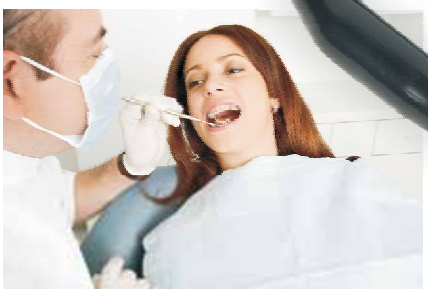
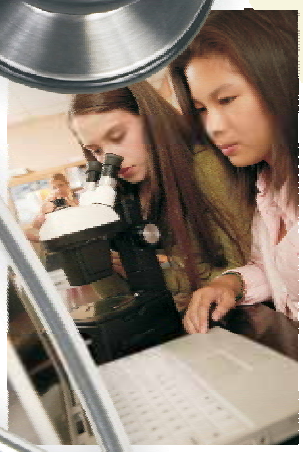
ALASKA HEALTH WORKFORCE COALITION

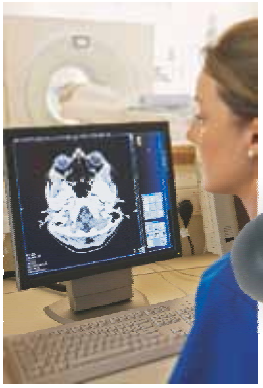
Action Agenda

2012-2015

September 2011







Alaska Health Workforce Coalition Core Group Members

State of Alaska

Alaska Mental Health Trust Authority
Department of Education and Early Development
Department of Health and Social Services
Department of Labor and Workforce Development
University of Alaska

Industry Organizations

Alaska Native Tribal Health Consortium
Alaska Primary Care Association
Alaska State Hospital and Nursing Home Association
Alaska Workforce Investment Board

Additional Coalition Member Organizations

Industry

AFL-CIO/Alaska Nurses Association
Alaska Native Health Board
Fairbanks Memorial Hospital
Laborers Local 341
Providence Health and Services Alaska

Government

Health Care Commission
United States Department of Labor

Education

Alaska Area Health Education Centers
Anchorage School District
Avant-Garde Learning Alliance
Career Academy

In 2010, the Alaska Health Workforce Coalition (The Coalition)—a public-private partnership created to address health workforce issues—completed the Alaska Health Workforce Plan which was adopted by the Alaska Workforce Investment Board as well as Coalition member organizations. The Coalition has now merged with the Alaska Mental Health Trust Authority's (The Trust) Workforce Focus Area and its partners to strengthen and sustain the efforts and pledge support for an *Action Agenda* that will take the planned strategies forward into implementation.

Because the number of occupations that comprise the health workforce is so large, the Coalition realized early on that not all areas of need could be addressed immediately. Therefore, the Coalition worked diligently during 2011 to identify a reasonable set of priorities that can be advanced over the next four years. The following *Action Agenda* focuses on six occupations and six systemic change initiatives determined by the Coalition to be in highest need of attention.

Through the steps outlined in the Action Agenda, the Coalition advances its vision of ensuring that Alaska has an adequate and well qualified workforce to meet the current and future health care needs of its residents.

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May 2010 Alaska Health Workforce Plan Goals

Goal 1.0

ENGAGE *Alaskans in health workforce development*

- Strategy 1.1 Create public awareness
- Strategy 1.2 Expand career awareness and counseling
- Strategy 1.3 Market high need occupations
- Strategy 1.4 Attract Alaskan job seekers into health careers

Goal 2.0

TRAIN *Alaskans for health employment*

- Strategy 2.1 Strengthen secondary school offerings and programs
- Strategy 2.2 Provide health occupational training and education programs
- Strategy 2.3 Deliver post-employment training opportunities
- Strategy 2.4 Develop needed faculty

Goal 3.0

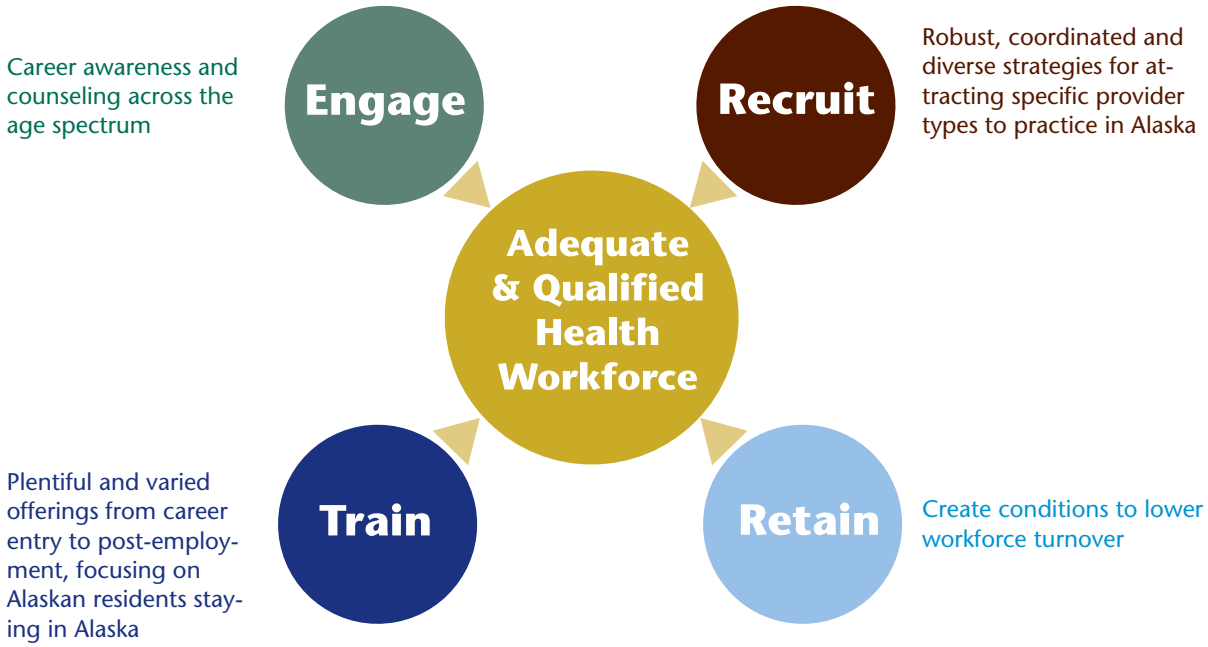
RECRUIT *qualified candidates to fill health positions*

- Strategy 3.1 Promote health employment opportunities in Alaska
- Strategy 3.2 Expand post-graduate opportunities
- Strategy 3.3 Improve coordination in recruitment among health providers
- Strategy 3.4 Establish incentives to attract needed professionals
- Strategy 3.5 Create a positive environment for health providers

Goal 4.0

RETAIN *a skilled health workforce*

- Strategy 1.1 Create public awareness
- Strategy 4.1 Support and disseminate effective orientation programs for new employees
- Strategy 4.2 Provide opportunities for professional development and advancement
- Strategy 4.3 Promote positive work environments.



