

RECOMMENDATIONS FROM WORKFORCE DEVELOPMENT WORKGROUP

Meeting Dates

- May 20, 2014
- June 5, 2014

Committee Members

- **Angela Anderson**, Dean, Center for Health Studies, Prince George's Community College
- **Charlene Dukes**, President, Prince George's Community College
- **Diana Jackson**, Senior Business Development Specialist, Prince George's County Economic Development Corporation
- **Dushanka Kleinman**, Associate Dean for Research, Professor and Chair, Department of Health Services Administration, University of Maryland
- **Colenthia Malloy**, CEO, Greater Baden Medical Center
- **Raquel Samson**, Deputy Director Health Systems and Infrastructure Administration, Maryland Department of Health and Mental Hygiene
- **Claudia Smith**, Community/Public Health Nursing Educator and Consultant

Objectives

The overarching goal of these discussions was to outline the critical gaps in workforce supply required for high-quality primary care in Prince George's County, and to develop initial priorities for workforce development. Primary healthcare is rapidly changing, and the workforce needs are evolving. As we move to team-based care, the roles of medical assistants, nurses, behavioral health providers, community health workers, and others are recognized as critical members of the team to achieve high-quality care.

The key questions addressed by the workgroup were:

- a. What are the support healthcare careers that we should focus on that will dominate in the next 10 to 20 years?
- b. What are the possible pipelines for increasing the workforce needed for the expanded primary care model in Prince George's County?
- c. What are the resources and assets we should be drawing from that already exist in Prince George's County?
- d. What are the barriers to increasing the healthcare workforce in the County and what are the strategies to eliminating those barriers?

Outcome

The following recommendations were agreed to, at least in principle, by all committee participants.

Prince George’s Primary Healthcare Strategic Plan: Final Recommendation from Workforce Development Committee Workgroup

Recommendation 1: Convene Stakeholders.

Convene stakeholders including providers, health plans, the Health Department, and educational institutions on the topic of care coordination, health education, and community outreach. Coordinate activities in developing and training the workforce to serve these functions, share what is learned, and develop a joint plan for building capacity and financing these types of services.

Time frame: Short-term planning

Rationale and Supporting Data	Roles and Responsibilities	Resources
<ul style="list-style-type: none"> • Patients expect and need support in managing their health if organizations are to achieve the health improvements and outcomes expected under the newly emerging population health payment methodologies introduced by the Department of Health and Mental Hygiene (DHMH) and various payers. • It is not a good use of physician time to engage in patient follow-up and health education activities. Kaiser, CIGNA and other payers are utilizing a nurse to support such activities. Greater Baden is utilizing a patient advocate embedded within the clinical team to address patient follow-up, engagement, referral, and support activities. They also plan to hire a data analyst to collect electronic medical record (EMR) data to support population health activities as a way of driving improved clinical practice and subsequent 	<p>County:</p> <ul style="list-style-type: none"> • Prince George’s County can play an integral role in supporting the emerging workforce needs. There is a division within the Economic Development Corporation that receives federal funding to train and re-train residents to meet the workforce needs identified by the business community. • The County Health Department has knowledge on best practices learned from work in the Health Enterprise Zone (HEZ). They can support dissemination of this work to other stakeholders in the County. • The County Health Department is a good candidate to convene this group and has expertise in community health workers. • The conversation should be inclusive and collaborative. Schools, social service 	<p>County:</p> <ul style="list-style-type: none"> • Economic Development Corporation-Workforce Training Division. • County Health Department: Health Enterprise Zone (HEZ) Program; the Health Department is a natural potential convener of this group, the County Health Improvement Process is a place to continue this work. • It is important to develop a system for monitoring and measuring success. <p>State:</p> <ul style="list-style-type: none"> • HB 856 workgroup on Community Health Workers <p>Private:</p> <ul style="list-style-type: none"> • Institute for Public Health Innovation. • Kaiser Permanente’s pilot program of Patient Ambassadors. • Health Plans internal training programs,

Prince George's Primary Healthcare Strategic Plan: Final Recommendation from Workforce Development Committee Workgroup

Rationale and Supporting Data	Roles and Responsibilities	Resources
<p>outcomes.</p> <ul style="list-style-type: none"> • Best practices and existing evidence-based practices should guide the recommendations on care coordination, health education, and community outreach. • This recommendation fits well with the County Health Improvement Process. 	<p>agencies, and county agencies are all stakeholders. This topic requires ongoing conversation across stakeholders for there to be continued coordination and collaboration.</p> <p>State:</p> <ul style="list-style-type: none"> • The State can play a role through the recently passed HB 856, which establishes a stakeholder group to provide recommendations for the training and credentialing of community health workers and the Medicaid reimbursement and payment policies for community health workers. <p>Private:</p> <ul style="list-style-type: none"> • The Institute for Public Health Innovation (www.institutephi.org) has implemented a regional training program for community health workers. 	<p>such as CareFirst University.</p>

Prince George’s Primary Healthcare Strategic Plan: Final Recommendation from Workforce Development Committee Workgroup

Recommendation 2: Develop systematic workforce development plan.

