

# Key Workforce Issues Identified in the Proposals Submitted for Health Care Workforce Transformation Fund Planning Grants

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## Introduction

As health care employers begin to align with the goals of Chapter 224, they are expected to change some of their business processes, occupational job descriptions and staffing structures as cost controls begin to alter the delivery of health care services in differing ways within the health care services sector. These changes are expected, in turn, to create a demand for new skills and knowledge that may require employers to engage in education and training of their current workforce or may require education and training providers to revise or develop new programs for the health care workforce pipeline. In anticipation of these changing skill and knowledge demands, Chapter 224 established the Health Care Workforce Transformation Fund. The Fund is designed to support education and training initiatives to help health care employers address workforce challenges that can be directly attributed to organizational and operational changes that they need to make to implement Chapter 224 and align with its goals.

In October of 2013, the Commonwealth Corporation released a request for proposals to fund needs assessment and planning activities to help health care employers and their partners develop a training strategy to address workforce challenges which can be directly attributed to operational changes or adjustments a health care business needs to make to ensure alignment with or to implement the provisions of Chapter 224. There was widespread interest from health care employers, educational institutions and workforce intermediaries across the state. Applicants were asked to identify specific business needs related to implementing the requirements of Chapter 224. In fact, the specificity in identifying a business need related to implementing the requirements of Chapter 224 was a key factor in the evaluation of these proposals.<sup>1</sup>

A total of 51 proposals were selected for funding. These proposals contain a range of education and training activities, workforce reorganization, and changes in the delivery of health care services that these health care employers are planning in response to changes in the health

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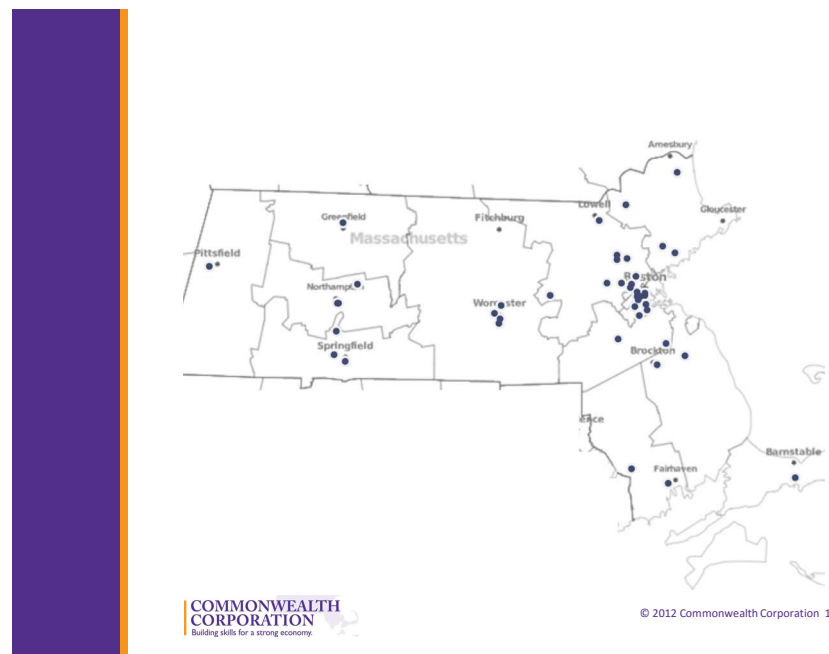
<sup>1</sup>It should be noted—something that we have learned from our discussions with health care leaders—that employers in the state’s health care sector have responded and are continuing to respond to several other changes that have occurred and that are occurring in the health care environment apart from Chapter 224. The two most notable changes include —Massachusetts health care reform (Chapter 58) passed in 2006 and the Affordable Care Act.

care labor markets and changes in their own organization as a result of Chapter 224. We have reviewed these 51 proposals and presented a summary of findings in this paper. These findings highlight key changes in the workforce education and training activities, workforce reorganization, and changes in the delivery of health care services that these health care employers are planning in response to Chapter 224.

## Geographic Distribution of Grantees

The 51 grantees comprise a broad range of employers. These employers are located in regions across the state. Planning grants were awarded to grantees from the western border of the state and across the northern border, the central regions and the Greater Boston area, and the northeast and southeast regions and the Cape. The map below contains the widespread location of the 51 grantees across the state. The regional location of grantees also appears to be somewhat proportionate to the population and health care employment densities of the regions.

### Geographic Distribution of Planning Grantees



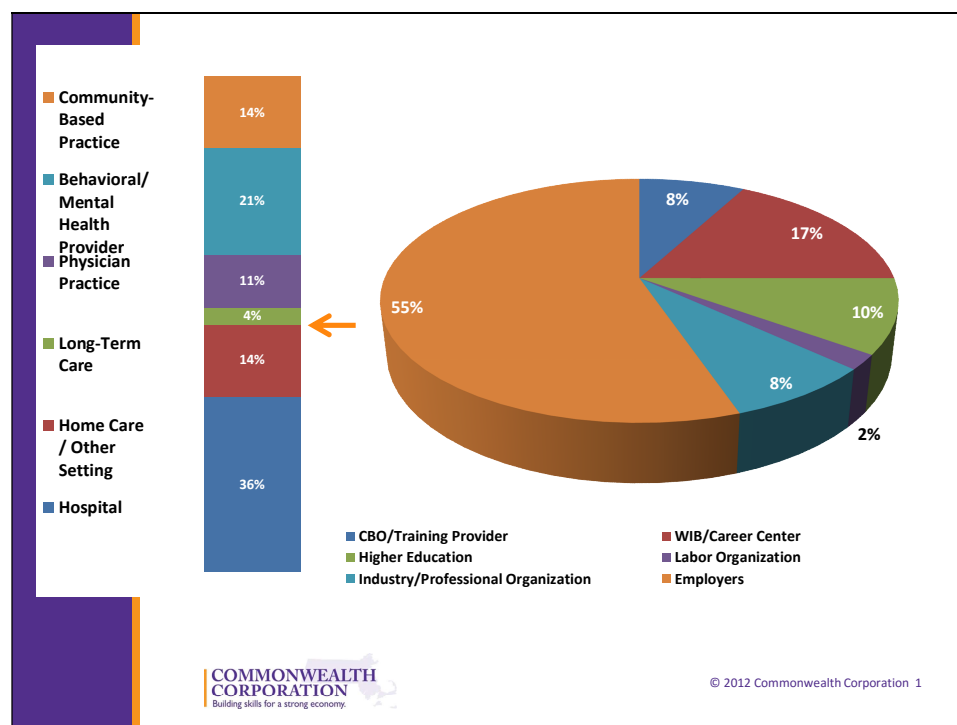
Source: Commonwealth Corporation, *Health Care Workforce Transformation Fund Advisory Board Meeting* (PowerPoint), June 23, 2014.

