



Healthcare  
Workforce  
Commission

# Commission Meeting Three

December 12, 2022

PROPRIETARY

# Agenda

Topic	Timing	Presenter/format
<b>Opening remarks</b> <ul style="list-style-type: none"><li>Recap of journey to date</li></ul>	1:00 PM – 1:10 PM	Chair Noggle/presentation
<b>Recap select categories with example initiatives</b> <ul style="list-style-type: none"><li>Maximizing our existing workforce</li><li>Optimizing the education system</li><li>Attracting new workers</li></ul>	1:15 PM – 2:00 PM	Chair Noggle/presentation with invitation to Commission Members to add perspective
<b>Recap healthcare infrastructure reinforcements</b>	2:00 PM – 2:30 PM	Chair Noggle/presentation
<b>Recap occupation-specific initiatives</b>	2:30 PM – 2:50 PM	Chair Noggle/presentation
<b>Wrap-up and final remarks</b> <ul style="list-style-type: none"><li>Note next steps and timeline</li></ul>	2:50 PM – 3:00 PM	Chair Noggle/presentation

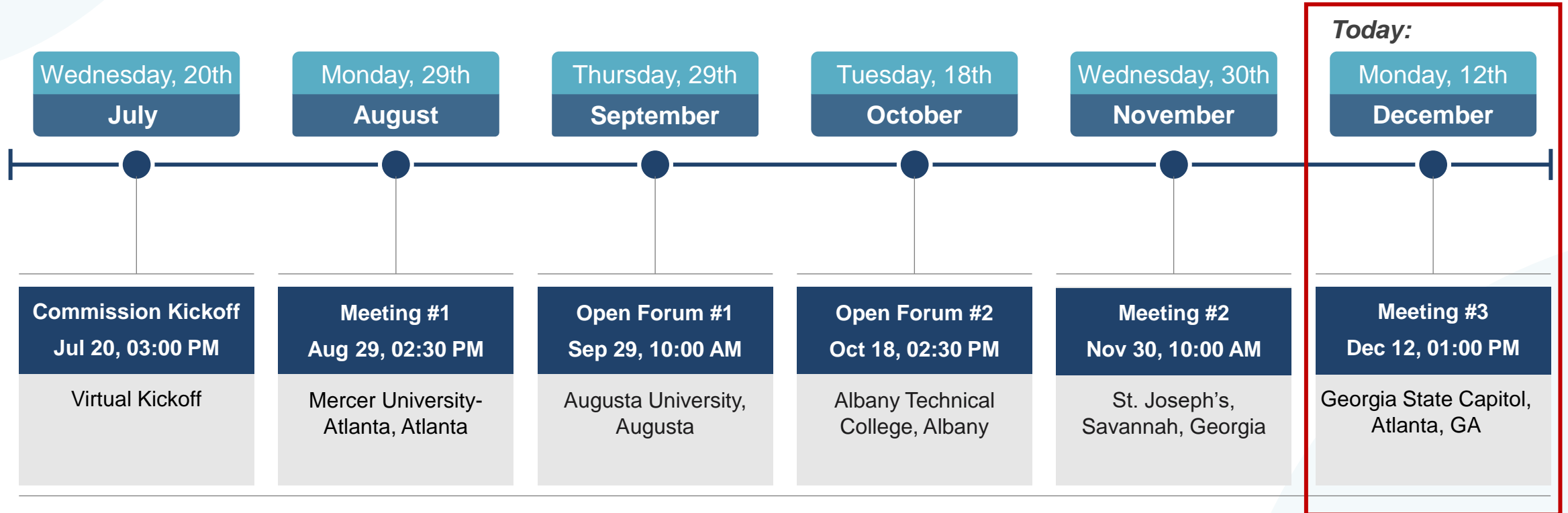


## Objectives

- Review the **identified potential opportunity levers** that could improve GA's healthcare workforce
- Provide **overview of additional opportunity levers**
- Review **next steps** to support assembling the Commission's report and moving towards implementation



# This is the third and final Commission Meeting



...

**We will discuss example initiatives associated with the three areas for improvement, as well as healthcare infrastructure reinforcements and occupation-specific ideas**

### **Areas for improvement**



**Maximizing our existing workforce**



**Optimizing the education system**



**Attracting new workers**

### **Healthcare infrastructure reinforcements**



**Centralized data clearinghouse**



**Partner with and support the Board of Nursing**

### **Occupation-specific**



**Emergency Medical Services**



**Behavioral Health**

# The discussion will focus on three opportunity levers highlighted by Commission Members

Areas of improvement		Strategies	Opportunity Levers		X# Highlights for presentation today	X# For offline consideration
How can Georgia meet the healthcare workforce needs of the state?	Maximizing our existing workforce	A Maximize <b>RETENTION</b> and <b>AVAILABILITY</b> of trained professionals	A1	by <b>retaining existing workers</b> (in state, in the profession, and in the workforce)		
			A2	by <b>attracting-back those who have left the healthcare field</b>		
			A3	by <b>increasing hours worked</b> by creating flexible staffing opportunities		
		B Advance the <b>EFFICACY</b> of the existing workforce	B4	by innovating and advancing <b>workforce composition and care delivery models</b>		
			B5	by achieving <b>top of license delivery within scope of practice limits</b>		
			B6	by developing a framework for <b>program demonstrations and waiver rule changes</b>		
			B7	by ensuring provider provision in <b>most appropriate settings and high-need locations</b> (e.g., rural)		
			B8	by leveraging <b>technology and data capabilities</b>		
			B9	by enabling <b>virtual access</b> to in-state and out-of-state providers		
	Optimizing the education system	C Increase Georgia's educational <b>CAPACITY</b>	C10	by increasing <b>total seats and faculty availability</b>		
			C11	by ensuring students have access to <b>required clinical practical experience/training</b>		
			C12	by better <b>recognizing education and work experience</b> , freeing formal educational capacity		
			C13	by creating <b>new educational programs</b> to meet evolving needs		
	Attracting new workers	D Increase interest levels, access, and completion rates of <b>LEARNERS</b>	D14	by <b>targeting a larger pool of incoming students</b> with outreach and incentive programs		
			D15	by increasing <b>retention and completion</b> rates		
			D16	by increasing <b>access and affordability</b>		
		E <b>ATTRACT</b> healthcare workers from outside of Georgia	E17	by attracting healthcare professionals from <b>other states</b>		
			E18	by attracting healthcare professionals from recognized/authorized <b>foreign-trained talent pools</b>		



# Maximizing our existing workforce

Highlighted possible initiatives

A1

Maximize **RETENTION** and **AVAILABILITY** of trained professionals **by retaining existing workers** (in state, in the profession, and in the workforce)

## Addressing violence in the workplace

### What

To improve worker retention, well-being, and sustainability, healthcare stakeholders could work to address and decrease workplace violence

### How

Healthcare stakeholders could consider piloting programs with measures such as establishing staff and systems for alert and de-escalation when violent situations happen, particularly in high-incidence areas such as psychiatric wards and emergency room; and supporting legislative efforts to strengthen prosecution in a manner that optimally preserves victims' safety, privacy, and emotional wellbeing

### Why

Healthcare workers may feel safer, more appreciated, and prepared to handle violence when it occurs in their workplaces

## Loan forgiveness for healthcare workers

### What

The state and healthcare stakeholders could explore relieving students' financial burden by providing opportunities for loan forgiveness to those who remain in-state post graduation

### How

The program could forgive a portion of healthcare workers' student debt if they agree to live and work in Georgia for a set number of years

### Why

With resources for targeted marketing and expansion, a loan payback program could attract a wide population across the workforce to enter occupations and localities in need across the state



# Optimizing the education system

Highlighted possible initiatives

C10

Increase Georgia's educational **CAPACITY** by increasing **total seats and faculty availability**

## QuickStart for Healthcare

### What

A program like “QuickStart” that utilizes the Technical College System of Georgia (TCSG) could be expanded or used as a model through which workers could be trained to enter allied healthcare pathways

### How

The program could be a partnership between the state and healthcare employers that utilizes state funding to subsidize some portion of training of needed workers for handoff and employment in Georgia

### Why

The program would support worker retention in-state, impact the largest worker category among healthcare workers, and provide downstream benefits to promote having all workers operate at the top of their credentials

## Earn-and-learn programs

### What

“Earn-and-learn” programs could be used both to eliminate the need for workers to choose between either pursuing education or practicing to meet their personal financial obligations, as well as incentivize clinical practitioners to upskill to take on faculty roles

### How

Earn-and-learn programs could provide stipends that allow students to earn wages while completing their required clinical hours, as well as incentivize healthcare workers to upskill or reskill to take on educator roles

### Why

These programs could increase the number of students pursuing education in healthcare pathways and alleviate the shortage of caregivers in healthcare settings, as well as expand the number of academic faculty



# Attracting new workers

Highlighted possible initiatives

**D14**

Increase interest levels, access, and completion rates of **LEARNERS** by **targeting a larger pool of incoming students** with outreach and incentive programs

## Optimize and market dual enrollment opportunities in healthcare fields for high school students

### What

Healthcare stakeholders in Georgia could explore opportunities to connect high schoolers with allied healthcare training programs

### How

The Dual Enrollment program in the state already fosters this sort of partnership between state universities and Georgia high schools but increased marketing and resources could entice more students to pursue healthcare professions through this pathway

### Why

The program could expand the entry point to healthcare pathways and enable high school graduates to enter the workforce with employment and opportunity for growth

## Create additional scholarship opportunities for healthcare education programs

### What

Healthcare and education stakeholders could consider increasing the number of scholarship opportunities for students interested in entering healthcare pathways

### How

Stakeholders could consider expanding eligibility of state-funded scholarships to students interested in healthcare or funding new scholarships specifically catered to healthcare pathways that provide expanded eligibility compared to state-wide merit scholarships

