



State of Vermont
Agency of Administration
Health Care Reform
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REPORT TO THE VERMONT LEGISLATURE

Health Care Workforce Strategic Plan

In accordance with Act 48, Section 12a

*Submitted to
The General Assembly*

*Submitted by
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Vermont State Colleges

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TABLE OF CONTENTS

INTRODUCTION	3
GUIDING VISION	4
EXECUTIVE SUMMARY	6
SECTION I: CURRENT WORKFORCE CAPACITY AND CAPACITY ISSUES	9
• CAPACITY: SUPPLY AND DEMAND	9
• PHYSICIAN DEMAND MODELS	13
• DENTIST DEMAND MODELS	15
• WORKFORCE PERFORMANCE MEASURES AND CONTINUOUS CARE REDESIGN	16
• CAPACITY: SKILLS AND COMPETENCIES	19
• OTHER EMERGING ISSUES	20
SECTION II: RECOMMENDATIONS AND INDICATORS OF SUCCESS	26
• OVERSIGHT AND PLANNING	26
• RECRUITMENT AND RETENTION	33
• IMPROVING, EXPANDING AND POPULATING THE EDUCATIONAL PIPELINE	35
• GREEN MOUNTAIN CARE BOARD AND BLUEPRINT	41
APPENDIX A: PHYSICIAN AND DENTIST BENCHMARK ANALYSIS	43
APPENDIX B: STATE AND FEDERAL WORKFORCE RESOURCES	45
BIBLIOGRAPHY	46

INTRODUCTION TO THE STRATEGIC WORKFORCE PLAN

Workforce planning is about “getting the right staff with the right skills in the right place at the right time.”¹ Obviously, this is a complex undertaking. In the Vermont context, health workforce planning becomes even more difficult, given that payment and delivery system reform is a work in progress. While such planning is difficult, it is also urgently needed if Vermont’s movement toward universal health care is to be successful. *Coverage* for care without an adequate workforce to assure *access* will result in a failure of reform.

Given this, the approach taken in this plan is a systemic one. It is not, nor can it be, a profession-by-profession delineation of recommendations. Readers should not expect a discussion of specific professions but should reflect upon how each issue, finding and recommendation applies to each profession. Recommendations set forth in this report are intended to apply all licensed and non-licensed health care professions. Where professions are specifically called out in this report, it is merely to be demonstrative of the overarching issues experienced by most health care professions. As described in detail in the Capacity Issues section, this is because we lack the data and measurements to do a profession-by-profession analysis. In this, we are not alone, either compared to other states, or to efforts nationally or even internationally. A major report on health workforce planning conducted by the King’s Fund for the National Health Service in the United Kingdom points out:

*“Our key conclusion is that no country has systematically ‘got it right’ long term in terms of its health workforce planning system. All countries occasionally have staff shortages or oversupply. . . . national policy has tended to focus more on medical workforce planning than on that of other health specialties.”*²

Nonetheless, the King’s Fund report also reports that “the system (of health workforce planning) can be improved; in particular, a process is needed that continually and robustly identifies risks and trends, and can trigger flexible responses.” That is the goal of this plan. Following the requirements outlined in Section 12a of Act 48, the plan:

¹ US Department of the Interior (2001). *Workforce Planning Instruction Manual*. Washington, DC: Department of the Interior. Available at www.doi.gov/hrm/WFPImanual.pdf

² Imison, C., Buchan, J., Xavior, S. NHS Workforce Planning: Limitations and Possibilities. The Kings Fund, 2009

- reviews issues and presents findings related to assessing the capacity of the Vermont health care workforce and examining factors that affect recruitment, retention, and practicing in Vermont, and then
- frames a series of recommendations that take into account the resources and coordination needed and available to determine strategic investment in the health workforce Vermont will require.

While this plan draws from and builds upon existing health care workforce reports it differs in its approach to examining health care workforce development as integral to successful health care reform and identifies a Workgroup with the authority to convene state agencies and stakeholders towards this end.

