

# Health Care Personnel Shortage Task Force

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## 2012 Annual Report



December 2012

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**Workforce Training and Education Coordinating Board**  
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## I. Background

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

During the 2003 session, the Legislature passed legislation directing the Workforce Board to continue convening the Task Force. The Task Force's objective is to ensure an adequate supply of health care personnel that safeguards the ability of the health care delivery system to provide quality, accessible health care to residents of Washington. The bill also required an annual report to the Governor and Legislature on the statewide plan, including recommendations, to address health care personnel shortages.

The Workforce Board has continued to convene the Health Care Personnel Shortage Task Force and to annually provide a report to the Governor and Legislature which contains recommendations to address a variety of issues related to personnel shortages in the health care industry.

## II. Membership

**Michele Johnson, Ph.D.**, Task Force Chair, Chancellor, Pierce College

**Suzanne Allen, M.D.**, Task Force Vice-Chair, Vice Dean for Regional Affairs, UW School of Medicine

**Dan Ferguson, MS**, Director, Allied Health Center of Excellence/ Yakima Valley Community College

**Dana Duzan**, Laboratory Director, Allied Health Professionals

**Mary Looker**, CEO, Association of Community and Migrant Health Centers

**Vacant**, Group Health Cooperative representative

**Kathleen Lopp**, Assistant Superintendent, Office of Superintendent of Public Instruction

**Diane Sosne**, President, Service Employees International Union (SEIU)

**Charissa Raynor**, Executive Director, SEIU Healthcare NW Training Partnership

**Marty Brown**, Executive Director, State Board for Community and Technical Colleges

**Diane Zahn**, Secretary/Treasurer, United Food and Commercial Workers Union

**Deb Murphy**, CEO, Washington Association of Housing & Services for Aging

**Linda Tieman**, Executive Director, Washington Center for Nursing

**Lauri St. Ours**, Dir. of Regulatory & Gov't Affairs, Washington Health Care Association

**Nancy Alleman, RDH, BS**, Washington Rural Health Association

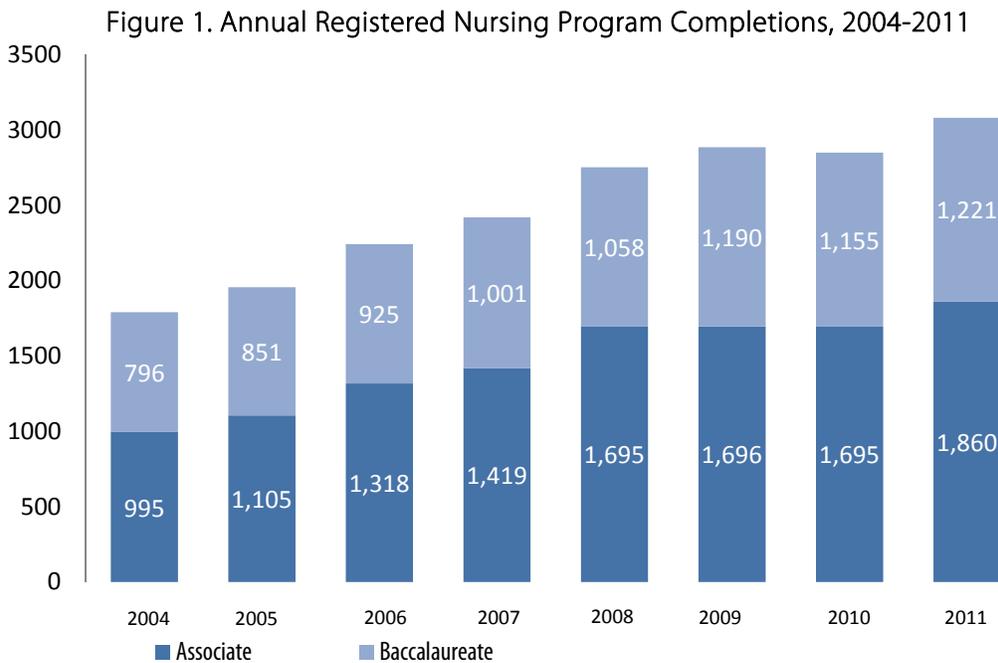
**Bracken Killpack**, Director of Government Affairs, Washington Dental Association

