Update from the Healthcare Education Industry Partnership

June 16, 2009
2009 Minnesota Critical Access Hospital and Rural Health Conference
Duluth, MN
HEIP

- Project of Minnesota State Colleges and Universities
- Founded in 1998
- Work to identify and address healthcare workforce issues – in partnership
Clinical Coordination
Increase Clinical Space

1. Most clinical sites report they are at capacity and cannot provide increases in requests for space.

2. If clinical sites cannot expand education programs cannot expand.
Current Process Issues

- No clear understanding of what or where clinical space is being used/unused.
- No collaborative structure to meet needs – activity conducted in silos.
- Little to no support but all trying to accomplish similar goals
- A lot of wasted time through last minute phone calls and scrambling
Well-Defined Working Relationships
Current Process Issues

No collaborative timeline between Education and Clinical Partners.
Current Activity Issues

Common Clinical Activity Timeline

Slide 9
Current Activity Issues

Collaborative Clinical Activity Timeline

- **January**: Educators Request Repeated and New Space
  - Clinical Sites Review Past Activity

- **February**: Educators Request Repeated and New Space
  - Clinical Sites Approve, Deny, Revise Requests

- **March**: Educators Plan for Approved Space
  - Educators Respond to Clinical Site Revisions and Denials (make new requests)

- **April**: Clinical Sites Respond to Revisions and New Requests
  - Educators Respond to Clinical Site Revisions and Denials (make new requests)

- **May**: Clinical Sites & Educators Finalize Activity
MN Clinical Coordination Effort

“Coming together is a beginning. Keeping together is progress. Working together is success.”

- Henry Ford
1. Partner – Commit to Work Together
   • Clinical Sites & Education Programs
2. Clarify and Simplify
   • Collaborative Timeline
   • Standardized Data
   • Agreed-upon Guidelines
3. Support Communication
4. Implement Data & Timeline
   • Increase Efficiency
   • Meet Capacity Needs
5. Maintain and Evolve
   • Collaborative Meetings
<table>
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<tr>
<th>Station</th>
<th>School</th>
<th>Instructor</th>
<th>Class</th>
<th>Clinical Dates</th>
<th>Days on the unit (ex. M/T)</th>
<th>Hours on the unit (max of 8)</th>
<th>TOTAL # of Student Placements Needed</th>
<th>Student Year</th>
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N423 Role Development III
Clinical Rotations—Spring 2009 as of 11.13.09
Adult Health/Pediatrics/Maternity
Subject to change as enrollment and clinical sites may change

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<tr>
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<td>FSH 3rd &amp; 7th Mon 1300 - 2100 3/30, 4/6, 4/13, 4/20, 4/27</td>
<td>GLMC Mon with one Thurs 1300-2100 1/12, 1/15, 1/26, 2/2, 2/9</td>
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<td>Section 4: Antil Cristal Campbell Macala Goszowski Alicia Linnerick Renee Lippner Allison Maharjan Sita Meyer Rachel</td>
<td>GLMC 4 Center &amp; 6 West Mon with one Thurs 1300-2100 1/12, 1/15, 1/26, 2/2, 2/9</td>
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<td>Section 5: Carlock Haley Hein Rachel Huber Ashley Kirchner Jamie Shana Charity Kudziu Thompson Mark Willging Anne</td>
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<td>GLMC Mon 1300-2100 3/30, 4/6, 4/13, 4/20, 4/27</td>
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Anticipated Benefits

1. Decrease Confusion
2. Decrease Time
3. Increase Support
4. Increase Utilization & Capacity
Pilot Benefits (so far)

- Clearly and quickly identify current clinical space activity – “what’s going on and where”
- Easily generate data reports for unit heads and instructors (clinical and education partners)
- Streamline the current clinical process
Pilot Benefits (so far)

- Develop a larger pool of clinical partners into process – helping alleviate pressure on individual sites and programs

- Increased ownership of all partners in the future of clinical coordination activity – decreased competition and gained input ways to improve for all.

- Presently, all clinical space needs have been met through ID of unused space and utilization of untraditional space.
The Future

- Clinical coordination is not a one-time effort; it is a process change that will continue as long as educators require clinical space for students – as such, advances must be continually supported and maintained.

- The future of the clinical coordination effort is dependent on its responsiveness to stakeholders.
Community Health Worker
Community Health Workers

Minnesota’s answer to health equity by reducing cultural and linguistic barriers
Minnesota CHW Project

- Developed a standardized curriculum to educate CHWs in Minnesota.
- Developing professional standards for CHWs that will define their role in the health care delivery system.
- Incorporating CHWs into the health care workforce by creating a sustainable employment market.
- Funded by State and National Foundations.
What is a Community Health Worker?

