

Senate Committee on Health and Welfare

Testimony on Section 9 of Act 82

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SECTION 1: Reporting Requirements

Section 9 of Act 82 requires the Agency of Human Services to support a Workforce Study Committee to examine best practices for training, recruiting, and retaining health care providers and other service providers in Vermont, particularly with regard to the fields of mental health, developmental disabilities, and substance use disorders in order to address ongoing workforce shortages.

We were asked to weigh the effectiveness of loan repayment, tax abatement, long-term employment agreements, funded training models, internships, rotations, and any other evidence-based training, recruitment, and retention tools available for attracting and retaining qualified health care providers in the State.

The Agency of Human Services met with the already constituted Governor’s Health Care Workforce Work Group established by in 2013 in accordance with the Health Care Workforce Strategic Plan.

As you will see in the many footnotes, the Agency also drew upon the reports of the several existing health care workforce groups to inform this report.

Accordingly, the content of this report is not AHS centric but a reflection of many stakeholder perspectives which I believe was the intent of the legislation.

In addition, this committee should also consider the recently released S 135 Workforce Development System Report which provides an analysis of the overall workforce system, the recently released Opiate Coordinating Council Report and the upcoming Interagency Workforce Plan led by the Department of Labor. In reviewing these three reports you will find synergy with this one.

SECTION 2: INTRODUCTION

Attracting and retaining qualified health care providers to Vermont is an important component of an efficient, innovative and sustainable human service delivery system.

There are many challenges facing the workforce including demographic shifts that make it important to retain workers and recruit new workers to our labor market.

Vermont needs to work towards a comprehensive and integrated workforce development system based on a public private partnership between employers, government, education and training providers.

The State's efforts to increase the labor force will include sustaining current workers and increasing the number of available workers and matching strategies to comply with and leverage federal funding.

Vermont should maximize the potential of its existing workforce. This means developing and prioritizing programs and initiatives that close gender, employment and education gaps, and builds pathways to employment for women, minorities, persons with disabilities, low-income and at-risk youth and adults, mature workers, persons with barriers to employment.

Vermont needs to attract new workers and in this case focus on all areas of healthcare through innovative marketing and recruitment strategies.

We must focus on both recruitment and retention. To recruit you must have strategies to retain. Successful recruitment and retention practices can minimize staff vacancies, which then saves money, improves care, and ensures continuity of services.

Health Care Work Force Challenges

- Vermont's aging population and workforce will necessitate a long-term, strategic approach to expanding the labor market and to utilizing our mature workforce strategically to meet the state's needs.
- There are not enough skilled workers to fill vacancies in most industries and fields including health care.
- Staff vacancies affect services, quality and can increase costs due to overtime pay for temporary or traveling personnel.

- Educational debt is a barrier for entering the health care workforce including the cost of licensing and credentialing mental health and substance use disorder clinicians¹.
- Adequate Compensation remains a challenge to stabilizing the workforce and attracting new workers.²
- The recently released S 135 Workforce Development System Report cites the fragmented and complicated system of funding streams, program functions and service delivery models.
- Our overall health care delivery system (mental health, substance use, developmental disabilities) remains fragmented and will need to better integrate to maximize resources and streamline services.

Trends

- Vermont, between 2017 and 2030 is projected to experience a static or slightly declining population (-.9%),
- Vermont is the second oldest state in the country, with that trend projected to continue. As Vermont's population ages so does its workforce while we remain in a competitive environment for a trained workforce.
- According to the Department of Labor, Vermont's Labor force has been shrinking by six workers each day and is estimated to lose approximately 2200 participants in the labor market each year.
- Vermont's labor force participation is 67.8% which is above the national average of 58%.
- Vermont's low unemployment rate will influence supply and demand in the health care sector.
- The design and implementation of value-based payment models will influence the delivery of health care services with a focus on performance and return on investment.
- There will be an increasing use of telemedicine and health information technology.
- There is an increasing recognition that social determinants influence healthcare and that the workforce should be adequately aligned to address health holistically³.

