

# A Roadmap for Growing Pennsylvania's Health Care Talent







January 2023



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A mutual commitment to strengthen Pennsylvania's health care workforce

January 2023

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HAP thanks Jefferson Health for providing photos used throughout this report. All photos on the cover and on pages 9, 13, and 19 are courtesy of Jefferson Health.

## **Acknowledgments**

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HAP retained consulting assistance to support this effort. HAP appreciates the expertise that Carrie Amann—who has an extensive background in local and statewide policy issues centered in workforce development and education—provided to this report's development.

# A Roadmap for Growing Pennsylvania's Health Care Talent

Pennsylvania's health care workforce is in crisis. The state's health care workforce shortages—intensified by the COVID-19 pandemic—are some of the most severe and persistent in the country. State government intervention and strategic policy are necessary to support the needs of health care professionals and their employers, and to ensure high-quality care remains available in Pennsylvania, regardless of ZIP code.

The Hospital and Healthsystem Association of Pennsylvania (HAP), led by its Health Care Talent Task Force, calls for a mutual commitment among the governor, legislature, and Pennsylvania hospitals to:

- Prioritize health care talent infrastructure
- Support health care workers
- Strengthen the health care community

Despite economic and workforce disruptions, Pennsylvania's health care sector remains a national innovator, economic driver, and quality employer for hundreds of thousands of Pennsylvanians. Commitment and action to overcome workforce shortages will only strengthen Pennsylvania's health and communities.

HAP has built upon its initial recommendations from 2020, providing this stakeholder roadmap for closing gaps in Pennsylvania's health care workforce. Working together, we can arrive at a destination that benefits patients, providers, hospitals, communities, and the commonwealth's economy.

#### **Prioritize Health Care Talent Infrastructure**

| The <b>governor</b> can    | <ul> <li>Lead on health care talent priorities</li> <li>Create a Health Care Workforce Council and hire chief health care talent officer within the governor's office</li> <li>Direct state agencies to conduct research and collect data on evolving health care workforce needs</li> <li>Help clinicians get to work caring for patients</li> <li>Modernize and streamline licensing, enrollment, and credentialing processes</li> <li>Fully operationalize interstate licensure compacts</li> </ul> |
|----------------------------|--|
| The <b>legislature</b> can | Make a long-term commitment to the health care workforce              Authorize and fund a Health Care Workforce Council and chief health care talent officer              Implement the council's recommendations as they are developed   |
| Pa. <b>hospitals</b> can   | Inform health care talent growth     Provide timely data and expert assistance to the council     Inform discussions about health care workforce shortages and indemand competencies   |

## **Support Health Care Workers**

| The <b>governor</b> can    | Promote health care careers  Work across state agencies to build interest among students and mid-career job seekers  Develop health care career pathways  Help interested candidates connect with entry points like mentoring, training, and education  |
|----------------------------|---|
| The <b>legislature</b> can | <ul> <li>Prepare the next generation of providers</li> <li>Create stipend program for health care professionals willing to also work as educators/preceptors</li> <li>Make health care education accessible</li> <li>Fund scholarships to entice Pennsylvanians into health fields</li> <li>Expand student loan forgiveness for health care providers</li> </ul>  |
| Pa. <b>hospitals</b> can   | <ul> <li>Enable educators</li> <li>Provide incentives and flexibility for health care professionals willing to work as educators/preceptors</li> <li>Support employees</li> <li>Emphasize diversity, equity, inclusion, and accessibility</li> <li>Offer flexible scheduling and benefits that foster work/life balance</li> <li>Support employees who want to advance in health careers</li> <li>Invest in and support workplace safety efforts to deter violence</li> </ul> |

## **Strengthen the Health Care Community**

| The <b>governor</b> can    | Cut through red tape  • Create a one-stop shop for health care employers and educators to meet the requirements of multiple state agencies   |
|----------------------------|--|
| The <b>legislature</b> can | Advance telehealth  Expand providers abilities' and ensure adequate reimbursement for telehealth services  Encourage innovation  Support pilot programs that explore collaboration  Enable professionals to practice to fullest extent of their training |
| Pa. <b>hospitals</b> can   | <ul> <li>Empower providers to focus on patients</li> <li>Invest in technology so providers spend less time on administrative tasks and more on patient care</li> <li>Adopt models for collaboration and patient-centered care</li> </ul>                 |

# A Healthy Pennsylvania Supports Communities

Pennsylvania is the sixth largest economy in the United States and the health care and social services industry leads as the commonwealth's top employer. In the aftermath of a national pandemic, hospitals specifically remain among the top job creators. For example:

- In 59 of 67 counties, at least one hospital is among the top ten largest employers
- In 18 counties, a hospitals is the largest employer

Pennsylvania's hospitals and health systems are rooted in the communities they serve and provide unwavering support to Pennsylvanians in need of life-saving and preventative care.

