# Health Workforce Data Collection & Analytics Workgroup Minutes

*September 23, 2022 | 9:30AM–11:00AM, United Way of RI*

Co-facilitators: Marti Rosenberg, Executive Office of Health & Human Services & Larry Warner, United Way of RI & Commission for Health Advocacy and Equity

## General Meeting Overview

The workgroup meeting was held at United Way in Providence. After a quick round of workgroup member introductions, the co-facilitators introduced both Commissioner Patrick Tigue, and Chief of Staff Cory King, from the RI Office of the Health Insurance Commissioner, and set the stage for the first part of the meeting.

### Office of the Health Insurance Commissioner Programs Review

In light of OHIC's Social and Human Services Programs Review, **and in consideration of how workforce data will play an impact in this review**, Commissioner Tigue and Cory King attended this workgroup meeting to discuss the scope of comprehensive reviews to be conducted by OHIC of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview, as required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t).

These new powers and duties were given to OHIC on July 1, 2022, when the State Fiscal Year 2023 (SFY 2023) budget came into effect. The Commissioner emphasized that work will be accelerating next week and beyond; they have hired a new FTE (Full-Time Employee) to focus exclusively on this programs review, who will be starting work on Monday, September 26, 2022. This brings their office to 11 FTEs.

To support this conversation, Commissioner Tigue shared a 'Social and Human Service Programs Review Scope' Bulletin, which was issued by their office on September 7, 2022, after being made available for public comment. This bulletin essentially serves as self-regulatory guidance and outlines OHIC's understanding of their statutory/regulatory requirements. This review encompasses the completion of objective, data-based analyses, reports, and studies to be published January 1, 2023 (#1-5, page 1), April 1, 2023 (#6-9, page 1), and September 1, 2023 (#10, page 2).

Reports due on Sept. 1, 2023 will serve as a baseline for components including rates, accountability measures, eligibility, costs, etc., and reports will be refreshed on a biannual basis. OHIC made it clear that their role will be to present findings, make recommendations, and take questions, but it is ultimately up to the legislature and state agencies to change rates and policies. Please refer to the bulletin for detailed information.

In order for OHIC to ensure that the scope of the review is carried out to the highest standards of credibility, integrity, and transparency, they will convene a 15-member public body, the *Social and*

*Human Service Program Review Advisory Council*, to advise the office on all aspects of the review. Advisory council members were appointed by the Commissioner, representing those with the requisite expertise related to social and human service programs. It was noted that included in this council are Nicholas Oliver, RIPHC and Elena Nicolella, RIHCA (who will co-chair). The first meeting will be 9/30 where they will review a charter. The law requires public input for the September 2023 reports, but OHIC determined this council will meet monthly, allowing significant time in each meeting for public comment; **this council will significantly influence how OHIC does their work.**

### OHIC Review & Health Workforce Data Discussion

Following OHIC's presentation a pointed discussion was held related to the impact workforce data will have on their efforts. OHIC is still in the beginning stages of their review, but Marti and Larry posed some considerations to keep in mind as both of our efforts move forward, such as what data elements OHIC is looking for, what data can the workgroup assist with collecting and sharing with OHIC, etc. Both groups will continue to work together, and we will feed OHIC pertinent data as it is identified.

Other areas of discussion included:

Relationship between workforce needs & rates, other considerations

- OHIC is aligned with EOHHS on the goals to positively impact the health delivery system

- OHIC recognized that many rates have a direct relationship to funding of workers, so it is certainly relevant to their analysis. This analysis combines various factors of production – it will be important to understand the value the market is putting on specific occupations, skill sets, different segments of sectors, etc. Also, it was acknowledged that the public appropriations process does not necessarily respond to market signals.

- Looking at staffing models for a subset of the rates will be incredibly important, as will be looking at rate adequacy.
    - Home Care vs. juvenile justice/child welfare/aging will obviously be different.

- There is a mechanism in statute that ties this reporting to the potential to making legislative/regulatory policy decisions for changing rates. EOHHS and GA have access to this information, and they get to determine if they include these recommendations within the State budget proposal. If the rate recommendations are not included, they have to justify why not. OHIC does not imagine making recommendations for actual compensation within organizations.

- The CHEA is particularly interested in equity playing an important role in this review. A well-functioning social and human service system needs to have equity measures embedded.

- Rick Brooks noted that there is no systematic manner to gather information on service delivery wait times, save for some home care data. Wait times directly relate to workforce capacity, access to services, etc., which was really the basis of why this process was

requested by the General Assembly. OHIC's analysis should consider the relationship between access to services, wait times, shortages, wages, and rates.

