
Health Care Workforce: Challenges and Opportunities

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Rural Health Services Task Force

- Created by Act 26 of 2019
- Submitted Report to committees of jurisdiction in January 2020
- Identified workforce shortage as one of the biggest threats to system sustainability

- Full report:

[Rural Health Services Task Force- Act 26 of 2019 - Report & Recommendations.pdf \(vermont.gov\)](#)

- Workforce subcommittee report:

[Rural Health Services Report- Workforce White Paper FINAL 1.23.20.pdf \(vermont.gov\)](#)

Problem:

- Aging population and health care workforce - VT is the 3rd Oldest state in the nation
- Aging population = increased demand for health care and long-term care services and support
- Decline in licensed professions: MDs, APRN, RN, LPN, LNA, Dentists
- Tight national, regional, local labor market
- Rising education costs
- Cost of living

Nursing Workforce Levels (2018-2020)

<u>Training Level</u>	<u>Employed</u>
RN*	9502
LPN**	1296
LNA***	3256
HHA/PCA****	625
Total	14,679

*[ahec rn 81419.pdf \(uvm.edu\)](#)

**[2020 board of nursing relicensure survey lpns.pdf \(uvm.edu\)](#)

***[ELMI Occupation Report for Nursing Assistants - Vermont Department of Labor \(vtlmi.info\)](#)

****[ELMI Occupation Report for Home Health Aides - Vermont Department of Labor \(vtlmi.info\)](#)



Need

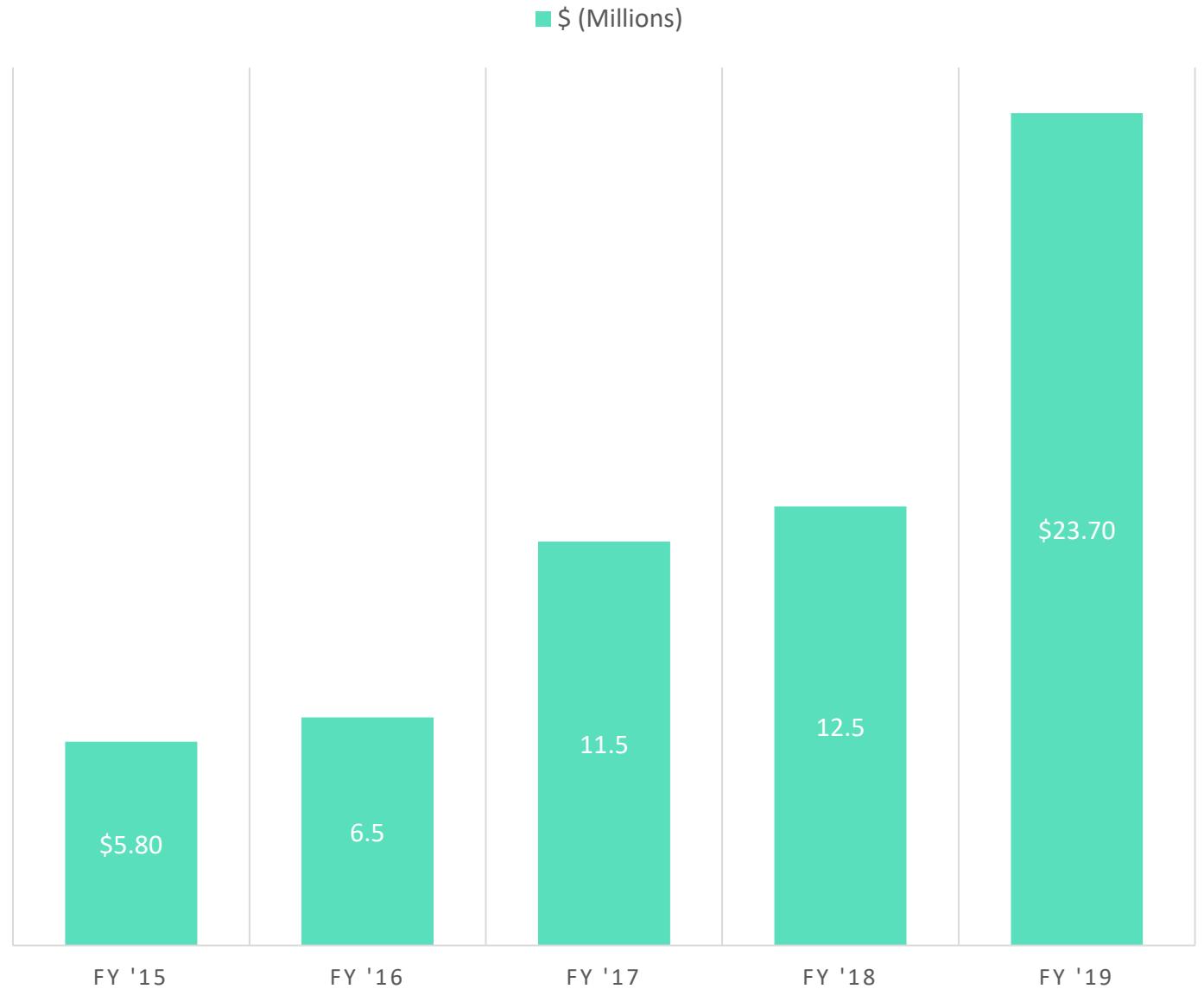
Roughly 5000 nursing related positions needed pre-pandemic (RN, LPN, LNA, PCA) by *April 2020*

