Health Career Pathways Sub-Committee Cross-Cutting and Infrastructure Recommendations (6/20/11)

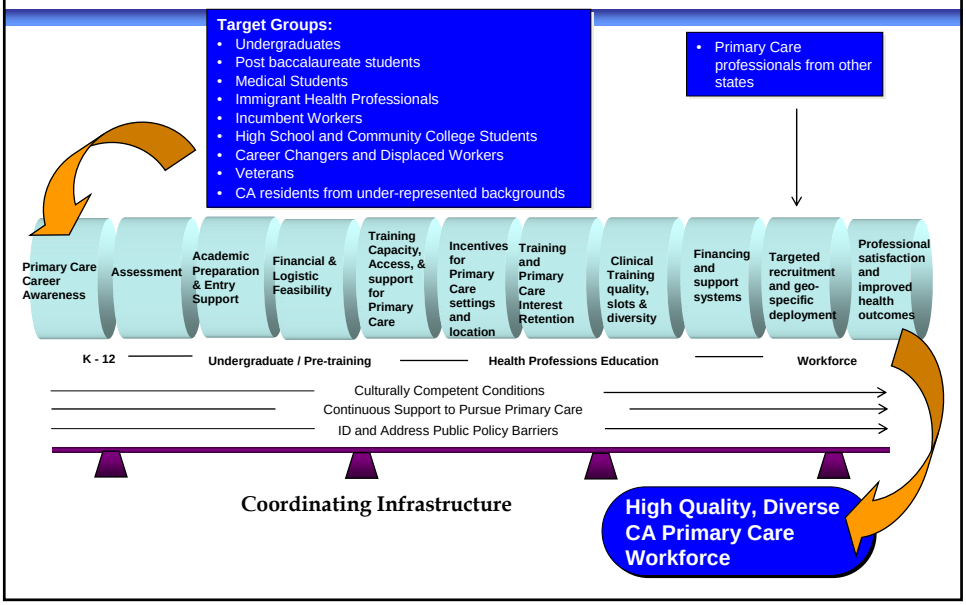
Updated with revisions from the 6/17 Career Pathway Sub Committee Meeting

UC Berkeley Team

Methodology

- The Sub-Committee selected priority professions and chose the CHWA Pathway Model as the framework
- Facilitators worked with experts from each profession to develop system level pathways.
- Experts identified key barriers to a high quality, sufficient & diverse workforce
- Recommendations were developed for each pathway
- Cross cutting & infrastructure recommendations were identified through the facilitated discussion of pathways

Coordinated CA Primary Care System Level Workforce Pathway



Cross-Cutting Recommendations: A. Awareness and Support

1. Increase awareness of health career options and how to pursue & finance them through more targeted and effective outreach to individuals, parents and advisors at all levels and throughout the pathway. Increase utilization of social marketing, new media & other emerging tools.
2. Support CSU recommendations for health career advising and courses on campuses.
3. Prioritize outreach, training and support for incumbent workers. Emphasize economic development opportunity.
4. Increase skill building , academic, advising & “career case management” support for individuals through out all stages of the pathway to increase retention and success

Cross-Cutting Recommendations

B. Academic Preparation & Training Program Capacity and Alignment

(modified CHA recommendations)

1. Determine, Preserve & Protect Funding for California's Public Institutions of Higher Education based on what California needs to meet health workforce requirements.
2. Protect Funding for California's Community College Workforce Preparation Programs and K-12 programs that feed into these.
3. Align Programs with Industry Demand & Emerging health sector needs (e.g. type, size, curriculum, access)
4. Improve Course Articulation Between California's Institutions of Higher Education
5. Alleviate Barriers Related to Sufficient Clinical Training Capacity and Geographic Distribution

Cross-Cutting Recommendations:

C. Academic Entry & Logistical Feasibility :

1. Improve access to pre-requisite courses.
2. Standardize pre-requisites
3. Revisit pre-requisites as indicators of success in education programs and employment
4. Utilize more technology-assisted education tools to meet needs by increasing reach and access.
5. Improve/clarify articulation along career paths and lattices (e.g., ADN to BSN, CHWs to other careers, MLT to CLS)

Cross-Cutting Recommendations: D. Financial Support and Incentives

1. Improve/increase incentives for students to choose primary care careers and service in underserved areas (e.g., scholarship & loan repayment)
2. Increase funding for internships and clinical training in ambulatory settings and underserved areas and provide infrastructure to coordinate
3. Examine the impact of increasing tuition, fees and debts on student's ability to enter & complete programs
4. Increase awareness of programs that offer financial support and how to utilize. Make it easier for target students to use.
5. Examine and improve reimbursement to recruit and retain in key professions & geographically.

