



Performance of Health Care Workforce Programs

Commission Meeting

September 18, 2024

Study purpose

- Develop a framework for measuring the performance and impact of health care workforce programs
- Obtain relevant data to populate metrics measuring each program's outputs and outcomes
- Develop and implement a process for reporting on the performance of programs that is meaningful, transparent, and actionable
- Consider policy options through which the state may improve the performance of health care workforce programs

Study resolution approved by Commission on December 6, 2023

Health care workforce programs improve recruitment, retention, or well-being

- Study prioritized programs that:
 - Directly and intentionally benefit the health care workforce
 - Receive state funding
 - Have been implemented for at least one year
- Programs represent one of many strategies states can implement to address workforce concerns

Findings in brief

- During the last biennium, Virginia appropriated \$683 million in state funds for 34 health care workforce programs
- Programs are reaching their intended audience but lack focus on areas of most need
- Sparse, inconsistent data collection makes reporting on program quality and impact difficult

Policy options in brief

- Request state agencies review and align program eligibility, screening criteria, and service requirements to current supply and demand data or report barriers to doing so
- Require VHWDA, in collaboration with Virginia Works, to develop a plan to increase capacity for reporting and monitoring of health care workforce programs

VHWDA = Virginia Health Workforce Development Authority

Agenda

Virginia's health care workforce programs

Alignment between individuals served and target audience

Implementation quality and program impact

Reporting requirements and monitoring capacity

Virginia appropriated \$683 million for 34 programs in Fiscal Years 2023 and 2024

Spending estimates may vary based on how workforce programs are defined

\$318 million

- 24 programs
- Focus exclusively on health care

\$365 million

- 10 programs
- Focus on high-demand sectors, including health care

Ninety percent of state funding supports 24 recruitment programs

- 10 programs increase health care credentials in high school and post-secondary settings
- 4 programs provide financial assistance for post-secondary educational costs
- 10 programs support post-graduate experiences for health care professionals

Retention programs primarily use financial incentives

- Virginia funds eight scholarship and loan repayment programs in exchange for professional service
- State funds support one program each that focuses on employee salaries and resident well-being
 - Programs in this area are more likely to be funded by employers

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Eighty percent of programs are reaching their intended audience

- 27 programs that establish eligibility criteria or use an application process are serving their target population
- 7 programs do not collect data on program participants or feel the program's reach could be improved

Program criteria are rarely focused on areas of need

- Programs address shortages in one specific profession
 - High demand professions can vary over time and by specialty, practice setting, and geographic needs
 - Virginia agencies publish annual data on health care workforce supply and demand metrics
- Programs rarely prioritize:
 - Participant demographic characteristics, such as persons of color or individuals who are multilingual
 - High-demand practice settings
 - Specific geographic areas (e.g., rural areas)

Policy Option 1

Request state agencies conduct a review of health care workforce program eligibility, screening criteria, and service requirements

- Identify opportunities to align with Virginia's health care workforce needs based on available supply and demand data
- Report by October 1, 2025, any anticipated changes to program eligibility, screening criteria, and service requirements or barriers to doing so

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Programs primarily use passive strategies to monitor implementation

- Passive strategies ensure program requirements are met, but do not determine the quality of implementation
 - Audit reports for financial disbursements
 - Attestations from participants on program completion
- Three programs actively monitor implementation and employ strategies to address participant needs and improve program effectiveness

Seven programs collect data on long-term outcomes

- Data collection is ongoing for two programs
- Five programs report a positive long-term impact:
 - FastForward: increased median wages
 - G3 Program: increased median wages
 - DBHDS salary adjustments: decreased vacancy rates
 - VCU Family Practice Residency: high rates of retention
 - Southwest Virginia GME Consortium: high rates of retention

G3 = Get Skilled, Get a Job, Get Ahead; DBHDS = Department of Behavioral Health and Developmental Services; VCU = Virginia Commonwealth University; GME = Graduate Medical Education

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Sparse data collection makes reporting on program quality and impact difficult

- 19 programs have no requirements to report on program implementation or outcomes
- 15 programs report to:
 - State agency or agency's board (7 programs)
 - Department of Planning and Budget (4 programs)
 - House and Senate money committees (3 programs)
 - Governor and General Assembly (2 programs)

Programs may report to more than one entity.

Two state entities are responsible for program monitoring and evaluation

Virginia Works



- Regularly track metrics related to workforce programs
- Ensure effective and efficient administration of programs
- Receive data from 11 of 34 programs identified for this review

VHWDA



- Seek data for program evaluation purposes
- Partner with agencies to manage and analyze workforce data
- Supports implementation of programs at VDH and DMAS

VHWDA = Virginia Health Workforce Development Agency; VDH = Virginia Department of Health; DMAS = Department of Medical Assistance Services

Issues of program sustainability are not consistently reviewed

- Expectations for state funding levels from budget cycle to budget cycle are not clear
- Programs need additional staff for appropriate program administration and oversight
- Limited ability to expand without additional funding for faculty and clinical sites

Barriers to improved data collection are not addressed

Program staff identified multiple barriers for data collection, including:

- Lack of reporting requirements to prioritize agency resources
- Lack of resources to update data collection infrastructure or track participants' long-term outcomes

Policy Option 2

Require VHWDA, in collaboration with Virginia Works, to develop a plan to increase capacity for reporting and monitoring of health care workforce programs. The plan, due October 1, 2025, should consider:

- Maintaining an accurate inventory of health care workforce programs
- Strategies to increase agency capacity for data collection and reporting
- Recommendations for reporting that meet the duties of VHWDA and Virginia Works while balancing the administrative burden of state agencies to report such information

Opportunity for public comment

- Submit written public comments by close of business on Friday, Oct 4th

Email: jchcpubliccomments@jchc.virginia.gov

Mail: 411 E. Franklin Street, Suite 505
Richmond, VA 23219

NOTE: All public comments are subject to FOIA and must be released upon request.



Joint Commission on Health Care

Address:

411 E. Franklin Street, Suite 505
Richmond, VA 23219

Phone: 804-786-5445

Website: <http://jchc.virginia.gov>