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**The Joint Select Committee on Health Reform Implementation
Workforce Advisory Group
Final Report
[Date]**

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Introduction

The Workforce Advisory Group (WAG) was convened by the Joint Task Force on Health Reform Implementation (the Joint Task Force). The purpose of the WAG was to advise the Task Force on ways to address the current workforce shortage, which is expected to increase due to federal health care reform and is already problematic due to demographic changes and projections in Washington. The WAG was co-chaired by Senator Randi Becker and Representative Dawn Morrell and consisted of various stakeholders including representatives of health care professionals, hospitals, educational institutions, labor, and workforce training and development agencies.

During the 2010 legislative interim, the WAG held three public meetings. At these meetings, the members of the WAG agreed to focus on specific legislative, budget-neutral proposals to increase Washington residents' access to primary care and dental care and to differentiate between short-term and long-term solutions. In addition, the WAG discussed providing primary care in an integrated, team-oriented setting.

The WAG decided to concentrate on three main areas: utilizing Washington's existing primary care work force more efficiently, increasing the supply of health care professionals with the ability to provide primary care, and addressing dental care issues. The WAG divided into three break-out groups, each of which was assigned one of these issue areas. The break-out groups reported back to the WAG, which then developed the recommendations contained in this report.

Primary Care Workforce Recommendations¹

	Short-Term	Long-Term
I. Efficient Use of Existing Primary Care Workforce		
Require payers to reimburse for care management/coordination.	X	
Require persons enrolled in PEBB programs to have a primary care provider.	X	
Expand collaborative care models such as medical homes in other areas, both urban and rural.		X
Allow practitioners to be reimbursed for remote services (such as tele-health, virtual visits, and home monitoring) in a manner that incentivizes outcomes.	X	
Ensure that behavioral health is a component in collaborative care models.		X
Allow naturopaths to be primary care practitioners for purposes of Medicaid.	X	
Fully support existing Community Health Centers to expand capacity by developing new service areas/access points under federal health care reform.		X
Add naturopaths to the list of provider types covered by Medicaid.	X	
Modernize the scope of practice of naturopaths to allow all minor office procedures and increased prescriptive authority (to include schedule II-V controlled substances).	X	
II. Increasing the Supply of Primary Care Providers		
A. Recruitment		
Require all school districts to develop policies/programs on exposing high school students to health career options and opportunities to prepare for those careers.		X
Recruit primary care and dental students to practice in underserved areas.		X
Maximize the use of federal funds and programs; e.g., the National Health Service Corps and federally-funded residency programs in under-served areas.		X
When possible, re-allocate scholarships to focus on primary care and dental students.		X
Expand community health residency programs to increase residents' exposure to primary care.		X
Fund health care data collection and analysis systems to improve targeted recruitment and other programs.	X	
Require state institutions of higher learning to give admissions priority to qualified Washington state residents.	X	
Re-establish funding for the state loan repayment program, especially for those professions and areas not fundable by the National Health Service Corps.	X	

¹ The recommendations in this table do not necessarily reflect the unanimous opinion of the advisory group. The order of the recommendations in the table does not reflect the relative importance of the recommendations to the advisory group.

	Short-Term	Long-Term
Support employers and labor-management partnerships that are investing in incumbent health care workers who are interested in career ladders and going to school.		X
Ensure outreach so that primary care providers represent a broad and diverse group of stakeholders.		X
Establish a "Primary Care Physician Conditional Waiver Program to incentivize medical students to choose a primary care career at the beginning of their training.		X
B. Educational System Efficiency		
Expand/create interdisciplinary training; e.g., require different disciplines to take common curricula together.		X
Explore the availability of "credits for prior learning."		X
Explore recognition of military training in health care educational programs.		X
Establish uniform prerequisites for health care education programs.		X
Expand the use of online education models and best practices curricula.		X
Explore ways to maximize efficiency of program delivery.		X
Incentivize efficient use of educational space and equipment.		X
Create a single portal for processing applications to health care professions education programs.		X
C. Educational System Capacity		
Require institutions of higher education to develop a plan to increase the supply of primary care professionals, including "entry level" professionals, despite funding challenges. This could include requiring these institutions to re-allocate resources.	X	
Continue to allocate state FTE funding via "high demand" funding, work retraining, or other methods.	X	
Re-task GME and Medicaid dollars to expand residency training opportunities.	X	
Create more incumbent workforce career pathways/laddering.		X
Utilize existing professionals as faculty. Eliminate barriers to utilizing agency staff as faculty.		X
Expand the use of simulation for clinical work, labs, and critical thinking.	X	
Maximize faculty expertise to teach common courses such as Anatomy and Physiology.		X
Create incentives for people to become faculty and find ways to increase faculty compensation in line with clinical work compensation.		X
Address faculty workload disparities in professions such as nursing in order to retain faculty.		X
Allow institutions of higher education to cover student liability for clinical training, similar to the authority already granted to the University of Washington.	X	
For clinical placements in nursing and other professional/allied health occupations, supply infrastructure for a system to ensure effective utilization of clinical sites.		X

	Short-Term	Long-Term
Require institutions of higher education to produce more primary care practitioners; impose penalties on individual institutions if this goal is not met.	X	
D. Removing Barriers to Licensure and Practice		
Remove licensing requirements that create impediments to licensure or re-licensure for which there is no evidence of improving quality of practice.	X	
Review reciprocity with other states and countries.	X	
Increase options for internationally-educated nurses and other health care professionals to become licensed in Washington.		X
Create incentives for ARNPs in "extender" roles to move to an independent primary care role.		X
Recognize clinical nurse specialists as advance practitioners capable of providing primary care.	X	
III. Dental Care		
A. Reducing the Need for Dental Care		
Continue to support early prevention efforts such as the Access to Baby and Child Dentistry Program.	X	
Engage primary care medical providers in providing anticipator guidance and other prevention services so that children are able to access dental care beginning at an earlier age and with greater frequency.	X	
B. Efficient Use of Existing Dental Workforce		
Take full advantage of opportunities to ensure that primary care providers consider, assess, and refer at-risk individuals for dental care early.		X
Increase the use of risk assessment and the tailoring of dental care based on risk through the use of pilot projects.		X
Provide incentives to dental offices to use technology that will increase efficiency.		X
C. Increasing the Supply of Dental Providers		
Fully support the training and use of the Expanded Function Dental Auxiliary.		X
Systematically recruit dentists from other states.		X
Consider legislation to create a new mid-level dental provider in order to increase access to care for underserved populations	X	
Fully support the Community Health Centers, including maximizing the availability of loan repayments.		X
Increase the number of dentists that are interested in practicing in Eastern Washington in rural areas by expanding the number of dental students in the RIDE program.		X

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Appendix

[list of members and staff]
[meeting summaries]