

# Alaska Health Workforce Coalition

## Status Report to the Alaska Health Care Commission

September 2011

<https://sites.google.com/site/alaskahealthworkforcecoalition/>



The Alaska Health Workforce Coalition (The Coalition) — a public-private partnership created to address health workforce issues— just released an **Action Agenda** with specific objectives to be completed before 2015. The Coalition is comprised of Government, Industry and Education partners committed to sharing resources, information and action toward addressing the workforce needs of the health industry.

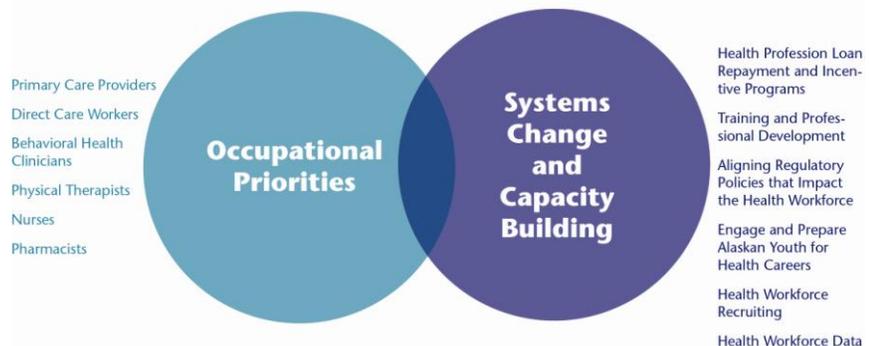
The **Action Agenda** focuses on six occupational groups and six systemic change initiatives determined by the Coalition to be in highest need of attention and with strategies that can be implemented and achieved within the short term. The **Action Agenda** is available through the Coalition’s website at <http://sites.google.com/site/alaskahealthworkforcecoalition>.

In addition to the twelve initiatives outlined in the **Action Agenda**, the Coalition prepared detailed Issue Papers on four topics: Apprenticeships for Direct Care Workers, the State of Alaska’s Background Check Program, Health Workforce Data and Professional Licensing. The latter two are summarized in this briefing.

### Health Workforce Data

Alaska is not alone in the nationwide struggle to adequately define health workforce needs. The number and variety of state, federal and private entities involved in data collection in Alaska is similar to that of states with larger populations. Alaska is projecting demand using a number of different datasets, including the DOLWD employment projections, the Alaska Center for Rural Health Vacancy Studies, licensing data, and HRSA “population to provider” ratios and criteria used for Health Professional Shortage Area and Medically Underserved Area designations. None of these sources provides a complete picture of the Alaska’s current situation or future needs.

### Health Workforce Coalition Action Priorities 2012-2015



### What’s Needed

Collaboration and communication are the most critical elements needed to generate comprehensive, accurate and relevant data to guide health workforce planning. Alaska has an opportunity to integrate information resources in a more strategic manner by establishing a system of regular inter- action, collaboration and sharing among the key players in health workforce data to monitor data sources and data needs.

*Opportunities to generate cost-effective collaboration on health workforce data include:*

- A commitment by Coalition partners to determine what data is available and what needs to be developed in order to compile a comprehensive picture of the Alaska Health Workforce.
- An effort to make licensed health professionals specialties and location of practice readily available to individuals seeking the information.

- Promote use of health and service industries using Alexsys system to generate additional data on Alaska's demand for the entry-level/STOJT/MTOJT positions.
- DHSS is adopting use of IBIS and Atlas and will eventually be able to provide community-based demographic and health status information. Such information can provide the backdrop for ascertaining the health workforce needed by that community.

### **Professional Licensing**

The licensing function is conducted by the Department of Commerce and Economic Development, Division of Corporations, Business and Professional Licensing (CBPL). According to the FY10 Year-end report, 12 distinct licensing boards issued or renewed 24,792 license holders for 25 different health professions. The health-specific occupations comprise nearly 50% of the Division's entire professional licensing activity. Nursing and Nurse Aide occupations comprised 30% of all Division licensing activity and 50% of activity specific to health professions.

Professional Licensing is a complex structure, involving a considerable number of individual applicants and licensees, health industry facilities and providers, individual licensing boards and the State of Alaska's statutes and regulations. Each of these entities has a distinct mission that may be perceived as uncooperative, particularly in the case where a facility is eager to get a professional licensed but the Board has a commitment to steward the safety of the public.

#### *What's Needed*

Delays in processing frequently result in frustration experienced by all parties involved in the licensing process. Four areas emerged where additional information is needed to generate effective problem solving around the delays experienced by applicants. These include incomplete or incorrect applications that require additional time and resources to reach the Boards themselves, the external verification required from other entities, the need for a more robust process of communications and status updates and a staffing structure that may result in a struggle to respond to requests for information within customer expectations.

#### *Opportunities to generate cost-effective collaboration*

This spring, CBPL management surveyed several systems within professional licensing and identified areas where customer impact could be improved:

- Workload distribution (Implementation: Sept 2011)
- Review and update of applications and forms for greater clarity and ease of use (Ongoing)
- Improving the instructions provided with forms (Ongoing)
- Collecting more data on licensing activity to better quantify anecdotal trends or concerns (Implementation: July 2011)
- Review of Division policies and procedures to articulate the expectation of high standards of quality (Task Force meets monthly)
- Train Division staff on policy, procedure, and customer service skills to ensure adherence to high standards of quality (Monthly)

The issues for licensing the health workforce are complex and require additional information gathering and problem solving to remedy. Foremost, dedicated resources and sustained attention to creating a process improvement and communications strategy with applicants, licensees and the industry is needed to reduce the current obstacles experienced by affected parties.