



# Cultivating a Sustainable Workforce Pathways Program in a Federally Qualified Healthcare Center: Empowering Rural Communities

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# Disclosure

We have no financial disclosures or conflicts of interest with the presented material in this presentation.

# Introduction

Unlocking strategic growth  
by aligning supply and  
demand by integrating  
pathway programs with  
clinical operations.

Innovation  
Collaboration  
Education

# Session Overview

## Introduction

*Chris Guastaferrro*

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## Addressing the Urgent Need

## Creating Sustainable Change

## Fostering Community Engagement

## Transforming Communities

*Mike Durbin*

## Catalyst for Change

*Lacey Ferguson*

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## Facilitated Discussion: Q&A

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# Facilitated Discussion: Q&A

Use the link to submit questions, link document also on tables.

## Facilitated Discussion Q/A



# Addressing the Urgent Need

## The Genesis of Our Program

### Numbers Continue to Speak

- The number of Primary Care Providers (PCPs) needed nationally to increase 13% by 2030
- The active number of PCPs nationally is expected to rise by only 6%
- As of 2022, 8,905 PCPs in Oregon, primarily Medical Doctors

### Capacity Gap in Community

- Statewide PCP ratio 1.21
- Rural PCP ratio 0.91
- Drain/Yoncalla PCP ratio 0.22

Community feedback indicated frustration over provider turnover, lack of trust, and low sense of security.

# The Genesis of Our Program

Critical staffing shortages in key areas

- Providers – left at the end of the contract or when loans are repaid; it is very difficult to recruit physicians in particular
- Medical Assistants (MAs) – difficult to recruit and a revolving door

Our mission demands us to urgently serve the community

# Innovation and Adaptation

- The healthcare landscape is ever-evolving
- We realized that the status quo wasn't working, so we had to think outside our comfort zone
- Aviva is deeply committed to innovation and adaptation to meet our community's needs and go where no one else is willing

