Health Workforce Council

2014 Annual Report

December 2014

Workforce Training and Education Coordinating Board

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I. Health Workforce Council History

In 2001, the state's Workforce Training and Education Coordinating Board (Workforce Board) convened a workgroup of healthcare stakeholders to address concerns about personnel shortages in the healthcare industry. In 2002, the Workforce Board created the Healthcare Personnel Shortage Task Force (Task Force) at the request of then-Governor Gary Locke. The Task Force developed a statewide strategic plan to address the severe personnel shortages in the healthcare industry, and in January 2003, the Task Force presented the strategic plan to Washington's Legislature in the report *Healthcare Personnel Shortages: Crisis or Opportunity?*

In 2003, the Legislature passed Engrossed Substitute House Bill 1852. This legislation directed the Workforce Board to continue to convene stakeholders to establish and maintain a state strategic plan for ensuring an adequate supply of healthcare personnel that safeguards the ability of Washington's healthcare delivery system to provide quality, accessible healthcare to residents of this state. The bill also required an annual report to the Governor and Legislature on this work, including recommendations to address healthcare personnel shortages.

In 2014, the members voted to change their name to the **Health Workforce Council** (Council) to better reflect a new focus on the overall health of a person – looking at overall health instead of healthcare.

The state workforce system's overarching goals for healthcare aims to provide hospitals, clinics and other healthcare employers with the skilled workers they need, across a wide range of occupations, and to ensure that quality health services are accessible to all Washingtonians across the state, including in rural and medically underserved areas. To accomplish this, the workforce system focuses on preparing workers for healthcare jobs that are in demand, and that encourage job retention by offering opportunities to move up the healthcare career ladder through additional education and training.

The Council's main role is to develop a strategic plan to address health workforce shortages, track progress on implementation, and bring together stakeholders to advocate for and develop sustainable solutions. Each year the Council identifies priorities to bring to the Governor, Legislature and other policymakers and stakeholders. As Washington grapples with a shortage of healthcare workers and an aging population demanding more services, the Council and its partners continue to focus attention on the importance of investing wisely in the state's healthcare workforce pipeline.

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II. Summary of 2014 Health Workforce Council Efforts

The Health Workforce Council (Council) is charged with convening a diverse group of stakeholders to research factors impacting the healthcare personnel shortage in Washington and to recommend to the Legislature opportunities that will reduce the shortage – either through policy or budget action for education, training, and other workforce solutions.

In 2014, the Council convened three half-day meetings of the full group and three subgroup meetings. Below is a summary of the Council's work over 2014.

Legislative Education and Advocacy Efforts

The Council began the year by working to address several recommendations from the December 2013 report during the 2014 Legislative Session. The Council was successful in advancing the concept of several key recommendations in the legislative session.

These recommendations include:

- **Increased primary care residency opportunities in medically underserved communities.**
  There was some movement on this issue in the session. Representative Larry Haler sponsored legislation (HB 2109), and a budget proviso that would have provided funding for a new residency program in Southeast Washington. This issue didn't pass the Appropriations Committee, but Rep. Haler has expressed interest in bringing this issue back up in the next legislative session when there could be more funds available for this type of work. There was also a lot of interest in this concept in several work sessions during the legislative interim.

- **Create an Industry Sentinel Network that provides timely, relevant information on healthcare industry workforce needs.**
  The Council recommendation was included in the Senate's proposed budget thanks to the support of Senator Karen Keiser, but unfortunately was not included in the final budget. There has been frequent mention of the Network concept at healthcare meetings over the year by various healthcare leaders at public meetings and conferences. Additionally, the Network was included in the request for funding in the Healthier Washington Grant application that was submitted in July (response from the Center for Medicaid and Medicare Innovation (CMMI) is pending).

- **Demographic information on healthcare providers with online renewals.**
  The Council voted to support a Department of Health budget request to move up this work to 2014 at the October 2013 meeting. The Legislature provided expenditure authority in the state budget to research and plan the design of the information collection.
  (See more on this issue in our recommendation to the Legislature on page XX – if approved by the Council.)

- **Clinical Affiliation Agreement (CAA) Workgroup.**
  This was a recommendation in the 2012 Task Force report that aimed to address issues of efficiency for education institutions and clinical training sites. The Legislature funded a budget

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proviso in 2013 that directed the Department of Health to convene a workgroup of content experts to explore whether creating a uniform clinical affiliation agreement is possible. The group met multiple times in 2014, and will be releasing a report to the Legislature in December 2014 outlining possible options to improve access and efficiency for the clinical affiliation agreement process.

- **Telemedicine**
  The Council has long supported open access and reimbursement for the use of telemedicine, which can make a big impact in access to care, particularly in rural, underserved areas, for specialty care, or for housebound patients. House Bill 1448, regarding telemedicine, would have made great strides in advancing telemedicine as a viable option for healthcare delivery. Unfortunately it was not passed by the Senate in time to meet a key legislative deadline, but the interest in this issue still remains of interest to the Council (see more on this recommendation (if the Council approves) on page XX).

