

Health Workforce Committee: Healthcare Workforce Needs for the Elderly

Joint Legislative Executive Committee
Aging and Disability
June 18, 2014

Eleni Papadakis
Executive Director, Workforce Board

Workforce Training and
Education Coordinating Board



Health Workforce Committee Background & Leadership

Background

- Workforce Board first convened healthcare stakeholders in 2001
- Healthcare Personnel Shortage Task Force created in 2002
- Task Force role formalized in statute in 2003
 - Legislative intent recognized shortages were structural, not cyclical
- Original Goal: Address concerns about a significant shortage of healthcare workers
- Broadened Goal: Focus on skill shortages
- Changed name to Health Workforce Committee in 2014

Leadership

- **Michele Johnson, Ph.D.**, Task Force **Chair**, Chancellor, Pierce College
- **Suzanne Allen, MD**, Task Force **Vice-Chair**, Vice Dean for Regional Affairs, University of Washington School of Medicine

What is the Committee's role?

- Facilitate collaboration among healthcare stakeholders and education providers
- Make recommendations to address healthcare personnel shortages
- Report to Governor and Legislature on progress made to address shortages
- Provide data and research about the skills shortage

What factors does the Committee consider?

- Rural and urban, Eastern and Western Washington
- Increasing workforce diversity
- All types of health facilities and services
- All healthcare occupations
- Impact on quality of care, cost v. benefit
- Current budgetary climate
- Prioritizing limited resources for training and upskilling Washington's healthcare workforce

