

## HEALTHCARE PERSONNEL SHORTAGE TASK FORCE



**2013 ANNUAL REPORT**



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Workforce Training and Education Coordinating Board  
128 10th Avenue SW, PO Box 43105, Olympia, WA 98504-3105  
360-709-4600, [www.wtb.wa.gov](http://www.wtb.wa.gov)

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## I. Summary of 2013 Task Force Efforts

The Health Care Personnel Shortage Task Force (Task Force) is charged with convening a diverse group of stakeholders to research factors impacting the health care personnel shortage in Washington and to recommend to the Legislature opportunities that will reduce the shortage – either through legislative action or budget requests for education and training institutions.

The 2013 Task Force began the year by working to address several recommendations from the December 2012 report during the 2013 Legislative Session. The Task Force was successful in advancing two key recommendations in the legislative session. First, the Task Force was able to work with legislators to pass a budget proviso that directed the state’s Department of Health to convene a workgroup to develop standardized language used in clinical affiliation agreements for three health care professions. The Task Force’s second success was the passage of [Senate Bill 5615](#), which directed the Washington Student Achievement Council to contract with a private fundraiser to begin raising the money necessary to fund the Health Professional Loan Repayment and Scholarship Program. The Task Force has consistently recommended the funding of the program over the past two years because of its proven record of effectiveness in recruiting health professionals to serve in rural areas.

In 2013, the Task Force convened two half-day meetings of the full group and two subgroup meetings. The first meeting was dedicated to educating the Task Force about best practices in addressing the health care personnel shortage and an update on current research on health care personnel needs. The second meeting was primarily focused on setting recommendations for the Legislature concerning the 2013 Health Care Personnel Shortage Task Force Report.

Task Force members viewed presentations and explored issues impacting the health care personnel shortage, including:

**State Health Care Innovation Plan** – Washington received a federal grant through the Center for Medicare and Medicaid Innovation (CMMI) to design a [State Health Care Innovation Plan](#) (SHCIP). CMMI is encouraging states to develop, deploy and evaluate state-based models to transform health care payment and delivery systems. In early 2014, there may be another round of grant funding to implement plan recommendations, and Washington will very likely be submitting this plan for funding the next stage of health care innovation.

The Health Care Authority, with a broad collaboration of stakeholder input and assistance, has drafted a plan that proposes exploration of a creative payment and service delivery model, which has the ability to lower costs and improve patient outcomes. The goal is to refresh key innovation strategies with an eye towards programs or changes that are sustainable, regardless of whether federal funding continues. The Task Force was particularly interested in this plan; many of the 2013 recommendations align with SHCIP goals for health system transformation.

**Employer Demand for Mid-Skill Level Occupations** – The University of Washington Center for Health Workforce Studies presented a report to the Task Force, which outlined findings from Health Care Personnel Shortage Task Force – 2013 Annual Report

their study: [Washington Employers' Current and Expected Demand for Five Health Care Occupations](#). The occupations studied in this report were: Home Care Aides, Medical Assistants, Nursing Assistants Certified, Licensed Practical Nurses, and Associate Degree Registered Nurses. More details on this study can be found on Page 18 of this report.

**Crosswalking Military Service to Nursing Professions** – The State Nursing Care Quality Assurance Commission also presented a report to the Task Force, which examined the training for specific military courses to see how they compared to civilian medical training and careers. The report found some gaps that limit direct matches for civilian licensure. Military service training for health care is geared toward caring for a primarily healthy population in a set age range, and does not generally include maternity or pediatric care. The Commission is also looking at crosswalks from other military education/training to civilian careers. [Report](#)

**The 2013 Task Force Recommendations are as follows:**

- 1. Increase primary care residency opportunities in medically underserved communities.*
- 2. Restore funding for the State Health Professional Loan Repayment and Scholarship Program.*
- 3. Support increased technology for delivery of health care career education.*
- 4. Create an Employer Sentinel Network that provides employer feedback on industry health care needs.*
- 5. Collect demographic information on health care providers with online renewals.*
- 6. Support health care payment reform models that provide career pathways for entry-level and paraprofessional workers.*

A detailed summary of the recommendations is provided on page 8.

## **II. Task Force History**

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

In 2003, the Legislature passed Engrossed Substitute House Bill 1852. This legislation directed the Workforce Board to continue to convene stakeholders to establish and maintain a state strategic plan for ensuring an adequate supply of health care personnel that safeguards the ability of Washington's health care delivery system to provide quality, accessible health care to residents of this state. The bill also required an annual report to the Governor and Legislature on the Task Force's efforts, including recommendations to address health care personnel shortages.

