Bruce Herman, Deputy Commissioner for Workforce Development

- Workgroup efforts are appreciated; team leaders to give workgroup presentations and open the floor for discussions.
- HRSA Implementation Grant funding is no longer available due to the Federal budget cuts.
- Our mission to expand the Primary Care health workforce by 10 to 25% over the next 10 years to cover expected demands for healthcare services in New York State is still our goal. We need to develop a common framework and needs assessment among this group and the agencies participating.
- Regional approaches and the Governor's Economic Workforce Development Councils

Karen Coleman: NYS DOL, Director, Division of Employment and Workforce Solutions

- State budget still being analyzed for funding of programs.
- Innovation funds: to be awarded on competitive basis.
- HWDS activities are critical to the healthcare sector.

Jean Moore: Center for Health Workforce Studies status of Surveys and Data Collection Workgroup:

- Primary data collection and efforts to request relevant data.
- Sample: Capital District Regional Profile. This will be important information for each region, before the regional convening of stakeholders.
- Hand out: Sources of Data on Supply of New York's Health Workers
- Surveys on demand through hospitals, nursing homes, home health agencies, and for the first time, community health centers.

Bob Purga, SED: Health literacy data and training programs through the department.
Jean Moore, CHWS: SED info is valuable in regards to a method on how we can get there through training.
Barbara Guinn, OTDA: Do we have data on projected demand occupations?
Jean Moore, CHWS: Projected demand occupations are captured from DOL. The licensure data can show if there is growth in an occupation between reports, (i.e. data indicated an increase demand for experienced nurses, but the demand had decreased for recent nurse graduates).
Barry Gray, DOH: The DOL data does not reflect the demand with the effects of the passing of the ACA and what it will mean down the road.
Jean Moore, CHWS: Correct, it is not precise in reporting demands when the environment changes. It does reflect how many might be leaving an occupation due to age statistics of the healthcare workers.
Barry Gray, DOH: Do Health Shortage Areas show a shortage for specific professions; NPs, PAs, etc?
Jean Moore, CHWS: New HPSA rules will count toward NPs, PAs.

- New data to be collected from Community Health Centers due to the need for strategies to address new methods of delivering healthcare. They have been using a team approach healthcare service model with 4 medical assistants for each physician to deliver services.
- The Data Collection Workgroup has developed an additional survey to understand who is collecting what – sources of data on Supply of NY health workers

Karen Westervelt, DOH: Medicaid redesign recognizes the meaningful use of the medical home model.

Jean Moore, CHWS:

- All surveys are under way except the survey for the Community Health Center, which is not in the field yet.
- The report may be later than when we need to produce something for HRSA/SWIB.
- If no Federal money, we might want to give more time for the survey and time to analyze it.

Sandi Vito, SEIU 1199: We can continue to move forward with the reports and add the survey results in later.

Bob Purga: It is important for us to move forward – we have a convergence of seven things:

- **Skills change** for occupations – move to home-care/community-based models
- **Healthcare Reform** requirements kicking in for 2014
- **Changes in funding** – no funding for healthcare implementation, cuts in workforce training funds
- **The "Bridge" revolution** – recognized need to contextualize basic skills training with occupation-specific training
- **Sectors focus** – driving development of non-degree, proprietary training
- **Demographics** – aging workforce, aging population requiring healthcare services
- **Changes in credentials** – new GED requirements, alternative routes to HS equivalency

Caleb Wistar and Barry Gray: Asset Mapping Workgroup

- Compilation of an inventory of State, Federal and Private resources
- Challenges: resources not found in one place
- Large private foundations; some available information is defunct.
- Explore linkages between agencies.
- Recommend a one stop shop for resources, with updated information, available to all healthcare stakeholders.

Karen Coleman, DOL: If we publish the list of resources, others may feel the resource is already out there so they may not present funding for a particular cause. AHEC/Kathryn Reed: access to private foundation funding stream: *SEARCH AMERICA.* We discussed this as a possible place to obtain resource information.

