

Indiana Primary Care Association – Training the Next Generation Within Health Centers

Wednesday December 4th, 2024 10:00-11:00am Eastern

Speakers

- Meaghan Angers
 - Senior Program Manager, NTTAP on Clinical Workforce Development
 - angersm@mwhs1.com
- Angela Sheffie, MPA
 - Senior Advisor, Office of the Associate Administrator, Bureau of Health Workforce
 - ASheffie@hrsa.gov

**MORE THAN
WHAT WE DO.
IT'S WHO WE
DO IT FOR.**

We are a first-of-our-kind system of affiliates brought together by a common goal: To solve health inequity for the most underserved communities among us. Through primary care, education and policy, we've already bridged the gap for over 5 million people. And we're just getting started.



Learn More at mwhs1.com



MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

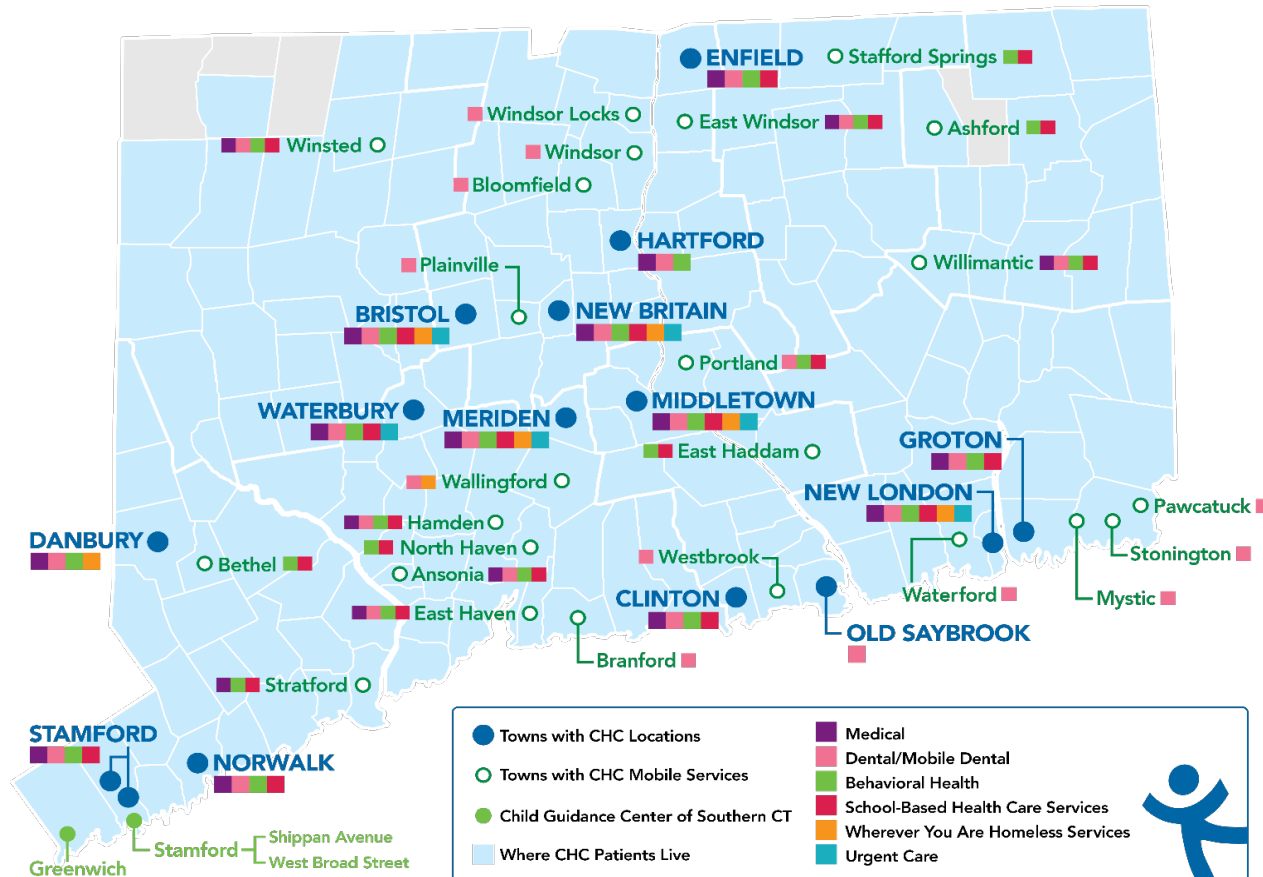
The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites

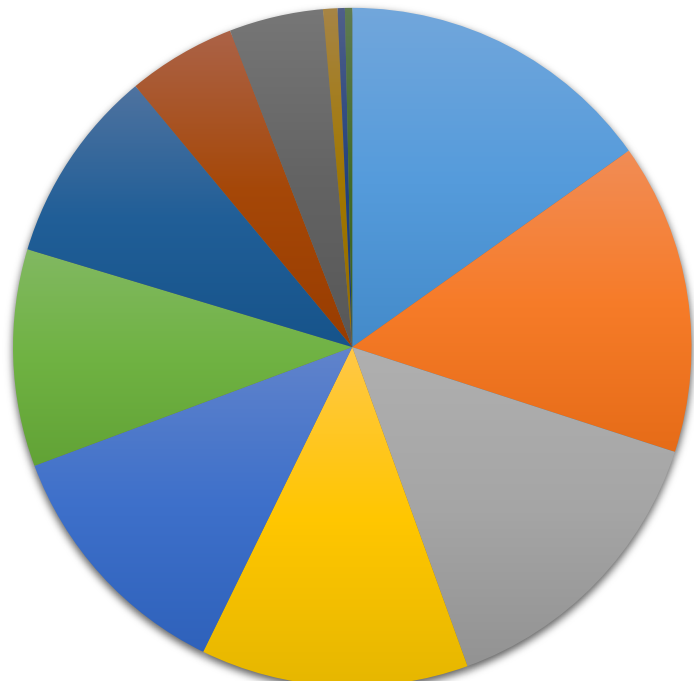


Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2021	2022	2023	2024
Patients Seen	99,598	102,275	107,225	104,917*

Training the Next Generation at CHCI



- Nurse Practitioner
- Behavioral Health
- Dental Hygiene
- Medical Resident
- Medical Assistant
- Non-clinical
- Chiropractic
- Undergraduate Nursing
- Medical Student
- Dental Assistant
- Dietitian
- Physician Assistant

- 2024: 290 students and medical, dental, and psychiatry residents completed training rotations
- Student disciplines include medical, nursing, behavioral health, dental, chiropractic, dietitians, public health, and more
- Placements primarily onsite

National Training and Technical Assistance Partners (NTTAP) 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



Objectives

- Understand the need to train the next generation within health centers
- Gain knowledge and confidence about tools, resources, and emerging best practices for workforce pathway programs
- Learn about open and upcoming Bureau of Health Workforce funding opportunities

Training the Next Generation within Health Centers Overview

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 or non-clinical discipline

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.

National Recommendation

- The 2021 National Academies 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.

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

<https://www.hrsa.gov/about/strategic-plan>

Uniform Data System (UDS) 2023 Data – Overview

- From 2023 UDS data, 85.33% of responding health centers (n=1,363) provide health professional education/training that is hands-on, practical clinical experience; 85.12% (n=990) do so as a training site partner and 20.03% (n=233) sponsor their own programs.
 - 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).
 - 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).
- Among health centers there is an urgency and demonstrated effort to grow their own in response to the projected workforce shortages.