The Task Force's main role is to develop a strategic plan, track progress on implementation, and bring together stakeholders to advocate for and develop sustainable solutions to address health care personnel shortages. Each year the Task Force identifies priorities to bring to the Governor, Legislature and other policymakers and stakeholders. As Washington grapples with a shortage of health care workers and an aging population demanding more services, the Task Force and its partners continue to focus attention on the importance of investing wisely in the state's health care workforce pipeline.

The state workforce system's overarching goal for health care is to provide hospitals, clinics and other health care employers with the skilled workers they need, across a wide range of occupations. To accomplish this, the workforce system focuses on preparing workers for health care jobs that are in demand, and that offer opportunities to move up the health care career ladder through additional education and training. Among health care professionals, the issues are more commonly framed in terms of "appropriate access to care." Regardless of their perspective, all those involved must continue to work together to address common objectives.

**III. Membership: The Health Care Personnel Shortage Task Force**

The Task Force is made up of leaders from education and training institutions; health care, migrant and community health services; labor and professional associations, and employer representatives. The Task Force is led by a Chair and Vice Chair who head educational institutions.

**2013 Task Force Members**

<b>Name</b>	<b>Organization</b>
<b>Michele Johnson, Chair</b>	Chancellor, Pierce College District
<b>Suzanne Allen, M.D., Vice Chair</b>	Vice Dean for Regional Affairs, University of Washington School of Medicine
<b>Dan Ferguson</b>	Allied Health Center of Excellence
<b>Dana Duzan</b>	Allied Health Professionals
<b>Vacant</b>	Non-Profit Health Care System Provider
<b>Kathleen Lopp</b>	Office of Superintendent of Public Instruction
<b>Diane Sosne</b>	Service Employees International Union (SEIU) 1199NW
<b>Charissa Raynor</b>	SEIU Health Care NW Training Partnership
<b>Marty Brown</b>	State Board for Community and Technical Colleges
<b>Diane Zahn</b>	United Food and Commercial Workers Union
<b>Mary Looker</b>	Washington Association of Community and Migrant Health Centers
<b>Deb Murphy</b>	Washington Association of Housing and Services for the Aging
<b>Linda Tieman</b>	Washington Center for Nursing
<b>Lauri St. Ours</b>	Washington Health Care Association
<b>Nancy Alleman</b>	Washington Rural Health Association
<b>Bracken Killpack</b>	Washington State Dental Association
<b>John Wiesman</b>	Washington State Department of Health
<b>Vergil Cabasco</b>	Washington State Hospital Association
<b>Roger Rosenblatt, M.D.</b>	Washington State Medical Association
<b>Sally Watkins</b>	Washington State Nurses Association
<b>Daryl Monear</b>	Washington Student Achievement Council
<b>Eleni Papadakis</b>	Workforce Training and Education Coordinating Board

#### **IV. Health Care Personnel Data**

Since forming in 2003, the Task Force has brought attention to current and projected health care shortages. This work is showing results, most notably in expanded capacity in health care programs in schools, colleges and universities. Although progress has been made in many areas to address the health care personnel shortage, these shortages continue to be anticipated in the health care industry. Additionally, while the impacts of the Affordable Care Act (ACA) on health care personnel are not fully known at this time, industry observers believe rural and other less populated areas of the state may struggle even harder to find sufficient health care personnel as more people gain access to health insurance and health care.

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 health care personnel shortages, especially in rural areas. Although the recession alleviated this shortage as more health care workers delayed retirement and some financially pinched patients put off care, shortages are forecast to reappear unless there are increases in the supply of certain types of professional and para-professional health care personnel.

The following information provides data on the anticipated health care personnel shortages, without accounting for any increased demand created by 2014 implementation of the ACA.

#### **A. Health Care Completions**

Washington has been very successful in increasing the number of students completing health care programs. This table shows some of the programs with the most notable increases.