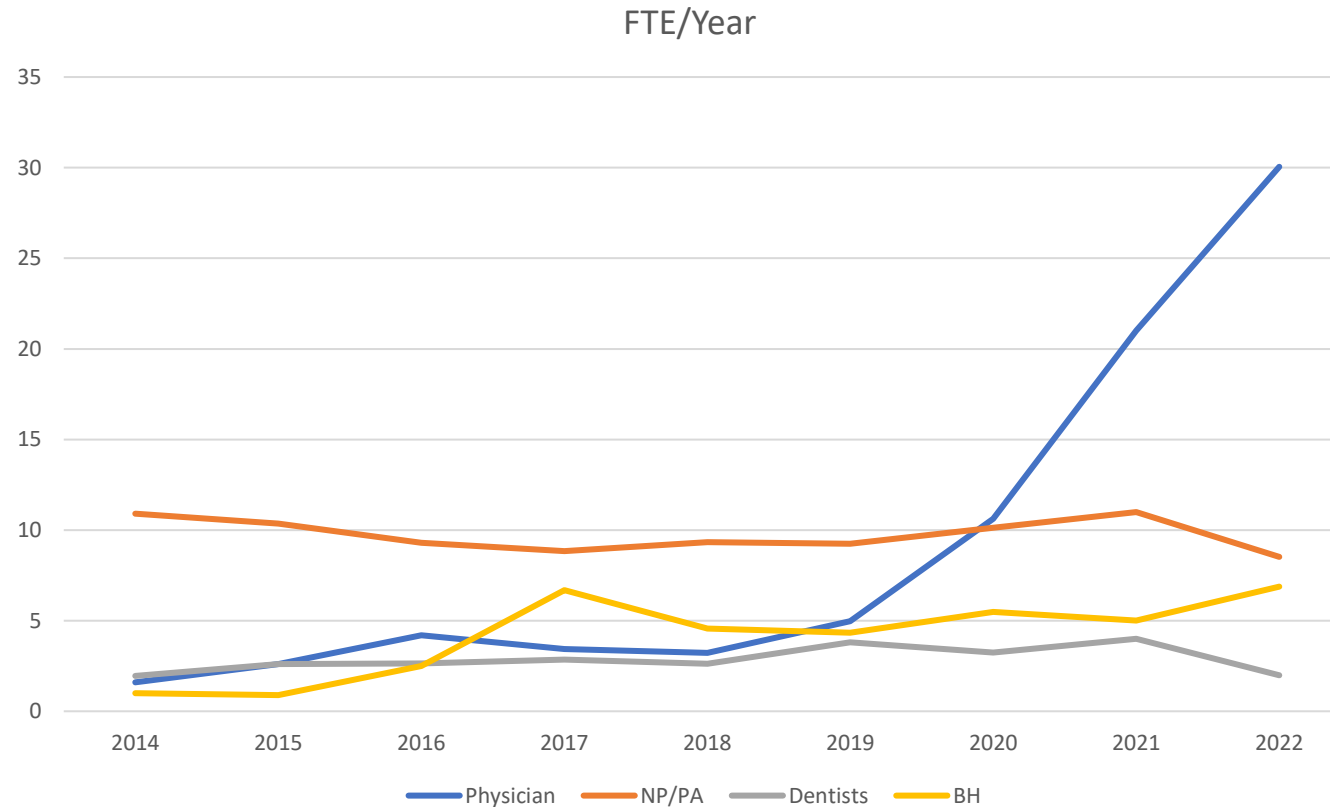


# Refocusing Efforts

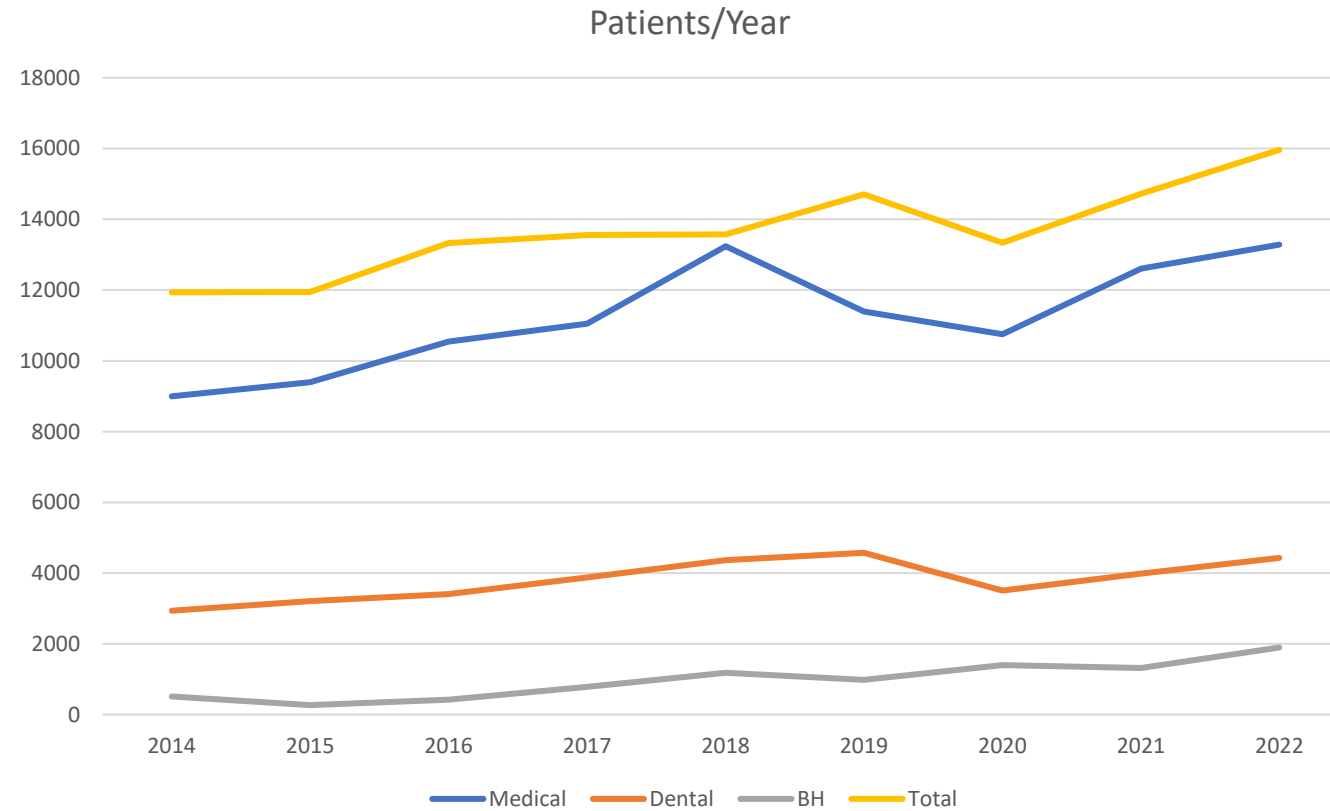
Efforts were redirected to areas requiring additional staffing due to patient and community demographics