The Council was also very active in legislative work sessions, testifying on legislation where applicable with Council recommendations, and gave presentations to the Joint Task Force on Aging and Disability, the House Higher Education Committee, and the House Health Care and Wellness Committee.

Partnership with Healthier Washington Team and Grant Application

The Council received a presentation and request at the May, 2014 meeting from Health Care Authority to offer assistance in drafting recommendations that followed up the work of the State Health Care Innovation Plan for healthcare workforce issues. Part of the plan included a focus on healthcare workforce transformation. The Council created a subcommittee made up of a diverse group of stakeholders including industry associations, labor organizations and education groups to draft the recommendations. The subcommittee's guiding principles for this work included ensuring a lens that would address social determinants of health, the triple aim of improved quality, improved access and lower costs, and reduction of health disparities.

Healthcare Apprenticeships

The Council heard a presentation at the May meeting from Tim Wilson from the Department of Labor and Industries. Mr. Wilson was given an assignment from Governor Inslee to work to create more apprenticeship programs, and healthcare was a key area of interest. In the fall of 2013, the Washington Apprenticeship and Training Council approved an apprenticeship program for Medical Assistants at Community and Migrant Health Centers. This program has already shown success in the first year of training. Mr. Wilson and others are interested in exploring the opportunities to replicate this process for other allied health professions.

Mr. Wilson requested the Council assist in identifying what would need to be done to advance this concept. The Council created a subcommittee to explore the issue further. The subcommittee has done preliminary work to explore this concept, and will be meeting periodically in 2015 to bring

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together the necessary research and proof of concept before likely bringing forward a plan to the Legislature in 2016. (See Future Direction of the Health Workforce Council, p.14, for more information.)

The 2014 Council Recommendations are as follows:

TBD at the Dec. 3 HWC meeting.

A detailed summary of the recommendations is provided on page XX.

- NOTE: to be determined at the Dec. 3 HWC meeting.

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III. Health Workforce Council Membership

The Health Workforce Council is made up of leaders from education and training institutions; healthcare, migrant and community health services; labor and professional associations, and employer representatives. The Council also added a representative from behavioral health this year to reflect the focus on the whole person.

2014 Health Workforce Council Members

NAME	ORGANIZATION
Michele Johnson, Chair	**Chancellor, Pierce College District**
Suzanne Allen, Vice-Chair	**Vice Dean for Regional Affairs, University of Washington School of Medicine**
Dan Ferguson	**Allied Health Center of Excellence**
Dana Duzan	**Allied Health Professionals**
Eileen McNamara	**Group Health Cooperative**
Kathleen Lopp	**Office of Superintendent of Public Instruction**
Diane Sosne	**Service Employees International Union (SEIU) 1199NW**
Charissa Raynor	**SEIU Healthcare NW Training Partnership**
Marty Brown	**State Board for Community and Technical Colleges**
Mary Looker	**Washington Association of Community and Migrant Health Centers**
Deb Murphy	**Washington Association of Housing and Services for the Aging**
Linda Tieman	**Washington Center for Nursing**
Lauri St. Ours	**Washington Healthcare Association**
Nancy Alleman	**Washington Rural Health Association**
Joe Roznak	**Washington State Community Mental Health Council**
Bracken Killpack	**Washington State Dental Association**
John Wiesman	**Washington State Department of Health**
Ian Corbridge	**Washington State Hospital Association**
Roger Rosenblatt	**Washington State Medical Association**
Judy Huntington	**Washington State Nurses Association**
Daryl Monear	**Washington Student Achievement Council**
Eleni Papadakis	**Workforce Training and Education Coordinating Board**

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IV. Healthcare Personnel Data

Since forming in 2003, the Health Workforce Council has brought attention to current and projected healthcare shortages. This work is showing results, most notably in expanded capacity in healthcare programs in education and training institutions. Although progress has been made in to close certain skill gaps, shortages continue to be anticipated in the healthcare industry.

The impacts of the Affordable Care Act (ACA) on healthcare personnel are still being determined, as new occupations and responsibilities continue to evolve. At the same time, rural areas of the state and low-income urban areas are struggling to find sufficient healthcare personnel as more people gain access to health insurance and healthcare.

The question remains: Will Washington have a sufficient workforce to serve the expanded number of insured people? Even prior to the passage of the ACA, the state and nation suffered from healthcare personnel shortages, especially in rural areas. Although the recession alleviated this shortage as more healthcare workers delayed retirement, elective treatments were postponed, and some financially pinched patients put off their healthcare entirely, shortages are forecast to reappear unless there are increases in the supply of certain types of professional and para-professional healthcare personnel.

The following information provides data on the anticipated healthcare personnel shortages.

