Legislative Commission on Primary Care Workforce Issues

May 23, 2019 2:00-4:00pm at the NH Hospital Association –Conference Room 1, 125 Airport Road, Concord

Call in information:

(267) 930-4000

Participant Code: 564-395-475

Agenda

2:00 - 2:10 **Welcome and Introductions** – Laurie Harding – Chair, NH Commission on Primary Care Workforce Issues

2:10 – 3:45 **IDN 4 Workforce Initiatives** – Geoffrey Vercauteren, Director of Workforce Development, Network4Health / Catholic Medical Center

2:45 – 3:45 **DHMC Community Health Worker Model: partnering with primary care providers** - Bryan A. L'Heureux, MPH, Community Health Partnership Coordinator, Sr, Dartmouth-Hitchcock & Carol Sarazin and Lindsey Lafond, Community Health Resource Specialists, Dartmouth-Hitchcock

3:45 - 4:00 **Legislative Update**

Next meeting: Thursday June 27, 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: May 23, 2019

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Hospital Association (Rm 1)

Meeting Notes

TO: **Members of the Commission and Guests**

FROM: Danielle Weiss

MEETING DATE: May 23, 2019

Members of the Commission:
Laurie Harding – Chair
Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair
Stephanie Pagliuca, Director, Bi-State Primary Care Association
Mike Auerbach, New Hampshire Dental Society
Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association
Donald Kollisch, MD, Dartmouth-Hitchcock Medical Center
Kristina Fjeld-Sparks, Deputy Director, NH AHEC
Jeanne Ryer, NH Citizens Health Initiative
Mike Ferrara, Dean, UNH College of Health and Human Services
Trinidad Tellez, M.D., Office of Minority Health & Refugee Affairs
Pamela Dinapoli, NH Nurses Association
Diane Castrucci, NH Alcohol & Drug Abuse Counselors Association

Guests:
Leslie Melby, NH Medicaid
Paula Smith, SNH AHEC
Paula Minnehan, NH Hospital Association
Thomas Wold, Portsmouth Regional Hospital
Barbara Mahar, New London Hospital
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center
Bryan L'Heureux, Community Health Partnership Coordinator
Carol Sarazin, Community Health Resource Specialist, Dartmouth-Hitchcock
Lindsey Lafond, Community Health Resource Specialist, Dartmouth-Hitchcock
Martha Bradley, Community Health Institiute

Meeting Discussion:

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Refer to presentation "IDN4 Work Initiatives."

2:45 – 3:45 **DHMC Community Health Worker Model: partnering with primary care providers** - Bryan A. L'Heureux, MPH, Community Health Partnership Coordinator, Sr, Dartmouth-Hitchcock & Carol Sarazin and Lindsey Lafond, Community Health Resource Specialists, Dartmouth-Hitchcock

Refer to presentation "DHMC Community Health Worker Model."

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Overview of Workforce Initiatives in IDN Region4

Geoff Vercauteren
Director of Workforce Development
Network4Health
Presentation to the Legislative Commission on the Primary Care Workforce
5/23/19

About Network4Health

- Part of the NH 1115 DSRIP Waiver
- Region 4: Represents Greater Manchester – 19 cities and towns over 3 counties (Hillsborough, Rockingham, Merrimack)
- ~30% of Medicaid covered lives (48,000)
- 43 partners
- Lead partner: Catholic Medical Center

FRAMEWORK FOR BUILDING THE BEHAVIORAL HEALTH WORKFORCE

Pipeline

- Attract people to all levels of the BH workforce
- Clarify career and education pathways
- Alignment between policy, education, and employer need

Professional Development

- Increase competence and confidence of workforce
- Financial support for key trainings and conferences
- Identify what exists vs. what needs to be created
- Leverage existing knowledge in IDN where possible

Advancement

- Identify high potential / high performing staff
- Clarify career paths within partners
- Support staff through further education and career advancement
- Remove barriers when possible

Retention

- Retention strategies (bonuses, education assistance, etc.)
- Improve capability and competency of managers and supervisors

