

# DHCC Health Workforce Subcommittee Report

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# Healthcare Workforce Subcommittee Report

- What is status of the Healthcare Workforce, nationally and in Delaware?
- What can we learn from what other states are doing to solve healthcare workforce challenges?

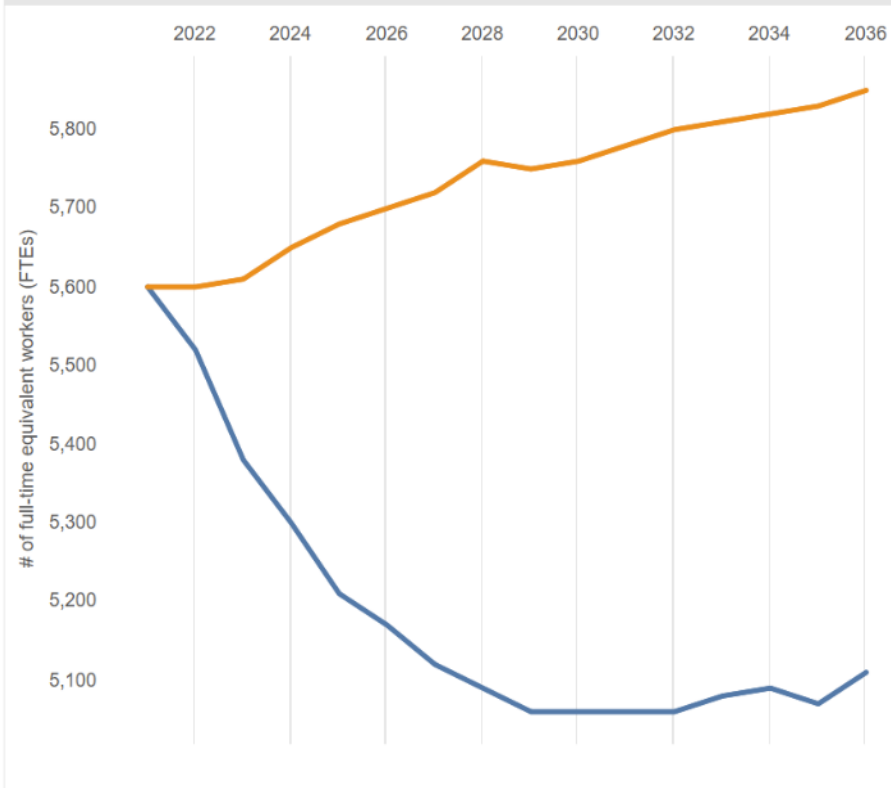
## National Governor's Association Report

- Strategies for Delaware – what are we successfully doing already?
- Strategies for Delaware – recommendations for future action steps
- Discussion

