

# Health Care Workforce Development

House Health Care & Wellness Committee

November 21, 2019

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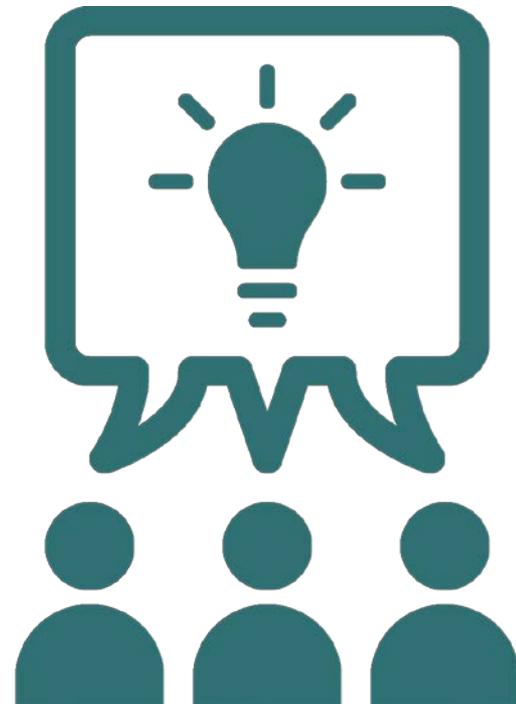
# Washington's Health Workforce

## ■ Trends and signals from:

- Behavioral Health
- Long-Term Care
- Community Health Centers and Other Primary Care

## ■ Solutions

- Education/Training
- Regulation
- Funding/Reimbursement
- Market Issues





# Workforce Board's Health Workforce Role

## History & Role

- Workforce Board charged with creating/staffing Healthcare Personnel Shortage Task Force to address chronic shortages (2003).
- Changed name to Health Workforce Council (2014).

## Leadership

- Suzanne Allen, M.D., Council Chair, Vice Dean for Academic, Rural & Regional Affairs, University of Washington School of Medicine
- Kevin McCarthy, Council Vice-Chair, President, Renton Technical College



# 2019 Health Workforce Council Members

Suzanne Allen, M.D., Chair

Kevin McCarthy, Vice-Chair

Carol Moser

Alicia Fehrenbacher

Dan Ferguson

Marianna Goheen

Diane Sosne

Amy Persell

Carolyn McKinnon

Katherine Lechner

Deb Murphy

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Joe Roszak

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Russell Maier

TBD

Daryl Monear

Sue Birch

Eleni Papadakis

Vice Dean for Academic, Regional & Rural Affairs, University of Washington School of Medicine

