



Healthcare
Workforce
Commission

Supporting Materials for Final Recommendation Opportunities

December 30, 2022



Introduction

Diagnosis

Commission's recommendations

Acknowledgement



Introduction

The Georgia Healthcare Workforce Commission (“the Commission”) was established via Executive Order by Governor Brian Kemp on April 21, 2022. The Commission was tasked to assess Georgia’s current healthcare workforce pipeline, identify significant data-backed trends in healthcare workforce changes, highlight areas of concern within the existing pipeline, and propose a set of recommendations for the state’s stakeholders to pursue. Further, Governor Kemp directed the Commission to highlight opportunities to address the challenges faced in Georgia’s education, training, hiring, skilling, and retention of healthcare workers. The Commission’s recommendation proposes the use of various levers including the expansion of state incentives and programs, coordination of private and public stakeholders, updates to regulations and coordination of private and public stakeholders. The Commission comprised 15 members, chaired by Commissioner Caylee Noggle, and remained effective until December 31, 2022.

This *Supporting Materials for Final Recommendation Opportunities* document is intended to serve as a sister document to the *Georgia Healthcare Workforce Executive Summary* report published by the Commission. These pages provide a summarized diagnosis of some of the challenges facing Georgia’s healthcare workforce and recommendations selected by the Commission to respond to those challenges. The range of these recommendations reinforce the idea that there is no single solution for our healthcare workforce challenges, and it will take a broad set of engaged stakeholders beyond the state or any single entity to address our state’s needs.

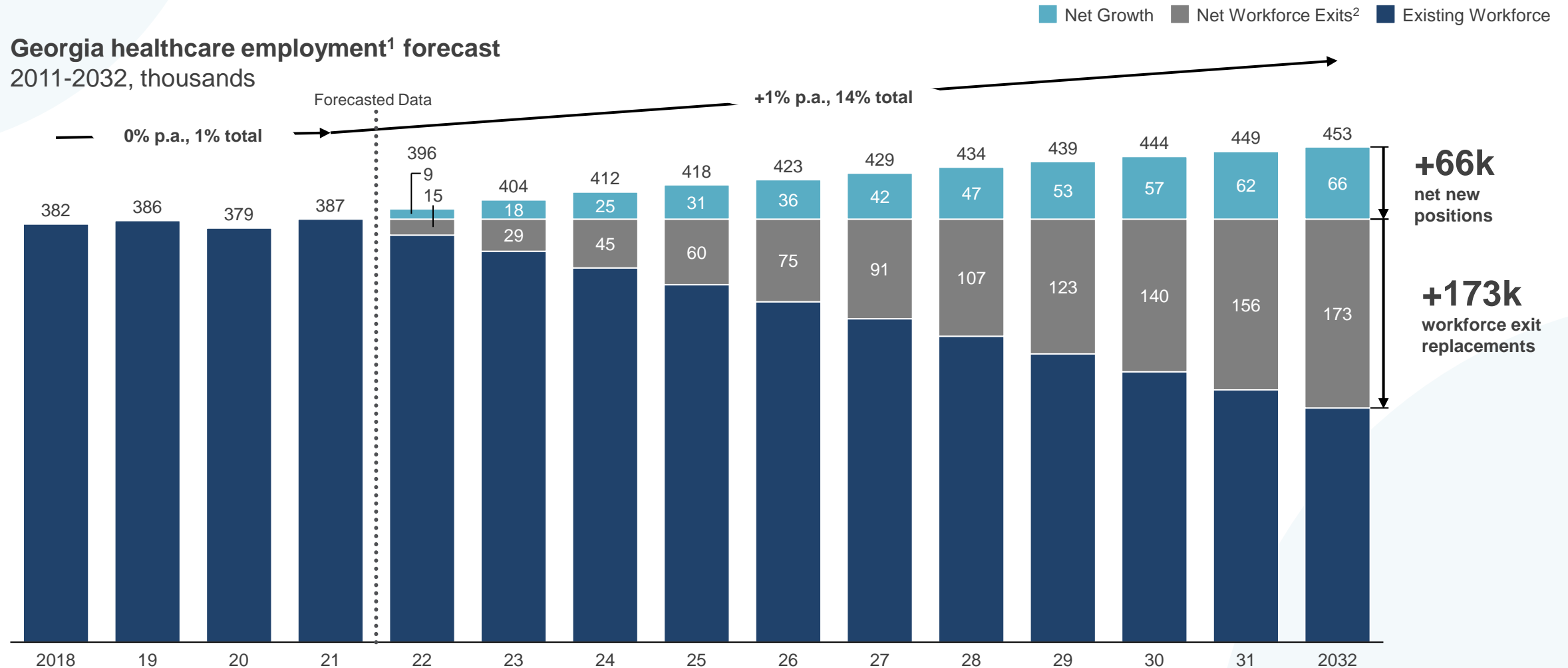
These proposed recommendations center on areas that our Commission Members aligned on most as a Commission during our time together and we believe have the highest potential for wide-ranging impact. Our Commission recognizes that a variety of healthcare stakeholders engaged us with information and perspectives for consideration; while we are not able to incorporate every specific viewpoint in our recommendations, we acknowledge they have potential and can be further explored.



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Total healthcare workforce positions are forecasted to increase by 66k over ten years

Georgia healthcare employment¹ forecast
2011-2032, thousands

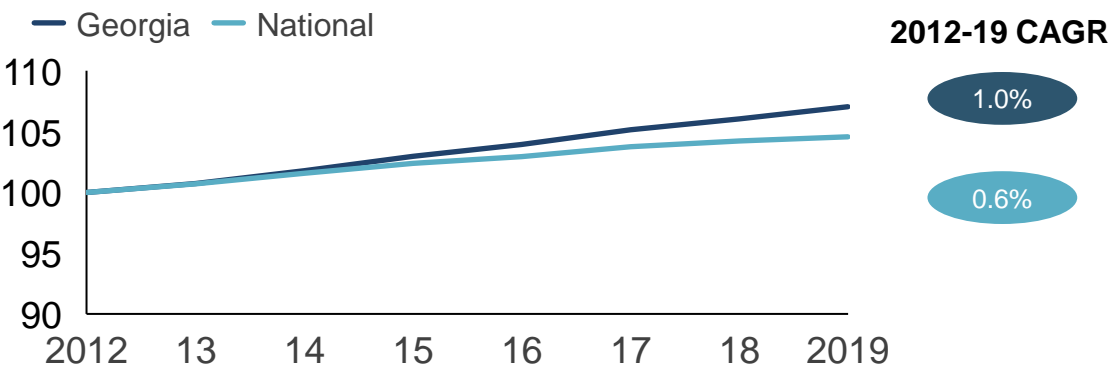


1.Total employment in Georgia for 60 occupations across healthcare practitioners and technical (29%), healthcare support (31%), community and social service (21%) and life, physical and social science (19%)