# Workforce Data from HRSA: All Health Workforce

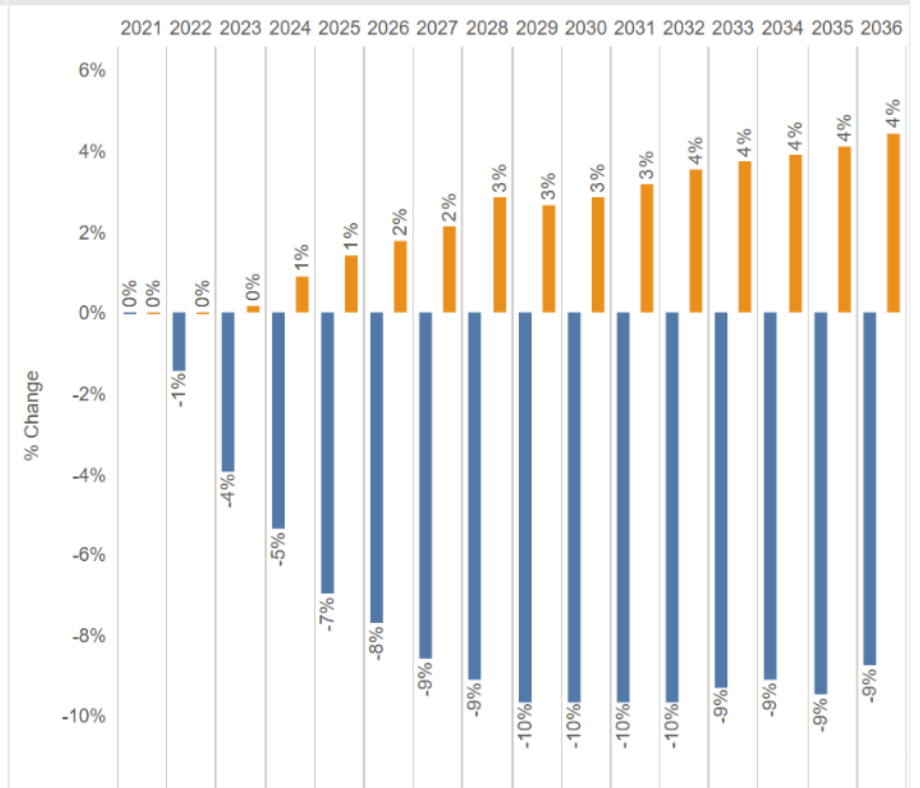
■ Supply  
■ Demand

Supply & Demand 2021 - 2036



Cumulative Percent Change Over Time Since 2021

1 yr interval

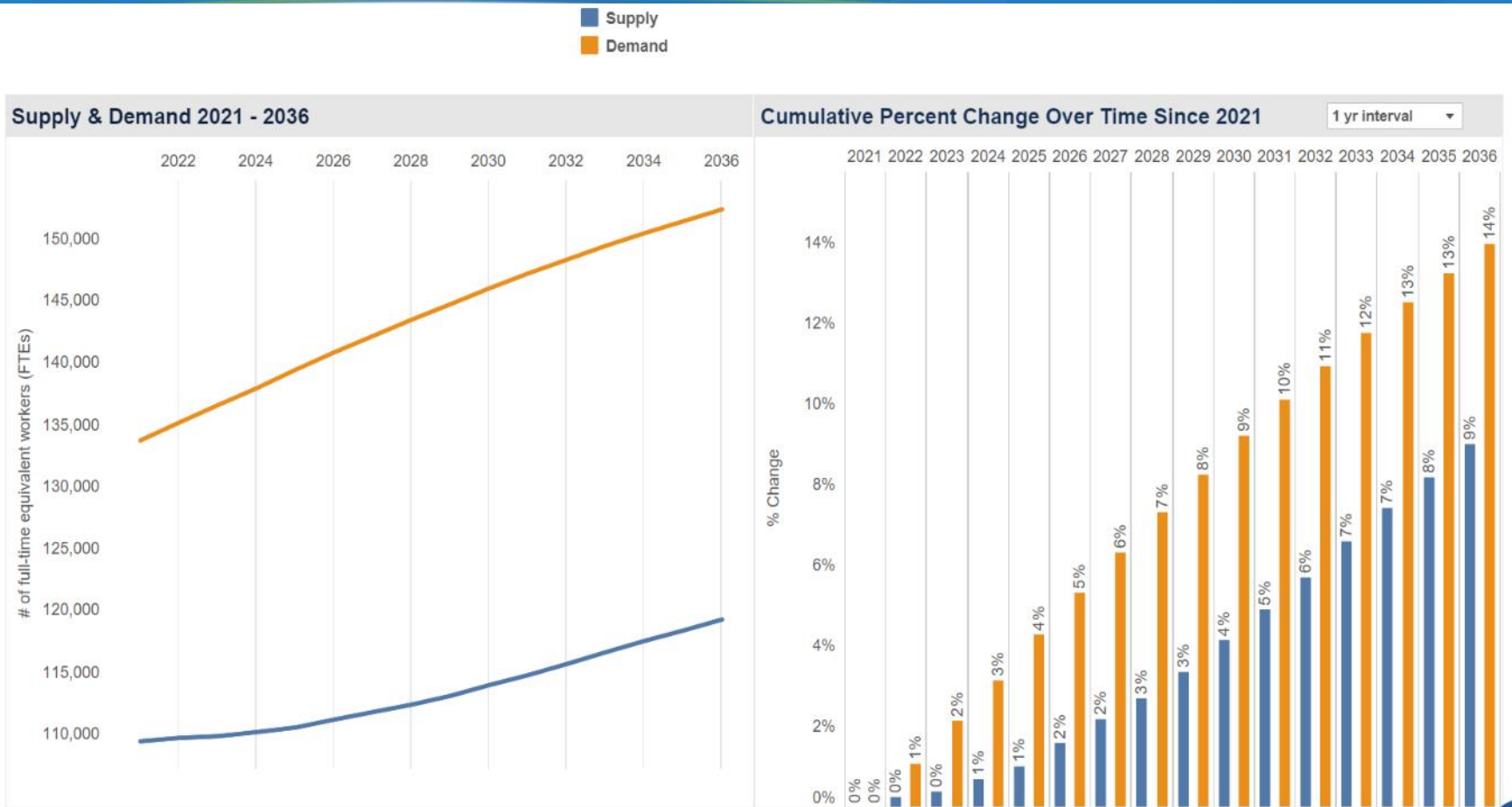


Date created: November 10, 2023

Click to navigate to alternate table view

Source: Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections. Available at <https://bhwr.hrsa.gov/data-research/review-health-workforce-research>

# Workforce Data from HRSA: Primary Care



Date created: November 9, 2023

[Click to navigate to alternate table view](#)

Source: Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections. Available at <https://bhw.hrsa.gov/data-research/review-health-workforce-research>

