# A Novel Way to Obtain and Deploy Health Workforce Demand Data: The Washington State Health Workforce Sentinel Network

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Health Workforce Technical Assistance Center Webinar

Susan Skillman, Deputy Director
University of Washington
Center for Health Workforce Studies



# Sentinel Network Project Team



#### **University of Washington CHWS**

Susan Skillman, Project Director
Ben Stubbs, Research Analyst
Amy Clark, Web Computing Specialist
JP Paredes, Program Coordinator
Davis Patterson, Evaluation Director



Washington State Workforce Board

Eleni Papadakis, Executive Director Nova Gattman, Legislative Director

# Funding

<u>Initial:</u> Washington State *Healthier Washington* Initiative (CMMI SIM grant & CMS DSRIP – Medicaid Transformation), subcontract

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<u>Current:</u> Workforce Innovation and Opportunity Act (WIOA) Governor's Discretionary Funds

<u>To:</u> Washington State Workforce Training and Education Coordinating Board, subcontracting with University of Washington Center for Health Workforce Studies







# Sentinel Network's Purpose

The workforce is key to healthcare transformation.

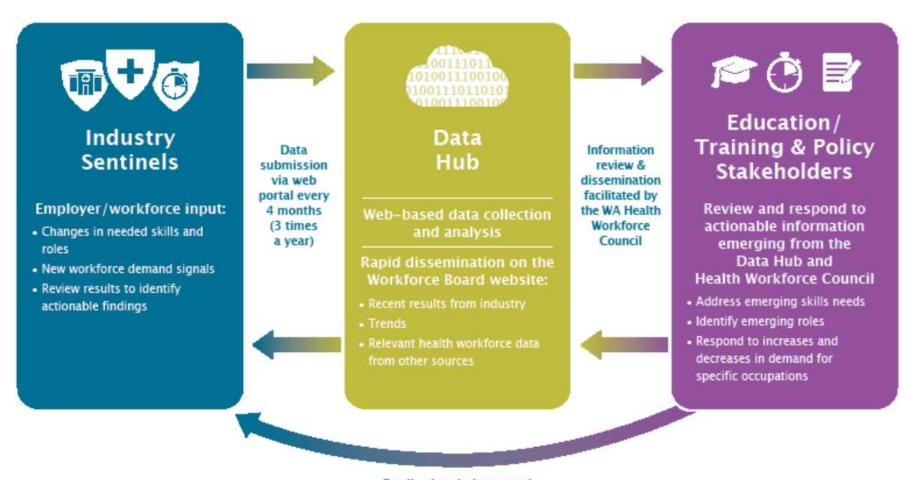
We need early signals of changes in the occupations, skills, and roles needed to deliver quality care in order to respond appropriately.

The Sentinel Network supports efficient and effective health workforce preparation and deployment by:

- Identifying emerging signals of health workforce demand needs/changes
- Rapidly disseminating information to education, training and policy partners who can take action based on findings



### Washington's Health Workforce Sentinel Network



Feedback to industry and data/information system

# Registration and Questions

#### **Registration Information**

Sentinel employers first "register" by providing:

- facility type(s) where employed, and
- locations (counties)

Registration information populates subsequent question logic

For each facility type, Sentinels prompted to select occupations (based on SOC codes) that experienced recent change in demand

A Sentinel's registration data is saved for the next reporting period.

# Registration and Questions

#### Questions

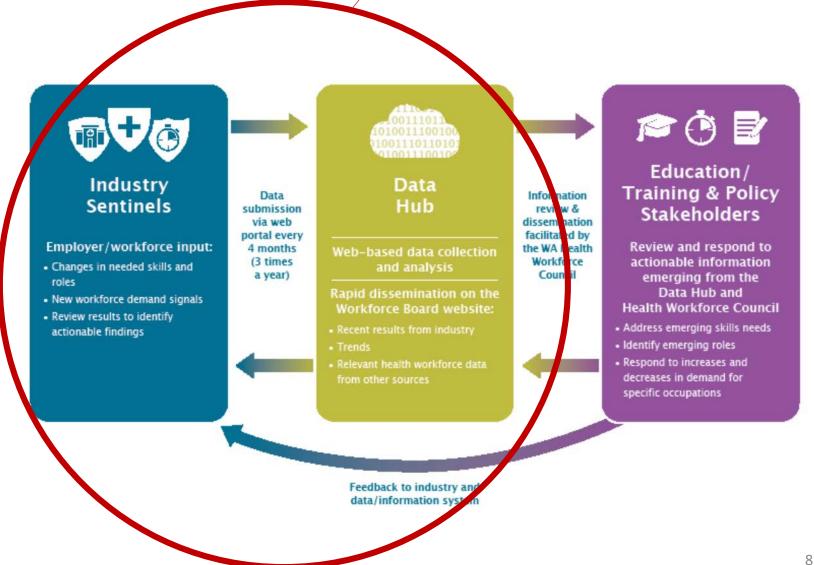
Recently (in the past 3-4 months):