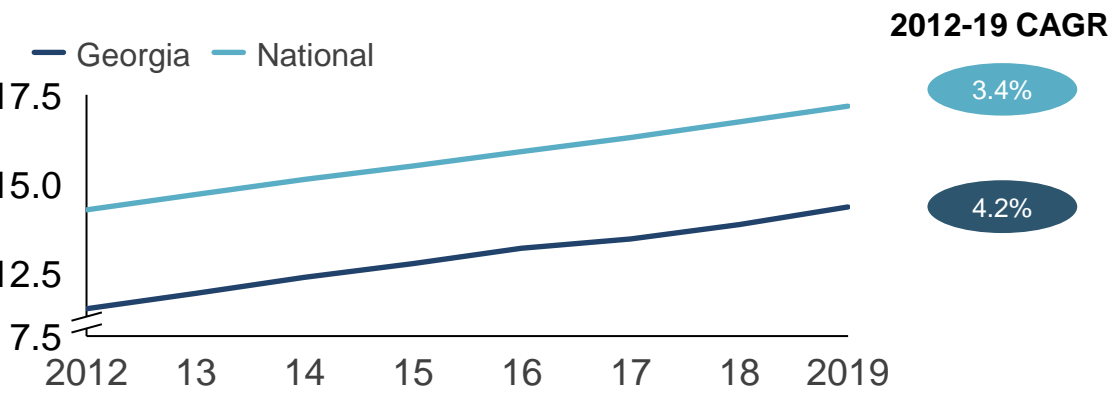
2.Retiring workers make up the bulk of the total workers leaving, but this figure also includes workers leaving due to disability, schooling, housekeeping, or other reasons

Healthcare demand drivers include increase in overall and 65+ Georgian populations and incidence of diseases with significant care burdens

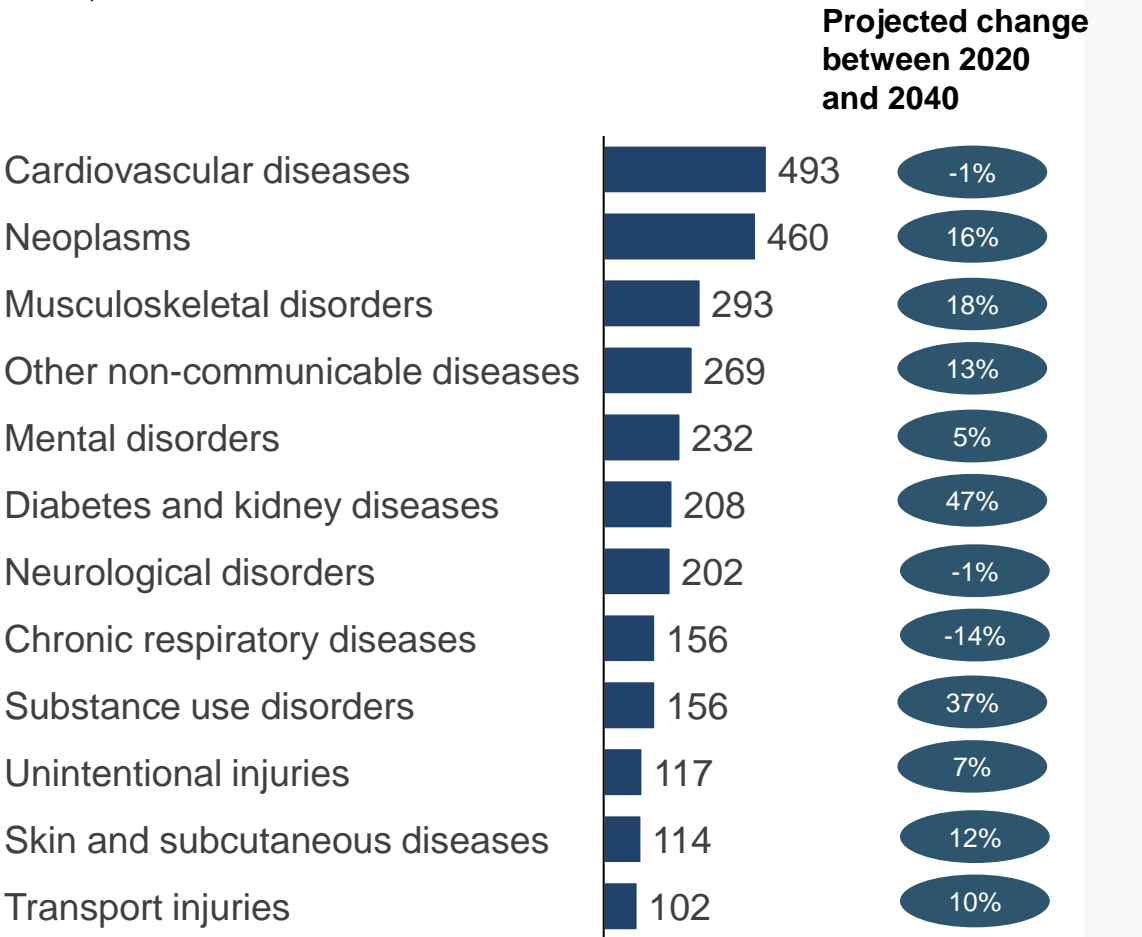
Total population growth in Georgia and United States,
Index: 2012=100



