Attachment 1 - Health Care Workforce Work Group Agenda 4.2.14

VT Health Care Innovation Project
Health Care Workforce Work Group Meeting Agenda

Date: April 2, 2014 Time: 10:00 AM – 12:00 PM
Location: DVHA Large Conference Room, 312 Hurricane Lane, Williston
Call in Option: 1-877-273-4202; Password: 9883496

All Participants: Please ensure that you sign in on the attendance sheet that will be circulated at the beginning of the meeting, Thank you.

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	10:00-10:05	Welcome and Introductions	Mary Val Palumbo Robin Lunge	
2	10:05-10:10	Review of 1/15/14 Meeting Minutes	Mary Val Palumbo Robin Lunge	Attachment 2: 1-15-14 Workforce Meeting Minutes
3	10:10-10:25	Review of Recommendation Grid	Mary Val Palumbo Robin Lunge	Attachment 3: Health Care Workforce Recommendation Notes
4	10:25-10:35	Discussion of Options for Proposals other than Data Analysis	Mary Val Palumbo Robin Lunge	
5	10:35-11:35	Proposals: a. Discussion of Data Proposal (30 minutes) b. Presentation: National Outreach Proposal (30 minutes) c. College Quest Proposal (10 minutes)	Mary Val Palumbo Robin Lunge	Attachment 5a – National Outreach Proposal from Bi-State Attachment 5b: College Quest Proposal
8	11:35-11:40	LTC Subcommittee Report	Jackie Majoros	
9	11:40-11:50	Public Comment	Mary Val Palumbo Robin Lunge	
10	11:50-12:00	Next Steps, Wrap-Up and Future **Meeting Frequency Discussion**	Mary Val Palumbo Robin Lunge	

Attachment 2 - Health Care Workforce Work Group Minutes 1.15.14

VT Health Care Innovation Project
Health Care Workforce Work Group Meeting Minutes

Date of meeting: Jan 15, 2014 2pm-4pm at Vermont State Colleges Office, 575 Stonecutters Way, Montpelier;
Call in option: 877-273-4202; Passcode 9883496

Attendees: Mary Val Palumbo and Robin Lunge, Co-Chairs; Stuart Schurr, David Blanck, Lory Grimes, Nicole LaPointe, Tony Treanor, Burton Wilcke, Dawn Philibert, Peggy Brozicevic, Jackie Majoros, Molly Backup, Charles MacLean, Ellen Grimes, Beth Tanzman, David, Adams, Denise Clark, Elizabeth Cote, Matt Barewicz, Lori Lee Schoenbeck, Rick Barnett, Karen Hein, Georgia Maheras, Melissa Melamed, Nelson LaMothe, and George Sales.

Agenda Item	Discussion	Next Steps
1 Welcome & Introductions	May Val Palumbo called the meeting to order at 2pm.	
2 Review of 11/16/13 Minutes	Motion to approve minutes with the following amendment: Agenda Item #8: "Motion to form a sub-group", delete the word "sub" from minutes, and add Charles MacLean to this group. Charles MacLean made the motion to accept the November 6, 2013 minutes as amended. The motion was seconded by Lory Grimes. The motion passed unanimously.	
3 Conflict of Interest Policy	Georgia Maheras discussed the Conflict of Interest(COI) Policy approved by the Core Team in December. She requested that all members and interested parties read the policy and sign the acknowledgement. Please forward the signed acknowledgement to George Sales or Nelson LaMothe. Please contact Georgia Maheras with any questions regarding COI.	
4 Draft Charter & Draft Work Plan Discussion	Charter: At the last meeting, Mary Val requested comments about the draft charter and made edits to the draft being reviewed today. Charles MacLean is concerned about setting priorities before a Work Group discussion and environmental scan.	

Agenda Item	Discussion	Next Steps
	The Charter was revised based on the discussion. Beth Tanzman made a motion to approve the Charter as revised. The motion passed unanimously. <u>Work Plan</u>: Georgia Maheras relayed that the template is consistent with all other work groups, and that all of these work plans and scheduled deliverables will be rolled into a master timeline. Dawn Philibert made a motion to accept the draft Work Plan. The motion passed unanimously.	
5 Funding Proposals	Georgia Maheras clarified that there is some budget flexibility within the funding allocated to this work group. If the work group wants to move funds from one category to another, they would have to propose this to the Core Team for approval and it would need federal approval. There are three proposals for SIM funding and a fourth proposal to create a sub-group which does not involve funding but rather a process. Please note that the third proposal was not discussed because it was distributed too late to the work group. It will be on the March meeting agenda. Co-Chair Robin Lunge had to leave the meeting during this conversation. <u>Proposal 1:</u> Dawn Philibert presented the first proposal. This is a proposal to contract for services supporting collection and analysis of data on Vermont's health care workforce. The proposal is for $110,000 for one year. The scope of work is to design, analyze and report on all health care professions currently surveyed. The work group discussed this proposal and raised the not-to-exceed amount to $150,000. Charles MacLean made the motion to approve the proposal as amended and this was seconded by David Adams. The motion passed unanimously. <u>Proposal 2:</u> Mary Val presented Dr. Hamil Bissell's proposal for scholarship assistance to students of the UVM Dept of Nursing to train psychiatric RN's to address the current mental health and substance abuse crisis in the state of VT. Mary Val recused herself from the rest of this discussion as she has a conflict with it. There was discussion of this proposal and support for the concept around the room. Georgia Maheras noted that scholarships fall outside the scope for spending of SIM grant funding, but that the Co-Chairs thought it would be better to present all proposals to the group, even if they are not eligible for SIM funds.	

