



Workforce Development in the Health Sector

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Bi-State Primary Care Association

Established in 1986 to serve primary care providers in VT & NH.

Our members include Federally Qualified Health Centers (FQHCs), PPNNE clinics, Rural Health Clinics, AHEC, and VT Coalition of Clinics for the Uninsured.

88 sites across Vermont, providing care to 1 in 3 Vermonters. Our members serve 37% of VT Medicaid enrollees, 32% of VT Medicare enrollees, the majority of uninsured Vermonters.



Health Sector Workforce Needs

As noted in previous presentations:

- Employment in the health sector is growing
- Mix of job types is also growing
- We're anticipating high retirement / reduction in working hours in the near future
- Primary care in particular has a workforce shortage, both in Vermont and nationally

Bi-State has both an organization-wide approach to workforce development and a specialized Recruitment Center.



Basic Workforce Issues

Our members share many of the same concerns as other VT employers, although some may have additional health sector-specific elements. Examples:

- Marketing Vermont as an employment destination
- Housing
- Employment for partners
- Regulatory environment
- **Student Debt And Loan Repayment**



NH / VT Recruitment Center

Focus: Recruitment of Primary Care Providers including Physicians in Family Practice, Internal Medicine, Pediatrics and Obstetrics. We also recruit Nurse Practitioners, Certified Nurse Midwives, Physician Assistants and Dentists.

- Focused on recruitment from outside of our region. There has been testimony from complementary programs in-state
- Residency outreach, exhibiting at national meetings, partnering with national organizations, training practices in recruitment, interviewing, onboarding & retention strategies
- Nationally: Almost half of final year residents receive 100+ recruitment solicitations, it takes a year on average to fill a physician vacancy, and costs \$345,266 to recruit a physician (that is not what we charge!). Recruitment isn't easy



NH / VT Recruitment Center

There are general strategies and also a need to develop tailored strategies for different positions. For example:

- NH pilot project recruiting social workers and licensed drug & alcohol counselors for SUD treatment centers
 - Technical assistance in interviewing, screening, loan repayment options, retention strategy

Lessons learned include

- Hiring is much more localized and the tight local market is sensitive to small changes – we don't gain anything as a state if hiring in one location creates shortages in the town next door
- Meanwhile regional recruitment introduces new issues around matching licenses across state borders



Growing the Workforce Within Practices & Within Vermont

- Upskilling while keeping individuals in the workforce
- Helping everyone practice at the top of their license
- Training programs for non-licensed positions (billing, IT support, medical assistants, etc.)
 - Some of these are stand alone programs, others are units in otherwise non-specialized programs
- Connecting medical students and students destined for medical school with **primary care** as a career choice



Retention & Quality of Practice Life

- Lowering Administrative Burdens
 - Scribes & scribe technology, reduced prior authorizations, reduced paperwork
- Scheduling flexibility – includes lowering barriers to partial FTEs
- Programs to help health sector workers shift within the sector
 - Includes programs for people approaching retirement who want a different type of work, different hours, etc.



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