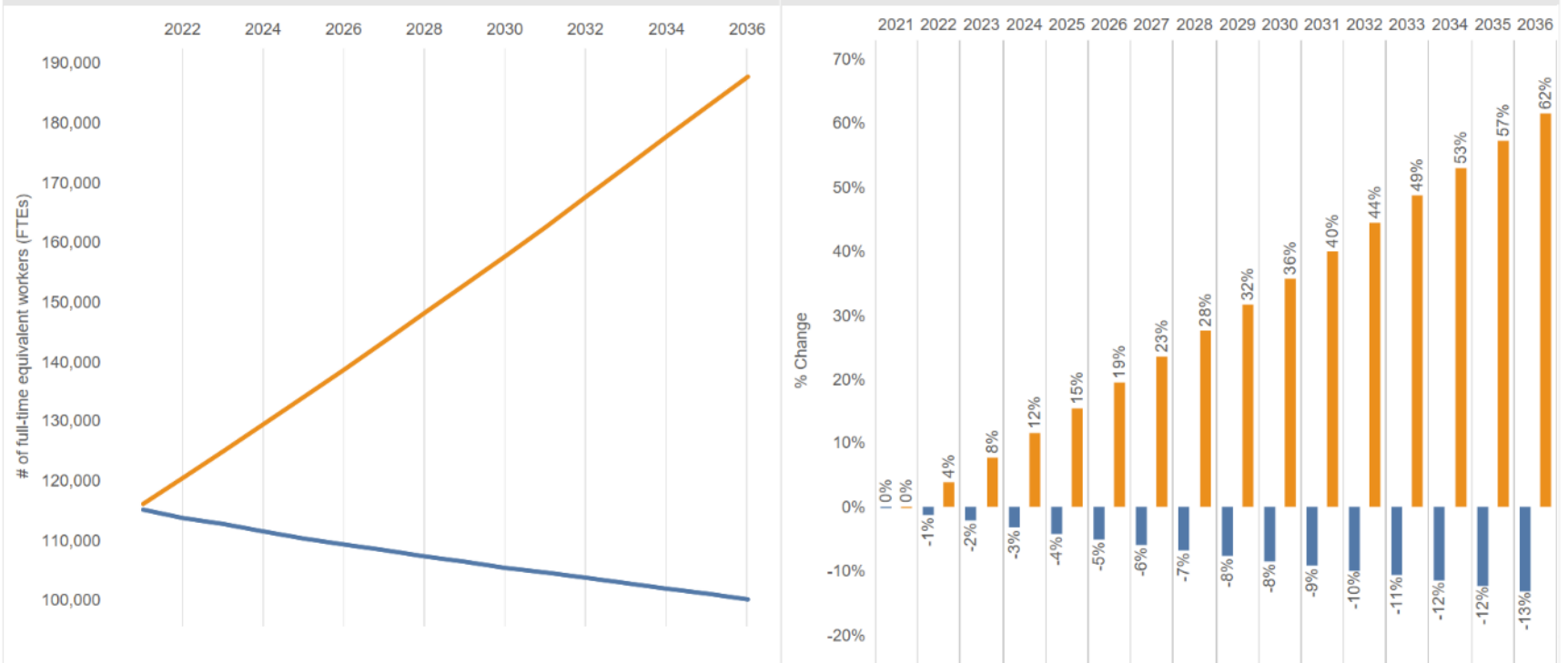
# Workforce Data from HRSA: Behavioral Health