### Why

Students may lack certain qualifications for merit aid due to external responsibilities affecting academic performance (such as working several jobs or personal obligations to family), but those same students who may meet basic requirements for becoming credentialed in the field also may have the potential to become leading healthcare professionals if given support

# Healthcare infrastructure reinforcements: Support centralized data clearinghouse

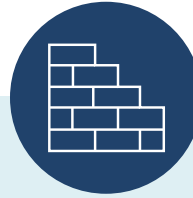
Highlighted possible initiatives

## What



To more accurately measure the impact of this Commission's recommendations or to aim to prevent the gaps seen in the present workforce, healthcare stakeholders in Georgia may benefit from a centralized data clearinghouse with uniform reporting standards

## How



The data clearinghouse could involve:

- Charging an existing state department with maintaining widely interoperable state-level data
- Establishing required reporting schedules and formats
- Using reporting schedules and formats that could be attached to extant healthcare provider questionnaires
- Setting data fields that could be published to all stakeholders in the state

## Why



Peer states that exhibit greater retention and training of healthcare workers often have extensive state-level data clearinghouses used to inform their decisions. While a data clearinghouse is unlikely to improve the workforce supply on its own, it is a foundational investment that could enable other initiatives and efforts to succeed

# Healthcare infrastructure reinforcements: Partner with and support the Board of Nursing to advance the healthcare workforce agenda

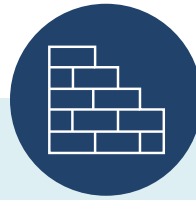
Highlighted possible initiatives

## What



The Board of Nursing sets the regulations that govern nursing licensure and education in the state and maintains jurisdiction over many state-level regulations that affect the way nurses practice in the state and the way educational institutions structure their nursing programs. Adjustments of specific regulations, could allow healthcare educators and providers to operate more efficiently and effectively

## How



Partner with and support the Board of Nursing to consider ideas offered by the healthcare workforce commission members. These ideas include:

- Allowing part-time faculty to be counted in required student-to-instructor ratios
- Changing the ratio of permitted part-time teaching faculty allowed in didactic settings
- Considering an alternative discipline system for reports against nurses

## Why



These potential changes could help remedy the shortage of instructional faculty, provide experienced nurses with the flexibility to teach and practice simultaneously, and increase the number of students allowed within educational institutions. Combined with initiatives to increase interest in healthcare pathways and increase clinical capabilities, updates to these regulations could provide non-resource-intensive pathways to bolster Georgia's workforce

# Occupation-specific: Emergency Medical Services

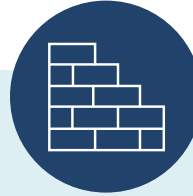
Highlighted possible initiatives

## What



The bulk of the training pipeline has shifted from technical colleges to private employer-organized classes. EMS administrators note that associated challenges include a decreased availability and accuracy of data surrounding training, decreased transferability between counties, and increased costs to EMS providers to train new workers

## How



### **Technical schools could:**

- Expand capacity to train EMS workers
- Explore hybrid course options to connect rural areas to remote campuses
- Implement approaches that allow for reward of effective instructors and remedy of underperforming programs

### **State stakeholders could:**

- Support data collection and transparency to inform decisions by EMS providers and instructors

## Why



Reforms to EMS and EMS education could promote decreased ambulance response times, increased recruiting of EMS professionals, higher pass rates among test takers, and increased efficacy of programs and dollars spent on education

# Occupation-specific: Behavioral Health

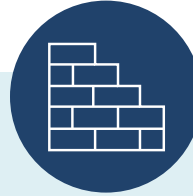
Highlighted possible initiatives

## What



Besides ensuring that behavioral health is supported appropriately in other example initiatives that are implemented (e.g., exploring creation of scholarships for individuals seeking to enter the behavioral health workforce), Commission members noted several potential measures that could support increasing the talent pipeline and retaining existing professionals

## How



### **Healthcare stakeholders could:**

- Support more on-the-job, practical training for behavioral health support positions
- Expand role of behavioral health support positions
- Streamline credentialing for qualified providers who want to practice both in Georgia and in other states
- Maintain flexibility in Georgia's telehealth regulations to make evidence-based practices permanent

## Why



These reforms could expand the pipeline of students looking to enter behavioral health, decrease attrition among workers by reducing burnout, and ease the duties of current behavioral health workers to focus on more care provision



**Thank you!**



# Appendix

# A1a: Create and market evidence-based loan payback programs for those who stay in Georgia for four years



## Rationale and Context<sup>1</sup>

- 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<sup>1</sup>
- Georgia already facilitates a loan payback program for rural physicians (the PRAA), but these programs see relatively little usage among healthcare workers<sup>2</sup>



## Opportunity

### The state could:

- Provide a cash repayment for outstanding loans after four years; or
- Issue state held loans to those seeking medical education that can be forgiven four years after graduation

**An example program** for Georgia could be to absorb some set amount of college loans leftover after four years of employment in Georgia in a medical role

Such a program already exists for physicians in rural areas – with additional marketing and expansion it could serve and attract a wider population

### Loan absorption criteria:

- 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
- Share of graduates who remain in state after completing their degree; based on profiles (LinkedIn, Career Builder, etc.) updated since 2018 for graduates of higher ed institutions
  - Commission Member Interviews

Source: Georgia Healthcare Workforce Commission Meeting One Factbase



## Potential Impact

**Increased retention** among students in key healthcare professions, up to a defined ceiling on program participants. **Georgia could guarantee** that a set number of its medical professionals will remain in state for at least four years



## Potential Implementation Barriers

**Funding required:** Funding requires a per-student debt absorption requirement which could increase the state debt. Funding could be capped based on an early declaration/registration of those seeking to use the program

**Marketing:** Without sufficient marketing funds, the program may not gain any traction



## Impacted Professions

The program could apply to select professions in high demand



## State's Potential Role

- |   |  |
|---|--|
| <input type="radio"/> Propose Legislation       | <input type="radio"/> Facilitate Program     |
| <input checked="" type="radio"/> Fund Incentive | <input type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program              | <input type="radio"/> Support as necessary   |



## Complementary Opportunity:

A2, B4, D10, D12

# A1a: Case study: Georgia Physicians for Rural Areas Assistance Program

## Overview

The Georgia Physicians for Rural Areas Assistance Program offers annual cash loans of \$25,000 that are forgiven after a year spent working in a qualifying Georgia county and can be renewed for up to four years for a total of \$100,000 in loan forgiveness.

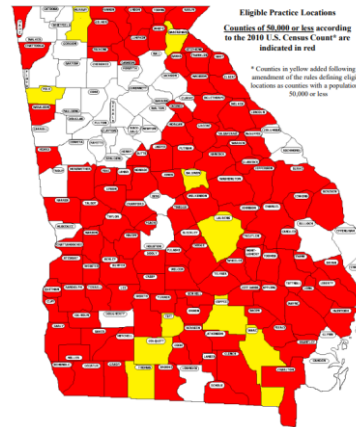
The program is available to all American citizens who reside in a Georgia county with a population of less than 50,000 people, have an accredited medical degree, and work full-time in direct patient care.

## Goals

- **Attract physicians** to rural Georgia counties
- Hold physicians in these counties for such a period that they might **settle and stay** after that four-year period

## Impact

- Physicians may move to the least populated and most underserved counties in Georgia
- A vast majority of the state is served by this program



## Potential implementation barriers

**Funding:** The program offers up to \$100,000 per individual which, if adopted by many, could pose a burden upon the state budget

**Administration:** Reviewing applications and supplying funding may provide administrative burden

**Effectiveness:** The program may need to collect and monitor efficacy to ensure its success

## Stakeholders

**Physicians:** Post-graduation physicians can submit applications annually and renew for up to four years

**Rural Areas:** Rural areas currently struggle to attract medical talent and this program helps make these areas more attractive for fresh graduates of medical school

**Rural Providers:** Rural facilities would receive the physicians in the program

**Georgia Board of Healthcare Workforce:** They administer the current program and allocate its funding to recipients

# A1b: Encourage employers to offer an evidence-based retention bonus that increases with role and years of service in the state



## Rationale and Context<sup>1</sup>

- Students are **moving out of state after completing their Georgia education**, reducing the effective total output of the Georgia education system
- Research indicates that healthcare workers have more student debt than any other category – solutions that focus on loan recovery can have an outsized impact on attraction<sup>1</sup>
- Among nurses who graduate in Georgia, **58% choose to stay after graduation** compared to the leading peer state average of **78%** in Texas<sup>2</sup>



## Opportunity

### The state could:

a) Offer a retention bonus that increases with role and years of service for those in an approved healthcare workforce category

**An example program** for Georgia could be to encourage employers 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 pre-approved employer

### Retention bonus criteria:

- Work for a pre-approved healthcare employers
- Graduate from a Georgia institution of higher learning or move to the state after graduating from an out-of-state institution



## Potential Impact

**Increased retention** among students in key healthcare professions, up to a defined ceiling on program participants.  
**Increased attraction** of students completing their education in other states



## Potential Implementation Barriers

**Funding required:** Funding would require a per-graduate retention bonus which could increase burden on the state budget. Funding could be capped based on an early declaration/registration of those seeking to use the program or have a ceiling

**New program development:** Program definition may need to establish guardrails to reach a consensus on bonus size and eligibility



## Impacted Professions

All healthcare professions with a documented shortage.



