

## **ALASKA WORKFORCE INVESTMENT BOARD HEALTHCARE OCCUPATIONAL PRIORITY TASKFORCE REPORT**

In 2004, the Workforce Readiness Committee of the Alaska Workforce Investment Board formed a Healthcare Taskforce to study the human resource needs of this priority industry.

The healthcare industry is one of the largest and fastest growing sectors of Alaska's economy. Alaska employment in health related occupations, across all industries, is expected to increase 78 percent (2000-2010). Healthcare in Alaska has been on a pathway of accelerated growth for at least three decades for several reasons:

- Technological advances continue to boost the demand for health care services.
- The number of medical procedures grows as more remedies are found for health problems.
- The aging of the population is also a significant factor impacting demand. Between 1990 and 2000, the number of Alaskans 65 and older grew about 60 percent and this trend is expected to continue through the current decade.
- A greater proportion of Alaska's health care needs formerly taken care of in the Lower 48 are now met within the state.

The occupations in the industry have a wide variety of educational and skill requirements. Approximately half of the health related jobs in 2010, dominated by Registered Nurses and various technicians, will require an associate degree or significant postsecondary vocational training, and 20 percent, including occupations such as Physical Therapists and Physicians, will require a bachelor's degree or higher. Only 7 of the 17 occupations identified by the Department of Labor and Workforce Development's Research & Analysis Section offering both good employment opportunity and higher than average wages have training available in Alaska.

Retirement and the "graying" of the workforce plays a major role in the future need for workers in the industry.

This report presents the strategies developed by the Health Care Task Force to address the workforce needs of the industry.

### **Occupational Data Issues**

The primary issue the task force has with Alaska Department of Labor and Workforce Development data is that it does not offer the specificity to

identify specific subcategories and specializations needed in the industry. Issues include:

- The specialist subcategories are not oriented to the subgroups needed in Alaska
- There is not data reflecting the 500+ Advanced Nurse Practitioners in Alaska as they are hidden in the “Registered Nurse” category.
- The access to care problem in Alaska is a community clinic and office provider issue, not a hospital provider issue. The community clinic data should be separated.
- The data does not distinguish the urban situation from the rural situation.

### Strategies

- 1) More specific data collection that investigates the true issues to community access to care.
- 2) Data collection that identifies the specialist need in Alaska. Some categories of specialist needed are neurosurgeons, psychiatry, and rheumatology.
- 3) Advanced Nurse Practitioner data needs to be collected.

### **Recruitment Issues**

Alaska has unique environmental and geographic challenges that may seem unappealing to some medical providers. Other professionals such as corporate executives, business owners, engineers, etc. coming to Alaska for development projects consider healthcare analogous to a public utility, a critical component or quality of life in an area.

### Strategies

- 1) Recruit healthcare providers through co-marketing with state tourism agencies at large profession meetings in the Lower 48 understanding that Alaska “lifestyle” recruitment venue.
- 2) Utilize websites of medical provider professional groups to promote Alaska as an appealing practice site.
- 3) Require improvement in secondary school programs to appeal to healthcare professionals bringing families to Alaska.
- 4) Continue efforts to recruit Alaskans into medical careers - Advance Nurse Practitioner and Physicians Assistant programs.
- 5) Increase recruitment of Pharmacists.

### **Training Issues**

#### Capacity

The current enrollment at University of Alaska, Fall 2004:

- WWAMI-10
- Physician Assistant MEDEX –10

- Family Nurse Practitioner
- Psychiatric Nurse Practitioner-13

There were 71 Alaska applicants to medical schools in 2004. 27 were accepted to medical schools in Alaska or US. Only Hawaii had a lower acceptance percentage. There is ongoing need for increasing rural and Alaska Native health care providers. It is a long pipeline to produce physicians; so timely planning to replace attrition requires immediate action. Family Practice Residency Program accepts 10 residents per year. UAA Master's in Science, Nursing accepts a maximum of 12 Family Practice Advance Nurse Practitioner students per year and 5-10 Psychiatric Mental Health Advanced Nurse Practitioner students per year. A Physicians Assistant MEDEX program through University of Washington accepts about 6 Alaska students per year.

### Strategies

- 1) Legislative actions to promote medical provider education.
  - a) Expand capacity of the education programs:
    - (1) WWAMI and UAA Graduate Nursing programs.
    - (2) Increase family practice residency positions.
  - b) Explore state funding strategies for graduates:
    - (1) Examples - loan repayment programs such as the payback instituted in 2000 for medical school grads (20% of the payback obligation is forgiven per year worked anywhere in Alaska).
    - (2) SB8 - Nursing Loan Repayment legislation to apply to graduate nursing students as well as undergraduates.
    - (3) Institute loan payback program for Physician Assistants.
- 2) Examine reasons why acceptance rate of Alaskans to medical schools is far below the national average.
- 3) Continue and promote recruitment of rural and Alaska Native students into healthcare provider programs.
- 4) Expand clinical sites for training. This would be a natural outgrowth of increasing the healthcare provider workforce.
- 5) Apprenticing the lengthy training programs - act now to increase the number of healthcare providers.
- 6) Recommend to Congress the adjustment of Medicare (GME) reimbursement formula for Alaska Residency program.

