Legislative Commission on the Interdisciplinary Primary Care Workforce

May 27, 2021 2:00-4:00pm – Zoom Conference

Call in information:

https://nh-dhhs.zoom.us/j/95226406916?pwd=bGl2Q1FMSzNoU1RqWlptb3h1Z0dNZz09

Meeting ID: 952 2640 6916
Passcode: 918666

+1 646 558 8656 US (New York)

Dial *6 to mute or unmute if you connect by phone

Agenda

2:00 - 2:10	**Read Emergency Order #12 Checklist and Take Roll Call Attendance**
2:10 – 3:00	**New Hampshire's System of Care – re-Building for Tomorrow** – Lucy Hodder, Director, Health Law and Policy, UNH School of Law, Institute for Health Policy and Practice
3:00 - 3:30	**Forward Fund Update** – Kim Firth, Program Director, Endowment for Health
3:30 – 3:55	**Legislative Agenda & Updates (SLRP and new CDC COVID Disparity, Equity and Rural funding)** – Group discussion
4:00	**Adjourn**

Next meeting: Thursday June 24, 2:00-4:00pm

Forward Fund

FOCUSED ON NEEDS OF OUR HEALTH CARE WORKFORCE

The Forward Fund Advisory Group

Mary Bidgood-Wilson, NH Nurse Practitioner Association

Kathy Bizarro-Thunberg, NH Hospital Association

Alisa Druzba, NH Office of Rural Health and Primary Care

Kristina Fjeld-Sparks, NH Area Health Education Center

Bill Gunn, IDN Region 6

Laurie Harding, NH Commission on Primary Care Workforce

Gene Harkless, UNH Nursing and Telehealth Practice Center

JoAnne Malloy, Institute on Disability at UNH

Stephanie Pagliuca, Bi-State Primary Care Association

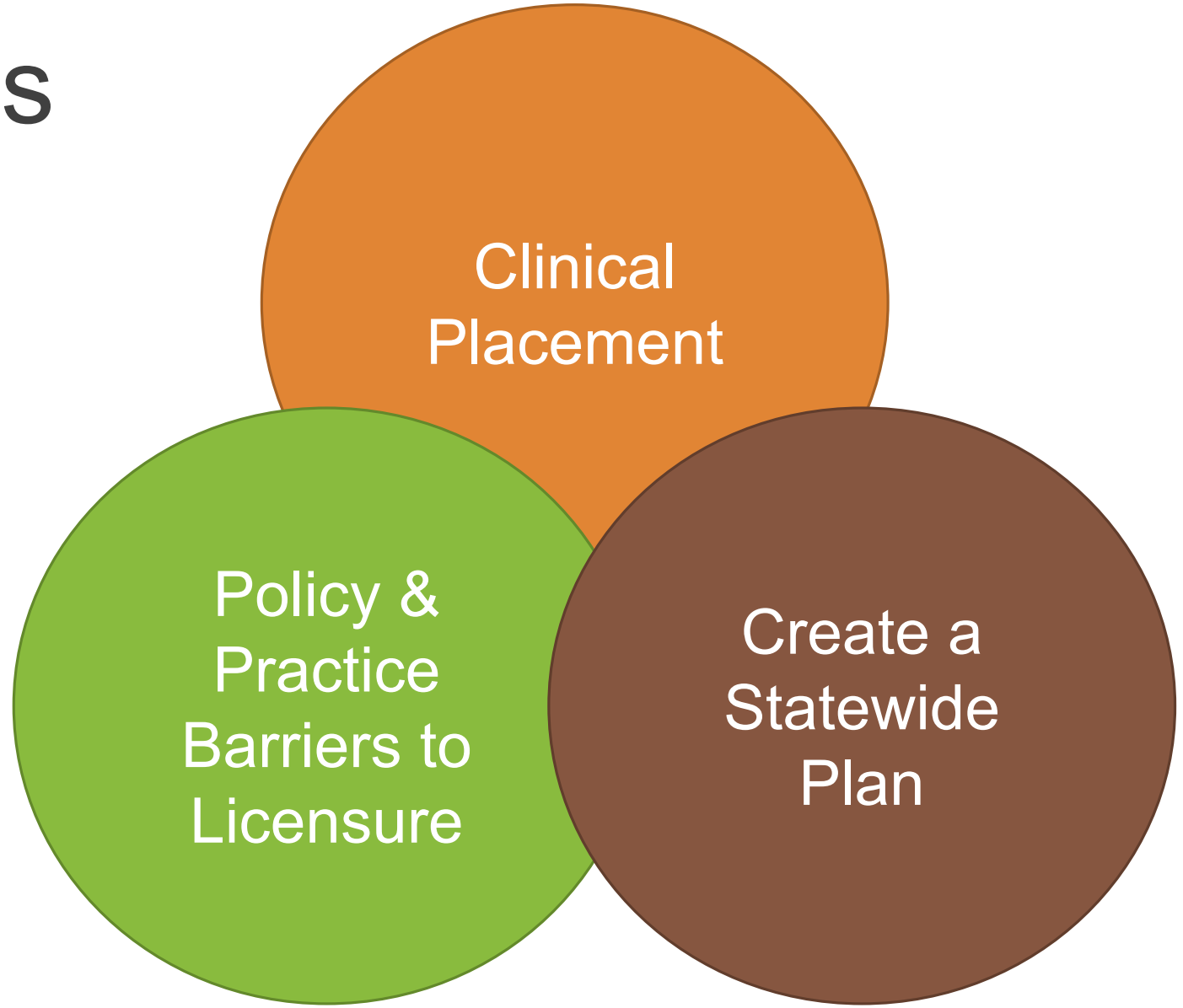
Jeanne Ryer, NH Citizens Health Initiative

Kristine Stoddard, Bi-State Primary Care Association

Trinidad Tellez, NH Office of Health Equity

Geoff Vercauteren, Network4Health / Catholic Medical Center

Priorities


Clinical Placement
Policy & Practice Barriers to Licensure
Create a Statewide Plan

Work To Date: Clinical Placement

Environmental Scan

- Complete literature review
- Conduct interviews with national AHEC partners
- Identify opportunities & barriers with clinical sites, academic training programs, other stakeholders
- Propose actionable next steps

nh AHEC New Hampshire Area Health Education Center

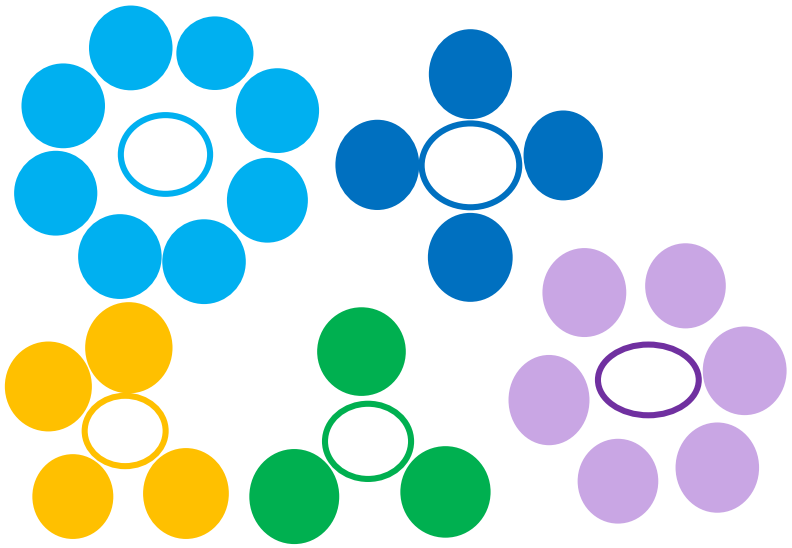
Work To Date: Policy & Practice Barriers to Licensure

