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
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
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzanne Allen, M.D., Chair</td>
<td>Vice Dean for Academic, Regional &amp; Rural Affairs, University of Washington School of Medicine</td>
</tr>
<tr>
<td>Kevin McCarthy, Vice-Chair</td>
<td>President, Renton Technical College</td>
</tr>
<tr>
<td>Carol Moser</td>
<td>Accountable Communities of Health, Rural Representative</td>
</tr>
<tr>
<td>Alicia Fehrenbacher</td>
<td>Accountable Communities of Health, Urban Representative</td>
</tr>
<tr>
<td>Dan Ferguson</td>
<td>Allied Health Center of Excellence, Yakima Valley Community College</td>
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<tr>
<td>Marianna Goheen</td>
<td>Office of Superintendent of Public Instruction</td>
</tr>
<tr>
<td>Diane Sosne</td>
<td>Service Employees International Union (SEIU) 1199NW</td>
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<tr>
<td>Amy Persell</td>
<td>SEIU Healthcare NW Training Partnership</td>
</tr>
<tr>
<td>Carolyn McKinnon</td>
<td>State Board for Community and Technical Colleges</td>
</tr>
<tr>
<td>Katherine Lechner</td>
<td>Washington Association of Community and Migrant Health Centers</td>
</tr>
<tr>
<td>Deb Murphy</td>
<td>Washington Association of Housing and Services for the Aging</td>
</tr>
<tr>
<td>Sofia Aragon</td>
<td>Washington Center for Nursing</td>
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<tr>
<td>Lauri St. Ours</td>
<td>Washington Health Care Association</td>
</tr>
<tr>
<td>Joe Roszak</td>
<td>Washington State Community Mental Health Council</td>
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<tr>
<td>Cathy Dahlquist</td>
<td>Washington State Dental Association</td>
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<tr>
<td>John Wiesman</td>
<td>Washington State Department of Health</td>
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<tr>
<td>Ian Corbridge</td>
<td>Washington State Hospital Association</td>
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<tr>
<td>Russell Maier</td>
<td>Washington State Medical Association</td>
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<td>TBD</td>
<td>Washington State Nurses Association</td>
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<tr>
<td>Daryl Monear</td>
<td>Washington Student Achievement Council</td>
</tr>
<tr>
<td>Sue Birch</td>
<td>Washington State Health Care Authority</td>
</tr>
<tr>
<td>Eleni Papadakis</td>
<td>Workforce Training and Education Coordinating Board</td>
</tr>
</tbody>
</table>
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
Industry Sentinels

Employer/workforce input:
- Changes in needed skills and roles
- New workforce demand signals
- Review results to identify actionable findings

Data Hub

Data submission via web portal every 4 months (3 times a year)

Web-based data collection and analysis

Rapid dissemination on the Workforce Board website:
- Recent results from industry
- Trends
- Relevant health workforce data from other sources

Information review & dissemination facilitated by the WA Health Workforce Council

Education/Training & Policy Stakeholders

Review and respond to actionable information emerging from the Data Hub and Health Workforce Council
- Address emerging skills needs
- Identify emerging roles
- Respond to increases and decreases in demand for specific occupations

Feedback to industry and data/information system

Findings of health workforce needs from 2016 - present
### Behavioral Health Clinics*

<table>
<thead>
<tr>
<th>Summer 2016</th>
<th>Winter 2016</th>
<th>Spring 2017</th>
<th>Fall 2017</th>
<th>Summer 2018</th>
<th>Spring 2019</th>
<th>Fall 2019</th>
</tr>
</thead>
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<tr>
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<td>Chemical dependency professional</td>
<td>Mental health counselor</td>
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<td>Chemical dependency professional</td>
<td>Mental health counselor**</td>
<td>Chemical dependency professional**</td>
<td>Peer Counselor**</td>
<td>Social worker</td>
</tr>
<tr>
<td>Social worker</td>
<td>Social worker</td>
<td>Social worker</td>
<td>Social worker**</td>
<td>Nurse practitioner**</td>
<td>Social worker</td>
<td>Peer Counselor</td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>Nurse practitioner**</td>
<td>Nurse practitioner</td>
<td>Peer Counselor**</td>
<td>Psychiatrist**</td>
<td>Social worker**</td>
<td>Marriage &amp; Family Counselor or Therapist</td>
</tr>
<tr>
<td>Registered nurse**</td>
<td>Marriage &amp; Family Counselor or Therapist</td>
<td>Registered nurse</td>
<td>Registered nurse**</td>
<td>Psychiatrist**</td>
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<td>Peer Counselor</td>
</tr>
</tbody>
</table>

*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)
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

- Government
- Education
- Advocacy
- Healthcare
- Providers
- Labor
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               | Registered nurse               |
| Nursing assistant               | Nursing assistant                | Nursing assistant               | Registered nurse                | Registered nurse                | Nursing assistant               | 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        | Licensed practical nurse        |
| Social worker                   | Occupational therapy assistant*  | Occupational therapy assistant*  | Occupational therapy assistant*  | Dentist*                         | Occupational therapy assistant*  | Physical therapist*             | Speech-language therapist       |
|                                 | Physical therapist*              | Physical therapist*             | Physician/Surgeon*              |                                  | Physical therapist*              | Social worker*                  |                                  |
|                                 | Social worker*                   |                                  |                                  |                                  |                                  | Psychologist*                   |                                  |
| 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 | Multiple occupations cited at same frequency | Multiple occupations cited at same frequency |

*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*

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

*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.
Susan Skillman, MS
Arati Dahal, PhD
Bianca Frogner, PhD
Holly Andrilla, MS

Funded by the National Center for Health Workforce Analysis (NCHWA), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) as part of an award totaling $637,503 with zero percentage financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Medical Assistants in Washington

Race & Ethnicity of MAs Comparable with State Population

<table>
<thead>
<tr>
<th>Race</th>
<th>WA Population</th>
<th>MA-Cs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American only</td>
<td>5.4%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Asian only</td>
<td>7.8%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>2.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Native American/Alaska Native</td>
<td>1.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>White</td>
<td>77.0%</td>
<td>79.4%</td>
</tr>
<tr>
<td>More than one race</td>
<td>6.2%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15.3%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Accountable Community of Health (ACH) of MA Residence</td>
<td>Counties in ACH</td>
<td>% Practice in Same ACH as Residence</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>----------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Healthier Here</td>
<td>King</td>
<td>94%</td>
</tr>
<tr>
<td>North Sound</td>
<td>Snohomish, Skagit, San Juan, Whatcom</td>
<td>74%</td>
</tr>
<tr>
<td>Cascade Pacific Action Alliance</td>
<td>Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum</td>
<td>89%</td>
</tr>
<tr>
<td>Elevate Health</td>
<td>Pierce</td>
<td>64%</td>
</tr>
<tr>
<td>SW WA Regional Health Alliance</td>
<td>Clark, Klickitat, Skamania</td>
<td>97%</td>
</tr>
<tr>
<td>Olympic Community of Health</td>
<td>Clallam, Jefferson, Kitsap</td>
<td>90%</td>
</tr>
<tr>
<td>Better Health Together</td>
<td>Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens</td>
<td>97%</td>
</tr>
<tr>
<td>North Central</td>
<td>Chelan, Douglas, Grant, Okanogan</td>
<td>94%</td>
</tr>
<tr>
<td>Greater Columbia</td>
<td>Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima</td>
<td>96%</td>
</tr>
</tbody>
</table>
## RNs Practicing in Washington

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

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).
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.
- 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
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.
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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Skillman@uw.edu
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