



Training the Next Generation Within Health Centers

Oklahoma Primary Care Association

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MOSES/WEITZMAN
Health System

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Objectives

- Understand the national healthcare workforce landscape, including research and support around health professions education training (HP-ET), federal funding opportunities, and recommendations
- Explore Oklahoma's healthcare workforce data and highlight progress
- Gain knowledge and confidence about tools, resources, and emerging best practices for strategic workforce planning

Moses Weitzman Health System Affiliates



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Community
Health Center, Inc.

the national institute for
nimaa
medical assistant advancement


ConferMEDTM
Connecting Primary Care to the Future

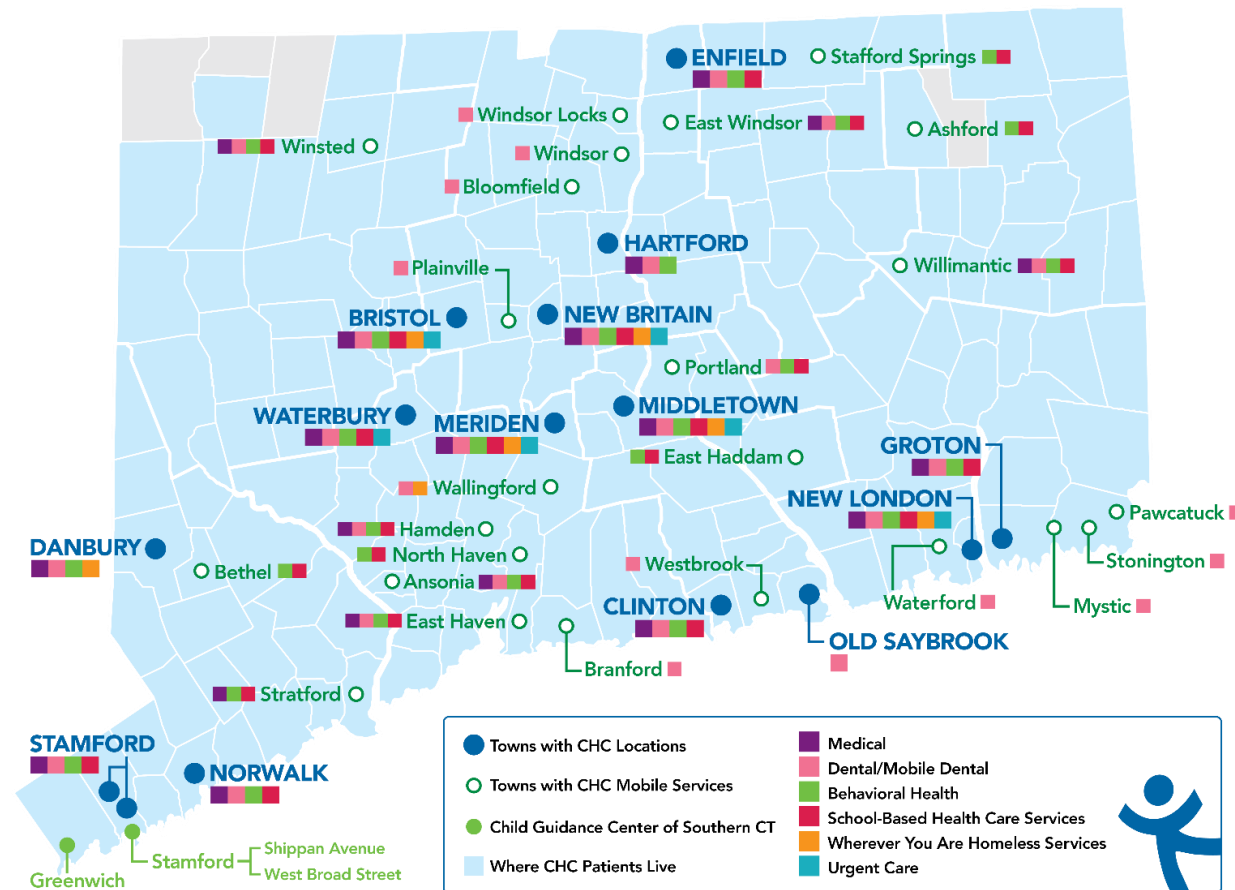


CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS



Community Health Center, Inc.

