

# West Virginia Primary Care Association – Training the Next Generation Within Health Centers

Tuesday March 18<sup>th</sup>, 2025

2:00-3:00pm Eastern

*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 \$550,000 with 0% 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](https://www.hrsa.gov).*

# Speakers

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## **MOSES/WEITZMAN** Health System

*Always groundbreaking. Always grounded.*

### **Community Health Center, Inc.**

A leading Federally Qualified Health Center based in Connecticut.

### **ConferMED**

A national eConsult platform improving patient access to specialty care.

### **The Consortium for Advanced Practice Providers**

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

### **National Institute for Medical Assistant Advancement**

An accredited educational institution that trains medical assistants for a career in team-based care environments.

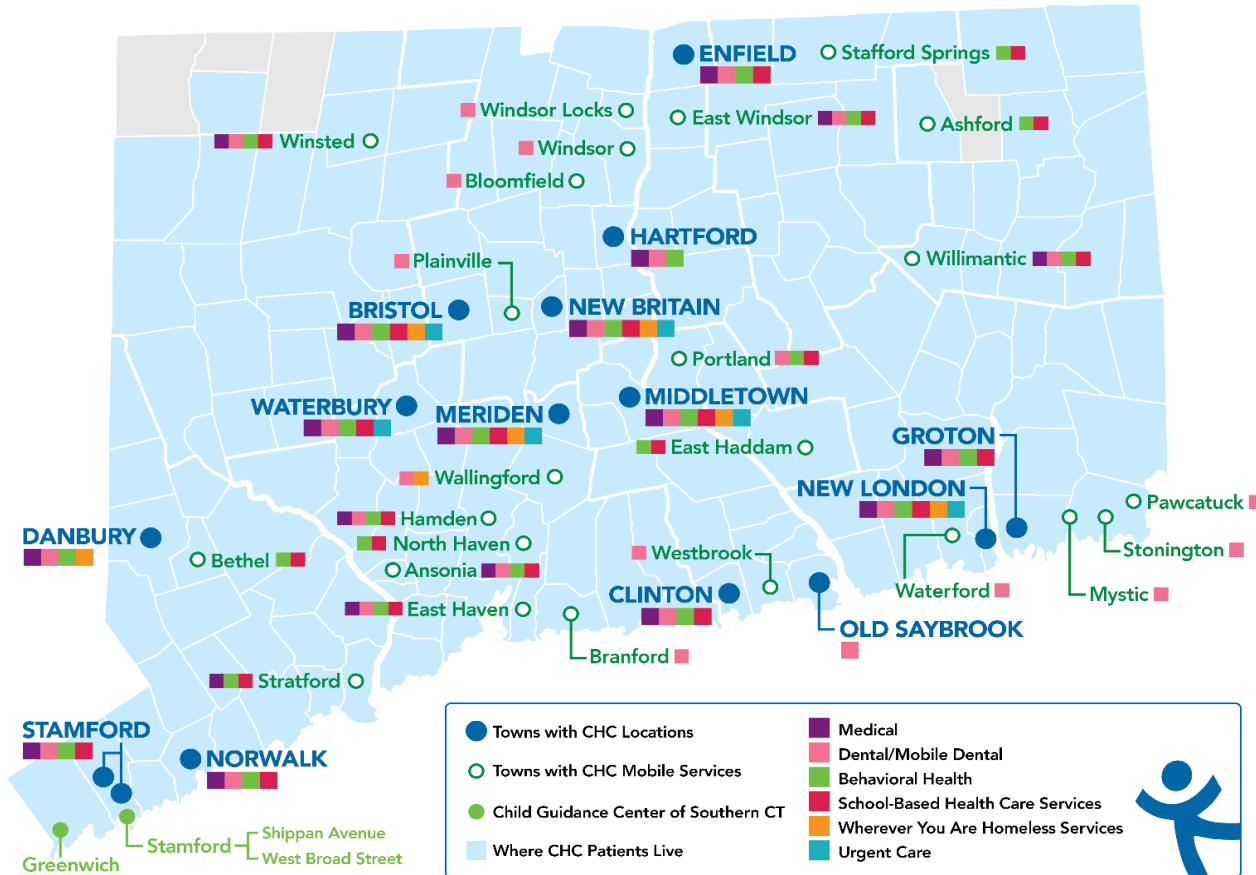
### **The Weitzman Institute**

A center for innovative research, education, and policy.