## State's Potential Role

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|--|--|
| <input checked="" type="radio"/> Propose Legislation | <input type="radio"/> Facilitate Program     |
| <input checked="" type="radio"/> Fund Incentive      | <input type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program                   | <input type="radio"/> Support as necessary   |

## Complementary Opportunity:

A2, B4, D10, D12

1. Financial Advisor Magazine

2. Share of graduates who remain in state after completing their degree; based on profiles (LinkedIn, Career Builder, etc.) updated since 2018 for graduates of higher ed institutions

Source: Georgia Healthcare Workforce Commission Meeting One Factbase

Consideration: State employers could also be directed to adjust compensation methodologies to pay annual bonuses to encourage retention

## A1b: Case study: Heart of America Medical Center

### Overview

Over multiple rounds, the Heart of America Medical Center dispersed bonuses to full-time and part-time healthcare workers throughout 2020 to alleviate demand and decrease turnover

**Bonuses:** \$1,000 for full-time employees and \$250 to \$500 for part-time employees

The program was intended to provide a “much-needed boost for [their] staff at a time when many were struggling with the various economic toils of the COVID pandemic.”<sup>1</sup>

### Goals

- **Decrease turnover** among healthcare workers
- **Express gratitude** to healthcare workers for efforts during challenging circumstances

### Impact

- CEO claimed it “help[ed] to retain many of our dedicated team members”
- Leadership noted a lack of significant turnover during distribution of the bonuses

### Potential implementation barriers

**Funding:** The program increased costs to the facility by \$1,000 per full-time employee which, for a rural facility, could hinder the finances of the hospital

**Efficacy:** The facility may need to ensure retention by creating requirements for the bonus

### Stakeholders

**Full-time and part-time healthcare workers:** The workers are eligible for retention bonuses and priority for the hospital

**Healthcare employers:** In this case, employers are responsible for funding and distributing the bonuses

**Healthcare worker unions and associations:** They may be involved in continually renegotiating retention bonuses and driving long term retention



1. Erik Christenson, CEO of Heart of America Medical Center, Beckers Hospital Review

# A1b: Case study 2: New York State Health Care and Mental Hygiene Worker Bonus (HWB) Program

## Overview

The HWB program aims to “**recruit, retain, and reward health care and mental hygiene workers**” with bonuses of up to \$3,000 for all eligible healthcare workers after a set vesting period

**Bonus:** Qualifying healthcare workers will receive bonuses of up to \$1,500 after six month vesting periods – varying bonus amounts are based upon hours worked during vesting periods

**Vesting:** Employees of qualifying employers are eligible for up to two vesting periods

Bonuses are available to all eligible employees of approved New York healthcare providers. Full-time, part-time, and temporary employees are all eligible provided their annual salary does not exceed \$125,000

## Goals

- Amidst a challenging employment landscape for healthcare workers, New York hopes to **incentivize healthcare employment** in the state
- **Reward the current employees** of the New York health system for their efforts

## Impact

- **\$1.2 Billion** in state funds leveraged
- Healthcare workers **feel appreciated** which may **decrease attrition** and increased compensation may **attract workers** from out of state

## Potential implementation barriers

**Funding:** The program cost the NY Legislature \$1.2 Billion, which would equate to nearly \$650 M at the same bonus level, adjusted to the Georgia population

**Administration:** Identifying and verifying eligible workers and distributing bonuses could become administratively difficult

## Stakeholders

**Healthcare Workers:** Healthcare workers are eligible to receive retention bonuses

**New York Legislature:** The State of New York is funding the retention bonuses through their annual state budget

**People of New York:** The retention bonuses are paid with the NY State budget which is largely funded by taxpayer dollars



# A1c: Connect Georgian employers and upcoming graduates to promote employment opportunities in the state (e.g., local-first career fair)



## Rationale and Context<sup>1</sup>

- Two driving factors determining where someone moves after school 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
- Georgians completing school may be lured away from the state by out-of-state offers when potentially comparable in-state offers may exist



## Opportunity

### Healthcare stakeholders in Georgia could:

- Encourage local educational institutions to hold Georgia-only career fairs; or
- Encourage career counselors to prioritize Georgia institutions for employment

**An example program** could encourage the prioritization of Georgia healthcare employers in the first wave of career fairs and counseling, potentially increasing retention in the state

The introduction would include:

- Information on Georgia employers
- Exclusive Georgia employer career fairs
- Priority Georgian application deadlines and review rounds



## Potential Impact

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



## Potential Implementation Barriers

**Buy-in:** Such a program would require buy in from both employers and educational institutions – without buy-in, the fair may be poorly populated by employers or attended by students

**Coordination:** A successful attempt at this program would require coordination between universities, employers, industry associations, and university career services departments – coordination between these different institutions could be challenging but would be necessary



## Impacted Professions

All healthcare professions with a documented shortage.



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program |
| <input type="radio"/> Fund Incentive      | <input type="radio"/> Adjust Rule/Regulation        |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary          |



## Complementary Opportunity:

D10

# A1c: Case Study: Maine Career Center

## Overview

The Maine Career Center is run by the Maine State Government. It hosts a variety of specialty career fairs for those seeking employment in the state. Some are focused on employment that is in-town or in-state.

### The fair:

- Is free of charge for employers to set up and speak to attendees
- Is free of charge to anyone hoping to learn more about the opportunities present
- Features exclusively employers from Maine
- Ensures that jobs attained through fairs remain in the state and contribute to the employment of the state
- Occurs in several locations throughout the state to provide accessibility

## Goals

- Connect Maine employers to Maine residents seeking employment in the state
- Ensure residents remain in-state

## Impact

- Fairs allow the state to target specific areas for increased exposure and employment
- Allows the state to intercede in attempts from other states to lure away talent

## Potential implementation barriers

**Ensuring exclusive in-state offers:** Some employers may be interstate employers who would be eligible for such a fair but may still divert talent out of state

**Attendance and marketing:** Some applicants may be frustrated with the selection of employers – marketing and communication would determine attendance

## Stakeholders



**Maine Career Center:** The career center is the arm of the state government in charge with planning and executing these recruitment efforts

**Students:** Students would attend the fairs

**Maine Employers:** They must populate the in-state exclusive fair to make it appealing to potential employees

**Industry Associations:** Associations could help organize and promote their professions at these fairs

**University Career Services:** Career services could connect job-seeking students and graduates with these state-run fairs

# A1d: Enhance the required safety training programs for all large care settings



## Rationale and Context

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



## Opportunity

Healthcare stakeholders in Georgia could:

- Encourage use of NAMI-Georgia drafted workplace violence prevention course as outlined in Causes of Violence Against Healthcare Workers final report;<sup>3</sup> or
- Require peace-officer level training for healthcare workers

**An example change** for Georgia could be to require hospitals to lead employees through annual or biannual NAMI-Georgia encouraged training

Training includes:

- Empathy exercise
- Identifying violent situations
- Principles of de-escalation

1. American Hospital Association  
2. Bureau of Labor Statistics  
3. State Senate, Senate Research Office



## Potential Impact

**Decreased rates of injury due to violence** in large care settings.

Healthcare workers may **feel heard and safer** overall – likewise, they would be able to respond better



## Potential Implementation Barriers

**Curriculum regulation:** Input from regulatory bodies would need to review trainings and ensure the content is relevant and useful



## Impacted Professions

All healthcare professions with a documented shortage.



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input type="radio"/> Facilitate Program                |
| <input type="radio"/> Fund Incentive      | <input checked="" type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary              |



## Complementary Opportunity:

A2, B4, B5

# A1d: Case Study: HSS Inc. Techniques for Effective Aggression Management Training

## Overview

HSS Techniques for Effective Aggression Management (TEAM) training is workplace safety training geared toward hospitals. It focusses on de-escalation, handling disruptive behavior before it becomes violence, and always maintaining workers' safety

### The Training:

- Can be taught by in-person representative or eLearning formats
- Comes at several different price points for different training sizes
- Can qualify for continuing education credits necessary to maintain a medical license in Georgia

## Goals

- Prepare healthcare workers to handle or avoid workplace violence safely
- Reduce injuries among healthcare workers
- Ensure healthcare professionals feel safe at work

## Impact

- The eLearning training can reduce training costs by over 40% compared to instructor-led courses
- Prepares healthcare workers to respond to violence if it occurs
- Often decreases insurance costs for hospitals

## Potential implementation barriers

**Funding:** This training is high-cost and could be difficult to supply to every hospital in the state. However, the state could design something in-house to provide to local hospitals to accomplish the same end

## Stakeholders

**Healthcare Workers:** Facing growing violence in the workplace, healthcare workers stand to benefit from additional safety trainings

**GA Board of Healthcare Workforce:** The state government would be responsible for funding/administering the training program

**Providers:** Healthcare providers could be responsible for administration and paying for the training



# 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<sup>1</sup>
- Healthcare workers are **five times as likely to suffer a workplace violence related injury compared to workers overall**<sup>2</sup>
- The rate of workplace violence **increased by over 60%** among healthcare professionals from 2011 to 2018<sup>2</sup>



## Opportunity

### Healthcare stakeholders in Georgia could:

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

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program     |
| <input type="radio"/> Fund Incentive      | <input checked="" type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary              |



## Complementary Opportunity:

A2, B4, B5

# 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



# A1g: Promote access to mental health services for healthcare workers



## Rationale and Context

- Healthcare workers operate in one of the most violence-prone job fields in America<sup>1</sup>
- Healthcare workers are **five times as likely to suffer a workplace violence related injury compared to workers overall**<sup>2</sup>
- The rate of workplace violence **increased by over 60%** among healthcare professionals from 2011 to 2018<sup>2</sup>
- 22%** of healthcare workers experienced moderate depression, anxiety, and post-traumatic stress disorder in a collective analysis of 65 studies<sup>3</sup>



## Opportunity

### Healthcare stakeholders in Georgia could:

- Fund and administer a network of mental health services to be accessed by healthcare workers; or
- Encourage healthcare employers to establish a baseline of mental health service access for employees across the state

**An example program** could be to set a standard baseline of access to mental health services and encourage healthcare providers across the state to meet that standard

Establishing the standard could come with a state backed certification for workers to see when seeking employment that makes employment opportunities more attractive and vetted