Themes

The *Action Agenda* utilizes several key themes in addressing health workforce issues:

- **Integrated focus on the mental and physical health of Alaskans.** In 1946, the World Health Organization defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." While physical and mental health are often provided by separate entities, managed by different agencies and funded from different sources, a plan that integrates a holistic approach to the health needs of Alaskans is critical. The *Action Agenda* priorities should ultimately generate the solutions needed to decrease the state's heavy burden of chronic illness, suicide, domestic violence and obesity.
- **Comprehensive strategies and objectives across the workforce development spectrum.** The Coalition's workforce plan contains four major strategies: Engage, Train, Recruit, and Retain.

  ENGAGE—focus on educating Alaskans about the opportunities available in health occupations and careers.

  TRAIN—provide for an enhanced focus on secondary science, math and health education as well as post-secondary training and post-employment continuing education.

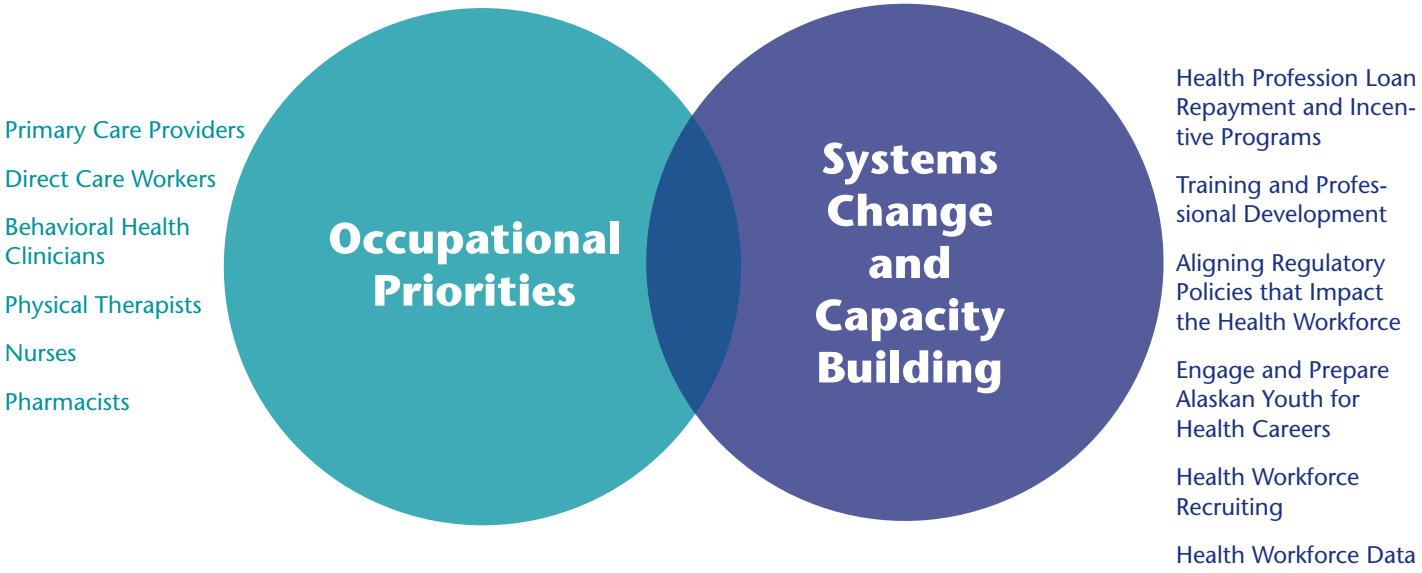
  RECRUIT— recognize that not all workforce needs can be filled with the current Alaska pool of health care professionals and that specific strategies are needed.

  RETAIN—improve the environment for health workers by providing effective orientation and supervision and supportive workplaces to new and existing employees.
- **Focused attention on priority occupations.** Although workforce shortages occur in almost all areas of the health care industry, some professions are in critical need and require immediate action. In its strategic planning efforts, the Coalition assessed occupational priorities for Alaska utilizing data and information from a variety of sources, including the Alaska Department of Labor and Workforce Development (DOLWD) ten-year employment projections, the 2007 and 2009 vacancy studies conducted by the Alaska Center for Rural Health of the University of Alaska, licensure and other studies by the Department of Health and Social Services (DHSS), and analyses by other state, federal and professional organizations. An initial priority list was then distributed to health related groups for additional input. Fifteen professional groupings comprising about 30 occupations were subsequently identified as Priority 1, or most critical. The Coalition further refined the list to the six occupational groups slated for focus in this *Action Agenda* over the next four years.
- **Meaningful change to systems that contribute to Alaska's health workforce shortages.** Alaska's health workforce is impacted by market forces, environmental factors and state and federal regulations that have a complex relationship among each other. This landscape presents a daunting challenge to meeting critical health care and behavioral health needs. As a result, the root causes of health workforce problems cannot be addressed merely by small improvements at the margin. Rather, the System Change and Capacity Building Initiatives outlined in this *Action Agenda* are presented as an opportunity to change the

current paradigm. The Coalition is working towards systemic changes to advance training, continuing education, clinical preceptorships and other forms of professional development. Initiatives such as career preparation, regulatory requirements, recruiting efforts and data coordination will ultimately impact multiple partners and generate the momentum needed to create a more conducive environment for engaging, training, recruiting and retaining the health workforce.