A. Healthcare Education/Training Program Completions

Washington has been successful in increasing the number of students completing healthcare programs. This table shows some of the education and training programs with the most notable increases over the past five years. It's important to note that although some of these programs show dramatic increases, for some programs the numbers of participants are still small, so even adding a new program at one educational institution could show huge increases. Also, some programs require additional training, clinical work or residency post-completion, so program completers may not be able to immediately enter the workforce.

(NOTE to Council members: Tables will be formatted to show up on one page in the final version for ease of reading.)

Health Program of Study	Percent Increase in the Number of Program Completers from 2009-2013
Occupational Therapy Assistant	**858%**
Opticianry/Ophthalmic Dispensing Optician	**500%**
Dental Laboratory Technology/Technician	**325%**
Psychiatric/Mental Health Services Technician	**300%**
Substance Abuse/Addiction Counseling	**200%**

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Physical Therapy Assistant	**131%**
Medical Records Technology/Technician	**92%**
Pharmacy Technician/Assistant	**65%**
Medical/Clinical Assistant	**65%**
Physician Assistant	**59%**
Medical Office Management Administration	**57%**
Vocational Rehabilitation Counseling	**39%**
Advanced Registered Nurse Practitioner	**35%**
Dental Assistant	**28%**
Clinical Laboratory Science/Medical Technology/Technologist	**24%**
Nursing (ADN/BSN)	**15%**

The Council also measured the number of completions over the previous year. Occupations with a large number of people being trained that are still showing large increases are the most notable in this information – as it takes a lot more to move the needle.

Health Program of Study	Percent Change in the Number of Program Completers from 2012-2013
Vocational Rehabilitation Counseling	**60.0%**
Opticianry/Ophthalmic Dispensing Optician	**50.0%**
Substance Abuse/Addiction Counseling	**49.6%**
Dental Laboratory Technology/Technician	**41.2%**
Occupational Therapy	**24.1%**
Physician Assistant	**22.0%**
Physical Therapy Assistant	**21.4%**
Occupational Therapy Assistant	**20.0%**
Psychiatric/Mental Health Services Technician	**18.2%**
Medical Transcription	**17.1%**
Physical Therapy	**15.3%**
Advanced Registered Nurse Practitioner	**12.5%**

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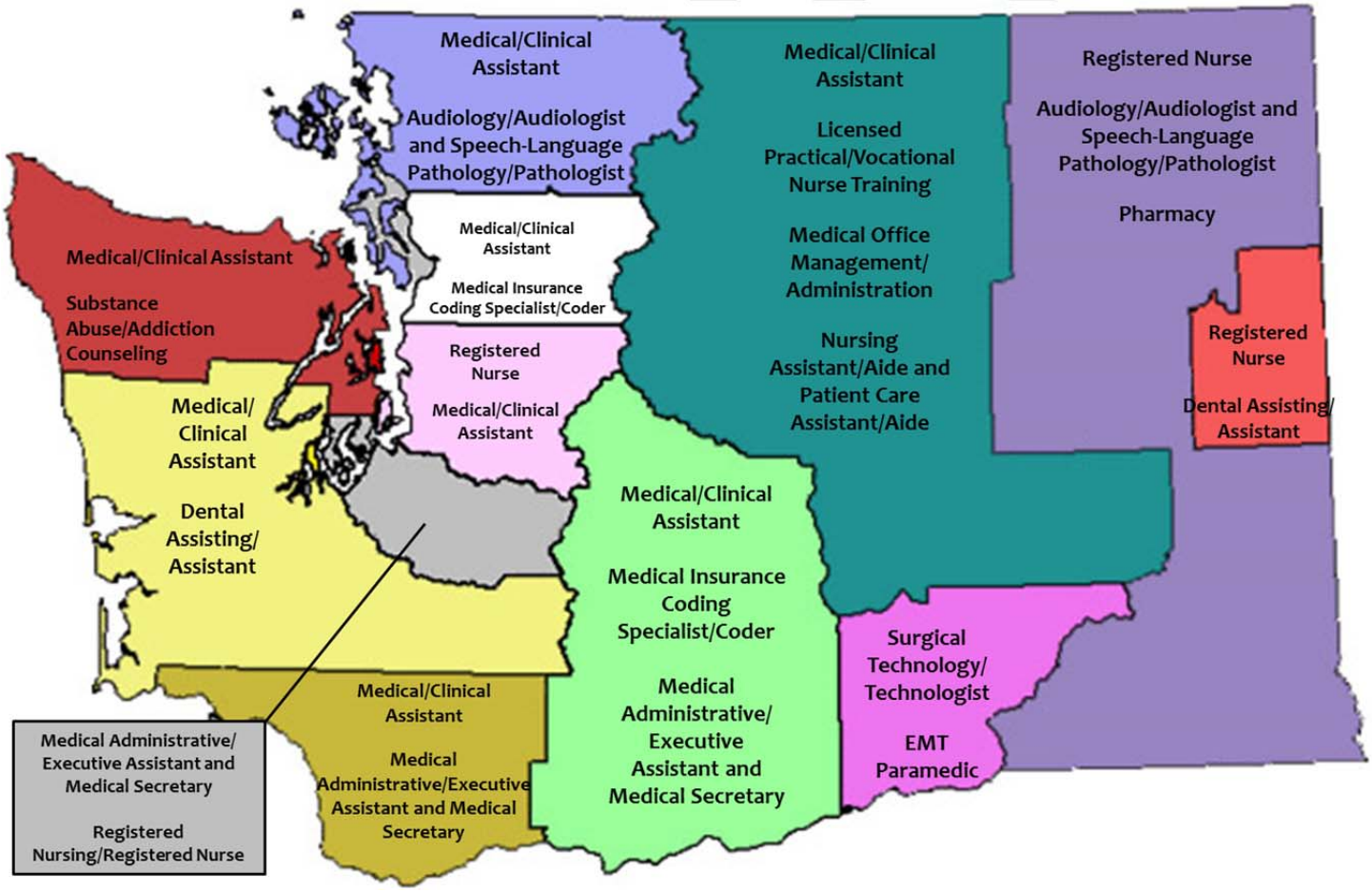
Surgical Technology Program	**7.8%**
Licensed Practical Nurse	**7.3%**
Medicine – MD	**5.0%**

