DRAFT Potential 2014 Recommendations for the Health Workforce Council

Directions to the Council
The following are potential recommendations and recommendation language for the consideration of the Health Workforce Council in its 2014 report to the Legislature. At the December 3 Council meeting, Council members will have the opportunity to provide feedback on the recommendations, suggest additional options, and then vote to rank those recommendations they would most like to focus on for the 2015 Legislative Session. With the support of the Council, recommendations not selected for the 2014 report could also be included as opportunities for future council work in 2015.

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1. Provide additional funding for the Health Professional Loan Repayment and Scholarship Program.

The Health Professional Loan Repayment and Scholarship Program encourages primary care health professionals to serve in critical shortage areas in Washington. The program provides financial assistance through either conditional scholarships, or loan repayment. Funding for this program has been dramatically reduced for several years due to budget cuts, and is currently only funded at a level that matches limited federal funds. The Council has consistently recommended increased state support of this program, and increased support for the program was also a key recommendation of both the State Health Care Innovation Plan and the New Blue "H" Rural Health Report.

As an example of the program's scope and impact, in the last year the program was fully funded (the 2009-10 award year), loan repayment funding was used to recruit an additional 27 healthcare practitioners to 12 counties across the state in rural and underserved areas, as well as offer scholarship assistance to nine students who agreed to start their healthcare careers in shortage areas. The program also funded community-based programs to help recruit healthcare providers, while also funding disease prevention and management activities in rural and underserved areas. In 2014, approximately 100 health professionals worked in underserved areas of Washington as a result of this program. Since 1990, the program has funded over 1,000 professionals.

The Health Professional Loan Repayment Program has proven results in Washington and in other states at increasing access to primary care providers in rural, underserved areas. Loan repayment puts new workforce capacity in the field immediately, and provides the infrastructure to grow the healthcare workforce through scholarship assistance and funding for rural community recruitment and retention.

Note to the Council – please review the language below to ensure that this fits with your support for this program if this recommendation is selected. We can delete this section if it doesn't fit with the will of the Council.

The Council **does not** recommend limiting the range of health professions eligible for this program; and would in fact, advocate for expansion of the program to include all behavioral health practitioners, due to the new focus in healthcare delivery on "whole person care." Optimally, the program would be flexible enough to provide the financial support necessary to attract healthcare professionals of all kinds to shortage areas of the state, depending on a local area's healthcare needs.

2. Create an Industry Sentinel Network to provide industry feedback and timely data on health workforce needs.

(NOTE: This was a budget request that was included in the Healthier Washington grant application. An announcement on funding is still pending.)

As the healthcare landscape changes, policymakers and education providers require timely on-the-ground feedback on which healthcare professions are needed most, which regions are experiencing shortages, and what kinds of skills could help fill these gaps. An Industry Sentinel Network made up of a group of healthcare employers, carefully selected to include a broad range of size, employer type, and geographic distribution, would provide near real-time information on the current and near-future demand for healthcare workers and their skill-sets within their organization and industry. A response panel composed of education, training, and policy stakeholders would review, validate, and disseminate the data obtained from the Network at frequent and regular intervals throughout the year. Timely data and a statewide distribution system would provide alerts of emerging trends and communicate changes in health workforce demand in a time frame that improves the education and training system's ability to respond effectively.

Legislation could create the Network in statute under the purview of the Health Workforce Council with a four-year sunset review. Estimated funding for the Network's activities for the biennium would be $200,000, which includes start-up costs.

3. Provide staff support for the Health Workforce Council.

The Health Workforce Council was established in statute in 2003 to be administered by the Workforce Training and Education Coordinating Board (Workforce Board). At the time, the Workforce Board had access to federal funding to provide the staff necessary to do the work required of the Council. However, that funding is no longer available. Instead, the Workforce Board is doing the work of the Council with very limited staff, taking time and resources away from existing Workforce Board programs, and limiting the amount the Council can accomplish.

The Health Workforce Council has a history of convening key health workforce stakeholders (professional/ occupational groups, employers, educators, governmental and regulatory bodies, etc.) to collaboratively identify and resolve barriers to building the health workforce capacity needed by the state's population, especially in rural and underserved areas. With funding to allow the necessary staff resources for increased research and stakeholder work, the Council could make great strides in identifying further opportunities for addressing healthcare workforce shortages, and assist with making recommendations on how to implement many of the goals laid out in the State Health Care Innovation Plan and the Healthier Washington grant application.

Council note:
The staffing need is estimated at between 1.25 and 2.0 FTE, depending on new assignments derived from this process. The funding range is therefore from $120,000 to $155,000.

4. Increase post-graduate training opportunities, particularly in rural and underserved areas, to expand primary care delivery and the primary care workforce.

