# Minutes
# EOHHS HealthCare Workforce Transformation Committee
**Arnold Conference Center at Eleanor Slater Hospital**
**Friday, October 7, 2016**

## 1. Welcome and Overview

Rick Brooks welcomed the large number of participants to the Committee and introduced the speakers: EOHHS Secretary Elizabeth Roberts; RIDOH Director Nicole Alexander-Scott, MD; BHDDH Director Rebecca Boss; and SIM Director Marti Rosenberg.

## 2. Rhode Island's vision for health system transformation

Secretary Roberts welcomed the group and applauded that so many people came to the meeting. The purpose of this group is to bring together state agencies with the community as a partner to develop the workforce of the future. There are changes needed because healthcare is changing quickly, and government regulations have to change with the healthcare delivery system. Secretary Roberts recognized that the person who has the ability to form a relationship with the client is crucial to our success going forward. We have to figure out through Medicaid how to pay for the right thing. You tell the state what you need, Dr. Alexander-Scott will make sure licensing occurs properly, and Director Boss will ensure the behavioral health support is provided. Secretary Roberts also recognized that success in health is little about what happens when the patient walks into the doctor's office, but it is what happens in the home and we need to train the workforce to help in that environment. She describes how she started her career in a hospital as a CNA and bathed patients and cleaned rooms. What we can do with a workforce that partners with us is exciting. Secretary Roberts expressed that she is truly committed to the work of the Workforce Transformation Committee going forward and is excited about the possibilities.

Dr. Alexander-Scott thanked the committee for the opportunity to speak and for bringing together people from all the different sectors to have in the same room to work on advancing our workforce. She spoke about how this is critical nationwide, and recognized as a high priority by her counterparts across the nation. Dr. Alexander-Scott spoke about the integrated population health goals, which we have now across all of the EOHHS state agencies. It is critical to address the social and environmental determinants of health and ensure quality health access to all Rhode islanders including vulnerable populations. This includes a look at health literacy, insurance coverage, and payment reform. We will need a well-trained, diverse, culturally competent workforce in order to achieve these goals. We need the skills and insights of our workforce to meet up with the needs and realities of the clients, patients, and providers in various communities in the state. As a doctor Dr. Alexander-Scott is familiar with this, because she had experience writing prescriptions for patients, but found that if the patient did not have the transportation, money, or appropriate coverage to get the medication the prescription was not valuable. After this meeting the leadership will be getting together at

their weekly interagency Directors' meetings. For example, BHDDH and RIDOH got together this week to discuss training the workforce to serve clients whom are LGBTQ or other races. We were able to advance the community health worker certification through the RI certification board so that we can expand how people are approached in their homes, communities, facilities they access. Having a person that can identify with the client is critical. Dr. Alexander-Scott looks forward to the strong outcomes that will come from this committee.

Director Boss greeted the committee and thanked them for the opportunity to speak. We have become increasingly aware of the impact of behavioral health on the entire body. Through SIM we have been able to look at how behavioral health and physical health can become more integrated throughout our system. For us, behavioral health means mental health and substance use, and it's important we have a workforce that is responsive to individual needs including behavioral health. The average percentage of all occupations with increase 11% by 2020, but behavioral health and substance use treatment occupations will increase by 36%. How do you attract a workforce that is in a traditionally low-paying field? We have been working to expand the workforce to include non-traditional roles, such as peer recovery coaches. We have partnered with our institutions of education to understand the needs and to inform training programs to create a prepared and culturally competent workforce. We are always looking for opportunities to meet the needs that have not been met. It is important to have this type of Committee to gather information from the field. Director Boss spoke about how BHDDH has partnered with the other EOHHS agencies to take a look at behavioral healthcare across the entire healthcare system. People are not divided between their behavioral health and physical health and they effect each other. There have been increased opportunities to see where RIDOH and BHDDH were doing the same type of work and realize opportunities to work together. SIM has encouraged state agencies to see more opportunities to work together.

