Ryan White HIV/AIDS Part C, Part D and Part F Dental Programs Stakeholder Meeting

Health Resources and Services Administration | HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

November 14, 2024

DCHAP Stakeholder Webinar
November 14, 2024

CAPT Mahyar Mofidi, Director
Division of Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Zoom Platform

<u>Virtual Etiquette</u>

- Mute your line and stop your video during presentations

- Chat to ask questions and make comments during the presentations and discussion

- Start your video when presenting – we will call on you

- Pair your phone with your computer – to reduce bandwidth

HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

Meeting Agenda

- **DCHAP Updates**

- **HIV/AIDS Bureau Updates**

- **Recipient Presentations: Addressing provider burnout and staff shortage**

DCHAP Updates

Presenter: Stephanie Yun, Supervisor Senior Advisor
Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

FY 2025 Notices of Funding Opportunity

- **RWHAP Part D WICY Supplemental**

- **RWHAP Part C Capacity Development**

- **RWHAP Part F Dental Reimbursement Program**

All scheduled NOFOs are planned for release in FY 2025.

Visit <u>find grant funding</u> to view open and closed funding opportunities.

Ryan White HIV/AIDS Program

RWHAP Part D Communities of Practice (CoP)

The Communities of Practice focus on three important areas:

- Pre-conception counseling, including sexual health (2023 – 2024)
- Trauma informed care (2024 – 2025)
- Youth transitioning from youth services to adult care (2025 – 2026)

**Youth Transitioning from Youth Services to Adult Care Community of Practice**

- Is your Part D program interested in improving how you transition youth from youth services to adult care **or** is your Part D program excelling in this area? Consider joining the 2025-2026 cohort!
- **Start date:** May 2025
- **Email:** AskPartD@hrsa.gov

Part D Communities of Practice Resources | TargetHIV

Maternal and Infant Health Mapping Tool

- Interactive online tool for exploring health resources, the geographic relationships between maternal and infant health indicators, and demographics

- Designed to help federal, state and local decision-makers and others visualize maternal and infant health factors to assist in understanding need and targeting resources
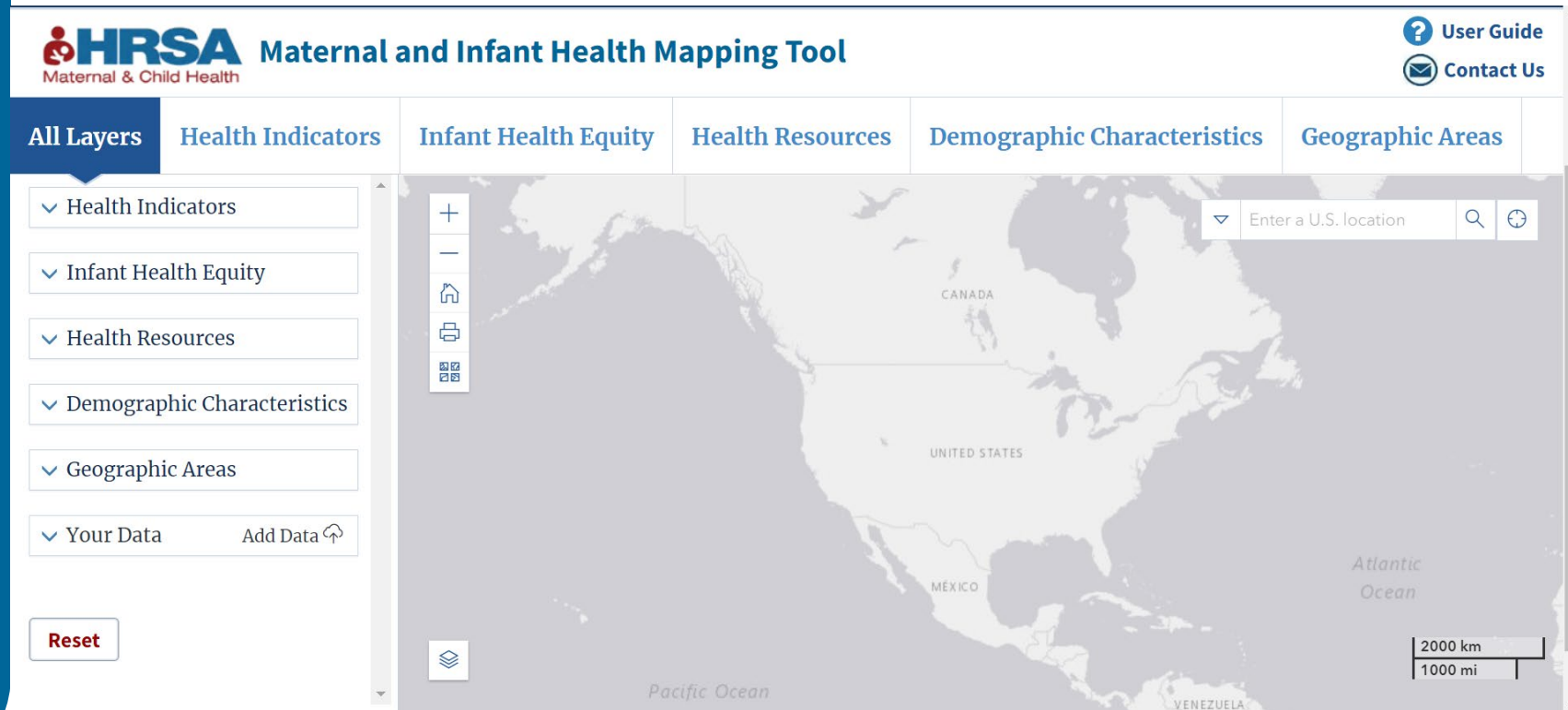
Now Live! RWHAP Parts C and D recipients service area delivery sites will be listed on the mapping tool

Why Do We Need This?

Explore county-level maternal and infant health resources

Display the geographic relationships between health indicators, resources, demographics, etc.