<b>Health Program of Study</b>	<b>Percent Increase in the Number of Program Completers from 2005-2012</b>
<b>Occupational Therapy Assistants and Aides</b>	922.22%
<b>Physical Therapist Assistants</b>	177.55%
<b>Ophthalmic Medical Technicians</b>	170.00%
<b>Psychiatric Technicians and Aides</b>	157.14%
<b>Nursing Assistants</b>	110.20%
<b>Medical Records and Health Information Technicians</b>	106.19%
<b>Associate Degree Registered Nurses</b>	85.43%
<b>Substance Abuse/Addiction Counseling</b>	82.86%
<b>Physician Assistants</b>	73.33%
<b>Nurse Practitioners</b>	68.70%
<b>Surgical Technologists</b>	66.67%
<b>Bachelor's Degree Registered Nurses</b>	55.46%
<b>Dental Hygienists</b>	47.74%
<b>Occupational Therapists</b>	46.67%
<b>Medical/Clinical Laboratory Assistants</b>	34.43%

## B. Health Care Personnel Shortages

On behalf of the Task Force, the Workforce Board analyzes the supply and demand for selected health care occupations. The analysis compares the projected job openings to supply from new entrants completing health care education programs and estimates a gap over time. Below are health care occupations with the greatest projected gaps in supply.

Occupational title	New Supply	Projected Annual Net Job Openings 2016-2021	Annual Gap Between Supply & Projected Demand
Vocational Rehabilitation Counseling	10	257	-247
Radiologic Technologists	239	389	-150
Clinical Laboratory Science/Medical Technology/Technologist	26	171	-145
Health Unit Coordinator/Ward Clerk	269	413	-144
Emergency Medical Technicians and Paramedics	79	193	-114
Dentists, General	64	164	-100
Physical Therapists	100	186	-86
Respiratory Therapists	36	90	-54
Opticians, Dispensing	12	64	-52
Pharmacists	198	249	-51
Occupational Therapists	66	115	-49
Dental Laboratory Technicians	10	51	-41
Dental Hygienists	229	267	-38
Physician Assistants	78	115	-37
Medical Transcriptionists	68	98	-30

**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 health care workers, as a result of national health care reform, is challenging. It will be important to carefully monitor changes in the health care system for labor market effects not predicted in the official projection.



## **V. 2013 Task Force Recommendations**

The state's Health Care Personnel Shortage Task Force (Task Force) has identified key priorities for consideration by the Governor, Legislature and other health care and higher education leaders.

In 2013, the Task Force largely focused on areas where small investments could help alleviate the health care personnel shortage. Some of these items require additional work for the stakeholders in 2014; some require federal and legislative changes; others require funding from the Legislature. The recommendations were discussed and ranked in priority order at the Task Force meeting in October.

The recommendations, in rank order, are as follows:

1. Increase primary care residency opportunities in medically underserved communities.
2. Restore funding for the State Health Professional Loan Repayment and Scholarship Program.
3. Support increased technology for delivery of health care career education.
4. Create an Employer Sentinel Network that provides employer feedback on industry health care needs.
5. Collect demographic information on health care providers with online renewals.
6. Support health care payment reform models that provide career pathways for entry level and paraprofessional workers.

### **Recommendation Detail**

#### **1. Increase primary care residency opportunities in medically underserved communities.**

This recommendation, which was also included in the 2012 Task Force report, and included in the State Health Care Innovation Plan, calls for legislative support to increase residency opportunities for medical residents who choose to serve in medically underserved communities in primary care disciplines. In a residency, physicians who have received their medical degree after four years of medical school, practice medicine under the supervision of an attending physician. Where a resident chooses to do this training influences where they will practice medicine. Investments that increase Washington residency opportunities, especially in rural and underserved regions of the state, are likely to lead to more physicians choosing to practice in these communities. More work is needed to identify administrative barriers as the state seeks to expand residency opportunities. The Task Force is expected to focus on this in greater detail in 2014.

#### **2. Restore funding for State Health Professional Loan Repayment and Scholarship Program.**

The Health Professional Loan Repayment and Scholarship Program helps the state attract and retain licensed health professionals to serve in critical shortage areas by providing educational loan repayment assistance and scholarships. In return for financial assistance, program participants agree to provide primary health care services in rural or underserved urban areas

designated as health professional shortage areas. However, since 2010, the state's funding for this program has been reduced significantly, from \$4 million in 2009 to \$525,000 every year since (a reduction of approximately 87 percent). The Health Professional Loan Repayment and Scholarship Program is now set at a level that allows the state to meet the federally matched State Loan Repayment Program (SLRP). The SLRP is a federally funded grant program to states and territories that provides cost-sharing grants to assist them in operating their own educational loan repayment programs for primary care providers working in shortage areas within their state. This can be a restrictive grant because the federal government determines which professions are in shortage, which facilities providers are eligible to work at, and how much financial assistance to provide to participants.

