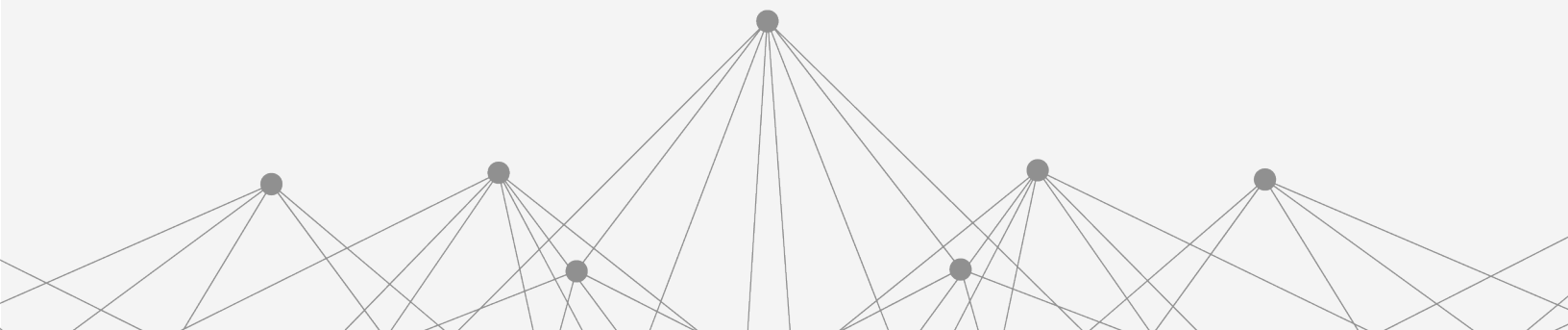




**Delaware Center
for Health Innovation**
workforce & education

Charter

OCTOBER 2014



1. SCOPE

1.1 Purpose

Delaware will support delivery system transformation with a novel workforce strategy. We want to position Delaware as a “Learning State,” actively engaged in transforming our current workforce and training the next generation of workforce so it can provide a team-based approach to deliver coordinated integrated healthcare. Today, Delaware has tremendous health education assets (e.g., University of Delaware (UD) Healthcare Theatre, HCC State Loan Repayment Program). In the absence of a medical school, the Delaware Health Sciences Alliance (DHSA) was established as a research and training partnership of the UD and three health systems. Despite these resources, capacity shortages persist (HPSAs for primary care, behavioral health, and dental care), there is a need for more coordination in curricula, and a burdensome accreditation process exists. In addition, providers report not always having the support to practice at the top of their license, and a gap exists in skills and capacity for coordinating care.

Delaware’s workforce strategy will focus on retraining the current workforce, building sustainable workforce planning capabilities, and training the future workforce in the skills needed to deliver integrated care. Delaware began its retraining program with a symposium in April 2014 to: 1) learn from successful programs; 2) define core needs and skill gaps for coordinating care; and 3) prioritize methods for retraining the workforce.

Building on the work done to date, the specific goals of the DCHI Workforce and Education Committee include:

- Ensuring Delaware has the workforce capacity needed to deliver team-based, integrated care for the entire population (taking changing demographics into account)
- Taking a forward-looking approach, with an understanding of market trends, new roles, and future needs to support the evolving delivery system
- Understanding barriers to practicing and accessing care and designing programs to address them
- Creating awareness about Delaware’s innovative approaches to workforce development to position Delaware as a national leader
- Ensuring continuous improvement by sharing best practices

1.2 Core areas of focus

There are three core responsibilities for the Workforce and Education Committee:

- 1. Retraining the current workforce:** The core concept for Delaware's approach to retraining the current workforce is to develop a two-year learning and development program. This program will build from the ideas generated at Delaware's Workforce Symposium on April 8, 2014, including developing common simulation-based learning modules, facilitating local workshops on "team-based care," developing core competencies for new roles (e.g., for care coordinators), and hosting symposia twice yearly to highlight innovative approaches to integrating care and identify cross-state retraining needs.
- 2. Building sustainable workforce planning capabilities.** Delaware does not currently have a model to regularly assess the state's workforce requirements. Past assessments have typically required a special one-time project to compare Delaware's current workforce with its current and future needs. The Workforce and Education Committee has responsibility for developing a sustainable model for workforce planning and identifying the organizations needed to carry forward this work over time. The Committee likely will need to collaborate with other agencies and organizations to fulfill this responsibility (e.g., Health Care Commission, Department of State, Department of Labor).
- 3. Training the future workforce in the skills needed to deliver integrated care.** In parallel with retraining the current workforce, Delaware also needs to ensure that Delaware is able to educate, attract, and retain new members of the workforce that have the skills and capabilities required to deliver team-based, integrated care. The Workforce and Education Committee's responsibility over the next several years is to partner with the state's and regional educational institutions to set out a comprehensive strategy for training that ensures a sustainable pipeline for Delaware health care workforce.