Health care careers are growing steadily in Pennsylvania. The Pennsylvania Department of Labor & Industry projects that the health care and social services industry will continue to be the largest in Pennsylvania until at least 2030, with average estimated gains of 13,000 jobs per year. Despite projections of growth, Pennsylvania lacks the necessary supply of workers to fill those career opportunities. The commonwealth has nearly twice as many medically underserved areas (MUA) and 62 percent more medically underserved populations (MUP) as the average state.

Pennsylvania also has twice the number of primary care health professional shortage areas (HPSAs) than the region's average and one third more than the national average, according to data released

Pennsylvania hospitals support communities

**\$168b** economic impact





**590k** jobs for PA

Source: Beyond Patient Care: HAP, "Economic Impact of Pennsylvania Hospitals, Fiscal Year 2021"

Pennsylvania's workforce shortages are among the **most severe in the nation**.

#1

for registered nurses

20,345 shortfall

#3

for mental health professionals

6,330 shortfall

#3

for nursing support staff 277,711 shortfall

Based on projected needs by 2026. Source: Mercer, "2021 U.S. Healthcare Labor Market"

### **Defining Health Care Workforce**

For the purposes of this report, the health care workforce is defined as all physical and behavioral health care providers with direct patient care and support responsibilities, such as physicians, physician assistants, nurses, nurse practitioners, primary care providers, allied health professionals, and all support professionals.



during June 2019 by the U.S. Department of Health and Human Services, Human Resources and Services Administration (HRSA). Data also suggests that primary care practitioner (PCP) shortages will continue to be a problem in Pennsylvania and around the nation. By 2030, the commonwealth will fall short by 1,000 of the additional PCPs who will be needed to care for Pennsylvanians.

Mercer's 2021 U.S. Healthcare Labor Market report examined the health care labor market over the next five to 10 years and found Pennsylvania to be among the states that will experience the greatest shortages of registered nurses, mental health workers, and nursing support staff. Specifically, Pennsylvania is projected to have a deficit of more than 277,711 health care workers, such as medical assistants, home health aides, and nursing assistants by 2026. Pennsylvania also is projected to have a shortfall of 20,345 registered nurses by 2026, the largest in the nation.

#### If there is a shortage of health care workers, how will Pennsylvania provide care for patients in need?

State government, the health care industry, economic leaders, community activists, and others share a vested interest in ensuring we have the health care workforce needed to care for Pennsylvanians. Together, we can commit to public policy and operational initiatives that improve the supply of health care workers, protect patient care, and improve Pennsylvania's economic outlook.

# **Health Professional Shortage Areas Primary Care** Mental Health Entire county Part of county No HPSA in is a HPSA is a HPSA

MUA: Geographic areas with a shortage of primary care health services for residents.

**MUP:** Specific subgroups of people living in a defined geographic area with a shortage of primary care health services. These groups may face economic, cultural, or linguistic barriers to health care.

**HPSA:** Defined service areas with a critical shortage of primary care physicians, dentists, or mental health providers. Can be a geographic area, a population group, or a specific public or non-profit facility.

Source: Health Resources and Services Administration

county

# **Prioritize Health Care Talent Infrastructure**

Pennsylvania must demonstrate focus and strategic action, partnered with hospitals and health systems, to address the health care workforce shortage. A key first step is establishing a chief health care talent officer and **Health Care Workforce Council** in the governor's office.

The commonwealth's chief health care talent officer would lead the efforts of the Health Care Workforce Council, which would reflect diverse representatives from hospitals and health systems (including health care workers), industry, labor representatives, education and training providers, workforce development organizations, community-based organizations and other government and non-government stakeholders invested in the current and future health care workforce.