¹ Vermont Care Partners Barriers and Gaps in Services and Workforce Challenges, July 25, 2017

² Ibid

³ Vermont Care Partners Barriers and Gaps in Services and Workforce Challenges, July 25 2017

- There is likely to be an increased focus on expanding peer services particularly for mental health and substance use disorders. See Opiate Coordinating Council January 2018 Report.
- There may be an expanding need to better support family caregivers particularly as an avenue to address workforce shortages.

SECTION 3: OPPORTUNITIES AND PRACTICES FOR TRAINING, RECRUITING AND RETAINING HEALTH AND OTHER SERVICE PROVIDERS

We were asked to weigh various strategies: loan repayment; tax abatement; long-term employment agreements; funded training models; internships; rotations; and any other evidence-based training, recruitment, and retention tools.

This was hard to do as the categories are broad and there are variances within each one. Certain strategies may work better from one organization to the next. Despite these limitations we addressed this as best we could during discussions and through a literature review.⁴

Loan Repayment

Research finds that loan repayment programs are effective at attracting strong workers into the profession generally and into high-need fields. Research also finds that these programs are somewhat successful in promoting retention. However, of the states in our area only New York had a licensed social worker loan forgiveness program.

The Workforce Committee noted that loan repayment is more of an in-state incentive and that they may not be the right tools for outside recruitment as they are abstract and delayed rewards.

The Committee also noted that it is difficult to raise awareness of these programs to out-of-staters which points to the need for additional marketing⁵.

If you are to do loan repayment the research suggests that the following five design principles guide the development of loan forgiveness programs:

1. Cover all or a large percentage of tuition.

⁴ This ranking is based on the Workforce Work Group discussion rather than evidence.

⁵ The Public Service Loan Forgiveness (PSLF) Program forgives the remaining balance on your Direct Loans after you have made 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer

2. Target high-need fields.
3. Recruit and select candidates who are academically strong, committed to health care and social services, and are well-prepared.
4. Commit recipients to work with reasonable financial consequences if recipients do not fulfill the commitment (but not so punitive that they avoid the benefit entirely).
5. Make it bureaucratically manageable for participating workers, districts, and higher education institutions.

Studies suggests that loan repayment programs are often confusing, underutilized, conflicting, and, at times, are even detrimental to the long-term finances of workers who apply for them.

One approach is for Vermont consolidate and simplify loan forgiveness programs perhaps through a single entity. To simplify payment is paid, up front, every single month, until you leave your agreed upon position.⁶

Licensing Reforms

There seems to be little consistency, uniformity or portability regarding licenses.⁷

The report has a list of recommendations for your review including:

- The Office of Professional Regulation and other State licensing bodies should continue to simplify and streamline licensing for mental health and substance use disorder services⁸ as was recently done with the simplified Licensed Alcohol and Drug Credential.
- We should build on the work of the Opioid Coordinating Council as it continues to develop ideas for the substance use disorder workforce. We refer you to their report along with additional recommendations that will be developed by June 2018.⁹

Overall, the Governor's Health Care Committee was in consensus regarding the need for licensing reforms to lower compliance costs and administrative burden on health and social service professions.

⁶ United States, Department of Education, National Center for Education Statistics, Web Tables, "Early K-12 Teaching Experiences of 2007-08 Bachelor's Degree Recipients," p. 70, November 2012. Accessed August 12, 2014. Available at: <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2013154>

⁷ Kleiner, M; The Hamilton Project; Reforming Occupational Licensing Policies, December 2015

⁸ Opioid Coordinating Council Report, September 2017

⁹ Ibid

Tax Abatement

There are a variety of tax strategies that states might use to recruit and retain work force. It is hard to determine which strategies might be effective, and furthermore which would be politically and financially feasible.¹⁰ Some possibilities from the report include:

- Offering tax credits to health and social service workers for the cost of training and education up to some period if the person is employed as a health or social services provider,
- Offer tax credits to employers that provide tuition assistance to employees for health and social service education and training.
- Offer tax credits for work supports such as childcare.
- Develop an enterprise zone tax credit that incentivizes for new, well-paying jobs in health and social services.

