Launching Rural Workforce Development Strategies: Facilitated Discussion

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Workforce

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Who should be at the table?

What do we mean when we say "workforce" ?

Partners at the Table

- Patients
- Community Organizations, churchs, etc
- Industry partners
- Lay workforce & support roles

- Emergency Medical Service
- Hospitals
- Education Institutions
- Virtual Team
- Agency partners

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Workforce

How do we engage new participants and promote innovation opportunities for workforce capacity building?

- ✓ Educators
- ✓ Industry partners
- ✓ Training partners

- ✓ Managed care organizations
- ✓ SDoH Organizations

QUESTIONS

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Themes

- Grow Your Own Workforce from the community
- Bring education to the communities in need - equity of access for rural and tribal communities
- Address training/education: skills mismatch
- Mobile care, go into the community to meet patient where they are
- Maintaining workforce capacity, recruit, retain (volunteer and paid staff)

- Workforce: building current and future at the same time
- Increase public health services, including home health expanded care
- Community-based healthcare - Development of "Medical Neighborhoods"
- Telehealth to expand reach of specialty services and beyond

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Collaboration / Collective Impact

Working together

"Coming together is a beginning, staying together is progress, and working together is success." – Henry Ford

Collaboration / Collective Impact

"Effectively, change is almost impossible without industry-wide collaboration, cooperation, and consensus." – Simon Mainwaring

Co-creation

Smart ideas- Smart processes
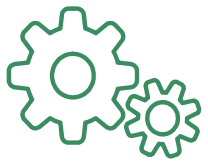
Shared Measurement

Outcomes- Deliverables - Data
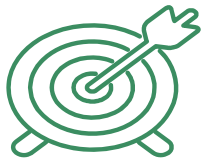
Creating Powerful Goals

Total success!

Shared Intent

Shared or Common Agenda

Mutually Reinforcing Activities

Shared Communication
Strategies

Strong Backbone
Organization

1. Why Do We Exist

2. How Do We Behave

3. What Do We Do

4. What Is Our Aspiration

5. Where Do We Stand Now

6. How Will We Succeed

7. What Is Most Important Right Now

8. How Do We Need To Work Together

"We choose to go to the moon. We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard, because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win, and the others, too."
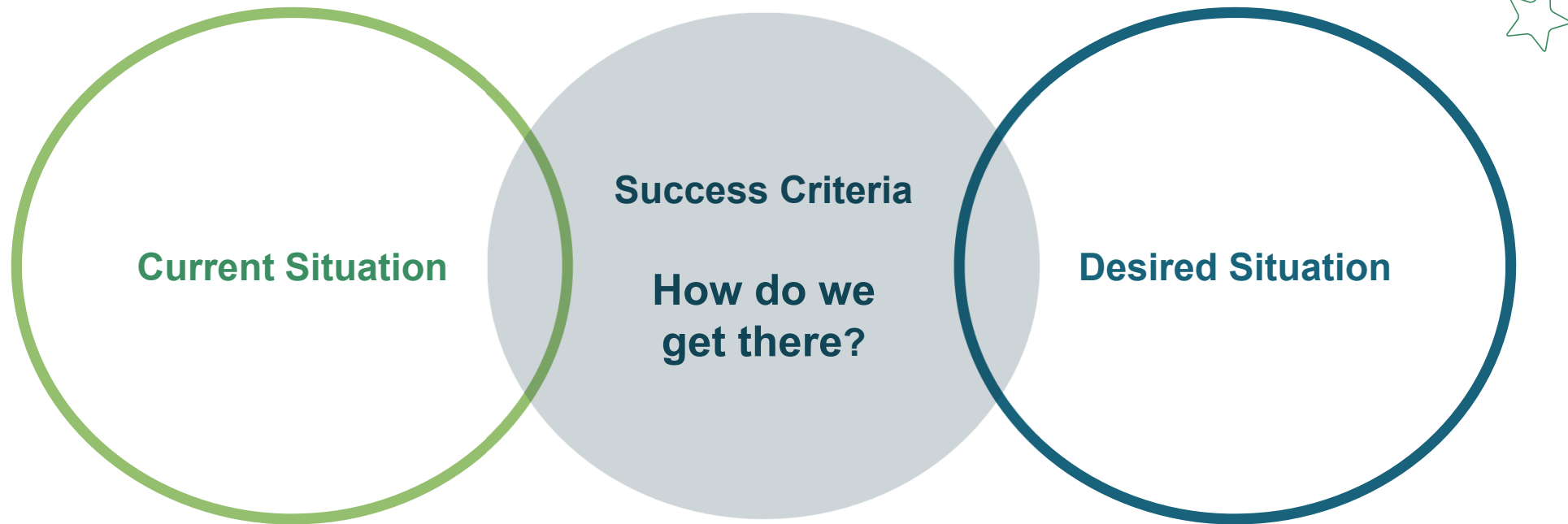
What's a Realistic Aspirational Goal?