Build and Leverage Partnerships

Utilize DSRIP Funds for Pilots

Investment for Long-Term Change

Behavioral Health Scholars Program

- **Goal:** Increase college access for partner employees; invest in current students
- **Commitment:** Between $50,000 to $100,000 in scholarship per year

Manchester CC	Granite State College	UNH (*pending*)
• AS in Behavioral Science • AS in Human Service • Certificates: • Direct Support Services • Substance Misuse Prevention • Recovery Support Worker* • Mental Health Support*	• BS in Human Services • BS in Psychology • BS in Applied Studies – Human Services and Early Childhood Development • AS in Behavioral Sciences	Master's level degree or certificate options in SW, SUD, and others.
20 students $34,500	23 $22,500	TBD 20+ students per year

Mental Health First Aid

- Network4Health partnering with CMC and MHCGM
- Paying for 8 hours of Mental Health First Aid training for CMC's new LNA apprenticeship
- Aligns with integrating BH awareness with direct service

Professional Development & Training

- **<u>Partnership:</u>** Granite State College
  - *Professional development, Advancement, Retention*
  - **Fundamentals of Management**
    - October 2018
    - 3 classes over 3 months + 2 hours of online work per week
    - 25 applicants; 21 completers
    - 84% completion
  - **Foundations of Leadership**
    - 4 classes over 4 weeks; March – April 2019
    - Over-Full: 28 students accepted
  - **Project Management Essentials**
    - 3 classes over 4 weeks, starts in June 2019
    - 25 slots

Professional Development & Training

- Sponsorship of slots for workshops, conferences, etc.
  - 2018 = 227 trainings (157% of goal); paid for 187 trainings with 625 people supported
  - As of 5/2019 = 185 trainings marketed or ready to market (128% of goal for 2019); paid for 145 trainings with 546 people supported
- Cherokee Health systems
  - Partnership with regions 1 & 6
  - 6 days of in person and 3 remote sessions since June 2018

Recruitment & Retention

- Prescriber Recruitment & Retention Initiative (PRRI)
  - Offers reimbursement of 50%, up to $10,000 towards the recruitment or retention costs of a prescriber: MD, DO or APRN
  - Success: 2 organizations reimbursed for 3 providers ($30,000)
- Clinician Recruitment & Retention Initiative (CRRI)
  - Starting late spring 2019
  - Offers reimbursement of 50%, up to $7,500 towards the recruitment or retention costs of a clinician: LICSW, MSW, LCMHC, LDAC, MLDAC, etc.
  - Committed $100,000

Other Activities

- RFP for Offset-Productivity
  - Up to $10,000 to reimburse hourly rates for staff to attend trainings or supervision
- Promotion of OT and Behavioral Health PA roles
  - Success: CMC is moving forward with a BH PA fellowship program
  - CLM hosted UNH OT intern to do interventions – very successful

Other Activities

Workforce Wednesdays	Mapped Educational Ladders	Designed BH Career Lattice
AHEC Healthcare Careers Guide	BH Jobs at Statewide Groups	BH Education Round Table

Questions?

Geoff Vercauteren
Director of Workforce Development
Network4Health / Catholic Medical Center
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Manchester, NH 03101
Mobile: 603-851-9387
geoffrey.vercauteren@CMC-NH.org