The council would be assigned to strengthen Pennsylvania's health care workforce by assessing current and projected workforce needs; coordinating workforce-related policies, programs, and initiatives across agencies; and facilitating the talent pipeline of a diverse and culturally competent workforce. This work should not be limited to health-oriented agencies. Instead, the council should engage the state Workforce Development Board as well as the departments of Labor & Industry and Community & Economic Development to drive employment vitality.

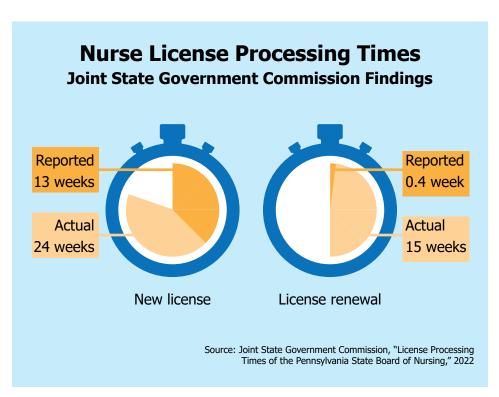
The council would implement the recommendations made throughout this report and other key priorities. HAP's recommendations include:

# Embed Customer-Centered Design into State Licensing and Provider Enrollment

Licensing, credentialing verification, and enrollment in the Medicaid program are required before providers can bill for services. Any delays in the commonwealth's processes have direct and negative ripple effects on efforts to fill open positions to ensure access to care for patients.

To become a nurse in Pennsylvania, the State Board of Nursing must first review and approve a license following successful completion of education and testing requirements. In its April 2022 report, the Joint State Government Commission reported that the board averaged issuing 15,000 nursing-related licenses annually, that actual processing times were significantly underreported, and that processing times were considered to be some of the longest processing times across the United States.

Likewise, during August 2022, the Department of Human Services (DHS) was managing more than 29,000 active Medicaid provider





enrollment applications. DHS has been understaffed for some time, which further exacerbates processing backlogs. In Pennsylvania, enrollment in the Medicaid fee-for-service program is required for providers to participate in Medicaid managed care program. Managed care organizations routinely require the Pennsylvania Medicaid ID number before they begin their own provider credentialing process.

It is counterproductive for new hires to wait months before they are licensed while their Medicaid enrollment applications (when required) are processed.

HAP commits to continuing its collaboration with the departments of State and Human Services and other stakeholders to promote a customer-centered design into board and agency operations that foster effective and timely reviews. Establishing accountability by publicly posting up-to-date licensing and enrollment backlogs should be a key component of this effort.

The use of COVID-19 waivers demonstrated the ability to safely provide quality services under conditional approvals until backlogs are resolved. As licensing and credentialing delays continue to impede health

care occupations such as nurses and physicians, HAP encourages the establishment of license and program review timeline requirements and provisional approvals.

#### **Fix Information Technology**

Pennsylvania invested at least \$10 million into the Pennsylvania Licensing System (PALS) since its launch in 2016. However, the system has been riddled with persistent issues. Bureau of Processional and Occupational Affairs (BPOA) staff are to be commended for their public service and resiliency to improve processes since the PALS launch. Yet, the bureau remains understaffed and under-resourced with temporary fixes instead of long-term solutions.

PALS is ineffective and unnecessarily exacerbates health care workforce shortages. HAP strongly encourages the administration to modernize its approach to information technology solutions, recognize its own shortcomings, increase staff capacity, and implement effective third-party solutions to process licenses and program reviews for dedicated professionals who want to study and work.

## **Address Interstate Compact Delays**

Interstate compacts maximize Pennsylvania's opportunities to increase its labor force by enabling out-of-state licensed professionals to relocate and work in the commonwealth. Compacts have been enacted legislatively but are facing administrative delays in practice. This creates missed opportunities and employment barriers for health care workers.

The Health Care Workforce
Council should assess and
identify barriers in the interstate
compact implementation; the
role of state agencies, including
the Office of Administration,
Department of State, and
Pennsylvania State Police; and
provide recommendations that
prioritize timely enactment of
existing and future compacts.
For future legislative efforts, HAP
recommends the establishment of
critical timelines and provisional
interstate/licensure approval

processes when there is a failure to meet deadlines.

