

STRATEGIC PLAN

FY 23-25



MEMO FROM THE NC AHEC DIRECTOR

Dear Colleagues and Friends,

The NC AHEC Program's FY23-25 Strategic Plan builds on 50 years of success in leveraging the resources of our State's academic institutions to build and support our health workforce, especially primary care in rural and under-resourced communities. We recognize the leadership, vision and effectiveness of Gene Mayer, John Payne, Tom Bacon and Warren Newton – and all who worked with them in the AHEC Regions and Program Office – for the firm foundation upon which our next 50 years is built. We also acknowledge the vital role of our academic partners who leverage their resources to accomplish our shared goals.

Although our history has positioned us as a leader, issues related to COVID-19, technology, social justice, health system consolidation and transformation, and other environmental factors require us to deploy a new level of transparency, intentionality, and nimbleness as we evolve our work to achieve our Vision and accomplish our Mission. The challenges we encounter are continuing to evolve in ways in which we can build on our strengths, creating new opportunities and adapting to our environment.

We believe this Strategic Plan meets these criteria and will guide us to meet those challenges. This Plan provides a roadmap to doing that by adopting Results-Based Accountability as our framework to translate strategies into results. The result we are seeking is that everyone in North Carolina is healthy and supported by an appropriate and highly competent health workforce that reflects the communities it serves. Workforce development is how the NC AHEC Program contributes to this result. All of the educational services and supports we provide to recruit, train, and retain the workforce needed to create a healthy NC will be measured for their effectiveness in contributing to that result and, when needed, adjusted to enhance that effectiveness. We will seek and when appropriate adopt new services and supports, including by partnering with others, to fill identified gaps in achieving that result.

Our prior Strategic Plan's focus on outcomes, alignment and excellence have produced substantial advances in our work as a statewide, collaborative system. We have more to do and this Strategic Plan continues that work, adding a focus on innovation to ensure we are always looking at new approaches. It also continues to ensure that diversity, equity, and inclusion is embedded in all that we do so that the Workforce Development we lead contributes to a workforce that reflects the communities it serves. We will also support interprofessional education to produce the team-based care that is the hallmark of the efficient and effective care that patients, communities and, increasingly, healthcare workers deserve and expect.

We are thankful to all who contributed their insights during the development of this plan. As you review this plan, please consider the ways that you can become involved and how the specific focus areas will make an impact on the work that you do.

Our next 50 years promises to be full of challenges, opportunities, and great results. We have a firm foundation off of which to build. This Strategic Plan provides a roadmap for us – one in which we all have a part to play. If you have ideas for enhancing the plan's implementation, or anything that will help us achieve our mission, we want to hear from you.

Thank you for the work you do every day to build our state's health workforce.

Hugh Tilson

Reminder: Our Mission, Vision, and Values

MISSION

The NC AHEC Program provides and supports educational activities and services with a focus on primary care in rural communities and those with less access to resources to recruit, train, and retain the workforce needed to create a healthy North Carolina.

VISION

We envision a state where everyone in North Carolina is healthy and supported by an appropriate and well-trained health workforce that reflects the communities it serves.

VALUES

EXCELLENCE	We deliver quality activities and services that our customers and partners value.
DIVERSITY	We promote equity and inclusivity.
INTEGRITY	We act with fairness, transparency, and the highest level of ethics.
COLLABORATION	We value partnerships and support interprofessional approaches.
IMPROVEMENT	We continuously innovate and improve our work.

RESULTS-BASED ACCOUNTABILITY (RBA)

NC AHEC has embraced the RBA model as a framework for determining the impact we want to make on the health of individuals in NC and how we can measure that impact. RBA is a disciplined way of thinking and taking action that is data driven and uses transparent decision-making. RBA starts with the results we want to achieve and works backwards to do the right things to achieve the result and to do them well.

RESULT

In RBA, the result is the desired condition of well-being at the population level. NC AHEC has developed a population-level result that reflects the ultimate outcome it contributes to through its programming. Although we recognize that we alone cannot accomplish this result, we believe that our collective work will substantially contribute to it.

The NC AHEC result is: Everyone in North Carolina is healthy and supported by an appropriate and highly competent health workforce that reflects the communities it serves.

This is what we mean when we use the following words.