**Mary Selecky**, Secretary, Washington Department of Health  
**Vergil Cabasco**, Policy Director, Washington Hospital Association  
**Roger Rosenblatt, MD, MPH**, Washington Medical Association  
**Sally Watkins, MN, RN**, Assistant Executive Director, Washington Nurses Association  
**Don Bennett**, Executive Director, Washington Student Achievement Council  
**Eleni Papadakis**, Executive Director, Workforce Training and Education Coordinating Board

III. Progress

Since the inception of the Task Force, a great deal of progress has been made in many areas to address severe personnel shortages that had existed, and progress continues to be made. Here are a few highlights in addressing the health care personnel shortage.

- Demonstrable progress can be seen in the increase in supply of registered nurses in Washington. Since 2004, the state has increased the annual number of Associate and Bachelor’s level nursing graduates by 72 percent. (See Figure 1)



Source: Health Professions Education in Washington: 2004-2011 Completion Statistics. Workforce Training and Education Coordinating Board, 2012

- The Department of Health received funding in the 2011-13 biennium to move forward with online renewals for healthcare providers. Online renewal became available to the first four professions in January 2012 and all primary care providers were able to renew online by November 1, 2012. The service continues to be phased in for the remaining professions and will be complete by June 2013 for all 380,000 health professionals in over 80

professions. Work during the 2011-2013 biennium also included a pilot project for online applications for eight professions.

The move to online renewals for health professionals sets the stage for collecting additional demographic and practice information on healthcare providers for use in assessing and planning health care across the state. If funded, the department plans to develop and implement demographic surveys during the 2013-2015 biennium. Making applications available online is planned for the 2013-2015 biennium as well.

- The Center of Excellence for Allied Health is leading an effort to design a model Allied Health Program of Study. This work includes identifying common core requirements for allied health programs and developing secondary to postsecondary articulation agreements. Other aspects of the model under development include assessing and providing credit for prior learning experience, and creating a certificate for completing program prerequisites.
- The State Board for Community and Technical Colleges approved three Hospital Employee Education and Training (HEET) projects for the current fiscal year.
  - 1) Bellingham Technical College, Whatcom Community College and Skagit Valley College are continuing their “Moving Forward” partnership with area hospitals. “Moving Forward” offers a health care pathway for low-earner, diverse, and first generation hospital workers, and those facing job elimination.
  - 2) North Seattle Community College is leading an effort with the other colleges in the Seattle District and the Swedish Medical Center and SEIU 1199NW. The project provides pre-college and college-level math and English learning for hospital employees.
  - 3) Bellevue College is partnering with Evergreen Health and SEIU 1199 NW to offer a pathway to Registered Nursing. The pathway includes prerequisite coursework at the worksite or in a hybrid format, and offers students tutoring and flexible work scheduling.
- Looking ahead to the 2013 fiscal year, the colleges will be funding new HEET projects to respond to the Affordable Care Act. These new projects are expected to include developing:
  - Career pathways for medical assistants;
  - Curriculum to address community-based health care;
  - Curriculum to facilitate medical billing and coding changes, and
  - Capacity for using simulation training.

#### IV. Health Care Personnel Data

Although progress has been made in many areas, health care personnel shortages continue to be anticipated in the health care industry. Additionally, while the full impacts of the federal Affordable Care Act on health care personnel are not known yet, there will be significant

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impacts on non-urban areas of the state.<sup>1</sup> The following data on the anticipated health care personnel shortages does not account for any increased demand created by implementation of the Affordable Care Act.

### A. Health Care Personnel Gaps

On behalf of the Task Force, the Workforce Board analyzes the supply and demand for selected health care occupations. The analysis compares the projected job openings to supply from new entrants completing health care education programs and estimates a gap over time. Below are the top 16 health care occupations with the greatest projected gap in supply. For the full table of health care occupations and the projected skill gap for 2015 – 2020, see: [www.wtb.wa.gov/Documents/2012healthoccupationskillgap.pdf](http://www.wtb.wa.gov/Documents/2012healthoccupationskillgap.pdf)