Uniform Data System (UDS) Data – Indiana Federally Funded Health Center Overview

- Total Number of Reporting Program Awardees: 27
- Total Patients Served: 634,440
- 88.89% (n=24) of Indiana 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?
 - 79.17% (19) – training site partner
 - 37.50% (9) – sponsor
 - 8.33% (2) – other

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

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Uniform Data System (UDS) Data – Indiana Look-Alike Overview

- Total Number of Reporting Look-Alikes: 12
- Total Patients Served: 97,289
- 83.33% (n=10) of Indiana look-alikes 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?
 - 80% (8) – training site partner
 - 0% (0) – sponsor
 - 30% (3) – other

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

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Workforce Pathways and Resources

Workforce Pathways

CHC has followed the below workforce pathways:

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

Workforce Pathways

CHC has followed the below workforce pathways:

- 1. Establishing relationships with academic partners for pre-licensure training**
2. Sponsoring programs for postgraduates (MD, NP, PA, Post Doc)
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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 Medical Assistants

Choosing an Academic Partner

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

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

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



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**

Health Professions Student Training Programs Resources

- 6-month Learning Collaborative – email Meaghan Angers, angersm@mwhs1.com, to learn more!
- Training the Next Generation: Best Practices for Gaining Leadership Support and Implementation Planning [Slides](#) | [Video](#)
- Using the RTAT to Assess Organizational Capacity [Slides](#) | [Video](#)
- Health Professions Student Training Webinar: Assessing Organizational Capacity [Slides](#) | [Video](#)

Workforce Pathways

CHC has followed the below workforce pathways:

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

The Road to Developing a Postgraduate NP and/or PA Residency Program

- ✓ Answer the question: What are your drivers for starting a program?
- ✓ Learn the core elements of a Postgraduate NP/PA Residency Program
- ✓ Assess your organizations resources – physical, human, and financial
- ✓ Secure top to bottom support
- ✓ Engage internal and external stakeholders
- ✓ Understand the benefits

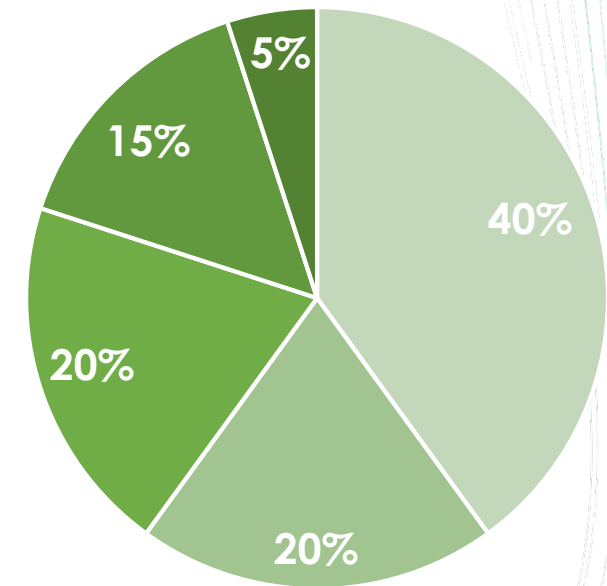
Why Start a Postgraduate NP/PA Residency Program?



Elements of a Postgraduate NP/PA 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.

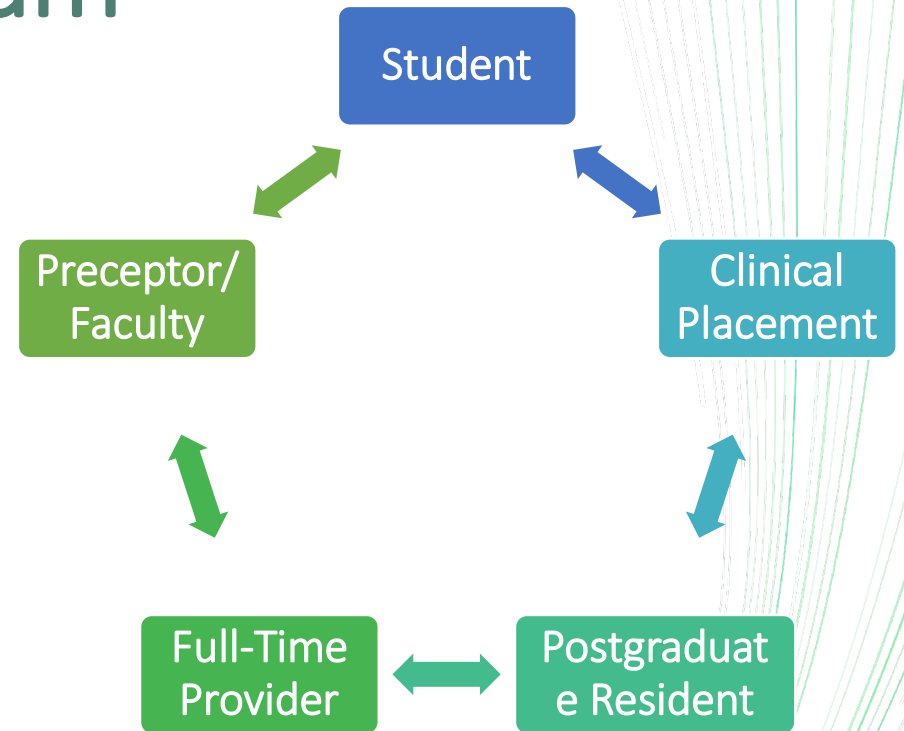
Core Elements of a Postgraduate NP and NP/PA Training Program