Appropriate: needed quantity and skills within health workforce (based on the needs of the population)

Highly competent: along the entire learning continuum, health workforce is prepared with the knowledge, skills, attitudes, and behaviors needed to meet the needs of the population

Reflects: mirrors the diversity of the communities

INDICATORS

At the program level, we will demonstrate how the programs and services we provide are contributing to turn the curve, or change the trajectory, on our population-level result and indicators. The population-level indicators (or benchmarks) are measures which help quantify the achievement of a result. We have chosen the following indicators:

Number of NC Counties with a primary care workforce to county population ratio of 1:1,500

Percentage of licensed health care professionals that participate in NC AHEC CPD activities*

*Number of NC Counties with a percentage of underrepresented minority** health care professionals that equals or exceeds the percentage of underrepresented minority individuals in the county*

****The licensed health care professionals included in the indicators are: CNMs, CRNAs, chiropractors, CNSs, dental hygienists, dentists, LPNs, NPs, OTs, OT assistants, optometrists, pharmacists, PTs, PT assistants, physicians, PAs, podiatrists, psychological associates, psychologists, RNs, and respiratory therapists.***

*****The Sheps Center definition for “underrepresented minority” will be used for this indicator: Underrepresented minorities include health professionals that self-identify as African-American/Black, American Indian or Alaskan Native, and/or Hispanic. Health professionals that self-identify as Asian are not included in this category. Both state 1 and national 2 data have shown that compared to the general population, Asians tend to be more represented in many (although not all) health professions, particularly those requiring a doctoral degree.***

CORE STRATEGIES

PROVIDE AND COORDINATE SERVICES AND SUPPORT

RECRUIT

To ensure an appropriate supply of trainees/students pursue health careers, particularly those who reflect their communities

TRAIN

To encourage health professions trainees/students and healthcare professionals to practice in interprofessional and primary care settings in rural and under-resourced communities

RETAIN

To retain the health workforce, with a focus on the diversity of healthcare workers, interprofessional teams, and primary care settings in rural and under-resourced communities

THESE ARE THE CORE STRATEGIES THAT CONTRIBUTE TO ACHIEVING OUR RESULT.

For FY23-25, we will continuously assess the effectiveness of these core strategies toward achieving the result and will adjust this work as needed while also seeking new opportunities to contribute toward achieving the result. At the end of this planning period, the strategies we will have deployed will build on our 50-year track record of success while leveraging the outcomes of our current Strategic Plan to demonstrably contribute to the health of all individuals in NC through effective workforce development.

Under the RBA framework, each of our Service Lines and Focus Areas is a program that contributes to the population result. Although no one Service Line or Focus Area alone will achieve the result, we should be sure that each is designed to contribute to the result. We have developed Goals for each Service Line as well as for our Focus Areas to align our work with the result. Under each, we describe the activities that we are currently doing that work to turn the curve and the ones we will implement over the next three years to further turn the curve. We will also develop and apply measures of our work that reflect not only how much we did and how well we did it but is anyone better off.

SERVICE LINES - GOALS

Health Careers and Workforce Diversity (HCWD): Pathway Programs and AHEC Scholars

- K-12th grade students, particularly from racially and ethnically diverse, rural, and under-resourced communities, are exposed to various health professions allowing them to consider those professions as possible future careers.
- Upon graduation from the AHEC Scholars Program, students enter the health workforce, preferably in NC and in a rural and/or under-resourced community.

Student Services: Housing and Consortium for Clinical Education and Practice (CCEP)

- Safe and convenient short-term housing is available to any health science student who wants to train at a community primary care training site, especially in rural and under-resourced areas of NC, and needs housing.
- Healthcare workforce is supported and expanding through a streamlined clinical placement process for students, sites, and schools in NC.

GME

Residents in AHEC-based and AHEC-supported primary care residencies stay to practice in NC, particularly in rural and under-resourced communities.

CPD

Healthcare workers and healthcare teams, particularly in rural and under-resourced communities, have access to coordinated, innovative, and efficient training activities that addresses their needs.

Practice Support

The state's health workforce provides high quality, cost-effective, and inclusive care to all individuals in NC, while thriving in a value-based care environment.

Library Services

All current and prospective healthcare professionals in NC have access to evidence-based information to promote the health and well-being of the communities they serve.

FOCUS AREAS - GOALS

Diversity, Equity, and Inclusion (DEI)

All NC AHEC programming and initiatives integrate DEI principles to develop and support a health workforce that reflects the communities served.

