

**Preparing for Healthcare Reform:  
A Dialogue on Healthcare Workforce Development  
May 27, 2010**

**Breakout Session Responses**

**Background**

To focus the implementation of healthcare reform in California, Governor Arnold Schwarzenegger has created a Healthcare Reform Taskforce, led by Secretary Kim Belshé, Health and Human Services Agency (HHS). The Healthcare Reform Taskforce is comprised of Administration officials and agencies tasked with implementing the provisions of the Healthcare Reform Act. Within the taskforce, there is the Healthcare Workforce Workgroup, which will focus on the training and workforce development programs in Title V. Labor and Workforce Development Agency (LWDA), the Office of Statewide Health Planning and Development (OSHPD), and the California Workforce Investment Board (CWIB) are members of the workgroup. The Workgroup held a convening on May 27, 2010 to gather input from a variety of public and private stakeholders.

Breakout sessions were held to give stakeholders an opportunity to discuss and provide feedback on how California's implementation of the Healthcare Reform Act will affect the state's health workforce; and to provide insight on the healthcare industry's workforce development practices including recruitment, training, placement, and employment and how these practices could change as California implements healthcare reform. The breakout sessions questions were designed to elicit feedback on the following related to healthcare reform:

- Question #1- Challenges, Opportunities, and Innovations
- Question #2- Meeting Health Workforce Needs
- Question #3- Utilizing Health Workforce Data
- Question #4- New Models of Care/Health Professions Education Challenges and Opportunities
- Question #5- Working with Local Workforce Investment Boards
- Question #6- Building or Leveraging Existing Partnerships to Address Workforce Needs
- Question #7- Next Steps

The responses gathered during the breakout sessions are included in this summary.

**Question #1- Challenges, Opportunities, and Innovations**

**What is the most significant workforce development challenge that your organization or California will face as it implements provisions of the new healthcare reform legislation?**

Education and Training Challenges

- Training and educating primary care providers.
- Need an expedited process to update curricula based on needs of employers.
- Preparing students for relevant jobs.
- Faculty and education systems.

- Lack of qualified educators for many allied professions.
- Would like more continuation in academia beyond certificate and associate degrees.
- Today's workforce is resistant to change.

#### Building Partnerships

- No integration between California State University systems, University of California and Community College systems.
  - No funding streams and conflicting priorities.
  - Don't change along market demands unless there is an outside of source of money infusion.
  - Funding from workforce investment boards is a possible solution.
- Need structure to work together- unique ways to connect funds to education.
- Create a collaborative partnership to have teams that are accountable.
- Be prepared to receive health care reform funds.
  - Identify policies, rules, laws, and unions involved to prepare for barriers.

#### Funding and Resources

- A hospital representative said that a challenge for them is how to do more with less and time it right.
- A Community Clinic representative said that the challenge is to gear up for 20 million additional patients (nationally) while dealing with constraints imposed by the economy including huge increases of uninsured, clinic closures and staff layoffs.

#### Demand for services

- Demand for Primary Care Services.
- Needs at community clinics for primary care services including Medical Doctors, Dentists, and Registered Nurses.
- In-home Support Services and other long term care needs.
- Prison Health Care- Psychiatric Technicians.
- Workforce attrition is occurring while there is an expansion of individuals needing services.

#### Public Health

- Public health infrastructure needed to keep communities healthy. Remember health of community in all measures.

#### Scope of Practice

- Changes in scope of practice.
- Getting doctors to share some practices normally with their scope.
- A hospital representative said that flexibility is needed to respond to demand.

#### Learning from Massachusetts

- We need to take the time to understand Massachusetts' experience with health reform.

**What is the most significant workforce development opportunity that California should consider as it plans and develops its implementation strategy to meet patient and community needs?**

Education and Training

- Educate more educators.
- Better alignment of educational providers.
- Expand capacity in pre-requisite classes.
- Train a diverse workforce.
  - Help alleviate barriers (babysitting, rent, and food expenses).
- Resources- Funding for organizations (i.e. Area Health Education Centers) to aid in implementation to address education and workforce needs.
- Loan repayment plan especially for rural areas.
- Cohort training.
- SB 1440 which would enable community college students taking 60 units in transferable units and who earn a C automatic guarantee of a place at the California State University if they complete their California State University general education requirements and a defined set of courses in their major area, to be determined by the community colleges.
- Increase number of primary care providers.