### **Center for Key Populations**

A health program with international reach, focused on the most vulnerable among us.

# Locations & Service Sites



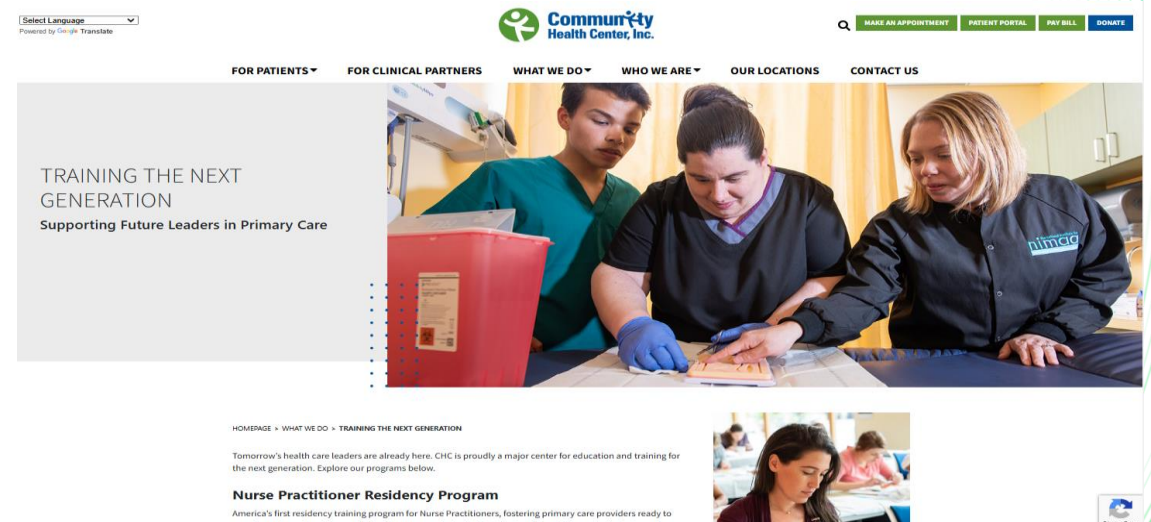
## Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225

# CHCI Training the Next Generation: Supporting Future Leaders in Primary Care

- Training the next generation is one of Community Health Center, Inc.'s (CHCI's) three foundational pillars that is core to our mission.  
<https://www.chc1.com/what-we-do/training-the-next-generation/>

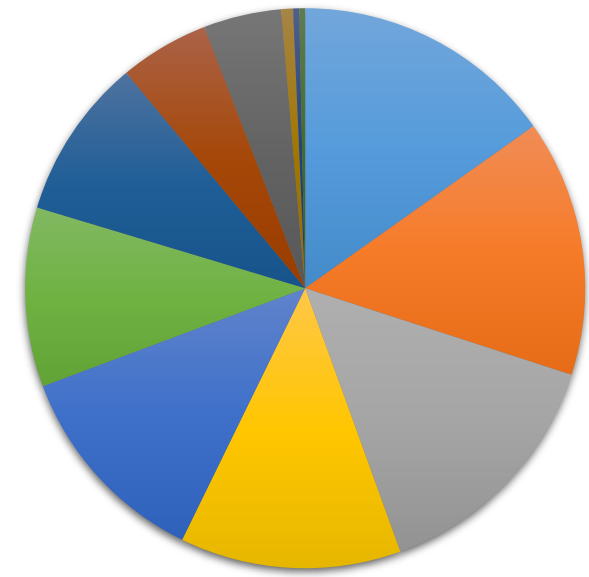


# CHCI's Experience with Health Professions Students

- 2017: CHCI leadership establishes a year-long working group with staff from every department in which a student would interact during their experience.
  - The working group was tasked with redesigning the process in order to provide a quality, satisfying, and productive training experience for students
  - The working group concluded with a process that worked for all parties, which was developed into a playbook
  - The completed playbook was handed off to a staff member who was responsible for operationalizing and improving the existing systems.

