Health Workforce Council

2014 Annual Report

December 2014

Workforce Training and Education Coordinating Board

128 10th Avenue SW | PO Box 43105, Olympia, WA 98504-3105

360-709-4600, www.wtb.wa.gov

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In Memory

This report is dedicated to the memory of two fine Health Workforce Council contributors who passed away in 2014:

- **Dr. Roger Rosenblatt**, who represented the Washington State Medical Association on the Council, always had a smile on his face, and was a strong advocate and content expert on addressing physician residency shortages.

- **Rochelle Morris (Wambach)** from the Washington Student Achievement Council, who attended every single meeting and subgroup of the Council in the short time she worked with us, and was an incredibly knowledgeable source on the Health Professional Loan Repayment and Scholarship Program.

Both were tremendous resources to the Council and will be missed greatly.

I. Health Workforce Council History

In 2001, amid growing concerns about personnel shortages in Washington's healthcare industry, the state's Workforce Training and Education Coordinating Board (Workforce Board) convened a workgroup of healthcare stakeholders. Soon after, 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 severe personnel shortages in the healthcare industry, and in January 2003, the Task Force presented a strategic plan to tackle the growing gap between the number of trained healthcare professionals and the needs of Washington residents. The report was presented to the Governor and Legislature, and was titled *Healthcare Personnel Shortages: Crisis or Opportunity?*.

In 2003, the Legislature passed Engrossed Substitute House Bill 1852, directing the Workforce Board to continue convening stakeholders to establish and maintain a state strategic plan to address healthcare workforce shortages. The plan was intended to be a blueprint that helped ensure a sufficient supply of trained personnel providing quality, affordable healthcare to the residents of the state. The bill also required an annual report to the Governor and Legislature on this work, including recommendations on how best to address healthcare personnel shortages.

In 2014, Task Force 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 is to provide hospitals, clinics, and other healthcare employers with a sufficient supply of skilled workers and professionals, across a wide range of occupations, and to ensure that quality healthcare 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 encouraging job retention among healthcare workers by offering opportunities to advance their careers through additional education and training.

The Council's main role is to develop a strategic plan that addresses health workforce shortages, track progress on implementation of new programs, and bring together key 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 along with a growing aging population needing more services, the Council and its partners continue to focus attention on how to best invest in the state's healthcare workforce pipeline.

II. 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 & 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 Roszak	**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**
Sofia Aragon	**Washington State Nurses Association**
Daryl Monear	**Washington Student Achievement Council**
Eleni Papadakis	**Workforce Training and Education Coordinating Board**

III. Council Recommendations for 2015

The Health Workforce Council has identified key priorities to address healthcare personnel shortages for consideration by the Governor, Legislature, and healthcare and education leaders.

Value Statements
When determining priority recommendations in this year's report, the Council established a core set of values that members felt should inform their recommendations. These value statements also serve as the foundation for the Council's vision of a transformed Washington healthcare system. *(View the Council's Value Statements on Page 10.)*

The Council largely focused on areas where small or targeted investments could help reduce healthcare personnel shortages, particularly in rural, underserved areas. 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 Council discussed these recommendations and ranked them in priority order at the Council meeting in December.

The recommendations to the Governor and Legislature, in rank order, are as follows:

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

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

3. Ensure stable funding for rural health workforce programs.

4. Provide funding for Health Workforce Council staff support.

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

6. Explore incentives to encourage practicing healthcare professionals to serve as college faculty.

7. 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.

Recommendation Detail

1. Restore 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 conditional scholarships and 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 recommends restoring funding for the program and ensuring that the program will support integrated care delivery across all health professions, such as family medicine, dental care and behavioral health.** The State Health Care Innovation Plan and the New Blue "H" Report on rural health access also recommended restoring funding for this program.

The Council does **not** recommend limiting the range of health professions eligible for this program. The statute governing the program is already drafted to allow for maximum flexibility as needed by the state and local communities.

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 conditional scholarship assistance to nine students who agreed to start their future 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 supported over 1,000 health professionals.

The Health Professional Loan Repayment and Scholarship Program has proven effective in Washington and in other states at increasing access to primary care providers in rural, underserved areas. A Cecil G. Sheps Center for Health Services Research survey found that approximately 60 percent of health professionals in Washington who benefited from the loan repayment program remained in an underserved community for five years or more after their last service term. Loan repayment puts new workforce capacity in the field immediately, and scholarships help to grow the future healthcare workforce.

2. Increase post-graduate training opportunities, particularly in rural and underserved areas, to expand 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. **The Council recommends the state commit funding to increase the number of primary care residency opportunities in underserved communities.** Addressing this shortage will require both funding assistance and an analysis of administrative barriers which may limit the expansion of residency opportunities. Additionally, expanding post-graduate clinical training

opportunities for other primary care clinicians (such as dentists, nurse practitioners and physician assistants) is also important to meet local health workforce demand and expertise, and will similarly require funding and reviewing barriers to expansion of these opportunities. *(See more information about nurse practitioner residency opportunities on page 30.)* 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 providers choosing to work in Washington communities that need integrative healthcare professionals the most.

The Council supports funding for increased residency slots, but also recognizes that a variety of administrative barriers may also reduce residency opportunities for primary care providers. **The Council recommends that the state convene a workgroup of experts on graduate medical education (GME) to explore administrative barriers to increased residency programs.** Potential solutions may include further stakeholder work with federal partners or a change in the law. A workgroup could explore this issue in detail in 2015 and report back to the Legislature with recommendations in time for the 2016 legislative session.

Post-graduate “transition to practice” opportunities for other health occupations have been gaining in popularity, and practicing in rural settings has many unique challenges not found in urban areas. **The Council believes there is value in exploring how to expand and incentivize post-graduate “transition to practice” programs for those who are choosing to train further to gain additional expertise in rural practice.** The Legislature could also create a workgroup to identify opportunities to increase dental residencies and post-graduate "transition to practice" programs for nurse practitioners and physician assistants. This could be a separate group, or this task could be added to the group exploring administrative barriers to increased residency programs.

3. 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 proposal, the 15 percent reduction included a potential cut to State Office of Rural Health dollars that currently fund the Area Health Education Centers (AHECs) in eastern and western Washington, as well as other partners across the state. This work is critical to the state's effort to support the rural healthcare system.