The 2012 Task Force Report recommended funding the Loan Repayment Program at its previous level. It is also a current recommendation of the State Health Care Innovation Plan. By statute, this program can also be used for early pipeline programs that reach out into the schools and educate young people about health care careers in rural areas, as well as recruitment incentives for facilities serving a large amount of charity or publicly subsidized health care. The program can also provide financial and technical assistance to communities who are working to ensure enough providers are available in rural, underserved areas. None of these activities can occur under the current funding level.

[Legislation](#) passed in the 2013 Legislative Session directed the Washington Student Achievement Council (WSAC) to contract with a private fundraiser to try and raise the necessary funds for this program. The Task Force actively supported this legislation as a step in the right direction. This is a first step, but there is a great need for health care workers in rural and underserved areas, and any additional funding for this program would be well utilized. This program could make a tremendous impact in building a pipeline for the future and recruiting providers to rural, underserved areas if it was fully funded. The Task Force recommends that the Legislature consider restoring funding for education-related loan repayment, conditional scholarships, and community-based programs or similar programs.

### **3. Support increased technology for delivery of health care career education.**

This recommendation calls for additional funding and flexibility for educational institutions to use technology to provide more opportunities for health care career education. A lack of capacity for clinical placements is restricting the growth of several health care occupations, including nursing. Alternative clinical modalities, such as high quality simulation, can help address this limitation in capacity. This could also address the theory portion of instruction by providing support for additional access to online education. An increase in technology will help rural students receive the same cutting-edge instruction as students in urban areas, who often have better access to providers and instructors. Technology can also create greater efficiencies, allowing educational institutions to share faculty and educational content.

Implementation of this recommendation could include a range of options. For example, competitive grant funding could help advance best practices in simulation. An increased flexibility in requirements for clinical hours could allow for simulation to substitute for on-site

education. Innovation funding could allow health care faculty to access professional development to learn to best use simulation. The Legislature could also consider a request for health care licensing and certification bodies to produce a report that identifies standards of licensing where access to education and training could be improved through alternative forms of technology.

#### **4. Create an Employer Sentinel Network that provides employer feedback on industry health care needs.**

This recommendation attempts to alleviate the lag time in obtaining labor market data, which slows the development of education and training programs even as the health care delivery environment undergoes rapid changes. One possible solution is an Employer Sentinel Network, a select group of employers carefully selected to include a broad range of size, employer type, and geographic distribution, who could provide real-time information on the demand for health care workers within their organization and industry. These employers (and among those that include a unionized workforce, their union leadership) would be convened as needed to provide timely feedback around investments in education, training and talent development, and make targeted recommendations on industry needs. This information could be used to quickly identify personnel shortages in health care industries, and provide targeted information to meet that demand through education programs. Periodically, such employer discussions occur at the local level in different areas of the state, but there is no consistent feedback mechanism providing information on all health care subsectors across the state. The State Health Care Innovation Plan also calls for engaging employers in providing feedback to educational institutions; any program established by the Task Force would work toward alignment with the Innovation Plan. The Legislature could provide funding to secure staff and business support to create and maintain an Employer Sentinel Network. Legislative support could also go toward working with health care industry, education, and professional organizations to create a joint-funding model.

#### **5. Collect demographic information on health care providers with online renewals.**

Collecting demographic information on health care providers through online renewals is a top priority for Washington's Department of Health. Previously, the department captured information with paper surveys; however, the last survey was conducted a number of years ago. With the advent of online license renewals, the idea is now to include an online survey as part of the renewal process. This survey, when launched, will capture a variety of information. While the department has not yet finalized the type of information to be collected, it could include specialties providers are working in, where they work, how many hours they work, and their retirement plans, among other questions. Right now, the state can identify how many health professionals hold licenses, but not how they are deployed and which fields they are working in. For example, some licensed health care professionals may be working in administration instead of with patients, others may be fresh out of school, and still others are winding down their practice and working only a few hours per week. The Department of Health has proposed a supplemental budget item to allow work on this project to begin in July of 2014. The Task Force supports the Department of Health's budget request, and asks the Legislature to strongly consider funding it in the 2014 Supplemental Budget.