Occupation	2012 - New Supply	Projected Annual Net Job Openings 2015 - 2020	Annual Gap Between Supply & Projected Demand
Home Health Aides *	58	436	-378
Physicians and Surgeons, All Specialties	173	545	-372
Vocational Rehabilitation Counselors	17	385	-368
Registered Nurses **	2411	2588	-177
Medical, Clinical Lab Technologists	45	175	-130
Mental Health Counselors	48	176	-128
Medical Scientists, Except Epidemiologists	103	216	-113
Dentists, General and All Specialties	88	200	-112
Physical Therapists	108	198	-90
Occupational and Vocational Therapists	56	106	-50
Respiratory Therapists	40	89	-49
Radiologic Technologists/Radiographer	152	199	-47
Medical and Clinical Lab Assistants & Technician	74	120	-46
Physician Assistants	64	109	-45
Dental Lab Technicians	16	56	-40
Med Transcriptionists	105	144	-39

\* Includes Department of Health licensed Home care aides, but not Medicaid home care aides.

\*\* Demand for nurses is currently down as result of the recession and aftermath but is expected to grow as recovery strengthens.

These demand estimates are from occupational projections for Washington that were developed by the Employment Security Department under a contract from the U.S. Department of Labor. This national methodology relies heavily on recent trends and on national averages. Therefore, it may underestimate emerging overall changes or effects

<sup>1</sup> Washington State Office of Financial Management, *Availability of Primary Care Physicians to Serve the Affordable Care Act's Medicaid Expansion Population, Washington State Health Services Research Project Research Brief No. 65*, Wei Yen and Thea Mounts, [www.ofm.wa.gov/researchbriefs/2012/brief065.pdf](http://www.ofm.wa.gov/researchbriefs/2012/brief065.pdf) (June 2012); University of Washington Center for Health Workforce Studies, *Washington State Primary Care Provider Survey, 2011-2012: Summary of Findings*, Susan M. Skillman, MS, Meredith A. Fordyce, PhD, Wei Yen, PhD, Thea Mounts, MA, [http://depts.washington.edu/uwrhrc/uploads/OFM\\_Report\\_Skillman.pdf](http://depts.washington.edu/uwrhrc/uploads/OFM_Report_Skillman.pdf) (August 2012).

specific to Washington. In general, this methodology tends to be conservative in predicting changes to recent trends.

Accurately predicting future changes in health care labor demand resulting from national health care reform is very challenging. It will be important to carefully monitor changes in the health care system for labor market effects that were not predicted in the official projections.

### B. Health Care Completions

Washington has been very successful in increasing the number of students completing health care programs. The summary of Health Professions Education Completions contained as an [attachment to this report](#) shows the number of completions statewide from 2004 to 2011 for 35 health care fields. The next table shows some of the programs with the most notable increases. Bear in mind percentages don't reflect the amazing growth that has occurred in some of these educational fields. For instance, the 241 percent growth in Physical Therapy Assistant represents roughly 100 extra completions per year whereas the relatively more modest sounding increase of 73 percent of Registered Nurses represents about 1,300 more completions per year.

#### Health Care Programs with Substantial Increases in the Number of Completers

Program of Study	Percentage Increase in the Number of Completers from 2004 to 2011
Physical Therapy Assistant	241 %
Nursing Assistant/Aide	127 %
Surgical Technology	73 %
Registered Nurse (ADN and BSN)	73 %
Advanced Registered Nurse Practitioner	57 %
Medical Imaging	42 %
Dental Hygiene	39 %
Pharmacy	26 %
Physician Assistant	16 %

### V. 2012 Task Force Recommendations

In 2012, there was a great deal of uncertainty in the health care field due to the legal challenge to the Patient Protection and Affordable Care Act (ACA) which was passed by Congress in 2010. In June 2012, the U.S. Supreme Court held that the vast majority of the ACA was constitutional. Following this decision, state governments began the work of determining how to implement the provisions of the Act, including the expansion of eligibility for Medicaid.

Task Force planning and decision-making in 2012 was greatly influenced by the ACA and its potential impacts on health care demand. The Task Force held its 2012 meetings in June and October. The June meeting was held prior to the U.S. Supreme Court decision on the ACA; therefore, the meeting focused on learning more about the Act and the efforts in Washington to meet its requirements. In October the Task Force heard an overview of the decision handed down by the U.S. Supreme Court and learned more about the potential increase in demand for health care services forecasted as a result of the changes established in the ACA. In preparing its recommendations, the Task Force focused on the health care personnel shortages that are anticipated from the increased demand for health care, particularly in rural areas of the state.