Locations and Service Sites in Connecticut



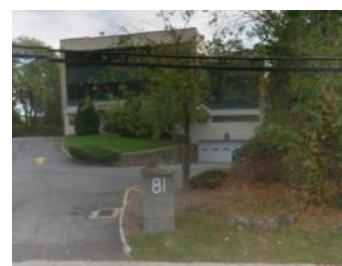
CHC Profile:

- Founded: May 1, 1972
- Staff: ~1,200
- Total Patients Served: 102,275
- Clinical Sites across CT: 19
- SBHCs across CT: 180+
- Students & Residents/year: 390
- Three Foundational Pillars:
 1. Clinical Excellence
 2. Research & Development
 3. Training the Next Generation

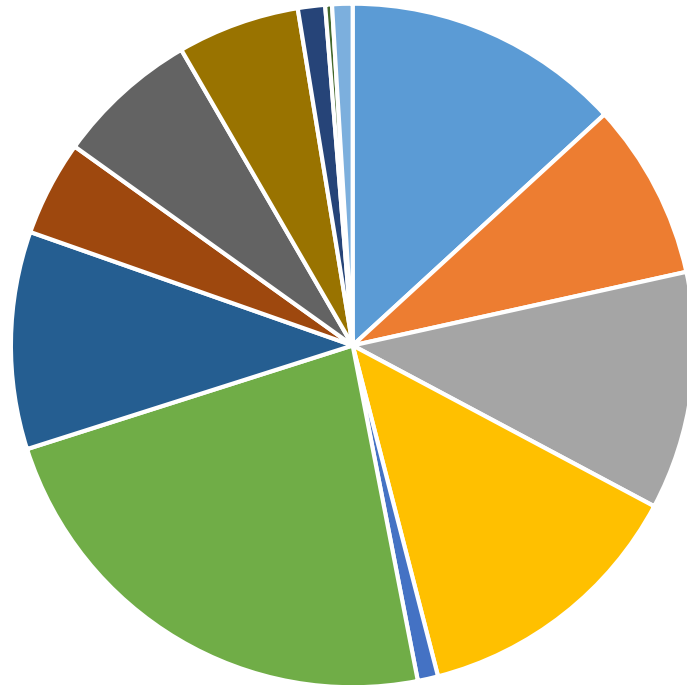
Community Health Center, Inc.



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CHC Student & Resident Overview: 2023



- behavioral health
- dietitian
- medical assistant
- dental assistant
- undergraduate nursing
- nurse practitioner
- chiropractic
- medical resident
- non-clinical
- psychiatry resident
- dental hygiene
- medical
- dental resident

- 311 Students and Residents completed their placements at CHC in 2023
- Student disciplines include non-clinical research, resident, and medical
- Placements primarily onsite, with some remaining hybrid/remote
- As of Fall 2023, began to implement stipends for NP and MD students



CHC's Clinical-Related Workforce Development Efforts

| Program | Established Year |
|---|----------------------------|
| Clinical Psychology Doctoral Psychology Internship – Child Guidance Center of Southern Connecticut (CGC) | 2003 |
| Nurse Practitioner (NP) Residency Program | 2007 |
| Clinical Hosting (Nurse Practitioners, Dental Hygiene, BSN Nursing, Behavioral Health, Chiropractic, MD, Dietician) | 2009 |
| Postdoctoral Psychology Residency Program | 2011 |
| National Nurse Practitioner Residency and Fellowship Training Consortium – NNPRFTC | 2015 |
| National Institute for Medical Assistant Advancement – NIMAA | 2016 |
| Center for Key Populations Fellowship | 2017 |
| Clinical Students Programs: Caring for Underserved Populations & Clinical Longitudinal Immersion in the Community Grant | 2019 |
| Psychology GPE Doctoral Practicum Students | 2019 – 2021 funding period |
| Weitzman Education – Joint Accreditation | 2020 (accreditation rec.) |



CHC's Non-Clinical Workforce Development Efforts

| Program | Established Year |
|---|------------------|
| Wesleyan University Communities Class Research | 2006 |
| Administrative Fellowship | 2017 |
| AmeriCorps / ConnectiCorps | 2019 |
| Summer Fellows | 2020 |
| Truman-Albright Health Policy Fellowship | 2020 |
| AcademyHealth Delivery Science Systems Fellowship | 2022 |

National Training and Technical Assistance Partners Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

Team-Based Care



- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation



- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue



- HIV Prevention

Advancing Health Equity



Preparedness for Emergencies and Environmental Impacts on Health



Readiness to Train Assessment Tool (RTAT)

- As part of HRSA's Health Professions Education & Training (HP-ET) initiative, Community Health Center (CHC), Inc., a HRSA-funded National Training and Technical Assistance Partner (NTTAP), received funding to develop a tool to help health centers assess and improve their readiness to engage in health professions training programs.
- Creating this tool required extensive literature review to create the framework/subscales and that process gave us expertise at to what health professions training is and made us realize there was no clear definition of HPT before creating this tool



Access the tool:

<https://www.chc1.com/rtat/>



Agenda

- **Workforce Then and Now: Framing the Strategy Around Reality**
 - Current Landscape
 - National Recommendations
- Strategic Investments in Workforce



What is Health Professions Training?