## 2. Medical Education Facilities

Healthcare education requires continual updating of facilities and equipment in order to keep pace with current developments in treatment and technology. The research facilities in Anchorage are outdated, and additional faculty for all programs needed.

### Strategies

- 1) UAA Lab Sciences Building. This should be fully funded to facilitate expedient completion. This facility would not only provide lab class space, but would also appeal to researchers. Researchers provide a base for medical education faculty and bring research funding to UA, which helps offset the cost of the building.
- 2) UA could be equipped to host northern climate biomedical research, becoming a “Center of Excellence” in this field.
- 3) Encourage the development of plans for a Clinical Health Sciences Building, which would integrate interdisciplinary education, and clinical practice opportunities for physician, Advanced Nurse Practitioner and Physician Assistant programs.
- 4) Pursue the establishment of funding and strategies for timely replacement of instructional and research equipment.
- 5) Faculty development:
  - a) Adjust salaries to a level competitive with other schools;
  - b) Provide sufficient time allowances into faculty positions to allow them to develop a productive, funded research program.
- 6) Explore construction of VA facility to serve this population and serve as another clinical site for medical provider training.

### Healthcare Industry Evolution

Problem: The continuing education of current healthcare providers is a challenge for Alaska’s geographically dispersed population. Medicare is beginning to pilot programs that will employ quality of care measures that will have reimbursement implications. Electronic Medical Records will soon become the standard of care. Reimbursement for services needs to stay abreast of innovations in healthcare diagnosis and services.

### Strategies

- 1) “Telehealth” technologies can provide some of the resources to keep healthcare providers around the state current on innovations.
- 2) Boards of Medicine and Nursing could take a greater role in ensuring relevant continuing education for their licensees, which will ultimately impact public health.

### **Nursing Careers**

Registered nurses are in critically short supply in Alaska, across the country and internationally. Due to the demographics of the profession this is only at the beginning of an extended period of shortage. The largest cohort of nurses in the country is aged in the upper forties with relatively few in the younger age groups. This dynamic holds true in Alaska as well.

The ability to expand educational capacity to produce more registered nurses and other nursing personnel in Alaska is limited by a number of factors, including: the capacity of Alaska health care facilities to accommodate students for clinical experiences and to hire new graduates, difficulty in hiring nursing faculty, financial resources and supervision ratios defined by statute.

### Strategies to Meet Workforce Needs

*Problem 1:* Registered Nurse shortage in Alaska.

*Strategies:*

- 1) Expand capacity of the UAA School of Nursing as scheduled.
- 2) Work closely with the health care industry to match available slots for student nurses and new graduates with educational output.
- 3) Better define demand and meet educational needs for advanced practice and specialty education (e.g. nurse practitioner, nurse manager, critical care nurse).
- 4) Recruit experienced nurses from outside Alaska as needed.
- 5) Develop good retention strategies.

*Problem 2:* Growing need for LPNs, CNAs and PCAs in Alaska

*Strategies:*

- 1) Work on accuracy of projections for LPNs and CNAs.
- 2) Unscramble home-based aide occupations confusion.
- 3) Formalize/regulate basic training requirements for all PCAs.
- 4) Get a handle on the picture of CNA training in the state (locations, numbers, etc.).

*Problem 3:* Public not aware of all nursing occupations and available educational programs

*Strategies:*

- 1) Develop successful marketing strategies for these occupations where needed.
- 2) Coordinate announcement of training opportunities with Job Centers.

### Radiology Technology Careers

The Rad Tech program at the University of Alaska, Anchorage meets the requirements for the basic level technician. However, there is still a shortage of qualified graduates in rural areas. There is a high demand for specializations such as ultrasound, MRI and mammography; finding trained technicians in these areas is very difficult.

### Strategies

- 1) The University should partner with programs Outside that provide specialized training.
- 2) The need for more radiology technicians in rural Alaska continues to be a high priority for Native health corporations. The University should work with the Native health corporations to develop an aggressive recruitment program to bring Alaska Native students into the UAA Radiology Technician program so that they can return to their home villages and work upon graduation.

### **Health Career Support Careers**

This field includes Billing and Posting Clerks and Machine Operators, Medical Assistants, Medical Records and Health Information Technicians, Medical Secretaries, Medical Transcriptionists, and Interviewers.