Population age 65+ in Georgia and United States,
Percent, 2012-2019



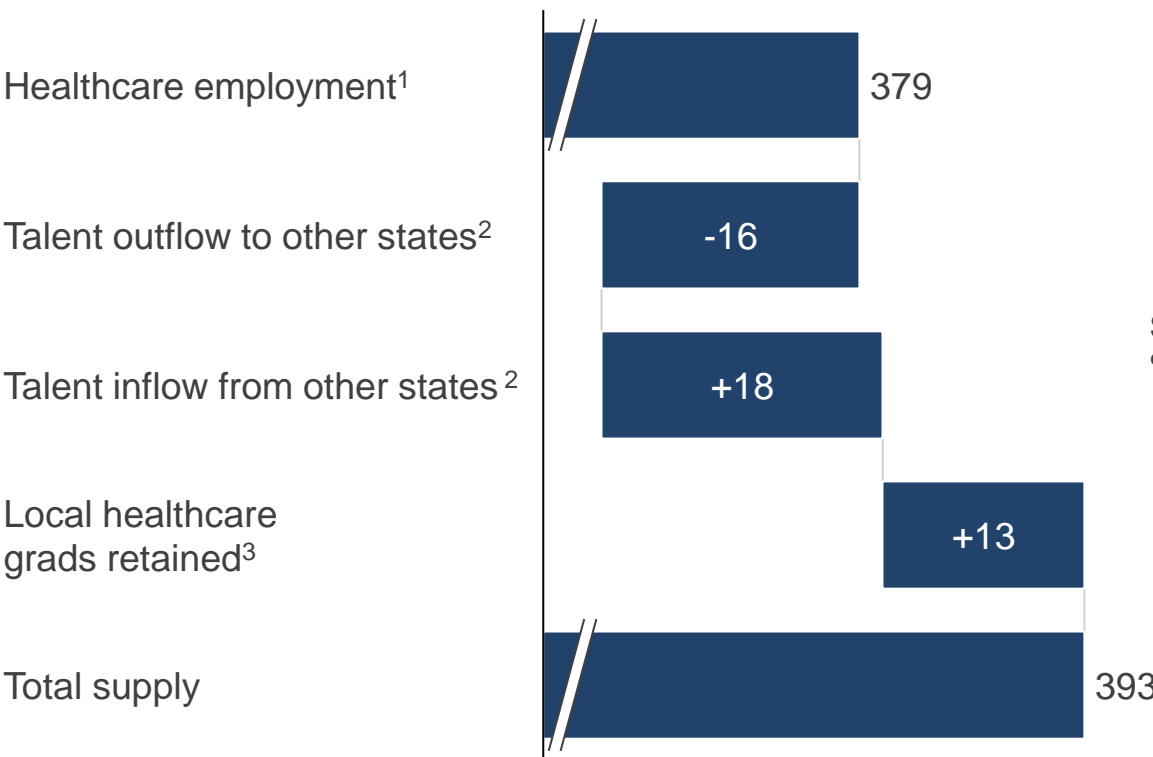
Top diseases by disease burden in Georgia
2020, DALYs in thousands¹



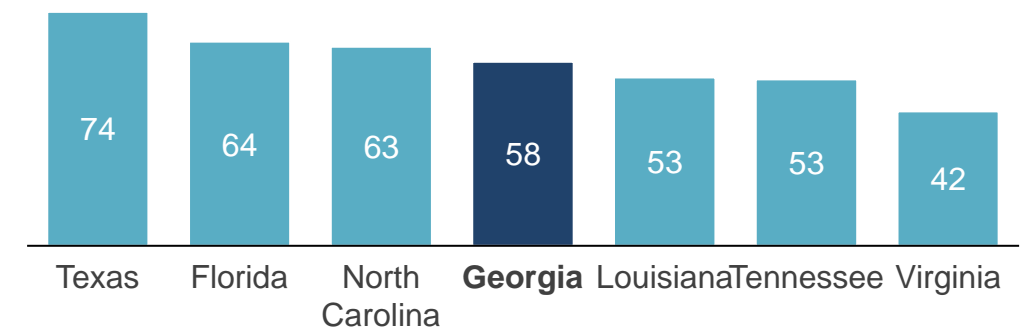
1. DALY = Disability-adjusted life year | 2. STI = sexually transmitted infections. TB = tuberculosis. NCD = non-communicable disease. NTD = neglected tropical disease.
Source: U.S Census Bureau, American Community Survey, Global Disease Burden Database Institute for Health Metrics and Evaluation (IHME), University of Georgia (this view excludes "Other non-communicable diseases"), MGI Analysis

The healthcare workforce in Georgia is impacted by factors including talent outflow to other states including post-graduation and retirement

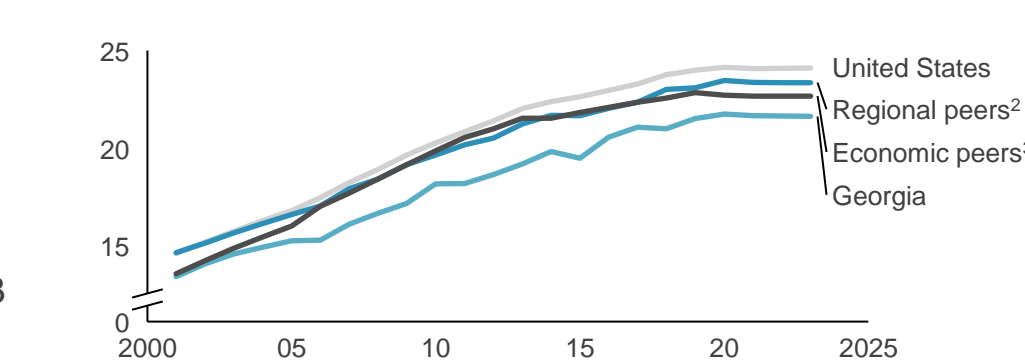
Supply pipeline of healthcare workers in Georgia, 2020, thousands



Estimated in-state talent retention after graduation for healthcare occupations⁴ based on online profiles⁵, %



Share of aging healthcare workforce⁶ by geography (ages 55+), % of total employment, 2001-2023



1. Total employment in Georgia for 60 occupations across healthcare practitioners and technical (29-0000), healthcare support (31-0000), community and social service (21-0000) and life, physical and social science (19-0000)

2. Net flow of healthcare and social assistant hires in Georgia (Hires into GA from out of state less hires out of GA to out-of-state). Annual average of 2017-2020 estimates from the U.S. Census, Job-to-Job Flows, 2017 Q1 – 2020 Q4

3. 2020 completions in related programs to healthcare occupations. Instructional programs were mapped to occupations based on a crosswalk of SOC-CIP. Retention rate was estimated as the share of grads who remain in-region after completing their degree; based on profiles (LinkedIn, Career Builder, etc.) updated since 2018 for graduates of higher ed institutions

4. Includes 60 occupations across healthcare practitioners and technical (29-0000), healthcare support (31-0000), community and social service (21-0000) and life, physical and social science (19-0000)

5. Share of grads who remain in-region after completing their degree; based on profiles (LinkedIn, Career Builder, etc.) updated since 2018 for graduates of higher ed institutions

6. Includes 60 occupations across healthcare practitioners and technical (29-0000), healthcare support (31-0000), community and social service (21-0000) and life, physical and social science (19-0000)

Source: Lightcast™ (formerly EMSI-Burning Glass), U.S Census Bureau, National Center for Education Statistics



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Commission Members considered a wide set of opportunity levers to address the state's healthcare workforce challenges