- Any formal organized education or training undertaken for the purposes of gaining knowledge and skills necessary to practice a specific health profession or role in a healthcare setting.
 - Types of HPT programs: shadowing, rotations, affiliation agreements, accredited or accreditation-eligible programs
 - At any educational level: certificate, undergraduate, graduate, professional and/or postgraduate
 - In any clinical discipline



Health Worker Burnout

Key Takeaways from the U.S. Surgeon General Advisory

- Societal, cultural, structural, and organizational factors contribute to burnout among health workers
- Physician demand will continue to grow faster than supply, leading to a shortage of between 54,100 and 139,000 physicians by 2033. The most **alarming gaps are expected in primary care and rural communities.**
- Burnout among health workers has **harmful consequences for patient care and safety.** This includes decreased time spent between provider and patient, increased medical errors and hospital-acquired infections among patients, and staffing shortages.
- Burnout is not an individual mental health diagnosis. Rather, burnout is a workplace issue that calls for **systems-oriented, organizational-level solutions.**

<https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html>

Health worker burnout can have many negative consequences

Health Workers

- Insomnia, heart disease, and diabetes
- Isolation, substance use, anxiety, and depression
- Relationship and interpersonal challenges
- Exhaustion from overwhelming care and empathy

Patients

- Less time with health workers
- Delays in care and diagnosis
 - Lower quality of care
 - Medical errors

Health Care System

- Health workforce shortages and retention challenges
 - Limited services available
- Risk of malpractice and decreased patient satisfaction
 - Increased costs

Community and Society

- Erosion of trust
- Worsening population health outcomes
 - Increased health disparities
- Lack of preparedness for public health crises



Workforce Well-Being and Burnout

- HRSA's initiative supports those goals of reducing burnout as outlined in the [U.S. Surgeon General's advisory](#).
 - By supporting workforce well-being at health centers, HRSA aims to:
 - Promote access to and quality of care for patients
 - Increase health center workforce recruitment and retention
 - HRSA's survey examined the following four measures of workforce well-being:
 - Job satisfaction: Sense of fulfillment working at the health center
 - Engagement: Interests and connectivity to work, colleagues, and workplace
 - Burnout: Feelings of emptiness, work overload, and exhaustion
 - Intention to stay: Plans to stay at the health center



Uniform Data System (UDS) Data on Health Professions

- From 2022 UDS data, 84.53% of responding health centers (n=1,370) provide health professional education/training that is hands-on, practical clinical experience; 84.11% (n=1,339) do so in partnership with educational and postgraduate institutions and 20.21% sponsor their own programs.
- Among health centers there is an urgency and demonstrated effort to grow their own in response to the projected workforce shortages.



President's FY25 Budget: Growing the Health Care Workforce

- Providing scholarships and loan repayment to over 24,000 clinicians, nurses, and health professionals to provide health care in underserved and rural areas.
- Making it possible for more than 1,800 medical and dental residents to work and train in underserved and rural communities.
- Seeding new approaches to recruit and grow the health care workforce and deliver a more modern, robust, and diverse workforce pipeline.

<https://www.hrsa.gov/about/news/press-releases/fy-2025-budget>



Grant Case Example

- For the recent Advanced Nursing Education Nurse Practitioner Residency and Fellowship (ANE-NPRF) Program:
 - Program Requirements and Expectations (page 9):
 - Develop academic practice partnerships
 - Enhanced curriculum
 - Marketing and recruitment
 - Originally funding was for implementation or enhanced, but now it is for organization that are or in the process of becoming accredited
 - The purpose of this program is to prepare new Advanced Practice Registered Nurses (APRNs) to effectively provide primary care by supporting transition to practice through the establishment, expansion and/or enhancement of existing community-based Nurse Practitioner (NP) residency and fellowship training programs that are ***accredited or in the accreditation process.***