Provide a reference on maternal and infant populations for use when preparing for emergencies and responding to them

Provide context and perspective on maternal and infant health indicators and resources across the country

Identify areas with lower and higher rates of maternal and infant health indicators (bright spots and hot spots)

Identify service area gaps and possible areas for additional resources

Maternal and Infant Health Mapping Tool: https://data.hrsa.gov/maps/mchb/
Using the Maternal and Infant Health Mapping Tool: https://mchb.hrsa.gov/data-research/mapping-tool
For more information: MIHMapping@hrsa.gov

Upcoming 2025 Stakeholder Webinar Schedule

SAVE THE DATE

HAB's DCHAP Stakeholder Webinars

| Day and Date	Time
Thursday, April 17, 2025	2:00 pm – 3:30 pm ET
Thursday, July 17, 2025	2:00 pm – 3:30 pm ET
Thursday, November 13, 2025	2:00 pm – 3:30 pm ET

Clinical Update

Presenter: Millicent Bright, Nurse Consultant
Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

HIV Clinical Guidelines Update:
Anal Cancer Screening – July 9, 2024

NEW

HIV CLINICAL GUIDELINES UPDATE

Anal Cancer Screening Recommendations

CLINICAL INFO
HIV.gov
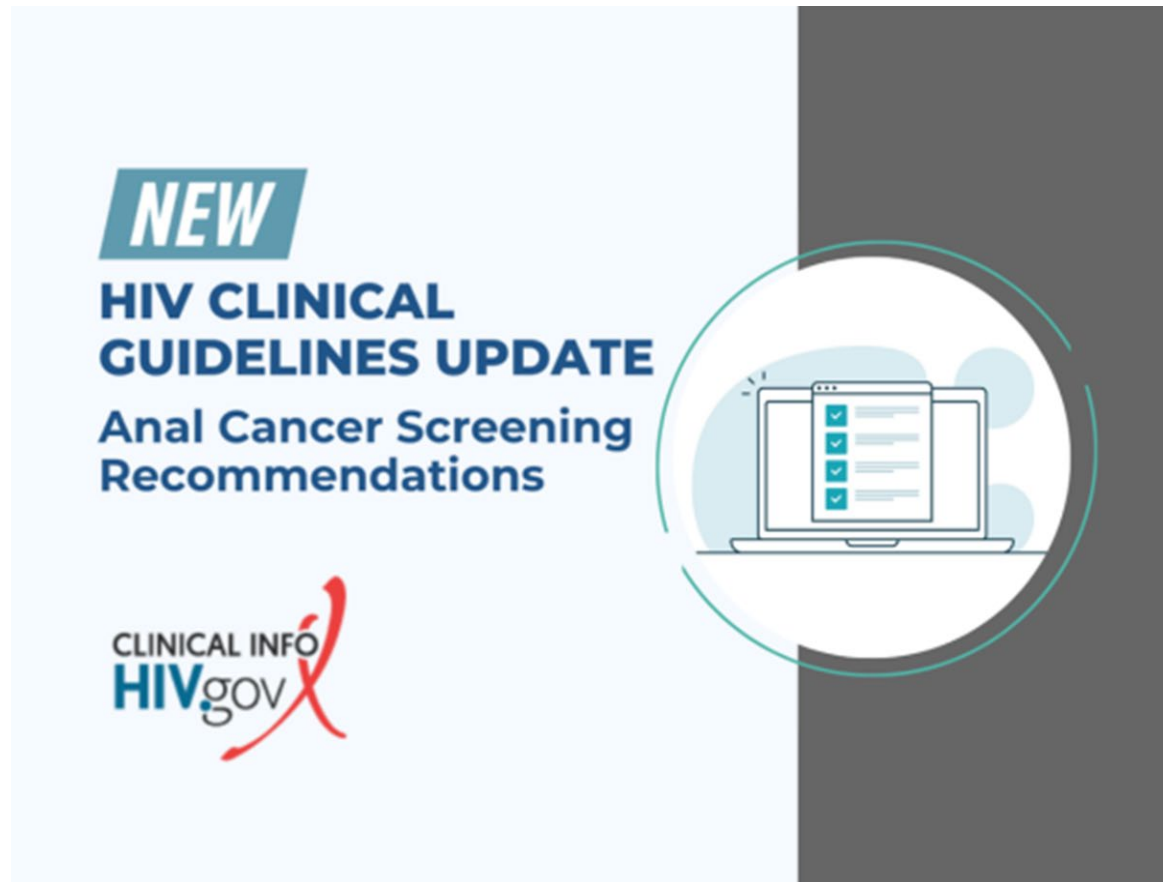
Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN
This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background
The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS

HIV/AIDS Bureau Updates

Presenter: Dr. Dana Hines, Deputy Director
Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

Seeking Your Input on the Next National HIV/AIDS Strategy and National Strategic Plans for STIs, Vaccines, and Viral Hepatitis

- The HHS Office of Infectious Disease and HIV/AIDS Policy has issued a Request for Information to gather recommendations that will inform the development of the 2026-2030 National Strategic Plans for STIs, Viral Hepatitis, and Vaccines as well as the 2026-2030 National HIV/AIDS Strategy

- Share your feedback online by December 6. Visit: https://app.smartsheetgov.com/b/form/68aa1bd9c54b42829f99e85cc4ab1e82

HRSA HAB's Recently Released Program Letters

- Expungement Services for People with HIV Who Have Had Legal System Involvement

- Housing Security Deposits in the Ryan White HIV/AIDS Program

- DoxyPEP Guidelines and Updated STI Resources for Ryan White HIV/AIDS Program Recipients

- Older Adults, Long-term Survivors, and Life-term Survivors in the Ryan White HIV/AIDS Program
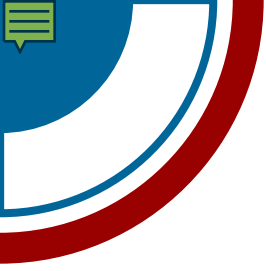
Access Program letters:

https://ryanwhite.hrsa.gov/grants/program-letters

2024 National Ryan White Conference

Thank You!

Without you this conference would not be possible!