Agenda Item	Discussion	Next Steps
6 Sub-Group Proposal	Jackie Majoros presented a proposal to form a Long Term Care Work Force Sub-Group. Georgia Maheras conveyed Robin Lunge's support for this proposal. Jackie provided background on the issue and why a sub-group is being proposed. The sub-group would focus on direct care workers, make recommendations about recruitment, retention, training, and generate a long term strategic plan. This sub-group would be responsible for reporting to the Workforce Work Group on their progress and eventual recommendations. Lori Lee Schoenbeck moved to create the sub-group. This was seconded Rick Barnett and the motion passed unanimously.	
7 Public Comments	None made.	
8 Next Steps, Wrap up, and Future Meeting Frequency Discussion	Next meeting: Wednesday, March 12, 2014 - 2pm to 4pm at Vermont State College Offices Conference Room 101.	

Attachment 3 - Health Care Workforce Recommendation Notes

Recommendations from the Workforce Strategic Plan
Governor's Healthcare Workforce Advisory Group
Updated February 5, 2014

RECOMMENDATIONS: OVERSIGHT AND PLANNING	Progress	Notes
Recommendation #1: Under the auspices of the Agency of Administration, the Secretary of Administration shall convene and staff from within the Agency a permanent health care workforce working group (Workgroup) to monitor workforce trends, develop strategic objectives and activities, direct and pursue funding for health care workforce development activities, and advise and report to the Secretary on its efforts. The Workgroup shall include state government interagency representation as well as representation from health care employers, clinicians, membership organizations, secondary and higher education, and other relevant interest groups. (The full presentation of this recommendation in Section II contains additional sub-recommendations which outline the Workgroup's charge and work plan in greater detail)	completed	
Recommendation #2: The Secretary of Administration should direct the Office of Professional Regulation and other state licensing bodies to collect workforce supply data.	completed	
Recommendation #3: The reporting of workforce-related planning data by health care professionals should be mandatory in order to issue licenses, certifications or registration.	completed	
RECOMMENDATIONS: RECRUITMENT AND RETENTION		
Recommendation #4 Based upon input and documentation from the Workgroup, the Secretary of Administration should educate and work with Vermont's congressional delegation to encourage changes in how National Health Service Corp assignees are placed. The delegation should work with other similarly affected states' delegations in this effort.	underway	-previous work by David Reynolds, UVM-OPC/AHEC, congressional delegation (in particular Bernie Sanders) -who should take lead from here?

Recommendation #5: In the selection criteria and admission of qualified students, the state college system, including the UVM Medical School and the Fletcher Allen Medical and Dental Residency Programs should include assessment of the qualities which make a student more likely to specialize in primary care and practice in rural, underserved areas.	underway	-update requested from Admissions at COM and designated officer at FAHC (MacLean, 1/14/14)
Recommendation #6: In the education and training of students in the health field, the state college system, including the UVM Medical School and Fletcher Allen Residency Program, should create a culture which promotes primary care specialties, serving disadvantaged populations and practicing in rural areas.	ongoing	-many programs at all levels of the curriculum (Should this be tracked in any way?)
RECOMMENDATIONS: IMPROVING, EXPANDING AND POPULATING THE EDUCATIONAL PIPELINE		
Recommendation #7: The state college system, including the University of Vermont College of Medicine and the Residency Program at Fletcher Allen Health Care, should prepare health care profession students for practice in a health care reform environment (as called for by IOM, Blueprint for Health, and Act 48) through post-secondary curriculum redesign.	ongoing	-many examples at all levels of the curriculum (Should this be tracked or compiled in any way?)
Recommendation #8: The Department of Education and the UVM and Regional AHEC Programs should coordinate activities which increase student enrollment in AHEC health career awareness programs and expose students to health care careers through hands on experiences through programs which promote internships, externships and job placements with health profession organizations.	ongoing	-AHEC programs with middle and high schools -MedQuest -CollegeQuest -Future of Nursing grant -current programs are limited by funding; there is room for expansion of these and new programs -see proposal to Workforce Committee from NVAHEC re CollegeQuest (Jan, 2014)
Recommendation #9: The Department of Education should accelerate efforts to align secondary education coursework with skills necessary for entry into the field of health care and to define career paths in terms of post-secondary education requirements. These efforts should consider coursework offered K-12.	?	
Recommendation #10: The Department of Education, Department of Labor and the UVM and Regional AHEC Programs should develop continuing education opportunities for guidance counselors to better prepare them to assist students considering a career in health care.	?	