## Type of Lead Applicant among Grantees

A wide variety of organizations have shown interest in education and training of the health care workforce. Although 51 applications were funded, a number of applications involved multiple partner organizations. Applications with two or more partners were asked to identify one partner who would serve as the lead applicant. In cases where the lead applicant was not a health care employer, they were required to have at least one partner who was a health care employer.

A number of different types of organizations served as lead grantees in the 51 funded proposals. Our examination of the distribution of lead grantees by type of organization presented in the chart below finds that over half of the lead grantees (55%) were health care employers. The remaining lead grantees (with at least one health care employer partner) consisted of the following five types of organizations: workforce organizations (17%), higher educational institutions (10%), training providers (8%), professional associations (8%), and labor organizations (2%). Lead grantees that were health care employers were also distributed across

Distribution of Planning Grantees by Type of Lead Applicant



Source: Commonwealth Corporation, *Health Care Workforce Transformation Fund Advisory Board Meeting* (PowerPoint), June 23, 2014.

many sectors of the health care industry including hospitals, behavioral and mental health providers, long-term care institutions, community-based practices, physicians groups, home care and other settings.

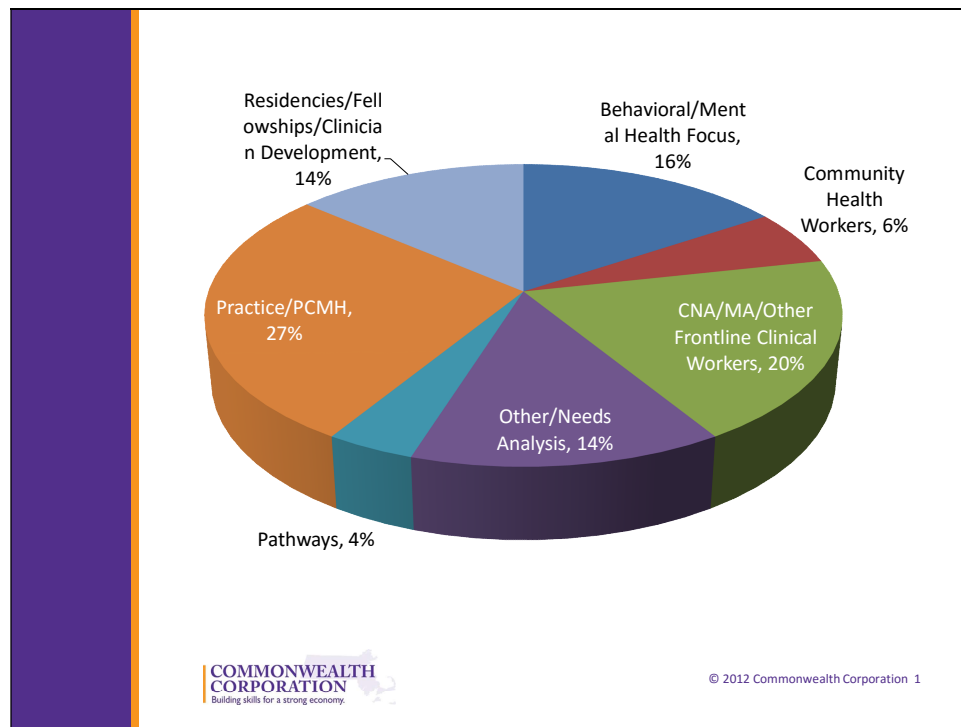
The geographic spread of applicants seeking these planning grants, the breadth in the variety of organizations among lead applicants, and the diversity of health care industry sector among lead applicants who are health care employers is a strong signal of the importance of the health care industry in the state and the keen attention that is paid across the state and across a wide variety of organizations to changes in the health care industry and the needs of the health care workforce.

## **Broad Area of Focus of Grantees**

Grantees identified a diverse array of workforce challenges that they consider to be attributable to their implementation of the requirements of Chapter 224. It is not possible to categorize each grantee within a narrow area of focus because there is significant overlap across categories. For example, some grantees that are focused on implementing the patient centered medical home model also have identified changes in the role of medical assistants.

We have, however, identified seven main areas of focus of grantees. A distribution of grantees by these seven areas of focus (see chart below) shows that over a quarter of grantees are focused on workforce challenges arising from implementing the Patient Centered Medical Home model of health care delivery. One-fifth of the grantees identified the training and workforce needs of their front line staff, medical assistants, or Certified Nursing Assistants, and one in six grantees listed as their primary challenge the workforce needs associated with the integration of behavioral health with primary care and a wider coverage of behavioral health needs. About 14 percent of grantees are planning to address their workforce issues with residencies, fellowships and clinical development, 6 percent are focused on community health workers, and 4 percent list expanding career ladder opportunities and creating pathways for their workers into higher level jobs as the focus of their planning activities. Some of these career ladder activities are targeted to increase worker retention. The remaining grantees have other workforce challenges/needs included in the “Other needs” group in the chart.

### Distribution of Planning Grantees by Broad Areas of Focus



Source: Commonwealth Corporation, *Health Care Workforce Transformation Fund Advisory Board Meeting* (PowerPoint), June 23, 2014.

### **Summary of Key Workforce Issues Identified by Grantees**

The broad classification of grantees by area of focus provides a good overview of the workforce challenges that the state's health care employers have attributed to the requirements of Chapter 224 implementation. However as noted above, the specific areas of focus are not clearly identifiable in this broad classification as there is a lot of overlap across categories and multiple areas of focus among several grantees. Additional details about the areas of focus are provided below in the form of a bulleted summary from our review of the planning grant proposals:

- Many grantees stated that The Patient Centered Medical Home (PCMH) model of care will require staff from different disciplines to work together. Staff members of these teams will need training in communication and other skills required to work efficiently and effectively in these interdisciplinary teams. Increased coordination and team-based care will increase the need to use electronic medical records and the demand for workers with technical skills.