President, Renton Technical College

Accountable Communities of Health, Rural Representative

Accountable Communities of Health, Urban Representative

Allied Health Center of Excellence, Yakima Valley Community College

Office of Superintendent of Public Instruction

Service Employees International Union (SEIU) 1199NW

SEIU Healthcare NW Training Partnership

State Board for Community and Technical Colleges

Washington Association of Community and Migrant Health Centers

Washington Association of Housing and Services for the Aging

Washington Center for Nursing

Washington Health Care Association

Washington State Community Mental Health Council

Washington State Dental Association

Washington State Department of Health

Washington State Hospital Association

Washington State Medical Association

Washington State Nurses Association

Washington Student Achievement Council

Washington State Health Care Authority

Workforce Training and Education Coordinating Board



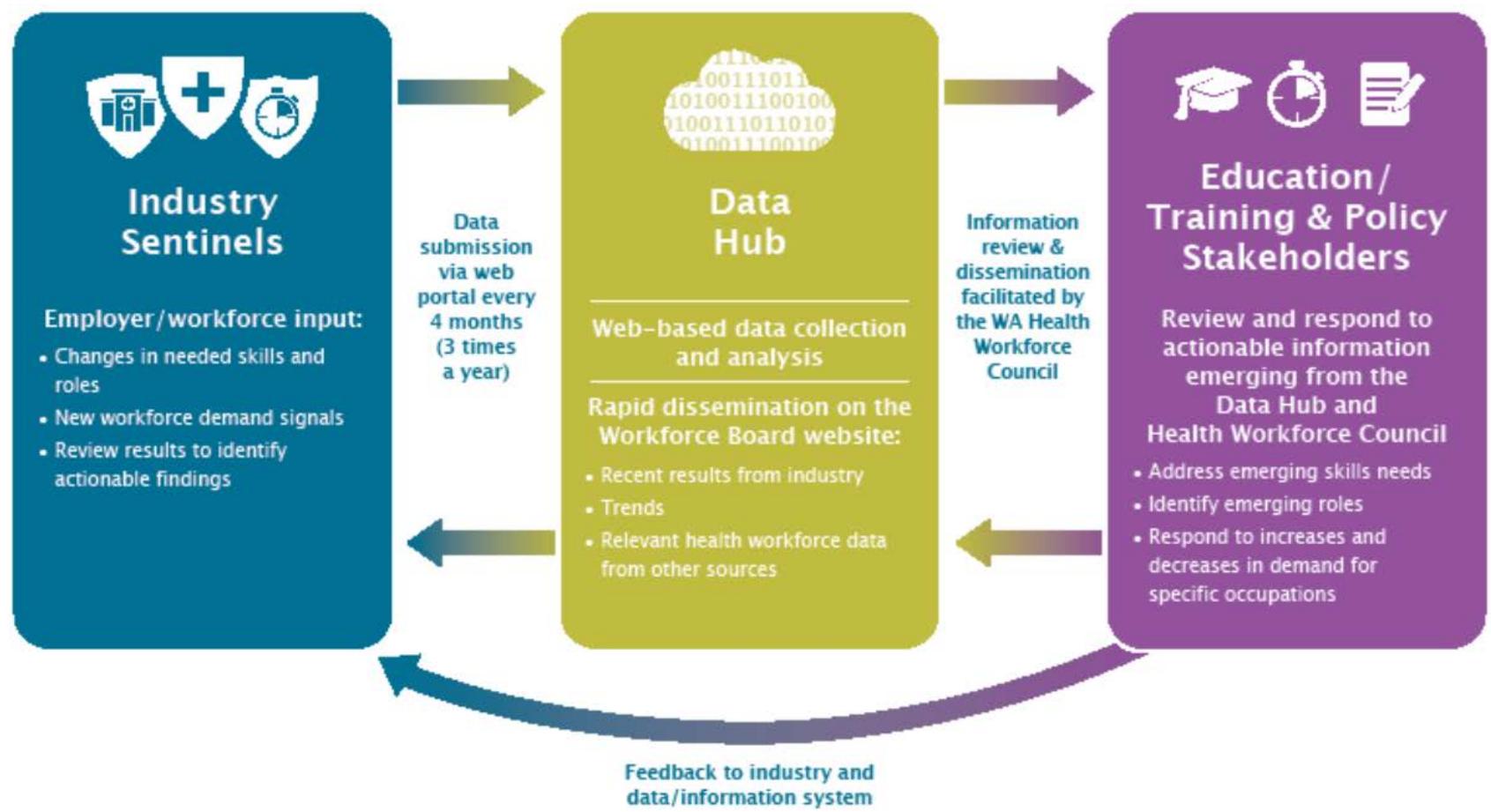
# High Priority Council Initiatives

- **Behavioral Health Workforce**
  - Behavioral Health Workforce Assessment 2016 – 2017
  - Behavioral Health Workforce Report and Recommendations 2019 - 2020
- **Health Workforce Sentinel Network 2016 – present**
- **Strategic Planning**





# WA Health Workforce Sentinel Network



## Findings of health workforce needs from 2016 - present



# WA's Health Workforce Sentinel Network

## Behavioral Health Clinics\*

Top occupations cited as having exceptionally long vacancies by date of reporting						
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019
Mental health counselor	Chemical dependency professional	Mental health counselor	Chemical dependency professional	Mental health counselor	Mental health counselor	Mental health counselor** Chemical dependency professional**
Chemical dependency professional	Mental health counselor	Chemical dependency professional	Mental health counselor	Chemical dependency professional** Peer Counselor**	Chemical dependency professional	Social worker
Social worker	Social worker	Social worker	Social worker** Nurse practitioner**	Nurse practitioner	Social worker	Peer Counselor
Nurse practitioner	Nurse practitioner** Psychiatrist**	Nurse practitioner	Peer Counselor**	Social worker** Psychiatrist**	Marriage & Family Counselor or Therapist	Psychiatrist** Psychologist**
Registered nurse** Psychiatrist**	Marriage & Family Counselor or Therapist	Registered nurse	Registered nurse** Psychiatrist** Psychologist**	Marriage & Family Counselor or Therapist** Medical asst.**	Peer Counselor	Registered nurse

most cited ↑

\*Behavioral-mental health clinics/outpatient mental health and substance use disorder clinics.  
 \*\*Tied in rank (number of times occupation was cited by Sentinels) in reporting period.

