

# **CALIFORNIA WORKFORCE INVESTMENT BOARD**

## **HEALTH WORKFORCE DEVELOPMENT COUNCIL**

### **REPORT ON HEALTH WORKFORCE DEVELOPMENT NEEDS: Findings and Recommendations**

**March 2013**

**Prepared in Partnership with the California Health Workforce Alliance**



## **Background**

### California's Emerging Health Workforce Needs

There is an urgent and important need for California to expand its health workforce capacity to achieve the goals of healthcare reform and meet the health needs of its growing, increasingly diverse and aging population. Expansion of the health workforce is also critical to California's state and regional economies, the viability of its health organizations and rewarding economic opportunities for residents.

California is already experiencing statewide and regional shortages and mal-distribution in many critical health professions. Healthcare reform implementation and other key trends, such as population growth and aging, will exacerbate these challenges. By 2014, up to 5.9 million additional Californians will have access to health insurance coverage through implementation of the Patient Protection and Affordable Care Act of 2010 (PPACA) and Covered California. Expanded coverage will likely increase demand for healthcare and preventative services. Workforce shortages could undermine the ability of these newly insured to access services and obtain quality, affordable care.

In addition, Californians are experiencing an unprecedented increase in chronic disease. Racial and ethnic disparities across many health outcomes are widening and health care costs continue to surpass the rate of inflation. To help address these challenges, in December 2012 Governor Edmund Brown's *Let's Get Healthy California* Task Force released its final report. The report provides a framework for assessing Californians' health across the lifespan, with a focus on healthy beginnings, living well, and end-of-life. The Task Force, grounded in the Triple Aim, identified three areas that most profoundly affect the health and health care landscape: redesigning the health care delivery system, creating healthy communities and neighborhoods, and lowering the cost of care. Importantly, the report makes clear that eliminating health disparities is an overarching theme. These three areas and the pursuit of the elimination of health disparities will transform the health industry and its workforce needs.

The expected increase in health workforce demand may occur simultaneously with major health workforce supply challenges. Anticipated supply challenges include: major retirements from an aging health workforce; higher education and health training program budget cuts and capacity constraints; increase in the length of educational requirements for some professions; and reduced numbers of primary care graduates. Scope of practice laws and reimbursement rates and policies that undermine the attractiveness and use of certain professionals represent additional challenges. Current economic conditions mask these imminent supply challenges, such as delaying anticipated retirements, and the overall imbalance between supply and demand as organizations have needs now but cannot afford to hire. Supply challenges will increase pressure on the capacity of providers to meet access, quality and cost goals. Safety net and rural providers in particular may face greater workforce challenges if a large portion of the three million additional insured through Medi-Cal, seek services from them.

Emerging delivery models and expanded use of health information technology and tele-health offer opportunities to mitigate workforce challenges. However, they are in the early stages of adoption and have not yet yielded significant breakthroughs in how to most effectively and efficiently utilize and train future health professionals.

## **Health Workforce Development Council and Career Pathways Sub-Committee**

To proactively address emerging health workforce challenges, in August 2010, the California Workforce Investment Board (State Board) established the Health Workforce Development Council (Council) as a Sub-Committee of the State Board. The Council engages a broad range of public and private stakeholders to achieve its mission of helping to expand California's health workforce in order to provide access to quality healthcare for all Californians. A core goal is to expand California's full-time primary care workforce by 10-25% over the next ten years.

To achieve its mission, the Council is engaged in an extensive process to understand statewide and regional priority health workforce needs and develop a comprehensive strategy. To support the process, the State Board in concert with Office of Statewide Health and Planning Development (OSHPD), secured a federal health workforce planning grant from the Health Resources and Services Administration. The planning process involved 5 major components:

- 11 Regional focus groups
- Career pathway development for 12 priority health professions
- Review of reports and recommendations from major California health workforce studies and an extensive literature review
- Priority recommendations and action plans from statewide and profession specific workforce initiatives
- Extensive vetting and prioritization process by the Council and sub-Committees

The following sections summarize the Council's priority findings and recommendations derived through this process over the past two years. It also includes proposed next steps and action plans to implement immediate policy, programmatic and infrastructure priorities and establish an ongoing system for innovations to achieve statewide and regional health workforce needs.