- This data workgroup needs to accurately define and project workforce supply/demand, which informs workforce and higher education training/education programs.
- OHIC will have to rely on publicly available data or data that can be quickly obtained - we will work in partnership to pull more data together as their work progresses, especially as they are developing recommendations.
  - Recs. could include regulatory levers through public agencies, as a part of licensure
- A note re: waitlists and rates – Nicholas Oliver noted that 80% of the state's home care waitlist is through Neighborhood Health Plan, and their reimbursement rates, through contract, are lower than Fee for Service (FFS) rates. OHIC is open to considering making policy recommendations to the GA around MCOs/third-party payors.

In scope vs. out of scope

- In scope: every service that Medicaid pays for in FFS & any service in any of the issue areas, even if they are not funded by Medicaid.
  - Many of these services are provided by Managed Care Organizations (MCOs). OHIC will be analyzing and shedding more light on the relationship between Medicaid FFS schedules and what MCOs pay, and OHIC can analyze how these elements relate and provide policy recommendations. OHIC is not reviewing specific rates for specific providers.

- For this first round of reports, prioritization will be needed given the broad scope of the project. OHIC cannot perform a deep dive on everything all at once, so they will look to guidance from their advisory council in terms of immediate needs & what can be further explored and added to scope in later iterations.
  - This process is not conducive to a "plug and chug" approach. OHIC will likely need to report on more than what is required by statute

- Dental rates outside of managed care are in scope.
- Transportation is in scope insofar if it is paid for by the state (Medicaid)

## HWP Projects – Brief Updates

CNA Testing & Licensure

Rick Brooks reported out. Cautiously optimistic that progress is being made re: issues of accessing/scheduling skills portion of testing. Acknowledged long-time advocacy of industry partners who have been meeting regularly with RIDOH. Strategies in the works–

- Change regulations so RIDOH has testing vendor options beyond Credentia
- Partnerships with other potential test sites and expansion of testing slots for those coming out of training programs and are approaching 120 day mark.

Rick prompted participants to contemplate two questions: what data can we bring to that work so that it is data driven & what data can we extract from those efforts to influence our work?

Career Development Day & Skills RI

Don Gregory, Director of Data & Analytics at Skills for RI's Future attended the workgroup and will continue to participate in and support our efforts. Skills RI has stepped up to work on organizing and executing a Career Development Day. The scope of this project is still being fleshed out with workgroup participants. Mental Health Association of RI shared that they would be happy to promote the Career Development Day once the time comes.

Longer-term Initiatives

- Clinical Placements Solutions
- Foreign Trained Health Professionals
- Career and Technical Education (CTE) Enhanced Partnerships
- Health Loan Repayment Programming
- Health & Human Services Career Ladders

The workgroup did not have time to review the above longer-term initiatives. All of these projects are in some stage of development and have/will have subcommittees, as well as data needs. Further discussion re: specific data needs to ensue once identified.

## Data Workgroup Active Initiatives Updates

Health Professional Licensure Data Sharing

RIDOH has recently upgraded their licensure system. A new Draft Sharing Agreement (DSA) has been drafted between EOHHS and RIDOH and identifies licensee categories that will be shared with EcoSystem. Once the DSA is executed, we will have the ability to match licensee data with data in other systems, including DLT wage record data. Any planning efforts around expansion of collected data elements via the licensure process will not begin until after the DSA is in place. Advocacy with licensure boards would be critical because in order to successfully expand collected data elements/modify requirements, licensure boards would need to fully support such expansion(s). A workgroup member suggested exploring implementation of a bidirectional campaign for requiring demographics, if/when the time comes.

Inventory of Existing Healthcare Training and Education

Inventory is live on EOHHS webpage. It is organized by occupations. Also included is a grant/scholarship section. EOHHS will continue to add to this resource. This information will help us understand capacity of training programs.

Tangentially related, the CaringCareers.RI.gov webpage is close to being finalized; corresponding marketing and advertisement campaign will be coming soon. This marketing campaign will be targeted towards two audiences: the current/existing home and community-based direct care workforce & prospective workforce, in order to assist in the recruitment, retainment, and support of career advancement opportunities for direct care workers within the home and community-based service delivery system.