Cross Cutting Recommendations E. Training Program Capacity

1. Offer new or expanded education & training programs through self supporting strategies and partnerships, such as a fee-based programs and courses.
2. Project capacity needs relative to long term need. Maintain or expand capacity in priority professions
3. Increase internship and training opportunities to increase capacity
4. Establish programs with specific primary care and diversity focus. Locate more in underserved communities & in outpatient & community settings.

Cross-Cutting Recommendations F. Diversity and Service

1. All recommendations should have a priority focus on diversity and individuals from disadvantaged & underrepresented backgrounds & underserved communities.
2. Increase institutional commitment and investment in proven programs that increase workforce and diversity.
3. Focus on culture change and accountability in training programs to promote primary care & service commitments.
4. Examine demographic profiles across job classifications and create career ladders for advancement
5. Develop measurable matrix for defining success related to diversity in professions in relation to patient populations

Cross-Cutting Recommendations: G. Roles and Scope of Practice

1. Support full practice at current scope
2. Examine scope of practice for different professions within new delivery models and workforce needs
3. Support definition of new competencies and roles within emerging service models and across overlapping professions.

Need to Select Top Priorities: Potential Prioritization Criteria

- Impact on multiple career pathways
- Impact on diversity
- Operational feasibility
- Political feasibility
- Cost and availability of resources
- Champion or infrastructure to lead & execute
- Degree of difficulty
- Solution to a high priority cross cutting barrier
- Short term, medium or long term impact
- Regulatory and statutory changes needed for implementation
- Other?

H. Infrastructure Recommendations

1. Develop comprehensive strategic plan for health workforce & diversity in CA aligned with regional & profession specific plans. Make the case for policy change & investment.
2. Implement sufficient statewide public and private infrastructure to implement and be accountable for statewide plan implementation. Have cross profession and specific profession infrastructures.
3. Establish public and private funding streams to sufficiently invest in priority workforce programs and infrastructure
4. Establish solid organizing workforce intermediaries in priority regions with sufficient funding and capacity
5. Support implementation of and reporting to OSHPD clearinghouse.

H. Infrastructure Recommendations

6. Develop forecasts of supply, demand, and future need by profession (statewide and regionally). Have mechanism for reporting and adjustment.

7. Develop new models of care, with roles of workforce within those, and necessary competencies.

8. Continue to build the workforce and diversity movement. Support capable statewide & regional leaders.

9. Establish mechanisms for shared learning through collecting & disseminating best practices

10. Develop structure for workforce advocacy

Lessons From Virginia: Infrastructure & Partnership Recommendations

- **Goal 1: To set up the statewide infrastructure required for health workforce needs assessment and planning that maintains engagement by health professions training programs in decision making and program implementation.**
- **Objective 1:** To establish the VHWDA as a sustainable public-private partnership.
- **Objective 2:** To establish the Virginia Health Careers Student Registry into a comprehensive registry of all Virginia students with an interest in health careers.
- **Objective 3:** To expand the scope of the annual Choose Virginia Conference to include all students and residents with an interest in primary care, helping them to "Choose Virginia! A Healthy Place to live and work!"

Lessons From Virginia: Infrastructure & Recommendations

- **Goal 2: To encourage regional partnerships that address health workforce pipeline development needs and promote innovative health care workforce career pathway activities.**
- **Objective 1:** To identify High Priority Target Areas (HPTAs) within each region of the Commonwealth.
- **Objective 2:** To identify and convene regional leadership to discuss opportunities to better leverage and align existing state, regional and local programs and activities to support regional health workforce pipeline development initiatives that are designed to have a measurable impact on HPTAs.
- **Objective 3:** To make available funds for regional planning and implementation grants to encourage leaders at the regional level to develop partnerships to address the workforce issues in HPTAs and that result in health workforce development initiatives that improve health status and outcomes in those areas.
- **Objective 4:** To capture, package and disseminate best practices and effective regional initiatives throughout Virginia and the nation.