Thank you for attending today’s training. By doing so you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, culturally competent, high-quality primary health care services.

Presented by:
Nataly Diaz, Deputy Director of Workforce Development
California Primary Care Association

Kelly Rondou, Senior Consultant, Organizational Performance
Wipfli, LLP

Live Broadcast Date/Time:
Thursday, June 23, 2022
12:00 – 1:30PM Mountain Time / 1:00 – 2:30PM Central Time

Target Audience:
C-Suite Leaders, Operations Staff, Workforce Development Staff, HR Directors, and Clinical Directors at health centers in Region VIII (CO, MT, ND, SD, UT, WY).

Event Overview:
Grow-your-own is a core element of CHC workforce planning, and Health Professions Education & Training (HP-ET) programs are a proven strategy for growing-your-own next generation of CHC clinical providers and staff. In 2021, the California Primary Care Association (CPCA) partnered with the Education Health Center Initiative (EHCI) to develop the “HP-ET Template for Assessment and Action.” This resource helps CHCs build strategic plans specifically for HP-ET program/s by outlining a strategic workplan process and providing a sample plan outline and fillable plan template. In this session, CPCA and EHCI will discuss how CHCs and PCAs can leverage this tool in their own strategic workforce planning (SWP) and HP-ET efforts.

Learning Objectives:
Upon completion of this webcast, participants should be able to:
1. Understand CPCA’s new “HP-ET Template for Assessment and Action” tool.
2. Understand key elements of strategic workforce planning for HP-ET programs.
3. Understand how partners can leverage this tool in their workforce efforts.

Handout Contents:
Page 2: Description of CHAMPS, Speaker Biography, Related CHAMPS Resources
Pages 3-49: Slides
CHAMPS Archives:
This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit www.CHAMPSonline.org/events-trainings/distance-learning.

Description Of CHAMPS:
Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally funded Community, Migrant, and Homeless Health Centers so they can better serve our patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, and the benefits of CHAMPS Organizational Membership, please visit www.CHAMPSonline.org.

Speaker Biographies:
Nataly Diaz is passionate about creating a robust and diverse healthcare workforce that is responsive to and reflective of the many unique communities that exist across our country. As the Deputy Director of Workforce Development at the California Primary Care Association, she has designed and implemented several initiatives that have fostered pipeline partnerships, expanded community-based training, and removed barriers inhibiting provider recruitment and retention in community health centers. Nataly earned her B.A from the University of California, Los Angeles and M.B.A. from the University of California, Davis.

Kelly Rondou is a workforce development professional experienced in nonprofit and healthcare workforce development. She specializes in strategic planning, grant writing, cooperative agreement development, governance, management, and operations. Before joining the Wipfli team, she was a HRSA-funded Primary Care Association Program Director.

Related CHAMPS Resources:
- CHAMPS Recruitment and Retention Resources: http://champsonline.org/tools-products/rrresources
- CHAMPS Pipeline Development Tools: http://champsonline.org/tools-products/rrresources#pipeline
- About CHAMPS Workforce Development Program: http://champsonline.org/about/workforce-development
- CHAMPS Workforce Resources Website Tutorial: http://champsonline.org/site-map/champs-website-tutorials#wf
Grow Your Own Clinical Workforce with HP-ET Strategic Planning

Thursday, June 23, 2022
12:00-1:30 PM Mountain Time
1:00-2:30 PM Central Time

Hosted by:

Thank you for joining us!
The event will begin shortly.
Strategic Planning for Health Professions Training

Community Health Association of Mountain/Plains States

June 2022
Nataly Diaz, MBA

Deputy Director of Workforce Development
California Primary Care Association
ndiaz@cponline.org
916-440-8170 x 1037

Kelly Rondou

Senior Consultant, Organizational Performance, Wipfli LLP

- Graduate Medical Education
- Health Professions Education & Training

kelly.rondou@wipfli.com
509-232-2744
The mission of EHCI is to improve healthcare for underserved populations by helping Community Health Centers (CHCs) and State Primary Care Associations (PCAs) develop innovative workforce training partnerships in urban and rural settings.