B. Health Program Completions by Workforce Development Area

This map shows the most common program completions for 2013 in each Workforce Development Council region.

Workforce Development Councils, or WDCs, are local councils that provide on the ground workforce development planning and promote coordination between education, training and employment efforts in their communities. There are 12 WDCs in the state.

The map shows some similarities among workforce areas, though there are distinct regional differences.



C. Healthcare Personnel Shortages

On behalf of the Council, the Workforce Training and Education Coordinating Board analyzes the supply and demand for selected healthcare occupations. The analysis compares the projected job openings to supply from new entrants completing healthcare education programs and estimates a gap over time.

This analysis helps project the gap between supply and demand if the state makes no changes in educating and training healthcare workers.

Many of these programs take years to complete the necessary training and residency requirements, so immediate action to address significant gaps is key if we are to supply the necessary health workforce to meet industry and consumer needs. Below are the healthcare occupations with the greatest projected gaps in supply over the next five years.

Occupational Title	New Supply	Projected Annual Net Job Openings 2017-2022	Annual Gap Between Supply & Projected Demand
Vocational Rehabilitation Counseling	25	298	-273
Clinical Laboratory Science/Medical Technology/Technologist	26	212	-186
Health Unit Coordinator/Ward Clerk	228	400	-172
Physical Therapists	118	259	-141
Medical Doctors	222	340	-118
Dentists, General	85	200	-115
Dental Hygienists	225	336	-111
Emergency Medical Technicians and Paramedics	69	158	-89
Opticians, Dispensing	24	86	-62
Pharmacists	199	256	-57
Respiratory Therapists	30	77	-47
Dental Laboratory Technicians	17	56	-39
Occupational Therapists	87	124	-37
Registered Nurses	2,367	2,384	-17
Medical Transcriptionists	82	82	0
Physician Assistants	100	95	5*
Radiologic Technologists	216	158	58*
Substance Abuse Counselors	381	133	248*
Licensed Practical Nurses	1,110	393	717*
Medical Assistants	2,419	686	1,733*

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Data Details and Limitations: Demand estimates are from occupational projections for Washington developed by the state's Employment Security Department under a contract from the U.S. Department of Labor. This national methodology relies heavily on recent trends and national averages. Therefore, it may underestimate emerging overall changes or effects specific to Washington. In general, this methodology tends to be conservative in predicting changes to recent trends. Accurately predicting future changes in the demand for healthcare workers, as a result of national healthcare reform, is challenging. It will be important to carefully monitor changes in the healthcare system for labor market effects not predicted in the official projection.

***A note about an oversupply in certain occupations:**
It is important to note that an oversupply for the more entry-level positions doesn't always mean that educational institutions are training too many students for these positions. There are many factors to consider. There is substantial "churn" among entry-level healthcare positions, which makes extended projections a bit more difficult. Some healthcare students also may prefer to get an entry–level credential and then continue training for a higher level degree or certification. Additionally, because healthcare is changing so quickly, there may be other roles for these positions that we haven't yet discovered. However, in areas where there is a substantial oversupply, it would be worth looking into further to see if this oversupply is statewide, or if it is more of a geographical distribution issue. If it is the latter, this is an area where incentive programs for rural health practitioners could be used to address an uneven distribution of trained health workers.

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V. DRAFT 2014 Council Recommendations

The Health Workforce Council has identified key priorities for consideration by the Governor, Legislature and other healthcare and higher education leaders.

The Council largely focused on areas where small investments could help alleviate the healthcare personnel shortage. Some of these items require additional work for the stakeholders in 2015; some require federal and legislative changes; others require funding from the Legislature. The recommendations were discussed and ranked in priority order at the Council meeting in December.

