

**RI EOHHS Healthcare Workforce Transformation Committee**  
**HWT Subcommittees Recap 12/6/2016 (3:00 – 4:30 pm)**  
**Hewlett Packard Enterprises, 301 Metro Center Blvd, Warwick**

**Facilitator:** Rick Brooks

**Presenter:** Lois Joy and Randy Wilson from Jobs for the Future (JFF)

**Prepared by:** Cheryl Wojciechowski

**Participants:** Laura Carbone (Stepping Up), Marie Jones Bridges (RIOHC), Yolande Lockett (RIC), Ann Detrick (BHDDH/SIM), Linda McDonald (UNAP), Tammy Russo (RIPIN), James Rajotte (RIDOH/SIM), Brady Dunklee (Apprenticeship, RI), Amy Weinstein (Apprenticeship, RI), Brenda Duhamel (EOHHS), John Neubauer (DCYF), Jim Riley (RIILSN), Randi Belhumeur (RIQI), Mike Walker (CareLink), Kathleen Kelly (RIALA), Sarah Fleury (BCBSRI), Debra Hurwitz (CTC-RI), Libby Bunzli (OHIC/SIM), Melissa Jenkins (Brown), Barbara Addison (EOHHS), Josh Estrella (NHPRI), Manea Tumbin (Senate policy), Joan Kwiatkowski (CareLink), Michelle Brophy (BHDDH), Kayla Mudge (HARI), Peter Asen (City of Providence), Michael Beauregard (RIAC), Marianne Raimondo (RIC), Josh (Brown), Hilary Jansson (CCRI), Randall Wilson (JFF), Trisha Suggs (BHDDH), Nicholas Oliver (RI Partnership for Home Care), Kathleen Heren (LTC), Nancy Bladsdell (RIC School of Nursing), Stephanie Burnham (RIQI), Sherilyn Brown (RI State Council on Arts/DOH ASSP Health), Mary Barry (Capitol Home Care), Karen Statser (EOHHS), Lynn Blanchette (RIC), Margaret Gradie (RIDOH), Catherine Taylor (RIGEC/URI), Judith Fox (BHDDH), Neil Desai (Skills for RI Future), Ailis Clyne (RIDOH), Steve Florio (RI Comm. Deaf & Hard of Hearing), Nate Nolette (Blackstone Valley Community Healthcare), Corsino Delgado (EOHHS), Diana Beaton (EOHHS), Betty Rambur (URI)

Agenda Item	Key Discussion Points
<p><b>Welcome &amp; Overview</b></p>	<p>Rick opened the meeting by asking what sectors participants are representing. Participants included: healthcare providers, and representatives from higher education, community-based education and training, state health-related agencies, payers, a union, and the advocate’s office. Most have attended one or more of the HWT Subcommittee meetings.</p> <p>Rick then provided background on the Healthcare Workforce Transformation Committee’s work:            For the past seven or eight months EOHHS has been leading an effort to align healthcare workforce education and training with overall healthcare transform efforts to achieve the Triple Aim. The committee was first convened on October 7<sup>th</sup>. Elizabeth Roberts, Secretary, EOHHS, Nicole Alexander-Scott, MD, MPH, Director, DOH, Rebecca Boss, Acting Director, BHDDH, and Marti Rosenberg, Director, RI SIM Project each spoke to provide a sense of direction and the overarching goals derived from Reinvent Medicaid and SIM. Attendees worked in small groups to look at strategies and priorities to support health system changes. Approximately 100 people attended.</p> <p>Seven subcommittees were then convened focused on the goals extracted from the large committee meeting. Today’s meeting will focus again on these goals which have been realigned into six cross-cutting themes which grew out of the work of the subcommittees.</p>
<p><b>Updates</b></p> <ul style="list-style-type: none"> <li>▪ <b>Health System Transformation</b></li> </ul>	<p>Rick provided the following updates:</p> <ul style="list-style-type: none"> <li>▪ Last week the Governor announced that Rhode Island will receive up to \$103M as matching federal funds for healthcare education services not already being matched. The bulk of the funds will be invested in supports for</li> </ul>