New Models

- We get to build a new healthcare model and should involve the entire community as well as professionals in a new model.
  - Sharing best practices among professions.
  - Community can/should be the core model.
  - Family as driver.
- Raise awareness and interest /engagement of youth, job seekers, parents, and the community of health-related career opportunities.
- Build on existing momentum in the state and learn from previous models.

Prevention and Public Health

- Can bring physical and mental health together.
- Invest in health education for illness prevention (e.g. schools and communities).
- Involve more physicians in prevention.
- Increase access to healthcare.

Career Mobility

- Redirect nurses/other students in queue (waiting for jobs) into other challenging health-related careers.
- Certified Nursing Assistant then Licensed Vocational Nurse then Registered Nurse progression.
- Job creation that will reduce costs and improve health.

Scope of Practice

- Expanded scope of practice for mid-level providers.
  - Extended functions for dental assistants, Registered Nurse, Nurse Practitioner, and marriage and family therapists.

## **What innovations will be needed for successful healthcare reform implementation to meet patient and community needs throughout California?**

### Recruitment/Distribution

- Attract primary care physicians to serve in areas where they are needed. Study and understand why people are not practicing in those areas.
- Why are family medical doctors scarce? #s? University of California, Los Angeles-Program to get Medical Doctors from Mexico to complete residency in US.
- Educate providers where they live.
- Cross training providers and changing scope of care.
- Expansion of California Health Services Corps. Train them here and keep them here.
- Train dental staff to practice in underserved communities.

### Challenges

- Financing of health care- how it drives professional training and practice.
- Chronic care- New models for care. Palliative care increase?
- Clinic workflow is critical to understand.
- Technology to use as clinician extender and monitoring- home and virtual monitoring.
- Changing population dynamics/demographics need to be taken into account.
- Where are there good models of Health Information Technology use? (Sweden).
- Medical Doctor/Registered Nurse monitoring virtually, digital imaging, etc.
- Bill has only increased access to health care.
- Diversity/cultural competency. Many programs that work but not systematic and explicit in health reform legislation.
- Data: Collect on what students do after they leave the health academies.

### Opportunities

- Community clinics would “give us all a lesson.” This is the population we will need to serve.
- Preventative care administered through community health workers.
- Public awareness effort to educate public about proper use of healthcare services.
- Health care organization care delivery redesign.
- Financing: Incentive for new models: Catholic Healthcare West has a team-based practice.
- Incentives (financial) for new models.
  - Community Health Workers.
  - Team based practice.
- Incentives for Primary care- economic and recognition of value.
- More focus on community health.
- Innovative ways to provide and reimburse for preventive care.
- Money that goes into developing new programs should be for infrastructure.

## Education

- New educational regulations.
- Educate health care providers for employment in the communities that they live in.
- Systemize educational efforts.
- Private educational system- value base and align with.
- Focus on soft skills.
- Communicating requirements for transfer between educational institutions (for example, community colleges to University of California system and California State University system).
- More experiential learning opportunities for K-12.
- K-12 effective partnerships to more students without repetition (currently not aligned).
- More standardization of pre-requisite requirements for courses requirements for graduation. These are driven by district boards.
- More relationships between health academies and higher education including allowing for college credits at health academies.
- Educational flexibility: More money for student support and more money for new programs, slots, and infrastructure.
- Looking at core competencies across professions and licenses.
- Soft skills are better addressed in academic training.
- Oversight /standardization/accreditation among proprietary schools.
- Better relationships between community colleges and the local California State Universities both within and across disciplines.
- Joint health sciences committee between Health and Human Services-Information Technology, Higher education including California State Universities and University of California schools, focusing on medicine but could be expanded.
- More exposure to allied health professions.
- More flexible funding for students support in K-12 (bus passes, uniforms, etc).
- Community college curricula that supports a statewide system for every entry and completion of allied health program.
- Teaching health centers need funding.
- Articulation between licensed vocational nurses and registered nurses. Local autonomy can complicate.
- Pathways for Advanced practice registered nurses.