The recommendations, in rank order, are as follows:

TBD at Dec. 3 meeting.

See draft recommendation attachment for a list of the recommendations under consideration for the Dec. 3 meeting.

Recommendation Detail

TBD.

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VI. Future Direction of the Health Workforce Council

The Council will also be monitoring the progress of previously enacted recommendations to ensure they have the support needed for implementation. The following are a few of the areas the Council has already decided to explore in more detail in its 2015 work:

I. **Continue research and stakeholder work and make recommendations regarding increasing the number of registered healthcare apprenticeship programs across multiple occupation types.**

Additional Council direction will be determined at the Dec. 3 Council meeting.

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VII. Best and Promising Practices in Addressing the Healthcare Personnel Shortage

The Health Workforce Council provides value in the diversity of stakeholders who are members and/or regular contributors to Council efforts. Council members and supporters provided the information below on a number of promising practices that have the potential to, or are making strides, in reducing healthcare personnel shortages. Some are practices that may work best in a limited service area; others may be able to expand to a wider service area given additional resources.

Associate in Arts RN-to-BSN Direct Transfer Agreement/Major Related Pathway
Council of Presidents; State Board for Community & Technical Colleges; Washington Student Achievement Council
The public and private two- and four-year sectors in Washington have been collaborating to develop specific Major Related Programs (MRPs) for transfer students for many years. This work is on the verge of realization as early adopting partners move forward, with the expectation to enroll students into this newly articulated pathway during the fall of 2015.

The Associate in Nursing Direct Transfer Agreement (DTA) was approved by the Joint Transfer Council in July 2014 after almost three years of statewide planning. The new Associate in Nursing DTA (2014) is a pathway that allows students to complete nursing pre-requisites, general education requirements and their pre-licensure RN study at a community/technical college. Those who earn this degree may then apply for transfer to a college/university that offers a post-licensure RN-to-BSN program.

The degree streamlines the number of credits required for an associate's degree in nursing and decreases the time and cost to earn a BSN degree, making the path to a BSN faster and smoother. Students who complete the Associate in Arts RN-to-BSN DTA at a community/technical college are eligible to apply for transfer to an upper-division university-based, pre-licensure BSN program. A student completing the Pre-Nursing DTA is also eligible to apply for admission to a community or technical college nursing program.

The national nursing accreditation bodies have been told about this initiative as it was being developed and received formal letters NCQAC, SBCTC and WSAC this fall indicating shared endorsement of the Associate in Nursing DTA/MRP. The community and technical colleges have at least 10 colleges expecting to be part of the wave of early adopters. This group of colleges will be submitting a request to the Nursing Commission as a group in an effort to simplify the process of approval for the new degree pathway.

Dental Access Program
Swedish Medical Center's Community Specialty Clinic; Swedish General Practice Residency; Community and Migrant Health Centers; Project Access Northwest; Washington Dental Association
In 2012 over 2,300 people arrived at the Swedish Medical Center Emergency Department complaining of severe tooth pain and other dental problems. By 2013, that number had plummeted to about 1,200 patients. This nearly 50-percent reduction in patients is the result of a new model that helps low-

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income patients access dental treatment outside the ER, while still receiving immediate treatment when their dental health has become a true emergency. In 2013, the Swedish Specialty Clinic provided over $1.6 million in free dental care. This model for reducing emergency department utilization for dental issues owes its success to a partnership among Swedish Medical Center's Community Specialty Clinic (SCSC), the Swedish General Practice Residency (GPR), several area community health centers, and Project Access Northwest (PANW), a patient navigation organization.

Healthcare professionals have long recognized that many patients with dental problems were visiting the emergency room for non-emergent needs such as toothaches. Now, when patients arrive in the emergency room with dental health issues, they are triaged by an emergency room physician. Those with serious infections, trauma, or bleeding are treated in the ER. For the remainder, Swedish developed the "Golden Ticket" referral program, an arrangement with Neighborcare Rainier Beach, one of the local community health centers. Those patients with non-emergency needs are given a "Golden Ticket" that guarantees them a walk-in slot for dental care the next morning at the Neighborcare center.

Swedish Medical Center and Swedish General Practice Residency added a dental component in 2011 to their expanding medical charity care clinic. The Swedish Medical Center's Community Specialty Clinic provides advanced oral surgery procedures to patients referred by community health centers. The Specialty Clinic is staffed by residents, their attendings, and volunteer dentists and oral surgeons. Patients qualify for care at the Specialty Clinic if their income falls at or below 200 percent of the federal poverty level. An essential part of this program is Project Access Northwest, a patient navigation organization that receives and screens the community health center referrals. Project Access schedules appointments and coordinates services such as transportation and translators.

Other hospitals and community health centers throughout Washington are considering adopting a similar model. The Washington State Dental Association is working to replicate the success of the Swedish Medical Center's Community Specialty Clinic across the state.

