Georgia Healthcare Workforce Commission
Additional Information from Interested Stakeholders- part 4

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FOLLOW UP INFORMATION FROM

THE NOVEMBER 30 COMMISSION MEETING:

INITIATIVES FROM OTHER STATES ON ADDRESSING HEALTHCARE WORKFORCE CHALLENGES

Healthcare Workforce Commission

Initiatives from select peer states

DRAFT FOR INITIAL REVIEW

December 8, 2022

This document shares findings to address specific questions raised during the Second Commission Meeting requesting further details on peer state initiatives to address the healthcare workforce shortage.

This document provides example initiatives and case studies developed through the Georgia Healthcare Workforce Commission's efforts to study opportunities to address the challenges faced in Georgia's education, training, hiring, skilling, and retention of healthcare workers have been informed by conversations with Commission Members and external research. Their inclusion here should not be taken as a tacit or implicit endorsement by the Commission.

This is a limited set of examples showcasing efforts from select peer states – North Carolina, Tennessee, and Ohio – and is not intended to be representative of all efforts that these states have done to address their healthcare workforce shortages. Addressing the healthcare workforce shortage in any state is likely to involve a multi-pronged approach and collaborative efforts among a diverse set of stakeholders.

Note: Commission E-Mail Address: HCWF.Commission@dch.ga.gov

D11a: Offer targeted financial hardship grants to reduce dropouts for students in final year

Rationale and Context

- **55% of students** in a two-year program do not return for the second year
- **35% of students** in a four-year program do not return for their fourth year
- In North Carolina, a peer state**, 74% of non-performance** dropouts cite financial reasons
- On average, college dropouts make **32.6% less income** than those with bachelor's degrees[1]

Opportunity

Healthcare stakeholders in Georgia could:

a) Provide funding to institutions to offer to those considering leaving school; or

b) Develop and advertise a program to provide funds directly to students

An example program for Georgia could be to grant scholarships to students who, within one year of graduating, could document financial hardships. Grant funds could be used by students for eligible purposes (e.g., childcare, transportation, reducing job-hours).

Grant eligibility criteria:

- Enrolled in a healthcare provision degree
- Within one year of graduation
- Able to document financial hardship
- Have a minimum eligible GPA (above low-performance)

Potential Impact

Increased graduation rates for students in key healthcare professions. **Georgia could quickly scale the program** following documented, regional success

Potential Implementation Barriers

Funding required: Funding requires a per-student grant allocation as well as a fix overhead to manage the program. Funding can be capped at a defined amount, or the program can be limited to a set number of grantees

New program development: The Commission may need to establish guardrails to reach consensus on eligibility criteria

Monitoring and compliance: Monitoring grant recipients and ensuring they adhere to the requirements of the program could become difficult to enforce

Impacted Professions

High priority healthcare professions

State's Potential Role

○ Propose Legislation	○ Facilitate Program
● Fund Incentive	○ Adjust Rule/Regulation
○ Fund Program	○ Support as necessary

Complementary Opportunity:

D12

1 - EducationData.com

Source: Georgia Healthcare Workforce Commission Meeting One Factbase, MyfutureNC report, Governor Cooper's website, Gold Rush Grant Program UNCC

D11a: Case study – University of North Carolina Charlotte's Gold Rush grants for students

Overview

Part of myFutureNC, the Gold Rush grants give one-time completion grants of $1,500 to select students within 1 year of graduating who face financial hardships

- Grants: Funds are given to students to help with course materials, housing, medical needs, dependent care, or other financial emergencies
- Counseling: Grantees are required to attend two future planning activities (e.g., counseling session, mock interview, financial literacy online module)
- The program disbursed more than $300,000 from 2016 to 2018

Grants are available to all community colleges in North Carolina since 2016. Students must have a 2.0+ GPA, have earned 105 credits hours, be a North Carolina resident, and Pell grant-eligible

- Pell grant is Federal award for expressed financial need

Goals

- Help at-risk students finish their college degrees and obtain better skilled jobs in North Carolina
- Reduce the number of students who stop pursuing their degrees

Impact

- **242 students awarded** from 2016-2018
- Students work **fewer hours**, are better able to secure school materials, and have a **higher persistence rate** according to semester surveys

Potential implementation barriers

Funding: Such a program requires expanded investment from the state which could be difficult to acquire

Administrative oversight: This program requires interviews and applications which could place additional burden on administrative resources

Stakeholders

- **UNC Charlotte students:** UNC Charlotte students are the eligible population to earn the grant
- **UNC Charlotte:** The university retains more students and ensures more tuition dollars under the program
- **North Carolina Legislature:** They fund the universities which fund these grant programs to help students

Source: MyfutureNC report, Governor Cooper's website, Gold Rush Grant Program UNCC

G17a: Collect improved data around workforce composition, location, and efficiency to build a fact base for future policy decisions

Rationale and Context

- Georgia is facing significant challenges in hiring and retaining healthcare workers[1] , yet **data to support initiatives to improve is often limited or inconsistent**
- Current records are developed from data collected by the Georgia Composite Medical Board on a two-year cycle period, and has inherent limitations (e.g., does not indicate if nurses practice outside of the county where they live)[2,3]
- Expanding the information collected, and collecting the information on a more regular basis **could provide a more comprehensive data set on which to base decisions**[4]
- Access to and sharing of relevant data **likely increases the potential impact** of most initiatives relating to improving GA's healthcare workforce