## Question #2- Meeting Health Workforce Needs

**What categories of health workers will be the hardest to recruit to meet patient needs resulting from healthcare reform?**

### Professions Identified

- Psych. techs and physicians needed in the prisons.
- Primary care physicians and other primary care personnel.
- Registered nurses who have leadership and skills (experience) rather than specialized nurses.
- Physician leaders (preventive medicine specialty).
- Epidemiologists.
- Lab directors for public health labs.
- Clinical lab scientists- 75%-85% of diagnoses by physicians is based on lab tests.
- Lab technicians.
- Specialty educators (Nursing) and replacement faculty (due to retirements by faculty in some institutions).
- Rural providers.
- Personal care providers.
- Rural health professions.
- Oral health.
- Mental health e.g. psychiatry.
- Pharmacist.

### Challenges

- Unintended/anticipated consequences of telemedicine and increased demand on these systems.
- Caring for the baby boom generation.
- Need women and minorities to enter science.
- Education improvements needed across the board at all levels.
- Retention of allied health workers (i.e. Certified Nurses Assistants, Home Health Aids).
  - Developing a career path reducing “dropout rate.”
- Culturally competent workforce in all areas- right type of workforce.
- Cultural and language barriers (recruitment and retention).
  - Electronic vs. paper application submission.
- Skill set necessary for technical jobs.
- WIBs currently not set up to address Nurse Practitioner and Medical Doctor programs.

### Regional Considerations and Local Workforce Investment Boards

- How to recruit from local communities.
- California varies by region and populations served.
- Study in the works to determine needs for future (by Workforce Investment Boards).

### Standards and Certification

- Standards of practice for home providers.
- Structural support to license and certify these health care workers (i.e. support staff).

**Identify workforce needs that will result from the implementation of the Healthcare Reform Act.  
Identify the types of positions that would need to be filled immediately, within 2-years, and within 3-5 years.**

Workforce needs

- Allow more staff time to educate the patients in medical compliance (less returns).
- Case management-provide patient follow-up to prevent re-hospitalization.
- Tele-Health- Not just rural areas- expand in needed areas.
- Corporate- More advice nurses.
- We may not know what is needed but we must be open to change.
- Identification of locations to be used for medical services.
- Patient Centers.

Immediate positions needed to be filled

- Clinical lab and specialties (Lab technologist, Clinical Lab Scientists).
- Imaging (Radiology techs/specialists).
- Pharmacy.
- Therapists (Physical, Occupational, Respiratory, and Speech).
- Nutrition, fitness, etc. (illness prevention).
  - Community.
  - School.
- Technicians (Pharmacy, Psychiatric).
- Registered Nurses.
- Advanced Practice Nurses.
- Outreach workers (multi-lingual).
- Health Informatics.
- Medical/Certified Coders.

2 years

- Registered Nurses.
- Licensed Vocational Nurses.
- Certified Nursing Assistants.
- Medical Assistants.

3-5 Years

- Medical Doctors.
- Dentists.
- Specialists.

**Describe the experience of health employers in utilizing local workforce investment boards and/or local one-stop job centers in meeting hiring needs. Which services and activities sponsored by local workforce boards are effective? Which need improvement?**

- Lack of knowledge of table participants about how to work with Workforce Investment Boards, who they are, and how you access them?
- Non-profit workforce training programs are competitive, parallel systems with the Workforce investment boards- NO relationship between the two.
- State (California Workforce Investment Board) needs to notify employers and citizens about the Workforce Investment Boards and how to access their services.
- Employers in general, aren't informed about these funds.
- Need coordinated effort to place the health care voice on the Workforce Investment Board.
- Need for Pharmacy techs. Workforce Investment Board paid for class- support services and tuition and brought in proprietary school.
- K-12: difficulties accessing Workforce Investment Board funds.
- Little overlap right now- need to start working together.
- Workforce Investment Board outreach- how to engage employers.

