

# Healthcare Access Initiative

The Medicaid Technical Assistance and Policy Program (MEDTAPP) Healthcare Access Initiative (HCA) supports healthcare professional recruitment and retention through innovative teaching and training programs that focus on **behavioral health, community health workers, interprofessional education, and community-based experiences** to increase access to care for Medicaid and underserved populations.

## HCA INITIATIVE PROJECT TYPES

- Community Health Worker
- Interdisciplinary
- Regional Cross Collaboration
- Behavioral Health



The MEDTAPP HCA fosters innovative partnerships between academic medical centers and health professions training programs in collaboration with State of Ohio health and human services agencies and specifically, The Ohio Department of Medicaid.

Recognizing the growing need for creating a diverse workforce and enhancing inter-professional education, Ohio's MEDTAPP HCA prepares current and future health professionals to serve Medicaid beneficiaries and to work in underserved communities.

Since its inception in state fiscal year (SFY) 2012, MEDTAPP HCA has partnered with 10 universities across the state, including all of Ohio's seven colleges of academic medicine, to train and place providers in specialties such as behavioral health, primary care, geriatrics, and advanced practice nursing.



## HCA EVALUATION OVERVIEW

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This evaluation focused on three priority areas:

-  **RECRUITMENT**
  -  **TRAINING**
  -  **RETENTION OF HEALTH PROFESSIONALS**
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Key informant interviews (n=349) were conducted at all 10 participating universities. Program data was analyzed to determine the number of student learners and their practice site locations.

The key informant interviews elicited each institution's unique and innovative project activities. While variation exists across institutions, each project strives to maintain the core objective of HCA which is to retain healthcare professionals to serve Ohio's Medicaid population. Courses were developed and institutionalized to bridge the divide between professions. Placement sites and community-based experiences allow the HCA students to experience team-based care in practice. Several institutions developed fellowships and post-master's certificate programs that target current students and in-career healthcare professionals in areas such as **child and adolescent psychiatry, pediatric**

**psychopharmacology** and **remote community psychiatry**. Other HCA institutions developed online certificate programs to target behavioral health students and current health professionals, psychiatric mental health nurse practitioners, and primary care providers in the community in order to increase their comfort level with behavioral health issues.

Innovative project activities include interprofessional courses focused on the **social determinants of health, vulnerable populations, and how to operate as an interprofessional care team**. Residents, fellows, medical students, other graduate students and undergraduates learn together. These interprofessional opportunities have facilitated much needed interaction among disciplines and have improved understanding of how healthcare professionals work at the top of their skill set. One integrated clinic focuses on clinical service delivery interventions for faculty, residents, and fellows while psychiatry residents work alongside family medicine physicians. A National Committee for Quality Assurance Level 3 recognized Patient Centered Medical Home clinic offers comprehensive physical and mental health care as well as chronic disease self-management.

## HCA EVALUATION OVERVIEW

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The care team includes **family nurse practitioners, psychiatric mental health nurse practitioners, pharmacists, dietitians, social workers, nurses, and other health science students.** Health professional students rotate through these sites, learning how the interdisciplinary chronic care team-based model works and gaining experience working with underserved populations. Other innovative project activities range from **training current healthcare providers in behavioral health and primary care integration to CHWs working to improve chronic disease management.** Several project activities aim to help **reduce infant mortality** by engaging women throughout their pregnancy and in the postnatal period.

In addition, HCA financially supported the development of school-based health clinics which serve students and their families. These school-based health clinics provide well and sick visits, vaccinations, and general primary care and serve as training sites for medical students, residents, and pediatric residents.

All 10 institutions focus on interprofessional education and training in team-based models of care in community-based placement sites, nine institutions



***There  
are currently  
181 CHW learners at  
151 community  
placement  
sites***

engage in behavioral health activities, eight institutions have projects that address chronic disease self-management, and five institutions have institutionalized curriculum approved by the Ohio Board of Nursing to train community health workers.