### **Key Findings**

- California does not have sufficient capacity in many key professions and regions to meet current and future health workforce needs. Primary care is one of the greatest concerns.
- Underserved urban and rural areas and health safety net providers face significant supply and distribution challenges; particularly in primary care and other professions that are critical to health access, quality, outcomes and cost. Significant growth in population and those insured are expected in these areas and there are many barriers to recruitment, retention and training.
- The diversity and language capabilities of the health workforce and health professions students do not reflect emerging populations and needs. Funding for proven programs to address this is being reduced at a time when the need is growing.
- Educational capacity is already insufficient in many key health professions and in associated pre-requisite courses and has been further restricted by cuts to education.

Further cuts in key professions would undermine production of a quality diverse workforce in needed areas.

- Rising costs of education and health professions training are becoming barriers to graduates going into needed professions, such as primary care, and underserved geographic areas.
- New health population health and delivery models and use of technology offer the opportunities to use health workforce more productively and for better outcomes.
- Investment in and coordination of statewide and regional infrastructure and data is needed to develop, implement and achieve innovations in health workforce and adjust to changing needs.

### **Shared Strategy for a Shared Prosperity California's Strategic Workforce Development Plan 2012-2017**

Since the formation of the Council the State Board has developed California's Strategic Workforce Development Plan (2012-2017) titled: *Shared Strategy for a Shared Prosperity*. Central to the State Plan is that many of our institutions, both public and private – including education, training, unemployment, and re-employment systems – must keep pace with quickly evolving industries. As demonstrated by the Council's findings the health profession epitomizes this reality. As outlined in the State Board's Strategic Workforce Development Plan, to ensure California maintains its status as a place of innovation and shared prosperity, those institutions must support a "retraining economy." Achieving this objective will ensure that institutions are providing education and training that is relevant to the current needs of the health profession and providing a diverse workforce that will provide culturally appropriate health services.

Through the implementation of California's Strategic Workforce Development Plan, Governor Edmund G. Brown, Jr. and the State Board are committed to making the retraining economy a reality by:

- Aligning the state's workforce institutions and programs around the needs of regional growth sectors; and thereby
- Increasing the number of Californians, including those from underrepresented demographic groups, who are able to access and succeed in postsecondary education and training programs.

Regions will carry out and lead most of this work, but the state also has key roles to play. These include working with the regions to forge a shared vision, as well as coordinating the activities of governmental institutions to support that vision and removing barriers to implementation.

### **Priority Themes and Recommendations**

As part of the work to create a comprehensive strategy for health workforce development, the Council and sub-Committees developed the following themes and recommendations to address key findings and better position California to meet statewide and regional needs.

*Theme 1: Strengthen and Invest in California's Primary Care Capacity Leveraging Existing Programs and Aligned with Population Needs*

- Increase primary care residencies and rotations with a priority emphasis on underserved areas.
- Increase support for, and number of Teaching Health Centers and similar training models in California.
- Support advanced practice nurses to function at full scope of current legal practice
- Secure funding, increase the capacity, and emphasize primary care as a central theme in PRIME Programs based on the University of California plan.
- Increase ability for physician assistants' to supervise Medical Assistants to enhance capacity and productivity.
- Support and increase funding for loan repayment, scholarships and incentives for Physicians, Physician Assistants and Advanced Practice Nurses, and other nurses to pursue primary care and practice in urban and rural underserved areas.
- Increase pilot funding for new team based models of primary care, their evaluation and spread of best practices.
- Increase the numbers of nurses with BSN's through implementation of the collaborative model of nursing education for seamless progression from ADN to BSN and the BDN at community colleges.
- Standardize, strengthen and expand curricula and training programs to increase access and consistent competencies for Community Health Workers/Promotores, Medical Assistants, Social Workers, Nurses, Direct Care Workers and other workers.
- Change regulations to allow the services of Community Health Workers/Promotores to be reimbursable with government and private payers.
- Develop supportive payment structure and policies targeted at increasing the attractiveness of primary care as a career path and retention of primary care providers. Ensure adequate payment for primary care and preventive services with appropriate adjustments in payment incentives.

*Theme 2: Determine, preserve, and restore funding for California's public education institutions (K-12, Community Colleges, CSU, and UC) that provide workforce preparation and education programs to meet health workforce requirements*

- Secure funding for the recently accredited School of Medicine at UC Riverside
- Increase the current educational capacity of Nursing schools, Physician Assistant and Medical Assistant programs in California.
- Increase the capacity of social work programs through outreach and funding placements to increase the number of social workers and their preparation for care management and behavioral health.
- Increase primary care educational and training capacity in the Central Valley. Continue and increase support for primary care programs at UCSF Fresno programs for recruitment, training, and retention of primary care providers.

