

Health Care Workforce Development Strategic Plan

October 20, 2021

Ena Backus, Director of Health Care Reform, Agency of Human Services

Primary Charge

Act 155 of 2020, *An act relating to increasing the supply of nurses and primary care providers in Vermont*, establishes that,

The Director of Health Care Reform in the Agency of Human Services shall maintain a current health care workforce development strategic plan that continues efforts to ensure that Vermont has the health care workforce necessary to provide care to all Vermont residents.

In maintaining the strategic plan, the Director or designee shall consult with an advisory group composed of the following 11 members, at least one of whom shall be a nurse, to develop and maintain the strategic plan.

Advisory Group Membership

Representation Category	Representative	Alternate
Green Mountain Care Board's Primary Care Advisory Group	Katherine Marvin, MD	
Vermont State Colleges	Angie Smith, DNP, RN and Patricia Moulton (replacement due to job change)	
Area Health Education Center's workforce initiative	Elizabeth Cote	Charles D. MacLean, MD
Federally qualified health centers	Stephanie Pagliuca	Mary Kate Mohlman, PhD
Vermont hospitals	Steve Gordon	Devon Green, JD, MHCDS
Physicians	Jessa Barnard, JD	
Mental health professionals	Anne Bilodeau	
Dentists	Patrick Gallivan	
Naturopathic physicians	Barron Glassgow	Joshua Green, ND
Home health agencies	Johanna L. Beliveau, RN	Jill Olson, MPA
Long-term care facilities	Laura Pelosi, JD	
Chair (Director of Health Reform or designee)	Ena Backus, MPP	

Thank you to the subject matter experts from State government who participated in the advisory group meetings but were not formal Advisory members: Blueprint for Health, Department of Labor, Division of Vocational Rehabilitation, Green Mountain Care Board, Office of Professional Regulation, Office of Rural Health and Primary Care.

Plan Overview

The advisory group explored a large range of topics and arrived at a comprehensive assessment of health care workforce development challenges and opportunities in the following areas:

- Coordination
- Data and Monitoring
- Financial Incentives
- Education and Training
- Regulation
- Practice
- Recruitment and Retention
- Federal Policy

Coordination of Health Care Workforce Development Activities in the State of Vermont

Advisory Group Recommendation

Action Required By

Establish State Interagency Task Team	AHS
Integrate with State Workforce Development Board (State Workforce Development Board)	SWDB

Data and Monitoring

Advisory Group Recommendation

Action Required By

Identify lead state entity as health care workforce data hub

Interagency task team

Employ supply and demand modeling

Health care workforce data hub

Financial Incentives for Health Care Workers Living and Working as Permanent Employees in Vermont

Advisory Group Recommendation	Action Required By
Offsetting Educational Costs	
Broaden loan repayment to more professional types.	AHEC
Increase scholarship funding created by Act 155 of 2020 and identify permanent funding source.	State Interagency Task Team
Evaluate the effectiveness of the existing scholarship program available to Vermonters who attend dental school.	VDH, AHEC, VSAC
Make financial assistance options for the health care workforce clear, transparent, and easy to find.	VSAC, regional training programs, employers
Advisory Group Recommendation	Action Required By
Promoting Permanent Health Care Employment and Residency in Vermont	
Revisit tax incentive proposals.	State Interagency Task Team, Legislature
Identify financial barriers to the recruitment and retention of the non-licensed workforce.	State Interagency Task Team
Recommend one-time funds for employers to attract permanent employees.	State Interagency Task Team
Consider longer-term grant incentive program.	State Interagency Task Team

Education and Training

Advisory Group Recommendation	Action Required By
Increase enrollment in nursing programs.	OPR, Schools of Nursing, clinical sites/health care orgs
Support transition-to-practice programs for professional roles.	State Interagency Task Team
Strengthen incentives for preceptors for all professions.	UVM College of Medicine
Explore opportunities to expand family practice residency programs.	UVM College of Medicine
Modify curriculum to introduce primary care earlier in medical school.	UVM College of Medicine
Establish a Physician Assistant Education Program.	Vermont State Colleges, Legislature
Modify curriculum to prepare students for work in interdisciplinary teams across the continuum of care.	Vermont State Colleges
Develop and identify strategies to streamline advancement through the nursing career ladder and upskill existing staff.	Vermont State Colleges
Ensure that health care career education is offered to all students before leaving middle school.	AOE
Advertise and recruit for existing apprenticeship opportunities supported by the Department of Labor.	DOL

Regulation

<u>Advisory Group Recommendation</u>	Action Required By
Advertise and promote the Fast Track for health care professional licensure for all OPR regulated professions.	OPR, health care employers, ACCD
Differentiate Canadian health care workers from international health care workers and create an expedited path to licensure.	OPR
Consider reducing licensing barriers for telehealth practice, taking into account recommendations of the workgroup created by Act 21 of 2021.	OPR, Legislature
Evaluate further opportunities to remove barriers to licensure for Mental Health and Substance Use Disorder treatment professionals.	OPR
Consider temporarily waiving licensure fees for “first time” Licensed Nursing Assistants (LNA).	State Interagency Task Team, OPR

Practice

Advisory Group Recommendation	Action Required By
Maximize Medicare flexibility and reimbursement through Vermont's All-Payer Accountable Care Organization Model Agreement.	AHS, GMCB
Develop commercial reimbursement models for audio-only services.	DFR
Expand telehealth coverage.	DVHA
Make telehealth billing requirements clear.	DFR
Establish a statewide telepsychiatry program in emergency departments.	DMH, VAHHS

