

# **Health Care Workforce Trends and Challenges in the Era of COVID-19: Current Outlook and Policy Considerations for Massachusetts**

*Special Focus on Registered Nurses, Direct Care Workers, and  
Behavioral Health Providers*

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**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

I.	Executive Summary.....	4
II.	Introduction.....	6
III.	Broad Workforce Trends.....	10
IV.	Current Workforce Challenges.....	16
V.	Focus on Nursing, Direct Care, and Behavioral Health.....	29
	• Registered Nurses.....	31
	• Direct Care Workers.....	42
	• Behavioral Health Providers.....	53
VI.	Recommendations and Possible Solutions.....	60
	• Recommendations.....	61
	• Workforce Initiatives & Policy Review.....	68
VII.	Data and Methods.....	90
VIII.	Appendix.....	96

In Massachusetts and nationally, the health care workforce is in a state of substantial disruption. Today the health care system is experiencing significant workforce shortages at virtually all points on the care continuum – a preexisting challenge that has been exacerbated by the COVID-19 pandemic and is now impacting patient care.

In examining these dynamics in Massachusetts, the Health Policy Commission (HPC) found that current health care workforce challenges stem in part from a tighter labor market that has motivated many highly skilled health care workers to leave their current roles in pursuit of higher pay from comparatively well-resourced organizations/sectors or in contract roles, or to redirect their careers from patient care to administration or research. At the same time, some lower-wage health care workers who provide critical support services have left health care entirely, finding more lucrative jobs or jobs in non-health care fields. There is also a continued statewide shortage of qualified behavioral health care professionals, at a time of significant need for these services.

These trends, compounded by long-standing issues related to workplace stress, inflexibility, and administrative burden – all exacerbated by the pandemic – have led to an unusually mobile and in-demand health care workforce. As a result, health care delivery organizations have experienced high rates of vacancy and turnover, leading to an increased reliance on contract labor to fill key positions – a cycle that both increases labor costs and contributes to further workforce instability.

These systemic staffing challenges have created patient access issues and bottlenecks, interrupted care continuity, and hindered the transition of patients among care settings that threaten the Commonwealth's efforts to advance health care affordability, access, and equity. For example, shortages of workers in post-acute/long-term care and behavioral health settings have made it difficult to discharge patients from acute care beds, and led to boarding in emergency departments. Difficulty with access to timely outpatient care has resulted in avoidable – and costly – visits to the emergency department.

This report, prepared by the Massachusetts Health Policy Commission (HPC), seeks to provide new quantitative and qualitative insights into the current state of the health care workforce in Massachusetts and to offer policy recommendations to begin to address these challenges.

- Current workforce challenges across the health care system in Massachusetts stem in part from **tighter labor markets**, which have increased mobility within the health care field, with workers moving from lower- to higher-resourced care settings and organizations or away from patient care to administration or research. At the same time, some care workers are moving away from health care entirely, particularly among those in lower-wage roles.
  - The ratio of all workers to the total population in Massachusetts is 5% below the pre-pandemic level, related to reduced labor force participation among older residents.
- Care delivery organizations have experienced high rates of vacancies and turnover, necessitating an **increased reliance on contract labor** to fill key positions. Many workers have experienced **strained and stressful work environments** exacerbated by the pandemic, and increased mobility among staff contributes to further staffing instability.
  - Registered nurse vacancy rates in Massachusetts acute-care hospitals doubled from 6.4% in 2019 to 13.6% in 2022, with especially high vacancy rates in community hospitals.
  - Employment in nursing and residential care facilities has not recovered since 2020, and remained 14% below 2018 levels.
  - In long-term care, the share of hours worked by contracted registered nurses has quintupled, from 4% in 2019 to 19% in 2022.
- These trends have important **implications for patient care**. Shortages of workers in post-acute/long-term care and behavioral health settings, for example, leads to patients remaining in hospital beds awaiting discharge, boarding in emergency departments (EDs), and lacking access to timely and appropriate care.
  - In June 2022, 50% of patients admitted to ED for mental health conditions remained in the ED for longer than 12 hours (i.e. “boarded”), up from 38% in 2019.
  - In September 2022, there were at least 200 patients in Massachusetts hospitals who had been waiting over a month for discharge to a skilled nursing facility.

- Within these broad trends, current **workforce challenges and potential solutions differ for different occupational groups** within the health care workforce, which the HPC considers separately in this report. Specifically, registered nurses, direct care, and behavioral health providers, comprising about 65% of the Commonwealth’s health care workforce, have each experienced unique difficulties:
  - **Registered nurses**, especially those in hospitals, have experienced high turnover and difficult and disrupted work environments;
  - For the **direct care workforce**, low wages contribute to pipeline, retention, and advancement challenges;
  - **Behavioral health care providers**, who face costly training yet lower rates of pay, experience high turnover and vacancies particularly in in-person settings of care.
- As health care leaders and policymakers consider solutions to these challenges, there is both an opportunity and an imperative to consider their impact on broader health equity aims. Strategies to respond to workforce shortages should focus on **broadening representation in the future workforce, so that care providers reflect the patient populations they serve.**
- The HPC proposes a number of potential actions that could be undertaken by government and health care delivery organizations to support the health care workforce, including **investments in workforce development and wages, enhanced mentoring and onboarding support, innovations in scheduling and work environments, and clear and accessible career ladders.** The HPC also recommends complementary efforts aimed at reducing the volume of avoidable care with care delivery reforms and eliminating the burden of administrative functions that provide no value to patients.
- Alleviating current health care workforce challenges will require **coordinated, sustained, and well-resourced interventions** in the short, medium, and long-term. Many organizations throughout the Commonwealth are engaged in innovative efforts to address health care workforce challenges, with initiatives around training, recruitment, retention, and advancement. Initiatives such as those examined in this report offer lessons for efforts to scale and tailor to other organizations and sectors.
- The HPC, in collaboration with the Healey-Driscoll Administration, looks forward to **continued partnership, dialogue, and shared action** with health care delivery organizations, health insurance companies, and health care workers to address this crisis in the years to come.

➤ **INTRODUCTION**

- Broad Workforce Trends
- Current Workforce Challenges
- Focus on Nursing, Direct Care, and Behavioral Health
- Recommendations and Possible Solutions
- Data and Methods
- Appendix

In two recent laws, the Legislature directed the HPC to analyze the impact of COVID-19 on the Commonwealth's health care workforce:

- **Section 64 of Chapter 260 of the Acts of 2020:** *An Act promoting a resilient health care system that puts patients first*, tasked the Massachusetts Health Policy Commission (HPC) with analyzing the impact of COVID-19 on the Commonwealth's health care workforce, including an examination of investments in health care worker readiness and engagement.
- **Section 80 of Chapter 102 of the Acts of 2021:** *An Act relative to immediate COVID-19 recovery needs* tasked the HPC with completing a report on the state of the Commonwealth's health care workforce, including an examination of workforce shortages across sectors of the health care system and workforce development initiatives.