Workforce Development

Health workforce shortages and needs are identified and addressed through data and coordination with stakeholders.

Interprofessional Education and Practice (IPEP)

The healthcare workforce in NC is ready to work in a collaborative, patient-centered, and team-based care environment.

Performance: Operations and Strategies

- The NC AHEC Program operates as a system that responds to changes in the healthcare workforce and landscape through effective and efficient utilization of available resources.
- NC AHEC incorporates strategic initiatives that meet current needs and adapts to the changing healthcare landscape through innovative approaches.

HCWD- PATHWAY PROGRAMS

Goal: K-12th grade students, particularly from racially and ethnically diverse, rural, and under-resourced communities, are exposed to various health professions allowing them to consider those professions as possible future careers.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Signature Pathway programs that are consistently offered year to year across NC
- Programming that engages stakeholders, ranging from teachers, parents, guardians, and content experts and community leaders to develop curriculum tailored to students' interests
- Coordinating with partners to identify gaps in existing programming and develop strategies to address those gaps

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Lead statewide and regional responses to identified needs for coordinated pathway programming
- Obtain sustained funding for programs that can reach a younger audience, ideally from elementary school through high school
- Identify a set of statewide Signature Pathway programs among the larger offering to provide consistency in the NC AHEC experience and better understand impact
- Develop programming that is recognized, valued, appropriately resourced, and adopted statewide
- Enhance evaluation and assessment to better understand impact and identify effective strategies
- Implement operational efficiencies for program delivery and data entry

HCWD- AHEC SCHOLARS

Goal: Upon graduation from the NC AHEC Scholars Program, students enter the health workforce, preferably in NC and in a rural and/or under-resourced community.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- AHEC Scholars programming that is recognized, appropriately resourced, tailored to students' needs, and adopted statewide
- Outreach strategies that successfully recruit students from rural sites and diverse backgrounds
- Curriculum designed with input from diverse stakeholders, including schools and representatives from under-resourced populations
- Programming development and deliverables that involve collaboration across stakeholders including faculty, institutions, professions, clinical partners, and recruiters

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Establish centralized statewide module content for AHEC Scholars
- Create consistency in the grant deliverable processes to demonstrate greater impact
- Develop and implement a comprehensive marketing, outreach, and recruitment strategy
- Engage stakeholders (i.e., content experts, advisory committees, teachers, guardians, students, community leaders, etc.) to develop curriculum tailored to students' interests
- Coordinate with partners to identify gaps in existing programming and develop strategies to address those gaps
- Enhance evaluation and assessment to better understand impact and identify effective strategies
- Develop and implement operational efficiencies for program delivery and data entry

STUDENT SERVICES- HOUSING

Goal: Safe and convenient short-term housing is available to any health science student who wants to train at a community primary care training site, especially in rural and under-resourced areas of NC, and needs housing.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Utilizing a wide range of lodging (rental units, private residences and AHEC owned housing) to meet as many needs as possible, especially in non-urban areas
- Safe, accessible housing that meets individual needs and creates an inclusive environment
- Engaging all NC Health Sciences programs to meet their housing needs.

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Provide activities that promote Interprofessional Education (IPE) and Interprofessional Practices (IPP)
- Engage students in the communities where they are housed to expose them to the culture, diversity, and needs of the local population
- Ensure funding is adequate to meet all needs or, if not, ensure it is adequate to meet needs for students in rotations in rural and other under-resourced communities

STUDENT SERVICES- CONSORTIUM CLINICAL EDUCATION AND PRACTICE (CCEP)

Goal: Healthcare workforce is supported and expanding through a streamlined clinical placement process for students, sites, and schools in NC. and under-resourced areas of NC, and needs housing.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Standardizing core orientation for students and faculty, i.e., standards of behavior, HIPAA, infection control, patient safety, risk management
- Standardizing student credentialing requirement (commonly called “Passport”), i.e., criminal background checks, drug screening, liability insurance, required immunizations
- Standardizing student placement process, i.e., standardizing dates and deadlines for requesting and confirming clinical rotations

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Create one common system for core orientation, student credentialing and placement
- Expand CCEP to all NC health science schools and clinical training sites
- Facilitate common documentation among schools and placement sites

GRADUATE MEDICAL EDUCATION (GME)

