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# Health Care Workforce: Challenges and Opportunities

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# Problem Definition

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- Demographic Challenges
  - Stagnant population (.2% decline from 2010 to 2016)
  - Aging State (Median Age – 42.9, 3<sup>rd</sup> Oldest State)
  - Percentage of individuals over 65 has increased from 14.6% to 18.1% from 2010 to 2016
  - Trends expected to continue
- This means increased demand for health care, mental health care and long term services and supports and yet....
- Declining workforce- since 2009 the labor force has declined by 15,000 workers

# Board of Nursing Licensing Data

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- The number of licensed RNs has decreased 24.5%
- The number of licensed LNAs has decreased 6.1%
- The number of licensed LPNs has decreased 8.1%
- The number of licensed primary care physicians has decreased 9.1%
- <https://www.sec.state.vt.us/professional-regulation/list-of-professions/nursing.aspx>

# Current Data Collection Efforts

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Compiling vacancy and turnover information from provider associations including VHCA, VAHHS, VNAs, Bayada Home Health & Hospice, Vermont Care Partners, Bi-State Primary Care, Vermont Medical Society



# Vermont Talent Pipeline Management Survey

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- Survey offers job forecast/demand for the period of April 2018 to April 2020
- Subset of providers surveyed - captured hospitals, 3 long term care facilities (out of more than 140 and) and one home health agency
- Demand includes:
  - New jobs forecast represents planned or anticipated industry growth
  - Replacement jobs forecast represents attrition/turnover and retirements
- Demand for 3909 nursing related positions by April 2020- LOW ESTIMATE



# Vermont Talent Pipeline Management Survey

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Position	New Demand Forecast	Replacement Forecast	Total
RN	378	1370	1748
LNA	225	771	996
LPN	65	267	332
APRN	94	111	205

# Vermont Talent Pipeline Management Survey

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- Identifies the Top 8 Critical Nursing Jobs in VT Healthcare
  - Registered Nurse
  - Licensed Nurse Assistants
  - Personal Care Attendants
  - Licensed Practical Nurse
  - Nurse Practitioner
  - Clinical Nurse Educator
  - Clinical Nurse Manager
  - Advance Practice Mental Health Nurse



# Recent & Ongoing Workforce Efforts

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- Act 48 Health Care Workforce Strategic Plan (2013)
- 2016 AHEC Primary Care Practitioner Workforce Snapshot
- Act 82 (2017) Mental Health, Developmental Disabilities, and Substance Use Disorder Workforce Report
- VT Workforce Development Review Board
- VTDOL



# Challenges to Recruitment and Retention

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**Rising higher education costs** – Nationally, medical school tuition has risen 56% for in-state public school, and 47% for private schools since 2009.

In Vermont:

- Medical education @ UVM \$39k/year resident, \$66k/year non-resident
- In-state tuition for LPN program completion is \$22k, and \$46k for non-resident
- BSN @ Norwich \$39k/year; @ Castleton \$23k/year resident, \$40k/year non-resident; @ UVM \$19k/year resident, \$42k/year non-resident

**Limited educational capacity** – Vermont has an insufficient number of nurse educators. With limited faculty, Vermont nursing education programs can accept a limited number of applicants. In 2018, Vermont Technical College was able to accept only 62.5% - 141- of qualified applicants to their LPN program. This issue alone has created a significant bottleneck in Vermont's nurse career pipeline.



# Challenges to Recruitment and Retention

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**Aging workforce** – Vermont's health care workforce is aging. 34% of primary care physicians are over age 60, as compared with 29% in 2014, 19% in 2008, and 9% in 2002. 25% of primary care ARPNs are over age 60. 21% of LPNs are over age 60

**Provider burnout** – Provider's cite physician and nurse burnout as a major factor in retaining workforce.



# Challenges to Recruitment & Retention

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- A lack of affordable, high quality housing
- A lack of affordable high-quality childcare
- Limited transportation options
- A lack of employment opportunity for spouses

# Provider Strategies

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Providers universally are using several strategies to recruit prospective employees and keep a high retention rate.

