

MONTANA'S HEALTH CARE WORKFORCE

REVIEW AND ANALYSIS

OF THE

GOVERNOR'S BLUE RIBBON TASK FORCE ON HEALTH CARE WORKFORCE
SHORTAGES

AND

RECOMMENDATIONS

OF THE

MONTANA PRIMARY CARE LIAISON GROUP

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Prepared by the

MONTANA PRIMARY CARE LIAISON GROUP

A Partnership of Organizations Promoting Quality Health Care in Montana

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MONTANA'S HEALTH CARE WORKFORCE SHORTAGES

Preface

The Primary Care Liaison Group (PCLG) reviewed and analyzed the report of the Governor's Blue Ribbon Task Force on Health Care Workforce Shortages--*Competing for Quality Care: Findings and Proposals for Montana's Health Care Workforce*, which was published on September 26, 2002. The report examined the following major issues and made proposals and recommendations on how each of these might be addressed:

- *Montana's Health Care Climate*
- *Educational Opportunities*
- *Health Care Work Environment*
- *Reimbursement and Compensation*
- *Health Care Workforce Data Collection and Analysis*

The purposes of the review and analysis of the Governor's Blue Ribbon Task Force report by the PCLG were to: (1) *recognize the value of the report to address current and future shortages of health care providers*, (2) *make complementary and additional recommendations to facilitate follow-up steps to finding solutions to health care workforce shortages*, (3) *suggest organizational structures and/or systems to address education and training* and (4) *initiate processes to facilitate discussion, sharing of ideas, broad-based collaboration and solutions*.

The success and value of the Montana health care delivery system depends on qualified personnel to deliver health care. It is well known that *access to care, quality of care, and costs of care* are affected by the availability of properly educated and trained health care providers. In consideration of this need, the PCLG encourages the Office of the Governor, Office of the Commissioner of Higher Education, government agencies and educational institutions to move forward the process of developing plans for: (1) *Health Care Workforce Communications*, (2) *Health Workforce Data Collection and Analysis*, (3) *Health Professions Education* and (4) *Health Research and Policy*.

Background

The Primary Care Liaison Group (PCLG) is a partnership of organizations (Appendix A) collaborating to facilitate the delivery of primary health care services. The group was started in the 1980s following the establishment of the Primary Care Association (PCA), Area Health Education Center (AHEC), Office of Rural Health (ORH), and the Medical Assistance Facility (MAF) demonstration project. The overall mission of the PCLG is *to improve access in Montana to quality primary and preventive health care through effective partnerships*. The mission is addressed through the shared vision to: (1) *understand the current status of primary care in Montana*, (2) *identify, create, and support opportunities that lead to improved resources and healthier communities*, (3) *develop ideas and strategies that lead to innovative and effective solutions to improve access to health care, help the underserved, and reduce health disparities*, (4) *assess current and prospective programs*, (5) *educate the public and legislators about health care needs*, (6) *influence public policy*, (7) *facilitate coordination and connectivity among statewide stakeholders to improve health outcomes* and (8) *actively collect and disseminate national and state health information*.

Among the year 2005 *strategic directions* proposed by the PCLG was to “***address health professions shortages***” through accomplishment of the following:

- *Complete a review and analysis of the Governor’s Blue Ribbon Task Force Report on Health Care Workforce Shortages.*
- *Prepare a paper, with recommendations for “first steps”, to address health care workforce shortages.*
- *Present the paper to the Office of the Governor and to the Office of the Commissioner of Higher Education.*
- *Collaborate with the Governor, Commissioner of Higher Education, and health care industry stakeholders to convene a forum to discuss a plan to address health professions workforce shortages.*

With this background, and in the context of believing that Montana needs to develop a comprehensive plan to address current and future health care workforce shortages, the PCLG prepared this brief paper recommending development of the following:

- *Health Care Workforce Communications Plan*
- *Health Care Workforce Data Collection and Analysis System*
- *Statewide Health Professions Education Plan*
- *Health Care Workforce Research and Policy Plan*

I. INTRODUCTION

Montana, the 4th largest state in total square miles (147,138) had a population of 902,195 in the 2000 census. The current population is estimated to be in excess of 917,000. Montana ranks 44th in total population, but 3rd in population living in non-metropolitan areas. Population increases in recent years have been largely limited to the western part of the state with the greatest population growth in Gallatin, Flathead, Yellowstone, Ravalli, Missoula and Lewis & Clark Counties. Forty-five of the 56 counties are designated as *frontier* (population density of 6.0 or fewer per square mile), and many of these counties are experiencing population declines. In the United States, it is estimated that 22% of the population lives in rural and frontier areas. However, in Montana approximately 66% of citizens reside in rural and frontier counties. Providing access to health care in rural and frontier Montana requires the maintenance of an infrastructure which will support health care delivery systems to serve the needs of these citizens. Further, rural and frontier health care is dependent on outreach services provided through regional medical centers located in the three MSA counties, Yellowstone, Missoula, and Cascade.