- Occupations experiencing exceptionally long <u>vacancies</u>
- Occupations with increased or decreased <u>demand</u>
- New occupations that they did not previously employ
- New roles for existing employees
- Changes in <u>orientation/onboarding procedures</u> for new employees
- Changes in <u>training priorities</u> for existing employees

AND qualitative input about which, how, and reasons why

#### 1. Hearing from Sentinels

#### Washington's Health Workforce Sentinel Network



## Sentinel Data Collection Dates

 Round 1:
 Round 3:
 Round 5:

 Jun/Jul
 Apr/May
 June

 2016
 2017
 2018?

Round 2: Round 4: Nov/Dec Sept/Oct 2016 2017

Round 6, 7.... Dates to be determined

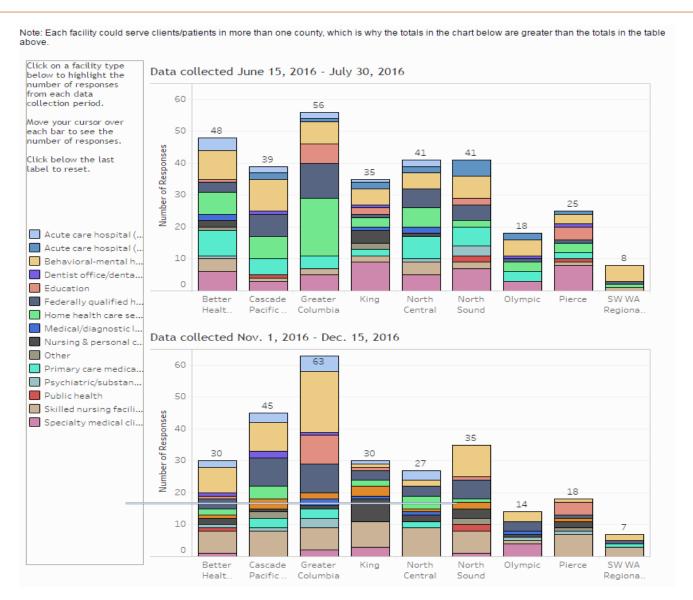
Phase I

Phase II

# **Responses from Sentinels**

Facility Type	July 2016	Nov 2016	May 2017	Sept 2017
Behavioral-mental health clinic/outpatient mental health and substance abuse clinic	26	30	16	33
Skilled nursing facility	17	28	11	14
Federally qualified health center (FQHC) or community clinic providing care free or on sliding fee scale	19	18	19	23
Nursing & personal care facility (not a Skilled Nursing or Intermediate Care Facility)	7	15	6	4
Acute care hospital (25 beds or fewer)	10	12	8	7
Education	10	10	5	1
Primary care medical clinic (not FQHC or community clinic)	19	7	8	4
Intermediate care facility	1	7	5	2
Specialty medical clinic	29	6	6	3
Home health care service	11	4	7	6
Psychiatric/substance abuse hospital	3	4	0	10
Medical/diagnostic laboratory	5	3	5	4
Public health	4	3	5	2
Dentist office/dental clinic	3	3	0	4
Other	1	3	11	2
Acute care hospital (more than 25 beds)	12	1	6	4
Total	177	154	118	127

# Response Counts by Facility Type and Geography



# Why Do We Need to Hear from Sentinels?

Case study:

Medical Assistants

# Example: A Surplus of Medical Assistants?

#### **Health Workforce Council**



2016 Annual Report



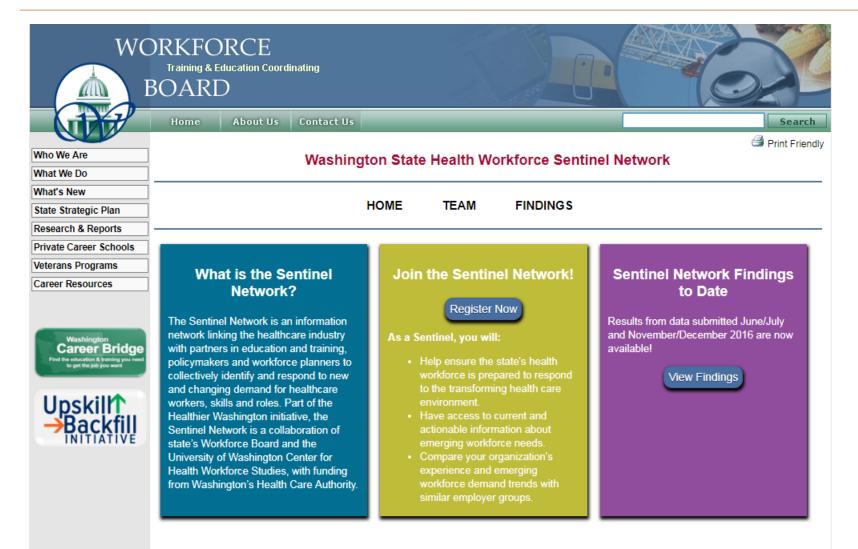
Washington State
Health Workforce Council Report:

**Medical Assistants** 

Educational output:\* 2,821 MAs Job Vacancies:\*\* 592 MAs

<sup>\*</sup>Integrated Postsecondary Education Data System (IPEDS, National Center for Education Statistics) 2015

<sup>\*\*</sup>Current Employment Statistics (CES, Bureau of Labor Statistics)
Quarterly Census of Employment and Wages (QCEW, Bureau of Labor Statistics) 2019-2024



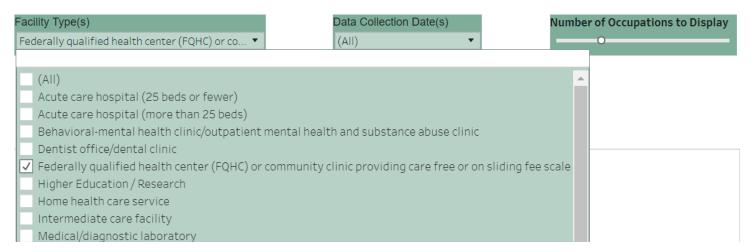




#### Vacancies

Sentinels were asked: "Recently (in the past 3-4 months), has your facility type experienced exceptionally long vacancies for any open position? If yes, for which occupations and what are possible reasons why?"

- I. Select a facility type(s) to begin exploring data. Ctrl/Cmd + Click to show multiple facility types.
- II. Select the data collection period(s) and the number of occupations to show for the selected facility type(s)...
- III. Reasons: Click on an occupation (or Ctrl/Cmd + Click on multiple occupations). Move your cursor over the bars to see respondents' comments.