- Increasing wages, offering sign-on bonuses, referral bonuses, loan repayment, tuition assistance, etc.
- Providers reach beyond their geographical region to recruit nurses from Canada, nearby states, Puerto Rico
- Currently collecting information on other strategies and best practices, i.e. SWVMC tuition reimbursement program; BMH partnership with CCV medical assistant program; CVMC education partnerships with CCV/VTC LPN program; Birchwood Terrace Rehab & Healthcare SNF RN tuition payment program



# Financial impact of Nursing Shortage

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- In lieu of full-time employees, providers often have to resort to traveling staff
- Traveling nurse and contract staff are expensive
- Vermont nursing homes spent \$11.6 million on traveling nurses in FY17
  - 145% increase from FY14, 68% from FY16
  - Roughly half of VT facilities used travelers in FY14. Over 80% of facilities used travelers in FY17

\*\*Hospital data on travelers in progress

# Solutions

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- Increase Loan Repayment via AHEC Program
- Tax Incentives
- Licensing, Regulatory & Administrative Reforms
- Educational Initiatives
- Prioritize health care sector for state workforce funding
- State “hub” for assisting employers/employees with processing of employment-based VISAs
- VISA program modifications
- State supported targeted marketing and recruitment specifically for health care workforce



# Increase Loan Repayment

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- AHEC funding has largely been allocated to MDs and APRNs. Vermont's total maximum award to physician's is \$20,000/year for up to two years. This ranks near the bottom both in the total award amount, and annual payout when compared to other New England states.
- Between FY15-18, \$400,000 was awarded (\$100,000 each fiscal year), assisting only 57 nurses in that time period.
- Total funding for AHEC has been level funded since FY12- as federal funds have increased state support has declined
- In Act 72 (2019), Vermont allocated \$1.5 million to establish a loan repayment program for mental health and substance use disorder treatment professionals. The program is directed towards master's-level clinicians, bachelor's-level direct service staff, and nurses that are employed by a designated or specialized service agency in Vermont.
- Request increase in federal HRSA funding for AHEC



# Increase Loan Repayment

## AHEC Loan Repayment Funding

	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19 (P)	FY20 (B)
<b>Fed</b>					\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
<b>GC</b>	\$970,000	\$970,000	\$1,040,000	\$1,000,000	\$1,063,144	\$697,111	\$725,611	\$749,766	\$749,740
<b>Total</b>	<b>\$970,000</b>	<b>\$970,000</b>	<b>\$1,040,000</b>	<b>\$1,000,000</b>	<b>\$1,263,144</b>	<b>\$947,111</b>	<b>\$947,611</b>	<b>\$999,766</b>	<b>\$999,740</b>



# Loan Repayment

Loan Repayment Award Amounts by State



# Tax Incentives

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- Tax incentives tailored towards incentivizing **health care workforce (broadly defined)**
  - Maine implemented the Opportunity Maine Tax Credit began in 2008. Maine graduates that recently graduated college from any institution can claim a tax credit based on the amount they owe in loans each month. Since the program's inception, tens of thousands of young Maine residents have utilized the tax credit. In 2017 alone, 9,000 residents claimed over \$17 million in tax savings.
  - Oregon Rural Health Tax Credit:
    - In 1989, Oregon implemented a non-refundable tax credit of up to \$5,000 to physicians, physician's assistants and nurse practitioners that practice in a rural setting.
    - Oregon's Legislative Revenue Office evaluated the tax credit in 2015. Their review found that the number of rural providers per 1000 people increased from 1.2 in 2001, to 1.7 in 2014. From 2005 to 2012, the number of claimants grew 16%.
    - A survey conducted by the Oregon Office of Rural Health found that 78% of respondents indicated that the tax credit was "important" or "very important" in their decision to practice in rural Oregon.



# Tax Incentives

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PCA and LNA recruitment is critical to caring for an aging demographic, as are other lower wage positions in our system. Consider non-tuition based tax incentives for individuals below certain income levels that minimize impact on eligibility for federal and state benefits.