AHECs have had a number of notable results, including coordinating hands-on training experiences for 50 medical students per year through clinics that serve rural and underserved populations, delivering continuing education programs to more than 5,500 individuals, and providing more than 180 rural disadvantaged youth with mentored experiential learning programs involving multiple day experiences. The AHECs also recently received funding through the federal Veterans Administration to conduct professional development to address the behavioral health needs of rural active duty and returning veterans and their families. This work in Washington is the first of its kind in the nation.

The AHECs also receive federal matching funds, which may be affected if the state's contribution to the programs is reduced or eliminated. **The Health Workforce Council strongly encourages the Governor and Legislature to make no cuts to the Office of Rural Health, and by extension, AHECs and other similar programs.** These programs need to be fully funded to support critical rural health workforce development activities, including activities to encourage youth to pursue healthcare careers, rural training opportunities, supporting healthcare practices with their recruitment/retention needs, and seeking innovative staffing models of whole person care to provide flexibility to facilities.

4. Provide funding for Health Workforce Council staff support.

The Health Workforce Council was established in statute in 2003. The Workforce Board is the agency charged with staffing and convening the group. At the time, the Workforce Board was in the process of an initiative to address health workforce shortages, and had access to federal funding to provide the staff necessary to do the work required of the Council. This work includes convening Council and subgroup meetings, conducting research and analysis, and providing education and advocacy work on Council initiatives. However, federal funding is no longer available. Limited staff and resources at the Workforce Board are diverting efforts away from existing Workforce Board programs, while limiting the amount the Council is able to accomplish. **The Council recommends that the Governor and Legislature appropriate the funds to support the staff time and agency resources necessary for the Council's work.**

The Health Workforce Council has a history of results in convening key health workforce stakeholders (professional/occupational groups, employers, educators, governmental and regulatory bodies, and more) to collaboratively identify and resolve barriers to building the whole person health workforce capacity needed by the state's population, especially in rural and underserved areas. As an example of this work, the Council led an initiative to ramp up completion in nursing programs to address a serious shortage from 2004-2011. This coalition was successful in obtaining dedicated high employer demand funding, which allowed colleges to rapidly add nursing courses. Nursing completions increased 72 percent during the time of this initiative. With dedicated funding to allow the necessary staff resources for increased research and stakeholder work, the Council could do even more in identifying further opportunities for addressing healthcare workforce shortages, and assist with research, analysis, and identifying strategies to implement many of the goals for healthcare system transformation laid out in the State Health Care Innovation Plan and the Healthier Washington plan. The Workforce Board estimates that the staffing need is between 1.25 and 2.0 FTE, depending on new assignments for the Council. The funding range is, therefore, from $120,000 to $155,000 annually.

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

Healthcare system transformation that focuses on the whole person, including physical, dental and behavioral health, is creating new entry-level and para-professional job opportunities, and changing

traditional roles in healthcare delivery. The need for more and better trained patient navigators and care coordinators, especially across multiple health disciplines, has spurred changes in how frontline patient care is delivered in some settings. As life expectancy rises, older patients have more complicated health needs, which is transforming the field of gerontology as well. These discussions are taking place within institutional, community-based and home care settings.

Healthcare costs play a significant role in these discussions. In an effort to keep healthcare costs down, there is a growing interest in shifting responsibilities, where possible, to lower wage workers. The Health Workforce Council is concerned about the impact on low-wage workers and the quality of healthcare as frontline workers juggle expanded duties. **The Council recommends that the Legislature and Governor support an initiative that would allow for extensive research and testing for models to increase career progression opportunities for entry-level and paraprofessional healthcare workers with a focus on improving patient care outcomes.** This could include: identifying viable career progression opportunities, examining workplace hiring and promotional practices for entry-level healthcare workers, and exploring public/private co-investment strategies to develop the health workforce pipeline. The group doing this work would 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.

Entry-level, low-wage healthcare positions typically experience high turnover. This impacts the continuity of care for patients and clients. Research demonstrates that multi-tier career pathways with higher wages and responsibility progression reduce worker turnover, improve patient care outcomes, and lower overall cost per person.

Providing frontline healthcare workers with the chance to advance their careers and skills promises to cut down on costly turnover and boost employee retention. This can be done by encouraging employers to provide flexible scheduling that allows employees the chance to gain additional education and training; increasing coordination among education and training programs to expand knowledge of other professions' education, skills and competencies across a range of disciplines; and providing new healthcare workers with education that addresses the needs of the transformed healthcare environment. As healthcare payment reform models are being designed, the Council also supports finding new ways to incentivize providers and facilities that support career development, and access to training for healthcare workers.

6. Develop incentives to encourage practicing healthcare professionals to serve as college faculty.

Healthcare career education faces a shortage of qualified faculty members – both in the classroom and in supervising clinical placements. The salary difference between what can be earned in a clinical practice versus working as an educator makes it difficult to recruit healthcare professionals to serve as college faculty. **The Health Workforce Council recommends the creation of a workgroup to explore incentives and other recruitment tools to increase the number of available healthcare faculty.** The workgroup would bring together stakeholders representing education providers and healthcare facilities, as well as partnering with the Healthier Washington team. The Council believes that bringing

industry and education leaders together to examine potential approaches to recruit healthcare faculty, such as incentive models or shared personnel options, will offer solutions to address this long-standing problem.

7. **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 the increased use of 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. The 2014 New Blue H Rural Health Report detailed the benefits of telemedicine for rural and underserved areas, including tele-home care services. According to the National Conference of State Legislatures, most states are covering telehealth services in their Medicaid programs. 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. To expand this access to Washington residents, telemedicine needs to be a reimbursable expense, and accessible to healthcare clients, particularly in rural areas. **The Council urges passage of comprehensive legislation to allow for reimbursement of, and access to, telemedicine.**

To effectively use telemedicine, healthcare workers will need to gain the necessary training and experience to make the most of this emerging technology. **The Council recommends that any comprehensive telemedicine/telehealth reform includes a component for education and training of the current and future workers who will use technology to care for patients.** Patients should also receive an orientation, or training, when they are expected to manage any aspect of the technology or use it on their own.

Value Statements from the Health Workforce Council

The following values reflect the intentions of the Council in setting recommendations for 2015 and future work.

1. Create better access to career progression opportunities for healthcare workers.

2. Engage healthcare clients in their wellness needs.

3. Include key stakeholders engaged in existing efforts to transform healthcare delivery, education and training.

4. Increase health workforce capacity and adaptability to meet the Triple Aim of Better Health, Better Care, Lower Costs using evidence-based practices and value-based payment systems.