- **Coordinated, effective and active engagement of Coalition partners in meeting Alaska's demands for an adequate and qualified health workforce.** The Report on Primary Care prepared by Commonwealth North in 2005 stated, "Every aspect of health care is complex. Education, technology, funding, social and demographic factors, economics, federal and state laws and regulations all have many interrelated facets. Understanding the health care system, and improving it, are beyond the capacity of any one element within the system." The demand for health care may expand significantly with the potential implementation of different parts of the Patient Protection and Affordable Care Act of 2009 and the projected growth in the number of older Alaskans. Increased demand for services translates into increased demand for health care workers. To ensure the most effective, sustained and strategic use of resources to meet the upcoming demand, the Coalition has merged with the Alaska Mental Health Trust Authority's Workforce Focus Area and its partners to conduct a more coordinated and aligned effort. The Trust has dedicated substantial and sustained efforts to build the capacity of the health workers addressing the needs of individuals with mental illness, developmental disabilities, brain injury, chronic alcoholism and other substance abuse related disorders, and Alzheimer's disease and related dementia. The Executive Committee of The Trust's Workforce Focus Area is now actively engaged in the Coalition's leadership. In the future, this coordination will result in an effective implementation of the objectives and strategies outlined in the *Action Agenda*.

Health Workforce Coalition Action Priorities 2012-2015



Occupational Priorities

The top occupational priorities from the Health Workforce Plan have been the driver for shaping this *Action Agenda*. By looking at actions developed for the priority occupations, the Coalition determined that some had very occupation-specific strategies and were areas of greatest need. As occupational-specific objectives were developed, broad system change and capacity-building objectives began to emerge that crossed most if not all priority occupations.

Primary Care Providers

Primary Care is the provision of professional comprehensive health services including health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems, and the overall management of individual or family health care services. It entails first-contact care of persons with undifferentiated illnesses—care that is not disease or organ specific, is longitudinal in nature and is coordinated with other health services.

The Primary Care Provider group includes Physicians, Physician Assistants and Advanced Nurse Practitioners who deliver care to patients in a variety of settings. Primary care providers are the first line of intervention in most Alaskan clinics.

Primary care physicians often lack the significant earnings of specialty physicians. For all levels of primary care providers, incentives and loan repayment are needed to alleviate the significant debt burden facing these occupations. Primary care providers must be adequately supported through relevant, locally-accessible continuing medical education. Resources that encourage the establishment and continuation of locally-based practice (such as housing and spousal support) are also needed.

A key issue for the future of Primary Care Providers is the availability of clinical education experiences with qualified preceptors, or practicing professionals who choose to dedicate their time to mentoring, coaching and supervising students in the final stages of their education. Without its own independent medical school, Alaska must work within the existing consortium arrangement to achieve an increase in the number of physicians educated in Alaska. Because these efforts are so complex and medical education is a lengthy process, increased attention has been directed to the role of Advanced Nurse Practitioners and Physician Assistants as individuals who are able to provide primary care services without the direct supervision of a physician. The physician assistant program at the University of Alaska Anchorage (UAA), a partnership with the University of Washington, recently more than doubled in size and is now fully offered in Alaska. Plans are underway to expand the UAA family and psychiatric/mental health nurse practitioner programs and evolve them to keep up with changing national requirements.

Objectives

- A medical education assessment will be completed by the University of Alaska by June 2012. TRAIN
- Fairbanks Memorial Hospital, the WWAMI Medical Program, and the Pacific Northwest Medical University of Health Sciences will jointly conduct a feasibility study by January 2012 to establish an accredited family practice residency in Fairbanks; this recognizes the value and encourages consideration of both MD and DO education. TRAIN
- The Coalition will recommend expansion and evolution of the UAA School of Nursing nurse practitioner programs during 2012 and subsequently if needed. TRAIN
- The Coalition will collectively pursue increased support-for-service resources as a tactic to increase Alaska's competitiveness in the national recruitment of Primary Care Providers; APCA, The Trust and ANTHC will cooperate in leading the effort to encourage passage of HB78 in 2012. RECRUIT

continued next page

- AHEC, APCA, DHSS and other partners will complete a community assessment on the recruitment and retention of physicians by December 2013; communities will be encouraged to use the recommendations to enhance their success. RECRUIT
- The Coalition will support those involved in planning for medical residencies; a plan for these efforts will be completed by September 2013. TRAIN

Direct Care Workers

Direct Care Workers are the backbone of the health care and behavioral health delivery system, providing routine, personal health care and assistance with daily living directly to clients and/or their families in a variety of settings. Direct Care Workers also provide behavioral health counseling and education. Most of these workers are involved in community-based, home or residential settings including assisted living homes, Alaska's Pioneer Homes, hospitals, long-term care settings and behavioral health agencies. Direct Care Workers are a large and diffuse workforce in Alaska, with over 6,000 culturally diverse workers who have expertise and specialties in areas such as developmental disabilities, long-term care and seniors, mental health, addictions and traumatic brain injury. These front-line providers are delivering care to individuals with complex needs and their families. Entry-level education qualifications range from a high school diploma or GED to higher levels of education. Direct Care Workers receive most of their training in short orientations and courses or while on the job, with training programs also offered for specific occupations within this group. There are many training entities that prepare individuals to become Certified Nursing Assistants (CNA), including providers, university campuses and regional training centers. AVTEC provides the only program in Alaska to prepare Practical Nurses for a licensing exam.

The Alaska Mental Health Trust Authority (The Trust) has already begun to build the training capacity for this multi-faceted Direct Care Worker system by funding the development of the *Alaska Core Competencies for Direct Care Workers* and associated *Assessment Tools*. Accompanying curriculum will be completed in the fall of 2011 with dissemination conducted by The Trust Training Cooperative (TTC). Apprenticeship training models have been utilized by a number of partners, but the success of these tools for retention has not been demonstrated thus far. By coordinating non-academic training programs and providing a clear set of measurable work performance benchmarks and career pathways for these challenging positions, The Trust and its partners will ultimately provide quality assurance for the individuals being served and reduce the turnover that currently plagues the direct care workforce in Alaska.