EHCI is a partnership between NWRPCA and CHAMPS.

Consulting with CHCs & State PCAs Across the Nation
• Graduate Medical Education (GME) including Teaching Health Center (THC)
• Sponsoring Institution (SI) & Specialty Program Applications
• Grant Writing & Subject Matter Expertise (SME) for Grant Applications
• Preceptor Training & Support
• Allied Health Program Development
• Health Professions Education and Training (HP-ET) Programming & Workforce Roadmaps
• HRSA Training and Technical Assistance (T/TA) & Implementation of Workforce Plans
• Feasibility Studies & Data Analysis (RTAT & UDS)

Please contact EHCI to discuss these programs plus additional services

For more information & access to our Education Health Center Guide, please visit: www.educationhealthcenter.org

Robyn Weiss, P.T., M.Ed
EHCI Program Manager
rweiss@nwrpca.org | 425-890-1981
Defining Health Professions Training

Telling the Story

Determining Direction with Data

Ongoing Data-Driven Strategy

Conclusions & Next Steps
Health Professions Education & Training Template for Assessment and Action Plan

https://www.cpca.org/CPCA/Store
Where are you in your HPET journey?

- New to HPET
- Have some HPET knowledge
- Been in this space for a while, just trying to learn more
Where is your CHC in their HPET journey?

- Have not started HPET program or partnership, but considering
- Recently started our first HPET program or partnership
- Had HPET programs/partnerships, but had to scale back
- Implemented multiple HPET programs/programs and continuing to grow
“...AAMC’S ANALYSIS OF HEALTH CARE UTILIZATION EQUITY SCENARIOS FOUND THAT CURRENT U.S. **DEMAND COULD INCREASE BY BETWEEN 102,400 TO 180,400 PHYSICIANS** IF HEALTH CARE UTILIZATION PATTERNS ARE EQUALIZED ACROSS RACE, INSURANCE COVERAGE, AND GEOGRAPHIC LOCATION. THIS ESTIMATE WAS NOT INCLUDED IN THE RANGES OF PROJECTIONS.”

AAMC, 2021
Strategies to Address Provider Shortages

• Retention  
• Recruitment  
• Partnership  
• Grow-Your-Own: Health Professions Education & Training (HPET)
Enhance health centers’ capabilities to recruit, develop, and retain their workforce by exposing health and allied health professions students, trainees, and residents to education and training programs at health centers.

Note the narrow focus:

- BHW-defined
- BHW-funded
HRSA BHW Supply & Demand of Family Medicine Physicians Across the U.S.

Supply & Demand 2018 - 2030

© 2022 Wipfli LLP. All rights reserved.

https://data.hrsa.gov/topics/health-workforce/workforce-projections
HRSA BHW Supply & Demand for Region VIII Family Physicians

Adequacy = Supply / Demand (%)

Colorado: 130 (2022) / 119 (2030)
Montana: 137 (2022) / 130 (2030)
North Dakota: 121 (2022) / 118 (2030)
South Dakota: 127 (2022) / 115 (2030)
Utah: 101 (2022) / 94 (2030)
Wyoming: 127 (2022) / 126 (2030)

Percent adequacy of greater than 100% does not account for potential maldistribution at smaller geographic areas. [https://data.hrsa.gov/topics/health-workforce/workforce-projections](https://data.hrsa.gov/topics/health-workforce/workforce-projections)
The length of the clinical pipeline makes prediction imperative

We’ve been in the mode of reacting for decades but need to get ahead of the curve...predict & strategically plan rather than react and recirculate.
...which means growing our own through HPET!
The Benefits of Grow-Your-Own & HPET

- Nearly 60% of medical residents practice within 100 miles of their residency program and more than half stay in the same state.

- Providers trained in CHCs live and breathe the CHC Mission, Vision, and Values every day of their training.