- Some proposals highlighted the expanded role of medical assistants, frontline staff and other non-clinical workers in the PCMH model. With additional training and certification these and other health care workers will be expected to take on responsibilities from more expensive providers/staff resulting in increased efficiency, increased productivity, and reduced costs.
- Cost containment pressures, while improving patient outcomes, have led a number of grantees to increase their focus on raising the level at which nurses perform their jobs – have them practice at the top of their license. Team-based care also has increased the importance of nurses in these teams. Some grantees expressed a greater demand for training of nurses to fulfill their new and important roles including creating ASN to BSN pathways and for more training within the organization of other staff to make more efficient use of nurses in team-based delivery of health services.
- Cost containment pressures have also led grantees to increase their use of CNAs, creating a greater demand in this segment of the health care workforce. Grantees proposed creating advanced CNAs positions in the nursing career ladder, by training CNAs so that they can perform duties at an advanced level (Advanced CNA) and above the CNA level.
- Integration of primary care and behavioral health in an environment of team-based delivery of health services has led to greater interaction with behavioral patients among staff (clinical and non-clinical). This has led to the need for training of all staff members (clinical as well as non-clinical including front line staff) on effectively managing behavioral health patients.
- The integration of primary care and behavioral health has also led grantees to increase the use of mental health and substance abuse practitioners who can effectively target and counsel patients who are eligible both for primary care and behavioral health services and who have complex health conditions, to better engage in their own health and wellness. The goal is to reduce cost and improve outcomes for this population.
- Several grantees are also planning to increase the use of advanced practitioners or APs (physician's assistants and nurse practitioners) to handle more of the primary care responsibilities and decrease the number of physicians (MDs) in primary care practice. Grantees in certain parts of the state reported difficulty in filling AP positions. Grantees also indicated that increased use of APs will require training of staff, including physicians,



to use APs more effectively and remove some of the barriers that are keeping physicians from fully working with APs.

- An emphasis on containing costs while improving patient outcomes has led grantees to create new processes targeted to more efficient and effective care--such as developing new orientation processes for patient care technicians, new observation and patient note-taking system for nurses, and leadership skills training for hospitalists and residents, and coordinated team-based patient discharge procedures to reduce post-discharge complications and re-admissions.
- Increasing staff retention is a recurring theme among grantees as one of the ways to cut costs. Increased staff retention, particularly clinical staff, supports continuity of care which is, in turn, considered key to improving patient outcomes by fostering continuity of care. Grantees proposed developing new career ladder opportunities for their staff and provide training and/or certification to move staff up the career ladder to increase staff retention and expand their role in the PCMH model.
- Community health workers have become an important part of the health care workforce under Chapter 224. Several grantees noted the importance of community health workers because they can effectively reach underserved populations (many of whom are served in community settings), improve their outcomes, reduce health care disparities, and reduce costs. Several grantees expressed the need for bilingual skills and cultural diversity among these workers as underserved populations are targeted for and engage in health care services.
- Chapter 224 requirements of cost containment while improving patient outcomes have increased the focus on wellness and preventive care. Grantees expressed increased need for community care managers and population health managers who can monitor patient health and health-related behaviors and assist them in adopting more healthy behaviors. Some grantees proposed providing wellness-related training to frontline staff as well as clinical staff including medical assistants, LPNs and RNs. The goal is that these staff will be able to provide coaching support to patients to improve wellness and practice healthy and preventive behaviors. Some grantees also associated this need with their ability to improve the management of patients with chronic diseases in outpatient and community settings.

- Increase in population health management will require better information and the need for more widespread use of electronic medical records increasing the demand for technical skills to process and mine data from large databases.
- Health delivery systems including Accountable Care Organizations will look to increase provision of care in outpatient and home care settings to contain costs. Outpatient and home care sites will therefore see an increase in patient volume as well as complexity as more patients, including those previously in acute care institutions, will be moved to outpatient care. This is expected to increase the demand for home care workers across many occupations including rehabilitation workers (as many rehabilitation patients are directed to outpatient settings) and frontline workers. Some of these positions are likely to be filled by workers who are currently employed in in-patient settings. Fewer patients in in-patient settings will likely translate into fewer jobs in in-patient settings. Increased care in outpatient and home care settings will require training of nurses to prepare them for a shift from delivering care in acute settings to these non-acute settings.
- Chapter 224 requirements regarding palliative care and end-of-life options information for patients will require staff training, especially for clinical staff including physicians. Palliative care has the potential to reduce the use of acute care and improve symptom management.
- Some grantees identified an increased need for trained customer and member services staff to effectively handle increasing numbers of calls from health insurance members expected from an expansion of coverage of services, particularly in mental health care.
- Some grantees highlighted an increase in the demand for claims processing workers from changes in the alternative payment methods and the variety and complexity of insurance plans.

The bulleted summary above provides an overview of the planning grant proposals and the key areas of focus of grantees as well as the targeted occupations in their planning activities. This summary is based on a more detailed tabulation that contains a proposal summary, list of target occupations, business problem/s attributable to Chapter 224, and skills targeted by each of the 51 grantees. We have prepared this tabulated summary (presented below) in a de-identified or anonymous format by removing any description or name/s that would identify the grantees.

