



Healthcare
Workforce
Commission

Commission Meeting Two

November 30, 2022

Proprietary





Opening

The workforce growth framework

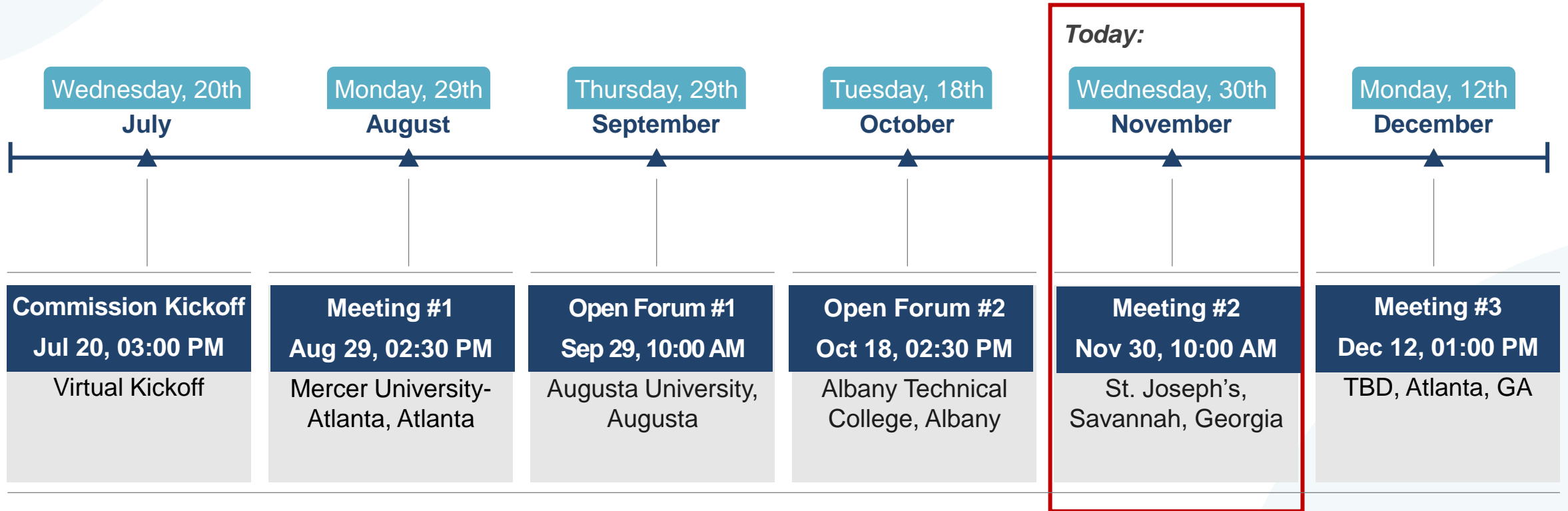
Three opportunity levers deep-dive

Additional opportunity levers

Next steps

...

Today, the Commission will focus on discussing opportunity levers to include in the final report



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

Today's agenda

Topic	Timing	Presenter/format
Opening remarks	10:00 AM – 10:15 AM	Chair Caylee Noggle Paul P. Hinchey, <i>President & CEO, St. Joseph's Candler Hospital</i>
Recap and discuss framework	10:15 AM – 11:00 AM	Chair Noggle and Shawn Walker to moderate across Commission Members
Three opportunity levers for discussion today		
• Retain existing workers	11:00 AM – 11:20 AM	
• Increase total seats in education programs	11:20 AM – 11:40 AM	
• Expand the pool of potential students	11:40 AM – 12:00 PM	
Targeted Q&A/discussion on highlighted example initiatives within three opportunity levers	12:00 PM – 12:30 PM	Chair Noggle and Shawn Walker to moderate across Commission Members
Lunch	12:30 PM – 12:45 PM	N/A
Recap and discuss additional opportunity levers	12:45 PM – 01:35 PM	Shawn Walker/presentation
Solicit commission member feedback on occupation specific opportunities	01:35 PM – 01:55 PM	Shawn Walker/discussion
Wrap-up and final remarks	01:55 PM – 02:00 PM	Chair Noggle and Shawn Walker



Objectives for today

- Review the **identified potential opportunity levers** that could improve GA's healthcare workforce
- Discuss an initial set of **three opportunity levers surfaced through Commission Member interviews**
- Consider **example initiatives** within the three opportunity levers
- Provide **overview of additional opportunity levers**
- Review **next steps** to support assembling the Commission's report



- Opening
- **The workforce growth framework**
- Three opportunity levers deep-dive
- Additional opportunity levers
- Next steps

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Each Commission Member was presented with the opportunity to interview and provide their feedback on potential opportunity levers and initiatives



