

**Health Care Workforce Transformation Trust Fund  
Report to the Administration & Legislature on Fund Activity through September 2016  
Submitted: February 2017**

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## Introduction & Overview

In August 2012 Massachusetts enacted health care quality improvement and cost containment legislation: Chapter 224 of the Acts of 2012, *An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation*.

Chapter 224 included the establishment of the Health Care Workforce Transformation Fund (the Fund), with an allocation of \$20 million. The Fund is administered by Ronald L. Walker II, Secretary of the Executive Office of Labor and Workforce Development (EOLWD).

This report provides information about the status of initiatives that have been supported by the Health Care Workforce Transformation Fund (the Fund) as of the end of calendar year 2016. Part One outlines the Fund's priorities and provides information on the structure for providing Fund oversight and program management. Part Two provides updated information about Training grants. Part Three provides information about a grant to the Massachusetts Technology Collaborative/Massachusetts eHealth Institute (MeHI). Part Four provides information about the status of initiatives managed by the Massachusetts Department of Public Health. Part Five briefly describes the Health Professions Data Series.

### Part 1: Fund Priorities

Chapter 224 established parameters for Fund expenditures, which included the allocation of 20% of funds (\$4 million) to the Massachusetts Department of Public Health (DPH) and an unspecified amount to support a pilot project to be managed by the Massachusetts Technology Collaborative/Massachusetts eHealth Institute (MeHI).

Chapter 224 identified the following purposes for the remaining funds, approximately \$16 million, to support competitive grant programs:

- Support the development and implementation of programs to enhance health care worker retention rates;
- Address critical health care workforce shortages;
- Improve employment in the health care industry for low-income individuals and low-wage workers;
- Provide training, educational, or career ladder services for currently employed or unemployed health care workers who are seeking new positions or responsibilities within the health care industry;
- Provide training or educational services for health care workers in emerging fields of care delivery models; and
- Fund rural health rotation programs, rural health clerkships, and rural health preceptorships at medical and nursing schools to expose students to practicing in rural and small town communities.

The Secretary of the Executive Office of Labor and Workforce Development charged Commonwealth Corporation with administering \$16 million in competitive grant funds. In consultation with the

Secretary, Commonwealth Corporation initially established two types of funding opportunities, Health Care Workforce Planning Grants (completed in 2014 and reported on in last year's Annual Report) and Health Care Workforce Training Grants (ongoing), to support health care providers, educational institutions and other key stakeholders in developing and implementing programs designed to address workforce challenges related to Chapter 224.

## Health Care Advisory Board

The Advisory Board is chaired by Secretary Ronald L. Walker, II with the following members: David Seltz, Health Policy Commission; Dr. Monica Bharel, MA Department of Public Health; Veronica Turner, 1199SEIU United Healthcare Workers; Brian Rosman, HealthCare for All; Dr. Patricia Maguire Meservey, Salem State University; Dr. Karen DaSilva, Harvard Vanguard Medical Associates/Atrius Health; Lisa Gurgone, MA Home Care Aide Council; James Hunt Jr., MA League of Community Health Centers; Julie Pinkham, MA Nurses Association; Harriet Tolpin, Partners HealthCare; Elizabeth Whittemore, Health Management Consultants; and Karin Jeffers, Clinical and Support Options. Two seats are currently open and candidates for these seats are being reviewed for appointment.

The Board continued to meet in 2016. The May meeting focused on measuring the business impact of training. This included a discussion on the topic and providing examples of metrics our grantees are tracking. In addition, Beth Israel Deaconess Hospital - Milton gave an overview of their project along with their partner Blue Hills Vocational Technical High School. They also discussed preliminary learning gains, business outcomes and lessons learned.

The November 2016 meeting focused on motivational interviewing as a tool to enhance patient outcomes. A panel of grantees who have trained staff to implement motivational interviewing through this grant initiative presented on their experience and outcomes.

Please refer to the Addenda section of this report for meeting agendas and copies of presentations.