Health Workforce Committee

2014 Membership

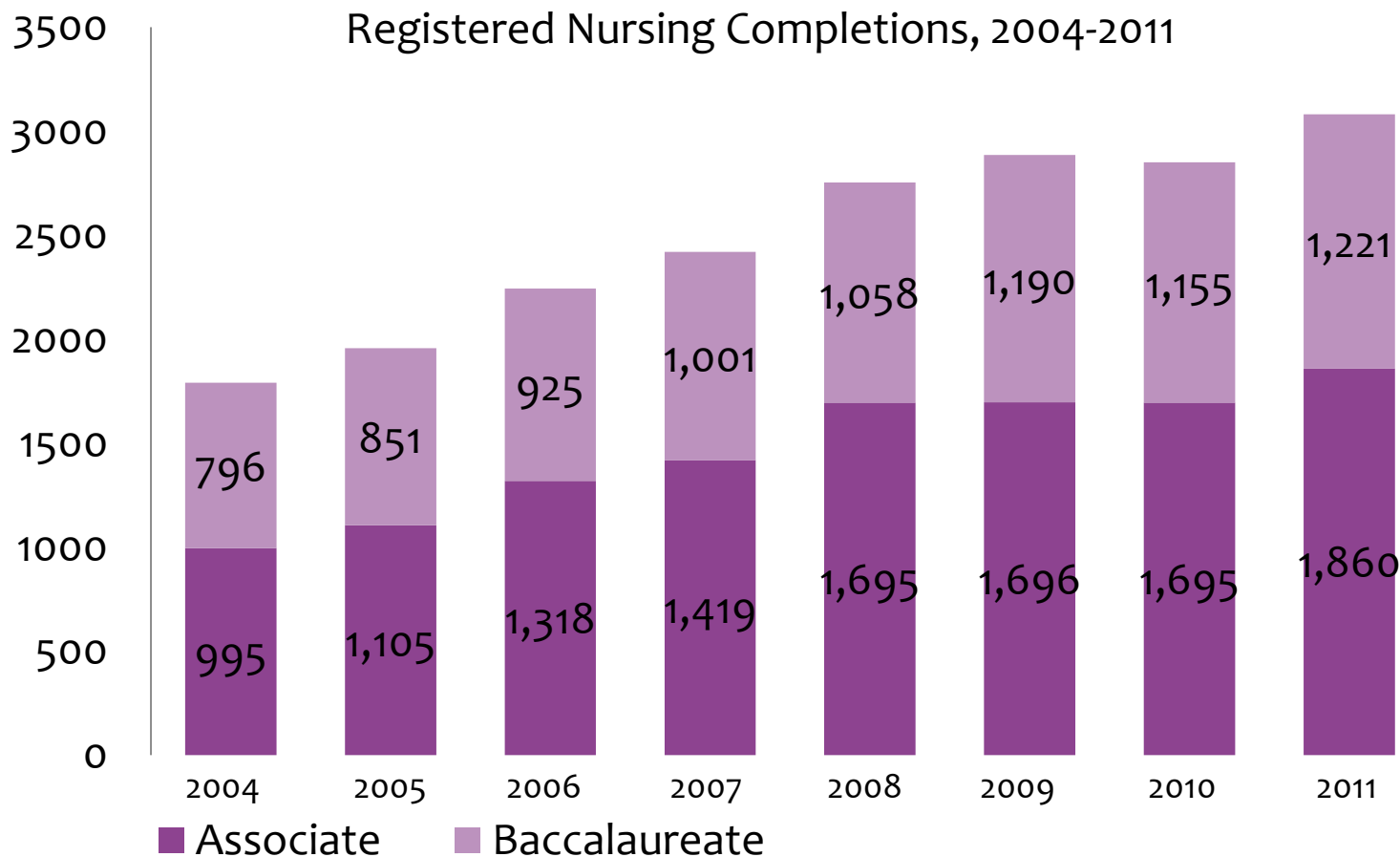
NAME	ORGANIZATION
Michele Johnson, Ph.D., Chair	Chancellor, Pierce College District
Suzanne Allen, M.D., Vice Chair	Vice Dean for Regional Affairs, University of Washington School of Medicine
Dan Ferguson	Allied Health Center of Excellence
Dana Duzan	Allied Health Professionals
Eileen McNamara	Group Health Cooperative
Kathleen Lopp	Office of Superintendent of Public Instruction
Diane Sosne	Service Employees International Union (SEIU) 1199NW
Charissa Raynor	SEIU Healthcare NW Training Partnership
Marty Brown	State Board for Community and Technical Colleges
Vacant	United Food and Commercial Workers Union
Mary Looker	Washington Association of Community and Migrant Health Centers
Deb Murphy	Washington Association of Housing and Services for the Aging
Linda Tieman	Washington Center for Nursing
Lauri St. Ours	Washington Health Care Association
Nancy Alleman	Washington Rural Health Association
Bracken Killpack	Washington State Dental Association
John Wiesman	Washington State Department of Health
Ian Corbridge	Washington State Hospital Association
Roger Rosenblatt, M.D.	Washington State Medical Association
Judy Huntington, M.N., R.N.	Washington State Nurses Association
Daryl Monear	Washington Student Achievement Council
Eleni Papadakis	Workforce Training and Education Coordinating Board

Note: Committee membership will be changing this fall to encompass a wider range of stakeholders, including behavioral health representatives.

Committee Results (Advocacy & Support)

- High employer-demand programs of study targeted funding
- Healthcare Industry Skill Panels
- Nursing program completions increased 72% from 2004-11
- Hospital Employee Education and Training (HEET)
- Basic Education and Skills Training (I-BEST) programs in healthcare
- Allied Health Center of Excellence
- The Rural Outreach Nurse Education (RONE) program
- Recovery Act and Healthcare Reform grant funds
- 2013 state funding to study feasibility of uniform clinical affiliation agreements

Nursing Program Completions Show Success of Interagency Collaboration



Health Workforce Committee 2013 Progress in Completions

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

Healthcare Personnel Shortages Remain

Healthcare occupations with substantial gaps between in-state supply and demand:

- Clinical Laboratory Science/
Medical Technology/
Technologists
- Dental Hygienists
- Dental Laboratory Technicians
- Dentists, General
- Emergency Medical Technicians
and Paramedics
- Health Unit Coordinator/Ward
Clerk
- Medical Transcriptionists
- Occupational Therapists
- Opticians, Dispensing
- Pharmacists
- Physical Therapists
- Physician Assistants
- Radiologic Technologists
- Respiratory Therapists
- Vocational Rehabilitation
Counseling