Recommendation #11: Vermont state colleges should develop career ladders by facilitating enrollment of Vermont students into health care educational programs. Strategies include but are not limited to articulation agreements and dual enrollment.	?	
Recommendation #12: Vermont state colleges and the Fletcher Allen Medical Residency program should evaluate the potential to expand enrollment in health profession education, training and residency programs.	ongoing	-this is an ongoing needs assessment and is very complex -see previous work exploring a joint rural family medicine residency program FAHC & DHMC in ~2011. -plans underway for expansion of FM residency program to Plattsburg, NY with start date estimated summer 2016. -discussions underway for expansion of FM residency in Vermont.
Recommendation #13: Vermont state colleges should evaluate the potential to create abbreviated education and training programs.	?	- Community Health Worker certification being considered by Center on Aging
Recommendation #14: Vermont state colleges should make easier the transition of health career students and their existing academic credits from one state college to another.	?	- Future of Nursing grant -Academic Progression barriers, challenges, and incentives are being studied
Recommendation #15: Within each Vermont state college, their departments should collaborate to develop coursework where health care profession students can be educated together, allowing for interdisciplinary learning.	ongoing	-College of Nursing & Health Sciences (Palumbo IPP HRSA grant 2013-16) -IPE Task force in College of Medicine (Jan 2014) - SAMHSA grant (UVM Kessler)
Recommendation #16: The Department of Labor in collaboration with the UVM and Regional AHEC Programs should expand programming of its Regional Career Centers to include guidance and counseling for individuals seeking to pursue a career in health care.	?	
Recommendation #17: State programs, such as those within the Department of Education, Department of Labor, Refugee Resettlement Program and others should work with state colleges and Regional AHEC Programs to increase representation of disadvantaged and under-represented populations in health care career training and education programs.	?	UVM Future of Nursing grant (school outreach, LNA ESL tutoring)
RECOMMENDATIONS: GREEN MOUNTAIN CARE BOARD AND BLUEPRINT		

Recommendation #18: The Green Mountain Care Board and the Blueprint for Health should evaluate the impact of incentives and penalties for reaching workforce performance measures.	?	
Recommendation #19: The Blueprint for Health shall establish systems of care re-engineering which identify workforce needs and enable professions to work to their highest clinical ability, and provide staff dedicated to ongoing re-engineering analysis.	ongoing	-Panel Manager training (session completed 2013 by FAHC in Chittenden County). There is demand for more training across the state.
Recommendation #20: The Blueprint for Health and Green Mountain Care Board shall commit to spreading care re-engineering innovations system-wide.	?	
Recommendation #21: In its movement toward payment reform, the Green Mountain Care Board should examine and be sensitive to its impact on health care professional pay and the potential benefit a redesigned payment mechanism can have for recruitment and retention of health care professionals.	?	

Attachment 5a - National Outreach Proposal from Bi-State

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Date: March 19, 2014

Submitted to: Governor's Health Care Workforce Advisory Group
Co-Chairs: Mary Val Palumbo and Robin Lunge

Submitted by: Stephanie Pagliuca, Recruitment Center Director
Bi-State Primary Care Association
V. (603 228-2830 Ext. 111 Email: spagliuca@bistatepca.org

Subject: Proposal to fund the development and implementation of national outreach strategy to attract and recruit primary care clinicians to Vermont.

Proposal Summary

This proposal addresses sub-recommendation #1h from the Primary Care Workforce Development Strategic Plan: "Recommend activities to recruit health care professionals and expand community based recruitment and retention activities and national marketing of Vermont."

Need: Today, there are more than thirty (30) vacancies for primary care clinicians in Vermont reported to Bi-State Primary Care Association's Recruitment Center. This includes openings for family physicians, general internists, pediatricians, obstetricians, nurse practitioners and physician assistants. The number of vacancies is expected to grow steadily in the next few years due to the aging of both the physician workforce and the state's general population. Vermont anticipates practices will see an increase in demand for services as newly insured individuals seek a regular source of primary care. At the same time the Association of American Medical Colleges estimates a national shortage of 45,000 primary care physicians by 2020.

Vermont already competes nationally to attract and recruit primary care physicians. As a result of many factors converging, primary care physicians have their choice of opportunities in states across the U.S. when they are seeking a location for their practice. There are many positions open in urban and suburban areas which can offer more in the way of financial incentives and community amenities than practices located in VT's rural areas. According to the Agency for Healthcare Research and Quality, of the 209,000 physicians practicing primary care in 2010, a majority were practicing in urban areas (77.5% of family physicians, 89.8% of general internists and 91.2% of pediatricians).[1]

Vermont also competes to attract and recruit experienced nurse practitioners and physician assistants. The advanced skills of these seasoned clinicians are a valuable asset to the healthcare teams that care for VT's rural and underserved populations. The trend of practicing in urban areas is similar among nurse practitioners and physician assistants. In 2010 more than 72% of nurse practitioners and 75.1% of physician assistants in primary care were practicing in an urban area.[2]