## Potential Impact

Increased focus on mental health could increase the well-being of healthcare workers and decrease burnout

Employers with greater focus on mental health could present a more appealing employment proposition to prospective workers



## Potential Implementation Barriers

**State consensus:** Setting any standard for mental health access across urban and rural areas could prove challenging

**Adoption:** Without mandating such a minimum standard, healthcare providers would need to voluntarily adopt the standard which, if not widely adopted, could limit the measure's efficacy



## Impacted Professions

All healthcare professions subject to workplace violence



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program   |
| <input type="radio"/> Fund Incentive      | <input type="radio"/> Adjust Rule/Regulation          |
| <input type="radio"/> Fund Program        | <input checked="" type="radio"/> Support as necessary |



## Complementary Opportunity:

A2, B4, B5

1. American Hospital Association

2. Bureau of Labor Statistics, <https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm>

# A1g: Case Study: Minnesota Department of Health



## Overview

The Minnesota Department of Health created and published a set of resources to help workers and employers to decrease the toll of mental illness on the healthcare worker population

### Resources include:

- Handouts to educate workers on coping mechanisms
- Digital resources to enable employers to build out mental health service offerings
- Guides on wellness and self-care
- Collection of resources and directory to mental health professionals

These resources were compiled to alleviate the stress of the COVID-19 pandemic, but they could easily support workers in non-pandemic situations



## Goals

- Promote resources for healthcare workers to manage short term anxiety and stress
- Establish channels by which healthcare workers can pursue further long-term care



## Impact

- This initiative is new and in response to the pandemic – it is contributing to the Minnesota DOH's general push to increase retention among healthcare workers
- The initiative has decreased the barrier to mental healthcare



## Potential implementation barriers

**Collecting resources:** Collecting the resources to publish may benefit some providers over others so managing competing interests could pose a challenge

**Marketing:** For the resources to be useful, healthcare workers must know about them which may require extensive marketing



## Stakeholders

**Healthcare workers:** Healthcare workers could benefit from increased access to mental health resources

**Department of Health:** They are responsible for compiling and advertising the resources

**Healthcare providers:** Decreased burnout among healthcare workers as a result of improving mental health could improve the efficiency and retention of healthcare workers



**DEPARTMENT  
OF HEALTH**

# A1h: Create a hotline to enable reporting of violence in healthcare settings



## Rationale and Context

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



## Opportunity

### Healthcare stakeholders in Georgia could:

a) Establish a statewide hotline to report violence against healthcare workers;

**An example program** could be to establish a hotline that immediately connects healthcare workers with adequate resources to manage their own well-being and de-escalate the situation

The hotline operator could distinguish between situations that require localized security as opposed to local law enforcement and could forward along necessary resources to all affected parties



## Potential Impact

De-escalation and proper response techniques may promote more positive outcomes

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

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



## Potential Implementation Barriers

**Establishment and marketing:** Establishing and marketing a new hotline may require planning, training, and resources

**Staffing:** The hotline would need trained operators to answer the line and direct resources which would require time to train them and resources to employ and manage them



## Impacted Professions

All healthcare professions subject to workplace violence



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation     | <input checked="" type="radio"/> Facilitate Program |
| <input type="radio"/> Fund Incentive          | <input type="radio"/> Adjust Rule/Regulation        |
| <input checked="" type="radio"/> Fund Program | <input type="radio"/> Support as necessary          |



## Complementary Opportunity:

A3, B4, B5

1. American Hospital Association

2. Bureau of Labor Statistics, <https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm>

# A1h: Case Study: National Domestic Violence Hotline

## Overview

The National Domestic Violence Hotline provides support and resources to those who call the hotline

### Resources include:

- Planning support for safety
- Connecting callers with local resources
- Help identifying abuse
- Discretely connecting callers with emergency services

The caller hotline connects those in need with the most appropriate resources possible that and aims to minimize escalation of dangerous situations

## Goals

- Connect victims of violence with the proper resources to handle their situation
- Organize and administer resources to combat domestic violence

## Impact

- The hotline served over **6,000 callers** in Georgia in 2019
- Over **1,300** of those callers accepted offers of support
- The hotline connected callers with resources such as **womenslaw.org**, **United Way**, **goodtherapy.org**, and **several others**

## Potential implementation barriers

**Administration:** Running the hotline may require resources and personnel to ensure that callers receive adequate advice and prompt responses

**Marketing:** Marketing the line to those who need it most could be challenging – it may require funding and widespread advertising to ensure awareness of the hotline

## Stakeholders

**Survivors of domestic violence:** Victims of violence can call the line and receive support

**National Domestic Violence Hotline:** They manage the hotline and provide resources to callers

**Local responders:** Local responders can often be connected to survivors to help resolve conflicts



# C10a: Encourage state institutions to lead a private fundraising effort to expand teaching facilities



## Rationale and Context

- One Commission member noted that the state “**need[s] more medical school and nursing school spots**”
- Natural attrition among students in these pathways may indicate an **opportunity to expand class sizes beyond the state’s projected job growth**
- 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**
- Universities often have effective fundraising departments which may help in this effort if the state encouraged or supported the effort



## Opportunity

### Healthcare stakeholders in Georgia could:

- Collaborate with the University System of Georgia Board of Regents to encourage university fundraising efforts to accommodate an increase in healthcare training and education; or
- Organize a statewide fundraising initiative and establish a board to allocate funds to public and private institutions with greatest opportunity for growth

**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

### Fundraising:

- 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

Source: Georgia Healthcare Workforce Commission Meeting One Factbase



## Potential Impact

**Awareness** of the healthcare shortage could drive **more private resources** to educational institutions by informing and tapping into alumni bases of Georgia schools

**Enable** healthcare stakeholders to direct resources to the education pipeline



## Potential Implementation Barriers

**Local fundraising efficacy:** By relying on university fundraising operations, the state could be subject to the inconsistencies of local fundraising departments

**Marketing:** Marketing for such a large fundraising effort requires coordination and consistent messaging across universities and populations which may be challenging

**Buy-in:** State institutions may have conflicting priorities regarding expansion and may not wish to expand their healthcare education capabilities



## Impacted Professions

All healthcare professions with a documented shortage.



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program |
| <input type="radio"/> Fund Incentive      | <input type="radio"/> Adjust Rule/Regulation        |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary          |



## Complementary Opportunity:

C7, C8, D11, D12

# C10a: Case Study: Colby-Sawyer College

## Overview

Colby-Sawyer College in New Hampshire is seeking to expand its healthcare teaching capabilities to attract new students and remedy the growing healthcare worker shortage across the state and nation

Its partner health system, Dartmouth-Hitchcock, donated \$3.25 million to expand the size of its nursing program by over 30% along with establishing new programs in addiction studies, healthcare administration, medical lab sciences and social work<sup>1,2</sup>

To supplement Dartmouth-Hitchcock's donation, the college raised \$2.2 million from other donors

## Goals

- Expand and establish new teaching programs to prepare students to fill vacancies at Dartmouth-Hitchcock and beyond
- Hire new faculty to teach the new programs and expanded class sizes of nurses

## Impact

- Expanded the nursing undergraduate program by over **30%**
- More than **doubled** the graduate student populations in healthcare fields
- Added **25 nursing students** in the newly-minted accelerated nursing program

## Potential implementation barriers

**Private fundraising:** Fundraising among private donors could be unreliable and may require extant donor connections and networks

**Rapid expansion:** The program seeks to materialize much of this expansion within a year which could be challenging to accomplish considering the construction of new facilities

## Stakeholders



**Colby-Sawyer students:** These are the students eligible to use and benefit from the facility

**Donors:** Donors may need to be convinced to contribute to the project

**Colby-Sawyer College:** The college is responsible for fundraising and spending the funds on this project

**Dartmouth-Hitchcock:** They supplied the bulk of the donation to establish these programs and will hire many of the graduates

# C10b: Establish a state incentive for programs that can increase available faculty and capacity for programs training professionals in key shortage areas



## Rationale and Context

- The number of healthcare certificates awarded in the state has been **rending downward by -4% annually**
- One Commission member noted that the state **“need[s] more medical school and nursing school spots”**
- Natural attrition among students (via dropping the program or leaving the state) in these pathways may indicate an **opportunity to expand starting capacity beyond the projected employment opportunities in the state**
- Job openings exceed degree/certificate completions by over **16,000 openings annually**



## Opportunity

### Healthcare stakeholders in Georgia could:

- Allocate additional funding to institutions that prioritize expanding class sizes for key shortage areas; or
- Encourage increased faculty recruiting volume from state institutions to prompt growth of those programs

An **example program** for Georgia could be to designate funds to be distributed based on accomplishment of key state-set metrics

### Incentives:

- 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



## Potential Impact

Institutions may be able to **prioritize institution-specific initiatives** to expand their faculty and capacity in the most effective way

**Natural and sustainable increase** in class sizes that promotes long-term growth of the work force to supply healthcare professions in the state



## Potential Implementation Barriers

**Graduation lag:** Incentivized program growth may not immediately impact the workforce shortage as training completion introduces a lag before effective workforce participants are added. However, increases to capacity could have an enduring influence as annual degree increases could continually impact the shortage

**Coordination:** Quickly increasing recruitment at state institutions may conflict with strategies of individual hospitals and health departments – success may require alignment between these two interested parties

**Sufficient incentive:** To ensure that institutions buy-in, the financial incentive should be sufficient to encourage institutions to change their policies to comply with state-set metrics



## Impacted Professions

All healthcare professions that require additional education and have shortages



## State's Potential Role

- |   |  |
|---|--|
| <input type="radio"/> Propose Legislation       | <input type="radio"/> Facilitate Program     |
| <input checked="" type="radio"/> Fund Incentive | <input type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program              | <input type="radio"/> Support as necessary   |