The health care industry in Montana continues to grow. It is estimated that the impact of health care on the Montana economy may exceed \$4.2 billion. Many organizations in Montana (Bureau of Business & Economic Research, Montana Hospital Association, Department of Commerce and Department of Labor & Industry) have published information/data on the significance of the health care industry to Montana's economy. There is a direct relationship between state/local economies and access to quality health care services. Maintenance and improvement of the infrastructure of health care delivery systems depends on the availability of *health care providers* to maintain access to quality health care for all citizens. Health policy makers must take responsibility for ensuring access to health care through the development of plans for a *health workforce* to meet the needs of the health care delivery infrastructure. The Institute of Medicine Report in November of 2004 addressed the special challenges to ensure that rural health care systems are financially stable.

The PCLG believes that the 2002 report of the *Governor's Blue Ribbon Task Force on Health Care Workforce Shortages* should serve as a catalyst for the development of a comprehensive planning process to implement procedures and processes necessary to address the needs of the Montana health care industry. This brief paper presents four recommendations that are consistent with the views of the task force report and encourages state agencies, educational institutions and the health care industry to provide the leadership to address the needs.

II. HEALTH CARE WORKFORCE COMMUNICATION PLAN

RECOMMENDATION: Develop and implement a comprehensive health care workforce communication plan that will provide effective communication between the health care industry, state agencies, public school systems, institutions of higher education, executive and legislative branches of government, and the public.

This recommendation of the PCLG is relevant to each of the fifteen (15) proposals of the Governor's Blue Ribbon Task Force on Health Care Workforce Shortages and to the complementary suggestions provided through review and analysis by the PCLG (Appendix B and Appendix C). An essential component of the plan is for the Office of the Commissioner of Higher Education to appoint a *Health Care Workforce Advisory Council (Proposal #15)*. The *Council* should include appropriate representation from the health care industry, educational institutions and state agencies. The plan should include mechanisms for promoting on-going communications and have linkages to the following:

- *Health Care Facilities*
- *Health Care Professionals*
- *County Commissioners*
- *Health Professions Associations and Health Facility Associations*
- *State Agencies*
- *Public School Systems: Office of Public Instruction, Elementary Schools, Secondary Schools and Tribal Schools*
- *Office of the Commissioner of Higher Education*
- *Academic Institutions; Colleges and Universities*
- *Office of the Governor*
- *Legislative Branch*
- *State Senators and Representatives*

The communications plan should include sponsoring and coordination of annual conferences/summits that are open to the public to discuss health care workforce issues, community-based health care problems, health services research, health policy, informal ongoing mechanisms for communication, and the use of health information technology to disseminate and receive information.

III. HEALTH CARE WORKFORCE DATA COLLECTION AND ANALYSIS SYSTEM

RECOMMENDATION: Develop a comprehensive health care workforce data collection and analysis system that will be used for health systems planning, health professional shortage designations, recruitment and retention incentive programs, academic education planning, continuing education, research and policy making.

The ultimate goal of a health workforce data system will be to sustain a health workforce that has the number, types, and distribution of health workers needed to provide quality care for Montanans. A systematic approach to collecting data and studying the health workforce also

has the potential to improve health care and allocate scarce resources more effectively.

Shortages or surpluses in the health care workforce can have significant impacts on the cost, quality, and access to health care. Shortages can be of several types including geographic or shortages in rural areas, shortages of personnel with specific training or skills, or occupation-wide such as nursing shortages. Shortages impact on quality of care, not only through the lack of needed services, but through increased stress, burnout of workers from overtime, and use of less qualified personnel. Shortages also increase costs--higher compensation levels because of competition for scarce personnel, increased use of overtime pay, and the added costs of hiring temporary workers. On the positive side, the value and importance of health care workers to the Montana economy is well known.

The basic question: “How do we balance the supply and demand of health care workers adequate to meet the health care needs of the population to be served?” This question needs to be viewed from multiple angles such as how the workforce relates to present versus future supply and needs, different health care settings (hospitals, long-term care facilities), different delivery systems (mental health, acute care), target populations (elderly, children), specific health problems (heart disease, diabetes) or specific policy initiatives (expanding primary care access for uninsured). Health workforce data is critical for sound policy making decisions such as support for state universities and colleges (funding for new educational program or expanding class size), special programs and projects (loan repayment, tax credits), regulation of professions, reimbursement policies for Medicaid and other payers, as well as identification of continuing education needs. Workforce data is also critical for the identification and designation of federal health professional shortage areas which is the standard for state and federal workforce assistance programs.