## Part 2: Training Grants

The goal of the Health Care Workforce Transformation Fund Training Grants is to support training and education activities that will help health care employers address workforce challenges related to their efforts to meet the cost containment and quality improvement goals of Chapter 224. Funding priorities include:

- Training employees of health care organizations and/or training currently unemployed or underemployed individuals to fill jobs needed to respond to Chapter 224 challenges.
- Health care-related education or training at any level up to, and including, a baccalaureate level.
- Skills training for participants who have already completed a professional degree at the Bachelor's level or higher, as long as the training is not required for the degree or a subsequent degree. This could include skills that Chapter 224 will create a demand for but are not covered in current professional programs.

The Request for Proposals for Training Grants required each applicant to propose one or more business metrics to be monitored during the life of the grant to assess the success of their training strategies. Organizations were eligible to apply for grants of no more than \$250,000 for projects that would last no more than two years.

In 2015 Commonwealth Corporation awarded Training Grants to 55 organizations, most with start dates in January or February 2015 and for periods of 18 to 24 months. In 2016 Commonwealth Corporation awarded Training Grants to 4 additional organizations, for a total of 59 grants. All of the Training Grant contracts will end by April 30, 2017.

After completing contract negotiations with the new grantees, the total amount awarded in Training Grants was \$12,795,243. Please refer to the Addenda section of this report for an updated list of the 59 Training Grant Awards.

## New Training Grant Projects

Training grant projects address a range of workforce issues and operational/cost-containment strategies.

The four additional projects funded in 2016 are geographically dispersed. The following are the training needs and approaches as articulated by the grantees:

- *Centrus Premier Home Care*: Located in the South Shore Workforce Investment Board region, Centrus's ability to safely care for medically fragile, technology-dependent pediatric patients in their own homes is critically dependent upon having the resources to recruit, train and retain a dynamic team of readily available highly skilled nurses. With a shortage of qualified pediatric nurses in this field of practice, Centrus will purchase simulator training equipment and establish a centrally-located state of the art training lab, enabling them to provide current, future and potential employees with a high tech efficient training center where they will learn new skills which will qualify them to care for their most fragile patients. As a result, Centrus will look at outcomes such as decreased number of missed opportunities to service patients, and decreased use of unnecessary Emergency Room visits.
- *Center for Community Health Education Research & Service (CCHERS)*: Based in the Boston Workforce Investment Board region, CCHERS will train a group of diverse home care workers by identifying and supporting low income unemployed and under-employed residents of the Boston Housing Authority. CCHERS will identify the training and hiring needs of home care providers in the area, and monitor and respond to changes in those needs. Funds will be used to carry out related planning and development activities, and to develop and implement a tool for monitoring job openings and vacancy rates in their catchment area. Training and case management of new home health staff will be provided through funding from other private sources.
- *D'Youville Life & Wellness Community*: Based in the Greater Lowell Workforce Investment Board region, D'Youville will implement a high quality pressure ulcer management program. Through comprehensive staff education programming, they will develop and institute a wound prevention system based on accepted clinical guidelines for "at risk" residents and the use of Quality Measures. Their goal is to improve the quality and efficiency of patient-centered care by decreasing the amount of avoidable wound incidents, and realizing savings related to wound care supply expenses.
- *Family Continuity*: Located in the North Central MA region, Family Continuity will focus on training staff in Integrated Primary Care and implementing new models of care delivery in partner medical practices. Newly trained Family Continuity staff will provide training and consultation services to their peer health care providers in community based health center

practices with the goal of developing and nurturing integrated behavioral health programming. Goals include increasing the amount of referrals to behavioral health services, and decreasing the wait time to access such service or interventions.

## Ongoing Training Grant Projects

As of September 30, 2016, three projects had ended and had submitted final reports. In December 2016 an additional 23 had completed their training activities and were in the process of writing and submitting their final reports. The remaining projects will end and will complete reporting activities between January and May 2017.