# **Develop Routine Health Care Talent Reports**

The Health Care Workforce Council should establish a research agenda to best inform its actions. That research agenda should require the health care workforce licensing boards and state agencies including, but not limited to, the departments of Health, Human Services, Education, Drug & Alcohol Programs, and State to collect and report health care workforce data to the state's Center for Workforce Information & Analysis. Data sharing will also be necessary from hospitals and health systems and education programs.

#### **Fund Demonstration Projects**

To develop a strong talent pipeline of health care workers, the council must have informed decision making and the ability to seed and

fund demonstration projects with Pennsylvania's hospitals and health systems in at least the following focus areas:

- Defining and targeting health care talent recruitment and retention gaps
- Mapping the credential pathways and talent pipeline in Pennsylvania education and training institutions
- Assessing the talent pipeline for critical occupations including allied health professionals, advance practice professionals, behavioral health providers, nurses, physicians, and primary care providers
- Defining the in-demand competencies and skills that education, training, and continuing education programs should be prioritizing and assessing if programs are meeting these needs

### **Health Care Staffing Agency Challenges**

Hospitals often must supplement their own workforce with temporary agency staffing in order to sufficiently staff beds and use the capacity of their facilities.

Health care workers—both those employed by hospitals and by staffing agencies—are entitled to fair compensation for the incredible care they provide. However, the American Hospital Association (AHA) and others have shared reports from hospitals where third-party staffing agencies are misleading workers, providers, and others while increasing costs to hospitals by three to four times the standard rates.

HAP encourages Pennsylvania to use its authority to review the market conduct of third-party staffing agencies to eliminate false and misleading advertising and prevent price-gouging. Policy makers should also explore an offset for some or all of hospitals' costs associated with unforeseeable health care staffing expenses.

### **Member Perspective: Why Prompt Licensing Matters**



Gina Marone, DNP, RN, NEA-BC

Chief Nursing Officer and Vice President of Healthcare Services

Einstein Healthcare Network –
Jefferson Health

At Einstein, now part of Jefferson Health, hiring new graduates is our lifeline to ensure a pipeline of nursing staff needed to care for patients.

Once hired, getting the newly licensed nurses to the bedside quickly is critical, especially if you have hundreds of nursing positions vacant. Unfortunately, licensure has not been an easy feat for graduates because of delays with processing and posting for initial licenses. Typical licensure delays are averaging about more than six weeks from nursing graduates passing the National Council Licensure Examination to being able to start in their new role.

Our nursing staff is stressed as they meet commitments to patients and serve our community through workforce shortages. To ease that strain, we need to get new nurses to bedsides faster. Delays mean nursing graduates must wait to use and apply the clinical skills they have learned in the professional environment. At the same time, we must wait to get nurses started and oriented in positions that are critical to maintaining high-quality patient care.

The licensure delays further compound our challenges maintaining day-to-day operations on patient care units and ensuring patient care needs are met and quality remains high. Staffing shortages negatively affect patient care and quality, patient satisfaction, workflow efficiency, and certainly, worker retention. All of these factors lead to higher health care costs and may contribute to a reduced service.

Helping nursing graduates get to work caring for patients as soon as possible is critical.

# **Support Health Care Workers**

Many factors contribute to the mismatch between health care needs and the number of workers available. Pennsylvania is aging, the birth rate is decreasing, communities are diversifying, retirements are increasing, and the supply of workers across all sectors is shrinking. Workplace violence is rising, putting greater strain on health care workers.

HAP is well positioned to partner with policymakers and elected officials to prioritize support for all Pennsylvania health care workers.

To attract more workers to health care careers, we must strategically address each intercept point along the talent pipeline: education and training, recruitment, retention, and succession planning.

Movement across this pipeline is not always sequential and career mobility is not always continuous. We must explore modern ways of workforce development that address employer and worker needs alike. We must embrace able worker populations of all ages leading with inclusion and equity. And we must continue industry efforts to improve and advocate for the safety of health care workers.

## **Diversify the Talent and Education Pathways**

Addressing the workforce shortage requires strengthening existing career pathways and tapping into new opportunities. HAP is committed to fostering new collaboration and partnership models among health care organizations and education institutions across Pennsylvania. Approaches should include a





adult workers who are in search of new career opportunities and incorporating digital skills, technology, and automation into existing training and education for in-demand health care occupations.