Washington ranks below the national median in the per capita number of in-state primary care physician residency positions. For physicians, research shows that residency location heavily influences their choice of practice location. Increasing the number of primary care post-graduate clinical training opportunities for physicians, as well as for other primary care clinicians (such as dentists, ARNPs and PAs), in underserved communities will require both funding assistance and an analysis of administrative barriers to expand these opportunities. Investments that increase primary care residency and other post-graduate clinical training opportunities, especially in rural and underserved regions, are likely to lead to more practitioners choosing to work in Washington, and in communities that need healthcare professionals most.

An injection of state funds would support additional primary care physician and dental residency slots at existing institutions, and support the development of new residency programs. The Legislature could also create a workgroup to identify opportunities to increase post-graduate "transition to practice" for ARNPs and PAs, and to examine the potential for further increasing primary care residency slots. Incentivizing education and training programs that offer innovative education and postgraduate training programs to highlight rural practice work could be another way to encourage more practitioners to serve in rural areas.

5. Provide training and practice support to promote integrated behavioral and physical healthcare teams for more effective care.

Healthcare delivery is transforming at a rapid pace, and there has been a real shift in incentives to focus on the health of a person as a whole, instead of breaking up services into physical and behavioral health. However, changing this paradigm is not an easy task; education providers and industry who will be implementing this change need additional support and resources.

The Legislature could support the creation of education curricula to include training on a whole person care approach (which recognizes the interplay of physical and behavioral health), and the social determinants of health such as housing, nutrition, and education. The Legislature or Governor could also charge the appropriate parties to develop programs for providers and facilities to gain knowledge and skills to work successfully in integrated care teams.

6. Identify opportunities for healthcare workers to expand roles within their scope of practice and training.

As Washington's demand for healthcare grows, existing healthcare workers can help fill the gap. The state should consider new service delivery models that increase the scope of trained healthcare workers who may be constrained because of artificial barriers to their scope of practice.

For example, a paramedic or EMT is trained to provide a wide range of emergency treatment. Even so, EMTs must cease all treatment once a patient is inside a community or acute care setting. A good first step would be to work with employers to remove non-statutory barriers that limit healthcare professionals from fully using their education, skills, and competencies across healthcare settings. The Health Workforce Council encourages the Legislature to explore options where provider shortages can be addressed using existing healthcare

workers, such as paramedics and EMTs, in ways that correspond to their current recognized range of competencies.

7. Direct licensing and accrediting bodies to begin a process to recognize competencies that transfer across healthcare occupations to encourage career progression and mobility.

Education and training for healthcare workers includes many standard core competencies across occupations For example, a certified nursing assistant (CNA) receives the same training in some aspects of direct patient care as RNs, LPNs, EMTs, home care aides, and others. Yet an EMT who seeks to go on to train as an RN must start over, instead of recognizing that the EMT certificate already includes some core competencies that overlap with the RN program.

For many healthcare workers, moving to a higher level credential can be an necessarily slow process. Requiring healthcare students to repeat education on core competencies that were already earned in a previous certification only delays their time to a credential, and could be a cost barrier that limits their ability to progress in a health career. Creating stackable core competencies across licenses and certifications allows for more career progression for healthcare workers.

8. Promote career development pathways for entry-level and paraprofessional workers through improved education and training opportunities.

Healthcare system transformation is creating new entry-level job opportunities and changing roles in healthcare delivery. As these entry-level job opportunities are created, they should be designed to also increase retention and provide career progression opportunities to entry-level workers. Workforce churn can be a real issue for patient care – both in terms of added training costs for the employer and the continuity of care for the patient. Retention could be improved by promoting career development and mobility opportunities, encouraging workplace flexibility, making continuing education opportunities accessible, encouraging coordination among education and training programs to expand knowledge of other professions' education, skills and competencies, and educating new healthcare workers to meet the needs of the transformed healthcare environment. A longer term goal would be to encourage payment reform that allows providers and facilities to be reimbursed or otherwise incentivized for supporting career pathways for their workers.

The Legislature could consider supporting the Health Workforce Council or other groups with the necessary resources to conduct research and stakeholder work with industry and education providers to determine viable options for career progression, and explore public/private co-investment strategies to develop the health workforce pipeline. Additional work could include studying turnover rates for entry-level and paraprofessional workers, and surveying workers on job satisfaction to identify areas for improvement. The organization doing this work could also identify and disseminate information about the most promising practices, and develop recommendations on how to scale activities that could be implemented regionally or statewide.

9. Create a workgroup to establish a draft framework to build a stable, high performing frontline workforce that can respond to the long-term and community-based care needs of Washington's growing elderly and chronically ill populations.