- It should make you feel uneasy, it should feel like OMG this is going to be impossible.

- Only if it creates that kind of inspiration will people make difficult decisions, put in energy and focus to achieve it.

- What indicator(s) would fuel your purpose?

- What goal would galvanize your partners and stakeholders?

Intent

What are the key shifts needed to move us from today to our ideal future?
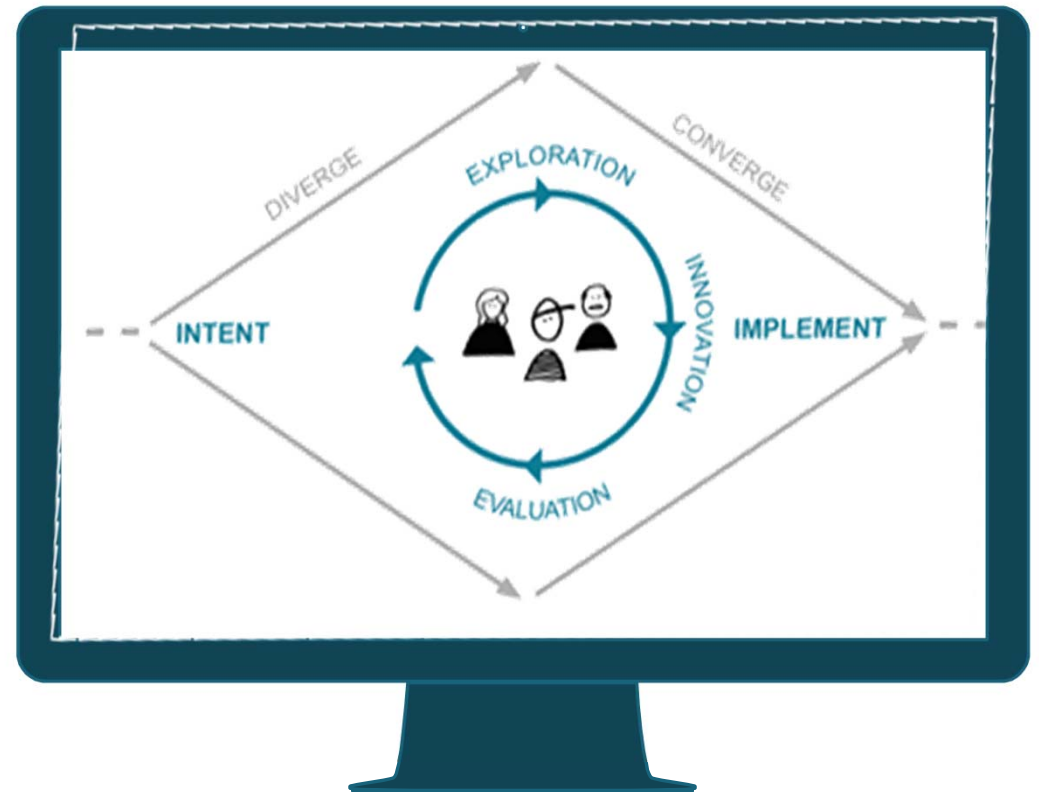
How do we make these key shifts real?

WHO ELSE NEEDS TO BE AT TABLE?

Innovate

Co-Create

Dream Team

- Includes the patient (patient oriented)
- Includes: Behavioral Health staff (all types), pharmacology, dentists, MD, PA, NP, Nurses, MA, other allied health
- Administration, Quality Improvement, HIT need to be in on discussion/workflow changes
- Create protected time in workflow/schedule for teams to debrief and problem solve

- Leadership to maintain the vision
- Resolve revolving door of staff - need staff stability (not all agree this is essential, if you have a good core staff and leadership)
- Safe space to share ideas
- Team care includes home health (starts in the home)

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Collaboration Tools

Essential Conversations

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Collaboration Tools

- Critical Shifts

- Diverging and Converging

- Focus and Frame

- Polarity Mapping

- Designs tensions

- The design process

Any questions?