The three projects that finished are Fellowship Health Resources (FHR), Boston University's Center for Aging and Disability Education and Research (BU/CADER) and VNA & Hospice of Cooley Dickinson (VNAH):

- During a period of 18 months, Fellowship Health Resources, a behavioral health organization, trained a large number of direct care staff who work with a small subset of their patient population in the South Shore/Cape & Islands Region. Training included case management essentials, addiction prevention, changes to the DSM, nutrition/food education, WRAP, WHAM, sensory needs, vital signs, chronic health conditions, and smoking cessation, and was highly effective. By the end of the grant period, FHR saw a 70% reduction in denied claims following proper staff training in DSM V and ICD-10, a 27% reduction in unnecessary/preventable hospital visits, approximately 50% reduction in tobacco and/or drug use, and a 71% reduction in self-reported medical symptoms.
- Boston University's Center for Aging and Disability Education and Research and their employer partner, Commonwealth Care Alliance (CCA) worked on increasing their staff's knowledge of and competence in patient-centered medical home guidelines and processes and their ability to understand and work with elderly patients and patients with disabilities. CCA is a not-for-profit, consumer-governed organization that serves as a prepaid care delivery system for Medicare and Medicaid beneficiaries with complex medical needs. As a result of the training investment, CCA reported a decrease in the number of grievances reported from their patients related to care managers and the care they received, and an increase in the number of sign-offs, or acceptances, of care plans. CCA also saw improved communication among staff and increased confidence of staff when discussing care plans and options with patients.
- VNAH-Cooley Dickinson used their funding to develop and deliver a residency training program with the goal of preparing newly graduated clinicians for work in the home care industry. After developing and piloting the training curricula for one year, VNAH leadership determined that the model was unsustainable as developed and with current organizational staffing levels. As a result, VNAH chose to end their grant project earlier than planned, leaving unspent grant funds. Nevertheless, as a result of the hiring and training that was completed during the grant period, CCA hired and retained two RNs and one OT in full time positions and oriented them through the residency program.

All other training grant projects are reporting progress toward their goals. Since most of them are entering their last quarter(s) of activity, their project leaders are working to gather and analyze data regarding business metrics and impact on cost containment and quality of patient care.

In the next annual report, Commonwealth Corporation will provide a summary of major outcomes as reported by grantees with a list of products developed with grant funds. In the meantime, Commonwealth Corporation has been working with some grantees to develop case studies that highlight a health care employer's workforce problems, training strategy and the business metrics they are using to measure success. Please refer to the Addenda section of this report for the first case study, which highlights Centrus Premier Home Care's grant.

In April 2017 Commonwealth Corporation will be holding a learning session for grantees and other stakeholders on the "Changing Role of Medical Assistants." This is a topic of concern to a number of health care providers.

## Release of a New Training Grant RFQ

In the fall of 2016, Commonwealth Corporation sought and received approval from Secretary Walker to make additional Training Grant awards with funds that have been de-obligated from current grants. As a result of this request, we released a Request for Qualifications (RFQ) that will support the design and implementation of a small number of training programs to serve chronically unemployed adults and prepare them to enter one of four health care occupations: Medical Assistant, Home Health Aide, Certified Nursing Assistant, or Recovery Coach (substance abuse and addiction services). The RFQ was released in December 2016; we expect new projects to start in the spring of 2017. We will report on the activity from this initiative in the next annual report.

## Monitoring Site Visits

Commonwealth Corporation staff have completed fifty two site visits to Training grantees since 2015. These face-to-face meetings provide an opportunity for Commonwealth Corporation program staff to observe training, interview participants and instructors, meet with program staff to address program objectives and outcomes, and strategize about how to address program challenges.

## Spending & Enrollments

Due to the quarterly reporting cycle as well as the additional time many grantees need to complete their final reports, data encompassing December 2016 spending and enrollments will not be available until mid-March. As of September 30, 2016, the total expenditures reported by all 59 projects was \$9,306,443, or approximately 73% of the total awarded amount.

