

Task Force Update

Concept Recommendations and Planning for Detailed Recommendations

July 11, 2024

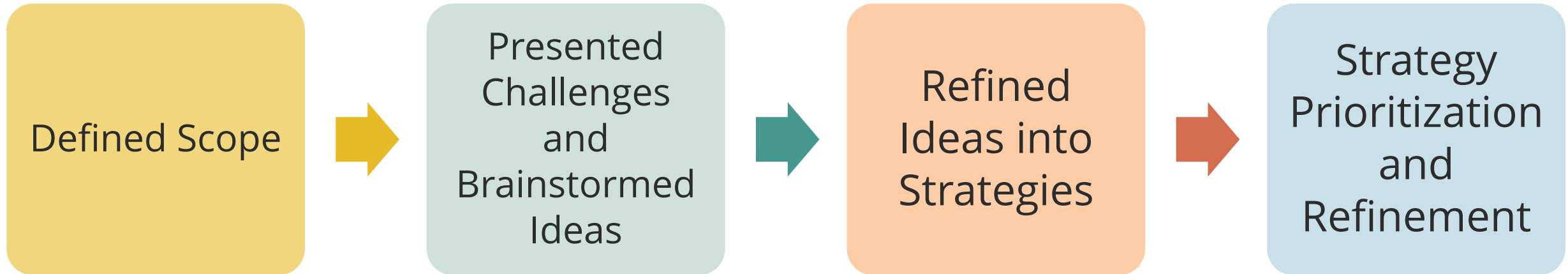


Agenda

- Review activities since previous meeting: Survey and ranking
- Discuss updates to the recommendations
- Discuss detailed recommendations
- Determine next steps and timeline



Path to Today



Review Survey Ranking



Prioritized Recommendations

Education and Training: Nurse and allied health educator incentive programs

Action: Expanded to include all health educators

Education and Training: Support preparation of clinical behavioral health counselors (QTT grants)

Education and Training: Wraparound services programs for students

Education and Training: Compensation for nursing faculty

Action: Expanded to include all health educators

Education and Training: Train direct care and nurse aides through WisCaregiver Careers

Recruitment and Retention: Expand Medicaid to increase funding for strategic healthcare workforce development

Recruitment and Retention: Rate increases to strengthen behavioral health workforce

Action: Expanded to include non-Medicaid Payers

Education and Training: Leverage state infrastructure for apprenticeship expansion

Action: Cut

Prioritized Recommendations

Education and Training: Additional state funding for apprenticeship programs.

Education and Training: Strengthen licensure pathways for veterans and service members

Action: Cut

Recruitment and Retention: Rate increases to strengthen workforce for aging WI

Action: Expanded to include non-Medicaid payers

Education and Training: Expand experiential learning tools

Action: Changed “tools” to “learning”; Added “(simulations)” for clarity

Recruitment and Retention: Expand state loan repayment/forgiveness for professionals serving in state-defined shortage areas

Education and Training: Worker Advancement Initiative Grant

Education and Training: Strengthen dual enrollment opportunities

Action: Advise combining with “increase student access to health science”

Prioritized Recommendations

Education and Training: Strong state support for WTCS & UW System

Action: Merged into more specific recommendations

Regulatory Policy: Ratify and enter into multi-state licensing compacts.

Regulatory Policy: Support pathways to licensure for qualified foreign educated professionals

Education and Training: Reduce GED/HSED costs for students

Recruitment and Retention: Support employer-based workforce development solutions with Provider Innovation Grants

Recruitment and Retention: Support regional collaboration for workforce development through Workforce Innovation Grants

Education and Training: State support for AHEC early pipeline activities

Action: Expanded to include HOSA, other early pipeline activities

Recruitment and Retention: Additional funds for state healthcare staff compensation

Action: Expanded to include all employers

Prioritized Recommendations

Regulatory Policy: Create new healthcare pathways

Action: Modified to focus on Medicaid reimbursement for community-focused providers

Regulatory Policy: Enhance licensee experience and reduce time to licensure

Recruitment and Retention: Support the workforce through Covering Wisconsin

Action: Modified to reflect need for benefits

Regulatory Policy: Explore alternative pathways for licensure qualification demonstration

Action: Cut

Education and Training: Develop a registry for clinical experience sites

Action: Replaced with grants for clinical partnerships

Regulatory Policy: Increase support for healthcare workforce wellness

Regulatory Policy: Enhance state quality assurance capacity

Action: Cut

Regulatory Policy: Resources to analyze the healthcare workforce

Review Updates to Recommendations



Questions for Task Force Consideration



Is anything confusing or unclear about this recommendation?



Do you see any red flags that would hinder your support?



Are there any other updates needed?



Recommendation Concepts: Education & Training

Updates



1. Health educator incentive programs

> Why?

- > Shortage of faculty
- > Lower wages compared to clinical practice

> What?

- > State sponsored loan repayment for faculty (with required service commitment)

> Updates:

- > Expanded to include allied health and other health professions
- > Apply to both full- and part-time faculty



2. Compensation for health professions faculty

> Why?