- Develop a Health Care Workforce Advisory Council which includes the appropriate state agencies and other stakeholders for the purpose of identifying and prioritizing workforce data needs, accessing the required expertise and funding resources, and assisting in the dissemination and intelligent utilization of the data in policy making, education planning, and research.
- Develop a comprehensive, efficient and effective system for collecting health professions data. Licensing boards should collect a uniform minimum data set of employment information regarding their constituents. Partnerships with professional associations and other organizations should be fostered to help identify currently available data resources and promote efficient data collection and sharing as well as cost-sharing. Non-licensed health professionals/workers should be included as well as licensed professionals/workers.
- Develop a system for data analysis including tracking of supply and demand, trending of supply and workforce issues, and projecting future needs. The analysis will identify types of workers that are needed and may identify areas where new delivery systems for health care providers might be beneficial.
- Develop a system for data sharing/dissemination which makes data readily available and easy to understand. The system should be accessible on the internet and include mapping capabilities.

There are resources available through the Bureau of Health Professions and regional health workforce research centers, as well as many state models, that would be helpful in development of a Montana Workforce Data System (See Appendix D, 8-11).

IV. STATEWIDE HEALTH CARE PROFESSIONS EDUCATION PLAN

RECOMMENDATION: Develop a comprehensive statewide system for health education program planning. The planning process must consider a variety of strategies including alternatives to new program development, new delivery models and educational pathways for health care providers, incentives to existing institutions to participate and comply with the plan, and increased communication between the Office of the Commissioner of Higher Education (OCHE) workforce development committee and health professions programs.

To address the shortage of nurses identified by hospitals in the state, several of the nursing programs have increased capacity or developed new associate degree registered nurse programs. These measures have been initiated by individual programs, rather than in response to any state-wide plan. Program development has not been supported by need data, and the issue of the capacity of the clinical agencies to support these programs continues to be debated. A collaborative project by Montana State University-Bozeman and Montana State University-Northern offered nursing education to students in the Shelby-Conrad area and yielded seven graduates. A final initiative within nursing education has been the development of a common LPN curriculum that is based on a ladder model; the first two years prepare an LPN at the certificate level; the third year prepares an associate degree RN. The common curriculum will permit transfer of students between LPN programs. A study of dental education has been undertaken.

Physician education within the state currently encompasses the WWAMI and WICHE programs. The numbers supported by these programs produce 2.8 medical school graduates per 100,000 for the state of Montana while nationally the average is 6.4 medical school graduates per 100,000. This ranks Montana 45th nationally. Currently WWAMI has started the process of increasing clinical clerkships within the state as well as revising the admissions policy to meet the workforce needs of the state. Proposals within the OCHE include expansion of the WWAMI class size, enhancing the Montana Rural Physicians Incentive Program, and review and recommendations of increased participation with Graduate Medical Education within the state of Montana.

There are needs for other health care professionals within the state such as speech and hearing specialists, radiology technicians, etc., however, little discussion has focused on disciplines other than medicine, nursing, and dentistry.

V. HEALTH CARE WORKFORCE RESEARCH AND POLICY PLAN

RECOMMENDATION: Develop a Montana Center for Rural Health Research & Policy

This recommendation of the PCLG supports and expands on *Proposal #3 and Proposal #15* of the Governor's Blue Ribbon Task Force on Health Care Workforce Shortages (Appendix B and Appendix C).

The major goal of the Montana Center for Rural Health Research and Policy would be to develop the long-term capacity to conduct health services research relevant to the needs of the health care industry, support the improvement of rural health care, and contribute to the national rural health research agenda. This interdisciplinary Center would involve health professions education, research and service within the Montana University System and interact with organizations throughout Montana to serve as a centralized resource for health information, health services research, health professions education and health policy development.

The *Montana Center for Rural Health Research & Policy* is visualized as a resource that could be utilized by the Governor, legislators, state agencies and health provider organizations to assist

with the development of health policy. The long-term impacts should include: (1) improving the quality, safety, efficiency and effectiveness of health care, (2) improving health outcomes, (3) strengthening health care quality measurements, (4) identifying strategies to improve access, foster appropriate use, and reduce unnecessary expenditures related to health care, and (5) addressing health workforce needs through research data. The *Center* will have affiliated health services research faculty working independently and in interdisciplinary teams in cooperation with components of the health care industry including hospitals, nursing homes, clinics, public health departments, local and state governments, health professions associations, and academic institutions.