### HCA BY THE NUMBERS

- 10** Universities across Ohio
- 9** Schools with Behavioral Health Programs
- 8** Schools with Chronic Disease Management Programs
- 7** Schools with Community Health Worker Programs

### METHODS

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The evaluation framework employed a phased mixed-methods approach to assess the variation across institutions. Internal and external project reviews

## METHODS

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such as examining past project proposals and final reports since SFY 2012 provided the types of activities unique to each institution. Subsequently, key informant interviews took place at 20 site visits across participating institutions with lead administrators, deans, faculty, HCA learners at different stages of the program, and placement site advisors. The interviews focused on topics such as the individual's role in the program, types of activities the program site offers, and general perspectives on recruitment and retention as well as satisfaction with the program. Two focus groups with Medicaid recipients attempted to gauge satisfaction with community participants. In addition to the site visits, structured telephone interviews occurred with lead administrators, principal investigators, and HCA learners. The interviews consisted of three domains:

- 1) Information about the HCA Site**
- 2) Overview of HCA Initiative Activities**
- 3) Perspectives on Recruiting and Retaining Learners**

Program proposals and final quarterly reports supplied the quantitative metrics. In order to better ascertain preceptor's discipline and the community-based site, preceptors completed a survey.

## QUALITATIVE DATA

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The qualitative analyses revealed several major themes with respect to behavioral health and primary care integration, community health worker initiatives, interprofessional education and training, chronic disease management, and retention.

### **1 Behavioral Health and Primary Care Integration**

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One interviewee noted the value of the school-based health clinic and having the ability to identify the child's actual health needs, determining if they've had a well child visit, immunizations, or presence of chronic disease. Conducting in-depth chart reviews and talking with the child and their parents, the interviewee stressed the importance of **establishing trust and making relationships**. Furthermore, follow-up phone calls to the families increased the number of visits and improvements to overall health. With respect to integrated teams, one interviewee described how improvements in

## QUALITATIVE DATA

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wait times and referrals increased access to critical psychiatry services. The implementation of warm hand-offs, an approach in which the primary care provider does a face-to-face introduction of a patient to the behavioral health specialist (i.e., psychologist, psychiatrist, or counselor), eliminated the need for patients to schedule additional appointments. A majority of interviewees were very positive about the benefits of integrating behavioral health and primary care. Among the benefits noted were:

- **Support Across Disciplines**
- **Changing the Culture of the Way Professionals Interact**
- **Delivering “Whole Person Care” to Medicaid Recipients**
- **Providing Innovative Training Experiences Through Exposure to Multiple Disciplines**
- **Taking into Consideration the Social Determinants of Health**

In fact, due to expanded HCA program opportunities, **health care providers from different disciplines were now able to share various interdisciplinary approaches with each other.**

### **2** **Community Health Worker**

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The purpose of the HCA CHW program is to develop additional CHW training and certification programs and increase the number of practicing CHWs in the state of Ohio. Additional goals include cultivating placement site opportunities and promoting the use of CHWs in safety-net providers. **Ohio Board of Nursing certified community health worker training consists of 100 hours of didactic instruction and 130 hours of clinical experience.** MEDTAPP HCA Initiative projects’ training program lengths vary, but CHWs are typically trained in one or two academic semesters. As a result of this opportunity, hundreds of CHWs have been trained and deployed to serve the Ohio Medicaid population.

The HCA initiative projects created new CHW curricula that train CHWs to care in areas such as **maternal and child health, chronic disease, and geriatrics.** The CHW programs showed variation across sites. Participants included a range of learners such as those from the **community, human trafficking survivors, health profession students, and AmeriCorps volunteers.**

## QUALITATIVE DATA

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CHW program participants realized numerous benefits, including:

- **Opportunity for Learners to Obtain a College Certificate**
- **Using CHW Training as a Stepping Stone to Further Education**
- **Job Development Support**
- **Mentoring**
- **Career Training**
- **Guidance for Job Placement Upon Program Completion**
- **Subsidizing Training Costs for Learners**
- **Improving Training Experiences Through Exposure to Multiple Disciplines**
- **Providing Participants with an Advantage for Job Opportunities Post-Graduation**

Several CHW students appreciated the extra support in terms of expectations of an employer, resume writing, appropriate dress, and how to have a successful interview. The CHW program **increased engagement with and access to community agencies/resources, helping providers operate at the top of their licenses, and relieved some burden related to tracking patients.** The CHWs contacted insurance companies on the patient's behalf. One interviewee characterized the role of the CHW as becoming a community resource and assisting in care coordination.