## Question #3- Utilizing Health Workforce Data

**What health workforce data (state, regional, local) is needed to ensure that health workers will be available for practice across California's vast geography? What health workforce data is needed to make the case for resource investments at the state, regional, and local level?**

### Current Available Data

- Current data seems poor, hard to predict and adjust for the long term.
  - Anecdotal data from hospitals is not the same as on what's in available data sets.
- Current data projection and collection methods are not quick/agile enough to help schools/employers make good decisions.
- Better modeling.
- Projections are anecdotal.

### Data Needs

- Need data projections that take health reform into account and drop that down to local regions.
- Workforce data to predict future needs.
- Need more data about physicians and nurses at local levels.
- Need more data about other health occupation categories.
- Better data to track supply and demand of certified providers-perhaps at the testing level.
- Cultural and linguistic competencies of providers and interpreters.
- Minimum standard of providers needed per population.
- Basic physician data set that is "clean" and reliable.

### Data Analysis Needed

- Analysis of the data captured through Electronic Medical Records that is meaningful across prevention, chronic, and acute care
- Not enough dollars given for evaluation of programs- all dollars go toward programmatic expenses.
- Data to build a business case for investment from health care organizations (decrease recruitment costs, etc).
- Integrate data into evidence-based medicine.

**Do you find that the available health labor market information data meets your needs or are improvements needed? What type of health workforce data improvements would you like to see?**

### Data Inadequacies

- Need to go beyond physicians and nurses.
- Needs to include other health fields.
- Reflect actual job openings and where- not just projections.
- Occupations (breakout technologist). Differentiate each specialty.
- For some professions, no data are systematically collected.
- Need data that is collected around multiple points of entry and exit as individuals progress through their careers- supporting ladders of increasing skill.
- Data does not tell how to expand outreach to the potential workforce- need data from employers to describe the attributes of what they need.
- Facebook may be the best source for following up on some programs- Students have recommended Facebook.

**What sources of health labor market information data are commonly utilized? Is the data available locally or regionally to assess health workforce employment trends? How else is the data utilized?**

- Currently not much data available.
- Office of Statewide Health Planning and Development's clearinghouse is critical to pull it all together and make it easily available to the public.
- Encourage health care employers and universities to complete state surveys to have that information gathered.
- Economic Modeling Specialist Inc. (EMSI) is a service that provides the best Labor Market Information.
- Community College Centers of Excellence are another good source of data.
- Job codes to be consistent/ new job titles need to be captured regularly.
- State mandate between Employment Development Department & Office of Statewide Health Planning and Development for data sharing.
- Association of American Medical Colleges (AAMC) can provide Medical Doctor data.
- Annual master survey vs. multiple sources from Labor Market information Division (Under Employment Development Data).

## Question #4- New Models of Care/Health Professions Education Challenges and Opportunities

**What new models of care and health professions education will be needed for successful healthcare reform implementation in California? Are there existing models (evidence based or best practices) that can be replicated to enhance healthcare reform implementation efforts?**

### Education Models

- Educational institutions should have data on the quantity of employees needed by health employers.
- Educational programs are silos. Educational programs should have more relationships with area employers to show students job opportunities in their local area.
- Schools and universities need to adapt.
- Western Governors University has a competency base, testing out.
- Educational system (model) needs to be open to new ways of educating including:
  - Competency base.
  - Distance learning.
  - Simulation.
  - Greater use of technology.
  - Standardized pre-requisites across the board.
  - Access to pre-requisites.

### Care Models

- Patient-centered healthcare at home.
- Coordinated patient care.
- Chronic care model.
- Team-based approach to cases (physical and mental on team).
- Virtual diagnosis/treatment/resource access.
- Interprofessional networking (need to establish networks).
- Reduce the litigious nature of the healthcare environment.

**What health professions education and training challenges and opportunities are envisioned to supply the health workforce needed for healthcare reform? How can these challenges and opportunities be met?**

- Build a charter community college free of rules and regulations to be a proving ground for new concepts (Provides relief from policy and education code blocks).
- Pipeline programs to preparatory high school students (College Health Academies and Career Counseling).
- Contract education.
- Start early education (k-12) on health care workforce opportunities.
- Encourage women, low income families, and minorities to enter field (i.e. science), this requires educating counselor, programs.
- Funding needs to be available for educational opportunities.
  - Supportive services- grants, funds, and job placement.
- Need facilities for the internships necessary for completion of training program.