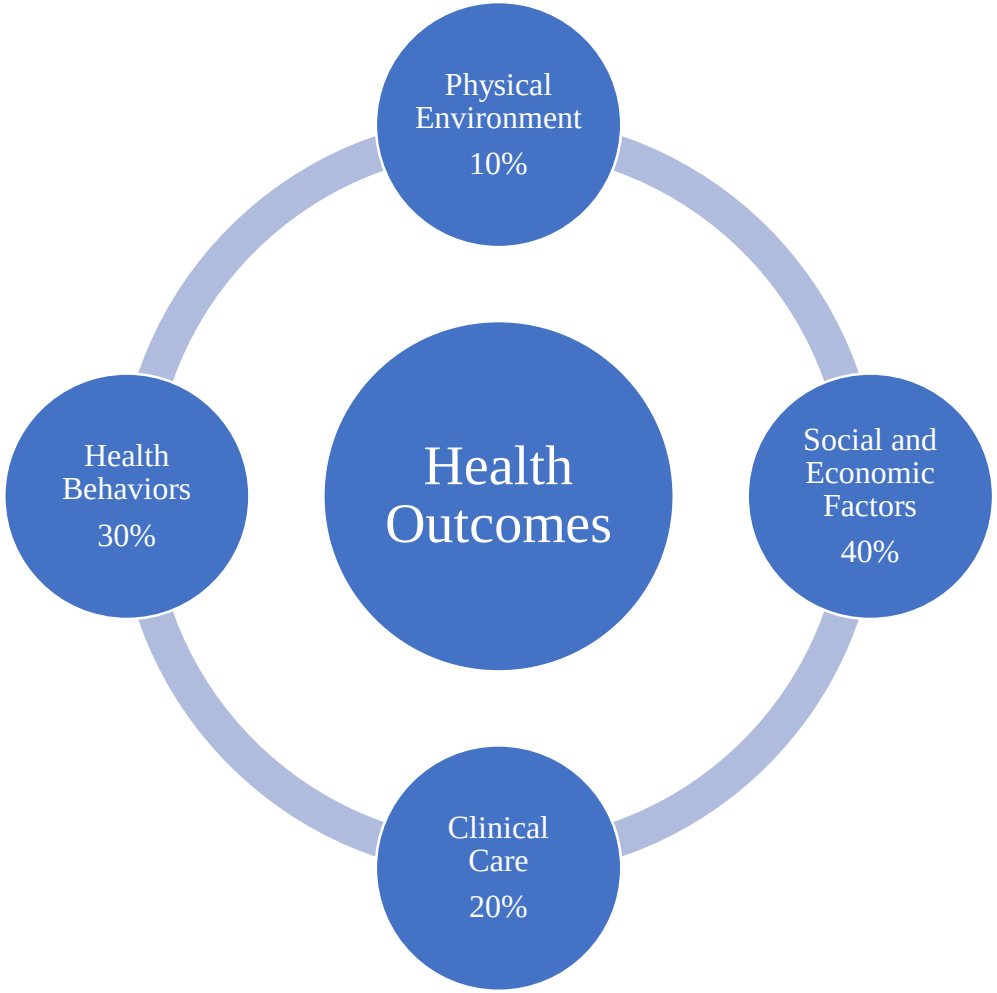
Community Health Workers

Bryan L’Heureux, MPH

Kaelea Monahan, Community Health Resource Specialist, General Internal Medicine

Dartmouth-Hitchcock

What Factors Determine Health?



Which of these areas could be influenced/supported/improved upon through work with a trusted individual from the community with knowledge of community resources?

Which of these factors can be influenced in the clinical setting alone?

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Adapted from Remington et al, 2015

Community Health Workers Positioned for Impact

Primary goals of community health worker programs often two-fold:

Address social determinants of health

- Address and surface latent non-clinical needs that preclude clinical stabilization
- Navigate patients to relevant social services for long-term support

Drive chronic disease self-management

- Support patients in achieving personal goals leading to improved outcomes
- Drive health system engagement; navigate clinical appointments