### **3** ***Interprofessional Education and Training***

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Interviewees were overwhelmingly positive about the benefits of interprofessional training. They cited:

For example, one interviewee noted that **local hospitals hired graduates as a result of HCA's interprofessional focus.** Another benefit resulted in **expanding capacity to serve underserved patients.** Interviewees stated residents and fellows could see more patients than a single supervisor. In addition several participants explained how they could work at the highest level of their license/certification. Sites also reported the HCA infrastructure within their institution allowed for patients to be seen across locations; this was particularly apparent in small and rural communities.

### **4** ***Chronic Disease Management***

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A number of institutions focused on teaching and training of chronic disease self-management in traditional and non-traditional settings. Several interviewees stressed the impact chronic disease management can have in care settings such as improving health outcomes and reducing overall costs.

## QUALITATIVE DATA

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Realizing an untapped area to improve, one site created a chronic disease self-management group in the county jail that was run by a provider and utilized as a placement site for medical students. The involvement with inmates was a rewarding experience for the medical students and the inmates received much needed care around **diabetes, hypertension, chronic obstructive pulmonary disease, and heart disease**. In fact, after the program was developed, patients saw an **improvement in their A1C numbers and it reduced the number of emergency department visits, lowered blood pressure and improved cholesterol levels**.

A second HCA site focused on reducing obesity in collaboration with a child psychology and psychiatry group. The obesity clinic worked within the pediatrics clinic to implement a wellness program that also provided behavioral health evaluations. Motivational interviewing was used to achieve weight loss goals and improve interaction between the patient and provider.

### **5 Recruitment and Retention**

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Collectively, programs utilized word of mouth, outreach, and direct communication as strategies to recruit

program participants. Word of mouth strategies involved previous learners **sharing stories and positive experiences with potential learners**. Outreach strategies focused on learners earlier in the pipeline. This included **recruitment in undergraduate courses or courses early in graduate degree programs** as well as providing more **experiences for health professional students to increase their awareness of working with underserved populations**. Direct communications to listservs for health professional degrees, course enrollment or postcards were sent directly to potential learners.

A majority of sites reported that a combination of all three strategies worked best in recruiting. **Engaging future healthcare professionals much earlier in the pipeline and even in high school seemed to have more of an impact on students deciding to work or volunteer with vulnerable populations**.

Each institution reported a variety of retention commitment types, including multi-year commitments for larger training support awards and shorter commitments for smaller training support awards. Variety exists in both the frequency of and rationale for the use of different retention commitment types. For example, smaller commit-

## QUALITATIVE DATA

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ments were used most successfully with learners to complete the obligation during the training program. In contrast, longer commitments were most often required when the amount awarded to learners for residency and post-graduate degrees was substantial/larger, usually covering the majority or all of the learner's training.

HCA should **standardize the retention commitment for all sites and align it with existing federal and state programs** such as Choose Ohio First Scholarships, Student to Service Program, National Health Service Corps Scholarship and Loan Repayment programs, Ohio Physician Loan Repayment Program, and Ohio Dentist Loan Repayment Program.

## QUANTITATIVE DATA

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HCA strategies build on existing relationships with local and rural communities. These long lasting relationships have had a positive impact on the community, which extend beyond the qualitative and quantitative findings of this evaluation. The number of HCA learners has grown from 18 to 2,413 from SFY 12 to SFY 15, increasing by 118 percent, as depicted in figure 4.

A HCA learner is defined as a student

taking a class or enrolled in a program, or an individual participating in an initiative supported by MEDTAPP HCA funds.