Solution

Healthcare stakeholders in Georgia could:

a) Review and expand data collection and sharing efforts across GA's healthcare workforce. Specific considerations could include:

- Ownership and data housing authority
- Mandates regarding sharing of data on recurring basis (e.g., upon licensure renewal)
- Data content based on information desired by various stakeholders
- Clearly identified objectives of sharing data at scale

b) Work with each profession to determine existing data and processes and ideal future state

Potential Impact

Establish a current and relevant factbase or data dashboard that the state can use when making future decisions around workforce policies. Better understanding the composition, movement and location of the workforce could better inform potential policy decisions

Potential Implementation Barriers

Provider Hesitancy: Providers could be unwilling to provide requested information due to privacy concerns

Data Structure: Consideration of data structure (e.g., whether it harmonizes with existing data collection efforts)

Ownership: A designated owner of the data would need to be delineated to oversee collection and data sharing

Impacted Professions

All healthcare professions

State's Potential Role

○ Propose Legislation	● Facilitate Program
○ Fund Incentive	○ Adjust Rule/Regulation
○ Fund Program	● Support as necessary

Complementary Opportunity:

All

1. The State of Georgia, Executive Order, Establishing Healtchare Workforce Commission
2. Georgia Board of Health Care Workforce
3. Data shared by Commission
4. Commissioner/Expert Interview, Tamara Demko

G17a: Case Study: North Carolina: Sheps Health Workforce NC

Overview

- Sheps Health Workforce NC provides an example of a **collaborative effort between public entities to track data on licensed health professionals**
- Effort is a partnership between UNC-Chapel Hill, North Carolina Area Health Education Centers (AHECs), and North Carolina State licensing boards
- Serves as a coordinator/repository for data collected and **owned by state licensing boards**
- The oldest continuous state workforce data in the country, with annual data files dating to 1979[1;] cited as a model for similar efforts in Arizona

Goals

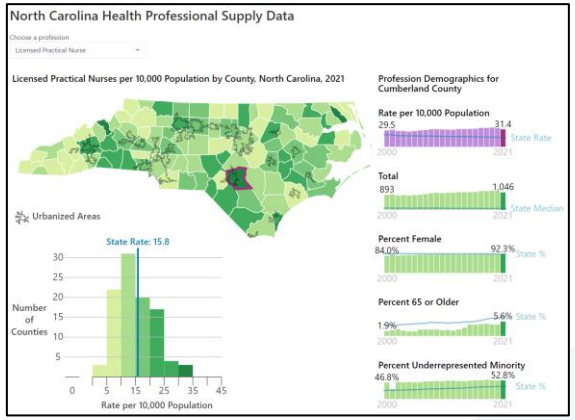
- Collect and report on data for licensed health professions in North Carolina[1]
- **Drive healthcare related insights for various stakeholders** in the state

Impact

- Leveraged previously-collected information to identify county-based shortfalls in ICU nursing capacity during the COVID-19 pandemic, and identified areas where nurses could support surge staffing in other locations[2]
- Research projects have identified **which medical schools' graduates are most likely to stay in state** after graduation and identifying which states trained North Carolina Occupational therapists[2]

Potential implementation barriers

Output: Users would need to determine most practical use of data before generating a dashboard like the one used in NC



SHEPS HEALTH WORKFORCE NC

Stakeholders

Stakeholders: State healthcare policy makers, Medical licensing boards, researchers, Area Health Education Centers, licensed healthcare providers

1. Sheps Health Workforce NC, website
2. AD HOC Committee on Health Care Work Force, Resource Binder

D10b: Create healthcare internship opportunities for seniors in public high schools

Rationale and Context[1]

- In a January 2021 survey of over 1,000 educators nationwide, **55% of those surveyed indicated heightened student interest in healthcare pathways** as a result of the pandemic[2]
- The current educational pipeline is **not producing healthcare workers at a sufficient rate to fill all new positions** in the state each year

Opportunity

Healthcare stakeholders in Georgia could:

a) Encourage the DOE to adjust graduation requirements to allow students internship opportunities as part of their senior coursework; or

b) Encourage school districts to create opportunities through electives and extracurricular opportunities for healthcare work

An example program for Georgia could be to encourage school districts to partner with local healthcare facilities to create internship opportunities

Program elements:

- Students could exchange healthcare shadowing for one of their elective courses senior year
- Engage in shadowing through the school after school or on weekends

Potential Impact

Exposing students to **high-demand healthcare pathways** that may catch their interest of healthcare occupations

Show students the day-to-day of healthcare which may **create realistic expectations and prevent dropouts** later

Potential Implementation Barriers

Creating partnerships: Allowing high schoolers into healthcare facilities could increase the workload of those healthcare providers which may make them hesitant to host the program

Educational requirements: Different schools may have varying graduation requirements which could conflict with these shadowing opportunities

