

Association of Alaska Community Health Aide Program Directors
Meeting Minutes – February 12-13, 2019
Anchorage, AK

CHAIRPERSON	Rebecca Coupchiak (BBAHC)
CHAIR-ELECT	Carolyn Craig (ANTHC)
SECRETARY-TREASURER	Carole Knuth (SEARHC)
PAST CHAIR/ADVISOR	Crystal Stordahl (TCC)
RECORDER	Leah Woolard (ANTHC)

Member/Organization			Member/Organization		
Johnathan Lomack	Akiachak Native Community	A	Vacant	Metlakatla FMC/AISU	A
Carolyn Craig	Alaska Native Tribal Health Consortium	P	Jody Hatch	Mt. Sanford Tribal Consortium	A
Miranda Petruska	Aleutian Pribilof Islands Assn.	P	Grace Friendly	Native Village of Kwinhagak	A
Rebecca Coupchiak	Bristol Bay Area Health Corporation	P	Cassandra Kroto	Native Village of Tyonek	A
Lisa Wade	Chickaloon Village Trad. Council	A	Janet Mullen	Ninilchik Traditional Council	A
Precious Billum	Chitina Trad. Village Council	P	Karina A. for Glenn Sheehan	North Slope Borough	P
Chris Diaz	Chugachmiut	P	Carol Charles	Norton Sound Health Corporation	E
Junior Tsinnie	Copper River Native Association	P	Miranda Petruska for Dr. Galbreath	Southcentral Foundation	P
Paula Ciniero	Council of Athabascan Tribal Gov.	P	Carole Knuth	SouthEast Alaska Regional Health Consortium	P
Joseph McMillan	Eastern Aleutian Tribes	T 2/12	Crystal Stordahl	Tanana Chiefs Conference	P
Alicia Lynn Reft	Karluk Tribal Council	A	Curtis Summer	Tanana Tribal Council	A
Lonnie Carter	Ketchikan Indian Community	P	Eva Sensmeier	Yakutat Tlingit Tribe	A
Siene Allen	Kodiak Area Native Association	P	Asela Calhoun	Yukon Kuskokwim Health Corporation	P
Kathryn Stalker-Kirk	Maniilaq Association	A			

P=Present A=Absent E=Excused T=Teleconference

Guest/Organization		Guest/Organization	
Jean Rounds-Riley, Tasha Hotch, Shae Aliu, John Bragg, Lucy Bragg, Leah Woolard	ANTHC CHAP	Elsie Dexter, Jessie Judy	ARC/RAC Members
Stacy Kelly	ANTHC Palliative Care	Faith Walsh, Dan Thomas, Katherine Evon	ARC/RAC Members
Kathleen Kelly	ANTHC Central Nursing	Linda Curda	UAF
Tim Brinker	Ketchikan Indian Community	Jenny Harrison	ANTHC Tribal Health Liasion

Call to Order/Review agenda	Rebecca Coupchiak
Discussion	
Rebecca C. called meeting to order. Introductions were made around the table. The group reviewed the agenda.	
Review/Approve minutes	Group
Discussion	
The group reviewed the AACHAPD December 4-5, 2018 minutes. <i>Motion:</i> Minutes were approved. Motion was not captured.	
Nationalization of CHAP	Crystal Stordahl
Discussion	
CHAP Tribal Advisory Group (TAG) had a meeting last week. They were not happy with the process and will meet again in two weeks. IHS is not letting any of the other tribes move forward on certification until a national policy is in place. No funding is promised to anyone. IHS won't allow it to be written into compacts until the policy is approved.	
CHAPCB	Miranda Petruska
Discussion	
The CHAPCB meeting on January 30-31, 2018 was canceled. The next CHAPCB meeting is on June 12-14, 2019. Ella is issuing temporary certifications through June 2019.	
Billing and Coding Update	CHAP EXO
Discussion	
CHAP EXO met on March 11 to discuss coding. They will meet again on March 26-27 and include coders for this workgroup. They will work on making a statewide list of ICD10 and E&M codes. They will send an email to summarize the work done yesterday and ask for interest in joining the workgroup. There is a question of how State of Alaska (SOA) came up with the codes. The fee schedule is on SOA Medicaid website and you can see what you're being reimbursed for. CHA I is blank and not reimbursed for.	
Strategic Plan for 2018	Group
Discussion	
<ul style="list-style-type: none"> • CHA/P competency – This is combined with Basic Training Letter Grading group: Asela C., Jessie J., Dan T., Faith W. Nicki S., Carolyn C. • Recruitment/Retention – Post traumatic response for CHA/Ps- Brian Reiselbara did not call in to provide an update. • Field-Based Training Center Instructor Manual – 	

Motion: Asela C. motioned to approve the Field-Based Training Center Instructor Manual. Siene A. 2nd. Passed. This is posted on akchap.org.

Strategic Plan for 2019

Group

Discussion

Group reviewed the Priority List created at the December meeting.

- Curriculum & Session Grading – We've had meetings with Katie Baraki on how to streamline the curriculum. We're also looking at how to tie grades into curriculum. Phase I is the curriculum; Phase II is the grading. The Grading workgroup met on February 11. They created a dropbox to share and evaluate the forms. They will meet again on March 28.
- Maintaining Competency – Competency to be brought into Phase II of grading. CHAP Directors worked on CHAP Competency Best Practice document. It is attached to the minutes and posted on akchap.org.
- Critical Incident Stress Management – Move this to top of the priority list. At ANTHC, Behavioral Health, DHAT, and CHAP will be sharing a building. They'll be looking at how the training programs will work together. This initiative is based on the Interprofessional Education Collaboration (IPEC). Miranda is working with Tina Woods on the Healthy Healers initiative to help heal health aides. It's not ready to be carried out yet. She is looking into getting a grant writer.
- Wellness & Prevention – A new workgroup liaison with the CHAM workgroup. Siene says she can help. Suggestion to move the wellness & prevention section from reference & procedure section to the patient care visit.
- Cerner – will get an update tomorrow.
- CHAM- Tasha sent out letter to clinical directors for recommendation on volunteers and received no responses. Carole said she sent a name to her.
- Recruitment & Retention - Paula sent out a survey on burn-out and only received a couple of responses; she would like more input. It was suggested to put 2 hours on the Forum agenda with a facilitator such as Gary Ferguson and Tina Woods.
- Program Orientation – Miranda is creating a program orientation manual for SCF. Shae can create a dropbox for the workgroup to share documents.
- Financial Viability – We talked about Medicaid reimbursement at Billing & Coding update.
- Distance Delivery – ANTHC discussed the Blended Session I/II training. Students need to take a pre-session course before enrolling in the blended session.
- Website Update – There is discussion about combining the health aide websites. Shae is meeting with Mary Willard, DHAT, and Xio Owens, Behavioral Health, this week.

Motion: Asela motioned to reach out to Katie Baraki and Dr. Onders to start the process for a curriculum platform. Carole 2nd. Passed.

Becky will write a letter and send it to CHAP EXO to review. Recommendation to start with a small team.

Transition of Care to Rural Regions

Kathleen Kelly

Discussion

Refer to PowerPoint.
Purpose:

- Provide ongoing Behavioral Health, Palliative Care, and Patient Centered Medical Care for all Alaska Native beneficiaries who live in the regions and villages.
- Provide integrated continuum of care services.
- Provide effective bi-directional communication and informational sharing.
- Use resources optimally (i.e., Telehealth, EHR, etc.).
- Results oriented and measurable.

Kathleen collected contact information from the CHAP Directors. She will be placing a follow-up call to each CHAP Director.

ARC/RAC Report

Group

Discussion

See attached ARC and RAC Report.

ARC Report: No action items.

- For information only: ARC voted unanimously to submit a request to the CHAM folks to remove chest percussion from the CHAM problem specific exams. Justification: it is not in the Basic Training Curriculum. Training center staffs have been polled, and the majority opinion is that this is a very difficult skill to master and that chest percussion attempted by a Health Aide would not be helpful in clinical decision-making by the Health Aide or referral provider. Of the three experienced CHPs present on ARC, none have done chest percussion as part of their exams.

RAC Report:

- The RAC Bylaws amended November 2017 are posted on akchap.org. Review Section V. "Elections and Vacancies" to make it similar to ARC bylaws. Siene will make changes and bring to RAC for review at next meeting (Dec 2018) and sent to AACHAPD for approval.
RAC Bylaws to be reviewed at May 2019 meeting.
- Crystal Stordahl & Megan Moser terms are expiring on 12/18. CHAP Directors need to appoint 2 members to RAC.
Crystal Stordahl and Sheri Thomas were appointed by electronic votes.

Wednesday, February 13, 2019

Call to Order/Announcements

Rebecca Coupchiak

Discussion

Meeting was called to order.

Paramedic to CHA/P Learning Pathway

John Gardner

Discussion

Refer to PowerPoint.

Plan Overview:

- Leverage existing paramedics with technical skills to migrate into CHA roles
 - They would be able to be billable, in and out of clinic – able to respond for emergencies

<ul style="list-style-type: none"> ○ They could complement existing CHA resources by providing community emergency training ○ Build a foundation for VRTs ○ Provide palliative care <ul style="list-style-type: none"> • Work in 1-year gap-fill roles creating groundwork for the eventual permanent CHA • Working with curriculum team, an expedited “paramedic to CHA education pathway” can be created • Paramedic medical directors to validate skills and training, coordinating with CHA medical directors • Paramedics make a 2-3 year commitment: deploy to a rural clinic for one-year sessions and then return to regular duty for 2 years in between. <p>Next Steps – A Preliminary Look</p> <ul style="list-style-type: none"> • Curriculum mapping to expedite paramedic access to this support role • Funding model • Identify candidates and communities for a pilot • Address needed legislative challenges • Your input – suggestions, considerations? <p>CHAP Directors can bring a one-pager on Paramedic to CHA/P Learning Pathway to their health directors. Add as agenda item at next meeting to discuss further.</p>	
Round Robin	Group
Discussion	
<p>Topic: What are the next the next initiatives AACHAPD should focus on? What would help you run your program?</p> <ul style="list-style-type: none"> • Identify goals with measurable initiatives. • What are some program challenges and how have you overcome or addressed these challenges. <p>The following organizations participated in the discussion: ANTHC, APIA, BBAHC, Chitna, Chugachmiut, CRNA, CATG, KANA, KIC, NSB, SCF, SEARHC, TCC, and YKHC.</p>	
Statewide Services Report	Carolyn Craig
Discussion	
<p>CHAM – Tasha Hotch/Jean Rounds-Riley</p> <ul style="list-style-type: none"> • All clinics will need to have adult and baby scales that measure in metric <ul style="list-style-type: none"> ○ Training needed for CHA’s has been offered at Forum. What else can assist with this transition? ○ Who needs included in communication, and how should communication occur? <p>Right now they’re working on STI. This spring, they’re looking at medicines and conversion to metric. They will have the calculations by spring then put into QA this summer. They will switch the entire CHAM to metric.</p> <p>IM Injections – Where it says 40 lbs, proposal to change to 20 kgs. International Coalition of Immunizations recommends going by age, not weight.</p> <ul style="list-style-type: none"> • Medicine Patient Education 	

- Currently working with Pharmacy to get access for CHAs to current medicine patient education. Unable to add new medicines to CHAM until this is resolved.

Medication patient information – Restricted on putting new medicine in CHAM because they don't have access to patient ed. Working on a process to get this – can make PDFs of patient ed and embed into the CHAM.

- Well Child Visits
 - What are your regions using for developmental screening?
 - CHAM has a modified Denver Developmental.
 - We have had requests from the All Alaska Pediatric Partnership to use ASQ
 - Logistics of doing this?

Well child visits – suggestions to switch from development to ages questionnaire. Are organizations using ASQ or CHAM – most are using CHAM. Will need to do some planning on roll-out.

- Revision Engagement/Participation
 - Join a Revision Workgroup
 - Other Participation? Email

Cerner – James Lesniak

They went through a process to recreate ad hoc forms. Informatics are rebuilding the forms to match the CHAM. They are going through all 90-100 forms. They are creating new visit templates for those that did not exist and adding functionality. They will create pre-set folders so CHA can select diagnosis and reason for visit. Also working on power plans so CHA can click on appropriate meds and procedures. This optimization program will be done by end of 2019. Of the 120 forms they have to revise, they have worked on 30 of them.

See attached Cerner proposed example of change on adding CHA/P Standing Order. Informatics wants statewide approval for change. Let Carolyn/Becky know if it's okay to use.

Forum – John Bragg/Lucy Bragg

The Forum is April 15-19, 2019. John Bragg and Lucy Bragg are facilitating it. They are currently working on the agenda. It has 24 CE hours right now. Registration is open now on akchap.org. The keynote speaker at the award luncheon will be Valerie Davidson.

Palliative Care

Stacy Kelly

Discussion

They are working on revising the eCHAM and adding new chapter of palliative care. Added Peggy McMahon with ANTHC CHAP and Mary Lee Peterson, a palliative care nurse, to draft the chapter. They are working on end of life chapter. They expect to be done in the spring. They did a training at KANA CHAP last week. They will present at the RASU conference next week and CHAP Forum in April. Continuing education around the state – will work with RASU on CHAP advanced care planning and directives.

EMS Report

Jean Rounds-Riley

Discussion

See attached report. Below are EMS Training Committee proposed meeting dates and locations:

- May 7-9, 2019 Anchorage

<ul style="list-style-type: none"> • October 8-10, 2019 Anchorage • February 2-5, 2020 Anchorage or Juneau 	
Respondus Update	Faith Walsh
Discussion	
Respondus is a web-based test bank of questions. We can use it to store our questions for tests for all the training centers. You can pull the questions into learning based system or print off the questions. The website tells you what platforms it supports. Because ANTHC has an agreement with Respondus, just need to get approval from ANTHC to use it. Faith can do a demo after she uses it more.	
ADJOURN	

Addendum
Votes by email
An electronic vote was sent to CHAP Directors on 3/1, and votes were received between 3/1-3/11/19.
<i>Motion:</i> Rebecca Coupchiak nominated Sheri Thomas for a term on RAC. Carolyn Craig 2 nd . Crystal Stordahl motioned to close nominations. Glenn Sheehan 2 nd . There were 11 votes to approve motion for Sheri Thomas. There were 0 no votes. Passed.

Attached to these minutes:

1. RAC Report to AACHAPD (from 12/6/18 Meeting)
2. ARC Report to AACHAPD (from 12/6-7/18 Meeting)
3. EMS Report
4. Cerner Proposed Change
5. CHA/P Competency Best Practice

RAC report to CHAP Directors Dec 2018

by Faith Walsh, Chair

Items that require action by CHAP Directors:

- a. The RAC Bylaws amended November 2017 are posted on akchap.org. Review Section V. "Elections and Vacancies" to make it similar to ARC bylaws. Siene will make changes and bring to RAC for review at next meeting (Dec 2018) and sent to AACHAPD for approval.
- b. Crystal Stordahl & Megan Moser terms are expiring on 12/18. CHAP Directors need to appoint 2 members to RAC.

Meeting: Thursday December 6, 2018: 8:30am-10am

1. Review of Minutes: Approved.

2. Review membership update: Faith W. elected Chair Jessie J. elected Vice Chair Siene A. elected Secretary

3. New Business:

- c. The RAC Bylaws amended November 2017 are posted on akchap.org. Review Section V. "Elections and Vacancies" to make it similar to ARC bylaws. Siene will make changes and bring to RAC for review at next meeting (Dec 2018) and sent to AACHAPD for approval.
- d. RAC "CHA Training Center Annual RAC Requirements Review" checklist for FY 2018 to each Training Center. Training Center Annual report will reviewed at next RAC meeting in February.
ANTHC to review YKHC
YKHC to review ANTHC
NSHC to review TCC
TCC to review NSHC

4. Old Business: None

ARC Report to CHAP Directors
December 2018 meeting
Prepared by Dan Thomas 12/8/18

Items we worked on and for which **we request CD action** are:

1. No items needing CD action.
2. For information only: ARC voted unanimously to submit a request to the CHAM folks to remove chest percussion from the CHAM problem specific exams. Justification: it is not in the Basic Training Curriculum. Training center staffs have been polled, and the majority opinion is that this is a very difficult skill to master and that chest percussion attempted by a Health Aide would not be helpful in clinical decision-making by the Health Aide or referral provider. Of the three experienced CHPs present on ARC, none have done chest percussion as part of their exams.