# Training the Next Generation at CHCI

- 2024: 290 students and medical, dental, and psychiatry residents completed training rotations
- Student disciplines include medical, nursing, behavioral health, dental, chiropractic, dietitians, public health, and more
- Placements primarily onsite



■ Nurse Practitioner	■ Behavioral Health	■ Dental Hygiene
■ Medical Resident	■ Medical Assistant	■ Non-clinical
■ Chiropractic	■ Undergraduate Nursing	■ Medical Student
■ Dental Assistant	■ Dietitian	■ Physician Assistant

# CHCI's Clinical-Related Workforce Development Efforts

Program	Established Year
Clinical Hosting (Nurse Practitioners, Dental Hygiene, BSN Nursing, Behavioral Health, Chiropractic, MD, Dietician)	1980
Clinical Psychology Doctoral Psychology Internship – Child Guidance Center of Southern Connecticut (CGC)	2003
Postgraduate Nurse Practitioner (NP) Residency Program	2007
Postdoctoral Psychology Residency Program	2011
The Consortium for Advanced Practice Providers	2015
National Institute for Medical Assistant Advancement (NIMAA)	2016
Center for Key Populations Fellowship	2017
Psychology GPE Doctoral Practicum Students	2019
Weitzman Education – Joint Accreditation	2020

# CHCI's Non-Clinical Workforce Development Efforts

Program	Established Year
Wesleyan University Communities Class Research	2006
Administrative Fellowship	2017
AmeriCorps / ConnectiCorps	2019
Health Policy Fellows	2020
Truman-Albright Health Policy Fellowship	2020



# National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, communities of practice, activity sessions, trainings, analysis, publications, etc.

To learn more, please visit: <https://weitzmaninstitute.org/nca>

# Objectives

- Understand the need to train the next generation within health centers
- Gain knowledge on research and support for health professions education training (HP-ET)
- Explore national and West Virginia healthcare workforce data

# Training the Next Generation within Health Centers Overview

# What is Health Professions Training?

- Any formal organized education or training undertaken for the purposes of gaining knowledge and skills necessary to practice a specific health profession or role in a healthcare setting.
  - Types of HPT programs: shadowing, rotations, affiliation agreements, accredited or accreditation-eligible programs
  - At any educational level: certificate, undergraduate, graduate, professional and/or postgraduate
  - In any clinical or non-clinical discipline

# National Landscape: Projected Workforce Shortages

- In November 2022, the National Center for Health Workforce Analysis (NCHWA) under the HRSA released workforce projections through 2035 to better understand how changes in population will affect workforce demands within health centers
- Nationally, across all physician specialties in the United States, there is a projected shortage of 81,180 full-time equivalent (FTE) physicians.
- However, these workforce projections also demonstrate an excess of nurse practitioners (NP) and physician associates (PA), which will mitigate the shortage, but only if these health professionals are fully prepared for practice in the challenging setting of health centers.
- If not addressed now, these projected impactful workforce shortages will lead to poor patient outcomes and decreased quality and safety.