<p><b>Project/Federal DSHP funds</b></p> <ul style="list-style-type: none"> <li>▪ <b>NGA Technical Assistance</b></li> </ul>	<p>Accountable Entities (AEs). AEs will be responsible to manage total care for their Medicaid patients with a goal to reduce reliance on hospital and nursing home care. The AE structure will also allow for better analysis of outcomes. Other funds will be used to support public institutes of higher education to better prepare their students to align with health system transformation goals.</p> <ul style="list-style-type: none"> <li>▪ EOHHS has also receive a non-financial award from the National Governor’s Association (NGA) for technical assistance to support our work to align Medicaid resources for healthcare workforce development.</li> </ul>
<p><b>Progress report on Healthcare Workforce Transformation Needs Assessment</b></p> <ul style="list-style-type: none"> <li>▪ <b>Jobs For the Future</b></li> </ul>	<p>Rick introduced Lois Joy and Randy Wilson, two members of the Jobs for the Future (JFF) team that have been working with EOHHS to analyze market data, research best practices from around the country, and conduct one-on-one interviews. Information gathered will assist with the development of a healthcare workforce needs assessment and strategic recommendations.</p> <p>Lois opened the presentation by describing JFF as a national organization located in Boston, Washington, DC, and California that works with schools, local/regional/federal governments on workforce development to develop career pathways and the resources needed to help move low wage workers up the pipeline to better paying jobs. JFF focuses on: 1. preparing for college and careers; 2. earning postsecondary credentials; and 3. advancing careers and economic growth.</p> <p>Randy then presented JFFs goal and its components.  Goal: Analyze education and workforce needs for transforming Rhode Island’s health care system.  Components:</p> <ul style="list-style-type: none"> <li>▪ Describe health care workforce and projections</li> <li>▪ Catalog health care programs, capacity, completions</li> <li>▪ Identify occupations key to health care transformation (new, emerging, and existing)</li> <li>▪ Determine needed skills; opportunities and challenges; career ladders into key occupations; and partnerships</li> <li>▪ Recommend education and work-based strategies</li> <li>▪ Review literature on health care workforce transformation in Rhode Island and other states</li> <li>▪ Analyze labor market trends, using traditional and real-time (job postings) data</li> <li>▪ Interview key stakeholders in health care industry, education and workforce development, and government; draw insights from small group discussions</li> <li>▪ Synthesize research findings to make recommendations on health care workforce transformation, and related challenges and opportunities.</li> </ul> <p>Lois then explained that the final report will be about what is needed to meet healthcare transformation goals such as required skills, new occupations, and new ways of working together. She pointed out that much of this information is</p>

coming from the one-on-one conversations JFF is having with stakeholders. All aspects of supply and demand will be included as well as a map of the healthcare workforce as a starting point to illustrate demand and gaps as a baseline.

Lois revealed what Rhode Island workforce data shows:

- In 2016, 32,334 people were employed in the 61 Professional and Technical HC Occupations, 12% greater than the national average of persons employed in these occupations.
- Over the next ten years, employment is expected to grow 10.5% less than the national growth rate of 15.6%.
- Average wages: \$41.50
- In 2016, 21,443 people were employed in the 17 healthcare support (HCS) occupations, 46% greater than the national average of persons employed in HC support occupations across the nation.
- Over the next ten years, employment is expected to grow 13.6%.
- Expected growth in RI is less than the national growth rate of 20.6% for HC support occupations.
- Average wages: \$14.47

Lois also reviewed slides that illustrated:

- Top Ten HC Professional and Technical Occupations in Rhode Island with Hourly Earnings (2016)
- Top Ten Industries for HC Professional and Technical Occupations in Rhode Island (2016)
- Fastest Growing Professional and Technical HC Occupations in Rhode Island (2016 – 2026)
- Top Vacancies For Professional and Technical HC Occupations (2016)
- Top 10 HC Support Occupations in Rhode Island with Hourly Earnings (2016)
- Top 10 industries Employing HC Support Occupations in Rhode Island
- Fastest Growing HC Support Occupations in Rhode Island (2016 – 2026)
- Top Vacancies for HC Support Occupations (2016)