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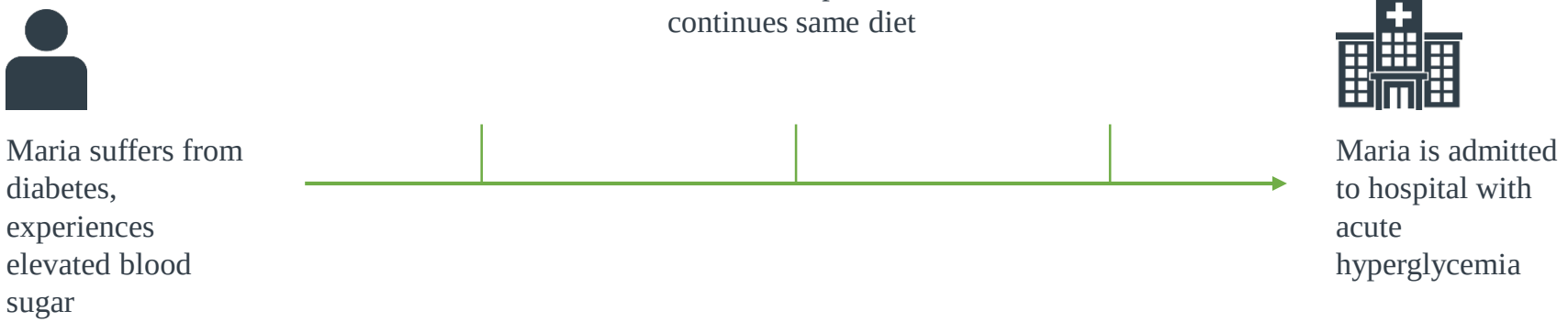
Source: Population Health Advisor interviews and analysis.

Unaddressed Social Needs Lead to Clinical Escalation

Maria's story



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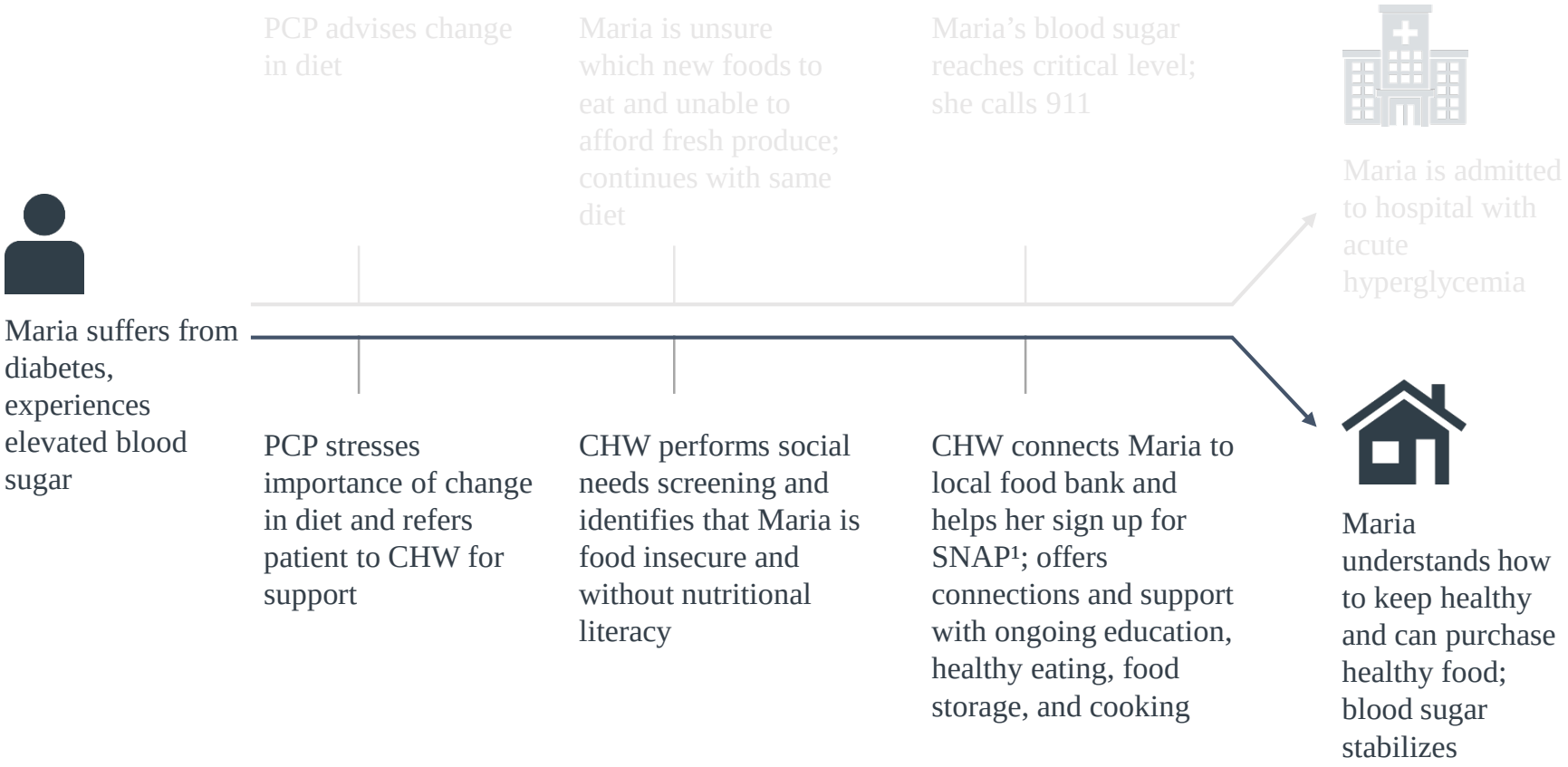
CHW Addresses Social Needs and Drives Self-Care

