



Office of Statewide Health Planning and Development

**Healthcare Workforce Development Division**

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**Focus Group Meeting Notes****California Healthcare Workforce Clearinghouse**

Hilton LAX Airport, 5711 West Century Blvd., Los Angeles, CA 90045

April 24, 2008 - 10:30 a.m. – 1:30 p.m.

Participants Present:

Barbara Blake	United Nurses Associations of California/Union of Health Care Professionals
Janice Buehler	Cedars-Sinai Health System
Genevieve Clavreaul	National Registered Nurses Professional Association
Angela Echiverri	California Health Professions Consortium
Jose Gonzalez	Latino Care Management
Dr. Jimmy Hara	California Healthcare Workforce Policy Commission
Teri Hollingsworth	Hospital Association of Southern California
Nancy Ishioka	Cedars-Sinai Health System
James Koontz	California Association of Healthcare Facilities/ Quality Care Health Facilities
Carolyn Lee	California Health Occupation Students of America
Niel Nathason	University of Southern California
Linda Nguy	Latino Coalition for a Healthy California
Dr. Felix Nunez	CA Community Clinic Association of Los Angeles County
Andrea Perry	Cedars-Sinai Medical Center, Workforce Development
Steve Saxton	Employment Development Department, Labor Market Information Division
Inna Tysoe	Department of Mental Health
Larry Ward	Palomar Pomerado Health Development

OSHPD Staff: Mike Byrne, Beena Patel, Angela Minniefield, Gloria Robertson, , Senita Robinson, Dorian Rodriguez, Monique Scott

DISCUSSION ITEM: FOCUS GROUP OVERVIEW BACKGROUND/PURPOSE

Angela Minniefield, Deputy Director, Healthcare Workforce Development Division, welcomed participants. She stated the Healthcare Workforce Clearinghouse (Clearinghouse) will serve as a central source to capture healthcare workforce and education data in California. The focus groups will help OSHPD build a user-friendly, comprehensive, and integrated data warehouse infrastructure that more appropriately meets customers' needs and expectations.

Senita Robinson, Manager, Health Careers Training Program, led participant instructions. She stated OSHPD is convening five focus group sessions to inform stakeholders of the Clearinghouse and obtain information from a regional perspective. The focus groups will be held in Los Angeles, Fresno, Redding, Oakland, and Ontario. She stated each focus group will:

- Identify and inform potential users of the Clearinghouse,
- Form partnerships to facilitate data collection and sharing of available information,
- Address systemic issues associated with collecting fragmented health workforce and education data, where feasible,
- Identify trends and potential data challenges and other specific organizational needs, and

- Assist OSHPD in establishing a direct customer “feedback” pipeline to test Clearinghouse future designs.

She stressed that OSHPD’s responsibility is to collect available healthcare workforce and education data. Ms. Robinson stated that OSHPD will provide information gathered from the focus groups to all participants and to the statewide Clearinghouse Advisory Team. The Advisory Team is composed of various state and local level stakeholders to help guide the Clearinghouse implementation efforts.

DISCUSSION ITEM: OVERVIEW HEALTHCARE WORKFORCE CLEARINGHOUSE CRITERIA

Mike Byrne, GIS Architect, Information Technology Solutions Services, provided a brief history of the development of Senate Bill 139. The initial legislation, SB 1309 (Senator Jack Scott), was introduced over two years ago because there was minimal information on the supply and demand of allied healthcare professionals in California. SB 1309 directed OSHPD to create a healthcare workforce clearinghouse to collect this data. The legislation did not pass due to fiscal issues. Senate Bill 1309 was reintroduced as SB 139 in 2007 with funding supplied by the California Health Data and Planning Fund.