**49% of learners receiving financial support are currently employed in high-volume Medicaid sites**

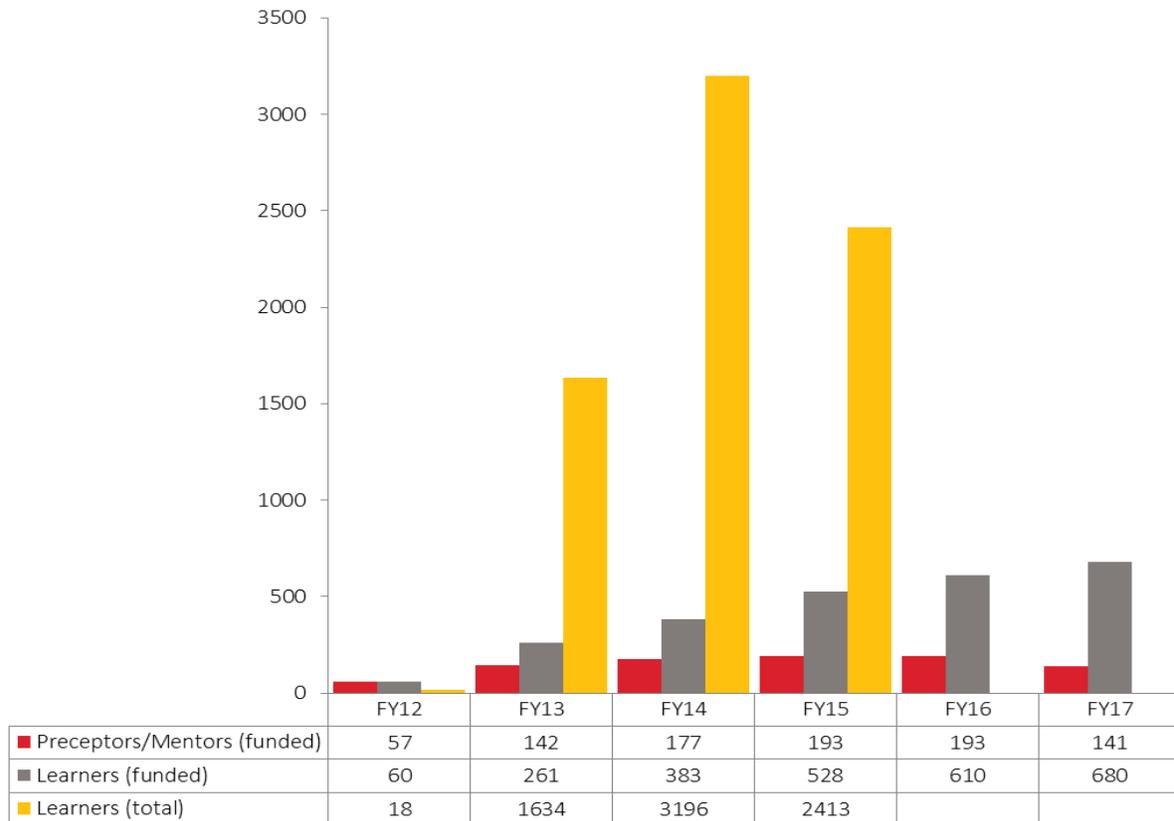
Since SFY 2012, HCA faculty have trained 6,359 health professional students, 643 residents, and 259 fellows across several disciplines including physicians, nurses, social workers, dentists, CHWs, and behavioral health providers.