[1] Primary Care Workforce Facts and Stats No. 3. January 2012. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/reserach/findings/factsheets/primary/pcwork3/index.html
[2] Primary Care Workforce Facts and Stats No. 3. January 2012. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/reserach/findings/factsheets/primary/pcwork3/index.html

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Investments in both short and long term workforce development strategies are needed in order for VT to maintain a primary care workforce to care for the state's residents. As noted in the Primary Care Workforce Development Strategic Plan, the state's investment in long term workforce development through the UVM College of Medicine, Office of Primary Care and Area Health Education Center and educational loan repayment programs has helped. These long term initiatives are critically important and yet they do not address impending recruitment needs. The short term pipeline is designed to address the current recruitment needs of hospitals, Rural Health Clinics, Federally Qualified Health Centers and private practices across the state. Without strategic investment in the short term pipeline, VT practices must rely heavily on out-of-state, for-profit recruitment firms to fill current openings. Some practices have established relationships with such recruitment firms while others require more technical assistance and support than these firms can provide.

VT's investment in the short term pipeline has been minimal and inconsistent over the last eight years. This has prevented the state from gaining momentum in creating a pool of qualified and available primary care clinicians who are in training and in practice outside of the state from which to recruit. Practices across VT already experience difficulty in attracting and recruiting primary care physicians to fill vacancies. Without a pool of clinicians who have expressed interest in the state, VT practices are at a disadvantage to maintaining a primary care workforce to meet current and future community need.

In 2010, Bi-State Primary Care Association convened a diverse group of VT organizations with firsthand insight into the struggle that communities experience to attract, recruit and retain primary care providers. The work was published in a report entitled, *Opportunities to Improve Recruitment and Retention of a Primary Care Workforce for Vermont*.[3] Among the group's top priorities was a consensus to "maximize visibility for VT practice opportunities to a national audience of primary care clinicians by increasing coordinated outreach and marketing efforts to clinicians in training and in practice outside of the state" and by "developing a brand message for VT to attract primary care clinicians."

States across the country have relied on promoting the lifestyle and recreational opportunities they offer as a way to attract and recruit primary care clinicians. Until now, VT too has relied on this strategy. However, during this time of transformation in healthcare there is a great opportunity for VT to position (and promote) itself to primary care clinicians as a leader in health reform with an engaged healthcare workforce that is helping the state to put its health reform policies into practice.

Bi-State Primary Care Association is a private, nonprofit 501(c)(3) charitable organization with a broad membership of thirty-five organizations in VT and NH that provide and/or support community-based primary care services. Bi-State works with federal, state, and regional health policy organizations and policymakers, foundations and payers to develop strategies, policies and programs that promote and sustain community-based, primary health care services.

Bi-State operates the Recruitment Center, which is the only state-focused, non-profit organization with experience conducting national marketing and outreach specifically to attract and recruit primary care clinicians to VT. Since 2003 Bi-State's Recruitment Center has established relationships with hospitals,

[3]The full report, Opportunities to Improve Recruitment and Retention of a Primary Care Workforce for Vermont can be found online:
http://www.bistatepca.org/uploads/pdf/Vermont%20Publications/Opportunities%20to%20Improve%20Recruitment%20and%20Retention%20in%20VT.pdf

RHCs, FQHCs and private practices across the state. Dedicated to recruiting primary care providers to rural and underserved areas where their services are most needed, the Recruitment Center screens practitioners to determine which communities and practices will best meet their personal and professional needs to support long term retention. The Primary Care Workforce Development Strategic Plan stated that Bi-State's Recruitment Center is a model program that should be considered to manage the investment in Vermont's national marketing and outreach.

Support of VHCIP Project Goals: Attracting, recruiting and retaining a workforce of qualified primary care clinicians is essential to successful implementation of health reform. There are not enough primary care physicians trained in the state to meet current demand, thus a strategy of national marketing and outreach is needed. Primary care clinicians are essential leaders of health care teams in Patient Centered Medical Homes and Accountable Care Organizations across VT. Having a primary care clinician workforce is critical to meeting the VHCIP project goals of:

- Implementation and evaluation of three payment models that move away from fee-for-service and reward "value" – better health outcomes, better patient experience and reduced costs; and
- Implementation of care management and care coordination models that enhance health outcomes, improve patient experience and reduce costs.

Why services cannot be obtained through existing state agency support and/or WG staff: According to industry analysts, the healthcare staffing industry is a $7.6 billion dollar a year industry. Physician recruitment is a specialized segment of the healthcare staffing industry and there are no state agencies in Vermont with the experience or systems in place to conduct this scope of work.

Since its inception in 1994 Bi-State's Recruitment Center has been in contact with more than 12,000 health professionals; made over 7,000 referrals to practices for their hiring consideration; and assisted more than 350 clinicians in finding communities and practices that meet their professional, personal and family needs. Familiar with VT's health care, business, cultural, educational, and recreational environment, the Recruitment Center staff has a wealth of knowledge to support the transition of newly recruited practitioners and their families.