The total number of training enrollments across all projects was 21,161 or 66% of the projected total enrollments. For the subset of pipeline projects serving unemployed or underemployed, training enrollment was at 100% of projected training seats, completions at 95%, and placements at 37%.

As a reminder, "enrollments" for the purpose of these grants refers to training slots or seats, which may or may not be filled by the same individuals. For example, some grantees have chosen to train a small number of employees in a combination of many training courses while others are providing quick short-term training sessions for their entire staff.

## **Part 3: Fund Allocation to the Massachusetts Technology Collaborative / Massachusetts eHealth Institute (MeHI)**

The Massachusetts eHealth Institute (MeHI) promotes health IT innovation, technology and competitiveness to improve the safety, quality and efficiency of health care across the State. Chapter 224 of the Acts of 2012, Section 38 directs MeHI to:

*“(...) establish a pilot partnership with community colleges or vocational technology schools in the commonwealth to support health information technology curriculum development and workforce development. Funding for the program shall be from the Health Care Workforce Transformation Fund established under section 2FFFF of Chapter 29.”*

Pursuant to this statutory language, Commonwealth Corporation contracted with MeHI in the amount of \$185,431 for activities to be carried out from 2/1/2015 through 12/31/2016.

### **MeHI Deliverables & Outcomes**

In April 2015, MeHI contracted with Springfield Technical Community College (STCC) to work in partnership with Cape Cod and Middlesex Community Colleges to develop and pilot a health information technology educational module to increase the health IT skills of Massachusetts long-term, post-acute and home care employees. In the fall of 2015, STCC conducted six focus groups to identify specific health IT training needs in the long term care and home care workforce. Based on feedback from the focus groups, MeHI and the partner community colleges created three curriculum modules: *Health IT 101, Effective Documentation Using Electronic Health Records, and Basic IT Skills*. In late 2015 and early 2016 MeHI reviewed the modules with trade associations and other stakeholders.

In the spring and summer of 2016, the members of the partnership identified workforce and employer sites and conducted a pilot which included a train-the-trainer approach. The trainers completed 12 training sessions at four sites: Duffy Health Clinic, Professional Profiles, Capuano Homecare and Porchlight VNA. After the pilot sessions, the members of the partnership met with the Massachusetts Community College Executive Office (MCCEO) to discuss the outcomes. They incorporated feedback and experience from the pilot training to revise the curricula and drafted a final report. MeHI and MCCEO will host roundtable discussions with stakeholders across the Commonwealth to share the curriculum modules and discuss how to best use them to increase the health IT skills of Massachusetts’ long term care and home care workers. The curriculum will be available through the MeHI and Commonwealth Corporation websites.

## **Part 4: Fund Allocation to Department of Public Health (DPH)**

The Health Care Workforce Center (the Center), a program within the Massachusetts Department of Public Health (DPH), was established by Chapter 305 of the Acts of 2008 and expanded by Chapter 224. Its mission is to improve access to health care in the Commonwealth by supporting programs that assure an optimal supply and distribution of primary care and other health professionals. The Center focuses its work in three areas:

- Data collection and analysis of the Commonwealth’s health care workforce to support development of targeted strategies to address workforce gaps;

- Administration of federal and state programs that encourage recruitment and retention of primary care providers; and
- Coordination of DPH health care workforce activities with those of other public and private entities to leverage primary care workforce development efforts.

Chapter 224 mandated that not less than 20%, or \$4 million of the \$20 million appropriated to the Health Care Workforce Transformation Trust Fund, be transferred to DPH over a period of four years for loan repayment and primary care residency grant programs. The Executive Office of Labor and Workforce Development and the Department of Public Health executed an Interagency Service Agreement (ISA) to support the transfer.

