

East Bay Health Workforce and Diversity Needs

Summary of Employer Interviews

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East Bay Health Workforce Partnership

Employers Interviewed

1. Alameda Health Consortium
2. Alameda Contra Costa Medical Association
3. Alameda County Public Health Department
4. Alameda Health System
5. Asian Health Services
6. Contra Costa Health Services
7. Horizon Home Health Services
8. John Muir Health

Employers Interviewed

9. Kaiser Regional Workforce Development

10. LifeLong Medical Care

11. The Permanente Medical Group

12. UCSF Benioff Children's Hospital Oakland

13. Washington Township Medical Group

- Attempted- Sutter, Hill MD's, Brown & Toland, Tiburcio, Stanford
- Incorporated needs from previous La Clinica work
- Need: Alameda Health Services, mental health providers

Key Categories of Questions

- How is the landscape changing?
- Top priority initiatives?
- How important is workforce and diversity?
- Current and future priority workforce needs?
- Priority skill needs?
- Recruitment and retention barriers?
- Potential collaborative strategies?
- EBHWP roles and value added?

How is the Health Landscape in this Region Changing?

- “New affiliations and partnerships”
- “Outpatient the push, too many patients, to do good quality”
- “Primary care workforce shortages and challenges”
- “KP recruits MD’s, MA’s, nurses from us, whatever they need”
- “APM, driving changes in the care model but no one has figured it out; more opportunities for non-billable staff”
- “Must survive a chaotic transition; able to take better care of our patients and ourselves and still be financially viable”
- “Like living in a blender”
- “ACO and population health management implementation”
- “Bring social determinants of health into healthcare”
- “Hospitals have an obligation to do more for the community”

How is the Health Landscape in this Region Changing?

- “Behavioral health and primary care integration”
- “Use of LEAN to enhance quality, efficiency and cost”
- “Major growth in medical practices”
- “Following Bodenheimer model for team care”
- “Increase in home health, sicker patients home sooner”
- “Transition from inpt. to outpatient, home & community”
- “In 3 years need to become more ambulatory and community care centric and able to take risk”
- “In the information business now”
- “Patient satisfaction will drive future reimbursement”
- “How can we leverage and bill for telehealth”

What are your Top Priority Initiatives?

- Quality Care at an affordable price
- Population health management
- Oakland Thrive Campaign
- Community Health Improvement Plans
- Whole person care
- Total health
- Patient satisfaction
- Address primary care MD shortage
- Accommodating increased home care demand

How Important is Workforce Development?

- “10- most costs are in salaries, work doesn’t happen without people, most valued resource”
- “More open positions now than in a long time, hired new recruiters and recruiting company to help” 7 or 8 but not huge focus given financial challenges and growth”
- “Priority is high, gone from WFD not being important to being important but not urgent; short term recruitment still the primary focus”
- “5, need more board and CEO education”. “Just went through strategic planning process, workforce development did not come up”
- “KP should help safety net work workforce needs; worth money on the front end to prevent patients from coming to them in the future”
- “Very high priority. Close to a 10. Labor is a key factor in our business. Expenses are higher while payments are lower”
- “8, increasingly critical but reimbursement and contracting are higher”
“Very bad news in 5 years if we don’t do anything”
- “Investment in our people strategy is a key part of cost reduction”

How Important is a Diverse, Culturally Competent Workforce?

- “10, culturally competent workforce is essential”
- “Diversity is of strategic importance”
- “10- Health industry does not reflect the population, trust is key to prevention and good health”
- “Demographic shifts are critical to address; race, generation, makes the workforce more rich and complicated”
- Close to a 10, “when treating a family in the home you must understand culture of the whole family”
- “Language is a major barrier, bilingual in high demand”
- “Increased need, pools of labor from communities not to be missed”
- “Future workforce must come from emerging groups”
- “Looking at hiring practices to support local talent”

Importance of Pipeline

- “Pathway development a 10”
- “The Pipeline has to have the whole spectrum- K1-2, college, health profession and employment, specialty”.
- “Pathway work is essential to developing qualified, diverse workforce”
- “Requires a sufficient organization to pull it all together
- “10- opportunities for well paying jobs so they can stay and contribute to health here”