Other projects we worked on included:

1. Discussion on CHAM regional notes: Of the THOs represented at the meeting, only YKHC is utilizing regional notes in the CHAM. Jessie Judy reports that the process of creating the notes is easy. There is one problem of some Health Aides not noticing the icon indicating that there is a regional note to look at. The possible requirement of having oversight by the appropriate medical director (training center or CHAP) was discussed.
2. Revision of Curriculum Unit 20e Mental Health Problem: This unit was revised to better match the CHAM, following the model of the revised body system units.
3. Reduction of the Curriculum body system units: The template for reduction of the body system units was approved by ARC. The training center coordinators, Linda Curda, and guest TCC trainer Kim Sonderland began the work of reducing the units.
4. Creation of the document "Field Training Duties and Orientation of CI/SIs": The field members of ARC continued work on this document which will include a list of training duties, details of how they can be done, how to orient new CI/SIs to the process.

Report to CHAP Directors & ARC
EMS Training Committee Meeting Jan 28-30, 2019
Submitted by Jean Rounds-Riley, PA-C 2/5/19
(Attended meetings via video teleconference due to weather—challenging)

Regulations changes:

- Proposed regulation changes are in process—at the Dept. of Law and DHHS.
 - There is a task force of experienced EMS providers and instructors formed by Alaska Council on Emergency Medical Services (ACEMS) who are working on the details of changes to EMS training to support the new scope of practice and timeline for implementation after regulations are passed.
 - Once the EMS Scope of Practice is finalized, I suggest CHAP should look at CHAP Curriculum and CHAM to consider possible changes for CHA/P scope as well.
- Many details formerly in Regulation are being moved to a “Guide for EMS Education, Certification and Licensure in Alaska” (GEECLA). This is intended to combine the prior publications: “Guide for EMTs” and “Certifying Officer Manual”.
- There will still be specific requirements for CME, class pre-requisites, testing, etc. By referencing the Guide in Regulations, the details can be updated more easily.
 - Some participants at the Training Committee meeting devoted much their time to reviewing this document and making recommendations.
 - Other participants were detailed to reviewing the ETT and EMT objectives for alignment and support of the new scope of practice.

EMS Training and CME:

- YKHC has communities requesting entry EMS training for First Responder teams. Those trained will be able to provide support to the CHA/Ps during emergencies.
- NSHC had requests for ETT and CPR/First Aid in the school—they trained 10% of the village population.
- Interior Region EMS Symposium: March 29-30, Pre-symposium March 27-28 irmesc.org
 - Also starting to offer CME by distance
 - Stop the Bleed training at public events
- Southeast Region EMS Symposium: April 27-28 Sitka, Pre-symposium April 24-26
 - Including one day of rural/remote cardiac arrest management <https://www.serems.org>
 - Working on revising ETT and the on-line ETT course

State:

- Planning to develop a course for EMS Medical Directors—regarding their role and resources.
 - Cold Injury Guidelines are on a list of things to be done, update and make “more operational”.
 - Pediatric Head Injury Guidelines are being revised, anticipate release early 2019.
 - Working on improving data collection from EMS services into the Trauma Registry.
 - Alaska Committee on EMS (ACEMS) has formed a task force of interested EMS providers, instructors and administrators from around the state to implement the new Scope of Practice
 - Updating State EMS website to be compliant with ADA specifications. During this time, you may not be able to access most documents. Call the State office with questions/inquiries.
 - Hired Terry Kadal into a new position located in Anchorage: EMS Officer 1 on mobile integrated health care. This will include working on Community Paramedicine, Time Sensitive events, exploring National Registry for AK EMTs, and improving communication and transport.
 - The Trauma Program Manager and the Trauma Registry Manager both resigned last year, positions are still being advertised.
- **EMS Training Committee meetings proposed dates and locations:**
 - May 7-9 2019 Anchorage (Tentative, may reschedule to the week before)
 - October 8-10 2019 Anchorage
 - February 3-5 2020 Anchorage or Juneau

Current: when placing orders, CHA's must choose a "communication type" which will route the order back to a provider for cosignature. The following 3 are usually selected:

The screenshot shows a dialog box titled "Ordering Physician" with a close button (X) in the top right corner. It has two radio buttons: "Order" (selected) and "Proposal". Below these are three fields: "*Physician name" (a text input field with a search icon), "*Order Date/Time" (a date/time picker showing 02/12/2019 1608 AKST), and "*Communication type" (a list box). The list box contains five items: "Initiating Planned PowerPlan", "N/A (for proposal orders only)", "Phone with read back", "Protocol With Co-Signature", and "Verbal with read back". The first three items are highlighted with a red box. At the bottom are "OK" and "Cancel" buttons.

Proposed Change: concern has been raised some THO sites that not all orders need to be cosigned. To accommodate this, we are suggesting a new communication type that will mark the order as a CHA/P approved order and not route back to a provider for cosignature.

Please discuss:

- Protocol with Co-sig would be removed
- Proposal Orders renamed
- Is the name of the type appropriate? (This can be changed if needed)
- Potential for misuse of the communication type. (A report can be requested that will pull usage details.)

The screenshot shows the same "Ordering Physician" dialog box, but with proposed changes. The "Order" radio button is still selected. The "*Physician name" and "*Order Date/Time" fields are the same. The "*Communication type" list box now includes a new item at the top: "CHA/P Standing Order". The existing items are now: "CHA/P Standing Order", "Initiating Planned PowerPlan", "~~N/A (for proposal orders only)~~ Proposal Order(s)", "~~Phone with read back~~", "~~Protocol With Co-Signature~~", "Verbal with read back", and "Written with Co-Signature". The new item and the crossed-out items are highlighted with a red box. At the bottom are "OK" and "Cancel" buttons.

by



CHA/P Competency Best Practice Community Health Aide Program (CHAP)

Problem Statement

- Current standardized assessment of competency is not sufficient to verify continual competency at all levels of training.

Target Statement

- To provide a standardized method for evaluation of competency at regular intervals of two years minimum. Recommended evaluation tools may include the following: Post-Session Practice Checklist and Emergency Skills List as appropriate. If remediation is indicated, contact the Training Center where the CHA/P last attended session training.

Benefits and Recommended Best Practice

- Uniform implementation of a more robust process for competency review would allow the 200 plus CHA/Ps in the state of Alaska, to benefit from staying up-to-date on clinical practice changes, refreshment of high-risk, low volume procedures, maintenance of rarely used skills in some cases, and overall increased confidence as providers.
- It is generally accepted best practice to re-evaluate provider skills at a minimum of every two years, with critical skills reviewed annually for some patient care disciplines.

Proposed Next Steps:

- Field test for one year and revisit at CHAP Directors meeting.

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Joseph McMillan	Eastern Aleutian Tribes	P 5/21	Faith Walsh for Crystal Stordahl	Tanana Chiefs Conference	P
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Dr. Piromalli	ANTHC Palliative Care	Dr. Onders, Katie Baraki	APU
Kathleen Kelly	ANTHC Central Nursing	Alexa Whitley	IHS
Dr. McMahon	ANTHC Hepatitis	Henrietta Rivers	NSB

Tuesday, May 21, 2019

Call to Order/Review agenda	Carolyn Craig
Discussion	
Carolyn C. called meeting to order. Introductions were made around the table. The group reviewed the agenda. <i>Motion:</i> Asela C. motioned to approve the agenda. Siene A. 2 nd . Passed.	
Review/Approve minutes	Group
Discussion	
The group reviewed the AACHAPD February 12-13, 2019 minutes. <i>Motion:</i> Asela C. motioned to approve the minutes. Paula C. 2 nd . Passed.	
CHAPCB	Miranda Petruska
Discussion	
The CHAPCB meeting on January 30-31, 2019 was canceled. The next CHAPCB meeting is on June 12-14, 2019. Ella is issuing temporary certifications through June 2019.	
Billing and Coding Update	CHAP EXO
Discussion	
This is put on hold due to time conflicts.	
Hepatitis Surveillance Treatment	Dr. McMahon
Discussion	
There are high rates of Hep B in western rural region. 1200 people have chronic Hep B and are at risk of getting liver cancer. They send out letters to patients for 6 month screening. They need to get a 6-month ultrasound. They give a list of patients to the clinics. They have had some people slip through. They are working on how to prioritize who the highest risk patients are. Hoping for better biomarkers in the future for cancer; they can't cure Hep B. Those born 1945-1965 need a one-time test for Hep C; it's a simple finger stick test. Would like to pilot in a couple regions and clinics. Purchase the finger stick tests and send them to CHAs. CHAs would check medical records to see if they need to be tested. Treatment is 8 weeks of drugs, and they only need blood draw at start then 12 weeks when they finish. Provider in the hospital can prescribe the drugs. CATG is interested in the pilot. Carolyn will email Dr. McMahon's contact info for those interested in pilot.	
Retention	Group
Discussion	
Has anyone done anything new in retention, burnout and recruitment? <ul style="list-style-type: none"> • NSB-Going through approval for pay raises. CHAs waited for 1.5-2 years to get pay raises while they moved up ladder. 	

- YKHC-They started a task force for retention & recruitment. Major issues are bonuses, housing, childcare, and time off after traumatic events. They are defining what traumatic events are and discussing time off. They are looking into a childcare stipend or center. Also looking at stipend for housing. They provide bonuses for certified CHA/Ps and are looking at bonuses for all levels of CHAs.
- EAT – They have been doing bonuses for all levels the past 4 years from 4-10%.
- Chugachmiut –They have 4 villages. They offer a paid week off for CHAs. Their schedule is 21 days on/7 days off.
- CATG - CHAs have 3 weeks on/1 paid week off.
- KANA – Some CHAs want to work in another village and it's an option.

Post traumatic response for health aides update – Brian Reiselbara

Brian is working on a research paper on CHAs entering into CHAP that are carrying stressful life events and leaving CHAP faster. He'll go through IRB approval then collect data from CHA/Ps. He'll use two assessments - life events checklist and quality of life. He'll use a data collection service so there's no bias. Brian will send out IRB approval and assessments to CHAP Directors in the future.

Sports PEs, Headstart PEs

Carolyn Craig

Discussion

Are these appropriate physicals for Health Aides?

Who should present the form and changing the form so a Health Aide can perform?

ASQ-What is everyone using for the developmental screening across the state?

- SEARHC-CHAs doing what's in the CHAM with well-child.
- NSB-PHN does the well-child and NSB is doing all the sports PEs.
- KANA-CHAs don't do sports PEs. They do well-child PEs.
- EAT-CHAs do Headstart PEs.
- Chugachmiut-CHAs doing sports and Headstart PEs. Using ASQ for developmental. They have extra standing orders.
- YKHC- CHA IIs and higher can do some parts of well-child. Providers do Headstart and sports PEs.
- NSHC-CHAs do well-child; don't do sports PEs. Mid-levels do sports PEs.
- MSTC-Mid-level does sports physicals. CHA does well-child check as long as nothing is unusual.
- CATG- CHAs don't do sports PEs; it's done by mid-levels. Well-child & Headstart PEs are a goal. Headstart PEs are done by PHN. Not using ASQ.

A questionnaire was sent to CHAP Directors on 5/22 for data on school physicals, sports physicals, and pre-employment physicals.

Health Aides who work out of region

Siene Allen

Discussion

They have a CHA that works for both KANA & YKHC. She's coming up for preceptorship. They have an agreement with YKHC. When two THOs are involved, there is a question on who is keeping track of records and compliance. Does any other THO have those issues? Do we need to make it more standardized?

<ul style="list-style-type: none"> Chugachmiut - Chris said as an itinerant, it's hard to stay certified. He's had to pay for own EMT & CHAPCB certifications. Also have issue with preceptorships. NSB- They aren't responsible for itinerant when not working for them; itinerant can work for other THO. A statewide pool of itinerants would be great. ANTHC – CHA working for KANA & YKHC and ANTHC was doing preceptorship. It was confusing of who was responsible for CHA. Dr. Hensel is going to do more review. CATG- Paula would like to send a CHA to YKHC for more experience to work on skills. YKHC-Needs a clear MOU and they have an MOU with ANTHC. Would not accept standing orders right away; they have to go through medical staff. They would need orientation to YKHC before access to Cerner and need their records. 	
CHA/P Competency	Katie Baraki
Discussion	
<p>Refer to handouts.</p> <ul style="list-style-type: none"> Next step is to form a committee. Need to agree on the competency language and how often to assess. Katie will send invite for June 10 software webinar to Leah to forward to CHAP Directors. The software can track competencies and curriculum online. Chris is going to sit in and will give feedback to the group. 	
ARC/RAC/CHAA Report	Group
Discussion	
<p>See attached ARC and CHAA Reports.</p> <p>ARC Report: No action items.</p> <p>RAC Report: Who is using the AFCHAN PEF? No one.</p> <p>CHAA Report: Chris will email Andy on CHAP Directors feedback and ask him to update his email list. He'll ask him if CHAA has regularly scheduled meetings. Remind him that CHAP Directors minutes are posted.</p>	

Wednesday, May 22, 2019

Call to Order/Announcements	Carolyn Craig
Discussion	
Meeting was called to order.	
Paramedic to CHA/P Learning Pathway	Carolyn Craig
Discussion	
This is not moving forward.	
Round Robin	Group

Discussion	
<p>Topic:</p> <ul style="list-style-type: none"> • What are some program challenges and how have you overcome or addressed these challenges? • What is the primary challenge for the entire group and how can we support each other better? <p>The following organizations participated in the discussion: APIA, Chugachmiut, CATG, KANA, NSB, SCF, SEARHC, and YKHC.</p>	
Nationalization of CHAP	Dr. Onders
<p>The IHS draft CHAP Policy is out for tribal consultation. The consultation period is 30 days and closes on June 7th. The IHS letter and Policy are attached to the minutes.</p> <p>Tribal Advisory Group - Crystal S. is the primary member, Dr. Onders is an alternate, Dr. Williard is technical advisor. They met in person in March & August, and had interim meetings in between. Version of policy attached is a compromise by TAG, and the areas where TAG does not agree is in the footnotes. They can extend the comment period past June 7th.</p> <p><i>Motion:</i> Asela C. motioned the need for updating, improving, maintaining the Standards and Procedures, the CHAM, and Curriculum, and the entities that would be tasked with providing the funding support. Siene A. 2nd. Passed. The chain of motion is to start with Health Directors to ANHB.</p>	
Respondus Update	Faith Walsh & Tim Jeter
Discussion	
<p>Refer to handouts.</p> <p>The purpose is to standardize our testing statewide. We are partnering with ANTHC so we won't have to pay for it separately.</p> <p>Next steps:</p> <ul style="list-style-type: none"> • Identify the Question base workgroup members • Workgroup members <ul style="list-style-type: none"> ○ Load Respondus onto desktop ○ Access to ANTHC Google Doc ○ Training on how to upload questions to Google Doc draft files ○ Develop draft file for testing questions ○ Create a final file of test questions base on units and objective and levels • Set up 1 hr monthly meeting and review session units schedule for year. • Have each training center test questions and give feedback to workgroup members for next meeting. 	
Statewide Services Report	Carolyn Craig
Discussion	
Cerner – James Lesniak - See attached report.	