Scott Bohlke

Bohler Family Practice



Mary Chatman

EVP, Wellstar Health System



Despina Dalton

Wellstar Health System



Sherry Danello

St. Joseph's/Candler



Janee Dock

Nursing Practice and Patient Care



Clark Hill

Hill Medical Group



Shawn Little

Chamberlain University



Caylee Noggle

Georgia Department of Community Health



Sally Perry

LLC DBA Coastal Harbor Health System



Pete Quinones

Metro Atlanta Ambulance Services
Emergency Medical Response



Rick Roche

Grady Chief People Officer



Scott Steiner

Phoebe Putney Health System



Tanya Sudia

Augusta University



Jean Sumner

Mercer University

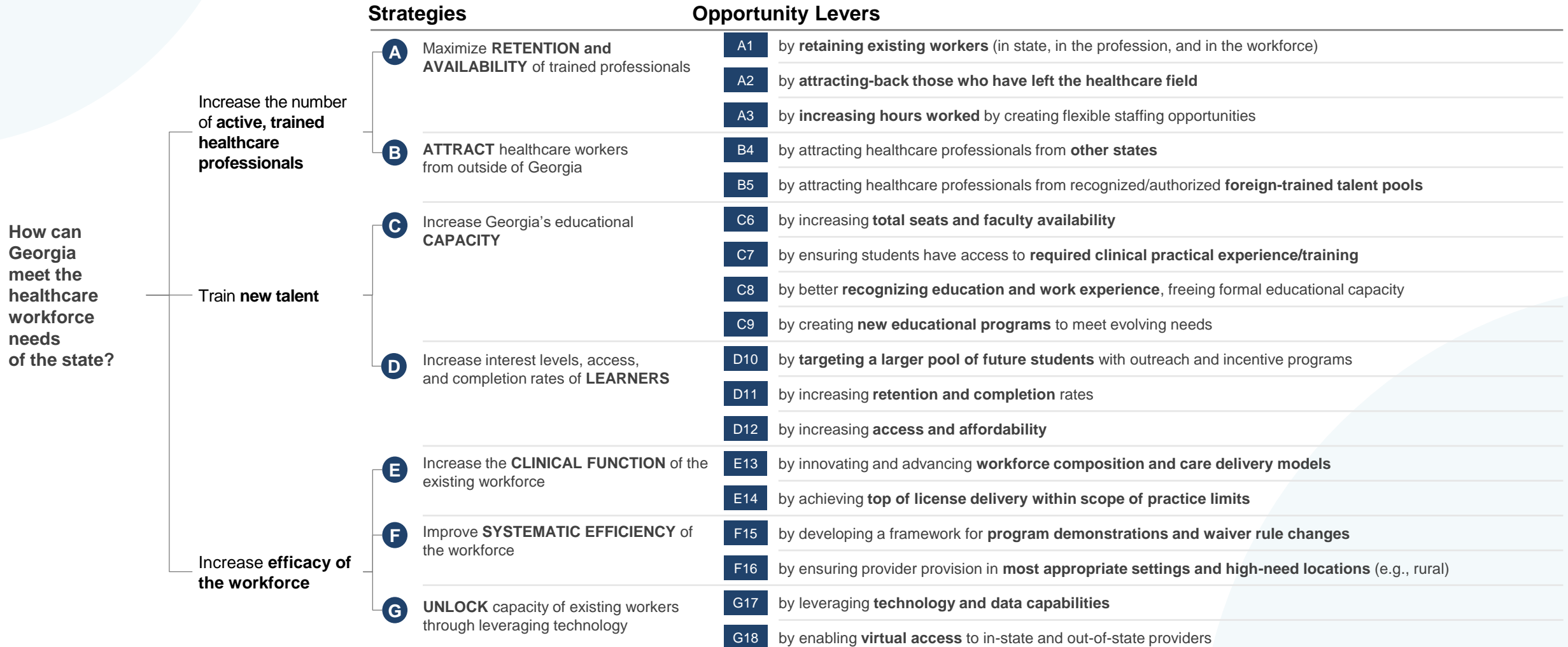


Courtney Terwilliger

Emanuel Medical Services Director

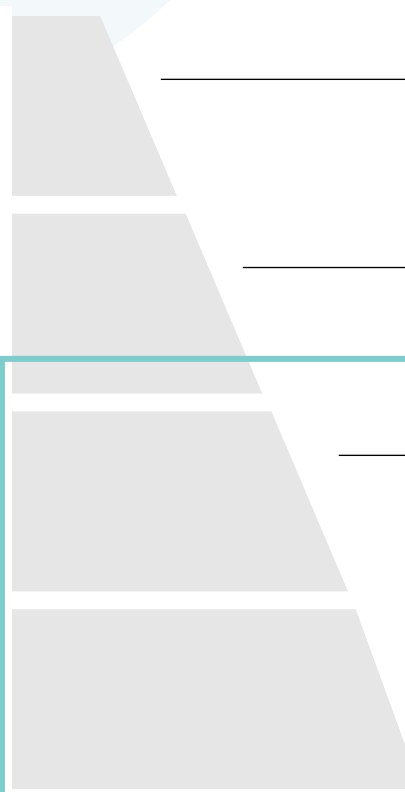




Following each interview, Commission Members received recap of discussed opportunity levers and example initiatives

The below framework reflects opportunities to grow GA healthcare workforce



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Today, the Commission will review key opportunities along with select initiatives

Levels of the Framework	Overview	Example
  Improvement Categories	Improvement categories represent the key segments of how the problem can be addressed within Georgia	<i>Train new professionals</i>
 Strategies	Strategies organize the multitude of opportunity levers into key improvement categories	<i>C: Increase Georgia's educational capacity</i>
 Opportunity Levers	Opportunity levers highlight specific actions that can address an overall strategy. <i>The Commission will prioritize and recommend improvements at this level</i>	<i>C6: by increasing total seats and faculty availability</i>
 Example Initiatives	Supporting each opportunity lever are example initiatives that could be implemented by stakeholders around the state. Implementing parties will take the recommendation of the Commission (opportunity levers) and select which initiatives to pursue	<i>C6b: Explore opportunities for programs to increase available faculty and capacity</i>

Note: The example initiatives being shared are not being recommended by any relevant parties such as the Georgia Department of Community Health and the Healthcare Workforce Commission, but are purely a compilation of all the inputs collected from Commission members and external parties that provided input. Inclusion in this draft document is purely for the sake of being inclusive, but should not be taken as a tacit or implicit endorsement

The discussion will focus upon three opportunity levers that have been highlighted per Commission Member input

		X#	For discussion today		X#	For presentation today		X#	For offline consideration		
		Strategies		Opportunity Levers							
How can Georgia meet the healthcare workforce needs of the state?	Increase the number of active, trained healthcare professionals	A	Maximize RETENTION and AVAILABILITY of trained professionals	A1	by retaining existing workers (in state, in the profession, and in the workforce)						
				A2	by attracting-back those who have left the healthcare field						
				A3	by increasing hours worked by creating flexible staffing opportunities						
	B	ATTRACT healthcare workers from outside of Georgia	B4	by attracting healthcare professionals from other states							
			B5	by attracting healthcare professionals from recognized/authorized foreign-trained talent pools							
	C	Increase Georgia's educational CAPACITY	C6	by increasing total seats and faculty availability							
			C7	by ensuring students have access to required clinical practical experience/training							
			C8	by better recognizing education and work experience , freeing formal educational capacity							
			C9	by creating new educational programs to meet evolving needs							
	D	Increase interest levels, access, and completion rates of LEARNERS	D10	by targeting a larger pool of future students with outreach and incentive programs							
			D11	by increasing retention and completion rates							
			D12	by increasing access and affordability							
	E	Increase the CLINICAL FUNCTION of the existing workforce	E13	by innovating and advancing workforce composition and care delivery models							
			E14	by achieving top of license delivery within scope of practice limits							
	F	Improve SYSTEMATIC EFFICIENCY of the workforce	F15	by developing a framework for program demonstrations and waiver rule changes							
			F16	by ensuring provider provision in most appropriate settings and high-need locations (e.g., rural)							
	G	UNLOCK capacity of existing workers through leveraging technology	G17	by leveraging technology and data capabilities							
			G18	by enabling virtual access to in-state and out-of-state providers							

Opportunity levers have been initially highlighted for further discussion, per synthesized Commission Member input

Georgia can improve the healthcare workforce supply/demand imbalance through efforts to:

For discussion today

- A1 Retain existing workers** (in state, in the profession, and in the workforce)
- C6 Increase total seats and faculty availability**
- D10 Target a larger pool of candidate students** with outreach and incentive programs

For presentation today

- C7 Ensure students have access to required clinical practical experience/training**
- C8 Better recognize education and work experience**, freeing formal educational capacity
- D11 Increase retention and completion rates**
- E13 Innovate and advance workforce composition and care delivery models**
- E14 Achieve top of license delivery within scope of practice limits**

For offline consideration

- A2 Attract-back** those who have left the healthcare field
- A3 Increase hours worked** by creating flexible staffing opportunities
- B4 Attract healthcare professionals** from other states
- B5 Attract healthcare professionals** from recognized/authorized foreign-trained talent pools
- C9 Create new educational programs** to meet evolving needs
- D12 Increase access and affordability**
- F15 Develop a framework** for program demonstrations and waiver rule changes
- F16 Ensure provider provision** in most appropriate settings and high-need locations (e.g., rural)
- G17 Leverage technology and data capabilities**
- G18 Enable virtual access** to in-state and out-of-state providers



- Opening
- The workforce growth framework
- **Three opportunity levers deep-dive**
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Three opportunity levers for today's deep-dive

The three opportunity levers selected from initial Commission Member input focus on increasing educational capacity and retaining workforce in Georgia

For discussion today

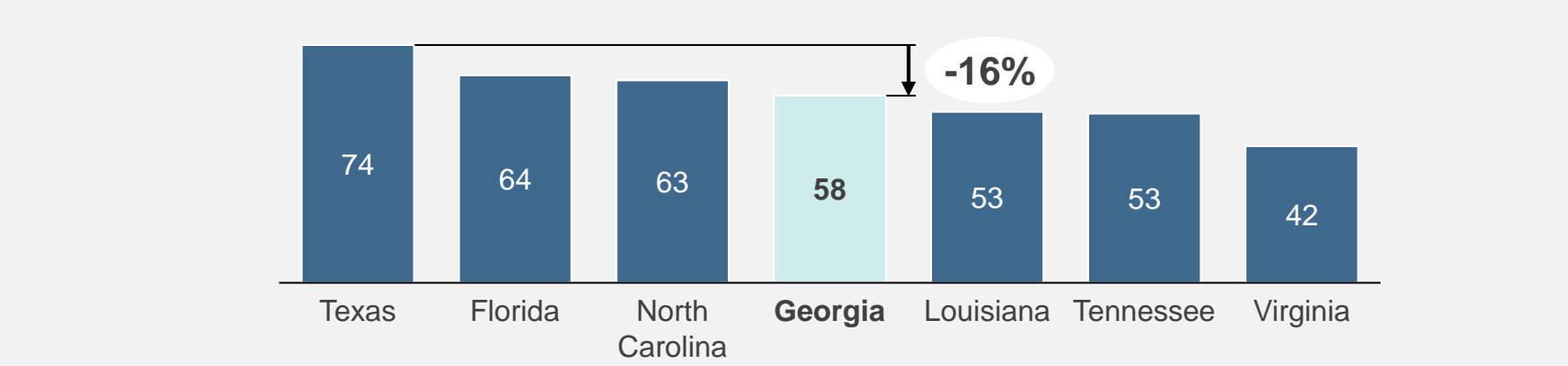
- A1** Retain existing workers (in state, in the profession, and in the workforce)
- C6** Increase total seats and faculty availability
- D10** Target a larger pool of candidate students with outreach and incentive programs



