

HEALTH CARE SERVICES OUTCOMES

ABOUT THE INDUSTRY

With more than 445,000 jobs at more than 14,000 establishments, Health Care and Social Assistance is the largest employing industry in Minnesota. The state gained a total of about 114,000 net new jobs from 2003 to 2013, while health care and social assistance added almost 94,500 net new jobs; accounting for 83 percent of the net job growth.

Health care occupations are projected to gain more than 27,500 new jobs in the next ten years, but will also need new workers to fill nearly 34,500 replacement openings due to retirements or other existing workers leaving the labor force. According to DEED's Employment Outlook, the state of Minnesota will have 62,220 total openings in STEM Health Care occupations from 2012 to 2022.

There are several significant health care services initiatives in Minnesota aimed at serving the industry's workforce needs. Notable examples include: Blue Ribbon Commission on the University of Minnesota Medical School, Foreign Trained Immigrant Physicians Task Force, Legislative Healthcare Workforce Commission, Mental Health Workforce Development Plan, Itasca Project, and NGA Healthforce Workforce Policy Academy.

HEALTH CARE SERVICES INDUSTRY COUNCIL

Fifty-seven people participated in the Health Care Services Industry Council meetings.

- 19 members of industry and industry associations
- 11 education representatives
- six labor and labor/ education representatives
- 21 government, legislative and other representatives

Industry Council participants are listed in Appendix H.

The first Health Care Service Industry Council meeting was conducted Aug. 15, 2014, at the Department of Labor and Industry. The purpose of the PIPELINE Project and the vision for success were shared with the Council.

Industry Council members Bethany Krom, Assistant Dean at Mayo School of Health Sciences and Adam Sumala, Vice-President of Membership and Strategic Affiliations at Leading Age Minnesota (formerly Aging Service of

The industry has long fostered employer-education partnerships through clinical rotations, residencies and other forms of internships.

Minnesota has one registered apprenticeship program:

The Health Support Specialist registered apprenticeship program, which was developed by Leading Age Minnesota. The program currently has eight employer sponsors, including:

- Good Shepard Lutheran Home
- Good Shepard Lutheran Services
- Oak Hill Living Center
- Three Links Care Center
- Avera Morningside Heights
- Benedictine Health Systems
- Benedictine Living Community
- Caledonia Care and Rehab

There are currently 38 active Health Services Specialist apprentices in Minnesota, 16 apprentices have completed the program.

Minnesota) framed the PIPELINE project related to the Minnesota Healthcare Services sector. Through a facilitated process the Council generated an inventory of abilities, knowledge, and skills for high demand Health Care Services occupations; the occupations discussed at this meeting were used to generate a preliminary list of "apprenticeable" health care services occupations.

After the first Industry Council meeting, the list of high-demand occupations was cross-referenced with DEED labor-market data, MnSCU listening sessions results and Wanted Analytics data. A survey was designed to identify the most "apprenticeable" advance manufacturing occupations. Several Industry Council members reached out to PIPELINE Project staff members to discuss the uniqueness of the health care services industry. Some shared that this is a highly regulated and licensed non-profit industry, with often limited control of some of the legal, licensure and financial aspects of training and



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development of employees. The survey and Industry Council membership conversations also served to validate industry specific competencies related to personal effectiveness, academic, workplace, and industry-wide technical skills based on the PIPELINE Competency Standards Models adapted from the U.S. DOL Competency Models.

Mayo Health Systems in Rochester hosted the second Healthcare Services Industry Council meeting on Oct. 1, 2014. Industry Council member Sally Nadeau, Communications Manager at Leading Age Minnesota (formerly Aging Service of Minnesota), discussed its registered apprenticeship program; opportunities, challenges and lessons learned.

The Industry Council selected four occupations for a dual-training focus, including the development of competency standards. Industry Council members requested the PIPELINE Project support other important initiatives in the Health Care Services sector, especially related to nursing professionals.

The final Health Care Services Industry Council meeting was hosted by DLI on Nov. 7, 2014. The industry council identified recommendations for moving forward with occupational competency standard development and potential next steps to increase dual-training delivery in Health Care Services.

