Case Study: How Alaska Addresses Its Health Care Workforce Challenges

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Introduction

States across the country are experiencing health care workforce shortages. This issue is rising to the top of many states' health care priorities, with 12 governors citing workforce shortages as a high priority in their 2018 State of the State addresses. These pressing shortages are influenced by a number of factors, including a growing aging population that tends to utilize more health care, an increasing chronic disease burden, and a misdistributed workforce that can especially impact rural areas.

For states, an adequate workforce is critical on a number of fronts. It can help ensure sufficient access to health care services, addresses critical public health issues such as the opioid crisis, and attract and retain new employers. Addressing state health care workforce challenges requires building new partnerships and taking a cross-agency approach.

States have a number of tools and resources available to expand and train their health care workforce:

- In each state, the governor's office is responsible for submitting the Workforce Innovation and Opportunity Act (WIOA) state plan, which outlines workforce priorities for the state. Through WIOA funding, state departments of labor administer employment support services that include training and skill building programs for adults, dislocated workers, and youth.
- State departments of education may oversee vocational rehabilitation programs and adult education programs as part of their WIOA state plans. They, along with state universities and community colleges, can also administer career pipeline or pathway programs that expose students to health professions and provide adults with training opportunities.
- State departments of health often manage the state's health professional loan repayment or scholarship program(s) and federal matching funds through the Health Resources and Services Administration's (HRSA) State Loan Repayment Program. State primary care offices typically submit applications for Health Professional Shortage Area designations and resources. State Medicaid agencies may incorporate workforce initiatives into their Section 1115 demonstration waivers and can contribute to funding for their state's graduate medical education. Health care agencies such as Medicaid and public health can also be catalysts for creating new types of workforce position.
- A state's professional licensing agency or board(s) is responsible for licensing and certifying professionals, and often plays a key role in overseeing licensed health occupations.

Given the numerous agencies and sectors that share responsibility for workforce development, it is important for state agencies and organizations to coordinate their efforts. Through cross-agency collaboration, Alaska has made

significant inroads to address its challenges of education and training initiatives, recruitment, and promoting retention of health care workers, particularly in remote regions. The state has achieved a number of successes, which include:

- Implementing registered apprenticeships for health care occupations;
- Providing Medicaid reimbursement for non-traditional healthcare workers;
- Creating core competencies and training tools for direct support workers;
- Conducting readiness assessments of state staff and behavioral health providers; and
- Implementing a loan repayment program.

Many of these successes have been facilitated by the Alaska Health Workforce Coalition, a cross-agency forum whose members develop shared priorities, forge partnerships, and identify opportunities to collaborate on solutions. This case study highlights how Alaska has utilized this multi-sector, cross-agency collaboration to bolster health care workforce development.

Alaska's Building Blocks: Leadership and Multi-Sector Partnership

Like many states, Alaska continues to face health care workforce shortages that are particularly challenging in the rural and frontier areas of the state. These rural communities often are not accessible by roads and residents must travel by air to receive some, and in many cases all, of their health care. As of 2016, 96 percent of the state's land area, home to 39 percent of the state's population, was designated a federal Health Professional Shortage Area.[1] Access to basic primary and preventive health care services is limited in many areas of Alaska. Sixty-nine percent of primary care providers are located in Anchorage — the state's largest city — and the surrounding Matanuska-Susitna region.[2] Alaska has no in-state medical or dental schools, making it necessary to join educational partnerships, such as the WWAMI Regional Medical Education Program,[3] and recruit and retain out-of-state providers to fill positions, particularly in rural areas outside Anchorage. Access to behavioral health services is also limited. One in five mental health provider positions in rural Alaska and one in ten in urban Alaska remain vacant.[4]

Alaska Health Workforce Coalition Membership

The coalition presently includes voluntary participation from a wide range of state agencies and private organizations, including:

- Department of Health and Social Services (DHSS)
- Department of Labor and Workforce Development (DOLWD)
- Department of Education and Early Development (DEED)
- Alaska Mental Health Trust Authority (Trust)
- Alaska Workforce Investment Board (AWIB)
- University of Alaska Anchorage (UAA) and Alaska Area Health Education Centers (AHEC)
- Alaska Native Tribal Health Consortium (ANTHC)
- Alaska Primary Care Association
- Alaska State Hospital and Nursing Home Association
- Alaska Behavioral Health Association
- Alaska Alliance for Developmental Disabilities