### Recommendations

1. *Support health care career pathways, Programs of Study, and other opportunities that move students along their pathways and into health care careers more efficiently and effectively.*

- a. *Career Pathways and Programs of Study*

The Legislature should support the development of career pathways and should encourage the secondary and postsecondary education systems to better align the Programs of Study, as well as to increase opportunities for dual credits and articulations. Health care career pathways enable a student to identify health care as an occupational area of interest to the student. Once a student has chosen the career pathway, the student is able to choose a Program of Study within the pathway that integrates academic and career and technical education, and also provides greater opportunities for work-integrated learning experiences. Programs of Study align secondary education with postsecondary education and provide for increased opportunities for dual credits. Programs of Study within the health care career pathways will allow a student to move through his or her education and training program into a health care career more efficiently and quickly.

- b. *High Employer Demand Programs of Study Funding*

The Legislature should continue to target and fund high employer demand Programs of Study which are programs in areas where the in-state supply of graduates is less than employer demand.

- c. *Career and Technical Education and Support Services*

The Legislature should support programs and services that move students to completion of their education and training programs and into careers. Career and Technical Education

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programs provide valuable training to students that enable them to gain skills and abilities needed in their career of choice. Federal funding has been stagnant for Career and Technical Education programs, and students are losing access to valuable education and training programs.

Support services are another area that is extremely important to the success of many students. Budget cuts in recent years have reduced many of the services that enabled students to complete their education and training. Programs such as career navigators assist students in moving more quickly into their career with help identifying their pathway and accessing the necessary education and training programs, as well as support services. Though there has been some federal grant funding for this type of activity, the State of Washington should continue to provide funding for those programs that are showing results in moving students to completion of their education and training programs such as the Navigator programs.

2. *Increase residency opportunities for medical students.*

To increase the number of medical students who remain in Washington to practice, the state needs to increase opportunities in residency training programs. Where a medical student engages in his or her residency training program is a significant predictor of where the student will practice once training is completed. Investments in increasing in-state residency opportunities will likely have a positive impact on increasing the numbers of health care personnel in the state, especially in medically underserved regions.

Washington has benefitted from federal grants to increase family medicine residency programs and Physician Assistant training opportunities. This funding will result in an increase in primary care providers in Washington. Unfortunately, once the federal funding is no longer available, the state is in danger of losing the increased training positions. Washington should continue funding of the residency and training opportunities created through the federal grants under the Affordable Care Act.

3. *Establish a workgroup to develop a standardized language to be used in clinical affiliation agreements.*

Clinical placements are an integral part of the education and training in many health care professions. Currently, competition for clinical placements in many health care fields is creating a barrier to increasing capacity of the health care workforce. One of the difficulties faced in developing greater clinical placement capacity is the lack of standard language for the management of clinical affiliations. The absence of standard language creates unnecessary complexity and duplication of effort spent creating, editing, and negotiating similar agreements across the state. Standardization of the language would

greatly increase the efficiency with which the agreements could be created. Additionally, gaps in language have occurred to the disadvantage of some schools. Simplification and standardization would better serve students and the system. The Legislature should form a workgroup to address the development of a standardized language for affiliation agreements.

4. *Encourage the adoption of common course numbering and increased articulation in the postsecondary system.*

Students today are highly mobile and it is possible for students to earn a certificate or degree with credits from multiple institutions. When credits do not transfer between postsecondary institutions, students spend extra time and money to complete their educational programs. Additionally, students attending multiple colleges can easily repeat classes or misunderstand how a class applies to core requirements, distribution requirements, electives, or major requirements.<sup>2</sup> This situation may discourage some students who then leave the educational system without completing their program to obtain a certificate or degree. The current system is complex for students, faculty and staff to understand and navigate, and impedes efforts for colleges to communicate and collaborate to serve students across institutions. Finally, state and local resources are not used as efficiently as possible. Common course numbering makes course transfer between the postsecondary education institutions more efficient and effective for students, advisors and receiving institutions. The Legislature should encourage common course numbering and increased articulation in the postsecondary system.