Goal: Residents in AHEC-based and AHEC-supported primary care residencies stay to practice in NC, particularly in rural and under-resourced communities.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Financial support of primary care residencies
- Required rotations in rural and under-resourced areas
- Targeted support for faculty development and innovative programs around specific initiatives i.e., Interprofessional Education (IPE), integrated care, telemedicine, rural innovations, new residency programs
- Prioritizing the recruitment of students from NC Medical Schools or with NC roots
- Collaborative partnerships among residency programs

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Drive innovation and support interprofessional training in rural and/or under-resourced communities using all non-stipend GME funding
- Leverage innovations to seek additional funding to support new residencies and/or rotations in rural and other under-resourced communities
- Develop capacity to support the development of new residencies and/or rotations in rural and other under-resourced communities
- Develop programming that connects NC residency graduates with NC jobs
- Create interprofessional learning environments in AHEC-based and AHEC-supported residency programs
- Explore strategies to support graduate education for clinicians in other health professions

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Goal: Healthcare workers and healthcare teams, particularly in rural and under-resourced communities, have access to coordinated, innovative, and efficient programming that addresses their needs.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Creative, innovative, and effective modes of CPD delivery to reach a busy healthcare workforce with minimal resources
- Strong relationships with community partners
- Programming targeted at workforce needs and trends i.e., Nursing (RN/LPN), Behavioral Health, Community Health Worker, Primary Care Physicians, and Public Health
- Programming that utilizes an IPE and DEI framework
- Programming that addresses key health priorities

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Establish a statewide CPD stakeholder group that helps inform the needs of the healthcare workforce
- Utilize AHEC CPD funding for programming that meets identified needs that align with the AHEC mission
- Align AHEC CPD with Practice Support, or a similar model, so that educators can be boots on the ground with practices
- Develop learning outcomes that are focused on skills, behaviors, and attitudes

PRACTICE SUPPORT

Goal: The state's health workforce provides high quality, cost-effective, and inclusive care to all individuals in NC, while thriving in a value-based care environment.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Strong working relationships with many targeted practices and statewide stakeholders (i.e., NC DHHS, professional associations, provider networks)
- A diverse portfolio of services that meet practices needs and are available at no cost to practices
- Targeted support to independent primary care and specialists, FQHCs, rural health centers, health departments with primary care services, behavioral health practices, and others as needed
- Practice Support consultants across 9 regional AHEC centers and program office staff have diverse sets of skills and expertise to help one another address the needs of practices
- Access to 1:1 onsite/virtual coaching and virtual educational programming (i.e., CPD live events, virtual/ECHO collaboratives, online modules)

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Transition AHEC Practice Support to intentionally integrate services (i.e., includes CPD, Library, Preceptor Services, etc.) providing innovative programming and resources across all workforce and practice support needs
- Develop funding sustainability plan for Program Office and Regional AHECs

LIBRARY SERVICES

Goal: All current and prospective healthcare professionals in NC have access to evidence-based information to promote the health and well-being of the communities they serve.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Training for users on how to find and access quality, evidence-based health information
- Support for non-UNC preceptors/residents
- Integrating the AHEC Digital Library (ADL) into Electronic Health Records (EHRs)- based on experience with one large hospital
- Outreach to regional hospitals and healthcare workers
- Consistent services and pricing across the Regional AHECs

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Develop, curate, and provide access to a defined set of freely available/open access, discipline-driven resources that can be used by all NC healthcare workers regardless of ADL membership status
- Implement data-driven collection development and marketing campaigns
- Conduct regular needs assessments of users and non-users (how to reach non-users)
- Develop user-friendly pricing structures for ADL membership so that more people are able to access resources that are not available for free.
- Explore the ROI for adding a discovery tool to the ADL and if positive find funding to cover implementation costs
- Provide rapid response services (i.e., LibGuides, information on “hot” topics)
- Collaborate with Practice Support to provide outreach services, in-person or virtually, to healthcare workers in the region

DIVERSITY, EQUITY, AND INCLUSION (DEI)

Goal: All NC AHEC programming and initiatives integrate Diversity, Equity, and Inclusion (DEI) principles to develop and support a health workforce that reflects the communities served.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Training and professional development that balances foundational learning and personal exploration of DEI principles for NC AHEC Program staff
- Established processes within the NC AHEC Program for long-term foundational support of DEI work
- Recruiting, retaining, and promoting a diverse staff across the NC AHEC Program
- Shared definitions related to DEI
- A DEI statement that connotes NC AHEC's commitment to integrating DEI principles