## Complementary Opportunity:

C7, C8, D11, D12

# C10b: Case Study: Washington State High-Demand Enrollment Expansion

## Overview

In 2021, the Washington State Legislature provided \$2 Million to increase enrollment at technical and community colleges for high demand fields including healthcare, technicians, and Science-Technology-Engineering-Mathematics fields

To receive the funding, the institution must provide information to identify how they intend to improve enrollment in the given fields

The institutions must prove that the funding will be used to further expand enrollment and progression in these high-demand fields

High-demand fields are defined as fields in which the number of graduates is less than the number of open opportunities in the state per year

## Goals

- Grow high-demand training programs to meet healthcare employment shortages
- Increase salaries of technical faculty to fill instructor shortages

## Impact

- Technical and community colleges have **increased access to funds** to develop and expand in-demand programs
- Students may have **more opportunities to receive educations** in employable programs
- Washington State Technical Colleges have a proven record of positive impact in the state – **for every dollar the state invests, it gets back \$1.70 in tax revenues**

## Potential implementation barriers

**Use of funding by institutions:** Institutions may not use the funding in the most efficient way which may decrease the potential number of additional workers produced by the program

## Stakeholders



**Technical and Community Colleges:** They can apply for and receive the funding from the state

**State legislature:** The state legislature provided the funding and the provisions of its distribution

**Students:** Students can enroll in and benefit from additional training opportunities for in-demand fields

**Professional associations:** Professional associations help communicate the needs of their industries

## C10c: Provide incentive funding for technical colleges to expand capacity and experiment with innovative ways to accomplish that expansion in key allied health professions in rural areas



### Rationale and Context

- The current educational pipeline is **not producing allied healthcare workers at a sufficient rate to fill all new positions** in the state each year
- 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
- Many allied healthcare workers are leaving the field to take non-healthcare positions for more competitive wages



### Opportunity

#### Healthcare stakeholders in Georgia could:

a) Direct additional funding to technical colleges to expand allied healthcare training programs; or

**An example program** for Georgia could be to expand on Governor Kemp's previous initiative and provide additional funding to currently existing technical colleges to expand their allied health profession training

Expansion could include:

- 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



### Potential Impact

Increased convenience may help more allied healthcare workers **complete their programs**

**Increased accessibility** for training programs across rural areas



### Potential Implementation Barriers

**Marketing:** If expanding operations into rural areas, it may be beneficial to widely advertise to capture as much of the sparse population as possible

**Prioritizing colleges for funding:** Deciding how to distribute the funding across the state could become challenging when considering which rural areas different schools may serve



### Impacted Professions

Allied Health Professions, including reimbursement specialists<sup>1</sup>



### State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation       | <input type="radio"/> Facilitate Program              |
| <input checked="" type="radio"/> Fund Incentive | <input type="radio"/> Adjust Rule/Regulation          |
| <input type="radio"/> Fund Program              | <input checked="" type="radio"/> Support as necessary |



### Complementary Opportunity:

C7, C9, D11, D12

# C10c: Case Study: Missouri funds expansion in its nursing programs

## Overview

To respond to the nationwide healthcare worker shortage, the Missouri governor delegated nearly \$3 million in grant funding to the Missouri State Board of Nursing who split the grants among 11 schools in the state

The awarded programs proposed innovative ways to increase faculty, develop career ladder programs in high school, lead virtual simulations, and others

The funding joins the extant Nursing Education Incentive Program (NEIP) which already manages over \$8 million in funds with the ambition to improve infrastructure for nursing programs and promote innovation in those programs

## Goals

- Increase the quality of education for those already in or intending to be in the nursing pathway
- Increase the number of seats available in nursing pathways to alleviate the state-wide shortage

## Impact

- **11 schools** around the state will receive a combined **\$3 million** to expand their capacity to educate nurses
- The programs are **experimenting with new ways to educate nurses** and **expand the capacity of current programs** including **narrowing the discrepancy in pay for nursing educators**

## Potential implementation barriers

**Implementation:** For the innovative solutions to work, they must be properly researched and implemented

**Funding amounts:** Amounts at individual schools may not be sufficient to raise faculty wages to competitive levels which could warrant the program's expansion

## Stakeholders



**Office of the Governor:** As the creator of this program, the governor will fund the program

**Technical Colleges:** With the influx of funding, the colleges can experiment and expand their programs to meet demand

**Technical College and Dual Enrollment Students:** The students will be the ones to complete the coursework and gain employment as a result of the program

**Missouri State Board of Nursing:** They allocated the funds to specific schools

# C10d: Create joint appointments for teaching faculty and clinical staff



## Rationale and Context

- One Commission member noted that the state “**need[s] more medical school and nursing school spots**”
- At nursing schools in Georgia, a majority of the faculty are required to be full-time didactic educators<sup>1</sup>
- 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”<sup>2</sup>



## Opportunity

### Healthcare stakeholders in Georgia could:

a) Encourage joint appointment programs to allow acute care nurses to teach courses in nursing schools alongside their clinical duties

**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

### Program:

- 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



## Potential Impact

Educational institutions may be able to attract more faculty and **expand the number of annual nursing graduates**

Health system partnerships with educational institutions could provide a **steady supply of new nurses** to Georgia healthcare facilities



## Potential Implementation Barriers

**Graduation lag:** Incentivized program growth may not immediately impact the workforce shortage as training completion introduces a lag before effective workforce participants are added. However, increases to capacity could have an enduring influence as annual degree increases could continually impact the shortage

**Coordination:** Striking partnerships between healthcare facilities and education institutions may require commitments from both parties which could become challenging

**Adjusting the regulation:** Adjusting the regulation may garner blowback from current stakeholders



## Impacted Professions

All nursing professions



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input type="radio"/> Facilitate Program                |
| <input type="radio"/> Fund Incentive      | <input checked="" type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary              |



## Complementary Opportunity:

C7, C8, D11, D12

1. Rules and Regulations of the State of Georgia

2. Commission Member Interviews

Source: Georgia Healthcare Workforce Commission Meeting One Factbase

# C10d: Case Study: College of Health Professions at Pace University

## Overview

Holding a joint position as a clinical nurse and nursing instructor is only limited by nurses' ability to handle both demanding jobs at once – in 2017, Pace University sought to remedy the demand of instructing by temporarily converting tenure-track positions into clinical-faculty positions

The clinical faculty do not need to research or publish as they dedicate all their efforts to teaching and service

The clinical-faculty positions only require a masters degree compared to the required PhD for tenure track faculty

## Goals

- Create less intensive instructing opportunities to allow more adjunct instructors to serve as faculty
- Supply enough faculty to meet the demand of the nursing student population

## Impact

- Since 2017, Pace has **met the demand** of expanding its nursing program
- Through additional state funding, Pace is renovating and **expanding one of its teaching facilities** – this is only necessary when the school has sufficient educators
- Likewise, in the period since changing their staffing model, they have **grown student numbers** and **established scholarships** for some of those additional students

## Potential implementation barriers

**Research production:** By converting tenure-track faculty to clinical faculty, the school may produce less research output

**Professor reception:** Tenure-track faculty may not support the conversion of tenure-track roles to clinical-faculty so their buy-in could be considered

## Stakeholders



**Pace University:** They made the change and were able to expand their teaching capacity

**Nursing students:** Expanded class sizes allowed more students to study nursing

**Clinical-faculty:** Because of the change, more clinical faculty were able to step in to meet demand

**Tenure-track faculty:** They maintained their roles and had their workload supported by clinical-faculty

# C10e: Adjust regulation among nursing education institutions to allow more part-time teaching faculty



## Rationale and Context

- One Commission member noted that the state “**need[s] more medical school and nursing school spots**”
- At nursing schools in Georgia, a majority of the faculty are required to be full-time didactic educators<sup>1</sup>
- 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”<sup>2</sup>



## Opportunity

### Healthcare stakeholders in Georgia could

a) Adjust the Rules and Regulations of the State of Georgia to permit more part time faculty

**An example change** for Georgia could be to change from a majority of full-time teaching faculty to a quarter

The change:

- 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



## Potential Impact

With more part-time faculty, educational institutions may be able to **fill out their roster of educators** to meet demand

With a full teaching staff, **educational institutions could increase their class sizes** to create more graduates over time



## Potential Implementation Barriers

**Graduation lag:** Incentivized program growth may not immediately impact the workforce shortage as training completion introduces a lag before effective workforce participants are added. However, increases to capacity could have an enduring influence as annual degree increases could continually impact the shortage

**Adjusting the regulation:** Adjusting the regulation may garner blowback from current stakeholders



## Impacted Professions

All nursing professions



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input type="radio"/> Facilitate Program                |
| <input type="radio"/> Fund Incentive      | <input checked="" type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary              |



## Complementary Opportunity:

C7, D11, D12

1. Rules and Regulations of the State of Georgia

2. Commission Member Interviews

# C10f: Consider incentives for healthcare education faculty to increase the number of instructors



## Rationale and Context

- The number of healthcare certificates awarded in the state has been **rending downward by -4% annually**
- One Commission member noted that the state **“need[s] more medical school and nursing school spots”**
- 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”<sup>1</sup>



## Opportunity

### Healthcare stakeholders in Georgia could:

- Create incentives for healthcare educators to attract faculty; or
- Delegate funding to educational institutions to raise salaries of educators to competitive rates

**An example program** for Georgia could be to create state-funded incentives to attract nurses to teach

### Incentives:

- Establish a tax credit for healthcare educators
- Fund loan forgiveness for educators
- Supply low-interest mortgages to healthcare educators



## Potential Impact

With state-provided incentives, educational institutions may be able to **attract more healthcare educators**

Over time, institutions may be able to **expand class sizes** for healthcare pathways to increase the ultimate number of graduates each year