Policy and legislative efforts should leverage partnerships and investment among industry, education, and workforce development priorities. This includes models that center employer and occupational demands with worker interests, including pre- and registered apprenticeships, dual enrollment, micro-credentialing and badging, educational technology, and adult career and technical education programs of study.

We must not overlook existing worker skills, experiences, and abilities that align with health care occupation demands. The Health Care Workforce Council should minimize administrative operations and policies that delay career entry and maximize existing skilled workers engaging in education, training, and recruitment activities. Recognizing prior learning, licensure, and work experiences for working adults—including transitioning military service members and veterans and

### **Advancing Health Equity**

During 2022, HAP launched its Racial Health Equity Learning Action Network to help hospitals and health systems identify and confront systemic inequality and structural racism in health care and address racial, cultural, and ethnic health disparities in our communities.

The program takes a collaborative and data-driven approach and is designed to help hospitals and health systems apply a quality improvement lens to their equity efforts—improving health outcomes for people of color.

professionals looking to re-enter the industry after prior exits should be maximized as credit and advanced standing for future health care workers.

Worker migration into Pennsylvania can help alleviate workforce shortages. Approximately 7 percent of Pennsylvania residents are immigrants, according to the American Immigration Council, and more than 40 percent of adult immigrants have a college degree or more education. Pennsylvania should explore administrative and legislative action that establishes and/or improves credentialing and licensure for immigrants. Devoting additional staff to applicant assistance in the Department of

Health's J-1 VISA programs could improve processing delays and ease workforce shortages.

# Make Affordable Education and Training Accessible

Most health care careers are accessible with some education and training beyond high school, with routes that lead to four-year degrees and higher. However, the rising costs of post-secondary education restricts new workers from entering health care. Pennsylvania must sustain and expand funding supports for students entering health care fields and existing workers. This includes continuing the Student Loan Relief for Nurses Program enacted in

response to the pandemic, which directed \$50 million in loan relief to Pennsylvania nurses.

Additional effort should be made to enhance subsidies, matching funds, and recruitment and retention supports available within financial assistance and economic development programs for health care employers and educators, such as the Pennsylvania Targeted Industry Program and WedNetPA.

#### **Promote Health Careers**

Projections show the health care and social services industry remaining the top employer in Pennsylvania for the near future. The Health Care Workforce Council could create a statewide program that helps people interested in health care careers connect with professionals in the field and access education and career pathways.

In HAP's 2022 workforce survey, hospital members noted they are experiencing increasing vacancy and turnover rates for most clinical positions and increasing workplace violence that threatens worker safety.

HAP members are not standing idly by. They are re-designing recruitment and retention strategies to address worker needs, including recruitment incentives, flexible schedules, compensation increases, and supporting workers in holistic ways.

#### **Ensure Safe Workplaces**

Increases in violence and verbal abuse against health care workers have contributed to challenges. Violence and abuse is not part of a health care worker's job and is unacceptable.

Hospitals are making renewed efforts to improve workplace safety by investing in safety assessments, training, safety infrastructure and technology, and other improvements. These efforts must be continued and enhanced.

The commonwealth can bolster this important work by supporting safety investments and creating shared resources. Centered on retaining quality workers in safe working environments, the Health Care Workforce Council should bring together stakeholders, including HAP and its members, to create shared resources and curriculum supporting the health care workforce well-being, retention, and cultural competency. This includes developing materials to support safety and risk assessments and staff training for prevention and de-escalation.

# Roadblock: Health Faculty Shortage

The pathway to health care careers faces its own roadblock: a shortage of faculty and preceptors who provide necessary education and required clinical supervision to future health care workers.

The Health Care Workforce Council should invest in demonstration projects that increase the supply and funding of educators and preceptors, who provide students with well-rounded experiences to transition into employment with 21st century skills.

### **Member Perspective: Finding Talent**



Penn Medicine finds talent for some critical, entry-level positions through a collaboration with a community program, the West Philadelphia Skills Initiative (WPSI).

WPSI provides unemployed Philadelphians who are seeking opportunities with the skills necessary to succeed in jobs that may not otherwise have not been available to them. WPSI has not only provided us with a pipeline of individuals who are well-trained to fill these crucial roles but it also supports our commitment to invest in our community and foster a more diverse workforce.