Liability: Introducing high schools into the caregiving space could pose additional liability

HIPAA: By allowing shadows, the healthcare facilities could expose themselves to increased risk of HIPAA violations

Impacted Professions

Entry-level healthcare positions

State's Potential Role

○ Propose Legislation	● Facilitate Program
○ Fund Incentive	○ Adjust Rule/Regulation
○ Fund Program	○ Support as necessary

Potential Time to Impact:

~1 year to establish, <6 months to impact

Complementary Opportunity:

D12

1. Georgia Healthcare Workforce Commission Meeting One Factbase
2. Education Week

D10b: Case Study: Beacon Health System

Overview

Since 2014, the Beacon health system partnered with eight high schools to provide high school seniors with healthcare pathway internships

Students take a one-semester half-day course that introduces them to one of five healthcare pathways over the course of the semester

By the end of the semester, students can train and become certified in CPR

The program was founded to provide pre-healthcare students with opportunities to gain experience in a healthcare setting and expose them to the practical part of professions before studying to enter the field in school

Goals

- Expose high school students to the world of healthcare and integrate them in a caregiving team
- Supplement active teams with volunteers to help provide support and leave a lasting impact on patient families

Impact

- The program hosts about **90 students** each year
- The program has hosted more than **350 students** since its inception
- The program offers specializations in five disciplines along with providing **CPR training and certification**

Potential implementation barriers

Hospital safety: Bringing volunteers into a hospital mandates close supervision and thorough vetting to provide a positive experience while preventing mistakes in caregiving

Stakeholders

BEACON HEALTH SYSTEM

Volunteers: The volunteers staff the program and benefit from the exposure to the healthcare environment

Beacon Health System: The hospital hosts and instructs volunteers which allows the experience to happen

Patients: Patient care is supplemented by the volunteers

Local high schools: They partner with the health system to create the opportunity and adjust curricula to allow the program to occur

Source: Beacon Health System

D10c: Foster the development of programs that train high school students to immediately join an allied profession with a path to further education

Rationale and Context[1]

- The current educational pipeline is **not producing healthcare workers at a sufficient rate to fill all new positions** in the state each year
- Many healthcare pathways require schooling or training after high school that can be costly to students – some of these trainings could be administered in high school
- In a January 2021 survey of over 1000 educators nationwide, **55% of those surveyed indicated heightened student interest in healthcare pathways** as a result of the pandemic[2]
- Vocational schools across the state currently prepare students to enter the workforce after high school in other fields

Opportunity

Healthcare stakeholders in Georgia could:

a) Fund vocational high schools to create allied healthcare training programs; or

b) Create district-level training programs students can travel to as part of their school day

An example program for Georgia could be to establish allied healthcare training programs at the district level to trained all interested students from around the school district

Program elements:

- Students could travel to a central facility to train in the last hours of their day
- Students could graduate with certificates qualifying them to head straight into the workforce in allied healthcare professions

Potential Impact

Could **remove barriers to entry** for allied healthcare pathways

Increase the number of students graduating high school with employable skills

Potential Implementation Barriers

Buy-in: For these programs to be successful, they need to attract students from across the district to attend and complete the courses

Educational requirements: Different schools may have varying graduation requirements which could conflict with these shadowing opportunities

School district outreach: If the district does not provide funding or space in students' schedules, the program may struggle to adequately certify students before graduation

Management: The program could benefit from an aggressive timeline to guarantee that students are certified by graduation which may mandate excellent management

Impacted Professions

High-priority healthcare professions

State's Potential Role

- Propose Legislation
- Facilitate Program
- Fund Incentive
- Adjust Rule/Regulation
- **Fund Program**
- Support as necessary

Potential Time to Impact:

3 years to establish, <6 months to impact

Complementary Opportunity:

C7, D12

1. Georgia Healthcare Workforce Commission Meeting One Factbase
2. Education Week

D10c: Case Study: Hospital Corporation of America partners with Academies of Nashville

Overview

The HCA Health System partners with the Academies of Nashville to provide exposure and training to high school students in the healthcare industry

Through the program, students can graduate high school with certifications preparing them to enter roles in both direct patient care and non-bedside roles

The Academies of Nashville are a collection of 12 high schools who work to provide students meaningful learning and employment opportunities immediately out of school in fields including healthcare

The 12 schools partner with more than 365 community partners to provide students exposure and employment opportunities in the fields they study[1,2]

Goals

- Expose high school students to healthcare pathways that may interest them
- Certify and prepare graduating high school students to enter the workforce in the healthcare industry

Impact

- Partnered with **12 local high schools** to provide training and certification services
- Certify students in both clinical roles (i.e., electrocardiogram (EKG) techs, certified clinical medical assistants (CCMAs) , national exercise trainers association (NETA) trainers) and non-bedside roles (i.e., pharmacy techs, network training, patient scheduling)

Potential implementation barriers

Organization and investment: Bringing schools and healthcare facilities together may require organization with those schools' curricula and investment to provide the opportunities for the students

Balancing curricula: Simultaneously meeting state high school graduation standards and requirements for professional training programs could cause conflict in students' schedules

Stakeholders

HCA health system: Provides the training and exposure opportunities to local students