Areas of improvement		Strategies	Opportunity Levers		X# Highlights of final recommendations	X# For possible further exploration
How can Georgia meet the healthcare workforce needs of the state?	Maximizing our existing workforce	A Maximize RETENTION and AVAILABILITY of trained professionals	A1	by retaining existing workers (in state, in the profession, and in the workforce)		
			A2	by attracting-back those who have left the healthcare field		
			A3	by increasing hours worked by creating flexible staffing opportunities		
		B Advance the EFFICACY of the existing workforce	B4	by innovating and advancing workforce composition and care delivery models		
			B5	by achieving top of license delivery within scope of practice limits		
			B6	by developing a framework for program demonstrations and waiver rule changes		
			B7	by ensuring provider provision in most appropriate settings and high-need locations (e.g., rural)		
			B8	by leveraging technology and data capabilities		
			B9	by enabling virtual access to in-state and out-of-state providers		
	Optimizing the education system	C Increase Georgia's educational CAPACITY	C10	by increasing total seats and faculty availability		
			C11	by ensuring students have access to required clinical practical experience/training		
			C12	by better recognizing education and work experience , freeing formal educational capacity		
			C13	by creating new educational programs to meet evolving needs		
	Attracting new workers	D Increase interest levels, access, and completion rates of LEARNERS	D14	by targeting a larger pool of incoming students with outreach and incentive programs		
			D15	by increasing retention and completion rates		
			D16	by increasing access and affordability		
		E ATTRACT healthcare workers from outside of Georgia	E17	by attracting healthcare professionals from other states		
			E18	by attracting healthcare professionals from recognized/authorized foreign-trained talent pools		



The Commission's recommendations focus on example initiatives associated with three areas for improvement, as well as healthcare infrastructure reinforcements and occupation-specific ideas

Areas for improvement



Maximizing our existing workforce



Optimizing the healthcare education system



Attracting new workers

Healthcare infrastructure reinforcements



Centralized data clearinghouse



Collaborate with the Board of Nursing

Occupation-specific



Emergency Medical Services



Behavioral Health

The following materials provide supporting facts and context for each recommendation before sharing more detail on highlighted potential initiatives



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Maximizing our existing workforce

Highlighted possible initiatives

A1 Maximize **RETENTION and AVAILABILITY** of trained professionals **by retaining existing workers** (in state, in the profession, and in the workforce)

B5 and achieving top of license delivery within scope of practice limits

Addressing violence in the workplace

What

To improve worker retention, well-being, and sustainability, healthcare stakeholders could work to address and decrease workplace violence

How

Healthcare stakeholders could consider piloting programs such as establishing staff and systems for alert and de-escalation in high-incidence areas such as psychiatric wards and emergency rooms; closer collaboration with police to ensure appropriate training to distinguish between violent acts primarily driven by psychiatric conditions vs. other criminal acts, and supporting legislative efforts to strengthen prosecution while optimally preserving victims' safety, privacy, and emotional wellbeing

Why

Healthcare workers may feel safer, more valued, and more prepared to handle violence when it occurs in their workplaces

Loan forgiveness for healthcare workers

What

Healthcare stakeholders could explore relieving students' financial burden by providing opportunities for loan forgiveness to those who remain in Georgia's healthcare workforce post graduation

How

The program could forgive a portion of healthcare workers' student debt if they commit to live and work in Georgia for a set number of years following their graduation

Why

With resources for targeted marketing and expansion, a loan forgiveness program could attract a wide population across the workforce to enter occupations and localities in need across the state

Explore potential updates to scope of practice limitations

What

To improve worker retention, efficacy, and satisfaction, healthcare stakeholders could work to explore potential updates to current scopes of practice for select healthcare occupations

How

Healthcare stakeholders could consider exploring potential changes to scope of practice – for instance, allowing specialty nurses such as APRNs to practice under their own license in rural settings and/or expanding the upper limit of nurses' ability to provide care and consultation in all settings. Scope of practice regulations could be updated with language that is largely already being considered by professional organizations around the state

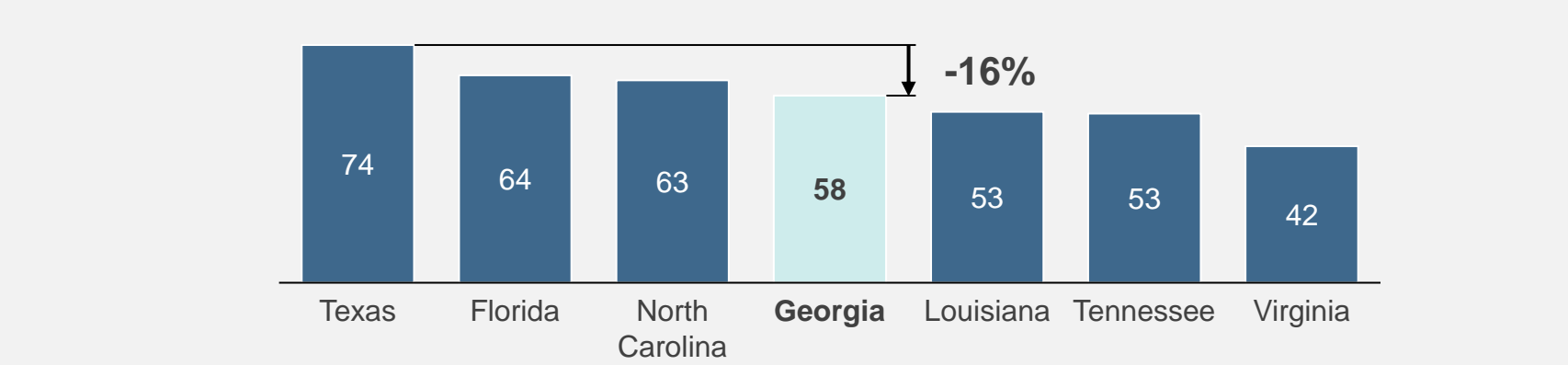
Why

Scope of practice changes could potentially expand care provision in rural settings, deflect work from physicians allowing them to operate at their top of license, and possibly help retention through ensuring satisfaction in one's work and efficiency in care provision

Among students who graduate with healthcare degrees in GA, many leave the state

Estimated in-state talent retention after graduation for healthcare occupations¹ based on online profiles², %