Marti Rosenberg, SIM Director, spoke about the State Innovation Model Grant (SIM), which is the $20 million dollar grant received by the State of Rhode Island to fix our healthcare system. We know it is not enough money, but we are trying to spend it in the best way possible to tie everything together and not let any stone go unturned in our effort to leverage every opportunity. We define health as physical, oral, and behavioral health (which always means mental health and substance use disorders). SIM strategies include funding great projects. For those projects we want to make sure we know the workforce implication and fund them. For example, with the Child Psychiatric Access Program we are seeking to train providers for the long term on how to deal with behavioral health issues. When we fund Community Health Teams, it is not just about the link between the doctor's office and community, but it is training up new categories of employees and strengthening their ability to work together with the community.

Ms. Rosenberg spoke about the SIM team which is engaged every week to figure these problems out. The SIM Steering Committee meets the second Thursday of the month, and if you want to join you can get on mailing list. Those meetings are interagency plus community members across the healthcare sector. We are focused on a more flexible and innovative

workforce and we will break into groups today to get your ideas and feedback about where we go next. We invite you to help us be innovative.

**3. Healthcare Workforce Transformation**

Rick Brooks thanked the incredibly diverse group in attendance. Mr. Brooks informed the group that rather than do introductions, because there are so many attendees he put the pre-registration list in the packets.

Healthcare is a team sport. This attendees in the room embody the team needed to do the workforce development work that will be necessary to drive the system changes that we heard the Secretary and Directors speak about. When we talk about healthcare workforce transformation, we are talking about providing the tools for the current and future workforces to excel. We seek to retool and focus our college and pre-employment programs on what the needs of the future health system will be, but also to upgrade and increase the skills of the current workforce. There will be new occupations in all different settings, and new training programs.

We will be developing a Healthcare Workforce Transformation Work Plan over the next few months. The context of our work in the broadest sense is the triple aim – better care, smarter spending, and healthier people. We are talking about achieving those in an unprecedented, coordinated, integrated way. There are ways that EOHHS is stepping into the role that many have looked to EOHHS to provide –coordination, integration, alignment. Sometimes we do not always know about related projects that occur in another community or another building. Sometimes the related project is duplicative or cross-purpose. Some of this planning will be to take an inventory of all the different projects and resources around the state and leverage and coordinate the efforts to maximize the impact of what we collectively are doing.

This is the first meeting of this committee. We deliberately did not choose people to be on this committee because healthcare is large and diverse, and it would be a challenge to say who should be here and who should not be. This is the beginning and what we will do over the next couple of months is take a deep dive into each topic on the agenda. We will start the discussion today at each table, and then we have a follow-up meeting (see back of agenda) where we will bring in other project, subject matter experts, data, and people from other states to provide more detailed information.

Our ultimate goal is to develop strategies and then work to acquire the resources necessary to achieve what we would like as a state in our health system. To achieve our goals we seeking:

1. Ways to do healthcare differently,
2. Ways to do healthcare workforce development differently.

Healthcare programs are very demand driven based upon what labor market data, workers, and employers request. We have another input as well that should help guide us – policy goals. What are we trying to achieve in our system? Employers know what they need today but may

not be sure what they need in the future, because they may not be sure what healthcare will look like in the future. We may have the ability to help shape was healthcare looks like in the future and determine what workforce we need in the future.

Another aspect of healthcare workforce innovation that will be critical is to create partnerships between healthcare providers and education, education and government, high schools and colleges, community-based programs for workforce training and higher education and jobs. We will need to think about non-traditional learning models, non-traditional students and learning and working students. To accomplish that we will have to rely on traditional classroom approaches, online learning, experiential learning, competency based learnings, and strategies to increase educational opportunities regardless of whether or not someone is a college student or already employed.

Then we can use those linkages to provide access to jobs across the sector. Entry level jobs tend to turn over in healthcare and this is a problem for everyone. We need to address those concerns and real challenges, and one way is to create new rungs in the ladder that enable people to have the opportunity and motivation to continue up the career ladder and bring their experience up to the next level.