Foundation *for* Healthy Communities

Licensure Review Project

- Analyze current licensure requirements for all health care professionals
- Engage stakeholders to establish priorities and focus areas
- Make recommendations to remove barriers, increase efficiencies and support workforce development

Work To Date: Create a Statewide Plan



Workforce Initiatives

- Build relationships across initiatives, roles and geography
- Generate energy and inspiration for the work ahead
- Gather baseline information on current workforce enhancement initiatives
- Identify challenges, lessons learned and innovative approaches that hold promise in the areas of Pipeline, Recruitment, Retention

Healthcare Workforce Development Planning Team

Mary Bidgood-Wilson, NH Nurse Practitioner Association

Kathy Bizarro-Thunberg, NH Hospital Association

Kim Firth, Endowment for Health

Kristina Fjeld-Sparks, NH Area Health Education Center

Yvonne Goldsberry, Endowment for Health

Bill Gunn, IDN Region 6

Hope Worden Kenefick, KWK Consulting, LLC

April Mottram, NH Public Health Association

Stephanie Pagliuca, Bi-State Primary Care Association

Mark Rubinstein, Granite State College

Doreen Shockley, NH Department of Health & Human Services

Geoff Vercauteren, Network4Health / Catholic Medical Center

Work To Date: Create a Statewide Plan

IDN
INTEGRATED DELIVERY NETWORK

Work To Date: Create a Statewide Plan

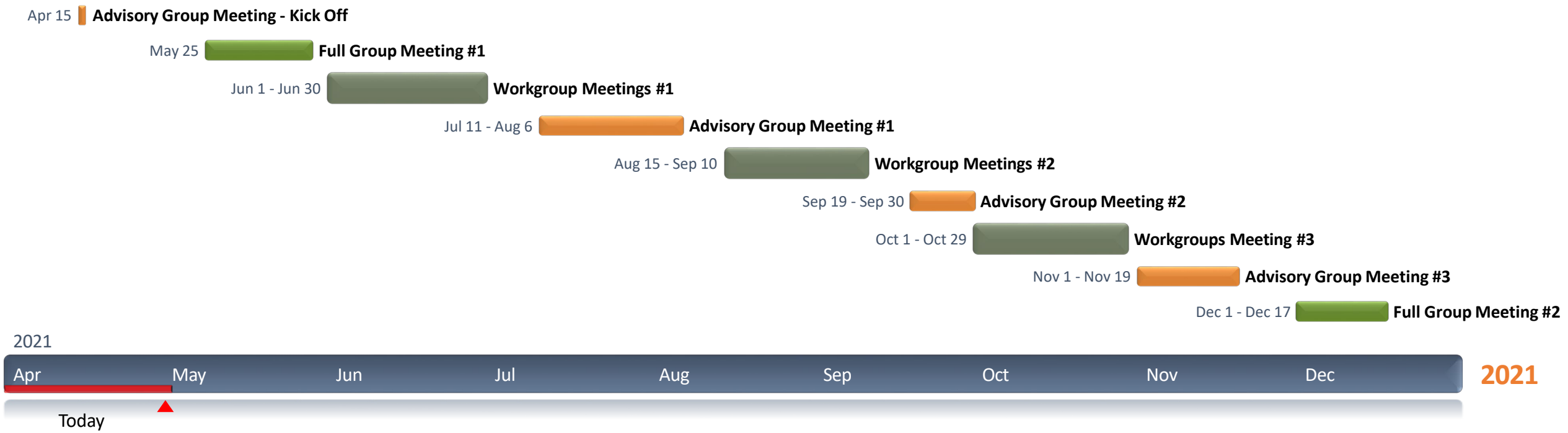
Pull together all information gathered so far and use it to go deeper on each topic

Create four workgroups to identify strategies, goals and objectives

- Pipeline, recruitment and retention
- Policy, advocacy, and infrastructure
- Workforce data collection and analysis
- Coordination/governance of workforce development

Convene workgroups separately and together over several meetings and include opportunities for learning about innovative approaches

Healthcare Workforce Strategic Plan Proposed Timeline



Contact Information

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Healthcare Workforce Focus Groups
Summary of Findings

April 2021

The Endowment for Health

The Endowment for Health is a statewide, private, nonprofit foundation dedicated to improving the health of New Hampshire's people, especially those who are vulnerable and underserved. We envision a culture that supports the physical, mental, and social wellbeing of all people -- through every stage of life.

Since 2001, the Endowment has awarded more than 1500 grants, totaling $57.5 million to support a wide range of health-related programs and projects in New Hampshire.

The Endowment also uses its voice and influence to lead others toward health-related policy change. We often act as a catalyst and convener to help move important issues forward - especially when others are unable to speak out.

The Endowment for Health is unbiased and nonpartisan. We connect organizations and communities while supporting strong advocacy. We work to ensure that the needs of communities and vulnerable populations are represented when health policies are shaped in New Hampshire. In partnership with others, we work to increase access to quality care and services.

The Endowment for Health continues to shine the light on problems, bringing people together to plan and supporting their collective action to solve those problems. We are part of a community of organizations and individuals working together towards common goals and using a set of common approaches to achieve those goals.

The Forward Fund

The Endowment received more than $1.9 million from the NH Medical Malpractice Joint Underwriting Association. These funds will be held as part of the Endowment's permanent corpus, and the earnings from their investment used to support health care providers serving medically underserved populations through the newly created Forward Fund.

The Endowment’s allocation of the Forward Fund resources is advised by a stakeholder group that includes representatives from the Legislative Commission on Primary Care Workforce, Bi-State Primary Care Association, New Hampshire Hospital Association, New Hampshire Area Health Education Centers, University of New Hampshire, the New Hampshire Department of Health and Human Services and Integrated Delivery Networks.

The advisory group's input helped the Endowment to set a focus for the Forward Fund in its first three to five years. The focus of grantmaking within the Forward Fund will be responsive to workforce issues over time.

In March 2020, the Endowment for Health Board of Directors approved $87,500 in grants from the Forward Fund to address workforce shortage issues related to policy and practice barriers to licensure for health care workers, as well as assessing best practices for increasing clinical placements

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1. Introduction and Overview of Process

a. Introduction

In 2020 the Forward Fund identified the need for a statewide healthcare workforce development plan. The Forward Fund advisors recognized the importance of grounding the development of a plan in the lessons learned from past planning and assessment work and in the wisdom of the people who are currently leading healthcare workforce development initiatives around the state. To this end, the advisors appointed a planning committee to design the first phase of the planning process.

Initially, the planning committee expected to use a traditional planning process beginning with an in-person, day-long convening of a broad cross-section of leaders to create a shared vision and identify priorities. Shortly after they made this decision, the COVID-19 pandemic brought into graphic relief the critical need for a plan and made it impossible to host an in-person convening. Recognizing the urgent need to address New Hampshire's healthcare workforce issues, the advisors made the decision to move forward using the process outlined below.

b. Planning Process

In the fall of 2020, the planning committee began the work of gathering information. This included:

- A review of how other US states have addressed healthcare workforce development
- Interviews with representatives from the Integrated Delivery Networks to identify lessons learned.
- A survey of current workforce development initiatives underway in New Hampshire.