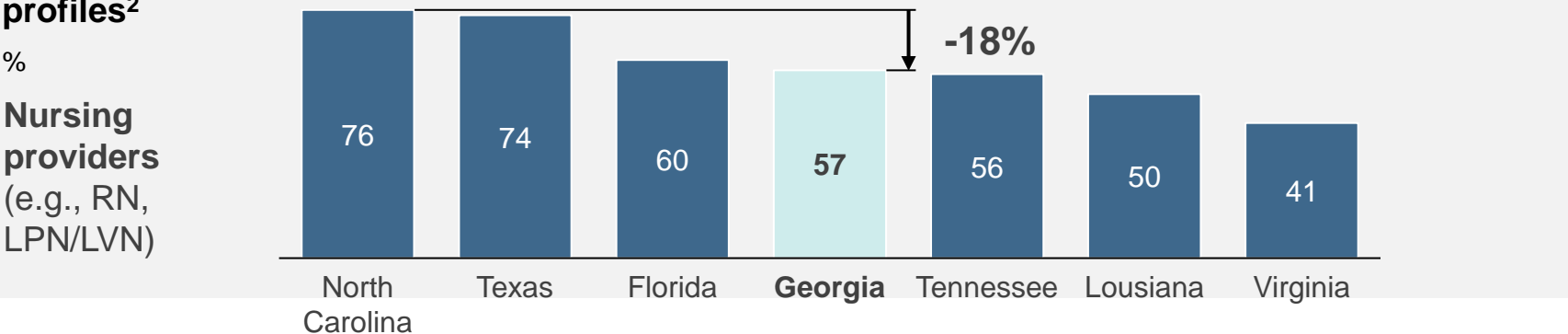
State, all healthcare job categories



Estimated talent retention after graduation for nursing care occupations³ based on online profiles²

%

Nursing providers (e.g., RN, LPN/LVN)



1. Includes 60 occupations across healthcare practitioners and technical (29-0000), healthcare support (31-0000), community and social service (21-0000) and life, physical and social science (19-0000)

2. Share of grads who remain in-region after completing their degree; based on profiles (LinkedIn, Career Builder, etc.) updated since 2018 for graduates of higher ed institutions

3. Includes: registered nurses, licensed practical and vocational nurses, home health and personal care aides, phlebotomists, nursing assistants, and orderlies

Source: Lightcast™ (formerly EMSI-Burning Glass)

57%

Percentage of Georgia nurses who stay in the state after graduation

76%

Percentage of North Carolina nurses who stay in the state after graduation

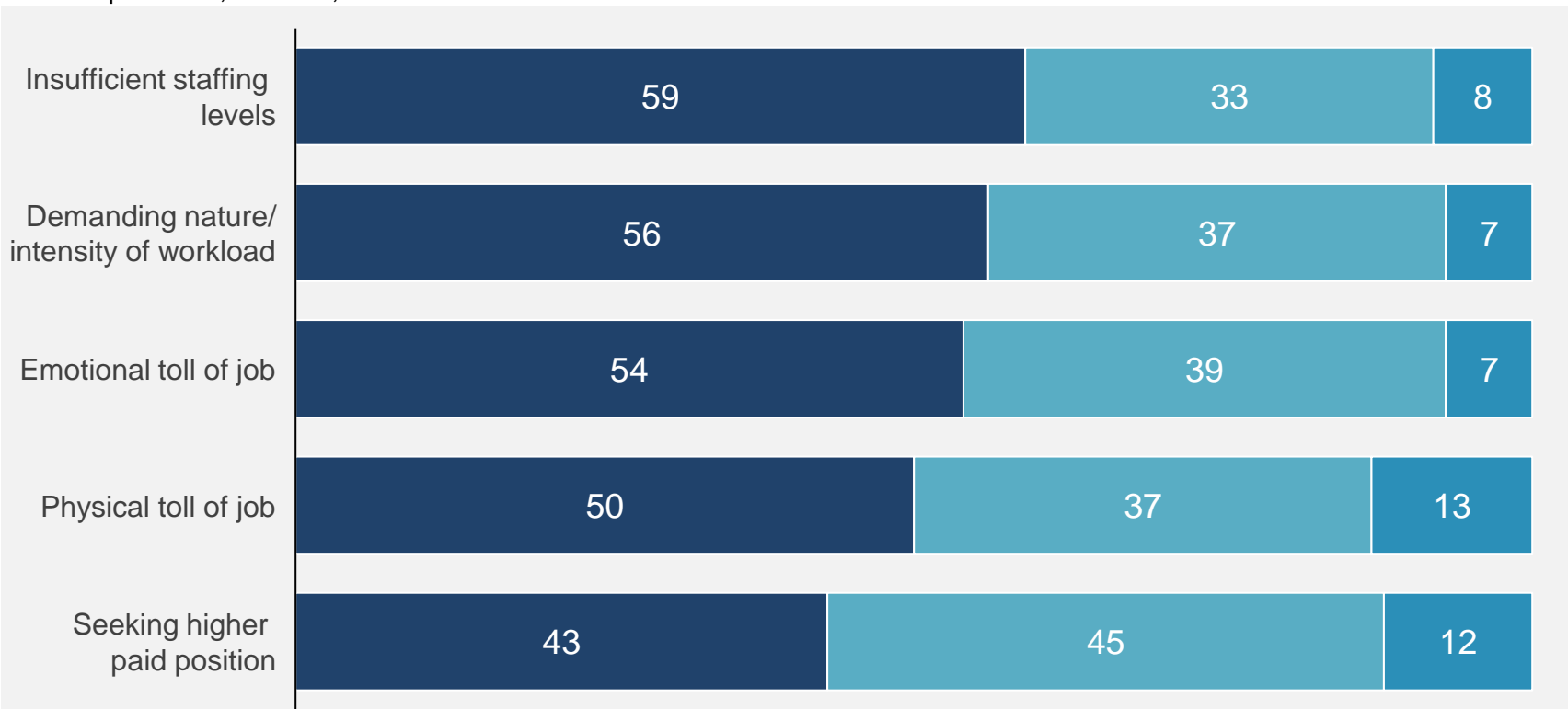
~3,000

Additional healthcare workers per year if Georgia retained graduates at the same rate as North Carolina

Working conditions are driving healthcare workers to leave their positions and the industry

Factors influencing decision to leave current position^{1,2,3}

% of respondents, n = 395, US overall



1. NSI National Health Care Retention & RN Staffing Report
2. TFACTORSLEAVE: Rate the following factors for how important they would be in a decision to leave your current role providing direct patient care, if you were to decide to leave.
3. Excludes respondents who indicated "other" (n = 29). This group most frequently noted "management support," and similar variations, which were consistent with "don't feel listened to or supported at work." Figures may not sum to 100%, because of rounding.
4. Elsevier, Clinician of the Future Report 2022: elsevier.com/___data/assets/pdf_file/0004/1242490/Clinician-of-the-future-report-online.pdf
5. 3.7% annual loss. Retiring workers make up the bulk of the total workers leaving, but this figure also includes workers leaving due to disability, schooling, household management, or other reasons, Lightcast™ (formerly EMSI-Burning Glass)
6. Bureau of Labor Statistics, <https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm>