<https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Physicians-Projections-Factsheet.pdf>

# Workforce Well-Being and Burnout

- Societal, cultural, structural, and organizational factors contribute to burnout among health workers
- Physician demand will continue to grow faster than supply, leading to a shortage of between 54,100 and 139,000 physicians by 2033. The most **alarming gaps are expected in primary care and rural communities.**
- Burnout among health workers has **harmful consequences for patient care and safety.** This includes decreased time spent between provider and patient, increased medical errors and hospital-acquired infections among patients, and staffing shortages.
- Burnout is not an individual mental health diagnosis. Rather, burnout is a workplace issue that calls for **systems-oriented, organizational-level solutions.**

<https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html>

**Health worker burnout can have many negative consequences**

**Health Workers**

- Insomnia, heart disease, and diabetes
- Isolation, substance use, anxiety, and depression
- Relationship and interpersonal challenges
- Exhaustion from overwhelming care and empathy

**Patients**

- Less time with health workers
- Delays in care and diagnosis
  - Lower quality of care
  - Medical errors

**Health Care System**

- Health workforce shortages and retention challenges
  - Limited services available
- Risk of malpractice and decreased patient satisfaction
  - Increased costs

**Community and Society**

- Erosion of trust
- Worsening population health outcomes
- Lack of preparedness for public health crises

## National Recommendation

- The 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report on *Implementing High-Quality Primary Care: Rebuilding the Foundation of Healthcare* calls for the United States (U.S.) to:
  1. Pay for primary care teams to care for people, not doctors to deliver services
  2. Ensure that high-quality primary care is available to every individual and family in every community
  - 3. Train primary care teams where patients live and work**
  4. Design information technology that serves the patient, family, and interprofessional care team
  5. Ensure that high quality primary care is implemented in the U.S.

# What does it mean to “Grow Your Own” workforce?

- Involves educating trainees on a career providing care for the medically underserved
- Present a unique opportunity to prepare pre-licensure and postgraduate health professionals to practice with confidence and competence at a high level of performance, not to just fill a job vacancy
- New graduates often lack training in settings that welcome vulnerable populations, and therefore are often overwhelmed by the complexity of the patients that health centers serve.

# Benefits to “Grow Your Own” Workforce

- Training the next generation of your primary care team prepared to serve your patient population is an effective way to plan for the future and create workforce pathways.
- Investing in “growing your own” allows health centers to recruit individuals within their own communities who represent the community.
- Without a strong understanding of the population, the interprofessional care team cannot effectively provide comprehensive, affordable health services or adequately meet the needs of individuals with limited English proficiency.