Ms. Robinson provided an overview of the criteria outlined in SB 139 and referred participants to various reference materials contained in their meeting packets. The Clearinghouse will collect, analyze, and distribute information on the educational and employment trends for health care occupations in the state. The statutory data host providers include the Employment Development Department’s Labor Market Information Division (LMID), state health licensing boards, and state higher education entities. Statutory partners will collect, to the extent available, the following data:

- Current supply of healthcare workers, by specialty.
- Geographic distribution of healthcare workers, by specialty.
- Diversity of healthcare workforce, by specialty, including, but not necessarily limited to, data on race, ethnicity, and languages spoken.
- Current and forecasted demand of healthcare workers, by specialty.
- Educational capacity to produce trained, certified, and licensed healthcare workers, by specialty and geographical distribution, including, but not necessarily limited to, the number of educational slots, the number of enrollments, the attrition rate, and wait time to enter the program of study.

OSHPD anticipates the program implementation may take 18-24 months, which includes designing and building the application, collecting the data, and testing the new system.

DISCUSSION ITEM: USABILITY

Mr. Byrne led the discussion based on the following stimulus questions. Participants provided the following responses, accordingly.

Question 1: How does your organization plan to use the collected health care workforce and educational data? Is your response critical for Clearinghouse data use?

A. Current supply of health care workers, by specialty?

- To retrieve data on various health occupations for planning and reporting purposes
- To identify numbers of mental health workers, physicians, nurses and various allied health personnel in California

B. Geographical distribution of health care workers, by specialty?

- To determine physician practices, nursing and allied health workers by geography based on county, specific regions and statewide
- To learn about healthcare personnel employment at multiple locations
- To cross reference Medi-Cal/ Medicare provider data to determine access issues

- To have the ability to cross-reference geographical distribution data with National Provider Identifier (NPI) numbers or other standardization systems

C. Diversity of health care workers, by specialty (i.e. race, ethnicity, languages spoken, etc)?

- To determine distribution breakdowns of healthcare workers by demographic data, including age, race/ethnicity and gender
- To retrieve specific, standardized data on primary and secondary languages spoken by healthcare professionals
- To determine language competency levels, fluency, certain spoken dialects to facilitate patient communications
- To identify needs for remediation and training
- To assist with forecasting retention and attrition rates from educational institutions based on race, ethnicity, language spoken, gender, etc.
- **Note:** Diversity information should be linked to education as well to emphasize language competency and to identify areas of need

D. Current and forecasted demand for health workers, by specialty?

- To retrieve information to assist in determining:
 - Regulatory requirements for staffing ratios of physicians and other healthcare personnel
 - Worker turnover rates
 - Educational acceptance, retention and attrition rates from healthcare educational programs
 - Practitioners retirement rates (over the next 5-10-15 years)
- In “demand” definition, take into account non-traditional employers of health workers, ie: retail pharmacies, Biotech companies, and assisted care facilities

E. Education capacity to produce trained, certified and licensed health care workers, by specialty/geographical distribution (i.e. number of educational slots/enrollments, attrition rate, wait time to enter program of study, etc.)?

- To advocate for health pipeline investments
- To assist with marketing outreach activities to attract more students
- Educational data of healthcare workforce personnel to be linked to other data layers (i.e. worker specialty, geographic distribution, ethnicity, gender, spoken languages, etc.)
- To obtain faculty data on age, race, ethnicity, geographical distribution and languages spoken
- To obtain data to assist with establishing and/or decreasing training programs
- To identify urgency for education/training programs to be developed

F. Trend analysis and special reporting (i.e. labor market information, system gaps, best practices, etc.)?

- Assists with business case development
- Informs advocacy efforts
 - Attrition rates from health professions and educational programs
 - Recruitment into educational programs and healthcare facilities
 - Retirement for practitioners, support personnel and education faculty
 - Characteristics of students in educational programs (age, diversity standards, gender, distribution, healthcare workforce interests)
- Projecting healthcare delivery methods (in-patient → home healthcare)
- Student preparation - assessment with Department of Education to develop a way to better prepare students for health professions

G. Policy recommendations/changes to address issues of workforce shortage and distribution?

- To retrieve data that helps develop policies to meet shortage designation process by state, local, and federal government
- To link data to census/demographic of areas to inform business plans and staffing, ratios, and issues in communities

- To develop program/partnerships to reach area demand, which would dictate public/private state and local level partnerships

Question 2: What are your recommendations for viewing and accessing the Clearinghouse data? For example do you prefer customized summary reports generated by using an interactive process on the Internet; information contained on video CDs/DVDs; hard copy library; specialized technologies; staff technical assistance; frequency updates - quarterly, semi-annually, annually, special user group logins; etc?