Objectives:

- The Trust Training Cooperative (TTC) will ensure that the *Alaska Core Competencies for Direct Care Workers* will be used by 20 agencies—both health and social services—in 2013 with an additional 20 agencies implementing the competencies in 2015. TRAIN and RETAIN
- The TTC will ensure that the *Assessment Tools* designed for the core competencies will be used by 10 agencies in 2013 with an additional 10 agencies implementing the tools by the end of 2015. TRAIN and RETAIN
- The State of Alaska's Pioneer Homes will work to overcome barriers to the implementation of a registered apprenticeship for advanced training for their employees who are Certified Nurse Assistants (CNA) by the end of 2013. TRAIN and RETAIN
- By the end of 2013, the existing Direct Service Workers work group (facilitated by the UAA Office of Health Programs Development and involving many training entities) will conclude its discussions, identify and incorporate training improvements, and brief the Coalition and other pertinent groups on its findings and plans. TRAIN

Behavioral Health Clinicians

The education for Behavioral Health Clinicians is advanced level professional preparation at the master's and doctoral level. Alaska's documented, substantial burden of mental health disorders, substance and alcohol abuse, trauma and co-occurring disorders is driving the need for an adequate supply of advanced clinical providers. This group includes Psychiatrists, Doctoral-level Psychologists, Masters of Social Work, Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Substance Abuse and Addiction Professionals, and Psychiatric/Mental Health Advanced Nurse Practitioners. With the addition of payment for behavioral health services by Medicaid included in the *Affordable Care Act*, the demand for these professionals could increase significantly after 2014.

Behavioral Health Clinicians are often tasked with both delivery of services and supervision for front-line staff such as Behavioral Health Aides, Human Services Workers and Bachelor-level Psychologists and Social Workers. Because of the limited number of clinical professionals and the isolation in which they work, the responsibilities of providing oversight and treatment for the most vulnerable Alaskans creates tremendous pressure.

There have been many important initiatives addressing the need for more Behavioral Health Clinicians in Alaska, as well as to expand the knowledge base of those in and entering practice. One such initiative was the development of a PhD in Psychology

program at the University of Alaska, offered in both Anchorage and Fairbanks, as well as an industry-based psychology internship program. A distance-delivered Master's in Social Work program has been very successful; distance development in other program areas is occurring. A graduate certificate in Human Services was approved. Considerable work has been done to develop a psychiatric residency in the state in conjunction with the University of Washington. Provider partners have been identified and a proposal made to the Legislature for funding.

An extensive initiative has centered around the plan to "Bring the Kids Home" and the workforce needs associated with that goal. Children's mental health curricular additions, an occupational endorsement, minor and graduate certificate have been developed or are in planning stages. Additionally, planning is underway to prepare graduates to become Licensed Marital and Family Therapists.

Objectives:

- The Trust and its psychiatric residency partners will secure funding from the State of Alaska for the Psychiatry Residency by May 2012. TRAIN and RECRUIT
- The Alaska Psychiatric Institute will support a joint position for a Psychiatric/Mental Health Nurse Practitioner faculty member at the University of Alaska Anchorage by the end of 2012. This will build the capacity for educating and providing clinical rotations for this specialty. TRAIN
- By the end of 2014, The Trust will initiate a planning process to develop structures, models and frameworks for shared learning among behavioral health professionals to alleviate the issues that foster burnout and work-related fatigue. RETAIN
- The Coalition and other health access partners will work toward the increase of funds available annually for Loan Repayment and Incentives for Behavioral Health Clinicians to $400,000 by 2014. RECRUIT

Physical Therapists/Physical Therapy Assistants

Physical Therapists (PT) are primarily focused on delivery of services to increase mobility, relieve pain or improve strength. Physical therapy requires doctoral-level preparation. Physical Therapy Assistants (PTA), which requires an associate degree, may work under the supervision of and in conjunction with a Physical Therapist. Thus far the health care delivery system in Alaska has not extensively utilized assistant-level practitioners but this model could serve the state well.

There are many PT programs in the Pacific Northwest but none in Alaska. This presents a significant barrier to Alaskan students who face increased costs and logistics for studying out of state. UAA conducted a needs analysis for Physical Therapists and Physical Therapy Assistants in 2010. UAA is working on identifying one or more DPT program partner institutions and is planning toward an eventual local PTA program. In the meantime, it is exploring a possible partnership to pilot PTA education in the state. Unfortunately a recent ruling by the accrediting body that schools may not establish PT or PTA programs across state lines unless separately accredited may hamper Alaska's ability to find institutional partners for delivery of these programs. Both DPT and PTA training programs require extensive and expensive equipment for skills laboratories.

Education and outreach about the unique and effective role of qualified PTAs needs to be conducted with the industry and in collaboration with the Alaska chapter of the American Physical Therapists Association. Developing options for both PTA and DPT education in Alaska will help to address the growing need for these services in the state.

Objectives:

- The University of Alaska will complete an assessment of options for physical therapy careers education in Alaska by December 2011. TRAIN
- The Alaska State Hospital and Nursing Home Association (ASHNHA) will secure industry commitments to provide equipment and other support for the development of a Physical Therapy Assistant associate degree program by January 2012. TRAIN
- The Coalition will work with UAA to seek 2013 state funding for implementing partnerships or local programs in physical therapy and physical therapy assistant. TRAIN
- UAA will implement a PTA program in Alaska by 2014. UAA will have a memorandum of agreement with an institutional partner school to deliver a doctoral-level Physical Therapy program in Alaska by the end of 2014. TRAIN

Nurses

Nursing is a profession with exceptional reach and breadth. Registered Nurses (RNs) assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. They administer nursing care to ill, injured, convalescent, or disabled patients in many venues and are active partners in health maintenance, disease prevention and case management. Nurses also perform functions in specialty areas such as oncology, peri-operative, critical care and other areas that require specific education and experience. Licensed RNs are prepared in one of three types of nursing programs: diploma (non-collegiate), associate degree, or bachelor's degree. Advanced education in specialty areas or as nurse practitioners or educators provide many potential career paths.

The total number of new Alaska nursing positions projected by the Department of Labor and Workforce Development (DOLWD) to be needed from 2008-2018 is just over 2,500, with about half being due to growth and the other half to replacement of those leaving the workforce. These positions require nurses at all levels of education and experience, from new graduates to nurse specialists and nurse practitioners. Although the UAA School of Nursing , with its 14 sites across Alaska, will graduate about 2,500 (250 per year) new nurses during that time frame from its basic programs (AAS and BS), and other RN programs are emerging in Anchorage, many of the projected positions will

require advanced skills. Therefore, there is concern that new graduates will have an increasingly difficult time finding employment in state, a difficulty that is already becoming apparent.

Because the issues inherent in nursing are so complex, the Alaska Health Workforce Coalition is focusing on three specific components of Alaska's nursing workforce: developing specialty nursing including nurse practitioners, encouraging RNs to obtain their bachelor's degrees, and preparing nurse educators.