Supply  
Demand

Supply & Demand 2021 - 2036

Cumulative Percent Change Over Time Since 2021

1 yr interval

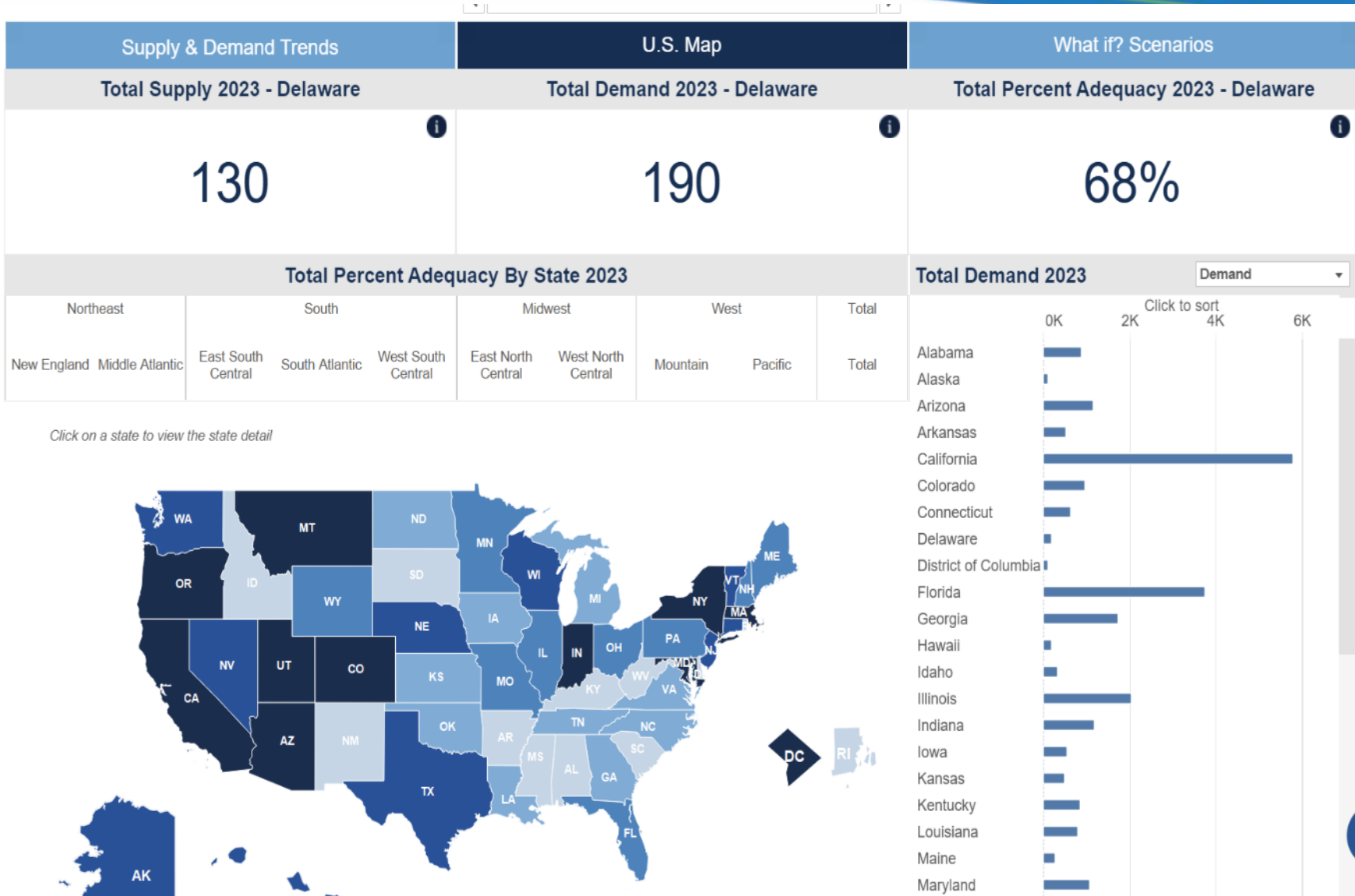


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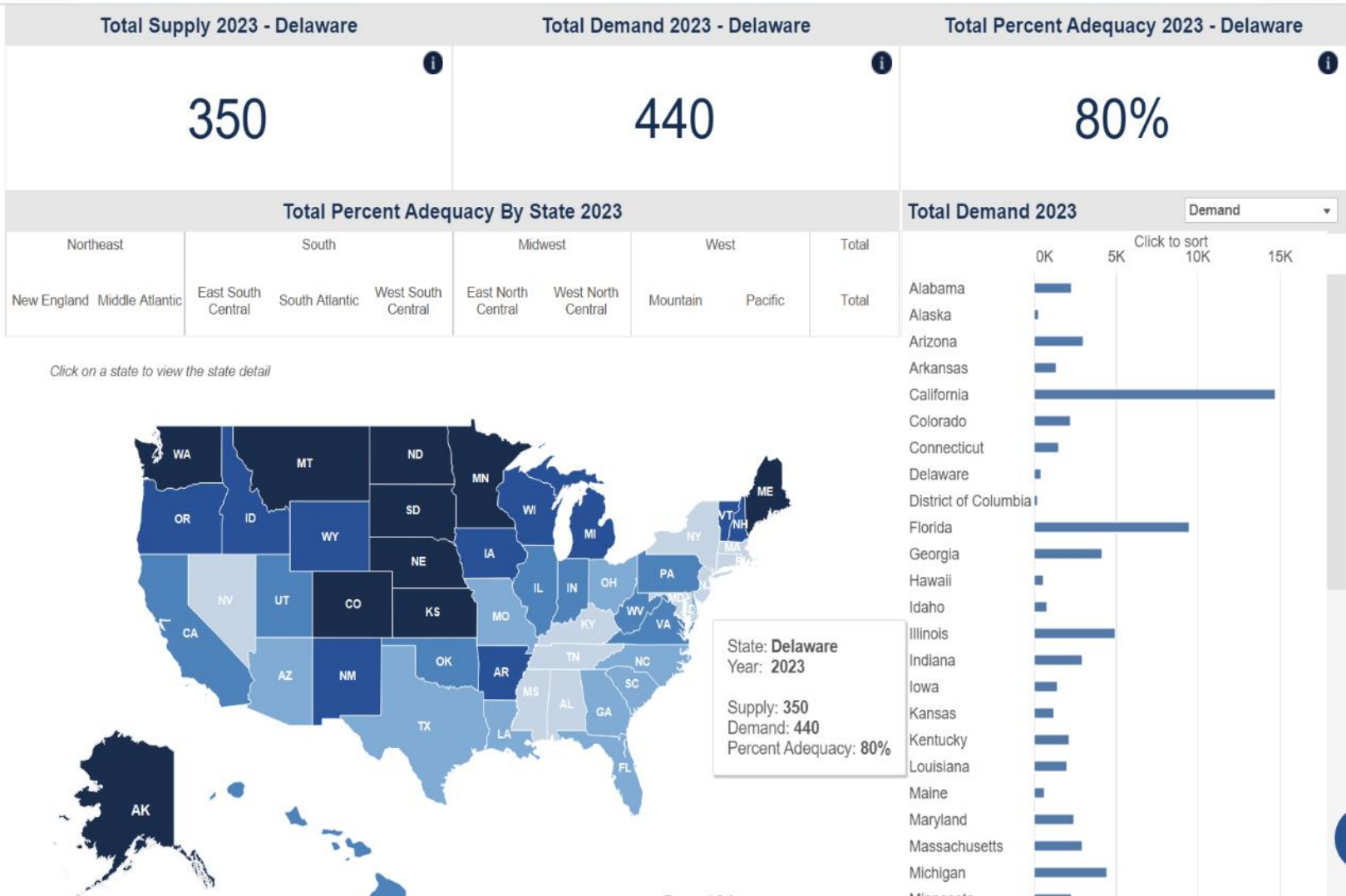
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Source: Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections. Available at <https://bhw.hrsa.gov/data-research/review-health-workforce-research>