- Studies show that current staff who have opted in and are in engaged in learning/training programs have a higher satisfaction rate than their peers.

- Visible in-house training programs may positively impact recruiting from your patient community.
Return on Investment

- Strengthened workforce = improved economy
- Increased employee satisfaction + retention = less turnover
- Pipeline of candidates = less time to fill open positions
- Increased efficiency = no learning curve with EHRs
- Greater access to care = increased mission impact
Strategic Workforce Planning IS HPET
The models vary, and each approach will be unique to the health center.

**HPET Models & Approaches**

- Accredited programs
- Certificate programs
- Apprenticeships, clerkships, internships, student fieldwork
- Partnerships with Academic Institutions or other CHCs
- Graduate programs
- Supervision for licensure
- Mentorships
- Rotations
- Shadowing
- Educational outreach
- Career pathways
...and more!
The HPET Model Spectrum

Control, Decision Making Authority and Residency Retention

SPONSORING INSTITUTION

CONSORTIUM PARTNER

CONTINUITY SITE

ROTATION SITE

GREATEST

LEAST

CPCA Pathways to Residency: Community Health Center Models for Graduate Medical Education
https://www.cpca.org/CPCA/HEALTH_CENTER_RESOURCES/Workforce/Graduate_Medical_Education_Resource_Library.aspx

June 22, 2022
https://www.cpca.org/CPCA/Store
Telling the Story
Elevator Speech

As-is statement
Impact of nothing changing
Proposed solution that excites the listener

Mainstreet CHC Dental

Mainstreet CHC Dental has a ten-week wait time for new clients, which is negatively impacting health outcomes and causing high emergency dental needs. If MCHC had a dental HPET program, we could greatly increase our dental provider pipeline.

In the chat, share your workforce elevator speech.
The Steering Committee

- Build Buy-in

- The Steering Committee
  - Internal Stakeholders
  - External Stakeholders
  - Committee Charge
Statement of Need

(pg. 13)

- Builds upon Elevator Speech
- Describes current and future needs
- Uses data to refine/revise/solidify needs and message
- Clearly communicates to internal and external stakeholders
Communicating Your Data

Make the data as accessible as possible for all stakeholders.
Determining Direction with Data
Based on the statement of need, ask questions and identify the data needed.

**Mainstreet CHC Dental:**

- Dental provider & staff FTE
- Dental provider productivity
- Provider & staffing ratios
- Turnover/retention
- Productivity by exam room/operatory
- Wait time to first appointment
- Community demographic trends

What other data should MCHC be looking at?
• Identify your data – what do you have, what do you need? For example:
  • Internal:
    • Productivity
    • Turnover
    • Provider ratios
  • External:
    • Unmet community needs
    • Competition
    • Demographics & DEI

• Ask questions rather than make declarations
  • DO we have productivity issues? vs. We ABSOLUTELY have productivity issues?
  • Data that answers the questions
  • Look at trends
  • Keep asking questions

• Understanding your data story
• Quality Improvement/PDSA – continuous process
• Be cautious of data analysis paralysis
Now that you have the data you need and know the questions you need answered, develop your formulas and identify benchmarks.

**Mainstreet CHC Dental:**

- **Is our productivity too low?**
  - Number of Patient Visits per Year by FTE
    - Benchmark: 2018 National Average – 3,566.4
  - Active Patient Count
    - Benchmark: approx. 1,500 per dentist

- **Do we have enough space for current productivity, and could we be seeing more patients in our current space?**
  - Number of operatories
    - Benchmark: 3 operatories per dentist
  - Vacancy rate by operatory
    - Benchmark: The higher the vacancy rate, the more room there is to increase patient services

What other questions and data sets could MCHC be looking at?
Once you better understand the past and the present, you can start anticipating the future.

