



Health Care Workforce Programs and Studies Review

November 13, 2023

Agenda

Review of Virginia's health care workforce programs

Strategies for strengthening the health care workforce

Harrison Hayes, Virginia Health Workforce Development Authority

Administration's perspective on health care workforce support

Jim Jenkins, Special Advisor to the Governor for Healthcare Workforce

Chief Deputy Director, Virginia Department of Health Professions

Purpose of JCHC Review

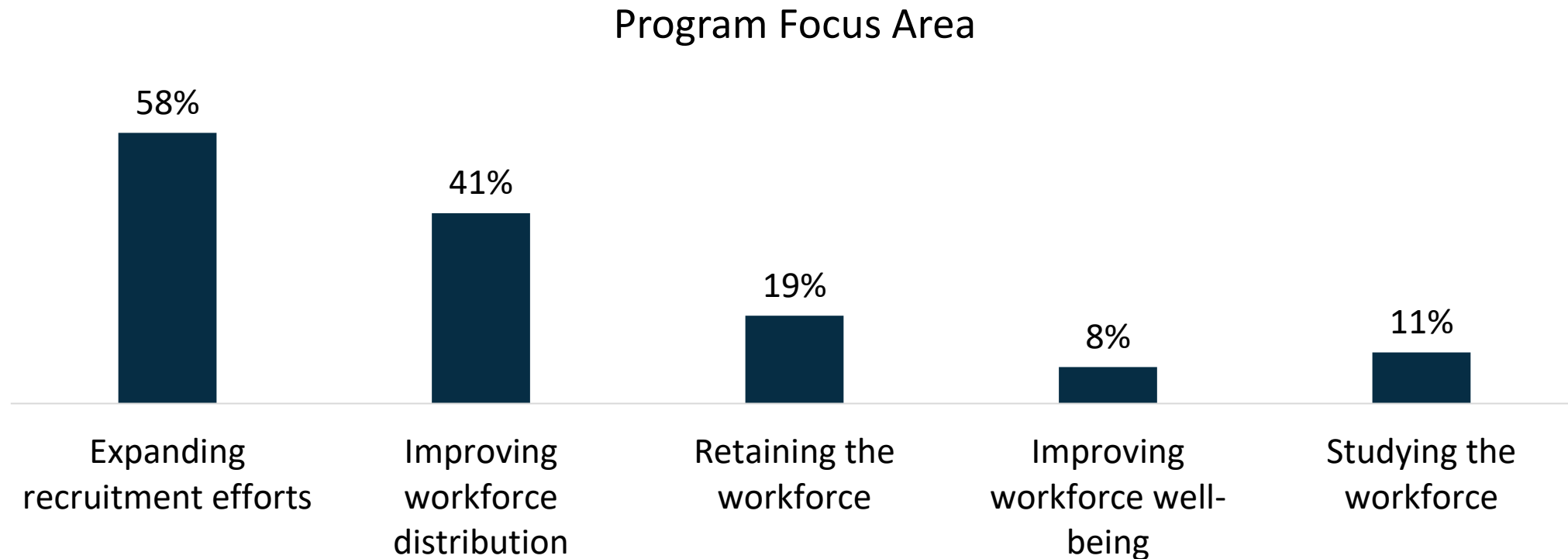
- JCHC Members directed staff to review and evaluate health care workforce development programs on a continual basis
- Year 1 goals:
 - Develop an inventory of health care workforce programs, including goals, reach, funding sources, and effectiveness
 - Elevate findings from other Virginia health care workforce studies from VHWDA and Claude Moore Foundation

VHWDA = Virginia Health Workforce Development Authority

Virginia has invested in a variety of workforce development programs

- Staff identified 64 health-specific workforce programs and 24 general workforce programs that include health careers
- 42% of identified programs receive state funding

Most programs focus on workforce recruitment or distribution



SOURCE: JCHC staff analysis of stakeholder interviews and public documentation, 2023

NOTE: Percentages add to more than 100% as programs could have more than one focus area

State-funded recruitment and distribution programs target providers and support staff

- VDH administers health care workforce scholarship and loan repayment programs
 - Includes primary care, dental, and behavioral health workforce
- VCCS provides tuition assistance and short-term training pathways through Virginia's G3 and FastForward Programs
 - Stackable credentials for nursing aides, medical assistants, home health aides, and pharmacy technicians, among others

NOTE: VDH = Virginia Department of Health; VCCS = Virginia Community College System