# Workforce Data from HRSA: Delaware All Health Workforce 2023



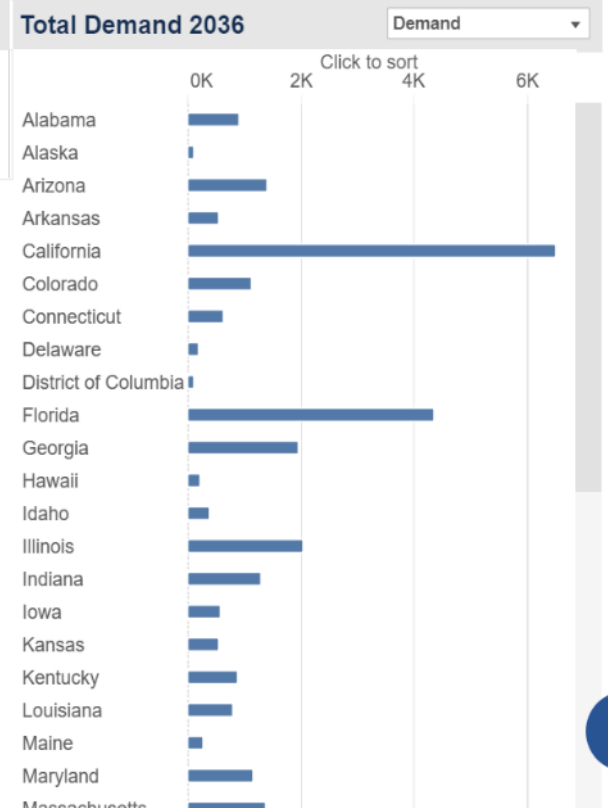
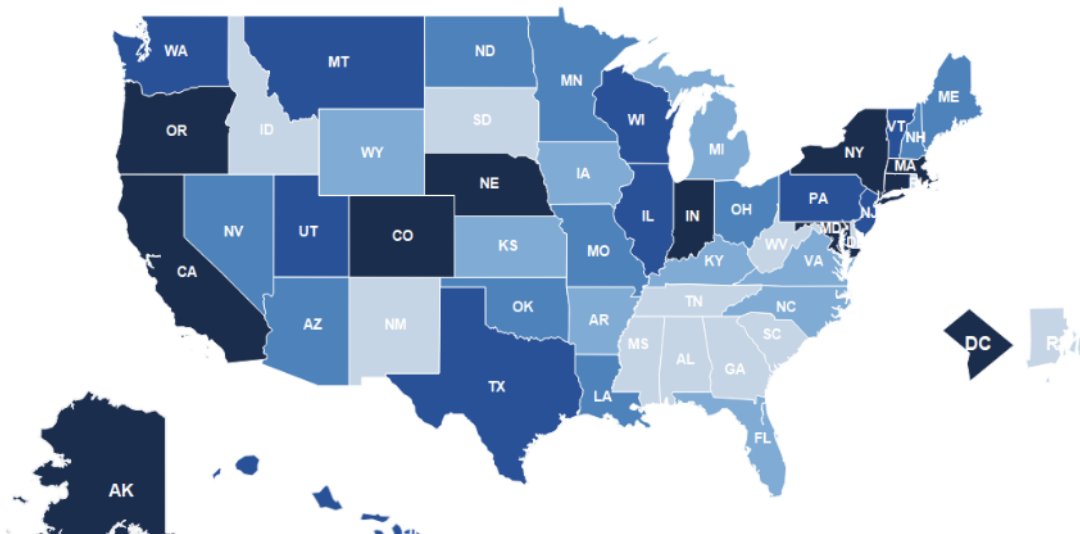
# Workforce Data from HRSA: Delaware Primary Care 2023



# Workforce Data from HRSA: Delaware All Health Workforce 2036

Supply & Demand Trends		U.S. Map		What if? Scenarios	
Total Supply 2036 - Delaware		Total Demand 2036 - Delaware		Total Percent Adequacy 2036 - Delaware	
110		200		55%	
Total Percent Adequacy By State 2036					Total Demand 2036
Northeast		South		Midwest	West
New England	Middle Atlantic	East South Central	South Atlantic	West South Central	Total
East North Central	West North Central	Mountain	Pacific	Total	Demand

Click on a state to view the state detail

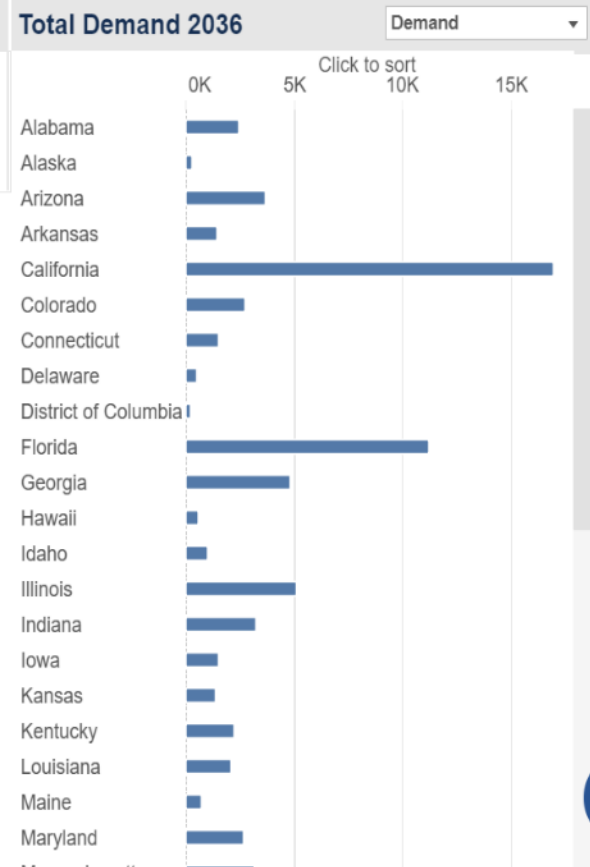
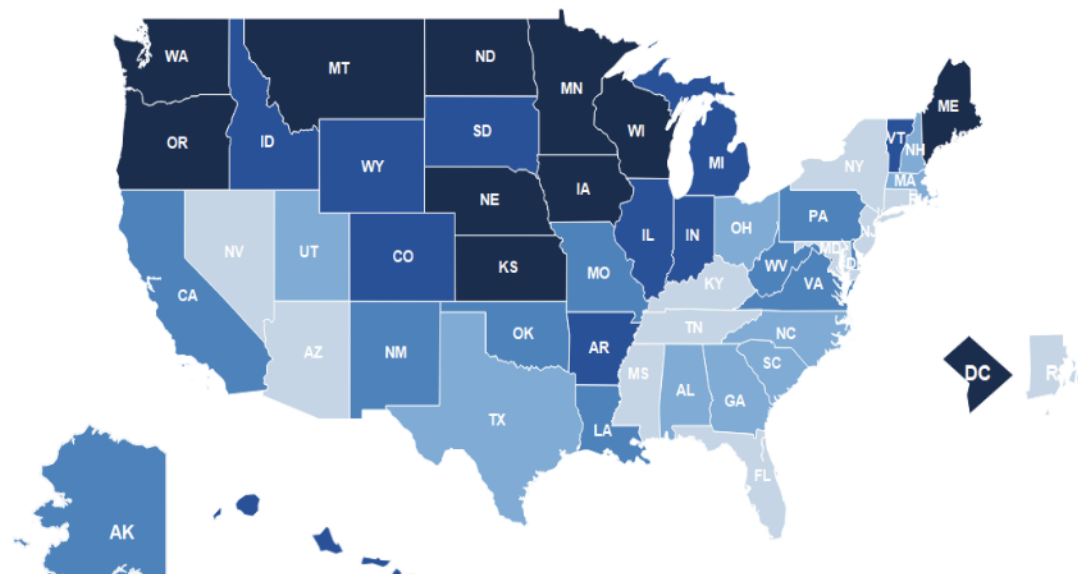