**Mainstreet CHC Dental:**

- Of our four dentists, one is likely to retire in five years, and another has talked about their interest in going back to school for a specialty.
- There has been some talk of a national big box store piloting a dental program at their location down the street. This could mean increased competition for hygienists.
- Over the last ten years, the overall population has grown by 10%, but average household incomes, except for people working for the big tech company in town, has decreased quite a bit. It seems like this trend is likely to continue.

What other historical trends or developments should MCHC look at to inform their vision of their future workforce?
Needs Assessment

Drawing Conclusions

• What is your data story telling you?
• What are your recurring needs and challenges?
• What provider type/s best meets those needs and challenges?
• What program models best meet your needs that are also within your capacity?

Double-check your assumptions.

Don’t be afraid to make the “wrong” decision!
Feasibility, Readiness, & Business Modeling

- Leadership Commitment
- Program Goals
- Program Requirements
- Resources (Patient volumes, space, faculty, insurance, etc.)

- Identify Gaps & Develop Plans to Address

- Foundation for Funding Applications & Grant Negotiations
### Gap Analysis

* (pg. 29)

<table>
<thead>
<tr>
<th>Row</th>
<th>Standard</th>
<th>Description</th>
<th>Indicate Compliance</th>
<th>Notes</th>
<th>Action Needed for Compliance</th>
<th>Person Responsible</th>
<th>Date to be Completed</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>I.A.1</td>
<td>The program must be sponsored by one ACGME-accredited Sponsoring Institution</td>
<td>Successfully submit SI application</td>
<td>Patti Mayonnaise</td>
<td>1-Sep-21</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 9   | I.B      | Participating Sites  
A participating site is an organization providing educational experiences or educational assignments/rotations for residents. | Working on partnership agreements | Roger Klotz |
| 10  | I.B.1    | the program, with approval of its Sponsoring institution, must designate a primary clinical site. | Primary clinical site = Mainstreet CHC | Roger Klotz |
| 11  | I.B.2    | There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. | PLA being drafted | Doug Funnie |
| 12  | I.B.2.a) | The PLA must:  
1. be renewed at least every 10 years; and,  
2. be approved by the designated institutional official (DIO). | Need signature | Final draft to be sent to DIO | Doug Funnie |
| 13  |         |             |                     |       |                             |                   |                     |               |
| 14  | I.B.2.a) |             |                     |       |                             |                   |                     |               |
| 15  | I.B.3    | The program must monitor the clinical learning and working environment. |                       | Doug Funnie |
### SWOT Analysis

#### (pg. 30)

<table>
<thead>
<tr>
<th><strong>Strengths</strong></th>
<th><strong>Weaknesses</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Patient feedback on our existing dental program has been consistently positive with 94% of patients responding 4 or 5 on “would you recommend this clinic”</td>
<td>+ It can take months to fill our open provider positions in the dental clinic. Average time to fill open DA positions is 14 months over last 3 years</td>
</tr>
<tr>
<td>+ Mainstreet CHC is known for its accessibility and welcoming atmosphere for a diverse group of patients</td>
<td>+ Our community doesn’t have great access to activities that would be attractive to prospective providers</td>
</tr>
<tr>
<td>+ Our dentists and hygienists have great ideas for quality improvement and are very engaged as a team and with the organization</td>
<td>+ We’ve had students in the clinic before, but none have accepted subsequent offers of employment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Opportunities</strong></th>
<th><strong>Threats</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>+ The new company down the street is interested in partnering with us to provide services to their employees</td>
<td>+ A prominent for-profit provider has opened a brand-new dental clinic in the next town over</td>
</tr>
<tr>
<td>+ Federal funding for dental provider education programs might come out soon</td>
<td>+ Our university/education partner has seen a drop off of applicants and is considering consolidating its rotation sites</td>
</tr>
</tbody>
</table>
| + A new show is coming out based in a rural dental clinic. May generate interest in being a dental health professional in a community like ours | + A bill has been introduced in the state legislature to reduce funding for public clinics dental programs by 6%.
### Criteria for Decision Making

(pg. 34; 51)