**Barbara Todd, DNP, CRNP, FAANP, FAAN**Director, Practice & Education – Advanced Practice Hospital of the University of Pennsylvania

# Pennsylvania is home to:

1,773

Health care training programs

401

**Nursing programs** 

9

**Medical schools** 

# Member Perspective: Connecting High School Students with Health Careers



Mary Grace Simcox, Ed.D President Pennsylvania College of Health Sciences Pennsylvania College of Health Sciences partnered with our local intermediate unit, Harrisburg Area Community College's Lancaster campus, and the Lancaster County Stem Alliance to establish a Health Care Careers Academy (HCCA) for Lancaster County high school students. The students were chosen from three local school districts to learn about health care careers through a two-week summer camp and enrichment opportunities during the school year. At the end of the program, students had the opportunity to earn a micro-scholarship.

Out of 108 enrolled HCCA students, almost all attended at least one day of the summer camp throughout their three years in the program. In addition, students were engaged in the program during the COVID-19 pandemic and completed micro-scholarships, college courses, internships, and job shadowing experiences. The program was made possible by generous funding from BB&T Financial (now Truist Bank).

We also worked with Penn Medicine Lancaster General Health to provide more than 300 high school students with an immersive, two-day experience highlighting health careers. Students rotated through health care professions and learned about the education required for the field. Guidance counselors were informed about admission requirements for health care-related academic programs. This empowers them to direct students into more purposeful course selection while still in high school.



# Strengthen the Health Care Community

Pennsylvania's hospitals and health systems care for all Pennsylvanians.

HAP stands ready with the administration and legislature to strengthen the health care community by ensuring that all Pennsylvanians have access to quality, equitable, and affordable health care services.

#### **Advance Telehealth Services**

Workforces shortages stress traditional methods of delivering health care. The COVID-19 pandemic fostered solid testing grounds for safe, effective telehealth services in Pennsylvania. HAP members were able to effectively pivot to virtual services and meet patient needs. Sustaining telehealth in Pennsylvania means making lifesaving and life-improving services more accessible to patients.

Leveraging investments in broadband infrastructure, telehealth services can grow and serve more communities across Pennsylvania. HAP urges policymakers to evaluate the nearly \$1 billion influx of federal broadband funding and invest in the commonwealth's telehealth needs as this funding is

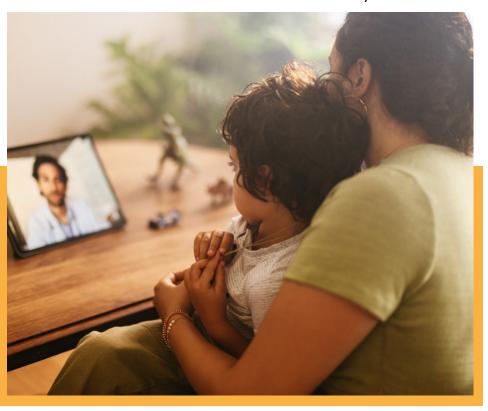
# Add Pennsylvania to the List

Pennsylvania is one of only nine states that does not have telehealth services established in state law. HAP supports telehealth legislation that include clear definitions, guidelines, and payment structures. deployed. Communities, especially in rural areas, where patients face challenges accessing health care are often also those with shortages of health care professionals.

HAP calls on the administration and General Assembly to advance telehealth services in Pennsylvania by codifying now-expired regulatory waivers in effect during COVID, including expanding authority of telehealth providers and ensuring adequate reimbursement for telehealth services.

## Align Clinical Experiences and Workforce Shortage Areas

Pennsylvania should also enact and invest in physician retention initiatives in rural and suburban communities. One beneficial model is the Homegrown Health Care Initiative, which shows medical students the benefits of personalized learning environments in smaller health systems and incentivizes them to remain in those areas when they become doctors. The initiative provides third- and fourth-year clinical



experiences to medical students in targeted health care workforce shortage areas, predominantly central and western Pennsylvania.

Another model, the Physician Shortage Area Program at Thomas Jefferson University, recruits, trains and supports medical students who grew up or spent significant time in rural communities or small towns and who plan to practice in a similar setting following their residencies. Graduates of the program are eight times more likely than their peers to become rural family physicians.

#### Adopt a One-Stop Shop for Health Care Employers and Educators

Pennsylvania health care employers and education programs interact with at least five different state agencies and boards to meet licensing, credentialing, and program review requirements.