Value Statements from the Health Workforce Council (cont.)

5. Increase health workforce diversity.

6. Plan for and develop an integrated behavioral and physical health workforce capable of addressing the needs of the whole person.

7. Support healthcare payment reform (i.e., global payments) to transform whole person primary care, specialty care, and community workforce delivery systems (and related workforce).

8. Support increased use of technology for delivery of healthcare career education.

9. Take into account social determinants of health (e.g., housing, nutrition, education) and behavioral health in considerations of whole person care in the education and training of Washington's health workforce.

10. Target reduction of healthcare disparities for underserved populations and the maldistribution of the health workforce across rural and other underserved areas for health workforce development and support activities.

IV. Summary of Health Workforce Council Efforts in 2014

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 Governor and Legislature strategies 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 the year.

Legislative Education and Advocacy Efforts

The Council began the year by working to address several recommendations from the Council's 2012 and 2013 annual reports during the 2014 Legislative Session. The Council advanced the concept of several key recommendations during the legislative session.

These recommendations included:

- **Increase primary care residency opportunities in medically underserved communities.**
  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 House Appropriations Committee, but Rep. Haler and others have expressed interest in bringing the issue up again in the 2015 legislative session, when there might be more funds available for this type of work. Residency opportunities were also discussed in work sessions during the legislative interim.

- **Create an Industry Sentinel Network that provides timely, relevant information on healthcare industry workforce needs.**
  This recommendation was included in the Senate's proposed budget thanks to the support of Senator Karen Keiser. However, it was not included in the final budget. In the meantime, healthcare leaders have supported the concept of, and expressed the need, for such a network at public meetings and conferences. The Network was also included in the request for funding in the Healthier Washington Grant application submitted in July. *(More on the Healthier Washington Grant on page 27.)*

- **Provide demographic information on healthcare providers through online renewals.**
  The Council voted in 2013 to support a Department of Health budget request to move up the creation of an online provider survey to 2014. The Legislature provided expenditure authority in the state budget to begin work to implement the survey, including drafting research questions that will provide critical data on health workforce shortages.

- **Create a Clinical Affiliation Agreement (CAA) Workgroup.**
  The 2012 Council report included this recommendation to create efficiencies in the clinical training process between education institutions and clinical training sites. The Legislature funded a budget

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 was expected to release 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. Telecommunication and information technologies can help eliminate distance barriers and bring increased access to healthcare, particularly in rural, underserved areas, for specialty care, or for housebound patients. House Bill 1448, regarding telemedicine, would have advanced telemedicine as a recognized and reimbursed option for healthcare delivery. The bill did not pass the Senate in time to meet a key legislative deadline, but the Council's interest in this issue continues. Of particular interest to the Council is ensuring that healthcare workers receive the necessary training to utilize this technology. *(See more on this recommendation on page 10.)*

The Council was also 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

As part of ongoing engagement with the Healthier Washington initiative, the Council received a presentation and request at the May 2014 Council meeting from the Health Care Authority to offer assistance in drafting recommendations on healthcare workforce issues that followed up on the work of the State Health Care Innovation Plan. The State Health Care Innovation Plan outlines a transformed healthcare delivery system that focuses on state-paid plans, including Medicaid and Medicare. Part of the Innovation 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. In December of 2014, Governor Inslee announced that the state was awarded a $65 million grant to bolster health system transformation in Washington. As of this report's print date, the Healthier Washington project team was in the process of determining how to allocate the funds. (*More on this grant award on page 27.)*

Healthcare Apprenticeships

The Council heard a presentation at the May meeting from Tim Wilson, Apprenticeship Program Manager from the Department of Labor & Industries. Mr. Wilson was given an assignment from Governor Inslee to create more apprenticeship programs, and healthcare was a key area of interest in this work. 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 how 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 in 2015 to bring together the necessary research and a proof of concept before likely bringing forward a plan to the Legislature in 2016.

V. 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 at Washington's education and training institutions. Although progress has been made to close certain workforce gaps, continued shortages in key occupations are anticipated in the healthcare industry.

The impacts of the Affordable Care Act (ACA) on the state's healthcare personnel shortage are still being determined as new occupations and responsibilities continue to evolve. At the same time, as more people are covered by health insurance, demand is increasing for healthcare personnel, especially in rural areas of the state and low-income urban areas. More than 600,000 Washingtonians are newly covered through Qualified Health Plans or the Medicaid expansion, the Washington Health Benefits Exchange reported in October of 2014. The good news is that more Washingtonians have access to the healthcare system. The challenge is the number of trained healthcare personnel isn't growing at the same pace.

The impacts of the Affordable Care Act (ACA) on the state's healthcare personnel shortage are still being determined as new occupations and responsibilities continue to evolve.

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 data provides greater insight on healthcare personnel shortages anticipated in Washington.

A. Healthcare Education/Training Program Completions

In many cases, Washington has been successful in increasing the number of students completing healthcare programs. The following table shows the results for completions of nearly three dozen healthcare education and training programs over the past five years. It's important to note that although some programs show dramatic increases, there may be small overall numbers of participants. Even adding a new program at one educational institution could cause a large percentage increase in the number of trained healthcare personnel when there is only a small group of students training for an occupation. Also, some programs require additional training, clinical work or residency post-completion, so program completers may not be able to immediately enter the workforce.

Healthcare Education/Training Program Completions – 2009-2013

Program Title	2009 Completion Numbers	2013 Completion Numbers	% Change since 2009 (5 years)
Occupational Therapy Assistant	12	115	858.33%
Opticianry/Ophthalmic Dispensing Optician	4	24	500.00%
Dental Laboratory Technology/Technician	4	17	325.00%
Psychiatric/Mental Health Services Technician	11	44	300.00%
Substance Abuse/Addiction Counseling	127	381	200.00%
Physical Therapy Assistant	75	173	130.67%
Medical Records Technology/Technician	88	169	92.05%
Pharmacy Technician/Assistant	345	570	65.22%
Medical/Clinical Assistant	1465	2419	65.12%
Physician Assistant	63	100	58.73%
Medical Office Management Administration	54	85	57.41%
Vocational Rehabilitation Counseling	18	25	38.89%
Advanced Registered Nurse Practitioner	351	474	35.04%
Dental Assistant	571	730	27.85%
Clinical Laboratory Science/Medical Technology/Technologist	21	26	23.81%
Medicine – MD*	180	222	23.33%
Dentistry	54	66	22.22%
Physical Therapy	97	118	21.65%
Nursing Assistant/Aide and Patient Care	1523	1819	19.44%
Associate Registered Nurse	1696	2024	19.34%
Surgical Technology Program	120	141	17.50%
Baccalaureate Registered Nurse	1190	1310	10.08%
Dental Hygiene	205	225	9.76%
Occupational Therapy	81	87	7.41%
Pharmacy	196	199	1.53%
Licensed Practical Nurse	1099	1110	1.00%
Veterinary Medicine	94	93	-1.06%
Naturopathic Medicine	78	76	-2.56%
Orthotist/Prosthetist	20	19	-5.00%
Optometric Technician Assistant	22	19	-13.64%
Medical Imaging (Radiology)	296	216	-27.03%
Medical/Clinical Laboratory Assistant	95	59	-37.89%
Health Unit Coordinator/Ward Clerk	132	70	-46.97%
Medical Transcription	170	82	-51.76%
Respiratory Care Therapy	67	30	-55.22%
Emergency Medical Technology/Technician	192	69	-64.06%