- > Shortage of faculty
- > Lower wages compared to clinical practice

> What?

- > Funding to support salary/compensation increases

> Updates:

- > Expanded to include allied health and other health professions



3. Support preparation of clinical behavioral health counselors (QTT grants)

> Why?

- > Need for clinical training/supervisors for behavioral health trainees

> What?

- > Flexible funding to support integration of clinical training among behavioral health employers

> Updates:

- > NA



4. Grants to support clinical partnerships and preceptors

> Why?

- > Schools have difficulty finding placements for students
- > No financial incentive for serving as preceptor

> What?

- > Grants to academic programs to be used flexibly for partnership establishment and/or preceptor supports

> Updates:

- > Revised from previous recommendation of clinical training registry and previous iterations of preceptor supports



5. Expand experiential learning (simulation)

> Why?

- > Experiential training supplements classroom and clinical experience

> What?

- > Funding to academic institutions for development or expansion of clinical simulation labs

> Updates:

- > Added “simulation” and replaced “tools” with “learning” in title for clarity and to focus on the need for simulation labs



6. Wraparound services programs for students

> Why?

- > Students experience social and economic barriers to completing health professions training (ex. Childcare, transportation, etc.)

> What?

- > Funding to higher education for flexible use to develop or supplement current programming

> Updates:

- > NA



7. Train direct care professionals and nurse aides through WisCaregiver Careers

> Why?

- > Severe shortage of direct care professionals and nurse aides
- > Small profit margin for direct care employers limits ability to offer competitive compensation (over other markets)
- > Program will end in 2025 unless funding sustained

> What?

- > Support for training costs and recruitment/retention incentives

> Updates:

- > NA



8. Reduce GED/HSED costs for students

> Why?

- > Testing costs (\$159) and training costs are a barrier to achieving high school equivalency, which is required for most health care careers

> What?

- > Funding to alleviate testing costs for students
- > Consider re-establishing Alternative Education Grant program (2001-2017) for school districts to develop training programs

> Updates:

- > NA



9. Increase training grants for allied health professionals and advanced practice clinicians

> Why?

- > Need for extension of health professionals into rural areas

> What?

- > Grants to hospitals, health systems, clinics, and educational providers to increase training opportunities; priority for rural areas

> Updates:

- > *New* based on member feedback (need for more targeted support for allied health and rural areas)



10. Additional state funding for registered and youth apprenticeships

> Why?

- > Proven success of apprenticeship programming, needed expansion

> What?

- > Funding to support various aspects of apprenticeship programming (development of new curriculum, bridging YA-to-RA, costs of licensing/testing, reimbursements for employers)

> Updates:

- > NA



11. Worker advancement initiative grant

> Why?

- > Proven success of local workforce development board activities, continuation

> What?

- > Grants to local workforce development boards for activities such as wraparound services, training programs, training stipends for participants (prioritizing non-WIOA-eligible healthcare occupations)

> Updates:

- > NA



12. Strengthen dual enrollment opportunities

> Why?

- > Dual enrollment allows high school students to get a step ahead toward college credits
- > Developing these programs is administratively challenging and requires staffing of subject matter experts

> What?

- > Funding for DPI to develop or expand dual enrollment offerings

> Updates:

- > Advise combining with next recommendation



13. Increase student access to health science

> Why?

- > Support early pipeline activities. Insufficient post-secondary programming for health career awareness or health care pathways

> What?

- > Funding to enhance and expand related activities in secondary and post-secondary settings (HOSA, AHEC)

> Updates:

- > Expanded to include HOSA and other health care career pathways
- > Advise combining with dual enrollment due to significant overlap



NEW. Increase student access to health science and dual enrollment opportunities

> Why?

- > Support early pipeline activities for health careers.
- > Dual enrollment allows high school students to get a step ahead but is administratively challenging.

> What?

- > Funding to enhance and expand related activities in secondary and post-secondary settings (HOSA, AHEC, dual enrollment)

> Updates:

- > *New* based on combining prior two recommendations



Recommendation Concepts: Recruitment & Retention

Updates



1. Expand Medicaid to support health care workers and fund workforce initiatives

> Why?

- > **\$1.6 billion** to spend at state's discretion
- > Help address the current benefits cliff and support direct care professionals (+**457** more work hours annually)
- > Extend coverage to **90,000 people** (\$31,200 - \$43,100 for family of four)

> What?

- > Adopt Medicaid Expansion
- > \$1.6 billion in savings to fund health care workforce initiatives

> Updates:

- > NA



2. Rate increases to strengthen the workforce for aging Wisconsinites

> Why?

- > People prefer to age-in-place but need support
- > Shortage of personal care, home health, supportive home care workers driven in part by relatively low wages

> What?

- > Support higher rates to encourage recruitment and retention of direct care professionals and meet the needs of WI aging population

> Updates:

- > Expanded to include non-Medicaid payers



3. Rate increases to strengthen the behavioral health workforce

➤ Why?

