

## Background

The Consumer Advisory Board unanimously passed a Motion to proceed with the formation of a Design Group concerning various issues that need to be studied in order to prepare the State for a redesign of the existing health care workforce.

The CAB Motion notes that the mission of the CAB is to advocate for and provide strong public and consumer input in the healthcare reform policies in Connecticut. To that end, one role of the CAB is to provide advice, guidance and recommendations to the Healthcare Innovation Steering Committee and Program Management Office where the CAB feels it necessary.

The recent Motion to establish a Workforce Design Group by the CAB stems from the prior modification of the SIM grant by the HISC in response to a request from CMMI to reduce the overall request for grant funding. In doing so, Connecticut was successful in becoming a second round recipient. The modification, however, reduced SIM funding to study the issue of Workforce which had originally been slated to be a Council within HISC akin to the Quality Council, the Practice Transformation Council, the Equity and Access Council and the Health Information Council. Currently, only a small amount of the awarded funds are available for workforce issues.

The CAB members are aware of the successful enrollment efforts of Access Health CT in the first two open enrollments periods and in particular the increase in Medicaid enrollment by virtue of Connecticut's decision to participate in the Medicaid expansion provisions of the ACA. Many CAB members are focused on the importance of the Community Health worker and believe an incorporation of these workers into the health care delivery system is paramount to the success of the new team health care approach contemplated by the SIM initiative.

Previous studies in Connecticut have shown that the demand for services will increase with Connecticut's aging population; that the average clinician is middle aged with a significant number over 60 years of age; that the workforce is unevenly distributed among geographic areas; that economically disadvantaged populations have difficulty accessing dental services and medical specialty services; that there is a serious lack of primary care workers who are trained to identify and address behavioral health needs; that the professional health workforce poorly represents the racial and ethnic composition of the state with minorities concentrated in lower skilled occupations; and that persons in the allied health professions have great difficulty climbing the career ladder to higher level jobs in the allied health professions and to the clinical health professions.

Accordingly, the CAB Motion generally described the charge of the Design Group to be:

1. Compile a snapshot of the current healthcare workforce in Connecticut;
2. Anticipate the type of workforce that will be needed to implement the SIM initiatives;
3. Project the level of the demand for these workforce jobs, and determine if the supply of the needed workforce will be available to meet that demand;

4. Suggest ways in which an effective workforce can be developed through relevant training; and
5. Investigate strategies in conjunction with the other SIM workgroups, the PMO and the HISC that will ensure the creation and sustainability of an effective workforce.

#### Next Steps:

The CAB needs to identify the stakeholder entities who have an interest in the workforce design group and to select individuals to execute the charge of the workgroup. There has already been great work done by many other people and entities in this area and that work needs to be summarized.

The CAB needs to consider how to populate the Design Work Group so that it can efficiently commence its work. A review of much of the existing research will be helpful to identify who should participate.

Suggested stakeholders are consumers of the care; primary care physicians; primary care extender professions ; behavioral health practitioners; other providers such as pharmacists and dentists; community health worker representatives; hospitals; accountable care experts; institutes that have already studied these issues such as the Connecticut Institute for Primary Care Innovation; Unions; Government agencies including Public Health, Social Services ,and the Labor Department; Insurers; and educational institutions focused on workforce training and development.

The above is not meant to be exhaustive. Perhaps CAB members could reflect on this issue and come prepared to identify additional stakeholders to round out the list from which persons can be invited to participate.

This topic is very broad. The Design Group will need dedicated participation and technical and professional support to complete its work.