# Workforce Data from HRSA: Delaware Primary Care 2036

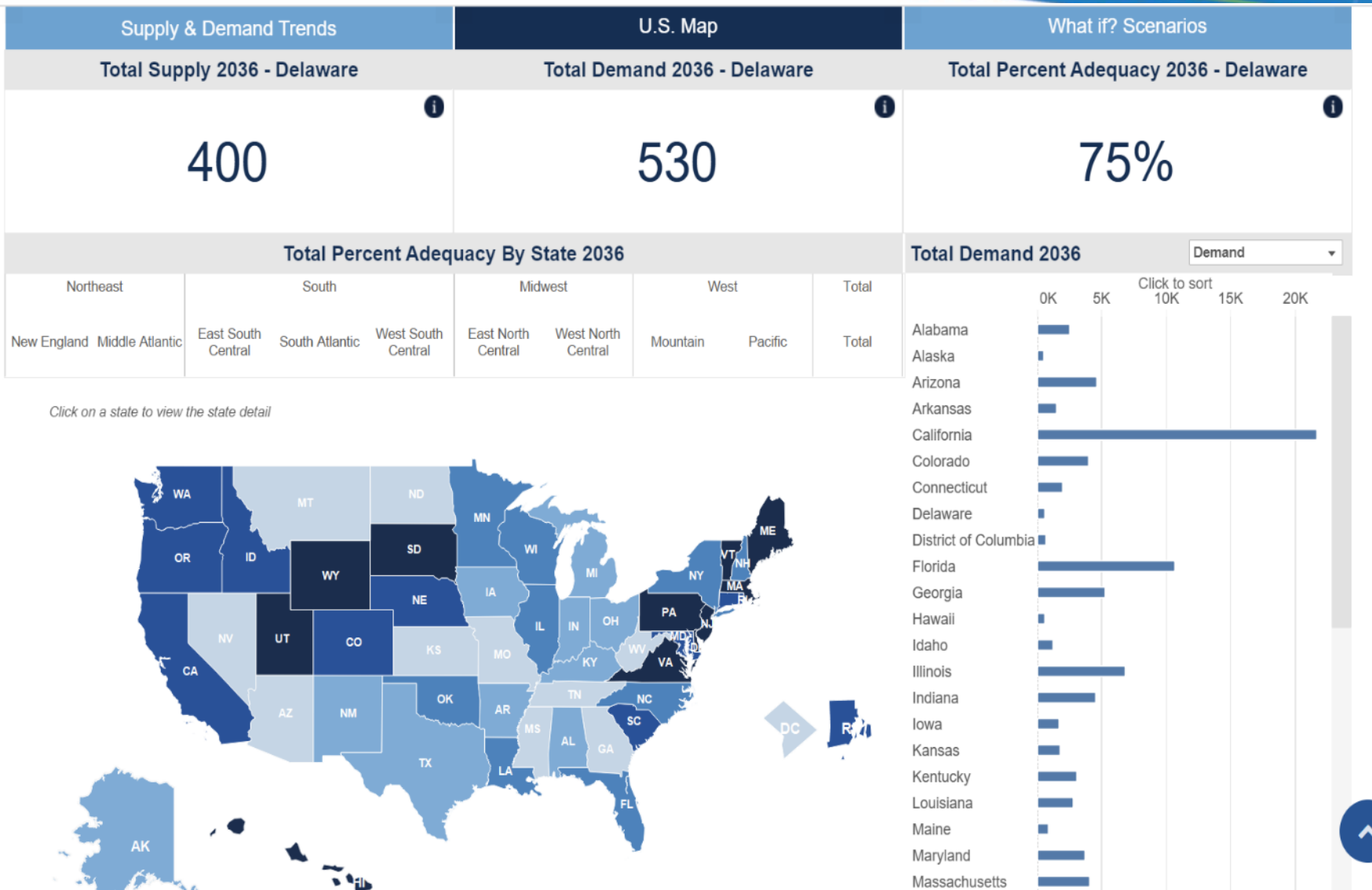
Supply & Demand Trends		U.S. Map		What if? Scenarios		
Total Supply 2036 - Delaware		Total Demand 2036 - Delaware		Total Percent Adequacy 2036 - Delaware		
360		480		75%		
Total Percent Adequacy By State 2036					Total Demand 2036	
Northeast		South		Midwest		Demand ▾
New England	Middle Atlantic	East South Central	South Atlantic	West South Central	East North Central	West North Central
					Mountain	Pacific
					Total	Total