Retention and well-being programs vary based on employees' needs

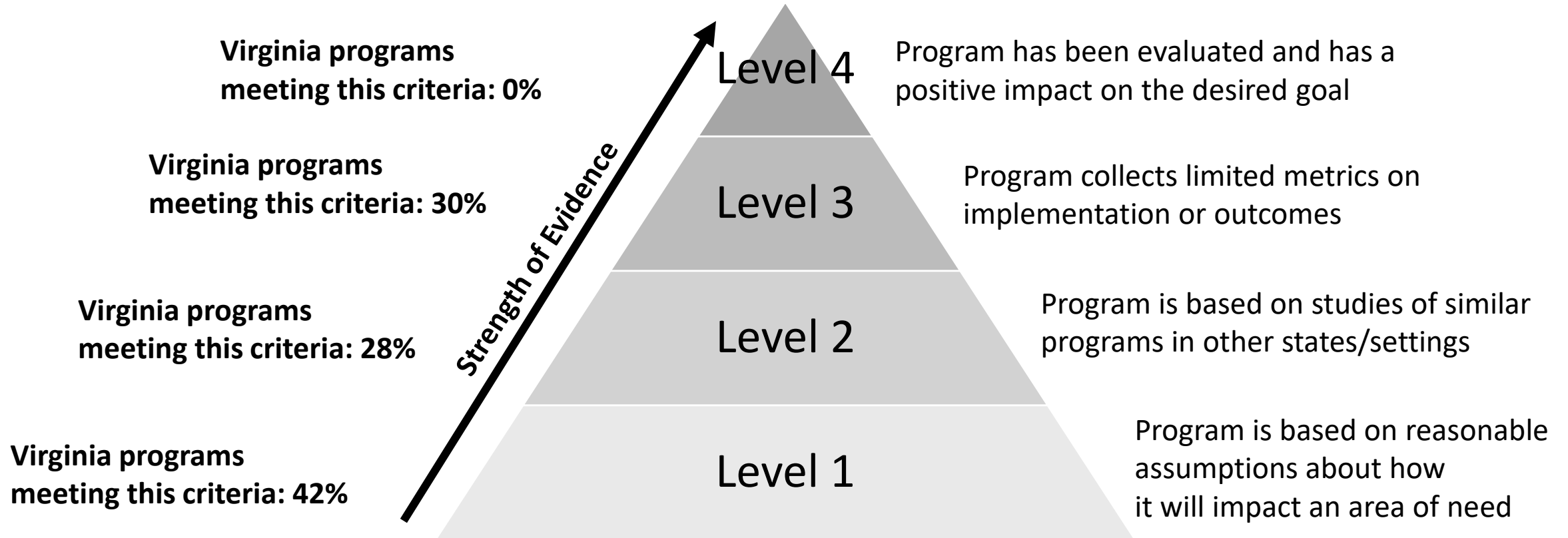
- Stakeholders described a variety of employer-sponsored programs, often in response to internal surveys
 - Enhanced childcare programs
 - Studies of salary/benefits competitiveness
- Workplace violence is associated with lower quality of patient care and decisions to exit the field
- State legislation in 2019 permitted enhanced penalties for threats to health care workers

Virginia workforce studies identify common strategic recommendations

- Taking a phased, multi-pronged approach to address recruitment and retention
 - Create multiple entrances and pathways to advancement
 - Increase pay for providers and faculty/preceptors
 - Reduce regulatory and documentation burden
 - Support well-being and provide wraparound supports
- Creating centralized infrastructure with regional hubs
- Increasing monitoring and evaluation of program impact

SOURCE: Claude Moore Charitable Foundation's Virginia Health Science & Human Services Workforce Strategic Recommendations Report (September 2023); RAND Health Care's Identifying Strategies for Strengthening the Health Care Workforce in the Commonwealth of Virginia (October 2023); JCHC staff analysis of stakeholder interviews, 2023

Evidence of workforce program effectiveness in Virginia is limited



SOURCE: JCHC staff analysis of stakeholder interviews and public documentation, 2023

Barriers to evaluation include lack of available data and dedicated resources

- Stakeholders reported difficulties with evaluation when:
 - Data are spread across multiple agencies or entities
 - Longitudinal data are not available on program participants
 - Program funding does not consider costs of evaluation activities

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Health Workforce Study Report

Virginia Health Workforce Development Authority
(VHWDA)

Agenda

- About Health Workforce Study
- RAND's Approach to the Study
- Key Findings
- Recommendation
- Timeframe for Release

**View the
Final
Report**

vhwda.org/initiatives/health-workforce-study



About the Health Workforce Study

- **The Appropriations Act, (Chapter 2, Item 292, H1-2)**
 - “study on addressing primary care, nursing, and behavioral health workforce issues and potential solutions, including but not limited to the feasibility of loan forgiveness programs.”
 - 3 Phase Study started in November 2022
- **Phase 1, the Initial Report (concluded in February 2023)**
 - Assessed the current state, strengths, gaps, and obstacles for the Commonwealth’s health workforce and included key deliverables such as funding streams and workforce data gaps.
- **Phase 2 & 3, RAND Corporation (concluded October 31)**
 - Continues with a data-driven approach to examine current resource streams from Commonwealth, federal and private entities as well as investigate regulations as barriers to entry.
 - comprehensive final report (Phases 1 and 3)

RAND's Approach

Mixed Method Approach

- Environmental Scan of Literature
- Hospital Surveys- Retention Strategies
- Analysis of Qualitative and Quantitative Data

Analysis of Qualitative Data

- Engagement w/ over 70 stakeholders (interviews, focus groups, participating in study events)

Analysis of Quantitative Data

- System Dynamic Economic Model
 - How Interventions (Retention Barriers, Wage Increase, Increased Recruitment) would impact staffing in Nursing, Primary Care, and Behavioral Health in Virginia over the next 5,10, 15 years

Key Findings

- **Full-Time Forecasted Employment in 5,10, 15 years**
 - Baseline and Interventions

- **Need to Meet Demand in 5,10,15 years**
 - Baseline and Interventions

RAND Approach - Key Findings

Within Key Finding, RAND Used Quantitative and Qualitative Data to build a case for the need for interventions in Nursing, Primary Care, and Behavioral Health.