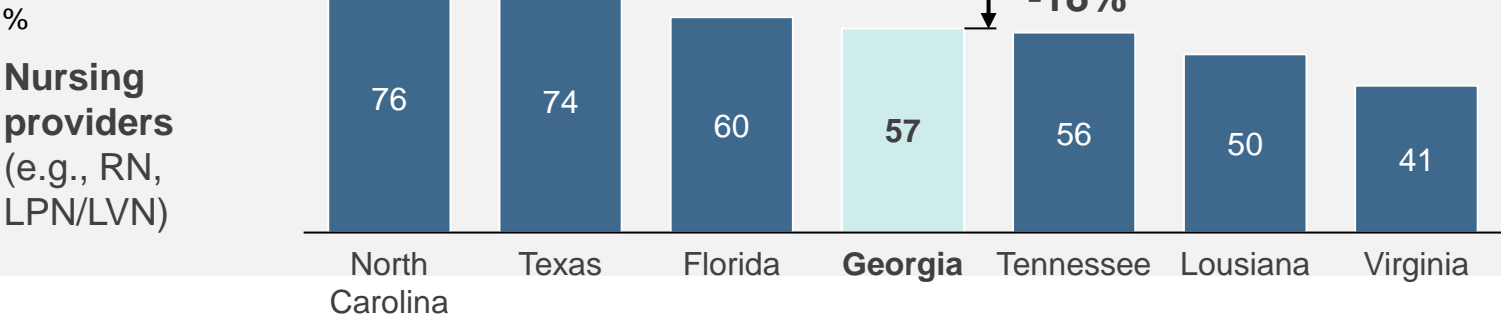
For each of these opportunity levers, the following pages provide context and an objective fact base, as well as example initiatives tied to each opportunity lever

Among students who graduate with healthcare degrees in Georgia, many leave the state

Estimated in-state talent retention after graduation for healthcare occupations¹ based on online profiles², %
State, all healthcare job categories



Estimated talent retention after graduation for nursing care occupations³ based on online profiles²



1. Includes 60 occupations across healthcare practitioners and technical (29-0000), healthcare support (31-0000), community and social service (21-0000) and life, physical and social science (19-0000)
2. Share of grads who remain in-region after completing their degree; based on profiles (LinkedIn, Career Builder, etc.) updated since 2018 for graduates of higher ed institutions
3. Includes: registered nurses, licensed practical and vocational nurses, home health and personal care aides, phlebotomists, nursing assistants, and orderlies
Source: Lightcast™ (formerly EMSI-Burning Glass)

57%

Percentage of Georgia nurses who stay in the state after graduation

76%

Percentage of North Carolina nurses who stay in the state after graduation

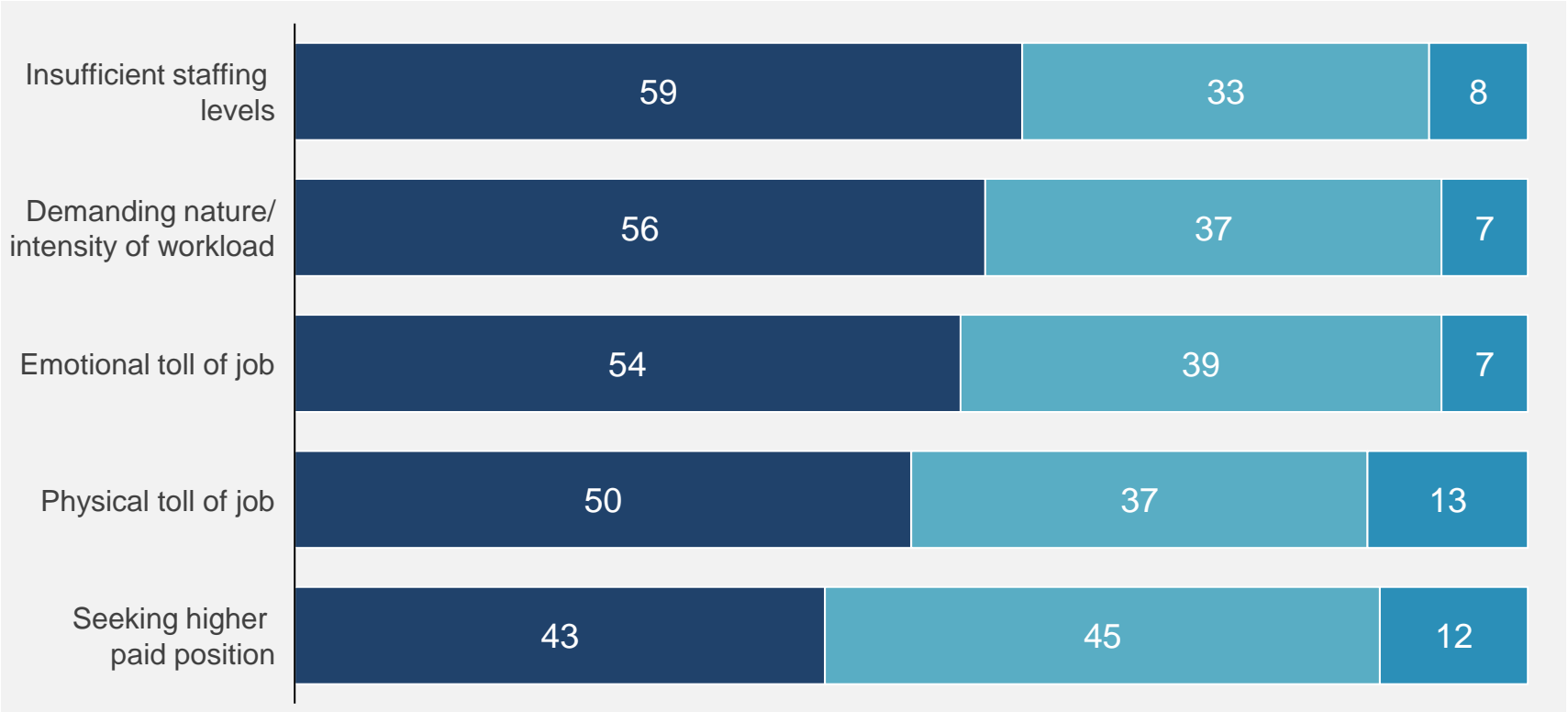
~3,000

Additional healthcare workers per year if Georgia retained graduates at the same rate as North Carolina

Working conditions are driving healthcare workers to leave their positions and the industry

Factors influencing decision to leave current position^{1,2,3}

% of respondents, n = 395, US overall



1. NSI National Health Care Retention & RN Staffing Report
2. TFACTORSLEAVE: Rate the following factors for how important they would be in a decision to leave your current role providing direct patient care, if you were to decide to leave.
3. Excludes respondents who indicated "other" (n = 29). This group most frequently noted "management support," and similar variations, which were consistent with "don't feel listened to or supported at work." Figures may not sum to 100%, because of rounding.
4. Elsevier, Clinician of the Future Report: [elsevier.com/_data/assets/pdf_file/0004/1242490/Clinician-of-the-future-report-online.pdf](https://www.elsevier.com/_data/assets/pdf_file/0004/1242490/Clinician-of-the-future-report-online.pdf)
5. 3.7% annual loss. Retiring workers make up the bulk of the total workers leaving, but this figure also includes workers leaving due to disability, schooling, household management, or other reasons, Lightcast™ (formerly EMSI-Burning Glass)

