many states have this model paid for through state health |

**Thank you for your engagement with GCACH!**

| | |
|---|---|
| | plan. The potential with MCOs is that the dialogue is just beginning. She hopes that the leadership this group holds will help. This is the most revolutionary thing she has been involved with in healthcare in the last thirty years.<br>• The group thanked Becky for her presentation and her great work. |
| Discussion (Diane/Carol/Wes) | Developing budget for 2021. Met this morning to see what it will look like. Discussing what that pilot program would look like and where it might land with the committee.<br><br>Discuss what a pilot program would look like through GCACH and vet through committee.<br><br>If we were to use a similar model for the BH internship model. Place CHWs in primary care and fund for a year internship through DSRIP program.<br><br>Martha Lanman commented that from a public health perspective, she really appreciates this work. It has a real important link with public health to talk to them. In her communities (Columbia and Garfield County), she wants to go more upstream. For example, catch them at an earlier level than meeting them at the ER when they are already there. She noted that the definition from providence is great work, they have a constant of being able to connect with the hospital and Molina. Doing work and being paid through reduced costs for the hospital. However, in public health through food stamps and getting taken off the street, there are not reimbursement. The ROI would not be going to the ER in the first place. They don't have funding in departments to have time to spend with these people.<br><br>Sandra: Community health centers have been using CHWs for a long time. The challenge is developing a reimbursement model. Their model, they have a dozen of them but they are specifically surveying people experiencing homelessness. The other model to connect is the consistent care model. Getting a lot of folks from consistent care when they were finding the frequent flyers. For the broader population, the idea is to spread it before the patient is in the ER is important. Referrals from public health agencies to help people before they get in crisis mode. It is really more than/confined to people living on the edge or proven homeless or are homeless. The model in CHC world for CHW model has been part of world for decades. In many cases, different titles. But the model is there. Trying to reduce disparities, can't hold healthcare and expect people to come to you. Have to go to them. A lot of outreach workers/ case managers/ CHWs is spending a lot of time on the street. It is matter of going out to community versus waiting for them to come to us. It is a matter of knowing where in the community you need to go. This is not an unfamiliar concept. It is a matter of getting in Medicaid state plan for reimbursement and then trickle down into the MCOs.<br><br>Dan: The CHCs having been doing this a long time, the impact of CHWs and support to broader system is undeniable. The question is the bigger picture. The return on investment is not appreciated and how to address the value proposition. How are we having those other |

**Thank you for your engagement with GCACH!**

| | |
|---|---|
| | conversations at the policy level and leadership level that support these positions? Who is going to be doing that, how is that going to happen?<br><br>Ronni: CHW and peer counselor, she shared her experience. Getting funding through Medicaid dollars at HCA level. That is what got her paid. Doing this work 10 years ago on this street, no funding. She was hitting every nonprofit for funding. When you have a blend of CHW and peer counselor, she thinks that having people come in with both those skills would help get paid. She underscored her inability to get paid as CHW alone. As a peer specialist, not better than CHW, but get paycheck through Medicaid dollars.<br><br>Carol: We know the value of CHW, how does GCACH enter into this space? We've been loyal to the PCMH level of care where primary care is the care coordinator for every patient. But not all people have primary care, which speaks to the community model of care. When looking at models, in the end everyone needs a primary care physician whether it through pcp, behavioral health counselor, etc. Not that public health doesn't have a place, they catch things upstream before making it to ED.<br><br>Requirement with direct relationship with public health. Need to make connection and initiate relationship to help realize power of partnership. Leveraging this providence model to help advance the idea.<br><br>Asking pilot with primary care providers, clinics, healthcare entities in collaboration with public health. Diane mentioned the budget would be the same as the BH internship fund of $850,000.<br><br>If like this idea, bring more flesh on bones and bring back to next Workforce meeting. Have budget for 2021 and be prepared for the discussion.<br><br>Dan is comfortable expressing support on behalf of the committee. |
| **ADJOURNMENT** | |
| Adjournment | Meeting adjourned at 12:05pm. Minutes taken by Chelsea Chapman.<br><br>Recap of Motions<br>✓ **August 2020 Workforce Committee Meeting Minutes**<br><br>Recap of GCACH Next Steps:<br>• **GCACH to continue developing the CHW pilot program and bring forth updates at the October meeting** |

**Thank you for your engagement with GCACH!**