Academies of Nashville: Partner with HCA to restructure school instruction to align with certification goals for students

Students: Train and benefit from the program with employable skills immediately after graduation

Healthcare providers of Nashville: They employ students after graduation if they choose to pursue employment outside of HCA

1. HCA Healthcare
2. Metro Nashville Public Schools

D11b: Connect Georgian employers and upcoming graduates to educate and promote employment opportunities

Rationale and Context

- Two factors capable of determining where someone moves after healthcare training **are where their school is located and where they are from**
- Even if Georgians attend school in other states and would like to return to Georgia, **their best opportunities can reside in the state where they completed school**
- Among nurses, **42% leave the state after graduation**
- Due to the competitive nature of residency matching, **first-year residents may have little discretion over where they move** for their residency

Opportunity

Healthcare stakeholders in Georgia could:

a) Encourage state institutions to prioritize showcasing Georgia employers to upcoming graduates; or

b) Encourage state healthcare employers and residency hosts to prioritize Georgian healthcare workers in recruitment

An example program for Georgia could be to provide funding contingent upon a Georgia-first career fair for graduates at state institutions

The program could:

- Showcase Georgia employers before students accept offers elsewhere
- Allow Georgia employers the opportunity to create early application pathways
- Connect students with opportunities they would have otherwise missed

Potential Impact

Increased retention for graduates who call Georgia home and for those who complete their training in the state

Prioritized access to graduates for in-state employers

Potential Implementation Barriers

Funding required: The solution may require additional funding to incentivize training programs to comply if they do not already receive state funding

Timing: The fairs may benefit from an earlier timeline compared to other job offerings but may also consider proximity to recruiting season so that students are considering post-graduation opportunities

Coordination: To successfully connect upcoming graduates and Georgian employers in sufficient numbers to affect the healthcare worker supply may require cooperation and coordination from employers, educators, and the state

Impacted Professions

High priority healthcare professions

State's Potential Role

○ Propose Legislation	● Facilitate Program
○ Fund Incentive	○ Adjust Rule/Regulation
○ Fund Program	○ Support as necessary

Complementary Opportunity:

C9

Source: Georgia Healthcare Workforce Commission Meeting One Factbase

D11b: Case Study: StarTech Patient-Care Technician Program

Overview

The StarTech PCT program is a five-week program offered by Nashville State Community College to high schoolers comprised of three weeks of classroom instruction and two weeks of clinical training that aims to prepare students to apply to full-time healthcare positions or match them with further educational opportunities

The program:

- Is based on standards established by the State Board of Nursing
- Includes mentorship with current healthcare professionals
- Provides full and part-time employment opportunities after completion
- Provides access to a tuition reimbursement program which offers up to $5,250 per year for further education

Goals

- Provide **tangible employment opportunities** after graduation
- **Expose and recruit** new students to accessible healthcare professions

Impact

- **77% of students in the program sign commitment letters** for employment
- **In the first 10 days of the program, 5 new hires** emerged from the program
- The program has **spread to Healthcare Corporation of America facilities from Florida to Texas** as they hope to bring on PCTs to supplement bedside care

Potential implementation barriers

Coordination: The program requires coordination with high schools to match students

Curriculum adjustment: To accommodate high schoolers, the program may need to work with high schools to merge the two curricula to meet graduation requirements

Stakeholders

HCA Healthcare®

Healthcare education institutions: These institutions must make room and educate those offered educations through this program

Students: Students must undergo the exposure training, decide to pursue the field, and complete their education

Public schools: Public schools must carve time out of a conventionally busy school schedule to allow this training to take place

Source: HCA HealthCare, Nashville State Community College

A1f: Establish de-escalation safety personnel presence in hospital ERs

Rationale and Context

- Healthcare workers operate in one of the most violence-prone job fields in America[1]
- Healthcare workers are **five times as likely to suffer a workplace violence related injury compared to workers overall**[2]
- The rate of workplace violence **increased by over 60%** among healthcare professionals from 2011 to 2018[2]

Opportunity

Healthcare stakeholders in Georgia could:

a) Mandate a minimum ratio of safety personnel to patient population in emergency departments across the state; or

b) Allocate funding to hospitals to support the hiring of safety personnel

An example program could be to establish an investigation to determine the ideal number of safety personnel per patient volume necessary to maximize patient and worker safety

After the investigations, regulatory bodies could modify regulations that govern hospitals to guarantee the placement of safety personnel in hospitals across the state

Potential Impact

Some professionals may **re-enter the workforce** if they perceive increased safety in the workplace

Hospitals may be able to **decrease instances of violence**

Increased safety may **decrease burnout** among healthcare workers

Potential Implementation Barriers

Coordination among regulatory bodies: To implement any regulation, state regulatory bodies may need to align on what ratios are necessary and good to best protect the workforce

Investigation: The investigation may need to be thorough to warrant either the expansion of funding or establishment of new regulation

Impacted Professions

All healthcare professions with a documented shortage.

