# 8 Lessons for Building the Entry-Level Workforce of Tomorrow

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## **Two-part Webconference Series**

### Open to All Advisory Board Members – Register Today!

8 Lessons for Building the Entry-Level Workforce of Tomorrow Wednesday, January 25, 2017 1-2 PM ET

Get the eight key lessons learned from progressive employers, community colleges, and workforce development groups that have made progress on aligning workforce planning and curriculum planning at a regional level.

How Health Care Employers Can Solve Two Entry-Level Career Pathway Challenges Wednesday, February 22, 2017 1-2 PM ET

Get strategies to solve two challenges employers face when trying to support entry-level health career pathways: a "traditional" (and limited) talent pool, and an unsustainable rate of turnover among entry-level staff.

**Please note:** Each webinar will be archived, with slide deck and recorded audio, within 24 hours of the scheduled presentation at the above hyperlinked landing pages

Why Health Care Employers and
Educators Need to Pursue
Workforce Development Together

2 8 Lessons Learned

**3** Q&A

## The Power of an Entry-Level Health Care Role

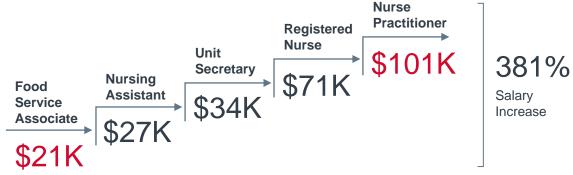
#### Entry-Level Roles Leading to Health Care Careers

One Entry-Level Staff Member's Health Career Journey (So Far)



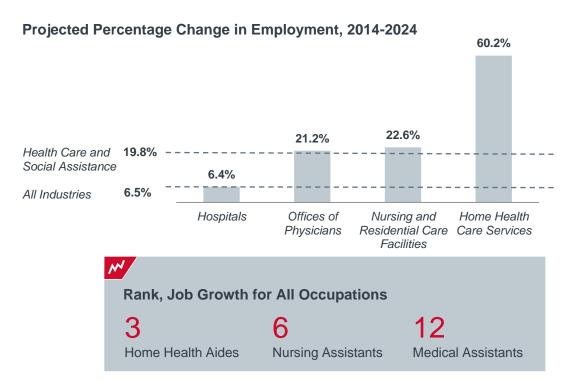
#### **Career Pathway Leads to the Middle Class**

Typical Salaries by Role



Source: Norton Healthcare, Louisville, KY; Bureau of Labor Statistics, US Department of Labor, "May 2015 National Occupational Employment and Wage Estimates United States," <a href="http://www.bis.gov/oes/current/oes">http://www.bis.gov/oes/current/oes</a> nat.htm; Bureau of Labor Statistics, US Department of Labor, "Table 1.9 2014–24 Industry-occupation matrix data, by industry," Health Care and Social Assistance Industry (code: 620000) and Total Employment (code: TE1000), <a href="http://www.bis.gov/emp/ep">http://www.bis.gov/emp/ep</a> table 109.htm; Advisory Board interviews and analysis.

## **Strong Demand for Health Care Roles**



## Still a Disconnect Between Demand and Supply

## Insufficient Number of Entry-Level Candidates



Demand for these roles will continue to grow, exacerbating shortages in parts of the country where there are already widespread vacancies.

## Significant Variation in Preparation for Entry-Level Roles



Entry-level staff have different levels of preparation upon entering their role, depending on the length and quality of training, their prior experience, and state requirements.

## Clear Rationale for Building an Entry-Level Pipeline

#### **Three Reasons**

Reduce Health Care Costs

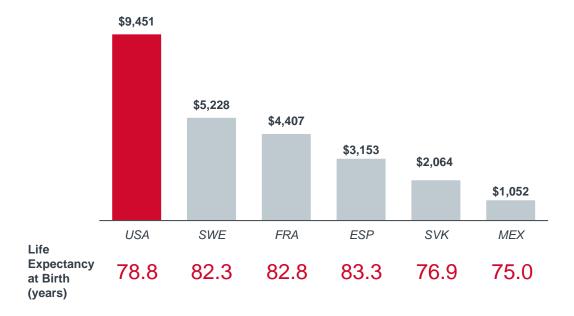
Improve the Patient and Family Experience