The Forward Fund then hosted four interactive on-line meetings to share information on current workforce development initiatives and elicit feedback on New Hampshire's most critical workforce development challenges and opportunities. Approximately 50 leaders participated in the conversations. They brought their perspectives as healthcare providers, agency administrators, educators and policy makers. They shared what they have seen and learned in hospital and community health centers, mental health centers, long-term care, home health and other licensed health care entities, state agencies, higher education, and implementing workforce development initiatives. The conversations were rich and enlightening and left the participants with even greater energy and passion for taking action to strengthen New Hampshire's healthcare workforce.

This report summarizes feedback from the initial convenings and will serve as a starting point for the next phase of work to develop a cohesive statewide plan.

c. Report Format

This report begins with a brief description of participants' vision for the future – what they hope will be different for patients/clients/residents and for providers when New Hampshire has the workforce it needs. The subsequent sections focus on: Existing Workforce Development Initiatives; Pipeline, Recruitment and Retention; Policy and Regulation; and Data. Each section includes a brief paragraph listing the questions participants responded to in the focus groups. This is followed by their vision for the future; description of current barriers to achieving that vision; and emerging priorities and possible starting points for moving toward a preferred future. Some issues are discussed in multiple sections. For example, the challenges and emerging priorities for recruitment are discussed in the Pipeline, Recruitment and Retention section but the policy, regulation and data factors impacting recruitment emerge again in the Policy and Regulation and Data sections of the report. The Appendix includes core documents used by the participants to inform their conversations.

2. Vision for the Future

Participants did not create a formal vision statement. However, they did respond to three questions related to what success will look like for patients/clients/residents and providers when New Hampshire has the healthcare workforce it truly needs.

1. What would be different for patients/clients/residents if we truly had the workforce we needed throughout the state?

2. What would be different for healthcare providers if we had the workforce we needed throughout the state?

3. Which outcomes do we need to keep front and center as we begin the planning process?

Participant responses are summarized below. In addition, a description of what success will look like for the healthcare workforce, as a whole, is captured later in this document in the Pipeline, Recruitment and Retention section.

a. Patient Experience: Vision for the Future

When New Hampshire has the healthcare workforce that is needed, patients/clients/ residents will…

1. Have access to care regardless of where they live or their ability to pay – patients are able to get the care they need including specialty care such as mental health and substance use treatment and recovery supports. They are able to access care without traveling long distances or waiting many weeks or months for care.

> *"Patients spend less time waiting and more time healing."*

2. Receive quality care - characterized by…
   - *Best practices* – care that consistently reflects the best of what we know.
   - *Cultural competence* – all providers are culturally competent and patients have the option of working with providers who share their culture and language.
   - *Integration* – patient care is coordinated across disciplines and transitions are seamless.
   - *Continuity* – patients have providers who know them, stay with them over time and provide uninterrupted care.
   - *Proactive* – patients receive care that prioritizes prevention and includes organized follow-up care.

3. Be full partners in their care
   - *Person-centered approach* – care is driven by the needs of the patient, not the system of care.
   - *Are truly listened to*
   - *Understand all their choices*
   - *Leave every appointment knowing what they need to do* to take care of their own health, and have the resources to enact the plan

b. Provider Experience: Vision for the Future

When New Hampshire has the healthcare workforce that it needs, providers will…

Have the time, support, control, compensation and work/life balance they need to provide outstanding care, stay in the field and remain in the state.

A Future when providers have…

Time *to:*

- *Focus on patient care*
- *Coordinate care* with other providers
- *Learn* - expand their knowledge and skills
- *Teach* - on-board new staff and train other providers
- *Innovate*
- *Improve* – participate more fully in QI practices
- *Expand* – the services they offer

Support

- *Feel valued and appreciated*
- *Have team back-up* to help patients with complex needs
- *Are connected to the community*

Agency

- *Input* - into how the practice is run
- *Manageable Schedules* – that allow for all aspects of work including charting and follow-up

Compensation

- *Make a livable wage*
- *Are paid fairly* and have a total compensation package that is competitive

Balance

- *Lower stress* - less stress and less worry that patients are not getting what they need
- *More job fulfillment*
- *Greater work life balance*

The Bottom Line: Patients Experience Better Health Outcomes

3. Existing Healthcare Workforce Development Initiatives

Participants reviewed information on workforce development initiatives that are currently underway. They then responded to three questions:

1. How well do the people in each of these initiatives know each other's work?

2. Which initiatives might benefit from working together more closely?

3. Are there any aspects of this work (i.e., pipeline) that are not being addressed by anyone?

Below is a summary of participants' feedback. For additional information on current initiatives see the Workforce Development Initiative Summary table and Areas of Focus Graphic in the Appendix.

a. Future State/Vision

We envision a day when New Hampshire's workforce is supported and sustained by well-coordinated, data-driven workforce development initiatives that leverage each other's work, adapt to changing needs and stay focused on strategies that generate the greatest impact.

b. Current State/Barriers to Workforce Development Efforts

1. Work to Date

a. Current Workforce Development Initiatives - there are more than two dozen state or regional healthcare workforce development initiatives currently underway throughout the state. See the Appendix for an overview of the initiatives and a graphic depiction of the initiatives focused on pipeline, recruitment and retention, practice change, policy change and coordination.

b. Foundation of Expertise – it is important to note that in addition to the current workforce development initiatives underway, significant work has been done in the past that can inform workforce development going forward. One example of this foundational work is the 2016 report, Recommendations on Health Care and Community Support Workforce prepared by Governor Hassan's Commission on Health Care and Community Support Workforce.

2. Barriers to Maximum Impact

a. Little connection across initiatives – while there are many initiatives underway, the initiatives are disconnected from one another. Initiative leaders are often unaware of related work being done in related fields or in other parts of the state. Consequently, the initiatives are not well-positioned to learn from and leverage one another's efforts and expertise or to work together on policy and financing changes needed to scale and sustain them.

b. No clear statewide priorities – there is a broad understanding in the field of the urgent need to strengthen the healthcare workforce and address pipeline, recruitment and retention issues. However, there are no clearly articulated and agreed upon priorities for healthcare workforce development in the state. As a result, each sub-sector and sometimes each employer is doing their best to address their "piece of the puzzle" and at the same time experiencing the stress of knowing that there is so much more that needs to be done.

> *"Some of the problems are so big. The challenge is not knowing where to begin climbing the mountain."*

c. Lack of consistent, sustained funding – many efforts are grant funded and disappear at the end of the funding period. Initiatives such as the New Hampshire Area Health Education Center (AHEC) have done much to move the workforce forward but AHEC and other initiatives like it need on-going financial support to fully meet New Hampshire's needs.

d. Workers and employers stretched – severe workforce shortages and limited funding mean that employers and workforce development initiatives lack the time and resources needed to build the pipeline, train workers, coordinate with others or implement new models of workforce preparation. This problem has been exacerbated as workers throughout the state mobilized to respond to the COVID-19 pandemic.

e. Missing basic data – workforce development initiatives are hampered by the absence of basic data on what and where the needs are and whether or not their efforts are achieving the intended outcomes.

c. Emerging Priorities and Where to Begin

1. Continue the conversation - the recent healthcare workforce convenings have been valuable and energizing. Build on this and continue to bring people together to share information, break down silos and identify ways to work together.