The supply of healthcare workers is shrinking

47% **3.7%**

Percentage of healthcare workers in a recent survey who indicated that they expected to leave their roles in the next 2-3 years⁴

Percentage of the total healthcare workforce in Georgia lost to retirement/exiting the industry each year⁵

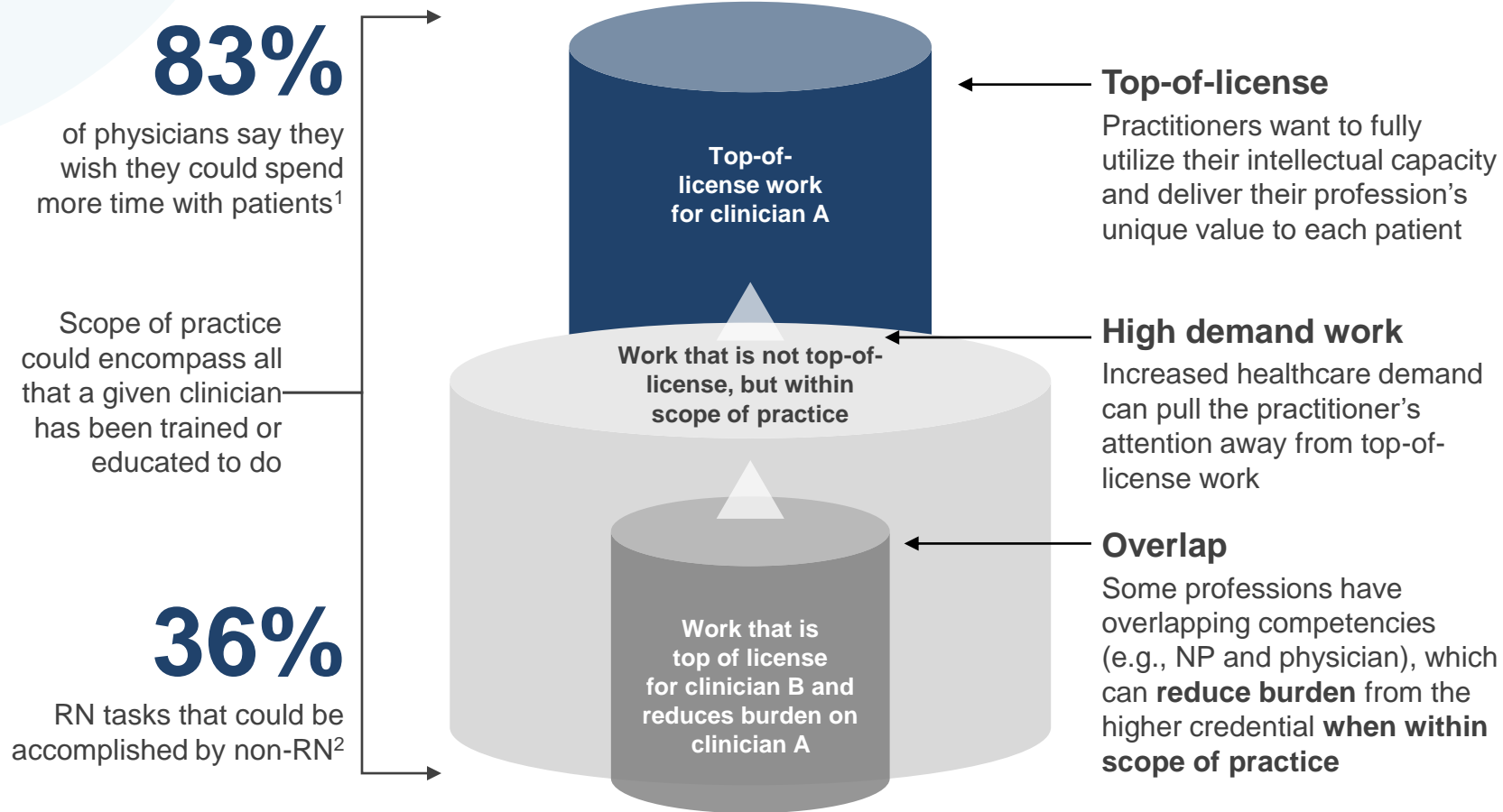
Rising workplace violence threatens healthcare workforce supply

60% **5x**

Increase in rate of workplace violence among healthcare professionals from 2011 to 2018⁶

Increased likelihood to suffer workplace violence among healthcare professionals compared to average worker⁶

Healthcare providers could consider how to adjust scopes of practice and simultaneously encourage top-of-license care



1. MD VIP, Physician Health Survey

2. McKinsey & Co., Insights, The productivity imperative for healthcare delivery in the US

3. BMC Research Notes, Article, Enhancing healthcare efficiency to achieve the Quadruple Aim, Note: performance improvement observed in limited study and has not been verified to be scalable

48%

Improvement in healthcare team performance when utilizing skills allowable under licensure³

Potential opportunities:

- Share best practices for working with allied workforce
- Identify and address high-burden/low-impact documentation requirements
- Leverage micro credentials to increase provider's ability to accomplish high-demand tasks
- Review existing scope-of-practice regulations in the state to ensure appropriate and evidence-based
- Develop and share materials that define top-of-license care delivery and improvement standards



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Optimizing the healthcare education system

Highlighted possible initiatives

C10 Increase Georgia's educational **CAPACITY** by increasing **total seats and faculty availability**

Quick Start for Healthcare

What

Leveraging a nationally recognized program like Quick Start that utilizes the Technical College System of Georgia (TCSG) could be used as a model through which workers could be trained to enter allied healthcare pathways

How

The program could be a collaboration between the state and healthcare employers that utilizes state funding to subsidize some portion of training of needed healthcare workers for handoff and employment in Georgia, and includes collaborating with high schools as appropriate to recruit into the program

Why

The Georgia Quick Start model has been effective at supplying the necessary workforce to support economic development projects statewide; adaptation of this program for healthcare could increase the number of clinical experience opportunities available, serve as a recruiting tool for healthcare fields, support worker retention in-state, and provide downstream benefits to other healthcare workers

Earn-to-learn programs

What

“Earn-to-learn” programs could be used both to eliminate the need for workers to choose between either pursuing education or practicing to meet their personal financial obligations