Occupations identified for the Health Care Services Council for PIPELINE competency modeling and dual training planning are:

- **Health information technician**
- **Health support specialist (current registered apprenticeship)**
- **Medical scribe**
- **Psychiatric technician/mental health technician**

Full descriptions of these occupations are available in Appendix I.

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HEALTH CARE SERVICES RECOMMENDATIONS

Recommendations specific to the Health Care Services industry are categorized by area of need:

1. Early exposure

Many students and youth are familiar with some professions within the healthcare industry – especially the idea of being a doctor or a nurse. However, enhanced career education and counseling is needed to provide awareness about the very broad range of occupations within the sector. Even some students that are interested are unaware of the nature of health care work and don't always have realistic expectations about the necessity of being academically prepared for a career in health care. Students who do not take sufficient science and math in high school must “play catch-up” in college prior to entering their chosen field of study. Industry council members want to expand many of the hands-on career exploration opportunities already available in Minnesota. Increasing outreach efforts to high school counselors, teachers and parents was also identified as essential to promoting lesser known health care professions.

2. Hiring and recruiting

Health care is in the midst of significant structural and technological changes. Council members indicate that the industry is also transitioning from a model of acute care to community care. Further, demographic shifts are causing changes in health care workforce demand. There is a need for more specialists in geriatric, hospice, palliative care, and chronic disease management care. A high proportion of some professions, especially nurses, are nearing retirement age.

The Industry Council shared that health care services demand varies by subsector within the industry and geographically across Minnesota. Long-term care services face workforce challenges as the pay structure is less than in acute care and other health care settings. Labor demand appears especially critical in rural areas. There is high turnover in direct care positions, including nursing assistants, and practical and professional nursing. As turnover occurs, the industry may lose prospective employees. Occupations exist in silos with little opportunity to move between and among professions.

Financial issues are a significant concern to this industry. Council members wanted to learn more about the return-on-investment of dual-training initiatives, particularly at a time when the industry is feeling pinched by continued cuts and pressure to reduce cost.

3. Skills and training

Health care services employees must have strong verbal and writing skills. Strong candidates are detail oriented with good critical thinking skills, as well as knowledgeable about biology and medicine. The role of technology is growing in all areas of health care services. Workers have to be more technologically proficient in providing care, documenting care and communicating with patients, members of the care team and other professionals. Employees are also expected to have a greater understanding of health care finance, including reimbursement practices.

The long-term partnership between education and health care addresses many of the skill needs of the profession, yet as the approach to care changes, new professions are emerging in mental health, in community care and to support industry technology. Industry Council members recognize the benefit of standardizing curriculum within health care occupations both at academic institutions and on-the-job-training sites. They believe Minnesota's health care education should be aligned with the highest national standards and be flexible in its delivery.

Health care services professionals have a rich history of mentorship through formalized relationships, such as residency and clinical placements. Leaders in health care services would like to expand training for preceptors and industry mentors. Then, build on this training model for occupations not traditionally linked to this form of training.

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4. Recommended next steps

- Complete the occupational competency standards and validate with industry experts.
- Implement dual-training program that supports emerging industry professions, changing care models and technology.
- Establish seed funding to assist employers and dual-trainee employees or apprentices in initiating new dual-training and/or apprenticeship programs in health care services.
- Research and document the cost of dual-training versus other hiring and education methods within the industry.
- Seek opportunities to develop career pathways that will support employees entering the profession and moving between occupations.
- Identify opportunities for program variability based on industry sub-sectors and geographic differences in Minnesota.
- Create marketing and communication plan disseminate to disseminate dual-training information and templates to employers; the goal is to educate more employers about this workforce model.
- Host follow-up Industry Council meeting to report about results and next steps for dual-training.
- Create dual-training templates and program design options to facilitate quick and easy implementation of new dual-training programs in healthcare services in emergent occupations.
- Recognize and acknowledge the healthcare services sector is unique due to its financial structure, licensure requirements and state/federal regulations.
- Recognize the need for health care services to have state or federal funds to further to develop and fund dual-training programs in throughout the industry.