

# Brave New World: Empowering and Transforming Health Centers to Grow Their Own

2020 PCA and HCCN Conference November 17, 2020

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,287,500 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

# THE NACHC MISSION

#### **America's Voice for Community Health Care**

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.





#### **Learning Objectives**

- 1. Describe best practices for PCAs and HCCNs to support health centers' readiness to engage in health professions training.
- 2. Identify resources to assist health centers development of workforce strategies.
- 3. Know how to apply these resources to recruit, retain, and nurture a diverse workforce representative of the populations served

#### **Moderator:** Gerrard Jolly, Director, Career Advancement Strategies, NACHC



#### **Speakers**



LaShannon Spencer **Chief Executive Officer** Community Health Centers of Arkansas



Alex Holladay **Education Coordinator** Community Health Centers of Arkansas



Fred Rachman, MD **Chief Executive Officer** AllianceChicago

Special Note: You can find bios for the above faculty at the end of this presentation.





# Workforce Development: Building A Pipeline In Arkansas

LaShannon Spencer, Chief Executive Officer
Alex Holladay, Education Specialist



# **Brief History of Community Health Centers of Arkansas (CHCA)**

- Comprised of 12 Federally Qualified Community Health Centers/
   Community Health Centers in the state of Arkansas.
  - In 2019, CHCs provided care to over 290,000 patients in over 130 delivery sites throughout Arkansas's underserved communities.
- <u>VISION</u>: To be an innovative leader, promoting improved health care outcomes and equal access to the highest quality health care for all Arkansans.
- <u>MISSION</u>: To advocate for and facilitate the success of health centers and promote access to health care in Arkansas.



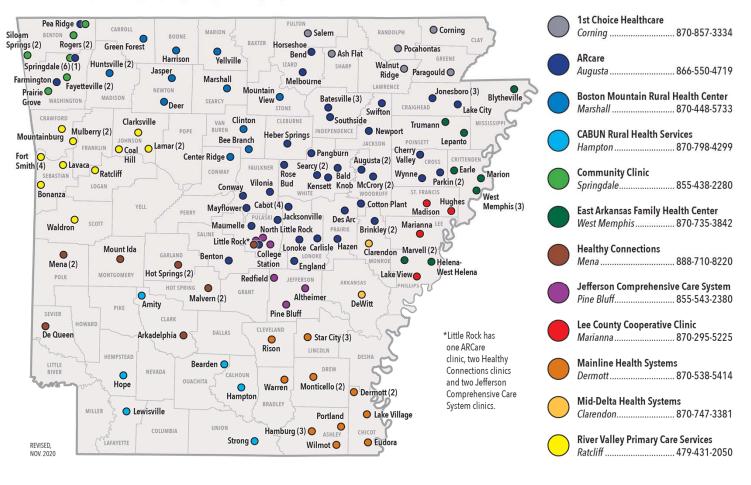
# Community Health Centers of Arkansas Staff Members



Daric Washington, Seth Blomeley- Communications/Policy Director, Sarah Pilcher-Community Outreach Specialist, Alexia Glover-Office Manager,
Lisa Weaver-Chief Operations Officer, LaShannon Spencer-Chief Executive Officer, Joe Evans- Chief Financial Officer,
Sherri Luster-Information Technology Coordinator, Cassi Bazar-Executive Assistant, Cindy Newell-Finance Assistant, Sandi Ganus-Operations Specialist, and
Alex Holladay-Education Coordinator, Matt Jones-Business/Graphic Analyst



Community Health Centers, CHARLES Arkansas sites





# **Health of Arkansas: Professional Shortage**

- Arkansas consistently has among the worst health rankings in the United States, one that has never risen above the bottom ten in terms of health outcomes.
- One of the most significant contributors to these poor health outcomes is Arkansas' shortage of primary care physicians. Over 500,000 Arkansans—over one-sixth of its population—live in a Health Professional Shortage Area (HPSA) (Kaiser Family Foundation, 2018).
- According to the Arkansas Department of Health (2019a), 50 out of 75 counties (67%) are fully or partially designated as HPSAs. All but one of those counties are also either fully or partially designated as a Medically Underserved Area (MUA) (Ark. Dept. of Health, 2019b).
- In 2016, Arkansas ranked 39th of the 50 states in number of active primary care physicians per 100,000 population (AAMC, 2017).