# Investment in Your Workforce

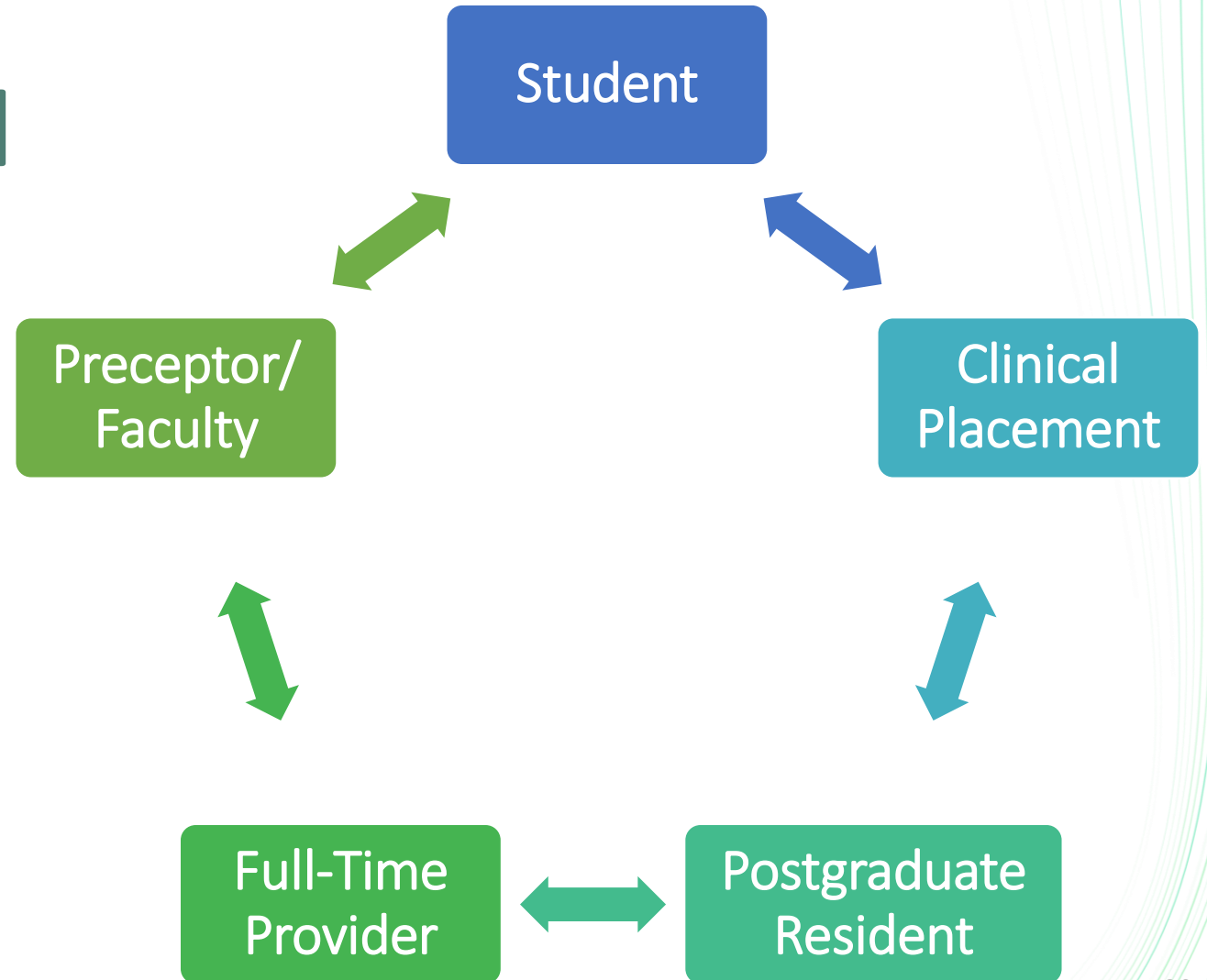
## Objectives for Organizations

- ✓ Professional responsibility
- ✓ Creates clinical workforce pathways
- ✓ Provide clinical staff opportunity to teach

## Objectives for Trainee

- ✓ Train to a high performing model of care
- ✓ Opportunity to increase confidence and competency
- ✓ Train to the needs of underserved populations

# Developing a Clinical Workforce Pathway



# Rural Health Center Health Professionals

- Strategies for optimizing the use of health professionals in rural areas include:
  - Using **interprofessional teams** to provide coordinated and efficient care for patients and to extend the reach of each provider.
  - Ensuring that all professionals are practicing to the full extent of their training and allowed **scope of practice**.
  - Removing barriers to the use of **telehealth** to provide access to remote healthcare providers.

# Impacts of Staff Vacancies on Rural Health Centers

- **Quality of care** is harder to maintain when the facility is understaffed. Staff may be working with fewer people to cover the same number of patients and/or working longer hours. In addition, using temporary staff may impact quality and coordination of care and can be expensive. In some cases, vacancies can even result in some services being suspended until the position is filled.
- Impacts associated with vacancies may include:
  - Limited healthcare services to residents throughout the community as well as the surrounding area
  - Increased costs due to overtime pay for other staff
  - Increased costs of coverage through locum tenens physicians (short-term physician staffing assignments) or other traveling personnel
  - Costs of recruitment and training of new personnel