## Detailed Summary of Grant Proposals

### Area of Focus: Behavioral/Mental Health

Proposal Summary	Target Occupation	Business Problem attributable to Chapter 224	Skills Targeted
The grantee will partner to complete a planning process to develop a training program for frontline workers to gain skills in safely and effectively managing behavioral patients.	Frontline clinical staff; frontline non clinical staff	Healthcare reform expanded coverage increasing the number of behavioral patients served. Ch. 224's focus on reduced costs and improved quality had led to a change in the delivery model--emphasis on team-based delivery has led to integration of primary care and behavioral health delivery. Many more staff will now work with behavioral patients creating a need for training and education about managing behavioral health patients. The plan to provide cost-effective high quality care (Ch.224) has led to institutional restructuring and a concentration of psychiatric care in one facility requiring a majority of employees at that facility to interact with and provide services to behavioral patients.	Effective management and interaction with behavioral patients; manage aggressive behavior; maintain physical safety for the behavioral health patient and the health care team.
The grantee and partners have the goal of creating a program of education and training that develops general skills for Mental Health and Substance Abuse practitioners/professionals. The education and training program will enable staff to target patients coping with chronic illnesses that put their health and/or social functioning at risk. Trained staff will be able to engage patients, promote activities to improve their own health, connect them to appropriate services and resources, address questions, and support integrated treatment plans.	Mental health staff	Mandates for behavioral health integration with primary care, and efforts to control costs for dual eligible populations and those with chronic or complex conditions are creating a greater demand for expanding the state's workforce in behavioral health and substance use disorders.	Training for mental health and substance abuse practitioners to engage patients in improving physical health, and training on working in coordinated care models.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee proposes to develop a training plan to integrate primary health care delivery with behavioral health services. Grantee will identify knowledge, skills and competencies required to fill the gap to meet current business challenges; and then develop a plan of action, identifying necessary resources and curricula to address the gaps.	All staff	Integrated health care delivery models, use of electronic health records, and the need for certification as a PCMH are driving the grantees needs.	Training on integration of primary and behavioral care, use of the health information exchange on the MA HIway and electronic health record implementation, and evidence-based practices for treating hypertension, pediatric asthma, and tobacco use.
The grantee is aware of the changes needed to meet Chapter 224 requirements and acknowledges that a change in attitude toward services delivery as well as managing costs of delivery will be necessary. The grantee is requesting a planning grant to develop a training curriculum for its direct care staff on how to provide preventative education and interventions for primary health care issues with the Serious and Persistently Mentally Ill population, as well as to develop a training curriculum for its business staff in alternative healthcare billing options. Patient population for this grant focused on 18-24 year olds; also hoping that wellness training will benefit staff as well as patients.	Frontline clinical staff; finance staff	Cost containment along with integration of behavioral health and primary care requires training staff across multiple areas.	Training curriculum for its direct care staff on how to provide preventative education and interventions for primary health care issues with the Serious and Persistently Mentally Ill population, as well as to develop a training curriculum for its business staff in alternative healthcare billing options.
The grantee will work to develop credit-based curricula at two higher education institutions for direct care children's behavioral health workers. The grantee will also develop clinician training to focus on the integration of behavioral and medical health services.	Frontline clinical staff	Addressing workforce shortages, retention and career pathways for workers (CHW etc.) in an environment with new models of service delivery (PCMH, ACOs) and integration of behavioral health with primary care.	Training children's behavioral health workers in providing integrated care, for-credit training for certification as CHW with children's behavioral health concentration.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee seeks to integrate mental health knowledge and training for Supportive Home Care workers.	Home Care Aides	New community based transition initiatives like the Commonwealth's Money Follows the Person (MFP) demonstration and One Care program will lead to populations requiring home care who have more acute care needs and mental and behavioral health issues than traditional home care consumers. Lowering costs by keeping more people who need higher levels of care at home, and moving toward a patient-centered coordinated care model. Investing in the training of SHCAs who can keep elders and disabled adults with mental health diagnoses within the community by providing the critical care they need at a lower cost would be of great benefit to the Commonwealth. Also, many of these patients are dual eligible for Medicaid and Medicare and part of the focus on cost containment and improved outcomes. Emphasis also on improving transitions in care.	Mental health and Alzheimer's specialization updates to supportive home care aide training.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee plans to provide Trauma training to existing staff to ensure they are better able to address trauma in their client population. More effective services will help prevent clients from having to seek ER services and allow continued receipt of care in the community rather than being hospitalized.	All staff	Supporting non-clinical providers in caring for patients with trauma histories will help reduce turnover and lead to better health outcomes for patients. More effective services will help prevent clients from having to seek ER services and allow continued receipt of care in the community rather than being hospitalized.	Self-care, resiliency, compassion satisfaction/fatigue.
The grantee is community-based behavioral health care and human service organization committed to ensuring their workforce and data systems are ready for effective collaboration with ACOs and Patient Centered Medical Homes. Currently implementing an integrated electronic health record system and plan to use grant funds to: 1) determine what training our workforce needs to be able to effectively collect, analyze, and utilize health record and billing systems data for reporting, internal management, quality improvement and interface with HIEs; and 2) determine what training mechanisms will best enable us to meet our identified workforce training needs.	All staff	To comply with the requirements of the Commonwealth's Health Information Exchange (Mass HIway), and other electronic health record requirements, they must update technology and staff training. Additionally, in order to be an effective ACO and PCMH and learn to work with other similar providers, their quality management and human resource teams will need training to help prepare other staff for the new delivery environment.	Electronic prescribing, IT training for implementation of the new electronic health record system, quality management and human resource staff training (quality improvement, data collection).

### Area of Focus: Community Health Workers

Proposal Summary	Target Occupation	Business Problem attributable to Chapter 224	Skills Targeted
<p>The grantee and its partners want to ensure that the CHW workforce, employer, and health providers are effectively prepared for implementation of CHW certification including: assessment of CHW curricula to identify needed modifications to meet the CHW Core Competencies as well as employer-identified training needs; develop, pilot, and evaluate a CHW Skills-Based Core Competency Assessment tool; and provide technical assistance to CHWs to navigate the certification processes.</p>	<p>Community Health Worker</p>	<p>CHWs are seen as an emerging sector of the healthcare workforce that can effectively reach underserved populations, reduce health disparities and reduce costs. Additionally, to take advantage of the opportunity for reimbursement for CHW services, CMS is requiring all states' Medicaid programs to submit a summary of qualifications for non-licensed, non-physician practitioners such as CHWs that includes any education, training, experience, credentialing or registration of non-clinical practitioners.</p>	<p>CHW integration into the health care delivery model including organizational needs, CHW training and technical assistance that leads to certification.</p>
<p>The grantee intends to establish a local Training Collaborative that will provide core competency and disease-specific training, as well as continuing education and networking opportunities in the region essential to building, retaining and strengthening the professional development and professional identity of a highly trained and highly qualified CHW workforce.</p>	<p>Community Health Worker</p>	<p>Ch. 224 specifies that CHWs be employed to help improve access to health care services and quality of care for vulnerable populations, including demonstrating an ability to provide culturally and linguistically appropriate care, patient education and outreach. Additionally, 224 mandates promotion of community based wellness programs and CHWs. There is no regionally-based training effort to prepare and recruit new CHWs or upgrade existing CHWs for certification to meet these needs.</p>	<p>CHW training and certification.</p>

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee will develop a health care workforce development program in the region targeted at Medical Assistants and Community Health Workers. The grantee will also partner with local colleges to provide accredited courses where possible (a future goal).	Medical Assistant; Community Health Worker	Ch. 224's emphasis on use of CHW to improve access to care, quality, and wellness outcomes for underserved populations, and the possibility for Medicaid reimbursement for CHW services, increases the need for training and certification for these roles.	Enhanced MA training, medical interpreter skills, healthcare leadership skills for managers, enhanced comprehensive outreach education certificate.