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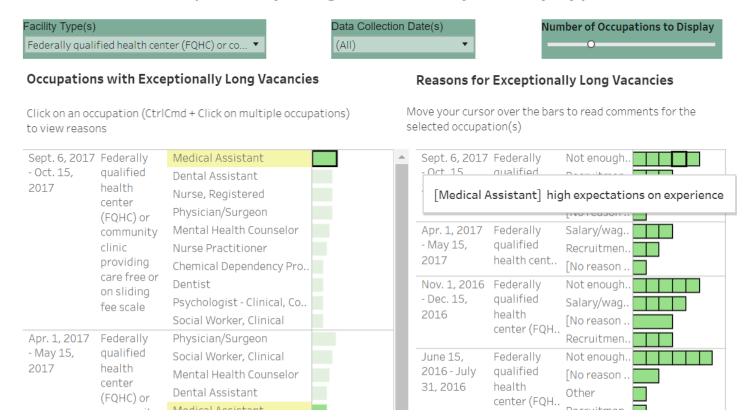
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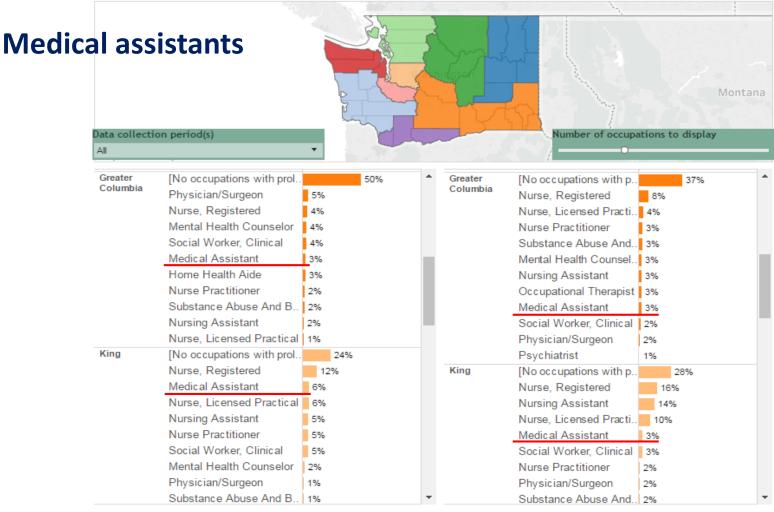
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# Washington State's Sentinels Report --





# Washington State's Sentinels Report --

#### **Medical Assistants**

By facility type: MAs were among the top occupations with exceptionally long vacancies reported by

- FQHCs/community clinics
- Other primary care clinics
- Specialty medical clinics
- Acute care hospitals (≤25 beds)

By geography: MAs were among occupations with exceptionally long vacancies

- July 2016: 8 of 9 Accountable Communities of Health (ACHs)
- Nov. 2016: 9 of 9 ACHs
- April 2017: 9 of 9 ACHs
- October 2017: 8 or 9 ACHs

# Changes in Onboarding & Training Priorities

#### **Medical Assistants**

Examples of comments:

#### EHR/HIT

- EHR training/more EHR skills
- Knowledge of quality data tracking
- Onboarding curriculum tailored to focus on EHR competency and documentation of clinical measures.

#### Other Skills

- Gathering SO/GI [sexual orientation/gender identity] demographics
- Enhanced training to work to full scope of role
- Expansion of customer service training
- Organization-wide training and implementation of AIDET\* customer service model; increased localized trainings on integration of care with an emphasis on a care team based approach to healthcare and synchronization of services

<sup>\*</sup>Acknowledge, Introduce, Duration, Explanation, and Thank You.

# Sentinels Suggest Solutions

#### **Medical Assistants**

Examples of comments:

- We have an MA Trainer they are paired with. We also do an MA apprenticeship program to grow our own.
- [We developed] a residency program for MAs.
- Looking at partnering with a local college.

#### 2. Connecting with Stakeholders

## Washington's Health Workforce Sentinel Network



#### Demand for Medical Assistants

# Sentinel Network signals that there's not a statewide surplus of MAs that meet the hiring needs of employers

Next steps to investigate with stakeholders:

- Explore if there's a drop-off between MA program completion and certification
- Skills/preparedness variability in completers from different education programs
- Possible need for remote/distance education for MAs?
- Expansion of apprenticeships?
- More information needed on specific skills that MA candidates lack for some employers:
  - EHR/HIT more that can be provided in education programs?

#### Sentinel Network

# **Highlights of Other Findings**

# Washington State's Sentinels Report --

#### **Registered Nurses**

#### By facility type:

RNs are the top occupation with exceptionally long vacancies recently reported by

- Small acute care hospitals
- Home health care services

#### By geography:

# RNs were the top ranked occupation with exceptionally long vacancies

- July 2016: in 7 of 9 Accountable Communities of Health (ACHs)
- Nov. 2016: in 9 of 9 ACHs
- April 2017: in 7 ACHs (2nd in Better Health Together and 3rd in Greater Columbia)
- Oct. 2017: in 4 ACHs (2nd or 3rd in 4 other ACHs)



# Washington State's Sentinels Report --

#### **Registered Nurses**

Examples of reasons for RNs' exceptionally long vacancies:

#### RNs in Hospitals

- New grads looking for acute care wage and experience; workforce does not meet demand.
- Difficulty in recruitment for more rural areas; lack of experienced specialty nurses who wish to come to a rural area.
- Nights hard to fill.
- Too many open positions elsewhere and traveling companies are scooping up what is out there promising them almost \$100 an hour.