# Education and Training of the Rural Healthcare Workforce

- **Grow-Your-Own and Career Ladder Programs**
  - Programs like job shadowing, career fairs, and scrubs camps, that introduce rural students to health careers
  - Healthcare facility programs that help employees advance their education and careers, including apprenticeships
- **Education and Training Provided in Rural Areas**
  - Nursing and allied health education at rural community colleges
  - Rural rotations or curricula, including rural interprofessional education experiences
  - Residency programs and fellowships specifically designed to train physicians and nurse practitioners for rural practice
  - Continuing and professional educational opportunities for rural health professionals
- **Technology to Educate the Rural Health Workforce**
  - Simulation
  - Distance learning
  - Telehealth applications for learning

# Questions?

# National & West Virginia Data

# Uniform Data System (UDS) 2023 Data – Overview

- From 2023 UDS data, 85.33% of responding health centers (n=1,363) provide health professional education/training that is hands-on, practical clinical experience; 85.12% (n=990) do so as a training site partner and 20.03% (n=233) sponsor their own programs.
  - A **training site partner** delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).
  - A **sponsor** hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time limited education and/or training (e.g., a teaching health center with a family medicine residency program).
- Among health centers there is an urgency and demonstrated effort to grow their own in response to the projected workforce shortages.

# Uniform Data System (UDS) Data – West Virginia Health Center Overview

- Total Number of Reporting Program Awardees: 28
- Total Patients Served: 551,091
- 82.14% (n=23) of West Virginia health centers provide health professional education/training that is a hands-on, practical, or clinical experience
  - If yes, which category best describes your health center's role in the health professional education/training process?
    - 78.26% (18) – training site partner
    - 26.09% (6) – sponsor
    - 17.39% (4) – other

# Uniform Data System (UDS) Data – West Virginia Look-Alike Overview

- Total Number of Reporting Look-Alikes: 3
- Total Patients Served: 10,809
- 100% (n=3) of West Virginia look-alikes provide health professional education/training that is a hands-on, practical, or clinical experience
  - If yes, which category best describes your health center's role in the health professional education/training process?
    - 100% (3) – training site partner
    - 0% (0) – sponsor
    - 0% (0) – other

# Questions?

# Assessing Your Readiness to Train Health Professions Students

# Goals, Values, and Aims

- It is important before pursuing health professions training to ask yourself: ***What are our organization's goals, values, and aims of investing in health professions training?***
  - It is imperative that you not only answer this question, but that you incorporate health professions training into your health center's mission and strategic plan, and communicate that it is a priority to the entire organization, as well as to all potential candidates.
  - To build a successful culture of training and education in your health center, teaching must be part of your mission.

# What are your program drivers?



# Organizational Readiness to Implement Change (ORIC)

- **Description:** Organizational Readiness for Implementing Change (ORIC) is a 12-item instrument used to determine how well employees at an organization feel they can implement the change in processes required by a proposed intervention. Each item includes a Likert scale from 1 (Disagree) to 5 (Agree).
- **Definition:** An assessment of an organization's readiness to implement a change to their current processes. The change in this model relates to changes in processes that are important to address prior to implementing an intervention.
- **Purpose:** The ORIC assesses a variety of employees at an organization that is planning on implementing a new intervention (the change). It includes: (1) change efficacy, and (2) change commitment. The results can be used to both characterize the organization and help tailor which implementation strategies will be most effective in that organization.
- Items are scores on a 1 (Disagree) to 5 (Agree) Likert scale, and then averaged for each of the 12-items.
- This self-assessment is to be completed by multiple team members on their own.

# Organizational Readiness to Implement Change (ORIC)

Organizational Readiness for Implementing Change (ORIC)

	Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Agree
People who work here feel confident that the organization can get people invested in implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here are committed to implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can keep track of progress in implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here will do whatever it takes to implement a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that the organization can support people as they adjust to a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here want to implement a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can keep the momentum going in implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can handle the challenges that might arise in implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here are determined to implement a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can coordinate tasks so that implementation of a Health Professions Student Training program goes smoothly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here are motivated to implement a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can manage the politics of implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