3 Contribute to Local Economics

## The Most Expensive Care in the World

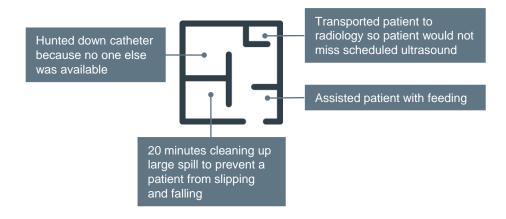
#### **Annual Health Spending**

US Dollars/Capita, 2015



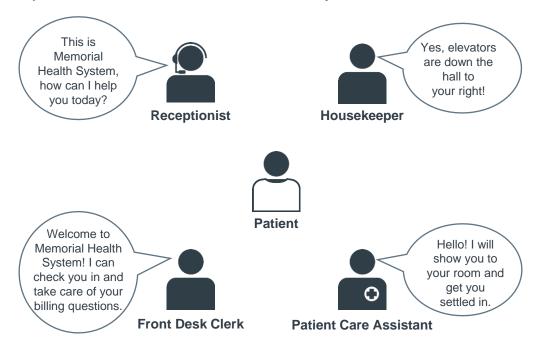
## **Entry-Level Staff Critical for Top-of-License Practice**

## Representative Work Completed by Highly-Skilled Clinicians When They Do Not Have Reliable Staff to Delegate to



## **Entry-Level Staff at the Front Lines of Care**

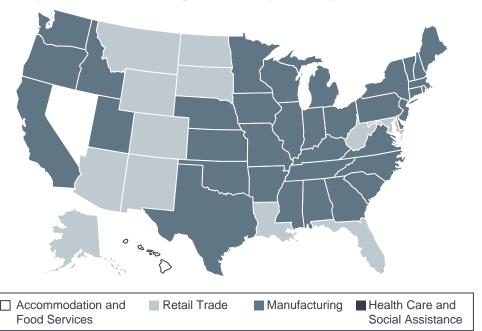
#### Representative Patient Interactions with Entry-Level Staff



Reason 3

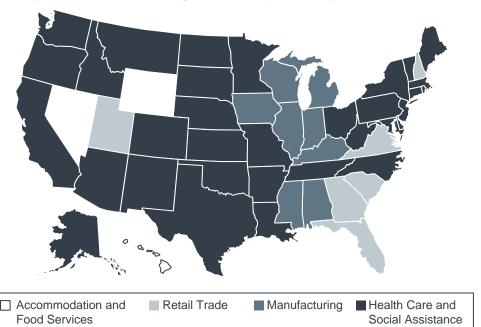
## **A Dominant Local Business**

#### Major Industries with Highest Employment, by State 1990



## **A Dominant Local Business**

#### Major Industries with Highest Employment, by State 2013



Source: "Largest industries by state, 1990–2013," Bureau of Labor Statistics, July 2014, <a href="http://www.bls.gov/opub/ted/2014/ted\_20140728.htm">http://www.bls.gov/opub/ted/2014/ted\_20140728.htm</a>, Advisory Board analysis.

# An Initiative to Bridge the Disconnect Between Demand and Supply

#### **Health Careers Pathway Initiative**

Partnering to Expand America's Entry-Level Health Care Workforce



#### **Task Force**

- Private sector-led group of 20 organizations.
- Charged with identifying specific needs and best practices to facilitate improvement of career pathways.

#### **Three Goals:**

- Working with health care employers to identify the jobs and skills most in-demand
- Upgrading training to give students skills and experiences most needed by employers
- Supporting job seekers, especially those from disadvantaged backgrounds, in advancing along career pathways to middle-class jobs



#### **Regional Pilot Programs**

- Community-driven pilot programs in seven regions across the country.
- Tasked with building the necessary partnerships and tools that are essential to offering effective career training and opportunities.

## **Convening the Health Career Pathways Task Force**



#### **Health Career Pathways Task Force Members**

**Ascension Health** St. Louis, Missouri

Banner Health Phoenix, Arizona

California Community
Colleges

Chancellor's Office Sacramento, California

Carolinas HealthCare System

Charlotte, North Carolina

Community Colleges of Spokane

Spokane, Washington

Corporation for a Skilled Workforce Ann Arbor, Michigan Fairview Health Services Minneapolis, Minnesota

Goodwill Industries International

Rockville, Maryland

Hope Street Group Washington, D.C.