Competing Priorities

- HRSA's Strategic Plan FY 2024:
 - Goal 1: Take actionable steps to achieve health equity and improve public health
 - Goal 2: Improve access to quality health services
 - Goal 3: Foster a health workforce and health infrastructure able to address current and emerging needs
 - Goal 4: Optimize HRSA operations and strengthen program engagement



Rural Health Center Health Professionals

- Strategies for optimizing the use of health professionals in rural areas include:
 - Using **interprofessional teams** to provide coordinated and efficient care for patients and to extend the reach of each provider.
 - Ensuring that all professionals are practicing to the full extent of their training and allowed **scope of practice**.
 - Removing barriers to the use of **telehealth** to provide access to remote healthcare providers.



Impacts of Staff Vacancies on Rural Health Centers

- **Quality of care** is harder to maintain when the facility is understaffed. Staff may be working with fewer people to cover the same number of patients and/or working longer hours. In addition, using temporary staff may impact quality and coordination of care and can be expensive. In some cases, vacancies can even result in some services being suspended until the position is filled.
- Impacts associated with vacancies may include:
 - Limited healthcare services to residents throughout the community as well as the surrounding area
 - Increased costs due to overtime pay for other staff
 - Increased costs of coverage through locum tenens physicians (short-term physician staffing assignments) or other traveling personnel
 - Costs of recruitment and training of new personnel



National Recommendation

- The 2021 National Academics of Sciences, Engineering, and Medicine (NASEM) report on *Implementing High-Quality Primary Care: Rebuilding the Foundation of Healthcare* calls for the United States (U.S.) to:
 1. Pay for primary care teams to care for people, not doctors to deliver services
 2. Ensure that high-quality primary care is available to every individual and family in every community
 3. **Train primary care teams where people live and work**
 4. Design information technology that serves the patient, family, and interprofessional care team
 5. Ensure that high quality primary care is implemented in the U.S.



Agenda

- Workforce Then and Now: Framing the Strategy Around Reality
- **Strategic Investments in Workforce**
 - UDS 2022 Data
 - Strategic Workforce Planning and Replicable Models
 - Actionable Next Steps



HRSA's 2024 Strategic Plan

- HRSA's Strategic Plan FY 2024:
 - Goal 1: Take actionable steps to achieve health equity and improve public health
 - Goal 2: Improve access to quality health services
 - **Goal 3: Foster a health workforce and health infrastructure able to address current and emerging needs**
 - Goal 4: Optimize HRSA operations and strengthen program engagement



Uniform Data System (UDS) Data – Oklahoma Overview

- Total Number of Reporting Program Awardees: 21
- Total Patients Served: 329,502
- 100% of Oklahoma health centers provide health professional education/training that is a hands-on, practical, or clinical experience
 - If yes, which category best describes your health center's role in the health professional education/training process?
 - 85.71% (18) – training site partner
 - 14.29% (3) – sponsor
 - 4.76% (1) – other

<https://data.hrsa.gov/tools/data-reporting/program-data/state/OR>

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If yes, which category best describes your health center's role in the health professional education/training process?

- 85.71% (18) – training site partner
 - A **training site partner** delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).
- 14.29% (3) – sponsor
 - A **sponsor** hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time limited education and/or training (e.g., a teaching health center with a family medicine residency program).
- 4.76% (1) – other



What does it mean to “Grow Your Own” workforce?

- Involves educating trainees on a career providing care for the medically underserved
- Present a unique opportunity to prepare pre-licensure and postgraduate health professionals to practice with confidence and competence at a high level of performance, not to just fill a job vacancy
- New graduates often lack training in settings that welcome vulnerable populations, and therefore are often overwhelmed by the complexity of the patients that health centers serve.



Investment in Your Workforce

Objectives for Organizations

- ✓ Professional responsibility
- ✓ Creates clinical workforce pathways
- ✓ Provide clinical staff opportunity to teach

Objectives for Trainee

- ✓ Train to a high performing model of care
- ✓ Opportunity to increase confidence and competency
- ✓ Train to the needs of underserved populations



Education and Training of the Rural Healthcare Workforce

- **Grow-Your-Own and Career Ladder Programs**
 - Programs like job shadowing, career fairs, and scrubs camps, that introduce rural students to health careers
 - Healthcare facility programs that help employees advance their education and careers, including apprenticeships
- **Education and Training Provided in Rural Areas**
 - Nursing and allied health education at rural community colleges
 - Rural rotations or curricula, including rural interprofessional education experiences
 - Residency programs and fellowships specifically designed to train physicians and nurse practitioners for rural practice
 - Continuing and professional educational opportunities for rural health professionals
- **Technology to Educate the Rural Health Workforce**
 - Simulation
 - Distance learning
 - Telehealth applications for learning