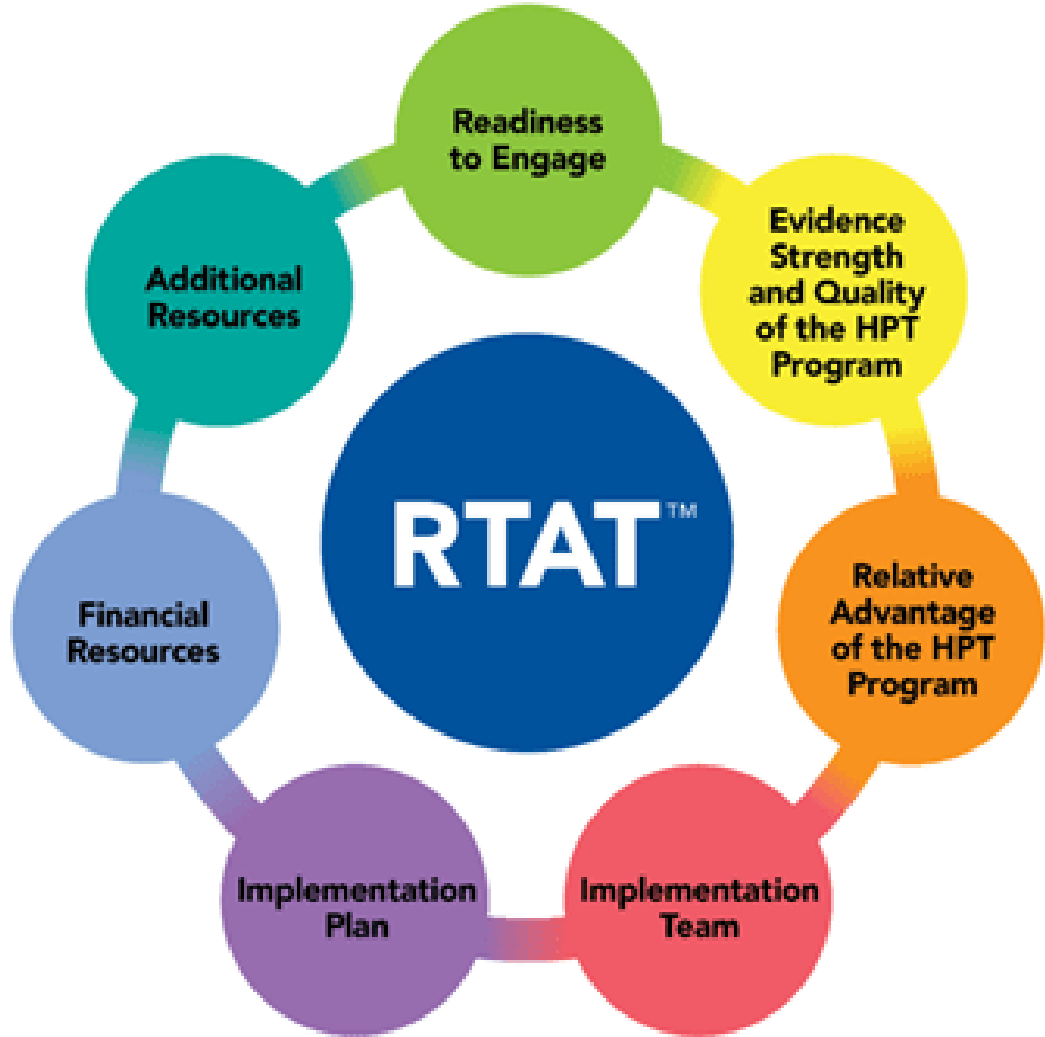
# Utilizing the Readiness to Train Assessment Tool (RTAT) for Strategic Workforce Planning

- As part of HRSA's Health Professions Education & Training (HP-ET) initiative, Community Health Center (CHC), Inc., a HRSA-funded National Training and Technical Assistance Partner (NTTAP), received funding to develop a tool to help health centers assess and improve their readiness to engage in health professions training programs.
- Creating this tool required extensive literature review to create the framework/subscales and that process gave us expertise at to what health professions training is and made us realize there was no clear definition of HPT before creating this tool