#### Long Term Care (home health, skilled nursing, nursing and personal care)

- Not enough RN's for all the facilities and hospitals and a new regulation requiring skilled nursing facilities to have 24 hour RN coverage (SNF)
- Nursing homes are unattractive to potential candidates, low candidate pool, competition with local hospital (pay/environment) (NH)
- A local hospital opened over 100 RN positions. Severe impact on community. Not enough RNs to fill open positions.
- Lack of experienced RNs willing to work in this capacity (HH)
- Multiple new jobs being opened to RNs. (SNF)
- Wage compression from new minimum wage (SNF)

# Registered Nurses: Training Needs/Onboarding

- EHR training and responsibilities; new EMRs; HIT
- Knowledge of quality data tracking
- Customer service
- Behavioral training (multiple facility types)
- Dementia knowledge (SNF)
- Ongoing training to support nursing faculty in their roles as instructors (hospital)
- Root cause/SBAR/Assessments/Care plans (SNF)
- Investing in staff by offering more training (SNF)
- Address needs of workers with little prior experience (SNF)
- New grad nurses getting more orientation and training; we are spending more time with new employees during the onboarding/orientation process (SNF)

# Demand for Registered Nurses

#### Sentinel Network signals include:

- RNs are in high demand across healthcare sectors
- EHR/HIT related skills are among ongoing training needs
- Experience remains important to employers
- Nurses follow better salaries

#### Next steps:

- Engage more discussion with stakeholders
- Solutions explore:
  - Turn up the education "spigot"?
  - Enhance skills/roles of incumbent RNs?
  - Focus on retention strategies?

# Washington State's Sentinels Report --

#### **Behavioral Health Occupations**

Chemical dependency professionals (CDPs) and substance abuse and behavioral disorder counselors

#### By facility type:

The combined occupations of chemical dependency professionals (CDPs) and substance abuse and behavioral disorder counselors were the top occupation with exceptionally long vacancies recently reported by:

- Large hospitals
- Behavioral health clinics
- Psychiatric/ substance abuse hospitals

They were also among the top 10 occupations listed with long vacancies at FQHCs.

#### **Examples of reasons for exceptionally long vacancies:**

- Low wages and difficult working conditions, increased client acuity, lack of qualified candidates.
- Integration with managed care means many new positions do not exclusively require CDP/
   Substance Abuse skills and there has been a flood of new positions on the market, leading to a shortage.
- Many CDPs have obtained dual licensure and have opted to be employed under Mental Health due to higher pay in that area.
- Long licensing process, including supervision requirements.

#### Sentinel Network Evaluation

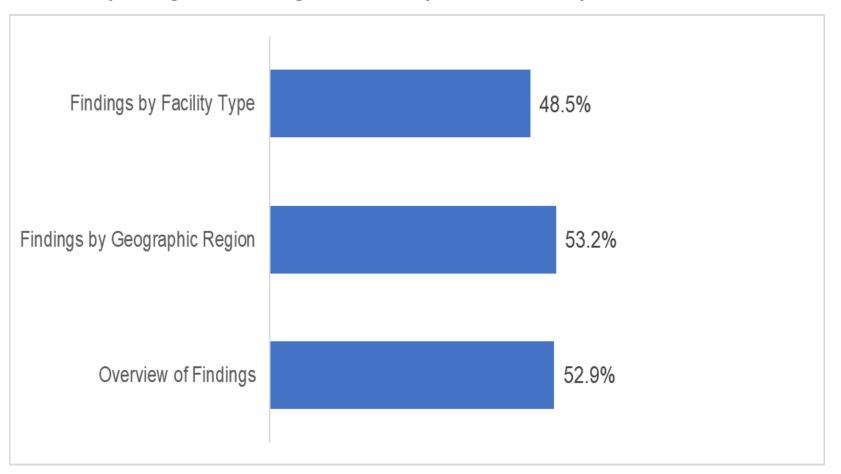
- Internal, led by Davis Patterson, UW CHWS
- Inquiries and feedback from gathered from users throughout implementation in 2016 and 2017
- An online evaluation questionnaire sent to Sentinel Network users August-September 2017