There is one overriding difficulty in assessing Department of Labor projections in this field. The occupational titles listed in the data attachment are not closely related to the current titles, roles and organization of HIM/HCR occupations (e.g.: the phrase “medical records” has not been used for many years). Figure xx indicates the main occupations included in the field at this time. However, there are developing career pathways related to HIPAA privacy/confidentiality regulations and related activities as well as compliance auditing and other specialties that are not fully detailed in this chart.

The occupation entitled “Medical Records and Health Information Technicians” includes many levels of workers from entry-level file clerks to managers. This is too broad to adequately assess – it is akin to placing registered nursing aides in the same category, even though their educational levels and job descriptions are very different.

This occupation could be divided to distinguish technicians from managers, thusly:

- Health Information Technician
  - Filing and retrieval
  - Data Access-Release of Information
  - Transcription
  - Coding/Data Entry
- Health Information Managers
  - HIM Manager
  - Compliance Officer
  - Supervisor

Another suggestion is that the occupation be broken down on the basis of required education, as follows:

- Clerical
  - GED/High School Diploma and On-the-Job-Training
  - Some supplemental College Courses (Medical Terminology, Computers)
- Technical
  - Associate Degree or Work Experience
  - Plus Credential (CCS< SSS-P, CPC, CMT)
- Supervisory/ Management
  - Associate Degree or Baccalaureate of Higher Degree
  - Plus Work Experience and Credential

Education and certification, as well as job responsibilities, should be the criteria used to differentiate the occupations.

Another difficulty is that two of the occupations listed can only be reviewed as part of the Core Health Care Industry because the titles are generic and include other non-health related occupations if viewed for all industries. Those are the “Billing and Posting Clerks and Machine Operators” and the “Interviewers (not Eligibility or Loan).” Some portion of the billing and coding clerks are found within those two categories.

The others are all more specific and include “Medical” in their titles, so their data in all industries renders a more inclusive look at their status. Only Medical Transcriptionists seem to have a pending retirement problem with a rate of 36% over the age of 50, though the category may disguise this issue for certain careers within the category. Furthermore, emerging trends in the field (described more fully below) are prompting some of this workforce to retire and otherwise leave the field, especially in the senior ranks.

### Strategies to Address Workforce Needs

*Problem 1:* Workforce data are difficult to interpret. Occupational titles and roles need to be clearly defined; illustrating the usual structure of HIM and HCR departments and functions would be helpful.

#### *Strategies:*

- 1) Develop standardized titles and job descriptions.
- 2) Propose to the Alaska and U.S. Department of Labor new classifications for HIM/HCR occupations.

- 3) If DOL is unable to adopt new classifications develop other data sources using the common rubric.

*Problem 2:* Training programs in Alaska may include skills at each level, but this is difficult to ascertain as they are not coordinated and do not articulate one to another. This makes choosing a program difficult for a prospective student or employer.

*Strategies:*

- 1) Gather industry input regarding skill sets required and changing needs.
- 2) Work with faculty at the University of Alaska to define and articulate programs of study and courses to address each level of skills needed for work in HIM/HCR occupations across the state.
- 3) Ensure that such programs and courses are made available through readily accessible and pedagogically effective educational technologies.
- 4) Publicize relevant available programs to all sectors of the health care industry.

*Problem 3:* Coding credentials available are confusing and somewhat duplicative.

*Strategies:*

- 1) HIM/HCR professionals in Alaska can provide clear descriptions of each of the certification options and in what settings they are applicable.
- 2) Determine health care providers' credential preferences, if any.
- 3) Collaborate to recognize and provide continuing/advanced education and certification for all coders and other HIM/HCR personnel.

### **Healthcare Management Careers**

This group consists of the following cluster of occupations; General and Operations Managers, Financial Managers, Chief Executives, Medical and Health Services Managers, First Line Supervisors/Managers-Office and Administrative, Management Analysts, Administrative Service Managers, Social and Community Service Managers, First Line Supervisors/Managers- Food Preparation and Service, Food Service Managers, Human Resource Managers, First Line Supervisors/Managers-Housekeeping/Janitorial, and Purchasing Managers.

Only positions included in the Core Health Care Industry were considered, as their occupational titles are too generic to be able to isolate health-related workers in other industries.

## Occupation Projections

For the core health care industry alone, growth projections for the decade ending in 2012 total more than 400 management positions. The following factors will result in an increased demand for health care supervisors and managers at all levels and of all sorts:

- Major hospital construction projects in several locations;
- Consideration of behavioral health treatment centers for youth and other changes in the organization of behavioral health treatment centers for youth and other changes in the organization of behavioral health services;
- A growing demand of chronic care, out-patient surgery and other non-hospital services;
- Growth in the community health center system; and
- Other demographic and economic factors.

The subcommittee noted the relatively high percentage of this workforce that is 50 years of age and over. While this is not surprising, since years of work and experience in a clinical or administrative field tend to be prerequisite to moving into a management role, it does accentuate the need for succession preparation throughout the system.