Access the tool:

<https://www.chc1.com/rtat/>



# Subscales of the RTAT

**1. Readiness to engage (8 items)**  
*All RTAT survey respondents provided responses for this subscale.*

- 2. Evidence strength and quality of the HPT program (4 items)**
- 3. Relative advantage of the HPT program (4 items)**
- 4. Financial resources (3 items)**
- 5. Additional resources (3 items)**
- 6. Implementation team (4 items)**
- 7. Implementation plan (15 items)**  
*Program-specific subscales*

## Medical

1. RN Students: Pre-Licensure
2. NP Students: Pre-Licensure as NP/APRN
3. NP Postgraduate/Post Licensure: NP Residents or Fellows
4. Certified Nurse Midwifery: Pre-Licensure as CNM
5. Physician Assistants: Pre-Licensure
6. Medical Students: Pre-Licensure
7. Medical Residents
8. Medical Fellows
9. Medical Assistant Students
10. Other

## Dental

1. Dental Students: Pre-Licensure
2. Dental Residents: Pre-/Post Licensure
3. Dental Fellows
4. Dental Assistant Students
5. Dental Hygienists: Pre-Licensure
6. Other

### Clinical Disciplines with Health Professions Training Programs

## Behavioral Health and/or Substance Abuse

1. Psychiatry MD/DO Residents
2. Psychiatry MD/DO Fellows
3. Psychiatric/Mental Health Nurse Practitioners: Pre-Licensure
4. Psychiatric/Mental Health Nurse Practitioners: Post Licensure Residents and Fellows
5. AA/BA/Paraprofessionals
6. Master Level Clinicians (MSW, LPC, MA, LDAC, Other)
7. Substance Abuse Counselors: Master's Level
8. Substance Abuse Counselors: Paraprofessional/Non-Licensed
9. Psychologists: Predoctoral Interns
10. Psychologist: Predoctoral Externs
11. Psychologist: Postdoctoral Residency
12. Other

## Other

1. Chiropractic Students: Pre-Licensure
2. Chiropractic Residents: Post-Licensure
3. Registered Dietitian: Pre-Licensure
4. Community Health Workers
5. Other

# How do we identify models using the RTAT?

- Results inform:
  - Determinations of individual health center readiness to engage with HPT programs
  - Determinations of readiness at various levels for the purposes of evaluation and support
  - Development of a system of effective and instructionally useful strategies to improve readiness
  - Readiness improvement
- Decisions cannot happen in silos
- The RTAT is designed to take again and again – can download the PDF on our website ([www.chc1.com/RTAT](http://www.chc1.com/RTAT)), create survey, and follow instructions on how to aggregate the data

# Road Map for Growing Your Own Training Programs

1. Create a working group to bring together key stakeholders (HR, clinical leaders, IT)
2. Complete the Readiness to Train Assessment (RTAT) with your organization
3. Determine health professions pathway
4. Deeper dive into replicable models, best practice, and partnership opportunities
5. Assess your organization's capacity and infrastructure
6. Designate a champion for this initiative
7. Develop a plan and a team to go from planning to implementation

# Questions?

# Session 2 – Tuesday March 25<sup>th</sup> 2:00-3:00pm Eastern

- Understand best practices for training the next generation
- Learn about replicable models for training the next generation
- Gain knowledge and confidence about tools, resources, and emerging best practices for workforce pathway programs

# 2025 Health Center Workforce Summit

- Presented by CHCI, the Association of Clinicians for the Underserved (ACU) STAR<sup>2</sup> Center, and the National Association of Community Health Centers (NACHC)
- Focused on *Building a Workforce for 2025 and Beyond*
- Wednesday May 7<sup>th</sup> and Thursday May 8<sup>th</sup> from 12:00 – 5:00pm ET
- To learn more and register: [link](#)