Massachusetts General Hospital

Boston, Massachusetts

MedStar Montgomery
Olney, Maryland

Mercy Health West Michigan, a Regional Health Ministry of Trinity Health West Michigan **Metrics Reporting Inc.** *Byron Center, Michigan* 

National Economic Council, White House Washington, D.C.

Northern Virginia Community College Annandale, Virginia

Norton Healthcare Louisville, Kentucky

NYC Health + Hospitals New York, New York

**SCL Health** *Broomfield, CO* 

**SSM Health**St. Louis, Missouri

Sutter Health Sacramento. California

The Advisory Board Company Washington, D.C.

Trinity Health
Livonia, Michigan

**UPMC** *Pittsburgh, PA* 

Why Health Care Employers and Educators Need to Pursue Workforce Development Together

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## Regional Challenges, Regional Solutions

#### Start Small and Build Momentum

## Benefits of Regional Workforce Development





Customize solutions to different state or local regulations



Match local supply to local demand



Tap into local resources

#### Sample Projects to Start Regional Collaboration Efforts



Background checks



Single location for expensive training equipment



Grant applications



Care for unand under-insured population Lesson 2

## Potentially Overwhelming Number of Entry-Level Roles

#### **Representative Roles**

- Billing, Cost, and Rate Clerks
- · EMTs and Paramedics
- Endoscopy Technicians
- Food Preparation Workers
- Food Servers
- Home Health Aides
- · Janitors and Cleaners
- Licensed Practical and Licensed Vocational Nurses
- Maids and Housekeeping Cleaners
- Medical and Clinical Laboratory Technologists

- Medical Assistants
- Medical Equipment Preparers
- Medical Records and Health Info. Technicians
- Medical Secretaries
- Medical Transcriptionists
- Nursing Assistants
- Occupational Health and Safety Technicians
- Occupational Therapy Aides
- Orderlies
- Pharmacy Aides

- Pharmacy Technicians
- Phlebotomists
- Physical Therapist Aides
- · Psychiatric Aides
- · Radiologic Technicians
- Receptionists and Information Clerks
- Security Guards
- Surgical Technologists

### A Good Place to Start

## Task Force Consensus List of Entry-Level Roles Needed Today and in the Future

Role	Entry-Level Education	Job Growth 2014-2024
Medical Assistants	Postsecondary nondegree award	+23%
Nursing Assistants / Patient Care Assistants	Postsecondary nondegree award	+18%
Home Health Aides	No formal educational credential	+38%
Environmental Services Workers	No formal educational credential	+6%
Pharmacy Technicians	High school diploma or equivalent	+9%
Surgical Technologists	Postsecondary nondegree award	+15%

Evported

## **Approach Emerging Roles with Caution**

#### Lack of Consensus on Emerging Roles for Population Health

## **Employers Use a Wide Variety** of Roles to Coordinate Care



- Similar roles have different names at different health systems
- Employers may require different skills and backgrounds for similar roles

## Employers May Choose "Upskilling", Not New Roles



 Train promising members of existing staff to take on population health responsibilities

## **Isolating Critical Competencies for Entry-Level Staff**



#### **Survey in Brief**

Online survey conducted in September 2016; gathered feedback from health care workers about entry-level competencies and care activities.

2,273
Respondents

1,355

Open-ended comments from survey participants

#### **Three Competency Questions:**

### Importance Today

What are the top skills and competencies required to be successful as an entry-level health care worker **today**?

## Future Importance

What are the top skills and competencies required to be successful as an entry-level health care worker **five years from now**?

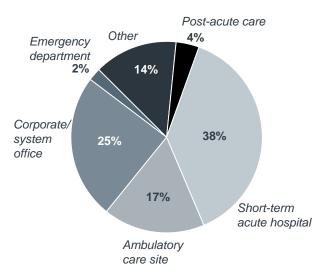
#### Development Needs

Which skills and competencies do entry-level health care workers **need the most help developing** when they first start at your organization?