# **Health of Arkansas — Professional Shortage**

- Arkansas still ranks as the 43rd lowest in the nation concerning physician shortages, and in the top quintile of states with a projected primary care shortage in 2025.
- University of Arkansas Medical Sciences (UAMS) ranks in the nation's top ten medical schools for retaining graduates in the state.
  - UAMS REP family medicine residency programs have trained half of all the family physicians in Arkansas, including 810 REP-trained physicians who now practice in 132 Arkansas communities (69 of the state's 75 counties).
  - However, the healthcare needs across rural Arkansas continue to be great and the primary care workforce shortages continue to be severe.
  - Compounding this shortage is the reality that more than 1/3 of currently practicing primary care providers across Arkansas are over the <u>age of 60 and will soon be retiring</u>.
  - By 2025, Arkansas will be deficient by an estimated 590 primary care physicians (US DHHS, 2016). What is already a serious shortage is quickly moving toward a full-scale crisis.



#### **Arkansas Academic Medical Schools**



# **NEW YORK INSTITUTE** OF **TECHNOLOGY**

College of Osteopathic Medicine at Arkansas State University



**University of Arkansas for Medical Sciences** 



# **BEING INTENTIONAL The Workforce Mission: HOW IT ALL STARTED**

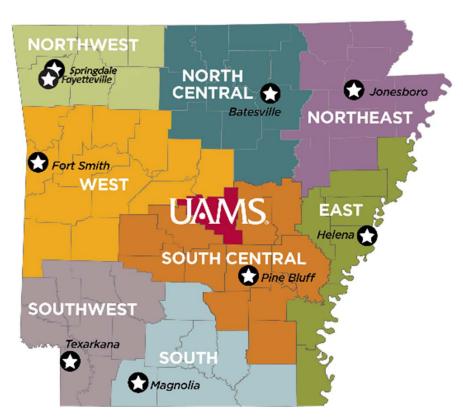




UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Dr. Mark Jansen vice president and chief medical officer for Arkansas Blue Cross and Blue Shield, former Medical Director for UAMS Regional Programs





The UAMS Regional Centers System in Arkansas is unique in that it is closely affiliated with our only medical school, the University of Arkansas for Medical Sciences (UAMS). Each UAMS Regional Family Medicine Clinic operates as a community clinic, with ties to local hospitals and community physicians.

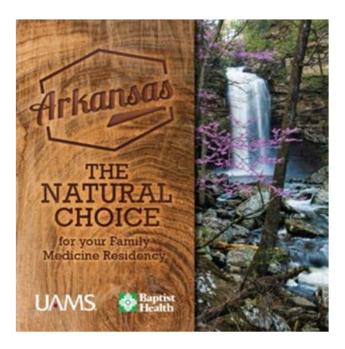
UAMS Regional Family Medicine Residents enjoy the full support of a major medical school. This means institutional support for translational research projects, access to academic faculty, participation in top-notch continuing education, and much more.



# **Health of Arkansas: UAMS Partnership**

- UAMS had been exploring opportunities for increased collaboration with the Community Health Centers of Arkansas (CHCA) and the Arkansas Rural Health Partnership (ARHP), a coalition of 12 critical access hospitals and their affiliated rural clinics in the southeast Arkansas Delta.
- UAMS sought to develop a stronger relationship with Arkansas' Historically Black
   College/University (HBCUs), the University of Arkansas at Pine Bluff (UAPB) and Philander Smith
   College (PSC), in order to help provide additional support to minority and disadvantaged students
   who are interested in health careers.
- Unfortunately, a lack of funding and resources in these institutions dedicated to facilitating student experiences and their connections with strategic faculty have prevented the realization of shared goals.
  - Expansion of these partnerships will be mutually beneficial for all parties, by enhancing rural student recruitment, increasing clinical rotation options for medical students, and assisting long-term workforce recruitment.





These projects are allowing us to do things we've wanted to do for many years. Working with UAPB and Philander Smith and other community partners, we can help more rural and disadvantaged students successfully navigate the medical school pipeline. Strengthening partnerships with the Community Health Centers of Arkansas, CHCs and Critical Access Hospitals also increases our capacity to expose more trainees to rural primary care rotations across the state, encouraging them to pursue family medicine with one of our residency programs and ultimately return to an underserved community to practice."