2024 National Ryan White Conference Metrics

- **162 concurrent sessions**
- **127 poster presentations**
- **8,085 Registrants**
- **2,700 in-person attendees**
- **4,802 virtual attendees**
- **1,088 community members**
- **42 exhibitors**

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

2024 National Conference

TOTAL INTERACTIONS
708,549
Taps, Views and Votes Cast in Chime Live Event App

KEY ENGAGEMENT METRICS

5,876 Attendees Logged-On

120 Average Interaction Per Attendee

AUDIENCE INTERACTIONS

22,171 Live Stream Views

7,002 Biography Views

10,814 Resource Views

TOP CONTENT INTERACTIONS

Agenda	Home	Marquis Live Stream	Session Speakers	Plenary Speakers	Posters	Networking
167,570	73,439	29,048	10,060	9,801	8,006	5,496

AGENDA VIEWS

- 21,209 22004 - Plenary: Empowering Communities
- 10,707 22001 - Opening Plenary: Federal Response to Ending the HIV Epidemic
- 6,254 22005 – Plenary: Expanding Partnerships
- 4,872 22003 – Special Session: Ryan White's Story, as told by his mother, Jeanne White-Ginder
- 4,581 21000 – EHE Program Business Day Meetings
- 3,642 22006 – Closing Plenary: Implementing Interventions
- 3,450 27078 - Aging and HIV Institute 101: Accessing Community Resources for People with HIV 50 Years and Older

BIOGRAPHY VIEWS

- 413 Jeanne White-Ginder
- 199 Andrea Palm
- 162 A. Toni Young
- 158 Laura Cheever, MD, ScM
- 149 Kahlib Barton
- 122 Rebecca Hutcheson, MSW
- 115 Yemisi Odusanya

LIVE STREAM UNIQUE VIEWS

2,740 Stream 1 (Marquis Ballroom)

Conference Participant Reactions

"I love that I will be able to take these trainings back to my community." – Sandra Rivas

"The energy during the conference is great ....leaders, speakers, participants"
Rosa Bernier

"Gain new knowledge that will improve my work performance with Veterans. Outstanding conference. Your dedication and commitment to excellence are noteworthy and respected." -Kevin Stevenson

"I am grateful for the experience. It is my first time and I am also new as a program coordinator and it was a great learning experience in various areas and about the condition and needs of this population. I appreciate the time invested in each conference as it was enriching for me." - Lourdes Rivera

"I had the pleasure of listening to and briefly meeting Jeanne White-Ginder last year at a funder retreat and was so thrilled to hear her again at this conference. It reminds me how important and valuable my work is in this field and how it effects the people my program serves." - Michelle Wysong

HRSA
Ryan White HIV/AIDS Program

Final Reminders for the 2024 National Ryan White Conference

- Concurrent sessions are now on the **TargetHIV Conference Presentations Database**
- Enduring CE credits for sessions housed on the Chime platform launched on **October 15. The system to acquire these CE credits will be available until February 28, 2025.**

- Please contact ce@affinityced.com for questions related to CME policy
- For assistance navigating the system please contact cds_support+ryanwhite@affinityced.com

Questions

RWHAP and Rural Communities

Presenters: Christie Slay, Project Officer, Central Branch &
Keith Wells, Project Officer, Southern Branch
Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

HRSA's Ryan White HIV/AIDS Program BY THE NUMBERS: 2022

Ryan White HIV/AIDS Program (RWHAP)

SERVED
566,846
CLIENTS IN 2022

more than **50%** of people with **diagnosed HIV** in the United States

89.6% of RWHAP clients receiving HIV medical care

reached viral suppression*

in 2022 compared to **65.9% in 2010,** which means they cannot sexually transmit HIV to their partner and can live longer and healthier lives.

74.2% of clients were from **racial and ethnic minority groups****

6.9% of clients had **TEMPORARY HOUSING**

5.2% of clients had **UNSTABLE HOUSING**

48.2% of clients were **aged 50 years and older**

58.6% of clients lived **at or below 100% of the Federal Poverty Level**

44.5% of clients were **Black/African American**

25.3% of clients were **Hispanic/Latino**

HRSA
Ryan White HIV/AIDS Program

Characteristics of clients who visited <u>rural</u> RWHAP providers in 2022

58.7% were from **racial/ethnic minority groups**
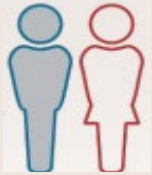
50.7% were aged **50 years and older**

91.9% had **stable housing**
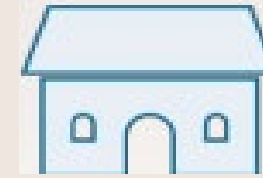
54.6% were living at or below **100% of the Federal Poverty Level**

Data in this slide was updated from the HIV Care and Treatment in Rural Communities HRSA's Ryan White HIV/AIDS Program, 2022 factsheet: https://ryanwhite.hrsa.gov/resources/factsheets

HRSA
Ryan White HIV/AIDS Program

Viral Suppression among RWHAP Clients who Visited Rural RWHAP Providers, 2022

90.7%
clients who visited rural providers reached viral suppression in 2022

✓ **Consistent with the national RWHAP average of 89.6% clients virally suppressed in 2022**

✓ **Increased over 5 percentage points over the last 5 years (85.1% viral suppressed in 2016)**

Viral suppression was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit during the measurement year and whose most recent viral load test result was <200 copies/mL.
Data in this slide was updated from the HIV Care and Treatment in Rural Communities HRSA's Ryan White HIV/AIDS Program, 2022 factsheet: https://ryanwhite.hrsa.gov/resources/factsheets

HRSA RWHAP Providers in Rural Areas, 2022

- Nationally, 8.2% of RWHAP providers were in rural areas

- Of the RWHAP national providers in rural areas, 22% are RWHAP Parts C and D providers

- More than half of designated rural RWHAP providers, (51.7%) served more than 100 clients

