2022 Report to the Governor and General Assembly

Virginia Health Workforce Development Authority

Initial Report Healthcare Workforce Study

Mandate

Enabling Authority: [Appropriation Act - Item 292 H.2. (Special Session I, 2022)](#)

Initial report on the on the findings of the work group convened to study primary care workforce issues and potential solutions, including but not limited to the feasibility of loan forgiveness programs.

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Executive Summary

The Appropriations Act, (Chapter 2, Item 292, H1-2) directs the Virginia Health Workforce Development Authority (VHWDA) to establish a workgroup to conduct a study on addressing primary care workforce issues and potential solutions, including but not limited to the feasibility of loan forgiveness programs. VHWDA has enlisted Deloitte Consulting, LLP to conduct the study as outlined in the Appropriations Act. This preliminary report includes an outline of the study and timeline for completion.

Introduction

The Virginia Healthcare Workforce Development Authority ("Authority" or "VHWDA") is conducting a study on addressing primary care, behavioral and nursing healthcare workforce issues and potential solutions, including but not limited to the feasibility of loan forgiveness programs. Deloitte Consulting, LLP ("Deloitte") was selected to lead this healthcare workforce study which will require support from a designated workgroups to assist in reviewing current and projected healthcare workforce shortages, as well as clinical and preceptor shortages, and offer recommendations to address these issues. These include but are not limited to alternative educational approaches to preparing and retaining healthcare practitioners.

Background

The Authority selected Deloitte given it has supported Virginia's healthcare workforce through numerous projects integrated across government, educational, and non-profit entities. Deloitte will support and collaborate with the Authority bringing talent, market-leading capabilities, and passion for the Commonwealth to achieve optimal value for Virginia. Using a data driven approach to identify strategies and opportunities to increase the pipeline of the future healthcare workforce and its instructors. Representatives for the study's workgroups and interviews have been identified and come from the healthcare ecosystem around the Commonwealth. These include public and private providers, industry groups and associations, and state and local officials. State officials include Secretary of Health and Human Resources; John Little and Secretary of Labor; George "Bryan" Slater.

Data Collection. Working with the Commonwealth and currently existing data sources, a data gap analysis will be conducted to examine what data Virginia has related to the healthcare workforce and what data is needed to develop metrics and an accountability structure. This information will guide our assessment of current data and additional data needs with potential examples of reports from other states.

Stakeholder Interviews and Focus Groups. An interview guide will confirm consistency across the discussions, addressing issues including ways to increase career awareness, support recruitment, incent retention and instructor recruitment, and support evidence-based practices. A review of previous solutions attempted, impact of access issues on patients and their families, and impacts on marginalized communities will be explored. Lastly, a review process to confirm diverse representation and inclusive standards of operations in data collection, with insights and leading practices guided by our Diversity, Equity, and Inclusion practitioners will be undertaken. These insights will contribute to data collection of Commonwealth data analytics trends to identify current and projected primary care, behavioral health and nursing healthcare workforce shortages, and clinical and preceptor shortages. In tandem with other analysis and research, devise recommendations for the Initial Report which will address these issues, including advising on alternative educational approaches to prepare and retain nurses and nurse educators. The interviews and focus groups will also enable an analysis of the current ability to coordinate regional and statewide efforts, including evaluating the status of existing technology platforms, preclinical and clinical programs, and needed advancements in these programs, which will inform our recommendations of governance structure to oversee healthcare workforce development

Facilities Assessment. An analysis will be conducted of facility plans to review, realign, and integrate current existing facility plans and infrastructure at the beginning of the study with recommendations for how to best meet future predicted program demands. The physical assessment will include such spaces as the higher education lab and classroom space, clinical availability, and alternative learning environments.

Additional Research and State Comparisons. A thorough research on national trends and challenges in workforce development for healthcare and national leading practices on workforce development will be conducted. The study will draw upon prior experience creating a pipeline for the future workforce, as well as our familiarity with work by leaders in this field who are identifying potential solutions and frameworks for enhancing the state of behavioral healthcare services. Using searchable data and outreach interviews, we will complete a landscape study of at least five other states with comparable economies and population, including governance structure of healthcare workforce; budget review of federal and state allocations, private funding of healthcare workforce; regulatory environment, which includes scope of practice, provisional licensure, and sub- baccalaureate pathways; data gathering and reports; and examples of effective programs. Related, a resource map will be created which summarizes the current state and federal allocations, private support and any additional revenue streams that support healthcare workforce in primary care, behavioral health, and nursing.

Survey Administration. The scope, design, and administration of surveys are informed by the availability and quality of existing data sets, and selected sampling parameters. Deloitte's survey tools follow survey design leading practices as defined by the academic community and we have

existing frameworks, templates, and subject matter specialists who design and build surveys that are culturally competent to various communities.

Phase 1, the Initial Report, will conclude on January 29, 2023 and will be comprehensively assess the current state, strengths, gaps, and obstacles for the Commonwealth's healthcare workforce, including key deliverables:

- Synthesis of current and projected healthcare workforce shortages, strengths, and obstacles to addressing the Commonwealth's issues;

- Physical assessment of existing infrastructure to report on current and future facility needs to meet future program demand;

- Analysis of current regional and statewide coordination capabilities, and recommendations of a governance structure to oversee healthcare workforce development;

- Comparative landscape study of similar states' healthcare workforce ecosystem;

- A resource map that summarizes funding streams that support the healthcare workforce; and

- Data gap analysis that assesses Virginia's current healthcare workforce data.

Phase 2, continue a data approach to examine current resource streams from Commonwealth, federal and private entities as well as investigate regulations as barriers to enter into the healthcare workforce for a Resources and Regulation Report, including building a resource roadmap, gap analysis on additional funding needed to meet the current and anticipated demand for healthcare workforce in primary care, behavioral health, identification of leading programs and practices in healthcare workforce training, a cost model with base costs and price per student, and a three-year budget to improve the healthcare workforce in the state, recommendations on loan forgiveness

programs for healthcare positions, examination of licensure requirements for healthcare positions, recommendations on reciprocity between states for licensed positions, and a review of alternative pathways to licensure for immigrants, veterans, military spouses and other specialized populations, focusing on primary care, behavioral health, and nursing.

Efforts will then culminate in the Phase 3 comprehensive final report with any updates to the previous two reports and a strategic implementation plan that includes goals and objectives with measurable outcomes, detailed roles and responsibilities matrix, expansion readiness plan, implementation timeline, communication tools, and proposed executive, legislative, agency or budgetary action.

Timeline for Study

- Phase 1, Initial Assessment due January 29, 2023

- Phase 2, Resources and Regulation Report due June 30, 2023

- Phase 3, Comprehensive Final Report due September 22, 2023