The Recruitment Center has excellent working relationships with the UVM College of Medicine, Office of Primary Care and Area Health Education Center Program, VT State Dental Society, the VT Department of Health's Office of Rural Health and Primary Care. The Recruitment Center regularly coordinates with these partners and many others to maximize resources and avoid duplication. With almost 20 years of experience, the Recruitment Center has the expertise to coordinate and implement national outreach on behalf of VT practices. The Recruitment Center has systems in place that can be expanded to track vacancies across the state as well as to screen, match and refer primary care clinicians to VT practices for their hiring consideration once they are identified.

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Scope of Work/Deliverables/Timeline/Measurable Results:

1. **Identify immediate and projected primary care clinician vacancies with Vermont hospitals, Rural Health Clinics and Federally Qualified Health Centers.**

   1. a. Deliverable(s): List of current and projected primary care vacancies.

   1.b. Benefits/Results: Real time vacancy data is available for trending analysis and projections; Information about vacancies is available to the Recruitment Center so that the opportunities can be promoted to clinicians identified as having interest in VT; Increased exposure for VT vacancies to an audience of primary care clinicians who are specifically interested in practicing in a rural area.

2. **Engage a marketing firm that has the expertise to:**
   - **Develop a national outreach strategy with the associated budget with a goal of identifying 3,500 primary care clinicians with interest in VT over a 2 year period**
   - **Develop and test a brand message with target audience**
   - **Develop and design recruitment collateral which may include: radio spots, video testimonials, brochure, poster, ad copy and a display/exhibit board**

   2.a. Deliverable(s): A national marketing strategy; A brand message that can be used by all VT practices; Recruitment collateral that can be used by all VT practices; A display/exhibit that can be used by all VT practices;

   2.b. Benefits/Results: Sharing the marketing strategy broadly will increase coordination and maximize resources across the state to attract primary care clinicians; Brand message brings attention to VT's unique position in the market while increasing visibility, awareness and familiarity of what practicing in VT has to offer to clinicians; Use of the brand message, recruitment collateral and the exhibit board that is designed to support VT's brand message will give all practices in VT tools to attract, recruit and retain primary care providers.

3. **Implement the outreach strategy; Maintain information on clinicians who are identified through the outreach; Screen, match and refer clinicians identified to VT practices for their hiring consideration.**

   3. a. Deliverable: Data on the results of the outreach strategies; Primary care clinicians with interest in VT opportunities; Candidates are interviewed, matched and referred to VT practices

   3. b. Benefits/Results: Results of the outreach strategies are analyzed to determine effectiveness and inform future efforts; a pool of primary care clinicians with interest in VT is available to be matched and referred; 75% of the primary care vacancies reported are filled.

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4. **Convene representatives from VT hospitals, RHCs, FQHCs and other practices that recruit primary care providers so they are informed about this project and engaged in the work.**

   4. a. Deliverable: A minimum of 3 stakeholder meetings held over a two-year period

   4. b. Benefit(s): Stakeholders are informed about this initiative and provide real-time input as the marketing strategy is developed and the national outreach is conducted; Stakeholders share and learn about each other's recruitment strategies and challenges; Recruitment resources are better coordinated across the state.

Benefits to VHCIP: Hospitals, RHCs, FQHCs and practices across the state already struggle to attract, recruit and retain primary care clinicians and yet there is no investment in the short term pipeline to support their immediate needs. The inability to recruit and maintain a qualified workforce of primary care clinicians will be a barrier to implementing health reform. Investing in the short term pipeline now is essential to shore-up the system that VT practices will use to support their recruitment efforts in years to come.

The state's approach to health reform provides an exceptional opportunity to establish a brand that articulates what is unique about practicing in VT and makes it seen as a destination for practice. This proposal supports the VHCIP in achieving its project results of improved patient experiences, improved quality of care and improved population health outcomes. At the same time the proposal supports the Governor's Healthcare Work Group's purpose to use data to develop, recruit, and retain the workforce needed to assure the VCHIP can achieve its goals.

Proposed Project Budget: Refer to the project budget outlined in Exhibit A.

For more information please contact:

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Exhibit A – Project Budget

Line Item	Year 1	Year 2	Description
Salary	47,617.00	47,652.81	*.50 FTE Project Coordinator:* facilitate work with contractors and stakeholders to develop outreach strategy and brand message; implement outreach strategies; track results to inform future work; manage social media and web initiatives and coordinate outreach with stakeholders to maximize brand visibility; *.075 FTE Recruitment & Retention Coordinator:* track and maintain vacancy information; provide state, community and other relevant information to clinicians to facilitate recruitment; screen, match and refer identified clinicians to VT practices for their hiring consideration; coordinate communication b/t candidate and practice to support the recruitment; provide TA to practices on techniques critical to securing a candidate ; *.050 FTE RC Data Coordinator:* facilitate vacancy posting on 3RNet; distribute collateral to VT practices; maintain vacancy map; track vacancy and candidate information in Practice Sights database, analyze data and prepare reports and *.025 FTE RC Director:* manage, oversee and direct RC staff *The Marketing Director, Accountant, Chief Operating Officer, Chief Financial Officer, IT Manger will provide 1-3 hours per week in support of the project*
Payroll Taxes & Benefits	10,951.91	10,960.15	23% of salary
Administrative Overhead	5,586.89	5,861.30	10% of salary and benefits
Contract Services	85,500.00	88,065.00	*Marketing Firm:* Year 1 - $75,000: Develop outreach strategy; develop and test brand message; develop and design recruitment collateral; Year 2 - $77,250: manage implementation of outreach strategies including social media and web; collect data on outreach results - *Legal*: Professional legal services to develop vendor agreement(s) to ensure federal and state grant requirements are met. Year 1- $10,500; Year 2 – $10,815
Marketing	33,500.00	34,505.00	Direct costs for marketing: Registration & exhibit fee to participate in 3 strategic recruitment events per year @ $4,500 each; Online job postings and/or print advertising -4 per year at $1,800 each; Printing recruitment collateral - $800 per year; Exhibit/display - $2,000 – 1x cost; Strategic media/public radio $10,000 per year
Conference & Travel	6,540.00	6736.20	Expenses to participate in recruitment events/airfare/hotel/per diem – 3 events per year @$1,900 each and mileage to travel to meetings, site visits and events -1,500 miles @ .56 per mile
Meetings	1,500.00	1,000.00	Facility costs for space to meet with VT practices $500 per meeting; No food or beverage expense per Federal guidance
Office Supplies	3,900.00	1,957.00	Prorated based on FY 13 actual expense – Year 1 includes $2,000 for a laptop
Postage	190.00	195.70	Prorated based on FY 13 actual expense
Shipping & Handling	900.00	927.00	Shipping/handling of display and materials to recruitment events estimate $300 per event
Facility Cost	9,254.70	9,532.34	Based on 630 sq. ft x 14.69 /sq. ft
Total	**205,710.50**	**207,392.50***	Year 2 assumes a 3% increase for all direct costs

Attachment 5b - College Quest Proposal

Proposal for Contractual Services Supporting Workforce Development

Subject: CollegeQuest to Health Careers, a six-week residential program in health careers promotion and preparation for 11th grade Vermont students interested in health sciences

Submitted to:
Governor's Health Care Workforce Advisory Group
Co-Chairs, Mary Val Palumbo and Robin Lunge

Submitted by:
Nicole LaPointe, Executive Director
Northeastern Vermont Area Health Education Center (AHEC)

Proposal Summary

CollegeQuest to Health Careers is a workforce development program designed to boost preparation for post-secondary education in health science fields among disadvantaged Vermont high school students. CollegeQuest was piloted in 2012 to serve low-income and first-generation prospective college students in the summer following their junior year. The program involves a structured curriculum, a trained team of undergraduate Assistant Directors who function as residence-life staff, and a rich interaction with health professionals and educators who make up the faculty. The program content was modeled after other programs nationally to expand students' experience in, and awareness of, high demand health care fields, including primary care, mental and behavioral health, and pharmacy professions.

CollegeQuest was developed as part of the health care workforce pipeline of the Vermont Area Health Education Center (AHEC) Network. CollegeQuest is the culmination of health careers exploration programs provided by the Vermont AHEC to students from 6th grade through high school. The Vermont AHEC health careers pipeline includes classroom outreach in grades 6 through 9, career fair presentations, the Club Scrubs after school programs for middle schoolers, the MedStars health careers exploration day for 7th and 8th graders, the Focus On Health Careers conference and Health Careers Shadow Days for high school students, and the six MedQuest health careers exploration residential programs for students in grades 9, 10 and 11. The most significant difference between these pipeline programs and CollegeQuest is that the emphasis in CollegeQuest is on preparation for post-secondary educational success.

The Vermont health careers pipeline infrastructure provides information and resources to students considering a career in health care or exploring an interest in health sciences. The infrastructure also provides the Vermont AHEC with a means to identify highly motivated students who may need additional support to succeed, or who are likely to face additional challenges to success. Demographically and statistically, these are often the students most likely to practice in Vermont and once they have achieved certification or licensure in a health profession.

Description of Need

There is a growing need for health professionals in Vermont, spurred by the demographics of our aging state and increasing demand on the health care system. Health care practice is changing rapidly. With the introduction of new technologies and enhanced practice models, there are more and increasingly diverse opportunities within this sector to appeal to a variety of students.

Health care professionals are influenced in where they practice by where they were raised and where they were educated. 41% of Vermont's primary care physicians were trained at UVM's College of Medicine or at Fletcher Allen Health Care. "Rural physicians are 2 to 4 times more likely to have been brought up or to have spent a substantial amount of time in a rural community" according to a 2011 article on strategies to increase recruitment of rural physicians from the Canadian Journal of Rural Medicine[1]. The Vermont AHEC Network invests in Vermont students who are interested in health careers knowing that they are the most likely to meet Vermont's health care workforce needs in the future. Health career pipeline programs provide students with information, resources and experiences that will gain them a competitive advantage in the field of their choice. CollegeQuest goes one step further by providing practical assistance to talented and motivated students to increase their chance of attainment, a real challenge to many rural students, by no fault of their own.