- This report takes a high-level perspective on **system-wide** trends and challenges **throughout the workforce life cycle**, as well as contextual factors such as cost of living.
- The report also examines three priority workforces who provide care in multiple sectors and settings of the health system, and which together make up about two-thirds of the Commonwealth’s health care workforce: **registered nurses, direct care workers, and behavioral health care providers.**
- Recognizing that there are important workforce pressures and trends in additional health care sectors, the HPC anticipates **future reports** that will more closely examine additional professions (e.g. **primary care providers**) and settings of care (e.g. **community health centers, ambulatory care**).

## Elements explored for each stage of the workforce life cycle include:

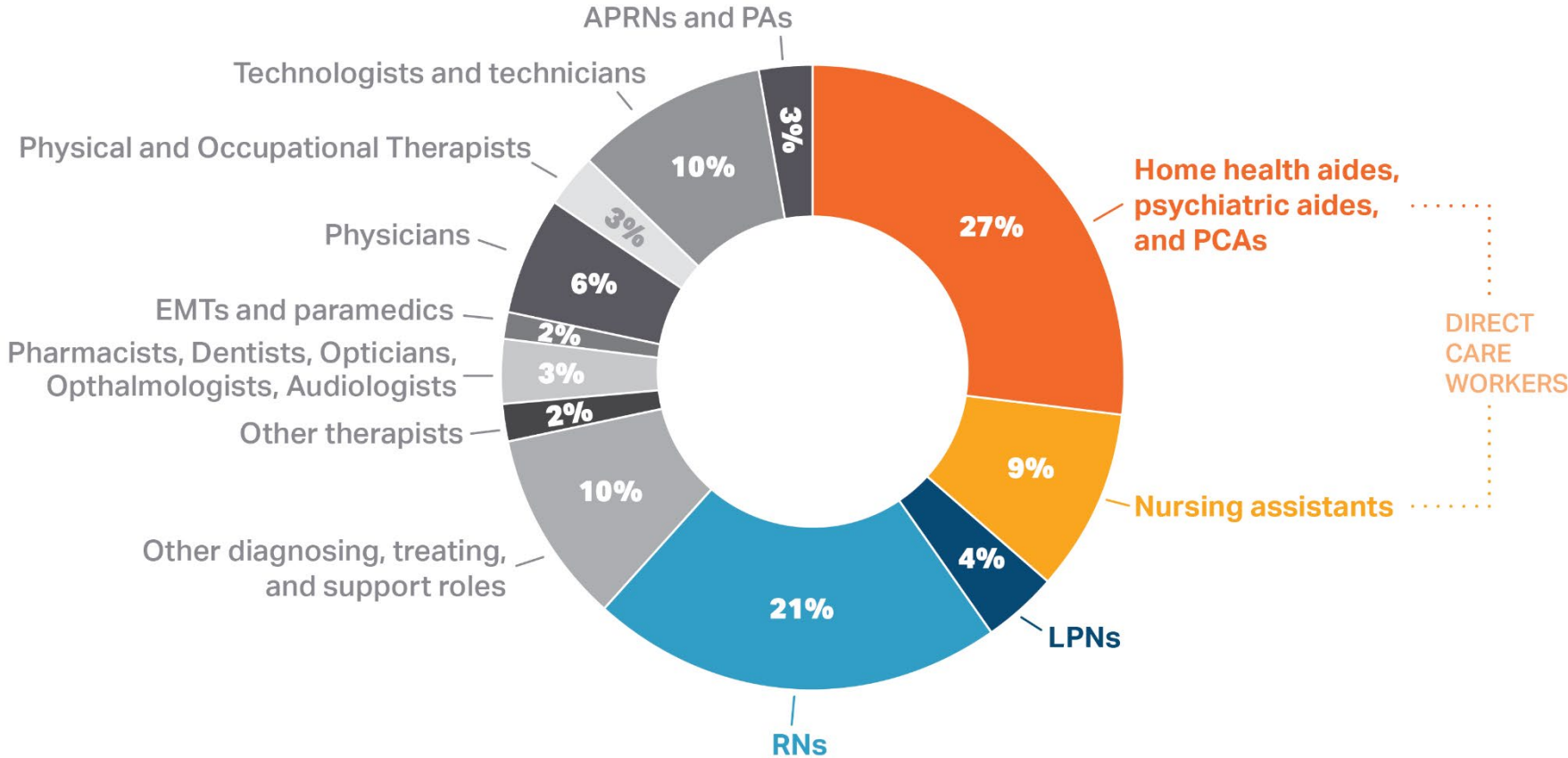




# This report focuses on registered nurses, direct care workers, and behavioral health providers, together representing about 65% of the Commonwealth's health care workforce.



Composition of the Massachusetts health care workforce, 2021



About 40,000 workers (6%) in this figure care for patients in behavioral health settings, including offices, outpatient treatment centers, and inpatient or residential psychiatric facilities.<sup>1</sup>

There are also roughly 24,000 additional social workers, mental health counselors, and marriage and family therapists providing behavioral health care in the Commonwealth not depicted in the graph.<sup>2</sup>

Notes: APRN = advanced practice registered nurse; PA = physician assistant; PCA = personal care aide; LPN = licensed practical nurse; RN = registered nurse; EMT = emergency medical technician. "LPNs" also includes licensed vocational nurses. "Home health aides, psychiatric aides, and PCAs" also includes orderlies. "Other therapists" includes roles such as speech-language pathologists, radiation therapists. "Other diagnosing, treating, and support roles" includes roles such as dental hygienists and assistants, phlebotomists. "Technologists and technicians" includes roles such as ophthalmic and nuclear technicians, hearing aid specialists, prosthetists. Roles excluded from this exhibit: chiropractors, massage therapists, acupuncturists, health information technicians, medical records specialists, medical transcriptionists, exercise physiologists, athletic trainers, dieticians, and veterinary roles. Total health care workers included in this exhibit: 408,470. Previous HPC exploration of the APRN workforce includes Policy Brief: The Nurse Practitioner Workforce and Its Role in the Massachusetts Health Care Delivery System (May 2020). Available at <https://www.mass.gov/doc/policy-brief-the-nurse-practitioner-workforce-and-its-role-in-the-massachusetts-health-care/download> and Certified Nurse Midwives and Maternity Care in Massachusetts Chartpack (January 2022). Available at <https://www.mass.gov/doc/certified-nurse-midwives-and-maternity-care-in-massachusetts-chartpack-1/download>

<sup>1</sup> Quarterly Census of Employment and Wages, Bureau of Labor Statistics, Q2 2022  
<sup>2</sup> Exhibit and 2 Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment and Wage Statistics, 2021.