5. *Support growth and development of online education and training opportunities for all areas of the health care workforce as well as the increased utilization of telemedicine.*

Technology provides opportunities for access to education and training for a greater number of students in health care fields. The growing field of telemedicine which involves the remote delivery of health care services using telecommunications technology is an excellent example. Technology allows for greater efficiencies as educational institutions are able to share faculty and educational content. Online education programs are also particularly valuable for students in rural or remote areas as they allow access to education and training that might not otherwise be available. Part of the answer to increasing the number of health care personnel practicing in the non-urban areas of the state is developing online education and training that is based on evidence-based data

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<sup>2</sup> Feasibility Study – Improving Course Articulation, A report prepared for WACTC Education Services Committee, May 27, 2004

and information. The Legislature should fund increased online education and training opportunities and support efforts to increase utilization of telemedicine.

6. *Restore funding for the State Loan Repayment Program*

The Health Professional Loan Repayment Program helps the state attract and retain licensed health professionals to serve in critical shortage areas in Washington by providing educational loan repayment assistance. In return for financial assistance, program participants agree to provide primary health care services in rural or underserved urban areas that are designated as health professional shortage areas.<sup>3</sup> The Loan Repayment Program is funded at the state level in the federally matched State Loan Repayment Program (SLRP). Since 2010, the state's funding for this program has been reduced. The Legislature should fund the State Loan Repayment Program to increase health care personnel practicing in critical shortage areas of the state.

7. *Provide funding for a survey of health care professionals in order to accurately determine the supply of health care workers in the State*

To understand the full extent of the health care personnel shortage, we need to be able to calculate the supply of health care workers in the state. Currently, there is no reliable method for calculating the supply. The Department of Health licenses many health care workers and is transitioning to an online license renewal process. The Task Force recommends the funding of ongoing data collection connected to the online license renewal. We also need to provide funding for the analysis of the data collected in the survey. This information is critical to identifying where resources should be allocated to meet the greatest demand for health care personnel.

Issues for the Task Force to Consider in 2013

1. *Impacts of health care reform efforts in Washington on home care workers.*

Washington has approximately 40,000-50,000 home care workers. This is one of the fastest growing areas of health care in the state. An important consideration of many home care workers who choose this career is the availability of health care. Health care reform under the Affordable Care Act will make access to health care available to many current home care workers, or those who might have chosen this profession due to the availability of health care. With more options for access to health care, health care as a benefit for home care workers is no longer the incentive it was prior to health care reform.

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<sup>3</sup> Washington Student Achievement Council, *Health Professions Program*, [www.wsac.wa.gov/PayingForCollege/FinancialAid/HealthProfessional](http://www.wsac.wa.gov/PayingForCollege/FinancialAid/HealthProfessional) (2012).

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Due to this change, there is potential for a reduction in the number of people who choose to enter the home care profession. This could potentially create a significant home care worker shortage. The Task Force will monitor this situation and whether it is an issue the Task Force should address in 2013 or beyond.

2. *Consideration of health care disparities in the workforce.*

In many of the previous years, the Health Care Personnel Shortage Task Force has looked at the issue of disparities in race, ethnicity and gender in the health care workforce. The Task Force will collaborate with the Governor's Interagency Council on Health Disparities and consider this issue for possible recommendations in 2013.

3. *Consider funding models to support efforts to reduce the health care personnel shortage.*

Washington has faced severe budget shortfalls for several years resulting in funding impacts in all areas including health care, secondary education, higher education, and social services. The state is not likely to see significant changes in revenue due to improvements in the economy for some time. Therefore, we should consider how to provide the needed resources to meet the health care personnel shortages. In 2013, the Task Force may explore models to fund efforts to reduce the health care personnel shortage.

4. *Regional partnerships to address the health care personnel shortage.*

The exact nature of health care personnel shortages varies from one area of the state to another. For example, the Office of Financial Management's analysis of the availability of primary care physicians to serve the ACA's Medicaid expansion population shows that some areas of the state will have an ample supply of primary care physicians while other areas will have a shortage. To address such regional differences, representatives of health care organizations, health care workers, and education institutions should gather to analyze and devise solutions for their area. In many areas of the state, health care industry Skill Panels have served this purpose. In 2013, the Task Force will examine ways of promoting these types of regional partnerships.

To find this report online, see: [www.wtb.wa.gov/HCTFIntro.asp](http://www.wtb.wa.gov/HCTFIntro.asp).

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