Using a novel approach to obtain and deploy demand data for health workforce development: Recent applications of the Health Workforce Sentinel Network

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University of Washington Center for Health Workforce Studies
Why is it needed?

Few available data to track changing health workforce demand

Typical labor statistics (e.g., BLS) are important for many purposes, but:

• Suffer from time delays
• Lack information about needed skills and roles
• Don’t illuminate reasons for vacancies and turnover
Washington’s Health Workforce Sentinel Network

Project Team

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Washington’s Health Workforce Sentinel Network is a project of the Washington Health Workforce Council
Washington’s Health Workforce Sentinel Network

Purpose

The workforce is key to healthcare transformation.

We need early signals of changes in the occupations, skills, and roles needed to deliver quality care.

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

- **Identifies emerging signals** of changes in health workforce demand
- **Rapidly disseminates information** to education, training and policy partners who can respond to findings

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Washington’s Health Workforce Sentinel Network

**Industry Sentinels**

Employer/workforce input:
- Changes in needed skills and roles
- New workforce demand signals
- Review results to identify actionable findings

**Data Hub**

Data submission via web portal every 6 months (2 times a year)
Web-based data collection and analysis
Rapid dissemination on the Workforce Board website:
- Recent results from industry
- Trends
- Relevant health workforce data from other sources

**Education/Training & Policy Stakeholders**

Information review & dissemination facilitated by the WA Health Workforce Council

Review and respond to actionable information emerging from the Data Hub and Health Workforce Council:
- Address emerging skills needs
- Identify emerging roles
- Respond to increases and decreases in demand for specific occupations

Feedback to industry and data/information system

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[Washington State Workforce Training and Education Coordinating Board]

[Center for Health Workforce Studies, University of Washington]
Guiding Principles

• Minimize response burden
• Focus on changes in workforce demand (i.e., not quantifying demand)
• Provide timely information
• Maximize relevance to health workforce planning
• Bring together healthcare partners to review and respond
Sentinel Network Questions

Recently (in the past 3–4 months):
• Occupations experiencing exceptionally long **vacancies**
• Occupations with exceptional **turnover**
• 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
• Does your facility serve primarily **urban, rural or a mix** of urban and rural clients?

*With a focus on qualitative input about which, how, and reasons why*
Who are the Sentinels?

<table>
<thead>
<tr>
<th>Healthcare Employers (by Facility Type)</th>
<th>July 2016</th>
<th>Nov 2016</th>
<th>May 2017</th>
<th>Sept 2017</th>
<th>July 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral-mental health clinic/outpatient mental health and substance abuse clinic</td>
<td>26</td>
<td>30</td>
<td>16</td>
<td>33</td>
<td>12</td>
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<tr>
<td>Skilled nursing facility</td>
<td>17</td>
<td>28</td>
<td>11</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>Federally qualified health center (FQHC) or community clinic providing care free or on sliding fee scale</td>
<td>19</td>
<td>18</td>
<td>19</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>Nursing &amp; personal care facility (not a Skilled Nursing or Intermediate Care Facility)</td>
<td>7</td>
<td>15</td>
<td>6</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Acute care hospital (25 beds or fewer)</td>
<td>10</td>
<td>12</td>
<td>8</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Education</td>
<td>10</td>
<td>10</td>
<td>5</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Primary care medical clinic (not FQHC or community clinic)</td>
<td>19</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td>Intermediate care facility</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Specialty medical clinic</td>
<td>29</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Home health care service</td>
<td>11</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>3</td>
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<tr>
<td>Psychiatric/substance abuse hospital</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Medical/diagnostic laboratory</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Public health</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dentist office/dental clinic</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3</td>
<td>11</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Acute care hospital (more than 25 beds)</td>
<td>12</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>177</strong></td>
<td><strong>154</strong></td>
<td><strong>118</strong></td>
<td><strong>127</strong></td>
<td><strong>154</strong></td>
</tr>
</tbody>
</table>
Responses by Accountable Community of Health

Sept 2018
Data Collection Rounds

Round 1: Jun/Jul 2016
Round 2: Nov/Dec 2016
Round 3: Apr/May 2017
Round 4: Sept/Oct 2017
Round 5: July/Aug 2018
Round 6: March/Apr 2019

Healthier WA Funding
(largely from federal healthcare transformation initiatives)

Governor’s Office Funding
(federal labor funding – WIOA discretionary funds)
Findings Accessible on Interactive Web-Based Dashboard

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Findings: Summaries Still Popular

The Sentinel Network supports efficient and effective health workforce preparation and deployment by identifying emerging health workforce demand signals and trends and rapidly disseminating information to education, training and policy partners who can take action based on findings.