Recruitment and Retention

Advisory Group Recommendation

Action Required By

State of Vermont-Based Support for Worker Recruitment and Retention	
Inventory and highlight state programs that support recruitment and retention of health care professionals.	State Interagency Task Team, DOL
Modify or expand programs that support working and living in Vermont.	State Interagency Task Team, ACCD
Create marketing campaign to promote health care careers in Vermont.	ACCD, State Interagency Task Team, regional health care recruitment centers
Promote health care careers to New Vermonters.	The Office of Refugee Resettlement
Develop a cross system strategy to utilize Section 9817 of the American Rescue Plan Act.	AHS
Support Organizational Wellness and Peer Support Programs.	Director of Trauma Prevention and Resilience Development, DMH, employers
Reduce Administrative Burden	Legislature

Federal Policy

- **Support strategies to minimize the increasing trend towards travel staffing that is resulting in unsustainable cost increases for health care employers.**
 - **Anti-poaching provisions directed at travel staffing agencies.**
 - **Price-gouging prohibitions.**
 - **Reforming federal tax incentives.** Health care organizations find it difficult to compete with travel staffing agencies due to the federal tax benefits under this business model, including:
 - non-taxed housing stipend
 - non-taxed per diems, such as meals and incidentals
 - non-taxed travel reimbursements

Federal Policy cont.

- **Support the CONNECT for Health Act of 2021** which makes permanent many federal waivers to enhance telehealth that were extended for the COVID-19 public health emergency.
- **Support the HEAT Act** to eliminate the Medicare telehealth reimbursement penalty to home health agencies.
- **Support the federal Strengthening Knowledge, Improving Learning, and Livelihoods (“SKILLS”) Act** to assist in creation of a pipeline of workers for the long-term care sector.
- **Support the Better Care Better Jobs Act** to increase federal funding for long-term care home and community-based services.
- **Support the bipartisan Healthcare Workforce Resilience Act.** This Act would expedite the visa authorization process for highly-trained nurses who could support hospitals facing staffing shortages and provide protections to U.S.-trained, international physicians who are vitally important to patient care in their communities, but whose visa status puts them at heightened risk should they get sick.
- **Raising the H-2B Cap.** Under the H-2B program, guest workers can enter the United States for up to 10 months and their stay can be extended up to 3 consecutive years. An employer petitioning for guest workers must certify that domestic workers are unavailable and demonstrate that the hiring of foreign workers will not harm the wages and employment of Americans. Permanently increasing the annual cap specifically for nurses, physical therapists, licensed practical or vocational nurses, and certified nurse aides could help alleviate workforce shortages.
- **Medicare waiver requests.** Vermont’s Medicaid plan credentials several types of master’s prepared professionals and covers services from those providers that Medicare does not cover. These include Licensed Alcohol and Drug Counselors, Licensed Clinical Mental Health Counselors, Licensed Psychologists, and Licensed Marriage and Family Counselors. Given the challenges of recruiting a behavioral health workforce and the prevalence of mental health and substance use conditions, the Medicare restriction of credentialing only LICSWs and PhD Psychologists limits access to care for Medicare beneficiaries.
- **Support increased funding for Graduate Medical Education/ residency and training slots.**

Future Considerations

- The current and future need and demand for dental professionals in Vermont should be reflected in the Vermont State Oral Health Plan and compiled by an informed group of key stakeholders including but not limited to: VDH Office of Oral Health, Vermont State Dental Society, Vermont Dental Hygienist's Association, VT Technical College (future Vermont State University), home of the state's dental hygiene program and future dental therapy program; Center for Technology Essex, a training entity for dental assistants and expanded function dental auxiliaries; VT AHEC, and Bi-State Primary Care Association. The purpose of the Oral Health Plan, to be led by VDH's Office of Oral Health, is to provide a roadmap to reduce the burden of oral disease among Vermonters. The Plan is developed and accomplished through a collaborative process. Key tenants are to align with existing statewide and federal efforts and attending to highest priority areas such as workforce.
- Vermont has seen children in need of psychiatric care waiting for weeks in emergency departments and similar delays in discharge for older Vermonters needing psychiatric care in a long-term care settings. Future workforce discussions should include policy proposals developing workforce in psychiatric care for pediatric patients and mental health care in long term care settings.
- Advance a coordinated approach to promote health care careers in K-12 educational settings. Leverage AHEC, VSAC, Vermont After School, Vermont Career and Technical Education Centers and Vocational Rehab programs to clearly document and develop a plan to actively promote health care careers in K-12 educational settings. Ensure adequate funding for AHEC and other entities conducting middle and high school health careers outreach to develop health career pipelines are inclusive of dental careers including dentist, dental hygienist, dental therapy, and dental assisting.
- Consider simulation for clinical experience for all health care professionals. When health care professionals are not able to access enough hours of clinical training, simulation may be an appropriate substitute. For instance, mental health screenings are frequently an area where students are not able to get an appropriate number of clinical hours. The University of Vermont College of Medicine, Vermont State Colleges, and private educators should determine which areas would best benefit from increased simulation access and recommend and prioritize the appropriate investment for faculty training in providing simulation experiences.