## **6. Support health care payment reform models that provide career pathways for entry-level and paraprofessional workers.**

The State Health Care Innovation Plan is exploring reform to provider payment models that encourage results, rather than providing payment for specific services. Such reform is likely to lead to changes in several areas, including: hiring and promotion practices, occupational scope of practice and career progression, and possibly the creation of new occupational tracks. Because of the anticipated changes, the Task Force recommends payment reform models developed through the State Health Care Innovation Plan, or other actions, provide for career progression opportunities throughout the workforce, especially for entry-level and paraprofessional workers. A satisfied, experienced workforce will support health care reform efforts aimed at improving patient care and reducing costs. Conversely, high turnover among entry-level and paraprofessional staff, especially front-line caregivers such as certified nursing assistants and home care aides, decreases patient care quality and drives up costs. As health care is changing and new roles are developed with the Affordable Care Act, the Task Force is recommending a focus on creating career pathways for entry-level workers and technical support for employers exploring these pathways. Any payment reform models developed through the State Health Care Innovation Plan or other legislative action should include support for career pathways for entry-level and paraprofessional health care workers.

## **VI. Future Direction of the Health Care Personnel Shortage Task Force**

The Task Force will be ramping up its efforts in 2014 by adding meetings and workgroups. The Task Force will also be monitoring the progress of the enacted 2013 recommendations to ensure they have the support needed for implementation. The following are a few of the areas the Task Force has already decided to explore in more detail in its 2014 work:

### **1. Increase residency opportunities in medically underserved communities.**

Funding to expand residencies in medically underserved communities is a recommendation for action in 2014, but as reported above, the Task Force will need to do additional research on administrative and fiscal barriers to increased residency opportunities. The Task Force will explore this issue in detail in 2014 and will report back to the Legislature on administrative issues limiting residency opportunities and could be addressed through a change in the law or through stakeholder work with federal partners.

### **2. Encourage creative methods to recruit health care faculty from health care employers.**

There is a shortage of qualified faculty members for health care career education – both in the classroom and in supervising clinical placements. Health care faculty can be difficult to recruit due to a wage disparity between clinical practice and education delivery. This recommendation would provide a framework to convene stakeholders in education and health care facilities, as well as partnering with the efforts of the Health Care Innovation Plan team, to explore additional options to provide incentives to loaned faculty programs and other recruitment tools. Additional research and conversation is needed regarding incentive packages that will be impactful and equitable.

### **3. Provide funding for high employer demand programs of study in health care fields.**

A key tool for adapting to industry demand and rapid changes in the economy is flexible funding for high employer demand programs of study. This funding can help middle and high schools, and postsecondary institutions, increase capacity by helping pay for sometimes costly programs of study that meet employer demand. The Legislature has provided dedicated funding for these programs in the past, and the Task Force will be encouraging consideration of continuing this funding in the 2015 legislative session.

### **4. Explore creative funding methods to address the health care personnel shortage.**

Washington has faced severe budget shortfalls for several years, resulting in reduced funding in certain cases across a broad range of areas including health care, middle and high school education, higher education, and social services. The state is not likely to see significant increases in revenue for some time, even as the economy improves. Therefore, the Task Force should consider how to provide the needed resources to meet health care personnel shortages. The Task Force will explore creative funding mechanisms to address the health care personnel shortage. Members have already convened a funding subgroup meeting, and this is an area that the Task Force will continue to explore in 2014.

## **VI. Best Practices in Addressing the Health Care Personnel Shortage**

The Task Force provides value in the diversity of stakeholders who are members and/or regular contributors to Task Force efforts. Task Force members and supporters provided the information below on a number of model best practices that recently concluded, or are ongoing efforts to reduce health care personnel shortages. Some are practices that may work best in a limited service area; others may be able to expand to a wider service area given additional resources.

### **Diversity Mentorship Program for Nursing**

#### *Washington Center for Nursing (WCN)*

As the nation grows increasingly more diverse, the health care 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.<sup>i</sup> Washington's nursing workforce has yet to reflect the population in terms of race and ethnicity. For example, Black/African American professionals comprise less than 1 percent of Washington's RN population,<sup>ii</sup> and persons of Hispanic or Latino origin only 2 percent of Washington's RN population.<sup>iii</sup>

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, working 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 will 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.

### **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 health care 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 who serve the target population to sustain improved training and employment outcomes long-

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term. The HCA project targets recipients of Temporary Assistance to Needy Families (TANF) and other low-income residents to participate in high-demand health care training.