Develop systematic workforce development plan for the County designed to meet the needs and demands of the Patient-Centered Medical Home (PCMH) concept¹ and the *ideal* primary care practice (i.e., a practice that follows best practices in providing top quality primary care). The intention is that all primary care practices in the County work toward achieving the components and functionality of a medical home for the purposes of providing high-quality, cost-effective care and enabling participation in PCMH-based incentive programs.

Time frame: Short- to medium-term

Rationale and Supporting Data	Roles and Responsibilities	Resources
<ul style="list-style-type: none"> • Primary care models are shifting to adapt to changing payment structures and to better meet the chronic disease burden in the community. The state is promoting the Maryland Multi-Payer Medical Home Pilot (MMPP)². • The primary practice of the future looks very different from the one of the 1960s-1990s. It is one that provides strong, integrated relationships with dental, behavioral, and preventive health providers. • An integrated model of care is being promoted in the HEZ, which provides 	<p>County:</p> <ul style="list-style-type: none"> • Support practices with educational resources on how to transition their practices and train their staff/workforce to meet the needs of the ideal primary care practices. This includes both learning collaboratives across practices and individualized technical assistance. • Facilitate connections and collaborations with others in the state that have information and expertise in this area, such as the Maryland Health Care Commission. • Ensure that workforce plans take into 	<p>State:</p> <ul style="list-style-type: none"> • State Innovation Model Grant has resources to support PCMH. • Maryland Health Care Commission. • Primary Care Association. <p>Federal:</p> <ul style="list-style-type: none"> • Health Resources and Services Administration has resources to support PCMH and Integrated Behavioral Health. <p>Private:</p> <ul style="list-style-type: none"> • Primary care practices, hospitals, and health plans can invest in, or support, partners in order to transform their

¹ <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx>

² Maryland Multi-Payer Medical Home Pilot: <http://mhcc.maryland.gov/pcmh/>

Prince George's Primary Healthcare Strategic Plan: Final Recommendation from Workforce Development Committee Workgroup

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<p>coordination with public health. This approach of integrated medical and public health is important to ensure individuals have the care coordination and community resources needed.</p> <ul style="list-style-type: none"> • Specific trends impacting the model of primary care include: primary care provider shortages, changes in information technology, changes in best practice for chronic disease care, and new payment models. 	<p>consideration the broad spectrum of health professionals needed to link patients from primary care to the community and across the continuum of care (ambulatory, inpatient, long-term care).</p> <p>Private:</p> <ul style="list-style-type: none"> • Health Plans can support development of PCMH workforce. <p>Healthcare Institutions:</p> <ul style="list-style-type: none"> • Recommend all primary care practices in the County have the components of "medical home" (utilize the definition of medical home that is currently tied to payment incentives). • High-quality staff is important for recruitment and retention of existing providers in the County. 	<p>workforce, scope of service, and/or operations .</p> <ul style="list-style-type: none"> • Hospitals can invest in, or support, partners in order to transform their workforce, scope of service, and/or operations through their community benefit plans. • Health Plans can support their network providers in various ways.

Prince George’s Primary Healthcare Strategic Plan: Final Recommendation from Workforce Development Committee Workgroup

Recommendation 3: County residents and county educational resources should be given priority consideration to achieve the proposed workforce.

- a. Clinical training opportunities within the County should be expanded to accommodate academic training sites for the proposed workforce.
- b. Resources should include continuing education for existing professionals and programs to support a career ladder for those in health professions.
- c. Prince George’s healthcare institutions should prioritize students of health profession programs within the County in their clinical placement/training programs.

Time frame: Short- to medium-term

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<ul style="list-style-type: none"> • Shortage of providers is well documented in the University of Maryland 2012 <i>Public Health Impact</i> study. • Prince George’s County has a number of healthcare organizations that can provide clinical training and act as teachers in partnership with academic and vocational institutions. However, the clinical placements are limited and highly competitive. Recent experience of health professions programs is that many clinical placements are being given to students from programs outside of the County. • Prince George’s County has trained residents to address gaps in the primary care workforce, many of whom work in 	<p>Educational Institutions:</p> <ul style="list-style-type: none"> • Collaborate with other stakeholders to align programs with workforce needs. • High schools are an important part of the pipeline for preparing and engaging students for a career in the health professions early in student education. • In addition to pipeline development, career ladders and continuing education are needed. • A major concern is that in-county educational programs are competing with out-of-county and out-of-state institutions for clinical placements in County facilities. 	<p>Educational Institutions:</p> <ul style="list-style-type: none"> • Prince George’s Community College • Bowie State University • University of Maryland • High school career preparation programs <p>Service Employees International Union (SEIU):</p> <ul style="list-style-type: none"> • Provides career ladder resources <p>Private:</p> <ul style="list-style-type: none"> • Utilize lessons learned and best practices from Federally Qualified Health Centers (FQHCs) and private practices within Prince George’s County. • The Work Force Services Division of the Economic Development Corporation