- Across the continuum – hospitals, skilled nursing/long-term care facilities, home health agencies, FQHCs, designated agencies, adult day providers and others
- Conservative, low estimate incorporating new and replacement positions
- Pandemic likely moves that number up

Problem: Impact on Health Care Delivery

- Can't cut operating hours, install self-checkout kiosks
- Many providers have regulatory staffing requirements
- Insufficient staff means providers can't serve patients
- Patient flow issues that existed through the system pre-pandemic were exacerbated by the pandemic
- Traveling nurses necessary to meet staffing at significant cost, threatening financial sustainability of organizations and the system
- During pandemic, traveling nurses have been unavailable and/or inaccessible due to cost

SNF Traveler Expenses Pre-Pandemic



Nursing Graduation Rates, Retention & Enrollment

Program	#Grads 2019/2020	Retention Rate (est.)	#Grads Lost 2019/2020 (est.)	Currently Enrolled	Potential Loss (est.)
UVM BSN	182	50%	91	435	218
Castleton RN/BSN BSN (combined)	138	70%	41	246	74
Norwich BSN	74	55%	33	206	93
VTC					
LPN	285	95%	14	171	9
ADN	276	76%	66	155	37
BSN	45	78%	10	65	14
TOTAL			255	1278	445

Solutions: 2020 Legislative Action

- Created nurse scholarship program (Act 155)
- Modified requirements to qualify as clinical nurse instructor (Act 178)
- Made military medics eligible for licensure as an LPN by examination (Act 152)
- Removed barriers to physician assistant licensure (Act 123)
- Created primary care scholarship program (Act 155)
- Telemedicine Expansion (Act 140)
- Strategic workforce planning requirement (Act 155)

Solutions: 2021 Proposals

- Pass Interstate Nurse Compact
- Implement nurse tax incentive to retain new nurse graduates in Vermont
- Establish *ongoing* funding support for nurse and primary care scholarships
- Invest one-time funds to allow providers to support training programs to “upskill” workers to LPN and RN:
 - Support provider partnerships with nurse education programs to support clinical instructors and placements
 - expand and appropriately scale model programs such as the CVMC LNA to LPN program in collaboration with CCV/VTC [Health Care Workforce \(vermont.gov\)](https://www.vermont.gov/workforce) to promote similar models in long-term care facilities and hospitals across the state
- Evaluate incentives for low-income health care workers
- Statewide marketing effort to attract Vermonters and other to health care careers in Vermont