- Precepted Continuity Clinic
- Specialty Rotations
- Mentored Clinics
- Didactic Sessions
- Quality Improvement Training

Benefits of the Postgraduate NP/PA Residency Program

- Develop a Clinical Workforce Development Pathway
 - CHCI has graduated 167 residents
 - Currently, 61 alumni of CHC's NP Residency Program are full-time employees. Most serve as leaders, preceptors, and faculty.
- Train new nurse practitioners and/or physician associates to your model of care and for your patient population



Postgraduate NP and PA Training Programs Resources

- Training the Next Generation: Residency and Fellowship Programs for Nurse Practitioners in Community Health Centers [digital book](#)
- 6-month Learning Collaborative – email Meaghan Angers, angersm@mwhs1.com, to learn more!
- Implementing Nurse Practitioner (NP) and NP/Physician Associate (PA) Postgraduate Training Programs: Program Development, Recruitment Strategies, and Accreditation [Slides](#) | [Video](#)
- Postgraduate Nurse Practitioner/Physician Assistant Residency and Fellowship Programs: Discussing Your Key Program Staff and Responsibilities [Slides](#) | [Video](#)
- Building the Case for Implementing Postgraduate NP Residency and NP/PA Training Programs | [Video](#) | [Slides](#)

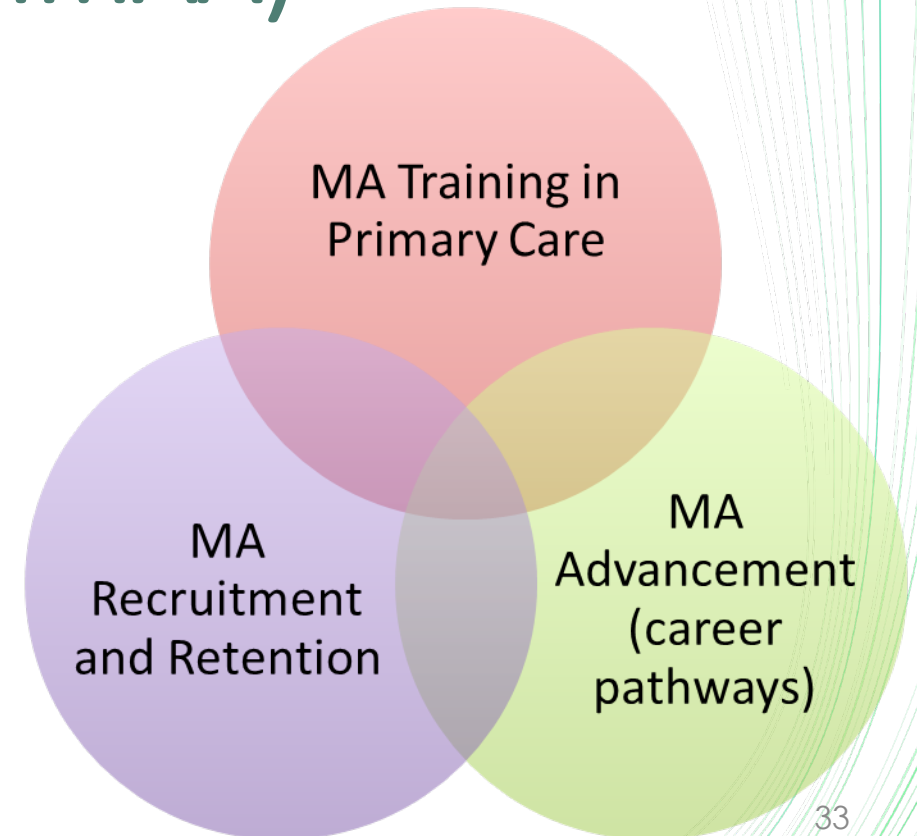
Workforce Pathways

CHC has followed the below workforce pathways:

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

The National Institute for Medical Assistant Advancement (NIMAA)

- Launched in 2016 by CHC 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



To learn more, please visit: <https://www.nimaa.edu/>

NIMAA's Structure and Curriculum

Learning takes place through:

- Personalized support
- Live and recorded sessions
- Interactive materials
- Discussion groups
- Customized education and mentoring

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

Why NIMAA?

- Flexible Online Learning
- Hands-On In-Clinic Experience
- Affordable Cost
- 29-Week (8-Month) Program
- Accredited Training
- Tuition Assistance for Eligible Applicants

<https://www.nimaa.edu/admissions/>



Benefits of Becoming an Externship Organization

1. Develop a high-quality workforce pipeline
2. Strengthen ties with the community
3. Increase staff satisfaction and retention
4. Shift burden away from re-training

Upon graduation, NIMAA students know their externship organization's mission, culture, and workflow and are prepared to hit the ground running as effective care team members within the organization.



For more information,
 visit Part IV of the
*Team-Based Primary
 Care in Health
 Centers* book!



"Training the next generation of your primary care team prepared to serve your specific patient population is an effective way to plan for the future and create a sustainable workforce pathway."