2. Create a statewide healthcare workforce development plan - take the conversations to the next level by creating a statewide healthcare workforce development plan that includes a shared vision for the future and provides a roadmap for moving forward.

3. Continue investment in initiatives that work - provide uninterrupted funding for workforce initiatives such as AHEC and the Sector Partnership that have a proven track record for moving the work forward.

4. Pipeline, Recruitment, and Retention

Participants responded to several questions:

1. What has COVID-19 taught us about which workforce issues we most need to address in NH?
2. What positive changes have we made in response to COVID-19 that we should be sure to maintain and build upon?
3. Which strategies would leverage the greatest change on our workforce: pipeline, recruitment, retention?
4. Which strategies would have the greatest impact on our workforce overall?
5. What are the most doable changes we could make in the next five years that would strengthen our workforce pipeline?
6. Which of these early wins would also leverage significant change?

Below is a summary of participants' feedback. Many of these themes also touched on issues related to policy, regulation and data and are discussed in the policy and regulation and data sections of this report.

a. Future State/Vision

We envision a day when New Hampshire has the healthcare workforce needed to meet the needs of every patient, client and community in the state. There will be enough workers in every healthcare role (doctors, nurses, community health workers, administrators, etc.). Workers will have the skills needed to provide outstanding care. In addition, the workforce as a whole, will be well-positioned to adapt and respond as the needs of the population change over time.

When this day comes, workers will have the time, support, control, compensation and work/life balance they need to stay in the field and in the state and provide patients/clients/residents with high quality, integrated care.

b. Current State/Barriers to Workforce Development Efforts

1. Staffing Shortages and Insufficient Bench Strength
    a. Frontline workers – there are workforce shortages across the state and across the healthcare sector, however, the shortage of front-line workers (MA's, LNA's, CHW's, Nurses, dental assistants, dental hygienists, etc.) is particularly pressing. In addition, the COVID-19 pandemic has illuminated acute workforce shortages in long-term care facilities and other congregate settings.

b. Lack of diversity – New Hampshire's healthcare workforce does not reflect the diversity of the patients and clients it serves. There is an increasing awareness of the importance of diversifying the composition of the workforce.

c. Shortages beget more shortages – the constant shortage of workers creates added strain for existing staff, which in turn, contributes to more turnover and even greater shortages. The lack of bench strength makes it hard for employers to do succession planning leading to even more shortages.

2. Social and Emotional Factors Taking a Toll

a. Stress of the pandemic – COVID-19 has exposed healthcare workers to the risk of contracting a life-threatening illness, led to long work hours and burdened providers with the overwhelming stress of providing care for critically ill patients with too few resources and too many unknowns.

> *"I'm concerned about the number of people we're going to lose as a result of COVID at this point. They're going to say, 'I didn't sign up for this, so I don't want any part of that. I'm putting my family at risk.'"*

b. Impact of broader social issues – the pandemic illustrated that housing, transportation, schools, childcare and inequities impact patients and workers alike. These factors have taken people out of the workforce; made it difficult to work regular hours; and, made it hard if not impossible to advance careers. For example, workers who must supervise on-line education for their children cannot also be available to work full-time and over-time; workers who cannot find affordable housing, seek work elsewhere or endure a long commute.

c. High-risk, low compensation - many entry level and support staff positions pay low wages forcing workers to either juggle the demands of multiple jobs or take positions in other fields or states. During the pandemic these same workers are being asked to risk their physical safety. Many transfer to jobs in the service industry where they get paid more money for less responsibility.

d. Mental health – all of these factors are taking a toll on the mental health of workers and, like the general public, these challenges are further complicated by the stigma associated with mental health issues and the access and availability of treatment.

3. Thin Pipeline

a. Limited pool of workers– there is great concern that the number of potential workers in the state with the interest and/or aptitude for careers in healthcare is too small to meet the need. This is especially true in some geographic areas and for some positions such as medical assistants, phlebotomists, counselors, and behavioral health workers.

b. Narrow definition of target audience – current outreach efforts are focused on a subset of the population. In particular, the healthcare sector needs to expand efforts to reach diverse populations, people in other professions, and people who are currently working in healthcare but who may be interested in advancing their careers and exploring new opportunities within the field.

c. Insufficient marketing – marketing tends to focus on just a fraction of the possible healthcare career options. For example, while many people understand that they could become doctors or nurses, many have never heard of such roles as phlebotomists, community health workers, etc. Furthermore, the marketing that is done is done piecemeal and/or is not coordinated across sub-sectors.

d. Incomplete Career Ladders - Career Ladders are not fully articulated or supported. People who want to advance their careers find it hard to know what steps to take. For example, how does one move from an entry level LNA position to an LPN, to RN to BSN to ARNP?

e. Weak pipeline strategies at the employer Level - Many employers lack capacity to implement long-term, sustainable strategies for developing a pipeline of employees into their company.

4. Barriers to Post-Secondary Education and Training

a. Too few apprenticeships – Apprenticeships have proven to be an effective strategy, but many students struggle to find apprenticeship programs or to find programs that have openings for new students.

b. Insufficient quantity and poor alignment of post-secondary programs – there are important educational programs in both the community college and university system – but the programs are not always aligned with the needs of the healthcare field – and in some cases there simply aren't enough programs to meet New Hampshire's workforce needs.

c. High cost of education – the cost of education puts it out of reach for many potential students and interferes with both recruitment and retention. For many, the debt-to-earnings ratio with student loans is simply not worth it resulting in talented workers choosing to enter other fields. In other cases, students complete their education and enter the workforce, but ultimately have to leave for higher paying jobs when their student loan debt becomes untenable. In addition, the cost of education and the cost of lost wages during the educational process prevents many workers from returning to school to get the credentials they need to move to a new position within the healthcare field.

d. Insufficient clinical placements and supervision - the lack of clinical placement opportunities creates bottlenecks in the workforce pipeline. The number and location of clinical placement sites and openings is insufficient to meet the demand. Similarly, the

number of people available to provide supervision for clinicians and mental health providers seeking licensure does not match the number needed. Safety-net providers (e.g., FQHCs and CMHCs) critical to addressing the needs of NH's most at-risk residents assume an outsized burden for licensure only to lose staff to other organizations able to pay more competitive wages, once staff are licensed. Some of the obstacles getting in the way include: lack of physical space; lack of qualified training instructors, preceptors and mentors; insufficient clinical training spots; overburdened providers who lack the time to supervise students; and, a reimbursement structure that does not incentivize time spent with students. In addition, in some cases, the location of programs does not match where workers are needed and/or the connection between educational institutions and clinical practice sites is weak.

5. Slow, Cumbersome Recruitment Process

    a. Time consuming credentialing and licensing process - this is especially true when trying to recruit employees from across state lines and/or across professions. Too often there are workers who are qualified and ready to work, but who go elsewhere because it is simply too difficult to navigate New Hampshire's credentialing and licensing processes. Similarly, there are recruiters and employers who are anxious to hire but are stymied by bogged down processes. In addition to losing time and potential employees, the current systems also mean that sometimes employers must carry workers for months before being able to bill for their time.

    b. Wages that are not competitive – low wages make it hard to compete with employers in neighboring states and in other professions.