**Behavioral Health:** Examples respondents provided for exceptionally long vacancies

## **Safety net site challenges**

- *The desire to work in community mental health has lessened for mental health professionals.*
- *Losing counselors to medical industry that have more competitive salaries and less intense cases.*
- *Chronic under funding of the behavioral health safety net, historically low wages, and high case load demands: these conditions result in high burnout and turnover rates within provider organizations.*

## **Reimbursement rates inadequate**

- *Rates do not allow us to scale adequately, which hurts both the support that can be provided to mental health professionals, as well as being able to provide a living wage.*
- *The Medicaid reimbursement rate for this provider level is too low.*
- *With reimbursements for mental health services averaging below \$80 per contact hour, it is unrealistic to operate a clean/comfortable facility and pay the range of salary expected by someone holding a master's degree.*
- *Wages we can offer cannot compete with clinics that depend solely on commercial rates.*

## **Rural recruitment difficult**

- *Very hard to find in rural areas.*

## **Supply limited in competitive market**

- *Increased demand and more competition for applicants.*
- *Extreme competition for this level of provider.*



# WA Leads Charge For Behavioral Health

**2014**  
Legislation to  
integrate  
medical and  
behavioral  
health  
services

**December  
2017**  
Initial  
Behavioral  
Health  
Assessment  
complete

**December 1,  
2019**  
Phase I  
recommendations  
due

**2016**  
Governor Inslee  
directed  
Workforce  
Board to assess  
behavioral  
health  
workforce  
needs and  
create a plan

**April 2019**  
Proviso directs  
creation of a work  
group to develop  
recommendations

**December 1,  
2020**  
Phase II  
recommendations  
due (final report)



# 2016 – 2017 Report

## Washington State Behavioral Health Workforce Assessment

December 2017

### Project Team

Nova E. Gattman, Workforce Training and Education Coordinating Board  
Rachelle L. McCarty, University of Washington Center for Health Workforce Studies  
Agnes Balassa, Agnes Balassa Solutions, LLC  
Susan M. Skillman, University of Washington Center for Health Workforce Studies



Washington State  
Workforce Training  
And Education  
Coordinating Board

**CENTER FOR HEALTH  
WORKFORCE STUDIES**  
UNIVERSITY of WASHINGTON

Agnes Balassa Solutions LLC  
strategy | implementation | facilitation

## Previous report focused on the following policy recommendations:

- Support competitive recruitment, retention of behavioral health workers by adjusting reimbursement rates.
- Promote team-based, integrated behavioral and physical healthcare.
- Increase access to clinical training and supervised practice for new behavioral health workers.
- Expand behavioral health workforce.
- Improve workforce supply, distribution, and diversity.