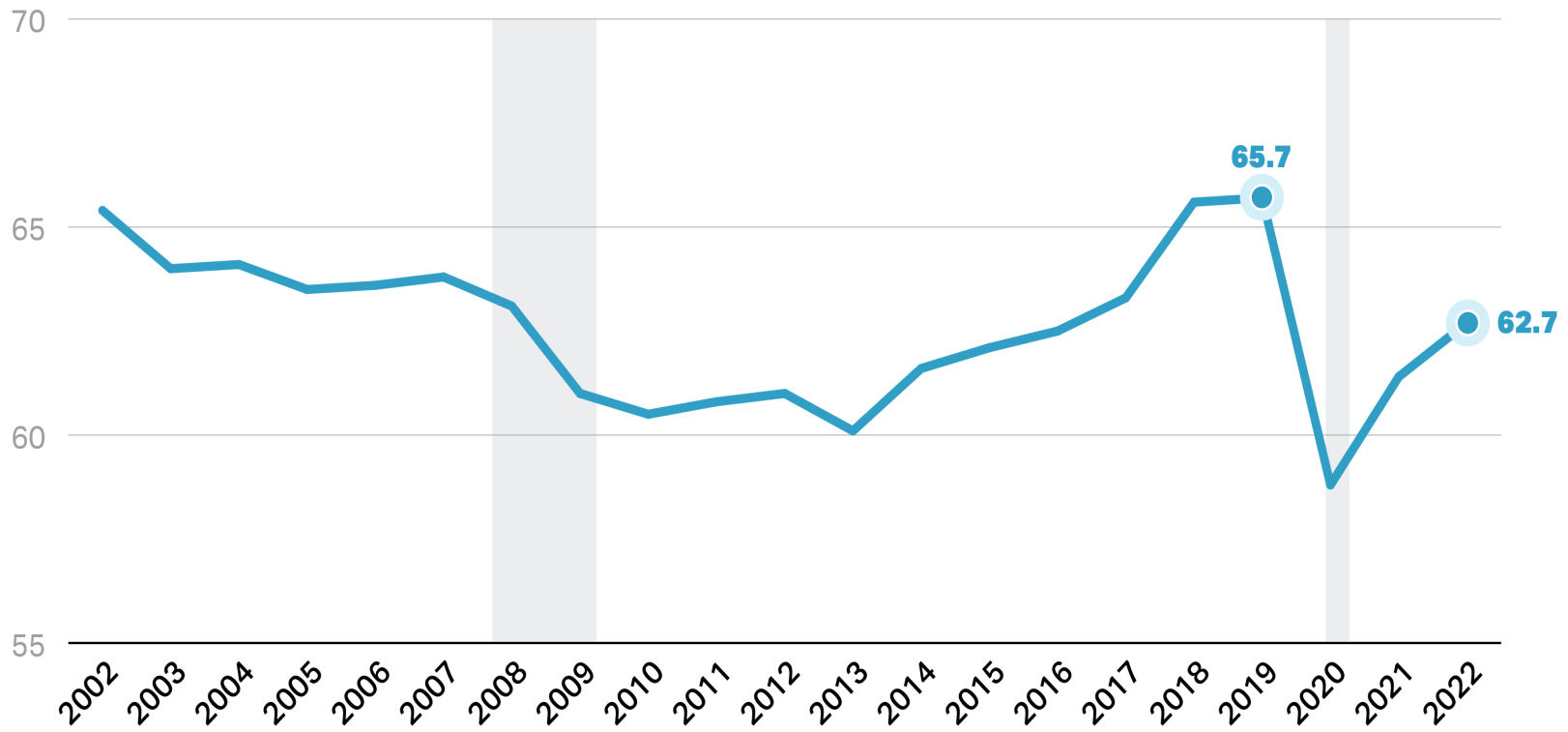


- Introduction
- **BROAD WORKFORCE TRENDS**
- Current Workforce Challenges
- Focus on Nursing, Direct Care, and Behavioral Health
- Recommendations and Possible Solutions
- Data and Methods
- Appendix

# There is a general shortage of workers, leading to a tight labor market overall and greater worker leverage. For example, the ratio of workers to the total population in Massachusetts is substantially below the pre-pandemic level.



Employment to population ratio, Massachusetts, 2002 - 2022



The lower post-pandemic ratio is primarily due to a reduction in labor force participation among older workers.<sup>1</sup> The same phenomenon is occurring nationally.

This ratio is not expected to improve as the large baby boom generation continues to leave the workforce.