6. Policies, Regulations and the Absence of Data

    Challenges with policies, regulations, reimbursement rates and structure and data barriers are having a powerful negative impact on the current workforce and are hampering New Hampshire's ability to build the workforce of the future. These challenges are described in the Policy and Regulation and Data sections of this document.

c. Emerging Priorities and Where to Begin

To solve the challenges identified above, NH must:

1. Invest in the Current Workforce

    a. Create more supportive work environments that recognize and support the whole person - pay attention to the mental health needs of staff including such things as compassion fatigue, burnout and other forms of stress and destigmatize asking for help. Ensure that all healthcare workers – especially frontline workers such as LNAs, CHWs, and other supportive roles, are paid a livable wage so that they do not have to work multiple jobs

just to get by. Address the broader social issues that influence ability to work including policies that impact access to affordable housing and high-quality childcare.

Examples of possible starting points for this work include:

- *Expand and incentivize leadership training* for supervisors on how to: create a supportive workplace culture; recognize and respond to the signs of stress and burnout; and provide career counselling.
- *Launch peer mentoring* programs.
- *Implement family care planning* for use in emergency/crisis situations.
- *Offer flexible work schedules* that allow staff to work from home where possible.
- *Conduct "stay interviews"* for existing staff to elicit feedback and encourage continuous quality improvement.
- *Make tuition and training reimbursement a part of benefits packages* – this can keep employees in the field and simultaneously facilitate internal recruitment for key positions.

b. Strengthen career ladders – articulate well-defined career ladders and develop training pathways that include non-credit training and stackable credentials to match each step along the way. Ensure that all of this information is easily accessible to individuals seeking to advance their careers. Initial steps to move this work forward should include using competency-based modeling to develop career lattices across the NH healthcare workforce. Take advantage of tools such as the O*NET Online to map all healthcare professions so there is a web of occupations in pathways rather than linear paths. As career lattices are filled in, support them with healthcare career planning tools for employers and workers.

c. Continue to expand and support the use of technology – one of the bright spots during the pandemic has been the dramatic expansion of the use of technology. Telehealth has proven to be an effective means of delivering primary care, mental health and oral health care. Virtual connectivity and virtual platforms have made it possible for some workers to work from home; for providers to meet on-line; for practices to interview job candidates on-line and for employers to offer on-line training. It is clear that New Hampshire should build on this foundation going forward.

A logical start to this work is to make the temporary policy and regulatory changes approved during the pandemic permanent. It is also important to make access to technology more equitable through individual strategies such as paying for data plans for frontline workers and systemic strategies such as advocating for statewide access to strong reliable broadband. In addition, there is a need to provide on-going training on how to use the technology.

2. Build the pipeline

To scale-up the pipeline for available positions, New Hampshire must…

a. Reach out to a broader, more diverse pool of prospective workers – including untapped populations, people with lived experience and older adults seeking opportunities for second careers or retirement jobs. It will also be important to look beyond the pool of people already working in healthcare to the broader group of people who may be working in other fields but who have competencies that are easily transferable to healthcare.

   Initial steps might include:

   - *Take a competency-based approach* - assess the competencies needed for entry-level positions and identify positions both within and outside of healthcare that attract individuals with these competencies. For example, if the core competency for a particular position is the ability to provide high quality customer service, the pool of people with these skills is likely to extend far beyond healthcare to workers in other service industries.

   - *Increase access to training programs for students from under-represented minorities* – make it financially possible for students to enroll in healthcare training programs.

   - *Mentor* – support and mentor socioeconomically disadvantaged high school students and people from under-represented minorities, into healthcare careers.

   - *Reach out to older workers* - institute initiatives that encourage and promote recruitment and retention of older workers.

   - *Strengthen youth programs* – expand the use of healthcare learning camps for kids and strengthen the pipeline of high school students entering health careers post-graduation through such strategies as healthcare learning camps for kids, expanded summer jobs, internships, job shadows, and high school/industry partnerships.

   - *Build the peer support workforce within the mental health field* - develop and enhance the workforce of individuals with lived experience across the mental health system consistent with goals outlined in the 10-Year Mental Health Plan.

b. Strengthen and expand marketing - the pandemic has elevated public awareness of the critical role healthcare workers play. Build on this new awareness by highlighting healthcare careers as truly essential and promoting the brand of healthcare as a desirable field. In addition, spotlight the many types of positions and careers within the healthcare field. It is also essential that marketing include taking steps to address the cultural stigma that currently discourages people from entering the mental health field.

   Early steps forward in this work could include:

   - *Continue successful marketing campaigns* - continue efforts such as the Heroes campaign that highlight the opportunities and rewards of working in healthcare.

   - *Promote the career lattice* – highlight opportunities for career advancement within the healthcare field.

- *Market New Hampshire* – put a spotlight on New Hampshire as a great place to live.

- *Expand marketing to include outreach in the greater Boston area.*

c. Increase access to education and clinical experience – four strategies have the potential to effect significant change within a relatively short period of time:

- *Add more Apprenticeship opportunities* – build on the existing apprenticeships within the technical college system by adding apprenticeship programs for more health careers; coordinating the Career Technical Education with apprenticeship opportunities; making career counselling a part of the apprenticeship experience; collecting data to guide the expanded options; and developing pre-apprenticeship offerings.

- *Increase the alignment between high schools and colleges and healthcare training* – partner with educational institutions to begin recruitment into the field starting with freshman, including speakers in classes from agencies. Team up with the Higher Education Council to break down barriers between institutions. Provide educational opportunities to bridge gap between current education and employment needs. Build a database of college and tech programs and create intentional linkages with employers.

- *Make education more affordable* – restore and expand State Loan Repayment funds. Educate students about the funding options available to them and provide up-front scholarships and/or financial support and loan repayment and forgiveness programs for training and licensure.

- *Expand access to clinical placements and supervision* – support efforts already underway to increase the number of clinical placement sites and access to clinical supervision.

3. Remove Barriers to Recruitment

Revise the licensing, regulatory barriers that make it hard to recruit; address reimbursement structure that gets in the way of paying competitive wages and increase access to data. - See the Policy and Regulation and Data sections of this report for further discussion of these issues.

5. Policy and Regulation

Participants responded to the question:

1. What are the most critical policy and regulatory changes we need to make in order to strengthen our healthcare workforce?

Below is a summary of participants' feedback. Many of the issues highlighted are closely tied to pipeline, recruitment and retention and data and are discussed in the pipeline, recruitment and retention and data sections of this report.

a. Future state/vision

We envision a day when New Hampshire's policies and regulations: protect the safety of patients/clients/residents; are flexible enough to allow for common sense judgment calls; facilitate timely recruitment; allow providers to spend more time with patients; and adapt to meet the changing needs of employers and patients over time.

b. Current state/barriers to workforce development efforts

1. Reimbursement Rates and Structure

a. Low reimbursement rates – as noted above, the current rates and structure make it hard for employers to offer competitive wages. In the case of entry level positions, critical frontline workers are not paid a livable wage and have to juggle multiple jobs just to make ends meet. In some cases, the cause of the problem is that rates have been set too low; in other cases, the issue is that certain essential positions such as community health workers are not reimbursable at all. In addition, the lack of parity for mental health services prohibits adequate compensation. Together these factors make it hard to recruit and retain for critical positions.

b. Structural barriers to quality of care – the current reimbursement structure rewards procedures rather than outcomes and quantity rather than quality. The pandemic has exposed the impact of this structure on the financial viability of hospitals and the healthcare system. However, even without a pandemic, the current reimbursement structure does not incentivize coordination and integration of care – practices that are key to quality outcomes.

c. Structural disincentives to clinical placements - the current structure also fails to incentivize and, in fact, discourages providers from participating in professional development opportunities or providing clinical placements and supervision. The pressure on providers to maximize the number of patients they see in the day, adds yet more stress to workers.