The supply of healthcare workers is shrinking

47% **3.7%**

Percentage of healthcare workers in a recent survey who indicated that they expected to leave their roles in the next 2-3 years⁴

Percentage of the total healthcare workforce in Georgia lost to retirement/exiting the industry each year⁵

Rising workplace violence threatens healthcare workforce supply

60% **5x**

Increase in rate of workplace violence among healthcare professionals from 2011 to 2018

Increased likelihood to suffer workplace violence among healthcare professionals compared to average worker

Example initiatives to retain existing workers

For discussion today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
A1: Retain existing workers	a: Create and market evidence-based loan payback programs for those who stay in Georgia for four years	<ul style="list-style-type: none"> Students are moving out of state after completing their Georgia education, reducing the total output of the Georgia education system Student loans are a national issue with which many graduates – including healthcare workers - struggle Among nurses who graduate in Georgia, 58% choose to stay after graduation compared to the leading peer state average of 78% in Texas 	<p>An example incentive for Georgia could be to absorb some set amount of college loans leftover after four years of employment in Georgia in a medical role</p> <p>Such a program already exists for physicians in rural areas – with additional marketing and expansion it could serve and attract a wider population</p> <p>Example loan absorption criteria:</p> <ul style="list-style-type: none"> Live and work in Georgia for four years following graduation Graduate from a Georgia institution of higher learning Work in a high-demand medical profession for the duration of those four years
	b: Encourage employers to offer an evidence-based retention bonus that increases with role and years of service in the state		<p>An example incentive for Georgia could be to market and distribute a bonus to all individuals who move to Georgia or remain in Georgia after completing their education in-state after three years of service at a healthcare employer</p> <p>Example retention bonus criteria:</p> <ul style="list-style-type: none"> Work for a healthcare employer Graduate from a Georgia institution of higher learning or move to the state within graduating from an out-of-state institution
	c: Connect Georgian employers and upcoming graduates to promote employment opportunities in the state (e.g., local-first career fair)	<ul style="list-style-type: none"> Georgians completing school may be lured away from the state by out-of-state offers that could be comparable to in-state offers of which they were unaware 	<p>An example program for Georgia could be for the state to encourage introducing students to career opportunities in waves with the first wave being a Georgia-prioritized introduction</p> <p>The introduction would include:</p> <ul style="list-style-type: none"> Information on Georgia employers Exclusive Georgia employer career fairs Prioritize Georgian application deadlines and review rounds
	d: Enhance the required safety training programs for all large care settings	<ul style="list-style-type: none"> Healthcare workers operate in one of the most violence prone job fields in America Healthcare workers are five times as likely to suffer a workplace violence related injury compared to workers overall The rate of workplace violence increased by over 60% among healthcare professionals from 2011 to 2018 	<p>An example change for Georgia could be to require hospitals to hire trainers to lead staff through scenario training for common instances of violence</p> <p>Priorities of Scenarios:</p> <ul style="list-style-type: none"> Ensure other patients' safety Ensure safety of healthcare workers Notify appropriate orderlies/law enforcement to defuse the situation

Example initiatives to retain existing workers

For discussion today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
A1: Retain existing workers	e: Encourage programs that offer in-kind benefits to healthcare workers	<ul style="list-style-type: none"> 51% of nurses indicated they did not feel listened to or supported at work Among bedside nurses, 29% indicated that they are likely to leave their current position within the year 	<p>An example program could be to explore employer-based funding to support packages of amenities by county available to healthcare workers in the area. These amenities can focus on both expressing appreciation and easing outside-of-work constraints</p> <p>Depending on availability, amenities could include offerings such as:</p> <ul style="list-style-type: none"> Childcare Transportation Gym memberships Grocery and food delivery memberships
	f: Establish de-escalation safety personnel presence in hospital ERs	<ul style="list-style-type: none"> Healthcare workers are five times as likely to suffer a workplace violence related injury compared to workers overall The rate of workplace violence increased by over 60% among healthcare professionals from 2011 to 2018 	<p>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</p> <p>After the investigations, regulatory bodies could explore modifying regulations that govern hospitals to seek the appropriate placement of safety personnel in hospitals across the state</p>
	g: Promote access to mental health services for healthcare workers	<ul style="list-style-type: none"> 22% of healthcare workers experienced moderate depression, anxiety, and post-traumatic stress disorder in a collective analysis of 65 studies 	<p>An example program could be to set a standard baseline of access to mental health services and encourage healthcare employers across the state to meet that standard</p> <p>Establishing the standard could come with encouraging local healthcare employers to clearly advertise their offering of mental health services for workers to see when seeking employment in order to support making employment opportunities more attractive</p>
	h: Create a hotline to enable reporting of violence in healthcare settings	<ul style="list-style-type: none"> Healthcare workers are five times as likely to suffer a workplace violence related injury compared to workers overall 	<p>An example program could be to establish a hotline that connects healthcare workers with adequate resources to manage their own well-being and de-escalate the situation</p>
	i: Implement an alternative discipline system to permit conscientious rehabilitation to prevent complaint-worthy-behavior	<ul style="list-style-type: none"> 4.4% of healthcare workers struggle with heavy alcohol consumption and 5.5% struggle with illicit drug use 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 	<p>An example change could be to reform the current complaint system to permit nurses to apply to receive rehabilitative treatment when they self-report and seek help</p>

Georgia’s educational capacity is not meeting the demand for additional healthcare workers

Job category	Employment, 2020, thousands	Projected annual avg. job openings ³ 2020-2025, thousands	Degree/Certificate Completions ² 2020, thousands	Completions retained in state ⁴ 2020, thousands	Gap Annual opening – completions gap, thousands
Nursing Care	191	12.7	10.7	6.2	2.0
Specialty Care ¹	85	9.0	4.2	2.4	4.8
Primary Care ¹	27	3.2	1.4	0.8	1.8
Behavioral Health	26	3.2	4.0	2.3	(1.0)
Pharmacy	21	1.5	0.9	0.5	0.6
Dentistry	18	2.2	1.4	0.8	0.8
EMS	11	1.0	0.5	0.3	0.5

1. Medical assistants are included both in primary care and specialty care. Jobs, openings and completions were distributed based on the relative workforce size of both groups (33% in primary care, 67% in specialty care)

2. To adjust for duplication, the number of completions within each instructional program (CIP) was distributed to each corresponding occupation (SOC) by way of a weighted average based on current employment within occupations. Completions were distributed taking into consideration typical entry level education requirements for each occupation. Graduates from doctor's degree in medicine (mapped to psychiatrists, as well as physicians in primary care and specialty care) are counted in the behavioral health, primary care and specialty care categories

3. Home health aids removed from nursing as it only requires a high school diploma

4. Estimated based on 58% retention rate among all professions. There is a net 1400-person addition to Georgia due to immigration that is spread across all categories

Commission Members cited several pain points for the educational pipeline including:



Attracting faculty



Lack of seats for all qualified applicants



Regulations surrounding part-time faculty



Geographic availability of courses



Clinical training space

Example initiatives to increase total seats and faculty availability

For discussion today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
C6: Increase total seats and faculty availability	a: Encourage state institutions to lead a private fundraising effort to expand teaching facilities	<ul style="list-style-type: none"> Healthcare job openings exceed degree certificate completions by over 16,000 openings annually The number of healthcare certificates (allied health and technical roles) awarded in the state has been trending downward by -4% annually One Commission member noted that the state “need[s] more medical school and nursing school spots” 	<p>An example program for Georgia could be to encourage the USG Board of Regents to encourage fundraising campaigns at the individual university level in pursuit of expanding healthcare programs</p> <p>Fundraising:</p> <ul style="list-style-type: none"> Could capture some amount of natural donations from alumni when presented with the option Could increase donations from healthcare-affiliated alumni familiar with the shortage
	b: Explore opportunities for programs that can increase available faculty and capacity for programs training professionals in key shortage areas		<p>An example program for Georgia could be to explore promotion of funding options for programs based on accomplishment of key metrics</p> <p>Incentives:</p> <ul style="list-style-type: none"> Could allow the state to prioritize graduation rates, enrollment, and certification in key shortage areas Could provide funding for in-need departments at local technical colleges and universities
	c: Explore opportunities to incentivize technical colleges to expand capacity and experiment with innovative ways to accomplish that expansion in key allied health professions in rural areas	<ul style="list-style-type: none"> One Commission member noted that the commute to EMS classes in rural areas could be “70 miles each way so 140 miles round trip every week” Attrition in these pathways can exceed 90% in some programs 	<p>An example program for Georgia could be to draw on Governor Kemp’s previous initiative and work with currently existing technical colleges to expand their allied health profession training</p> <p>Expansion could include:</p> <ul style="list-style-type: none"> Creating a shared system of instruction and resources between institutions across the state Creating satellite courses in rural areas to increase accessibility Invest in high performing instructors to decrease attrition