PART IV

Training the Next Generation



Training the next generation of your primary care team to serve your specific patient population is an effective way to plan for the future and create a sustainable workforce. Training the next generation is one of Community Health Center, Inc.'s (CHCI's) three foundational pillars that is core to our mission and is shared across the nation by our peers. Each calendar year, Health Resources and Services Administration (HRSA) health center and look-alike awardees are required to report a core set of information as part of a standardized reporting system known as Uniform Data System (UDS). **In 2019, HRSA's UDS report introduced Table WFC: Workforce to the reporting requirements. As of 2023 UDS data, 85.33% of health centers provide health professional education/training; 85.12% do so in partnership with educational and postgraduate institutions and 20.03% sponsor their own programs** (HRSA, 2023a). This displays the increased effort within primary care to grow our own workforce in response to shortages of health care personnel and the need for sharing best practices and replicable models. The COVID-19 pandemic, along with other challenges such as the opioid epidemic, demonstrated the importance of a well-trained, competent, and responsive public health workforce for safeguarding the health of the nation. To continue to grow our own workforce, the Bureau of Health Workforce (BHW) within HRSA has increased workforce funding to provide access to health services and improve the quality, distribution, and supply of the nursing, behavioral health, and public health workforce to communities in need (Padilla, 2023).

From your own experience, you know that for health centers, the COVID-19 pandemic has only worsened long-term challenges in recruiting and retaining health care workers (Damian, et al., 2021; National Association of Community Health Centers, 2019; Wakefield, 2021). In November 2022, the National Center for Health Workforce Analysis (NCHWA) under the HRSA released workforce projections through 2035 to better understand how changes in population will affect workforce demands within health centers (National Center for Health Workforce Analysis, 2022a). Nationally, across all physician specialties in the United States, there is a projected shortage of 81,180 full-time equivalent (FTE) physicians. However, these workforce projections also demonstrate an excess of nurse practitioners (NP) and physician associates (PA), which will mitigate the shortage, but only if these health professionals are fully prepared for practice in the challenging setting of health centers (National Center for Health Workforce Analysis, 2022b). If not addressed now, these projected impactful

Why Invest in Health Professions Training?

