

Health Reform: Health Professional Workforce Workgroup
August 26, 2011
North Carolina Institute of Medicine, Morrisville
9:00am-12:00pm
Meeting Summary

Attendees:

Workgroup Members: Tom Bacon (co-chair), John Price (co-chair), Danielle Breslin, Paul Cunningham, Regina Dickens, Catherine Gilliss, Polly Johnson, James McDeavitt, John Perry, Glenn Potter, Tom Ricketts, Meka Sales, Margaret Sauer, Dennis Sherrod, Saundra Spillman, Stephen Thomas, Helen Wolstenholme

Steering Committee Members: Renee Goodwin Batts, Erin Fraher

NCIOM Staff: Kimberly Alexander-Bratcher, Thalia Fuller, Emily McClure, Rachel Williams, Berkeley Yorkery

Other Interested Persons: Tanja Bean, Alan Brown, Jessica Carpenter, Alisa Chapman, Alisa Debnam, Katie Eyes, Katie Gaul, David Hollars, Markita Keaton, Sarah Langer, Victoria McGee, Chris Skowronek, Leslie VanHoy

Welcome and Introductions

Thomas J. Bacon, DrPH, Director, North Carolina Area Education Centers Program

John Price, MPA, Director, North Carolina Office of Rural Health and Community Care

Dr. Bacon welcomed everyone to the meeting.

Overview of Allied Health Supply and Distribution

Erin Fraher, PhD

Director

Health Professions Data System

Cecil G. Sheps Center for Health Services Research

Dr. Fraher reviewed allied health professional supply and demand, the link between the allied health workforce and economic development, and new and emerging allied health workforce roles. Data on the allied health professional workforce is difficult to obtain due to licensing differences, the lack of graduation and educational program attrition rates, and inconsistencies in workforce attrition. Challenges that North Carolina faces include lack of supply, maldistribution, lack of diversity, rapid growth of assistive personnel, attrition in educational

programs, lack of educational programs focused on re-tooling existing workforce, and limited understanding of new allied health roles.

Dr. Fraher's presentation can be found here: [Allied Health Supply and Distribution](#).

Selected questions and comments:

- Q: How were the professional entities that were included in the research of allied health professions chosen? A: They were chosen with the help of representation from all major medical systems.
 - Psychologists were the only behavioral health professionals included. Social workers are also an integral part of behavioral health.
- Q: Are people using allied health professions as entry level opportunities to move to a higher area? A: The research is looking at that. In many areas the ladder for advancement is broken. We need to think about how to build in a ladder for some of these professions. Lack of awareness of allied health careers is also a problem.

Allied Health in the Institute for Emerging Issues

Sarah M. Langer, Health Policy Manager, Institute for Emerging Issues

Ms. Langer summarized the Institute for Emerging Issues' (IEI) work on the professional health workforce. The IEI works in collaboration with state stakeholders to identify issues and influence policy to create positive change. For the health workforce, the IEI held community forums to increase awareness of career opportunities, increase understanding of barriers, and bring new stakeholders together. The forums resulted in the identification of seven challenge themes: knowledge of career opportunities, preparation of students, access to quality faculty, regulations and clinical placement sites, career advancement, health and wellness of workers, and funding.

Ms. Langer's presentation can be found here: [Allied Health in the Institute for Emerging Issues](#).

Selected questions and comments:

- Q: What happens to a worker that is displaced? A: We often have individuals come meet with representatives from career systems. We look at their skills and what their interests are, then how to provide additional training to assist them in moving into the allied health field. Skills in manufacturing can easily translate to allied health. It is a matter of training the mind to work with an individual in a healthcare facility versus a manufacturing system.

Allied Health in the Regional Skills Partnership

David Hollars, Executive Director, Centralina Workforce Development Board, Head, Allied Health Regional Skills Partnership, The Competitive Workforce Alliance

Mr. Hollars explained the Allied Health Regional Skills Partnership (AHRSP). The AHRSP is a North Carolina Department of Commerce initiative which includes partners from all over the state. The goals of the AHRSP include growing the state economy through a strong health care workforce, increase the strength and quantity of the health care workforce, and develop pilot projects for best practice models.

Mr. Hollars's presentation can be found here: [Allied Health in the Regional Skills Partnership](#).

Selected questions and comments:

- Q: How are these projects funded? A: US Department of Labor and the Workforce Investment Act appropriated monies which the NC Department of Commerce received. The money goes to help adults, dislocated workers, and youth train to get into the health care workforce or reenter the workforce. Other funding come from the AHRSP and Reinvestment Act funding.
- Q: Is there concern about quality of health care when there are assistants doing certain jobs versus those with certification? A: There are changes occurring in health care as a business. Businesses want to cut costs without hurting quality. Therefore, they are hiring assistants instead of fully licensed practitioners.
- Q: Entry-level health care jobs and certain levels of career paths have low incomes. Are salary levels being replaced for those transferring into the health care field from another field? A: Workers that transfer are not necessarily going to have as high of a wage right away. But if an individual has skill sets that are transferrable then he/she can work to move into a good area with higher wages.

Allied Health in the University of North Carolina System

Stephen W. Thomas, EdD, Professor and Dean, College of Allied Health Sciences, East Carolina University

Dr. Thomas presented a list of allied health programs in North Carolina and barriers to increasing the allied health workforce. Barriers include state budget cuts, demographics (e.g., aging population, health disparities), changing requirements for allied health professionals, faculty shortages, student recruitment, shortage of clinical field placements, and high costs of clinical training. Recommendations to meet the state's future allied health needs include offering distance education programs, service repayment loan options, new clinical sites, new advanced degree programs, teaching equipment support, support for faculty salary parity, and a system for identification and response to workforce needs.

Dr. Thomas's presentation can be found here: [Allied Health in the UNC System](#).

A list of allied health programs can be found here: [List of NC Allied Health Programs](#).

A chart of allied health programs can be found here: [Chart of NC Allied Health Programs](#).

Selected questions and comments:

- Accrediting commissions require certain ratios in clinical teaching. Sites have to make sure the clinician at the site is qualified to work with students, provides the needed services, and provides the hands on experience students need. Each school decides which sites to use, but it is all based on the guidance of what the accrediting organization is asking for.
 - The accreditation process limits the number of sites universities can accept and use. Especially in rural communities where there is a lack of equipment and capacity to support an educational program.

Allied Health in the North Carolina Community College System

*Renee Goodwin Batts, RN, MSN, Education Consultant Health Sciences, Academic Programs
North Carolina Community College System*

Ms. Goodwin Batts gave a summary of allied health in the community college system. Barriers in the system include the physical capacity of the programs, faculty, clinical experience opportunities, and funding. State budget cuts will not have as large of an effect on the allied health programs in community colleges due to an increased reimbursement rate for high-cost programs.

Ms. Goodwin Batts's presentation can be found here: [Allied Health in the NC Community College System](#).

Selected questions and comments:

- Community colleges receive funding retrospectively. Colleges providing programs are being funded for what they provided the year before, not what they are providing this year. Colleges have terminated programs in other areas with low enrollment and low community interest. No health programs have been cut yet.

Discussion of Potential Recommendations

Public Comment Period

No further public comments were given.