2. Regulatory Burdens & Constraints

a. Too much time on compliance, not enough time with patients – providers and practices are required to spend a significant amount of time on documentation and navigating burdensome regulations. Time and dollars spent in this way reduce the time providers can spend with patients and have become a barrier to attracting and retaining staff.

b. Counter-productive licensing and credentialing requirements – the current processes and requirements are cumbersome and often anachronistic and have become major impediments to recruiting qualified staff. The primary purpose of regulations, licensing and credentialling is to protect the safety of patients. While many regulations and requirements do serve this purpose, others add little to patient safety and delay employers' ability to hire the full complement of workers needed to provide high quality care. For example, there are cases where New Hampshire does not recognize credentials from a neighboring state despite the fact that the standards used by the other state are actually higher than those required by New Hampshire. The licensing and credentialing process currently in place discourages qualified professionals from seeking employment in New Hampshire and causes major delays in being able to recruit and on-board new employees – particularly those from other states.

3. Policy Barriers

a. Telehealth policies that are only temporary – as noted earlier, during the pandemic, temporary policy and regulatory changes expanded the use of telehealth. The changes were extremely effective but additional policy changes would be needed to make them permanent.

b. Insufficient funding for education and clinical training - New Hampshire is not currently training enough people to meet demand. Two of the barriers include: 1. insufficient investment in the Community College and University systems and in healthcare apprenticeship programs; and 2. insufficient funding to relieve the burden on students of the cost of education.

c. State employment policies – some personnel policies are impeding recruitment. For example, state policy prohibits some agencies from filling a position until it has been vacated. This and other policies delay hiring and create unnecessary gaps in staffing.

d. Social Policies that have a detrimental effect on workforce – healthcare workers are directly affected by issues such as access to affordable housing, access to quality child care, and the availability of dependable transportation. Addressing the challenges in these areas are beyond the control of healthcare employers and must be addressed through public policy.

c. Emerging Priorities and Where to Begin

1. Reform Reimbursement Rates and Structure

a. Increase Rates - increase public and private reimbursement rates to enable employers to offer competitive wages.

b. Expand what is reimbursable - put into place a reimbursement structure that ensures that Community Health Workers and other frontline workers are paid a livable wage.

c. Create a value-based reimbursement structure – transform the current reimbursement structure to a value-based system that focuses on quality over quantity; incentivizes integrated care and requires both public and private insurance providers to provide coverage parity for medical, oral and behavioral health and to pay for care coordination and community support services.

2. Reduce Regulatory Burdens & Constraints

a. Reduce administrative burdens and remove regulatory constraints – build greater flexibility into current regulations; eliminate barriers that currently make it difficult for providers to practice at the top of their scope; provide integrated care and access to clinical supervision and training; and put into place the changes needed to reduce the amount of time providers must spend completing paperwork. Three steps to consider early on include:

- Use education and advocacy at the state and federal levels to break down regulatory and licensure barriers.
- Adjust requirements that make it harder for students to access training and to get supervision in community settings. For example, remove the nursing faculty experience requirements for long term care in the LNA space; revise teacher-to-student ratio requirements that may limit the number of students who can participate in healthcare training; and allow nursing homes to be reimbursed when they pay for LNA training (rather than have the trainee advance the funds and then be reimbursed).
- Make sure that each provider is able to practice to the top of their scope. (For example, allow APRNs in mental health settings to sign documents that currently can only be signed by MDs.)

b. Streamline the licensing process and revise credentialing requirements – eliminate licensing and credentialing requirements that do not enhance patient safety. Reduce the time it takes to vet and approve licensing requests (particularly for workers from out of state); recognize credentials and education from other countries and support or create pathways to credentialing and licensure; and create certificate or licensing roles for entry level workers wishing to advance their careers. Possible starting points for this work might include:

- Develop reciprocity agreements with other states (especially neighboring states).
- Reduce the time it takes to conduct criminal background checks; ensure that they can be completed on-line; and encourage use of the waiver process when needed.
- Focus on our paraprofessional and peer workforce - strengthen competencies, certification and reimbursement.
- Review each role in the career ladder and identify places – especially in early career stages – that would benefit from the addition of certification, licensing or accreditation. For example, consider the possibility of adding a licensed role between LNA and LPN and/or explore the value of creating a certification process for CHWs.
- Recognize credentials and education from other countries and support or create pathways to credentialing and licensure.

3. Advance Policies that Support Recruitment and Retention

a. Fully fund initiatives that enhance the diversity of the workforce - for example, create targeted incentive programs/scholarships for areas of high need

b. Make telehealth policy changes permanent – keep the temporary telehealth regulations in place and make them permanent. Align enabling technologies to the rules and statutes and strengthen the state's broadband infrastructure.

c. Invest in education – increase funding for loan repayment and forgiveness and expand eligibility requirements to include more categories of staff and more people per center. Lock in some loan repayment and forgiveness commitments before rather than after completion of training/education. Increase job training funds.

d. Implement public policies that impact workers' ability to participate in the healthcare workforce - advance public policies that increase the amount of affordable housing in the state. Increase access to high quality affordable childcare and all-day kindergarten. Invest in better transportation options. Invest in the state's broadband infrastructure. The first step in all of this work is to educate legislators about the importance of building and sustaining a strong healthcare workforce and the ways in which social issues are interfering with New Hampshire's ability to do so.

6. Data

Participants responded to two questions about New Hampshire's data needs:

1. What do we need to know about New Hampshire's workforce? What questions do we need to be able to answer?

2. What barriers are getting in the way of accessing data? What makes it hard to get the data you need, when you need it and how you need it?

3. What would your top three data priorities be for the next five years?

Data issues were also raised in connection with discussions of pipeline, recruitment and retention and policy and regulation and are discussed in the pipeline, recruitment and retention and policy and regulation sections of this report.

a. Future state/vision

We envision a day when…

1. *Healthcare leaders* … know what data exists, where it is located, and how to access it and have the tools they need to translate raw numbers into information they can use to guide their work.

2. *Workforce development initiatives* …have the information they need to direct resources and efforts to the areas of greatest need.

3. *Prospective healthcare workers*…have an accurate picture of career opportunities and their costs and benefits.

4. *New Hampshire policy makers* … have the information they need to make wise decisions.

5. *Federal funders* … are able to accurately assess New Hampshire's needs and award funding accordingly.

b. Current state/barriers to workforce development efforts

1. Questions We Need to Be Able to Answer

a. What is the scope of the problem?

- How many vacancies are there in the NH Healthcare workforce? More specifically,
  - How many clinical vacancies?
  - How many non-clinical healthcare vacancies?
  - Where are the vacancies geographically?
  - What is the vacancy rate for LNAs, MNAs, Community Health Workers and Peer Support staff?

- How many vacancies are there for specialized needs such as: critical care nurses, people prepared to work in long-term care facilities, people willing to work nights, etc.?

- How many workers does New Hampshire's healthcare workforce need in order to meet the healthcare needs of the people in the state?
  - What kinds of care teams does NH need to care for populations (military, veterans, homeless, older adults, etc.)?
  - What does NH need for home-based and for community-based care?

- How are we doing on wages?
  - What constitutes a livable wage?
  - What is a competitive wage for each type of position?

"We'll never get out of crisis mode, if we're not also simultaneously projecting into the future and planning for our future."