Click on a state to view the state detail




# Workforce Data from HRSA:


## Delaware Behavioral Health 2036



# Can we learn from what other states are doing to build the Delaware Healthcare Workforce?

**Preparing the Next Generation of the Healthcare Workforce: State Strategies for Recruitment and Retention**



 NATIONAL  
**GOVERNORS**  
ASSOCIATION

*Preparing the Next Generation of the Healthcare Workforce:  
State Strategies for Recruitment and Retention*



# National Governors Association:

- In March 2022, the NGA Center announced that California, Colorado, Missouri and Wyoming were selected as the four Learning Collaborative States that would each assess their current operating environment, learn from national, state, and local experts, and develop and execute an action plan to achieve program and policy changes based on state-identified goals. In response to an overwhelming number of applications, the NGA Center decided to create a Knowledge Exchange Network to host an additional 12 states interested in supporting their healthcare workforce. The additional states received access to the healthcare workforce toolkit, received invitations to project webinars and joined the virtual kick-off meeting and in-person convening held with the full network group to share best practices. The Knowledge Exchange Network states included Alabama, Connecticut, Minnesota, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, West Virginia and Wisconsin.

# NGA Report : What other states doing to cope with Healthcare Workforce Shortages

- The report emphasizes the importance of:

**Peer-to-peer** discussions so all can work collaborative to build workforce

**Stake holder engagement and partnerships** and giving all a seat at the table

**Healthcare workforce data** is difficult to gather and analyze

**Employer partnerships** to build pipelines for career pathways

**Evaluation** to determine which approaches are most effective

**Initiative sustainability** – how do we sustain the initiatives



# NGA Report: Suggested approaches to resolve Healthcare Workforce Shortages

## **Policy approaches to enhance statewide cross-agency coordination**

- California created a new position, “Assistant Deputy Secretary of Healthcare Workforce” to work across the agencies, healthcare systems, community and philanthropic groups
- California established the “California Health Workforce Education and Training Council in 2022 in statute.
- California allocated \$1.52 Billion investment in healthcare workforce
- Colorado created a dashboard for their goals, which includes adding 4,500 licensed direct care workers, this has created cross agency collaboration
- Missouri created a Task Force, The Public Health and Healthcare Workforce Advisory Taskforce and involves leadership across the state and across the agencies

# NGA Report: Suggested approaches to resolve Healthcare Workforce Shortages

## **Policies ( cont.)**

- Wyoming created a workforce team that includes the governor, and individuals from educational and clinical institutions
- Rhode Island hosted a workforce summit and used it to develop a statewide strategic plan and built workgroup to complete the work.

## **Funding**

- Primarily state dollars, ARPA funds
- Oklahoma used ARPA funds to build new health education building, renovation of classrooms and labs, medical equipment and supplies, scholarships to nursing students, salaries for new and existing instructors

# NGA Report: Suggested approaches to resolve Healthcare Workforce Shortages

## **Data Collection**

Surveys to determine current vacancies and needs

Surveys to determine capacity to educate and train  
health workforce

## **Additional areas of focus included:**

Health Equity and Workforce Diversity,  
Career Pathways,  
Rural Workforce,  
Strengthening Nursing Pipeline,  
Direct Care Workforce  
Behavioral Health Workforce



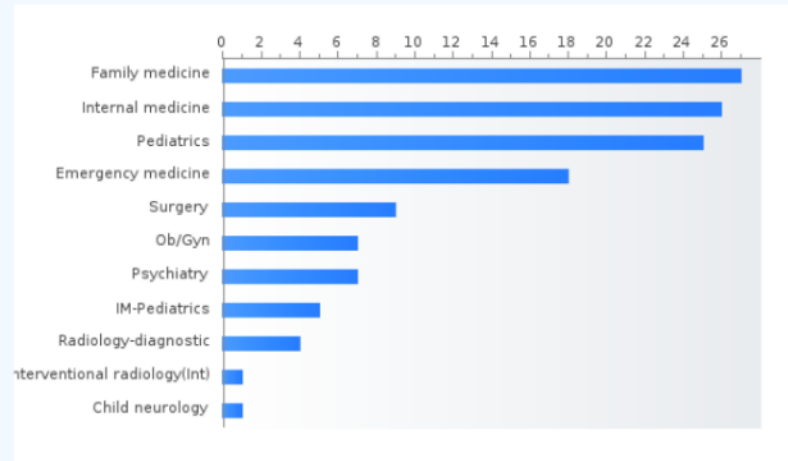
# Approaches to growing the Healthcare Workforce in Delaware

- Grow Medical Residency programs ( without diminishing clinical placements for NPs and PAs and other health professionals )
- Grow the Pipeline for Healthcare Workforce  
Middle School and High School
  - <https://www.youtube.com/watch?v=4AF-MUECdmY>
  - Initiatives to grow diversity in the workforce
- Grow High Fidelity Simulation Programs at hospitals and educational institutions