Given these critical shortages, health care workforce has been a statewide priority for over a decade. The concept for the Alaska Health Workforce Coalition first emerged in 2008 when several organizations came together to identify ways to leverage and build on their individual health care workforce initiatives. Shortly thereafter, at the request of the Alaska Workforce Investment Board, the coalition developed a statewide health care industry workforce plan. The health care workforce plan details state strategies to address workforce gaps in four major areas:

- The lack of awareness, particularly among Alaskan youth, about available health careers;
- Insufficient educational and training programs for priority health careers, ranging from vocational training to

professional degree programs;
- The need to recruit out-of-state employees to meet the state's health care system needs, particularly in fields where there are no training or educational programs in the state (e.g., dentist, physician); and
- The need to retain health care workers, particularly in rural areas.[5]

The coalition was originally funded by the Department of Health and Social Services (DHSS), the Department of Labor and Workforce Development (DOLWD), and the Alaska Mental Health Trust Authority, a state corporation with funding from a Trust originally established by the federal government in 1956. Due to state budget reductions in recent years, administration of the coalition is now primarily supported by the Trust.

Development of the state health care industry workforce plan spurred the coalition to continue meeting and develop its first action agenda for 2012-2015. This action agenda served as a roadmap for the group, providing tangible steps to achieve strategies laid out in the workforce plan. Coalition members were responsible for leading each step, and a scorecard was created to track progress and monitor change.

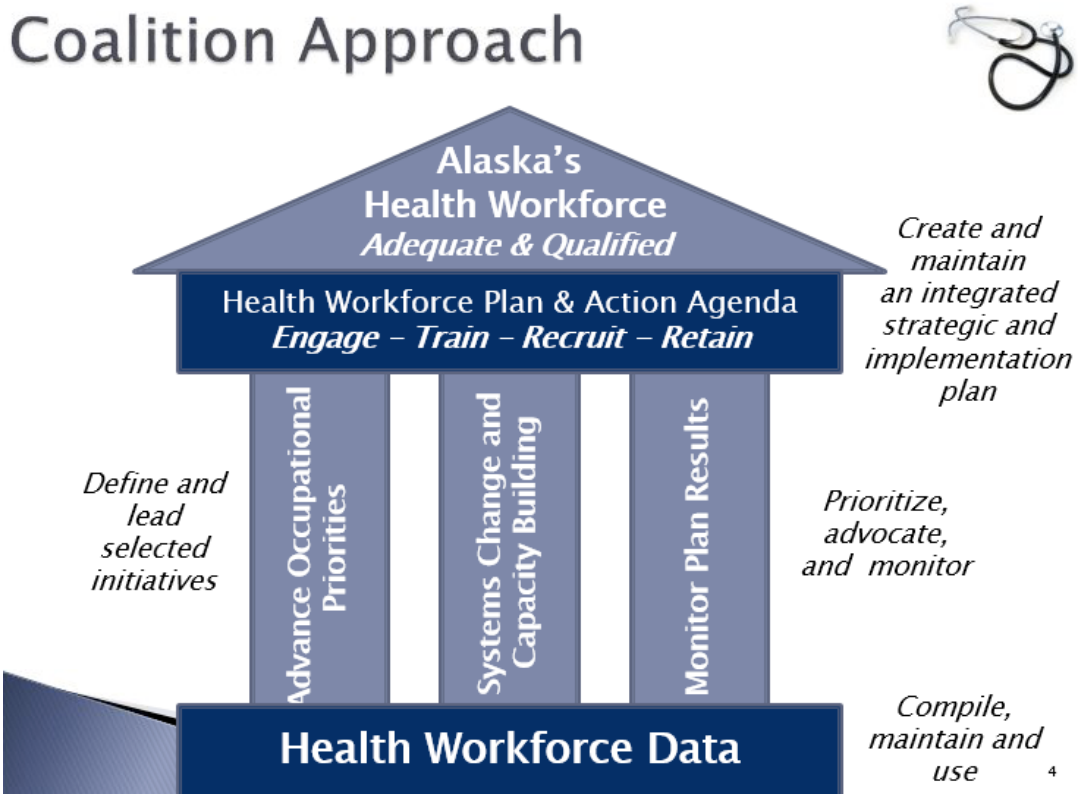

Image Source: University of Alaska (https://docs.google.com/file/d/0B4ApQ51gwGcQUHhXMmVHZ3QtekE/edit?pli=1)

