



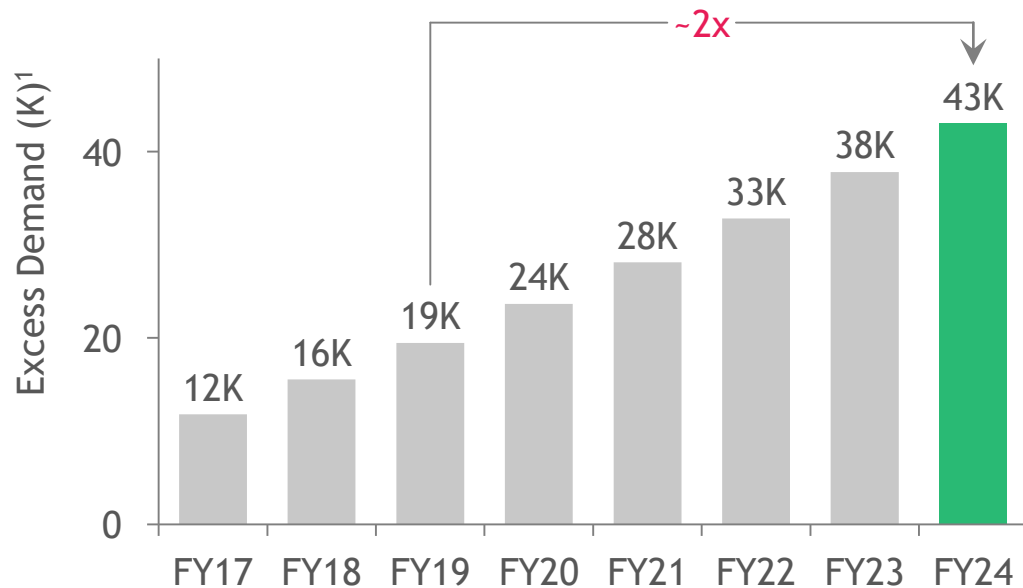
# Nursing Facility Task Force: Massachusetts Healthcare Collaborative

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# If issues are not addressed, the state's health care labor shortage is expected to grow ~2x by 2024

MA's healthcare labor shortages expected to double in next 5 years and reach 43K ...



... leading to significant implications on quality of care and economic output



## Decrease in quality and accessibility of care

- Waitlists and longer delays for patients
- Greater employee turnover due to burnout
- Higher inpatient mortality rates driven by medication errors and spread of infections



## Health care labor shortage could cost ~\$1-2B in annual lost MA workforce income

- Assumption: Weighted average of entry-level health care wages applied to projected labor shortage

1. Excess Demand = Demand - Supply. A positive number represents a workforce shortage, a negative number represents oversupply  
Source: BCG Labor Market Model 2017; Providers Council workforce crisis report; EOLWD occupational employment and wage statistics; BCG analysis

To combat HC labor shortages, Governor Charlie Baker established a Healthcare Workforce Collaborative, a multi-year private-public collaboration



## Mission of the collaborative

Close health care workforce shortages in MA to improve patient quality of care, provide new opportunities for a diverse workforce, retain pre-eminence in the industry, and fuel continued growth



## Mandate

A multi-year private-public collaboration across government, educational institutions, and industry that will:

- Focus attention on key issues and economic bottlenecks contributing to workforce shortages
- Design and implement solutions



# Collaborative member list

## Collaborative Sponsor



**Charlie Baker**  
Governor of Massachusetts

## Collaborative Chairs



**Rosalin Acosta**  
MA Secretary of Labor & Workforce Development



**Dr. Mark Keroack**  
President & CEO  
Baystate Health

### Government Secretaries

Marylou Sudders	Health & Human Services
Jim Peyser	Office of Education
Mike Kennealy	Housing and Economic Development

### Agencies and associations

Richard Burke	Fallon Health
Julie Burns	RIZE
Tim Foley	1199SEIU UHWE
James W. Hunt, Jr.	MA League of Comm. Health Ctrs
Amanda Oberlies	Organization of Nurse Leaders
Lorena Silva	Board of Registration in Nursing
Steve Walsh	MHA
Donna Kelly Williams	MA Nurses Association

