



Regional Consortium on Health Care Workforce

Charter

Purpose

The purpose of the Regional Consortium on Health Care Workforce (Workforce Consortium) is to develop recommendations for meeting the region's need for health care workers through the year 2025. Working through expert advisory groups, the Workforce Consortium will describe the roles and functions that are evolving under health care reform from a patient perspective, evaluate the best data available on workforce gaps and distribution, and arrive at a set of shared, patient-informed principles for maximizing training opportunities and addressing current and/or anticipated shortages. While a community strategy and shared priorities are the goal, the Consortium is not expected to control implementation of workforce training, retention or recruitment.

Background

In 2013, the Finger Lakes Health Systems Agency (FLHSA) convened the Regional Commission for Community Health Improvement (RCCHI), which issued a comprehensive report in 2015 calling for better integration of primary care and behavioral health, attention to public health and other prevention strategies, and development of a holistic service model for seniors residing in the community. RCCHI called upon the FLHSA to support programmatic initiatives that would further its recommendations, and to report on community-wide progress in improving health. RCCHI also formally requested that the FLHSA convene a second group to examine regional needs for a health care workforce, which was described as a fundamental building block in any efforts to improve population health.

RCCHI recognized that a comprehensive understanding of regional health care workforce needs is difficult to achieve given the degree of anticipated transformation in health care delivery and the lack of relevant workforce data. Addressing workforce needs requires thoughtful and deliberate consideration of how patient needs are best addressed under emerging roles and responsibilities, together with the barriers presented by limitations on scope of license and certification requirements. RCCHI discussions of the

transformation of health care delivery included a focus on team based care, which places new demands on existing workers and calls for new types of foundational skills, personal attributes and behavioral capacities.

The Workforce Consortium created under this charge will therefore ground its discussions in an examination of the evolution of service delivery across different settings under health care reform. The Workforce Consortium will conduct its work through expert advisory groups, which will include representative patients and focus on the three service delivery areas considered by the original RCCH: Primary Care, Behavioral Health and Long Term Care. The Workforce Consortium will generate a set of recommendations, with particular attention to the intersections between these different service areas from a patient's perspective, and arrive at community-wide priorities for addressing workforce needs. Regional collaboration is critical in order to align educational curricula with emerging health care needs, avoid redundancy, and coordinate effective advocacy for regional resources.

Structure

The Workforce Consortium will be co-convened by the Finger Lakes Health Systems Agency (FLHSA) and the Regional Economic Development Council (REDC). It will build on the work of the REDC's Subcommittee on Health Care Workforce, The Rochester Monroe Anti-Poverty Initiative (RMAPI), the Finger Lake Performing Provider System (FLPPS)'s Workforce Committee, and the New York State Department of Health (NYSDOH)'s Statewide Workgroup on Workforce. The Workforce Consortium will synthesize the efforts of all these groups, each of which addresses a piece of the overall puzzle, in order to develop a comprehensive, patient-informed perspective on health care workforce needs for the entire nine county Finger Lakes population, regardless of insurance status.

Workforce Consortium membership shall be drawn from community leaders in education, hospital systems and other health care employers, health insurers and business, as well as representative health care consumers. To ensure coordination and avoid duplication of effort, membership will include representatives from the REDC Subcommittee on Health Care Workforce, RMAPI, FLPPS Workforce Committee, and the NYSDOH Statewide Workgroup on Workforce.

The Workforce Consortium will be informed by subject matter experts, including representative patients. Three advisory groups, representing the areas of primary care, behavioral health and long term care, will be charged with developing recommendations for the Workforce Consortium. Phase I

recommendations will address functional categories and new and emerging roles and responsibilities as envisioned by changes in health care delivery. Later phases of the work will develop best estimates of current and projected workforce gaps and shortages through 2025, identify key curricular elements for training and educational programs, and describe licensure and regulatory barriers to progress. Membership for the advisory groups will be drawn from subject matter experts in the three areas (primary care, behavioral health and long term care), and will include patients and families.

The FLHSA Workforce Consortium will meet three times annually during Phase I, commencing November 2015. Each advisory group will each meet approximately six times during Phase I, commencing January 2016, in order to develop recommendations for the Workforce Consortium. The timeline and content of subsequent phases will be articulated by the Workforce Consortium upon completion of the work in Phase I. Phase I recommendations will be delivered by January 1, 2017.

Intersections and Ongoing Conversation

To ensure an ongoing conversation about the intersections between the service delivery areas addressed by the advisory groups, each of the expert advisory groups will tackle the issues presented in Phase I simultaneously. A cross-group triage team will identify cross-group issues and opportunities, with a particular focus on the types of worker functions and roles that will be called for as primary care and behavioral health achieve higher levels of integration and as more holistic models of senior care take hold.

The Workforce Consortium will meet following every 2-3 meetings of the advisory groups in order to receive updates and provide input on emerging priorities. An operations team will aid the advisory groups in formulating Phase I recommendations and interact regularly with the executive leadership of the Workforce Consortium, which shall include the Workforce Consortium's chair and vice-chairs.

The Workforce Consortium's process for Phases II and III will be articulated by the Workforce Consortium as it nears completion of the Phase I recommendations. Phases II and III are envisioned as including estimates of current and projected workforce needs, key elements for training and educational programs and proposals for licensure and regulatory reform. During all phases of the work, every effort will be made to identify issues and describe needs from a patient perspective.

Audience

The Workforce Consortium’s recommendations shall be delivered to the following audiences, each of which has a role to play in achieving and sustaining success:

- Elected Officials, state and local government (for licensure and regulatory reform)
- Regional Educational Institutions (for curriculum development)
- Regional Employers (for recruitment and retention)
- Payers (for advancing and sustaining new models of care delivery)
- Patients (to provide reactions to new functions, roles and models of care delivery)

Roles & Accountability

FLHSA Board of Directors

Approves the charter, leadership and composition, and accepts the Workforce Consortium’s recommendations.

Regional Economic Development Council

Co-convenes the Workforce Consortium and provides input through the Subcommittee on Health Care Workforce.

FLHSA Staff

Provides project coordination and technical support; including data, research and preparation of draft recommendations.

Regional Consortium

Within the Charter, establishes ground rules for its work and articulates scale and speed for Phases II and III. Provides input on advisory group discussions, including identifying topics for research, review and discussion. Acts upon advisory group recommendations to synthesize findings, establish community-wide priorities and develop a strategy for implementation and sustainability.

Technical Experts

May conduct research, analyze project-related data and publish findings, and may be invited to take part in the work groups.

Consultants

Selected, engaged and charged by the FLHSA to provide analyses and research to support the Workforce Consortium and its advisory groups.