Investment in Your Workforce

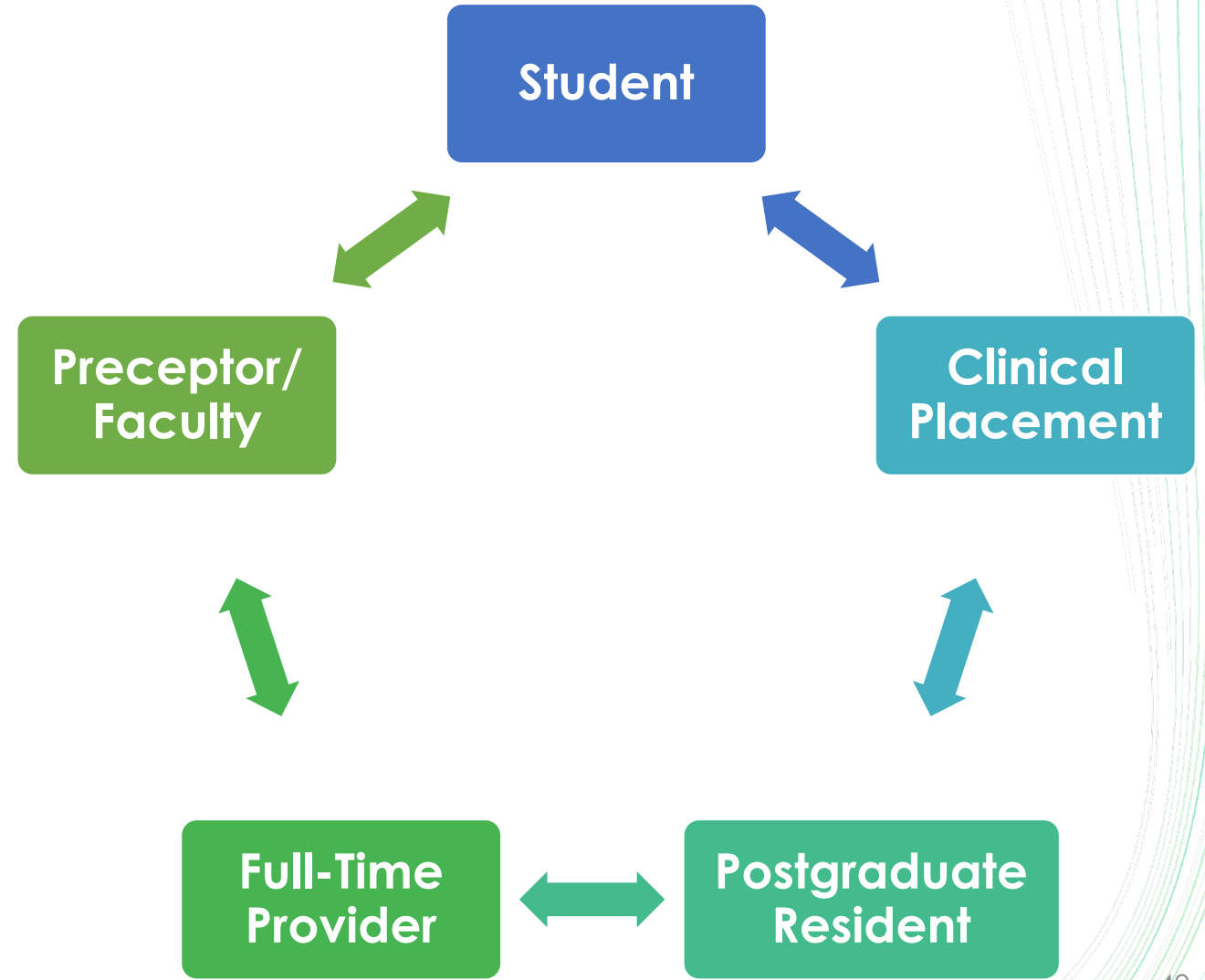
Objectives for Organizations

- ✓ Recruit individuals within your own communities who represent the diversity of the community
- ✓ 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