How Maria's story could end



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▸ Supplemental Nutrition Assistance Program.

Source: Population Health Advisor interviews and analysis.

CHW Program

- *Our Reach*
  - 6 Upper Valley CHWs
  - 1 Manchester CHW
  - 3 Manchester Family Support Specialists
  - 1 Concord Resource Specialist
  - 3 Keene Population Health Workers

- *Our Goals*
  - Promote common competencies amongst people doing SDoH Work
  - Collect data to incite change (both at the system and community level)
  - **Most Importantly**: Improve health of our communities through addressing social determinants of health

Dartmouth-Hitchcock

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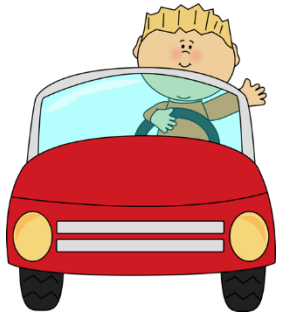
A CULTURE OF CARING

Upper Valley Team

- Heater Road Primary Care
  - Emily Duff
  - Lexi Bly
- OBGYN
  - Lindsey Lafond
  - Carol Sarazin
- General Internal Medicine (GIM)
  - Kaelea Monahan
- Young Adults, YourTurn Program
  - Jose Rodriguez

Transportation



Dental Care

Food Insecurity

Medical Home

Housing

Child Care

Employment

Legal

Behavioral Health

Education

Financial Assistance

Baby/Family Support Services

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Connecting with Patients

- SDOH Screener
- Direct referrals from Providers
  - Phone call
  - Inbasket message through Epic
  - Face to Face
- Nurses/RN Care Coordinator
  - Inbasket message through Epic
  - Face to Face

- Locations for meeting places with patients:
  - DHMC Clinics
  - At their home, community settings, Dunkin Donuts, etc.

Screener

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We know that many things can affect your health.

Please help us understand your health better by letting us know if you struggle with any of the following.

1. What is your housing situation today? (circle one)		
I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, in a car, abandoned building, bus or train station, in a park)	I have housing today but I'm worried about losing housing in the next 90 days	I have housing

2. In your housing situation, do you have problems with any of the following? (circle all that apply)						
Bug infestation	Mold	Lead paint or pipes	Inadequate heat or hot water	Oven or stove not working	No smoker detectors or not working smoke detectors	Water leaks
None of the above						

3. How hard is it for you to pay for the very basics like food, housing, heating, medical care and medications? (circle one)		
Not hard at all	Somewhat hard	Very hard