Prince George's Primary Healthcare Strategic Plan: Final Recommendation from Workforce Development Committee Workgroup

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<p>these professions in neighboring jurisdictions. Additionally, these residents, with support and education, can be trained to work in clinical and other components of the health workforce. These include, but are not limited to, administration, information technology, and human resources.</p> <ul style="list-style-type: none"> • Prince George's County has public and private academic and training institutions willing and able to respond to existing and emerging workforce needs. Note, not all professional training programs are within the County, and some are only offered at the University of Maryland's Baltimore campus. • Consider the need for skill development in medical, dental, and behavioral health as part of the ideal primary care practice. • Prince George's County has additional workforce demands compared to other areas of the state as is well documented in the University of Maryland Public Health Impact Study. 	<p>County:</p> <ul style="list-style-type: none"> • Support a stakeholder group to discuss clinical placements in the County, which would include educational institutions, state representatives, and healthcare provider organizations. <p>Healthcare Institutions:</p> <ul style="list-style-type: none"> • Encourage healthcare institutions to prioritize clinical placements for Prince George's County health profession programs through verbal commitments of the leadership. Even with additional clinical placements, it is uncertain whether there is enough capacity within the educational institutions that reside in Prince George's County to meet all of the workforce needs. • Include current health professionals (private practices) in the discussion of competencies needed in the workforce and how to best train new professionals. 	<p>provides skills training. It has the capacity to expand to accommodate this type of training.</p> <p>State:</p> <ul style="list-style-type: none"> • State Loan Assistance Programs available for a range of health professions including, but not limited to, physician assistants, social workers, and nurse practitioners. <p>Federal:</p> <ul style="list-style-type: none"> • The Health Resources and Services Administration (HRSA) provides resources for the development of clinical programs and for loan repayment of providers in training.

Prince George’s Primary Healthcare Strategic Plan: Final Recommendation from Workforce Development Committee Workgroup

Recommendation 4: Prioritize improving the quality of customer service.

Prioritize improving the quality of customer service of existing healthcare staff in the County and in all training of future clinical, public health, and administrative support staff who will be providing care in Prince George’s County. Utilize the best practices of customer service in healthcare and other industries to set a new standard of patient experience in Prince George’s County.

- a. Develop a branding campaign to promote quality customer service in healthcare in collaboration with other County branding initiatives.
- b. Encourage customer service quality to be embedded in employee hiring and performance review.
- c. Identify resources to support practices to invest and train staff on customer service.

Time frame: Short-term

Rationale and Supporting Data	Roles and Responsibilities	Resources
<ul style="list-style-type: none"> • There is a consistent message from the community that quality healthcare and excellent customer service are very important to them. This was evident in the five community meetings hosted throughout the County in April 2014 and in various Stakeholder discussions. • Consider the need for skill development in medical, dental, and behavioral health as part of the ideal primary care practice. • There are best practices in customer service within healthcare and other industries that can be applied to improve customer service in the County. • Best practices in cultural competence are 	<p>Prince George’s Community College, Bowie State University, and University of Maryland:</p> <ul style="list-style-type: none"> • Work towards customer service training as an explicit part of the curriculum for all health profession degrees provided in the County. <p>County:</p> <ul style="list-style-type: none"> • Economic Development Corporation-partner with healthcare and educational institutions to support customer service training. • Develop branding on customer service healthcare in collaboration with other branding work. 	<p>Prince George’s Community College:</p> <ul style="list-style-type: none"> • The Prince George’s Community College provides customer service training in our Nursing and Allied Health Programs. There is a Health Care Management Program offered through the Business Department. MGT 1650 is a requirement of that program. <p>School System:</p> <ul style="list-style-type: none"> • High school career preparation programs <p>County:</p> <ul style="list-style-type: none"> • The Workforce Services Division of the Economic Development Corporation provides skills training. It has the capacity

Prince George's Primary Healthcare Strategic Plan: Final Recommendation from Workforce Development Committee Workgroup

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<p>also critical for quality customer service.</p>	<p>Healthcare Provider Community:</p> <ul style="list-style-type: none"> • Support healthcare providers in understanding the importance of customer service training for their patients and their business. Training on calculating the Return on Investment (ROI) of customer service can be offered through programs like the Small Business Administration, the Primary Care Association, or the local medical society. • Organizations should monitor customer service through secret shopping and “spot checking” employee performance. • Excellent customer service should be embedded in all human resource practices (hiring, performance review, etc.). • Customer service training needs to be more widespread, it should encompass all aspects of the healthcare system and it needs to touch every employee, including clerical and maintenance/facilities staff. Cultural diversity and cultural sensitivity training also needs to be considered. <p>Private Business:</p> <ul style="list-style-type: none"> • Partner with private businesses in Prince George's County to be exemplars, role 	<p>to expand to accommodate this type of training.</p> <ul style="list-style-type: none"> • Primary Care Association • Small Business Administration. • Individual private businesses in Prince George's County.

Prince George's Primary Healthcare Strategic Plan: Final Recommendation from Workforce Development Committee Workgroup

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	models, and perhaps coaches of excellent customer service.	