~Robin Howell, program manager & lead writer of the grant proposals



## Partnership with UAMS, CHCA, and CHCs

- We supported UAMS' application to the HRSA Primary Care Training and Enhancement: Residency Training in Primary Care (PCTE-RTPC) Program.
- We share a common mission to expand access to quality care for all Arkansans. We have been working closely with UAMS this past year on the recent HRSA Medical Student Education grant, to expand our partnership and increase opportunities for medical students to experience our clinics through preceptorships, service learning projects and clinical rotations.
- We know this partnership is the next logical step to help increase of Family Medicine resident rotation options at our clinics, and ultimately the creation of new rural residency programs and training tracks in some of Aransas' most medically underserved areas.
- We know that getting more residents into our centers for clinical exposure will be mutually beneficial, by expanding the number of rural and MUC rotation sites for your residents and by giving those residents exposure to our clinics as potential practice locations.
- We have already been discussing and making preliminary plans for such residency programs.



# FUNDING - HRSA Primary Care Training and Enhancement: Residency Training in Primary Care (PCTE-RTPC) Program.

The goal of this project is to increase the number of primary care physicians who practice in rural and medically underserved communities in Arkansas. This goal will be achieved through the following objectives:

- 1. Enhance pre-medical recruitment and retention strategies to increase the number of students from Arkansas' rural and/or MUCs enrolling in the UAMS COM, and who ultimately return to practice in rural and/or MUC primary care settings in Arkansas.
- 2. Increase community-based experiential opportunities in rural and/or MUC primary care clinical training sites by expanding strategic partnerships across the state.
- 3. Expand UAMS COM pre-clinical and clinical opportunities, service projects and other experiences to increase medical student knowledge, skills and abilities related to HRSA Core Topics and service in rural and/or MUC settings.
- 4. Develop and implement a Faculty/Staff Development series designed specifically for new FQHC and CAH teaching clinicians.

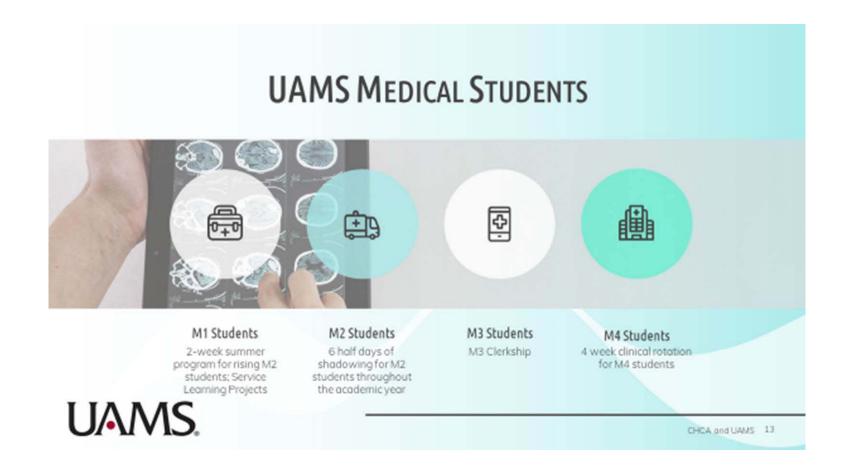


## **CHCA and UAMS Partnership Agreement**

- The COMMUNITY HEAL TH CENTERS OF ARKANSAS will provide medical student, and faculty if applicable, access to appropriate resources for medical student education.
- The UNIVERSITY FOR ARKANSAS FOR MEDICAL SCIENCES is ultimately responsible for the medical education program, academic affairs, and the assessment of medical students.
- The UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES is primarily responsible for the appointment and assignment of faculty members with responsibility for medical student teaching.
  - Specification of the responsibility for treatment and follow-up when a medical student is
    exposed to an infectious or environmental hazard or other occupational injury,
  - The shared responsibility of the UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and COMMUNITY HEALTH CENTERS OF ARKANSAS for creating and maintaining an appropriate learning environment.