- 40 out of 72 WI counties are mental health professional shortage areas
- Low insurance rates often translate to lower provider wages, contributing to workforce shortages

➤ What?

- Increase Medicaid rates for behavioral health services
- Other payers should also increase rates to help the state recruit and retain behavioral health professionals

➤ Updates:

- Expanded to include non-Medicaid payers



4. Expand state loan repayment/forgiveness for professionals in state-defined shortages

> Why?

- > Shortage of professionals in underserved communities (ex. Rural, urban low-income)

> What?

- > Expansion of state programming to serve new provider types and increase the overall impact
- > Require service commitment to address retention concerns

> Updates:

- > NA



5. Increase compensation for health professions with high vacancy and turnover rates

> Why?

- > Shortage of direct care, allied health, and behavioral health professionals could be addressed through higher wages

> What?

- > Funding to increase wages in high-demand roles
- > State policy lever: wages for state-run facilities (i.e. Winnebago Mental Health Institute, Sand Ridge Secure Treatment Center)

> Updates:

- > Expanded to include all employers, not just State of Wisconsin



6. Support employer-based workforce development solutions with Provider Innovation Grants

> Why?

- > Unique employer innovation needs to recruit/retain workers
- > Program will end unless funding is sustained

> What?

- > Flexible funding to build on prior investments in employer workforce development initiatives
- > Require recipients to share strategies and report on outcomes

> Updates:

- > NA



7. Support regional collaboration for workforce development through Workforce Innovation Grants

➤ Why?

- Regional employer innovation needs to recruit/retain workers through partnerships and collaboration

➤ What?

- Flexible funding to build on previous investments in regional workforce development initiatives

➤ Updates:

- NA



8. Support direct care professionals with benefits navigation

> Why?

- > 31% of direct care professionals in WI covered by public insurance
- > Need assistance to secure coverage, seek care, and navigate the system

> What?

- > Fund benefit navigation services
 - Support increased access to care through enrollment assister support and capacity, organized local and statewide outreach efforts, creation of culturally-relevant messaging, and facilitation of metrics reporting

> Updates:

- > Clarified language to reflect purpose of recommendation



Recommendation Concepts: Regulatory Policy

Updates



1. Authorize Medicaid reimbursement for community-focused providers

> Why?

- > No current reimbursement structure for certain roles (ex. Doulas, community health workers, peer specialists)

> What?

- > Creation of credentials or licenses to recognize these professionals
- > Establishment of Medicaid reimbursement processes for services provided by these professionals

> Updates:

- > Modified to focus on Medicaid reimbursement as state policy lever



2. Support pathways to licensure for qualified foreign educated professionals

> Why?

- > Opportunity for further development/prioritization of these professionals as potential workforce recruitment pools

> What?

- > Establish processes that allow flexibility for qualified professionals

> Updates:

- > Existing initiatives may cause redundancy:
 - 2023 Wisconsin Act 214 creates pathways to provisional licenses
 - Agencies are working to address this issue administratively



3. Ratify and enter into multi-state licensing compacts

> Why?

- > Facilitates recruitment and practice of healthcare professionals across state lines, reducing barriers to practice in Wisconsin

> What?

- > Review of existing licensure compacts and recommendation for adoption
- > Support implementation of adopted compacts

> Updates:

- > NA



4. Revise faculty educational requirements

> Why?

- > Associate degree programs compete for baccalaureate program faculty (for nursing, allied health, and other health professions)

> What?

- > Evaluate the effectiveness of exceptions to the current faculty education requirements
- > Consider whether modifications are necessary, while ensuring quality

> Updates:

- > *New* based on member feedback



5. Enhance licensee experience and reduce time to licensure

> Why?

- > Lack of state staff in DSPS results in longer licensure processing time

> What?

- > Funding to support additional capacity for licensure qualification review; transition temporary staff to permanent, add new positions

> Updates:

- > NA



6. Increase support for health care workforce wellness

> Why?

- > Lack of programming to support healthcare workers

> What?

- > Funding to support employee assistance programming

> Updates:

- > NA



7. Resources to analyze the health care workforce

> Why?

- > No state mechanism for robust health workforce data

> What?

- > Funding to support data collection, analysis and reporting to inform state planning and policy

> Updates:

- > NA



Next Steps



Next Steps

- Edit detailed recommendations with feedback from today
- Share initial draft of detailed recommendations
 - Please review and provide substantive, high-level feedback
 - Invite others within your organization to review/provide feedback
- Complete your review by July 29 via survey
- Last meeting: August 15 in Madison
 - Objective: Final review, discussion, and adoption
 - Identify steps to support recommendations moving forward



Survey for Feedback

Governor's Task Force on the Healthcare Workforce Recommendation Comments

Education & Training

For each recommendation, please provide your or your organization's substantive, high-level feedback. Consider:

- Is anything confusing or unclear about this recommendation?
- Do you see any red flags that would hinder your support?
- Are there any other updates needed?

Leave blank if you have no comments.

Support Faculty

1. Health educator incentive programs