Objectives:

- The UAA School of Nursing will provide for regular formal industry input into nursing education programs by scheduling the Nursing Education Advisory Council meeting in conjunction with the ASHNHA Chief Nurses meeting twice per year; virtually continuous consultation will occur as needed. TRAIN
- UAA will work with Fairbanks Memorial Hospital to pilot an enhanced, cohort-model RN-to-BS program by fall semester 2012. TRAIN
- The School of Nursing and its partners will review exemplary models of the nursing pathway and revise curricula to facilitate nurse participation in academic advancement and seamless program articulation by June 2014. TRAIN
- The Coalition will form a work group to engage employers in encouraging nurses to advance their education while working; implement initiative by fall 2014. RETAIN
- ASHNHA will implement an industry-led program for peri-operative sub-specialty training by December 2013; this will be used as a model for additional industry-led specialty training. TRAIN
- The Coalition will form a task group to work on approaches to facilitate nurse involvement and preparation as nurse educators and will implement plans by June 2013. TRAIN

Pharmacists

In Alaska, pharmacists comprise the third largest primary health profession behind nurses and physicians. According to the national Pharmacy Manpower Project, in 2011 Alaska has shown an improved need index value of 3.6, suggesting the need for pharmacists in the state is approaching balance with supply. This is likely due to improved recruitment and an increase in the number of pharmacists nationally due to the opening of new schools. Shortages continue to exist in some organizations and these professionals are critical to the pharmacy function. A pharmacy may employ multiple pharmacy technicians but the technician positions are of limited value without a pharmacist.

Nationwide, increases in the pharmacist workforce supply are influenced foremost by the graduation rate of pharmacists from in-state pharmacy schools who remain in the state to practice. Improvements in Alaska's pharmacist supply would likely occur if students could receive their education in state and stay to practice. This has only recently become an option for Alaskans. Furthermore, most pharmacy programs in other states are conducted

by public institutions which give preference to state residents; further limiting opportunities for Alaskan students who wish to become pharmacists.

Recently a partnership was formed between the University of Alaska and Creighton University. UAA will provide some coordination and support for students enrolled in Creighton's fully distance delivered doctoral program in pharmacy (PharmD). Up to five Alaska residents can be admitted as an Alaska cohort to Creighton's distance track each year. The University of Alaska is also assessing interest of other pharmacy schools in partnering to offer a more Alaska-based pharmacy program.

Objectives:

- The University of Alaska will strengthen the pre-pharmacy curriculum to ensure students are well-positioned to apply to pharmacy schools of their choice; develop advising materials, resources and informational approaches by December 2011. ENGAGE and TRAIN
- The University of Alaska will ascertain the potential for a robust partnership for in-state delivery of pharmacy education by June 2012 and will base next steps on the outcome of this process. TRAIN
- The University of Alaska will continue to support and strengthen the current model of pharmacy education in association with Creighton University over the next three years. TRAIN
- The Alaska Pharmacists Association will form a task group, including Coalition partners, to implement a strategy by June 2012 to cultivate and steward non-residents who participate in Alaska rotations to ensure they are aware of current openings. RECRUIT

Occupations Identified for Further Action

During the planning process, the Coalition identified occupations that required concerted and collective action to address needs. The occupations listed below have specific action plans and organizations committed to furthering progress on addressing the significant vacancies that exist within them. Detailed narratives on each of these occupations are included in the companion *Alaska Health Workforce Implementation Plan*, which is published separately and available on the Coalition website.

- Community Health Aide/ Practitioner
- Health Informatics Staff
- Human Services Workers
- Oral Health Practitioners

Grand Prize Winner in the 2011 Community Health Aide photo contest. Provided courtesy of Irene Nelson.

System Change and Capacity Building

In order to create meaningful change across the health workforce system, investments in and attention to concerns across many health professions must occur. The six Systems Change and Capacity Building initiatives listed here are key issues across the workforce continuum. The Coalition partners have a critical role in furthering relationships, coordinating approaches, testing strategies and generating constructive solutions to the opportunities provided here.

Health Professional Loan Repayment and Incentive Programs

Many health care occupations carry a heavy debt-burden as they come out of training and are attracted to serving in those locations where a share of that burden can be reduced. National studies have determined loan repayment programs to be one of the most effective of the several support-for-service strategies, in terms of both recruitment and retention. In 2006, the Alaska Physician Supply Task Force recommended a number of specific strategies and action steps to assure an adequate supply of physicians to meet Alaska's need. One of the Task Force findings was that the federal loan repayment programs currently available to Alaska physicians needed to be stabilized financially and supplemented with Alaska-based programs.

With a 2009 grant from the federal Health Resources and Services Administration (HRSA), Alaska established the Supporting Healthcare Access through loan Repayment Program (SHARP) which is designed to increase the number of primary care providers who are recruited and/or retained to provide service in high-need areas of the state. Occupations eligible for the program include Physicians, Dentists, Nurse Practitioners, Physician Assistants, Dental Hygienists, Psychologists, Social Workers, Counselors, and other Alaska-licensed primary care professionals. SHARP is supported by federal dollars and thus has restrictions that dictate placement in federally-designated Health Professional Shortage Areas (HPSA). Non-federal funds for SHARP are provided by The Trust, general funds and the Anchorage Neighborhood Health Center. The program has been very successful with a total of 25 providers supported to date with the majority (64%) of slots filled in rural Alaska as of June 2011.

However, given the substantial need for health providers and the growing demand nationwide for health professionals, additional support is needed to encourage a greater number of providers to relocate and deliver services in the state. In the 2011 Legislative session, HB 78, an act establishing a state-funded loan repayment and incentive program, received widespread support from providers and other community members. HB 78 was successful in moving through the House Health and Social Services committee, gaining many co-sponsors, and ended the session in the House Finance committee.

Objectives:

- The Coalition will collectively pursue increased support-for-service resources through state and federal funding. APCA, The Trust and ANTHC will cooperate in leading the effort to encourage passage of HB78 in 2012. DHSS Health Planning and Systems Development will provide research on the effectiveness of support-for-service programs as needed. RECRUIT
- SHARP will continue to provide support for service resources to at least 20 health care providers in Alaska each year through continued and enhanced funding from federal and state sources, The Trust and other resources. RECRUIT

Training and Professional Development

The need for training and professional development is consistent across all health occupations in Alaska, including physical and behavioral health and social services. Training and professional development can include courses, conferences, certifications, and other mechanisms that advance a provider's skills and expertise, enhance career progression and/or comply with regulatory organizations. Many health care providers are required to renew certifications and complete a specific regimen of continuing education credits based on their level of training and education. Strong evidence suggests that providing access to training and professional development increases workforce retention and establishes career ladders in many health fields. However, this can be a significant burden for individual facilities to address, especially Alaska's small, rural hospitals and clinics.