How

Earn-and-learn programs could provide stipends that allow students to earn wages while completing their required clinical hours

Why

These programs could attract a greater number of students to pursue education in healthcare pathways; it could also decrease or remove the need to maintain additional employment to pay for school, and thus improve retention and the number of new healthcare professionals graduating each year

Faculty incentives

What

Healthcare stakeholders in Georgia could explore offering incentives for qualified clinically trained individuals to spend time teaching

How

The state of Georgia could explore offering incentives to attract nurses and other healthcare workers to spend time teaching, such as funding loan forgiveness for healthcare educators

Why

Faculty incentives could draw interest from healthcare workers who tend to be more highly compensated in clinical vs. academic settings. In addition, providing incentives for faculty could retain workers who want more flexibility in their responsibilities (expanding from solely clinical duties to also academic), and could attract workers who are near retirement while capitalizing on their substantial knowledge

Georgia’s educational capacity could expand to meet the demand for additional healthcare workers

Job category	Employment, 2020, thousands	Projected annual avg. job openings ³ 2020-2025, thousands	Degree/Certificate Completions ² 2020, thousands	Completions retained in state ⁴ 2020, thousands	Gap Annual opening – completions gap, thousands
Nursing Care	191	12.7	10.7	6.2	2.0
Specialty Care ¹	85	9.0	4.2	2.4	4.8
Primary Care ¹	27	3.2	1.4	0.8	1.8
Behavioral Health	26	3.2	4.0	2.3	(1.0)
Pharmacy	21	1.5	0.9	0.5	0.6
Dentistry	18	2.2	1.4	0.8	0.8
EMS	11	1.0	0.5	0.3	0.5

1. Medical assistants are included both in primary care and specialty care. Jobs, openings and completions were distributed based on the relative workforce size of both groups (33% in primary care, 67% in specialty care)

2. To adjust for duplication, the number of completions within each instructional program (CIP) was distributed to each corresponding occupation (SOC) by way of a weighted average based on current employment within occupations. Completions were distributed taking into consideration typical entry level education requirements for each occupation. Graduates from doctor's degree in medicine (mapped to psychiatrists, as well as physicians in primary care and specialty care) are counted in the behavioral health, primary care and specialty care categories

3. Home health aides removed from nursing as it only requires a high school diploma

4. Estimated based on 58% retention rate among all professions. There is a net 1400-person addition to Georgia due to migration that is spread across all categories

Source: Lightcast™ (formerly EMSI-Burning Glass)

Commission Members cited several pain points for the educational pipeline including:



Attracting faculty



Lack of seats for all qualified applicants



Regulations surrounding part-time faculty



Geographic availability of courses



Clinical training space



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Attracting new workers

Highlighted possible initiatives

D14 Increase interest levels, access, and completion rates of **LEARNERS** by **targeting a larger pool of incoming students** with outreach and incentive programs

Optimize and market dual enrollment opportunities in healthcare fields for high school students

What

Healthcare stakeholders in Georgia could explore opportunities to connect high schoolers with allied healthcare training programs

How

The Dual Enrollment program in the state already fosters this sort of collaboration between state universities and Georgia high schools but increased marketing and resources could entice more students especially earlier in students' high school journeys (e.g., as sophomores and juniors) to pursue healthcare professions through this pathway

Why

The program could expand the entry point to healthcare pathways and enable high school graduates to enter the workforce with employment and opportunity for growth

Create additional scholarship opportunities for healthcare education programs

What

Healthcare and education stakeholders could consider increasing the number of scholarship opportunities for students interested in entering healthcare pathways

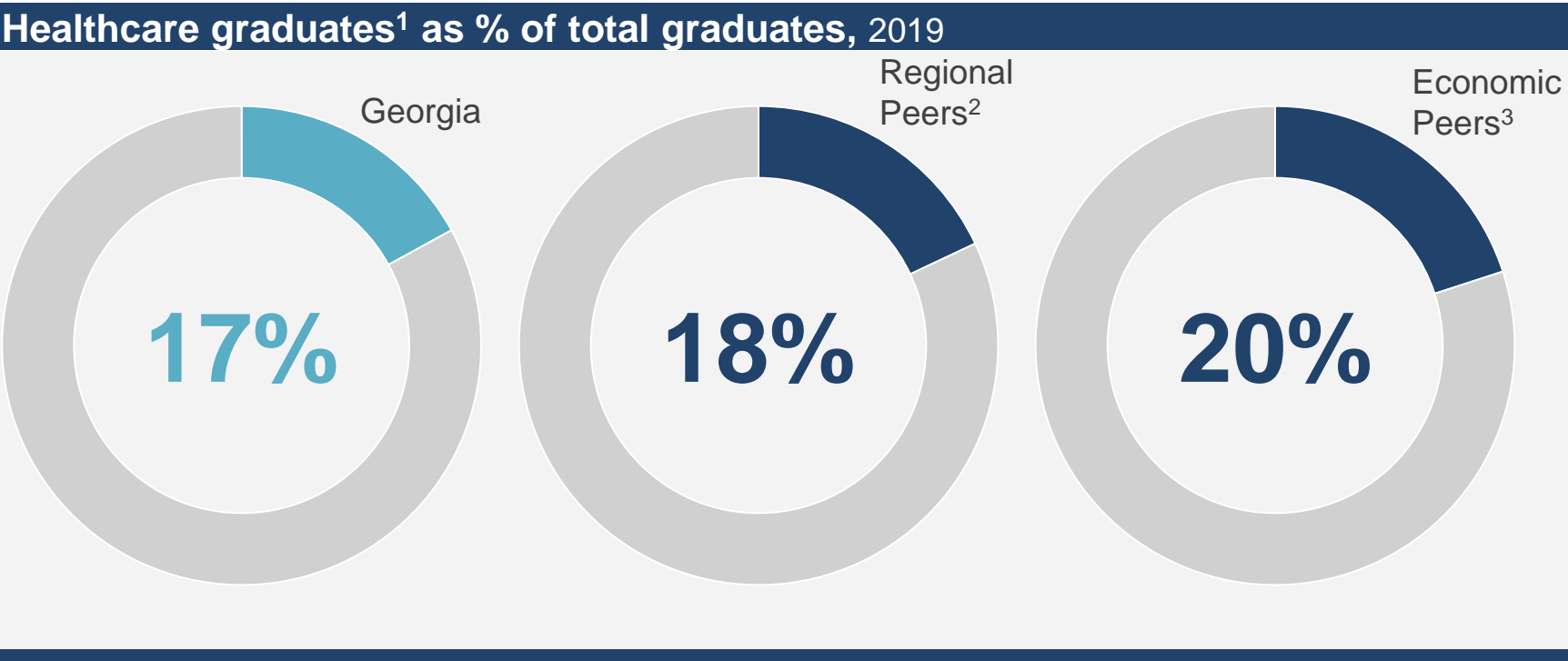
How

Stakeholders could consider expanding eligibility for financial aid programs to students interested upskilling to the next higher credential in healthcare. Stakeholders could also consider founding new healthcare-focused scholarships that provide expanded eligibility (e.g., with practicums administered by one's healthcare institution as one of several measures for scholarship eligibility)