### Advisors

Rob Souza	BCG
Dave Matheson	BCG
Stu Gander	BCG

### Industry

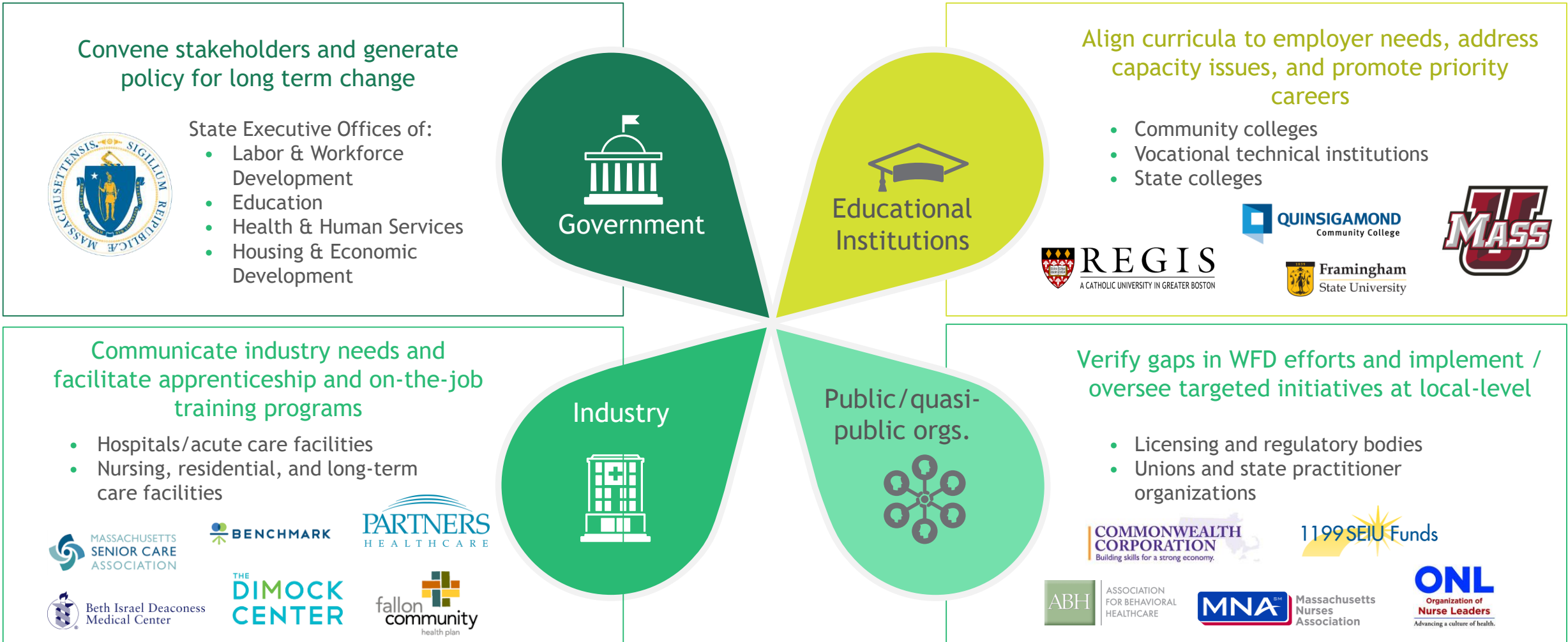
Maureen Bannan	Hebrew Senior Life
Henry East-Trou	Gandara Center
Tom Grape	Benchmark Senior Living
Tara Gregorio	MA Senior Care
Gene Green	South Shore Health
Lisa Gurgone	Mass Home Care
Peter Healy	BIDMC
Kim Hollon	Signature Healthcare
Tiffany Jadotte	The Dimock Center
Antony Sheehan	Aspire Health Alliance
Rose Sheehan	Partners Healthcare
Kate Walsh	Boston Medical Center