RECOMMENDATIONS: OVERSIGHT AND PLANNING

- *Recommendation #1: Under the auspices of the Agency of Administration, the Secretary of Administration shall convene and staff from within the Agency a permanent health care workforce working group (Workgroup) to monitor workforce trends, develop strategic objectives and activities, direct and pursue funding for health care workforce development activities, and advise and report to the Secretary on its efforts. The Workgroup shall include state government interagency representation as well as representation from health care employers, clinicians, membership organizations, secondary and higher education, and other relevant interest groups. (The full presentation of this recommendation in Section II contains additional sub-recommendations which outline the Workgroup's charge and work plan in greater detail)*
- *Recommendation #2: The Secretary of Administration should direct the Office of Professional Regulation and other state licensing bodies to collect workforce supply data.*
- *Recommendation #3: The reporting of workforce-related planning data by health care professionals should be mandatory in order to issue licenses, certifications or registration.*

RECOMMENDATIONS: RECRUITMENT AND RETENTION

- *Recommendation #4 Based upon input and documentation from the Workgroup, the Secretary of Administration should educate and work with Vermont's congressional delegation to encourage changes in how National Health Service Corp assignees are placed. The delegation should work with other similarly affected states' delegations in this effort.*
- *Recommendation #5: In the selection criteria and admission of qualified students, the state college system, including the UVM Medical School and the Fletcher Allen Medical and Dental Residency Programs should include assessment of the qualities which make a student more likely to specialize in primary care and practice in rural, underserved*

areas.

- *Recommendation #6: In the education and training of students in the health field, the state college system, including the UVM Medical School and Fletcher Allen Residency Program, should create a culture which promotes primary care specialties, serving disadvantaged populations and practicing in rural areas.*

RECOMMENDATIONS: IMPROVING, EXPANDING AND POPULATING THE EDUCATIONAL PIPELINE

- *Recommendation #7: The state college system, including the University of Vermont College of Medicine and the Residency Program at Fletcher Allen Health Care, should prepare health care profession students for practice in a health care reform environment (as called for by IOM, Blueprint for Health, and Act 48) through post-secondary curriculum redesign.*
- *Recommendation #8: The Department of Education and the UVM and Regional AHEC Programs should coordinate activities which increase student enrollment in AHEC health career awareness programs and expose students to health care careers through hands on experiences through programs which promote internships, externships and job placements with health profession organizations.*
- *Recommendation #9: The Department of Education should accelerate efforts to align secondary education coursework with skills necessary for entry into the field of health care and to define career paths in terms of post-secondary education requirements. These efforts should consider coursework offered K-12.*
- *Recommendation #10: The Department of Education, Department of Labor and the UVM and Regional AHEC Programs should develop continuing education opportunities for guidance counselors to better prepare them to assist students considering a career in health care.*
- *Recommendation #11: Vermont state colleges should develop career ladders by facilitating enrollment of Vermont students into health care educational programs. Strategies include but are not limited to articulation agreements and dual enrollment.*
- *Recommendation #12: Vermont state colleges and the Fletcher Allen Medical Residency program should evaluate the potential to expand enrollment in health profession education, training and residency programs.*

- Recommendation #13: Vermont state colleges should evaluate the potential to create abbreviated education and training programs.
- Recommendation #14: Vermont state colleges should make easier the transition of health career students and their existing academic credits from one state college to another.
- Recommendation #15: Within each Vermont state college, their departments should collaborate to develop coursework where health care profession students can be educated together, allowing for interdisciplinary learning.
- Recommendation #16: The Department of Labor in collaboration with the UVM and Regional AHEC Programs should expand programming of its Regional Career Centers to include guidance and counseling for individuals seeking to pursue a career in health care.
- Recommendation #17: State programs, such as those within the Department of Education, Department of Labor, Refugee Resettlement Program and others should work with state colleges and Regional AHEC Programs to increase representation of disadvantaged and under-represented populations in health care career training and education programs.

RECOMMENDATIONS: GREEN MOUNTAIN CARE BOARD AND BLUEPRINT

- Recommendation #18: The Green Mountain Care Board and the Blueprint for Health should evaluate the impact of incentives and penalties for reaching workforce performance measures.
- Recommendation #19: The Blueprint for Health shall establish systems of care re-engineering which identify workforce needs and enable professions to work to their highest clinical ability, and provide staff dedicated to ongoing re-engineering analysis.
- Recommendation #20: The Blueprint for Health and Green Mountain Care Board shall commit to spreading care re-engineering innovations system-wide.
- Recommendation #21: In its movement toward payment reform, the Green Mountain Care Board should examine and be sensitive to its impact on health care professional pay and the potential benefit a redesigned payment mechanism can have for recruitment and retention of health care professionals.