## Workforce Board

- Julia G. O'Connor
- Nova E. Gattman
- Liz Coleman

## UW Center for Health Workforce Studies

- Ben Dunlap
- Susan Skillman

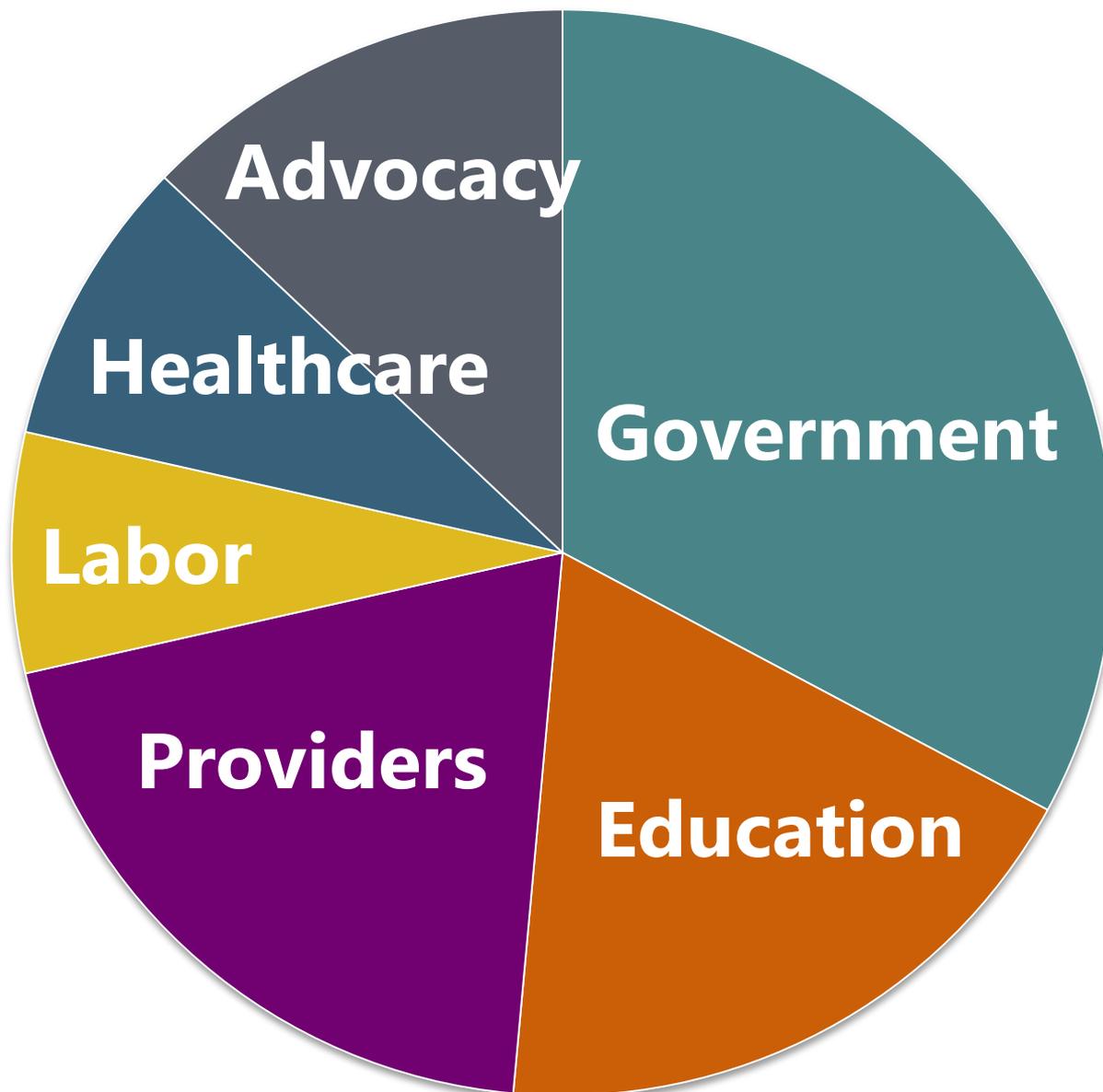


## **The Legislature tasked the work group to provide recommendations on five barriers to growing the behavioral health workforce:**

1. Reimbursement and incentives for supervision of interns and trainees.
2. Supervision requirements.
3. Competency-based training.
4. Licensing reciprocity or feasibility of interstate licensing compact.
5. Background checks, including barriers to work related to an applicant's criminal history or substance use disorder.



# Wide Range of Stakeholders





# Phase I: Draft Recommendations

## ■ **Topic 1: Reciprocity**

- Expand lists of states with substantial equivalency in licensing requirements.
- Identify states with successful behavioral health profession interstate compacts.
- Enable better understanding of the ability of behavioral health professionals who are spouses/registered domestic partners of military personnel to obtain licensure reciprocity upon transfer to Washington.



# Phase I: Draft Recommendations (cont.)

- **Topic 2: Background check policies and practices**
  - Clarify and improve consistency in background check use in clinical hiring and education training/admission decisions.
  - Evaluate existing scope of background checks for professional licensing and credentialing, as well as employment, to identify aspects which disproportionately impact certain behavioral health provider populations and demographics.
  - Reduce difference in conduct and interpretation of background checks between state-credentialed agencies by exploring the creation of a central background check unit.



# Phase II: Next Steps

- Kickoff: January 2020
  - Establish barrier/topic-specific subcommittees.
  - Evaluate all five barriers.
    - Expand existing work on reciprocity/background checks.
  - Launch supervision requirements, competency-based training, and community agency training incentives.
- Final recommendations due December 1, 2020.



# WA's Health Workforce Sentinel Network

## Nursing Homes and Skilled Nursing Facilities

Top occupations cited as having exceptionally long vacancies by date of reporting						
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019
Registered nurse	Registered nurse	Registered nurse	Nursing assistant	Nursing assistant	Registered nurse	Registered nurse
Nursing assistant	Nursing assistant	Nursing assistant	Registered nurse	Registered nurse	Nursing assistant	Nursing assistant
Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse
Social worker	Occupational therapy assistant* Physical therapist* Social worker*	Occupational therapy assistant* Physical therapist**	Multiple occupations cited at same frequency	Dentist* Physician/Surgeon*	Occupational therapy assistant* Physical therapist* Social worker* Psychologist*	Speech-language therapist
Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency		Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency

most cited ↑

\*Tied in rank (number of times occupation was cited by Sentinels) in reporting period.