Diversity Mentorship Program for Nursing
Washington Center for Nursing (WCN)
Pending update.
As the nation grows increasingly more diverse, the healthcare system and workforce must adapt to meet the changing needs of our patient population. A key strategy to promote health equity is to improve the cultural and linguistic competency and the diversity of the health-related workforce. Washington's nursing workforce has yet to reflect the population in terms of race and ethnicity. For example, African American professionals comprise less than 1 percent of Washington's RN population, and those of Hispanic or Latino origin are only 2 percent of Washington's RN population. These subpopulations represent 4% and 12% respectively of the state's general population.

The overarching goals of the Washington Center for Nursing's Diversity Initiative is to promote a nursing professional community that more closely reflects the diversity of Washington's population, and a nursing professional community that is competent in working within multicultural communities

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(Master Plan for Nursing Education, 2008). The WCN Diversity Mentorship Program for Nursing is WCN's focused strategy to promote retention among nursing students and new graduates of color/underrepresented minority (URM).

After extensive literature review, data collection from URM nursing students and practicing nurses, working with a multicultural Advisory Committee and a mentoring content expert, a training program was developed and delivered to volunteer mentors. Mentors and mentees applied to be part of the pilot. The pairs will work together for one year, with education and support along the way. This program offers URM nursing students support to complete their programs, and new URM nurses the support to be successful in their first professional roles. Both outcomes relate to the goal of a nursing workforce that more closely mirrors the state's general population, and to the goal of promoting nursing as an attractive career for URM students.

Health Careers for All

Workforce Development Council of Seattle-King County

Health Careers for All (HCA) is funded by a grant from the U.S. Department of Health and Human Services (HHS) under its Health Professions Opportunity Grant (HPOG) initiative. HCA is designed to meet the expanding healthcare labor needs of Seattle-King County, while simultaneously addressing the training, employment, and advancement needs of its low-income residents. The project aims to increase alignment among the agencies/organizations that serve the target population to sustain improved training and employment outcomes long-term. The HCA project targets recipients of Temporary Assistance to Needy Families (TANF) and other low-income residents to participate in high-demand healthcare training.

The objectives for the five-year period of the project are to: (1) Enroll 920 TANF recipients and other low-income individuals in healthcare training at the foundational, entry, and/or more advanced levels; (2) Attain a training completion rate of 70 percent; (3) Place 60 percent of project training completers into healthcare-related employment; and (4) Advance 25 percent of project participants that complete entry-level training into advanced healthcare training during the project period. These objectives were based on benchmark data from the community and technical colleges regarding WorkFirst students in healthcare training programs at the time the project was established (51 percent, 38 percent, and 11 percent respectively).

The program is just over four years of the way through the five-year grant period. Nearly 800 customers have been served to date, training for jobs in nursing assisting, phlebotomy/medical lab, medical assisting, nursing, medical office, and more. Overall training completion rates have consistently been above 70 percent through the program, and nearly 300 participants have been placed in employment in healthcare to date. The program has continued to focus on participation by TANF recipients among other low-income residents in King County; 45% of the adult customers enrolled to date by navigators were receiving TANF cash assistance when they entered HCA.

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Health Science State and Local Program Review

Office of Superintendent of Public Instruction, Career and College Readiness Division; Participating School Districts; Health Workforce Stakeholders

The Career and College Readiness Division of the Office of Superintendent of Public Instruction (OSPI) is leading a statewide effort with the National Consortium for Health Science Education (NCHSE) to do a comprehensive review of state and local efforts for career pathways between K-12 education and postsecondary education in health sciences. As healthcare industry workforce demands continue to grow, NCHSE's goal is increase the number of young people interested in pursuing healthcare as a future career while also seeking to build a health sciences program of study that is consistent from school to school and state to state. NCHSE will be partnering with OSPI and a Health Science Leadership Team (made up of secondary and postsecondary faculty, industry partners and labor representatives) to do in-depth analysis of local health science programs and program availability, including seven site visits across the state. NCHSE staff will provide research and policy expertise to aid the state in implementing a learning continuum program of study that includes project based learning, interdisciplinary coursework, online learning options (particularly for rural areas), and work-based and service learning opportunities. The plan for this work is due in June 30, 2015.

Health Services Crosswalk for Military Skills

Department of Health

The Department of Health recently created a new position for a Military Programs Manager, which supports service members, veterans, and eligible family members who want to transition into the workforce. Veterans may have challenges demonstrating their previous military training is applicable to civilian health careers, or using their experience to secure the necessary credential or license. The Department of Health reports that approximately 500 veterans with professional healthcare training will seek work in Washington. The Military Programs Manager position is creating a crosswalk between military experience and civilian careers, and offering targeted assistance to service members, veterans and their eligible dependents. The goals of this work are to outline equivalent and/or transferable skills as well as identify where the gaps are in military training to best direct further education. In a little over a year, the Military Programs Manager has already completed an initial crosswalk document, established clearer pathways for military trained medics to medical assistant certifications, and aided in expediting processing and credentialing times for veterans and their spouses who relocate to Washington.