Source: The Integrated Postsecondary Education Data System 2013

*Medical doctors at completion of medical school. MDs still have 3+ years of residency training before they can begin to practice.

The Council also measured the percentage change in completions from the previous year. Programs that trained large numbers of students in 2012 and showed a substantial increase in 2013 are particularly noteworthy, as that kind of gain included hundreds of new graduates. Even so, smaller programs with large gains were also notable. The table on the next page shows the change in completions between 2012 and 2013.

Healthcare Education/Training Program Completions – 2012-2013

Program Title	2012 Completion Numbers	2013 Completion Numbers	% Change between 2012 & 2013
Vocational Rehabilitation Counseling	10	25	60.00%
Opticianry/Ophthalmic Dispensing Optician	12	24	50.00%
Substance Abuse/Addiction Counseling	192	381	49.61%
Dental Laboratory Technology/Technician	10	17	41.18%
Occupational Therapy	66	87	24.14%
Physician Assistant	78	100	22.00%
Physical Therapy Assistant	136	173	21.39%
Occupational Therapy Assistant	92	115	20.00%
Psychiatric/Mental Health Services Technician	36	44	18.18%
Medical Transcription	68	82	17.07%
Physical Therapy	100	118	15.25%
Advanced Registered Nurse Practitioner	415	474	12.45%
Surgical Technology Program	130	141	7.80%
Licensed Practical Nurse	1029	1110	7.30%
Medicine – MD*	211	222	4.95%
Dental Assistant	696	730	4.66%
Dentistry	64	66	3.03%
Pharmacy	198	199	0.50%
Clinical Laboratory Science/Medical Technology/Technologist	26	26	0.00%
Baccalaureate Registered Nurse	1323	1310	-0.99%
Veterinary Medicine	94	93	-1.08%
Associate Registered Nurse	2046	2024	-1.09%
Dental Hygiene	229	225	-1.78%
Medical/Clinical Assistant	2476	2419	-2.36%
Orthotist/Prosthetist	20	19	-5.26%
Nursing Assistant/Aide and Patient Care	1978	1819	-8.74%
Medical Office Management Administration	94	85	-10.59%
Medical Imaging (Radiology)	244	216	-12.96%
Emergency Medical Technology/Technician	79	69	-14.49%
Pharmacy Technician/Assistant	661	570	-15.96%
Medical Records Technology/Technician	200	169	-18.34%
Respiratory Care Therapy	36	30	-20.00%
Naturopathic Medicine	104	76	-36.84%
Medical/Clinical Laboratory Assistant	82	59	-38.98%
Optometric Technician Assistant	27	19	-42.11%
Health Unit Coordinator/Ward Clerk	114	70	-62.86%

Source: The Integrated Postsecondary Education Data System 2012-2013

*Medical doctors at completion of medical school. MDs still have 3+ years of residency training before they can begin to practice.

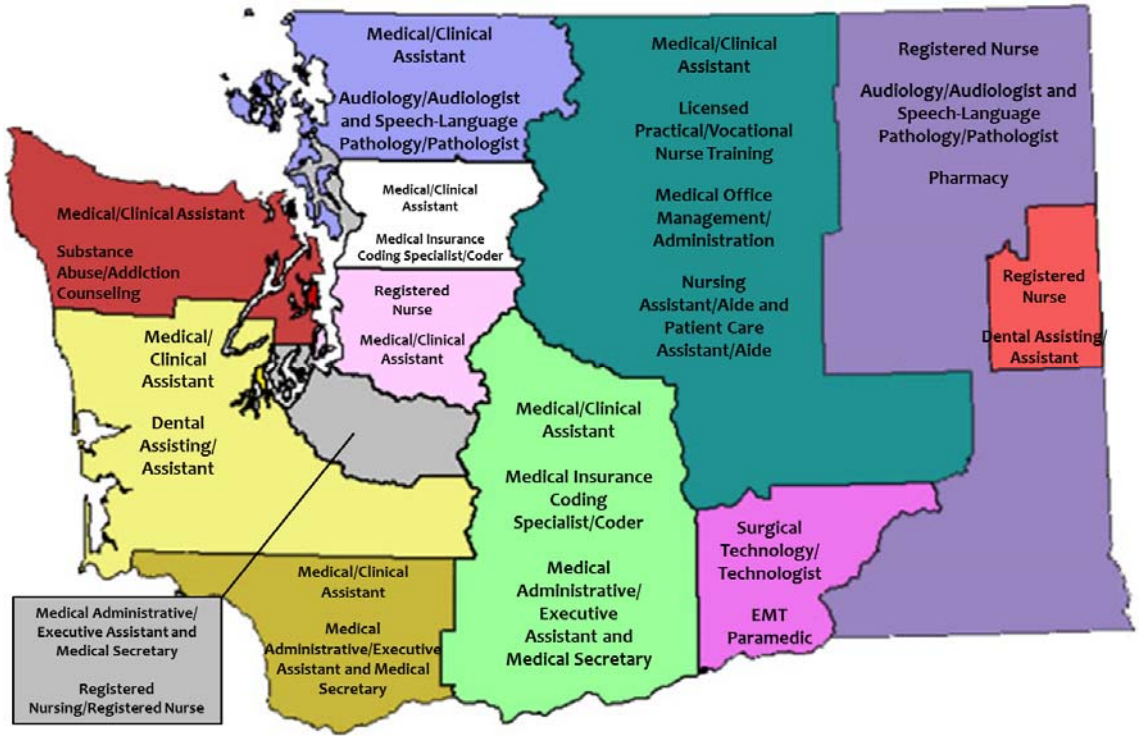
B. Health Program Completions by Workforce Development Area

The following map shows the most common healthcare program completions for 2013 in each of the state's Workforce Development Areas.

