# Health Workforce Data Collection & Analytics Workgroup Minutes

July 20, 2022 | United Way of Rhode Island

Co-facilitators: Marti Rosenberg, RI Executive Office of Health & Human Services & Larry Warner, United Way of RI

# Recap of first round of workgroup meetings:

At our first workgroup meetings, all three workgroups discussed what is working and what is not. Key takeaways:

### Some things that are working

- Many good publicly-funded job training and higher education programs (e.g., Real Jobs, Back to Work, RI Reconnect
- FY23 state budget includes increases in rates and wages across health & human services
- State budget also funds OHIC to conduct review of social & human services rates paid by state agencies, which will consider the impact of rates on wages and workforce.
- EOHHS Ecosystem & DataSpark both provide robust data analytics
- Focus on DEI has increased in healthcare, education, and workforce development
- Career & Tech Education programs are growing in RI

### Some things that need improvement

- Low rates and wages; workforce burnout/trauma/shortages
- Decline in higher ed enrollment
- Lack of career ladders and advancement opportunities for entry-level, low wage jobs
- Promotion of healthcare careers to K-12 students
- Need better workforce data to project future demand
- Need comprehensive inventory of training and education programs
- Need to expand health professional loan repayment programs
- Need better communication and collaboration between healthcare providers and higher education

# Discussion of BLS/DLT Healthcare Occupational Clusters document:

- After 2018, Bureau of Labor Statistics combined 'personal care aide' & 'home health aide' into one SOC code
- Document reflected pre-covid projections (2018-2028)
- 2020-2030 projections should be out soon on the Labor Market Information (LMI) website
- LMI looks at job postings/jobs being created to make supply & demand determinations (likely not accurately reflective of degree of demand)
- Per HARI rep, the projected RN openings # is very low and the demand is extremely understated
- Most of the state's home care workers are Nursing Assistants (not "home health aides")





- Direct Support Professionals, case managers, peer recovery specialists, home maker, and many other occupations, do not have their own SOCs
- Many occupations are included under "social & human service assistants" title
- Community Health Workers should be a focus
   Post-meeting note: CHWs <u>do</u> have their own SOC code (21-1094), but were not included in 2018-2028 employment projections
- Need a better grasp on the availability of clinical faculty, preceptors, etc. Nurse leadership is tired.
  - Many licensed nurses in the state who are not working we need nurses to facilitate CNA training programs
- Occupations with the largest openings are the lowest paid & most physically demanding

# Workforce data discussion (homework questions):

- a. If you attended one of the other workgroups and have thoughts about what data would be helpful for that group to achieve its goals, please be ready to share.
- b. Identify the most important metrics to measure in terms of addressing our health workforce needs

### Helpful data identified by this Data workgroup:

- RIDOH licensing data has SSNs that could be matched with employer wage records and connect wages & total employment [See initiative #1 below]
  - New system currently being implemented, exploring utilization across agencies (DCYF, BHDDH, DHS, etc.). This workgroup should be included in process of identifying core data elements in RIDOH health professional licensure collection
  - Could include active/non-active EcoSystem may be able to match this with wage record data
  - o RIDOH Primary Care office has some of this data
  - Need RIDOH licensing/policy folks to participate in this workgroup
  - People in all professions leave contact information blank nursing, BH, etc.
- Authorized hours from payer sources in homecare vs. delivered hours data and track longitudinally [See initiative #3 below]
  - Gaps in service hours/requested services is not tracked
  - Would need to request data from Medicaid and all payer sources (OHIC data)
  - EOHHS Medicaid does not have data specific to job titles
  - Homecare tracks waitlist data
  - RI Health Care Association recently surveyed nursing home providers on waitlist data
  - Nursing homes report their hours to CMS
- Wage data from preexisting occupational surveys as a proxy to get a sense of occupational wages [See initiative #3 below]
- Updated local, granular supply & demand data/inventory [See initiative #5 below]
  - OPC data may help with this
  - DLT working on expanding wage record data from employers (utilizing SSNs) this could possibly be changed at the state level





- ❖ EOHHS American Rescue Plan Act Home & Community-Based Services enhanced Federal Match Assistance Program (ARPA HCBS eFMAP) Workforce Recruitment & Retention quarterly staffing reporting data would be helpful [to be addressed by EOHHS data team]
  - Can tweak reporting forms for specific provider types/providers if we want to focus on specific job titles/clusters, so that we can aggregate the data
- Subcategories of occupations under BLS data (e.g., what is captured under social & human service managers?)