HEET for Innovative Curriculum Development for Emerging Care Coordination Positions

Whatcom Community College, Edmonds Community College, Highline College, Seattle Central College, Clark College, Yakima Valley Community College.

A Health Employee Education and Training (HEET) 7 grant was awarded to an education consortium (led by Whatcom Community college, and including Edmonds Community College, Highline College, Seattle Central College, Clark College, Yakima Valley Community College), to fund the development and creation of training that addresses skills gaps associated with changing patient needs and new requirements in the Affordable Care Act. The project stems from collaboration between the college consortium named above, the Center of Excellence for Allied Health, University of Washington, Valley

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Medical Center, Group Health, and SEIU Healthcare 1199NW Multi-Employer Training and Education Fund. The partnership members will develop common courses and credit bearing certificates for emerging positions in the continuum of care coordination – such as patient navigators. The project is on an accelerated timeline, with industry expressing need for trained individuals with the skills that will developed for care coordination roles in a variety of health care settings.

MEDEX Northwest: Increasing Access to PA Education in 2013

University of Washington School of Medicine

NOTE: Pending updates of all UWSOM items.

MEDEX Northwest is the physician assistant (PA) training program at the University of Washington within the School of Medicine (UWSOM). Improving access to primary care for underserved populations is central to the mission of both the UWSOM and MEDEX Northwest. MEDEX is currently working on two federally funded projects that expanded the number of positions in the program. In 2013, the program was in its fourth year of a five-year grant to expand class sizes in PA programs. This one-time federal program offers tuition stipends to students who intend to enter primary care upon graduation. The first group of nine students (seven in Washington) graduated in 2013. Subsequent years fund seven-eight expanded positions in the MEDEX Seattle, Spokane and Tacoma sites (the remainderare in Anchorage). In 2012, MEDEX added a new classroom location in Tacoma, housed on the University of Washington Tacoma campus. This new site, which enrolled its first class in 2013, facilitates access to PA education for military veterans and disadvantaged or place-bound students in the South Sound region. During the process of adding the new site, MEDEX was approved to increase its overall class size from 104 to 140 per entering year (across all sites in Seattle, Spokane, Tacoma and Anchorage). MEDEX is a self-sustaining program, residing within the Department of Family Medicine, and therefore with the exception of these occasional federal grants, relies on student tuition as the primary funding source for program operations.

Medical Assistant Registered Apprenticeship Program

Washington Association of Community & Migrant Health Centers; Seattle-King County Workforce Development Council

The Washington Association of Community & Migrant Health Centers (WACMHC) is in the pilot phase of its Registered Medical Assistant (MA) Apprenticeship. The development and piloting of the WACMHC MA Apprenticeship is supported by a grant from the Administration for Children and Families, U.S. Department of Health & Human Services through the Workforce Development Council of Seattle-King County (the Health Careers for All program mentioned on page 17) and Washington State Labor and Industries.

The purpose is to provide WACMHC's 26 Community Health Centers and their 220+ primary care clinics the ability to train medical assistants who are eligible to receive the MA-Certification credential from the Washington State Department of Health. Six Community Health Centers are providing the on-the-job training for 19 apprentices. This 12-month program will finish in February 2015. Upon completion, the apprentices will be eligible to take the Certified Clinical Medical Assistant test through

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the National Healthcareer Association. Upon passage of this exam, the apprentice is eligible for the MA-C credential.

The WACMHC MA Apprenticeship requires 2000 hours of paid on-the-job training with one-to-one guidance and coaching of a MA-C. Also required is 290 hours of supplemental online coursework (unpaid). It has been approved by Washington State Apprenticeship and Training Council. This curriculum is unique in that it not only provides instruction on the technical skills necessary to become an MA, but also provides instruction and on-the-job training for the MA role as part of a care team based on the patient-centered medical home model.

Patient Health Advocate Career Path

Clark College, Southwest Washington Regional Health Alliance

Note: Pending update from Clark College.

Clark College serves as the education and workforce representative on the Southwest Washington Regional Health Alliance (SWRHA), a five-county public-private partnership in healthcare (mental, physical and dental) targeted at the triple aim of a healthier population, lower healthcare costs and better patient outcomes. The SWRHA identified new skill sets that are going be needed in healthcare as a result of the reform measures currently being implemented through ACA. Clark College investigated best practices across the nation and worked with members of the SWRHA including, to name just a few, Peace Health, Legacy, Kaiser and county health officials to develop a new position, that of Patient Health Advocate (PHA). These are non-clinical roles that will help coordinate patient care, and provide assistance and coaching for patients. This is considered to be a career path, starting at an entry level Patient Health Advocate with a 100-hour training requirement, up to a master's degree in Patient Advocacy.