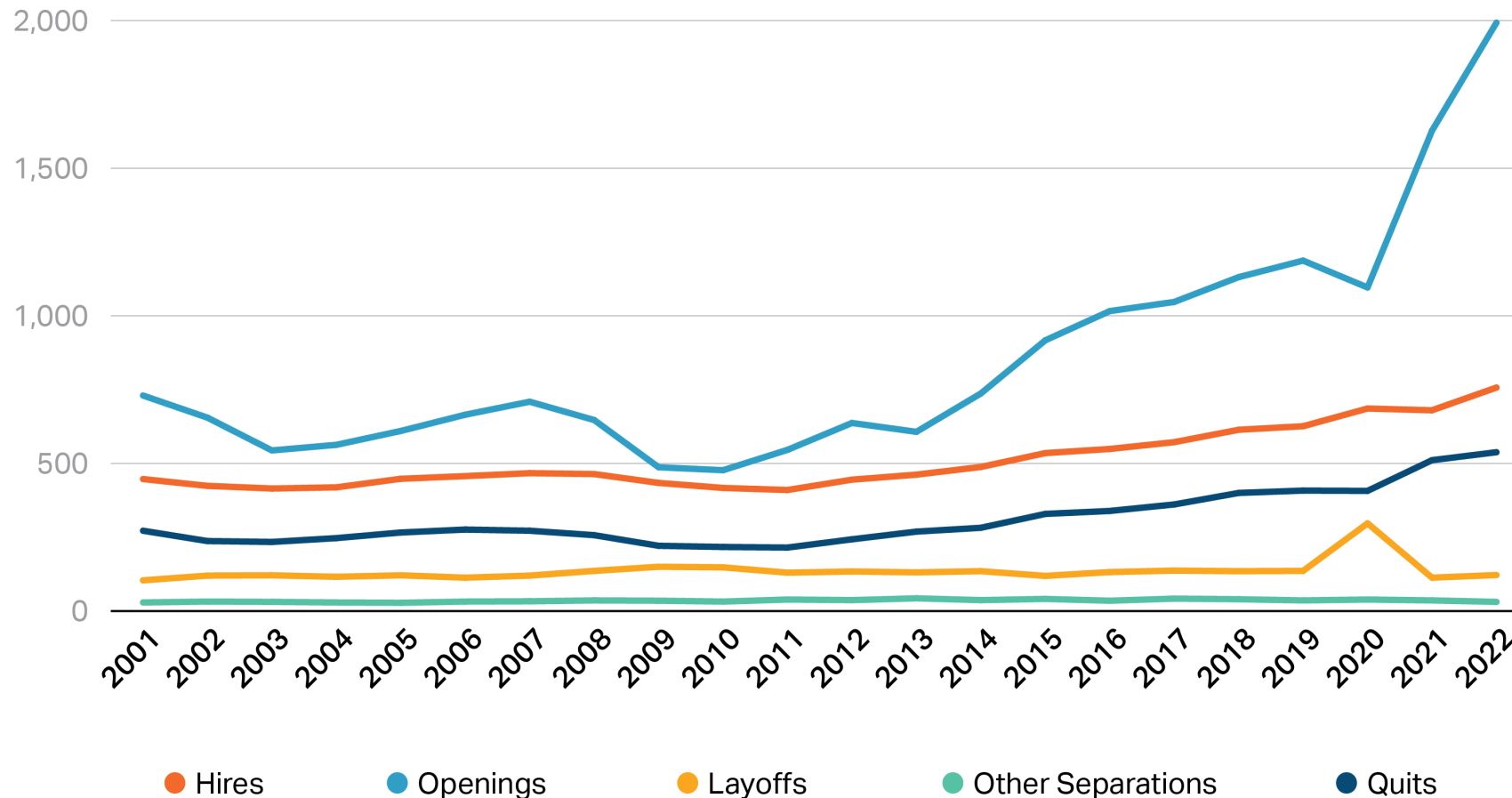
The Massachusetts unemployment rate was at a historic low of 3.3% at the end of 2022.<sup>2</sup>

Notes: Shaded area indicates a recession. Ratios represent annual averages of percent of civilian labor force (≥16 years old) in the Massachusetts non-institutional population.  
1 Favilukis, Jack Y and Li, Gen, The Great Resignation Was Caused by the COVID-19 Housing Boom (January 24, 2023). Available at SSRN: <https://ssrn.com/abstract=4335860>  
2 Massachusetts unemployment rate as of Dec, 2022. Bureau of Labor Statistics: <https://www.bls.gov/eag/eag.ma.htm>  
Exhibit sources: U.S. Bureau of Labor Statistics, Employment to Population Ratio, 2022. Dates of U.S. recessions as inferred by GDP-based recession indicator, +1 or 0, Quarterly, Not Seasonally Adjusted, Federal Reserve Economic Data.

# Nationally, turnover in health care roles has risen since 2010, and spiked after 2020, as evidenced by increases in job openings well above the increase in quits.



United States health care and social assistance separations, hires, and job openings (in thousands), 2001-2022



After a spike in 2020, layoffs dropped below pre-pandemic levels in 2021.

Quits have accelerated since 2020.

Although the total number of health care openings has risen, **the share of openings in health care** compared to all other nonfarm industries **has been similar for the past 20 years.**

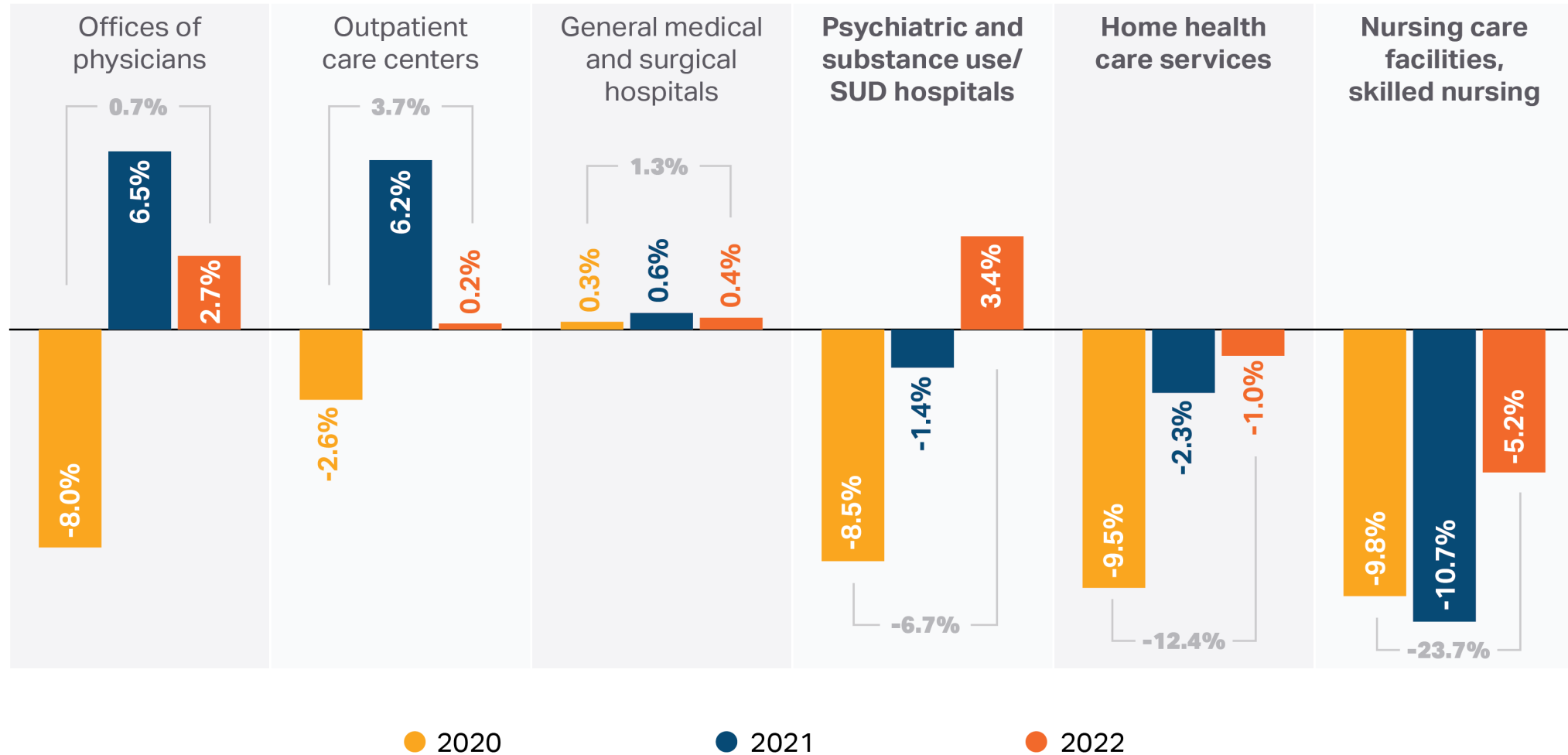
Notes: Other separations includes retirements, transfers to other locations, deaths, and other separations due to employee disability. December 2022 data is preliminary.