Until recently, Alaska lacked a cohesive effort to address these issues. Now, two organizations, Alaska's Area Health Education Center (AHEC) and the Trust Training Cooperative (TTC), work synergistically to address these needs along the health workforce training continuum.

The AHEC system is a significant statewide community, industry and academic partnership working in a number of ways to strengthen and diversify the health workforce. There are five AHECs in Alaska, located in Anchorage, Barrow, Bethel, Fairbanks and Sitka, serving adjacent regions. The AHEC Program Office is located at the University of Alaska Anchorage. AHECs provide health career awareness/recruitment programs for K-12 students, and works extensively to coordinate clinical rotations for health students in a wide variety of disciplines to rural and underserved areas of the state. AHECs also provide continuing education programs for health care professionals, targeted at those in rural and underserved areas, in an attempt to promote retention of health professionals in these areas. In 2010 alone, the AHECs coordinated over 6,000 hours of continuing education opportunities for the health workforce across rural Alaska.

In recent years AHEC, The Trust, the Center for Human Development, and the University of Alaska Fairbanks have developed tools to assist agencies and professionals access quality educational opportunities across many health occupations. These include:

- The Alaska CACHE: A Clearinghouse for Alaska's Continuing Health Education is a web-based learning management system being planned, developed and implemented by the Alaska AHEC in partnership with several health industry partners, including: ANTHC, Providence Health and Services Alaska, APCA, ASHNHA and the Trust Training Cooperative (TTC). The CACHE provides information about and access to continuing education and continuing medical education (CE/CME) for a broad range of health care professions. By June 30, 2012, it will allow employers to assign and track staff completion of CE/CME and generate reports important for maintaining facility accreditation.

- The TTC provides statewide coordination in partnership with many organizations to address non-academic training needs for direct care workers who serve Trust beneficiaries. The TTC acts as a clearinghouse for trainings currently available, identifies training gaps and provides technical assistance and training for career development. During 2011, the TTC merged with the Alaska Rural Behavioral Health Training Academy (ARBHTA) to offer a continuum of non-academic training, from Direct Care Workers to Behavioral Health Clinicians. The training will be available through various methods, including distance delivery, and will encourage the use of the Learning Management System.
- The TTC's Learning Management System (TTC/LMS) was planned, designed and implemented by the TTC as a web-based tool to track training for individuals serving Trust beneficiaries. The LMS provides coordinated access to a catalog of offered trainings, on-line registration and payment processing, In July 2012, the TTC/LMS will house a statewide training inventory. As of July 1, 2011, there were more than 2,000 registered LMS users.

TTC/LMS and the Alaska CACHE – Strength in Collaboration

Synergy between the TTC/LMS and the Alaska CACHE exists in their complimentary target audiences, their ability to share information and data across systems and their increased sustainability. Together, they are meant to serve Alaska's entire health workforce. The two systems are designed to efficiently take a training offering, determine the target audience and promote it to the appropriate workforce sector. The TTC/LMS and the Alaska CACHE were designed with considerable input from Alaska's health workforce and built to meet Alaska's unique needs. While the original vision was to streamline access to non-academic training, the reality that evolved is an efficient training system built across two organizations with similar values and goals and distinct missions and target audiences.

Objectives:

- By the end of June 2012, the TTC/ARBH-TA, as the convener and leader with other statewide training entities, will conduct a baseline survey and/or key informant interviews with training entities across the state to determine and document the benefits of the LMS. TRAIN
- By the end of June 2012, the LMS will provide information on and access to at least 350 individual non-academic trainings for direct service providers and their supervisors, have a minimum of 1,400 non-duplicated, active users and support 40 agencies with marketing trainings in the LMS catalogue. These numbers will increase by 10% in subsequent years through 2015. TRAIN and RETAIN
- By the end of June 2013, the Alaska CACHE will provide information on and access to at least 300 individual CE/CME events, have a minimum of 200 unduplicated, active users and have at least 2 member organizations. These numbers will increase by 10% in both 2014 and 2015. TRAIN
- By the end of June 2013, a minimum of 25 health professionals will have completed Alaska AHEC's Clinical Coaching course resulting in trained preceptors and mentors in multiple disciplines available to train students studying in a health program. Enrollment will increase by 10% in both 2014 and 2015. TRAIN and RECRUIT

Aligning Regulatory Policies That Impact the Health Workforce

Many health professionals must undergo screening before they enter the workforce in Alaska. Often this can include two processes: professional licensing and a background check. Employers also conduct other screening processes specific to their entities, dependent on tribal or federal status or employment policies.

Licensed health workers undergo professional licensure after they have received an offer of employment or have decided to practice in Alaska. License applications include statements of professional qualifications, references, fingerprint submission and/or self-disclosed answers to questions regarding personal and professional history. Processing times for applications range between 2 to 12 weeks, with some boards only meeting twice annually to approve applications. According to the Alaska Division of Corporations, Business and Professional Licensing's (CBPL) year-end report in 2010, 12 distinct licensing boards issued or renewed 24,792 licenses for professionals in 25 different health occupations. The health-specific occupations comprise nearly 50% of the Division's entire professional licensing activity.

The State of Alaska requires an organization that is licensed, certified or receives funding from the DHSS to use the state's Background Check Program (BCP) to validate each employee before they are hired permanently. The BCP currently issues the background check clearance to the employer, not the individual. Thus, if an individual is working at more than one facility, he/she must undergo a separate check for each employer. There are over 3,000 entities currently using the program. The BCP processes an average of 18,800 applications annually. A "provisional" clearance which allows an individual to begin work immediately, unless the initial review results in a barring condition, is completed while the fingerprints are processing through the Department

of Public Safety. A provisional clearance is usually processed within a one-week period. The final determination which includes a state and FBI review may take an additional one to two weeks.

The result, when viewed from the perspective of a health professional seeking employment in Alaska, is a series of requirements that appear to be duplicative, uncoordinated and lengthy. Employers are frustrated by protracted processing times, which can result in qualified candidates declining employment offers or unable to practice until the license is issued. State agencies are placed in a defensive position as requests for expedited processing are received.