Case for Workforce Development

- “Meet access and revenue goals for growing volume of patients”
- “Document the consequences; \$350k impact of vacant MD FTE”
- “Overtime and agency costs, expensive and impact morale and quality”
- “Accountable for EEO and Affirmative Action goals”
- “Staffed to accommodate the sheer number of patients is very important; particularly in the outpatient setting”
- “Required for accreditation”
- “Important for health and the economy in the region”
- “Will be competing with other industries for talent”
- “Community benefit – meaningful, well paying jobs for residents and future quality employees”

Current and Emerging Priority Workforce Needs: Clinical

- **Volume of Need:**
- **MA's**
- **Behavioral Health- psychologists, psychiatrists, LCSW, MFT**
- **Nurses**
 - **Specialty Care Nurses**
 - **BSN**
 - **NP's**
 - **Public Health Nurses**
 - **Home Health**
 - **Managers**
- **Navigators and CHW's**
- **Home Health Aides (HHA)**
- **Rad Tech**
- **Care Managers**
- **Surgical Techs**
- **Critical & Difficult to Fill:**
- **Primary Care MD's- FP, IM & Ped**
- **Clinical Lab Scientists (CLS)**
- **Physical Therapists (PT)**
- **PA's**
- **MRI, CT, Ultrasound**
- **OT**
- **Nutritionists**
- **Social Work- Care Coordination**

Nursing

- “Need is for more people with experience in specialty areas, not new grads”
- “Not enough experienced BSN’s in the market”
- “Move existing RN’s to BSN’s quickly”
- “Moving to magnet, need experienced BSN”
- “Nursing school doesn't prepare graduates for the outpatient side”
- “To keep the MD workforce and use them well, need well trained, experienced RN’s”

Current and Emerging Priority Workforce Needs: Non-Clinical

- **Health IT**
- **Capable Managers** “people who are retiring are all managers”
- **Community Outreach Workers**
- **Health Educators**
- Community Builders
- Policy Analysts
- Medical Coders
- QI analysts and managers
- Finance people who understand population health and clinical systems
- Environmental Health Specialists

Future Workforce Needs

- Need new employees:
 - “MA’s and CHW”s
 - “More people to work in Schools”
 - “Nurse Managers all aging”
 - “PT’s, Nurses, Mental Health, HHA’s, cant get enough to fill meet the demand”
 - “More PA’s and NP’s”
- Changing roles:
 - “CHW’s play a growing roles in mental health, health homes and whole person care” “CHW’s to address social needs and help care at home”
 - More case managers
 - More team based care, less hierarchical
 - “Higher skilled people move up in scope and role, push more to lower skilled roles and build up their training” “more economical to have more of them”
 - “Will have fewer roles with broader definitions and larger scope to deliver quality care at a lower price”

Future Workforce Needs

- Support current employees to advance:
 - “More nurses get specialty trained” “Developing current nurses is a higher priority than getting new nurses, not increasing FTE’s”
 - “Buy people with baseline skills and build them through training rather than buy fully prepared”
- Management:
 - “growing needs for senior managers in 5 years and middle in 10. Not enough bench strength”
 - Light pool of MD’s to step into medical director roles
 - Will need to transition and train many in management roles”

Changing Models and Roles

- PCMH and Team Based Care
- Much Greater use of MA's, CHW, Navigators
- "MA position has changed and become more complex"
- "Nursing support role has really changed"
- "The role of mid levels has become more prominent" "Trend toward more use of NP's and PA's"
- "More services with greater acuity in the home"

Future Position Needs

- “Nurse Navigators is a new position being created, mostly outpatient”
- “Advanced practice nurses but the pain of new grads is palpable”
- “People to do data analytics and QI of health outcomes, future pay linked to outcomes”
- “Panel management analytical people”
- “Entry level positions are going away- clerical, coding etc”

Priority Skills

- Writing skills
- Solid oral communications skills- “all literacy levels and languages”
- Customer service attitude and skills
- Cultural humility
- Basic professionalism “a struggle”
- Analytical skills-“data and reconnaissance” “work with outcomes and panel data
- Emotional maturity and intelligence
- Critical thinking and problem solving
- Strong work ethic
- Work inter-generationally
- Management skills
- Business- billing, marketing, management
- Work in interdisciplinary teams