Strategic Workforce Planning

CHC has followed three common pathways:

1. Establishing relationships with academic partners for pre-licensure training
2. Sponsoring program for postgraduates (MD, NP, PA, Post Doc)
3. Incorporating opportunities for certificate level training (MA)



Strategic Workforce Planning

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Essential components to organizing and supporting safe, high quality, satisfying, and productive educational and training experiences

Identify your **wishes and priorities**

Identify your **capacity**

Identify your **infrastructure requirements**



Nurse Manager, Patrick Murphy, with Quinnipiac University DEU Nursing Students



CHC/NIMAA Inaugural Medial Assistants



Playbook and Road Map

- Partnership Approval and Communications with Schools
- Affiliation Agreement Management
- Student Capacity
- Initiating the Onboarding of a Student
- Communication with Student
- Student is Trained
- Student Arrives
- Student Documentation and Reporting
- Off-boarding





Choosing Partners

Decision to affiliate with an academic institution can be based on some of the following:

- ❖ Strategic partnership
- ❖ Historic relationship
- ❖ Geography & programmatic consideration
- ❖ Capacity for requested discipline
- ❖ Available and sufficient preceptors



Aspects of Assessing Organizational Capacity

- ✓ Assess and approve your organization's clinical staff on their availability to precept
- ✓ Maintain an available preceptor capacity report
- ✓ Communicate with available preceptors regarding their interest
- ✓ Assess secondary review for available space, day(s) of the week
- ✓ Formally match preceptors to students



Health Center Team Accomplishments by Investing in Health Professions Student Training:

- Developed a standardized **affiliation agreement template** for academic partners with direct oversight by the organization's Director of Risk and Corporate Compliance
- **Standardized the learner experience** across all departments and promoted interdisciplinary learning across the health center (e.g. uniform application and onboarding process, IT system access)
- Created **tools to evaluate student capacity and effectiveness** of the training program
- Successfully implemented a **playbook** and passed it off to the incoming Student Coordinator
- Equipped learners to be **interested in a career in a community health setting**



Strategic Workforce Planning

CHC has followed three common pathways:

1. Establishing relationships with academic partners for pre-licensure training
2. **Sponsoring program for postgraduates (MD, NP, PA, Post Doc)**
3. Incorporating opportunities for certificate level training (MAs, CHWs)



Building the Case for Implementing Postgraduate NP Residency and NP/PA Training Programs

- Address the shortage of expert clinicians, particularly for vulnerable populations
- Give new primary care medical and behavioral health providers the opportunity for postgraduate residency training in fully integrated primary care settings
- Support the development of confidence, competence and mastery in the health center setting
- Reduce attrition due to burnout and distress during the initial postgraduate year
- Provide the depth, breadth, volume, and intensity of clinical training to a model of care consistent with PCMH, IOM/FON, and health center principles and services
- Prepare the next generation of leadership for health centers

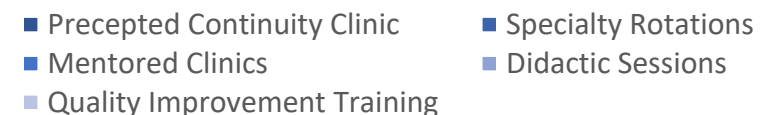
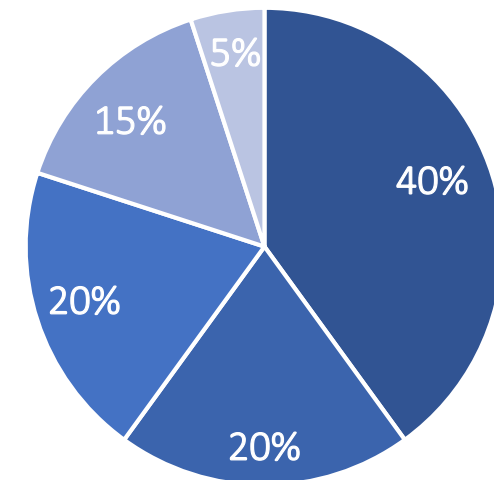