A lack of interoperability and information-sharing coupled with recognized under-staffing across agencies creates unnecessary burdens, duplicative efforts, and significant delays that prevent educators from graduating students and employers from hiring work-ready Pennsylvanians.

A one-stop shop approach promotes systemic collaboration across state agencies that eliminates redundancies, establishes data-sharing agreements, eases the burden on limited agency staff, and reduces unnecessary steps that burden industry employers.

### Searching for Behavioral Health Care

Pennsylvanians struggle to access behavioral health care. Simply put, there are not enough services to meet the need. As a result, patients navigate multiple service points with significant delays before finding the care they need. Increased funding for county behavioral health services would increase access to services and reduce strain on health care workers.

#### Who Does What?

A one-stop shop for health care-related licensing, credentialing, and program review would increase collaboration and reduce administrative burdens for health care providers.

Now, five different state agencies oversee health care tasks. Here's a look at some of what each agency does.

**Education:** Nurse aid credentialing

**Human Services:** Provider credentialing including for physicians and behavior health professionals; and facility licensing for mental health, personal care, and assisted living

**State:** Licensing for nurses, nursing home administrators, dentists, physicians, certified nurse midwives, behavioral health providers, select allied health professionals; psychologists, osteopaths, podiatrists; physical therapists, and occupational therapist

**Drug and Alcohol Programs:** Facility licensing

**Health:** Facility licensing



#### **Strengthen the Health Care Community**

HAP stands ready with the administration and General Assembly to adopt a one-stop shop approach for health care employers and education programs.

#### Streamline Patient Access with Innovative Care Models and Expanded Practice

Patient-centered care promotes improved quality of life with easier access, improved patient satisfaction, and reduced readmissions.

The Health Care Workforce Council's engagement with HAP

could explore ways to scale and sustain new models of care for patients. These include evaluating other states' scope of practice for professional health care licenses, redesigning rural health care, encouraging collaborative care, expanding models like EmPATH units to more effectively care for people experiencing behavioral health emergencies, and adopting other innovations. Expanding such opportunities could better help Pennsylvania health care professionals provide quality care amid a workforce shortage.

These modern care models improve coordination and alignment across health care services that results in greater access to behavioral health, as well as primary, acute, and oral care. Building upon the regulatory flexibilities extended during the public health crisis would help Pennsylvania health care practitioners practice to the full extent of their education, training, and license.

### **Venue Shopping Adds Barriers**

During August 2022, the Pennsylvania Supreme Court made an abrupt public policy change by eliminating a rule that has stabilized the state's medical liability system and protected Pennsylvanians' health care for nearly two decades.

The decision reverts to a pre-2003 legal framework that allows personal injury lawyers to move medical liability claims from the counties in which the alleged event occurred to counties that have histories of higher payouts. This practice is called "venue shopping."

We've been here before, with bad outcomes. Venue shopping makes it harder to attract and keep health care providers in Pennsylvania, reduces patient care services, creates unaffordable provider premiums, and causes insurers leave the market.

HAP urges the state policymakers to take action to protect Pennsylvania health care.





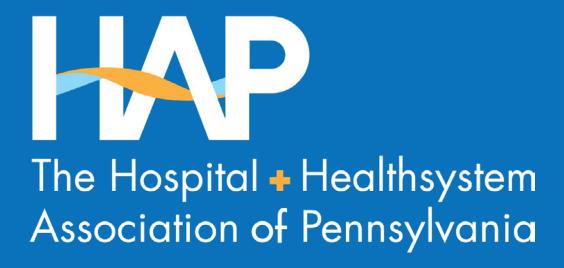
# Pennsylvania's Next Generation of Health Care

The health care workforce is changing.

Pennsylvania's hospitals and health systems must evaluate and redesign how they attract and keep talented health care professionals, prioritizing workplace culture, diversity, and employees' preferences, values, safety and wellness.

The commonwealth must modernize operations and public policy to help current and future health care professionals get to work caring for Pennsylvanians. Pennsylvania must intentionally act to address the worker shortage before it threatens communities across the commonwealth. We must capitalize on the economic strength of the health care sector and commit to improving care for all Pennsylvanians and their communities.

Together, HAP and Pennsylvania's leaders, policymakers, and elected officials can transform the next generation of health care.



The Hospital and Healthsytem Association of Pennsylvania - © 2023

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