**Nursing Homes/Skilled Nursing Facilities:** Examples respondents provided for exceptionally long vacancies

## **Competition with other settings**

- *Not enough (RN, LPN, NAC) applicants who want to work in skilled nursing facilities. They can make more in the hospital.*
- *Agencies pay a lot more than SNFs pay and we lose them to other places (RNs, LPNs).*
- *Offering up to \$43/hour with \$7,500 sign-on bonus. Not able to compete with hospital rates.*
- *As a non-profit, we can't compete with the hiring bonuses and high wages that others are offering especially in hospitals.*

## **Reimbursement rates inadequate**

- *I am unable to pay a competitive (RN) wage because of the percent of Medicaid clients I have and the Medicaid reimbursement rate.*

## **Rural recruitment difficult**

- *Since we are in a rural area not many people are willing to drive this far out when they can get the same job closer to where they live.*
- *We closed a unit of 15 patients because we could not hire and retain enough RNs to staff it.*

## **Policy/Regulation**

- *Have to meet regulatory requirements (24/7 requirements).*
- *Minimum wage requirements have driven salary costs beyond what a nursing home can afford (for NACs).*



# WA's Health Workforce Sentinel Network

## Community Health Centers\*

Top occupations cited as having exceptionally long vacancies by date of reporting						
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019
Registered nurse** Physician/Surgeon**	Medical assistant	Physician/Surgeon	Medical assistant** Physician/Surgeon**	Physician/Surgeon	Medical assistant	Physician/Surgeon
Mental health counselor	Nurse practitioner	Social worker	Dental assistant** Registered nurse**	Registered nurse	Physician/Surgeon** Dental assistant** Registered nurse**	Dental assistant** Medical assistant** Nurse practitioner**
Medical assistant	Dental assistant** Registered nurse**	Mental health counselor	Mental health counselor** Nurse practitioner**	Medical assistant	Mental health counselor	Mental health counselor** Physician assistant**
Nurse practitioner	Physician/Surgeon	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Dental assistant** Mental health counselor**	Chemical Dependency Professional** Nurse practitioner** Dental hygienist**	Dentist** Dental hygienist**
Dental assistant** Social worker**	Mental health counselor			Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency

most cited

\*Federally qualified health centers and community clinics providing care free or on sliding fee scale.  
 \*\*Tied in rank (number of times occupation was cited by Sentinels) in reporting period.



**Community Health Centers:** Examples respondents provided for exceptionally long vacancies

## Limited available supply

- Dental Assistants: *[Local] college closed two years ago and we have been struggling ever since. There are not enough dental assistant programs and PIMA, who is the last accredited program, has extremely low DA numbers, so almost non-existent. We need more programs and more people going into this profession!!*
- Medical assistants: *We do offer a sign on bonus also...not enough qualified applicants around. Our wages are competitive; however, we still have a really hard time finding applicants to even apply.*

## Safety net/Reimbursement limits

- Dental hygienists: *Not enough applicants!!! Since community health, we cannot pay what private practice can, but benefits are great! Takes 3-4 months to fill a position.*

## Rural recruitment difficult

- Physicians, NPs: *Difficulty recruiting, especially to our more remote locations.*

## Policy/Regulation

- Physicians, NPs: *3+ month delays by managed care organizations to privilege/credential hired providers. Inability to hire locums when we have vacancies due to MCO privileging.*