- Is New Hampshire losing out on federal funding?
  - Is New Hampshire providing federal bodies with an accurate assessment of New Hampshire's needs? Would better data demonstrate that New Hampshire qualifies for additional Federal Shortage Designations?

- What is the impact of vacancies on patient and client care?

- What will NH need in the future?
  - Are projections done in the past based on pre-COVID scenario still relevant? How does the introduction of telehealth impact the projections?

b. Where are the opportunities for increasing retention and strengthening our pipeline?

- What we know about retention in NH?
  - What are NH's retention and turnover rates?
  - Which workers are leaving their positions?
  - Are people in some fields more likely to leave their positions than others?
  - Where are people going when they leave? Are they staying in NH but moving to a different position in the HC field? Are they moving out of state?
  - How do race and equity impact recruitment and retention?
  - Why do people leave their positions?
  - What distinguishes people who stay from those who leave?

- What are the characteristics of the potential labor pool?
  - How many people are there within the current healthcare workforce who would like an opportunity to advance within a career ladder?
  - How many people are in non-healthcare fields who would like to get into healthcare?
  - Where is there really high unemployment where people would have an appetite for changing their life and coming here?
  - Where, geographically, are the job seekers?
  - What obstacles are preventing people from getting into the healthcare field?
  - How far are people currently commuting?

"There are clusters of healthcare providers that provide the backbone to what we do, but we don't know enough about them."

- How far are people willing to commute?
- How are housing costs impacting commuting patterns?

- What programs/initiatives are in place to build the pipeline at the middle and high school level?
  - What skills do young people need to build to prepare them for a future in healthcare?
  - How much can individuals expect to earn in each of the healthcare fields?
  - What kinds of training do people in sub-specialties such as critical care, long-term care, etc. need?

- What health professional training programs exist in in NH and what is their capacity?
  - How many graduates is the State actually turning out in different health care fields? How many OTs? How many PTs?
  - How many people graduate from post-secondary programs? Who's finishing? Who's not?
  - Are there enough credentialing programs to help people move into those more specialized positions, and how do we do that in New Hampshire?

c. What Works?

- How impactful have NH's healthcare workforce development efforts been?
  - Have NH's efforts to improve integrated behavioral health been successful?
  - How many practices are integrating care and which model are they using and who are they using to do that?
  - How many of the waivered providers in New Hampshire are prescribing medications for addiction treatment?

- What have other workforce development initiatives found to be effective?
  - What are workforce development initiatives in other industries/sectors doing?
  - What are healthcare initiatives in neighboring states doing?

2. Challenging to Find and Make Meaning of Data We Do Have

a. Don't know what data does exist or where to find It – Data is collected by many entities in many formats. There is no central repository or central directory of data. As a result, it is difficult to know what data exists or where the data can be found.

b. Difficult to make meaning from the data that does exist – Data is complicated. It can be hard to interpret data and understand its implications for policy and practice. Some data is collected in broad categories that can't easily be broken down to the level of detail that is needed.[1] In some cases, the lack of a common vocabulary/nomenclature impedes understanding.[2] In other cases, the barrier may be that there are too few data scientists in the state to assist with understanding.

> *"Everyone has their own data set with their own software platforms, et cetera and it's just really hard to join those together where we have some really rich data sets but we can't functionally bring them together."*

[1] For example, compensation data may provide statewide numbers but not give a sense of regional variations.
[2] For example, "integrated care" vs. "coordinated care.")

c. Emerging Priorities and Where to Begin

1. Identify What Data Is Needed

a. Ask the right questions - Begin by determining what questions need to be answered to inform workforce development. For example, does a recruitment effort need to know how many healthcare workers are available or is the question how many people have a particular set of competencies?

> *"Are we asking the right question to get us where we want to be to fix the problem?"*

b. Identify which data already exists and which data is still needed – in order to answer the most critical questions. One way to begin this process would be to bring together a group of people to focus on the state's data needs – this could be a think tank of data scientists, practitioners, policy makers who look at existing data and assess what data NH will need in the next decade.

2. Make it easier to access data

a. Create a common data repository. A first step in moving this forward is to create an inventory of existing data and a directory of where to go to access the data. The New Hampshire Health Professions Data Center is already doing good work and could be an important resource in this work.

b. Make data available in a user-friendly format – and provide users with the tools they need to understand the data without always needing to go to a scholar for assistance.

3. Create a coordinated statewide data system

a. Identify strategies to gather workforce data in a consistent and meaningful way.

b. Establish an infrastructure for collecting data – for example, need a statewide reporting system that can identify the needs by facility/region/etc. What is the capacity and the vacancy?

c. Increase the bench strength at the state level – to support a strong, well-coordinated data system.

APPENDIX

i. Forward Fund Advisors

- Mary Bidgood-Wilson, NH Nurse Practitioner Association / NH Commission on Interdisciplinary Primary Care Workforce
- Kathy Bizarro-Thunberg, NH Hospital Association
- Alisa Druzba, Office of Rural Health & Primary Care
- Kristina Fjeld-Sparks, NH AHEC
- Bill Gunn, IDN Region 6
- Laurie Harding, NH Commission on Interdisciplinary Primary Care Workforce
- Gene Harkless, UNH Nursing and Telehealth Practice Center
- JoAnne Malloy, Institute on Disability at UNH
- Stephanie Pagliuca, Bi-State Primary Care Association
- Jeanne Ryer, NH Citizens Health Initiative
- Kristine Stoddard, Bi-State Primary Care Association
- Trinidad Tellez, NH Office of Health Equity
- Geoff Vercauteren, Network4Health / Catholic Medical Center

Healthcare Workforce Development Planning Team Members

- Kathy Bizarro-Thunberg, NH Hospital Association
- Kim Firth, Endowment for Health
- Kristina Fjeld-Sparks, NH Area Health Education Center
- Yvonne Goldsberry, Endowment for Health
- Bill Gunn, IDN Region 6
- Hope Worden Kenefick, HWK Consulting, LLC
- April Mottram, NH Public Health Association
- Stephanie Pagliuca, Bi-State Primary Care Association
- Mark Rubinstein, Granite State College
- Doreen Shockley, NH Department of Health & Human Services
- Geoff Vercauteren, Network4Health / Catholic Medical Center

ii. Summary of Health Care Workforce Development in Selected U.S. States

To help inform health care workforce development planning in New Hampshire, the Endowment for Health supported a review of the workforce development plans of other states with large rural areas to understand their structure, components (i.e., areas of focus and strategies), and implementation plans. Hope Worden Kenefick, MSW, Ph.D. reviewed and summarized relevant documents available for nine states and interviewed representatives from a sub-set of the states. (January 13, 2021)

Summary: https://endowment-assets.nyc3.digitaloceanspaces.com/images/Summary-of-Health-Care-Workforce-Development-in-Selected-States.pdf