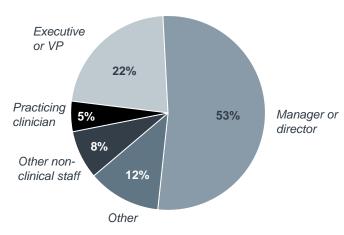
## **Survey Respondent Demographics**



n = 2,230



## **Role** *n* =2,230



# Broad Agreement About Most Important Competencies for the Future

#### Future Importance of Entry-Level Competencies By Care Setting<sup>1</sup>

Competency	<b>Hospital</b> n=795	Ambulatory n=366	Post-Acute n=81	Emergency Department n=47	Corporate Office n=462
Service Orientation and Patient Focus	1	1	1	1	1
Critical Thinking	2	2	2	2	2
Communication	3	3	5	3	3
Accountability	4	4	4	4	5
Clinical/ Technical Skill	5	5	3	5	4
Teamwork	6	6	8	6	6
Time Management/ Organization	7	7			7
Cultural Competence	8	10	6*	7*	8
Innovation	9	9	6*	7*	9
Financial Acumen	10	8	9		11**

<sup>1)</sup> Question: What will be the top skills and competencies required to be successful as an entry-level health care worker? Rank your top 3 most important skills for 5 years from now, with #1 as the most important.

\* Tie: Competencies received same number of responses.

<sup>\*\* &</sup>quot;Other" had the same number of responses as Innovation for Corporate Office respondents (tied for #9).

## **Future Competencies Also Most Important Today**

#### **Importance of Entry-Level Competencies**

n ≈ 2,070 health care leaders and staff

Competency	Important in Five Years <sup>1</sup>	Important Today <sup>2</sup>
Service Orientation and Patient Focus	1	1
Critical Thinking	2	2
Communication	3	3
Clinical/ Technical Skill	4	4
Accountability	5	5
Teamwork	6	6
Time Management/ Organization	7	7
Cultural Competence	8	9
Innovation	9	10
Financial Acumen	10	8

<sup>1)</sup> Question: What will be the top skills and competencies required to be successful as an entry-level health care worker? Rank your top 3 most important skills for 5 years from now, with #1 as the most important.

<sup>2)</sup> Question: What are the top skills and competencies required to be successful as an entry-level health care worker? Rank your top 3 most important skills today, with #1 as the most important.

# Today's Development Needs Aligned With Future Importance of Competencies

#### **Development Needs of Entry-Level Staff**

n ≈ 2,070 health care leaders and staff

Competency	Important in Five Years <sup>1</sup>	Most in Need of Development Today <sup>2</sup>
Service Orientation and Patient Focus	1	2
Critical Thinking	2	1
Communication	3	3
Clinical/ Technical Skill	4	4
Accountability	5	6
Teamwork	6	7
Time Management/ Organization	7	5
Cultural Competence	8	8
Innovation	9	10
Financial Acumen	10	9

<sup>1)</sup> Question: What will be the top skills and competencies required to be successful as an entry-level health care worker? Rank your top 3 most important skills for 5 years from now, with #1 as the most important.

<sup>2)</sup> Question: Which skills and competencies do entry-level health care workers need the most help developing when they first start at your organization? Rank your entry-level workers' 3 biggest development needs today, with #1 as the biggest need.

## In-House Education an Opportunity for Partnership

We used to have a lot of our own academic programs, but I have been systematically turning them back over to local colleges because it's not the hospitals' expertise – it's the education sector's. That model made sense 30 years ago, but it doesn't right now."

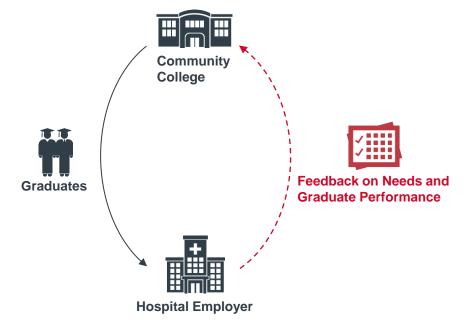
Health System Director of Talent Acquisition

## Two Scenarios When Employers Often Provide In-House Training

- Education for newly hired entry-level staff to standardize starting skill set
- Upskilling or new skill instruction for existing staff

## An Often Incomplete Feedback Loop

#### **Ideal Curriculum Development Feedback Loop**



## Using a Survey to Create a Feedback Loop

#### **Excerpt from Community Colleges of Spokane Employer Survey**

#### BASED ON YOUR EXPERIENCE WITH **GRADUATES FROM OUR PROGRAM,** PLEASE INDICATE WHETHER YOU:

d = strongly disagree c = disagree a = strongly agree b = agree

#### Graduates are prepared to:

- Perform in a safe manner that d c b a minimizes the risk to patient, self, and others
- 2. Demonstrate expected clinical d c b a behaviors in a professional manner in all situations.
- Perform in a manner consistent with d c b a established legal standards, standards of the profession, and ethical guidelines.