Decreased Barriers: Identified three barriers (fatigue, distress, and disengagement) impact recruitment and retention, aggressively decreasing these barriers by 50%.

Increased Recruitment: Increase the recruitment pool by 25% of the current baseline in each area.

Increased Wages: Assume that average real wages increase by a certain percentage above the current average. For example, nursing currently realizes a 2% increase rise for nurses in Virginia, The model increases by 3%

Key Finding

Nursing Retention and Recruitment

Decreased Barriers

Autonomy Scheduling

Zero Tolerance Workplace
Violence

Use of AI and Voice-
Recognition Software for
Charting

Patient-to-Nurse Ratios

Professional Growth Needs

Wellness Programs

Increased Recruitment

Expanded Nursing Slots

Faculty & Preceptor

Pathway Programs to Enter
Field & Greater Recruitment

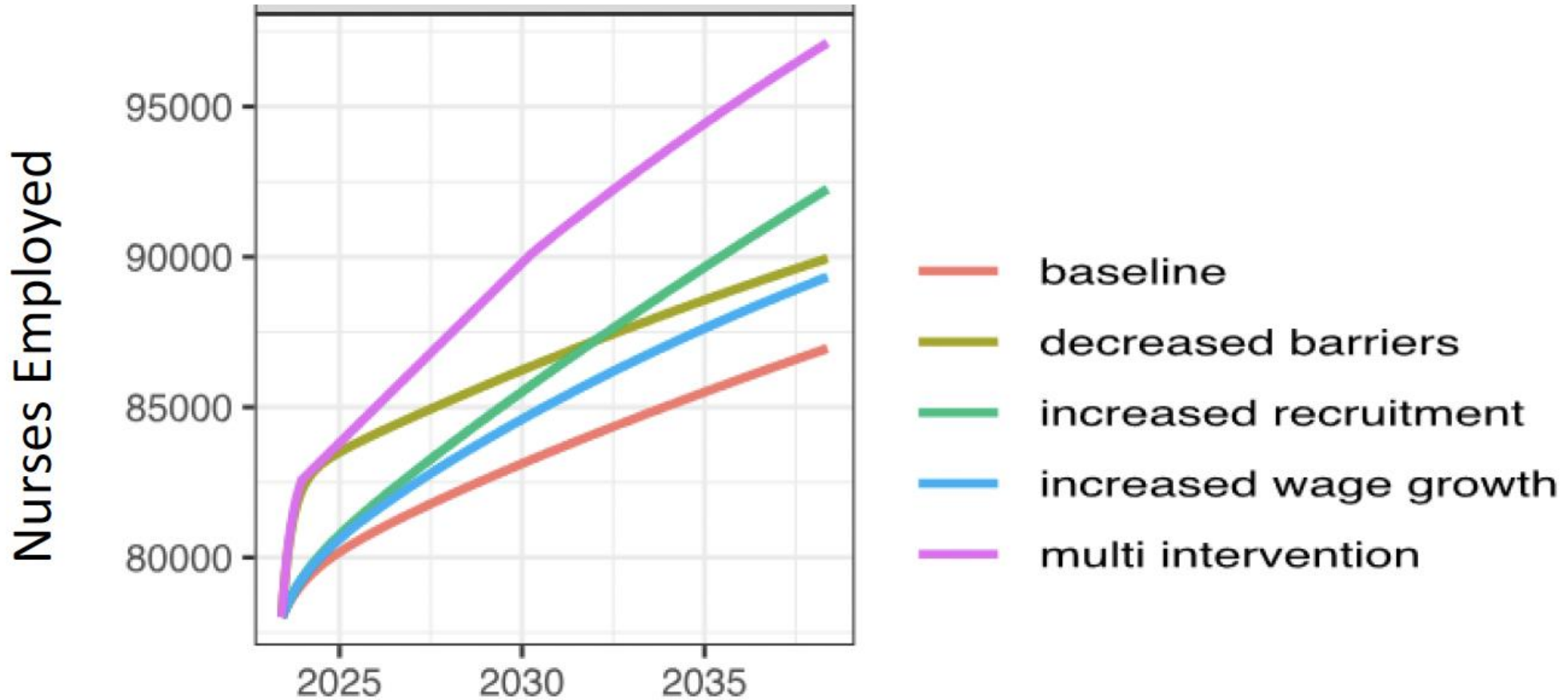
Increased Wages

Scholarships, Loan