### **CHCs and UAMS Medical Students**





# **Service Learning Projects**

Student	Year	Project Type
Molly Kyle	June of 2020	White Paper: Health Centers Strengthening Services to Benefit Rural Patients (CHCA)
Lemuel Reber	June of 2020	Eat Wise, Exercise, Drop a Size Campaign (CHCA)
Dhaval Shah	June of 2020	Eat Wise, Exercise, Drop a Size Campaign (CHCA)
Joshua Bennett	July of 2020	Vulnerable Health Populations in Lee County
Tyler Ratliff	July of 2020	Quality Improvement for Mainline Health Systems



# Where Are We Now: Statewide Workforce Community Health Centers Plan

- Future Adventures of Science and Medical Technology (FAST)
  - We will develop an academic pipeline which will immerse children in the sciences through age-appropriate activities and field trips that will allow them to explore research-related disciplines such as biology, public health, mathematics, engineering, chemistry, physics, and anatomy. This 2 week summer program will be targeted to the underserved student population from the ages of 12-17.
- Northwest Regional Primary Care Association-Education Health Center Initiative
  - EHCl offers consulting services to Community Health Centers for a range of health professions and primary care disciplines, including residency programs in:
    - Family Medicine
    - Internal Medicine
    - Psychiatry





For more information, visit www.chc-ar.org

**Questions?** 

# Workforce Education Panel: An HCCN perspective

FRED D RACHMAN, MD





#### Our Mission:

To improve personal, community, and public health through innovative collaboration.