Elements of a Postgraduate NP Residency Program

- 12 Months Full-time Employment
- **Precepted Continuity Clinics (40%):** Residents develop and manage a panel of patients with the exclusive attention of an expert preceptor (NP, PA or Physician)
- **Specialty Rotations (20%):** Experience in primary care specialty areas to expand and enhance resident practice knowledge and skills
- **Mentored Clinics (20%):** Work within a primary care team focusing on diversity of chief complaints, efficiency, episodic and acute care
- **Didactic Sessions (15%):** Topics that are high volume, complexity and/or burden topics in primary care. Includes participation in Project ECHO sessions for managing chronic pain, treating HIV/Hep C, opioid addiction, complex pediatrics
- **Quality Improvement Training (5%):** Training to a high performance QI model, including front line QI improvement, data driven QI, and leadership development.

Core Elements of a Postgraduate NP and NP/PA Training Program





Sustained Impact of a Postgraduate Residency Training Program on Nurse Practitioners' Careers

- This study sought to understand the impact over time of Community Health Center Inc.'s postgraduate NP residency program on the subsequent career paths of alumni who completed the program between 2008 and 2019.
 - Explored alumni's current reflections on the impact of their postgraduate residency training on their transition to the post-residency year and beyond, professional development and career choices
- The survey's response rate was 72%. Most (74%) of the participating alumni indicated they were still practicing as primary care providers. Of these, **57% were practicing at FQHCs.**
- Nine subthemes were identified from the interviews, with an overarching theme that the program was foundational to a successful career in community-based primary care and that the impact of the program continues to evolve.

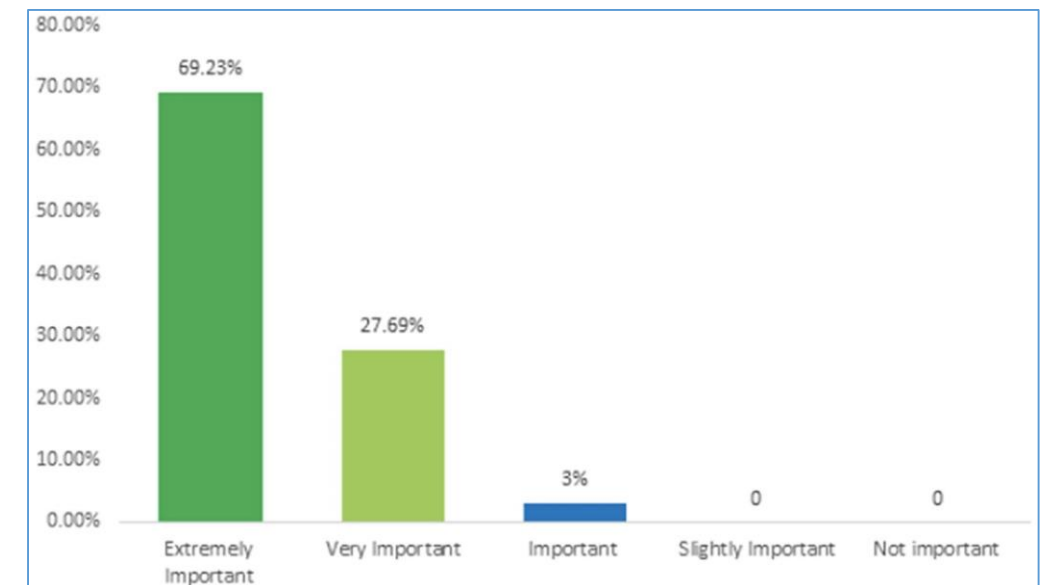


Figure 4. Importance of NP residency programs in today's health care environment (n=65).