# Occupation Focus: Medical Assistants

## Washington State Medical Assistant Survey



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Holly Andrilla, MS

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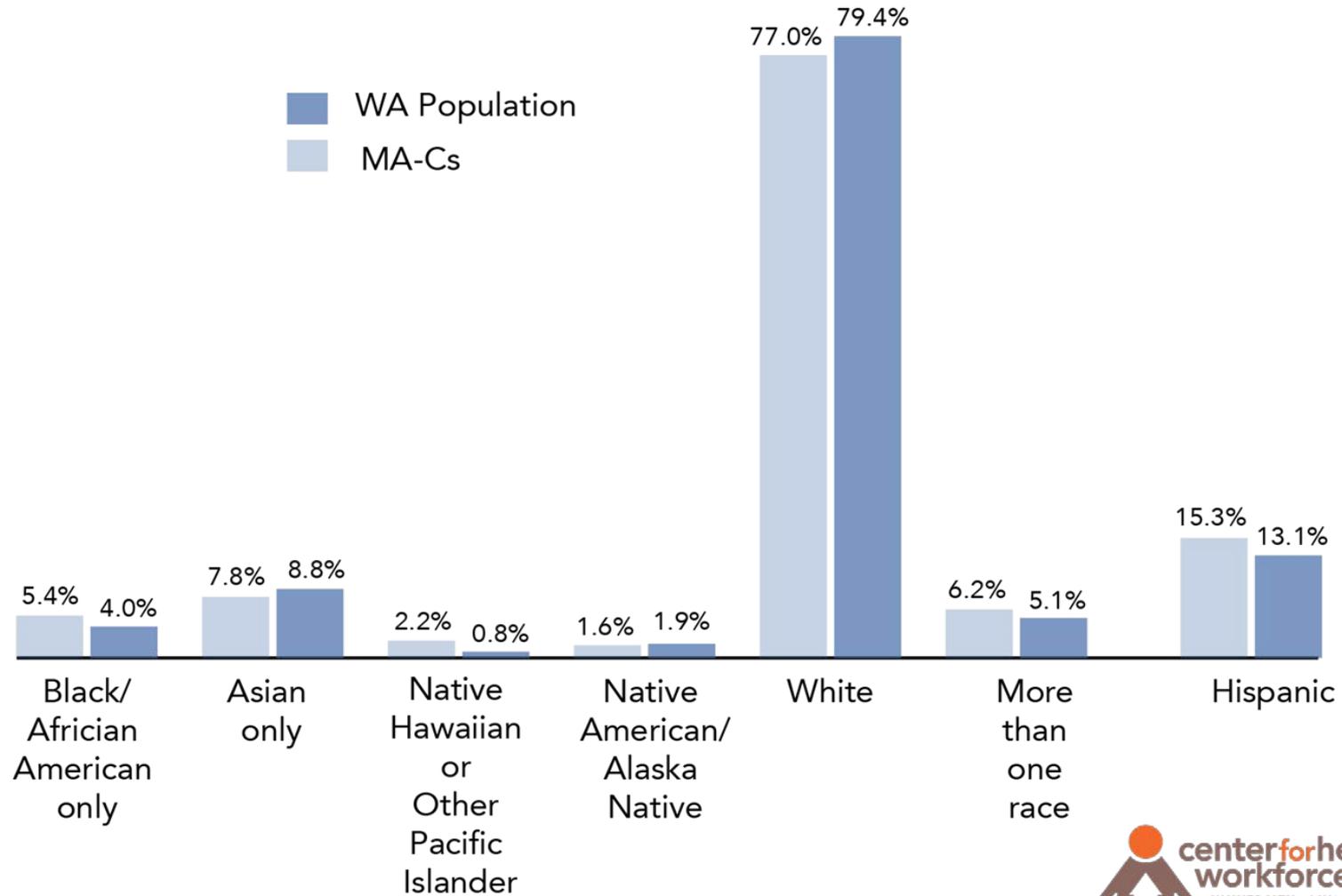
*Medical Assistants in Washington State: Demographic, Education, and Work Characteristics of the State's Medical Assistant-Certified Workforce.*  
Center for Health Workforce Studies, University of Washington, Jan 2019.

[http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2019/02/WA\\_MA\\_SURVEY\\_2019.pdf](http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2019/02/WA_MA_SURVEY_2019.pdf)



# Medical Assistants in Washington

## Race & Ethnicity of MAs Comparable with State Population





# Medical Assistants in Washington

Accountable Community of Health (ACH) of MA Residence	Counties in ACH	% Practice in Same ACH as Residence	Highest % Practicing in Other ACH
Healthier Here	King	94%	
North Sound	Snohomish, Skagit, San Juan, Whatcom	74%	25% → Healthier Here
Cascade Pacific Action Alliance	Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum	89%	4% → Elevate Health 3% → SW WA RHA
Elevate Health	Pierce	64%	28% → Healthier Here
SW WA Regional Health Alliance	Clark, Klickitat, Skamania	97%	
Olympic Community of Health	Clallam, Jefferson, Kitsap	90%	4% → Healthier Here 5% → Elevate Health
Better Health Together	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	97%	
North Central	Chelan, Douglas, Grant, Okanogan	94%	
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	96%	