{Branch to item 4 only if patient responds 'somewhat hard' or 'very hard'}

4. If 'somewhat hard' or 'very hard', what do you have trouble paying for? (circle all that apply)						
Food	Housing	Utility Bills (electric, etc.)	Childcare	Medical Needs (Medicines, doctor, etc.)	Debts	Other

5. Do you ever need help reading health related materials? (circle one)	
Yes	No

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6. Do you have someone you could call if you need help? (circle one)	
Yes	No

7. In the past 12 months, has a lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (circle all that apply)		
Yes, it has kept me from medical appointments or getting medications.	Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need.	No

8. What was your main activity during most of the last 12 months? (circle one)					
Worked for pay	Attended school	Household duties	Unemployed	Permanently unable to work	Other

9. Do you have any legal issues that are getting in the way of your health or healthcare? (circle one)	
Yes	No

10. In the last 12 months, are you or have you been threatened or abused physically, emotionally or sexually by a partner, spouse or family member? (circle one)	
Yes	No

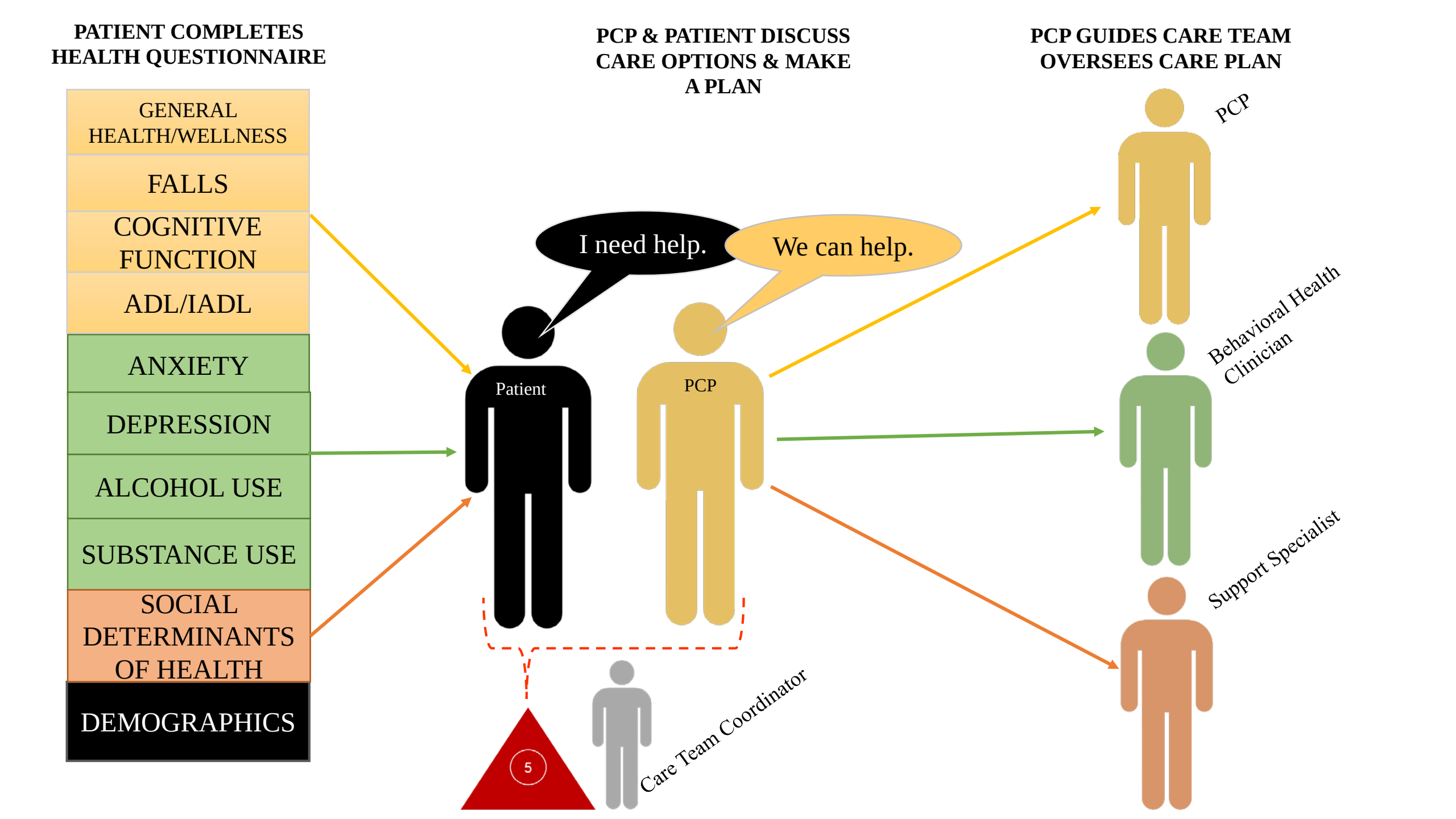
{If patient indicates need in one or more domain, branch to item 11}

