

CoP Meeting Agenda

Project: Health Worker Community of Practice

Date: Tuesday, July 25, 2017

Time (Pacific): 10-11AM Pacific

Dial-in: 213-992-5321; PIN: 28561

Screen share: <https://www.uberconference.com/78747246>

Attendees:

Monique Cuvelier, Pres. of Talance Inc., Facilitator of CHW

Deb Kazmerzak, Iowa Chronic Care Consortium

Quinn Cartwright, Project Manager, Nevada CHW Association

Amanda Santos, Business Process Analyst, Colorectal Cancer Program, Nevada

Chris Naso, Public Policy Manager, National Substance Abuse Prevention Non-profit

Scott Carlson, Washington State Department of Health

Agenda Items:

1. Welcome
2. Introductions
3. Discussion topic: Reviewing Needs Assessment for the Next Year
 - a. Why would you be interested in joining a CoP that is focused on establishing and maintaining training programs for frontline health workers?
 - i. Networking- at the top of the list of reasons.
 - ii. Great resources.
 - iii. Learning from other states.
 - 1) How to maintain momentum and gain support from the state.
 - 2) Developing trainings and curriculum.
 - a) Integrating Spanish lessons.
 - 3) Strategic planning and collaboration.
 - iv. Helps understand what works at the local level.
 - 1) Continuum of information from people who are doing the work to the people making this possible.
 - b. Do you think this domain is either too broad or too narrow to be of interest to you? If so, how would you shrink or grow the concept?
 - i. Grow it by taking next steps.
 - 1) Share with potentially interested folks.
 - 2) Provide guidance around specific topics.
 - 3) Provide compelling reason for interested parties to participate.
 - 4) Do some strategic planning.
 - ii. Naturally expanded to something larger.
 - 1) Creating sustainable programs working with other departments.
 - 2) Not just focused on training CHWs but also on developing workforces.
 - iii. Address some gaps in workforce development.

- iv. Address issues on creating a sustainable fund source to maintain efforts related to CHW associations or state-level efforts or local efforts to develop workforce.
 - 1) Create and articulate business case and ROI.
 - c. What issues do you foresee around developing a CoP on this domain?
 - i. Get more people involved and keep them involved.
 - 1) Membership recruitment.
 - 2) Notifications sent after call/meetings in addition to facilitation.
 - d. Who are specific groups (formal and informal), teams, or partner organizations that would be particularly interested in this CoP?
 - i. Track participants who participate in the CoP calls.
 - ii. Send invitations to people.
 - iii. Invite a CHW or someone who represents a CHW network to sit in on some of the meetings.
 - 1) Get their perspective.
 - a) How can the program best support their needs?
4. Open Discussion
 - a. Washington State
 - i. Secured grant funds (through State Department of Health) for another year.
 - 1) Translate online core competencies into Spanish.
 - 2) Pool in resources from different states on this stuff (translated courses or resources) for long-term plans.
 - ii. Program is popular among clinics and community health centers.
 - iii. Looking at certifying or credentialing the training programs versus providing State Department of Health issued licenses.
 - 1) Delineates the level or skill set a CHW possess.
 - 2) Define roles and boundaries based on what they have been trained to get.
 - b. Is Medicaid something that people are looking toward as a potential funding stream or as a potential vehicle for providers to hire and employ CHWs? Or, are people more focused on the community and that it would earn it into an allied health profession?
 - i. Nevada pursuing the Medicaid reimbursement for CHWs but not anticipating it as the only source of funding.
 - 1) CHWs from the school and CHWs in the community might use different funding sources to fund their work.
 - 2) Similar in Washington State.
 - a) Healthier Washington initiative talks about implementing a system called Pathway, a web-based app that provide clear pathways in documenting services
 - i. Provides an avenue in documenting the work or services that CHWs are doing.

1. Different pathways for different chronic disease prevention efforts with each pathway having very different specific requirements that service providers document (CHWs may be a part of those that provide service which can then be reimbursed later on).
 - c. ROI that CHWs provide.
 - i. Data indicate that CHWs reduce cost and improve care for communities.
 - ii. Shift in healthcare is moving downward.
 - 1) Physician assistants and nurse practitioners are more sought after than doctors.
 - a) Cost less, do similar services.
 - 2) Make sure people recognize that it's worthwhile to have CHW as an employable profession.
 - a) Solid data available around the value of CHWs.
 - d. To send out Doodle Poll to the group to help decide on next meeting's schedule.
 - i. Possible dates are on the weeks of August 21 and 28.
 - e. Monique, followup:
 - i. Summarize results of the assessment.
 - ii. Send out to call participants the partially completed assessment form to for everyone to fill out.
 - 1) Participants to submit the form back for compilation.
5. Decide next meeting topic
 - a. Discuss results of the assessment.