- Strong interest for layering capabilities:
 - Viewing multiple layers simultaneously
 - Layering flexibility
 - Layering levels such as physician distribution by age, race, ethnicity, geographical distribution, education, etc.
 - Ability to view overlapping databases
 - Ability to view California data versus other states (i.e. state comparisons)
 - Layering past data with present data
- Produce specialized reports by selecting fields of data
- Interactive programs
- On-line access for all materials
- Dashboards
- Downloadable resources (such as Power Points, Access, Excel, Word documents, etc.)
- Quarterly/annual updates with notifications
- Tutorials with illustrations (educational tool built into the Clearinghouse system)
- Library/blog section for existing information
- Share examples from other states during development process
- "YouTube" non-profit channel could be useful in engaging younger generation of healthcare personnel and those interested in a healthcare-related career
- Ability to view Clearinghouse users and how they intend to use the data (create user logins)
- Give users as much access as possible
- Standardize data input methods
- Library of publications with links to publications
- User-friendly resources with easy data retrieval processing
- Install customer feedback feature to enable users the ability to submit questions and/or comments
- EDD, costing, payroll, billing, and Medicare/Medicaid reports would be useful for advocacy
- Include data definitions – ie: what is FTE? What is full-time versus part-time versus per-diem? (Create a Data Standards Committee)
- Identify what supply and demands are functions of
- **Note:** OSHPD should conduct pilot testing to evaluate and implement process before releasing to public – institute a "testing phase"

Question 3: What Clearinghouse issues/challenges do you foresee in data retrieval, sharing and transmission mechanisms (such as, confidentiality/privacy; data validity/inconsistency; management; coordination; survey processes; staff capacity, timeliness, etc)? What are your recommendations to these issues/challenges?

- Race/ethnicity characterizations are often misleading due to varying standards of collection and categorization methods – standardize surveying tools across all data sources
- How language data is collected could lead to biased/misleading data (for example, characterization of fluency and dialect)
- Implement a process of evaluation by utilizing a demonstration/pilot/or trial phase of the system
- Identify funding streams to evaluate sustainability of system in the future
- Standardized all survey forms and design for easy retrieval and quick response
- Confidentiality/permission may be needed from individuals to use data
- Resources need to utilize cut and paste function
- Data loss due to server transfers – must secure data

- Management issues to maintain data validity and consistency
- Ability to find acceptable ways to calculate vacancy rate and other standardize calculations
- Ease to disseminate information to public - determine how to disseminate information once captured
- Ability to define standardized aggregation and terms across the board
- Costs to sustain funding for the Clearinghouse
- Surveying staffing needs is difficult
- Assisted living and skilled care information is difficult to collect
- Sharing of all health data among agencies/education – may need to change laws/regulations regarding confidentiality to enable data sharing
- Acceptable/standards for aggregating data (standing standards committee) - definition of terms should be standardized across the board

Question 4: If the Clearinghouse can accommodate other data needs not identified in the statute, what other data needs/resources would you like OSHPD to consider or elevate to appropriate authorities?

- Wage changes over time
- Placement rates
- New hires and retention/attrition rates for the profession
- Health plan data
- Medi-Cal information
- Factor growth of physical facilities (core infrastructure) and staffing
- Clinical information

Question 5: What questions and/or activities do you recommend we consider for conducting future focus groups and/or special meetings?

- Include the following questions in future focus group sessions:
 - What are possible incentives to encourage data hosts to provide additional data?
 - How should we assess success and accomplishments?
 - How do you inform user community to use the Clearinghouse and realize its value? How should we market the Clearinghouse?
 - How will this centralized warehouse impact health worker jobs or health employers' recruitment processes?

CLOSING COMMENTS AND ADJOURNMENT

OSHPD staff thanked the participants for attending the focus group session. Participants agreed to share their contact information with other focus groups participants and expressed continued participation in future Clearinghouse activities.

The meeting adjourned at 1:00 pm.