- 87.9% of designated rural RWHAP Parts C and D providers served more than 100 clients
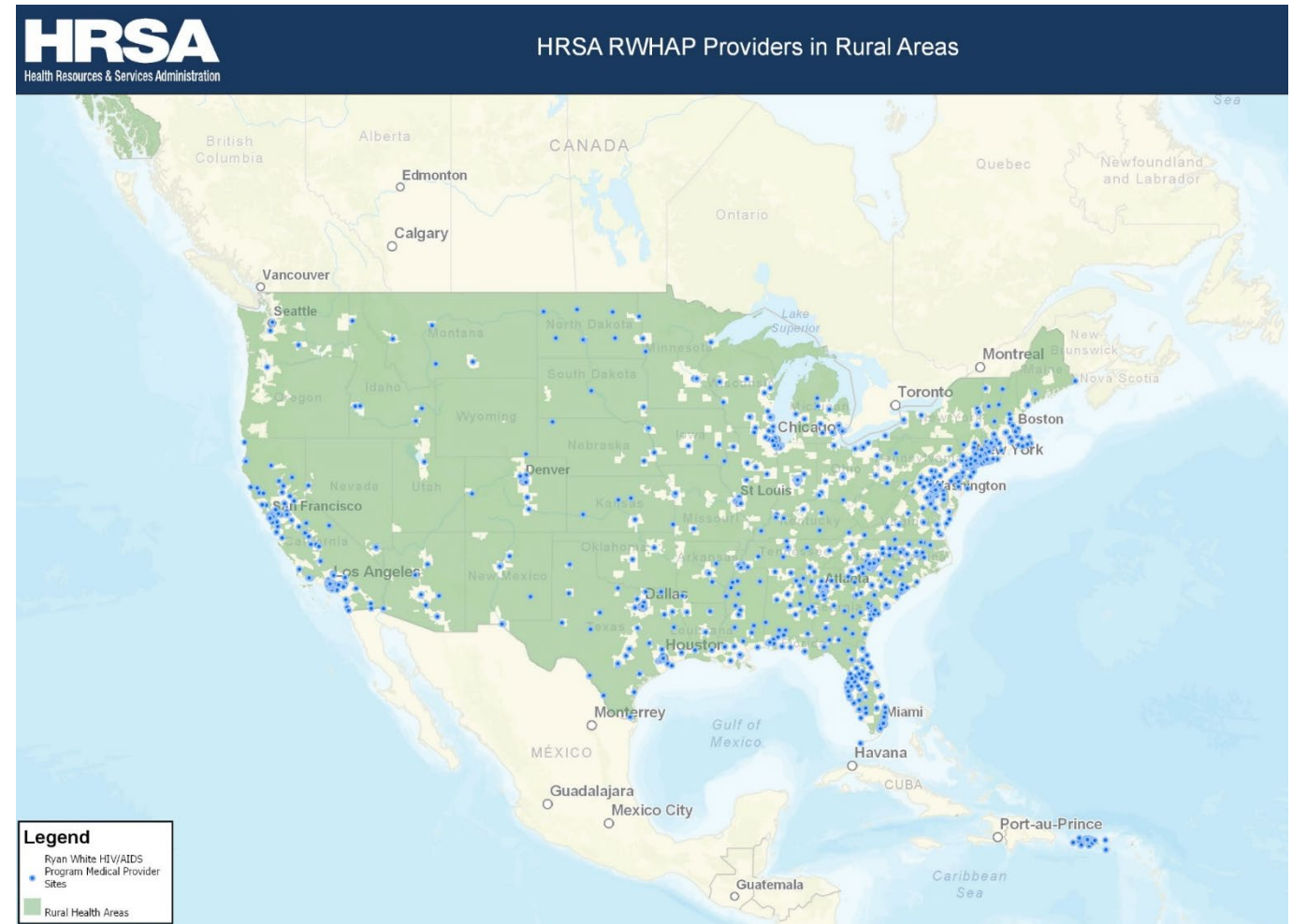
HRSA
Health Resources & Services Administration
HRSA RWHAP Providers in Rural Areas

Legend
Ryan White HIV/AIDS Program Medical Provider Sites
Rural Health Areas

RWHAP FY25 Part C Analysis of Rural Funding Preferences

Funding Opportunity	Total Applicants	# of Self-Identified Rural Applicants	% of Self-Identified Rural Applicants
HRSA-25-002	91	22	24%
HRSA-25-003	110	37	34%
HRSA-25-004	160	42	26%

Approximately 28% of applicants indicated serving a rural area

Most Common Services Delivered by RWHAP Providers in Rural Areas, 2022

	Service Category	Rural RWHAP Providers Delivering Service (N=176)
1	Medical Case Management	48.3%
2	Medical Transportation	40.9%
3	Outpatient Ambulatory Health Services	35.8%
4	Non-Medical Case Management	33.5%
5	Emergency Financial Assistance	33.0%
6	Oral Health Care	30.1%
7	Food Bank/home-delivered meals	24.4%
8	Mental Health Services	23.3%
9	Housing	18.8%
10	Medical Nutrition Therapy	16.5%

RWHAP Rural Fact Sheet and Other Resources

HIV Care and Treatment in Rural Communities

HRSA's Ryan White HIV/AIDS Program, 2022

Rural Health Fact Sheet | June 2024

- HRSA's RWHAP HIV Care and Treatment in Rural Communities Fact Sheet
- RWHAP Part F AIDS Education and Training Centers (AETC) Program
- HIV Prevention and Treatment Challenges in Rural America: A Policy Brief and Recommendations to the Secretary
- National Rural Health Association (NRHA): Rural Health Resources and Best Practices
- National Rural Health Resource Center (NRHRC): Rural Response to Coronavirus Disease 2019 (COVID-19)
- Prevention and Treatment of HIV Among People Living With Substance Use and/or Mental Disorders
- Rural HIV/AIDS Prevention and Treatment Toolkit
- Telehealth Resource Centers (TRCs)
- Rural HIV/AIDS Planning Program Grantee Sourcebook 2020-2021

Resources and Tools for Addressing Burnout

- Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce
- National Academy of Medicine Resource Compendium for Health Care Worker Well-Being
- Telehealth Models for Promoting Workforce Recruitment and Retention Toolkit (June 2023)
- Retaining Rural Health Care Professionals: Strategies to Reduce Burnout (February 2023)
- Avera Light Model : Live, Improve, Grow, Health and Treat (March 2021)
- Burnout: Measurement Tool(s), Cause(s) and Impact(s)
- Resource Compendium for Worker Well-Being
- U.S. Surgeon General Advisory on Addressing Health Worker Burnout
- Workplace Change Collaborative
- AIDS Education & Training Center Program
- National Health Worksite Program: Community Partnerships Issue Brief (CDC)
- CDC Workplace Health Resource Center

Recipient Presentations: Addressing provider burnout and staff shortage in rural communities

Overview of G. A. Carmichael Family Health Center (GACFHC)

- GACFHC is a Federally Qualified Health Center.