Workforce Development Areas can include one county (such as the highly populated King, Pierce, or Snohomish counties) or are comprised of multiple counties that share similar labor markets. These Workforce Development Areas are overseen by Workforce Development Councils (WDCs). WDCs 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.

As the map shows, there are some similarities among workforce areas, though there are also distinct regional differences.

Top Program Completions by Workforce Development Area – 2013



C. Healthcare Personnel Shortages

On behalf of the Council, the Workforce 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 there are 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.

It is important to note that an oversupply doesn't always mean that educational institutions are training too many graduates 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 (or skip the credentialing process entirely) 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 the numbers are showing 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.

Below are the healthcare occupations with the greatest projected gaps in supply over the next five years.

Projected Healthcare Personnel Shortages

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 (all)*	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

*Medical doctors at completion of medical school. MDs still have 3+ years of residency training before they can begin to practice.

**US Department of Labor data provides aggregate data on demand for registered nurses. Nursing demand numbers are not broken down by degree attainment. The registered nurses category for this table includes ADNs, BSNs and NPs.

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.

VI. What's Ahead for the Health Workforce Council in 2015

In 2015, the Council will actively promote the recommendations outlined in this year's annual report to the Governor and Legislature. The Council will also continue to monitor progress on previous recommendations. In the meantime, the Council has identified the following topics as worthy of potential further exploration in 2015, and beyond:

1. Continue research and stakeholder work to increase the number of registered healthcare apprenticeships across multiple occupation types through continued research and stakeholder work.

2. Monitor efforts to integrate physical and behavioral healthcare and expand interprofessional education. Gather information on efforts to provide training and practice support to promote integrated care delivery.

3. Schedule a presentation at a future Council meeting to learn more about improving access to dental care provided by practitioners at all levels of education and training.

4. Follow the Department of Health's ongoing efforts to explore evolving roles and training requirements for community health workers.

5. Learn more about the Department of Health's work to create a crosswalk that matches military skills to civilian careers through a presentation and discussion of the Council by the Department's Military Program Manager. *(More on this work on page 28.)*

6. Identify emerging healthcare patterns among the state's population, along with changing demographics, to identify training priorities for Washington's healthcare workforce.

7. Monitor the implementation of the Department of Health's healthcare provider survey, aimed at better understanding the demographics of who is providing healthcare in our state, where in the state practitioners are in shortage, and which occupations to focus the state's training dollars and efforts. (An early expected survey rollout date: Fall of 2015.) Consider whether more needs to be done to gather information on the state's healthcare workforce, and ensure the healthcare provider survey data is used to maximum effect.

8. Explore partnership opportunities with education and training providers, as well as with healthcare facilities and employers, to ensure that those who complete healthcare education programs are able to find work in their program of study. Examine opportunities to increase the number and distribution of internship and externship opportunities for healthcare students, starting in middle and high school.

9. Further study and evaluate expanding roles for healthcare professionals within current scopes of practice in ways that are structured and safe.

What's Ahead for the Health Workforce Council in 2015 (cont.)

10. Continue to review and evaluate how technology can be used in healthcare education as a bridge between classroom learning and real-life clinical experience. Explore the concept of how quality simulation, including using computerized mannequins or desktop training simulations, can substitute for on-site education through increased flexibility in clinical-hours requirements.

VII. Best and Promising Practices in Addressing Washington's Healthcare Personnel Shortage

The Health Workforce Council's diverse stakeholders and regular contributors help provide a full and detailed picture of our state's healthcare system, and its opportunities and challenges. For this report, Council members and healthcare and education professionals contributed examples of a number of promising practices that are reducing healthcare personnel shortages in our state—or have the potential to do so in the near future. Some practices may work best in a limited service area, while others could be expanded, given additional resources.

Allied Health Center of Excellence
Yakima Valley Community College; State Board for Community & Technical Colleges
In 2004-05, the Washington State Board for Community & Technical Colleges selected 10 Centers of Excellence to serve as economic development drivers for the state's leading industries. The Centers, which were placed on college campuses through a competitive application process, were codified into state statute in 2008 (HB 1323), making Washington the only state in the country to have centers designated through legislation. Guided by industry, the Centers have become a national model for their impact on workforce education, ties to industry, and regional outreach. The Centers' core expectations include a focus on economic development, industry sector strategies, education, innovation and efficiency, and workforce supply/demand.

The Allied Health Center of Excellence (Center) facilitates quarterly networking meetings for the Deans and Directors of Allied Health training programs. The meetings focus on identifying skill gaps, understanding health workforce demand and healthcare reform, and the impact these topics have on program development. The Center assists the Deans and Directors with developing strategies to address common issues of patient safety, clinical placements, interprofessional education and service learning, integrating behavioral health and primary care, admission policies, faculty recruitment and program development.

The Center co-chaired the interdisciplinary Health Care Futures conference, April 2, 2014 at Bellevue College. The focus of the conference was healthcare reform and the implications for multiple sectors including healthcare education, health information technology, biotechnology, community health, and the integration of primary care and behavioral health.

Associate in Arts RN-to-BSN Direct Transfer Agreement/Major Related Pathway
Council of Presidents (COP); State Board for Community & Technical Colleges (SBCTC); Washington Student Achievement Council (WSAC)
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. The Master Plan for Nursing Education (2008, Washington Center for Nursing) called for streamlining education and increasing the number of Bachelor of Science in Nursing (BSN) prepared nurses. 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 prerequisites, general education requirements and pre-licensure RN study at a community or technical college. Those who earn this degree may then apply for transfer to a college or university that offers a 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 or 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 kept informed about this initiative as it was being developed. Formal letters were received from the Nursing Care Quality Assurance Commission (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.