Analytics/
Research

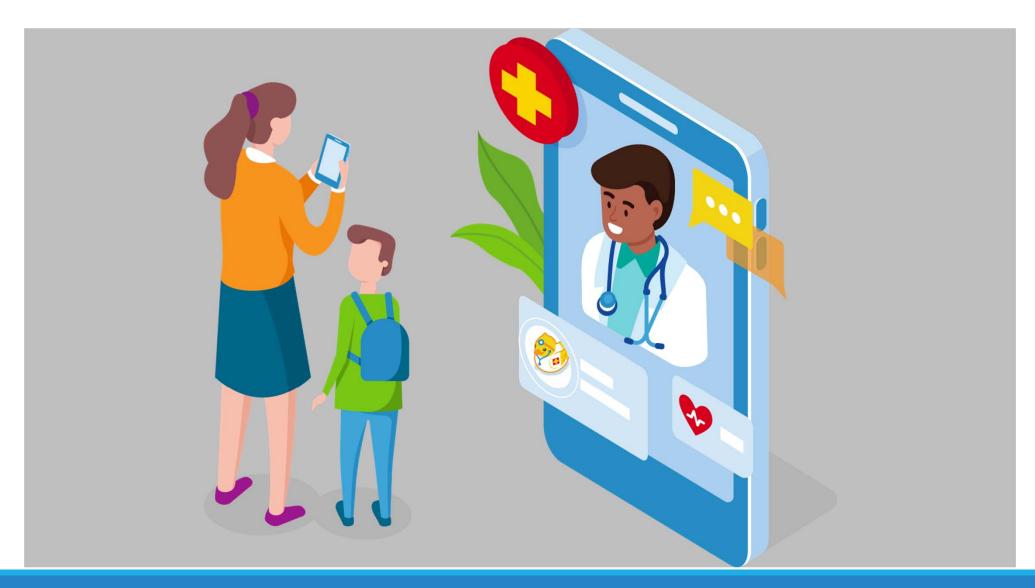
Collaboration /
Practice
Transformation

**Technology** 



## What Makes a Successful User?

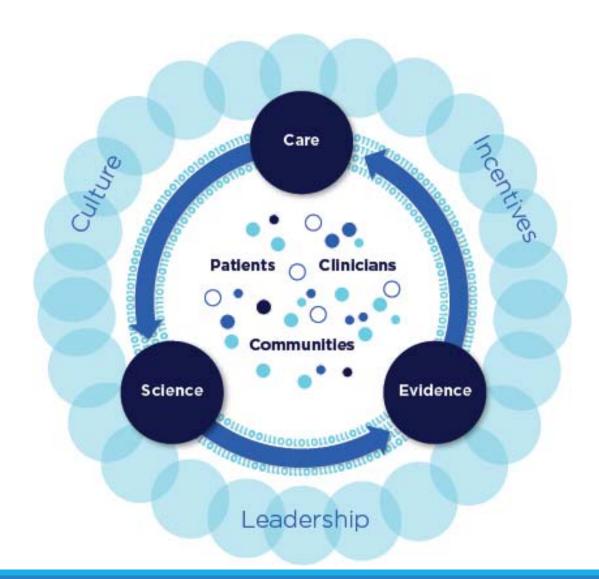












August 2017

# Characterizing the Source of Text in Electronic Health Record Progress Notes

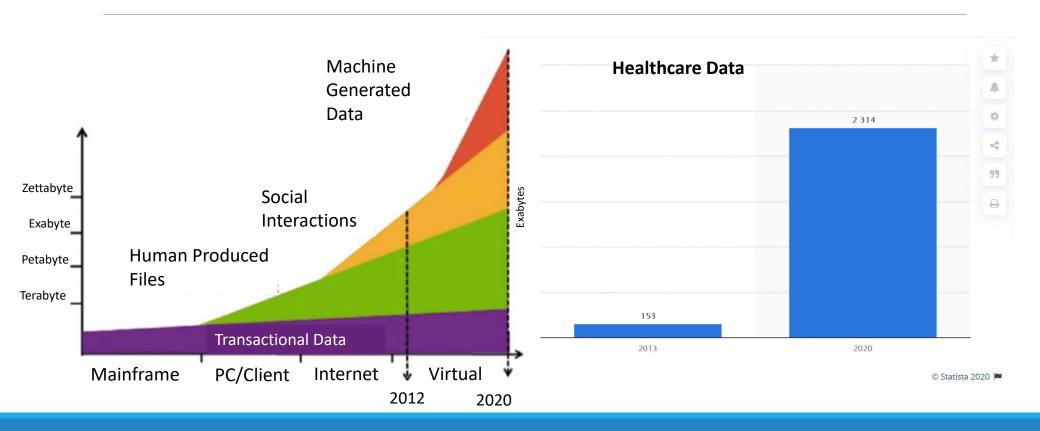
Michael D. Wang, MD1; Raman Khanna, MD1; Nader Najafi, MD1

» Author Affiliations | Article Information

JAMA Intern Med. 2017;177(8):1212-1213. doi:10.1001/jamainternmed.2017.1548

In a typical note, 18% of the text was manually entered; 46% copied; and 36%, imported

# Exponential Growth of Data







# HTAA HEALTH IT DATA and ANALYTICS COURSE

Course content focuses on the practical and covers core HIT concepts including:

- Healthcare Systems
- System Implementation
- Data / Cyber Security
- Project Management
- Leadership
- Data Analytics / Informatics

Course material is presented using a combination of lectures, exercises and hands-on workshops.

The course covers the material required to prepare for the CPHIMS exam and as such a CPHIMS Bootcamp is included for those wishing to take the CPHIMS exam.

# **Questions?**







#### **Breakout Sessions**

#### **Breakout A: Readiness to Train Assessment Tool (RTAT)**

Facilitator: Amanda Schiessl, MPP Project Director/Co-Principal Investigator Community Health Center Inc./Weitzman Institute

#### **Breakout B: Education Health Center Guide**

Facilitator: Bruce Gray, MPA **Chief Executive Officer** Northwest Regional Primary Care Association (NWRPCA)

#### **Breakout C: Chief Workforce Officer (CWO) Toolkit**

Facilitators: Michelle Fernandez, DSW, MSW **Senior Training Specialist** Association of Clinicians for the Underserved

Sabrina Edgington, MSW Director of Learning and Curriculum Design Association of Clinicians for the Underserved

#### **Breakout D: Workforce Plans**

Facilitator: Nataly Diaz, MBA (2022) Assistant Director, Workforce Development California Primary Care Association





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#### **Breakout Sessions Instructions**

**Access the Breakout Session of your** choice by returning to the PCA & **HCCN** Tab in the computer browser that you used to enter this session.

Click on the breakout session that addresses the resource or approach that you'd like to explore to assist you in implementing the HP-ET Initiative.