- Chronic health management
- Dental
- Behavioral Health
- Patient outcomes – “There’s a patient in there somewhere.”
  - Where were patients struggling?
  - Quality Improvement metrics

# Provider FTE Per Year: 2014-2022



# Patients Per Year: 2014-2022



# Long-Term Impact and Vision

- Improve access to healthcare services
- Enhance the quality of care
- Reduce healthcare disparities and inequities
- Economic benefits
- Professional satisfaction and retention
- Innovate and adapt to healthcare trends
- Community empowerment and collaboration
- Long-term sustainability

# Our Programs and Approach



## **Purposeful long-term workforce development pathways to address disparities**

Medical Assistant Apprenticeship Program

Clinical Rotation Site

Roseburg Family Medicine Residency

ReConnect Fellowship Program



## **Collaborative Approach**

Umpqua Community College

Area Health Education Center of Southwest Oregon (AHECSW)

Mercy Medical Center

OHSU

COMP Northwest

Pacific University

# Creating Sustainable Change

## MA Apprenticeship Program

### Needs and Impacts

- We had a very high MA turnover
- We had a very high number of unfilled MA positions
- Most of our MAs were hired with little to no experience
- MA mistakes were common

# MA Apprenticeship Program

## Take One

Our Chief Compliance Officer worked to implement an MA Apprenticeship program through the Southwestern Oregon Workforce Investment Board (SOWIB) in collaboration with Southwestern Oregon Community College.

# MA Apprenticeship Program

## Pros of Phase One

- A formal training pathway to a national certification
- An increase in the quality of work from our MAs



# MA Apprenticeship Program

## Cons of Phase One

- Externally driven – the program was determined almost exclusively by SOWIB
- Top-down – in relation to the above, there was little involvement from Clinical Operations
- We could only put 1 or 2 MAs through the program simultaneously
- We would train MAs, and then they would leave for other organizations
- Bottom line: We still had many of the same issues as before

# Reviewing the Program

## What wasn't working?

- It was too slow to fill our MA need, and we still faced high turnover
- Input from the staff doing the job and working with the MAs was lacking
- There wasn't a solid pathway to advancement
- Our MAs lacked confidence

# MA Apprenticeship Program

## Take Two

- Hired a dedicated MA trainer
- We added Clinical Supervisors to oversee our MAs
- Created a dedicated classroom environment
- Proctored in clinic
- Internally driven and bottom-up, top-enabled approach – the training was developed with direct input from clinic managers, MAs, and staff with support from leadership

# MA Apprenticeship Program

## Take Two

- Added a phlebotomy certification that was developed by one of our Clinical Supervisors who is an experienced, certified MA
- Increase in pay at certain milestones – MA certification and phlebotomy certification
- Increased initial training time from 1 week to 2 months
- Up to 12 people could be in a cohort at a time
- We performed a time study showing the average time it takes an experienced MA vs. an inexperienced MA to perform specific tasks