Sources: Job Openings and Labor Turnover Survey, Bureau of Labor Statistics, 2022.

# The supply of workers in Massachusetts has dropped the most in health care sectors that are less highly paid, such as home health care and nursing facilities.



Year to year percent change in employment (Q1 – Q2 average), Massachusetts, 2020-2022

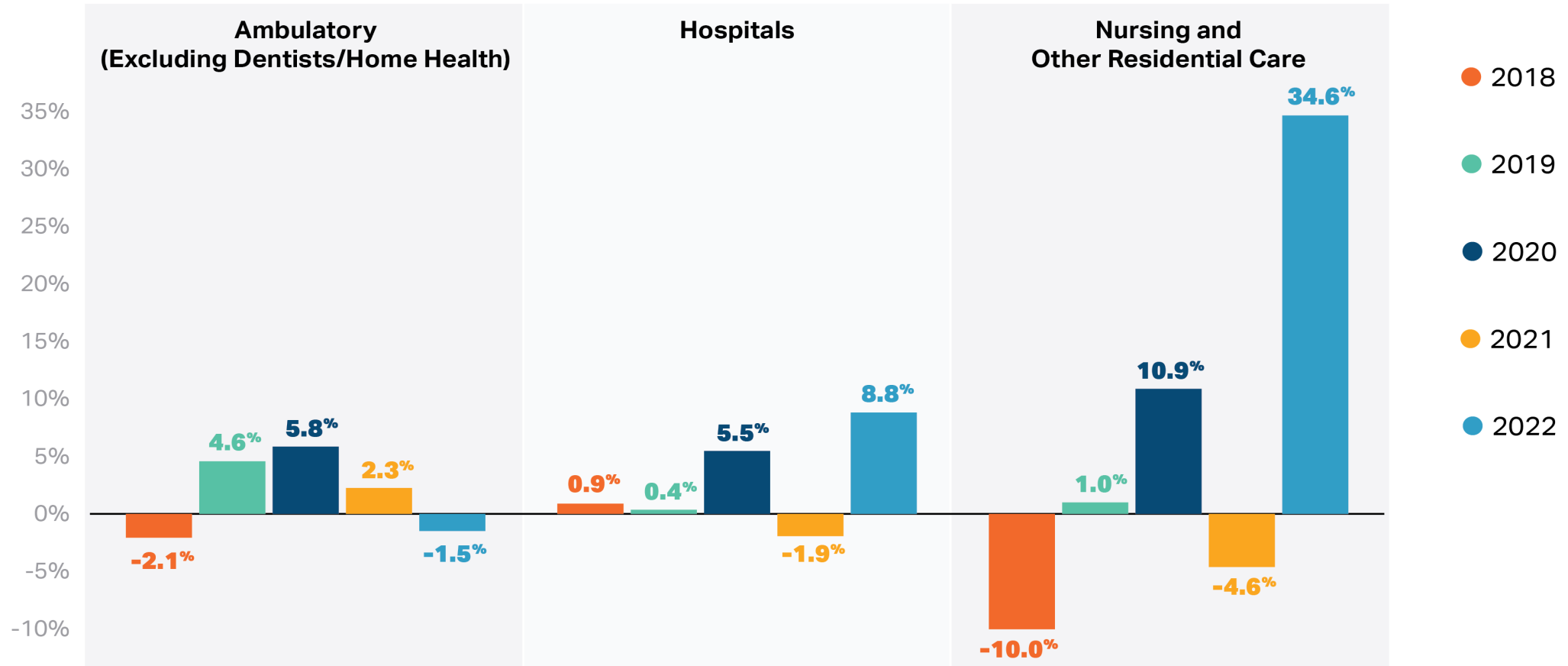


Notes: Employment refers to average monthly employment. Numbers in brackets represent a cumulative change from 2019.  
Sources: Quarterly Census of Employment and Wages, Bureau of Labor Statistics, Q1 2019 - Q2 2022

# Wage increases further suggest worker shortages and competitive labor markets.



Year to year percent change in real (inflation-adjusted) wages (Q1 – Q2 average), Massachusetts, 2018 – 2022



Notes: Wages refer to average weekly wages. Ambulatory excludes dentists and home health. CPI used to calculate real wages is CPI for Boston-Cambridge-Newton metro area. Part-time and contract work is included.