2013 Healthcare Personnel Shortages: Projected Skill Gaps

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

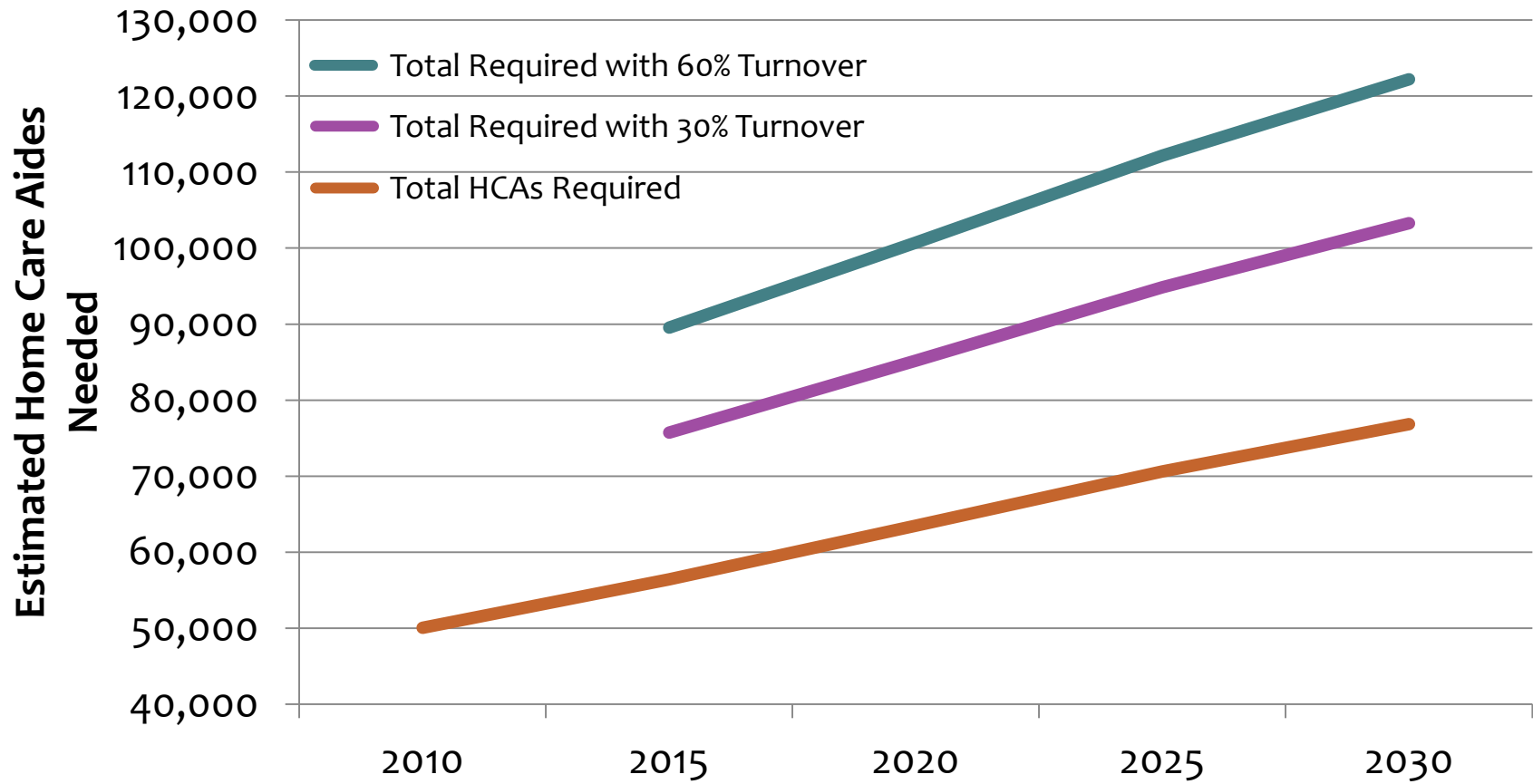
Focus on Long-Term Care Needs

Occupational title	Estimated Employment			Average annual growth rate		Average annual total openings		BLS Mean Annual Wage	Gap/Over-supply
	2012	2017	2022	2012-2017	2017-2022	2012-2017	2017-2022	May 2013	2016-2020
Certified Nursing Assistants	26,989	29,385	31,649	1.7%	1.5%	968	1,075	\$ 28,850	-27775
Home Health Aides	8,886	10,301	11,673	3.0%	2.5%	448	497	\$ 25,910	-577