Process on optimizing the power forms for health aide documentation. They are considering switching to Dyna doc. Dyna doc is a one-screen view and allows you to see the meds, allergies, past medical conditions, and fields that you are filling in. It makes it simple for referral providers. Discussion on options: 1) Question embedded in the document or 2) nothing embedded in the document and allow free text response in certain fields. Half the people James talk to prefer #2. James would like CHAP Directors to discuss which option is preferable. They possibly can do both. James will ask Informatics to demo how it works at next meeting. He can do screenshots and email them to group.

CHAM – Tasha Hotch, Jean Rounds-Riley

Revisions currently in process:

- Sexually Transmitted Infections (May 2019)
 - Female Reproductive
 - Pregnancy
 - Child and Teen
- Medicine conversion to metric (Summer 2019)
 - Revise all pound references in CHAM to kg
- Medicine Patient Education (2019)
 - Exploring partnership with Safe Medication: <http://www.safemedication.com/>
- Immunizations (2019)
- Palliative Care (2020)
- Burns and Frostbite (2020)
- Emergency Chapter (2020)
- Emergency Field Handbook (2020)

Palliative Care

Dr. Piromalli

Discussion

They're creating an eCHAM palliative care chapter. Mary Lee Peterson, Peggy McMahon, and Jean Rounds-Riley are working on it. They went through the entire eCHAM and are working on consolidating palliative care in it. Once this chapter is completed, they want to pilot it so they know it's user friendly. The next phase is to create a certification program and they would integrate it into ECHO. They have AFCHAN access for those that need support, and their goal is to be open 7 days a week. They would like THOs to develop their own palliative care teams.

Multidisciplinary Transition of Care

Kathleen Kelly

Discussion

They looked at medication management, transition planning, information transfer, follow up care, and shared accountability between ANMC & THOs. Patient engagement – They are putting the calls to patient 48 hrs after discharge into Cerner by June 1st. They are working on process for those not with Cerner. Patient going to village will get a folder with dividers: discharge instructions, follow-up appointments, medication side effects, educational materials. Medication – before patient leaves, will have a pharmacist visit and receive up to 30 days meds. Remind patient when they get home to order their meds. Discharge instructions/summary/CCD – can do direct secure messaging. THO needs to create a message box to receive them.

IHS CHAP Report

Alexa Whitley

Discussion	
<p>Alex is here for 6 months on a 2 year fellowship. Chris Mandregan, Director at IHS, gave her a project to write a white paper on CHAP. She's leaving Anchorage in June and will have it done by then or mid-June. She spoke with about 40 people from different THOs; she did 25 interviews, about 50 min each. She interviewed CHAP Directors, training staff, CHAs, and went to a CHA graduation ceremony. Her primary resources: akchap.org, CHAPCB Standards & Procedures, and Curriculum. Her project is to identify key components & concerns of CHAP.</p> <p>Key components:</p> <ol style="list-style-type: none"> 1) CHA/Ps tied closely to communities they serve. They are team-based, provide culturally appropriate care, and are recruited from their community. 2) CHAP valuable for career path. Step-wise career path – if CHA/P is interested, it allows upward trajectory. Short turnaround for upward career path. 3) Relies on a strong healthcare system around it. Referral system is important. 	
EMS Report	Jean Rounds-Riley
Discussion	
<p>See attached report. Below are EMS Training Committee proposed meeting dates and locations:</p> <ul style="list-style-type: none"> • October 8-10, 2019 Anchorage • February 3-5, 2020 TBD • April 14-16, 2020 or May 4-6, 2020 TBD 	
ADJOURN	

Attached to these minutes:

1. CHA/P Competency
2. ARC Report to AACHPD (from 2/14-15/19 Meeting)
3. CHAA Report
4. IHS Draft CHAP Policy
5. Respondus
6. Cerner Report
7. EMS Report

CHAP Discussion on Competency and Proficiency Evaluation

Competency:

- The ability to perform a specific task in a manner that yields desirable outcomes.
- Is defined in the context of particular knowledge, traits, skills, abilities, motivation.
 - Knowledge: understanding facts and procedures
 - Traits: characteristics that pre-dispose a person to behave or respond in a certain way (i.e. self-control, self-confidence, etc.)
 - Skills: capacity to perform a certain action (requires knowledge and strategies to apply the knowledge).
 - Abilities: attributes a person brings to a new task.
 - (and I would add) Motivation: what drives the individual to perform to a certain standard level.

Proficiency definitions:

- Skillfulness in the command of fundamentals deriving from practice and familiarity; the state of being cognitively skillful.

Competency vs proficiency:

“Typically, education or an initial training opportunity creates a novice who, after additional training and hands-on experience, reaches a level that can be certified as competent. Although competence is considered to be a major milestone in professional development, it is not the final point. That comes with proficiency, and the ultimate status of expert comes after many years of experience and professional growth” (Kak et al, 2001, p.3).

Proficiency in Education:

Proficiency involves a demonstration of fundamental skills in relation to learning and/or practice standards. Proficiency levels change in relation to the scales, standards, tests, and methods used to evaluate and determine proficiency.

CHAP Discussion on Competency and Proficiency Evaluation

Considerations for establishing competence and proficiency:

- ***To what standards are the students being held?*** High standards vs low standards; lack of consistency in measurement can lead to false positives or false negatives.
- ***To what extent are the standards tailored for the organization/region/etc.?*** Common systems vs disparate systems; must be careful when comparing across systems that the proficiency standards measured/evaluated are truly comparable (measure the same thing).
- ***To what extent are the proficiency levels aligned with what is actually being taught/modeled?*** Alignment vs misalignment; must make sure that what is tested/evaluated is aligned with what is being taught or role-modeled in the clinical environment. Misalignment may produce a false negative, with students who effectively learned what they were taught/role-modeled but who are tested/evaluated on content that they were not taught or role-modeled.
- ***To what extent does the proficiency level measure the breadth of what is required?*** Reliance on a single measure can produce measurement errors, especially in situations where knowledge is expected to be integrated into practice (or some level of performance). In general, it is not recommended to make proficiency decisions based on a single measure/test/evaluation.

CHAP Discussion on Competency and Proficiency Evaluation

Example: National Institutes of Health – Competencies Proficiency Scale

1 - Fundamental Awareness (basic knowledge)	<p>You have a common knowledge or an understanding of basic techniques and concepts.</p> <ul style="list-style-type: none"> • Focus on learning.
2 - Novice (limited experience.	<p>You have the level of experience gained in a classroom and/or experimental scenarios or as a trainee on-the-job. You are expected to need help when performing this skill.</p> <ul style="list-style-type: none"> • Focus on developing through on-the-job experience; • You understand and can discuss terminology, concepts, principles and issues related to this competency; • You utilize the full range of reference and resource materials in this competency.
3 – Intermediate (practical application) “Competent”	<p>You are able to successfully complete tasks in this competency as requested. Help from an expert may be required from time to time, but you can usually perform the skill independently.</p> <ul style="list-style-type: none"> • Focus is on applying and enhancing knowledge or skill; • You have applied this competency to situations occasionally while needing minimal guidance to perform successfully; • You understand and can discuss the application and implications of changes to processes, policies and procedures in this area.
4 – Advanced (applied theory) “Proficient”	<p>You can perform the actions associated with this skill without assistance. You are certainly recognized within your immediate organization as “a person to ask” when difficult questions arise regarding this skill.</p> <ul style="list-style-type: none"> • Focus is on broad organizational/professional issues; • You have consistently provided practical/relevant ideas and perspectives on process or practice improvements which may easily be implemented; • You are capable of coaching others in the application of this competency by translating complex nuances relating to this competency into easy to understand terms; • You participate in senior level discussions regarding this competency; • You assist in the development of reference and resource materials in this competency.
5 – Expert (recognized authority)	<p>You are known as an expert in this area. You can provide guidance, troubleshoot and answer questions related to this area of expertise and the field where the skill is used.</p> <ul style="list-style-type: none"> • Focus is strategic; • You have demonstrated consistent excellence in applying this competency across multiple projects and/or organizations; • You are considered the “go to” person in this area within your organization and/or outside organizations; • You create new applications for and/or lead the development of reference and resource materials for this competency. • You are able to diagram or explain the relevant process elements and issues in relation to organizational issues and trends in sufficient detail during discussions and presentations, to foster a greater understanding among internal and external colleagues and constituents.

Scale can be accessed at: <https://hr.nih.gov/working-nih/competencies/competencies-proficiency-scale>

Items for which **we request CD action** are:

1. None.

Other projects we worked on included:

1. We discussed the likelihood of failure if a student comes to Session I with inadequate math skills, the main concern being safety with administration of medicine to patients. We agreed that a TABE test score of sixth grade in math almost always means the student will not succeed. We plan to request that CDs approve and pass on to CHAPCB the ARC recommendation that the requirement for admission to Session I be changed from sixth grade to eighth grade math and reading skills.
2. Revision of Curriculum Unit 20e Mental Health Problem and Unit 22d Sick Child: We continued work on Unit 20e and began work on Unit 22d to revise these units to better match the CHAM, following the model of the revised body system units.
3. Reduction of Units 10-16 (Respiratory, Circulatory, Digestive, Urinary, Male Genital, Female Genital, Breast, and Musculoskeletal): Work continued or began on reducing the objectives in these units, following the ARC-approved template.
4. Communication between ARC and the CHAM team regarding CHAM changes: Jean and ARC discussed the plan for this going forward:
 - A. ARC requests for CHAM changes will be forwarded to the ANTHC CHAM team (Jean and Tasha).
 - B. ARC changes to the Curriculum will be forwarded to the ANTHC CHAM team with the recommendation that the CHAM be revised to match the revised Curriculum.
 - C. ARC will be notified in advance if possible when CHAM changes are being made so that it can decide whether to revise the Curriculum accordingly. Changes to the CHAM will be available for review in advance for approximately one month in the "QA environment".
 - D. If Tasha and Jean think an ARC recommendation for CHAM change needs higher level approval, they will get that. They will keep ARC informed of the ARC recommendation status.
5. The issue of Health Aides restraining patients: We agreed that this was not a good idea. Jean Rounds-Riley stated that it is in the process of being removed from the CHAM.

Next ARC agenda: possible topics:

1. Further Curriculum revision work on the units listed above plus the rest of the body system units.
2. Revision of additional units that have HEAP sections in the CHAM (Prenatal, Well Child).
3. Revision of the Mental Health Emergency unit, with attention to the restraints issue.
4. Possible removal of the CLIA learning objectives from the lab test units.
5. Math:
 - A. Draft a proposal to CDS about changing the TABE score requirements for math, with data from training centers to support it.
 - B. Consider revision of the Medical Math Checklist
 - C. Development of new math assessment and remediation tools.
6. Meet with Tasha to discuss what is desired in terms of an index for the eCHAM as well as the iCHAM.
7. Resume work on a manual for Field Training Duties & Orientation.
8. TCs will continue to work on grading tools and process for field and TC portions of Basic Training.



ALASKA COMMUNITY HEALTH AIDE ASSOCIATION

Building on the inherent strength of cultural values,
the Community Health Aide Association
will work to help residents of Alaska to achieve wellness

5 2019 UPDATE FOR CHAP DIRECTORS

We had our annual in person meeting at the CHAP Forum in April. Annually at the Forum we conduct a survey to gain feedback from CHAA members attending, this year we also reviewed our bylaws. Below are some of the concerns that were shared from members across the state that the CHAA leadership felt was important to elevate to the CHAP Director level. Our intent is to strengthen the relationship that the Association has with the CHAP Directors and the ability to highlight areas that are either having a statewide impact in our program, or suggested areas of improvement.

COMMUNICATION

Communication Improvement: Better communication between health aides and supervisors. Joint meetings suggested. CHAP Directors to Forum suggested. One suggestion was, "Have THOs give a survey to CHAs to gauge the level of "relief" needed, then send a designated itinerant first to cover for the ones needing it most."

Community Perception: Feelings of being treated unfair by tribal administration, local leaders. Several comments about CHAPs feeling undervalued.

Help define CHA role with Law Enforcement (VPSO & Trooper): CHAPs working without local law enforcement end up tending to events not trained for. Untrained about potential dangers/self-defense. Health aides feeling that when things like drugs get stolen or when something is brought to law enforcement, nothing gets done. CHAPs would like troopers to be contacted to promote trooper awareness of procedures CHAPs are not required to do involving dead bodies, biological samples/photography, holding evidence, etc. as those are not part of a CHAPs trained duties/scope of practice. Addicts come to clinics and steal Avagard/ Purel, and hand sanitizer. It was also mentioned to me that addicts steal unattached sharps containers in order to get the syringes and needles from inside. Also, mentioned was that biohazard disposal and chain of custody of the items to Entech requires Hazmat training for all involved.

STAFFING NEEDS

Training: CHAs feeling undertrained in behavioral health. Wanting better access to trainings. Some older CHAPs saying focus is on younger CHAPs to get trained rather than getting higher up CHAPs into their next level. One wishing visiting providers offered more trainings.

Housing: Lodging security ideally needs to be provided for health aides. Housing contracts suggested. More focus by THOs/tribes on providing security in housing for health aides is apparently needed.

Staffing: Being a lone provider creates higher stress, more work load and deserves compensation. Repeat suggestions that 2 health aides be mandatory. However there were a few health aides upset that their board voted that if a clinic has 2 CHAPs that they get no itinerant coverage provided. It pits the staff against each other's time off needs.

CISM: Post traumatic event support of health aides needed. Some mention never having anyone come out after a death. Many suggestions continue that debriefing should be a mandatory requirement, regardless if weather delays a CISM team.



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Demands of On-Call: Predominantly the issue most often brought up regarded the need to provide relief time for CHAP on call all the time. Several commented about working months at a time with no relief, and also the burnout occurring on solo CHAPs relates to this. Generally speaking health aides feel their call is too long and they need more time off to compensate and recuperate for a demanding job. Suggestions included: giving birthdays off, and also requesting being allowed to leave clinic early if not the one on call as beneficial perks.

TOOLS FOR THE JOB

Cerner and EHR issues: the need to have Cerner templates match the PEFs exactly using the trained HEAP format, also the need to attach pictures to PEFs. The need to not have to enter the same data point more than once continues.

Behavioral Health: Behavioral Health integration with CHAs scope. Shared documentation needed, BHAs having CHAs do their job. Health aides asking for more BH training. BHAs role not defined. Mention that there is no clear line between CHA/BHA roles. A CHA expressed animosity about having to “do it all” when BH steps aside.

Revision Suggestions for CHAM: suggestions to have injection procedures added for Vivitrol, Methyl trexate, Humera, and implantation/removal of Nexplanon be trained at session and put into CHAM. Not enough addict care in CHAM or protocols for follow-up care for those released from rehab. One suggestion that CHAM had no section for over-use of steroids.

Training Request: Health aides requesting information about how to care for meth patients. Many comments regarding meth/heroin/spice/etc new to rural communities. Protocol for treatment needed in CHAM.

COMPENSATION

Level of pay: Some expressing under-compensation. Cost of living goes up with no raises.

Benefits: (health insurance and dental), non-beneficiary health aides make too much for Medicaid, but cannot afford insurance, no health care possible for themselves while providing it to others, while enduring a high cost of living.

Thank you for your time in reviewing these concerns and suggestions. I look forward to strengthening this partnership. Our Association meets monthly and is open to all health aides. The meetings are posted on the CHA Calendar at www.akchap.org. As we begin addressing these concerns an update from Directors to the Association would be appreciated. We very much appreciate when CHAP Directors call in to our teleconferences and provide us up to date information.

Cheers,

Andy McLaughlin- CHAA Chair
Chenega Bay Clinic
PO Box 8029
Chenega Bay, AK 99574



MAY 08 2019

Dear Tribal Leader:

I am writing to initiate Tribal Consultation to seek your input and recommendations on a draft Indian Health Service (IHS) policy to implement, outline, and define a National Community Health Aide Program (CHAP), with a 30-day comment period that closes on Friday, June 7. Amendments to the Indian Health Care Improvement Act (IHCIA) in 2010 authorized the IHS to establish a National CHAP outside of Alaska – paving the way for an expansion of this evidence- and community-based, culturally responsive, and efficient model of health care to the continental 48 states.