*Theme 3: Increase capacity in diagnostic services to ensure access, quality and cost effectiveness*

- Create additional capacity in specialty science courses (which currently have limited availability and are over-subscribed) by utilizing distance education, technology, etc. (i.e. Hematology and Microbiology courses offered by California State Universities).
- Promote and educate hospitals, schools on the use of training consortia for Clinical Lab Scientists.
- Increase the number and distribution of radiologic technologists and those trained in special modalities (such as MRI, CT, Ultrasound) to increase diagnostic access and capability.

*Theme 4: Ensure that California's health workforce is representative of the population and geographic areas and can provide quality, culturally responsive and appropriate services to our growing, emerging majority populations*

- Preserve and increase funding for proven programs throughout CA that increase workforce diversity, expand the pool of candidates from all backgrounds and provide rewarding career and job opportunities for California residents (e.g., UCPRIME Initiative, Post-Baccalaureate Health Professions Program [Post-Bac], Health Careers Opportunity Programs (HCOP), Welcome Back Centers, K-16 pipeline programs, Area Health Education Center Program [AHEC]).
- Develop and document the business case of the benefits of increased diversity and the return on investment on health, economic development, education and opportunity.
- Develop funding streams for clinical rotations at community health centers.
- Increase paid public health internships for students from medically underserved communities to work in urban and rural areas.
- Increase promotion of recruitment of diverse populations for health career training programs by local workforce investment boards.

*Theme 5: Invest in regional workforce planning, programs and infrastructure in underserved areas to increase workforce capacity and contribute to health, economic and educational goals*

- Establish and expand coordinating workforce intermediaries to coordinate efforts across regions and expansion of best practices to other regions based on need and readiness.
- Invest in pilot workforce infrastructure and programs in priority regions (such as the Inland Empire/Coachella Valley and the Central Valley). Assure coordination and alignment with new or existing health professions programs in these areas including the recently approved UCR School of Medicine.

*Theme 6: Establish solid infrastructure to develop and implement plans at the statewide and regional level*

- Institutionalize the Health Workforce Development Council (HWDC).
- Implement the State Board's statewide and regional structures and strategies; including regional coordinating intermediaries.
- Establish and sustain sufficient private statewide workforce infrastructure (overall and profession specific) to partner with HWDC and the State Board and lead priority initiative implementation.
- Support OSHPD Clearinghouse expansion, data collection and reporting to: (a) require licensing entities to collect or provide data; (b) standardize data collected to inform projections and analysis (c) support authority to share social security numbers from licensing entities (d) collect and report data required for public health workforce enumeration, tracking and development.
- Support of existing federal programs that if not extended, like Medicare extender and Medicare Dependent Hospitals (MDH) and low volume hospital programs, would have immediate and devastating impact on health care access and undermine the economies and jobs in underserved communities.
- Advocate for continued funding for the California statewide Area Health Education Center Program (AHEC).

*Theme 7: Identify, Promote, and Advocate for Emerging Models for Medical and Preventative Services (i.e., Medical Homes) to More Effectively and Efficiently Engage Professionals and Provide Career Advancement Opportunities, (Leverage Electronic Medical Records, and Tele-health)*

- Strengthen career ladders and expanded roles for Medical Assistants, community Health Worker/Promotores, social Workers, Nurses and other workers to enhance access to coordinated team-based care in cost-effective settings.
- Increase use of tele-health for provision of specialty physical and mental health services and for use in expanding educational program access and training capabilities.
- Increase use of extended function dental assistants in health centers to increase oral health access.

### **Policy, Administrative and Funding Priorities**

Because the Council is comprised of private and public sector members, and is engaged in a broad mix of health workforce development activities, its findings and recommendations must be addressed by different parts of government, private sector, education, labor, community based organization, philanthropic organizations and regional collaborations. To address this, the Council organized the priority recommendations by major type of action required: legislative, administrative, funding opportunities, workforce system and education leadership.

## **Next Steps**

The Council, with the approval of the California Workforce Investment Board, will advance its priority recommendations through the following next steps:

- Submit the Council's findings and recommendations to the Administration and other appropriate institutions.
- Implement the State Board's strategy for supporting regional health industry sector partnerships.
- Partner with statewide and profession specific health workforce initiatives to help secure necessary funding to implement priority recommendations that address health workforce shortage issues.
- Establish coordinating and execution infrastructure to implement action plans lead by statewide and profession specific workforce initiatives.
- Support OSHPD Clearinghouse implementation and additional data needs to better position California to conduct analysis of its health profession workforce needs.
- Provide ongoing oversight of action plan implementation and results.