



Workforce Council Members Present: Janet McDaniel, Gary Crum, Roger Hoffard, Jim Werth, Kim Carter, Susan Alford, Steven Bowman, Ann Peton, Karen Purcell

I. Update on a few items

After introductions, Janet reviewed the agenda. In between our meetings, we tried to collect some information.

a. VA-SRHP Workforce Council has been established and its focus is rural issues

Janet pointed out that we have been made an official Council. Our group is unique because it is the only one bringing the rural focus. We will share minutes between the various committees and Councils. The minutes from the Health Workforce Advisory Committee were shared. If people are serving on multiple councils/committees, you can decide if you want to continue to serve on all the groups or if you'd prefer to keep it one. Janet and Aileen will serve as liaisons between the various groups.

b. Measuring success in recruiting in other states (Ann Peton)

Ann checked in with other states and they do not have anything to share. Her contacts did not have any career ladder programs to share. She would like to mention the importance of determining how the VA legislature measures success. If they are displeased with the results, then how can we be successful, particular with funding?

It was stated that the state hasn't look at retention in the past 25 years. It is not clear where people go historically. Karen has looked for a long time for retention information. She thinks we need to measure who goes where, where they come from, and how long do they stay.

c. Collaboration between community colleges: Report from Bill Hightower, Director of Education, Virginia Community College System

Nursing has done the most in terms of creating a career ladder. The other professions haven't done as much.

Kim said that what Bill reported about the nursing career ladder is not accurate. They are concerned that other people will look at what he sent and be misled. The end point FNP/MD is not accurate. For example, UVA has a master's entry to nursing program.

d. Report from Kathy Wibberly on grant money and focus of group

Janet reviewed an email from Kathy Wibberly. It was mentioned that it would be useful to know more than just who has a dual degree training program, but how many slots do we have in the state. Karen has information on where the programs are located, but isn't clear how many slots are available. Some believe that the Council on Higher Education should have this information. It is important to look beyond academic campuses for these programs. Some high schools have programs that concentrate on health careers.

If you want to know the shortage areas the Virginia Hospital and Healthcare Association and the Virginia Community Healthcare Association have this information. Health districts, CHCs are having a hard time getting primary care practitioners. What are the

shortages for the other 200 professions? HRSA was keeping this data and they are outsourcing this. This would be good to know too.

II. Focus for this year

Janet asked what the Council wanted to focus on for the year. According to the matrix, working with academic health and medical institutions is next on our list.

The group could see some benefit to the dual certification. The question is will the best and brightest students who get dual certification go to the poorest parts of the state? Also there is a concern that if someone is dual certified that they end up using just one of the certifications in practice. Ann and Karen know of some other states that have good programs, particularly frontier states (e.g. Alaska). Roger wondered what kind of market there is for dual certification. He doesn't hear requests for that. Ann wondered if they weren't asking because they didn't know it could be done. One possible use of funds would be to hire someone to research dual certification programs in VA and in other states as well. Perhaps we can find a model to replicate. Gary would hope that we'd also examine what kind of barriers existed for dual certification as well.

Another option could be to examine what curriculums have a rural focus.

Perhaps we could do an online survey to see what rural employers feel they need. What type of provider do they need? We could ask hospitals, clinics, and health departments. We should distinguish what kind of provider they need, including to what level of education. Gary wants to make sure that dentists are included.

Karen said there are no face to face meetings of all the players involved in this discussion such as the Department of Labor and not all the academic campuses are represented. Time keeps going by and we have a problem in that we are missing providers. Karen would like to see a meeting of everyone around the table to discuss these issues.

Mara said that the other Councils have Summits in their recommendations. Perhaps Workforce would like one too? The Summit could have some people present models and have conversations about how to keep and retain the worker of the future.

It is important to keep in mind how telemedicine might impact and change the needs picture. Someone might say they need a child psychiatrist but through telemedicine this is taken care of.

Janet would like to put out four ideas to the Council and ask everyone to vote on which to focus on. The ideas are:

- 1. Host a Workforce Summit to discuss statewide workforce issues and identify training needs, employer needs, and best practices. Potential attendees would include academic institutions (residency directors, deans of schools), employers in rural areas, government officials, state legislators, and workforce advocacy groups.*
- 2. Conduct a survey of rural health employers to identify what their future employment needs will be. Take the top 5 most needed profession types and research what training programs*

are available across the state. Perhaps look at other states to see if they have innovative training programs to address these needs.

- 3. Conduct a survey of academic institutions to see which health training curriculums have a rural focus to them. Use this to create a best practices compendium.*
- 4. Hire an intern to collect data about dual certification programs around the state. Also identify what opportunities or barriers currently exist in Virginia. Perhaps look at other states to see if they have innovative training programs to address these needs.*

III. Next Meeting: State Rural Health Summit, March 12

Health Workforce: *In order to ensure accessible health care services in rural areas, Virginia must carefully examine the current status of the health care workforce in rural areas and be able to project future health care workforce need in those areas. The VA-RHP must thoroughly address the lack of health care professionals in rural areas and examine alternative methods (such as paraprofessionals, educational and training requirements, and the utilization of health information technology for specialty care). These recommendations relate specifically to the health care workforce system in rural areas and include recruitment and retention, mid-levels, allied health, physicians and dentists.*

- E.1. Establish the Virginia Rural Health Workforce Council.
- E.2. Provide retention incentives to providers to remain in rural communities.
- E.3. More aggressively engage the Virginia Community College System (VCCS).
- E.4. Explore health care workforce training models and alternatives for rural areas.
- E.5. Increase communication between the various health professions training programs.
- E.6. Engage academic health and medical institutions in dialogue about alternative solutions and strategies to improving the healthcare workforce in rural areas (such as required rural rotations and rural-related curriculum).
- E.7. Research the concept of dual certificate programs and their feasibility as a more effective approach to the sustainability of the health care workforce in rural communities.
- E.8. Develop and support educational opportunities for integrating primary care with behavioral health.