### Area of Focus: CNA/Other Frontline Workers

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee will develop plans for creating a Certified Nursing Assistant (CNA) career ladder training program, aimed at improving CNA retention rates and addressing the region's health challenges more efficiently. The planning grant will focus on: 1) conducting a needs assessment among CNAs, registered nurses and senior management to determine the structure, content and potential impact of the program on hospital operations; 2) researching other CNA career ladder training models; 3) developing curriculum; 4) establishing an application process; and 5) developing goals, anticipated outcomes and an implementation proposal.	Certified Nursing Assistant	CNAs and RNs have been an important part of the cost containment required by Ch.224. By having CNAs take on more advanced work, RNs can focus more on decision making and prevention resulting in a more efficient functioning team.	Add the position of Advanced CNA to the Nursing Career Ladder. Advanced CNAs are expected to be trained for the following skills: preceptor skills--to provide support to other CNAs, understanding of quality improvement principles, leadership skills, working with cardiac and diabetic patients, performing EKGs, providing surgical assistance.
The grantee proposes the creation of new and enhanced credit and credit-free curricular pathways for Home Health Aides, Certified Medical Assistants, Personal Care Assistants, and Certified Nursing Assistants, in order to ensure the curricula address employers' needs.	Frontline clinical staff	Needs to control costs while improving quality of care, and managing chronic and complex diseases in rural and underserved areas.	Flexible Skill Sets that extend beyond direct patient care to facility support; Acute Training including a focus on the adult patient; Insurance Reimbursement (Billing and Coding); Mentoring; Extended On the Job Training (OJT) orientation models. Some focus on long-term care and end of life care/geriatrics.
The grantee will develop a Pharmacy Technician Certificate that would allow us to train our current employees to create a pipeline for future hiring.	Pharmacy Technicians	Increased demands for more highly trained staff across multiple settings, including on electronic health records. Payment reform has made it difficult for overhead departments, like pharmacy, to grow their workforce - currently there is no reimbursement for pharmacist's work.	Pharmacy technician certification.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee and its partner will collaborate on a project to improve career development services for current and prospective staff to improve retention at our affiliates and in the health care field. The affiliates involved in the program will conduct a needs-assessment of staff at all levels. The needs assessment will help determine what the gaps are in career development services for staff, and how to do a better job of helping staff see a long term future in health care.	All staff	It is expected that cost containment pressures from Ch. 224 will lead to increased patient volume, and complexity, in outpatient and home care sites. Acute Rehab will be for the most severe or complex cases. Staff retention rates will be improved if they know about, and can take advantage, of career ladder opportunities in health care. There is also a need to support inpatient employees to make a shift to outpatient or home care careers in order to meet growing demand.	Career ladder support, particularly for outpatient and home care.
The grantee seeks to create a bilingual healthcare career pathway that opens up employment opportunities for individuals whose employment options are currently limited, while also improving the access and quality of healthcare services for non-native English speakers living and working in the region.	Frontline clinical staff; frontline non-clinical staff	There is a need for bilingual health care workers across all health care fields to help provide non-native English speakers with quality health care.	Entry level and frontline clinical and non-clinical health care staff.
The grantee will engage employers, educators and workforce development in their region to address gaps between supply and demand for medical lab technologists, medical lab technicians and clinical lab assistants. Clinical labs have focused on cost-containment for years, but Chapter 224 requires a new examination of costs and strategies particularly at the regional level. The planning process will result in strategies that address an aging workforce, the lack of clinical placements for current students, and lack of updated staffing models to determine the most cost-effective ratio of lab professionals needed.	Clinical staff	Chapter 224 and the new ACO model of payment require a new examination of costs and strategies particularly at the regional level. The planning process will result in strategies that address an aging workforce, the lack of clinical placements for current students, and lack of updated staffing models to determine the most cost-effective ratio of lab professionals needed.	Medical lab technologist, medical lab technician, and clinical lab assistants.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee proposes to enhance the training of Certified Nursing Assistant by focusing on team work, cultural sensitivity, communication, and specialized content in Dementia, Rehabilitation/Restorative, and End of Life Care.	Certified Nursing Assistant	Pressure to control costs and improve outcomes is leading to a need for entry-level staff to work at the top of their skill and certification level so that other staff can focus on other Ch. 224 related requirements. Ch. 224 requirements regarding palliative care and end-of-life options information being made available to patients also requires additional staff training. Additionally, more patients eligible for care and enrolling in health care programs means increased demands on staff to practice to the "top of their license".	Dementia care, rehabilitation/restorative care, English language and writing skills, mentoring, palliative care, cultural sensitivity, team building.
The grantee proposes to create a senior nursing-medical assistant, who will enhance functions currently performed by nurses. Health care providers will reduce personnel costs and enhance patient care by upgrading the knowledge and skills of the workers closest to the patient and improving communication between nurses and the assistants on their teams.	Medical Assistant	Introducing senior nursing medical assistants into the practice model will lead to cost savings and improved patient care as they will be able to take over more responsibilities with better skills, and reduce staff overtime costs. They are hoping this senior position will lead to reduced turnover.	Leadership, communication, coaching and mentoring, advanced geriatrics, dementia, skin care, care planning, palliative care.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
Primary care staff, with particular attention to the Medical Assistant as the hub of the PCMH team, requires extensive training with regard to these new systems. In addition, deeper clinical training also improves the ability of the staff to respond quickly to developing problems. This planning grant will focus on (1) surveying employers to understand current skill levels existing within physician practices in relation to PCMH standards; and (2) based on results of surveys and other relevant industry information, develop curriculum for Medical Assistants and others that allows for the implementation of the PCMH across all employer partners. Grantee cites variation in skill sets and training levels among MAs.	Medical Assistant	Emphasis on adoption of the PCMH model of care delivery to reduce costs and improve outcomes in Ch. 224 means more in-depth training for primary care staff, and medical assistants in particular.	PCMH concepts, population management, team-based care, workflow redesign and quality improvement methods (using Lean processing, teaming and customer service), optimal use of electronic medical records, chronic condition management, preventive care management, HEDIS quality measures, patient self-management and goal-setting, motivational interviewing techniques.
The grantee seeks to address high turnover of Certified Nursing Assistants and other clinical and non-clinical staff by delivering training and creating a new Staff Development position to provide focused orientation and support to new hires.	All staff	Improving the retention rate of CNA's and skilled nursing staff will improve quality of care and reduce costs and rate of overtime.	Staff development assistant to focus on clinical new hire on-boarding and orientation.

### Area of Focus: Pathways

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee and its partner will work to assess the efficacy and relevance of its current credit-based curriculum for training direct care workers and Certified Nurses' Aides (CNAs). In addition, the grantee will assess job satisfaction, job retention, and job expectation/job actuality among its employer-partners' workforce in relation to the relevance, quantity, and quality of it's existing for-credit CNA training program. The grantee will also explore development of clearer career ladders for both incumbent and new CNAs.	Certified Nursing Assistant; frontline clinical staff	Lowering costs through a more effective and highly trained direct care workforce.	Care coordination, health IT, electronic medical records, person centered care, enhanced soft skills, and others.
The grantee will design a Patient Care Coordinator curriculum as a career pathway that can be accessed by high school students, its own students and incumbent workers interested in retraining. The curriculum will also be designed to meet employer needs and to grant college certificate and degree pathways. Career Cruising networking software will be used to link employers and students for the purposes of career awareness, mentoring and job placement.	Frontline clinical staff	Address critical shortages in health care workforce, particularly nursing, and allied health professions (dental assistant, medical assistant).	Skills related to frontline clinical staff positions (CNA's, MA's, and dental assistants).