## Potential Implementation Barriers

**Graduation lag:** Incentivized program growth may not immediately impact the workforce shortage as training completion introduces a lag before effective workforce participants are added. However, increases to capacity could have an enduring influence as annual degree increases could continually impact the shortage

**Establishment:** Deciding upon and funding an incentive may prove challenging in the Legislature

**Administration:** Some incentives may require administration and oversight by the state government which could burden administrators with additional work



## Impacted Professions

All healthcare professions that require additional education and have shortages



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input type="radio"/> Facilitate Program                |
| <input type="radio"/> Fund Incentive      | <input checked="" type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary              |



## Complementary Opportunity:

C7, D11, D12

1. Commission Member Interviews  
Source: Georgia Healthcare Workforce Commission Meeting One Factbase

# C10f: Case Study: Preceptor Tax Incentive Program (PTIP)

## Overview

PTIP is a program established in 2014 to provide a tax deduction to community-based physicians who provided uncompensated training to medical and nursing students

The tax credit is limited to those who are not paid for teaching but provides a total of \$8,500 in tax credits for physicians and up to \$6,375 to advanced practice registered nurses and physician assistants

The program allows funds to be accumulated on a rolling basis of 160-hour preceptorships that are worth varying amounts depending on number of preceptorships completed that year and profession

PTIP is the first program of its kind in the US

## Goals

- Thank uncompensated instructors for their service to the state's medical and nursing students
- Provide a financial incentive to entice healthcare professionals to engage in uncompensated preceptorships

## Impact

- The program has facilitated **3,327 total student rotations** around the state
- Recruited **18,000 total participants** in the program
- Partnered with **1,139 professionals** to mentor students

## Potential implementation barriers

**Legislative viability:** Maintaining and expanding this program requires the continued support of the legislature which could be impacted by economic and political factors.

**Tax administration:** The credit may place an additional burden on tax officials to verify it

## Stakeholders



**Georgia State Legislature:** The legislature is responsible for funding and expanding the program if they choose to do so

**Uncompensated preceptors:** They benefit from the tax benefit

**Students:** Students receive the clinical training from uncompensated preceptors

**Residency/clinical programs:** Save costs for other initiatives by not paying preceptors

# D14a: Increasing interest in healthcare careers through early education of pre-college students in early career fairs



## Rationale and Context<sup>1</sup>

- The current educational pipeline is **not producing healthcare workers at a sufficient rate to fill all new positions** in the state each year
- 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**



## Opportunity

Healthcare stakeholders in Georgia could:

- Host career and college fairs centered around healthcare pathways for high school students; or
- Encourage high schools to welcome more healthcare employers and educators into already existing fairs

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

Program elements:

- 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



## Potential Impact

Exposing students to **high-demand healthcare pathways** that may inspire them to pursue a career in the field

Creates an opportunity for healthcare employers and educators to pitch their programs and **increase applications**



## Potential Implementation Barriers

**Organization:** Collecting thousands of high-schoolers across multiple schools alongside dozens if not hundreds of healthcare institutions would be an intense organizational undertaking at the county level

**Attendance:** By limiting the fair to healthcare pathways, many students may not choose to attend which could limit the efficacy of the fair



## Impacted Professions

Entry level healthcare professions



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program |
| <input type="radio"/> Fund Incentive      | <input type="radio"/> Adjust Rule/Regulation        |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary          |



## Complementary Opportunity:

D12

1. Georgia Healthcare Workforce Commission Meeting One Factbase

# D14a: Case Study: Georgia Southern STEM Career Fairs

## Overview

Georgia Southern hosts multiple career fairs for students throughout the academic year and could serve as an example for hosting healthcare-specific career fairs

They host targeted career fairs for both employers and graduate school recruiters

The school has targeted fairs aimed at connecting STEM (another industry with a worker shortage in America) employers and STEM pathway students – the fair attracts over 500 students and 138 employers from across the state and nation to Statesboro to connect students and STEM employers<sup>1</sup>

## Goals

- Connect soon-to-graduate students with employment opportunities in high-demand fields
- Expose younger students to the opportunities STEM pathways provide before they declare their major

## Impact

- The in-person networking component of these events attract **34 employers** to meet students
- The fair brings together **500-700 students** and **138 employers** from Georgia and beyond
- Students may be more likely to **remain in-state** to pursue opportunities presented at the fairs
- Graduating students **have easier access to those employers and recruiters** at the career fairs

## Potential implementation barriers

**Organization:** A successful fair requires hundreds of recruiters from employers

**Quality:** Quality of employers and materials could affect whether students choose to pursue STEM pathways after the fair

## Stakeholders



**Students:** Students attend the fairs and connect with recruiters

**Employers:** Employers focus on recruiting soon-to-graduate students and exciting younger students to return to these pathways later

**GA Southern:** They organize the fair and host both employers and students

1. Grice Connect  
2. Georgia Southern University

# D14b: Create healthcare internship opportunities for seniors in public high schools



## Rationale and Context<sup>1</sup>

- 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<sup>2</sup>
- 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:**

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

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program |
| <input type="radio"/> Fund Incentive      | <input type="radio"/> Adjust Rule/Regulation        |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary          |



## Complementary Opportunity:

D12

1. Georgia Healthcare Workforce Commission Meeting One Factbase

2. Education Week

# D14b: 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



**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

# D14c: 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<sup>1</sup>

- 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<sup>2</sup>
- Vocational schools across the state currently prepare students to enter the workforce after high school in other fields



## Opportunity

Healthcare stakeholders in Georgia could:

- Fund vocational high schools to create allied healthcare training programs; or
- 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 train 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   |



## Complementary Opportunity:

C7, D12

1. Georgia Healthcare Workforce Commission Meeting One Factbase

## D14c: 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<sup>1,2</sup>

### 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

# D14d: Enhance existing technical school partnerships with public high schools to train students for entry-level healthcare positions



## Rationale and Context<sup>1</sup>

- 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<sup>2</sup>
- 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<sup>3</sup>



## Opportunity

**Healthcare stakeholders in Georgia could:**

- Encourage more partnerships between public high schools and technical schools; or
- Fund vocational programs at high schools taught by local technical school instructors

**An example program** for Georgia could be to enhance and encourage partnerships between public high schools and technical schools

Program elements:

- 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



## Potential Impact

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

**Could 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

**Organization:** A program like this one may require coordination across curricula and requirements between technical schools and high schools that may challenge the viability and success of the program



## Impacted Professions

Entry-level healthcare professions



## State's Potential Role

- |  |   |
|--|---|
| <input checked="" type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program |
| <input type="radio"/> Fund Incentive                 | <input type="radio"/> Adjust Rule/Regulation        |
| <input type="radio"/> Fund Program                   | <input type="radio"/> Support as necessary          |



## Complementary Opportunity:

C7, C9, D12

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

## D14d: Case Study: Technical College System of Georgia Dual Enrollment program

### Overview

The TCSG Dual Enrollment program allows qualifying Georgia high schoolers to attend Georgia technical colleges to earn certifications alongside high school graduation requirements

The program allows students to double their credit qualifications to satisfy both high school and college requirements

The first 30 credit hours are fully funded through the program

Students can graduate high school on time with accompanying technical certifications and degrees<sup>1</sup>

### Goals

- Enable and attract high school students to technical college pathways
- Decrease time and cost to receive training in high-demand pathways

### Impact

- Prepare high school students to enter the healthcare workforce directly out of high school without incurring any cost
- **25,000 Georgia high school students** enrolled in this program in fall 2018
- Decrease the opportunity cost of receiving an education by bundling it with pre-existing education programs
- Total state support for the program and supporting programs topped **\$199 million** in FY 2018

### Potential implementation barriers

**Attraction:** For these programs to be successful, they may need a widespread marketing campaign to inform and attract students to the program

### Stakeholders



**Technical colleges:** Technical colleges provide the training and accommodate the additional students in their facilities

**Students:** Students elect to enroll in the program and receive technical training while still in high school

1. Technical College System of Georgia

# D14d: Case Study 2: Tomball Independent School District

## Overview

Tomball Independent School District partnered with HCA Houston Healthcare Tomball and Lone Star College – Tomball to launch a pathways in technology early college high school in health professions<sup>1</sup>

The program enables high school students to explore and become certified in healthcare pathways at graduation

The program offers certifications to become pharmacy techs, operating room scrub techs, patient care assistants, phlebotomy techs, and EKG techs

## Goals

- Attract high school students to technical college pathways
- Decrease time and cost to receive training in high-demand pathways
- Enable high schoolers to receive jobs immediately after graduation

## Impact

- Prepare high school students to enter the healthcare workforce directly out of high school without incurring any cost
- The program began with **25 students** with intention to expand later
- Provides high schoolers with **work-based experience** through the program

## Potential implementation barriers

**Attraction:** For these programs to be successful, they may need a widespread marketing campaign to inform and attract students to the program

## Stakeholders



**Tomball ISD:** They are beginning and hosting the program

**Students:** Students elect to enroll in the program and receive technical training while still in high school

# B9a: 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<sup>1</sup>, 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)<sup>2,3</sup>
- 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**<sup>4</sup>
- 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

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program   |
| <input type="radio"/> Fund Incentive      | <input type="radio"/> Adjust Rule/Regulation          |
| <input type="radio"/> Fund Program        | <input checked="" type="radio"/> Support as necessary |



## Complementary Opportunity:

All

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

# B9a: 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<sup>1</sup>; cited as a model for similar efforts in Arizona



## Goals

- Collect and report on data for licensed health professions in North Carolina<sup>1</sup>
- **Drive healthcare related insights for various stakeholders** in the state