	Daily Averages													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Aviva Health Glide Med	8	8	10	19	13	10	10	8	9	8	9	9	10	7
Aviva Health Myrtle Creek Med	16	22	16	28	34	24	23	24	27	24	20	21	29	27
Aviva Health Newton Creek						30	30	24	25	26	30	28	26	20
Aviva Health North County Med	15	13	13	32	19	18	17	20	23	20	23	20	19	22
Aviva Health Outpatient Behavioral Health												5	9	11
Aviva Health PCBH	16	16	19	18	19	18	17	17	16	15	16	13	10	10
Aviva Health Roseburg Family Med	110	119	124	144	117	95	72	87	70	75	87	69	48	46
Aviva Health Roseburg Pediatrics											1	12	17	18
Aviva Health SBHC Med		1	2	2	3	3			6	6	6	6	7	8
Aviva Health Sutherlin Med	25	25	25	40	47	29	29	25	33	27	35	37	34	27
Aviva Health Vaccine Roseburg					42	22	11	27	62	70	88	67	77	36
Aviva Health Women's and Reproductive Health											1	18	19	19
Grand Total	225	256	200	253	241	198	195	206	248	247	295	256	277	214

UPINs Needed

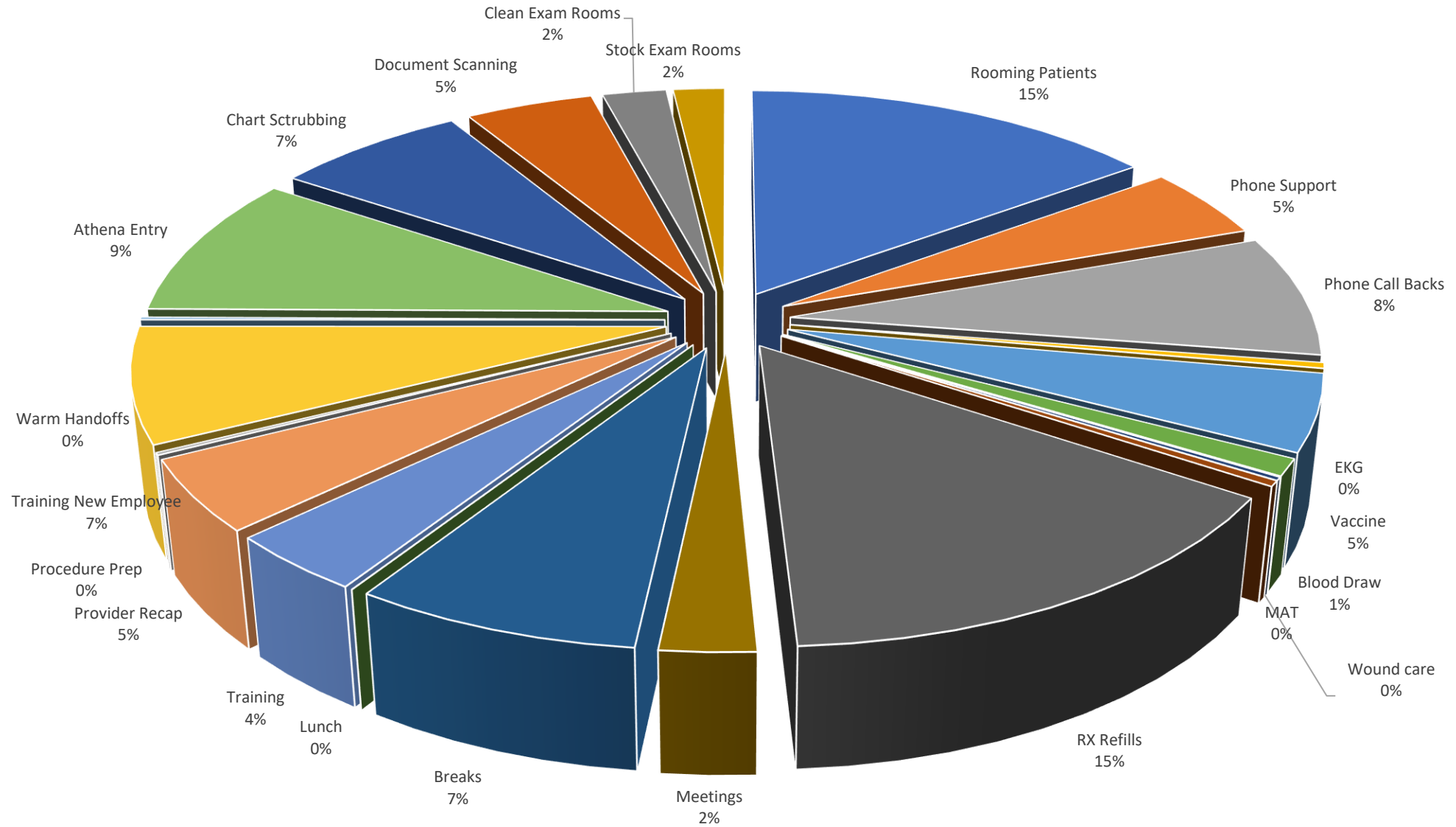
MA's	32	19	13
Trainee	32		
Trained	0		
8 Hr MA's	18		
10 Hr MA's	14		