Strategic Workforce Planning

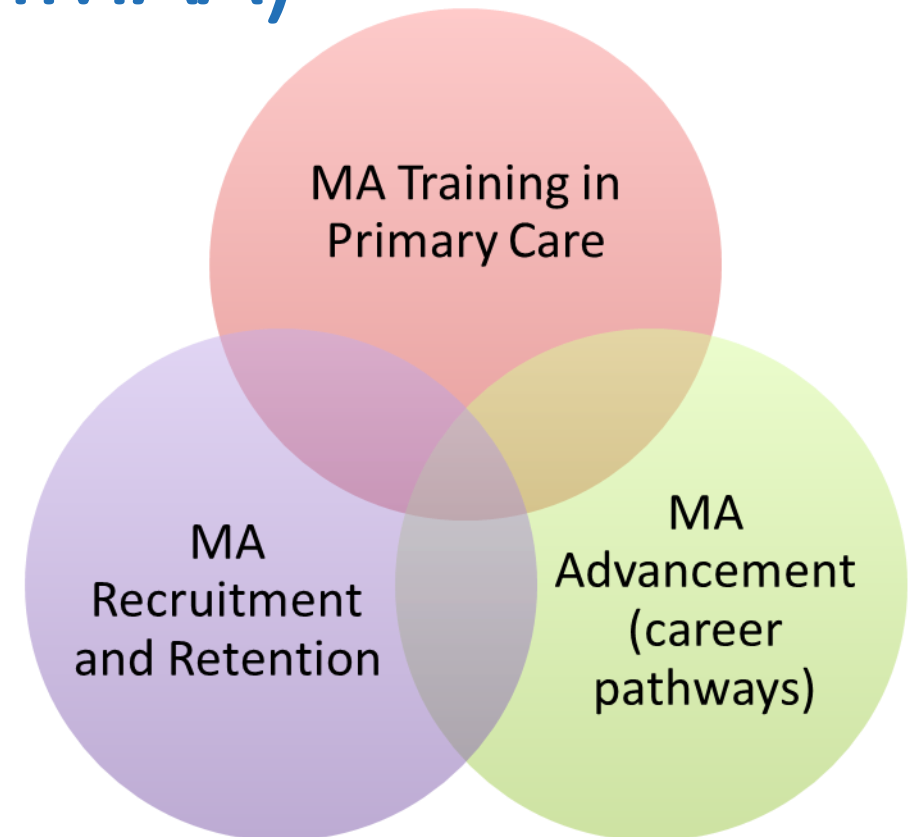
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2. Sponsoring program for postgraduates (MD, NP, PA, Post Doc)
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The National Institute for Medical Assistant Advancement (NIMAA)

- Launched in 2016 by CHCI and the Salud Family Health Center to provide an **affordable distance-learning option** to prepare MAs to work in health centers within a **high-performing model of team-based primary care**.
- 8-month distance-learning program in collaboration with externship organization partners





NIMAA's Curriculum

| Traditional MA Training | Team-Based Care Concepts |
|---|---|
| <ul style="list-style-type: none">• Rooming patients• Taking vital signs• Teach-back at the end of visits• Communication skills• Agenda setting• Goal setting• Self-management support• Venipuncture• Quality improvement | <ul style="list-style-type: none">• Working in an inter-professional team• Integrated team-based primary care• The MA role in care coordination• Health coaching• Motivational interviewing• Population health• Management of a large panel• Social determinants of health |



NIMAA's 8-Month Training Program

Benefits to Health Centers:

- Develop a “grow your own” work force pipeline at your health center
- MAs are for patient-centered, team-based care in a value-based environment

Benefits to MAs:

- Extensive externship experience
- Prepared to deliver patient-centered, team-based care
- Become more integrated and integral team members





UpSkillNIMAA

Courses

- Inter-professional Team-Based Care
- Quality Improvement and Making the Data Count
- Introduction to Run Charts
- Professionalism and Effective Communication
- Immunizations
- Immunizations for New Vaccinators
- Introduction to Health Coaching
- Community Health Workers in Primary Care
- Exam Preparation (coming soon)



Benefits of UpSkilling

Provides continuing education for career ladders/pathways

Promotes team integration

Helps build capacity for preceptors and other staff

Provides additional staff retention tool

Levels the training playing field



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Why Invest in Health Professions Training?