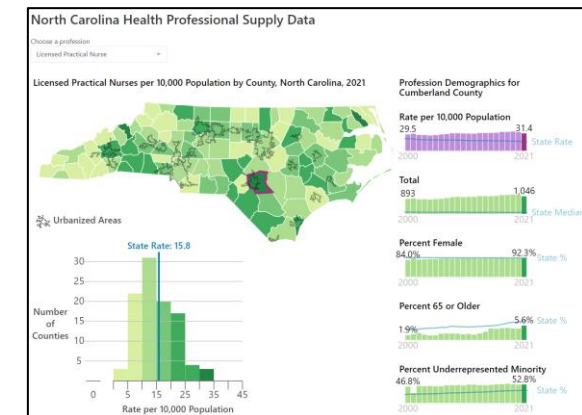
## Impact

- 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<sup>2</sup>
- 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<sup>2</sup>



## 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

## B9a: Establish an expert panel to recommend targeted refinements to state telemedicine regulations to reflect changing technology and lessons learned from the COVID-19 pandemic



### Rationale and Context<sup>1</sup>

- **Telemedicine visits during COVID-19 were enabled by the easing of select existing relevant regulations<sup>1</sup>**
- **Current regulations do not yet allow for the full convenience or economic benefits of telemedicine** (e.g., once waivers expire patients must travel to an eligible originating site, practitioners cannot monitor multiple patients at once through one-way feed)<sup>2</sup>
- **There may be an opportunity for an expert panel to identify targeted refinements to state telemedicine regulations** and provide a reassessment and refinement of the current regulatory landscape



### Opportunity

**Healthcare stakeholders in Georgia could:**

(a) **Identify an expert panel to recommend targeted refinements** to state telemedicine regulations or, where applicable, laws

These refinements could include items such as:

- Making permanent certain changes implemented during COVID
- Easing restrictions on the location of originating or distant sites (e.g., to include the patient's home)
- Allow for reimbursement of one-way patient monitoring (e.g., for patients with chronic diseases)



### Potential Impact

**Increase Access:** Regulation refinement could expand telehealth to a larger population, including those without high-speed internet<sup>3</sup>

**Costs & Efficiency:** Refinements could reduce technology and travel costs, and allow for telehealth visits without the need for patients to travel to an eligible originating site



### Potential Implementation Barriers

**Perceived Risk:** Policy makers may be hesitant to expand waivers permanently

**Consensus by Multiple Stakeholders:** Consistent regulation across and within professions will require establishing consensus across multiple stakeholders

**Standard of Care Concerns:** Some practitioners may feel they cannot provide the level of care that they could in a traditional in-person visit



### Impacted Professions

Numerous licensed providers



### State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program     |
| <input type="radio"/> Fund Incentive      | <input checked="" type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program        | <input checked="" type="radio"/> Support as necessary   |



### Complementary Opportunity:

F16

1. Georgia Governor, Press Release  
 2. Center for Connected Health Policy, Article  
 3. Georgia Public Broadcasting, Article  
 4. Georgia's Telemedicine Services, Infographic

# B10a: Case Study: GA Medicaid/PeachCare for Kids



## Overview

- Like many states, Georgia waived some telehealth regulations during COVID-19 to increase access.<sup>1</sup> Additional review and refinement of current regulations may provide opportunities to improve access and workforce efficiency
- In this period, the GA Medicaid/PeachCare for Kids program was able to **waive regulations around eligible site locations and communication modalities**<sup>1</sup>
- These waivers allowed patients and providers to **interact from their homes** using existing technology, while **reducing the risk of exposure to the COVID-19 virus**



## Goals

- Allow providers and patients the flexibility to give and receive medical care while minimizing the risk of exposure to COVID-19



## Impact

- During the pandemic, **providers saw approximately 38 times more telehealth patients than they did previously**; growth is partially attributable to Medicaid waivers<sup>2</sup>
- Providers, patients and their families were able to **give and receive care while reducing exposure to COVID-19**<sup>2</sup>



## Potential implementation barriers

**Standard of care concerns:** Concerns about standards of care could be addressed by developing a robust escalation protocol to transition telehealth patients to urgent in-person follow-up care<sup>4,5</sup>

### Continued efficacy in non-pandemic settings:

Continued monitoring is required to ensure that changes to program requirements do not lead to a reduction in long-term health outcomes



## Stakeholders

**Stakeholders:** Patients, providers, provider employers, professional associations, Georgia Composite Medical Board, DCH, DPH, patient advocates, Medicaid policy makers, insurers, rural and underserved populations



**PeachCare  
for Kids**

**Medicaid.gov**  
Keeping America Healthy

1. Georgia Department of Community Health, *COVID-19 and telehealth additional provider guidance*  
 2. McKinsey & Co., Article, *Telehealth: A quarter-trillion-dollar post-COVID-19 reality?*  
 3. GPB, Article, *Though Standard Medical Visits Have Made A Comeback, Telehealth Is Here To Stay*  
 4. Journal AANP, Article, *Remote patient triage: Shifting toward safer telehealth practice*  
 Patient Safety Network, Perspective, *Telehealth and Patient Safety During the COVID-19 Response*

# To capitalize on virtual health technology, existing regulations could be reviewed, and adjustments considered

✓ GA Medicaid eligible    ✗ Not GA Medicaid eligible

## Georgia Telemedicine Regulation Summary



### Restrictions on Locations\*

Normally, both provider and patient must be present at an eligible site for Medicare to pay. These sites do not include the home of the patient or the provider.

Eligible sites are:

- Provider Offices
- Hospitals
- CAH based renal Dialysis Centers
- Rural Health Clinics (RHC)
- Federally Qualified Health Centers (FQHC)
- Skilled nursing facilities
- Emergency Medical Services Ambulances
- School-based clinics
- Pharmacies
- County Boards of Health



### Restrictions on Modalities

Georgia Medicaid generally allow reimbursement only for live two-way video communication. Eligible modalities include:

- ✓ Live Video
- ✓ Store-and-Forward (limited)
- ✗ Remote Patient Monitoring
- ✗ Telephone/Audio Only
- ✗ Email
- ✗ Webcam/Internet-based tech. not part of a secure network or do not meet HIPPA encryption compliance
- ✗ Video cell phone calls



### Private Payment Parity

Georgia law requires private insurers pay the same rate for telemedicine services that they would pay for the same in-patient procedure



### Practitioner Licensing

All telemedicine treatment must be done by Georgia-licensed practitioners

The Georgia Composite Medical Board is authorized to issue telemedicine licenses to physicians who are licensed in states other than Georgia

Georgia is a member of the Interstate Medical Licensure Compact (as well as others)



### Prescriptions

Online prescriptions generally require the practitioner to either:

- physically examine the patient; or
- conduct the exam at the request of a practitioner who has physically examined the patient

\* Restriction currently waived due to COVID-19 State of Emergency

Sources: [Center for Connected Health Policy](#) and [GA Dept. of Community Health Telehealth Guidance](#); additional information: [GPB.org](#)

# B10b: Develop and administer a statewide survey to assess patients' and providers' perceived pain points associated with telehealth visits



## Rationale and Context

- Prior to 2020, telehealth practitioners were already burdened by a **complex web of state-specific regulations**<sup>1</sup>
- The COVID-19 pandemic **exacerbated the complexity surrounding telehealth regulations** with various policy waivers and exceptions<sup>1</sup>
- The proposed survey could build on existing research on sustainable telehealth practices in late 2020 by the Georgia Health Policy Center at Georgia State University<sup>3</sup> as well as other recent research<sup>4</sup>



## Solution

Healthcare stakeholders in Georgia could:

(a) **Develop a statewide survey** to assess both patients and providers' perceived pain points associated with telehealth visits. The survey could address topics such as:

### Providers

- Do you feel confident that you can effectively diagnose/care for a patient via telehealth?
- Are you concerned about investing in required telehealth technology?
- Are you concerned about increased liability when offering telehealth services?

### Patients

- What would you want to know before you signed up for a telehealth visit?
- Do you have any concerns about using telehealth rather than an in-person visit?



## Potential Impact

**Establish a current and relevant factbase & common understanding that the state can use when making future decisions around telehealth.** Understanding patients' and practitioners' perspectives could better inform potential policy decisions going forward



## Potential Implementation Barriers

**Respondent Participation:** The survey could be distributed and promoted in such a way that it receives a significant number of responses from patients and providers with and without telehealth experience, and from providers from different professions/specialties

**Recency Bias:** Significant numbers of patients' and practitioners' experience with telemedicine was limited to the COVID-19 pandemic, and their feedback may be skewed based on those experiences

**Equal Representation:** the survey may skew towards certain demographics based on ability/propensity to respond



## Impacted Professions

Numerous licensed providers



## State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program |
| <input type="radio"/> Fund Incentive      | <input type="radio"/> Adjust Rule/Regulation        |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary          |



## Complementary Opportunity:

F15

1. Kaiser Family Foundation, Issue Brief, *Opportunities and Barriers for telemedicine in the US during COVID-19 and beyond*

2. Georgia State University, Article, *Provider Telehealth Innovations How-to Guide*

3. JAMA Network Open, Article, *Assessment of Patient Preferences for Telehealth in Post-COVID-19 Pandemic Health Care*

# B10b: HSRA National Sample Survey of Registered Nurses (NSSRN)



## Overview

- The Health Resources and Service's Administration's regular National Sample Survey of Registered Nurses (NSSRN) provides an example of how the **government can effectively survey data from healthcare workers**
- The NSSRN is an online and paper-based survey of 50,000+ registered nurses across the United States conducted by the U.S. Census Bureau
- The survey asks respondents about demographic information, licensure and education, employment status, working conditions, and areas of specialty<sup>1</sup>
- Results of the survey inform U.S. policy makers**, and the data set is made available to unaffiliated researchers<sup>2</sup>



## Goals

- Understand current health care challenges**
- Predict what policies will be necessary** to support nurses in the future<sup>1</sup>