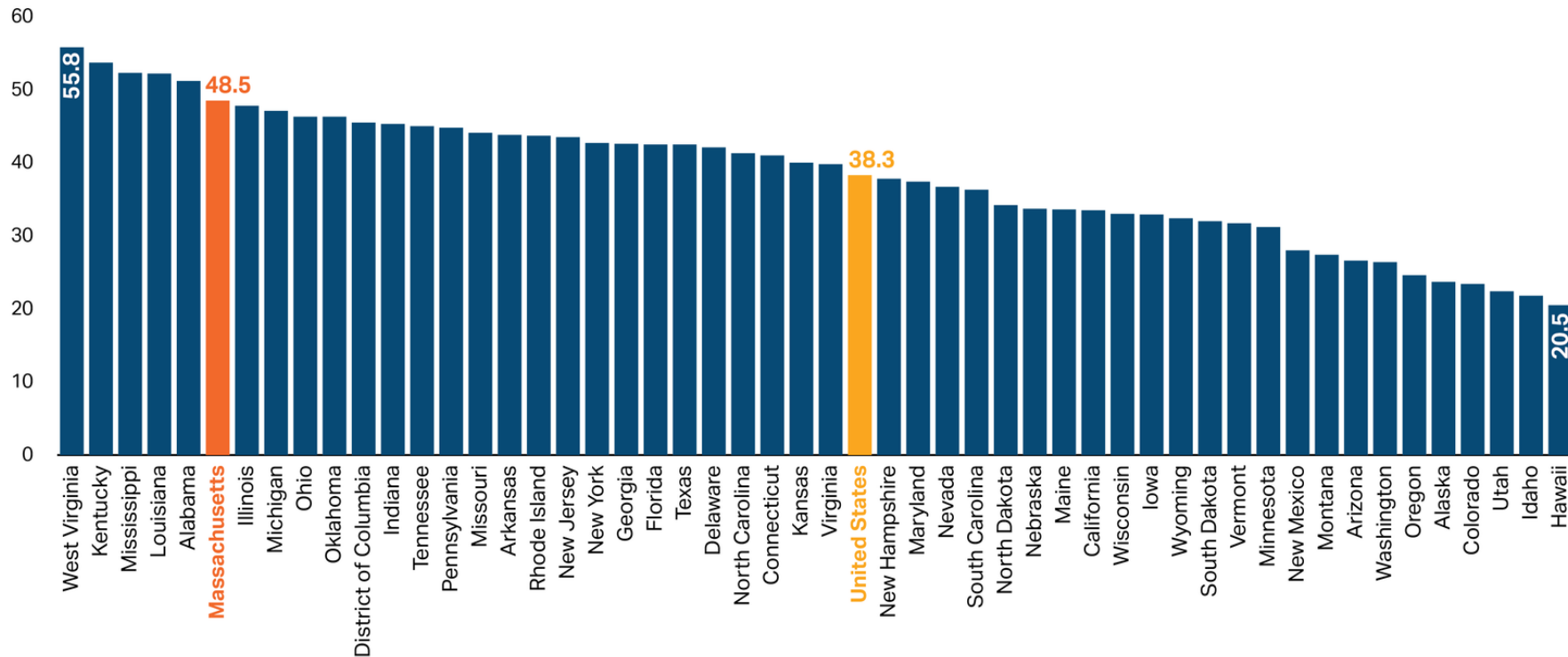
Sources: Bureau of Labor Statistics, Quarterly Census of Employment and Wages, Q1 2019 - Q2 2022.

Bureau of Labor Statistics, 12-month percentage change, Consumer Price Index, metropolitan areas, 2022.

# Workforce gaps are exacerbated by Massachusetts' exceptionally high rate of avoidable hospital use.



Avoidable hospital admissions per 1,000 Medicare beneficiaries by state, 2019



Compared to other states, MA:

- Has the second highest **Medicare readmissions rate**.<sup>1</sup>
- Is ranked **first** in “Healthy Lives” but **35th best** in “Avoidable hospital use and cost” (2017-2020).<sup>2</sup>
- Has the highest share of **ED patients admitted for a full hospital stay** among 35 states.<sup>3</sup>
- Has the 14th highest rate of **ED visits**.<sup>4</sup>

Notes: Data includes only beneficiaries enrolled in Medicare fee-for-service aged 65+ and combine admissions for the following ambulatory care-sensitive conditions: diabetes, COPD, asthma, hypertension, CHF, dehydration, bacterial pneumonia, UTI and lower extremity amputation.

1 HPC analysis of the Center for Medicare and Medicaid Services Geographic Variation Public Use file, 2019

2 Radley DC, Baumgartner JC, and Collins SR. Scorecard on State Health System Performance: How Did States Do During the COVID-19 Pandemic? Appendices. Commonwealth Fund. June 2022. Available at [https://www.commonwealthfund.org/sites/default/files/2022-06/Radley\\_2022\\_State\\_Scorecard\\_Appendices.pdf](https://www.commonwealthfund.org/sites/default/files/2022-06/Radley_2022_State_Scorecard_Appendices.pdf). “Healthiest state” is based on the Healthy Lives index.

3 HPC original analysis of data from the Health Costs and Utilization Project (HCUP)

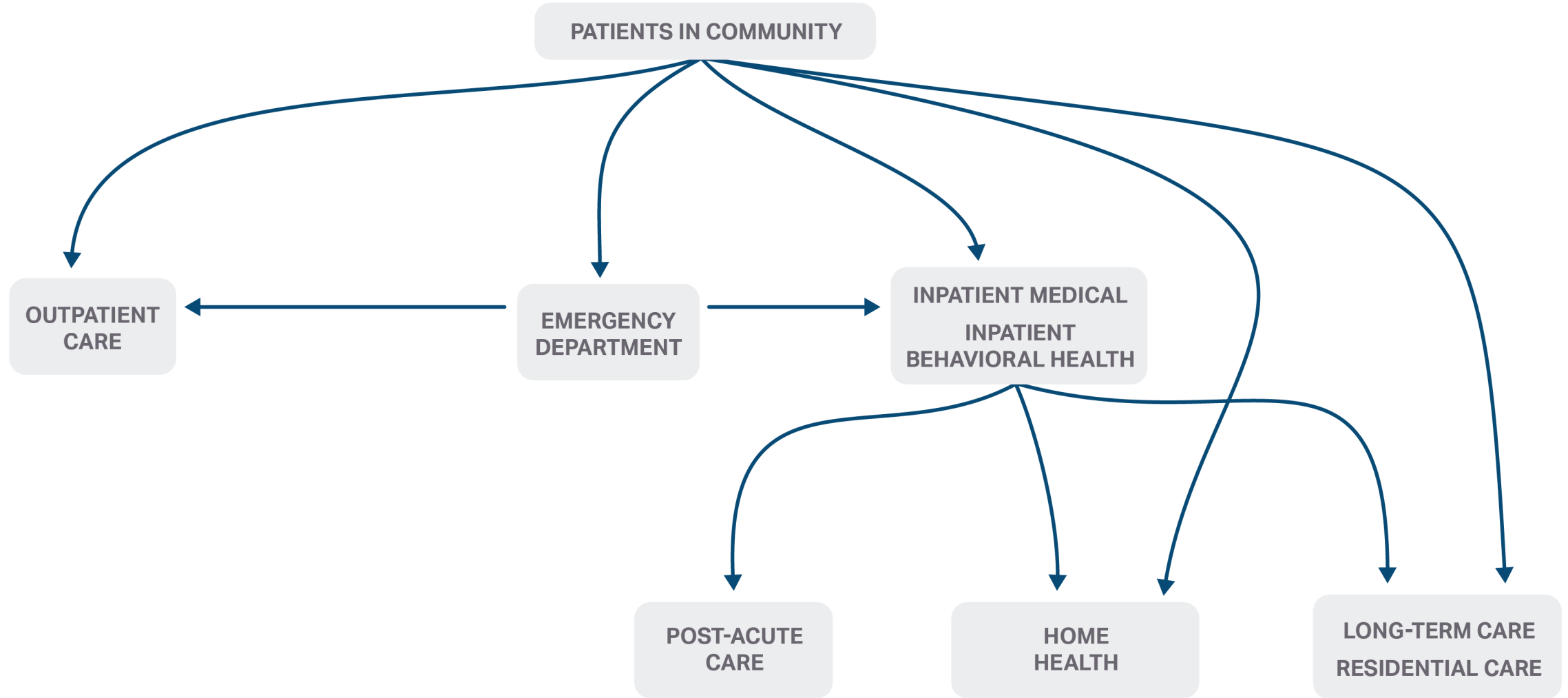
4 KFF. Hospital Emergency Room Visits per 1,000 Population by Ownership Type. 2021. Available at <https://www.kff.org/other/state-indicator/emergency-room-visits-by-ownership>