Last year, I established and charged the CHAP Tribal Advisory Group (TAG) to develop a policy and implementation plan for a National CHAP based on the 2017 Tribal Consultation findings and report on a draft policy statement on creating a National CHAP. With much admiration and gratitude of the hard work and dedication of the members of the CHAP TAG, I present a copy of the draft policy for your review, input, and recommendations. To assist in your review, the enclosed draft policy includes footnotes to provide context on specific provisions of the draft policy that differ or vary from a CHAP TAG recommendation.

The IHCIA defines specific requirements of the National CHAP, including the National Certification Board, Area Certification Boards, Academic Review Committees, training standards, and Federal certification process. We intend for the draft policy to assist the IHS, Tribes, and Tribal Organizations during Indian Self-Determination and Education Assistance Act contract or compact negotiations when considering or proposing the inclusion of CHAP programs, services, functions, or activities.

At the conclusion of the comment period, I will charge the CHAP TAG to review the compiled comments and make a final policy recommendation to consider prior to making a final policy decision.

Please send your written comments and recommendations on the IHS National CHAP:

• By e-mail to: consultation@ihs.gov

• By postal mail to:

Subject Line: IHS National
CHAP Consultation

RADM Michael D. Weahkee
Principal Deputy Director
Indian Health Service
5600 Fishers Lane, Mail Stop: 08E86
Rockville, MD 20857
ATTENTION: IHS National CHAP Consultation

Thank you for your continued partnership in assisting us to advance the mission of the IHS to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Principal Deputy Director

Enclosure: *Draft Community Health Aide Program Policy*

DRAFT- COMMUNITY HEALTH AIDE PROGRAM POLICY

Sec.

1. Introduction
2. Definitions
3. Responsibilities
4. Effective Date

1. INTRODUCTION

- A. Purpose. To implement, outline, and define a National Community Health Aide Program (CHAP) consistent with the structure of the Alaska CHAP with regard to community based provider selection, culturally tailored care and curriculum, competency based education, and the inclusion of health aides as part of a team of healthcare providers focused on providing effective, efficient, and patient centered care.
- B. Scope. This policy applies to the National CHAP and covers those programs operating outside of Alaska. It is not applicable to the Alaska CHAP or its standards and procedures or to Urban Indian Organizations because they are not authorized by law to implement CHAPs.¹
- C. Background. The CHAP was established under the Snyder Act to address significant unmet needs during an epidemic in Alaska. Over the years, it expanded to systematically train community health aides and practitioners, and maintain a system of certifying community health aides that have completed training and are competent to provide health care, health promotion and disease prevention services in rural Alaska. In 1992, Congress made CHAP a permanent program in Alaska and, in 2010, it expressly permitted the IHS to develop a national CHAP to promote the achievement of the health status objectives in the Indian Health Care Improvement Act (IHCIA). These objectives are broad in scope and address virtually every aspect of health care, including access, delivery, and status. Specialized training in medical, dental and behavioral health care and certification furthers those objectives by creating opportunities for health aides to focus their training and practice on particular health issues and delivery strategies. In 2016, the Indian Health Service (IHS) consulted with Tribes and Tribal Organizations on expanding the CHAP, and in 2018,

¹ The CHAP TAG did not feel it was necessary for IHS to list that the National CHAP was not applicable to Urban Indian Organizations and should only reference the IHCIA as the authority since they feel that certification is separate from the employing organization. IHS kept this language to assist IHS staff in clarifying that the National CHAP applies to Tribes and Tribal Organizations outside of Alaska, but not to Urban Indian Organizations.

DRAFT- COMMUNITY HEALTH AIDE PROGRAM POLICY

formed the CHAP Tribal Advisory Group (CHAP TAG) to begin expanding the CHAP outside the State of Alaska.

D. Authorities.²

1. Snyder Act, 25 U.S.C. § 13
2. Transfer Act, 42 U.S.C. § 2001
3. Indian Health Care Improvement Act, 25 U.S.C. § 1616l(d)
4. Indian Self Determination and Education Assistance Act, 25 U.S.C. §§ 5301 *et seq.*
5. Indian Health Service Tribal Consultation Policy, Circular No 2006-01
6. U.S. Department of Health and Human Services Tribal Consultation Policy

E. Policy. It is the policy of the IHS that:

1. All CHAP providers certified by the Alaska Community Health Aide Program Certification Board (Alaska CHAPCB) who wish to provide services in a program outside of Alaska and any CHAP provider certified by a federal CHAP Area Certification Board (ACB) but wants to provide services in another area must submit a copy of their certification to the receiving ACB for review and approval prior to being certified in that Area.³

² The CHAP TAG recommended to IHS to also include the entire Indian Health Care Improvement Act and the Public Health Service Act, 42 U.S.C. § 254a to provide a more complete picture of the authority and potential flexibility available to those charged with implementing this program. IHS included the primary authorities that implement the national CHAP.

³ The CHAP TAG requested to IHS to include tribally approved CHAP certification or licensure by a governmental authority. CHAP TAG basis for this recommendation is that federal policy recognizes the legitimacy of tribal programs and this recognition should also be included in this policy. IHS should defer not to the state in this policy and the policy should uphold the sovereignty of each Tribal Nation and IHS's trust responsibility with respect to the ISDEAA. IHS did not agree with the CHAP TAG's recommendation to include non-federal licensing or certification entities because this would constitute an expansion of the CHAP program beyond what is authorized in the IHCA. The IHCA requires federal certification, as evidenced from the Alaska Area CHAP. The IHCA did not authorize a national CHAP with expanded authority beyond what is permitted in the Alaska Area.

DRAFT- COMMUNITY HEALTH AIDE PROGRAM POLICY

2. Tribes outside of Alaska may carry out a CHAP, including those that include dental health aide therapists (DHAT) service, by amending their Indian Self Determination and Education Assistance (ISDEAA) Title I and Title V agreements.
3. If Tribes or Tribal Organizations outside of Alaska include a CHAP as a program, service, function, or activity (PSFA) in their ISDEAA contract or compact, the individuals working under their CHAP must be certified by the Alaska CHAPCB or other federal ACB.
4. Nothing in this policy shall restrict the ability of the Service, an Indian tribe, or a tribal organization to participate in any program or to provide any service authorized by any other federal law.
5. At the time of drafting of this policy, IHS has not received additional funding and is not providing funding for the expansion of the CHAP outside of Alaska; however, Tribes and Tribal Organizations may propose to redesign or re-budget a PSFA in their ISDEAA agreement subject to any other applicable requirements to include this program. At the time of drafting of this policy, there is no IHS funding associated with the CHAP at the Headquarters, Area, or service unit level.
6. DHATs shall practice only in states that authorize the use of DHAT services if a Tribe or Tribal Organization seeks to include a CHAP as a PSFA in Title I and Title V ISDEAA contract or compact. DHATs must meet the federal training requirements for certification.⁴
7. DHATs and Community Health Aides (CHAs) will be authorized to provide services in IHS operated health programs once the Office of Personnel

⁴ The CHAP TAG recommended that IHS not include this statement as they work with Congress to change the IHCA for this requirement. The CHAP TAG also recommended that, if the IHS feels it is critically important to address this issue in the circular despite the likely delay in providing federal funding for the program, to notify its own officials as they review a Tribe's proposal to include CHAP in their ISDEAA contract or compact of the existing requirements, IHS draft the provision more narrowly to more closely reflect the limitations implicit in this section. The CHAP TAG believes it unlikely that Congress intended with this provision to extend regulatory authority to states not already covered by Public Law No. 83-280. The IHS did not change this language since it is federal legal requirement, not a state requirement. It is critically important to notify IHS officials as they review a Tribe's proposal to include CHAP in their ISDEAA contract or compact that the DHATs must be in a state that authorizes their use before it may be included in the ISDEAA contract or compact.

DRAFT- COMMUNITY HEALTH AIDE PROGRAM POLICY

Management series and classification of position descriptions are approved. This requirement does not apply to ISDEAA Title I and Title V Tribes.

8. IHS operated health programs will not fill any vacancy for a licensed dentist with a DHAT. ISDEAA Title I and Title V Tribes are not subject to this restriction.
9. Behavioral Health Aides (BHAs) may be utilized in IHS operated health care programs using existing Office of Personnel Management (OPM) approved position description for mental health specialists (OPM Series 0181 Psychology Technician and/or GS 0186 Social Service Aid) or other approved positions that may be established.
10. Expansion of CHAP will comply with the IHCIA and not reduce funding amounts of the Alaska CHAP.
11. The NCB is a federal board comprised of tribal and federal representatives.
12. The ACBs are federal boards and their membership must include at least one federal representative appointed by the respective IHS Area Director.
13. In the absence of an ACB, an IHS Area Director must consult with Area Tribes and will seek consensus of a majority of Area tribes or Tribal organizations to enter into a relationship with another IHS Area that has an ACB or with the Alaska CHAPCB for the purposes of certifying its CHAP providers. In the absence of consensus, IHS Area Directors will reserve the right to make the final decision.⁵
14. While ACBs are federal boards and comprise the NCB, an IHS Area Director may partner with Tribes or Tribal Organizations to carry out the support for the operation and maintenance of the ACB.

2. DEFINITIONS This section provides background on the terms used in this policy. This section does not provide policy direction and should be used as a reference point for language in the policy.

⁵ The CHAP TAG recommended that IHS seek consensus and approval of Tribes in the area before partnering with another area to form a regional ACB. IHS reserves the right to make the decision on how to best meet the needs of the area when consensus is not met.

DRAFT- COMMUNITY HEALTH AIDE PROGRAM POLICY

- A. Academic Review Committees (ARC). Specialized body of practitioners representing the behavioral, primary, oral health, and other relevant fields that reports and makes recommendations to the Area Certification Boards (ACB) regarding the training standards for all CHAP provider types.
- B. Area. Refers to one of the twelve (12) IHS service Areas: Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma City, Phoenix, Portland, and Tucson.
- C. Certification Boards.
 - 1. CHAP National Certification Board (NCB). The NCB is a federal board chaired by the IHS Chief Medical Officer (CMO) or his or her delegate and will be comprised of Federal and Tribal representatives from each ACB. Functions of the NCB and board composition are addressed in the charter and procedures.
 - 2. CHAP Area Certification Boards (ACBs). The ACBs are federal boards and their membership must include at least one federal representative appointed by the respective IHS Area Director. The ACB establishes board composition in its charters and develops the procedures of each respective board to certify individuals as their respective provider types.
- D. Community Health Aide Program (CHAP). The program provides for the education and training of Tribal community health providers who work as part of a team with other health professionals to provide health care, health promotion, and disease prevention services. CHAP includes three provider types listed below:
 - 1. Behavioral Health Aide. Refers to a behavioral health aide I, II, III, and practitioner except when a level is specified. The specific roles and responsibilities of each level, will be defined in the National CHAP Standards and Procedures and other applicable ACB requirements.
 - 2. Community Health Aide. Refers to community health aide I, II, III, IV, and Practitioner, except when a level is specified. The specific roles and responsibilities of each level, will be specified in the National CHAP Standards and Procedures and other applicable ACB requirements.

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3. Dental Health Aide. Refers to a primary dental health aide level I-II, expanded function dental health aide level I-II, dental health aide hygienist, and DHAT except when the level is specified. The specific roles and responsibilities will be specified in National CHAP Standards and Procedures and other applicable ACB requirements.

E. Standards and Procedures.

1. National CHAP Standards and Procedures. Adopted in part from the Alaska CHAPCB Standards and Procedures to outline the minimum program standards for all CHAP provider types operating outside of Alaska. The National CHAP Standards and Procedures include, but are not limited to, the minimum training, training equivalency, supervision, and scope of practice requirements.
2. Area Standards and Procedures. At a minimum, the Area Standards and Procedures include the National CHAP Standards and Procedures and may have additional supplemental requirements above and beyond the national standards that are specific to the cultural considerations of the region, community specific needs, as well as the health care delivery system.⁶

3. RESPONSIBILITIES

- A. IHS CMO. Chairs the NCB. Consults with the CHAP Tribal Advisory Group to request initial membership for the NCB. Accepts nominations of tribal representatives to serve on the NCB. Appoints members of the NCB. NCB members shall not represent the interest of any professional association and will be comprised of representatives from across IHS Areas. The IHS CMO will make a good faith effort to ensure that the membership of the Board reflects the diversity of the geographic areas served, and includes tribal practitioners and tribal administrators with relevant expertise.
- B. IHS Area Directors. Consults with Area Tribes to appoint members of the ACB and to the NCB. Provides ACB members with direction to establish board composition in its charters and to develop the procedures of each respective board. Certifies CHAP

⁶ The CHAP TAG recommended to the IHS that ACBs should be allowed to adopt standards and procedures that vary from the national standards and procedures. IHS agrees that ACBs may adopt standards and procedures above and beyond the minimum requirements of the national standards and procedures but may not alter below those requirements. The CHAP TAG further recommended that the skill and qualification levels would be addressed in a CHAP's scope of practice. IHS agrees that the scope of practice should be tailored to the individual CHAP only if the minimum training standards have been met by all CHAPs as addressed in the national CHAP and as is the process in the Alaska CHAP.

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providers based on recommendations from ACBs. Approves and signs individual certification documents for CHAP providers. Appoints a federal representative to serve on the ACB.

- C. Federal ACB Representative. Appointed by an IHS Area Director. Provides recommendations to the IHS Area Director based on discussions of the ACB on individuals who have met the CHAP training standards and should be certified to practice.
- D. NCB. Establishes National CHAP Certification Standards and approves the national CHAP minimum training standards for all CHAP provider types for the ACBs to utilize to ensure consistency across IHS areas.
1. Specifies baseline requirements and scope of practice for all CHAP provider types, including community health aides and practitioners, dental health aides (including primary dental health aides, expanded functions dental health aides, dental health aide hygienists, and dental health aide therapists), and behavioral health aides and practitioners.
 2. Conducts review of CHAP operations to ensure consistency across all IHS Areas every three years.
 3. Convenes ACBs periodically to review National CHAP Standards and Procedures.
 4. Determines what will constitute equivalent training of providers as authorized in the IHCIA.
 5. Maintains annual records of ACB actions regarding certification of CHAP providers. The IHS will maintain a database and make it accessible to tribal contractors and compactors to encourage them to extend reciprocity in appropriate circumstances.
- E. Area and/or Regional Certification Boards (ACBs).
1. Maintains records of certifications of individuals certified by the Alaska or other ACB who work in the area or areas under the jurisdiction of that ACB and maintains a record of all CHAP providers certified, denied, recertified, revoked,

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and approved after appeal who work in the area or areas under the jurisdiction of that ACB.

2. Creates procedures that detail terms, chairmanship, quorum, meetings, duties, and transition functions.
3. Ensures National CHAP Standards and Procedures established by the NCB, as well as any additional requirements set forth by the ACB for its applicable provider type, are met before certifying individuals for all CHAP provider types identified in 2.D.
4. Certifies CHAP providers. Certification is approved and executed when an IHS Area Director or their federal designee's signature is included on the certification document. Once completed a copy of the certification is sent to the NCB.
5. Adopts Area specific curriculum, consistent with the National CHAP Standards and Procedures established by the NCB, as needed, to ensure Area specific needs are met.
6. Ensures the National CHAP Standards and Procedures and the respective Area curriculum are culturally tailored and accessible to Area Tribal members.
7. Ensures the portability of health aide certification across Areas.
8. Certifies the Area curriculum for each CHAP provider type on at least a three (3) year recurring cycle.
9. ACB members shall not represent the interests of any professional organizations.

F. Academic Review Committees (ARC).

1. Conducts an independent review of the curriculum to ensure its alignment with the current health needs of American Indians and Alaska Natives.
2. Develops recommendations to the NCB through the ACB on curriculum.
3. ARC members shall not represent the interests of any professional organizations.