In January 2005, the Division of Health Sciences at Montana State University prepared and submitted a federal grant entitled *Building Research Infrastructure and Capacity*. The five objectives discussed in the grant were:

- *Establishment of a Montana Center for Rural Health Research & Policy*
- *Establishment of linkages between Montana State University, health services research stakeholders, and educational institutions throughout Montana*
- *Growing human capacity for health services research in Montana through the involvement of institutions of higher education and the health care industry*
- *Establishment of the Center for Rural Health Research & Policy as an incubator for health policy development in Montana*
- *Establishment of Partnerships with Rural Health Research & Policy Centers in other states*

VI. SUMMARY AND CONCLUSIONS

Providing for an adequate health care workforce is an important function of federal and state governments. The role of state governments in influencing the development is substantial and critical in order to address the needs that are particular to population distribution and the infrastructure of the health care delivery system. Research shows that the private market typically fails to: (1) distribute the health workforce to medically underserved areas and uninsured populations, (2) provide adequate information and analysis on the nature of the workforce, (3) improve the racial/ethnic cultural diversity and cultural competence of the workforce, and (4) assess the quality of education and practice. State governments do have influence in the development of the health workforce since states are responsible for multiple issues including *financing and governing of health professions education, licensing and regulating health professions practice and private health insurance, purchasing services and paying providers under Medicaid, and designing a variety of subsidy and regulatory programs providing incentives for health professionals to choose certain specialties and practice locations*.

The PCLG believes that implementation of the four recommendations included in this paper are important *first steps* to move forward the process of developing a statewide comprehensive plan to address the needs of the Montana health care delivery system. Accomplishment of these steps will help reduce the shortage of health care providers through planning and better understanding the nature and complexity of health workforce issues.

- The *communication plan* will provide mechanisms for effective communication with the health care industry, state agencies, public school systems, academic institutions, executive and legislative branches of government and the public.

- The *data collection and analysis system* will provide a systematic approach to collecting data, studying the health workforce, allocating resources and improving health care.
- The *health professions education plan* will provide a comprehensive statewide system to address planning for health education and training in public schools, academic institutions and health care delivery facilities.
- The *Montana Center for Rural Health Research & Policy* will provide the capacity to conduct health services research relevant to the needs of the industry, support the improvement of health care in Montana, and contribute to the national rural health research agenda.

In conclusion, the complicated problem of addressing health care provider shortages in Montana requires a sustained effort on the part of federal and state governments, educational institutions, health provider associations, health care facilities, and community-based organizations.

APPENDIX A. Montana Primary Care Liaison Group

The Montana Primary Care Liaison Group (PCLG) is a partnership of organizations with common interests in serving the health care needs of Montanans. It was formed in the late 1980s following the development of a number of new offices, centers and associations as a forum for presenting programmatic information and discussing ideas on future needs and collaboration. Historically, leadership for the PCLG has been provided through the Primary Care Office (PCO) in the Montana Department of Public Health & Human Services.

The following organizations, listed in alphabetical order, are members of the PCLG:

- *Children's Health Insurance Plan - Department of Public Health & Human Services*
- *College of Nursing - Montana State University*
- *Critical Access Hospital Demonstration Project - Montana Hospital Association*
- *Division of Health Sciences - Montana State University*
- *Family & Community Health Bureau - Department of Public Health & Human Services*
- *Health Resources Division - Department of Public Health & Human Services*
- *Montana Area Health Education Center - Montana State University*
- *Montana Family Medicine Residency Program*
- *Montana Hospital Association*
- *Montana Office of Rural Health - Montana State University*
- *Montana Physician Assistant Program - Rocky Mountain College*
- *Montana Primary Care Association*
- *Montana Rural Institute: Center for Excellence in Disability Education, Research, and Service - University of Montana*
- *Montana WWAMI Clinical Education Program - University of Washington*
- *NHSC SEARCH Program - Montana Primary Care Office and Montana Family Medicine Residency Program*
- *Oral Health Program - Department of Public Health & Human Services*
- *Primary Care Office - Department of Public Health & Human Services*

APPENDIX B: Issues and Proposals of the Governor’s Blue Ribbon Taskforce on Health Care Workforce Shortages

The Governor’s Blue Ribbon Taskforce on Health Care Workforce Shortages addressed the following questions: (1) Is there a shortage of health care workers? (2) Who is the “Health Care Workforce”? (3) Where is the Health Care Workforce Employed? (4) Why should the public and policy makers be concerned? and (5) What is causing the workforce shortage? After an analysis of the questions and determining the salient issues, the taskforce made fifteen proposals and recommended action steps deemed necessary to implement the proposals. The issues and proposals are listed below.