The coalition recently released a 2017-2021 action agenda to guide its work. The action agenda's objectives reflect the current health care landscape in Alaska, which is in the midst of large-scale, state-led transformation. In 2015, Gov. Bill Walker issued an executive order to expand Medicaid to 40,000 additional Alaskans.[6] In 2016, the legislature passed Senate Bill 74, which required DHSS, a Coalition member, to undertake comprehensive Medicaid reform. Medicaid redesign includes 16 different initiatives in the state, including the submission of a 1115 Demonstration waiver to transform the state's behavioral health delivery system.[7] The state expects its Medicaid transformation to create an additional 4,000 health care jobs[8] and continue to drive the need to train, recruit, and retain health care workers to provide access to high value care — the four primary objectives of the action agenda.

This increasing demand for health care services has strengthened the state's commitment to address health care workforce, despite significant changes in coalition members leadership and contraction of state spending due to the state's economic downturn.

Strategies

The coalition's cross-agency infrastructure has helped foster innovations to address its health care workforce challenges. The following examples illustrate some of Alaska's policies and programs, which have helped reduce workforce shortages and training barriers.

Expand the health care workforce through federally-registered apprenticeships. Alaska has leveraged the federal registered apprenticeship program to recruit Alaskans into the health care field, particularly in rural areas. Apprenticeships provide on-the-job training for participants, can serve as an entry point for pipeline career advancement, and in some cases, such as certified nursing assistants (CNAs), can award college credit. Although relatively new, interviewees noted this is an important initiative because it reduces or eliminates some of the barriers to workforce entry for Alaskans, including education costs, lost income from returning to school, and notably having to leave rural and frontier villages to receive education and training. The registered apprenticeship initiative has been a collaborative effort by many coalition members. The state DOLWD has led this effort, in collaboration with DHSS, provider organizations, and the employers who sponsor the registered apprenticeships. The state currently has nearly 200 apprentices employed by more than 70 health care providers. There are 15 registered health care apprenticeships ranging from medical coding and billing to direct clinical care.[9]

An early challenge for the program has been garnering interest among employers to sponsor apprenticeships. Employers must provide the upfront investment required to train the apprentice and utilize a current employee to mentor and train the apprentice — potentially reducing the organization's capacity to serve patients. The state DOLWD has used the State Training and Employment Program (STEP) — funded through modest employee contributions to Alaska's unemployment insurance program — to support capacity building and training for employers who participate in apprenticeships and other workforce development and training opportunities.[10]

Incentivize the use of non-traditional health care workers within Medicaid. Recruitment and retention of health care workers are major issues in many towns and villages, particularly those beyond the state's road system. In response, Alaska has become a leader in the use of non-traditional health care workers to provide preventive services and health education in patients' communities, thereby increasing access and reducing travel costs. In addition to behavioral health peer support specialists,[11] the state supports three paraprofessional positions, including community health aides (CHAs),[12] behavioral health aides (BHAs), and dental health aide therapists (DHATs) who practice within Tribal Health Organizations.[13] Alaska recognizes the Indian Health Services' certification of these tribal paraprofessionals rather than utilizing state occupational licensing.

Spotlight: Behavioral Health Aide Registered Apprenticeship

The Behavioral Health Aide (BHA) program, developed by the Alaska Native Tribal Health Consortium (ANTHC), is a tribal paraprofessional that provides counseling services and behavioral health education at tribally-operated clinics. BHAs most frequently work in remote villages where access to behavioral health services has historically been limited because villages cannot recruit and retain higher-level providers.

Alaskans can become certified as BHAs through a registered apprenticeship program, developed collaboratively by the state DOLWD and ANTHC, or through a two-year program at Ilisagvik College, which confers BHA certification and an associate's degree.