forgiveness, Financial support

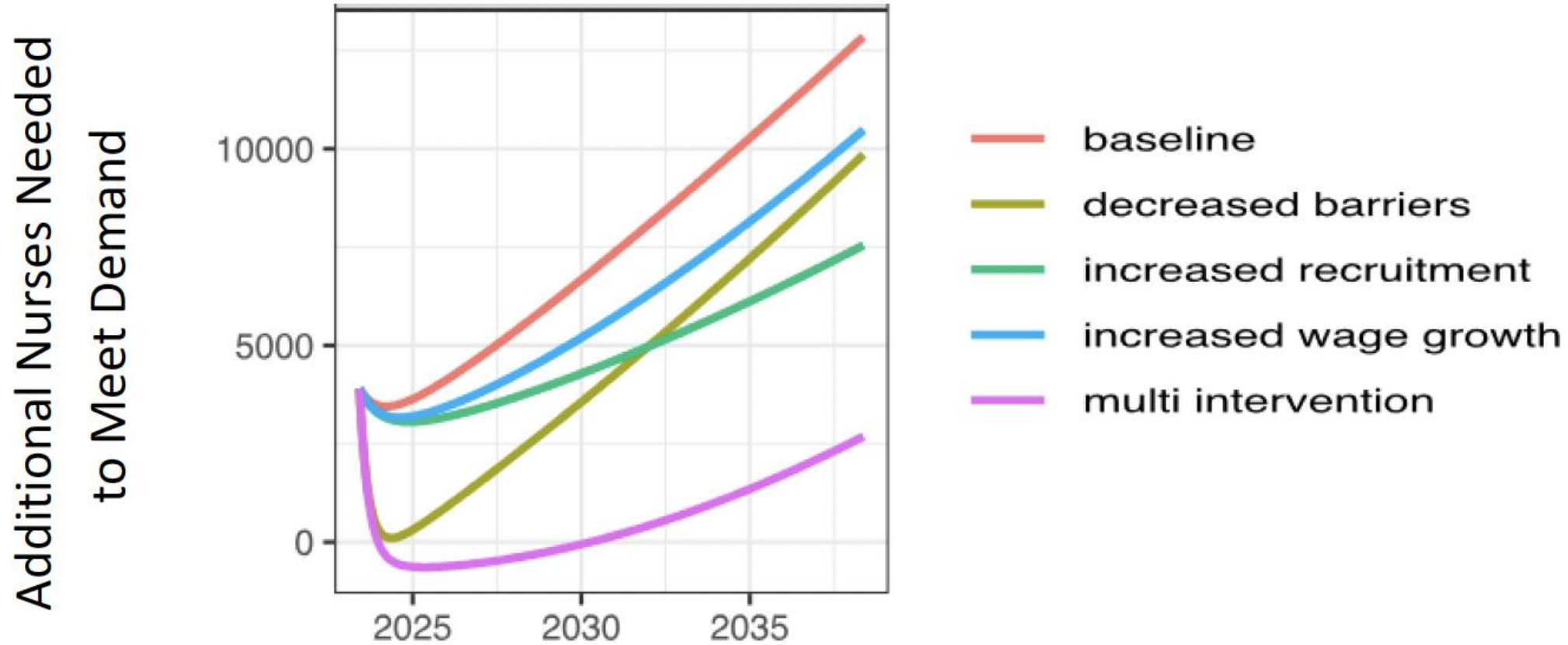
Adequate Health Insurance

DO NOT SHARE

**Figure 2.1. Full-Time Equivalent (FTE) Nurses Employed in Virginia
2023 – 2038 Median Forecast in Five Scenarios**



**Figure 2.2. Gap Between Employment and Demand for Nurses Employed in Virginia 2023 – 2038
Median Forecast in Five Scenarios**



Key Finding

Primary Care Retention and Recruitment

Decreased Barriers

Reduced patient-to-provider Ratios implementing team-based care

Address mental health

Increased Recruitment

Increased representation of PA and NPs

Greater opportunity for rotations at FQHC

Change of residency requirements

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Increased Wages

Payment Increase (especially Medicaid), Loan Forgiveness, other Financial Incentives

**Figure 2.3. Full-Time Equivalent (FTE) Primary Care Workers Employed in Virginia 2023 – 2038
Median Forecast in Five Scenarios**