The State of Vermont and higher education institutions set a goal for raising the percentage of Vermonters who have completed a two-year or four-year degree to 60% by 2020. Currently, about 42% of Vermonters over the age of 25 have attained that level of education.[2] Vermont will be challenged to meet these goals. In the next 20 years there will be only two working-age Vermonters for every senior citizen. According to the Vermont Business Roundtable, 38 out of the 50 fastest-growing occupations require significant postsecondary education. Vermont depends upon our youth to achieve post-secondary education to support our economic and health care needs.[3]

The Vermont Student Assistance Corporation (VSAC) survey of the graduating class of 2008 showed that health professions ranked in the top five majors that female college-bound students planned to pursue. However, financial barriers are estimated to deter nearly half of all qualified low- and moderate-income high school graduates from enrolling in a four-year college program.[4]

There is a sizable gap in education attainment rates between students whose parents do not have a bachelor's degree — referred to as "first generation students" — and students whose parents do. As an example, students who earn high marks in high school are more likely to plan on continuing their education, according to the VSAC Vermont Senior Survey. Eighty-six percent of students who reported an "A" average planned to attend a 4-year college as compared to 26% who received a C average. Unfortunately, only 19% first generation students received top marks,

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[1] Kapadia, R. K., & McGrath, B. M. (2011). Medical school strategies to increase recruitment of rural-oriented physicians: The Canadian experience. *Canadian Journal of Rural Medicine, 16(1),* 13 - 19

[2] *U.S. Census Bureau* American FactFinder, Selected Social Characteristics: 2007-2009

[3] Report of the Vermont PreK – 16 Council to the House and Senate Committees on Education and the State Board of Education, February 4, 2011

[4] Vermont Student Assistance Corporation, Vermont Senior Survey Class of 2008

compared to 42% of non-first-generation students.[5] 14.8% of rural Vermonters have less than a high school diploma. In the Northeast Kingdom, only 16% of adults 25 years of age and older have a 4-year post-secondary degree, compared to 31% in the state of Vermont.[6] At Lyndon State College, a 4-year public college in Vermont's Northeast Kingdom, first generation college students make up 60% of their student body. These students have a lower retention rate between first and second year (54%) than non-first-generation students (60%).[7]

While the median income for Vermont families rose 4% between 1999 and 2007, tuition and fees at four-year public colleges across the country rose 79% in that same period. Vermont students and their families incur 25% more debt for a bachelor's degree than the national average, ranking Vermont second to last in the nation for affordable education. Vermont citizens have the third-highest average student debt load in the nation. Vermont has the fourth-lowest state appropriation for higher education per $1,000 of personal income; and is the second to last in the nation for per capita appropriation for higher education. [8]

In summary, the most likely sources for health professionals to practice in the state's underserved communities are the students that are raised and educated in those communities. These students face greater challenges to entering competitive health professions programs after high school, and more barriers to paying for their education. CollegeQuest targets the brightest and most motivated students from disadvantaged backgrounds who already have identified their passion for health care, then supports these students to gain entry to college, plan to finance their education, and obtain a college degree.

CollegeQuest to Health Careers is in its third year. The first two years of the program served a total of 48 students and very promising outcomes have resulted. Funding for this program, which currently is provided through the Health Career Opportunity Program at the Bureau of Health Professions, Health Resources and Services Administration (HRSA) has been eliminated from the federal budget. In order for this program to continue in 2015, additional capacity support, program funding and partnerships must be developed.

Scope of Work

The CollegeQuest to Health Careers program is a six-week long residential science enrichment and college and career preparation program currently sited on the campus of the College of Saint Joseph, a private, four-year college in southern Vermont. CollegeQuest was designed around five key components:

- **Meeting and learning from health professionals.** Students explore health careers in modules that focus on fast-growing and high demand areas in health care. Each module includes presentations by health professionals in that field, some in their own practice settings. Students dialog with many different types of professionals about their educational pathways and their day-to-day practice. In some cases, these conversations result in on-going mentoring relationships between students and professionals. A 2009

[5] Ibid.
[6] Lyndon State College. (2011). The Second Century Campaign: The Leahy Center for Rural Students
[7] 2010, Leahy Center for Rural Students, Lyndon State College
[8] Postsecondary Education, report from the Vermont Community Foundation 2009

publication from the American Academy of Family Physicians states that *student exposure to practicing professionals and the health care environment can dramatically inform and shape career choices*.[9]