Training Need

- “Its difficult to find people with the skills and experience needed”
- “Need to help people build their skills” “WFD is primarily about developing the current workforce”
- “Support for new mechanism to help train existing staff to advance given their constraints”
- “Why isn’t anyone training CLS when everyone needs them”
- “People come out of base education with low levels of cultural competency, need training”
- “MA’s don’t get sufficient training from schools and externships”

Different Kinds of Education and Training

- More exposure to and experience in, outpatient community and non clinical settings
- Practical management skills
- Leadership- bridging, dealing with difference, leading change and transformation
- Analytical skills
- Emotional Intelligence
- Customer service and patient centered
- Training in home settings
- Cultural competency for all
- Need more training of HHA's, plenty of CNA's
- Change nature of HHA and CNA training

Recruitment and Retention Barriers

- Housing cost and availability
- Cost of living in relation to pay
- Insufficient workforce supply
- Compensation demands and competition
- “The economics of being an MD have changed”
- “Young MD’s have a different mindset, they want to be employed by the large systems and universities”
- “Burnout”
- “People are very stressed after ACA & EMR. Not best environment for exposing people to health careers” “near breaking point”
- “Very stiff competition for skilled workers”
- “Large, growing Kaiser need and ability to compete”

Recruitment and Retention Challenges

- Geographic locations-East Contra Costa
- “Struggle to recruit people due to skill, experience and language requirements”
- “Need qualified, experienced people who can get up to speed quickly”
- “Not had a priority or culture that supports development of current workforce, all about hiring”
- “High demand, low supply, high cost, low reimbursement”
- “Cumbersome hiring processes in public and large organizations”

Recruitment and Retention Barriers

- Lack of awareness of career options and paths- “Young people dont know the jobs and the salaries and lives you can have with them”
- Debt and cost/affordability concerns
- “HIPAA and health clearances are the biggest barriers to local students getting experiences, so much fear”
“Patient care will always be #1 “everything else is a good idea”
- “Sometimes challenging to make role changes and recruit locally given the high percentage of union staff”
- Need a stronger infrastructure for training
- Private schools going out of business

Potential Collective Strategies

- “Better Integrate KP and safety net workforce and delivery efforts”
- Partner with Kaiser to help back-fill employees recruited
- Community Benefit funding for CHC’s: residents, technology, loan repayment, transition to new care and payment models”
- “Leverage KP School of Allied Health for more east bay and safety net benefit”
- “Look at scope regulations and how to push to get the best care for patients accommodate supply and new care models”
- Central east bay support for workforce- “don’t need 8 loan repayment specialists”

Potential Collective Strategies

- “Support having dedicated workforce development people within employers, schools and to coordinate with schools and EBHWP”
- “Standardize competency, clearance and HIPAA requirements”
- “Certify that students have been trained on and can demonstrate competencies”
- “Employers need training on how to work with students”
- Formally align with Oakland Thrive
- “Support more local hiring preferences and practices”
- “Develop central training infrastructure and programs”

Role and Value EBHWP

- Coordinating workforce table and infrastructure
- Share best practices among employers
- Build stronger relationships and the network
- Shared mechanisms, one stop for providing career exposure and experience in community and care settings.
- Align with education- share competencies and core standards and align efforts with how to prepare students.
- One stop shop, hub for WBL- placement, clearances, HIPPA
- Alignment and convergence among numerous health pathway and workforce efforts and investments.
- Technical assistance for employers- WBL, diversity, workforce, educational partnership development

Role and Value of EBHWP

- Create a central infrastructure or hub for training
 - MA's, CHW's, health coaches and scribes
 - Managers and supervisors
 - Diversity and Cultural competence
 - “Soft skills training”
- “Funds for training; many places struggling to break even”
- “Central recruitment strategy- employers still compete”
- Standardize roles, pay, advancement, training of MA, CHW etc
- Campaign to recruit students to safety net and public health
- Create shared on call and per diem pool for MA's and others
- Build a primary care, coaches and navigator pipeline
- Assist with and mobilize policy change
- Website for future jobs- promote what is available

EBHWP Initiatives

- **Current:**

- Primary Care Physicians
- MA's
- Behavioral Health
- WBL support, coordination, expansion
- Workforce Data
- Diversity
- Link local people to jobs & internships
- Business Case
- Common Table

- **Future?**

- Training
- Best practices sharing
- Central infrastructure
- Per diem pool
- Career ladders
- Policy
- TA- WBL and regional
- Hiring practices
- CLS?
- Specialty nursing?