Inventory of Existing Labor Market and Workforce Data

Megan Swindal reported that another data subgroup meeting was held on September 14th. The subgroup circled back around to a singular focus/purpose for the developed inventory and reaffirmed that the inventory should be purposed and utilized as a support to the other workgroups. Developing additional resources for job seekers/training seekers has been put on hold for now. The subgroup now needs to determine how we can use this breadth of information to answer specific data questions which are the basis of the projects of other two workgroups, and looking more broadly, how we can leverage data to inform health workforce policy.

Megan shared that DLT, with the assistance of the Office of the Postsecondary Commissioner, recently developed several data points from publicly available licensure data. Their initial analysis focused on CNAs and RNs. Some key findings:

- ~20,000 active RN licenses in RI (though, we do not know if they are actually working)
- ~3,000, or ~ 11% of active RN licenses, were issued in 1967 or earlier, so licensees are nearing retirement age.
- Beginning in 2017 there was a sharp uptick in issued RN licenses. In 2020 alone there were 3,500 new licenses issued. This uptick may be partially attributable to the dissolution of an Interstate Nursing Compact, which had allowed reciprocity of licensure.
- ~14,000 active Nursing Assistant licenses
- ~4,000 NA licenses have been issued since January 1, 2020
    - 100 individuals who were issued an NA license in 2020 were also issued an RN license
- ~9,000 active NA licensees in RI

The fatal flaw in this data is that there is no information on folks who are no longer active. For this analysis, LPNs were included in the nursing category. We will need to separate and quantify this - there are a lot of LPNs who keep their NA license, especially in the community health space. The group also wanted to confirm whether licensed RNs need an NA license to practice as a Nursing Assistant. This information pointed to the need for the subgroup to explore how to track duplication/dual licensure data. The group should explore how to look longitudinally at licenses that became inactive in order to better understand the career pathways of licensees. Once data sharing occurs, we will also have access to Dates of Birth (DOB). Other considerations included:

- CCRI had been requiring NA licensure for their RN students – need to confirm whether this is still an active policy
- URI requires NA licensure for 3rd year nursing students. URI also uses NA licensure as an incentive for admissions to their nursing program - provides candidates with 12 additional points on their application.
- Emergency Medical Technicians (EMTs) are also required to be licensed as Nursing Assistants.
- This data does not consider career changers

In addition to the licensee data analysis, OPC analyzed and shared data related to graduates from health related certification/education programs at RI Institutes of Higher Education during the years of 2016 through 2021. The data demonstrated fairly flat completion rates, which is a problem. This

flat output, paired with declining higher education enrollment rates & the expansion of eligiblity and ensuing increased demand for home care services, is a weighty, compounding issue. Concerning potential career pathways analyses, CTE information is not in the EcoSystem, but is in DataSpark.

*Re: HRSA Supply/Demand model*: American Community Survey data is used if we do not provide HRSA with local data. The licensure data they need is largely publicly available. Sue Pearlmutter noted that Rhode Island College has used supply/demand data for HRSA grant submissions and she will reach out to RIC again to request a copy of their supply/demand data to inform our data workgroup efforts.

The data subgroup will continue to look at all publicly available licensure data, for BH, etc. Megan would like to next data subgroup meeting to review a National Governor's Association States Toolkit on Informing Health Workforce Policy by Leveraging Data. The next data subgroup meeting date is TBD.

Upcoming Health Workforce Planning & Implementation workgroup efforts will be focused on identifying how we collectively can use data to inform and/or evaluate workgroup initiatives and drilling down on specific data questions.

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***The next workgroup meeting*** *is scheduled for October 19, 2022 from 9:30am-11:00am at the United Way of RI, 50 Valley St., Providence*

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## Workgroup Attendees:

1. Co-facilitator: Marti Rosenberg, EOHHS
2. Co-facilitator: Larry Warner, United Way/CHAE
3. Rick Brooks, EOHHS
4. Aryana Huskey, EOHHS
5. Katelyn Hebert, Tides Family Services
6. Kathleen Kane Verruso, RIC
7. Maria Narishkin, EOHHS
8. Megan Swindal, DLT
9. Don Gregory, Skills RI
10. Nicholas Oliver, RIPHC
11. Ashley Sadlier, Bayada
12. Laurie-Marie Pisciotta, MHARI
13. Der Kue, RIHCA
14. Katie Norman, RI Health Care Assoc.
15. Geraldine McPhee, RIPIN
16. Stephen Grivers, PACE-RI
17. Sophie Asah, EOHHS
18. Sam Zwetchkenbaum, RIDOH/EOHHS
19. Sue Pearlmutter, RIC
20. Rachael Sardinha, RIDOH
21. Commissioner Patrick Tigue, OHIC
22. Cory King, OHIC