## DPH Health Care Workforce Loan Repayment Program

### *FY 2016*

DPH retained \$2 million of the \$4 million to support the MA Loan Repayment Program (MLRP) and the Center. The MLRP supports the placement of primary care health professionals in shortage areas by funding awards to reduce outstanding balances of health professional education loans. DPH staff report that these funds have allowed DPH to double the number of health professionals they would otherwise be able to support. In January 2016 the MLRP awarded funds to support 46 of 133 applications submitted by health professionals practicing behavioral/mental, medical and oral health care.

The Health Care Workforce Transformation Fund’s contribution through the ISA to the MLRP health professional awards totaled \$470,000 of the awards made in January 2016. The funding supported 12 awards in full and contributed to another 14 awards, thus ensuring match funding for a federal grant requirement. Award amounts ranged from \$5,000 to \$40,000 for 2-years-full-time practice, or pro-rated for part-time practice.

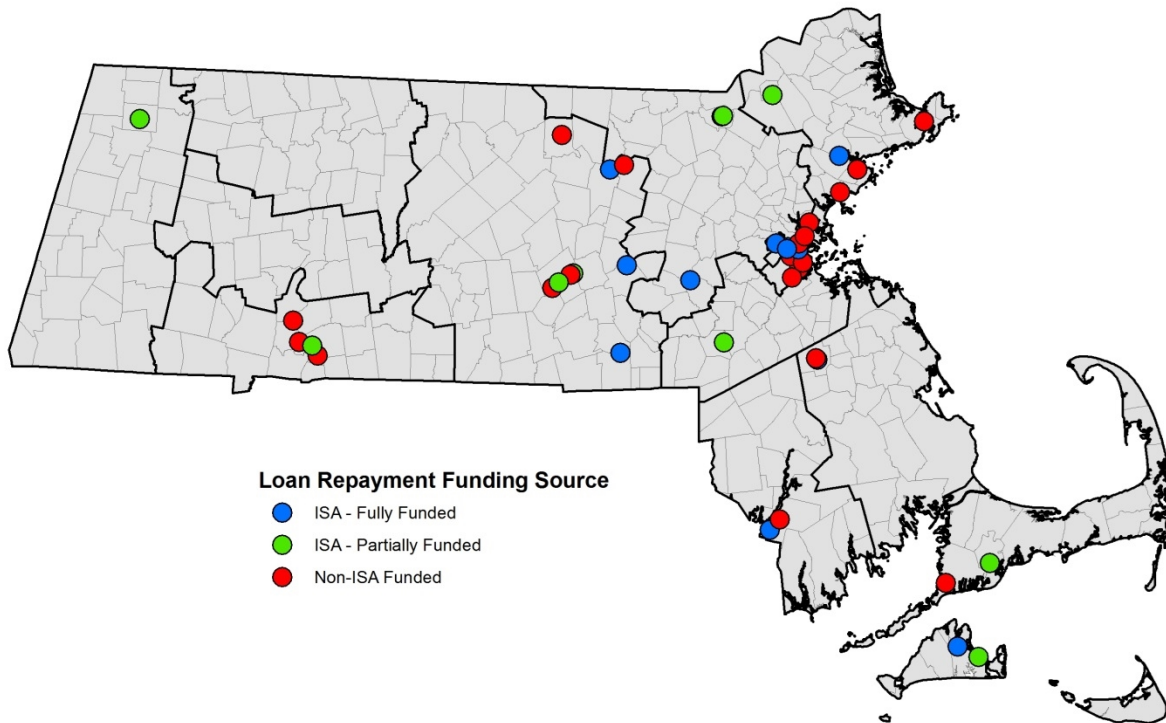
The MLRP awards supported the following types of clinicians in January 2016:

**FY 2016 All Awards**

<b>Profession</b>	<b># Awarded</b>
Certified Nurse Midwife	2
Dentist	3
Dental Hygienist	0
Health Service Psychologist	3
Licensed Clinical Social Worker	10
Mental Health Counselor	6
Nurse Practitioner	12
Physician Assistant	3
Clinical Pharmacist	1
Physician – Osteopathic Physician	3
Physician – Medical Doctor	1
Registered Nurse	1
Licensed Alcohol & Drug Counselor-1	1
<b>TOTAL</b>	<b>46</b>