ISSUE 1: MONTANA’S HEALTH CARE ENVIRONMENT

- *Proposal #1: Lawmakers should establish in Montana statues a statement of policy/philosophy for health care in Montana.*
- *Proposal #2: All Montanans can reduce the demand for health care services by promoting healthy behaviors and accident/illness prevention.*
- *Proposal #3: The Governor should direct the Departments of Health & Human Services and Labor & Industry, in consultation with Higher Education and professional associations, to educate the general public, potential workforce candidates and policy makers about the need for health care workers, about the diverse opportunities available in the health care field and about the value and importance of health care workers to the Montana economy and citizens.*

ISSUE 2: EDUCATIONAL OPPORTUNITIES

- *Proposal #4: The education community should introduce health care occupations and integrate the skills necessary to attain them in K-12 curricula.*
- *Proposal #5: The Commissioner of Higher Education should establish an integrated, “single point of contact” Distance Learning and Continuing Education Program for health professionals.*
- *Proposal #6: Policy makers should sustain health professions training programs through adequate funding.*
- *Proposal #7: The Governor, through the Office of Economic Opportunity and in accordance with SB469, should ensure that Montana’s existing state and federally funded career development and employment training programs place a high priority on training, preparing and supporting workers for potential careers in health care and human services.*

ISSUE 3: HEALTH CARE WORK ENVIRONMENT

- *Proposal #8: The Task Force encourages Montana health care/human services employers to improve the workplace partnership by creating a culture in which health care/human services staff, including clinical, support, and managerial staff are valued, have a sustained voice in shaping institutional policies, and receive appropriate rewards and recognition for their effort.*
- *Proposal #9: The Governor should direct the Departments of Public Health & Human Services and Labor & Industry, in collaboration with professional associations and the health care community, to identify and take action to reduce those regulations which are excessive, overly complex, and duplicative.*

- *Proposal #10: The Governor should form a study group to review existing state statutes related to health care and human services provider liability, to review liability insurance rates in other states, and to compare Montana's laws with those other states that have lower liability rates.*

ISSUE 4: REIMBURSEMENT & COMPENSATION

- *Proposal #11: Policy makers should ensure that public health and health-related human services funding sources pay the full cost of providing services, including the cost of staffing and training and of adequate wages and benefits paid to the workers providing the care.*
- *Proposal #12: The Governor should ensure that Montana pursues, and when possible takes advantage of, all public and private sources of additional funding or resources to help attract, train and retain health care and human services workers.*

ISSUE 5: HEALTH CARE WORKFORCE DATA COLLECTION AND ANALYSIS

- *Proposal #13: To enable government, employers, trainers and educators to plan for workforce supply and demand, the Governor should direct the Department of Labor & Industry to work with its federal counterparts to provide reliable, timely, consistent information that is regularly evaluated and updated.*
- *Proposal #14: The Governor should direct the Department of Labor & Industry to take the lead as a high priority to improve the condition of data resources across the professions in view of the interest in workforce and economic development issues.*
- *Proposal #15: The Office of the Commissioner of Higher Education (OCHE), in collaboration with health care program providers, should assess and report on the program capacity of Montana's higher education system to meet health care/human services workforce needs.*

APPENDIX C. PCLG Review and Analysis of the Proposals and Recommendations of the Governor's Blue Ribbon Taskforce

Note: The PCLG reviewed the Governor's Blue Ribbon Taskforce report soon after it was published in 2002. It has not been significantly updated since that review.

ISSUE 1: MONTANA HEALTH CARE CLIMATE

- *Proposal #1: Lawmakers should establish in Montana statutes a statement of public policy/philosophy for health care in Montana.*

The PCLG agrees with the recommendation. In addition to the Montana Department of Public Health & Human Services and the Legislative Interim Committee, the Governor should appoint members of the Health Care Industry to assist with development of the public policy statement for health care in Montana.

- *Proposal #2: All Montanans can reduce the demand for health care services by promoting healthy behaviors and accident/illness prevention.*

The PCLG agrees with the recommended action steps. However, the PCLG believes that greater emphasis should be placed on the role of public schools and communities in initiating plans, developing programs and conducting the activities.