The subcommittee did question whether the projection of 70 more Chief Executives over the ten-year span is too high when only 51 positions were reported in 2002.

## Strategies to Meet Workforce Needs

*Problem 1:* Development of a health care manager involves a lifelong accumulation of learning.

### *Strategies:*

- 1) Clearly define career ladders and career webs for health care management in Alaska.
- 2) Design a system of programs and relationships that provides appropriate education at all levels of the career ladder.
- 3) Focus initially on the needs of front-line supervisors and mid-level managers.
- 4) Include a comprehensive menu of continuing education opportunities.
- 5) Encourage educational activities of professional associations.

*Problem 2:* Alaska health care management education programs are underdeveloped and uncoordinated and do not closely match industry need.

*Strategies:*

- 1) Engage industry and education institutions in addressing the need for development and coordination of programs.
- 2) Facilitate interactions between educational programs.
- 3) Provide a forum for dialogue between health care executives and university faculty to tease out the details of industry need and design a close fit with educational offerings.

*Problem 3:* Many health care managers are recruited from outside the State of Alaska

*Strategies:*

- 1) Enable Alaskans to develop through locally available career ladders and webs.
- 2) Identify, acknowledge and support developing leaders.
- 3) Provide Alaska students with special skills and knowledge that will make them marketable in our environment.

### **Rural Needs & Challenges**

The accidental death and suicide rates among Alaska Natives are about 4.5 times the U.S. average.

The health status of rural Alaska Natives is also related to low socio-economic status, subsistence lifestyle, rapid social change, the harsh climate and terrain and the isolation of the communities in which they live. 24 percent of Alaska Natives live below the poverty level compared to the U.S. average of 13.1 percent.

Until recently, emphasis of care was on infectious disease and accidents. Although accidents still contribute greatly to morbidity and mortality, lifestyle diseases have supplanted infectious disease in frequency. From 1985 to 1998 the Eskimo population had a 100% increase in diabetes mellitus compared to the 23% increase seen for the entire United States.

The responsibility of being on call for emergencies 24 hours a day, 7 days a week, 365 days a year is a huge burden. Job stress is accentuated by the close relationships in the village and the need to care for family and close friends, a practice that is normally discouraged in cities and towns with expanded health care options.

Many of Alaska's rural villages are small, employing only two or three CHA/Ps. Some villages have only one.

While Alaska is losing some of its most experienced CHA/Ps from the "graying" of the profession, more often the losses are coming from

younger CHA/Ps who are frustrated by the immense responsibility that rests on their shoulders and the lack of sufficient clinic staff and supervisory and technical support. Since 1993 the attrition rate of CHA/Ps has climbed to 20%.

The loss of every single CHA/P translates into a significant loss to the village and the service delivery network. The rising attrition rate is seen as a “red flag” indicator of a potential trend to lose even more CHA/Ps from the system.

Rural high school graduates often do not attend college—frequently family demands (caring for children/elders, subsistence activities, employment) require their attention in the village. Village students that go to college face a multitude of challenges. Besides the academic challenge of college, other factors drive students back home (homesickness, lack of strong support systems and friends, substance abuse, family emergencies and other calls demanding their return home).

Programs that allow rural students to live in their own community (or the closest hub community) often are perceived as safer, more meaningful and culturally relevant. Throughout the Allied Health Forum there were numerous conversations documented of the collaborative program between the University of Alaska and the Yukon-Kuskokwim Health Corporation that allow students to learn via distance delivery while working. These programs should be replicated throughout rural Alaska. Most hub communities have a community college or rural satellite of the University of Alaska.

### Strategies

- 1) Fund an additional CHA/P Training Center.
- 2) Support the funding of additional CHA/P positions as recommended by the *Community Health Aide Program Update 2001: Alaska's Rural Health Care at Risk*.
- 3) Support the growth and continued development of the Dental Health Aide Program and the Behavioral Aide Program.
- 4) Develop a proactive, hands-on rural Alaskan occupational counseling/career exploration program that incorporates paid job shadowing, internships and other on-the-job-training for allied health programs.
- 5) Support the expansion of the University of Alaska's distance delivery allied health education/training for rural students.
- 6) Establish bridge programs between rural high schools and the University of Alaska, making it easier for motivated students to earn college credit and transition into college.

- 7) Fund rural/Alaska Native student support programs for University of Alaska healthcare programs.
- 8) Work with Alaska Post Secondary Education Commission for the forgiveness of student loans for those who work in rural Alaska providing healthcare services.
- 9) Partner with Native corporations that run hospitals.
- 10) Continue to promote preceptorships for provider training at rural sites. This not only provides additional services for the community during the preceptorship, but is also a powerful recruitment tool, as student providers become familiar with the community and may decide to return after graduation;