Clinical Affiliation Agreement Workgroup

Department of Health; Health Workforce Council

The work of the legislatively mandated Clinical Affiliation Agreements (CAA) workgroup formally concluded in July 2014. The workgroup, created in a state budget proviso with the support of Representative Drew Hansen, was prompted by a recommendation in the 2012 Report of the Health Workforce Council. The proviso directed the Department of Health to convene a workgroup to study and make recommendations on creating standardized CAA language for medical, osteopathic, and nursing students. As part of its recommendations in the report, the CAA workgroup (which included several members from the Health Workforce Council) recommended lawmakers consider an alternate approach, recently taken by Oregon, to identify CAA standards in lieu of boilerplate contract language. The report also contains workgroup recommendations in the areas of insurance and liability; CAA auto-renewal; background checks; training plan compliance; drug screening; immunizations and health screening; and school supervision of students during training.

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-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)

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 one percent of Washington's RN population, and those of Hispanic or Latino origin are only two percent of Washington's RN population. These subpopulations represent four percent and 12 percent 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 (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, and meetings 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 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. The nurse mentoring pilot was completed in October of 2014, and the Center is currently recruiting mentors and mentees to work towards a formal launch of the program in Western Washington using the same model in the future.

Governor's Interagency Council on Health Disparities – Health Workforce Efforts

Washington State Board of Health; Governor's Interagency Council on Health Disparities

The Governor's Interagency Council on Health Disparities was created by the Legislature in 2006 in an effort to address the persistent inequities in health experienced by communities of color in Washington. The Health Disparities Council is an advisory body charged with making recommendations to eliminate health disparities by race/ethnicity and gender. It convenes advisory committees with representatives from the public, private, and community sectors to assist with identifying recommendations. There are 17 members—a Chair and two consumer representatives appointed by the Governor as well as representatives from 14 state agencies, boards, and commissions. Several members of the Health Workforce Council serve on this interagency council.

In 2010, the Health Disparities Council released its first *State Policy Action Plan to Eliminate Health Disparities*. The plan included policy recommendations for five priority areas, including a set of recommendations to promote a diverse health care workforce. In brief, health workforce recommendations focused on: (1) ensuring all healthcare providers receive the training and resources they need to provide culturally competent care; (2) requiring postsecondary institutions to set targets to increase enrollment and completion of diverse students in healthcare education programs until diversity reflects the populations served; (3) providing stable state funding to expand healthcare career exploration, preparation, work-based learning opportunities, mentorships, and early certification programs; and (4) providing funding to ensure the regular collection, analysis, and reporting of data on the diversity of the healthcare workforce. More detail and suggested strategies to implement the recommendations were included in the report.

The Health Disparities Council included additional recommendations related to healthcare workforce development in its *2012 Action Plan Update*—those recommendations were developed to address racial/ethnic disparities in behavioral health. Recommendations were focused on: (1) ensuring students of color and their families knew about and could participate in programs to prepare students

for careers in the health professions; (2) consulting with diverse community groups before changes are made to scope of practice and credentialing requirements to ensure health professionals of color are not effectively excluded from their practices; and (3) eliminating barriers and encouraging health professionals to obtain cultural competency training as part of their continuing education hours.

The Health Disparities Council also works collaboratively with the State Board of Health to create health impact reviews, which are objective analyses of proposed legislative or budgetary proposals to determine if there are impacts on health and health disparities. The Governor or a member of the Legislature can request a review. Recent health impact reviews related to health workforce issues have been completed on HB 2321—Concerning mid-level dental professionals, HB 2451—Restricting the practice of sexual orientation change efforts, and SB 6170—Concerning cultural competency education for health care professionals. More information, including the executive summaries and full reports for all reviews can be found on the State Board of Health's health impact review web page.

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 percent of the adult customers enrolled to date by navigators were receiving TANF cash assistance when they entered HCA.

Healthier Washington: Better Health, Better Care, Lower Costs

Health Care Authority (Lead), Healthier Washington Project Team members

Washington was awarded a $65 million grant in December of 2014 to bolster health system transformation in the state. Awarded by the Center for Medicare and Medicaid Innovation (CMMI), the federal grant supports the Healthier Washington project developed through a collaboration of state and local government leaders, the Legislature, healthcare systems including physical and behavioral health, educators, and community partners. Healthier Washington's purpose is to achieve the "Triple Aim" for the state's population: better health, better care, and lower costs. Washington is one of 11 states to get the four-year grant, which begins in February 2015. The Health Care Authority (HCA) will serve as lead agency for the grant.

The Healthier Washington grant proposal aims to implement key elements of the state's five-year State Health Care Innovation Plan, which was the result of a previous $1 million State Innovation Model grant from CMMI. Developing the Innovation Plan started conversations among stakeholders around the state on how to improve the health of Washington residents. Participants included leaders from state and local government, public health, delivery systems, businesses, health plans, consumer groups, labor, tribal entities, providers and community organizations. The Health Workforce Council identified a number of health workforce strategies to include in the grant proposal.

Governor Inslee proposed legislation that passed with bipartisan support during the 2014 legislative session. The two bills, House Bill 2572 and Senate Bill 6312, embraced the Innovation Plan and took significant steps forward on price and quality transparency, value-based purchasing, integration of physical and behavioral health care services, and community engagement in health improvement.

A third-party analysis of the Healthier Washington project estimates statewide health care savings across all payers could reach $1.05 billion during the four-year project, mainly through integration of physical and behavioral health.

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 a healthcare occupation 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 an 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 June 30, 2015.

Healthcare Occupational 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 that 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 gaps 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 earn medical assistant certifications, and aided in expediting processing and credentialing times for veterans and their spouses who relocate to Washington.

Hospital Employees Education and Training Grants (HEET)

College, Labor, and Healthcare Employer Partnerships

Since 2008, the HEET grant program administered through the State Board for Community & Technical Colleges has driven innovations in healthcare workforce training across Washington. In 2014, a six-year retrospective report on the HEET program was commissioned from the national workface development organizations: Center on Wisconsin Strategies (COWS) and the Health Career Advancement Program (H-CAP). The report was released in November 2014. An executive summary can be found here.

Five HEET projects are funded in 2014-15. All are built around labor, college, and industry partnerships. Two of the statewide HEET projects are highlighted below:

> **Curriculum Development and Training Delivery for Patient Navigation and Care Coordination Skills**
>
> *Whatcom Community College (lead), Edmonds Community College, Highline College, Seattle Central College, Clark College, Yakima Valley Community College, Center of Excellence for Allied Health, University of Washington-Valley Medical Center, Group Health Cooperative, and SEIU Healthcare 1199NW Multi-Employer Training Fund, SEIU Healthcare 1199NW*
>
> Clark College piloted a Patient Health Advocate program in 2013. The program was developed in response to staffing needs emerging with the implementation of the Affordable Care Act and increased efforts to attain the Triple Aim. In 2014, statewide interest in expanding the program turned into a partnership between a number of education and industry leaders, with Whatcom Community College serving as the lead. The partnership will develop common courses and credit bearing certificates to address emerging skills and competencies increasingly needed

across multiple positions in the continuum of care – such as medical assistants, patient navigators, and more. The project includes industry convenings across the state, a collaborative curriculum development process across colleges, and training delivery, with focused projects through labor/management committees at Valley Medical Center and Group Health Cooperative in winter and spring 2015. In addition, consortium members are participating on several national credentialing committees on the emergence of patient navigation and care coordination roles.