Exhibit source: HPC analysis of Chronic Conditions Data Warehouse (CCW) data, via CMS Geographic Variation Public Use File

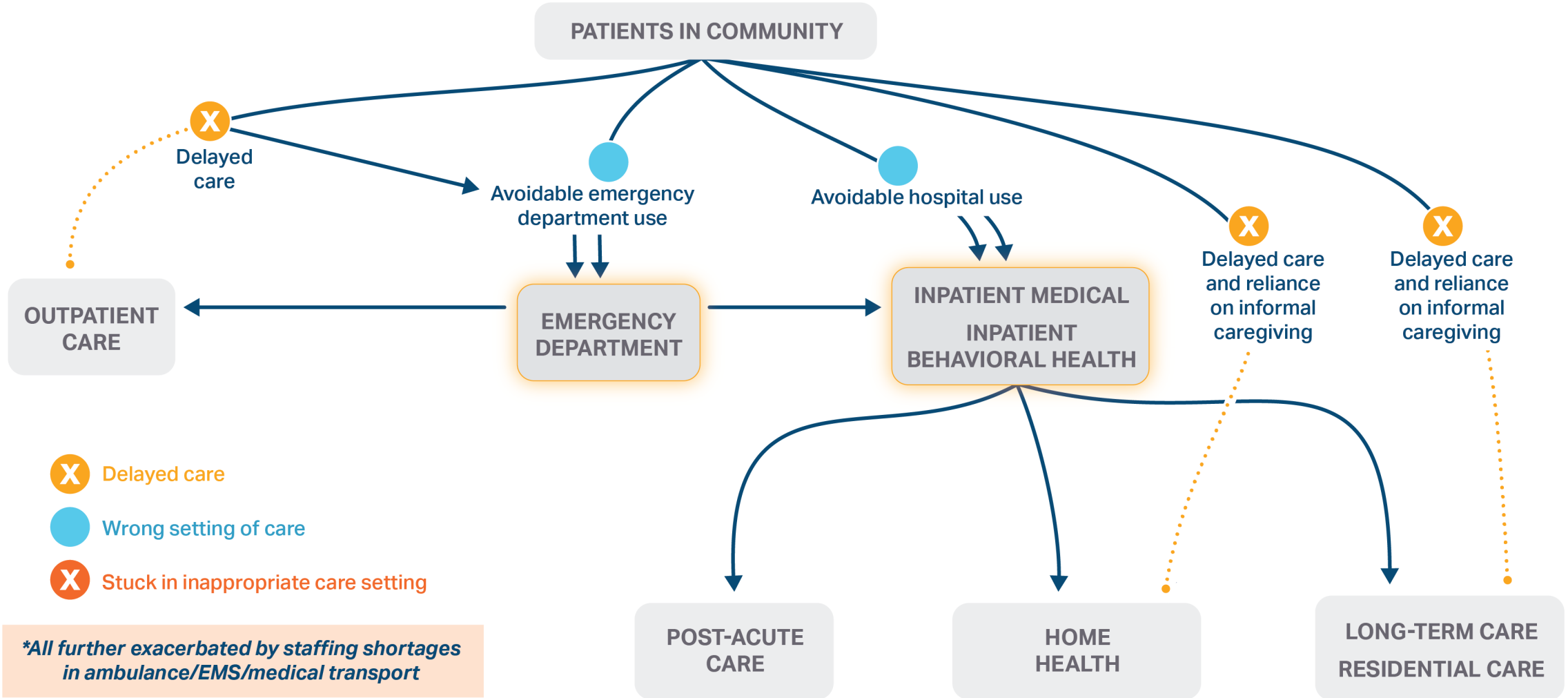
- Introduction
- Broad Workforce Trends
- **CURRENT WORKFORCE CHALLENGES**
- Focus on Nursing, Direct Care, and Behavioral Health
- Recommendations and Possible Solutions
- Data and Methods
- Appendix



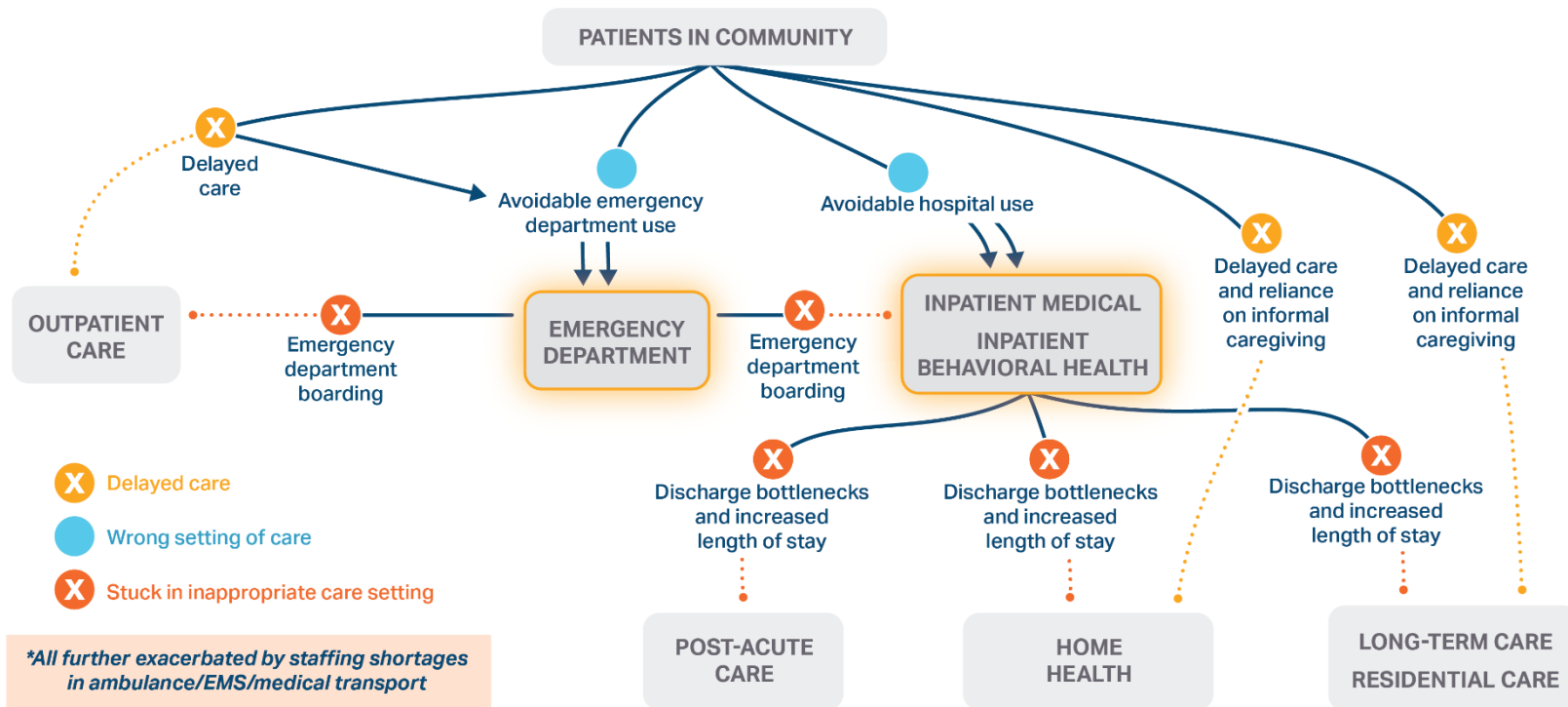
Ideally, patients would access appropriate settings of care in a timely way.