#### Tips for Creating Your Own Survey





Limit the number of questions (aim for fewer than 10).



Use a six-point Likert scale for questions to eliminate "neutral" responses.

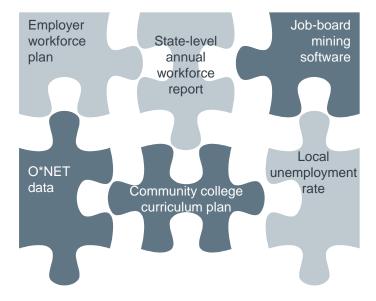


Wait until new graduates have been in their roles for two to three months.

## No Single, Perfect Source of Workforce Data

#### **Combining Perspectives Makes for a More Accurate Picture**

Representative Sources of Workforce Data



## **Combine Data Sources to Project Regional Workforce Needs**

#### Here's how to get started on projecting regional workforce needs:

- **1 Convene** the area's major health care employers and educators.
- **2 Pick one role** to focus on (for example: medical assistants).
- **3** Review existing national or regional data on the projected need for the role and the knowledge, skills, and abilities the role requires.
  - **O\*NET** is a good place to start. The Department of Labor collects data for the 900+ occupations included in the database by surveying current workers and industry experts about each role. The data is freely available to download and analyze.
- **4** Supplement the data from national and regional sources with qualitative feedback. Ask local health care employers and educators to "gut-check" your findings: Does the data match their reality? What's missing?

Lesson 8

## **Introduce Health Career Preparation Early**

#### **Health Careers Academy Program Timeline**

#### Freshman Year

Year
Accepted students take

**Sophomore** 

Junior Year Senior Year

Interested students apply to program.

health care courses at the high school and a community college.

Interested students sit for CNA¹ license and complete internships at post-acute care sites. CNA students complete nine-week rotation program in 11 hospital units at Cottage Health.



#### Case in Brief: Cottage Health

- Not-for-profit health system with hospitals in Santa Barbara, Goleta, and Santa Ynez, California.
   Specialties include the Cottage Children's Medical Center, Level 2 Trauma Center, Neuroscience Institute. Heart & Vascular Center, Center for Orthopedics, and Rehabilitation Hospital.
- Created the Health Careers Academy through a partnership with one of the local public high schools (San Marcos High School in Santa Barbara).
- 199 students have graduated the program as licensed CNAs. Cottage Health employs 23+ alumni.

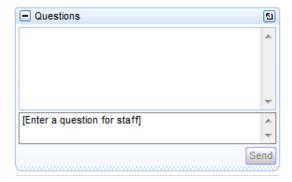
Why Health Care Employers and Educators Need to Pursue Workforce Development Together

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## **How to Submit Questions**

To ask the presenter, please type your question into the "Questions" box on your GoTo panel and press send.



# HEALTH CAREER PATHWAYS NETWORK

## BACKGROUND

In March 2016, Hope Street Group convened healthcare systems and leaders from the learning and workforce community at the White House to identify solutions to critical workforce issues in the healthcare industry. In April 2016, we launched Health Careers Pathways, a nationwide initiative designed to **support individuals by advancing demand-driven**, **competency-based career pathways**, with seven founding regions.

#### **OBJECTIVE**

To reduce job vacancies, increase diversity, and decrease first-year turnover by increasing the quality of hired employees for healthcare providers by adopting a competency-based approach. The outcome of this work will also improve the overall quality of patient care provided by healthcare providers.

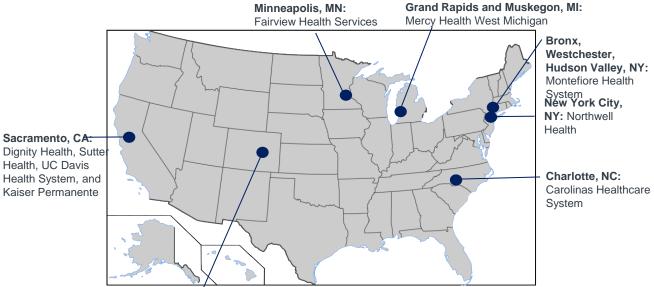
#### **IMPACT**

Using demand-driven methodologies will ensure:

- Individuals have access to long-term economic security through careers in healthcare;
- Individuals know the skills they need to succeed in a healthcare career and are placed in best-fit positions based on their competencies;
- Employers are enabled to articulate the skillset needed for entry and middle skill positions; and
- Intermediaries and training providers know the skills valued by employers and are able to better align their resources to meet those needs.