Area of Focus: Practice / Patient Centered Medical Home

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee is developing a more efficient and effective process for care delivery in the hospital and is currently piloting a new process on one hospital unit. Once a new standard process has been developed, the grantee will create a plan to share this process with other hospital units, support the workforce on each unit in adjusting to a new standard process, help different members of the work team on the unit understand changes to their roles and responsibilities, and assure that team members have the training and skills to be successful.	All staff	Cost containment pressure to deliver more efficient and effective care.	In some cases position specific training may be necessary to implement new process and team based care model: a partial list includes: standard training for patient care technicians on new orientation process and responsibilities; training nurses for new observation patient note taking system; leadership skills training for hospitalists and residents.
The grantee provides care to older adults with complex health needs and has developed an enhanced model of primary care that serves older adults through integrated, interdisciplinary teams. The grant will allow the grantee to do a needs-assessment of a pilot group of current staff to identify skill gaps, and then develop standardized, consistent training to guarantee the interdisciplinary training model can be utilized to achieve cost containment goals and maintain quality care. A detailed implementation plan will be developed to support the delivery of the needed training to the full staff.	All staff	The Ch. 224 mandate for integrated health care delivery models and enhanced primary care is leading to a need for training staff on how to provide quality care to older adults with complex health/behavior health needs.	Focus on the treatment of older adults and dual eligible, complex patients.
The grantee will 1) assess current care managers' skill levels and develop a training plan to fill competency gaps; 2) define roles and work processes of care managers in community care management program; 3) assess and create orientation and on boarding curriculum for future care managers; 4) develop ongoing professional development curriculum; and 5) assess Information System requirements to determine a training plan for the care management team. These tasks will ensure comprehensive training and readiness of care managers and care management team members for assured optimal patient outcome and cost savings.	Care Managers	Cost containment and new reimbursement models are leading to a push for team based care and new delivery models.	Care management including clinical and information systems integration and communication across the care team.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee will develop training plan to increase the e-health related skills of frontline workers and build the capacity of internal staff to use the e-health system; and develop a training plan to increase the skills of Medical Assistants, LPN and RN staff to be able to provide coaching support to patients related to their wellness plans.	All staff, MA, LPN, RN, Dental Asst.	Prepare staff for the PCMH delivery model to reduce costs and improve health outcomes; create training opportunities for MAs, LPNs, RNs and Dental Assistants so they can have increased career mobility and reduce turnover.	Training for use of electronic medical records, and training on how to handle patients with wellness issues.
The grantee will conduct an internal assessment of staff and develop a Training Center to address ongoing skill development needs among staff. The Center will be developed in partnership with a professional association and a higher educational institution. Planning grant funds will be used to assess resources needed to start up this Training Center.	All staff	Cost containment with improved health outcomes, and requirements for behavioral health integration are requiring a shift to new models of care like PCMH.	The training center would cover a diverse array of topics including language skills such as Vietnamese and Spanish, customer service, clinical skills, electronic medical record use, motivational interviewing, lean and performance improvement, and training specific to new requirements including insurance enrollment changes due to the ACA.
The grantee and its partner will assess the training needs for leadership and process improvement among Certified Nursing Assistants and Registered Nurses and will assess the need among administrative support workers for skills that improve workers' ability to increase patient engagement. Assessment findings will be compiled in a report that will inform curriculum development and a plan for delivering training related solutions. Grantee created new role of Lead CNA.	Frontline clinical staff, frontline non-clinical staff, nurses	Training staff to work at the top of credential and skill level to help reduce costs and improve outcomes.	Communication, customer service, computer skills, critical thinking, patient engagement, leadership training for CNAs and nurses, process improvement, "Five S" skills from Lean.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
Consisting of a multi-pronged analysis to evaluate the skills of the grantee's primary care workforce vis-à-vis the core competencies needed to deliver a Patient-Centered Medical Home (PCMH) model of care, the proposed activities will inform the development of an in-house training curriculum for medical assistants. Specifically, this project will investigate the opportunity to expand the role of MAs while reducing reliance on more expensive providers, and provide a career ladder for low-wage MAs by advancing them in developing PCMH roles. The grantee will partner with a local higher education partner leveraging their expertise in curriculum development.	Medical Assistant	In order to implement PCMH model of care delivery to effectively reduce costs and improve outcomes, the care team needs formal team based training.	Care coordination, Lean for PCMH, motivational interviewing.
The grantee will engage physician practice organizations in a collaboration to plan the implementation of training for clinical and administrative staff in primary care practices. Training will support them in using continuous improvement strategies to reduce costs and improve the quality and safety of care consistent with the goals of Chapter 224. The grantee will work with a partner to develop an implementation plan and manual that would meet the needs of its practices, and will recruit additional office practice organizations to implement the training plan in their practices.	Frontline clinical staff; frontline non-clinical staff	Greater emphasis on use of primary care and PCMH model of care delivery to help reduce costs and improve outcomes.	Care coordination, process improvements, communication.



Proposal Summary	Target Occupation	Business Problem attributable to Chapter 224	Skills Targeted
<p>The grantee's initiative addresses the business need to develop competencies of incumbents employed in care delivery settings where Patient Centered Medical Home (PCMH) is being implemented. The grantee will work with a partner to develop an online health care certificate to enable non-clinical staff to acquire and apply skills needed to support the PCMH model and will develop a plan to create and pilot the certificate in licensed community health centers and community-based primary care practices. The grantee is looking to create stackable education credentials that can lead to associate's degrees. They are looking to create this program online.</p>	<p>Frontline non-clinical staff</p>	<p>Changes in payment methods underscore a need for achieving operating efficiencies; electronic health record mandates mean all providers and staff need to be trained to use these softwares; PCMH and ACO certification standards mean that administrative staff need to take on new roles and responsibilities; changes in the care setting from acute settings to the community mean that non-clinical staff roles may be altered or expanded to help manage these patients and help with patient self-management.</p>	<p>Communication; quantitative, critical and creative thinking skills; digital fluency; information literacy; personal and social skills; team work and collaboration; ethics and social responsibility; personal effectiveness; medical terminology; language of health care finance and delivery; process improvement methods and tools; compliance; and health care information systems.</p>
<p>The grantee is currently transitioning its primary care sites into a patient centered medical home (PCMH) model of care. As clinical and administrative roles are expanded and redefined with the PCMH model, it is critical that all staff possess the necessary knowledge and skill sets. The grantee aims to identify the specific training required to address gaps in knowledge and skills among current primary care staff. This Planning Grant assessment will inform a comprehensive workforce development initiative to ensure that staff teams are fully prepared to implement the PCMH model.</p>	<p>Frontline clinical staff; frontline non-clinical staff</p>	<p>Staff needs new skills in order to effectively transition to a PCMH model of care delivery, and handling dual eligible patients that will lead to reduced costs and improved patient outcomes.</p>	<p>Computer based processes and tools including MS Excel, communication, patient engagement in self-efficacy, disease management and behavior change.</p>

