

Health Workforce Council

DRAFT Recommendations for 9/13 Meeting

1. Support ongoing information needs for state health workforce planning

A. Health Workforce Council Staff Support

The Council supports the Workforce Board's request for dedicated policy staff for the Council, who would support the work of the Health Workforce Council by assembling available information, and facilitating collection and analysis of needed additional data, on health workforce education/training, supply and demand. Council staff support would work with relevant education, industry, research and policy experts to assemble health workforce planning resources covering the range of healthcare occupations and facility types involved in providing healthcare across the state.

B. Sentinel Network – Workforce Demand Information

The Council supports funding to continue the operation of the Health Workforce Sentinel Network. The Sentinel Network provides key information about trends in the occupations, skills and roles needed by healthcare facilities across the state. This workforce demand information is not available from other labor data sources.

C. Provider Surveys – Workforce Supply Information

The Council supports funding of ongoing reviews, analyses (as needed), and comparable reporting of workforce supply data and information derived from the current mandatory healthcare provider surveys (physicians, PAs, osteopathic physicians, osteopathic PAs, and registered nurses). Reporting of these data using comparable metrics across occupations and in a consolidated source will support regional assessments (e.g., access to primary care, behavioral health) as well as support other health workforce planning goals.

2. Dental health workforce pipeline

To address both an acute shortage in the dental workforce and to better support an education pipeline for dental health careers, the Council recommends a multi-pronged strategy. This strategy would include the following:

- Provide immediate high-employer demand funding for dental hygienist programs to address a severe demand for these professionals across the state.
- Provide incentives to institutions that offer dental assisting and hygienist programs outside of traditional school hours, including nights, weekends, and online.
- Develop a marketing campaign to inform high school students, teachers, and parents about opportunities in dental assisting programs at area skill centers. With funding, Area Health Education Centers could play this role.
- Direct education providers (OSPI/SBCTC) and industry groups to develop a dental assistant to dental hygienist pathway program between secondary and postsecondary education, and fund 2-3 sites to pilot this model once completed.
 - o *Optional:* Report could also weigh in on pros/cons of offering preferential admissions to hygienist programs for individuals who have already been serving as a dental assistant.

3. Health loan repayment program evaluation

Request that the Washington Student Achievement Council (or their contracted designee) do an assessment of the State Loan Repayment and Scholarship Program. The last assessment was done nearly ten years ago. The assessment should review whether the program is meeting its goal of addressing recruitment and retention issues in Health Professional Shortage Areas. Additionally, the assessment should examine the penalty and fee structure and make recommendations on a fair, but not overly punitive repayment model for those individuals who accept loan repayment or scholarship and do not complete their service.

For discussion purposes only. This narrowed recommendation list is the product of a Council committee tasked with developing ideas and concepts for Council review and discussion at the 9/13/18 meeting. Council members are free to edit, add or delete items.

4. Recognize and compensate the training function of community-based settings

Recognize and compensate the function that community-based settings play in training new behavioral health professionals and paraprofessionals in their first year of practice. The Washington Association of Community and Migrant Health Centers (WACMHC) and the Washington Council of Behavioral Health (WCBH), in coordination with the Washington Association of Alcoholism and Addition Programs (AAP) should:

- Charter/convene a work group of community mental health agencies, federally qualified health centers, and similar organizations that are Medicaid funded for mental health services to determine which incentives would be useful, and identify the level of funding needed if financial incentives were recommended.

5. Promote integrated care through interprofessional practice and education

Fund the creation of the Washington Center for Interprofessional Practice and Education. The Center could be housed at the Center of Excellence for Allied Health or other partner health workforce or academic institution, and would be charged with collecting existing curriculum, standardizing and aligning existing team-based education efforts, and working with employers and facilities to ensure that the new and incumbent workforce has access to training. Specific goals include:

- Organize and align existing interprofessional education and clinical training programs and efforts to create efficiencies.
- Facilitate sharing of interprofessional curriculum/activities across education institutions.
- Connect and partner with the healthcare industry to develop student-ready environments for clinical training (e.g., encourage clinical practice environments that are consistent with interprofessional education program curriculum/competencies).
- Coordinate industry and academic efforts to develop team-based clinical environments.
- Promote expansion of interprofessional education and training efforts across the state through ongoing recruitment of new programs.

6. Long-term care workforce

The Workforce Board, with funding from the state budget to support project staff, could work with the Council to establish a Care Worker Task Force and develop a care worker career lattice over an 18-24 month time period.

Optional: Review the recommendations coming forward from the Nursing Commission's workgroup. Identify if the Council may want to endorse their report and policy suggestions as a potential recommendation.

(NOTE: Report recs will not be available until late September)