STATE INNOVATION MODEL: EMERGING PROFESSIONS LEARNING COMMUNITY

Lessons Learned & Implications for Ongoing Work

October 2016

HCMC & MVNA
Rainbow Research
AGENDA

Objectives
Process
Outcomes
Outstanding Challenges & Action Taken
Case Study: HCMC & MVNA
Questions
- Gary Wingrove, The Paramedic Foundation
- Joan Cleary, Minnesota Community Health Worker Alliance
- Lydia Karch, MVNA
- Peter Carlson, North Memorial Health Care
- Rainbow Research: Ann Zukoski, Katie Fritz Fogel & Razeena Shrestha

CORE TEAM MEMBERS
LEARNING COMMUNITY OBJECTIVES

- Develop Relationships
- Learn
- Act/Do
- Create New Knowledge

Summarize current situation in the field, key challenges, best practices, and suggestions for organizational and policy change
LEARNING COMMUNITY PROCESS

- Kick Off: Value of Emerging Professions
- Learning Topic Events
  - Role Delineation
  - Multi-Disciplinary Team-Based Models
  - Supervision & Management
  - Payment under Health Reform
- Phone Interviews with Participants
- Strategic Planning Meeting
- Closing Meeting
INTEGRAL ELEMENTS

- Highly interactive, facilitated engagement: Art of Hosting strategies including Fish-Bowl, World Café, Pair/Share
- Didactic Teaching: Presentations from Leaders in the Field
- Social/Relational Spaces: food, coffee, space configuration
- Personal Reflection → Action
- Remote Engagement: live and recorded

Values In Action:

- Balance of multiple perspectives
- All as contributors
OUTCOMES: PARTICIPATION

- Total number of unique participants: 141
- Total Number of CHWs: 36
- Total Number of CPs: 17
- Total Number of unique organizations that participated in at least one of the six meetings: 65
  - Accountable Care Organizations – 2
  - Community Clinics – 3
  - Community Members (Individuals not affiliated with any organization) – 10
  - Educational Institutions – 6
  - Government Agencies – 13
  - Health Care Providers – 23
  - Health Plans – 3
  - Human Service Providers – 2
  - Nonprofit Organizations – 13
  - Other:
    - Outreach – 1
    - 4 County Collaborative – 1
    - Advocacy – 1
    - Funder – 2
OUTCOMES OF LEARNING COMMUNITY

- Learning: Sharing lessons and raising awareness about CHW/CP roles
- Building Relationships: Expanding connections/networking for current/future collaborations
- Taking Action: Implementing learnings
OUTCOME: LEARNING

- Sharing lessons and raising awareness about CHW/CP roles
- Organizations and individual participants have *taken what they have learned back to their organizations* and shared information that guided internal discussion of policies and procedures.
- Participants *exchanged resources between organizations and other stakeholders* post learning community meetings.
- Participants also *learned from each other*:
  - Sharing about successes and failures
  - Participated in ride-alongs
  - Shift perceptions of CHWs/CPs within care team
  - Expanded *awareness about the roles of CHWs/CPs* and how different organizations utilize these roles
OUTCOME: RELATIONSHIPS

- Expanding connections/networking for current/future collaborations
- Participants were able to meet others (actors of different levels) in their own and complementary fields
- Participants re-connected with presenters after meeting sessions for additional partnerships, connections, and resources
OUTCOME: TAKING ACTION

- Implementing learnings
- Incorporating/piloting of CP/CHW roles in care teams, amplifying the work of both CHWs and CPs
- Applying for funding for support for CP/CHW roles.
- Informing the formulation of toolkit.
- Learning Community meetings have shaped plans for additional action on topics around:
  - Funding and Sustainability of Payment
  - Clinical Coordination
  - Education and Professional Development
  - Measurement
  - Continuing Collaboration
OUTSTANDING CHALLENGES

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<thead>
<tr>
<th>CONTINUED NEED TO...</th>
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<tbody>
<tr>
<td>Build buy-in. Address lack of awareness among patients, care teams, internal agency priorities and external potential partnering agencies.</td>
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<tr>
<td>Clarify best practices in care coordination.</td>
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<tr>
<td>Address lack of available resources; need for models of financial sustainability.</td>
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<td>Demonstrate success and measure outcomes.</td>
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<td>Increase inclusion of non-metro voices and leadership of people of color.</td>
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REVIEW

Which of the following was NOT one of the objectives of the Learning Community

a) Develop Relationships
b) Learn
c) Act/Do
d) Create New Knowledge
e) Advocate for Policy Change
REVIEW

- Which of the following was NOT one of the objectives of the Learning Community
  a) Develop Relationships
  b) Learn
  c) Act/Do
  d) Create New Knowledge
  e) **Advocate for Policy Change**
REVIEW

Which of the following are NOT one of the challenges that emerged out of the Learning Community?

- a) Building buy in and awareness for emerging professions
- b) Clarifying best practices in care coordination
- c) Developing job descriptions and management protocols for CHWs and CP's
- d) Addressing resource needs
- e) Measuring outcomes
- f) Increasing inclusiveness of non-metro voices and leaders from communities of color
Which of the following are NOT one of the challenges that emerged out of the Learning Community?

a) Building buy in and awareness for emerging professions
b) Clarifying best practices in care coordination
c) Developing job descriptions and management protocols for CHWs and CP’s
d) Addressing resource needs
e) Measuring outcomes
f) Increasing inclusiveness of non-metro voices and leaders from communities of color
## SUSTAINABILITY

### AREAS FOR WHICH ACTIONS STEPS WERE IDENTIFIED

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
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<tbody>
<tr>
<td>Funding and Sustainability of Payment</td>
<td>Collaborative meetings with Council of Health Plans</td>
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<tr>
<td>Clinical Coordination</td>
<td>Alignment with Toolkit</td>
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<tr>
<td>Education and Professional Development</td>
<td>Curriculum &amp; additional Training for current workforce</td>
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<tr>
<td>Measurement</td>
<td>Alignment with Toolkit</td>
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<tr>
<td>Continuing Collaboration</td>
<td>Supervisor Roundtables &amp; Streamlined Communication</td>
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BENEFITS of CHWS
HOW COUNTY HEALTH WORKERS SAVES MONEY AND IMPROVE LIVES

01
SAVE ON HEALTH CARE COSTS

One Dollar = $2.30 in Benefits
Invested In Health Care
BENEFITS of CHWS
HOW COUNTY HEALTH WORKERS SAVES MONEY AND IMPROVE LIVES

04 CONNECTED RESOURCES

TRANSPORTATION 59.21%
FOOD 83.51%
FINANCIAL SUPPORT 74.65%
HEALTHCARE 76.22%
HEALTH INSURANCE 74.22%
CASE STUDY: HCMC & MVNA

- MNVA Community Health Workers video
- https://www.youtube.com/watch?v=F61a-bcs83I&feature=youtu.be
THANK YOU!

RAINBOW RESEARCH

MVNA

the PARAMEDIC foundation

Minnesota Community Health Worker Alliance

North Memorial Health Care

MDH Minnesota Department of Health