Primary Care Workers Employed

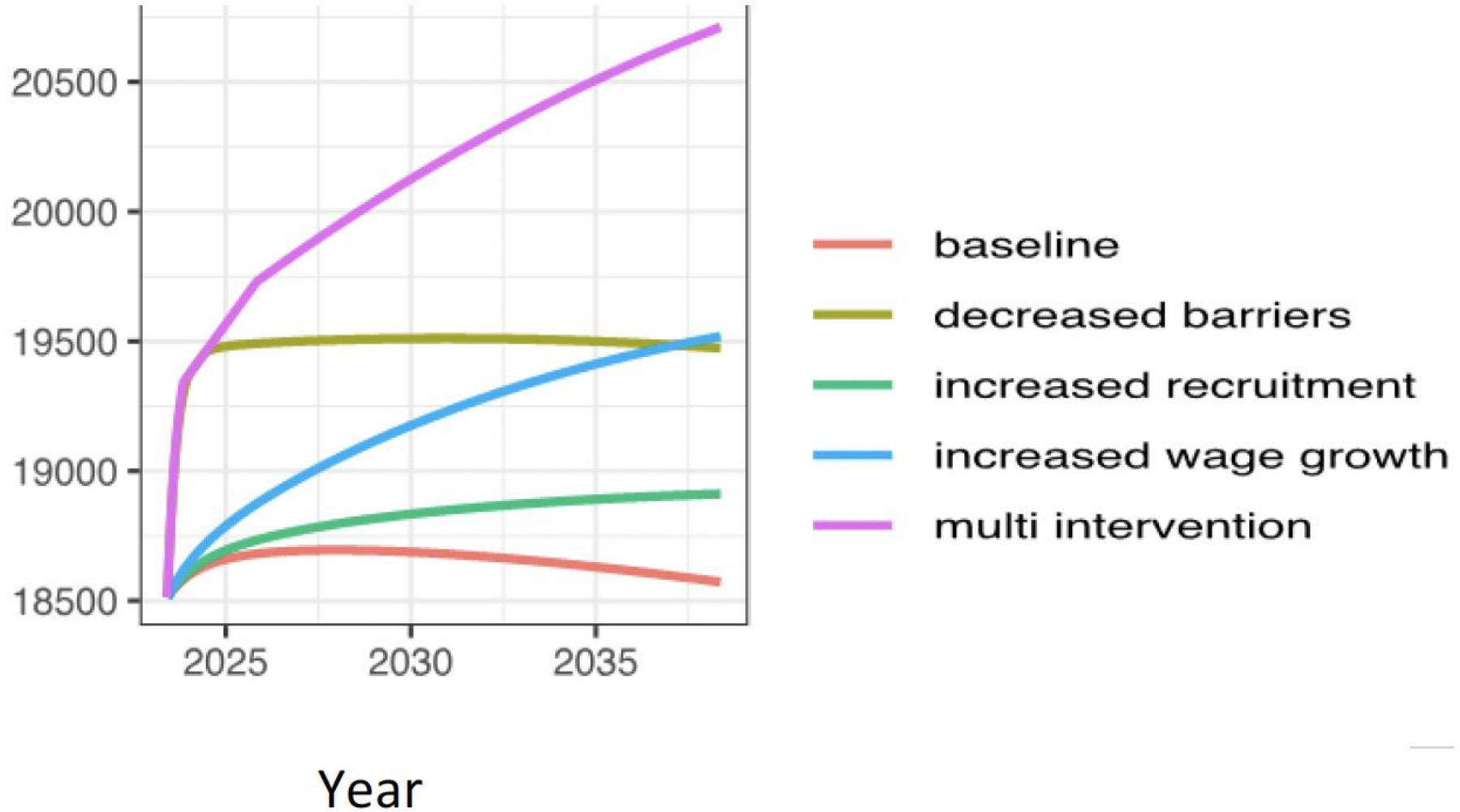
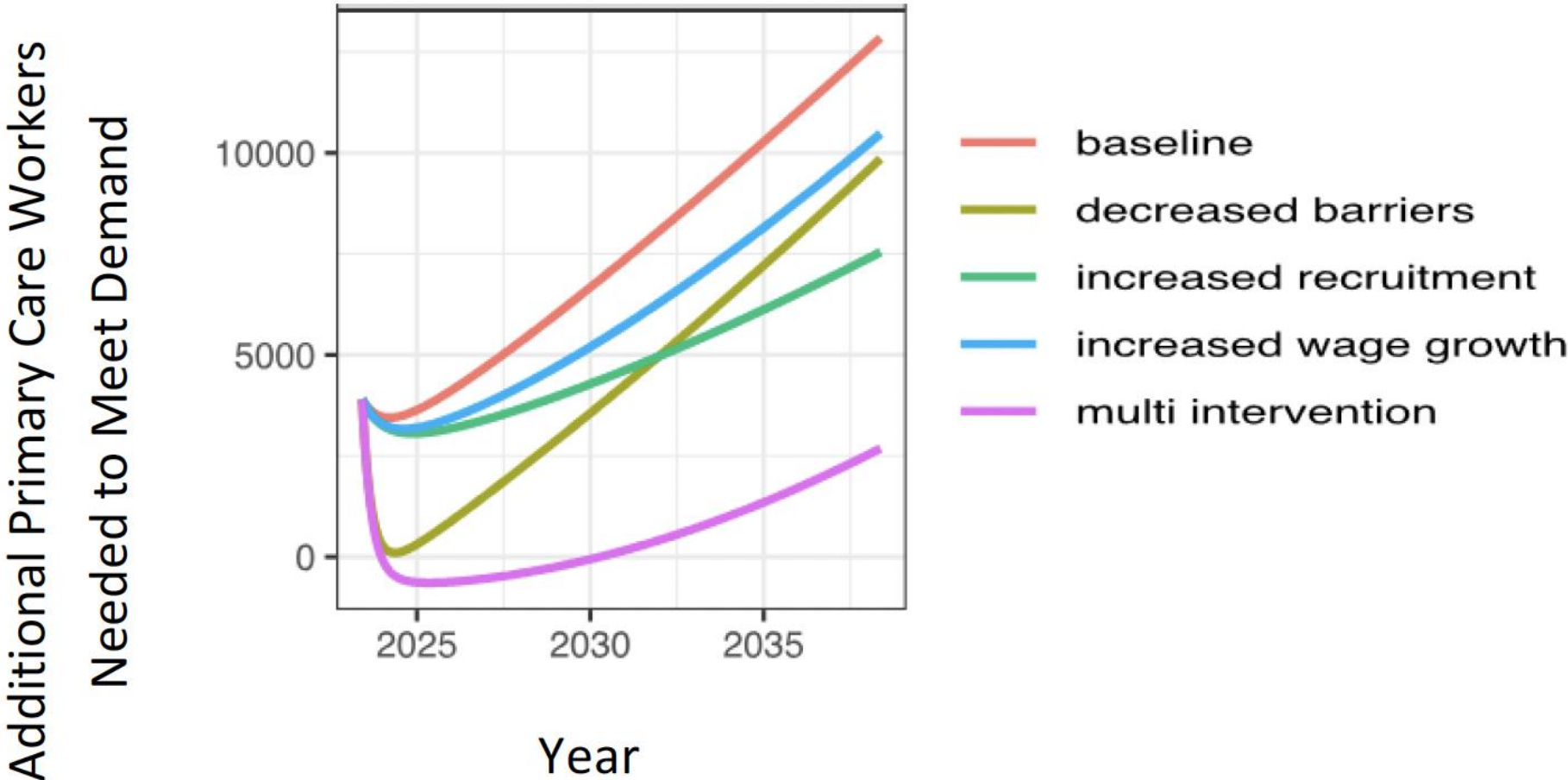