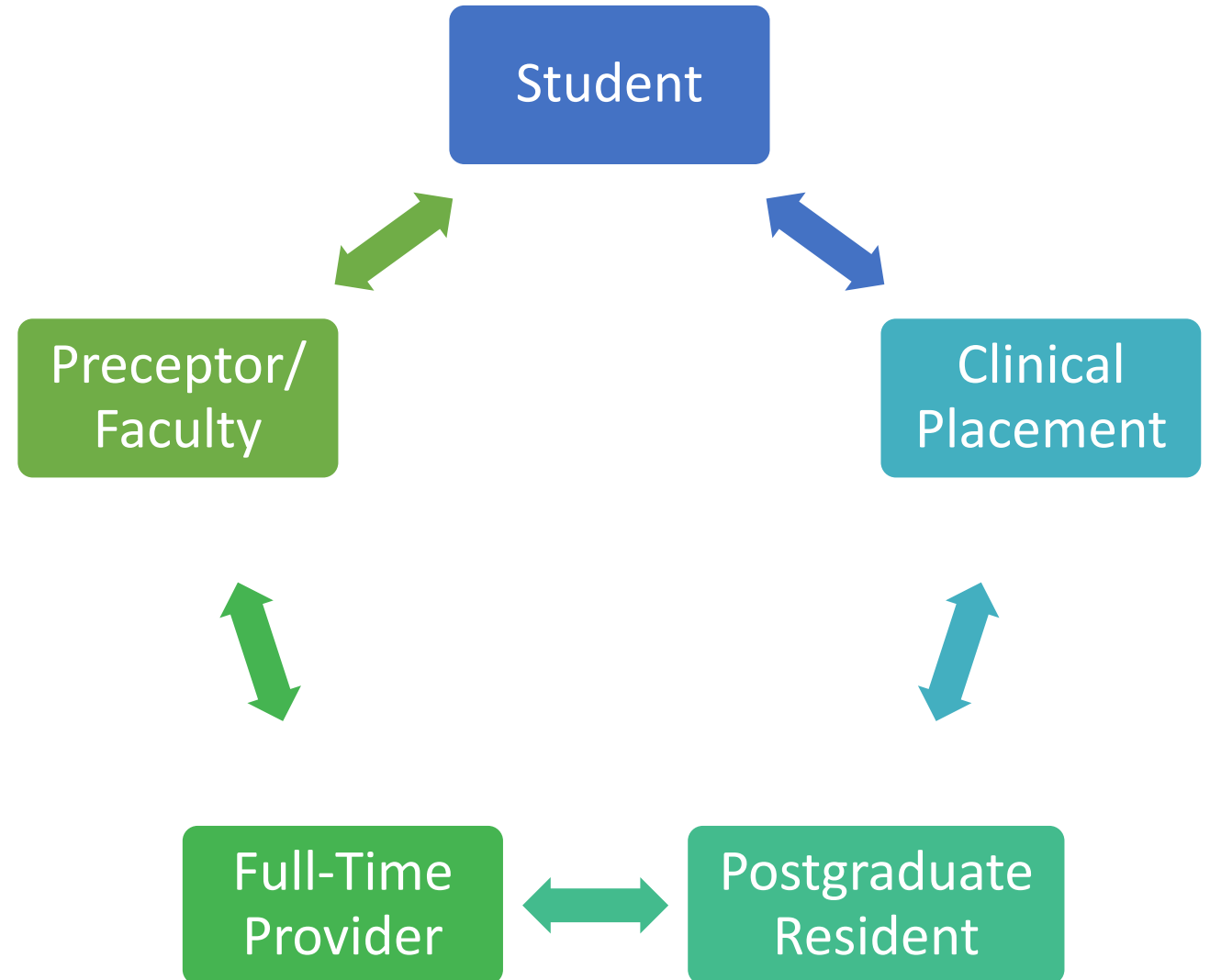
Benefits to “Grow Your Own” workforce

- Investing in “growing your own” allows health centers to **recruit** individuals within their own communities who represent the **diversity** of the community, particularly underserved populations.
 - For instance, Black, Hispanic, American Indian, Alaska Native, and Native Hawaiian and other Pacific Island people are under-represented in nearly every health care occupation
 - Without a **strong understanding of the population**, the interprofessional care team cannot effectively provide access to comprehensive, affordable, and linguistically appropriate health services that will be ready to address the health disparities of their patient populations.



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Developing a Clinical Workforce





Next Steps Road Map

1. Create a working group to bring together key stakeholders (HR, clinical leaders, IT)
2. Complete the Readiness to Train Assessment (RTAT) with your organization
3. Determine health professions pathway
4. Deeper dive into replicable models, best practice, and partnership opportunities
5. Assess your organization's capacity and infrastructure
6. Designate a champion for this initiative
7. Develop a plan and a team to go from planning to implementation



Resources

- NTTAP National Learning Library: <https://www.weitzmaninstitute.org/ncaresources>
 - Access **free** archived webinars!
- Readiness to Train Assessment Tool (RTAT): <https://www.chc1.com/rtat/>
 - Download a PDF of the RTAT Tool
- Training the Next Generation: Residency and Fellowship Programs for Nurse Practitioners in Community Health Centers [Book](#)

National Webinars, Activity Sessions, and Learning Collaborative offered!

For more information, contact Meaghan Angers at angersm@mwhs1.com

Team-Based Care



- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation



- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue



- HIV Prevention

Advancing Health Equity



Preparedness for Emergencies and Environmental Impacts on Health





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Questions?

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