Debby King, SEIU 1199: 1199 has training funds, but this information is not included.
Barry Gray, DOH: No, we did not reach out that far, we kept it to scholarship programs and resources available to all individuals.
Debby King, SEIU 1199: Perhaps in phase II we could add all available funding which have good track records. Should we convene a group of Foundations to parallel with careers pathways and issues we may want to explore, like the emerging occupations?
Caleb Wistar, DOH: We tried not to overlap too much with career pathways, but this is a starting point.
Debby King, SEIU 1199: We need to continue to look for money within the state.
Bob Purga, SED: Title II Adult Ed: SED still looking at the Innovation Fund.
Karen Coleman, DOL: We have no final information about the Innovation Funds yet.
Jean Moore, CHWS: We need different strategies to deliver care. What are the provider capacities? What are our methods of calculating what we need to move forward?
Bob Purga, SED: BOCES, in the North Country, has been looking at patient care models: will LPN still be a stepping stone to RN? Will there be an LPN or will they be phased out? What will BOCES new training look like?
Jean Moore, CHWS: As discussed before, the training for medical assistant is all over the map; schools train for certain employers, some training focuses on the type of work the employer wants the individual to perform. The training can be 2 months or 1 year. Providers love this training, but the individual cannot transfer the training to another location and it does not give them a base to move into a higher level occupation.
Karen Westervelt, DOH: Do we need core training in academic areas and then customize for the employers? Would there be a universal healthcare worker? There is currently no recognition for some of the institutions who are providing the training.
Karen Coleman, DOL: I think we may need to bring businesses together to seek out a commonality.
Jean Moore, CHWS: Should we think of standardization for these occupations?
Karen Coleman, DOL: We need to ensure the individual is in training to obtain a portable credential.
Debby King, SEIU 1199: This was a recommendation in our workgroup (Healthcare Credentials).

- We felt there needed to be definitions and skills for the entry level existing and emerging titles.
- We need to look at quality of training and the cost of the education/training for the individual.
- 1199 has been involved in meetings with CEO's and COO's of hospitals to look at new ways of working.
- Almost all of them (hospitals) are interested in the entry level positions.

Jean Moore, CHWS: Diversity and affordability should be considered as part of the development in this career ladder.
Karen Westervelt, DOH: We need to be able to remove barriers.

Bob Purga, SED: The lack of funding may be a good thing in that we will be forced to continue our efforts and recommendations.

- There is a new High School equivalency model being developed. It is different than a GED.

Barbara Guinn, OTDA: If we identify a particular shortage, perhaps the foundations could be helpful if we convene them and introduce a possible pilot for the foundations to fund.

Debby King, SEIU 1199: The Home Health Aide could have an expanded roll with telemedicine as a pilot.

Denise Brucker, SCCC: The community college is always looking for different career tracks to focus on. If grants could identify an entry level program, we would seriously consider the development of curriculum for the career track. Entry level emerging titles – Patient Navigator, Health Coach, Community Health Worker

Debby King, SEIU 1199: The Bronx project: brought 5 grantees together.

Denise Brucker, SCCC: These collaborations are important; it may be the way for pilot projects in healthcare workforce development.

Karen Westervelt, DOH: As Karen (Coleman) mentioned, the stackable credential is crucial. It is already difficult for students to afford more money for education and training in entry level occupations. We need to address this so they would be able to transfer to another employer or to another occupation.

Role of work-based learning

Credit for training on the job

Denise Brucker, SCCC: There is a level of motivation for students; they want quick, positive feedback to change their lives.

Joanne O'Brien, SED: This all needs to be clearer to the students, employers, hospitals and the trainers.

- BOCES: adult and high school programs
- SED and DOH need to combine the task of developing a core curriculum with universal tasks
- This may be the time for this group to finally look at this.

Debby King, SEIU 1199: The individual needs flexibility for mobility.

- Do we ask the employers what they need, to save everyone money?
- Then we build the training into core training.
- What are the priorities?

Bob Purga, SED: Learning Web used in Central NY: Self Education learning software tool: Student's learning plans are outlined on- line where counselors, instructors etc can be part of the learning support system for the student. Part of the Literacy Zone effort.

Barbara Guinn, OTDA: Perhaps a meeting with the Foundations should be arranged after we understand what we want to focus on.

Karen Coleman, DOL: Recommendations and explanations are needed to present to the foundations to generate interest in providing resources for health workforce development.
Sandi Vito, SEIU 1199: Who are the potential investors and key foundations who we should contact to convene?

Denise Brucker: Career Pathways Workgroup

- The lower you go on the career ladder, the more gaps you find on the training and education piece.
- Disparity; need for LPNs and RNs: Will the LPN be a viable profession in the future?
  If you talk to nursing homes they say LPNs are needed, but if you ask hospitals, they may tell you they are fading them out.
- There are regional gaps in training; the downstate regions have sufficient training availability but there are upstate areas asking for programs.