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4. EFFECTIVE DATE

This Circular becomes effective on the date of signature and will be superseded by the permanent policy once approved by the IHS Director.

Alaska CHAP Statewide Test Bank Process

DLN's Test bank in
Google Doc

Google Docs
(DLN-test bank)

Test Bank Workgroup

Review all test questions before moving
into final file in the Google Docs

CHAP Basic Training
Center

All Training Site can
print directly from
Respondus

ANTHC Desktop
Respondus

TCC Desktop-
Respondus

NSHC Desktop
Respondus

YKHC Desktop
Respondus

Student learning System

Moodle, Blackboard, Brightspace,
Canvas, Schoology

Alaska Test Bank Questions

Plan:

To form a workgroup meeting monthly. The goal of the workgroup is to review the questions from the google doc draft file. Feedback from each site on the test questions.

Workgroup members: one NSHC, one TCC, one ANTHC DLS, one YKHC, one ANTHC with each site to have a alternant member.

Google Doc:

Google Doc will be hosted in ANTHC DLN. ANTHC DLN will issues out log on for the members to upload and download questions.

Questions in Google Doc can be downloaded/uploaded into Respondus.

Questions:

Each questions will be titled by session, unit, ob, learning level: e.i.: **S1U2O3L2**

Respondus

Each site will have their own respondus application on their desktop.

From respondus, each site can either print the questions directly from the respondus.

Or questions can be exported in the Learning System such as Moodle, Blackboard.

Can create questions in respondus.

Learning System

From respondus, questions can be imported into the system. Questions can be created in the Learning systems. Questions can be exported in Respondus.

Moving Forward:

1. Identify the Question base workgroup members:
2. Workgroup members
 - a. Load Respondus onto desktop
 - b. Access to ANH THC Google Doc
 - c. Training on how to upload questions to Google Doc draft files
 - d. Develop draft file for testing questions
 - e. Create a final file of Test questions base on units and objective and levels.
3. Setup monthly meeting for 1 hour and review session units schedule for year.
4. Have each training center test question and give feedback to workgroup members for next meeting

Sample schedule for review of questions

Feb: Unit 1-3

Mar: Unit 4-6

Apr: Unit 7-9

May: Unit 10-12

June: Unit 13-15

July: Break

Aug: Unit 16-18

Sept: Unit 19-21

Oct: Unit 22-24

Nov: Unit 25-27

Dec: Unit 28-29

CHAP Directors, CHA/Ps and THO IT Staff:

We have received feedback that many of you are not getting timely updates concerning the Cerner CHA/P PowerForm revisions. Thus, we intend to begin notifying you all by email approximately 1-2 weeks prior to release of any revisions to the CHA/P PowerForms. The changes, which have been released recently along with those which will be released in the upcoming months, will have the following consistent themes:

1) **Matching the CHAM:**

As previously communicated, when discussing the purpose and intent of the Optimization Project for CHAP PowerForms, one of the central foci of the project is to revise/develop new Cerner PowerForms that are more closely aligned with the workflow AND the language of the CHAM . With that in mind, one emphasis of this revision process has been to itemize all CHAM History Questions as individual items within its own specific section in each form. Overall each history question will be answerable via a selectable “Yes”/”No” or clickable symptom specific response. In addition, the ability to insert a free-text response will also be a feature of a majority of the history questions should there be a need to document additional description and/or pertinent positive/negative findings. To reduce the chances of documenting contradictory information, we have employed the use of Conditional Logic, which essentially makes certain fields inaccessible until provided with an appropriate answer. appropriate answer to question is entered. For example, in the Respiratory Illness History, the CHA/P asks if the patient has a sore throat. If “Yes” is the response, there would then be three follow-up questions to be asked: “Is it worse at any time of the day?”; “Does it hurt to swallow?”; and “Does coughing make it worse?”. Conditional logic will only allow access to these three follow-up questions should the CHA/P select “Yes”. However, in the case in which the patient answered “No”, these three follow-up questions would be unavailable. Please note that when considering this feature, any item that goes unselected/unanswered within the form will be visible in the final rendering of the form once signed and submitted.

2) **More Descriptive Physical Exam documentation:**

We have sought to reduce the number of clickable pre-documented physical exam findings within the forms. Instead, we included free-text fields within many of the exam sections to allow for the documentation of any additional description and or pertinent positive/negative findings. In the past, many Referral Providers have noted that the CHA/Ps documentation contained solely pre-documented clickable phrases and excluded the addition of more precise free-text details. This new format for physical exam documentation will address this issue. No CHAM exam section is exactly like another. Therefore, every attempt will be made to make each exam section as uniform as possible despite the possible variations of each body part specific section.

3) **Build of Previously Non-Existent Visit Templates:**

The goal is to have every CHAM visit represented by a specific PowerForm. However, currently there is not a specific PowerForm for every visit type in the

CHAM. Therefore, a Generic Visit Form was created for the CHA/P to use should they conduct a visit that does not yet have a specific PowerForm. Although the Generic Visit Form does not precisely reflect the specific items of any given CHAM visit type, it should be used until a more specific PowerForm is developed for that CHAM visit. Thus, the restated goal of the Optimization Project is to steadily identify and develop all of the necessary PowerForms that will reflect each CHAM visit type in specific detail. The overall intent of this is to assure more accurate and consistent documentation per the CHAM amongst all CHA/Ps. With that being said, this will be an arduous process that will ultimately result in the release of completely new PowerForms that are not currently found in Cerner.

The following specific PowerForms or Tab Templates have recently been revised:

- **Launch Page Tab:**
 - Further improvements were made to better align with the CHAM Launch Page
- Respiratory Illness Visit Form:**
 - Revisions were made to the *History After Launch Page* section
 - Revisions were made to the Physical Exam section.
- **Young Child Who May Be Sick Visit Form:**
 - Revisions were made to the *History After Launch Page* section
 - Revisions were made to the Physical Exam section.
- **Assessment and Plan Tab:**
 - Significant revisions were made to the ordered layout of fields that also included the addition of previously missing fields, which were requested by Referral Providers. In an effort to help make the Referral Providers role less difficult we have approached the revisions to the Assessment and Plan tab to function as a comprehensive de facto summary of the visit. This was done due to the consistent feedback we received from many Referral Providers who expressed their frustration with how the current Cerner forms were difficult to read in their final completed/rendered form. Considering limitations of PowerForm functionality, we decided to produce a “summary” of each visit for the Referral Provider’s review.

New forms for the following Respiratory Visits will be going into Production next week:

- **Nosebleed Visit;**
- **Nose Injury Visit;**
- **Object Stuck in Nose Visit;**
- **Minor Chest Injury Visit;**
- **Mild Shortness of Breath Visit;**
- **TB Skin Test (PPD) Visit; and**
- **New Positive TB Skin Test (PPD) Visit.**

We are currently working on the revision of several of the current PowerForms and also the simultaneous development of many new forms such as: all of the Digestive Visits; Recheck Visit; Emergency (Trauma) Visit; Emergency (Non-Trauma) Visit and Return Prenatal Visit.

We have a very small team assigned to this very large task and want to reassure everyone involved with these forms that we take all feedback seriously and will try to issue timely updates as to our progress in this project. Please let us know if you have any questions.

Sincerely,

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AND

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Report to CHAP Directors & ARC
EMS Training Committee Meeting May 1-3, 2019
Submitted by Jean Rounds-Riley, PA-C 5/8/19

Regulations changes:

- No update from State EMS office.
- Details of new Scope of Practice still being finalized by the Medical Directors Committee.
- The Implementation Task Force meets every other week to work on details of implementation of proposed regulations.
 - Anticipate implementation/roll-out of ≥ 1 year
 - Once the EMS Scope of Practice is finalized, I suggest CHAP look at CHAP Curriculum and CHAM to consider possible changes for CHA/P scope as well.
 - Many details formerly in Regulation are being moved to a "Guide for EMS Education, Certification and Licensure in Alaska" (GEECLA). This is intended to combine the prior publications: "Guide for EMTs" and "Certifying Officer Manual", and be easier to update than current Regulations.

EMS Training and CME:

- YKHC <https://www.ykhc.org>
 - Working on a hybrid EMT-1 course
 - Collaboration with ANTHC and Assoc Village Council Presidents to present Injury Prevention course, empowering tribes to start own programs
 - Water Safety and Rescue conference planned 3/2020—interested responders contact YKHC
- Southeast Region EMS Symposium went well. Next year: 3/2020 on Prince of Wales Island
 - Working on revising on-line ETT. Hoping to pilot Fall 2019 <https://www.serems.org>
- Interior Region EMS Symposium went well iremsc.org
- NSHC: Teaching some classes in the villages. Participated in recent Statewide Emergency Drill
- Southern Region EMS: staff changes
 - Lots of classes and skills check offs. Contact them directly for details www.sremsc.org
 - Symposium: Pre-symposium October 29-30 Symposium Oct 31-Nov 1 At Captain Cook
 - (note change from traditional dates and location)
 - Keynote speaker: Randolph Mantooth (aka John Gage of "Emergency" 1970s show)
 - Live monthly free CME (next May 29th)—see their website for details
- The State is basing future CME guidelines on the National Registry for EMTs "National Continued Competency Program (NCCP) which specifies hours (40) and general topics required.
 - At the EMT level, of the 40 hours, 20 must relate to national guidelines, 10 State/local level, 10 Individual. (and roughly 70% of these can be "distributive")
 - These more prescribed requirements could easily be met with refresher courses; maybe we will see more of these offered again.
 - <https://www.nremt.org/rwd/public/document/nccp>
- Training Committee worked on a self-study module for in-coming EMTs, Instructors and Instructor courses
- Considering developing an Alaska-specific Trauma Course and Medical Course.

State:

- Alaska Council on EMS (ACEMS) Governor's EMS Award Nominations are now Open
 - submit nomination(s) before August 1, 2019
<https://www.surveymonkey.com/r/AwardsWebsite2019>
- No update at this meeting from the State EMS Office.
- Website has not been updated, many documents no longer available via the website.

EMS Training Committee meetings proposed dates and locations:

- October 8-10 2019 Anchorage
- February 3-5 2020 TBD
- April 14-16 2020 OR May 4-6 2020 TBD

Association of Community Health Aide Program Directors Meeting Minutes

Location in-person: 4000 Ambassador Drive, Conference Room 3

Teleconference dial-in: 1-877-446-3914 **Passcode:** 934722#

September 24-25, 2019

8:30am-4:30pm

Attendance | Recorder: Leah Woolard, ANTHC | "X" means present

Voting Members					
Rebecca Coupchiak, BBAHC, <i>Chair</i>		Paula Ciniero, CATG	X	Cassandra Kroto, NVT	
Carolyn Craig, ANTHC, <i>Chair-Elect</i>	X	Joseph McMillan, EAT	X	Janet Mullen, Ninilchik Trad Council	
Carole Knuth, SEARHC, <i>Secretary</i>	X	Alicia Lynn Reft, KTC		Katrina A. for Glenn Sheehan, NSB	X
Crystal Stordahl, TCC, <i>Past Chair</i>	X	Lonnie Carter, KIC		Carol Charles, NSHC	X
Miranda Petruska, SCF, APIA	X	Siene Allen, KANA	X	Johnathan Lomack, Akiachak Native Community	
Lisa Wade, Chickaloon Village Trad Council		Kathryn Stalker-Kirk, Maniilaq	X	Curtis Summer, TTC	
Precious Billium, Chitina Trad Village Council		Vacant, Metlakatla		Eva Sensmeier, YTT	
Chris Diaz, Chugachmiut	X	Jody Hatch, MSTC		Asela Calhoun, YKHC	
Junior Tsinnie, CRNA	X	Grace Friendly, Native Village of Kwinhagak			X

Guests		
Leah Woolard, ANTHC	Jennifer Harrison, ANTHC Tribal Health Liasion	Dr. Mary Gwayi-Chore, Maniilaq
Shae Aliu, ANTHC	Gary Aker, TCC	ARC/RAC members: Dan Thomas, Elsie Dexter, Katherine Evon
Jean Rounds-Riley, ANTHC	Dr. David James & Dr. Martha Cotten, SCF	Charmaine Ramos, US Census Bureau
Ted Smith, ANTHC Emergency Preparedness	Terri Douglas, NSHC	Indigenous Canadian group-Les K., Tom, Tom S.
Zack Owens, ANTHC Clinical Informatics	Bonnie Bailey, State of Alaska	James Lesniak, ANTHC

Tuesday, September 24, 2019

Topic	Discussion	Action/Motion
Call to Order/Review agenda	Carolyn C. called meeting to order. Introductions were made around the table. The group reviewed the agenda.	MOTION: Crystal S. motioned to approve the agenda as amended. Siene A. 2 nd . Passed.
Review/Approve minutes	The group reviewed the AACHAPD May 21-22, 2019 minutes.	MOTION: Crystal S. motioned to approve the minutes as amended. Carole K. 2 nd . Passed.

Medication Assisted Therapy Jennifer Harrison	The ability to prescribe for Medication Assisted Therapy (MAT) through video teleconferencing was discussed. There was a federal and state restriction. Now you can go through federal as internet prescriber. Review from State Legislative Legal says CHA/P inside of scope of practice. This has opened the opportunity to update the CHAM to include MAT. CHA/P and patient would be on video teleconference with licensed provider in Anchorage. The Standards & Procedures would need to be amended. Need Clinical Directors support before moving forward; should schedule time on the agenda at their next meeting. Jennifer has a few names from clinical directors and is going to set up a task force meeting. Anyone that wants to attend it can contact Jennifer.	ACTION: ANTHC will email Jennifer's contact info to CHAP Directors. <i>Shae emailed her contact info on 10/1/19.</i>
Round Robin	Topic: <ul style="list-style-type: none"> Are there any issues to place on the agenda, success, challenges? <p>The following organizations participated in the discussion: ANTHC, APIA, Chugachmiut, CRNA, EAT, KANA, Maniilaq, NSB, NSHC, SCF, SEARHC, TCC, and YKHC.</p>	
2020 Meeting Dates	<ul style="list-style-type: none"> February 3 – 7, 2020 April 27-May 1, 2020 August 17-21, 2020 December 7-11, 2020 <p>New schedule for the meetings: Monday 8:30-12 pm Training Center Coordinators 1-4:30 pm ARC</p> <p>Tuesday 8:30-4:30 pm ARC</p> <p>Wednesday 8:30-10 am CHAM group 10 am-12 pm RAC 1-5 pm Joint meeting of CDs, ARC, and RAC</p> <p>Thursday 8:30-4:30 pm CHAP Directors Friday 8:30 am – 1 pm CHAP Directors</p>	
ARC	<ul style="list-style-type: none"> Chest Percussion – ARC made a recommendation that chest percussion be removed from problem specific exams and left in the reference. Training Center Medical Directors are in agreement. The CHAP Directors approved it and it will be presented to Medical 	MOTION: Asela C. motioned to approve removal of chest percussion from problem specific exams. Joseph M. 2 nd . Passed.