LPNs	8,745	9,501	10,214	1.7%	1.5%	361	393	\$ 48,060	665
Medical Assistants	14,288	16,067	17,752	2.4%	2.0%	615	686	\$35,600	1,923
Personal Care Aides	29,964	33,494	37,369	2.3%	2.2%	878	1,084	\$ 23,800	NA
Personal Care, Home Care & estimated independent providers combined	51,282	57,809	64,735	2.4%	2.3%	1,750	2,087	NA	NA
RNs	54,547	60,063	65,211	1.9%	1.7%	2,065	2,384	\$76,420	282*

Source: BLS, ESD, IPEDS, Workforce Board calculations

*This count does NOT include RNs licensed by endorsement

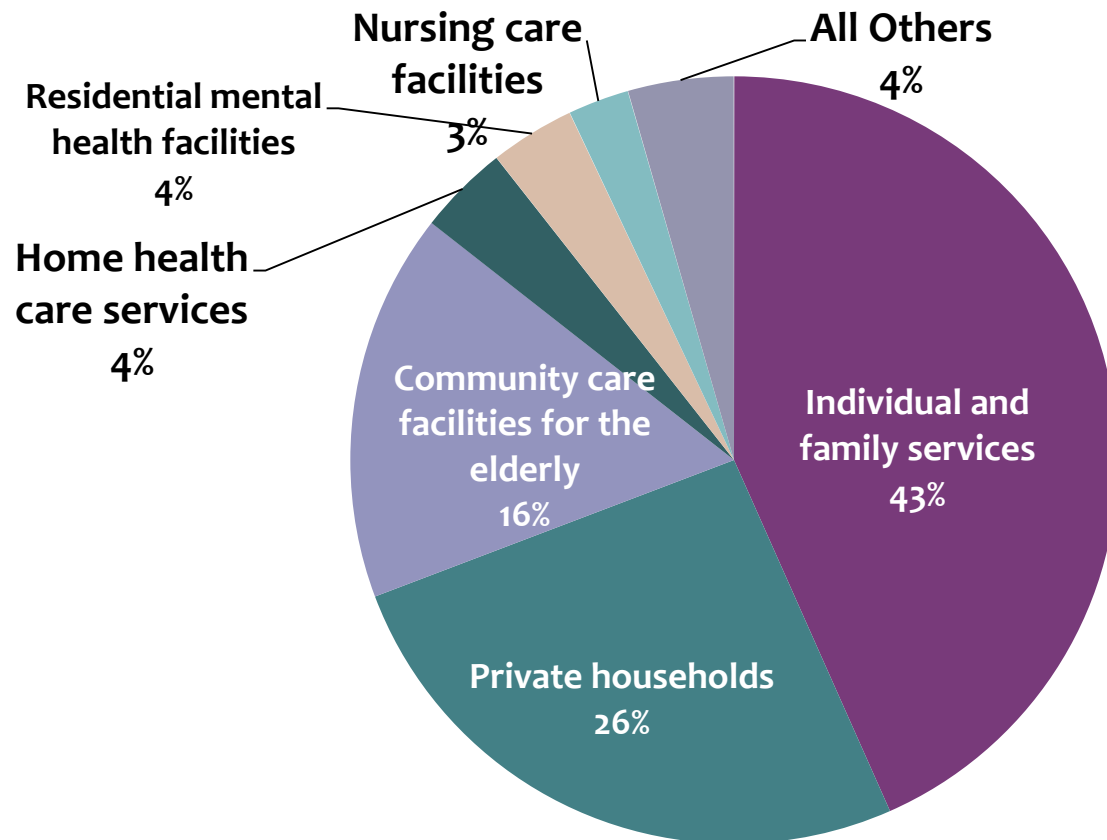
Projected Need for Home Care Aides in Washington