Figure 2.4. Gap Between Employment and Demand for Primary Care Workers in Virginia, 2023 – 2038 Median Forecast in Five Scenarios



Key Finding

Behavioral Health Retention and Recruitment

Decreased Barriers

Documentation of regulator and reporting requirements for reduction of redundant unnecessary task

Address mental health

Increased Recruitment

Creating pathways opportunity

leveraging retired providers for greater pool of preceptors

Competency based certification over required preceptor hours

Shorten license process

Public Education Campaign to reduce stigma of working in field

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Increased Wages

Payment Increase (especially Medicaid) and Loan Forgiveness

**Figure 2.5. Full-Time Equivalent (FTE) Behavioral Health Workers Employed in Virginia, 2023-2038
Median Forecast in Five Scenarios**

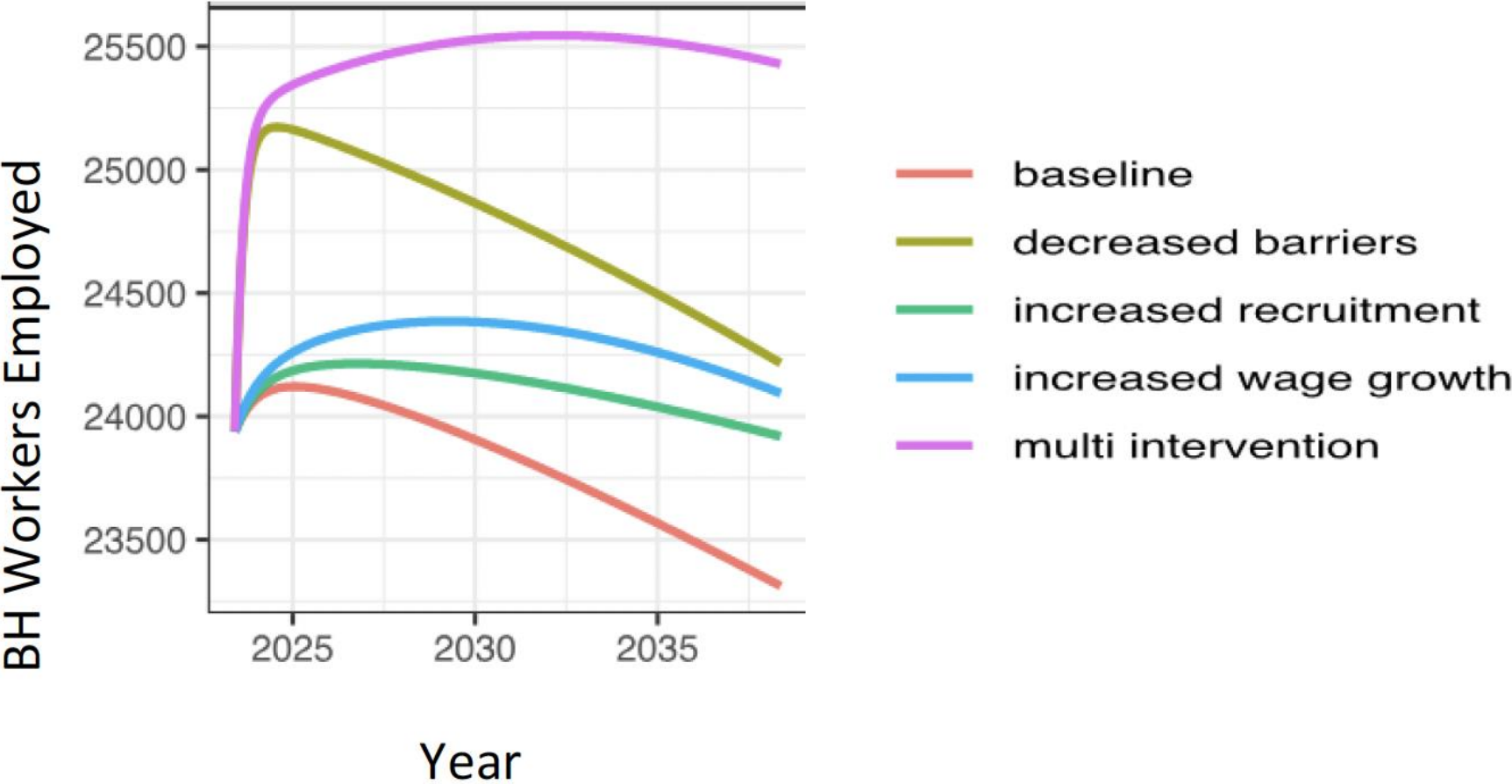
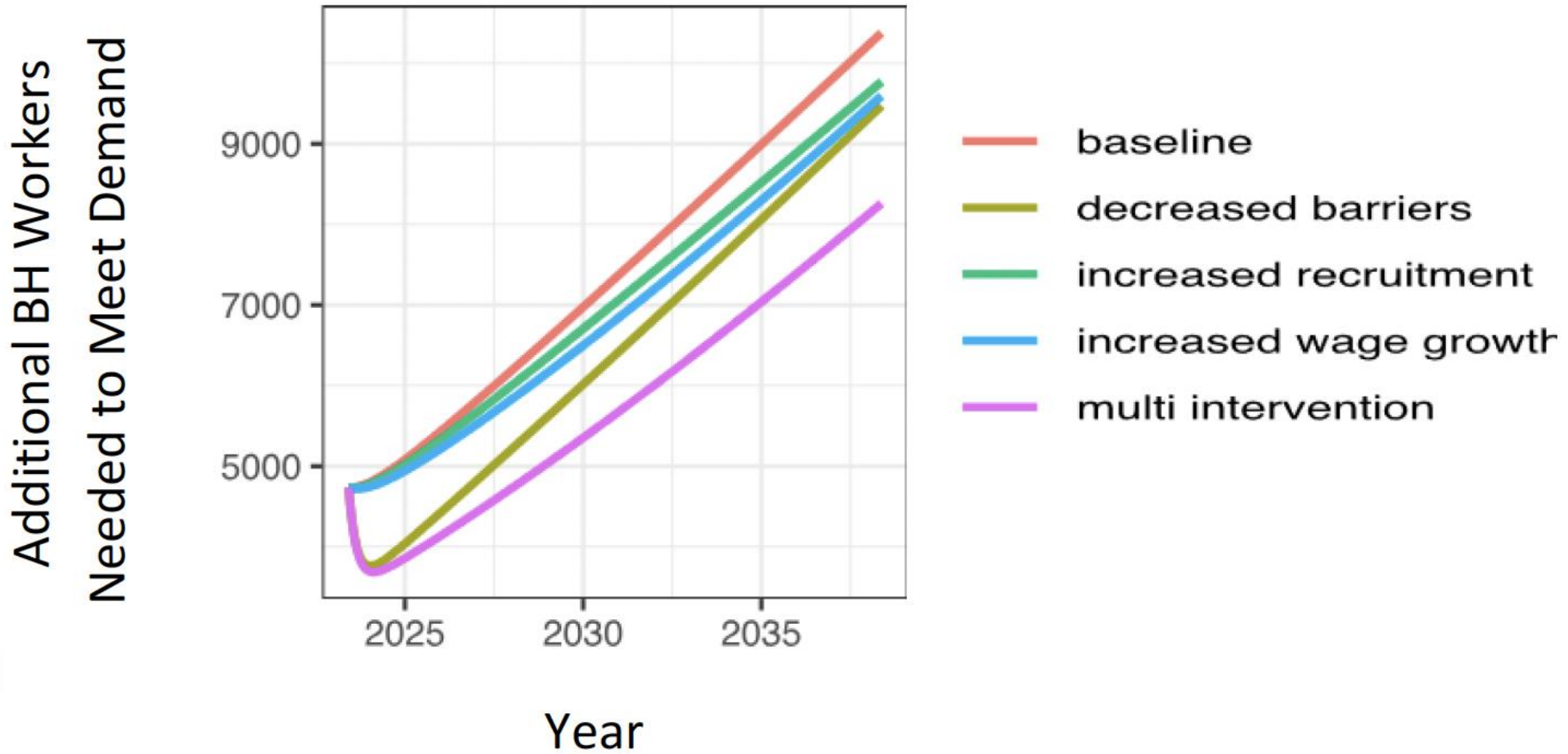