<table>
<thead>
<tr>
<th>Model</th>
<th>Budget Neutral</th>
<th>Improves Access</th>
<th>Easy to develop</th>
<th>Provides a &quot;grow your own&quot; solution</th>
<th>Bandwidth</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEGD Dental program</td>
<td>?</td>
<td>o</td>
<td>-</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Family Medicine Residency</td>
<td>?</td>
<td>o</td>
<td>x</td>
<td>o</td>
<td>x</td>
</tr>
<tr>
<td>Nurse Practitioner Program</td>
<td>?</td>
<td>o</td>
<td>x</td>
<td>o</td>
<td>?</td>
</tr>
<tr>
<td>Psychiatry residency program</td>
<td>?</td>
<td>o</td>
<td>x</td>
<td>o</td>
<td>x</td>
</tr>
<tr>
<td>Status Quo</td>
<td>-</td>
<td>x</td>
<td>-</td>
<td>x</td>
<td>-</td>
</tr>
</tbody>
</table>

*O = positive impact, X = negative impact, - = neutral impact, ? = unknown impact*
Ongoing Data-Driven Strategy
Recruiting Learners

(pg. 41)

- Invest in marketing activities that have short- and long-term results
- Clear policies and procedures
- Clear communication with applicants throughout
- DEI strategy that doesn’t end after the interview process
- Interview rubric
  - Consistency for all candidates, minimize bias
  - Alignment with CHC mission, vision, and values
  - Lived experience/cultural alignment with patient population > straight-A's

What interview questions might help identify strong candidates for your CHC?
Retaining Learners

Onboarding
- Include key stakeholders in designing and implementing
- Thorough process to orient the learner to all necessary policies, procedures, organizational goals, etc.
- Collect feedback for QI/QA

Retention
- Understand organizational retention challenges – this will impact learners, too!
- Collect feedback for QI/QA
  - Throughout the program/Stay Interviews
  - Offboarding/Exit Interviews

What questions might you ask to assess learner satisfaction/likelihood to stay at your CHC?
Program Outcomes

- Indicators of a successful program
- Driven by program Mission & Vision

Program Evaluation

- Measuring progress toward the outcomes
- Qualitative and quantitative data
- All stakeholders surveyed (appropriately)
- Results communicated to all stakeholders and used for QI/QA

Mainstreet CHC Dental:

- Outcome: Develop highly skilled providers dedicated to providing care to the Mainstreet community.
  - Measurements:
    - Retain 10% of graduates each year
    - 95% pass rate for certification
    - Others?

*Always Review, Adjust, & Revise!*
Conclusions & Next Steps
Next Steps

Download and work through the template: https://www.cpca.org/CPCA/Store

Begin building your data story and need statement

Explore program models

Don’t be afraid to start small

Give yourself credit for what you’re already doing!
Thank you!

Kelly Rondou
Senior Consultant, Organizational Performance
Wipfli LLP
Kelly.rondou@wipfli.com
509-232-2744

Nataly Diaz, MBA
Deputy Director of Workforce Development
California Primary Care Association
ndiaz@cpca.org
916-440-8170 x 1037

wipfli.com
Wipfli mission, vision and values

**Mission**
To enable individuals and organizations to achieve their full potential, empowered by the security of a stable foundation.

**Vision**
Create a lasting, positive impact for every person, organization and community we engage.

**Values**
Integrity • Caring • Excellence • Teamwork • Perseverance

**Brand promise**
Through deeply invested relationships and boundless curiosity, Wipfli brings clarity that drives results.
Business consulting is what we do. Why we do it is a different story.
Thank you for joining us!

By attending today’s event you are strengthening the ability of your mission driven, community-based, and patient-directed health center to deliver comprehensive, culturally competent, high quality primary care services.

Please complete the evaluation by Thursday, June 30, 2022: https://www.surveymonkey.com/r/5QGMQTS

To learn about other upcoming CHAMPS events and view today’s recording, visit: http://champsonline.org/events-trainings/distance-learning