**Which relationships with education partners have been most valuable in health workforce development? Please provide examples of how these relationships have been successful. (These include but are not limited to relationships with Area Health Education Centers, Regional Health Occupation Resource Centers, community colleges, trade schools, California State University, and the University of California).**

#### Education Partnerships/Opportunities

- Arizona School of Oral Health. Train dentists to practice at the university.
- Health Career Opportunity Programs increase primary care providers in underserved communities.
- Sector strategies- employer led partnerships to get what they need (e.g. Kaiser).
- Song-Brown is a successful model to get students into Family Practice.
- Increase in residency positions for primary care to community health centers. Increasing Funding for teaching health centers.
- Expand partnerships beyond private educational institutions and involve the private business sector i.e. Massachusetts example with Bank of America.
- Collaborative model of Registered Nurse education.
  - Align coursework between community colleges and state universities.
  - Reduce barriers to ongoing education and preparation for Health Care workforce professions.
  - Availability of WIB dollars to help fund this model.
  - Builds on prior legislation (AB 1295) in California.
- California Association of Family Physicians (CAFP) preceptorships have increased entry into primary care. There are multiple partnerships that need to be coordinated for public relations and investment.
- Partnerships with Regional Health Occupation Resource Centers (RHORC)-basic technical training.
- Look at other states: Ohio, Arizona, etc. work on a system that was applicable across the whole state.
- Healthcare service leaders need to speak with the Chancellor's Office- driven by employers.

#### Challenges

- Classes are so impacted.
- Need proof of concept. Evidence that program works.
- Need a statewide policy for all healthcare workforce professions.
- Challenges with being competitive across all California Community Colleges.
  - Create incentives for sharing and collaborative efforts.

## Question #5- Working with Local Workforce Investment Boards

**Do local workforce investment boards need to modify and/or increase their services to meet health workforce needs in light of healthcare reform? Please provide examples of services that would need to be modified and/or increased.**

- Workforce Investment Board advisory/oversight board- cannot run program. This is often contracted out.
- Local depending on population/one-stop centers are partnership. Can include social services, unemployment info.
- Services vary among offices and result in inconsistencies.
- Cannot provide “incumbent worker” services (i.e. upward mobility in career path).
- Limitation on length of training and must result in certification.
- Federal barriers of costs of allied health related careers. May limit types of funding.
  - Caps on training and time (12-18 months).
- Dislocated workers- unemployed workers looking for job.
  - One time training.
- Language barriers- very limited grant opportunities/English as a Second Language.
- Every Workforce Investment Board is different and the vote on how to use funds is done in local regions.
  - No consistent interpoints.
  - Offer ability for demonstration projects.
- WIBs need to look at how to fund programs in ways that make sense to colleges (can’t train 3 Registered Nurses at a time, need to train in cohorts of 10).
- A major challenge is local leadership capacity/priority for health workforce.
- Yes, communication and outreach services need to be increased. There should be mandated collaborations and linkages. San Diego is a good example of collaboration and outreach.

## Question #6- Building or Leveraging Existing Partnerships to Address Workforce Needs

Based on today's breakout sessions, please identify other partnerships that you are involved in or would like to form at the state and regional level to meet your health workforce needs. Identify your next steps with those partners.

### Existing Partnerships

- Pre-health profession organizations.
- California Health Professions Consortium.
- California Health Workforce Alliance.

### Partnerships Needed

- Ensure other CA agencies (Health and Human Services and Labor and Workforce Development Agency) are engaged and included in identifying priorities.
- Need a covenant that guides an ongoing collaboration between University of California system, California State University, and California Community Colleges that are focusing on the needs as they are emerging in concert with the time scale for producing workers.
- Relationships- between California State University system and local community college (e.g. a joint Health Science committee) between California State Universities, University of California system, and Private institutions.
- Link regional resources and groups. Regional boundaries between organizations are a barrier.
- Industry participation.

### Other Supports Needed

- Next step- statewide strategic coordination funding for pre-health organizations.
- Health Career Opportunity Program (HCOP) support.