

Name of Council	Workforce
Person Completing Report	Janet McDaniel
Date Submitted	June 10,2011

X  Year-end report

Work Plan Goals, Objectives and Strategies							
<b>Goal 1:</b>	Address the recommendations of the Virginia Rural Health Plan						
<b>Objective 1:</b>	Maintain the function of the Workforce Council						
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes	Actual Outcomes
	Start Date	End Date	Start Date	End Date			
Hold a minimum of three conference call meetings during the next 12 months.	6/1/2010	5/31 2011	9/10/10	6/1/11	Council chair, all members	Decisions will be made to move the work plan forward	Meetings have been held on 9/10/10, 11/05/10, 12/8/10, 2/25/11, 4/6/11, and 5/13/11.

Attend the 2011 Rural Health Summit.	3/1/2011	3/30 2011	4/5/11	4/7/11	All members	Information about work plan progress will be shared with other council members and stakeholders	The Workforce Council gave a report out on 4/7/11 to those attending the Rural Health Summit. Workforce Council members also attended the Summit and attended a meeting on 4/6/11.
Record attendance at council meetings, take minutes and submit minutes to mjs Consulting.	6/1/2010	5/31 2011	9/10/10	6/1/11	Council recorder	Attendance will be recorded  Minutes will be shared with other council members and stakeholders	A recorder was identified when the Chair was appointed. Minutes have been completed, sent to mjs Consulting, and promptly posted on the website.
Identify a minimum of 5 individuals and/or organizations to recommend for plan "adoption."  Encourage those entities to adopt the plan, submit names of those identified to VRHRC.	6/1/2010	5/31 2011	9/1/10	12/31/10	All members	Plan adoption will increase	Through the Council members' efforts and those of the support staff, over 100 people signed up to "Adopt a Recommendation" through the VA-SRHP.

**Work Plan Goals, Objectives and Strategies**

<b>Goal 2:</b>	E.6. Engage academic health and medical institutions in dialogue about alternative solutions and strategies to improving the healthcare workforce in rural areas (such as required rural rotations and rural-related curriculum).						
<b>Objective 1:</b>	Assess current academic programs for educating rural health workforce.						
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes	Actual Outcomes
	Start Date	End Date	Start Date	End Date			
Literature review of training models, best practices, and barriers throughout US focusing on multidisciplinary medical home models	7/1/2010	9/1/2010	7/1/10	9/1/10	Mara coordinating in-kind work from UVa Wise and VCOM	Summarization of best practices	In-kind literature review was conducted by UVA Wise and VCOM. Additional literature review was conducted by Mara using key words suggested by Council members. Little rural specific literature was found. General literature around the model was found and shared with the Council.
Survey of academic health and medical institutions to assess current programs to educate rural health workforce (i.e. multidisciplinary medical home models, rural health education curricula, rural rotations/placements, post-graduate tracking – especially primary care)	10/1/2010	1/1/2011	1/1/11	3/15/11	Mara coordinating with support from Council	Summarization of available programs	One survey for both patient-centered medical homes and integration of BH/PC was developed, piloted, approved by the IRB, and disseminated. Results were collected through March. A key informant interview process was developed and approved at the same time. The key informant interview did not yield new results and its use was tabled.

Develop recommendations how to facilitate education of rural health workforce (could include policy, curricula, rotations, etc)	1/15/2011	3/15 2011	4/1/11	6/1/11	Council membership	Recommendations for academic programs, state, and other parties	The Council reviewed the results of the survey and gave suggestions for recommendations as well as what results should be included. Recommendations were made over two meetings and various phone call follow-ups. The final report should be completed by the end of June.
Seek input, share findings and recommendations with other organizations that address health workforce issues in Virginia (Virginia Health Workforce Authority, Medical School Roundtable, Department of Health Professions)	7/1/2010	3/15 2011	Tabled	Tabled	Council membership	Collaboration between organizations that address workforce issues	Tabled until the next year where more can be done to publicize and use the results. The Council wanted to make the most out of these survey results.

**Work Plan Goals, Objectives and Strategies**

<b>Goal 3:</b>	E.8. Develop and support educational opportunities for integrating primary care with behavioral health.						
<b>Objective 1:</b>	Assess current academic programs for integration of primary care and behavioral health education.						
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes	Actual Outcomes
	Start Date	End Date	Start Date	End Date			
Literature review of training models, best practices, and barriers throughout US focusing on primary care and behavioral health	7/1/2010	9/1/2010	7/01/10	9/01/10	Mara coordinating in-kind work from UVa Wise and VCOM	Summarization of best practices	In-kind literature review was conducted by UVA Wise and VCOM. Additional literature review was conducted by Mara using key words suggested by Council members. Little rural specific literature was found. General literature around the model was found and shared with the Council.
Survey to academic health and medical institutions to assess current programs integrating primary care and behavioral health	10/1/2010	1/1/2011	1/1/11	3/15/11	Mara coordinating with support from Council	Summarization of available programs	One survey for both patient-centered medical homes and integration of BH/PC was developed, piloted, approved by the IRB, and disseminated. Results were collected through March. A key informant interview process was developed and approved at the same time. The key informant interview did not yield new results and its use was tabled.

<p>Develop recommendations for both academic programs and continuing education for educating about integration of primary care and behavioral health</p>	<p>1/15/2011</p>	<p>3/15/2011</p>	<p>4/1/11</p>	<p>6/1/11</p>	<p>Council membership</p>	<p>Recommendations for academic programs, CME and continuing education, state, and other parties</p>	<p>The Council reviewed the results of the survey and gave suggestions for recommendations as well as what results should be included. Recommendations were made over two meetings and various phone call follow-ups. The final report should be completed by the end of June.</p>
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# Progress Report

**Accomplishments or Success Stories:**

The Council received a high response rate to the survey. Forty-four percent of academic programs responded to this survey. This can be attributed to the hard work of the Council and getting their colleagues to complete the survey on our behalf. The results are helpful and will bring about good recommendations, including some that will be used in next year's work plan.

**Implementation Barriers/Obstacles:**

The Council struggled a little bit in narrowing down and focusing on specific recommendations for the survey report. Even after two meetings and a number of follow-up phone calls, there was little consensus and determination. The lack of consensus was mostly due to the diversity of Council members and their strong opinions as to what the focus of the results should be. Hopefully the Council can continue to work on tightening the final report before it is distributed.

**Steps for Overcoming Implementation Barriers/Obstacles:**

The staff will continue to work with the Council on getting a final draft of the report completed.

**Requests for Oversight Committee Input or Assistance:**

None at this time.

**Additional Comments:**