	<p>Directors at the December meeting. Then presented as notification to CHAPCB.</p> <ul style="list-style-type: none"> • TABE score – There was discussion on CHAP Directors support for moving the math level up to 8th grade. There was a vote and a majority of CHAP Directors present support it. Further discussion is tabled to Wednesday afternoon when Dan Thomas is present. 	<p>VOTE: There were 12 votes in support of moving math level up to 8th grade.</p>
Statewide Discussion	<ul style="list-style-type: none"> • CHAM – At the CHAPCB meeting, it was made clear ANTHC owns CHAM and is responsible for it. It's in the annual funding agreement with IHS. ANTHC Senior Leadership says we are responsible for making sure it's up to date and there is funding for it. We've applied for grants. CHAPCB says it needs to go further to include BHAM and DHAT. • SART exams – Senator Murkowski introduced a bill on SART exams that include health aides as providers that can be trained to do sexual assault exams. Legislative aide met with Carolyn. There are funds associated with the bill. It's a change in scope of practice. Right now just need to be thinking if you want health aides trained. • Sports PEs- How do CHAP Directors want sports PEs handled in the village? We have a file that is interpreted by a majority of CHAP Directors to mean it is not legal for CHA/Ps to do them. Medicaid won't pay for them; they pay for well child exams. There might need to be a change in the Standards. In 1996, IHS wrote letters regarding Sports PEs. We need more research on the laws. CHAP Directors would like IHS Legal to look at this issue again. • Verbal Orders for Medications- If a health aide calls in for verbal orders if EHR is down and it's not an emergency. For whatever reason, there is no documentation at the moment. Dr. James says they test for this during preceptorship – health aide writes down the order, verbally tells the order back to Dr. ANMC policy has a list of who can take verbal orders and health aides aren't on the list. RASU has also implemented that policy. This issue is focused more on dispensing medications. Dr. Cotten will follow up with Dr. Galbreath on issue. 	<p>ACTION: ANTHC will email IHS letters regarding Sports PEs to CHAP Directors. <i>Shae emailed the letters on 9/24/19.</i></p>
CHAP Directors Initiatives	<ul style="list-style-type: none"> • Competency – CHAP Directors worked on a generic document on competency in 2/19. CHAP Directors would like to move forward with competency testing every 2 years. Would like a recommendation on what skills to use. CHAP Directors will send 2-3 names to Shae/Carolyn to send a survey on skills for competency testing. • Grading – This is on hold until Katie Baraki is available. 	<p>ACTION: ANTHC will send out a survey to identified individuals on skills for competency testing. <i>Shae sent out email requesting names on 10/1/19.</i> <i>Survey sent on 10/2/19</i></p>

Wednesday, September 25, 2019

Topic	Discussion	Action/Motion
Call to Order/Announcements	Meeting was called to order.	
2020 Census Charmaine Ramos	Refer to Powerpoint. Toksook Bay will be first counted in the Nation. The census self-respond will start March 12, 2020 by internet, phone, paper form or traditional in-person interview. They will send an invitation to respond online to the 2020 census between March 12-20. Reminder letters will follow if no response through April 27 before they will follow up in person.	
Emergency Emotional Trauma Support Ted Smith	They had an Emotional Trauma Life Support class on May 22-23, 2019. It went over processes as a responder and what stress is doing to body and mind, followed by how to manage stress. Carol attended and says health aides are different than EMS providers and suggested creating a class that is relevant to what health aides. Ole Carrillo is interested in working with them on that and will contact Ted. There are no upcoming ETLS classes scheduled yet.	
Recredentialing/ Credentialing Carolyn Craig	ARC approved the changes to Recredentialing/Credentialing document. CHAP Directors were fine with changing the hours and patient encounters. They would like the title of document changed. Carolyn will work on revising the document and send the red-line version to CHAP Directors for electronic approval.	MOTION: Siene A. motioned to remove “recredentialing/ credentialing” and replace with “qualified as preceptorship or practitioner status.” Crystal S. 2 nd . Asela C. abstained. Passed. ACTION: CHAP Statewide services will revise the document and send it back to CHAP Directors via electronic vote.
Indigenous Canadian Group	The visitors from Canada had a Q&A session with CHAP Directors.	
Statewide Services Report	<ul style="list-style-type: none"> Cerner – James Lesniak & Zack Owen Zack did an abbreviated Dyna doc demo of options. 1) Question embedded in the document or 2) nothing embedded in the document and allow free text response in certain fields. He showed functionality of how it works. Playbooks – workflow end page that is part of a group. They put them in the order that the visit occurs. 	

	<p>Data entry - there are options of free text or autotext; everything is flexible. Chief complaint is required. Do things once and it moves to the next item. All historical items are listed. Next part is for intake – vital signs. Can create a specific form for CHAs. There is auto save functionality. When ready to sign the note, click on visit link and the note is built. Images can be uploaded from computer or by mobile phone. They are hoping to get it released by end of the year. It will be free to use for all THOs. If you want to pre-define auto text, it's going to take awhile. Then there will be time for education. If CHAP Directors make a decision on option, let James know.</p> <ul style="list-style-type: none"> • eCHAM – Jean Rounds-Riley & Tasha Hotch Revisions Currently in Process: • Medicine conversion to metric (October 2019) <ul style="list-style-type: none"> o Revise all pound references in CHAM to kg and inches to cm • Immunizations Patient Encounter (October 2019) • Medicine Patient Education (December 2019) <ul style="list-style-type: none"> o Contract Negotiations with Safe Medication: http://www.safemedication.com/ <p>Metric conversion – medicines are in. They found some inconsistencies that they're working on. They are waiting for some EHRs to be updated.</p> <p>Medicine Patient Education – looking to do a contract with SafeMed so we can use their patient education for medicines.</p> <p>Immunizations – included in preventive care visit, added to patient care table of contents other topics for patient care, and leave it in immunizations where it has been.</p> <p>Palliative Care – Revised end of life comfort care. It's not in QA; it's in a google doc form. Anyone interested in reviewing it and giving feedback, contact Jean.</p>	
<p>EMS Report Jean Rounds-Riley</p>	<p>Below are EMS Training Committee proposed meeting dates and locations:</p> <ul style="list-style-type: none"> • October 8-10, 2019 Anchorage • February 3-5, 2020 TBD • April 14-16, 2020 or May 4-6, 2020 TBD • Emergency chapter – issue when people send patient to ANMC, it is hard to retrieve emergency equipment. Jennifer Harrison agreed 	

	<p>to assist with chapter. Gary Aker, Carole Knuth, Katie Stalker-Kirk can help.</p> <ul style="list-style-type: none"> Jean is retiring at the end of year and will probably work PT in the future. CHAP Directors decides who the CHAP representative is. CHAP Directors will need to notify EMS on who will fill the seat. Jean recommends Lucy Bragg. EMS regulations changes – see State of Alaska EMS website for changes. Jean will get more information at next meeting. 	
ARC/RAC Report	<p>See attached ARC & RAC Reports.</p> <p>TABE – Dan has done evaluations for the past 20 years. He says TABE scores should be at the 8th grade level for patient safety. CHAPCB Standards have TABE scores for math at 6th grade level. THOs can increase it at their own organization but not across the board. In the past, this issue went to CHAPCB for approval. They kicked it back to ARC because they needed data. Carolyn says ANTHC can look into this.</p>	<p>ACTION: ANTHC will send out a survey to THOs on what TABE levels they require to hire a new CHAP.</p> <p><i>Shae sent out a survey on 10/2/19.</i></p>
Nationalization Crystal Stordahl	<p>The IHS letter and draft policy with request for comments went out this summer. IHS received 263 comments. The policy was finalized written by IHS with input from the Tribal Advisory Group (TAG). They ended up with 6 different footnotes “agree to disagree” at end of the policy. IHS says there must be a certification board in place before the programs are implemented. IHS hasn’t looked at comments. TAG says they can help IHS interpret comments. They met in September and TAG is drafting a letter about the meeting.</p>	
CHAPCB Report Miranda Petruska	<p>The CHAPCB was meeting on September 11-12, 2019. The next CHAPCB meetings are on February 11-12, 2020 and June 2-3, 2020.</p> <ul style="list-style-type: none"> Portland Area – want to call their health aides tribal community health providers. ANTHC responsible for maintenance/funding of eCHAM. CE logs- There were lots of questions on CEs. Limit them to the past 2 years and a description of class (ask CHAP Director to review). Applications – need to be signed and they accept e-signatures but has to be actual signatures. Certificates to look different for non-passing students than passing students, recommend putting CE hours on certificate. 	
Adjourn		<p>Crystal S. motioned to adjourn. Siene A. 2nd. Passed.</p>

Attachments:

ARC Report to AACHAPD (from 5/23-24/19 Meeting)

RAC Report to AACHAPD (from 5/23-24/19 Meeting)

Items for which we **request CD action** are:

1. ARC requests that CHAP Directors approve the ARC proposal to change the Basic Training admission requirement from a minimum 6th grade **math TABE score to 8th grade**. This will require a change in CHAPCB Standard 5.10.040(a) Qualifications for Trainees and Application Process. See the recommended wording change in yellow in the Standards below:
2. **Sec. 5.10.040. Trainees Selection Process.**
3. 31
4. **32 (a) Qualifications for Trainees and Application Process.** The CHA/P Training Center will
5. 33 have a policy for selection of trainees. The selection process will include requiring applicants for trainee
6. 34 slots to file a completed statewide application form recommended no less than four weeks prior to the
7. 35 start of the training session, unless extraordinary circumstances are present. The policy for selection must
8. 36 include requirements that the training applicants have no less than **EIGHTH grade math and sixth grade reading skills** and
9. 37 that they have completed Pre-Session, unless the applicant satisfies one of the exceptions to these
10. 38 requirements adopted under section 5.10.040(c) [trainees selection process; exceptions].

When this change was last requested following the February CHAP meetings, CHAP Directors requested some data to support this proposal. In May the other training centers did not have this data available, but Dan Thomas presented the following information from the NSHC training center (email in yellow highlight below):

5/21/19 Fellow ARC members,

I did a little digging and found the following information to support our desire to have the math TABE requirement for entry into Basic Training be increased from 6th grade to 8th grade. These TABE scores were for all the students who either failed a Session at NSHC (or got an Incomplete) because of math difficulties during the years 2011-2018 (specifically, very basic CHA math that they need to safely give medicines):

TABE scores

Math	Reading
8.9	9.0
7.05	8.3
8.3	9.9+
6.2	9.9+
6.45	7.4
7.6	9.9
5.85	7.8

In addition, we had three out of region students who failed/got an Incomplete because of math for whom no TABE test score is available (either the testing was never provided or I don't have the academic record now).

In February ARC agreed that a TABE test score of sixth grade in math almost always means the student will not succeed, the main concern being safety with administration of medicine to patients.

ARC discussed this issue further and modified its previous proposal to require 8th grade TABE scores in math but keep the reading requirement at 6th grade level, the argument being that an 8th grade level in reading was less important to CHA practice than it is for math and might exclude applicants with potential to be successful Health Aides. This was approved by an ARC vote of 4 to 2, the YKHC dissenters preferring to require 8th grade level for reading also.

If CHAP Directors supports this concept, ARC will prepare the formal proposal to present to CHAPCB and bring it back to CDs for their review and approval.

Other projects we worked on included:

1. ARC is in agreement that chest percussion should be removed from the CHAM problem specific exams, for the following reasons:
 - a. It is not in the Basic Training Curriculum and as a result is not being consistently taught in all the training centers. It is not a skill listed in the CHAPCB Standards.
 - b. The majority opinion of ARC members and training center instructors is that it is a difficult skill to master, is not mastered by most Health Aides, and as such the findings as done by a Health Aide would not be helpful to a referral provider in determining the proper care of a patient .
 - c. A Survey Monkey survey of Health Aides following the February meeting asked this question:
The CHAM directs a CHA to perform chest percussion in Respiratory Illness exam, minor chest injury exam, and mild shortness of breath exam, and chest pain non-trauma emergency section. In your experience, do health aides do chest percussion for these exams? ...84 respondents. Answers:...Yes: 42.86%, No: 57.14%.....
 - d. A Survey Monkey survey of providers asked this question:
Currently, the CHAM directs the CHA to perform chest percussion when seeing a patient with a respiratory illness (if abnormal lung sounds), minor shortness of breath, minor chest injury, and non-trauma chest pain.-Do you think CHAs should perform chest percussion? ...48 respondents. Answers:...Yes: 37.50%, No: 62.50%.....
 - e. A Survey Monkey survey of providers asked this question: Would you change your plan of care for a patient based on the CHA's chest percussion findings? ...47 respondents. Answers:...Yes: 27.66%, No: 72.34%.....
 - f. The four training center Medical Directors have been asked to give their recommendation and hopefully will have that ready for CHAP Director consideration by the September meeting.

Although a minority, there are a few respected providers associated with the CHAP program that feel that chest percussion is a skill that Health Aides can learn adequately and which can aid in evaluation of a patient and should therefore be taught and kept in the CHAM problem specific exams. This is a controversial issue, and therefore ARC is bringing the issue and the information to CDs for a decision on whether chest percussion should be removed from the aforementioned CHAM exams or should it be added to the Curriculum and taught in Basic Training.

2. Reduction of Units Work by the training centers and UAF/CHAP liaison continued on Curriculum units, finalizing Circulatory, Digestive, and Ear and improving the Respiratory unit template.
3. The field members continued work on a manual for Field Training Duties and Orientation.
4. Credentialing/Recredentialing Guidelines Carolyn and the training centers are drafting a revision of these guidelines to change and clarify some of the requirements and simplify the document. Once approved by ARC, it will be brought to CDs.
5. New Chair Elect Katherine Evon was elected ARC Chair Elect. Elsie Dexter will continue as Chair.

Next ARC agenda: possible topics:

1. Further Curriculum revision work on the rest of the body system/HEAP units.
2. Revision of additional units that have HEAP sections in the CHAM (Prenatal, Well Child).
3. Revision of the Mental Health Emergency unit, with attention to the restraints issue.
4. Possible removal of the CLIA learning objectives from the lab test units.
5. Math:
 - A. If supported by CDs, draft a proposal to CHAPCB to change the TABE score requirements for math, with data from training centers to support it.
 - B. Consider revision of the Medical Math Checklist
 - C. Development of new math assessment and remediation tools.
6. Further work on a manual for Field Training Duties & Orientation.
7. Further work with APU on grading tools and process for field and TC portions of Basic Training.

RAC report to CHAP Directors September 2019

By Faith Walsh, Chair

Items that require action by CHAP Directors:

- a. Follow up on AACHAPD action items – No one is using the AFHCAN PEF.
- b. The next CHAPCB meeting is June 12-14. Need to see if proposed changes to Standards for CHP as Instructor is on their agenda. RAC is requesting that CHAPCB send their meeting agenda to RAC & ARC.

Meeting: Thursday May 23rd, 2019: 8:30am-10am

1. Review of Minutes: Approved.

2. Review membership update:

Crystal Stordahl & Megan Moser terms expired on 12/18. CHAP Directors reappointed Crystal Stordahl to RAC. CHAP Directors appointed Sheri Thomas to RAC to replace Megan Moser. Add the member's credentials to the membership list.