Source: UW's Center for Health Workforce Studies

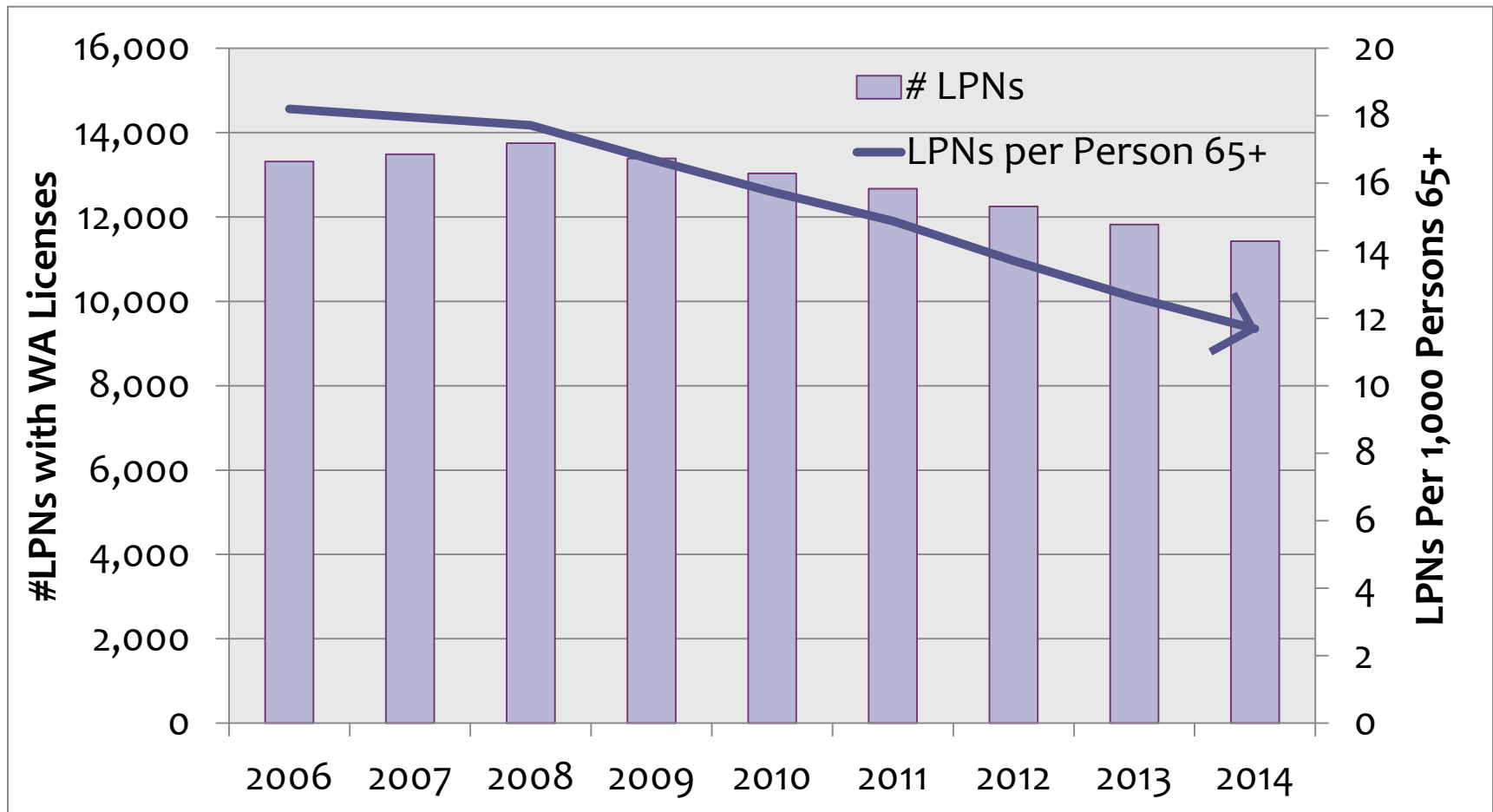
Note: The orange line represents the need based on population increase. The teal and purple lines represent additional need based on assumed turnover rates.