### Funded MLRP Applicants - Practice Distribution



The MLRP is an investment in the state’s primary care infrastructure. Through welcome and exit surveys, the Center is identifying ways to support clinicians, increase their satisfaction, and improve their retention. The exit survey results as of FY 2016 align with previous findings:

- The majority of loan repayment program awardees remained at their practice site (83%).
- One-third (36%) of awardees developed an interest in working with vulnerable populations during health professional training; one-third (35%) did so during undergraduate studies and the majority (90%) had prior professional experience such as volunteer work, internship, residency training with the medically underserved.
- Overall, survey results suggest that the MLRP application and award processes have accomplished the intended purpose of recruiting and retaining health professionals in a high need area.

#### *FY 2017 to Date - MLRP*

The program accepted applications between July and September 2016 and received 131 applications. DPH staff anticipate making award announcements in February 2017. Of the 131 applications received, 108 applications were eligible for review. The program anticipates making 32 awards. Award amounts

will continue to be made at less than the maximum amount, due to funding limitations and the large number of applicants.

## **DPH Primary Care Workforce Development and Loan Forgiveness at Community Health Centers**

DPH has contracted with the MA League of Community Health Centers (MLCHC) to transfer \$500,000 in Health Care Workforce Transformation Funds annually. Funding is primarily used to support a loan repayment program operated by MLCHC that is similar to the DPH's MLRP described above. The program supports physicians, nurse practitioners and physician assistants who practice at certain community health centers.

In FY2016, the Fund supported loan repayment awards to eight physicians and three nurse practitioners for a total of \$488,384. The remainder of the funds supported the MLCHC staff to administer the loan program and share data to support health workforce and residency programs.

## **DPH Primary Care Residency Program**

The Fund contributes a small portion to the work of the MA League of Community Health Centers (MLCHC) regarding residency programs for physicians and nurse practitioners. In FY2016, the MLCHC spent approximately \$11,000 of their \$500,000 award toward "Residency Teaching and Leadership Development Resources and Technical Assistance". The MLCHC Special Committee on Residency and Workforce:

- Documented ongoing medical and nurse practitioner (NP) residency models at Massachusetts health centers (CHC);
- Developed a cost report for tracking costs across Massachusetts medical residency continuity sites;
- Provided technical assistance to Community Health Centers in the completion and improvement of their residency cost reports;
- Developed models and potential financing structures for NP residency approaches;
- Researched best practices for financing residency models from other states; and
- Began outreach to medical professional organizations for the purposes of collaborating on creative approaches to enhance and grow the primary care workforce in the Commonwealth.

## **Workforce Assessment (Health Professions Data Series)**

The Health Professions Data Series is a workforce assessment initiative partially funded by the Health Care Workforce Transformation Fund through the ISA between the Executive Office of Labor and Workforce Development and the Department of Public Health.

This initiative profiles the Massachusetts licensed healthcare workforce with biennial updates. Currently, the series reports on seven disciplines. Funding appropriations help support a program coordinator who manages elements of the workforce data collection and reporting. One additional discipline being added to the data series is Licensed Alcohol and Drug Counselor-1, master's level trained, with data collection anticipated to begin in winter 2017. Additional disciplines being considered for future data series include behavioral health care professionals. This is the first year that the data results report on health

professionals' interest in additional training to treat persons with disabilities, along with other demographic and supply data.

In July 2016, the Center presented the most recent nursing data report to the Board of Registration in Nursing. In fall 2016, a poster presentation from this nursing data report was developed and presented. Entitled *Geographic distribution and hotspot analysis of primary practice locations of registered nurses and advanced practice registered nurses in Massachusetts*, this presentation was accepted and presented at the Massachusetts Action Coalition (MAAC) summit, and at the New England Rural Health Roundtable conference. The Center's Director also participated on a workforce panel at the MAAC regarding the nursing workforce data.