- GACFHC receives 330 and RWHAP Parts B & C grant funding.

- Healthcare facilities are located in Belzoni, Canton, Carthage, Greenwood and Yazoo City, Mississippi.

- Our RWHAP service areas include Attala, Bolivar, Carroll, Grenada, Holmes, Humphreys, Issaquena, Leake, Leflore, Madison, Montgomery, Sharkey, Sunflower, Washington, and Yazoo counties in Mississippi.

- GACFHC currently employs 150 staff members including 12 RWHAP staff.

- Patient demographics: 13,711 users, 94% African American, 73% at or below 100% poverty level, 41% uninsured.

Poll Questions

1. Signs of burnout include:

a) Trouble sleeping

b) Being easily irritated by coworkers and clients

c) Excessive absenteeism

d) Often think of quitting your job or changing profession.

e) All of the above

Poll Question

2. How can you avoid burnout?

a) Do not talk to your coworkers

b) Work at a fast pace to increase your productivity

c) Find ways to balance your work and personal times.

POLL Question

3. Are you or have you ever experienced burnout on your job?

a) Yes, I am currently experiencing burnout.

b) Yes, I have experienced burnout in the past.

c) No, I have never experience burnout.

Some Signs of Burnout

Dreading going to work

Having low energy and little interest in work

Excessive absenteeism

Being irritated easily by coworkers and/or clients

Having trouble sleeping or feelings of emptiness

Emotionally detaching from colleagues or clients

Feeling that your work and contributions goes unrecognized

Having a negative attitude at work

Feeling that your work lacks importance

You often think of quitting work or changing professions

GACFHC Survey Questions

- ► Is your job stressful?

- ► Do you feel physically, emotionally or mentally drained because of your job?

- ► Are you satisfied with the opportunities for growth within the organization?

- ► Do you feel that you have open communication with your supervisor?

- ► Do you feel respected by GACFHC staff?

- ► Do you think your work makes a difference?

- ► How often do you consider quitting your job?

- ► Do you feel that you are a valued employee of GACFHC?

- ► Do you feel that your work contributions go unnoticed?

- ► What would make GACFHC a better place to work?

Survey Results

- 86.96% - think their work makes a difference.
- 83.69% - satisfied with growth opportunities within the organization.
- 75% - feel respected by staff.
- 64.13% - feel valued as employees.
- 52.17% - have open communication with their supervisor.
- 42.49% - agree their job is stressful.
- 26.08% - feel their work goes unnoticed.
- 21.74% - often think about quitting their job.
- 19.56% - feel physically, emotionally, or mentally drained because of their job.
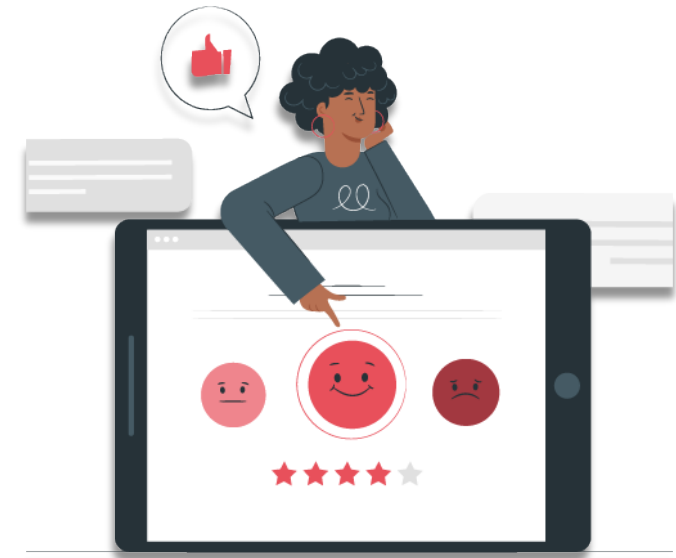
Potential Issues Resulting From Provider & Staff Burnout

▶ An increased risk of higher incidence of patient and staff safety issues. Mistakes may be easily made if a staff member is not fully engaged in his/her work.

▶ Productivity will be decreased drastically. Patient experience longer wait times.

▶ Quality of client care can be lacking, leading to suboptimal patient health outcomes.

▶ Increase in staff absenteeism and turnover rates.

▶ Poor patient satisfaction results.

Strategies For Provider & Staff to Avoid Burnout

Having open lines of communication with coworkers. Don't be afraid to ask for assistance.

Discuss any concerns and job expectations with your immediate supervisor.

Prioritize your tasks to improve your workflow and delegate tasks to others, when possible. This helps to bring order to your workload.

Find a good work-life balance. Spend time with family and friends doing things that you enjoy doing.

Prioritize your well-being by performing stress relieving techniques and exercises to help you stay calm and relax.

Get good quality sleep every night. Usually 7 or more hours of good quality sleep will help you to feel rested when you awake.

Staff appreciation days and Bonuses

Staff is encouraged to participate in fun activities with clients and co-workers.

Impact Made & Lessons Learned

- Staff felt valued and appreciated.

- Staff who participated in fun activities w/coworkers and patients, were more relaxed and got to know their coworkers better.

- Receiving bonuses encouraged the staff to work even harder towards increasing their productivity.

- Reduction in staff absenteeism and turnover

- Recognition of staff and family member(s) accomplishments made staff feel proud.

- Open channels of communication are essential to ensuring that all employees comprehend their job responsibilities and expectations.

Next Steps and Recommendations for Other Recipients

▶ **Identify Signs Early:** Regularly assess staff for signs of burnout using surveys or open feedback mechanisms.

▶ **Implement Staff Wellness Programs:** Encourage a balance between personal life and work through flexible scheduling and wellness initiatives.