- **Science enrichment:** CollegeQuest provides exposure to rigorous academics, including college-level human biology course work, medical terminology, and dissection labs. Our experience has been that students relish these opportunities. At the end of the 2013 CollegeQuest, students' expectations of the challenges they will face in college had significantly increased, *but so had their confidence in their academic abilities.*
- **College planning:** Students work with Vermont Student Assistance Corporation (VSAC) counselors to compare costs and benefits among colleges and degree programs; to understand the different types of financial aid and their eligibility; to practice strategies to improve their scores on college board tests; to complete their common college application; and to polish a personal essay to use with college or scholarship applications. One of the many positive written comments made by 2013 students demonstrates how helpful this preparation is: *"I feel so much more confident about college, financial aid, and scholarships!"*
- **A residential experience:** Especially for students who are the first in their family to attend college, the coping with residential college life can be a challenge to staying in school. Qualitative data collected from student cohorts in 2012 and 2013 show that students experience an increased sense of *personal and social efficacy* from joining a new community of peers, learning to live with a roommate, and being away from home. In 2014, more effort is being made to measure this effect through focus groups with program completers.
- **Continuing support:** Through formal partnerships, VSAC and the regional AHEC Centers continue to provide support to students after they complete CollegeQuest. Vermont AHEC staff work with CollegeQuest program completers to connect them to mentorship and job shadowing opportunities with health professionals in their own communities throughout their senior year. All program completers are enrolled in VSAC outreach services. The continuing contact with students has allowed Northeastern Vermont AHEC to collect rich longitudinal data about the students and their evolving thoughts about college and career. We believe that these continuing mentoring relationships among students with AHEC and VSAC has contributed to the students high rates of success in high school completion and college entry.

The *scope of the program* includes:

- Marketing, promotion and recruitment of eligible applicants in partnership with VSAC Outreach Counselors and the three regional AHEC Centers – *November through March*
- Reviewing and choosing participants from among the eligible applicant pool – *March & April*
- Organizing and selecting program faculty and presenters who can deliver the curricular content effectively to a diverse group of students – *December through April*
- Implementing the six-week residential program (including coordination and oversight of temporary staff) – *Last week of June through the first week of August*

[9] Specialty and Geographic Distribution of the Physician Workforce: What influences medical student and resident choices? The Robert Graham Center: Policy Studies in Family Medicine and Primary Care. March 2009.

- Managing residential program logistics and safety (including staff development and training) – *March through August*
- Implementation of evaluation methods and subsequent data management and analysis – *year-round*
- Integrating improvement recommendations into the subsequent year's program, per evaluation findings – *September through November*

The *measureable results* that have been thus far attained are promising. Forty-eight high school students in all have completed the 6-week residential program, 24 students in each year's cohort. In partnership with the Leahy Center for Rural Students at Lyndon State College, this program is being assessed using summative and formative evaluation methods. Longitudinal tracking is underway with both cohorts.

Using a pre- and post-intervention survey method, both student cohorts showed an increase over time in:

- Plans to take more advanced math and science courses heading into their senior year
- Knowledge about career opportunities in health care
- Knowledge about resources for health career development
- Confidence in preparing a college application

Students also reported a high level of satisfaction with the program's curricular components, particularly the science enrichment and planning for college content.

Perhaps most significantly of all, of the 24 students who completed the CollegeQuest program in 2012, 100% enrolled in college the fall after their high school graduation[10]. Twenty of these students (83%) are registered at a Vermont college. In a self-report survey taken at the time of high school graduation, 23 students (96%) of this cohort reported at the time of high school graduation that they plan to pursue a degree in a health-related field. This rate of college entry for students fitting this demographic is remarkable. In 2014, Northeastern Vermont AHEC plans to track a control group of applicants to attempt to measure the degree to which this effect is a result of participation in the CollegeQuest program. All students completing the CollegeQuest program will be tracked for six years following high school graduation to determine rate of degree attainment.

Benefits derived

The Health Care Workforce Strategic Plan specifically identifies the Vermont AHEC Network's CollegeQuest program as an intervention that should be expanded to meet one of the key recommendations under the heading "Expanding and Populating the Educational Pipeline". Recommendation #8 states: *The Department of Education and the UVM and Regional AHEC Programs should coordinate activities which increase student enrollment in AHEC health career awareness programs and expose students to health care careers through hands on experiences through programs which promote internships, externships and job placements with health*

[10] Data retrieved from the National Student Clearing House on October 20, 2013.

profession organizations. CollegeQuest is one of the Vermont AHEC Network programs that is cited as fulfilling this objective.

The Vermont AHEC Network is keenly aware that there are urgent needs for health professionals in our state's underserved communities right now. However attention must be given to a comprehensive workforce development strategy, as outlined in the Health Care Workforce Strategic Plan, to ensure a long-term adequate supply of qualified health professionals. The plan's recommendations are well balanced between pipeline initiatives and professional recruitment strategies, as should be the working group's response to the current need.

Given time, longitudinal evaluation methods will allow the AHEC to measure rates of degree completion among CollegeQuest participants. Starting in 2014, the Northeastern Vermont AHEC plans to recruit a comparable group of students to participate in the program evaluation as a control group. This method will provide more information about the degree of impact the CollegeQuest program has on students' achievement.

The preliminary findings suggest that CollegeQuest to Health Careers is an effective program for engaging educationally and economically disadvantaged high school students and enhancing their preparation for health-related careers. Supporting motivated, disadvantaged students to succeed in college is a strategic choice to ensure a health care workforce that meets the future needs of Vermonters.