



# Performance of Health Care Workforce Programs

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Presentation to Behavioral Health Commission

October 1, 2024

# Study purpose

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- Develop a framework for measuring the performance and impact of health care workforce programs
- Obtain relevant data to populate metrics measuring each program's outputs and outcomes
- Develop and implement a process for reporting on the performance of programs that is meaningful, transparent, and actionable
- Consider policy options through which the state may improve the performance of health care workforce programs

Study resolution approved by Commission on December 6, 2023

# Health care workforce programs improve recruitment, retention, or well-being

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- Study prioritized programs that:
  - Directly and intentionally benefit the health care workforce, including behavioral health
  - Receive state funding
  - Have been implemented for at least one year
- Programs represent one of many strategies states can implement to address workforce concerns

# Findings in brief

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- During the last biennium, Virginia appropriated \$683 million in state funds for 34 health care workforce programs
- Programs are reaching their intended audience but lack focus on areas of most need
- Sparse, inconsistent data collection makes reporting on program quality and impact difficult

# Policy options in brief

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- Request state agencies review and align program eligibility, screening criteria, and service requirements to current supply and demand data or report barriers to doing so
- Require VHWDA, in collaboration with Virginia Works, to develop a plan to increase capacity for reporting and monitoring of health care workforce programs

VHWDA = Virginia Health Workforce Development Authority

# Agenda

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Virginia's health care workforce programs

Alignment between individuals served and target audience

Implementation quality and program impact

Reporting requirements and monitoring capacity

# Virginia appropriated \$683 million for 34 programs in Fiscal Years 2023 and 2024

Spending estimates may vary based on how workforce programs are defined

**\$318 million**

- 24 programs focus exclusively on health care
- 9 target behavioral health professionals

**\$365 million**

- 10 programs focus on high-demand sectors, including health care
- 5 are open to behavioral health

# Ninety percent of state funding supports 24 recruitment programs

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- 10 programs increase health care credentials in high school and post-secondary settings
- 4 programs provide financial assistance for post-secondary educational costs
- 10 programs support post-graduate experiences for health care professionals



# Retention programs primarily use financial incentives

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- Virginia funds eight scholarship and loan repayment programs in exchange for professional service
- State funds support one program each that focuses on employee salaries and resident well-being
  - Programs in this area are more likely to be funded by employers

# Agenda

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# Eighty percent of programs are reaching their intended audience

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- 27 programs that establish eligibility criteria or use an application process are serving their target population
- 7 programs do not collect data on program participants or feel the program's reach could be improved

# Program criteria are rarely focused on areas of need

- Programs address shortages in one specific profession
  - High demand professions can vary over time and by specialty, practice setting, and geographic needs
  - Virginia agencies publish annual data on health care workforce supply and demand metrics
- Programs rarely prioritize:
  - Participant demographic characteristics, such as persons of color or individuals who are multilingual
  - High-demand practice settings
  - Specific geographic areas (e.g., rural areas)

# Policy Option 1

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Request state agencies conduct a review of health care workforce program eligibility, screening criteria, and service requirements

- Identify opportunities to align with Virginia's health care workforce needs based on available supply and demand data
- Report by October 1, 2025, any anticipated changes to program eligibility, screening criteria, and service requirements or barriers to doing so

# Agenda

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Virginia's health care workforce programs

Alignment between individuals served and target audience

**Implementation quality and program impact**

Reporting requirements and monitoring capacity

# Programs primarily use passive strategies to monitor implementation

- Passive strategies ensure program requirements are met, but do not determine the quality of implementation
  - Audit reports for financial disbursements
  - Attestations from participants on program completion
- Three programs actively monitor implementation and employ strategies to address participant needs and improve program effectiveness

# Seven programs collect data on long-term outcomes

- Data collection is ongoing for two programs
- Five programs report a positive long-term impact:
  - FastForward: increased median wages
  - G3 Program: increased median wages
  - DBHDS salary adjustments: decreased vacancy rates
  - VCU Family Practice Residency: high rates of retention
  - Southwest Virginia GME Consortium: high rates of retention

G3 = Get Skilled, Get a Job, Get Ahead; DBHDS = Department of Behavioral Health and Developmental Services; VCU = Virginia Commonwealth University; GME = Graduate Medical Education



# Agenda

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# Sparse data collection makes reporting on program quality and impact difficult

- 19 programs have no requirements to report on program implementation or outcomes
- 15 programs report to:
  - State agency or agency's board (7 programs)
  - Department of Planning and Budget (4 programs)
  - House and Senate money committees (3 programs)
  - Governor and General Assembly (2 programs)

Programs may report to more than one entity.

# Two state entities are responsible for program monitoring and evaluation

## Virginia Works



- Regularly track metrics related to workforce programs
- Ensure effective and efficient administration of programs
- Receive data from 11 of 34 programs identified for this review

## VHWDA



- Seek data for program evaluation purposes
- Partner with agencies to manage and analyze workforce data
- Supports implementation of programs at VDH and DMAS

VHWDA = Virginia Health Workforce Development Agency; VDH = Virginia Department of Health; DMAS = Department of Medical Assistance Services

# Issues of program sustainability are not consistently reviewed

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- Expectations for state funding levels from budget cycle to budget cycle are not clear
- Programs need additional staff for appropriate program administration and oversight
- Limited ability to expand without additional funding for faculty and clinical sites

# Barriers to improved data collection are not addressed

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Program staff identified multiple barriers for data collection, including:

- Lack of reporting requirements to prioritize agency resources
- Lack of resources to update data collection infrastructure or track participants' long-term outcomes

# Policy Option 2

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Require VHWDA, in collaboration with Virginia Works, to develop a plan to increase capacity for reporting and monitoring of health care workforce programs. The plan, due October 1, 2025, should consider:

- Maintaining an accurate inventory of health care workforce programs
- Strategies to increase agency capacity for data collection and reporting
- Recommendations for reporting that meet the duties of VHWDA and Virginia Works while balancing the administrative burden of state agencies to report such information



# Joint Commission on Health Care

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