3. New Business:

- Complete TC annual RAC requirements review process.
A copy of the summary goes to the RAC Chair. Chair sends a letter of RAC approval of the Self Evaluation to the TC Coordinators, CD Chair, and the RAC archives.
 - NSHC reviewed TCC- No issues.
 - TCC reviewed NSHC – No issues,
 - ANTHC reviewed YKHC – No issues.
 - YKHC reviewed ANTHC- One typo on attrition report. No issues.
- The summary and Self Evaluation documents go to ANTHC CHAP Statewide Services to be archived.
- Site Review Team meeting: No site review this year.
- Chair sends a letter of RAC approval of the annual RAC requirements reviews to the TC Coordinators, CD Chair, and the RAC archives.
- Training Center Site Review Quinquennial Schedule
 - TCC FY 2020
 - NSHC FY 2021
 - YKHC FY 2022

Sent out thank-you letter to supervisors of RAC members, cc to RAC members

4. Old Business:

None

Association of Community Health Aide Program Directors Meeting Minutes

Location in-person: 4000 Ambassador Drive, Conference Room 4

Teleconference dial-in: 1-877-446-3914 **Passcode:** 934722#

December 4-6, 2019

Attendance | Recorder: Leah Woolard, ANTHC | "X" means present

Voting Members					
Rebecca Coupchiak, BBAHC, <i>Chair</i>	X	Paula Ciniero, CATG	X	Cassandra Kroto, NVT	
Carolyn Craig, ANTHC, <i>Chair-Elect</i>	X	Joseph McMillan, EAT	X	Janet Mullen, Ninilchik Trad Council	
Carole Knuth, SEARHC, <i>Secretary</i>	X	Alicia Lynn Reft, KTC		Glenn Sheehan, NSB	X
Crystal Stordahl, TCC, <i>Past Chair</i>	T	Lonnie Carter, KIC		Carol Charles, NSHC	
Miranda Petruska, SCF, APIA	X	Siene Allen, KANA	X	Johnathan Lomack, Akiachak Native Community	
Lisa Wade, Chickaloon Village Trad Council		Kathryn Stalker-Kirk, Maniilaq	X	Curtis Sommer, TTC	
Mary for Precious Billium, Chitna Trad Village Council	T	Vacant, Metlakatla		Eva Sensmeier, YTT	
Chris Diaz, Chugachmiut	T	Jody Hatch, MSTC	X	Asela Calhoun, YKHC	X
Junior Tsinnie, CRNA	X	Grace Friendly, Native Village of Kwinhagak			

Guests		
Jean Rounds-Riley, James Lesniak, Lucy Bragg Tasha Hotch, Leah Woolard, ANTHC	Jennifer Harrison, ANTHC Tribal Health Liasion	ARC/RAC members: Dan Thomas, Elsie Dexter, Katherine Evon, Faith Walsh, Shawna Wilson, Jessie Judy
Dr. Martha Cotten, SCF		

Wednesday, December 4, 2019

Topic	Discussion	Action/Motion
Call to Order/Review agenda	Rebecca C. called meeting to order. Introductions were made around the table. The group reviewed the agenda.	MOTION: Glenn S. motioned to approve the agenda as amended. Siene A. 2 nd . Passed.
Statewide Services Report Carolyn Craig	<ul style="list-style-type: none"> ANTHC Training Center - Shae Aliu left CHAP; they're going to look at moving staff around. For the training center, they may decrease training to work on the CHAM. If any THO wants to volunteer to work on the CHAM, contact Jean. 	

James Lesniak	<ul style="list-style-type: none"> • Cerner - Zack gave a demo on Dyna at the last meeting. Since then, 2 SCF CHAs are working on a pilot for the last 3 weeks. They are writing notes on what can be improved and sending them to Zack. James will meet with Zack next week. The week after, a larger group will use it. 12-15 people including Lucy & John Bragg, CHPs will use it for a month. Once the larger group works on it for 3 weeks, they can move everyone in by end of Feb 2020. Future plans are creating a set of ICD10 codes so they're consistent. And creation of order sets attached to each assessment. 	
Tasha Hotch & Jean Rounds-Riley	<ul style="list-style-type: none"> • eCHAM – <ul style="list-style-type: none"> ○ Turning off Emergency Field Handbook-hasn't been updated in 5 years. May turn it off until it's updated. No one at CHAA meeting has been using it. Jean doesn't think we need to recall the spiral bound books. The workgroup is revising the Emergency chapter. ○ Healthy Homes Reference - Public Health initiative-they're not sure where to put it in the CHAM yet. ○ IV Supplies ○ Suggestions for Rollout/Communication-for big revisions, they allow more time. For metric, it was 2-3 months. For smaller revisions, they give 2 weeks. ○ Palliative Care- At the last meeting, they asked THOs to review the chapter. SEARCH reviewed it. Kyle can send another reminder email to THOs. ○ STDs: Screening/Treatment/Partner Treatment-Working on revising female reproductive visit. Thinking of putting another section on STI screenings. ○ Scenarios for navigating the CHAM with questions/answers – would like them posted on the website. 2 versions-one with answers and one without. • CHAA – See attached report. 	
EMS Report Jean Rounds-Riley	<p>See attached report. Below are EMS Training Committee proposed meeting dates and locations:</p> <ul style="list-style-type: none"> • February 3-5, 2020 Juneau • April 14-16, 2020 or May 4-6, 2020 TBD 	

	<ul style="list-style-type: none"> September 29 – October 1, 2020 Anchorage 	
ARC/RAC Reports	<p>See attached reports.</p> <ul style="list-style-type: none"> POC - The proposal that the performance of CLIA POC tests be removed from the Basic Training Curriculum as the test should be taught by the regional POC programs. Aspects of the tests other than the actual technical performance of the tests would still be taught. We request that CHAP Directors discuss this proposal and provide direction to ARC. Unit 20c Mental Health Emergency - ARC approved a revision to remove the teaching of restraints to Health Aides and add a note to the instructor that the use of physical restraints is not taught or recommended for Health Aides. We request that CHAP Directors give their approval to this statement. CHAP Directors suggested saying “are generally not recommended” rather than “are not recommended.” CHAP Directors agree to add the note that it is not taught in basic training. Re-entry/Renewal in the CHAP Standards- ARC has drafted a proposed amendment to Standard Sec. 2.50.200 “Requirements for Renewal” which gives the requirements for re-entry. The amendment will change the time requirements that the Health Aide will need to be employed for a minimum of 80 direct patient care hours and have seen a minimum of 20 patients to avoid a re-entry evaluation. We request that CHAP directors review this draft and approve or provide direction to ARC. CHAP Directors would like to add a checkbox to it with an explanation. ARC list of non-approved CE - The TC coordinators/CE Review Committee will produce a list of general categories of non-approved CE with justification. TABE – They’re setting this aside because ANTHC doesn’t have enough data to support it. 	<p>MOTION: Asela C. motioned to approve amendment to Standard Sec 2.50.200 “Requirements for Renewal.” Glenn S. 2nd. Passed.</p> <p>ACTION: The amendment to Standard Sec 2.50.200 will go to CHAPCB for review and approval. Ask Ella to make the changes.</p> <p>MOTION: Martha C. motioned that CHA/Ps should receive CE for formalized training required for the performance of their job on a day to day basis. Passed.</p> <p>MOTION: Asela C. motioned to recommend to CHAPCB to amend the CME language in the Standards to allow more</p>

		meaningful CME offerings to CHA/PS. Siene A. 2 nd . Passed. ACTION: These will go to CHAPCB for consideration.
Nationalization Crystal Stordahl	TAG wrote a letter to IHS to look at comments on the draft policy. TAG hasn't hear anything since September. IHS has an interim policy. 3 requests: 1) finish policy, 2) request from CHAPCB to interact with other IHS organizations, and 3) Portland Area-be considered for a demo project that would alleviate their processes to allow their health aides to become legitimate.	
CHAPCB Report	The CHAPCB was meeting on September 11-12, 2019. The next CHAPCB meetings are on February 11-12, 2020 and June 2-3, 2020.	

Thursday, December 5, 2019

Topic	Discussion	Action/Motion
Call to Order/Announcements	Meeting was called to order.	
Review/Approve minutes	The group reviewed the AACHAPD September 24-25, 2019 minutes.	MOTION: Siene A. motioned to approve the minutes. Paula C. 2 nd . Passed.
Round Robin	<p>Topic:</p> <ul style="list-style-type: none"> What are your program successes? What are some program challenges and how have you overcome or addressed these challenges? <p>The following organizations participated in the discussion: ANTHC, APIA, CATG, Chugachmiut, CRNA, EAT, KANA, Maniilaq, NSB, NSHC, SCF, and YKHC.</p>	
RAC Items	<ul style="list-style-type: none"> CHAP Directors approved the updated RAC Bylaws. TC Annual RAC Requirements review was amended and sent to CHAP Directors on 12/4 for review only. 	<p>MOTION: Siene A. motioned to approve the RAC Bylaws as amended. Asela C. 2nd. Passed.</p> <p>ACTION: RAC Bylaws to be posted on akchap.org. Leah posted on 12/17/19.</p>

Elections	<p>RAC Members – Siene Allen & Rebecca Coupchiak’s seats are expiring 12/2019. CHAP Directors renewed their seats for another term expiring 12/2022.</p> <p>EMS Training Committee Representative – CHAP Directors appointed Lucy Bragg to the seat.</p>	<p>MOTION: Carolyn C. motioned to appoint Lucy Bragg as EMS Training Committee Representative. Passed.</p>
<p>Medication Assisted Therapy Jennifer Harrison</p>	<p>The ability to prescribe for Medication Assisted Therapy (MAT) through video teleconferencing was discussed. 3 THOs are interested in the pilot project: KANA, SCF, EAT. They will be meeting Monday, Dec. 9 at 10:30 am.</p>	
CHAP Directors Initiatives	<p>CHP Competency – It was decided to leave the Preceptorship Critical Skills List as is at every 6 years to be signed off by a mid-level. Do the checklist every 2 years, can be signed off by CHP. Create a Bi-annual CHP Competency Evaluation using the Preceptorship Critical Skills List as a template. See attached CHP Competency Bi-annual Review Instructions.</p>	<p>MOTION: Siene A. motioned to adopt the Bi-annual CHP Competency Evaluation to be used as a 2-year skills list. The 2-year list can be signed off by CHP, 6-year list signed off by mid-level. Asela C. 2nd. Passed.</p>
<p>Preceptorship Guidelines Carolyn Craig</p>	<p>CHAP Directors approved the Preceptorship Guidelines.</p>	<p>MOTION: Asela C. motioned to approve Preceptorship Guidelines as amended. Jody H. 2nd. Passed.</p> <p>ACTION: Preceptorship Guidelines to be posted on akchap.org. Leah posted on 12/17/19.</p>

Thursday, December 5, 2019

Call to Order/Announcements	<p>Meeting was called to order.</p>	
Title Change	<p>CHAP Directors would like to change the title “Community Health Aides.” A proposal with a few different names could be sent to CHAPCB for</p>	<p>ACTION: ANTHC will send a survey to CHAP Directors and</p>

	consideration. Some suggestions are Tribal Community Health Provider and Rural Community Health Provider.	CHA/Ps, asking if they want a title change and any suggestions.
Other Topics	<ul style="list-style-type: none"> • CHAP Forum – It is scheduled the week of April 6-10, 2020. John & Lucy Bragg will be organizing it. • Statewide Training Needs List – ANTHC requests it from CHAP Directors quarterly. It was suggested to send them the last list they submitted, asking for any updates. • ANTHC Training Sessions – It was suggested not having the same form for every session. Needs to go to ARC to change the form process so they don't repeat paperwork. • CHAP Directors would like more advance notice on upcoming trainings. 	ACTION: ANTHC will send CHAP Directors the last Statewide Training Needs List asking for updates. <i>Leah sent it to CHAP Directors on 12/17.</i>
Next meeting Agenda Topics	<ul style="list-style-type: none"> • Request to have more presenters. <ul style="list-style-type: none"> ○ State Of Alaska – update on Medicaid billing & coding ○ Nationalization – Dr. Onders ○ Clinical Maintenance, IHS Form, Environmental Report – Brian Berube ○ Traumatic Brain Scope ○ ANTHC Burn and Soft Tissue ECHO-Dr. Brownson ○ MAT – Jennifer Harrison • Types of visits CHA/Ps are seeing patients in the villages. EHR-should be a way to pull encounters. We should look at the past 2 years. 	ACTION: CHAP Directors would like a copy of the Medicaid billing list. Carolyn will request the list.
Adjourn		Glenn S. motioned to adjourn. Passed.

Attachments:
eCHAM Report
EMS Report
CHAA Report
ARC Report to AACHAPD (from 9/19 & 12/19 Meetings)
RAC Report to AACHAPD (from 9/19 Meeting)
CHP Competency Bi-annual Review Instructions

Revisions last Quarter

- Medicine Conversion to Metric (October 2019)
- Immunization Encounter (November 2019)

Revisions Planned for 2020

- Medicine Patient Education
- Female Reproductive
- IV Section
- Emergency
- Behavioral Health
- Atypical Visits

Core Competencies Training

- Online training is offered online every other month.
- Trainings are posted online on www.akchap.org in the calendar, and in the CHAM Section
- How to videos are online at www.akchap.org and on YouTube.
- In person training, and on-request online training with two weeks' notice preferred.
- REMINDER: Core Competencies List can be signed off by whomever program designates to sign off that the skills have been demonstrated.
- eCHAM Program Manager is available to travel to regions to provide in person training

iCHAM Reminder

Current hardware and software information available at www.akchap.org > CHAM > Product Requirements. Older versions of the iCHAM do not automatically update.

CHAM Revision Groups

- Advisory Group
- Training Center Medical Directors
- Emergency Chapter
 - Face-to-face meeting (December 2019)

Discussion

- Turning Off Emergency Field Handbook
- Healthy Homes Reference (attachment)
- IV Supplies
- Suggestions for Rollout/Communication
- Palliative Care
- STDs: Screening/Treatment/Partner Treatment

Healthy Homes for eCHAM

Rural communities face a range of air quality and environmental challenges. People spend the majority of time indoors, even more in the winter. This makes indoor air quality and the reduction of pollutants in the home even more important. Common air quality concerns include solid waste burning, smoke, road dust, and mold. Indoor air pollutants can come from the off-gassing of Volatile Organic Compounds (VOCs) from chemicals and engines within the home, household cleaners, and contaminants tracked into the home, among others. Babies, young children, elders, and people with compromised respiratory systems are at greater risk of irritation and respiratory illness from poor indoor air quality and indoor pollutants.

Irritation from indoor air quality and indoor pollutants can present itself in many different ways, including cough, cold, allergic reaction, sinus issues, asthma attacks, and general breathing problems.

Poor indoor air quality and indoor air pollutants can come from:

- Environmental Tobacco Smoke (secondhand smoke)
 - When one person smokes in the home, others within the vicinity will inhale the smoke as well. Exposure to tobacco smoke can lead to lung irritation and lung cancer.
Solution: Take all smoking outside, or quit if possible. If smoking outside, do so away from the building fresh air intake.
- Mold:
 - Mold is a moisture problem. A relative humidity of more than 50% can facilitate mold growth. Ideally, humidity should be between 30-50% inside the home. Mold spores can irritate the lungs, especially those with a compromised respiratory system.
 - Mold spores irritate the lungs and can lead to structural damage to the home if not addressed.
Solution: Wipe up moisture whenever you can and install a hygrometer – a device that measures relative humidity, in your home so that you can track relative humidity. Be sure to increase air exchange through the outside vents when humidity is over 50% in the home. Also, prevent high humidity levels by turning on ventilation when showering and cooking. If you do have visible mold, clean it up immediately remembering to wear an N-95 mask if available to protect your respiratory system from mold spores. Vinegar is an effective cleaning agent. Do not use bleach to remove mold. It does not kill mold, only discolors it.

Call out box: If you have mechanical ventilation system in your home, ask a contractor to ensure it is balanced, or that the volume of fresh air that is brought into a house is the same as the volume of stale air that is exhausted. A balanced ventilation system prevents combustion appliances, such as wood stoves, from backdrafting exhaust into a home. Some balanced ventilation systems, such as heat recovery ventilators (HRVs) also have a feature to recover some of the heat from a home that otherwise would be lost, saving money on heating costs.

- Woodstoves:
 - If stoves are not maintained and are not burning dry wood, the combustion of the fire produces small particles that can cause headaches, irritate the eyes and throat, and lead to respiratory and heart problems.
 - Burn wood that is dry. This usually means that the wood has been split, stacked and stored in a dry area for at least 6 months. Wet wood means more smoke and larger particles that can lodge themselves in the lungs.
Solution: Maintain your woodstove. The stove should vent outside and have a sealed interior door. Clean your stove and chimney often - definitely before winter - and make sure smoke is ventilated outside. Prepare for winter early by splitting, stacking and storing wood in a sheltered place so it dries before winter. Burn dry wood.
- Cooking
 - Cooking anything on a stovetop can produce small particles that can irritate or damage the lungs and increase relative humidity in the house.
 - Solution: Turn on ventilation fans and the range hood anytime you use the stovetop to cycle the particles out of your home and make sure the moistures isn't settling in one place.
- Household cleaners
 - Household cleaners, while effective, could have harsh chemicals that will irritate sensitive lungs, and can off-gas VOCs.
Solution: Green cleaning! Green cleaning products are effective, cheaper, and gentler on lungs than mainstream cleaning products. Baking soda, white vinegar, borax and castile soap are cleaning agents that won't have a negative effect on lungs. The Household Products Database contains information on the health and safety of different products.
- Engine parts and fuel brought into homes
 - When machine parts are brought into the home, volatile organic compounds (VOCs) can off-gas. If ventilation is poor in the house, VOCs will remain in the home in higher concentrations, which can lead to headaches, eye, nose and throat irritation, and in some severe cases, cancer.
Solution: Work on machine parts outside the home or in a well-ventilated garage area where they will not have a direct health impact on people.