State's Potential Role

○ Propose Legislation	● Facilitate Program
● Fund Incentive	● Adjust Rule/Regulation
○ Fund Program	○ Support as necessary

Complementary Opportunity:

A2, B4, B5

1. American Hospital Association
2. Bureau of Labor Statistics

A1f: Case Study: Cleveland Clinic security measures

Overview

The Cleveland Clinic employs a range of security measures to protect healthcare workers and patients from violence

Measures include:

- Metal detectors
- Security officer presence
- Plain clothes officer staffing
- Panic buttons on employee badges

These measures work to simultaneously increase the material security of workers and provide an increased sense of security that puts workers at ease and allows for more efficient de-escalation

Goals

- Promote an atmosphere of security and safety about the facility
- Reduce instances of violence in the healthcare setting

Impact

- The hospital staff received the changes positively and the procedures have expanded to neighboring hospitals
- Healthcare workers at Cleveland Clinic feel safer with increased safety measures
- Security department provides 24/7 support including escorts for professionals throughout the facility

Potential implementation barriers

Administration: Expanding security measures for entire hospital systems or larger may require administrative oversight that could be challenging

Loss of efficiency in security: Placing hospital operations under greater security and scrutiny may slow down operations and decrease efficiency if not implemented with efficiency in mind

Stakeholders

Healthcare workers: Healthcare workers adhere to safety protocol and stand to benefit from a decrease in workplace violence

Hospital administration: They make the decision to increase security measures, fund those measures, and administer their implementation

Patient population: Under increased security measures, patients may be subject to increased screening procedures

Cleveland Clinic

Source: Cleveland Clinic, Association of American Medical Colleges

A1i: Implement an alternative discipline system to permit conscientious rehabilitation to prevent complaint-worthy-behavior

Rationale and Context[1]

- **4.4%** of healthcare workers struggle with heavy alcohol consumption and **5.5%** struggle with illicit drug use
- The rate of prescription drug abuse among medical workers can range from **10-15%** depending on access and role
- The current Georgia Board of Nursing complaint system triggers an investigation and can lead to public disciplinary measures attached to their licenses which can sour future career opportunities despite rehabilitation[2]

Opportunity

Healthcare stakeholders in Georgia could:

a) Implement an alternative discipline system that helps support healthcare workers through recovery while keeping them in the workforce

An example change could be to reform the current complaint system to permit nurses to receive rehabilitative treatment when they self-report and seek help without the added requirement of public discipline

Potential Impact

Decrease the number of workers out of the workforce due to rehabilitation

Encourage healthcare workers to seek help for struggles with addiction

Create an environment of **compassion and rehabilitation** for healthcare workers instead of one based in public discipline

Potential Implementation Barriers

Establishment and marketing: Establishing and marketing this change could enable its success and may require effort and resources to spread information among the state's workforce

Efficacy: Comparable programs in other states have received criticism for limited eligibility, confidentiality, and rigorous requirements – a successful program may need to engage different rules and regulations to avoid peer programs' pitfalls

Impacted Professions

All healthcare professions subject to public discipline through licensing boards

State's Potential Role

○ Propose Legislation	○ Facilitate Program
○ Fund Incentive	● Adjust Rule/Regulation
○ Fund Program	● Support as necessary

Complementary Opportunity:

A3, B4, B5

1. American Addiction Centers
2. Georgia Board of Nursing

A1i: Case Study: Ohio Board of Nursing alternative discipline system

Overview[1]

The Ohio Board of Nursing implemented a non-disciplinary alternative program for substance abuse disorders among nurses

The program requires four years of monitoring/accountability and a temporary surrender of the worker's license

Some psychiatric conditions render workers ineligible for the program, and violations in other jurisdictions can also cause a worker to be denied access to the program

Once accepted to the program, successful completion means one can obtain treatment while avoiding public discipline attached to their license to practice

Goals

- Enable nurses to seek treatment without public discipline
- Create an avenue of self-report that does not penalize the nurse filing the self-report

Impact

- In 2021, the Ohio Board of Nursing recorded **1,135 active cases** in the alternative discipline program
- In 2021, **188 nurses** were released from the terms and conditions of their monitoring which fully reintegrated them into the nursing population[2]

Potential implementation barriers

Administration: Monitoring nurses in the program for periods of years could cause a heavier administrative lift which could require additional faculty or resources

Efficacy: The program suspended 82 nurses' licenses due to failure to comply with program standards which may indicate an opportunity to improve efficiency and compliance

Stakeholders

Nurses: Nurses who struggle with addiction are eligible for the program and may benefit from its provisions

Ohio Board of Nursing: They are responsible for administering the program and ensuring compliance among participants

Healthcare employers: They employ the nurses in question and may benefit from the Board of Nursing's policy of rehabilitation for their workers

1. Ohio Board of Nursing
2. Ohio Board of Nursing Annual Report 2021

F16b: Determine appropriate non-financial incentives to offer healthcare providers to increase coverage in high-need locations

Rationale and Context

- Georgia's **healthcare worker shortage is not uniformly concentrated** throughout the state[1]
- Many healthcare workers (especially nurses) consider **more than financial incentives** when determining where to practice
- In a recent survey, **29% of nurses have indicated that they are likely to leave their current position in the next year**[2]
- Among financial considerations, workers cite **unaffordable housing, lack of daycare, and other community benefits** as justification for leaving the workforce, or moving to/remaining in urban areas[3]