Industries Employing Personal and Home Health Care Aides (Nationally)



Source: Bureau of Labor Statistics

Number of Licensed Practical Nurses and LPNs per Person 65+



Source: UW Center for Health Workforce Studies, Office of Financial Management

The Affordable Care Act (ACA) and Committee Alignment

- Health Workforce Committee research has focused on Affordable Care Act (ACA) implementation the last two years due to:
 - Anticipated greatly increased demand for healthcare services
 - Uncertainty of specific needs for occupations
- 2012 and 2013 Committee research and recommendations specifically aimed at addressing ACA shortage issues.

2013 Health Workforce Committee Recommendations

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

The Massachusetts Model for Long Term Care Stabilization

- Transition to “I”-centered or patient-centered care model
- Required frontline workers (CNAs, PCAs, HCAs) to become patient advocates and part of the care planning team:
 - Training for frontline workers and supervisors
 - Created frontline career ladder (2 or 3 tiers w/ wage increases)
 - Pathway to professional education (nursing, PT, OT)
 - Contextualized ABE/ESL
- Some of the Results:
 - Improved worker retention (turnover rates reduced from 300% to near zero)
 - Reduced hiring costs (wait list of applicants for ECCLI facilities)
 - Improved resident and family satisfaction
 - Improved performance on CMS patient care quality indicators

Improve Long-Term Patient Care: Address Stability of Frontline Workforce

Survey of Frontline Long-Term Care Workers

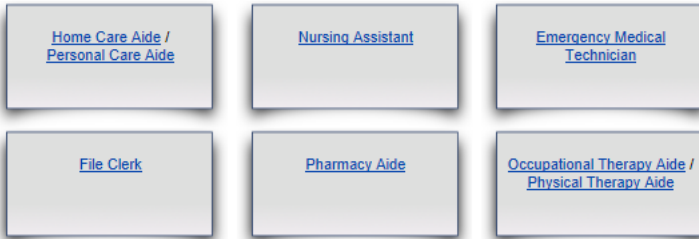
Q: What would make your job more satisfying?

- Respect as a caregiver
- Opportunities for more responsibility as a caregiver
- Opportunity to earn a higher wage



CareerBridge.wa.gov Career Ladder

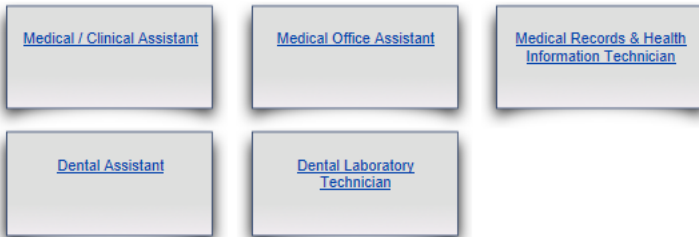
High School and some months of college and/or on-the-job training



Three months to six months of college or postsecondary training



Six months to 12 months of college or postsecondary training



One year to two years of college or postsecondary training



Two years or more of college or postsecondary training



Four-year college degree plus graduate work



Health Workforce Committee

Thank you for your interest in the Health Workforce Committee!

Next Meeting:

August 6, 9:00-12:00 PM - Pierce College Puyallup

The Committee reports annually to the Legislature with recommendations to address Washington's healthcare personnel shortage.

For more information about Health Workforce Committee activities:

<http://www.wtb.wa.gov/HCTFIntro.asp>