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Incorporate best practices and strategies across the NC AHEC Program in a manner that creates a diverse, equitable, and inclusive culture
- Develop and deploy a DEI strategic framework for the NC AHEC program to inform internal and external engagement and operations
- Outline the process and infrastructure needed for communicating about and measuring DEI activities, initiatives, and resources for the NC AHEC Program to illustrate outcomes and impact

WORKFORCE PLANNING

Goal: Health workforce shortages and needs are identified and addressed through data and coordination with stakeholders.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Sentinel Network information and Sheps Center data informs needs and evaluates changes over time
- Identified best practices utilized by other states
- Coordination at the statewide level under the NC Center for Health Workforce

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Engage stakeholders in the transparent and persistent use of data and best practices to inform, implement, and measure short-, intermediate- and long-term goals and actions
- Implement recruit, train, and retain strategies in workforce development plans for professions, especially those in crisis, with the NC AHEC Program as an identified leader and reliable implementer of relevant work to respond to identified needs
- Provide actionable information to Regional AHECs to lead local health workforce development efforts

INTERPROFESSIONAL EDUCATION AND PRACTICE (IPEP)

Goal: The healthcare workforce in NC is ready to work in a collaborative, patient-centered, and team-based care environment.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Curriculum development, assessment/evaluation strategies, and faculty development led by the NC Interprofessional Education Leaders Collaborative (IPELC) group
- Implementation of assessment/evaluation of clinical sites for IPE readiness and clinical placement of student teams
- IPE knowledge among the AHECs
- Collaboration on IPE activities at the Regional level

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Implement IPEP training and practice models that promote teamwork, collaboration, and greater utilization of the human capital available in the workforce
- Develop and deploy Academic-Practice partnerships that promote and prioritize the health and well-being of the community
- Define plan for access to Joint Accreditation
- Design a robust educational model used to train and “certify” IPP clinical sites
- Develop faculty micro-certification in IPE
- Design a Clinical Pipeline model that helps connect schools (across both professions and institutions) and practices to each other for IPEP opportunities

PERFORMANCE: OPERATIONS

Goal: The NC AHEC Program operates as a system that responds to changes in the healthcare workforce and landscape through effective and efficient utilization of available resources.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Maintaining strategic partnerships with key state partners, medical schools, health sciences programs, and health systems to deploy initiatives that support AHEC's mission of recruit, train, and retain
- Strong AHEC brand with rich history of serving the state's health workforce needs
- Integrating communication strategies that promote greater efficiencies across the AHECs and align with the branding strategy
- Maintaining proper managerial practices related to the procurement and management of fiscal resources

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Create greater alignment, efficiency, and effectiveness across regional AHECs and service lines while embracing and maximizing the uniqueness of each
- Leverage, synthesize, and evaluate AHEC sources of data to identify and act on best evidence-based approaches across service lines and to forecast future needs
- Cultivate program leadership and staff to be diverse, exhibit cultural humility, and mirror the diversity of the health workforce
- Clarify Program Office roles and skills to provide effective leadership and support/technical assistance to Regional AHECs when developing and implementing the Annual Work Statement and the work it represents
- Develop and/or improve web-based materials to ensure culturally sensitive and accessible to all target groups
- Utilizing and assessing financial resources to build equitable capacity across AHECs
- Allocate AHEC IT resources to provide centralized support of statewide operations and initiatives with a focus on reducing redundancy of processes while enhancing data-driven decision making across the organization

PERFORMANCE: STRATEGIES

Goal: NC AHEC incorporates strategic initiatives that meet current needs and adapts to the changing healthcare landscape through innovative approaches.

WHAT WE ARE CURRENTLY DOING THAT WORKS IS:

- Work Statements that align across Regional AHECs with shared goals, activities, and performance measures
- Continuous examination of processes and programs to improve of our work and nimbly respond to opportunities
- Leveraging statewide and local relationships and building on reputation for excellence to position the AHEC Program to meet identified needs

WHAT WE PLAN TO DO BY 2025 THAT WORKS IS:

- Measure how we are “turning the curve” on the indicators to determine our impact and contribution to the result
- Plan and execute activities that align service lines and overall program work to produce outcomes that contribute to the result
- Utilize a forward-thinking approach that innovates and develops new programming to meet evolving workforce and needs
- Expand the capacity of programs and initiatives through new funding streams or more efficient use of resources