Opportunity

Healthcare stakeholders in Georgia could:

a) **Identify regions with staffing shortages and partner with** or reach out to local organizations to assess specific needs

b) **Facilitate and provide funding** to develop non-financial incentives in those regions

c) **Consider subsidizing programs for specialty providers** such as Obstetricians/Gynecologists and nurses that are experiencing and voicing lifestyle concerns[4]

Potential Impact

Improved distribution of healthcare workers throughout the state by creating parity between regions with access to more non-financial incentives and rural or underserved regions

Increased attraction to healthcare careers for Georgians in rural areas that would not otherwise consider pursuing such careers

Potential Implementation Barriers

Funding: Similar to other incentive programs (e.g., loan-forgiveness), non-financial incentives bear a cost burden that may require subsidies from the state or other advocacy programs

Appropriate distribution of benefits should be carefully considered as moving workers from one region to another could create shortages in regions that are appropriately staffed

Impacted Professions

All healthcare professions

State's Potential Role

○ Propose Legislation	● Facilitate Program
● Fund Incentive	○ Adjust Rule/Regulation
○ Fund Program	○ Support as necessary

Complementary Opportunity:

F16

1. Lightcast™ (formerly EMSI-Burning Glass)
2. 2022 NSI National Health Care Retention & RN Staffing Report
3. Open Forum Presentation by Georgia Hospital Association (survey results)
4. "OB Deserts" identified during Commission Open Forum as a need to be addressed for statewide healthcare coverage

F16b: Case Study: Bon Secours Mercy Health (BSMH) Nurse Flex Program

Overview

- Program established to give select nurses at BSMH **flexibility in terms of how they advance**, where they work, and exposure to various specialties[1]
- Divided into three tiers: “Site Flex” provides flexibility regarding specialty only; “Market Flex” offers some regional flexibility; and “System Flex” allows access to work across the 4 states, 30 hospitals, and 13 markets in which BSMH operates[2]
- The flex model **incentivizes nurses to stay in BSMH’s network** (across urban and rural settings) while experiencing some of the benefits of agency nurses

Goals

- **Retain nurses within BSMH’s network while increasing flexibility and job satisfaction[2]**
- Consistent and supportive culture among nurses across all facilities[1]
- Exposure to varied clinical settings to create a more well-rounded nurse

Impact

- Downward trend in resignations and turnover[1]
- Agency nurses in BSMH’s network have opted out of the agency program and into BSMH’s internal traveling (flex) program[1]
- **Increased specialization for program nurses across multiple care settings and geographies[1]**

Factors for Implementation in GA

Hospital/clinic network size: A program like BSMH’s depends on the extent of the network. Not all healthcare systems offer multiple markets or locations for a nurse to work in

Rural focus: One of GA’s key issues related to healthcare worker shortages is the lack of coverage in rural areas. A flexible program would need to include and promote rotations in rural settings and provide additional incentives to retain nurses there in the long-run

Stakeholders

Stakeholders: Clinicians, patients, employers, academic institutions, local communities/governments

SERAMOUNT 100 BEST COMPANY 2021

Seramount 100 Best Companies for Working Mothers 2021

BON SECOURS MERCY HEALTH

1. Health Leaders Media, Bon Secours Mercy Health Travel Agency program for nurses
2. Bon Secours Mercy Health, website

INFORMATION FROM

THE GEORGIA ASSOCIATION OF NURSE ANESTHETISTS

LaDon Toole, CEO

Dodge County Hospital

901 Griffin Avenue

Eastman, Ga 31023

Dear Georgia Lawmaker:

We need your help! **Georgia law is hampering our ability to recruit physicians and it was costly for our rural hospital last year.**

I am CEO of Dodge County Hospital. We serve patients from several counties including Telfair, Wilcox, Laurens, Bleckley, and Wheeler. We provide $659,000.00 in indigent care each year. We do not have any Anesthesiologists on our staff and use stand-alone, Certified Registered Nurse Anesthetists (CRNAs) for all anesthesia services.