Objectives:

- The Coalition will convene a work group of industry representatives to identify opportunities and obstacles to improving the systems needed to ensure adequate regulatory oversight of health workers before the end of 2011. RECRUIT
- The BCP, in concert with consultants, will conduct a review of agency processes throughout 2011. Recommendations from the consultants will be distributed to the work group and the public in early 2012. RECRUIT

Engage and Prepare Alaskan Youth for Health Careers

Engage is one of four major goals identified in the *Alaska Health Workforce Plan* as a critical tool for building the cadre of workers needed to meet the health needs of Alaskans. Focusing on the foundational skills and competencies that young people need to succeed in careers in general and health careers in particular, will allow Alaskan youth to engage in jobs that provide a living wage and employment stability close to home. The current and projected job growth in many sectors of the health industry requires a coordinated effort to ensure that Alaska's young people are well positioned to enter these careers.

This initiative focuses on three elements that are inter-related and supportive of each other:

- Ensuring a strong and steady focus in both rural and urban schools on Science, Technology, Engineering and Math (STEM) as a key skill set needed for the future.
- Advancing the *Alaska's Career and Technical Education (CTE) Plan*, developed and launched in 2010, with the sustained effort and industry involvement needed to succeed.
- Working with the myriad of partners involved in furthering a "Program of Study" (PoS) with an emphasis on health education and career success for more Alaskan youth.

Objectives:

- The Health CTE Program of Study Task Force will develop a Health Education PoS framework that aligns secondary and post-secondary courses in health career pathways and academics, provides student assessment and intervention activities to address assessment results and is accessible for implementation on a local level throughout the state. The framework will be completed by June 2012. ENGAGE
- The Health CTE Program of Study Task Force will partner with three local school districts, the Allied Health Alliance, the AHEC in each region, and UA Tech Prep staff to implement the Health CTE PoS beginning in the spring 2012 enrollment season through the academic year 2015. Results will be shared and extended to further districts across Alaska. ENGAGE and TRAIN

Health Workforce Recruiting: Using Existing Resources More Effectively

The initiative involves two primary components:

- Ensuring that Alaskans are aware of employment opportunities in the health field
- Recruiting out of state professionals who are employed in high demand occupations to practice in Alaska

The issues of general public awareness, access to information and the recruitment tools available to job seekers are themes that occur within both components. Organizations throughout Alaska conduct rigorous recruiting efforts specific for their organization or a specialty. A survey conducted in 2011 revealed that health-related facilities and organizations in the state are spending around $10,000,000 on recruitment strategies, including maintaining websites with current job postings, traveling within or outside the state to participate in job fairs or conferences, and direct engagement with students who come to Alaska for a training rotation. The State of Alaska maintains a website specific to health professions (www.jobs.state.ak.us/health care.htm); the site also promotes the state's ALEXsys Job Bank system, in which employers can directly post current position openings.

Many Alaskan groups are hosting their own websites to attract a specific market. As an example, APCA developed a website (www.alaskalive-workplay.com) to post job opportunities within the community health centers that comprise its membership. Fairbanks Memorial Hospital is hosting an initiative launched in 2010 (www.Alaskaphysicianjobs.net) that is currently posting jobs for any Alaskan clinic, hospital or practice and referring candidates statewide. The Alaska Division of Public Health participates in the National Recruitment and Retention Network (www.3Rnet.org), which helps place primary care providers into rural practice. The Division is also creating a series of recruitment videos depicting living and working in different rural regions of Alaska. In early 2011, Tri-West produced a video for any health organization to use to recruit physicians to Alaska, with a focus on Anchorage.

In a separate project, The Trust funded creation of the Alaska Alliance for Direct Service Workers (AADSC), a statewide consortium and member-based association of long-term care and direct care providers. The alliance is supported through a website (www.aadsc.org) designed specifically for community and behavioral health employers and jobseekers. It includes industry tools, a job bank and other resources. When it became apparent that The Trust and Alaska's Employment Security Division were duplicating recruitment efforts, the job bank function of the AADSC website was moved to the Alaska Job Center ALEXsys system in 2012. However, some health facilities and social service agencies do not use the system on a regular basis. While many Physicians and Advanced Practice Providers seeking Alaska opportunities review the ALEXsys website to gain background information about major employers and vacancies, they apparently do not use the tool for responding to job postings. More fact-finding is needed to understand the reasons why the system is underutilized by health care employers and professionals.

Courtesy Anchorage Neighborhood Health Center

Objectives:

- The Coalition will convene an industry and state workgroup to explore the possibilities of coordinated recruiting and retention efforts by the end of 2012. RECRUIT
- A project plan for increased communication among the myriad of partners concerned with statewide recruitment will begin in 2012, focused on enhancing the resources (ALEXsys and the Health careers website) currently hosted by the Employment Security Division at Department of Labor and Workforce Development (DOLWD) to meet the needs of industry. By 2014, implementation will be complete. RECRUIT

Health Workforce Data

Collecting information to understand the true nature of demand in the health workforce is a complicated process that does not lend itself to easy interpretation or projections under the current system of data collection. Alaska is not alone in struggling to develop a comprehensive data picture from which thoughtful workforce planning can be done. The demand for a particular type of health care worker is influenced by the level of training, types of practice, geography and the different models of delivery deployed in the health system. As an example, while the total number of pharmacist vacancies in the state might be relatively small, having access to a pharmacist is critical to health care delivery and renders useful the work of pharmacy technicians and assistants. As another example, Registered Nurses, educated at either the associate or bachelor level, are commonly thought to be in high demand. However, most current shortages in Alaska are in specialty nursing fields. Those positions require additional education, sometimes certification and extensive work experience. Reaching this level of detail in the data enables appropriate choices in devising workforce strategies.

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.

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 interaction, collaboration and sharing among the key players in health workforce data to monitor data sources and data needs. A data work group has been meeting to ascertain data gaps and direction; attention to expanding and stabilizing these efforts in the future is important. Given the past sustained, substantial and projected additional growth of the health sector within Alaska's economy, everyone has a vested stake in continuing the efforts to develop an accurate, comprehensive data system.