11. How confident are you that you can manage your essential needs? (circle one)		
Very confident	Somewhat confident	Not very confident

{Branch to item 12 only if patient selects 'somewhat confident' or 'not very confident'}

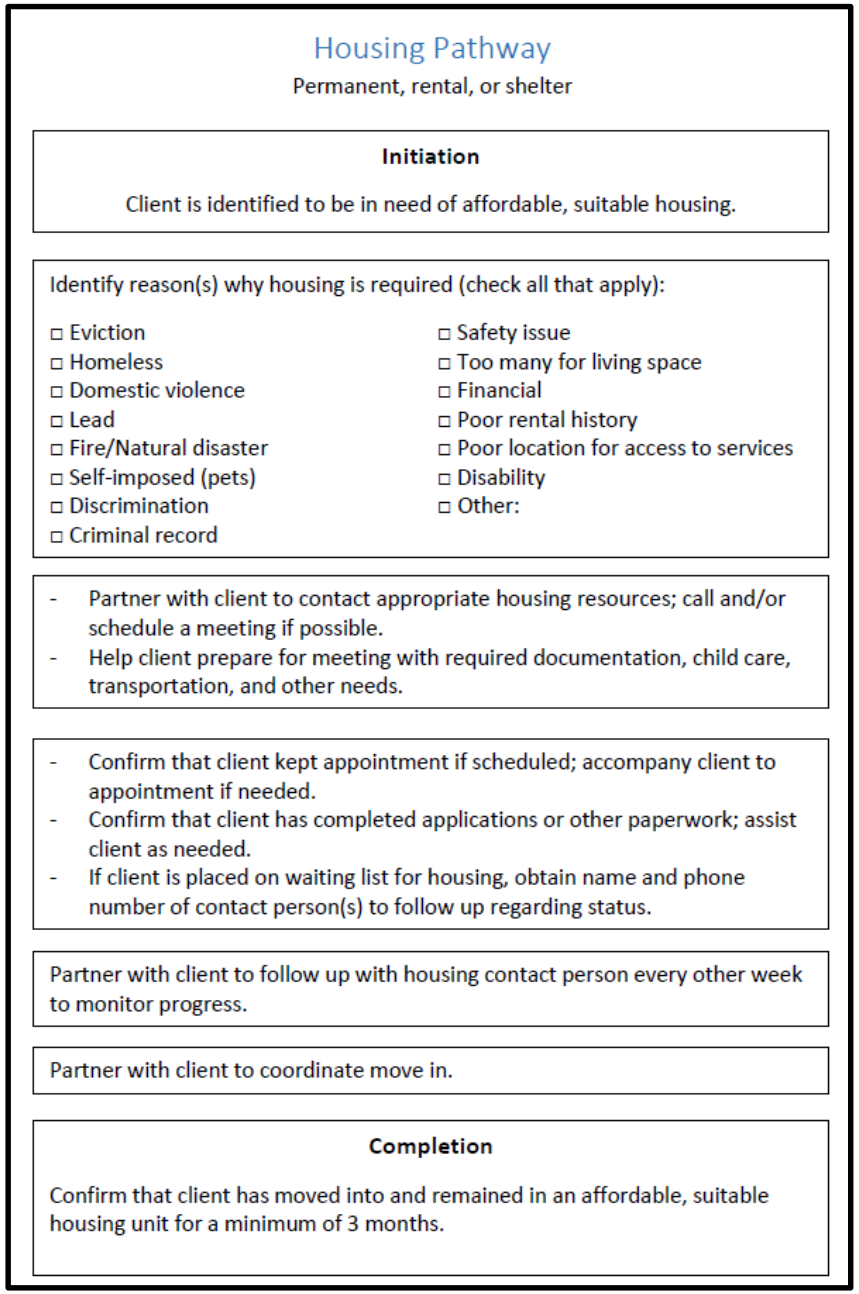
12. Please select the kind of help you would like for these essential needs: (circle one)			
I do not need help	**I already have help**	**I would like information about help**	**I would like help**