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

Bureau of Health Workforce (BHW)

Angela Sheffie, Senior Advisor

Office of the Associate Administrator

HRSA's BHW Forecasted Grant Programs for FY 2025

➤ MEDICINE

Addiction Medicine Fellowship

PCTE†—Residency Training in Street Medicine

➤ NURSING

Nurse Faculty Loan Program

Nursing Workforce Diversity

➤ ORAL HEALTH

Postdoctoral Training in General, Pediatric, and Public Health Dentistry

➤ BEHAVIORAL HEALTH/SUD

Behavioral Health Workforce Education and Training for Paraprofessionals

Behavioral Health Workforce Development Technical Assistance

➤ CAREER DEVELOPMENT and DIVERSITY

Scholarships for Disadvantaged Students

➤ LOAN REPAYMENT (COST SHARING)

State Loan Repayment Program

[See Grants.gov](https://www.grants.gov)

†PCTE = Primary Care Training and Enhancement

Questions?

Amanda Schiessl

Chief of Staff, Moses Weitzman Health System

Project Director and Co-PI,
NTTAP on Clinical Workforce Development

schiesa@mwhs1.com

Meaghan Angers

Senior Program Manager,
NTTAP on Clinical Workforce Development

angersm@mwhs1.com

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)

<https://www.weitzmaninstitute.org/ncaresources>



The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

Health Center Resource Clearinghouse



<https://www.healthcenterinfo.org/>

Contact Information

For information on future webinars, activity sessions, and learning collaboratives: please reach out to nca@chc1.com or visit <https://www.chc1.com/nca>

Appendix

Health Professions Student Training Program Learning Collaborative

Learning Collaborative Overview

- Free six-month participatory experience designed to provide knowledge, tools, and coaching support to help health centers and look-alikes implement an effective and sustainable health professions student training program.
- The goal for the learning collaborative is dedicated time for your organization to draft your own **Health Professions Student Training Programs Playbook** for your organization to follow when operating student training programs.
- Participating health centers are asked to identify a team to focus on the implementation of their health professions student training playbook.
 - Suggested team members include: Human Resources, Education Department, Operations, Medical Director(s), Administrative
 - Team members may differ dependent on the organization's staffing

Learning Collaborative Structure

- 6-monthly learning sessions

Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
<ul style="list-style-type: none"> • Team Introductions • Play 1: Partnership Approval & Communication with Schools • Play 2: Affiliation Agreement Management 	<ul style="list-style-type: none"> • Play 3: Determining and assessing organizational capacity – preceptors, student acceptance, & secondary review 	<ul style="list-style-type: none"> • Play 4: Initiating the Onboarding of the Student • Play 5: Communication with Student • Play 6: Student is Trained • Play 7: Student Arrives • Models to Train the Next Generation: Postgraduate NP and/or PA Training Programs 	<ul style="list-style-type: none"> • Quality Improvement: Playbooks, Standardization, and Spread • Models to Train the Next Generation: Behavioral Health Pathways and Administrative Fellowships 	<ul style="list-style-type: none"> • Partnership with AHECs • Models to Train the Next Generation: Medical Assistants • Play 8: Student Documentation & Reporting • Play 9: Off-boarding • Play 10: Payments [if needed] 	<ul style="list-style-type: none"> • Showcase

- Bi-weekly 60-minute coaching calls

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**

Value and Impact of the Learning Collaborative

- Health centers developed playbooks, which allowed their organizations to establish a structured process for accepting students
 - Prior to the collaborative, participating health centers had no structure for accepting students to train at their organizations.
 - Team leaders had organization-wide discussions regarding policies/procedures, preceptor and student capacity, and training program expectations.
 - By establishing a process to accept students, organizations can utilize their student training programs as a recruitment tool.

Next Learning Collaborative Cohort Begins January 2025!

- Begins Friday January 31st, 2025
- Submit learning collaborative application [here](#) or scan the QR code!
- For more information/questions, please reach out to Meaghan Angers (angersm@mwhs1.com)

**Apply Here by
January 20th!**



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/>