**24% of the total number of students trained are currently seeking employment, awaiting certification, and/or licensure, or have decided to pursue a graduate education**

The community-based placement sites address the needs of the Medicaid population and help students understand the challenges of poverty. Across the HCA institutions, a total of 745 clinical and non-clinical placement sites serve as the experiential learning component for HCA learners. Different

## QUANTITATIVE DATA

Figure 4. Numbers of Learners and Preceptors/Mentors, by Year



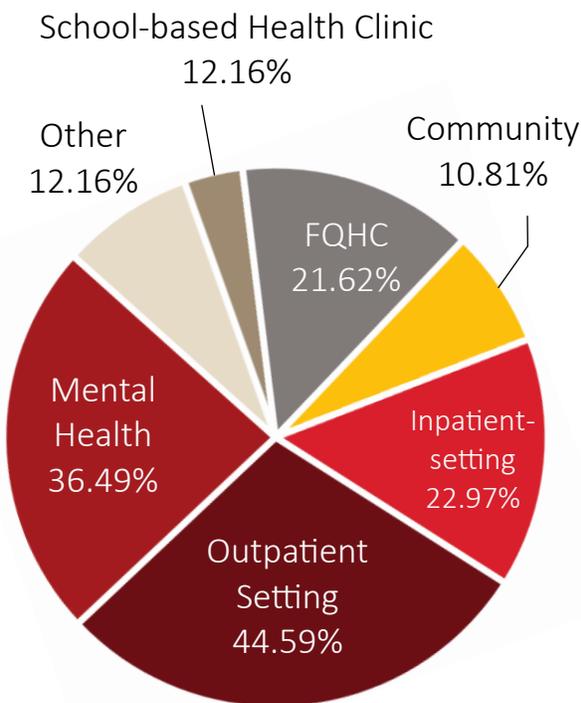
types of clinical placement settings include school-based health clinics, federally qualified health centers (FQHCs), inpatient and outpatient clinics, mental health agencies, internal medicine clinics and patient-centered medical homes. Non-clinical experiences include a home-visiting program for new mothers, free clinics for the homeless, a re-entry clinic for newly released inmates, and a mobile dental clinic. These placement sites and targeted HCA activities educate students and address community

needs by providing behavioral health services, utilizing community health workers, and creating initiatives to reduce infant mortality. HCA's innovation has created opportunities for those external to HCA such as learners training others.

## QUANTITATIVE DATA

### PRECEPTOR SURVEY RESULTS

**Figure 5. Precepting Location**



Preceptors oversee and mentor students in their community-based practice sites. A total of 96 preceptors responded to the survey (48% response rate) and represented 13 different counties. The majority were in Cuyahoga, Hamilton, and Montgomery counties.

While not an exhaustive list, the types of disciplines represented among the preceptors include dentists, advanced practice registered nurses, physicians, psychologists, and social workers. Figure 5 depicts the type of precepting location. More than 60% of the placement sites are in FQHCs and outpatient settings and 40% are located in community mental health agencies.

The preceptor survey revealed several findings. Preceptors reported that the HCA learners brought innovative practice ideas to the clinic and provided additional opportunities for them to train more fellows who have an interest in treating underserved patients. Furthermore, the HCA learners have enhanced the preceptors' learning environment by keeping them abreast of current evidenced-based practices, which led to improved integrated care for patients.

## CONCLUSION & RECOMMENDATIONS

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The HCA initiative has many opportunities to collectively enhance training for students and in-career healthcare professionals while also improving the care of underserved populations. The first recommendation is to standardize data collection processes and outcomes measurement. More specifically, standard definitions for categories of HCA learners, students, and residents will enhance data quality.

In addition, creating curricular development, community engagement and placement site metrics that pertain to HCA's purpose will help quantify return on investment. The preceptor survey showcased the need for additional information about the clinic sites and preceptors. Building learning networks among the 10 institutions will improve alignment and coordination of activities. Implementing regular face-to-face meetings and sharing materials and outcomes will provide much needed interaction. Furthermore, efforts should be made to standardize retention commitments across schools for improved tracking of health professionals after graduation. Engaging learners earlier in the pipeline will improve the long-term effectiveness of retaining future healthcare professionals to serve the Medicaid population.

Further defining the role of the community health worker in team-based models of care will improve patient care coordination and health outcomes while reducing total health care costs to clinics. Lastly, the HCA initiative should continue to support health professionals at practice sites to deliver value-based primary care and behavioral health services to generate additional interprofessional placement sites for future HCA learners.