One participant asked about whether the people represented in the data are residents of Rhode Island or are employed in the state. Lois answered that are employed in Rhode Island. Another participant asked if the positions just full-time, contract, etc. and Lois clarified that all positions are included in the data. Some participants felt the data is different than the data they have for their industry. Rick suggested that the difference could be in the definitions of the categories and a participant suggested that a recent survey of physicians first looked high but included part-time practitioners so maybe this accounts for the discrepancy. It was agreed that JFF staff and those who raised this question would have an “off-line” conversation to explore this discrepancy further. Lastly, a participant suggested that JFF take into account the RIDOH Statewide Health Inventory as she believes it is the most accurate picture and fairly current as it was completed in 2015.

Randy provided an update on the one-on-one key informant interviews that JFF has been conducting. They are a little more than half way through 30 to 35 interviews. There is a strong congruence between the interviews and the small

	<p>group meetings with the single biggest theme being the critical requirement to push out healthcare to the community and infuse education with working in community-based setting. Other observations include:</p> <ul style="list-style-type: none"> <li>▪ It is not just about the number of workers but about how and where they are working.</li> <li>▪ It is not just about preparing the workforce from scratch but also providing continued education and training opportunities (new and renew).</li> <li>▪ Incentives for employers to provide on-going training and on-the-job training opportunities need to be created.</li> <li>▪ The need to develop core competencies across in occupations and the specific skills needed for each occupation.</li> <li>▪ Technology skills are needed (EHRs, telehealth, data analytics, etc.) by all levels not just IT but professionals and support positions as well.</li> <li>▪ It is critical that the healthcare workforce has a familiarity with the social determinants of health and health literacy.</li> <li>▪ Better engagement between educators and employers will help to understand each other's' needs. Determining what certifications are needed for certain professions is needed.</li> </ul> <p>Opportunities that JFF is hearing in the interviews includes:</p> <ul style="list-style-type: none"> <li>▪ Working with the community college and other education resources to develop career ladders.</li> <li>▪ Using Central Falls Community Health Teams as a model.</li> <li>▪ Integrating behavioral health.</li> </ul> <p>Challenges that JFF is hearing in the interviews includes:</p> <ul style="list-style-type: none"> <li>▪ Bureaucracy</li> <li>▪ Language barriers</li> <li>▪ Shortages in few areas</li> <li>▪ Traditional silos/resistance to change</li> <li>▪ Appropriately training for different occupational settings</li> </ul> <p>One participant asked if a shortage of faculty has come up in the interviews and Randy responded that JFF has asked about faculty capacity when interviewing educators. Rick added that right JFF is just looking at the direct service workforce even though we understand the importance of the faculty issue. Rick also pointed out that public health work force needs also should be on the radar as they are also looking for continuing education opportunities.</p>
<p><b>Report on Healthcare workforce transformation discussion groups</b></p>	<p>Rick presented the Key Takeaways from Healthcare Workforce Transformation Discussion Groups and noted that notes from these meetings are posted on the website along with presentations from speakers and some relevant articles. Rick noted that there was an expectation that recurring themes would come out of these groups. These cross-cutting themes along with goals that could inform healthcare workforce strategies for each form the basis for small group discussion for this meeting. Rick stressed that the report that will come out in February will be used as a guide for healthcare</p>