Why

Students may lack certain qualifications for merit aid due to external responsibilities affecting academic performance (e.g., working several jobs or personal / family obligations), but may meet basic requirements for becoming credentialed in the field and may have the potential to become leading healthcare professionals if given support

Georgia's healthcare education pipeline is obstructed by students' financial and completion challenges



Pipeline limitations

\$28,400+

Average debt accrued by an American nursing school graduate⁴

16.5%

Percentage of students who intend to study medicine who graduate undergrad with required pre-med coursework⁵

~5,400

Number of additional graduates in the state per year if Georgia matched economic peers in graduate retention

1. Includes all degree and certificate completions for health professions and related programs (CIP 51)
2. Virginia, North Carolina, South Carolina, Tennessee, Florida, Louisiana, Texas, Missouri, Alabama
3. Michigan, Colorado, Arizona, Ohio
4. New York State Nursing Association
5. Zhang, C, Kuncel, N, Sackett, P. "The process of attrition in pre-medical studies: A large-scale analysis across 102 schools." PLOS ONE. 2020 Dec 28. <https://doi.org/10.1371/journal.pone.0243546>



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Healthcare infrastructure reinforcements: Support centralized data clearinghouse

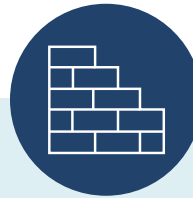
Highlighted possible initiatives

What



To more accurately measure the impact of this Commission's recommendations or to aim to prevent the gaps seen in the present workforce, healthcare stakeholders in Georgia may benefit from a centralized data clearinghouse with uniform reporting standards on information related to the healthcare pipeline (e.g., program vacancy information, most needed degrees/certificates, how many licensed and credentialed individuals are practicing)

How



The data clearinghouse could involve:

- Charging an existing state department with maintaining widely interoperable state-level data
- Establishing required reporting schedules and formats
- Using reporting schedules and formats that could be attached to extant healthcare provider questionnaires
- Setting data fields that could be published to stakeholders in the state upon validated quality and potential for impact

Why



Peer states that exhibit greater retention and training of healthcare workers often have extensive state-level data clearinghouses used to inform their decisions. While a data clearinghouse is unlikely to improve the workforce supply on its own, it is a foundational investment that could enable other initiatives and efforts to succeed

Healthcare infrastructure reinforcements: Collaborate with the Board of Nursing to advance the healthcare workforce agenda

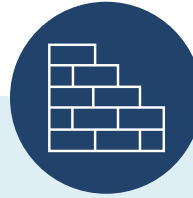
Highlighted possible initiatives

What



The Board of Nursing sets the regulations that govern nursing licensure and education in the state and maintains jurisdiction over many state-level regulations that affect the way nurses practice in the state and the way educational institutions structure their nursing programs. Adjustments of specific regulations could allow healthcare educators and providers to operate more efficiently and effectively

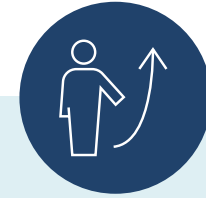
How



Collaborate with the Board of Nursing to consider ideas offered by the healthcare workforce commission members. These ideas include:

- Allowing part-time faculty to be counted in required student-to-instructor ratios
- Updating the ratio of permitted part-time teaching faculty allowed in clinical settings
- Considering an alternative discipline system for reports against nurses

Why



These potential changes could help remedy the shortage of instructional faculty, provide experienced nurses with the flexibility to teach and practice simultaneously, and increase the number of students allowed within educational institutions. Combined with initiatives to increase interest in healthcare pathways and increase clinical capabilities, updates to these regulations could provide non-resource-intensive pathways to bolster Georgia's workforce



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Occupation-specific: Emergency Medical Services

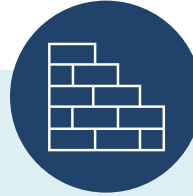
Highlighted possible initiatives

What



Commission Members noted that beyond challenges supporting care delivery, EMS deals with academic challenges due in part to the bulk of the training pipeline having shifted from technical colleges to private employer-organized classes. EMS administrators note that associated challenges include a decreased availability and accuracy of data surrounding training, decreased transferability between counties, and increased costs to EMS providers to train new workers

How



Technical schools could:

- Expand capacity to train EMS workers
- Explore hybrid course options to connect rural areas to remote campuses
- Implement approaches that allow for reward of effective instructors and remedy of underperforming programs

State stakeholders could:

- Support data collection and transparency to inform decisions by EMS providers and instructors

Why



Reforms to EMS education could promote decreased ambulance response times, increased recruiting of EMS professionals, higher pass rates among test takers, and increased efficacy of programs and dollars spent on education

Occupation-specific: Behavioral Health

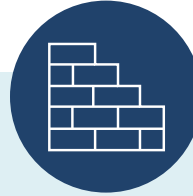
Highlighted possible initiatives

What



Besides ensuring that behavioral health is supported appropriately in other example initiatives that are implemented (e.g., exploring creation of scholarships for individuals seeking to enter the behavioral health workforce), Commission Members noted several potential measures that could support increasing the talent pipeline and retaining existing professionals

How



Healthcare stakeholders could:

- Support more on-the-job, practical training for behavioral health support positions
- Expand role of behavioral health support positions
- Streamline credentialing for qualified providers who want to practice both in Georgia and in other states
- Maintain flexibility in Georgia's telehealth regulations to make evidence-based practices permanent

Why




These reforms could expand the pipeline of students looking to enter behavioral health, decrease attrition among workers by reducing burnout, and ease the duties of current behavioral health workers to focus on more care provision



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As we close out, our Commission Members wish to express thanks to Governor Kemp for highlighting the importance of addressing our state's healthcare workforce needs, to all our staff for the time and energy dedicated to exploring root causes and opportunities to address the challenges, and to all members of the public who engaged with us and shared input via our Open Forums, Commission Meetings, and general correspondence.

- Georgia's Healthcare Workforce Commission, December 2022