Minnesota Community Health Worker the Link to Continuing Care. CHWs come from the communities they serve and bridge the gap between cultures and the health care system.
The Research:

*Impact of Community Health Workers*

- Emergency visits
- Chronic Care Management
- Medicaid reimbursements
- Increased revenue link to primary care
Sec. 32. Minnesota Statutes 2007 Supplement, section 256B.0625, subdivision 49, is amended to read:

Subd. 49. **Community health worker.** (a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:

(1) received a certificate from the Minnesota State Colleges and Universities System approved community health worker curriculum; or

(2) at least five years of supervised experience with an enrolled physician, registered nurse, or advanced practice registered nurse, or dentist, or at least five years of supervised experience by a certified public health nurse operating under the direct authority of an enrolled unit of government.

Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment.

(b) Community health workers must work under the supervision of a medical assistance enrolled physician, registered nurse, or advanced practice registered nurse, or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.

(c) Care coordination and patient education services covered under this subdivision include, but are not limited to, services relating to oral health and dental care.
Covered Services

MHCP-enrolled CHWs may bill for Patient Education and Care coordination services only

The CHW covered services must:

• Be supervised by an MD or APRN
• **Order signed** by an MHCP-enrolled MD or APRN in the chart of an MHCP-eligible client
  • A documented care plan
  • CHW services provided face-to-face
  • Utilizing an *established curriculum*
CHW website at
www.mnchwinstitute.org
CHW Pathways

Community Paramedic
Community Dental Health Coordinator
Rural and Remote Demographics

- More elderly
- More immigrants
- More poverty
- Poorer health
Filling an Unmet Need with Untapped Resources
Filling an Unmet Need with Untapped Resources
Seizing the Opportunity

- Built on the Rural and Frontier EMS Agenda of the Future
- Community Healthcare and Emergency Cooperative (CHEC) developed the curriculum
- The curriculum supports the work of the International Roundtable on Community Paramedicine supports (IRCP)
- Spearheading a movement
Community Dental Health Coordinator
Health Support Specialist
Core Stakeholder Partners

- Healthcare Education Industry Partnership (HEIP)
- HealthForce Minnesota
- Department of Labor – Registered Apprenticeship Unit (state and federal)
- Department of Human Services
- Minnesota State Colleges and Universities System
Health Support Specialist (HSS)

- A **pathway** for organizations to move towards the “culture change” model
- A **curriculum** designed to train “Universal Worker Model.”
- Designed around the model of a **“home”** with **self-lead** teams
HEALTH SUPPORT SPECIALIST

Curriculum

- Kansas Curriculum Theoretical (on-line) instruction (386 hrs)
- Apprenticeship model - combined with (on-the-job) learning (2500 hrs)
- Customized to unique mission or other training curriculum for each organization
A Registered Apprenticeship Program

Employment and mentoring with a qualified mentor from day one

The first participants will be mentors for future classes
Minnesota HSS Curriculum

Assessment & Orientation (CNA pre-requisite)

Introduction to HSS, Mentorship & key skills
module 1  1 credit

Person Directed Living
culture change/restorative/ergonomics
module 2  1 credit

Communication
interpersonal, therapeutic, reminisces, culture, team, conflict resolution, problem solving, resident, family
module 3  1 credit

Activity Assistant
1 credit

Memory/Dementia  1 credit

Culinary Care  1 credit

Specialty Care in Aging I
Physiological – geriatrics, body change, Pain, complementary therapies  1 credit

Specialty Care in Aging II
Psycho-social – end of life, grief/loss/ spirituality  1 credit

Environmental Services (OSHA)  1 credit
Minnesota HSS Curriculum

- Aging Services HSS Curriculum Committee
- National Standards
- Pathways into Long Term Care Professions
A Policy Vision
Goal

- To identify common healthcare workforce priorities and, if possible, commit to a plan to implement shared initiatives that further one or more of the common priorities.
  - *Short and long-term*
  - *Policy component – or not*
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<th>Name</th>
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<tr>
<td>Deb Bahr-Helgen</td>
<td>City of Minneapolis</td>
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<tr>
<td>Shirley Brekken</td>
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<td>Liz Biel</td>
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Overarching Vision

- The healthcare workforce is a priority for Minnesota because it is central to providing exceptional and accessible care in a changing environment.
  - Minnesota develops a healthcare workforce that is responsive to the needs of communities.
  - Minnesota invests in dynamic educational systems that provide multiple pathways to healthcare careers and opportunities for continuing education.
  - Minnesota collaborates in innovative healthcare models, education systems and workforce practices.
  - Minnesota recognizes that engaged employees flourish in environments where they are respected, valued, given opportunities for growth, offered supportive work practices and competitive salaries and benefits.
Six Common Areas Identified

- Workforce data and information
- Workforce diversity
- Workforce capacity
- Collaboration
- Innovation
- Marketing, elevating, respecting, and honoring health care professions
Future Steps

- Creation of Document
- Organization “sign off” or approval
- Continued work in identified areas