Figure 2.6. Gap Between Employment and Demand for Behavioral Health Workers in Virginia, 2023–2038 Median Forecast in Five Scenarios



Other Key Findings

- Increasing Structural Efficiency and other Innovations
 - Reallocation of Nursing, Primary Care, and Behavioral Health.
 - Incentivizing nursing, primary care, and behavioral health to move areas of need
 - Reducing documentation requirement
- Healthcare Workforce Retention and Recruitment in Rural Areas
 - Develop infrastructure to support professionals in housing, transportation, and childcare
 - Understanding of local community
 - Recruitment and training of local students with great financial support for education

Recommendations- Retention

Health Care Organization, Academic, and/or Private Entity

Increase Pay

Investing in Professional Development

Implementing Team-Based Care

Address causes of worker stress, burnout.

Implementing Wellness programs

Evaluation of Technology to reduce burden

Continued Education Funding

Legislative and/or State Agency

Increase Medicaid Payment

Loan forgiveness and scholarship programs promoted more

Regulatory evaluations

Reduced time for application licensure for Behavioral Health

Access for cross-sector training

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Recommendations- Recruitment

Health Care Organization, Academic, and/or Private Entity

Increase Pay for faculty preceptor

Loosen Restrictions for preceptorship

Educational pathways

Early Exposure

Expanded apprenticeship

Increase simulation training

Legislative and/or State Agency

Scholarship and Loan forgiveness

Public Awareness Campaigns

Regulatory evaluations

Support for housing and childcare

Educational Campaigns for promote profession

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Timeline for Next Steps

- In October, the Report was submitted to the Governor, State Officials, and the General Assembly
 - Appropriations request submitted to Secretary Littel
- Legislative Committee formed by VHWDA Board
 - Stakeholder meetings to determine regulatory and policy recommendations for GA2024
- On November 15 RAND will release Nationally

Feedback

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vhwda.org/initiatives/health-workforce-study

A Review of Select Healthcare Workforce Programs

James L. Jenkins, Jr., RN
Special Advisor for the Healthcare Workforce

November 13, 2023



Introduction

- Workforce shortages in Nursing and Behavioral Health continue to be widespread following the pandemic and recovery.
- Legislative efforts to support Nursing that were pending at the close of the 2023 session are now able to move forward.
- The Workforce pillar of “*Right Help, Right Now,*” is nearing the one-year mark.



2023 Budget Appropriations

Item 287: Higher Education Student Financial Assistance

- Targeting loan repayment for needed services:
 - **B.1. Virginia Behavioral Health Loan Repayment**
 - \$1.6M (Y1) and \$3.1M (Y2)
 - Psychiatrists, Psychologists, LCSWs, Professional Counselors, Psych PA, Psych APRN, and Psych Pharmacists
 - **C.1. Nursing Preceptor Incentive Program**
 - \$500k (Y1) and \$3.5M (Y2)
 - Up to a \$5,000 incentive for an approved nursing preceptor, from MD to LPN, who provides 250 hours of clinical supervised instruction



2023 Budget Appropriations

Item 287: Higher Education Student Financial Assistance

- Targeting loan repayment for needed services:
 - **D. Nurse Loan Repayment Program – Nurse Aides**
 - \$35k (Y1 and Y2) with awards no greater than \$1,000 each
 - **E.1. Nursing Scholarships and Loan Repayment**
 - \$1M (Y1 and Y2) to recruit both nurses and nurse faculty
 - **E.2. Long-Term Facility Nursing Scholarship** (From E.1. appropriations)
 - \$64k (Y1) and \$64k (Y2)
 - For enrollment in an education program to become a CNA, LPN, or RN, and who commits to work in a long-term care facility after graduation.



2023 Budget Appropriations

Central Appropriations: Item 486: Disaster Planning and Operations

- Education and Workforce (via ARPA funds):
 - **A.n.8. Earn to Learn**
 - \$5M (Y2) to VDH to establish the “Earn to Learn” Nursing Education Acceleration Program
 - Grants to be awarded to collaborating high schools, colleges, and universities with hospitals and health providers who host students
 - Awarded institutions provide a “wage” to students during their time in the clinical environment
 - This “wage” helps offset income lost related to pursuit of a health care credential that will benefit the nursing workforce



Snapshot of Virginia's Behavioral Health Workforce

**Working 40-60
hrs/week**

Psychologists: 53%

LCSW: 57%

Counselors: 52%

65-69%

**Of practitioners <40 years of age carry
educational debt**

**>40 yrs the amount of school debt
remains equal to annual salary**

Job Postings

(Indeed.com 11/06/2023)

Psychiatrists: 167

Psych APRN: 184

Psychologists: 594

LCSW: 2,125

Counselors: 1,953

128 Localities

**Federally-designated Mental Health
Professional Shortage Areas**

No Psychiatrists: 54 localities

No Psych APRN: 51 localities

No Child Psychiatrists: 88 localities

**RIGHT HELP.
RIGHT NOW.**

Transforming Behavioral Health Care for Virginians

Data courtesy of DHP Healthcare
Workforce Data Center, VDH, and
Virginia Health Care Foundation

Behavioral Health Workforce – *“Right Help, Right Now.”*

- Eliminating unnecessary regulatory and code constraints.
- 50-state analysis of requirements to practice as an LCSW, Licensed Professional Counselor, and Licensed Clinical Psychologist.
- Scope of Practice Assessment: Documenting who and to what degree BH-related care can be performed by license and credential.
 - Analysis identifies the actual vs. perceived scope of practice for 22 professions that intersect with BH clients
 - May facilitate licensed personnel to practice at the top of their abilities.
- Licensure by Endorsement: The ability to bring more BH licensed professionals to Virginia.



Behavioral Health Workforce – *“Right Help, Right Now.”*

Growing the pipeline:

- High Schools: VDOE is incorporating use of Mental Health First Aid in PE/CPR programs
- Re-engaging with under-utilized Mental Health CTE
 - ✓ Mental Health Technician
 - ✓ Registered Behavior Technician
 - ✓ Nationally Certified Psychiatric Technician
 - ✓ VA Certified Substance Abuse Counselor Assistant
 - ✓ Qualified Cultural Navigator



Disaster Preparedness: Behavioral Health Reserve Corps

VDH Medical Reserve Corps and DBHDS each had their own large-scale response teams with behavioral health capabilities

Duplication of resources:

- Logistical experience of VDH-MRC has been combined with the subject matter expertise of DBHDS

Inter-agency collaboration:

- Development of a statewide deployable disaster health resource
- National MRC designation
- *Virginia leads the way.*

**RIGHT HELP.
RIGHT NOW.**

Transforming Behavioral Health Care for Virginians

Virginia will lead the nation in disaster crisis response during a statewide emergency and local requests for assistance



Thank you for the opportunity to present.

We are pleased to take questions.