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
In response to business changes, the grantee has established these goals: 1) to improve patient access; 2) to improve patient flow; 3) to improve patient and employee experience; and 4) cost containment and financial recovery. To achieve these goals, the grantee needs to objectively measure employee skills, identify areas for improvement, and provide access to learning resources to close skill gaps. Funds will be used to implement an initial skills identification and assessment project to be used as a model for an organization-wide initiative.	All staff	The grantee is moving to an ACO model of care delivery and in order to improve health care services and outcomes and contain costs, they are recognizing the need to train staff to handle the changing model of care (more complex acute cases for inpatient, and more chronic disease management in the outpatients and community settings).	Lean for health care, transitions of care coordination, soft skills (innovation, change readiness, customer service, communication, conflict resolution, critical thinking and decision making, cultural competency, generational competency, work/life balance), hard skills (budgeting and cost analysis, billing in a new revenue cycle, ICD-10, job sharing and job combining).
The grantee plans to identify a core framework of skills needed by Medical Assistant staff to address health management and prevention. While the focus is on Medical Assistants, the grantee hopes to develop a model for training that transfers to other positions.	Medical Assistant	Ch. 224 has a focus on ACOs having a role in modeling innovative practices that will help improve quality, emphasizing prevention, while keeping costs contained. To do this, The grantee needs each employee to understand the goals of improving efficiency and preventing acute illness among the people they serve.	Cross functional health management and prevention skills.
The grantee is working with a community health center to do an assessment of organization and staff needs, and develop a training strategy to provide training on goal setting and cultural competency that will help improve patient engagement and self-management.	All staff	In order to implement the PCMH model of care delivery to effectively reduce costs and improve outcomes, the clinical staff need training in cultural competency and patient engagement.	Cultural competency, patient engagement in goal setting and self-management (motivational interviewing, collaborative decision making, goal setting, etc.).

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
<p>The grantee and its partners will conduct a workplace needs analysis and develop a curriculum scope and sequence focused on assessing and enhancing the communication skills of entry-level and front-line employees. The purpose is to address workforce challenges occurring as a result of Chapter 224 implementation and specifically to determine opportunities for increased communicative competency, efficiency and enhanced patient engagement within the shift to the patient-centered medical home model. While not limited in scope, the needs analysis will primarily focus on frontline and entry-level staff (more than 50% of which are non-native speakers of English) and will include employee self-assessment, stakeholder interviews and internal and intra professional communications mapping.</p>	<p>Frontline clinical staff; frontline non-clinical staff</p>	<p>Increased expectations for patient engagement require culturally/linguistically appropriate, efficient and clear communication skills for all staff. Use of electronic health records will also require training. The expansion of community health centers through Ch. 224 will lead to additional job openings in the future.</p>	<p>Care coordination, communication, patient engagement, ESL.</p>

Area of Focus: Residencies/Fellowships/Clinical Development

Proposal Summary	Target Occupation	Business Problem attributable to Chapter 224	Skills Targeted
<p>The grantee will create a plan to transition its nurse workforce to higher educational preparedness as a key strategy in its efforts to drive patient errors toward zero. Grantee will critically assess the current pilot RN to BSN curriculum for how well it exposes BSN candidates to measurable outcomes standards that are central to healthcare cost containment. The grantee will also explore two possibilities for upgrading the educational preparedness of its workforce: 1) interest of non-nursing employees in pursuing a nursing degree; and 2) potential for partnering with a college or university to offer post-baccalaureate education for bachelor's degree nurses.</p>	<p>Nurses</p>	<p>Hospitals are operating in a competitive environment after Ch. 224 will need to improve quality, safety, and patient satisfaction while cutting costs. This will require the grantee to aggressively educate and train their workforce (most of whom are nurses) to continue to improve patient outcomes and reduce errors Ch.224 cost containment results in insurers encouraging patients to stay local increasing the number patients in community hospitals and the demand for nurses; demand for nurses also increasing for their role in delivering coordinated healthcare.</p>	<p>Advanced education of nurses (increase BSN nurses) to achieve higher quality and patient safety outcomes and better coordination of care.</p>
<p>Using a team-centric approach that focuses on high-quality, cost-efficient care, the grantee plans to increase its capacity to hire and train advanced practitioners in primary and specialty care and create a residency on practice in hospital service lines. A consultant will be hired to develop curriculum and a governance structure of the residency. This project will also develop a program for educating existing staff and physicians on the changing role of advanced practitioners under Chapter 224.</p>	<p>Clinicians (MDs and APs)</p>	<p>Cost containment pressures from transition alternative payment models (from fee-for-service) will require more APs (advanced practitioners--NPs and PAs) to be competitive. With more APs in the workforce and a decline in the MD/AP ratio, the grantee will need to identify and remove some of the barriers that are keeping physicians from fully working with APs.</p>	<p>Develop a curriculum for an advance practice residency for NPs and PAs. Engage existing physicians and staff on the use of APs in in-patient and outpatient settings.</p>

