

MA/CHW/HN Workgroup

Meeting Notes

September 20, 2017 from 8:30-10am

PIRE- 180 Grand Ave, 12th Floor Large Conference Room, Oakland

Attendance

Bob Redlo, Kevin Barnett, Amelia Lopez, Chris Salem, Joe Lee, Kelly Schelin, Beatrice Lee, Tacie Moskowitz, Bryant Phan, Heather Kenward, Kristen Birtwhistle, Wanda Session, Jennifer Gross, Jocelyn Garrick, Jeff Oxendine

Notes

- 1) Welcome/ Introductions/ Overview of Agenda
 - a) Demonstrating an ROI for additional funding agencies
 - b) Working towards specific, common goals
 - i) Using the recommendations of the completed report to guide our work
- 2) Appointment of Co-Chairs
 - a) Chris Salem, Kaiser Permanente
 - b) Kelly Schelin, Contra Costa College
 - c) Roles and Responsibilities:
 - i) Chairs to set the frame work for the working group
 - ii) Work with staff to create documents and fill in where needed
 - iii) Chair set the dates and agendas
- 3) EBHWP Progress/Initiatives
 - a) Review of Organizational Chart (Available in Email)
- 4) MA/CHW/HN Report
 - a) Recommendations informed by survey, informational interviews, and several meetings
 - b) Review, Discussion, and Refinement of Recommendations
 - i) Will integrate input from this meeting into the report
 - ii) Infrastructure Recommendations:
 - (1) Establish a regional advisory board
 - (2) Common agreement on roles and core competencies
 - (3) Organizational infrastructure and resources for training programs
 - (4) Pooled faculty development program
 - (5) Form a professional allied health workforce organization
 - iii) Infrastructure Recommendation Discussion:
 - (1) #1 and #2 could be the same- assuming no conflict of interest
 - (2) #4 assumes the recruitment of faculty? Does that also include preceptors? Preceptors are needed to support internships. Preceptors should be included, increasing training across the board is needed
 - (3) Preceptors are a big issue for John Muir- A great MA doesn't mean h/she is a good preceptor
Some level of standardization is also needed to ensure capability to do the work
 - (4) #5: discussion on expanding the national association and creating a regional association, would we create our own group or would we become a chapter of the organization
 - iv) Training Recommendations:
 - (1) Regional assessment of the current capacity, expansion potential, and geographical proximity of training programs
 - (2) Projected workforce needs for allied health professionals

- (3) Develop common core competency-based training modules
 - (4) Develop specialized training modules to address skill gaps
 - (5) Explore traditional and non-traditional sources of funding
- v) Training Recommendations Discussion:
- (1) #3 and #4: Where would modules be deployed, has that been decided? Further discussion needed for this to be determined
 - (2) Curriculum should be sent to organizations in need of it as this would be easier than getting trainers to conduct the curriculum
 - (a) Would like to have current options for curriculum shared among the work group
 - (b) Current needed curriculum includes general level of professionalism
 - (3) How does someone train another in this
 - (4) Preceptor training called “Train the Trainer”
 - (5) Once modules developed could also be sent to the training organization
 - (6) For clinics- Mas are used to lead departments
 - (a) Need a module for leadership and management
 - (7) Specialized modules needed- explore options/needs
 - (8) Joint program and tailored training means we can meet the needs of the employers
- vi) Staffing and Retention Recommendations:
- (1) Create a regional employment exchange
 - (2) Develop co-investment strategies for employers to establish a per diem pool
 - (3) Strengthen career ladders/ matrices for allied health professionals to include up-skilling training programs
 - (4) Build collaborative relationships with local k-12 schools and formal partnerships with career advancement programs
 - (5) Explore alternatives to the traditional training model such as the apprenticeship model
- vii) Staffing and Retention Recommendation Discussion:
- (1) #2
 - (a) Ensure it is not an alternative to full time employment
 - (b) Kaiser has per diem model- are unionized and paid, secondary training for employees
 - (c) Establish a pathway to allow for people to become gainfully employed
 - (d) John Muir- does something similar where first 90 days the MAs go to different departments and then apply to be placed in full time work in department of choice
 - (e) Many large employers have some kind of program with a per diem pool
 - (f) Having an external flow pool for MAs may be very beneficial- saving millions when not outsourcing the work
 - (2) Divide up bullet #3
 - (a) Talking about three separate items
 - (b) Move second part of #3 regarding training programs to the recommendations section of report on “Training”
 - (3) #4 K-12 should also add adult schools (k-16)- incorporating these schools/programs
 - (a) Add college students to the lists- hundreds of students looking for work
 - (b) Focus on how to get more young people in pathway programs exposed to these career options? How?
 - Yes, we want to engage youth: built into #4 of staffing
 - (i) Need to flush out more specifically
 - (4) Question: Is the intention is to have a common pool?

- (a) Yes, this is a focus on developing a common set of per diem pools
- (b) Need to look to see who has a pool, who will engage in a joint pool or add to theirs
- (5) FQHCs- have a tiered model, clinics are excited about career model
 - (a) 2 pathways available:
 - (i) leadership and management
 - (ii) clinical (i.e. becoming a RN, MP)

viii) Additional Discussion Items:

- (1) SEIU-UHW has an established education employment fund- potential resources available, opportunity to help employees
 - (a) Chris Salem could make an introduction for this
- (2) Changing Dual enrollment programs/entry level programs to MA programs versus CNA programs
- (3) Identify concrete steps for creating a pool of per diem MA employees
 - (a) Expanding exposure to the 700+ Health Pathway students in WCCUSD
 - (i) Contra Costa college offers a Primary dual enrollment course called “Introduction to Health Care Careers”
 - (b) understanding that cultures of health and demographics are different depending on the county
 - (i) Need to ensure the incorporation of cultural competencies for all training programs
 - (c) Is there a way to standardize training for the students on how to best receive patients and perform basic skills?
 - (i) Showcase in the report ways to share information
 - (d) Health Workforce Initiative provides Training Modules for soft skills
 - (i) can find more information here: <https://ca-hwi.org/about-hwi/quick-links/hi-touch-healthcare-the-critical-six-soft-skills>
 - (e) CHW/Patient Navigators- do not hold certificates.
 - (i) Is there movement to get their training recognized by the state?
 - (ii) National consortium of community health workers- debating on curriculum and coming up with
 - (iii) Community colleges are creating individual programs- would like to get this standardized at the state level

c) Developing strategies for Implementation of Recommendations:

- i) Focus on creating a per diem pool of MAs/CHWs

5) Next Steps

- a) Connect with Kaiser about current program, include John Muir and other identified programs if available
 - i) Chris Salem to help facilitate connection and draft initial questions for informational interviews
- b) Set up informational interviews with identified leaders of per diem programs to discuss process and outcomes
- c) Attendees to share notes and further comments regarding report: eastbayhwp@gmail.com
- d) Create a smaller working group to complete key tasks
 - i) Include Chris Salem, Kelly Schelin, Joe Lee, Bob Redlo, Amelia Lopez, Kevin Barnett, Jeff Oxendine
 - (1) Others? If you want to be included in the smaller group email: eastbayhwp@gmail.com

6) Adjourn at 9:58am

Next meeting on November 1, 2017 from 10:30-12:00pm