The objectives for the five-year period of the project are to: (1) Enroll 920 TANF recipients and other low-income individuals in health care 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 health care-related employment; and (4) Advance 25 percent of project participants that complete entry-level training into advanced health care training during the project period. These objectives were based on benchmark data from the community and technical colleges regarding WorkFirst students in health care training programs at the time the project was established (51 percent, 38 percent, and 11 percent respectively).

The program is just over three years (60 percent) of the way through the five-year HHS HPOG grant. More than 600 customers have been served to date, training for jobs in nursing assisting, phlebotomy/medical lab, medical assisting, nursing, medical office, and more. To date, more than 150 participants have been placed in employment in health care. The program has achieved a high level of participation of TANF recipients in the program; 45 percent of the adult customers enrolled to date by navigators were receiving TANF when they entered HCA.

### **Health Care Workforce Grant Funding from Health and Human Services**

*Health and Human Services, University of Washington, Washington State University, Gonzaga University*

The U.S. Department of Health and Human Services announced the educational institutions awarded [grant funding](#) to address health care workforce issues. Grants were awarded to the University of Washington, Washington State University and Gonzaga University. Grant funding was targeted at specific key programs and outcomes, including providing low-interest loans for nurses training to become faculty members, expanding educational opportunities for populations underrepresented in health care fields, providing traineeships in nurse anesthetist programs, and funding advanced nursing programs.

### **HEET for Innovative Curriculum Development and Incumbent Medical Assistants**

*Highline Community College, Skagit Valley College, Olympic College, Yakima Valley Community College*

A Health Employee Education and Training (HEET) 6 grant was awarded to the education consortium (led by Highline Community College, and including Skagit Valley College, Olympic College, and Yakima Valley Community College), to enable implementation in the current academic year of the innovative *HEAL-MAP Health care Education for Adult Learners-Medical Assistant Pathway (HEAL-MAP)*. The consortium planned and developed the pathway during the 2012-2013 grant cycle (HEET 5).

The *HEAL-MAP* project stems from a collaboration between the college consortium named above, the Center for Excellence in Allied Health, Group Health and other employer partners, SEIU Health care 1199 NW, and the SEIU Health care 1199 NW Multi-Employer Training Fund,

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to create a clear and efficient pathway for frontline employees of Group Health and other partner facilities wishing to complete the training and successful testing required to be credentialed as Medical Assistant–Certified (MA-C) in Washington. The initiative aims to produce an innovative Medical Assisting curriculum that is competency based, includes assessment of prior learning, and relies on instructional modalities tailored to the needs of adults and working students.

### **MEDEX Northwest: Increasing Access to PA Education in 2013**

*University of Washington School of Medicine*

MEDEX Northwest is the physician assistant (PA) training program at the University of Washington within the 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, 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. The first group of nine students (seven in Washington) graduated in 2013. Subsequent years fund seven-eight expanded positions in the MEDEX Seattle, Spokane and Tacoma sites (the remainder are in Anchorage). In 2012, MEDEX added a new classroom location in Tacoma, housed on 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, residing within 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.

### **Patient Health Advocate Career Path**

*Clark College, Southwest Washington Regional Health Alliance*

Clark College serves as the education and workforce representative on the Southwest Washington Regional Health Alliance (SWRHA), a five-county public-private partnership in health care (mental, physical and dental) targeted at the triple aim of a healthier population, lower health care costs and better patient outcomes. The SWRHA identified new skill sets that are going to be needed in health care as a result of the reform measures currently being implemented through ACA. Clark College investigated best practices across the nation and worked with members of the SWRHA including, to name just a few, Peace Health, Legacy, Kaiser and county health officials to develop a new position, that of Patient Health Advocate (PHA). These are non-clinical roles that will help coordinate patient care, and provide assistance and coaching for patients. This is considered to be a career path, starting at an entry level Patient Health Advocate with a 100-hour training requirement, up to a master's degree in Patient Advocacy.

In a partnership with Peace Health Southwest Washington, Southwest Washington Workforce Development Council, the Vancouver Housing Authority and the Workforce Training and

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Education Coordinating Board, Clark College was able to obtain funding to develop the curriculum and run a pilot Patient Health Advocate Program—the first Patient Advocate program run in Washington. The pilot was viewed as a great success, with positive reviews from both students and employers. Two more Washington community colleges have expressed interest in running the program, and all the course materials have been given to both institutions. The Oregon Department of Community Colleges & Workforce Development has asked Clark College to present the program at a meeting in January to investigate the potential for using the PHA program as a state standard for Oregon community colleges.