Spotlight: Pioneer Home Certified Nursing Assistant Dementia Specialty Registered Apprenticeship

The Alaska DHSS serves as an employee sponsor for a CNA-registered apprenticeship at its Pioneer Homes (state-owned assisted living facilities). CNA apprentices receive on-the-job training specializing in dementia care over the course of six to twelve months. The apprenticeship was developed in partnership with DOLWD over the course of two years. To help jumpstart the program, DOLWD used federal Workforce Innovation and Opportunity Act (WIOA) incumbent worker training funds and American Apprenticeship grant dollars to support curriculum development for the apprentices and cover some "train-the-trainer" costs for the onsite mentors.

Tribal CHAs, BHAs, and DHATs, as well as both tribal and non-tribal peer support specialists, are billable under Medicaid.[14]

Alaska plans for additional investments in non-traditional health care workers. The state is currently developing a certification process for peer support specialists and predicts that uniform standards for this position will help increase uptake among health care practices across the state. Additionally, DHSS and DOLWD have worked with the Alaska Primary Care Association to develop a community health worker position, including an associated registered apprenticeship pathway to provide training .

Deploy statewide training tools and resources. Coalition members universally affirmed that a key role of the coalition was to provide a forum for public and private entities to discuss their health care workforce initiatives and, particularly during challenging fiscal times, collaborate and build on each other's efforts. For example, members, including the Alaska Mental Health Trust Authority and DHSS, collaborated with the Alaska Training Cooperative to develop core competencies and a corresponding assessment tool for direct care workers. These training tools provide standardized, off-the-shelf resources that health care employers can use to build capacity among their direct care workforce on topics such as patient-centered care, care planning and documentation, and care linkages.[15]

The Alaska Area Health Education Centers (AHECs) program, based at the University of Alaska Anchorage, also facilitates educational and training opportunities for youth and adults. Notably, the South Central AHEC, one of six regional centers, in partnership with DOLWD, operates the state's pre-apprenticeship training program. This program provides one- to -two week educational opportunities for individuals interested in specific health careers and support in finding a subsequent placement in registered apprenticeship positions, entry-level jobs, or additional training or education.[16]

Promote recruitment and retention through its state loan repayment program. Alaska's state loan repayment program, SHARP I, helps the state recruit and retain health care workers by providing loan repayment support to clinicians. SHARP I is supported through federal funds from the Health Resources and Services Administration's (HRSA) State Loan Repayment Program and an annual state match from the Alaska Mental Health Trust Authority. SHARP I -supported clinicians, in return, must serve Medicare and Medicaid beneficiaries.[17] Given the lack of an Alaska-based medical school and the state's extreme rural nature, SHARP I has proven to be a valuable tool in improving recruitment and retention.[18]

The state, in collaboration with coalition members, is currently working to develop a corollary loan repayment program, which the state calls SHARP-III. SHARP-III would utilize private capital from the employer and another entity, such as a provider association or industry sponsor, to fund the costs of the program. The idea for this proposed program grew out of the state's desire to expand loan repayment to recruit and retain more providers, while also mitigating the impact on the state's budget. SHARP-III would take advantage of the contracting and payment infrastructure available in the state established through SHARP-I. Coalition members noted that leveraging private capital would allow for greater program flexibility, including the ability to expand the program into new occupations (e.g., allied health, medical specialists, and health care administration) and practice sites (e.g., long-term care). The SHARP-III model is still under development.

Assess readiness for Medicaid transformation. In preparation for Medicaid redesign, DHSS and the Mental Health Trust Authority—both Coalition members— worked with other state stakeholders to conduct a readiness assessment of DHSS's Division of Behavioral Health and the behavioral health provider community for delivery system transformation under the state's planned Medicaid 1115 demonstration waiver. The readiness assessment examined current state staff and provider capacity in a wide range of domains:

DHSS Division of Behavioral Health

- Informatics
- Contract management
- Performance/outcomes management
- Continuous quality improvement
- Content knowledge of substance abuse and mental health
- Knowledge of behavioral health care coverage and care delivery systems
- Systems thinking

Alaska Behavioral Health Providers

- Financial management
- Data/performance management
- Clinical management
- Organizational management

The state plans to use the assessment results to help strategically target limited resources to support necessary workforce training and capacity building under a transformed delivery system.[19]

Conclusion

Health care workforce shortages remain a challenge in most states. Alaska's rural nature and small population has shaped its strategies to reduce these shortages. The state has focused heavily on recruiting and training current Alaska residents, benefitting from their understanding of the needs, challenges, and culture of their rural areas to overcome health care workforce barriers. While the solutions may differ across states, Alaska offers lessons to other states on how a multi-sector, cross-agency coalition can support implementation of strategies to address workforce challenges.