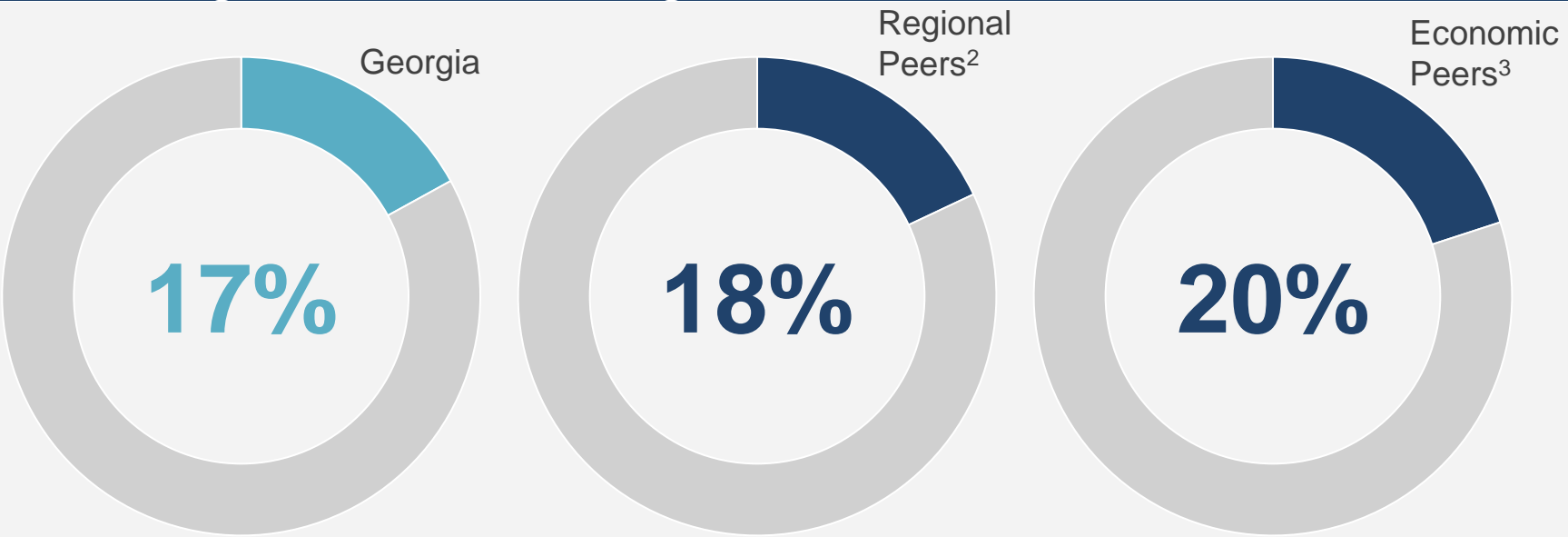
Example initiatives to increase total seats and faculty availability (cont'd)

For discussion today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
C6: Increase total seats and faculty availability	d: Create joint appointments for teaching faculty and clinical staff	<ul style="list-style-type: none"> At nursing schools in Georgia, a majority of the faculty are required to be full-time didactic educators One commission member noted “we don’t have a pipeline for nursing instructing faculty” as a pain point for recruiting instructors Another commission member remarked that “[nurses] can make more in an acute care setting than an academic setting” 	<p>An example program for Georgia could be to encourage partnership between healthcare facilities and educational institutions to allow practicing nurses to teach one day per week to fill instructor spots</p> <p>Program:</p> <ul style="list-style-type: none"> Could allow nurses to work three clinical shifts and one teaching shift per week Could create pipelines between partner institutions to alleviate staffing struggles with new graduates
	e: Adjust regulation among nursing education institutions to allow more part-time teaching faculty	<ul style="list-style-type: none"> The number of healthcare certificates awarded in the state has been trending downward by -4% annually One Commission member noted that the state “need[s] more medical school and nursing school spots” 	<p>An example change for Georgia could be to change from a majority of full-time teaching faculty to a quarter</p> <p>The change:</p> <ul style="list-style-type: none"> Could allow passionate educators to help remedy the lack of instructors while maintaining their primary occupations Could ensure full teaching staff at institutions across the state which would allow educational institutions to enroll larger classes of nurses
	f: Consider incentives for healthcare education faculty to increase the number of instructors		<p>An example program for Georgia could be to consider incentives to attract nurses to teach; example incentives could include to:</p> <ul style="list-style-type: none"> Establish a tax credit for healthcare educators Fund loan forgiveness for educators

Georgia's educational pipeline is limited by financial and completion challenges

Healthcare graduates¹ as % of total graduates, 2019



Pipeline limitations

74%

Percentage of non-performance dropouts in North Carolina who cited financial reasons for dropping out

\$28,400+

Average debt accrued by an American nursing school graduate⁴

16.5%

Percentage of students who intend to study medicine who graduate undergrad with required pre-med coursework

~5,400

Number of additional graduates in the state per year if Georgia matched economic peers in graduate retention

1. Includes all degree and certificate completions for health professions and related programs (CIP 51)
2. Virginia, North Carolina, South Carolina, Tennessee, Florida, Louisiana, Texas, Missouri, Alabama
3. Michigan, Colorado, Arizona, Ohio
4. New York State Nursing Association

Example initiatives to target a larger pool of future students with outreach and incentive programs

For discussion today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
D10: Target a larger pool of future students with outreach and incentive programs	a: Increasing interest in healthcare careers through early education of pre-college students in early career fairs	<ul style="list-style-type: none"> High schools often host college and career fairs to expose students to new opportunities while connecting employers and educators with the newest joiners to the workforce Georgia's students study healthcare fields less frequently than peers – 17% of graduates study healthcare in Georgia compared to 20% for Georgia's economic peers 	<p>An example program for Georgia could be to organize fairs at the county level to showcase all the healthcare options in the area to high school students</p> <p>Program elements:</p> <ul style="list-style-type: none"> Fairs could capture multiple high schools at once by utilizing school district common spaces By organizing at the county level, larger employers and institutions may be incentivized to attend Fairs could help place attendees with summer jobs in healthcare fields
	b: Create healthcare shadowing opportunities for seniors in public high schools	<ul style="list-style-type: none"> 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 	<p>An example program for Georgia could be to encourage school districts to partner with local healthcare facilities to create shadowing opportunities</p> <p>Program elements:</p> <ul style="list-style-type: none"> Students could exchange healthcare shadowing for one of their elective courses senior year Engage in shadowing through the school after school or on weekends
	c: Foster the development of programs that train high school students to immediately join an allied profession with a path to further education	<ul style="list-style-type: none"> 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 Vocational schools across the state currently prepare students to enter the workforce after high school in other fields 	<p>An example program for Georgia could be to establish allied healthcare training programs at the district level to train all interested students from around the school district</p> <p>Program elements:</p> <ul style="list-style-type: none"> 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



Example initiatives to promote/market potential high-need career opportunities in the healthcare professions to prospective high school students