Healthcare Education for Adult Learners – Medical Assistant Pathway (HEAL-MAP) – Medical Assistant-Registered to Medical Assistant-Certified Training Program
Highline College, Yakima Valley Community College, Olympic College, Skagit Valley College, Center of Excellence for Allied Health, and SEIU Healthcare 1199NW Multi-Employer Training Fund and SEIU Healthcare 1199NW, multiple employers, and the Area Health Education Centers (East and West)
The Medical Assisting Pathways project is designed to provide flexible, individualized, modular training for currently employed Medical Assistants who need further education to meet the new state-law requirements for a MA-Certified credential. Partner colleges individually assess working MAs to provide credit for skills and knowledge they have gained through experience – then any gaps are addressed through online modules and in-person "super Saturday" clinic classes. The project also provides online support to prepare for the state-required national exam.

MEDEX Northwest: Increasing Access to PA Education in 2014
University of Washington School of Medicine
MEDEX Northwest is the physician assistant (PA) education program at the University of Washington 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 2013-14, 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. Two groups of nine students each (a total of 14 in Washington) have now graduated. Subsequent years will fund seven or eight expanded positions at the MEDEX Seattle, Spokane and Tacoma sites (the remainder are in Anchorage).

In 2012, MEDEX added a new classroom location in Tacoma, housed at 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, located in 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; Workforce Development Council of Seattle-King County; Department of Labor & Industries

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's Health Careers for All program *(more detail on this program on page 26)* and the state's Department of Labor & 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 the National Healthcareer Association. Upon passage of this exam, the apprentice is eligible for the MA-C credential.

The WACMHC MA Apprenticeship requires 2,000 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 a 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.

Nurse Practitioner Residencies

Advanced Registered Practitioners United of Washington; Washington State Nurses Association

New nurse practitioner (NP) graduates eager to begin a first job as an independent provider and motivated to serve the neediest patients may be drawn to work with Federally Qualified Health Centers (FQHCs). The Veteran's Administration (VA) offers challenging patient work and excellent benefit packages. Both are ideal sites for new graduates to begin work, but often the challenge of managing a patient panel with the added complexity of many patients' profound psychosocial needs can challenge a new graduate. An ideal solution to bridge the transition from graduate student to independent provider is a Nurse Practitioner Residency. Washington is leading the country in the number of residencies available in the state.

American Association of Nurse Practitioners (AANP) and the American Nurses Credentialing Center (ANCC) use the term "fellowship," but Washington programs are currently entitled as residencies. Washington's programs all provide the ability for a NP to gradually work up to a full patient caseload by offering mentorship by experienced ARNPs, an instruction environment that includes learning with coworkers, practice with other health professionals, and experience providing care in different specialty areas. Most of the programs include a component of leadership training or a special populations project, with the goal of NPs assuming leadership roles in their organizations and

communities. These are paid positions for NPs within their first year of graduation. Newly graduated Nurse Practitioners are skilled in interview techniques, history taking, physical examination, assessment and management. However, new NPs may find that implementing these skills while learning organizational techniques, time management skills and establishing relationships with coworkers of multiple disciplines is challenging. This is reflected in the high attrition rate of new grads in the FQHC and VA settings, with many leaving within 1-3 years of hire. A goal of nurse practitioner residency programs is to establish the support network necessary to assure job satisfaction for the new employee and improve retention.

Six programs are evolving in Washington. The VA Doctor of Nursing Practice (DNP) Transition program at Tacoma's Community Health Clinics opened in 2012. International Clinic Health Services, Yakima Valley and Columbia Basin Clinics all began in December of 2014. SeaMar Health Clinics will admit their first NP residents in 2015. Rural community clinics are hoping to tap into these programs using remote telecommunications, allowing NPs in diverse and isolated locations to participate.

Patients, clinics and newly graduated nurse practitioners all benefit from these transition-to-practice programs. New employees are supported as they gain confidence and efficiency, patients enjoy a technically proficient provider, the employing organization has a team of providers who understand how to best utilize one another's skills, and the community gains a competent leader to innovate new programs. The coalition is currently working to increase the number of preceptors for the pool of NP students and future NP residents.

Rural/Underserved Opportunities Program

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

The Rural/Underserved Opportunities Program (R/UOP) is a four-week elective in community medicine for students between their first and second years of medical school. Since the beginning of the program in 1989, Western and Eastern Washington AHECs (Area Health Education Centers) and the University of Washington School of Medicine (UWSOM) have partnered to provide a clinical and community learning experience in rural and urban underserved areas across Washington. The program aims to encourage primary care careers in rural or underserved locations. Accordingly, in the most recent residency match, 59 percent of R/UOP students chose a residency in primary care compared to 41% who did not participate in the program.

Western and Eastern Washington AHECs recruit volunteer preceptors, reimburse student travel, and arrange community housing. Each year approximately 55 primary care physicians volunteer to precept R/UOP students. All students who participate in R/UOP receive a stipend. In Washington, the majority of the student stipends are funded by the Washington Academy of Family Physicians. 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 also participate in home visits, work with other health professionals, and attend town meetings and community cultural events. Students appreciate these experiences and consistently rate R/UOP extremely high.

Many R/UOP students combine their clinical work with a public health practicum. In addition to their clinical responsibilities, these students also complete a web-based community medicine course with support from UWSOM mentors. They learn about health disparities and assess their community's health strengths and challenges, and with the help of community partners, students develop an intervention plan for a specific public health issue.

