

MA/CHW/HN Workgroup  
Meeting Notes  
January 25, 2018 from 9am-10:30am  
PIRE- 180 Grand Ave, 12<sup>th</sup> Floor Large Conference Room, Oakland  
Call-in option: 866-398-2885, Pass code: 871581#

- 1) Welcome
  - a) Attendance In-person: Jennifer Gross, Amelia Lopez, Kelly Schellin, Bob Redlo, Kevin Barnett, Beatrice Lee, Joe Lee, Jalpa Patel
  - b) On the Phone: Kristen Britwhistle, Tacie Moskowitz, Julie Sinai, Enjoli Smith
- 2) Approval of Notes from November 29, 2017 Meeting- *Approved*
- 3) MA/CHW/HN Report: A Roadmap for Advancing the Allied Health Workforce in Alameda and Contra Costa Counties: Medical Assistants, Community Health Workers, and Health Navigators
  - a) Final Report
    - i) Distribution
    - ii) Available on our website: <https://www.ebhwp.org/research>
      - (1) Amelia to send second email to the MA/CHW/HN Workgroup about the report, will also post on social media, REDF and JVS to “share”
- 4) Discussion of Priority Initiatives
  - a) Creating a Per Diem Pool of Medical Assistants
    - (1) Clinics- Review of discussion summary
      - (a) 4 more interviews to be scheduled
      - (b) Common discussion points
        - (i) Interested overall, but have some questions as to specifics set-up/deliverables of the program
        - (ii) Questions raised:
          1. What would be the Per Diem Pay Rate?
          2. What is the cost difference of doing a joint program versus individually?
          3. Who would MA be employed under? Who would do payroll, hiring, etc?
        - (iii) Concerns raised:
          1. How would we ensure the employee whose costs are subsidized will work for the organization? How to address retention
          2. Raising importance of collecting data and providing metrics
          3. Addressing the pay rate difference between clinic and hospitals/health systems
    - (2) Health Systems/Hospitals

- (a) Common discussion points:
    - (i) Hospitals did not raise issue of costs for the program
    - (ii) Overall interest, but cautious
    - (iii) Pilot program and then expand as it works or as employers become more interested
      - 1. Need initial support from at least one major health provider
  - (b) Interviews with hospitals: Short summaries
    - (i) Alameda Health- not overly interested in creating a MA pool, this may be due to how they are set up to deliver care, they use nurses more than they use MAs for the work: interested, but not sure if they would not be ready to go, concern about poaching from other major health systems
    - (ii) Kaiser: Much more committed to this process, would help with planning and could be interested in taking a leadership role: have experience with the administrative costs and have the allied health school
    - (iii) JVS- is also asking employers for similar information from many of the same providers.
      - 1. Jennifer to reach out to Joe and Bob
      - 2. Goal of program to get someone in a salaried, full time, benefited position
      - 3. Exploring: MA Refresher, MA/AA, Dental Assistants
    - (iv) Sutter: Interested, have many questions, not sure how they would partner with EBHWP during the planning process. MA Training Program in SF, Sac, and North Bay- but not the East Bay
    - (v) Stanford: very interested, they contract with an organization to provide MAs as needed. Interested in talking with us, but not taking a lead or committing to program
    - (vi) John Muir: has their own per diem pool though different: used as a probationary period for employees, once past probation period they must then transfer into fulltime employment. Cannot stay in per diem pool
    - (vii) Reached out to VA- but still waiting to hear back
- ii) Next steps
- (1) Creating a plan
    - (a) Create a model to show projected costs
      - (i) Outline and Identify essential skills and roles for all providers
        - 1. Examples: Soft skills, communication skills, team based care setting
      - (ii) Outline and Identify unique employer specific skills
        - 1. Example: Importance in hiring bi-lingual and bi-cultural workforce (Diverse workforce)
      - (iii) Identify where the needed skills are being taught or could be

- (2) Create and disseminate to the workgroup a summary of discussions from all health centers
    - (a) Convene a small group (subcommittee) of health employers to discuss key questions and concerns including:
      - (i) barriers, timeframe, wage disparity, commitments, employer needs, etc.
  - (3) Identify Members of the Subcommittee
    - (a) Create a diverse planning team representing different employers: Clinic operations, Administrative staff, HR and Legal perspective
      - (i) Enjoli Smith (Director of Administrative Services at Tri-City Health Center)
      - (ii) Others?
- b) **Joint Training Program for Medical Assistants**
- i) Program participants could be a part of the MA per diem pool
  - ii) Bob and Jennifer to talk more about Medical Assistant training program at Kaiser in San Francisco
  - iii) Discussion- Addressing Unintended Consequences
    - (1) Movement of employees who are now trained go from clinics to Kaiser (or other large employers)
      - (a) would like to be explicit and build potential mitigations into model
    - (2) Concerns around Kaiser's use of "previous experience" requirement for new hires
      - (a) Old practice still in use, established to it is about ensuring the employee has the skills needed from the beginning
      - (b) Could be mitigated by making sure the person is trained to the highest level of skills
      - (c) Investment strategy from larger health systems to support clinics who train MAs
  - iv) Coordinate a subcommittee to discuss details and plans for this project
    - (1) Identify who should be a part of this subcommittee
    - (2) Sign up to be on the subcommittee by emailing: [eastbayhwp@gmail.com](mailto:eastbayhwp@gmail.com)
- c) **Creating a Bay Area Chapter of the CSMA and AAMA**
- i) Table to next meeting- Chris Salem to report
- d) **Dual Enrollment Program**
- i) For employees to compete long term- additional training and resources to be available
    - (1) Increasing local dual enrollment programs
      - (a) *continued as part of agenda for workgroup*
      - (b) Idea: Joint training with Contra Costa College and the school or allied health for WCCUSD health pathway students- 20 to 30 students

- (i) *Convene a smaller meeting with Kelly, Chris, Terri Waller, Kristen to start discussion*
- (2) Increase availability of introductory courses to MA/CHW careers/training programs
- (3) Education partnership
  - (a) Diversity in Health Training Institute: doing a similar program with Samuel Merritt College
- (4) Setting students up for success
  - (a) Making sure college students are prepared to go to college, when doing dual enrollment
  - (b) Success with offering intro course with extra support for high school students
    - (i) Expanding programs, particularly in OUSD and WCCUSD
    - (c) Expanding FACES program to help health students

## **5) Discussion on Community Health Workers and Health Navigators**

- a) CA Future Health Workforce Commission to address policy issues with CHWs
    - (1) Ongoing in-depth analysis at the state level that can support or work going forward
    - (2) Build capacity in frontline workers: not just clinical providers
  - ii) Three Subcommittees:
    - (1) Primary Care and Prevention
    - (2) Healthy Aging
      - (a) Resources to build housing and effectively care for aging population
        - (i) Break out range of skills for a home care worker
    - (3) Behavioral Health
      - (a) range of skills for Behavioral health providers
  - iii) Community Health Workers
    - (1) Addressing how to scale the number of CHWs throughout the state
      - (a) we are not at the same level as other states with rate of employers
    - (2) Understanding the full roll and integration of a CHW
- b) Position EBHWP as a regional partnership to be a model for statewide work
    - i) Building plans to present to statewide discussions and gain support for local work from the statewide
    - ii) *Desire to have proposal by mid-March from the workgroup to share with the statewide commission*

## **6) Additional Next Steps**

- a) Consider coordination of a convening of health employers addressing hiring policies and practices
  - i) Barriers to employment
  - ii) Wage Disparities

iii) Experience requirements