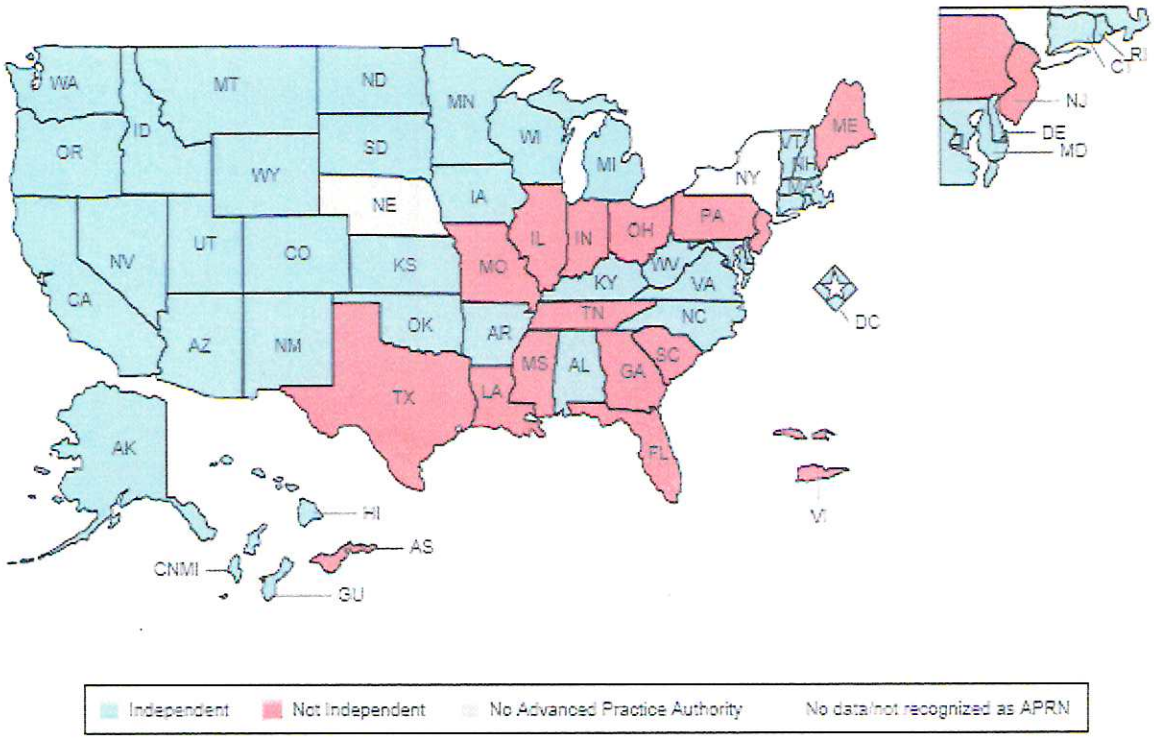
Georgia law states that a Nurse Anesthetist (CRNA) must be under "the direction and responsibility of a duly licensed physician." What this means in practice is that any surgeon must assume responsibility for the CRNAs, their decisions and their practice of nursing anesthesia. These **surgeons are not trained in anesthesia;** however, they are expected to be "responsible" for the experts – the Nurse Anesthetists.

It is extremely difficult to be accepted into a CRNA program and there is a dire need for more of these nurses in Georgia. To graduate today, CRNAs need to have earned a Bachelor of Nursing (four years) and complete ICU experience (2 years) and a Doctoral program in Anesthesia – DNP (three years). They have NINE years of higher education to prepare them to provide anesthesia care, yet Georgia law states that a surgeon with none of this experience must "direct" and be "responsible" for them.

CRNAs practice without these laws in all of the blue states shown below. In my opinion, a law stating that a surgeon, who has not been trained in anesthesia, must be "responsible" for a CRNA is about as ridiculous as having the CRNA be responsible for the surgeon. Surgeons do not have extensive training in the gasses, doses, and anesthetics that the CRNAs have.

In summary:

- CRNAs have worked in Georgia without the supervision of a physician anesthesiologist for 28 years. Having a non-anesthetist be responsible for them makes no sense (see table below)
- As with many hospitals, we choose to have CRNAs as our provider for anesthesia. However, this law makes recruiting new surgeons difficult because they know that **they are not trained in anesthesia and do not want to be responsible** for a practice in which they are not trained.
- The language in O.C.G.A. 43-26-11.1, stating that a CRNA shall work under the "direction and responsibility of a duly licensed physician," needs to be repealed.



I am asking you to be an advocate for rural hospitals to have this nonsensical law repealed that hampers my ability to recruit surgeons. Please call me with any questions. Thank you very much.

Sincerely,

LaDon Toole, CEO
Dodge County Hospital

Supported by:

Dr. Edward Stringer, Chief of Surgery

Dr. Donald Rosenbaum, Orthopedics

Donald Rosenbaum DO

To: Commissioner Caylee F. Noggle

From: Maegan Brass, CRNA; President, Georgia Association of Nurse Anesthetists (GANA)
John Walraven and Ray Williams, representing GANA

Date: December 9, 2022

Re: Governor's Healthcare Workforce Commission

CRNA's are permitted to administer anesthesia under "the direction and responsibility of a duly licensed physician." (O.C.G.A. 43-26-11.1) In 1994, Georgia repealed the requirement that the responsible physician be an anesthesiologist, leaving surgeons and other doctors who may not have anesthesia training or experience "responsible" for a CRNA's work. In practice, this means that a surgeon must assume responsibility for a CRNAs decisions and their practice of nursing anesthesia. These surgeons are not trained in anesthesia**;** however, Georgia law expects them to be "responsible" for the Nurse Anesthetist.

Hospital administrators describe how this law makes recruiting new surgeons difficult because they know that they lack such training and do not want to be "responsible" for the CRNA. The Georgia Association of Nurse Anesthetists (GANA) seeks to amend the law to relieve physicians of the incongruent requirement that they direct and be responsible for the CRNA's delivery of care.