### (Helpful data, per 7.19 Health & Human Services Partnerships w/ Higher Ed. workgroup) -

- ✓ RIDOH health professional licensing data (analytics and reports to help answer workforce supply questions such as increase/decrease in # of licensees) [initiative #2]
- ✓ Data on demand for services (waitlist for services), to serve as a proxy for workforce shortage data [initiative #3]
- √ Accurate (RI) industry demand #s/projected vacancies [initiative #5]
- Brain drain data data on graduates from RI higher ed healthcare programming who are working out of state
- o RI higher ed healthcare student demand #s

# Discussion of proposed short-term initiatives:

- 1. RIDOH licensure data
  - a. Share RIDOH licensure data with Ecosystem and DataSpark
    Subgroup lead: Megan Swindal, DLT
    Other volunteer participants: Rachael Sardinha, RIDOH; Howard Dulude, Hospital
    Association of RI (HARI); Bernie Beaudreau, Senior Agenda Coalition of RI; Ashley Sadlier,
    Bayada; Rockwell Richards (for Dana Brandt), DataSpark
    - Link RIDOH licensee data at the individual level with DLT's wage and employment data to better understand the employment status, career progression, and other characteristics of licensees
  - b. Review and expand core data elements in new RIDOH licensing system (longer-term initiative)

Subgroup lead: Rick Brooks, EOHHS
Other volunteer participants: Maria Narishkin/Rebecca Lebeau, EOHHS; Zach Nieder, RI
Foundation; Sue Pearlmutter, Rhode Island College; Katie Norman, RI Health Care
Association, DataSpark

- Longitudinal data search tracking career ladder progressions (e.g., CNA → LPN → RN) and determine goals based on this data
- Regulations for inputting specific data elements
- Review licensure data for active professionals who could possibly be outreached with work opportunities





- 2. Identify and assess the accessibility and exchange of public and private sources of health workforce data (labor market, education & training)
  - a. Develop inventory of all available workforce data sources
     Initiative lead: Megan Swindal, DLT.

     Other volunteer participants: Rachael Sardinha, RIDOH; Jennifer Carreiro, Rhode Island College; Claudia Cornejo, RI Foundation
  - Authorized vs delivered service hours for homecare, nursing homes, and other service industries as data is available
     Small group side project volunteer participants: Rebecca Fiske, United HealthCare & Katie Norman, RI Health Care Association
- **3.** Identify best practices in collecting reliable job vacancy data

Initiative lead: Howard Dulude, HARI.

Other volunteer participants: Katie Norman, RI Health Care Association; Greg Stepka/representative from RI Dental Association

- a. Focus on culling existing surveys; potentially create our own
- **4.** Leverage the rate review process that the Office of the Health Insurance Commissioner (OHIC) will carry out (via consultant) in FY23, in partnership with EOHHS, to collect wage data and analyze for impact on workforce shortages

Marti Rosenberg, EOHHS to lead as connector.

Other volunteer participants (for aligning what we need with the rate review process): Ashley Sadlier, Bayada

- a. Work closely with rate review consultant
- b. Secretary Novais to request OHIC Commissioner Patrick Tigue's attendance at the next data workgroup meeting to participate in a discussion about the potential connections between our Health Workforce Planning & Implementation initiative and the legislatively mandated rate review that OHIC is carrying out with EOHHS

# Next steps:

- Next Data Workgroup meeting: Wednesday, August 24, 2022, 9:30-11:00AM, United Way of RI
- ♣ Interagency team meeting re: Initiative #1a (share RIDOH licensure data) is scheduled, and updates will be provided at next workgroup.
- ♣ Those interested in participating in Initiative #2a (inventory of available workforce data sources) who have not volunteered, please contact Megan Swindal, DLT @ megan.swindal@dlt.ri.gov.
  - o Initial Teams meeting scheduled for August 3, 2022 @ 11:00AM: Meeting Link





- ♣ Those interested in participating in Initiative #2b (authorized vs delivered service hours) please contact Rebecca Fiske, UHC @ Rebecca fiske@uhc.com for next steps
- ♣ Those interested in participating in Initiative #3 (reliable job vacancy data best practices) please contact Howard Dulude, HARI @ <a href="https://howardd@hari.org">howardd@hari.org</a> for next steps
- The following data points are parking lot items:
  - o Subcategories of occupations under BLS data
  - o RI higher education healthcare brain drain data
  - o RI higher education healthcare student demand data



## Workgroup Attendees:

- Executive Sponsor: Ana Novais, Secretary, RI Executive Office of Health & Human Services (EOHHS)
- 2. Co-facilitator: Marti Rosenberg, EOHHS
- 3. Co-facilitator: Larry Warner, United Way
- 4. Rick Brooks, EOHHS
- 5. Aryana Huskey, EOHHS
- 6. Maria Narishkin, EOHHS (for Rebecca Lebeau, EOHHS)
- 7. Sophie Asah, EOHHS
- 8. Rachael Sardinha, RI Department of Health (RIDOH)
- Megan Swindal, RI Department of Labor & Training (DLT)
- Rockwell Richards, DataSpark (for Dana Brandt)
- 11. Jennifer Carreiro, Rhode Island College (RIC)
- 12. Sue Pearlmutter, RIC

- 13. Ashley Sadlier, Bayada
- 14. Katelyn Hebert, Tides Family Services
- 15. Angela Roesler, Center for Health & Justice Transformation (CHJT)
- 16. Melissa Campbell, RI Health Center Association
- 17. Howard Dulude, Hospital Association of RI (HARI)
- 18. Geraldine McPhee, RI Parent Information Network (RIPIN)
- 19. Zach Nieder, RI Foundation (RIF)
- 20. Claudia Cornejo, RIF
- 21. Greg Stepka, RI Dental Association (RIDA)
- 22. Katie Norman, RI Health Care Association
- 23. Bernard Beaudreau, Senior Agenda RI
- 24. Cristina Amedeo, United Way
- 25. Rebecca Fiske, United Healthcare (UHC)