▶ **Invest in Mental Health Resources:** Provide access to counseling or mental health services for staff at risk of burnout.

▶ **Create a Supportive Work Environment:** Foster open communication between staff and management, ensuring employees feel valued and supported.

▶ **Use Incentives:** Recognize hard work and offer rewards like bonuses or extra leave to motivate and retain staff.

▶ **Engage in Continuous Improvement:** Collect feedback regularly and adapt strategies to ensure staff are satisfied and productive.

QUESTIONS

Tasha Brown, Deputy Director of Programs
(601) 859-5213 ext. 2065
tabrown@gachc.org
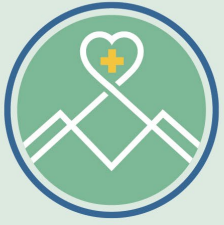
Monica Gilkey, Ryan White Coordinator
(601) 859-5213 ext. 2274
mgilkey@gacfhc.org

Lisa Ross, Ryan White Coordinator
(662) 477-0161 ext. 3006
lross@gacfhc.org

STRATEGIES TO ADDRESS PROVIDER AND STAFF BURNOUT IN RURAL COMMUNITIES
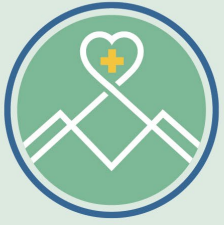
- Pinnacle Family Health

  Located in West Monroe, Ouachita Parish, Northeast Louisiana

Pinnacle's service area is Louisiana Public Health Region 8, which encompasses the roughly 7,250 square miles and 12 parishes (counties) of Northeast Louisiana, extending to the Arkansas border in the north and the Mississippi border in the east.
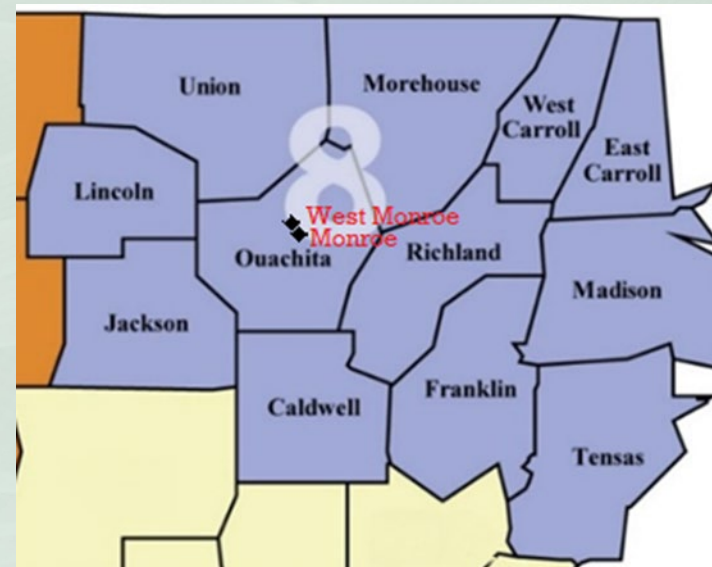
PINNACLE
FAMILY HEALTH

Demographics of Pinnacle's Patients with HIV

- Served 809 PWH in 2023 and over 850 PWH through Q3 2024

- 98.1% Non-Hispanic; 1.9% Hispanic

- 75.9% Black; 23.7% White; 0.4% Asian; 0.2% Native American

- 69.1% Male; 30.0% Female; 0.9% Trans Female

- 55.80% <100% FPL

- 23.4% Medicare; 65.5% Medicaid
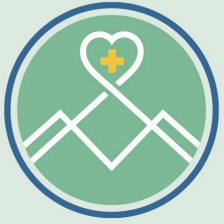
PINNACLE
FAMILY HEALTH

Funded HRSA Programs

- Federally Qualified Health Center Look-Alike

- RWHAP Part B

- RWHAP Part C

- HOPWA Services (TBRA, STRMU, PHP)

PINNACLE
FAMILY HEALTH

RWHAP Funded Service Categories

- RWHAP Part C

  - Outpatient/Ambulatory Health Services

  - Early Intervention Services (EIS)

  - Oral Health Care

  - Mental Health Services

  - Medical Nutrition Therapy

  - Medical Case Management/Treatment Adherence

  - Substance Abuse Outpatient Care

  - Outreach Services

HRSA
Ryan White HIV/AIDS Program

PinnacleFamily.org

PINNACLE
FAMILY HEALTH

Factors Leading to Staff Burnout

1. Competing Priorities (wearing too many hats)

2. Lack of Appropriate Training
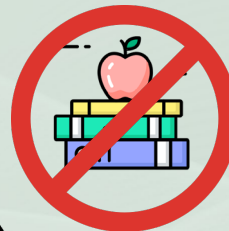
3. Poor Time Management
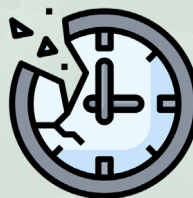
4. Stressful Client/Patient Interactions

5. Toxic Coworkers
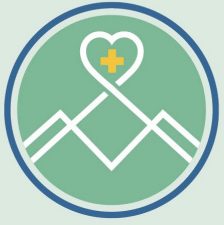
**Challenges with Staff Burnout and Their Impact on Pinnacle
in Providing Health Care Services**

1. Decreased Quality of Care

2. Low Productivity

3. Negative Attitude

4. Antagonistic Views of Leadership

5. Lack of Camaraderie
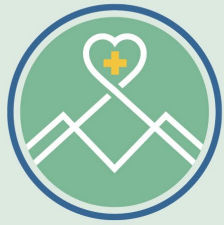
STRATEGIES

Strategies Used to Prevent Additional and Relieve Existing Staff Burnout Once the Challenges Were Identified

1. Leadership Team Engagement

2. Wider Array of Educational Opportunities

3. Compressed Work Week

4. Staff Incentives

5. Holiday Contests (Halloween Costume & Ugly Christmas Sweater)

6. On-Site Gym for Staff

7. Burnout Prevention Policy & Procedure

8. 15-Question Burnout Prevention Survey
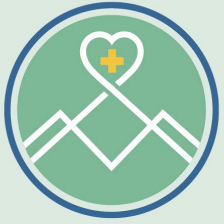
PINNACLE
FAMILY HEALTH

15-Question Burnout Prevention Survey
(Anonymous on SurveyMonkey)

-- Responses are Not at All, Rarely, Sometimes, Often, or Very Often --

1. I feel run down and drained of physical or emotional energy.

2. I have negative thoughts about my job.

3. I am harder and less sympathetic with people than perhaps they deserve.

4. I am easily irritated by small problems, or by my coworkers and team.

5. I feel misunderstood or unappreciated by my coworkers.
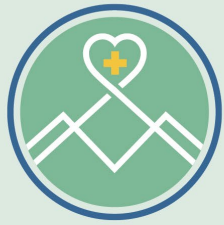
6. I feel that I have no one to talk to.