Frontline workers provide the bulk of care in long-term care (LTC) facilities and services in community care settings. At the frontlines, long-term and community care is largely about helping individuals with the challenges of daily living. Patients requiring long-term care benefit most from a stable relationship with skilled and caring frontline workers, such as patient care assistants, home care aides, certified nursing assistants, and community health workers. Yet low pay, limited education and training, perceived disrespect as a caregiver, and limited opportunity for occupational progress fuels high turnover. To change this dynamic and improve patient outcomes, attention must be focused on the nature and structure of these occupations, as well as the payment models that support them.

Research and demonstration projects highlight workplace models that reduce frontline worker turnover, reduce costs, and improve patient care outcomes. In partnership with industry, education and advocacy groups, this recommendation calls for testing proven models in Washington care settings, and providing the necessary research and advocacy work to implement career pathways, workplace hiring and promotional practices, and reimbursement/payment structures that attract and retain workers, while improving patient care and reducing costs.

This work would likely include:

- Review and analyze evidence-based care models from across the U.S. and from other countries with similar policy and situational environments.
- Develop recommendations for a new, multi-tiered occupational pathway for frontline LTC and community health workers, including potential payment models, training guidelines for supervisors and administrators, and identification of likely implementers.
- Explore successful LTC apprenticeship and career pathway models from within Washington and across the country to replicate what is working, and learn about potential barriers to success.
- Make recommendations about enhancing or supporting the family caregiver role in building Washington's next generation long-term care system.
- Research opportunities to incentivize education and healthcare providers to increase the number of practitioners with the knowledge, skills and competencies in providing integrated care for the elderly and those with chronic conditions.

10. Create a direct incentive program to encourage healthcare providers to practice in rural and underserved areas later in their careers.

The New Blue "H" Rural Health Report recommends further study into the development of an incentive program to encourage healthcare practitioners who are further along in their careers (for whom the availability of loan repayment is not an incentive) to serve in rural areas. This recommendation would require legislative direction and potential resources to the Department of Health to put together the necessary research and policy options to move forward with this incentive program for legislative action in 2016. An added benefit of enticing more experienced practitioners is that these practitioners may be better equipped to handle the diversity of patient care challenges that come from working in a rural area.

11. Gather important data on the state's healthcare workforce by requiring healthcare professionals to complete a demographics survey as part of their licensing requirement.

The Health Workforce Council has consistently supported the collection of demographic information from healthcare providers through online renewals. The Department of Health used to capture this information with a paper survey. However, the last survey was conducted a number of years ago. With the advent of online license renewals, the idea is now to include an online survey as part of the renewal process. The department received direction from the Legislature in the 2014 Legislative Session to move forward with implementing the survey, and is currently developing the survey for expected release as part of the the license renewal process in late 2015 or early 2016. In the current landscape, the state can identify how many health professionals hold licenses, but not how they are deployed, what area of the state they are practicing in, and which fields they are working in. This survey, when launched, will capture such analytic data. While the department has not yet finalized the type of information to be collected, it could include specialties providers are working in, where they work, how many hours they work, and their retirement plans, among other questions. This survey is currently not mandatory for licensure, which could call into question the validity of analysis if sample sizes and distribution of respondents are insufficient. The Council recommends that the Legislature make participation in this survey mandatory for licensure to ensure an accurate picture of the distribution of healthcare providers, and allow policymakers and industry to best understand where to focus limited resources for provider recruitment and retention activities.

12. Ensure stable funding for rural health workforce programs.

Limited state budget resources have forced a large potential cut to funds that provide the basis for Washington's rural health workforce programs. The Office of Financial Management recently charged all state agencies with providing information on what the agencies would cut if necessary to fulfill a 15 percent cut to their budgets. In the Department of Health's budget package, the 15 percent reduction included a cut to State Office of Rural Health dollars that currently fund the Area Health Education Centers and other partners across the state. This work is essential in the state's effort to support the rural healthcare system. Funding should be re-instated to support rural workforce development activities, including activities to encourage youth to pursue healthcare careers, rural training opportunities, supporting practices with their recruitment/retention needs, and seeking innovative staffing models to provide flexibility to rural facilities.

13. Support increased technology for delivery of healthcare career education.

Technology can provide a bridge between classroom learning and actual clinical experience. This recommendation calls for additional funding and flexibility for educational institutions to use technology to provide more opportunities for healthcare career education. Currently, there are too few clinical placement slots available, which limits training opportunities needed by healthcare professionals to move forward with their education and credentialing. Alternative clinical methods, such as high quality simulation, can help address this limitation in capacity. Simulation education on computerized mannequins or a desktop virtual reality machine that copies the features of a risky procedure, helps healthcare professionals learn their craft, without putting actual patients at risk. Technology can also address the theory portion of instruction through online education. Using technology, rural students can receive the same cutting-edge instruction as students

in urban areas, who often have better access to providers and instructors. Technology can also create greater efficiencies, allowing educational institutions to share faculty and educational content.