In a partnership with Peace Health Southwest Washington, Southwest Washington Workforce Development Council, the Vancouver Housing Authority and the Workforce Training and Education Coordinating Board, Clark College was able to obtain funding to develop the curriculum and run a pilot Patient Health Advocate Program—the first Patient Advocate program run in Washington. The pilot was viewed as a great success, with positive reviews from both students and employers. Two more Washington community colleges have expressed interest in running the program, and all the course materials have been given to both institutions. The Oregon Department of Community Colleges & Workforce Development has asked Clark College to present the program at a meeting in January to investigate the potential for using the PHA program as a state standard for Oregon community colleges.

Rural/Underserved Opportunities Program

Western and Eastern Washington Area Health Education Centers, University of Washington School of Medicine

Pending 2014 Update

The Rural/Underserved Opportunities Program (R/UOP) is a four-week, elective immersion experience in community medicine for students between their first and second years of medical school. Western

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and Eastern Washington AHECs (Area Health Education Centers) and the University of Washington School of Medicine (UWSOM) partner to provide an individualized learning program in rural and underserved areas of Washington. The Rural and Underserved Opportunities Program (R/UOP) encourages primary care careers in rural or underserved medicine. The AHECs match students with preceptors, reimburse their travel to the site, arrange housing and develop future preceptors.

The AHECs recruit approximately 55 primary care physicians throughout Washington to precept a four-week elective immersion experience in community medicine for students between their first and second years of medical school. All preceptors are appointed as clinical faculty at the University Of Washington School of Medicine. Students work in clinics and hospitals with preceptors, often experiencing their first extended clinical involvement. Along with expanding history-taking and physical exam skills, students participate in a full range of clinical activities. Students participate in home visits, work with other health professionals, and attend town meetings and community cultural events.

Many R/UOP students combine their clinical work with a community medicine experience. These students additionally complete a web-based community medicine course with UWSOM mentors. They learn about the social determinants of health, assess their community for health strengths and challenges, and with the help of community partners, develop and implement health-related projects.

Skills Centers Preparing Secondary Students for Health Sciences Careers

Office of Superintendent of Public Instruction

Skills Centers are regional secondary schools serving high school students from multiple school districts across our state. Skills Centers provide students with career-focused training that often leads to an industry-recognized credential in a variety of career fields. They provide opportunities for students to engage in a variety of health science programs in various career strands such as therapeutic, informatics, diagnostic, and biotechnology. Programs are offered across the state for professional medical careers and other training and industry and credentials for Nursing Assistant-Certified and Dental Assisting. In the Puget Sound area, programs are providing students the first steps toward careers by training students for jobs in medical assisting. NEWTECH Skill Center in Spokane is developing programs in the biomedical field that articulate with programs offered through Washington State University. Rehabilitative services programs as Physical Therapy and Sports Medicine are found at Yakima Valley Technical and Pierce County Skill Centers. These schools are not only looking at education from the treatment perspective, but are also creating programs in fitness and wellness. Tri-Tech in Kennewick is on the ground level in the creation of a Health Informatics program. A new curriculum in Global Health is combining Health Science and Agriculture at Columbia Basin Technical Skills Center.

Targeted Rural Underserved Tract (TRUST)

University of Washington School of Medicine

Pending 2014 update.

The Targeted Rural Underserved Track (TRUST) seeks to provide a continuous connection between underserved communities, medical education, and health professionals in the region. The initial goal is

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to create a full-circle pipeline by guiding qualified students through a special curriculum that connects underserved communities in Washington, Montana and Idaho to the University of Washington School of Medicine (UWSOM) and its network of affiliated residency programs (Family Medicine, General Internal Medicine, including Spokane Internal Medicine, Boise Internal Medicine and Billings Internal Medicine, and Pediatrics in Anchorage) in an effort to help meet the workforce needs of the region. As the program develops, the hope is to expand to include Wyoming and Alaska. This program has grown rapidly since 2008, and won the Society of Teachers of Family Medicine innovative new program award in spring of 2013.

The Underserved Pathway

University of Washington School of Medicine

Pending 2014 update

The Underserved Pathway helps prepare future physicians to care for vulnerable and underserved populations. The Pathway engages students in three educational avenues: mentoring, developing a foundation of knowledge, and a variety of real-world experiences. Vulnerable describes people who are at risk for poor health outcomes due to difficulty accessing the necessary resources for optimal health, while underserved refers specifically to the difficulty that people face accessing quality healthcare. Students can customize their pathway to meet their own educational goals and interests—some may focus on a specific population or community, while others may explore broader issues surrounding the underserved such as advocacy or policy.

Research on the Underserved Pathway indicates participants are significantly more likely to choose family medicine residencies. Because these students also have an interest in caring for underserved populations, the hope is that, upon completion of their residencies, they choose to practice family medicine in areas that are experiencing health professional shortages. The Underserved Pathway represents an important link during medical school to help students who enter school with a desire to care for underserved populations to maintain their interest through school to the residency selection process.

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VIII. Partner Healthcare Organization Update

TBA: May be included in the final version of the report.

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