- *Proposal #3: The Governor should direct the Department of Health & Human Services and the Department of Labor & Industry, in consultation with Higher Education and professional associations, to educate the general public, potential workforce candidates and policy makers about the need for health care workers, about the diverse opportunities available in the health care field and about the value and importance of health care workers to the Montana economy and citizens.*

In general, the PCLG agrees with the recommended action steps. However, the action steps may be too shallow/non-specific to have any significant impact on the problem. The PCLG suggests that major roles should be played by the *Office of Public Instruction, Montana University System, and health professions associations* and that the Montana Department of Public Health & Human Services and the Montana Department of Labor & Industry would have supporting roles.

ISSUE 2: EDUCATIONAL OPPORTUNITIES

- *Proposal #4: The education community should introduce health care occupations and integrate the skills necessary to attain them in K-12 curricula.*

The PCLG agrees with the recommended action steps. The Office of Public Instruction has already accepted the responsibility for implementing the recommendations. The new position, **Health Occupation Specialist**, has been established and the person hired for this position is developing the plan. The Health Occupation Specialist participated in the first meeting of the Montana Health Care Recruitment & Retention Network; an organization developed by the PCLG.

- *Proposal #5: The Commissioner of Higher Education should establish an integrated, “single point of contact” Distance Learning and Continuing Education Program for health professionals.*

The PCLG recognizes the importance of distance learning and continuing medical education to increase the number of health care providers in Montana and to maintain the quality of health care. If a “Distance Learning Consortium” is established through the Office of the Commissioner of High Education, it should become part of an overall **State Plan for Health Professions Education**. It is important that the Distance Learning Consortium utilize and coordinate its activities with the existing Montana Health Care Telecommunications Alliance and the distance learning programs currently offered through the larger hospitals in Billings, Great Falls, Missoula, and institutions of the Montana University System. The Commissioner of Higher Education should ensure that there is intensive and extensive involvement from academic institutions. These institutions should assume responsibility for developing and delivering the types of Distance Learning and Continuing Education needed to serve the needs of the health care industry. Distance learning courses should be accessible to health care providers in communities throughout Montana.

An initiative entitled *Bridging Health Connections in Montana* was developed by Miles Community College in response to this proposal. The Nursing Program at Miles Community College received a three-year \$618,000 grant from the U.S. Department of Education to fund the project. The primary purpose of the project is to increase the number of high school graduates pursuing health care professions. In the Fall of 2003, Miles Community College offered the following courses to high school students through distance education: (1) Fundamentals for Health Professionals and (2) Certified Nurse Assistant. In addition, this distance learning program will offer the **LPN to RN Completion Program**. This will be done as a cooperative effort between Miles Community College, Montana State University-Billings and Montana State University College of Technology in Billings.

- *Proposal #6: Policy makers should sustain health professions training programs through adequate funding.*

The PCLG agrees with this proposal. State funding for the programs under WICHE (medicine, dentistry, veterinary medicine, podiatry, optometry, occupational therapy and public health), WWAMI (medicine) and Minnesota dental contract should be maintained and expanded as appropriate to meet the needs of health care providers in Montana.

The PCLG recommends that this proposal include the development of a **State Plan for Health Professions Education**. The plan should evolve through a process which includes the: (1) Office of the Commissioner of High Education, (2) Montana State University, (3) University of Montana, and (4) organizations representing the **health care industry**. The plan would include a process which encourages students going through the WICHE and WWAMI programs to return to Montana to become part of the health care workforce. That is, “marketing” practice opportunities in Montana to these students.

As a direct result of the Governor’s Blue Ribbon Task Force on Health Care Workforce Shortage, the Montana Dental Practice Act was changed to allow students to receive a portion of their clinical training with practicing dentists. The PCLG believes that this will encourage dental students attending school in other states to return to Montana.

- *Proposal #7: The Governor, through the Office of Economic Opportunity and in accordance with SB469, should ensure that Montana’s existing state and federally funded career development and employment training programs place a high priority on training, preparing*

and supporting workers for potential careers in health care and human services.

The PCLG recommends that the Office of the Commissioner of Higher Education and the academic institutions comprising the Montana University System be included in this proposal. The roles of the Office of Economic Opportunity, Department of Labor & Industry, and Department of Public Health & Human Services should include: (1) informing workers of educational opportunities, (2) encouraging follow-up of workers, non-traditional students, and displaced workers to consider health care professions, (3) using existing resources to assist students with the process, and (4) playing a supporting role to institutions of higher learning and other organizations providing health professions education.

The PCLG agrees with the recommendation that the Department of Labor & Industry and the Department of Public Health & Human Services should prepare periodic reports on the successes and strategies for increasing the number of workers training for health care occupations. Educational institutions should be “partners” in providing data on delivery of health professions education. The PCLG believes that these reports should be annual and that the reports should be distributed to organizations representing the health care industry.