	<p>transformation and the investment of funds such as those announced by the Governor. The goal is to make work force training better, smarter, and healthier.</p>
<p><b>Small Group Discussion of Cross-cutting themes and Strategies</b></p>	<p>Participants were seated at small group tables.</p> <p>Rick asked that participants add more specifics to the goals listed for the cross-cutting theme assigned to their table, that facilitators are at each table to guide the group through the structured discussion questions, and that there would be time after small group discussion for facilitators to report back to the larger group.</p> <p>Cross-cutting themes include:</p> <ol style="list-style-type: none"> <li>1. Community Health</li> <li>2. Core concepts of system transformation</li> <li>3. Entry-level workforce</li> <li>4. Team-based care</li> <li>5. Integration of primary, behavioral health, and oral health care</li> <li>6. Cultural competence and diversity</li> </ol>
<p><b>Reports from Small Groups</b></p>	<p>Community Health table discussion included:</p> <ul style="list-style-type: none"> <li>▪ Most of this work has been through RIDOH so it is pretty much underway.</li> <li>▪ Requirements for training.</li> <li>▪ Working within higher education.</li> <li>▪ Cost of certification is a barrier.</li> <li>▪ Pay is relatively low for a high responsibility job</li> <li>▪ Sign language interpreters are expensive</li> <li>▪ Written tests that are only in English</li> <li>▪ The Accountable Entity (AE) model within Medicaid</li> <li>▪ Barriers: CHWs should not supplant other health care professionals but just be assistants</li> <li>▪ CHWs should be representative of the population they are working with.</li> </ul> <p>Core concepts of system transformation table discussion included:</p> <ul style="list-style-type: none"> <li>▪ Discussion focused on data and analytics and how this is crucial to a value based healthcare delivery system.</li> <li>▪ Culture shift is critical – how can we get people to use data analytics as part of their day to day work flow.</li> <li>▪ How to train up existing workforce and align incentives?</li> <li>▪ Does taking doctors off the floor for training make sense and how can we make it worth their while.</li> <li>▪ Embedding competency issues into pre-employment programs.</li> <li>▪ Different formats for training including webinars, seminars, on-site, etc.</li> </ul>

Entry-level workforce table discussion included:

- Not necessary about entry level position but as a jumping off point.
- CNAs within home-care: limited access for utilization due to regulatory requirements.
- Curriculum redesign is needed to encompass training on both facility and community environments. How can we capitalize on those coming in as entry-level?
- We need different pathways depending on whether entry level workers are interested in staying in current position or are using this position as entry into a professional position.
- Evaluation
- Reimbursement in terms of career advancement
- Moving forward we need to develop a cross-walk between competencies for various entry level workers.

Team-based care table discussion included:

- The need to define roles within a team.
- Using team model to make care plans.
- Training and cross training, train the trainer, leadership training, etc.
- Need to address a culture of not wanting to change.
- Need to explore key team-based care models in different settings to work from such as PACE.

Integration of primary, behavioral health, and oral health care table discussion included:

- Use of teams was discussed.
- Professionals may need additional training specific to the setting such as LICSWs new to the primary care setting.
- Working within a team is new for physicians, psychologists, etc.
- Behavioral health can be integrated into primary care or primary care can be integrated into behavioral health.
- There is a need for updated training, for instance oral health care training is the same as it was 30 years ago.
- EHRs within primary care are not compatible to integrate with behavioral healthcare.
- Who should take lead? FQHCs have done much work in this area.
- Need to nail down a definition of integration while being more open to promoting a variety of models.

Cultural competence and diversity table discussion included:

- Cultural competency affects quality, access and outcomes.
- There is a need to articulate to secondary and higher education, the skills employers are looking for in their employees to move them through the pipeline.
- English-only tests are a barrier and we should explore resources for differ strategies to get credentials.
- The need for a clearing house (provider directory will have linguistics and languages spoken).
- It is critical that students enter training programs with adequate math and science skills.
- Cultural competency is not always put into action.

	<ul style="list-style-type: none"> <li>▪ There is a need to partner with existing groups that work with vulnerable populations.</li> <li>▪ There is a need to increase diversity of students so that the healthcare workforce is more culturally representative to the populations being served.</li> <li>▪ Work with RIDOH on credentialing, and continued training.</li> </ul>
<p><b>Wrap-Up\Next Steps</b>  <b>Next meeting: Thursday,</b>  <b>January 19, 2017, 3-4:30pm @</b>  <b>Hewlett Packard Enterprises,</b>  <b>301 Metro Center Blvd,</b>  <b>Warwick</b></p>	<p>One-on one interviews will continue over the next six weeks. All data and information gathered will be analyzed and then recommendations will be developed. The next large group meeting is January 19<sup>th</sup>. Rick added that the convening of additional small group meetings will be considered as needed and that participants should let him know if they are interested in the convening of another small group.</p>