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee will develop a residency program for newly graduated Physical Therapists.	Physical Therapists	As ACOs and other health care delivery systems emphasized in Ch. 224 look to contain costs, home health care services will be seen as a vehicle to provide care and prevent re-hospitalization. Demand for home health care will increase and the need for PTs with experience in this setting will also increase.	Physical therapy in home care settings.
The grantee will develop a paid fellowship and preceptor program for new Occupational Therapists.	Occupational Therapists	The increased reliance on home care as a cost-effective setting for patient care is increasing demand for trained OT's in this setting. In order to meet the demand of OT's in the home care setting, the grantee hopes that the fellowship and preceptor program will encourage OT's to choose this setting and help retain them. The increased focus on reducing re-admissions after discharge from the hospital also increases the need for the role of OT in the home to help patients manage their own care at home.	Home health care.
The grantee and its partners are working towards planning a statewide Massachusetts Nurse Residency Program (MNRP). The MNRP initiative will develop a needed state-wide framework for nurse residency for those newly licensed nurses (NLN) who are currently unemployed or underemployed. New nurses, in transition from education to practice, will receive experience in acute, home and/or rehabilitation care settings. They will maintain skills, gaining valuable experience that will better prepare them for employment in our evolving healthcare delivery system while also improving nursing retention rates.	Nurses	Reducing turnover and training in community and acute health skills will help lead to improved patient outcomes and cost reductions. Giving nurses more training in non-acute care settings such as the community or long term care will help prepare them for the changes in health care delivery.	Nursing skills particularly in long term care or community settings.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee proposes to develop a plan to provide enhanced training in palliative care to clinicians across its network. Palliative Care is a growing field and the program addresses the Healthcare Workforce Transformation Fund's goal to address critical health care workforce shortages and to provide training or educational services for health care workers in emerging fields of health care delivery models.	Clinicians	Ch. 224 provides for distribution of end-of-life care and palliative care information to patients across health care delivery settings. Palliative care has the potential to reduce acute care usage and improve symptom management. Providing training to increase the supply of these services can help lead to reduced costs and improved quality and outcomes for patients.	Palliative care.
The grantee will create an innovative critical care training program for the 2-5 year medical/surgical Registered Nurse. Training will include the role of the bedside nurse in the implementation of Chapter 224 by providing quality care that will prevent readmissions, delayed discharges, and lengthy hospital stays. Group training will reduce education costs, RN turnover, provide career ladder, and reduce payroll expense while providing quality care. The critical care nursing area was chosen due the high shares of 55-plus RNs who will be retiring in the near future.	Nurses	Training will include the role of the bedside nurse in the implementation of Chapter 224 by providing quality care that will prevent readmissions, delayed discharges, and lengthy hospital stays. Group training will reduce education costs, RN turnover, provide career ladder, and reduce payroll expense while providing quality care. The critical care nursing area was chosen due the high shares of 55-plus RNs who will be retiring in the near future.	Critical care skills (keeping patients mobile, changing tubes, mouth care, preventing pneumonia, addressing bed alarms), transitional care, technology and/or technological advances related to critical care.

### Area of Focus: Other Needs Analysis

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee will engage in a planning process to determine employer partner training needs related to the implementation of Chapter 224. Business needs to be addressed include cost containment necessitated by reimbursement changes, and developing new service delivery models to achieve higher quality and reduced costs.	All staff	Cost containment and new reimbursement models are leading to a push for team based care and new delivery models.	Project management, continuous quality improvement, health IT, CHW training, cross-training of staff for behavioral and substance abuse issues.
The grantee and its partners from a broad sector of the region's health care industry will establish a Health care Leadership Roundtable to 1) identify cross-sector issues, needs and policies; 2) share best practices and information regarding the resources and programming available including the region's Workforce Transformation projects; 3) explore the concept of an employee retention support system; and 4) identify cross-sector training programs. The roundtable is aligned with the goals of MA Chapter 224: health care worker retention, employment of low-income individuals and low-wage workers and training/education career ladder services for currently employed or unemployed health care workers.	All staff	The roundtable being developed will focus on the following goals of Chapter 224: health care worker retention, employment of low-income individuals and low-wage workers and training/education career ladder services for currently employed or unemployed health care workers. They will explore establishment of an Employee Assistance Program (EAP) to reduce turnover.	Cross-sector transitional care training, support for case management, mentoring
The grantee will engage with 12 employers using and updating the data developed under a 2012 WTF Technical Assistance grant to determine training needs related to Chapter 224. This work will inform the region's healthcare collaborative of detailed training requirements to meet transformative changes in the region's healthcare system in, and result in the development of a plan for training programs to be proposed for implementation grant funding under the HCTF for consortia or individual employers.	All staff	New skills requirements due to increased need for coordination of care across all settings, including increasing care in ambulatory and home settings.	Supervisory, customer services, computer skills and electronic medical records, interpreters and cultural competency, mental health, ABE.

<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
The grantee is seeking grant money to outreach to our members to assess their needs, and research educational programming that will fill those immediate and longer-term challenges. At the end of the grant period, the grantee will have a roadmap with programming identified to help healthcare providers adapt to new care paradigms.	All staff	Cost containment and quality outcomes are requiring new skills across staff.	Population health management, leadership training, advanced patient engagement, motivational interviewing.
The grantee will develop a healthcare worker pipeline to address the staffing needs of managed care organizations. We will change and enhance an existing Training Inc. Medical Office and Insurance curriculum, focusing on increasing applicant's skills to deliver stronger customer service.	Frontline non-clinical staff	Expanded eligibility guidelines and expanded coverage of services, particularly for mental health care, will lead to an increase in calls by health insurance plan members, and therefore an increase in demand for trained customer and member services staff. Changes in the variety and complexity of insurance plans and alternative payment methodologies for provider services will also impact managed care plan organizations. Claims processing staff will also need additional and on-going training.	Current and changing health care/insurance landscape; health insurance products; process for enrollment, referrals, claims, etc.; industry acronyms; industry software.



<b>Proposal Summary</b>	<b>Target Occupation</b>	<b>Business Problem attributable to Chapter 224</b>	<b>Skills Targeted</b>
Businesses need future healthcare workers to be well trained in delivering care within the Accountable Care Organization (ACO) or Patient Centered Medical Home (PCMH) care delivery models. Two practices required within the ACO and PCMH care models are: 1) teamwork and coordination among healthcare workers, and 2) engaging patients to manage their own health and chronic conditions. With a focus on the hospital and health clinic setting, the grantee and its partners will identify the roles of frontline healthcare workers, assess skill gaps, and identify needs for training for healthcare workers in emerging fields of the ACO and PCMH care delivery.	Frontline clinical staff	ACO/PCMH and payment reform are leading to the need for new skills and training for providers.	Teamwork and care coordination, patient engagement in health management and care for chronic condition.
The grantee is planning to provide local healthcare facilities with the ability to meet their mission of providing quality healthcare by building the skills and careers of their employees, as well as providing a pathway for adults to enter the field of healthcare. The grantee plans to partner with employers to develop a strategy for advancement of lower wage employees through new educational initiatives leading to credentials. The primary goal is the development of a career ladder that would advance lower level direct service workers and clerical employees. Targeted positions would include, but are not limited to, receptionists, human service workers and certified nursing assistants.	Frontline clinical staff; frontline non clinical staff	Increase certification of entry level workers to meet chapter 224 certification criteria and provide career ladder opportunities.	Soft skills, ESL, ABE, other career ladder related skills.