ISSUE 3: HEALTH CARE WORK ENVIRONMENT

- *Proposal #8: The Task Force encourages Montana health care/human services employers to improve the workplace partnership by creating a culture in which health care/human services staff, including clinical, support, and managerial staff, are valued, have a sustained voice in shaping institutional policies, and receive appropriate rewards and recognition for their efforts.*

The PCLG supports this proposal and the recommended action steps. The PCLG recognizes this proposal as being important for retention of the health care workforce. Leadership for addressing the issue should come from the health care industry.

- *Proposal #9: The Governor should direct the Departments of Public Health & Human Services and Labor & Industry, in collaboration with professional associations and the health care community, to identify and take action to reduce those regulations which are excessive, overly complex, and duplicative.*

The PCLG recognizes “excessive, overly complex and duplicative” regulations as a concern for everyone in the health care industry and that these regulations add to the cost of health care. Therefore, appropriate actions steps need to be considered.

The PCLG recommends that the Governor visit with appropriate members of the **health care industry** before appointing a *Regulatory Commission* as was suggested by the blue ribbon task force. The question being: *Is a Regulatory Commission appropriate?* The PCLG believes that developing a process to address the issue is appropriate and that this would provide an important step to enhance outcomes which would be more favorable to the health care industry. The PCLG suggests that there should be a process which would provide an “open forum” to discuss regulatory issues which may be of concern to the industry.

One of the recommended action steps by the blue ribbon task force was the appointment of a *Professional & Occupational Licensing Commission*. The PCLG agrees with this recommendation. However, it may be inappropriate for such a commission to address “approval of educational programs” as suggested in the recommendation.

- *Proposal #10: The Governor should form a study group to review existing state statutes related to health care and human services provider liability, to review liability insurance*

rates in other states, and to compare Montana's laws with those other states that have lower liability rates.

The PCLG agrees with this proposal and the accompanying recommended action step. The “study group” formed by the Governor should include appropriate members of the health care industry (MHA, MMA, MHCA, MDA, etc.).

The PCLG understands that an *Interim Study Commission* has been appointed. The PCLG recommends that meetings of the Interim Study Commission should not be closed. That is, meetings of the Interim Study Commission should be “open forums.”

ISSUE 4: REIMBURSEMENT AND COMPENSATION

- *Proposal #11: Policy makers should ensure that public health and health-related human services funding sources pay the **full** cost of providing services, including the cost of staffing and training and of adequate wages and benefits paid to the workers providing the care.*

The PCLG agrees with this proposal and the three recommended action steps.

- *Proposal #12: The Governor should ensure that Montana pursues, and when possible takes advantage of, all public and private sources of additional funding or resources to help attract, train and retain health care and human services workers.*

The PCLG supports this proposal and agrees with the four recommended action steps. The PCLG has initiated the process of addressing one of the issues in the proposal. The PCLG has formed a *Montana Health Care Recruitment & Retention Network* as a structural process to involve increased cooperation and collaboration in recruiting and retaining health care providers. The Department of Public Health & Human Services has already implemented the recommendation dealing with additional sources of funding to address health care/human services workforce shortages.

The PCLG encourages the development of additional “loan repayment programs” for all of the health professions in which there current or projected workforce shortages. These could be developed using as a model the successful “Montana Rural Physician Incentive Program” which is administered through the Office of the Commissioner of Higher Education.

The Primary Care Office in the Montana Department of Public Health & Human Services has accomplished the blue ribbon task force recommendation which called for the development of a formal mechanism to process J-1 Visa Waivers.

ISSUE 5: HEALTH CARE WORKFORCE DATA COLLECTION AND ANALYSIS

- *Proposal #13: To enable government, employers, trainers and educators to plan for workforce supply and demand, the Governor should direct the Department of Labor & Industry to work with its federal counterparts to provide reliable, timely, consistent information that is regularly evaluated and updated.*

The PCLG agrees with this excellent proposal. The PCLG recommends that the data provided be more effectively used by the **health care industry** and by **educational institutions** to address planning for health professions education.

- *Proposal #14: The Governor should direct the Department of Labor & Industry to take the lead as a high priority to improve the condition of data sources across the professions in view of the interest in workforce and economic development issues.*

The PCLG agrees with the proposal and the three recommended action steps. The Blue Ribbon Task Force recommended that the Office of the Commissioner of Higher Education (OCHE) prepare annual publications containing data on degree completions for all health care and human service professions; including those programs contracted with out-of-state institutions. The PCLG suggests that the annual report from the OCHE should include an analysis of the data; including where these students go after completing their degrees. In addition, it is suggested that the OCHE should implement a process for an annual tracking survey; with appropriate data included in the survey that would be useful and available to the Department of Labor & Industry and other professional organizations.