148 appointments  
34 rooms

### Efficient Trained MA

	Average MA			Trainee MA		
	Time per event	Per day	Total Mins	Time per event	Per day	Total Mins
Rooming Patients	13	148	1924	16	148	2294
Phone Support	8	75	600	9	75	675
Phone Call Backs	8	126	1008	9	126	1134
EKG	15	3	45	18	3	52.5
Vaccine	15	42	630	20	42	840
Blood Draw	15	9.3	139.5	20	9.3	186
Wound care	5	5	25	8	5	37.5
MAT	45	1	45	53	1	52.5
RX Refills	4	480	1920	6	480	2880
Meetings	10	32	320	8	32	256
Breaks	30	32	960	30	32	960
Lunch	0	32	0	0	32	0
Training	15	32	480	13	32	400
Provider Recap	4	148	592	4	148	592
Procedure Prep	2	10	20	4	10	35
Training New Employee	68	14	952	68	14	952
Warm handoffs	1	20	20	1	20	20
Athena Entry	8	148	1184	7	148	962
Chart Scrubbing	5	177.6	888	7	177.6	1154.4
Document Scanning	4	148	592	5	148	740
Clean Exam Rooms	2	148	296	3	148	444
Stock Exam Rooms	7	34	238	9	34	289
Total Time in Mins			12878.5			16081.3
Time in Hrs			214.64			268.02
<b>Time Per MA by Hrs</b>			<b>6.71</b>	<b>Average per MA</b>		<b>8.38</b>
Recommended MA Time			8.4	Recommended MA Time		8.4

# Overall MA Responsibilities



- Rooming Patients
- Phone Support
- Phone Call Backs
- EKG
- Vaccine
- Blood Draw
- Wound care
- MAT
- RX Refills
- Meetings
- Breaks
- Lunch
- Training
- Provider Recap
- Procedure Prep
- Training New Employee
- Warm handoffs
- Athena Entry
- Chart Scrubbing
- Document Scanning
- Clean Exam Rooms
- Stock Exam Rooms

# MA Apprenticeship Program

## Results

- Decreased turnover
- Encouraged recruitment of new staff
- Growth and opportunities in other positions
- Better work product from MAs
- Increased confidence from MAs
- More MAs could be trained at a time
- Buy-in from staff
- The program that was built around us
- Increased interdepartmental communication and peer support
- For the first time, we had all our MA positions filled

# Example of Effect of MA Apprenticeship Program

## QUALITY METRIC PERFORMANCE





# MA Training: What's Next?

- Scribe training
- Specialty-focused training (e.g., Pediatrics, Procedure Clinic, Medication Assisted Treatment)



## Recent MA Program Graduates

# Fostering Community Engagement Clinical Rotations Goals and Impacts

## Primary Goal

- Support academic institutions
- Feed the rural healthcare pathway - "Grow Your Own" model

