

University of Washington: Benjamin Stubbs, Susan Skillman, Amy Clark, Davis Patterson Washington State Workforce Board: Eleni Papadakis, Nova Gattman

BACKGROUND AND PURPOSE

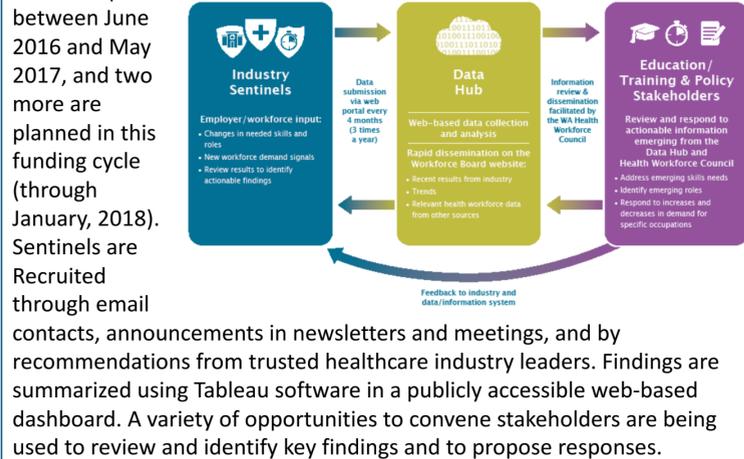
As healthcare undergoes transformation, we need early signals of changes in the occupations, skills and roles needed to deliver quality care. Traditional labor demand statistics often do not provide the level of detail or are not available as frequently as is needed for workforce planning.

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

- 1) Identifying emerging health workforce demand signals and trends
- 2) Rapidly disseminating information to education, training and policy partner who can take action based on findings

METHODS

The Sentinel Network solicits input from healthcare industry “sentinels” (employers) every 4 months to respond to questions about workforce demand in their facility (or facilities). Three data collection points have been completed



SENTINEL QUESTIONS

Sentinels indicate the facility type(s) and geographic locations they represent. They then indicate the occupations that have experienced a demand change in the previous 3 – 4 month. For each reported occupation, the Sentinel provides information on the following:

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

---AND qualitative input about the reasons for these demand changes.

EXAMPLES OF FINDINGS

Facility-level Responses To-Date

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

Examples of Findings By Facility Type

Behavioral/mental health clinics

The top four occupations reported to have long vacancies from June 2016 to May 2017 were:

- mental health counselors, clinical social workers, substance abuse/behavioral disorder counselors and nurse practitioners.

Reported reasons for long vacancies included:

- Wages are lower than what for-profit agencies are paying
- Rural location with poor employment prospects for spouse/partner.
- Multi-lingual (Spanish-English) skills needed for client population
- Need for dual-licensed/credentialed mental health professional and chemical dependency professional
- Requirement for after-hours/on-call work

FQHCs/community clinics

Among the top six occupations experiencing long vacancies from June 2016 to May 2017 were:

- Registered nurses, physicians/surgeons, mental health counselors, medical assistants, dental assistants

Reported reasons for long vacancies included:

- Clinic setting different than hospital setting – lower compensation/benefits than other employers
- New graduates accepting positions with specialty care offices
- Limited pipeline from local programs
- Challenge to find applicants with FQHC/outpatient experience

Web-based Dashboard to View Findings

Examples of Findings By Occupation - RNs

Registered Nurses (RNs) were the top occupation with exceptionally long vacancies reported by

- Hospitals, skilled nursing facilities (SNFs), intermediate care, nursing & personal care and public health facilities

Reasons for long vacancies for RNs include:

- Not enough RNs for all the facilities and hospitals and a new regulation requiring skilled nursing facilities to have 24 hour RN coverage (SNF)
- Nursing homes are unattractive to potential candidates, low candidate pool, competition with local hospital (pay/environment) (Nursing Home)
- Lack of experienced RNs willing to work in this capacity (Home Health)
- Multiple new jobs being opened to RNs. (SNF)
- Wage compression from new minimum wage (SNF)

Examples of Findings By Geography

Washington's Healthier Washington program is being delivered through 9 "Accountable Communities of Health" (ACHs) (single or multiple county regions) that align with Medicaid regional service areas.

In Spring 2017:

- RNs were the top ranked occupation with exceptionally long vacancies in 7 of 9 ACHs
- MAs were among the top occupations with long vacancies in all 9 ACHs

Examples of Dashboard Screen Shots: www.wasentinelnetwork.org

VALUE OF THE SENTINEL NETWORK

- Rapid turnaround signals of workforce demand changes
- Relatively inexpensive
- Information about the “how and why” behind health workforce demand signals
- Identifies skills needed by employers to fill specific roles
- Highlights local conditions that may make hiring difficult
- Engages the full network of stakeholders needed to identify and solve workforce problems

EXAMPLES OF HOW FINDINGS HAVE BEEN APPLIED

- Findings used to inform the Washington State Behavioral Health Workforce Assessment
 - Gattman N, Reule R, Balassa A, Skillman SM, McCarty RL, Schwartz MR. Washington's Behavioral Health Workforce Assessment: Project Phase I. Fall. Washington State Workforce Training and Education Coordinating Board, Nov 2016.
- Accountable Communities of Health are exploring uses for monitoring health workforce demand in state transformation regions (with Health Care Authority encouragement)
- State Community College Health Programs Deans and Directors group involved in interpreting findings
- HR Directors groups very interested in findings
- Anecdotes of use by individuals making cases for workforce development

NEXT STEPS

- Recruit more Sentinels (respondents)
- Increase effective engagement of stakeholders
- Cultivate Sentinel Network “champions” to reduce management resources needed
- Explore system improvements to enhance usefulness
- Evaluate (underway)
- Identify sustainable funding

FUNDING

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