7. I feel that I am achieving less than I should.

8. I feel like I am under an unpleasant level of pressure to succeed.

9. I feel that I am not getting what I want out of my job.

10. I feel that I am in the wrong organization or the wrong profession.

11. I am frustrated with parts of my job.

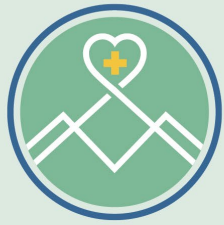12. I feel that organizational policies or "red tape" frustrate my ability to do my job.
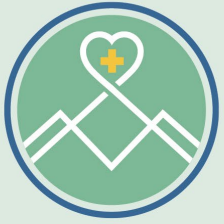
13. I feel that there is more work to do than I practically have the ability to do.

14. I feel that I do not have time to do many of the things that are important to doing a good quality job.

15. I feel that I do not have time to plan as much as I would like to.
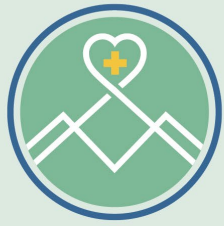
16. Open comment section

15-Question Burnout Prevention Survey
(Scoring Scale)

Not at All = 1; Rarely = 2; Sometimes = 3; Often = 4; Very Often = 5

15-18   :   **No** sign of burnout. Yay!

19-32   :   There is **little** sign of burnout, unless some factors are particularly severe.

33-49   :   Be careful! You **may** be at risk of burnout.

50-59   :   You're at **severe** risk of burnout and may want to speak with a member of the leadership team.

60-75   :   You're at **very severe** risk of burnout – *__please__* speak with a member of the leadership team.

Pinnacle's Unique Resources to Address Staff Burnout

1. Branded Gift Cards

2. Handwritten Notes and Recognition

3. Staff Resources/Learning Management System

PinnacleFamily.org

PINNACLE
FAMILY HEALTH

- Staff members need to feel *valued*.

- There is an ever-growing need to address *work-life balance*.

- The health center's entire *leadership* (board and management team) need to have buy-in to prevent staff burnout.

- Leadership needs to be willing to *bend* in order to foster an environment where people can thrive.

- *Focus groups* with staff post-burnout survey to determine what actions can be taken to prevent future burnout.

- A hard truth – you can never make all of the people *happy* all of the time.

Contact Information

Mark L. Windham, CEO
Pinnacle Family Health
www.pinnaclefamily.org
mark.windham@pinnaclefamily.org

Addressing Provider Burnout and Staff Shortages in Rural Areas

Christopher Vann, MHA

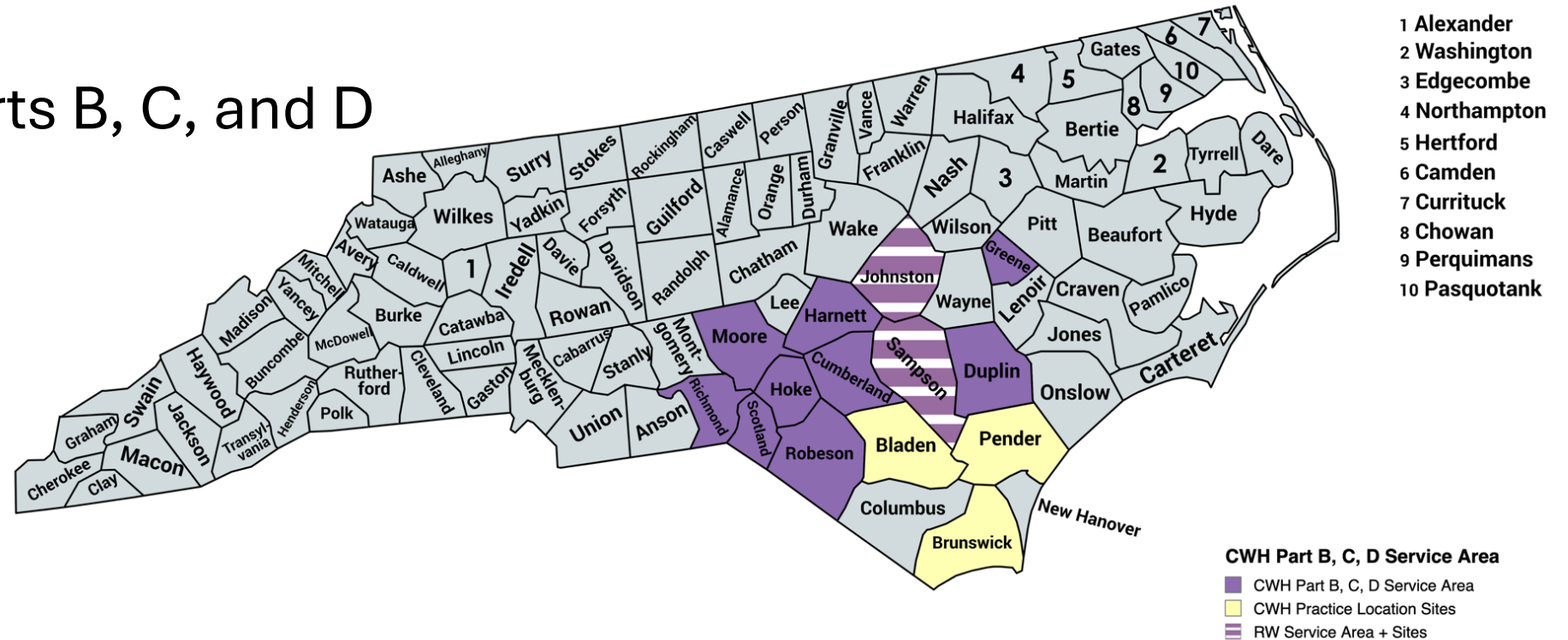Senior Director of Business and Community Development