### Education

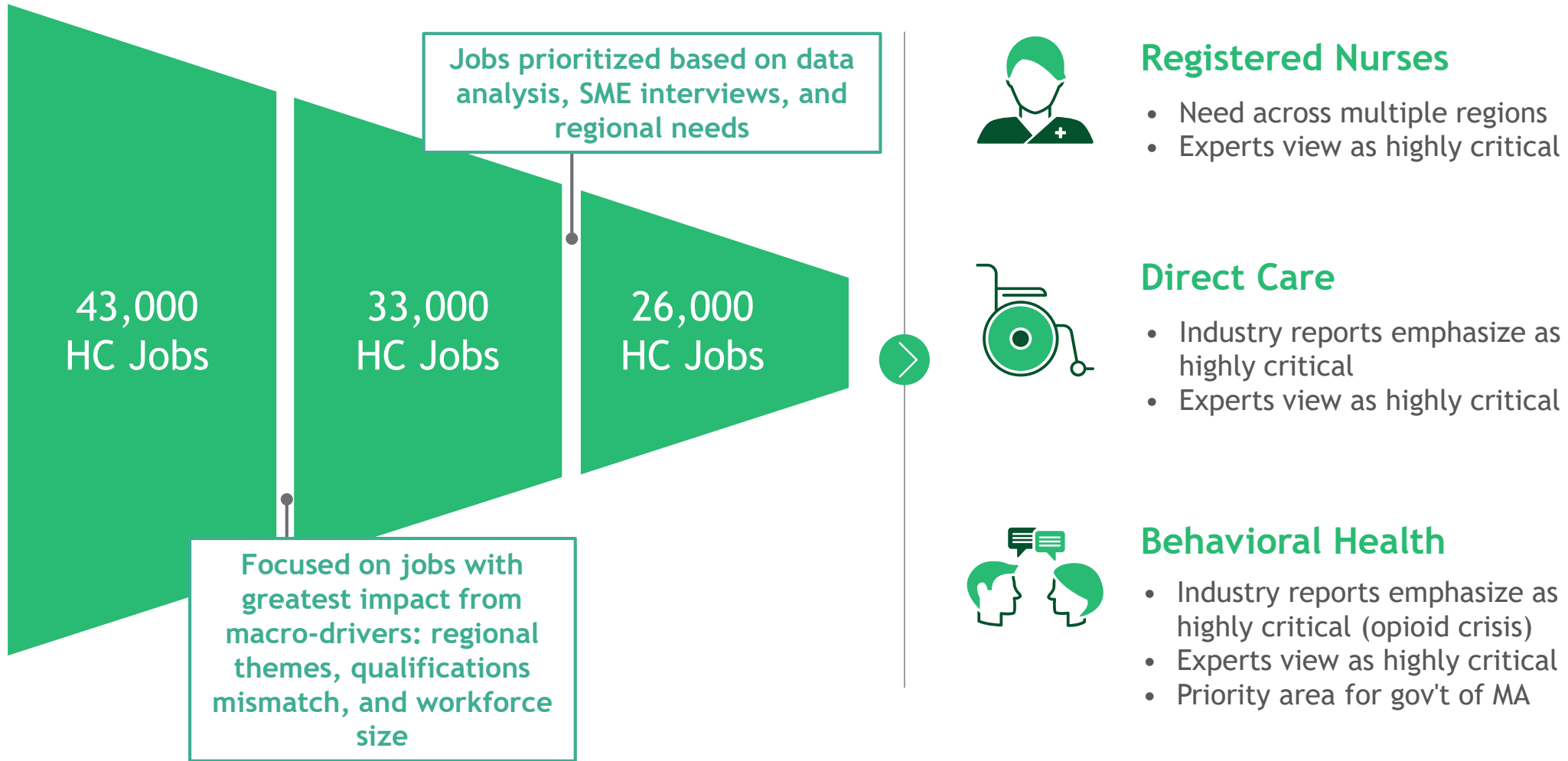
Joseph Aoun	Northeastern University
Maureen Binienda	Worcester Public Schools
F. Javier Cevallos	Framingham State University
Antoinette Hays	Regis College
Marty Meehan	UMass System
Paula Milone-Nuzzo	MGH IHP
Luis Pedraja	Quinsigamond Comm. College