Your health team looks forward to reviewing your answers!


PATIENT COMPLETES HEALTH QUESTIONNAIRE
GENERAL HEALTH/WELLNESS
FALLS
COGNITIVE FUNCTION
ADL/IADL
ANXIETY
DEPRESSION
ALCOHOL USE
SUBSTANCE USE
SOCIAL DETERMINANTS OF HEALTH
DEMOGRAPHICS
PCP & PATIENT DISCUSS CARE OPTIONS & MAKE A PLAN
I need help.
We can help.
Patient
PCP
5
Care Team Coordinator
PCP GUIDES CARE TEAM OVERSEES CARE PLAN
PCP
Behavioral Health Clinician
Support Specialist

Pathways

- Standardize the way that CHWs deliver assistance
  - Confirms that the clients social needs are being adequately addressed
  - Quality assurance: Allows us to track that outcomes have improved for the client
- Allows CHWs to track the clients through the process
  - Specific, standardized methodology allows CHWs to work with clients on multiple pathways at a time
- Standardization allows us to collect meaningful data!
  - Data can then be used to inform growth, program development, and advocacy



Housing Pathway

Permanent, rental, or shelter

Initiation

Client is identified to be in need of affordable, suitable housing.

Identify reason(s) why housing is required (check all that apply):

- ☐ Eviction
- ☐ Homeless
- ☐ Domestic violence
- ☐ Lead
- ☐ Fire/Natural disaster
- ☐ Self-imposed (pets)
- ☐ Discrimination
- ☐ Criminal record
- ☐ Safety issue
- ☐ Too many for living space
- ☐ Financial
- ☐ Poor rental history
- ☐ Poor location for access to services
- ☐ Disability
- ☐ Other:

- Partner with client to contact appropriate housing resources; call and/or schedule a meeting if possible.
- Help client prepare for meeting with required documentation, child care, transportation, and other needs.

- Confirm that client kept appointment if scheduled; accompany client to appointment if needed.
- Confirm that client has completed applications or other paperwork; assist client as needed.
- If client is placed on waiting list for housing, obtain name and phone number of contact person(s) to follow up regarding status.

Partner with client to follow up with housing contact person every other week to monitor progress.

Partner with client to coordinate move in.

Completion

Confirm that client has moved into and remained in an affordable, suitable housing unit for a minimum of 3 months.

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Data Derived from REDCap

- Validate Program Growth
  - Are we able to support all the patients with a positive screen?
  - How can we expand to reach more clients?
- Inform Quality Improvements Internally
- Show Areas of Need
  - Where could we use community reform, support, or policy change to improve social determinants of health

SDoH Pathways Initiated through March 18, 2019

Takeaway Messages

- Community Health Workers are a critical workforce needed to help address the social factors effecting health and quality of life for our patients

- We are currently self funding 5 Community Health Worker Positions at Dartmouth-Hitchcock
  - We have reached the end of our budget capacity to fund more of these roles ourselves

- In order for CHW program sustainability and growth, alternative funding sources need to be explored
  - CHW Certification Process