# RNs Practicing in Washington

Accountable Community of Health (ACH) of RN Residence	Counties in ACH	% Practice in Same ACH as Residence	Highest % Practicing in Other ACH
Healthier Here	King	89%	4% → North Sound
North Sound	Snohomish, Skagit, San Juan, Whatcom	70%	28% → Healthier Here
Cascade Pacific Action Alliance	Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum	79%	11% → Elevate Health 5% → Healthier Here
Elevate Health	Pierce	75%	17% → Healthier Here 4% → CPAA
SW WA Regional Health Alliance	Clark, Klickitat, Skamania	88%	4% → CPAA
Olympic Community of Health	Clallam, Jefferson, Kitsap	71%	14% → Elevate Health 12% → Healthier Here
Better Health Together	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	96%	
North Central	Chelan, Douglas, Grant, Okanogan	85%	25% → Healthier Here 4% → Better Health Tog.
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	93%	

Skillman SM, Stubbs BA, Aragon, SA. *Washington State's Registered Nurse Workforce: Results of a 2018 Survey*. Center for Health Workforce Studies, University of Washington, Oct 2018.



# Other Workforce Needs

- Direct Care
  - Direct care workforce (home care aides, personal care aides).
- Oral Health
  - Dental assistants.
- Primary Care and Rural
  - Ongoing need for primary care providers (physicians, PAs, NPs); general surgeons, obstetric providers (esp. in rural).



# Solutions?

- Education & Training
  - Basic education: address capacity limits (# seats) and faculty hiring barriers.
  - Clinical training sites
    - Incentivize clinics to precept students.
      - *Ex: GCACH Behavioral Health Internship and Training Fund*
    - Increase availability in rural and underserved areas.





# Solutions? (cont'd)

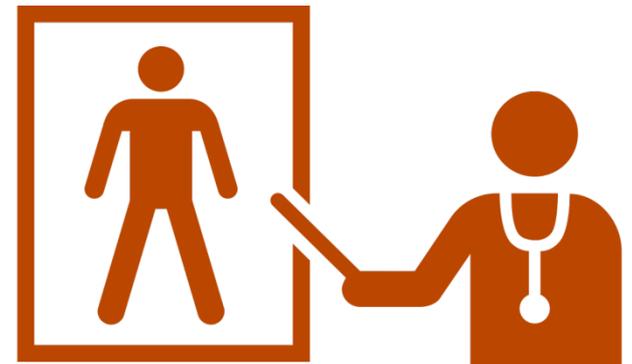
## ■ Education & Training

### ■ Apprenticeship Expansion

- Washington - a leader in the nation for healthcare apprenticeships.

- *Example: WA sites with medical assistant apprenticeships*

- Community Health Assoc. Spokane
- International Community Health Services
- Providence Spokane
- UW Medicine
- Seattle Cancer Care Alliance
- Virginia Mason
- Swedish
- PacMed
- Kaiser





# Solutions? (cont'd)

- Regulation
  - Licensing board requirements
    - *Example: Legislature's proviso examining behavioral health license reciprocity and background checks.*
  - Scope of practice
  - Accreditation
  - Certification requirements





# Solutions (cont'd)

## ■ Funding/Financing

### ■ Reimbursement

#### ■ Examples: Medicaid rates

- 2017 Behavioral Health Workforce Assessment recommended increasing Medicaid rates in order to support recruitment/retention in BH safety net facilities.
- Nursing home/Skilled nursing facilities consistently report to Sentinel Network that sites with high # of Medicaid clients are hindered in ability to attract and retain required workforce.

### ■ Grants/Contracts

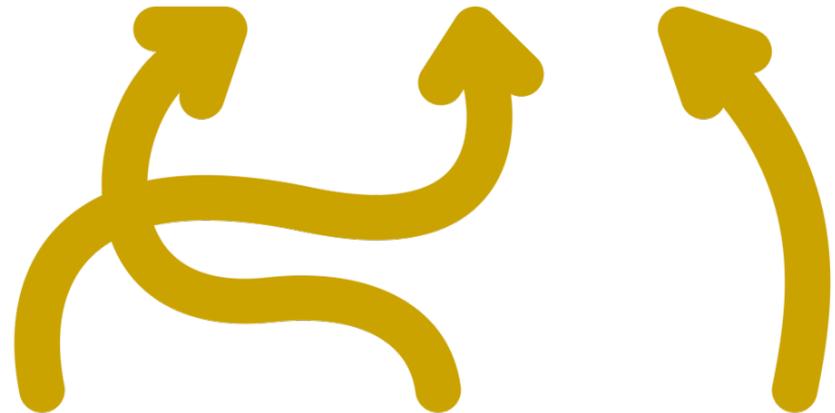
#### ■ Examples: apprenticeship program sponsorship

- Union, Dept. of Labor, etc. support of administration enabled development & implementation of healthcare apprenticeships nationwide.
  - Jopson AD, Skillman SM, Frogner BK. Use of Apprenticeship to Meet Demand for Medical Assistants in the U.S. Center for Health Workforce Studies, University of Washington, Sep 2019.