Video: https://www.youtube.com/watch?v=WW_X2AqU3PI

iii. Recommendations on Health Care and Community Support Workforce

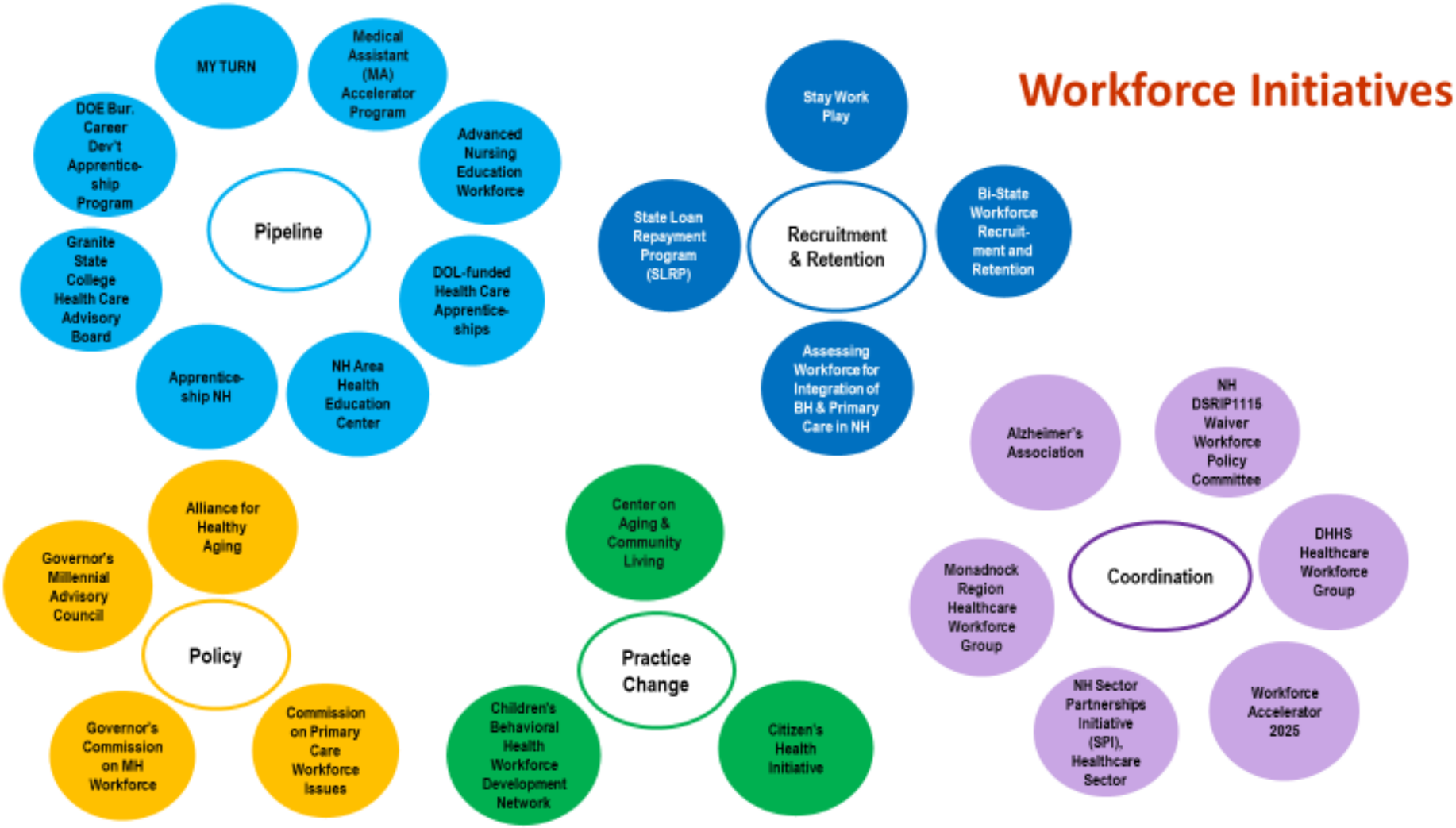
The Governor's Commission on Health Care and Community Support Workforce Report to Governor Hassan (December 16, 2016)

https://www.dhhs.nh.gov/ombp/caremgt/health-care/documents/hc-20161216-recommendations.pdf

iv. Current Healthcare Workforce Development Initiatives (Fall 2020)

Healthcare Workforce Initiative	Education & Workforce Pipeline	Recruitment & Retention	Practice Change	Policy, Advocacy & Infrastructure	Coordination of Multiple Workforce Efforts
1. Advanced Nursing Education Workforce (ANEW)	✓				
2. Alliance for Healthy Aging - workforce workgroup		✓		✓	✓
3. Alzheimer's Assoc. (Evaluation of the direct care workforce on long-term care)					✓
4. Apprenticeship NH - health care apprenticeships	✓				✓
5. Assessing the Workforce for the Integration of Behavioral Health and Primary Care in NH		✓	✓		✓
6. Bi-State's Recruitment and Retention Center		✓			✓
7. Center on Aging & Community Living (Direct Connect)	✓		✓		
8. Children's Behavioral Health Workforce Development Network	✓		✓		✓
9. Citizens Health Initiative			✓	✓	✓
10. Commission on Primary Care Workforce Issues		✓		✓	✓
11. DHHS Healthcare Workforce Group				✓	✓
12. DOE Bureau Career Development/Apprenticeship Program	✓				
13. DOL-funded Health Care Apprenticeships	✓				✓
14. Governor's Commission on Mental Health Workforce				✓	✓
15. Governor's Millennial Advisory Council				✓	
16. Granite State College Health Care Advisory Board	✓				
17. Medical Assistant (MA) Accelerator Program	✓	✓			
18. Monadnock Region Healthcare Workforce Group					✓
19. MY TURN	✓				✓
20. NH Area Health Education Center	✓		✓		✓
21. NH DSRIP 1115 Waiver Workforce Policy Committee				✓	✓
22. NH Sector Partnerships Initiative (SPI), Healthcare Sector	✓			✓	✓
23. State Loan Repayment Program (SLRP)	✓	✓	✓	✓	
24. Stay Work Play		✓		✓	
25. Workforce Accelerator 2025: 65X25 and School to Career Pathways				✓	✓

v. New Hampshire Workforce Development Initiatives: Primary Area of Focus Graphic



vi. Focus Group Questions

Kick-Off Meeting

Topic 1: Passion for the Work: What Drives Us?

1. What would be different for patients if we truly had the workforce we needed throughout the state?
2. What would be different for healthcare providers if we had the workforce we needed throughout the state?
3. Which outcomes do we need to keep front and center as we begin the planning process?

Topic 2: Current Workforce Initiatives

1. How well do the people in each of these initiatives know each other's work?
2. Which initiatives might benefit from working together more closely?
3. Are there any aspects of this work (i.e. pipeline) that are not being addressed by anyone?

Focus Group 1

Topic 1: Lessons Learned from COVID-19

1. What has COVID-19 taught us about which workforce issues we most need to address in NH?
2. What positive changes have we made in response to COVID-19 that we should be sure to maintain and build upon?

Topic 2: Current and Past Workforce Initiatives: Building On The Work You Are Already Doing

1. What is getting in the way of success for our workforce development efforts?
2. What works? What are the most effective strategies you have seen for strengthening our workforce pipeline, recruitment or retention?

Focus Group 2

Topic 1: Policy and Regulatory Changes

1. What are the most critical policy and regulatory changes we need to make in order to strengthen our healthcare workforce?

Topic 2: Data

1. What do we need to know about New Hampshire's workforce? What questions do we need to be able to answer?
2. What barriers are getting in the way of accessing data? What makes it hard to get the data you need, when you need it and how you need it?
3. What would your top three data priorities be for the next five years?

Focus Group 3

Topic 1: Levers of Change

1. Which strategies would leverage the greatest change on our workforce pipeline, recruitment and retention?
2. Which strategies would have the greatest impact on our workforce overall?

Topic 2: Early Wins

1. What are the most doable changes we could make in the next five years that would strengthen our workforce pipeline?
2. Which of these early wins would also leverage significant change?