Funded Training Models

Vermont should continue to develop a set of policies that have some chance of improving the skills of its health and social service workforce overtime. This should include;

- Access to High Quality Training
- Improves Services to Individuals with Disabilities to prepare them for competitive employment in the health and social service fields
- Introduce employers and potential workers through a variety of flexible workplace placements including company tours, job shadows, internships, work experiences, on-the-job training and subsidized employment options.
- Consider a Rural Training Track (RTT) residency programs specifically designed to train healthcare and social service clinicians for rural practice. Research suggests that over 35% of graduates of RTT residency programs were practicing in rural areas during the seven years after graduation.¹¹

Internships

¹⁰ MMR: Workforce Enhancement Proposal, September 2017

¹¹ Family Medicine Rural Training Track Residencies: 2008-2015 Graduate Outcomes

The Workforce Committee thought there were many benefits to internships. There was consensus that internships are a low-cost approach to engaging new people while providing an organizational benefit. These include: finding future employees; test driving the talent; increasing productivity rates; increasing retention rates; enhancing perspective; lowering labor costs; and benefiting students.

Some strategies include:

- Develop and formalize the path to connect college graduates with internships followed by subsequent employment in Vermont in the health and social services fields.
- Work with colleges in a more formal and methodical way to connect graduates to health and social service jobs in Vermont, and to establish a “headhunter” approach in matching Vermont graduates with Vermont Jobs.

Rotations

Several studies revealed that student experiences particularly in rural setting predicted future employment. In general, medical students completing rural rotations were three times more likely to practice in a rural community compared with the national average. Students in self-report studies felt that their skills significantly increased in areas such as chronic disease management and ability to handle acute problems, with the largest gain in understanding health systems and the community during their rotation in a rural primary care clinic.¹²

The Workforce Committee agreed and thought that a more formal and efficient way of directing students to underserved rotation locations would help grow the workforce. It was suggested that a person or entity facilitate the administrative aspects of rotations, as underserved locations and practices often don’t have the resources to do this internally

Other Tools

- Marketing - Vermont should develop a robust marketing and communication program tied to real incentives to retain newly licensed professionals in the state, attract out-of-state professionals and encourage younger residents to pursue these rewarding careers.

¹² Ibid

- Registered Apprenticeship - Apprenticeship programs are an effective workforce training model. Apprenticeships combine technical classroom instruction and paid, hands-on training under a qualified employer and are usually tied to employment.
- One Stop Employment – Vermont should continue to create a one-stop employment delivery system to streamline access to employment. This will help people wanting access to the healthcare and social services fields. Centers are fully accessible for individuals with disabilities and have access to a variety of specialized equipment to help these individuals
- Telehealth and other Technology - Using technology to lessen isolation and provide support to the rural health workforce can make working in a rural setting more attractive. Having electronic health records and other health information technologies in place can be an important factor for younger providers who have learned to practice medicine with those tools in place.¹³
- Continue to Integrate Vermont’s Workforce System – In 2014 the Vermont Legislature passed Act 199 requiring the Commissioner of Labor to develop “an integrated system of workforce education and training in Vermont.” See the S 135 Report
- Improve Access to Post-Secondary Credentials - The Vermont General Assembly recently enacted legislation requiring flexible pathways toward college and career readiness for all Vermont public students (Act 77, 2013). We should continue and expand upon these educational pathways to work.

¹³ The 2011 *Journal of Rural Health* article [“If Only Someone Had Told Me...”: Lessons From Rural Providers](#) discusses the challenges and rewards of rural practice as identified by current rural healthcare providers.