Objectives:

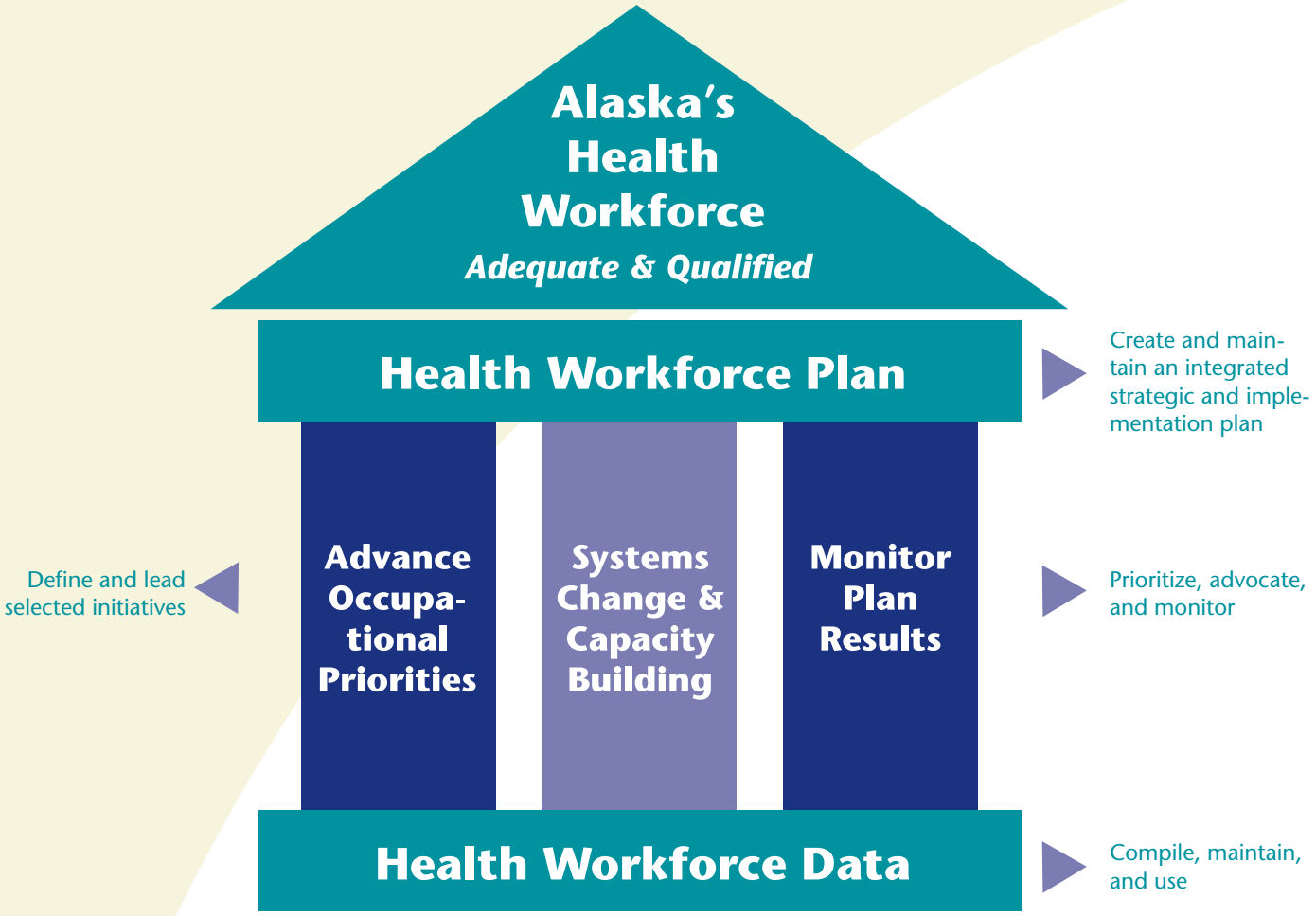
- By December 2011, the Coalition Data work group and the broader Data Committee will determine what data is available and what needs to be developed in order to compile a comprehensive picture of the Alaska health workforce. The findings will be sustained and regularly updated for planning purposes. RECRUIT and RETAIN
- The Coalition Data work group will collect, analyze and document the additional data determined above by June 2013. RECRUIT and RETAIN
- The Coalition Data work group will produce a compendium of health workforce data by December 2013. RECRUIT and RETAIN

Alaska Health Workforce Coalition: Next Steps

The Coalition is committed to ensuring that the *Action Agenda's* objectives are completed over the next four years. With a concerted, coordinated and strategic focus, Coalition members will ensure that the progress is made, effectiveness is determined, outcomes are articulated and periodic reports on completion and impact are provided. The Coalition welcomes additional perspectives and actions that support the objectives in the *Action Agenda*.

Acronyms

AADSC	Alaska Alliance for Direct Service Workers
AAS	Associate Degree of Applied Science
Affordable Care Act	Patient Protection and Affordable Care Act of 2009
AHEC	Alaska Area Health Education Center
The Alaska CACHE	Clearinghouse for Alaska's Continuing Health Education
ALEXsys	Alaska Labor Exchange System
ANTHC	Alaska Native Tribal Health Consortium
ANP	Advanced Nurse Practitioner
APCA	Alaska Primary Care Association
ARBHTA	Alaska Rural Behavioral Health Training Academy
ASHNHA	Alaska State Hospital and Nursing Home Association
AVTEC	Alaska's Institute of Technology
AWIB	Alaska Workforce Investment Board
BCP	Background Check Program
BS	Bachelor of Science
CBPL	Alaska Division of Corporations, Business and Professional Licensing
CE/CME	Continuing Education and Continuing Medical Education
CNA	Certified Nursing Assistant
The Coalition	Alaska Health Workforce Coalition
CTE	Career and Technical Education
DO	Doctor of Osteopathy
DHSS	Department of Health and Social Services
DOLWD	Alaska Department of Labor and Workforce Development
DPT	Doctoral in Physical Therapy
HRSA	Health Resources and Services Administration
PA	Physician Assistant
PCA	Personal Care Attendant
PharmD	Doctor of Pharmacy
PoS	Program of Study
PT	Physical Therapy
PTA	Physical Therapy Assistant
RN	Registered Nurses
SHARP	Supporting Healthcare Access through loan Repayment Program
STEM	Science, Technology, Engineering and Math
The Trust	Alaska Mental Health Trust Authority
TTC	Trust Training Cooperative
TTC/LMS	Trust Training Cooperatives' Learning Management System
UAA	University of Alaska Anchorage



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