- Pets and pests
 - Pets have dander, which can irritate lungs. Pests like mice and insects bring disease with them and can also be allergens.
Solution: Keep pets outside or at least outside of sleeping areas. Make sure to clean the pet regularly.
- Contaminants we track into the home
Solution: Start a shoes-off policy so that anything on shoes is not tracked into the home. Wash clothes that have been used to work on machine parts, or keep them stored outside the living space.

Questions to diagnose environment-related health issues:

- Have you been hospitalized for respiratory illness in the past?
 - If so, the person's respiratory system (especially if young) may have been compromised, increasing the likelihood for lungs to be irritated. Removing sources of irritation in the home will be helpful.
- Does your family burn anything other than dry wood in the woodstove?
 - Burning other materials can lead to increased smoke and other unhealthy particulates persisting in living spaces. Irritation could occur.
- Do you have working ventilation (vents/fans)?
 - If ventilation is working, pollutants in the air could either be exhausted from the house or diluted in the house. Indoor air quality will likely improve through the use of ventilation.
- Do you use ventilation systems?
 - What kind of ventilation do you have? —a mechanized system that moves air throughout the house using vents and fans is most effective.
 - How often do you use their ventilation system?—should be using it throughout the year so that air can be cycled through the home. You should also turn on fans when cooking and showering.
- Do any pets sleep in the same room as you?
 - Dander and other particulates can be carried in the home by a pet. Both can irritate the lungs.
- Any visible mold or moisture in your home?
 - Mold is a moisture problem. Manage the moisture by wiping it up with a dry cloth whenever you see it, and by ventilating consistently. When moisture is consistently in one spot, mold could grow.
- Is your main heating source working well? Has it been maintained recently?
 - Heating sources can backdraft and off-gas into the home if not maintained properly or recently
- Do you work on any engine/machine parts inside the home?
 - Engines and fuel will off-gas and can leak VOCs into the home.

Resources

1. Many organizations in Alaska can help diagnose indoor air quality issues and point homeowners to solutions.
 - a. ANTHC Healthy Homes Program!
 - b. Cold Climate Housing Research Center: CCHRC staff can answer questions about indoor air quality and discuss activities to help improve indoor air. Our website is www.cchrc.org or call 907-457-3454.
 - c. The American Lung Association of Alaska has resources to help people quit smoking, improve indoor air, and manage respiratory health. They have offices in Anchorage (907-644-6400), Wasilla (907-891-7445), and Fairbanks (907-891-7451).
 - d. Local housing authorities may be able to help with installing or repairing ventilation systems in homes.
 - e. The Environmental Protection Agency has a website on [Indoor Air Quality](#). The website will take readers on a house tour to learn how to improve indoor air room by room.

****Written by the Healthy Homes Program at ANTHC with the help of Cold Climate Housing Research Center**

Report to CHAP Directors & ARC
EMS Training Committee Meeting Oct 1 2019-Oct 3, 2019
Submitted by Jean Rounds-Riley, PA-C 11/20/19

Regulations changes:

- New regulations effective 8/2019, see: <http://dhss.alaska.gov/dph/Emergency/Pages/ems/default.aspx>
 - State Office said it would take several months to post the actual revised regulations
 - The Implementation Task Force meets every other week on details of implementation of new scope.
 - Anticipate implementation/roll-out new scope: EMT 1: 12/2022, EMT 2 & 3: 3/2023
 - Once the EMS Scope of Practice is finalized, I suggest CHAP look at CHAP Curriculum and CHAM to consider possible changes for CHA/P scope as well.
 - E.g. advanced airway (with medical direction), IOs, some IV drugs
 - There will be courses to transition EMT instructors and responders to the new Scope of Practice.
 - Until EMT takes a transition course, they will continue to practice within prior scope
 - EXCEPT: as of 9/23/19: EMT2 and EMT3 may NO LONGER do endotracheal intubation.
 - Many details formerly in Regulation are being moved to a "Guide for EMS Education, Certification and Licensure in Alaska" (GECLA). This is intended to combine the prior publications: "Guide for EMTs" and "Certifying Officer Manual", and be easier to update than current Regulations.

EMS Training and CME:

- YKHC <https://www.ykhc.org>
 - Tried hybrid EMT-1 course: technical challenges. Partnered with Fire Dept. Will continue to refine.
 - YK interested in exploring having CHA/Ps see patients in out-patient clinic (as staff, not just training)
- Interior Region iremsc.org Symposium will be March 25-28, 2020 in Fairbanks
 - Doing some ETT classes in villages. Teaching online MOI course
 - Hoping to start CME webinars soon (see website for details)
- NSHC: Recent EMT-2 and EMT-3 classes with CHAs. Dilemma: can push meds w/in scope for EMT-2 and 3, but not w/in CHAP scope.—suggests CHAP review pros/cons
- Southern Region EMS: www.sremsc.org
 - Symposium: Pre-symposium October 29-30 Symposium Oct 31-Nov 1 At Captain Cook
 - Keynote speaker: Randolph Mantooth (aka John Gage of "Emergency" 1970s show)
 - Next year Symposium will combine with Hale Borealis conference
 - Live monthly free CME —see their website for details
- NSB: Goal of EMT classes in all villages, interested in hybrid classes (connectivity & staffing issues)
- Southeast Region <https://www.serems.org> EMS Symposium 3/2020 on Prince of Wales Island
 - Reviewing and revising ETT objectives
 - Working on on-line ETT. Hoping to pilot Fall 2019
- Effective 12/2021, The State is basing future CME guidelines on the National Registry for EMTs "National Continued Competency Program (NCCP). <https://www.nremt.org/rwd/public/document/nccp>
 - At the EMT level, Require 40 hours: 20 must relate to national guidelines, 10 State/local level, 10 Individual. (and roughly 70% of these can be "distributive"—distance)
 - These more prescribed requirements could easily be met with refresher courses; maybe we will see more of these offered again.

State:

- Looking at 15 min single testing scenario (EMT-1, 2, 3), rather than skill stations (As National Registry does for paramedic, and other states are doing at EMT level). Details still to be worked out.
 - Would emphasize integration of skills, rather than performance of discrete skills
 - (similar to what CHAP training centers do with Practical Exams)
 - People think this better prepares responders for critical thinking in the field
 - These would be videotaped, and State make pass/fail decision
 - Considered more efficient for each EMT and more uniform testing
 - Skills portfolio and check off and written tests could be done in training classes

EMS Training Committee meetings proposed dates and locations:

- February 3-5 2020 Juneau
- April 14-16 2020 OR May 4-6 2020 TBD
- September 29-Oct 1 2020 Anchorage

Items for which we **request CD action** are:

1. None at this time.

Other projects we worked on included:

1. Reduction of Curriculum Units Work by the training centers and UAF/CHAP liaison continued on Curriculum body system and Sick Child units.
2. The field members continued work on a manual for SI Field Training Duties and Orientation.
3. POC training in Basic Training The general impression is that any THO conducting Point of Care lab tests is required to have a system for training and periodic competency evaluation in place. Therefore, the process of running the tests should not have to be repeated in Basic Training. To confirm this impression, ARC members have been asked to bring information from their THOs regarding their policies on POC training and information on the federal requirements. Once we have confirmed that everyone is required to get this training locally, we will remove the actual running of the tests from the Curriculum.
4. Re-entry/Renewal in the CHAP Standards The wording of the requirements needs to be clarified and improved. Jessie Judy will work on a revision proposal.
5. Postpartum exam requirement in Session III We discussed how we can meet the challenge of finding opportunities to conduct the postpartum breast and genital exam in Basic Training such as the use of surrogates.
6. Preceptorship Carolyn's drafted revision of the guidelines met general approval by ARC members.
7. TABE score requirements At CD request, Carolyn will work on gathering more data to support the proposal to raise the math TABE score minimum to 8th grade.

Next ARC agenda: possible topics:

1. Further Curriculum revision work on the rest of the body system/HEAP units.
2. Revision of additional units that have HEAP sections in the CHAM (Prenatal, Well Child).
3. Revision of the Mental Health Emergency unit, with attention to the restraints issue.
4. Possible removal of some of the CLIA learning objectives from the lab test units.
5. Further work on a manual for SI Field Training Duties & Orientation.
6. Re-entry Standards and guidelines
7. More work on a proposal to increase the math TABE score requirement.
8. Further work with APU on grading tools and process for field and TC portions of Basic Training.

Items for which we **request CD action** are:

1. POC training in Basic Training Investigation into the federal CLIA regulations has confirmed that laboratories under which CLIA lab tests are done must abide by certain requirements which include direct observation of test performance and periodic competency evaluation. Point of Care tests being performed in THO clinics need to be done under the supervision of a laboratory with an active program for POC training and competency evaluation for those tests. The proposal has been made to ARC that the performance of CLIA POC tests be removed from the Basic Training Curriculum as the test should be getting taught by the regional POC programs. Aspects of the tests other than the actual technical performance of the tests would still be taught, e.g. understanding the reasons for doing the test, specimen collection, and interpreting the results. **We request** that CHAP Directors discuss this proposal and provide direction to ARC.
2. Unit 20c Mental Health Emergency ARC approved a revision to this unit to remove the teaching of restraints to Health Aides and add a note to the instructor that the use of physical restraints is not taught or recommended for Health Aides. **We request** that CDs give their approval to this statement. A request has been submitted to the CHAM folks to remove the description of how to restrain a patient from the CHAM section on Mental Health Emergencies.
3. Re-entry/Renewal in the CHAP Standards ARC has drafted a proposed amendment to Standard Sec. 2.50.200 "Requirements for Renewal" which gives the requirements for re-entry. The amendment will change the time requirements such that the Health Aide will need to be employed for a minimum of 80 direct patient care hours and have seen a minimum of 20 patients to avoid a re-entry evaluation. See attached draft document for details and justification. We request that CHAP directors review this draft and approve or provide direction to ARC.

Other projects we worked on included:

1. Reduction of Curriculum Units The training center coordinators and UAF CHAP liaison have concluded their content revision of the Unit 7-19, 203, and 22d (body systems, Mental Health Problems, and Sick Child). After final proofing, these units will be distributed to the ARC members for review and approval. Once approved, they will be officially implemented at the training centers, and the full Curriculum document will be updated with all the units revised since 2010 and made available in the secured section of the akchap.org website.
2. SI Field Training Duties and Orientation The field members of ARC have completed their first draft which will be distributed to all ARC members for review.
3. Teaching of 12 lead ECG procedure in Basic Training As most village clinics appear to have 12 lead ECG machines, Health Aides are frequently asked to perform the procedure, and the CHAM lists it in several exams. ARC is drafting a new unit for Basic Training to teach ECG skills: knowing why an ECG might be part of a CHAM exam; how to place the leads; how to determine the quality of an ECG; what factors may result in a poor quality strip. Interpretation of an ECG will not be included.
4. Response to CHAPCB Requests:
 - a. ARC list of non-approved CE: The TC coordinators/CE Review Committee will produce a list of general categories of non-approved CE with justification.
 - b. ARC agrees that CE presented by TCs should have the same documentation requirements and go through the same review process as other sources of CE.

- c. TCs are working on standardized certificates of successful completion of a Session versus CE hours granted for attendance of a Session.
 - d. ARC is working on a revision of the CHAP Re-entry guidelines and will correct the discordance with CHAPCB Standards 2.50.200 and generally improve the clarity of the document and provide supportive tools.
 - e. In the future it will be clarified that recommendations for CHAPCB Standard changes from ARC pertaining to Basic Training are also approved by RAC.
5. Unit 5c1 Blood Draw: This unit has been revised to include the new title of the newborn metabolic blood test ("Newborn Bloodspot Screening") and to add the capillary blood collection technique used for lead tests in Well Child (the lead test has been added to the CHAM Well Child exam).
6. TABE score requirements: The data gathered by the ANTHC does not support the proposal to raise the math TABE score minimum to 8th grade, as their students of the past two years almost all had TABE scores of 9th grade or higher. Therefore, until new supportive data becomes available, ARC will set this issue aside.

Next ARC agenda: possible topics:

- 1. Revision of the Emergency Delivery Newborn units to match the revised CHAM..
- 2. Revision of additional units that have HEAP sections in the CHAM (Prenatal, Well Child).
- 3. Further consideration of the CLIA learning objectives from the lab test units.
- 4. Further work on a manual for CI/SI Field Training Duties & Orientation after training center member review.
- 5. Re-entry Standards and guidelines.

RAC report to CHAP Directors Dec 2019

by Faith Walsh, Chair

Items that require action by CHAP Directors:

1. Review and Approve changes to RAC By-Law from Dec 2018

Meeting: Thursday September 26, 2019: 8:30am-10am

1. Review of 5/19 Minutes: Approved.

2. Review membership update:

- a. Siene and Rebecca's terms are expiring in December 2019. Siene and Rebecca is willing to continue as RAC member.
- b. Sheri has missed two continues RAC meetings. Chairperson has emailed Sheri the agenda with teleconference # and notify her of attendance expectation per bylaws.

3. New Business:

See attached CHAPCB Reports 6-19 and 9-19.

- CHAPCB requests that ARC/RAC review trainings that should not be counted as CE. If there are trainings that you don't think should be counted as CE such as compliance requirements, you can petition the CB to add that to the Standards. CHAPCB is also discussing no longer approving CE retroactively. There is a list of pre-approved CEs on akchap.org under CHAPCB tab. There is an ARC approved process for CE document.
- CHAPCB wants RAC to add to the RAC reviews a requirement for each Training Center to document appropriateness of their CE. RAC can propose new training center standards for CE. RAC needs to come up with a checklist to review CE. There was a suggestion to add a checkbox to the annual site review form to show everything they looked at this year.

Plan: Dan will send the ARC approved CE document to Leah to send to CHAP Directors, RAC, and ARC.

4. Old Business:

1. Review and Approve changes to RAC By-Law from Dec 2018

CHP Competency BiAnnual Review Instructions

Purpose:

A CHP must demonstrate competency on a biannual basis in order to renew their certification to practice as Community Health Aide Practitioner by the CHAP Certification Board. The purpose of this checklist is to provide the Supervising Physician with a standardized format that documents verification of CHP competency for key clinical skills learned during basic training by a Supervising or Clinical Instructor (NP/PA/CHP). Critical skills represent the minimum skills that a CHP should be able to perform independently to provide high quality health care. This bi-annual competency checklist does not replace the requirement for a CHP to complete a preceptorship under the supervision of an NP/PA/MD every six years to maintain Practitioner status.

Directions to Supervising/Clinical Instructor:

The skills listed may be assessed in a variety of ways based on THO preferences. For example, skills may be checked off as part of a supervised patient care visit, during EMS bi-annual training, as part of the Annual CLIA Competency review, and chart reviews; or, they may be assessed in one day as part of a formalized skills review. As long as skills are assessed at some point during the two-year review period, they can be included on this one form.

Remember that the CHP is expected to perform each skill independently and in compliance with established CHAPCB and CHAM standards, lab test manufacturer's instructions, and OSHA regulations.

Initial in **YES** column if the CHP performs the skill independently and according to the appropriate standard of practice.

Initial in **NO** column if the CHP is not able to perform the skill independently, or according to the standard of practice. If the CHP needs improvement, comment specifically on each skill that the CHP needs to improve. Teach the skill as many times as necessary during the bi-annual assessment period to repeat the skill until competency is met. When the skill is performed independently to the standard, initial in the **YES** column in the retest section with the date. A CHP who cannot meet the competencies will not qualify to renew their CHAPCB certification.