## Impact

- Previously collected national data (2018) was used to identify resources and gaps in the nursing population during the COVID-19 response
- NSSRN Data set has been used by unaffiliated researchers to identify demographic and work factors positively associated with "burnout"<sup>2</sup>
- Provides comprehensive data on nursing workforce to inform policy decisions<sup>3</sup>**



## Potential implementation barriers

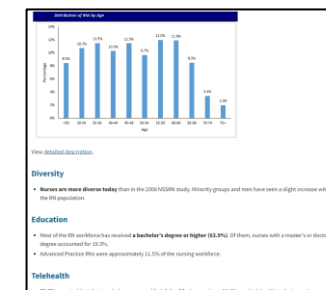
**Response rate:** Response rate of the latest NSSRN was only 49.0%, and response analysis indicates underestimation of certain races/ethnicities, limiting insights that can be inferred from the data<sup>2</sup>

**Coordination with other data sets:** Changes in the way that data collection questions are phrased may make it difficult to compare data across multiple survey tools



## Stakeholders

**Various Stakeholders:** Patients, nurses, provider employers, professional associations, DCH, DPH, researchers, policy makers



Survey data includes:

- Demographics
- Education
- Telehealth experience
- Job satisfaction (pre-, post-COVID)

1. Health Resources and Services Administration, website

2. JAMA Network Open, Article, *Prevalence of and Factors Associated With Nurse Burnout in the US*

3. 2018 National Sample Survey of Registered Nurses

4. Agency for Healthcare Research and Quality, Findings, *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement*

## B10c: Encourage rural critical access hospitals/other institutions with mental health service shortages to pursue coverage contracts with virtual telehealth providers



### Rationale and Context

- HRSA classified **152 of Georgia's 159 counties as mental healthcare professional shortage areas as of 2022<sup>1</sup>**
- Many mental health challenges have also been exacerbated during the COVID-19 pandemic<sup>2</sup>
- Telemedical care was found to be effective in treating bipolar disorder and posttraumatic stress disorder in Arkansas, Michigan and Washington state<sup>3</sup>
- Georgia could choose to leverage out-of-state telemedical mental health professionals **to address gaps in rural areas**; funds could be reimbursed by federal government



### Solution

#### Healthcare stakeholders in Georgia could:

- Review requirements for facilities** to ensure they allow for supervision of inpatient and outpatient patients by remote providers
- Use existing data from the State office of Rural Health to **identify rural institutions with existing mental health service shortfalls**
- Encourage rural institutions to **identify and contract with telehealth providers** who can address these institutions' mental health service needs
- Communicate **expanded mental healthcare options to patients and providers** in these areas



### Potential Impact

**Increase the number of providers** caring for Georgians to address mental health needs which are currently met at a 41% rate<sup>4</sup>

**Proactively address serious mental illness (SMI), substance use disorder (SUD), as well as other mental health challenges**, improving the quality of life for patients and reducing overall healthcare costs



### Potential Implementation Barriers

**Professional Organizations:** Stakeholders may express concerns about encouraging treatment from professionals located outside of GA

**Risk and Documentation:** Providers may express concerns about potential risks of evaluating and treating patients with SMI via a telemedicine link, and may need to spend significantly more time documenting and reporting on treatment



### Impacted Professions

Mental health service providers



### State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program |
| <input type="radio"/> Fund Incentive      | <input type="radio"/> Adjust Rule/Regulation        |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary          |



### Complementary Opportunity:

F15

1. Rural Health Information Hub, Mental Health HPSAs in GA  
 2. Mayo Clinic, COVID 19 and your mental health  
 3. JAMA Psychiatry, Telehealth Effectiveness, 2021  
 4. Kaiser Family Foundation, Mental Health HPSAs

# B10c: Arrowhead Telepresence Coalition



## Overview

- Arrowhead Telepresence Coalition demonstrates **the benefit of offering telehealth behavioral services to a rural population**, and could serve as an example for similar efforts in Georgia
- Limited access to behavioral health services – due to provider shortages and transportation barriers – can **particularly impact individuals in rural areas**<sup>1</sup>
- The Arrowhead Telepresence Coalition is a group of seven counties, three tribes, mental health providers, and organizations such as hospitals, jails, and schools, that has successfully used telepresence technology to link patients to mental health providers in a variety of non-traditional locations<sup>2</sup>



## Goals

- **Improve the speed of care delivery/speed of intervention for mental health services**
- Support first responders in responding to situations with individuals experiencing a mental health crisis



## Impact

- Program links 207 mental health clinics/providers with 26 jails, 13 hospitals, 30 schools, and 7 court systems<sup>1</sup>
- First responders have access to telepresence response services to triage and de-escalate crisis situations<sup>2</sup>
- **Psychiatrists report more sessions with patients due to reduction in transportation time**<sup>2</sup>



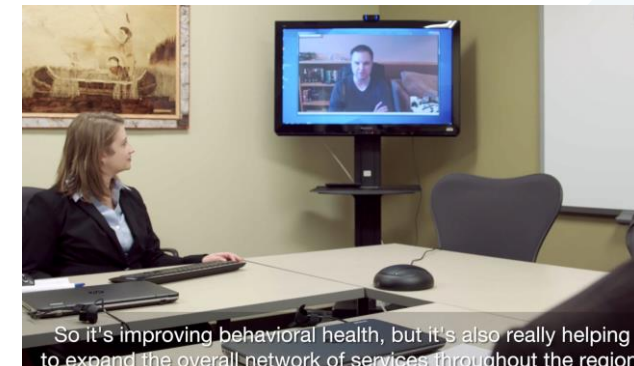
## Potential implementation barriers

**Availability of practitioners:** Mental health professionals trained to practice via telehealth modalities may not be available in the numbers needed



## Stakeholders

**Stakeholders:** Patients, mental health providers, emergency rooms/hospitals, law enforcement, schools, county/tribal health and human services providers and courts



So it's improving behavioral health, but it's also really helping to expand the overall network of services throughout the region.



1. Missouri Medicine, Article, *Addressing Rural Health Challenges Head On*

## B10d: Engage with out-of-state providers to identify opportunities to provide high-impact, safe, and effective telemedicine services to rural or underserved urban locations



### Rationale and Context

- Data maintained by the Georgia Board of Health Care Workforce shows a significant number of counties that lack health care providers<sup>1</sup>, however, **telemedicine has been shown to be effective in a range of disciplines**, including primary care<sup>2</sup>, psychiatry<sup>3</sup>, and dentistry<sup>4</sup>
- Telemedical providers must comply with a complex set of regulations, which have been exacerbated by the COVID-19 pandemic, and are more complex when crossing state lines<sup>5</sup>
- Proactively addressing out-of-state providers' questions and concerns could **add to the overall capacity for care in underserved rural or urban locations**.



### Solution

Healthcare stakeholders in Georgia could:

- Identify rural or underserved urban locations that could benefit from out-of-state providers**, then
  - Host discussions with out-of-state providers** to better understand their questions and concerns about practicing telemedicine in Georgia
  - Develop/distribute educational and informational material** to address these questions
- If warranted, develop inter-state program related to telemedicine to allow qualified out-of-state providers to better serve Georgia patients



### Potential Impact

**Increase access to care for patients** living in rural/underserved urban areas in Georgia

**Address illnesses that might otherwise go untreated**, improving the quality of life for patients and reducing overall healthcare costs



### Potential Implementation Barriers

**Professional Organizations:** Stakeholders may express concerns about encouraging treatment from professionals located outside of GA

**Appropriate Licensing:** Post-COVID waiver licensing regulations would need to be examined to ensure that out-of-state providers were providing the same level of care as other practitioners licensed in Georgia



### Impacted Professions

Numerous licensed providers



### State's Potential Role

- |   |   |
|---|---|
| <input type="radio"/> Propose Legislation | <input checked="" type="radio"/> Facilitate Program     |
| <input type="radio"/> Fund Incentive      | <input checked="" type="radio"/> Adjust Rule/Regulation |
| <input type="radio"/> Fund Program        | <input type="radio"/> Support as necessary              |



### Complementary Opportunity:

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1. Georgia Board of Healthcare Workforce presentation  
 2. Family Practice Journal, Article, *The effectiveness of teleconsultations in primary care*  
 3. SAMHSA, *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*  
 4. Telemed J E Health, Article, *Comparative effectiveness study to assess two examination modalities*  
 5. Medical Economics website, *Telehealth confusion could create issues for physicians*

# B10d: Public-Private Partnership: Howard County, Maryland Health Assessment Survey



## Overview

- The Howard County Health Assessment Survey is an example of the **possibility for collaboration between public and private stakeholders**
- Biennial survey conducted in partnership with the Howard County Health Department, the Howard County General Hospital, the Horizon Foundation, and the Columbia Association
- Survey is distributed as a multi-mode sample collection via landline, cell phone, email or web



## Goals

- Assess health-related behavior and risk factors for the adult population of Howard County
- **Measure progress towards better health**
- Inform health policy<sup>2</sup>



## Impact

- Survey results are one of the primary measures used to inform the Howard County Health Improvement Strategic Plan<sup>3</sup>
- Can be used in conjunction with CDC-administered Behavior Risk Factor Surveillance System (BRFSS) to compare local data to national and state-level benchmarks<sup>1</sup>



## Potential implementation barriers

**Response rate:** Significant efforts were made in an awareness and advertising campaigns to increase response rates from the general population

**Coordination with other data sets:** Effort is required to coordinate the phrasing of questions to harmonize with the BRFSS questions and ensure that responses can be compared with other states and national data sets<sup>2</sup>



## Stakeholders

**Stakeholders:** Patients, state and local healthcare policy makers, Howard County General Hospital, private foundations, researchers



1. Grant Makers in Health, Publication, *Public Private Partnerships to Strengthen the Public Health Infrastructure*  
 2. 2021 Howard County Health Assessment Survey  
 3. Howard County Local Health Improvement Coalition, 2022-2025 Strategic Plan