# Power of Collaborative is through the diverse stakeholders (40+ diverse orgs)

*Necessary stakeholders to move the “workforce” needle on several dimensions*



# Recall: Analysis of BLS and LMI data identified 3 priority job groups



The quantitative data analysis was refined and matched to solutions initiatives to address worker shortage pain points within each of the three sub-groups identified 3 priority through a multi-step process....

### Inputs



12 focus sub-groups with Collaborative members and experts



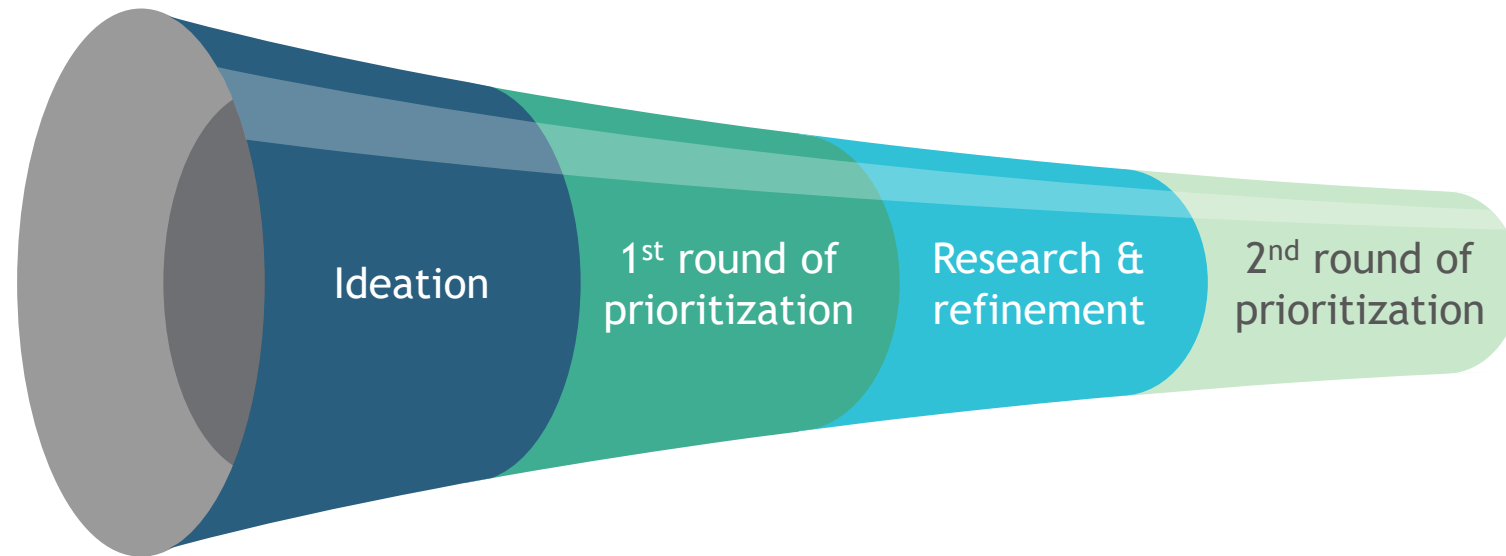
200+ expert interviews with education & healthcare leaders