### **RN-to-BSN DTA/MRP**

*Washington Student Achievement Council, State Board for Community & Technical Colleges, Council of Presidents*

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 RN-to-BSN DTA/MRP Work Group convened in early 2012 to consider the feasibility of a direct transfer agreement (DTA) or major related program that could minimize the variations in both prerequisites to the ADN programs at the community and technical colleges and in general education requirements among the RN-to-BSN institutions. The overarching goal has been to address the need for seamless, efficient academic progression for nurses on a career trajectory, beginning with an Associate Degree in Nursing through RN-BSN completion. The proposed DTA/MRP pathway has been developed over 18 months of collaborative effort by statewide community and technical colleges and four-year college and university nursing education leaders. It recognizes the similarity of the content and learning outcomes in the nursing core courses at the community and technical colleges, and the universities. This proposed RN-to-BSN DTA will facilitate timely completion of BSN education for registered nurses. The DTA/MRP pathway could be modified in the future to allow the two-year and four-year college partnerships that support the option of simultaneous dual admission/dual enrollment to a community or technical college nursing program and RN-to-BSN program.

### **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 immersion experience in community medicine for students between their first and second years of medical school. Western and Eastern Washington AHECs (Area Health Education Centers) and the University of Washington School of Medicine (UWSOM) partner to provide an individualized learning program in rural and underserved areas of Washington. The Rural and Underserved Opportunities Program (R/UOP) encourages primary care careers in rural or underserved medicine. The AHECs match students with preceptors, reimburse their travel to the site, arrange housing and develop future preceptors.

The AHECs recruit approximately 55 primary care physicians throughout Washington to precept a four-week elective immersion experience in community medicine for students between their first and second years of medical school. All preceptors are appointed as clinical faculty at the

University Of Washington School of Medicine. 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 participate in home visits, work with other health professionals, and attend town meetings and community cultural events.

Many R/UOP students combine their clinical work with a community medicine experience. These students additionally complete a web-based community medicine course with UWSOM mentors. They learn about the social determinants of health, assess their community for health strengths and challenges, and with the help of community partners, develop and implement health-related projects.

### **Targeted Rural Underserved Tract (TRUST)**

University of Washington School of Medicine

The [Targeted Rural Underserved Tract](#) (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 full-circle pipeline by guiding qualified students through a special curriculum that connects underserved communities in Washington, 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. As the program develops, the hope is to expand to include Wyoming and Alaska. This program has grown rapidly since 2008, and won the Society of Teachers of Family Medicine innovative new program award in spring of 2013.

### **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 that 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 health care. 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 they choose to practice family medicine in areas that are experiencing health professional shortages upon completion of their residencies. The Underserved Pathway represents an important link during medical school to help students that enter school with a desire to care for underserved populations to maintain their interest through school to the residency selection process.

Health Care Personnel Shortage Task Force – 2013 Annual Report

## **Washington Employers' Current and Expected Demand for Five Health Care Occupations**

*UW Center for Health Workforce Studies, Workforce Board*

The study “Washington Employers’ Current and Expected Demand for Five Health Care Occupations,” examined employer demand for five health care occupations and expected changes in the coming years. The five occupations in the study were: Home Care Aides, Medical Assistants, Nursing Assistants Certified, Licensed Practical Nurses, and Associate Degree Registered Nurses. Through interviews with employers, this quick-turnaround study addressed the extent to which employers expect to see changes in workforce demand with the implementation of health care reform and as they experience upcoming changes in funding and reimbursement. [Study Results](#)

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<sup>i</sup> Learn about the National Partnership for Action. (2011). Retrieved June 25, 2013 from <http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11#goal>

<sup>ii</sup> Skillman, SM, Andrilla, CHA, et al. (2008). Demographic, education, and practice characteristics of Registered Nurses in Washington State: Results of a 2007 survey. WWAMI Center for Health Workforce Studies, University of Washington.

<sup>iii</sup> Skillman, SM, Andrilla, CHA, et al. (2008). Demographic, education, and practice characteristics of Registered Nurses in Washington State: Results of a 2007 survey. WWAMI Center for Health Workforce Studies, University of Washington.