Removing this requirement will ensure greater access to anesthesia care in Georgia's rural hospitals. Many rural hospitals have already moved to a "CRNA-only" model due to immense cost savings. Codifying this flexibility will only encourage more hospitals to save upwards of 50% or more on anesthesia. These savings create flexibility for hospitals to spend more hiring other practitioners.

Multiple states allow CRNA's to practice without physicians having "direction and responsibility" with no decline in patient outcomes. Most rural hospitals who employ CRNAs as the only anesthesia provider in the facility could avoid the bureaucratic and recruitment hurdle of assigning this pseudo-responsibility for the CRNA's care to a surgeon untrained in anesthesia. Repealing this provision will remove an impediment to physician workforce development in myriad clinical settings across Georgia.

GANA is ready to assist you and the Governor's Healthcare Workforce Commission as you tackle the issue of increasing the number of practitioners needed to deliver quality healthcare in Georgia. Thank you very much.

Scope suggestions for Georgia APRNs

- Licensing of APRNs
    - *APRNs should be required to have an APRN License in GA instead of an authorization to practice.*
        - *This allows for better workforce data tracking*
        - *Also allows for better tracking of collaborative agreements, pharmacy protocols (if created), and for those who are practicing independently to register with the Board of nursing (if created)*
- (Pharmacy) Protocol at Pharmacy
    - *Pharmacology class (45 credits) creates the medication protocol. Submit to (either a local pharmcacy or the Pharmacy Board of GA) ~~the pharmacy~~ for approval.*
- Eliminate the need for a collaborative agreement in order to write non-scheduled prescriptions.
    - See the bullet point regarding Pharmacy Protocols. Items such as Macrobid, Ampicillin, Synthroid, Zoloft etc.
- Allowing a Family Medicine Doctor to collaborate with a specialty NP
    - As long as the Family Medicine Doctor also manages OB care. They are already supervising FNP's in their office to provide OB care.
- Care provided in the home of the client, especially in vulnerable populations and rural areas, needs to be reimbursable across the board with Medicaid and commercial payor sources. Regardless of the type of provider including nurses, nurse practitioners and medical doctors.
    - *Items such as case management, evaluation and management codes and birthing care should be reimbursable at the same rate regardless of site of care (i.e. home, clinic, office or hospital).*
    - *This leads to decreasing hospital readmission rates especially in chronic disease management where our hospitals are overburdened with patients that have complex medical needs and limited insurance coverage. Hospital systems are losing money on these patients and the nursing shortage is directly affected by this.*
- Eliminate the distance requirement in Protocol agreement to allow for Specialist in other cities to provide collaboration with APRNs
    - *In todays age of internet and telehealth, supervision (which includes chart reviews) can be done electronically*
- Decreasing hospital Readmission Rates:
    - Reimbursing APRNs and nurses for community based care (in home care) (add this to the bullet at the top of this page)
- Decreasing Utilization of the ER for non-emergent issues
    - Closer follow up for hospital discharge especially with those managing chronic diseases. (Consider adding this to the first bullet point above)
    - APRN's should be able to sign home health orders to have a nurse go to the home and follow up with the client.

- Improving Transfer of Care
    - Allow an NP that is practicing independently within their Defined Scope of Practice, to admit a patient to a higher level of care (or the hospital system), to the appropriate specialist within the hospital system.
    - Disallow doctors and hospitals to refuse a direct transfer from an APRN
        - It is unsafe to refuse a direct transfer from another healthcare provider when an APRN has identified that a patient is requiring a higher level of care and is requesting that the higher level of care assume care of the patient.
        - When the higher level of care refuses the transfer the APRN is forced to utilize the emergency room of the hospital system (creating more burden on the ER, poor allocation of resources creating a time delay in treatment possibly leading to poor outcomes) and also has to consider discharging a patient from care back into the community without any services at all which is unsafe and unethical.

Physician's Assistant Scope Improvements

1. Onboarding new PAs

PAs are licensed by the Composite Medical Board; Doctors are licensed by the Composite Medical Board; however to work together they must again get approval for PAx to work with MDy. This is cumbersome, time consuming, and leads to providers sitting on the sidelines waiting when they could be working. I proposed a "file and use" process whereby notice is given about working relationships to the Board. This became even more cumbersome during covid shut downs.

2. Schedule 2 prescribing

Only Georgia, Kentucky and West Virginia few states fully prohibit PA and APRN prescribing of schedule 2 medications under all circumstances. While curbing the opioid epidemic is critical, Georgia's current statutes add pain, suffering and unnecessary costs to an already overburdened healthcare system. For example, many urgent cares are staffed by PAs and APRNs. A patient who appropriately go to an urgent care for a UTI or back sprain etc cannot get a short supply of clinically appropriate pain relief medications leading them to have to go to an emergency room--soley for a prescription.

Please see attached/linked supporting documents: including narratives from providers (including a doc), a DEA table (linked) showing the lay of the land on the issue, and a one pager.

https://www.aapa.org/wp-content/uploads/2017/03/f-833-4-8256527_dk6DMjRR_Prescribing_IB_2017_FINAL.pdf

https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf

HB 369 linked: https://www.legis.ga.gov/legislation/59502

SB 92 (please look at the House version) https://www.legis.ga.gov/legislation/59326

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