There was a question from audience - Do we know which grants have a workforce deliverable? Mr. Brooks responded that there are numerous grants in the state with a workforce component. Some examples from the audience included: Real Jobs RI, substance use block grant, oral health grant, RIDE real education, SBIRT grant to the Warren Alpert Medical School and Rhode Island College, the Office of Primary Care and Rural Health at RIDOH, and CDC funded opportunities at RIDOH. Mr. Brooks commented that there are opportunities to increase collaboration and also already some great collaborative efforts going on.

The first stage of this planning process is to do a workforce needs assessment, which will cover what we think we will need in the future and how to get there. The first step is to profile the current workforce by evaluating what occupations exist currently, how many of them exist, demographics, ethnicity, second language capacity, rates of pay, educational and licensure requirements, settings in which they work, scope of practice if defined. The second stage relates to projections – what are growth rates for occupations and what vacancies does BLS say we will have in RI? DLT has shared data with us to show the fastest growing occupation in RI, largest vacancies, and wage rates. From RIDOH we have info around licensure (% of newly licenses RNs in RI that came from RI based schools), and we learned Latino RNs make up only 3% of RNs, which is not representative of the population).

We also know the number of graduates that come out of every public college, and these data are often available for private institutions as well. We can look at the actual number of graduates compared with the expected vacancies. Then we can see if we are producing too many/too few, knowing that not everyone that works in RI went to school in RI and not everyone in school in RI works in RI.

At a pretty granular level in the next couple of months we expect to be able to look at each degree, school, and graduating class and look to see where they are working and what type of setting. The piece that does not show up in the data will be influenced by the system transformation activities. For example, Community Health Workers (CHWs) probably are not showing up on the radar for ten-year projections the way we might hope that they do. There are also other emerging occupations. We will hope to shape that a bit and listen to what healthcare providers, policy-makers, etc. are telling us.

The other thing we will include is an inventory of our resources. We put in your packets preliminary first draft of training and education providers and grant and scholarship programs that we think we know about now. We are looking to you to help us make it more accurate. It is a work in progress like everything this committee will do. Send edits to Mark Kraics (mark.kraics@ohhs.ri.gov).

Once we get those projections, we will do the strategic planning by looking at best practices from other states and from within the state and the goals we have. We also must identify the challenges. We will get as granular as to ask what requires licensure changes, redefining the scope of practice, paying differently, or asking patients to think differently. We will identify and attempt to address those challenges.

We know this change will not happen overnight and see this planning process as a biannual process. The Workforce Transformation Plan will be a living document that we continue to update and revise, but will form a unified strategy and vision here in RI that will inspire funders to invest in what we are doing because we have a coherent and consensus-based plan for the state. We will do what we can to increase and strengthen partnerships, identify funding when we can, and leverage existing programs to avoid duplication when we can.

We have been able to enlist the support of an organization called Jobs For the Future (JFF), which is based in Boston but has done a lot of work around the nation. This organization creates strategies that enable disadvantaged adults and youth to create stable incomes. We will dig deep into the SIM and Medicaid initiatives, and include interviews with providers to know what is on the horizon in the form of new occupations. They will also evaluate the best practices and make recommendations.

Today we will do initial workgroups. We will have a meeting in the next months for each work session here. At the end we will bring all back together the products of the smaller group work. The topics we have on the tables are inter-related and there is no magic to how they were grouped. Our intention is to complete the process by the end of February. We are looking to hold a summit around that time to highlight the recommendations in the plan and bring in people from other states to feature innovative workforce government work.

**4. Small group discussions of workforce strategies to accomplish health system goals**

The committee broke into groups on several topics to brainstorm strategies. The strategies from the groups were:

**5. Report out/next steps**

Each group spoke a bit about the highlights from their group discussions.

Mr. Brooks thanked everyone for their attendance, and commented that this meeting is a foundation for the work of putting these ideas together to create some actionable plans for the group. We will send summaries of what is discussed today and updated notices on follow-up meetings.