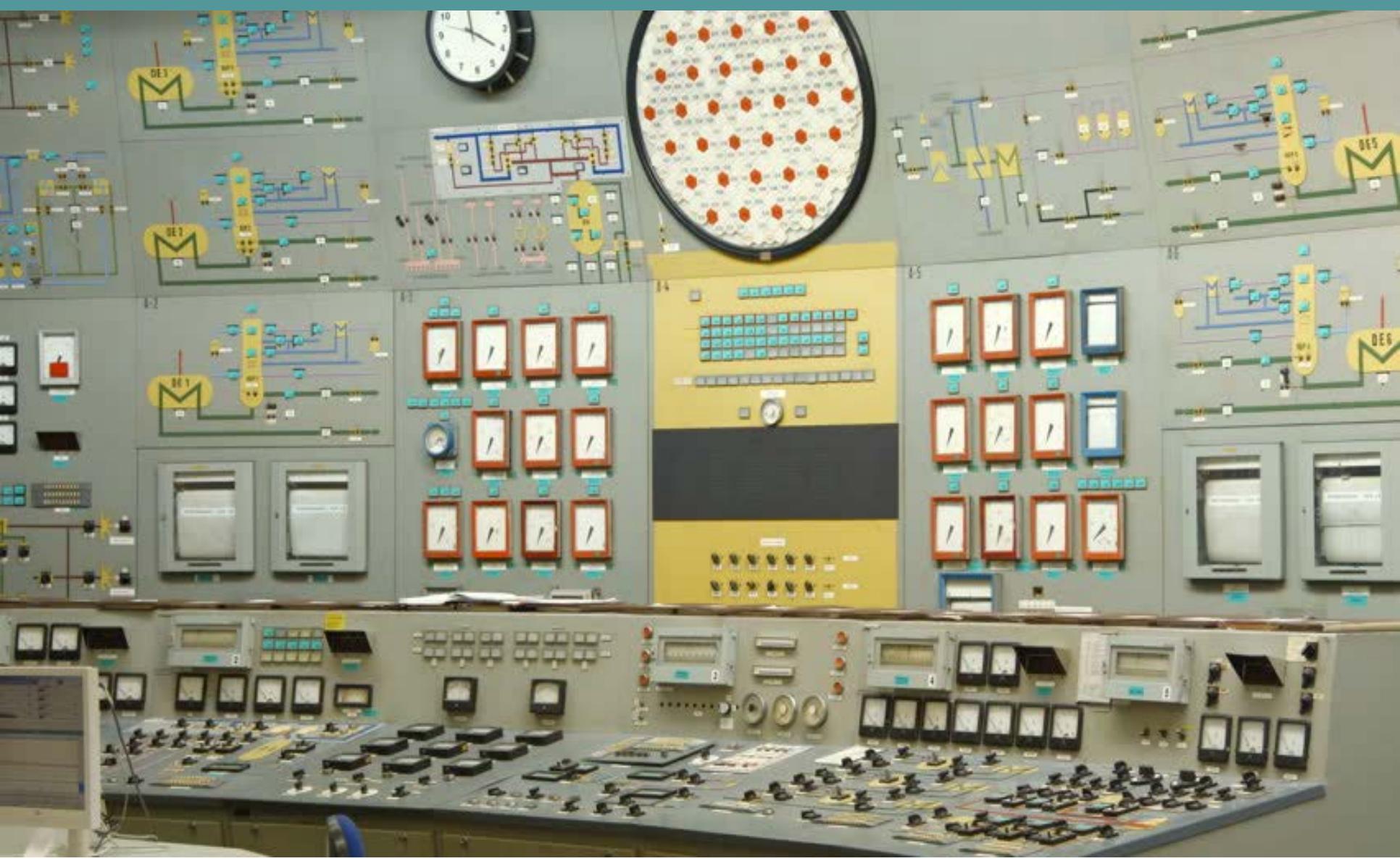


# Solutions? (cont'd)

- Market issues/job desirability
  - Location
    - e.g., rural vs. urban
  - Workload and environment
    - Safety net sites with high need patients/clients vs. sites with more privately insured.
  - Salary
  - Benefits







# Thank you!

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