SEIU Healthcare 1199NW Multi Employer Training and Education Fund

The SEIU Healthcare 1199NW Multi-Employer Training Fund is a non-profit, labor/management partnership between seven major healthcare employers and the largest healthcare union in Washington. First bargained in 2008, the Training Fund was created to develop a statewide program for addressing the workforce needs of participating employers and to support the career, knowledge, and skill aspirations of SEIU Healthcare 1199NW members. Currently 10,000 unionized healthcare workers in WA are eligible for Training Fund education benefits. These include an extensive Tuition Assistance program, academic supports such as tutoring and college readiness classes, and professional development support. These services are available for free to eligible workers. The organization is funded through contract-negotiated ongoing employer contributions that are managed by the Training Fund and governed by a Board of Trustees with equal representation from management and labor representatives. In 2014, The Training Fund supported more than 700 members in school pursuing healthcare education and training. The program maintains a high retention and completion rate of over 90 percent. Training Fund benefits are supporting BSN completion for hundreds of working nurses in the state, and supporting the career advancement of hundreds more entry-level workers moving into more advanced patient care roles. The Training Fund is providing career advancement to a highly diverse population of healthcare workers – 55 percent of members in school are people of color. Speaking with a single voice on behalf of its employer and labor partners, the Training Fund works extensively with the education system to ensure programs meet industry workforce needs; extensive grant-funded work with the community colleges helps drive healthcare training innovation in the state's education system.

SEIU Healthcare 775NW Training Partnership

The Training Partnership delivers innovative training to 40,000 home care aides in Washington each year. The Training Partnership is a nonprofit 501(c)3 school formed by SEIU Healthcare 775NW and participating employers, including Washington state (employer of record), to train and develop professional long-term care workers to deliver quality care and support to older adults and people with disabilities. In collaboration with SEIU Healthcare 775NW, employers throughout the state, and the College Consortium and Community Network, the Training Partnership is developing innovative, meaningful training programs to help transform the long-term care profession. The aim is better training for long-term care workers, and in turn, better care for long-term care consumers.

Skills Centers: Preparing High School 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 the 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 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 such 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

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 to create a pipeline by using targeted admissions, and then guiding qualified students through a special curriculum that connects underserved communities in Washington, Wyoming, 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. The program has expanded to include ten students from Montana, ten students from Washington, five students from Idaho, two to three students from Wyoming. Alaska joins TRUST with two students in Summer 2015. TRUST won the Society of Teachers of Family Medicine innovative new program award in spring of 2013.

Tech Prep/Dual Credit: An Innovative Approach in Southwest Washington

Clark College; Battle Ground School District; Camas School District; Clark County Skills Center; Evergreen School District; La Center School District; Vancouver School District; Washougal School District

Through the Tech Prep/Dual Credit Partnership, students are able to earn college credit by achieving competencies in their health science courses. This partnership is an alignment of the skills and knowledge students accomplish through their program of study. Postsecondary instructors meet with high school instructors through a collaborative model to crosswalk the competencies gained in the courses. Once these are achieved, the students earn high school and college credit simultaneously. This partnership is a noteworthy example for the postsecondary – secondary partnership, which is the

outcome that is being requested in the proposed blueprint for federal grant dollars through the Carl D. Perkins reauthorization (Perkins helps fund career and technical education). This unique partnership is the only example in Washington that developed a new model for Tech Prep articulation/dual credit through skill and knowledge competencies.

The program has been achieved through teamwork, communication and collaboration between local school districts and Clark College. It is a program that has been developed with a focus on "what's right for the students." The program puts students on the pathway to earning a degree from Clark College by allowing them to complete selected Career and Technical Education courses while still in high school.

The Underserved Pathway

University of Washington School of Medicine

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.

University of Washington Center for Health Workforce Studies – New Health Workforce Research

The WWAMI (an acronym for the states served by the University of Washington School of Medicine - Washington, Wyoming, Alaska, Montana, Idaho) Center for Health Workforce Studies in the University of Washington School of Medicine, Department of Family Medicine, was selected by the Health Resources and Services Administration (HRSA) to become a Health Workforce Research Center (HWRC), one of six in the nation. The HRSA HWRC program supports high-quality, impartial, policy-relevant research to assist decision makers at the federal, state and local levels to better understand health workforce needs. Each HWRC conducts research focusing on a workforce theme — the UW HWRC is focusing on studying allied health programs and workforce needs. The Center was recently approved for three more years of federal funding.

In 2014, the Center released a number of reports on health workforce that can be accessed at http://depts.washington.edu/uwchws/. Funding support for research and analysis for many of the reports came from a variety of sources including the Washington Center for Nursing, the WWAMI Area Health Education Center Program Office, and the Health Care Authority. 2014 reports include an analysis of RNs who did not renew their license, data snapshots for LPNs, RNs, ARNPs and physicians, and the impact of Medicaid payment enhancements on primary care delivery.

Washington Center for Nursing – Promising Practices in the Nursing/Healthcare Workforce
The Washington Center for Nursing (WCN) is the nonprofit statewide nursing organization whose goal is building a diverse, highly qualified nursing workforce to support a healthy Washington. The center promotes nursing as a desirable career, develops and manages data about the nursing workforce, and conducts research and disseminates findings to nurses, employers, educators, legislators, economic development organizations and others who use data in decision-making that affects healthcare.

In 2014, WCN sponsored a number of webinars and conducted research and analysis addressing nursing workforce issues. Here are a few of the highlights:

- **Clinical Placements**: The work done to expand clinical placement sites continues, with all nursing programs using multiple types of sites for clinical teaching/learning. With the state having fewer acute beds/10,000 population than the national average, this challenge to find meaningful clinical placement experiences is increased. WCN sponsored one webinar on this in 2014, with two more to come in 2015.

- **Nurses Who Fail to Renew Their Licenses**: The study on nurses who fail to renew their licenses was completed; expirations have increased in all age groups. Projections from national researchers that show that Washington still has fewer younger, and more older, RNs than other areas of the US, so the state has to produce and retain more to meet our growing population demands.

- **Simulation**: The National Council of State Boards of Nursing released its national study on the impact of Simulation on nursing student completions and NCLEX pass rates. In nursing school situations where the Simulation is planned, delivered, evaluated and managed *by educators who have been through their own educational development on this teaching modality*, there was no significant difference in completion rates or NCLEX pass rates for students having up to 50 percent of their learning via Simulation. All of the nursing programs are studying this research and working with the Nursing Care Quality Assurance Commission to identify the best approaches to simulation use. WCN is finishing a survey of Simulation Capacity across the state, to identify what equipment is where, available to whom, and used by whom. The goal is to be able to make some recommendations on minimum simulation capacity, staffing, and education so that there is some equity across the state-funded education programs for this modality. There is underutilization of these expensive labs and variation across the state.