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## **BIO: Gerrard Jolly**

Gerrard Jolly is Director of Career Advancement Strategies for the National Association of Community Health Centers (NACHC). In this role, he develops and delivers executive leadership training and establishes and oversees partnerships to advance the health center workforce through education and training opportunities. Gerrard was formerly the National Director of Community HealthCorps, a health care training and development program that annually placed 500+ individuals in community health centers to address social determinants of health. He holds bachelor's & master's degrees in history from Alabama State University (an HBCU) and the University of Akron (OH), respectively, with concentrations in the African American civil war & civil rights experiences. He has earned a Certificate in Nonprofit Management from the University of Washington and is pursuing a Certificate in Diversity and Inclusion from Cornell University.



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## **BIO: LaShannon Spencer**

LaShannon Spencer, MPA, MHSA provides the strategic direction to Community Health Centers of Arkansas. In 2019, FQHCs served 223,000 patients across the state of Arkansas. Community Health Centers of Arkansas advances the Health Resources and Services Administration (HRSA) health center priorities. Those priorities include improving access to quality health care and services, foster a health care workforce to help address current and emerging needs, enhance population health and address health disparities through community partnerships, and explore healthcare innovations. Many of the patients who seek health care services within FQHCs are vulnerable patients who often reside in rural and medically-underserved communities. One of the critical partnerships that LaShannon has fostered under her leadership with CHCA is with the Arkansas Chapter of the Heart Association.

LaShannon is always focused on increasing the knowledge, improving attitudes, changing behaviors, examining and proposes policies/ procedures as well as systematic changes to improve the health and health outcomes for all Arkansans, especially the ones that seek medical care within a FQHC setting. Also, LaShannon has been a part of several evidence-based research projects that demonstrates individuals who live with chronic diseases are at risk for comorbidities such as depression and other mental health conditions, and applicants are encouraged to include activities addressing mental health and substance use disorder, including opioid use disorder.

She is a national speaker on topics of health disparities, social determinants, cultural competency, and care delivery for vulnerable populations. As a healthcare executive, she has a wealth of knowledge in labor relations, public policy, advocacy, patient and physician relations, patient and family engagement, patient safety, and health care in general. Additionally, she is regarded as a thought leader regarding access to quality healthcare services for vulnerable populations and patient and family engagement. LaShannon has been described as a forward thinker, out of the box strategist for engaging clinicians, patients, and community partners to address factors that hinder communities who continue to face difficulties in accessing quality healthcare services. These factors often influence the social determinants of health, which contribute to healthcare disparities.

Additionally, LaShannon's healthcare writings are often featured in the Healthcare Journal of Arkansas, Arkansas Times, and Community Health magazine- a CHCA publication.

NATIONAL ASSOCIATION OF Community Health Centers

## **BIO: Alex B. Holladay, MS**

Education Coordinator for the Community Health Centers of Arkansas. Coordinates between the University of Arkansas for Medical Sciences and CHCA, aiming to grow the number of rural physicians in the state of Arkansas. Mr. Holladay came to CHCA from the UAMS College of Pharmacy, where he served as the Director of Recruitment for five years. Before UAMS, he was the Director of Student Services for the University of Arkansas at Little Rock.



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## **BIO: Fred D. Rachman, MD**

Fred D. Rachman, MD received his Bachelor of Arts degree in Biology from Johns Hopkins University and his Doctor of Medicine degree from Temple University. He has more than 30 years experience in primary health care delivery and administration, and extensive experience in Community Health Center leadership and in directing Community Health Center programs and research initiatives.

Dr. Rachman presently serves as Chief Executive Officer of the AllianceChicago, a HRSA funded network of primary care Community Health Centers whose mission is to improve personal, community and public health through innovative collaboration. AllianceChicago provides expertise, infrastructure, services and education in health information technology, practice transformation, data analytics, informatics and research.

Dr. Rachman is an Attending Physician in Pediatrics at Northwestern Memorial Hospital and Ann and Robert H. Lurie Children's Hospital of Chicago and sees patients as a Pediatrician at Erie Family Health Center, an FQHC in Chicago. His voluntary leadership involvement has included among others the Board of the Health and Medicine Policy Research Group, the Illinois Health Information Exchange Advisory Board and Community Health Applied Research Network Steering Committee and Board of Directors of the Health Information Management Systems Society, National Collaborative of HIT for the Underserved and KLAS.



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