For discussion today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
D10: Target a larger pool of future students with outreach and incentive programs	d: Enhance existing technical school partnerships with public high schools to train students for entry-level healthcare positions	<ul style="list-style-type: none">• 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• Currently, technical courses are available to high school students through the dual enrollment program or through limited vocational programs around the state• In Fall 2018, 25,000 high school students enrolled in TCSG courses through the dual enrollment program	<p>An example program for Georgia could be to encourage partnerships between public high schools and technical schools</p> <p>Program elements:</p> <ul style="list-style-type: none">• Students could graduate with certifications making them eligible to begin work• Students could attend during normal school hours• School district funding could be reallocated to fund these students' participation in the program



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Additional opportunity levers

An additional five opportunity levers were next highlighted by Commission Member input:

- Increasing educational capacity
- Increasing overall efficacy of the workforce to reduce total position demand and extend the capabilities of the existing workforce

For presentation today

C7 Ensure students have access to **required clinical practical experience/training**

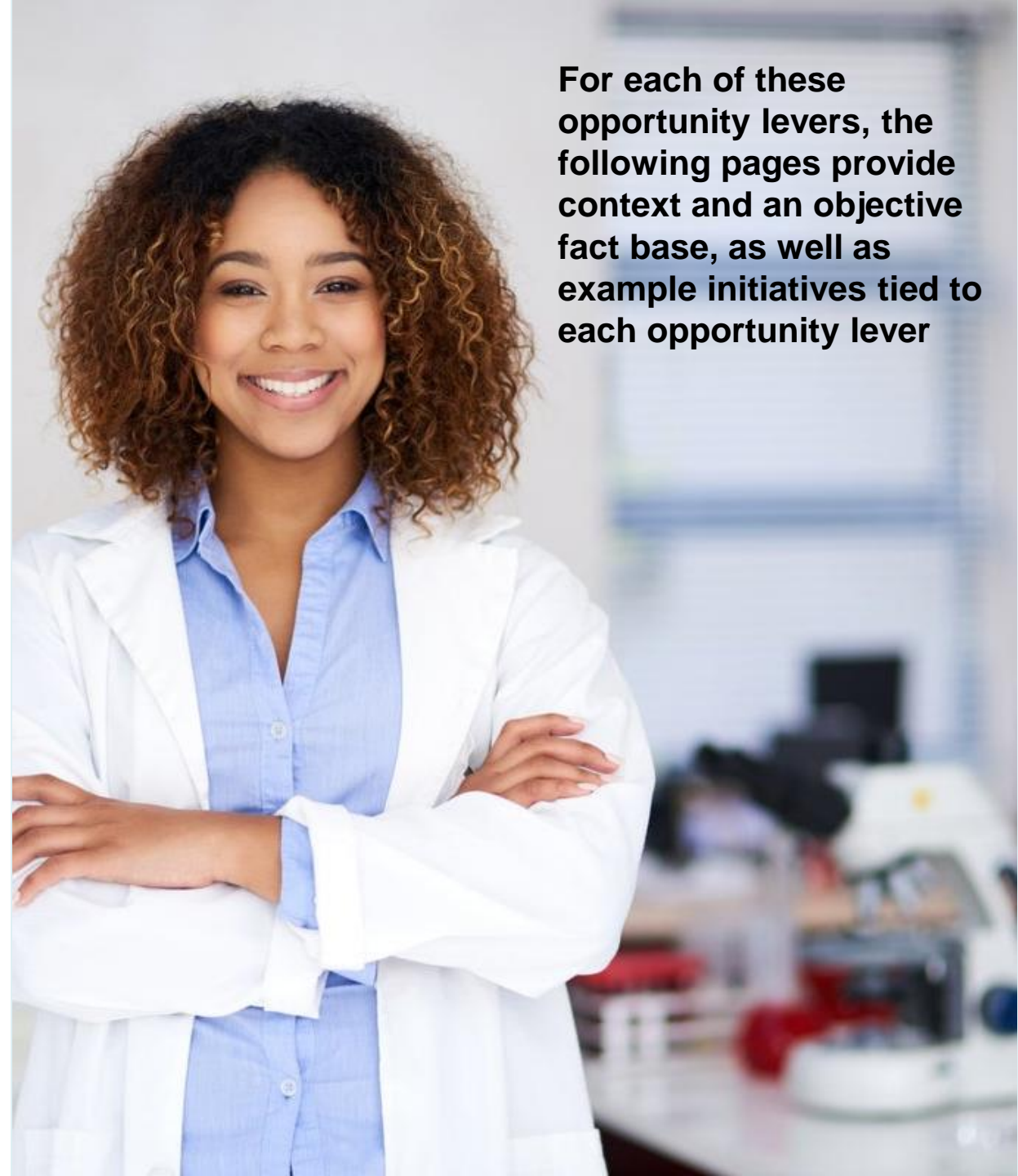
C8 Better **recognize education and work experience**, freeing formal educational capacity

D11 Increase **retention and completion** rates

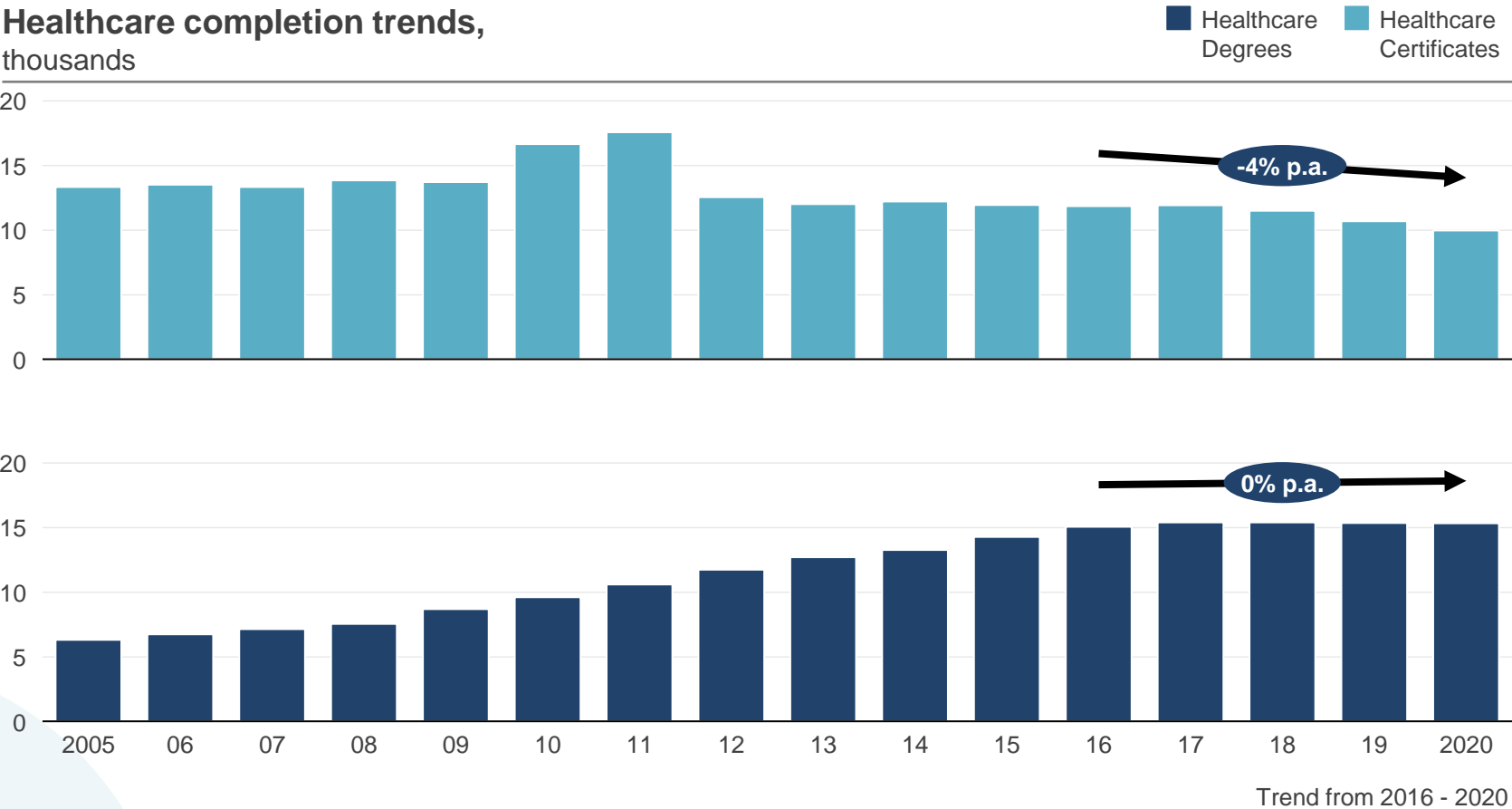
E13 Innovate and advance **workforce composition and care delivery models**