CommWell Health (CWH)

- Tri-County Community Health Council, Inc. dba CommWell Health

- Began as a night clinic in 1976 years – 2027

- Funded HRSA programs
  - RWHAP Parts B, C, D (funded since 1997)

CWH Service Area

- FQHC
- RWHAP Parts B, C, and D

RWHAP Services - CWH

- RWHAP funded service categories
  - Outpatient/Ambulatory Health Services
  - Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
  - Medical Case Management, including Treatment Adherence Services
  - Medical Nutrition Therapy
  - Mental Health Services
  - Oral Health Care
  - Substance Abuse Outpatient Care
  - Emergency Financial Assistance
  - Medical Transportation
  - Non-Medical Case Management Services
  - On-site pharmacy and mail order pharmacy service
  - Care Coordination
  - Centralized Scheduling and Referrals

CommWell Health

Burnout Strategy – A <u>Must Do</u>

"Not everything that is faced can be changed, but nothing can be changed until it is faced."

James Baldwin

No Name in the Street

CommWell Health

Our Situation
2008-2009

Burnout and Workforce

- In 2022 – Our big question - How did COVID impact our workforce?

- Burnout Prevention (our shared goals)
  - Creating resilient and highly adaptive workforce
  - Provider of Choice and Employer of Choice

- Workforce snapshot
  - ~ 9 million
  - 72 million
  - 47% / 73%   46% / 44%

The Workforce Landscape

Shrinking Workforce

Changing Attitude

Power of Choice

Core Beliefs About People

Desire to Feel Valued

Trustworthy / Integrity

Eager to Work

Responsible

Accountable

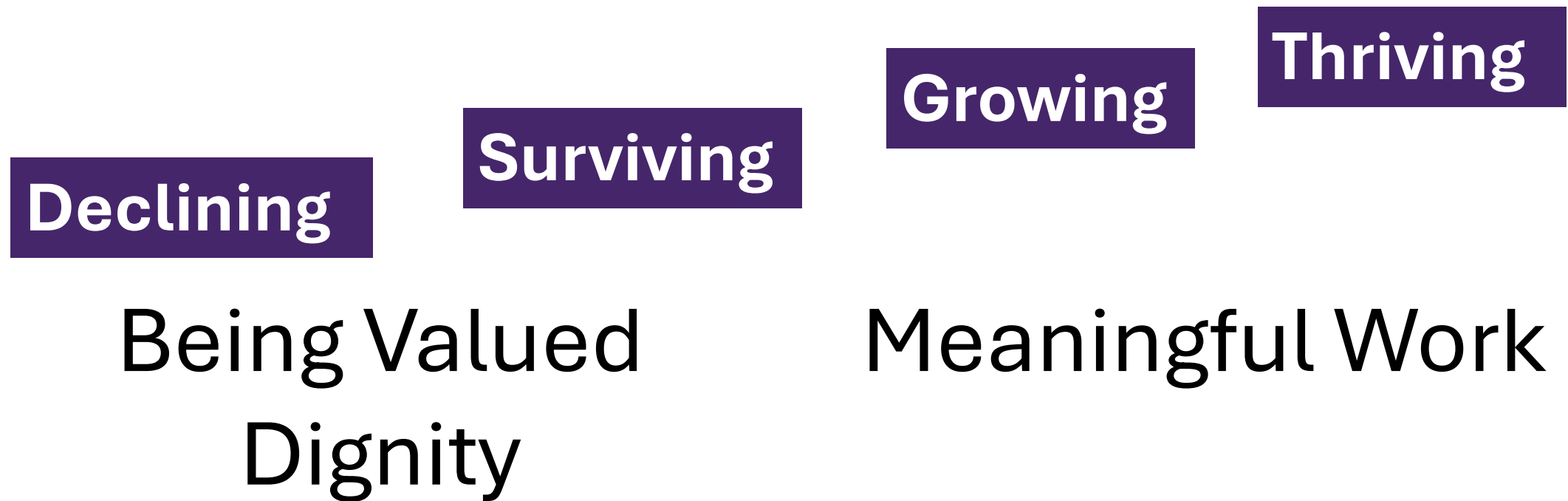**Grow Personally and Professionally**

CommWell Health

Prevailing Beliefs About Frontline Workers

Interchangeable

Not Strategic

Different "Class"

Not "Knowledgeable"

Respond to Penalties

Require Micromanagement

CommWell Health

People in the Workforce

Declining

Surviving

Growing

Thriving

Being Valued Dignity

Meaningful Work

CommWell Health

Workforce Principle
3-3-3-1 Principle

Culture (People) 30%

Quality (Systems) 30%

Finance (Resources) 30%

Governance (Accountability) 10%

CommWell Health

A People Approach

Results

- Colleague Engagement
  - 2023 Colleague Engagement Survey
    - 46.3% plan to remain with CWH > 10 years
    - 77.4% response rate (up from 70%)
    - 91.1% satisfied working at CWH
    - 91.4% would recommend working at CWH
    - 94.5% would recommend CWH for health care
    - 95.7% proud to be a colleague

Lessons Learned:
It's More than Pizza and Giveaways

Lessons Learned

- Reducing burnout (Culture Transformation) requires an intentional approach – a blueprint
  - 360 buy-in
- Accountability oversight for culture (interdepartmental)
  - Committee and frontline staff
- Relationships – a forum to share insights about oneself
- Culture transformation that supports low turnover and burnout takes time

Contact Us!

Christopher Vann, MHA
Sr. Director of Business and Community Development
cvann@commwellhealth.org

Allison Hargrove, RN
Sr. Director of Business Intelligence
ahargrove@commwellhealth.org

Cindy Britt, RN
Director of Special Populations
cbritt@commwellhealth.org

Questions?

Thank You!