A summary of findings to date was included in Washington’s Health Workforce Council 2017 Annual Report and 2018 Annual Report.

Download summaries of some of the findings to-date by clicking on the occupation or facility types listed below.

**JULY 2018**

- Licensed Practical Nurses (LPNs)
- Long-Term Care Facilities
- Medical Assistants
- Registered Nurses (RNS)
- Selected Behavioral Health Occupations
- Community Health Clinic
- Multiple Settings

**NOVEMBER 2018**

- Long-Term Care Facilities
- Registered Nurses (RNS)
Findings: Deeper Understanding Comes From the Details

Examples from Skilled Nursing Facilities

• Not enough qualified applicants. We especially struggle...for night shift. Many applicants don’t show up for interview. (Nursing assistants)

• Competition with nearby facility paying higher wages and better benefits. We especially struggle to find qualified applicants for night shift. The local program closed - nearly impossible to find LPNs now. (LPNs)

• Nursing homes are unattractive to potential candidates, low candidate pool, competition with local hospital (pay/environment). (RNs)

• State approval of training classes not forthcoming despite very high need. (Nursing assistants)

• Rural setting – workforce does not meet demand. (RNs)
Applications of the Sentinel Network and its Findings
Examples of Uses of Sentinel Network Findings

Informed the **Washington State Behavioral Health Workforce Assessment**


Sentinel Network findings were combined with data from:

- Professional licenses
- IPEDs (education output)
- Primary research
- Extensive stakeholder interviews

Report’s policy recommendations the basis for numerous proposals to the 2019 Legislature and the Governor
Examples of Uses of Sentinel Network Findings

Reported in-depth by Washington Health Workforce Council


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<td>1. Support ongoing information needs for state health workforce planning</td>
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<td>2. Strengthen the dental health workforce pipeline</td>
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<td>3. Evaluate the performance of the Health Professional Loan Repayment Program</td>
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<td>4. Recognize and compensate the training function of community-based settings</td>
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<td>5. Promote integrated care through the creation of a Washington Center for Interprofessional Practice and Education</td>
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<tr>
<td>6. Establish a care worker initiative to develop career pathways for frontline care workers</td>
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### Connecting SN Data to the Network Who Can Respond

#### Washington Health Workforce Council Membership

| University of Washington School of Medicine |
| Renton Technical College                  |
| Accountable Communities of Health        |
| Allied Health Center of Excellence        |
| Office of Superintendent of Public Instruction |
| SEIU Healthcare 1199NW                    |
| SEIU 775 Benefits Group                   |
| State Board for Community and Technical Colleges |
| Washington Association for Community Health |
| Washington Association of Housing and Services for the Aging |
| Washington Center for Nursing             |
| Washington Health Care Association        |
| Washington Council for Behavioral Health  |
| Washington State Dental Association       |
| Washington State Department of Health     |
| Washington State Hospital Association     |
| Washington State Medical Association      |
| Washington State Nurses Association       |
| Washington Student Achievement Council    |
| Washington State Health Care Authority    |
| Workforce Training and Education Coordinating Board |

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*Washington’s Health Workforce Sentinel Network*
Other Examples of Uses of Sentinel Network Findings

- **Accountable Communities of Health** (state planning regions) testing SN use in monitoring health workforce demand in state healthcare transformation regions
- State **Community College Health Programs** Deans and Directors group engaged in interpreting findings
- **HR Directors** groups highly interested in using findings to support their experiences in recruiting
- ------And other uses that we don’t know about

*Future -*

- Washington’s House Higher Education Committee expressed strong interest in funding Sentinel Network for **other industry sectors**
Connecticut

- Implementation statewide (all healthcare settings/occupations) starting in April, 2019
- UW CHWS conducting survey and creating dashboard
- CT League for Nursing conducting recruitment and dissemination in CT

...............And we’re in conversations with other states
Summary – The Value of the Sentinel Network

- **Rapid turnaround** signals of workforce demand changes
- Identifies **skills** needed and **local conditions** that may make hiring difficult
- Provides “**how and why**” behind demand signals:
  - Helps to identify solutions: Increase education capacity? Address workforce policy issues? Improve resources for incumbent worker training?
- **Engages the full network of stakeholders** needed to identify and solve workforce problems
- And, depending on the question, Sentinel Network supplements but does not substitute for quantitative data about workforce demand
Future Plans and Desires

- Continued funding
- Draw more Sentinels to the network
- Enhance dashboard as to add in more resources:
  - E.g., quantitative demand data, real-time labor-market information (LMI)
- Strengthen connections between employers and fixers
- Expand to more states (and industry sectors?)
Washington’s Health Workforce Sentinel Network

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