# Medical Residency Programs in Delaware

## PGY-1 residency positions in Delaware

1. Family medicine (27)
2. Internal medicine (26)
3. Pediatrics (25)
4. Emergency medicine (18)
5. Surgery (9)
6. Obstetrics and gynecology (7)
7. Psychiatry (7)
8. Internal Medicine-Pediatrics (5)
9. Radiology-diagnostic (4)
10. Interventional radiology - integrated (1)
11. Child neurology (1)



## Delaware PGY-1 main residency Match statistics

Year	Positions	Filled(%)	MD	DO	IMGs
2023	130	94.6	48 (36%)	53 (40%)	20 (15%)
2022	90	91.1	30 (33%)	34 (37%)	15 (16%)
2021	88	95.5	37 (42%)	33 (37%)	12 (13%)
2020	63	100.0	28 (44%)	27 (42%)	7 (11%)
2019	65	100.0	33 (50%)	25 (38%)	7 (10%)
2018	61	93.4	36 (59%)	14 (22%)	7 (11%)
2017	60	93.3	34 (56%)	17 (28%)	5 (8%)

# Strategic Initiatives

## Inclusive Excellence

### Growing Pipeline Initiatives

- Dual credit- expansion of additional school
- Summer Camp - expand to 2 camps
- Delaware HOSA -State collaboration



	Minority	White	Unknown	Total	Minority Pct
FY 2014	496	1,847	22	2,365	21%
FY 2015	546	1,979	18	2,543	21%
FY 2016	564	1,932	19	2,515	22%
FY 2017	591	1,888	31	2,510	24%
FY 2018	616	1,897	43	2,556	24%
FY 2019	650	1,942	45	2,637	25%
FY 2020	730	1,905	67	2,702	27%



# Pipeline Programming Impact

## Matriculated Students

### As of February 3, 2022 (includes all colleges) # of students

Total Incoming Freshman (Class of 2025) 21

Total Sophomores (Class of 2024) 18

Total Juniors (Class of 2023) 32

Total Seniors (Class of 2022) 18

**Total 89**

### As of February 3, 2022 # of students

College of Health Sciences 32

College of Arts & Sciences 31

College of Engineering 8

College of Education & Human Development 2

College of Business & Economics 16

**Total 89**

Students from the High School Dual Degree Program  
and The Summer Camps



Alyssa Benjamin  
Program Coordinator  
CHS Pipeline Prgms



# Hybrid Simulation Courses



**During COVID** 1hr simulation = 2hrs clinical





## University of Delaware's Center for Simulation Innovation, Interdisciplinary Education, and Entrepreneurship (CSIIDEE) received International Accreditation Jan 2022



Simulation has expanded our ability  
To do clinical training for healthcare  
Professionals

# Stepping up to support Delaware's hospitals, UD Nurses



## Zip Code to open Seaford site that is focused on health care program



Desa Burton,  
Executive Director, Zipcode Wilmington

Zip Code is also exploring the possibility of using the same training format for the medical field in the Nylon Capital Shopping Center. The program would be called Zip Care, and would offer upskilling and reskilling for adults to entry-level positions as nursing or medical assistants.

“Zip Care would have a mission to develop the economy of the region by providing health care training to high-potential individuals with the talent, desire, and interest needed to become entry-level health care professionals with the skills needed to grow, advance, and succeed in the health care industry,” she said.



# Approaches to growing the Healthcare Workforce in Delaware

## **Importance of linking health workforce with state agencies, healthcare systems, educational institutions, DOL, DOE, DHSS,etc.**

- Establishing a new position “Director of Healthcare Workforce” to work across the agencies, healthcare systems, community and philanthropic groups, is this state driven or public/private partnership
- Establishing a Taskforce or Council on Health Workforce Education and Training, through statute or executive order
- Funding through state investment in healthcare workforce
- Review proposed healthcare legislation

# Approaches to growing the Healthcare Workforce in Delaware (draft)

## **Data refinement and analysis**

- Refine data by additional survey questions as used by other states to confirm work in the state, etc.
- Surveys to determine current vacancies and needs
- Surveys to determine capacity to educate and train health workforce

## **Funding:**

- Grow investments in education pipelines of Health Workforce
- Enhance Loan repayment Programs
- Student loans for service in rural, and underserved populations

## **Annual Health Workforce Summit**

to brainstorm ideas to enhance health workforce



# Workforce Summit to bring together state and national leaders to discuss current data, projections, and path forward

## Topics could include but are not limited to:

- How do we enhance clinical training opportunities in Delaware for all health professionals?
- Can we successfully use high fidelity simulation to replace some clinical hours in more of the health professions?
- Can we create training tracks that better link academic programs to hospitals for clinical rotations
- Can we develop accelerated education programs, certificate and digital badge programs for new learners and retraining current workforce.
- Expand affordable housing for workforce or special tax credits, assistance with rental cost for health professionals in high cost areas or limited housing areas
- Fellowship programs for NPs and PAs with FQHC and others
- Special assistance with capital funding for creation of new primary care centers in HIPSA areas that include a requirement for training of health professionals for 5yrs
- Leverage innovation and technology to increase efficiency, and lessen workload to decrease burn out and enhance retention
- Focused efforts on the development of “Hospitals at Home “ model.
- Move away from fee for service models which encourage over utilization of healthcare services to value based care models which reduce the strain on healthcare workforce.



# How do we make Health and Health Workforce a key priority for Delaware?

We need to create a structured effort to engage all stake holders in the clinical, educational and business community in Delaware to create a stronger health workforce that leads to better health outcomes for the people of Delaware.



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