# Clinical Rotations

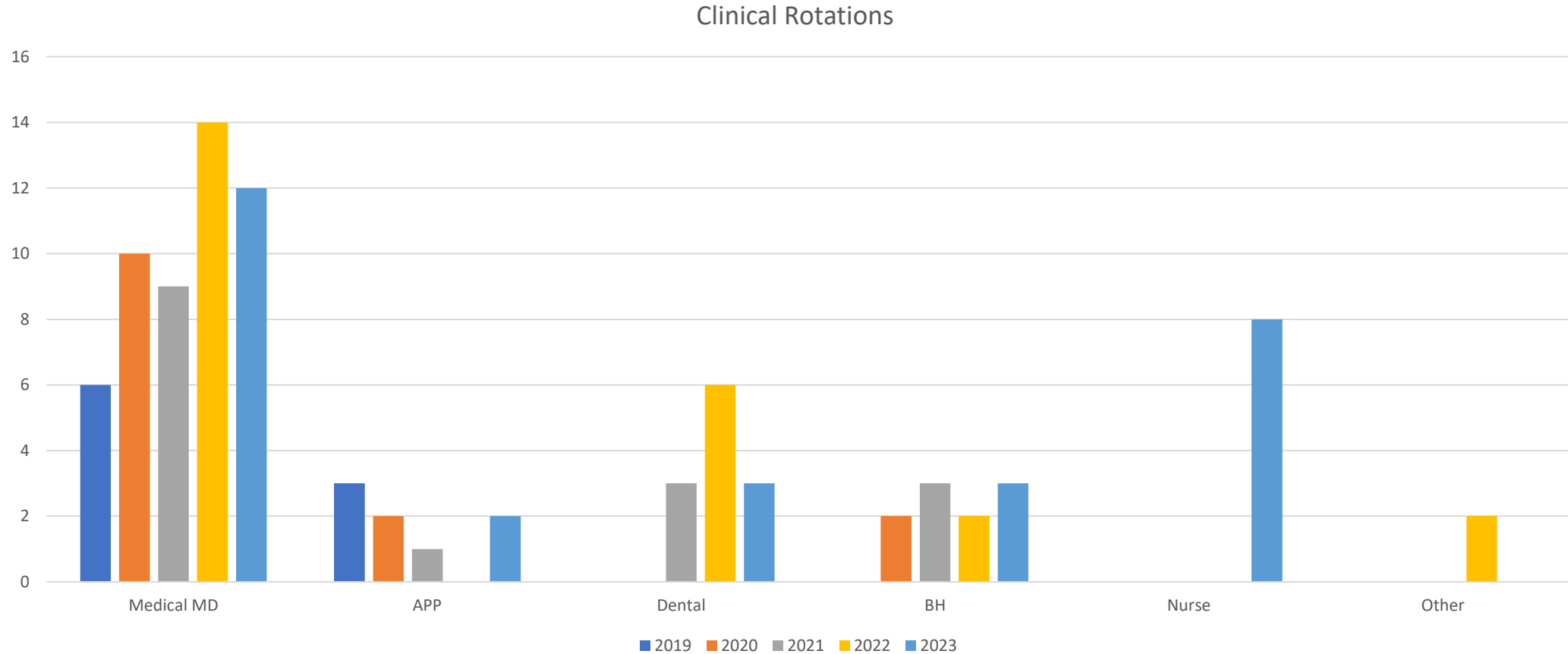
## Goals and Impacts

### **Secondary and Tertiary Impacts**

- Environment of learning
- Engaged workforce
- Increased cultural competency
- Community image
- Research opportunities
- Increased Quality Improvement
- Innovation
- Long-term impact on the industry

# Clinical Rotations

## Program Statistics



# Clinical Rotations

## Program Statistics

- Affiliation agreements with 13 institutions.
- Providers hired:
  - MDs at Aviva - 1
  - Dentists at Aviva - 2
  - Behavioral Health hired into community - 5
    - 3 at Aviva
  - Advanced Practice Providers hired into the community - 4
    - 2 at Aviva
- Registered Nurse hired - 1
- Dental Assistants hired - 3
- Returned for Residency - 3

# Transforming Communities

## Family Medicine Residency Program

- Aviva Health partnered with OPTI-West and Mercy Medical Center to launch in July 2020 an unopposed 8/8/8 family medicine residency in Roseburg, OR, to train physicians ideally suited for practicing rural medicine in the 21<sup>st</sup> century
- The family medicine practice site is located with Aviva Health's primary Roseburg clinic
- Partner with numerous local organizations for rotations, projects, and education, such as Mercy Medical Center, local VA, skilled nursing facilities, specialists, community-based organizations, etc.