#### 58 responses

- health service delivery organizations (60.5%)
- education and training organizations (15.8%)
- government (13.2%)
- advocacy organizations (7.9%)
- professional organizations (7.9%)
- as well as a community-based organization, local public health, and a non-profit community agency

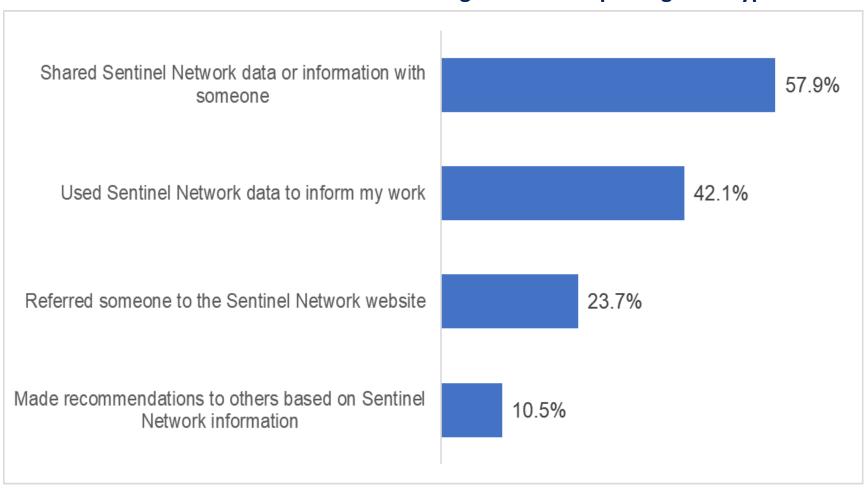
#### Sentinel Network Evaluation

Usefulness of Sentinel Network Findings: Percentage of Users Reporting that Findings Were "Very" or "Extremely Useful"



#### Sentinel Network Evaluation

#### Sentinel Network Information Uses: Percentage of Users Reporting Each Type of Use



# Value of the Sentinel Network Approach

- Rapid turnaround signals of workforce demand changes
- Relatively inexpensive
- Provides "how and why" behind signals
- Identifies skills needed
- Highlights local conditions that may make hiring difficult
- Engages the full network of stakeholders needed to identify and solve workforce problems

# Use of Sentinel Network Findings: Examples

 Informed Washington State Behavioral Health Workforce Assessment

Gattman N, Reule R, Balassa A, Skillman SM, McCarty RL, Schwartz MR. Washington's Behavioral Health Workforce Assessment: Project Phase I. Fall. Washington State Workforce Training and Education Coordinating Board, Nov 2016.

http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2016/11/FINAL-BH-Workforce-Assessment-Phase-I-Report-2016.pdf



 Reported in-depth by Washington Health Workforce Council <a href="http://www.wtb.wa.gov/Documents/2017HWCReport-FINAL.pdf">http://www.wtb.wa.gov/Documents/2017HWCReport-FINAL.pdf</a>



- Accountable Communities of Health exploring SN use in monitoring health
   Healthier workforce demand in state healthcare transformation regions
- State Community College Health Programs Deans and Directors group engaged in interpreting findings
- HR Directors groups very interested in findings
- Being considered for use in other states

#### Sentinel Network Phase II

Funded February 2018 through June 2019, in partnership with the Washington Workforce Board





Currently working with Washington's Health Workforce Council on improvements to increase effectiveness

#### Considering:

- Additional formats to display findings
- Less frequent data collection
- Methods for greater engagement with response panel and stakeholders (to lead interpretation and dissemination of findings)
- More options for user interaction
- Possible customizable modules
- Long term sustainability plan

# Washington State's Health Workforce Sentinel Network

#### www.wasentinelnetwork.org

Susan Skillman, Deputy Director
Center for Health Workforce Studies
University of Washington
<a href="mailto:skillman@uw.edu">skillman@uw.edu</a>
(206)543-3557