E14 Achieve **top of license delivery within scope of practice limits**

For each of these opportunity levers, the following pages provide context and an objective fact base, as well as example initiatives tied to each opportunity lever



Healthcare degrees granted has flattened, while health occupation certifications have decreased



“One of the most challenging components of increasing capacity is finding access to clinical space”

“[We have trouble recruiting for] Nursing faculty - DNP and PhD prepared
- Commission Member Quote”

1. Includes both degree and certificate completions for all institutions in Georgia. Healthcare was defined as: health professions and related programs (CIP 51)

Source: (chart data). Lightcast™ (formerly EMSI-Burning Glass), National Center for Education Statistics- IPEDS dataset

Example initiatives to ensure students have access to required clinical practical experience/training

For presentation today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
C7: Ensure students have access to required clinical practical experience/training	a: Explore opportunities to increase capacity for students / learners within care settings / training programs	<ul style="list-style-type: none">The current educational pipeline is not producing healthcare workers at a sufficient rate to fill all new positions in the state each yearStates across the country are attempting to expand graduate medical education programsCommission Members consistently identified clinical training space as a bottleneck in the education pipeline in Georgia	<p>An example program for Georgia could be to explore allocating funds to shift resources to high-shortage pathways</p> <p>Funding could:</p> <ul style="list-style-type: none">Incentivize priority use of existing facilities for healthcare training programs
	b: Explore funding options for the development of clinical training facilities		<p>An example program for Georgia could be to allocate funds to universities that expand their clinical training faculty and facilities</p> <p>Funding could:</p> <ul style="list-style-type: none">Establish new spaces or expand existing spaces for clinical instructionHire clinical training faculty to teach additional students

Example initiatives to better recognize education and work experience, freeing formal educational capacity

For presentation today

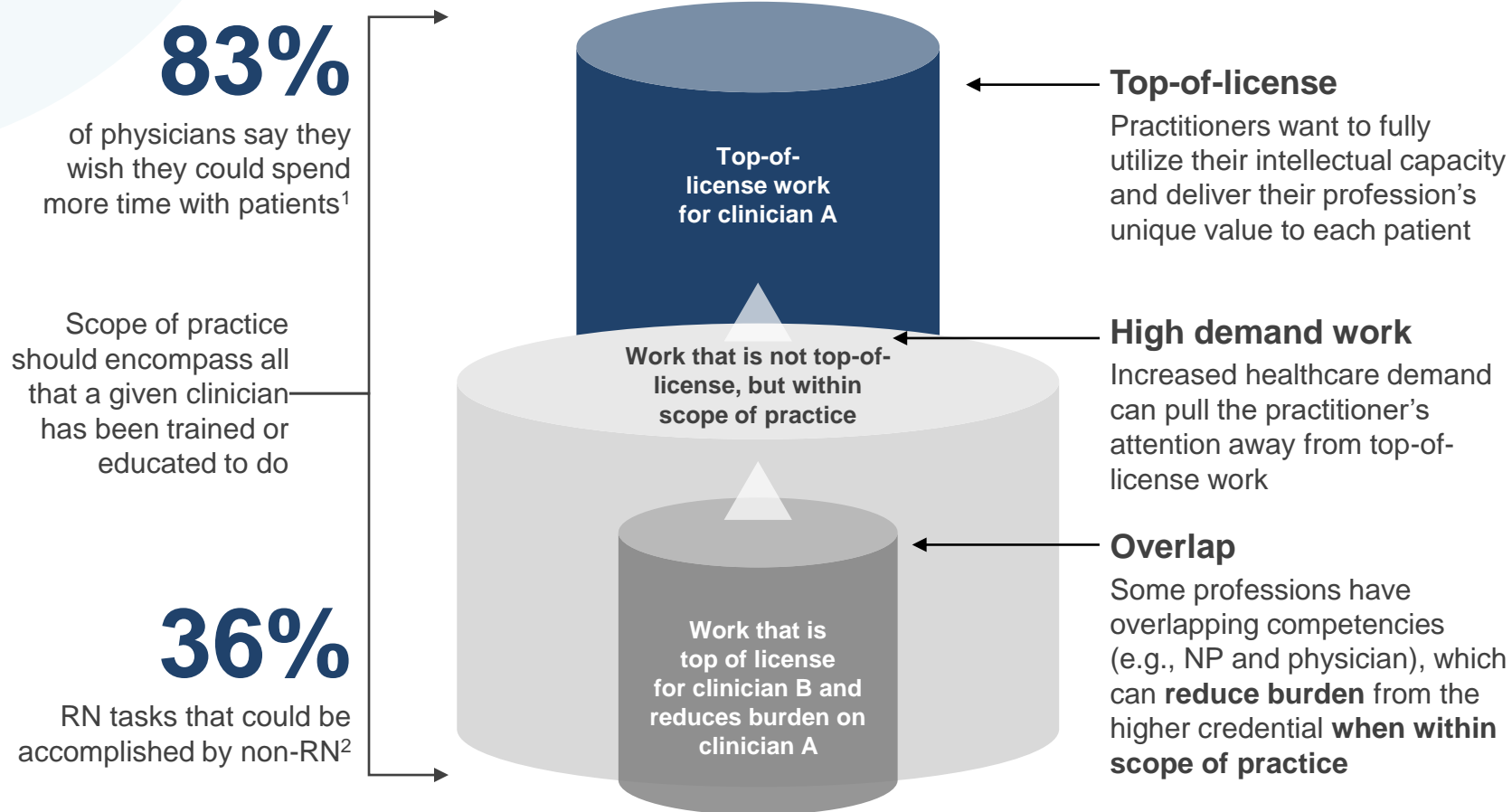
Opportunity Lever	Example Initiative	Rationale	Additional Detail
C8: Better recognize education and work experience, freeing formal educational capacity	a: Implement reskilling and upskilling programs to meet future demand	<ul style="list-style-type: none"> Clear upward trajectory positively influences workers' decisions to stay in their current industry Many non-clinical healthcare workers may have interest in clinical roles without a clear vision of how to make that transition Job openings exceed degree/certificate completions by over 16,000 openings annually 	<p>An example initiative for Georgia could be to encourage employers to create clear pathways by which non-clinical workers can train and take on clinical roles as technicians or entry level clinicians</p> <p>Program could:</p> <ul style="list-style-type: none"> Subsidize cost of training with post training commitment Tap into current pool of non-clinical workers with interest in moving up Create a clear upward pathway for all healthcare workers that inspires them to stay and grow in the field
	b: Reevaluate/change criteria or expand programs to allow more mid-career professionals to access state scholarship programs for regular upskilling	<ul style="list-style-type: none"> Many Georgia scholarship programs such as HOPE and Zell Miller have a time limit attached to eligibility and preclude mid-career workers from taking advantage of them Medical training can cost thousands and be prohibitive for some mid-career professionals looking to transition within the healthcare field 	<p>An example initiative for Georgia could be to create a new scholarship program that funds tuition for furthering healthcare education</p> <p>Eligible recipients could include:</p> <ul style="list-style-type: none"> Those that have aged out of other scholarship programs Those who may not qualify for current scholarship programs but have healthcare experience Those who may not qualify for other scholarships but completed technical programs in healthcare
	c: Work with state regulatory boards to use previous experience to waive preliminary education requirements when pursuing LVN to RN, RN to BSN, and counselor to social worker degree pathways	<ul style="list-style-type: none"> Most healthcare education programs require years of coursework that those with previous healthcare experience may already know Many healthcare workers may have interest in different roles in the healthcare field without a clear vision of how to make that transition 	<p>An example initiative for Georgia could be to determine what courses could be waived with different levels of healthcare education across the industry</p> <p>Program could:</p> <ul style="list-style-type: none"> Decrease the number of courses and time required to upskill Acknowledge expertise accrued through experience Decrease overall cost of upskilling for experienced workers