# FOUNDING MEMBERS OF THE NETWORK

The seven regions of Health Career Pathways will be the **founding members of the Health Career Pathways Network**. Collectively, this group represents: 15 healthcare systems, 11 community colleges and systems, 7 workforce boards and 12 community-based organizations.



Denver, CO: Centura Health, UC Health, Denver Health, Kaiser Permanente, SCL Health, HealthOne and Children's Hospital of CO

## **NETWORK - HOW IT WORKS**

Network members bring the necessary assets to advance the mission and objectives of Health Career Pathways. Individuals are the prime recipients of the effort, with local communities including employers, educators and others gaining economic value.

## **CONVENINGS**

We will convene the network in two ways:

#### **WORKSHOPS**

These 3-day career pathway events will be held in Chicago and will help regions develop specific career pathways, including apprenticeships, for their priority job families.

Regions will be invited to bring a cross-functional team consisting of a lead employer, other employers, colleges, CTE centers, WIOA workforce agencies and other community partners, as determined by the lead employer.

#### **CONNECTIVITY MEETINGS**

These meetings will be designed to facilitate and deepen connections between regional cross-functional team and Workforce Alliance network members.

## **CALENDAR OF EVENTS**

Events	March	April	May	June	July	Aug.	Sept.	Oct.
Connectivity Event #1: National Association of Workforce Boards Conference	<b>~</b>							
Workshop #1: Medical Assistant (MA) Apprenticeship		<b>~</b>						
Workshop #2: Sterile Instrument Processing Tech & Surgical Tech Apprenticeships				<b>~</b>				
Workshop #3: Registered Nurse & Specialty Nurse career						<b>✓</b>		
Workshop #4: Diagnostic Imaging (CT/MRI) Apprenticeship								<b>~</b>
Connectivity Event #2: National Career Pathways Network Conference								<b>~</b>

## **Health Career Pathways Workshop**

Agenda - Career Pathways Workshops								
Day/Time:	Day/Time: Tuesday		Wednesday			Thursday		
7:00 to 7:45 am		Breakfast		Breakfast		Breakfast		
8:00 to 9:45 am	1	Work Session - Introductions, Agenda, Workshop Logistics, and an Example Career Pathway	5	Work Session - Curriculum: What courses are required to prepare for this occupation? Apprenticeships: What is the related training and instruction?	9	Work Session - Regional Leadership, What barriers will we encounter, how will we address them, and gain the buy- in of key stakeholders?		
9:45 to 10:00 am		Break		Break		Break		
10:00 to 11:45 am	2	Work Session - More Data, Partner Presentations, and another Example Career Pathway	6	Work Session - Work-Based Training, What are the work-based learning outcomes? (Internships and Externships; Apprenticeships: On-the-Job Training)	10	Final Session - Report-out, Wrap Up, Next Actions, and Dismissal		
11:45 to 12:45		Lunch		Lunch				
12:45 to 2:30 pm	3	Work Session - Regional Asset Map, Identifying Stakeholders and Program Resources	7	Work Session - Scheduling, How do we schedule work and school based on employer needs and college constraints?				
2:30 to 2:45 pm		Break		Break		Teams Travel Home		
2:45 to 4:30 pm	4	Work Session - Occupational Competencies, Foundational Competencies, Linking, and Quality Credentials	8	Work Session - Costs and Recruitment, What will it cost, how do we fund it, what are economic class sizes, how do we recruit to fill the cohort?	icano nata nama			
4:30 to 5:00 pm		Daily Wrap Up	Daily Wrap Up		Daily Wrap Up			
After 5:00 pm		Open		Open				

## **Health Career Pathways – Contact Information**

For more information about the Health Career Pathway Network and Workshops please contact:

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http://hopestreetgroup.org/impact/jobs/sync-our-signals/

## **Next Steps Following Today's Webconference**



Download the full report to read the task force's findings.

Download it here.



Access tools and resources to kick-start career pathway efforts. Find them here.



Register for Part 2 of this series to learn best practices for recruiting and retaining entry-level health care staff.



Email Bill Guest to learn more about Health Career Pathways regional pilots. Email Bill here.

## **Webconference Survey**



Please take a minute to provide your thoughts on today's presentation.

Thank You!

Please note that the survey does not apply to webconferences viewed on demand.