- *Proposal #15: The Office of the Commissioner of Higher Education (OCHE), in collaboration with health care program providers, should assess and report on the program capacity of Montana's higher education system to meet the health care/human services workforce needs.*

The PCLG believes that this final proposal of the blue ribbon task force is **central** to addressing long-term health care shortages in Montana. Each of the four recommended action steps should be implemented through a collaborative effort involving (1) the Office of the Commissioner of Higher Education and its component academic institutions, (2) the Health Care Industry, and (3) State Agencies. The PCLG suggests two additional recommendations:

- The Office of the Commissioner of Higher Education should develop a *State Plan for Health Professions Education*.
- The Office of the Commissioner of Higher Education should appoint a *Health Care Workforce Advisory Council*.
- The *Health Care Workforce Advisory Council* should include membership from the: (1) health care industry, (2) education institutions, and (3) state agencies.

APPENDIX D: References and Workforce Resources/State Models

References:

1. Competing for Quality Care-Findings and Proposals for Montana's Health Care Workforce. *Blue Ribbon Task Force on Health Care Workforce Shortages, September 26, 2002, Loren Soft, Chair.*
2. Physician Workforce Policy Guidelines for the United States, 2000-2020. *Council on Graduate Medical Education-Sixteenth Report, January 2005, U.S. Department of Health & Human Services, Health Resources & Services Administration.*
3. HRSA State Health Workforce Profile-Montana. *Bureau of Health Professions, National Center for Health Workforce Information & Analysis, Health Resources & Services Administration, U.S. Department of Health & Human Services, December 2000.*
4. State of Health Workforce in Rural America--Profiles and Comparisons. *WWAMI Rural Health Research Center, August 2003, Eric H. Larson, Karin E. Johnson, Thomas E. Norris, Denise M. Lishner, Roger A. Rosenblatt, and L. Gary Hart.*
5. Quality Through Collaboration: The Future of Rural Health. *Institute of Medicine Report, November 2004.*
6. Higher Education's Role in Solving the National Nursing Shortage. *American Association of State Colleges and Universities, Volume 2, Number 10, October 2005.*
7. The Health Care Workforce in Ten States: Education, Practice and Policy--Interstate Comparisons. *National Conference of State Legislatures, Spring 2001.*

Workforce Resource/ State Models:

1. **Bureau of Health Professions (BHPR)** in the Health and Human Resources and Services Administration (HRSA) (<http://bhpr.hrsa.gov/>) has as its mission to improve the health status of the population by providing national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that provides the highest quality care for all.
2. **National Center for Health Workforce Analysis** (<http://bhpr.hrsa.gov/healthworkforce/>), **under BHPR, collects, analyzes and disseminates health workforce information and facilitates national, state and local workforce planning efforts. The Center also monitors trends to assure that all segments of society have access to quality health care professionals providing appropriate health care services in all geographic areas.**
3. **Regional Centers for Health Workforce Studies** funded through cooperative agreements with HRSA examine and analyze issues involving cross-disciplinary assessments of the health workforce at the state and regional levels. Specific projects vary by regional center.
 - University of California at San Francisco (<http://futurehealth.ucsf.edu/cchws.html>)
 - University of Illinois at Chicago (<http://www.uic.edu/sph/ichws/>)
 - State University of New York at Albany (<http://chws.albany.edu/>)
 - University of Washington (<http://www.fammed.washington.edu/CHWS/index.html>)
 - University of Texas Health Science Center at San Antonio (<http://www.uthscsa.edu/rchws/index.asp>)
 - University of North Carolina at Chapel Hill (<http://www.healthworkforce.unc.edu/>)

4. State Models: Many states have developed state health workforce assessment models. Some good state models include:

Washington State Health Department: (<http://www.doh.wa.gov/hsqa/ocrh/har/hcresrch.htm>)

North Carolina (<http://www.shepscenter.unc.edu/hp/>)

Nebraska: (<http://app1.unmc.edu/healthprof/>)

5. Department of Labor, Bureau of Labor Statistics (<http://www.bls.gov/home.htm>) has information available on employment/unemployment, occupational projections/outlook, and wage/compensation studies.

6. New Dental Delivery Model for Dental Health Therapist <http://www.e-dental.com/content/news/article.asp?docid={9f149fe1-771d-485d-ba7a-c5d63a796cd1}>