Example initiatives to increase retention and completion rates

For presentation today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
D11: Increase retention and completion rates	a: Offer targeted financial hardship grants to reduce dropouts for students in final year	<ul style="list-style-type: none"> 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 	<p>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).</p> <p>Grant eligibility criteria:</p> <ul style="list-style-type: none"> Enrolled in a healthcare provision degree Within one year of graduation Able to document financial hardship Have a minimum eligible GPA (above low-performance)
	b: Connect Georgian employers and upcoming graduates to educate and promote employment opportunities	<ul style="list-style-type: none"> Despite a competitive job market, the uncertainty of employment applications and interview processes may cause some graduating students to take guaranteed but less competitive offers Many employers have turned to offering signing bonuses that are \$10,000+ for high priority healthcare workers Among nurses, 42% leave the state after graduation 	<p>An example program for Georgia could be to provide funding contingent upon a Georgia-first career fair for graduates at state institutions</p> <p>The program could:</p> <ul style="list-style-type: none"> 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
	c: Promote industry-education partnerships that offer guaranteed hire/placement for graduating students		<p>An example program for Georgia could be help promote partnerships between large Georgia employers and state institutions</p> <p>Program elements:</p> <ul style="list-style-type: none"> Graduates with certain healthcare degrees would have guaranteed job placement in the state Students would not need to undergo conventional job search process

Healthcare providers could consider how to adjust scopes of practice and simultaneously encourage top-of-license care



1.Source: MD VIP, Physician Health Survey

2.Source: McKinsey & Co., Insights, The productivity imperative for healthcare delivery in the US

3.Source: BMC Research Notes, Article, Enhancing healthcare efficiency to achieve the Quadruple Aim, Note: performance improvement observed in limited study and has not been verified to be scalable

48%

Improvement in healthcare team performance when utilizing skills allowable under licensure³

Potential opportunities:

- Share best practices for working with allied workforce
- Identify and address high-burden/low-impact documentation requirements
- Leverage microcredentials to increase provider's ability to accomplish high-demand tasks
- Review existing scope-of-practice regulations in the state to ensure appropriate and evidence-based
- Develop and share materials that define top-of-license care delivery and improvement standards

Example initiatives to evaluate core work activities for care delivery and recommend opportunities for redistribution of tasks

For presentation today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
E13: Innovate and advance workforce composition and care models	a: Promote best practices for teaming with allied workforce members and how to best distribute administrative tasks across team members	<ul style="list-style-type: none"> Administrative duties can prevent practitioners from working at “top of license” or doing those tasks that they are uniquely trained and able to complete Burdensome documentation requirements have consistently been cited as a source of practitioner burn-out and a factor in sub-optimal outcomes for patients Reducing the volume of administration and sharing the load across the healthcare team could, collectively, improve healthcare team cohesion and efficiency 	<p>An example program for Georgia could promote best practices for teaming with allied workforce members and how to best distribute administrative tasks across team members</p> <p>Georgia stakeholders could:</p> <ul style="list-style-type: none"> Develop and distribute educational information to organizations and practitioners suggesting appropriate methods and examples of distributing administrative tasks to the allied workforce As part of this effort, the stakeholders could leverage and promote the use of existing healthcare team training materials based on previously-identified best practices
	b: Assess opportunity to streamline documentation and other regulatory requirements or practices		<p>An example program for Georgia could establish team of experts to identify opportunities to reduce low-impact/high-burden documentation requirements</p> <p>The program’s charge could be:</p> <ul style="list-style-type: none"> Leverage the findings and recommendations of previously identified best practices when reviewing existing documentation requirements Adjust regulations in accordance with the recommendations of the expert panel Develop informational and educational materials to ensure clinicians are aware of new regulations
	c: Facilitate increased microcredentialing opportunities for high-demand or routine tasks to promote top of license care across healthcare organizations	<ul style="list-style-type: none"> The benefits of micro-credentialing highlighted during the COVID pandemic could lead to increased availability of qualified workers to offer high-need patient services 	<p>An example program for Georgia could develop and work with employers to implement a list of tasks that can be completed by similar professionals given appropriate waivers or microcredentials</p> <p>The program could:</p> <ul style="list-style-type: none"> Develop, in collaboration with employers, a set of tasks which could be performed by similarly skilled professionals, given the appropriate training and applying the appropriate legal waivers, etc. Engage with employers to make sure that they are encouraging employees to take advantage of these trainings and giving them the appropriate opportunities to leverage their new skills

Example opportunities to review and, as necessary and clinically appropriate, expand scope of practice for some professions

For presentation today

Opportunity Lever	Example Initiative	Rationale	Additional Detail
E14: Achieve top-of-license delivery within appropriate scope of practice limits	a: Establish a recurring review or in-depth study of existing scope of practice regulations to ensure they are appropriate, research-based and supportive of industry best practices	<ul style="list-style-type: none"> A commonly voiced concern among clinicians is that they are not fully utilizing their skills and training One study found that 36% of tasks performed by RNs could be safely performed by non-RNs A comprehensive review of existing scope of practice regulations could ensure that Georgia's regulations are appropriate and aligned with current best practices used by other states 	<p>An example effort for GA healthcare stakeholders to collaborate with licensing boards and other relevant authorities to:</p> <p>(a) Conduct an in-depth study to ensure that scope of practice regulations are aligned with current best practices</p> <p>(b) Identify gaps in existing scopes of practice that could be expanded in the respective education/ training pipeline</p> <p>(c) Consider creation of new/expanded healthcare roles that can appreciably reduce non-top-of-license work from higher credentialed health team members</p>
	b: Develop materials defining top-of-license care delivery and improvement playbooks to share with providers to encourage best practice adoption	<ul style="list-style-type: none"> Preventing providers from completing tasks that they are trained and qualified to perform is a failure of working at "top of license", and can impose a loss of efficiency and increased costs on employers 	<p>An example effort for Georgia could be for professional healthcare associations to promote materials defining top-of-license care delivery and improvement standards to share with providers to encourage adoption of best practices</p> <p>Materials should help answer the question "What care activities should be done by who, when?"</p>

Remaining opportunity levers

To fully address the workforce shortage requires a set of opportunity levers, as no single lever is predicted to alone address the issue. Below are additional opportunities that the commission explored.

For offline consideration

- A2 Attract-back those who have left the healthcare field
- A3 Increase **hours worked** by creating flexible staffing opportunities
- B4 Attract healthcare professionals from **other states**
- B5 Attract healthcare professionals from recognized/authorized **foreign-trained talent pools**
- C9 Create **new educational programs** to meet evolving needs
- D12 Increase [educational] **access and affordability**
- F15 Develop a framework for **program demonstrations and waiver rule changes**
- F16 Ensure provider provision in **most appropriate settings and high-need locations** (e.g., rural)
- G17 Leverage **technology and data capabilities** [to expand workforce efficacy]
- G18 Enable **virtual access** to in-state and out-of-state providers





- Opening
- The workforce growth framework
- Three opportunity levers deep-dive
- Additional opportunity levers
- **Next steps**



Next steps and the weeks ahead

Commission Meeting Two

November 30th

- 1 Introduction and process update
- 2 Review and discuss example initiatives in three opportunity levers to be included in final Commission recommendation
- 3 Discuss additional opportunity levers
- 4 Meeting close



Debrief and Prep for Commission Meeting Three

Two Weeks

- 1 *Interview commission members individually to discuss recommendations*
- 2 *Explore potential implementation paths*



Commission Meeting Three

December 12th

- 1 Introduction and process update
- 2 Share proposed commission recommendations
- 3 Discuss early thoughts on potential implementation path
- 4 Commission close