# Licensing Reforms

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- Continue streamlining of credentialing process for master's level mental health and substance abuse clinicians
- Establish a Military Medic to LPN Bridge/Apprenticeship Program
  - Expand upon Act 119 (2018) which created Military Medic to LNA conversion
- Mandate Vermont join the Interstate Nurse Licensure Compact
  - 33 member states
  - Act 82's (2017) workforce report highlighted occupational license streamlining as a “highly effective” strategy to increase health care workforce recruitment and retention. The report specifically noted portability as an important policy consideration. Joining the interstate nurse licensure compact would improve the portability of a registered nursing license, allowing more out of state nurses to move to and be employed in Vermont.
  - The nurse compact requires states to conduct background checks of all RNs. Joining the compact would require a small appropriation to complete this requirement.



# Increase The Number of Clinical Nurse Educators & Physician Preceptors

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**Reimburse physicians for performing preceptor responsibilities**

**Allow nurses that possess a BSN and have relevant experience to serve as a clinical instructor could address this faculty shortage and expand the available pipeline of nursing talent.**

Current Board of Nursing rules require nurse educators in LPN and RN programs to hold:

- 1) a master's degree in nursing (MSN); or
- 2) a bachelor's degree in nursing (BSN) and a graduate degree in a related field approved by the Board; or
- 3) a bachelor's degree in nursing and be enrolled in a graduate program in nursing or a related field approved by the Board which must be completed within 3 years of initial faculty appointment; and
- 4) have clinical experience relevant to the areas of instruction.



# Lower Minimum Age for LPN Program

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- Partner with Vermont Technical College. Admittance to the program requires LPN students to be at least 18 years old. Lowering this age requirement to 17 years old will allow future Vermont nurses to enter the workforce soon after graduating high school.
- Other states, including Massachusetts and New York, offer “secondary” and “secondary extended” programs for high school students.
- Lowering the age will allow high school students to access VTC’s LPN program through dual enrollment, significantly reducing the cost burden on these students.
- Do not anticipate legislative action is needed.



# Online Programming

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- Partner with higher education to create more online education offerings
- Align professional credentialing requirements with online educational programs

# Expand Access to Telehealth

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- Telemonitoring
  - Current Agency of Human Services rules limit telemonitoring's coverage to congestive heart failure. AHS should expand coverage of telemonitoring to include other diseases and conditions.
  - The State of New York recently adopted rules to expand telemonitoring to cover diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding.
- Store and Forward
  - Current AHS rules limit store and forward coverage to teledermatology and teleophthalmology. AHS should expand coverage of Store and Forward telemedicine to other radiology.
  - California, Georgia, and Minnesota have all expanded store and forward coverage to teledentistry.
  - Alaska reimburses diagnostic, therapeutic and interpretive services along psychotherapy or pharmacological management services.
- Seek necessary Medicare waivers (in development)



# Reduce Administrative Burden

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- Streamline quality and reporting measures across payers;
- Reduce prior authorizations
- Other

\*\*\*developing detailed list



# Prioritize Health Care Workforce

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- Prioritize health care workforce for VTDOL training funds
- Enhance partnership with VTDOL for recruitment initiatives
- Prioritize health care workforce on the Vermont Workforce Development Board
  - The Vermont State Workforce Development Board is established by the federal Workforce Innovation and Opportunity Act. The Board is charged with advising the Governor on the development and implementation of a comprehensive, coordinated and responsive statewide workforce education and training system.
  - The Board's composition is largely representatives from the manufacturing, construction, and tourism business. Greater representation from the health care provider industry could help drive policy that focused on expanding Vermont's health care workforce.
- Utilize the Registered Apprenticeship Program
  - The Vermont Department of Labor administers the Vermont Registered Apprenticeship Program.
  - The Program is an industry-driven, high-quality career pathway where employers can develop and prepare their future workforce, and individuals can obtain paid work experience, classroom instruction, and a portable nationally recognized credential.

The Program is largely utilized by other industries including manufacturing and construction. Providers should be utilizing the program to recruit, train and retain a workforce that meets their needs.



# Immigration Related Issues

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- Create state “hub” to assist employers process employment-based VISA documentation
- Expand J1-VISA program
- Raise the H-2B Cap (federal delegation request)
  - 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.