Qualitative benchmarking based on local and national initiatives



Quantitative analysis using public data and data from Collaborative members



Priority solutions for first wave

# On June 10th, six MA WFD initiatives were endorsed for implementation

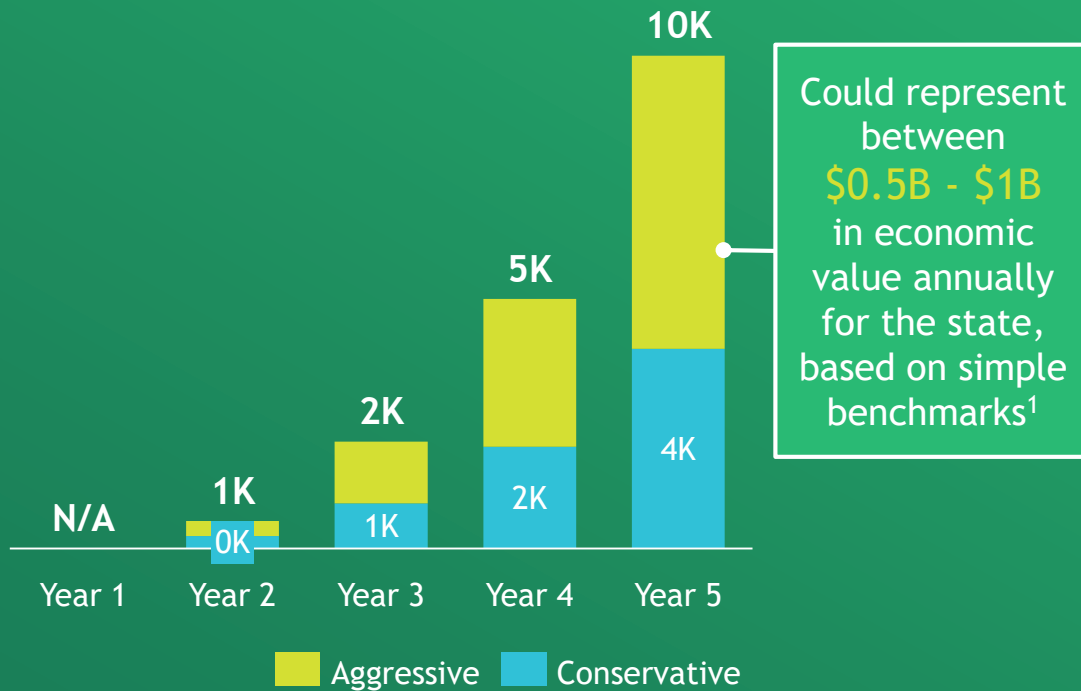
- 1 Evaluate **CNA certification process** to increase grad rates while exploring regulatory implications for clinical training locations and teaching qualifications
- 2 Identify areas for **direct care workers to take on higher level skills** and increase their upward mobility
- 3 Create/update standardized mid-level (AS/BA) positions on the behavioral health career ladder to improve interest, diversity, retention, and clinical capacity
- 4 Build apprenticeship-style work-learning models for newly created, mid-level behavioral health positions
- 5 Stand up a **Council on Nursing Workforce Sustainability** (at an existing organization that will act as a host) to implement nursing priorities
- 6 **Strengthen the nursing pipeline** by improving clinical placements, the nursing faculty pipeline, and career pathway programs under the guidance of the “Nursing Council”

1. Primarily CNA and HHA in first phase, PCA and RCA in later phase





These "first wave" initiatives could represent up to 10K full-time HC workers in MA in 5 years...



1. Assume each new worker represents \$100K economic value for the state. This is based on average MA salary of \$71K plus fringe benefits.  
 Notes: Year 1 is defined as the first year of implementation. FTE impact from BH apprenticeships reflects on apprentices who have completed their program. Without the "Council," estimated workforce impact from the nursing pipeline would likely be significantly less. Source: BCG Analysis; see initiative-specific impact slides for more detail

... with significant additional social and economic benefits for MA



Improved quality of care for patients



Easier access to medical and behavioral health care and long-term services for residents



Decreased operational costs to employers to fill vacancies, onboard, and train



Better professional opportunities for MA workers, including higher job satisfaction, compensation, and opportunities for professional development



Potential to reduce reliance on public assistance



Economic growth for the state by attracting business and employers and, potentially, increasing tax revenue

# Since June, focus has been on refining work plans for each initiative and laying the groundwork for implementation



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