# Notable Residency Achievements

## Milestones

- Our first class of 8 graduated
  - Over 13,000 visits across their time in the program
  - All passed the American Board of Family Medicine board exam in April 2023
- Two residents achieved dual-board certification in family medicine and lifestyle medicine

## Community Capstone Projects

- Establishment of Yoncallagrassroots, a nonprofit organization
- Development of a curriculum focused on social determinants of health and mental/emotional well-being
- Education on building immunity and vaccination



# Conclusion

- Evolved and grown
- Filled critical gap
- Model for small communities to prepare high-quality family medical physicians
- 4 graduates working in Oregon
  - 3 in rural communities
  - 2 in Douglas County
  - 1 at Aviva





# RFMR residents with residency faculty and staff





# Catalyst for Change

## ReConnect Gap Year Fellowship

### Program Overview

- Designed for college grads facing a gap-year while applying to medical school
  - Employed full-time as medical assistants or medical scribes in rural primary care practices
  - Participate alongside a cohort of peers
  - Receive professional learning, mentorship, and support in the application cycle

# ReConnect Fellowship

## Initial Need

- Feed the rural healthcare pathway - "Grow Your Own" model
- Help fill the workforce gaps in local healthcare, specifically in medical assistant or medical scribe positions
  - Prioritize FQHCs
- Provide pre-med candidates with a realistic experience working in rural healthcare, specifically with an underserved population

# ReConnect Fellowship

## Program Launch

- Recruit pre-health graduates from across the state of Oregon
- Plug them into partnering clinics to be employed as medical scribes/medical assistants
- Provide support and professional learning for the medical school/PA school application cycle
- Foster a rapport and build community among participants.

### **Relied heavily on Strategic Planning in the early stages**

- Defined outputs, outcomes, and deliverables
- Constantly evaluated key performance indicators (KPIs)
- Plan-Do-Study-Act (PDSA) approach to problem-solving and improvement

# ReConnect Fellowship

Successes	Challenges
<ul style="list-style-type: none"><li>• Strong support from partner clinic, Aviva Health</li><li>• Positive feedback on Fellows' performance at work</li><li>• High Acceptance Rate into medical school/PA programs</li><li>• Positive feedback about ReConnect from medical schools and interview teams</li><li>• Fellows reported they gained a lot from their experience as a ReConnect Fellow – it validated their choice to pursue medical school and a career as a provider</li></ul>	<ul style="list-style-type: none"><li>• Recruitment – took time to figure out efficiency, build relationships with university staff &amp; student programs</li><li>• Staffing – have to address the "turnover aspect" - clinic had to accept turnover every 1-2 years</li><li>• Funding – grant funded, limited HRSA funding</li><li>• Expansion to other geographic areas is difficult without program funding and staffing</li><li>• Marketing &amp; Branding without funding resources</li></ul>

# ReConnect Fellowship

## Program Statistics

- 8 Cohorts since 2016, 38 participants total
  - 1 in practice as a Physician Assistant (PA) in Roseburg
  - 6 in Residency Programs (one at Roseburg Family Medicine Residency)
  - 13 in medical or PA school
  - 11 active in program
    - 5 currently applying to medical or PA school
    - 6 plan to apply in 2024 cycle
  - 5 exited the fellowship prior to applying to medical school
- **100% acceptance rate into medical school, PA school, or advanced healthcare programs**





## Current Fellows







**Lucas Short**

# Key Takeaways

- Being forced to rethink our approach to staffing has led to great outcomes, even beyond the primary goals
- The programs address initial needs, but also led to unexpected secondary and long-term outcomes that benefit Aviva, our community, and the healthcare industry at large
- Create sustainable and relational partnerships with a shared vision
- It takes time and commitment – results likely will not be seen right away

# Facilitated Discussion: Q&A

Use link to  
submit  
questions

Facilitated Discussion Q/A



# Evaluation

## NWRPCA Evaluation AHECSW



# Thank You!

- Contact Information
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