1.3 Interdependencies

The Workforce and Education Committee's work is highly dependent on the overall strategy and approach that will be developed by the other Committees of the Delaware Center for Health Innovation. This Committee will work closely with the Clinical Committee, in particular, ensuring that providers are aware of both the learning and development resources and the programmatic resources that are available (e.g., practice transformation support).

In addition, the Delaware Health Care Commission (HCC) has two sub-committees that focus on workforce development: Delaware Institute of Medical Education and Research (DIMER) and Delaware Institute for Dental Education

and Research (DIDER). The HCC also administers the state loan repayment program. It will be critical for the Committee to ensure that the workforce and education strategies developed by the Delaware Center for Health Innovation complement the work of these two sub-committees and the loan repayment program.

Additional interdependencies include:

- Department of State (Division of Professional Regulation)
- Residency programs
- Delaware's educational institutions
- Delaware Health Science Alliance
- Graduate Medical Education Consortium
- Continuing education programs offered by societies

2. COMPOSITION

2.1 Expertise / experience required for Committee members

The Workforce and Education Committee requires a diverse set of expertise and experience. Where possible, the Committee should consider a balance of individuals with the following backgrounds:

- Educators or administrators from educational institutions who develop and deliver training or accreditation for relevant professions (e.g., community health workers, nurses, physicians, behavioral health providers, dentists, health coaches, nutritionists, fitness experts, health-related therapies)
- Individuals with experience supervising and/or recruiting relevant professionals on behalf of a variety of organizations –hospital systems, FQHCs, practices, home health agencies, community organizations, state agencies
- Individual clinicians representing various fields likely to work together in multi-disciplinary teams
- Individuals with expertise in talent acquisition and development
- Individuals with expertise in data, technology, health informatics, demography, health economics, epidemiology

2.2 Expectations for Committee members

Expectations for Workforce and Education Committee membership are as follows:

- Meetings will typically be held monthly
- Committee members are expected to serve for a term of one year
- Because continuity and engagement are important, members are expected to attend at least 75% of all meetings either in person or by phone
- Members should not send delegates in their place
- Committee membership is likely to include some additional time commitment outside of scheduled meetings

3. DELIVERABLES

3.1 High-level milestones by year

Milestone ¹	Timing
Initial recommendations for streamlining credentialing drafted	Q3 2015
Workforce retraining curriculum finalized	Q4 2015
Providers enroll in workforce retraining program	Q1 2016
Final recommendations for streamlining credentialing complete	Q1 2016
Draft of workforce planning capacity plan complete	Q3 2016
Learning and development programs evaluated and refreshed	Q1 2017
Workforce planning capacity plan complete	Q3 2017
Learning and development programs evaluated and refreshed	Q1 2018

¹ From Delaware's CMMI SIM Model Testing Grant Application; will be updated in conjunction with HCC based on CMMI's review of the Operational Plan

4. METRICS

4.1 Accountability targets

Metric²	Description	Frequency	Target
Level of participation in training programs	Percent of relevant primary care workforce in Delaware that has participated in a SIM-sponsored training program		40% as of December 2016; 75% as of December 2017; 90% as of December 2018

² From Delaware's CMMI SIM Model Testing Grant Application

APPENDIX

Committee Members: October 2014-June 2015

	Name	Organization
1	Kathy Janvier (Co-Chair)	Delaware Technical Community College
2	Bettina Tweardy Riveros (Co-Chair)	Health Care Commission
3	Virginia (Ginger) Collier	Christiana Care Health System; Jefferson Medical College
4	Nadina Davis	Delaware Technical Community College
5	Jeffrey Hawtof	Beebe Healthcare; Beacon Medical Group
6	Neil Jasani	Christiana Care Health System
7	Joe Kaczmarczyk	Philadelphia College of Osteopathic Medicine
8	Bruce Kelsey	Delaware Guidance Services
9	Joseph Kim	Nanticoke Health Services
10	Tara Manal	University of Delaware, Physical Therapy Clinic
11	Kathy Matt	University of Delaware
12	Mary Kate McLaughlin	Department of Education
13	Khine Min	St. Francis Healthcare
14	Christy Moriarty	Delaware Technical Community College
15	Allen Prettyman	University of Delaware
16	Jill Rogers	Delaware Division of Services for Aging and Adults With Physical Disabilities
17	Audrey Van Luven	Christiana Care Health System