Implementation of this recommendation could include a range of options. For example, competitive grant funding could help advance best practices in simulation. An increased flexibility in requirements for clinical hours could allow for simulation to substitute for on-site education. Innovation funding could allow healthcare faculty to access professional development to learn to best use simulation. The Legislature could also consider a request for healthcare licensing and certification bodies to produce a report that identifies standards of licensing where access to education and training could be improved through alternative forms of technology.

14. Provide new funding for high employer demand healthcare education programs.

Investments in education and training programs focused on hard-to-fill healthcare occupations can help employers find the qualified workers they seek. Many of these high-demand programs can be costly. Additional funding can help ensure schools and colleges are able to meet the demand of healthcare employers, such as hospitals and clinics, who are unable to find enough qualified healthcare professionals in certain occupations. This funding was particularly critical in addressing a serious shortage of nurses between 2004 and 2011. The Health Workforce Council (then known as the Healthcare Personnel Shortage Task Force) and its partners identified a tremendous need for more nurses to serve a growing and aging population, and strongly advocated for high employer demand funding for this occupation. With funding support from the Legislature, nursing completions in Washington increased from 1,791 trained nurses in 2004 to 3,081 in 2011, (a 72 percent increase).

The federal Affordable Care Act, which was implemented on a large scale in early 2014, has increased the number of Washington residents covered by health insurance, often through subsidized plans or enrollment in Medicaid. Earlier in 2014, state officials reported that more than 600,000 Washington residents had obtained new health insurance coverage through the state's healthcare exchange. As part of that total, more than 450,000 adults obtained coverage under Medicaid, the federal-state program for the low-income and disabled. The influx of new Washington residents with health insurance put further stress on healthcare providers, many of whom were already in short supply, particularly in rural, underserved areas. A renewed commitment to high employer demand funding in healthcare fields would allow education institutions to more rapidly meet training needs to ensure the supply of trained healthcare providers keeps up with the demands of a growing population with health insurance coverage.

15. Convene a workgroup of experts on graduate medical education (GME) to explore administrative barriers and make recommendations for the expansion of primary care residency opportunities in medically underserved communities.

A variety of administrative and fiscal barriers reduce residency opportunities for primary care healthcare providers. A workgroup could explore such issues in detail in 2015 and report back to the Legislature with recommendations. Potential solutions may include further stakeholder work with federal partners, or a change in the law. Funding to expand residencies in medically underserved communities is a recommendation for action in 2015, but as reported above, there is a need to do additional research on administrative and fiscal

barriers to increased residency opportunities. As these barriers are explored, the Health Workforce Council will continue to push for additional access to residency opportunities in medically underserved communities.

16. Encourage new methods to recruit healthcare faculty from healthcare employers.

Healthcare career education faces a shortage of qualified faculty members – both in the classroom and in supervising clinical placements. Healthcare faculty can be difficult to recruit due to a wage disparity between clinical practice and education delivery. Additional research and conversation is needed regarding incentive packages that provide sufficient incentives but are equitable. This recommendation provides a framework to convene stakeholders in education and healthcare facilities, as well as partnering with the efforts of the Healthier Washington team, to explore incentives for loaned faculty programs and other recruitment tools.

17. Support access to, and the application of telemedicine as a covered and reimbursable expense for healthcare services, and train current and future workers on the effective use of telemedicine.

In 2012, the Council recommended increased use of effective telemedicine as a reimbursable option for healthcare services, particularly for rural areas, where at times the nearest primary care provider (not to mention a specialist) is two or more hours away. Telemedicine has emerged as a cost-effective alternative to face-to-face consultations and examinations. According to the National Conference of State Legislatures, most states are covering telehealth services in their Medicaid program. Some 43 states and the District of Columbia provide some form of Medicaid reimbursement for telehealth services. Also, 19 states and the District of Columbia require private insurance plans in the state to cover telehealth services, and Arizona will join this list in January 2015.

The 2014 New Blue H Rural Health Report wrote extensively about the benefits of telemedicine for rural and underserved areas, including tele-home care services (which were not in the original legislation). In 2014, the state House of Representatives passed House Bill 1448, regarding telemedicine, but unfortunately it was not passed out of the Senate. Telemedicine helps bring access to healthcare services to remote parts of the state. To expand this access further, telemedicine needs to be a reimbursable expense, and accessible to healthcare clients, particularly those in rural areas. The Council urges passage of comprehensive legislation, which includes professional development of incumbent and new hires, to allow for reimbursement of, and access to telemedicine.

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