The Alaska Health Workforce Coalition has facilitated many of the state's workforce initiatives. Stakeholders identified the coalition as a valuable forum for convening and developing partnerships to make the most of limited resources. Many members have described it as an opportunity to participate in information sharing and collaboration that would otherwise not be possible outside of coalition meetings.

The coalition also benefits from having resources and a dedicated staff member who is responsible for coordinating the organization's work and ensuring workforce remains a priority among members. Additionally, the coalition has helped reduce duplication of efforts across member agencies/organizations and made their efforts more impactful through the implementation of the action agenda.

Additional Resources

Alaska Health Workforce Coalition
Alaska Health Workforce Coalition Action Agenda 2012-2015
Alaska Health Workforce Coalition Action Agenda 2017-2021
Alaska Department of Labor and Workforce Development - Apprenticeships
Alaska Mental Health Trust Authority

Endnotes

1. Alaska Division of Public Health, Section of Health Planning and Systems Development, *Alaska 2015 – 2016 Primary Care Needs Assessment* (Juneau, AK: Alaska Department of Health and Social Services, 2016). http://dhss.alaska.gov/dph/HealthPlanning/Documents/Primary%20Care%20Needs%20Assessment/AlaskaPrimaryCareNeedsAssessment_2015-2016.pdf.
2. Ibid.
3. The WWAMI Regional Medical Education Program is a partnership among the University of Washington, Washington State, and three states, which lacked medical schools (Wyoming, Alaska, and Montana). The University of Alaska-Anchorage is a WWAMI partner. The partnership aims to train and prepare physicians to care for residents of these four states. For more information on the WWAMI Regional Medical Education Program, please visit: https://www.uwmedicine.org/education/md-program/wwami.
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5. Alaska Health Workforce Planning Coalition, *Alaska Health Workforce Plan* (Anchorage, AK: Alaska Health Workforce Coalition, 2010). http://labor.alaska.gov/awib/forms/Healthcare_Workforce_Plan.pdf.
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9. Alaska Department of Labor and Workforce Development, "Current Registered Apprenticeship Programs." Accessed October 16, 2018. http://www.jobs.state.ak.us/apprentice/job-seekers/apprenticeship-programs.html#healthcare.
10. Interview with Greg Cashen, Alaska Department of Labor and Workforce Development; Deborah Erickson, Alaska Department of Health and Social Services; and Allison Biastock, Alaska Workforce Investment Board, August 2018.
11. Alaska Administrative Code, sec. 135.210. http://www.legis.state.ak.us/basis/aac.asp#7.135.210
12. For more information on the Community Health Aide Certification Standards, please visit: http://www.akchap.org/resources/chap_library/CHAPCB_Documents/CHAPCB_Standards_Procedures_Amended_2018-01-25.pdf
13. For more information on Community Health Aide and Behavioral Health Aide reimbursement under Alaska Medicaid, please visit the state's Medicaid State Plan Amendment (https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/AK/AK-17-0007.pdf) and Alaska Medicaid's Tribal Health Provider Manual (http://manuals.medicaidalaska.com/tribal/tribal.htm).
14. Personal communication with Deborah Erickson, Alaska Department of Health and Social Services, October 19, 2018.
15. Interview with Katie Baldwin-Johnson, Eric Boyer, and Paula Easley, Alaska Mental Health Trust Authority, August 7, 2018.
16. Interview with Gloria Burnett, Alaska Area Health Education Centers, University of Alaska-Anchorage, August 8, 2018.
17. Alaska Department of Health and Social Services, "Alaska's SHARP Program: A Sustainable Way to Increase Access and Capacity."
18. Alaska Department of Health and Social Services, notice: SHARP-3: Program Rationale, June 23, 2017. https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=108545
19. Personal communication with Gennifer Moreau-Johnson, Alaska Department of Health and Social Services, August 29, 2018.

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