Debby King, SEIU 1199: It also depends on the profession: Midwives used to have a collaboration agreement and now this is not required, so this may affect where they will now practice.
Denise Brucker, SCCC:

- Job descriptions needed to better understand what the new jobs will be as there is no information available for what training would be appropriate or required by the employers.
- This would also benefit the individual looking for work; the required training would be identified up front.

Sandi Vito, SEIU 1199: We have found that the medical assistant title has a different job description depending on where the person is employed.
Debby King, SEIU 1199: Proprietary schools; are they over producing individuals?

- The medical assistant is a growing field with potential for a diverse workforce.
- This should be a career pathway with articulation to other healthcare careers.
- These training program costs need to be kept to a minimum at this career level.
- In NYC the employers want the applicant to have passed the medical assistant exam.

Joanne O'Brien, SED: State Ed worked on the curriculum for the 1100 hour program.

- There is no regulation for the training as it (medical assistant) is not a protective title.

Bob Purga, SED: There are unlicensed proprietary schools who can train. Over 500 are licensed through SED – but over 1000 are not.
Karen Coleman, DOL: They provide training to meet a demand. An entity that has done training can be on the Eligible Training Provider List.
Debby King, SEIU 1199: A health home aide is an 1100 hour program, but so is LPN. What is the standard to meet the employer's needs?

Joanne O'Brien, SED: 1100 hours may be too much, perhaps there needs to be core plus clinical, patient care and a combination. Then, some alternatives for individuals to focus on depending on the type of facility they may want to work in: nursing home, hospital, other care facility.

Denise Brucker, SCCC:

- Once the basic training is decided, then we could look at articulation to CUNY, Community colleges and SUNY.
- We also need to review the health information technology occupation and define the job.
- It is hard to get a commitment from the employers to hire without training requirements in place.
- We also need to get information out to the public on available training for these new titles.

Debby King, Credentials Workgroup:

- Scope of practice issues.
- Rural areas: new job creation to align with new healthcare delivery models.
- New job classifications to be defined and job duties identified.
- May need legislation to recommend we recognize the new jobs and job duties.
- HIT: key job duties and employer preferred qualifications.
- Cultural diversity; team to work on this element.

Sandi Vito, Rules and Regulations Workgroup:

- Scope of Practice issue; recommendation to form a task force to review this hot topic.
- Joint Commission and Department of Health; dual facility review.

Karen Westervelt, DOH: There has been progress on this issue. There is now a reciprocity agreement where if the facility has been Joint Commission accredited, DOH will accept that review.

Sandi Vito, SEIU 1199: The recommendation would then be to market the reciprocity agreement.

- The MRT proposal includes changes to rectify the fee for service issue.

Please Note: Other issues and recommendations from the workgroups are included on the power point presentation and they are not duplicated here.

Next Steps:

- Debby King will not be available to report to the SWIB on June 15, 2011 as she will has commitments in NYC and will need to join the HWDS meeting via conference call.
- Workgroup reports need to be edited and reviewed.
- HWDS will need to rank order the reports to see what items/issues need to be recommended for further concentration.

Debby King, SEIU 1199: Perhaps we need to get the Governor's office involved for their sponsorship and State resources. We have a huge issue here and we can only do so much.

I'm not sure this subcommittee can move forward.
Karen Coleman, DOL: We don't know enough about the Governor's Regional Economic Development Counsels yet, but they are slotted to be industry focus groups. Our information and data will be valuable to inform regions of the top issues in their area.
Sandi Vito, SEIU 1199: I have concerns; the 5 workgroups need to synthesize and pull these reports together. We need staff participation for this.
Debby King, SEIU 1199: There will be differences for regional groups.

- We will need to know what changes there are forthcoming in healthcare leadership and direction from DOH as we don't want to be out of line.

Karen Westervelt, DOH: We are looking at Primary Care needs assessments and working on the patient centered medical home. The State plan from this committee will be valuable to the healthcare sector in many ways.
Jean Moore, CHWS: Is there an opportunity for regional convening for healthcare planning?
Karen Westervelt, DOH: It is too early.
Karen Coleman, DOL: The work of the subcommittee could educate and help in the process of healthcare planning.

- We report our findings and recommendations to the State Workforce Investment Board, who may utilize it in many ways, not just for this planning grant.
- I think staff (DOL) need to review the workgroup reports for overlaps/crossovers and compile executive summaries from each group into one executive summary.

Bruce Herman, DOL: This body of work will be used to inform others in many aspects and it will need to be disseminated.
Debby King, SEIU 1199: So are we meeting on May 18th?
Karen Coleman, DOL: It will depend on the workgroup reports and the status of the executive reports. We should plan on meeting and make that decision as we approach the date.