# During times of workforce shortages, patients can end up with delayed access to care, and with avoidable ED and hospital use.



# Workforce shortages throughout the health care system can create ripple effects impeding patient flow across settings, resulting in patients unable to access needed care.



Workforce shortages can contribute to decreased access to ambulatory care, increased ED boarding, and delays in discharging patients to post-acute care, and longer lengths of stay.<sup>1</sup>

Staffing shortages among EMS and medical transportation can further hinder the timely movement of patients among care settings.<sup>2</sup>

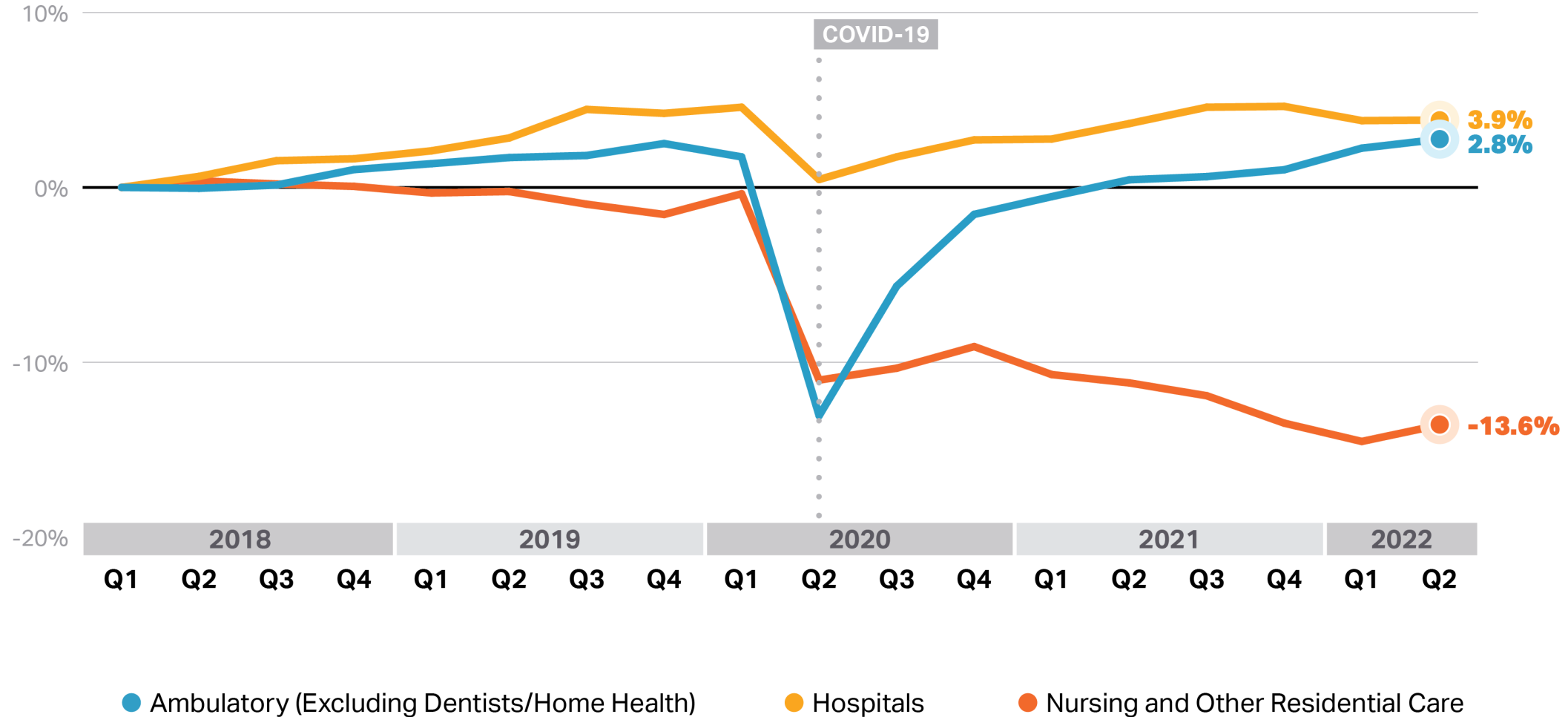
1 Massachusetts Health and Hospital Association. An Acute Crisis: How Workforce Shortages are Affecting Access & Costs. October 2022.

2 Lazar K. There's a new cause for Boston's ambulance delays: Hospital overcrowding. The Boston Globe. January 30, 2023. Available at: <https://www.bostonglobe.com/2023/01/30/metro/boston-ambulance-response-times-slow/>

# These backups are partly driven by worker shortages in nursing and residential care facilities, where total employment in Massachusetts remains 14% below 2018 levels.



Quarterly change in total employment relative to Q1, 2018 by broad health care sector, Massachusetts, Q1 2018 – Q2 2022



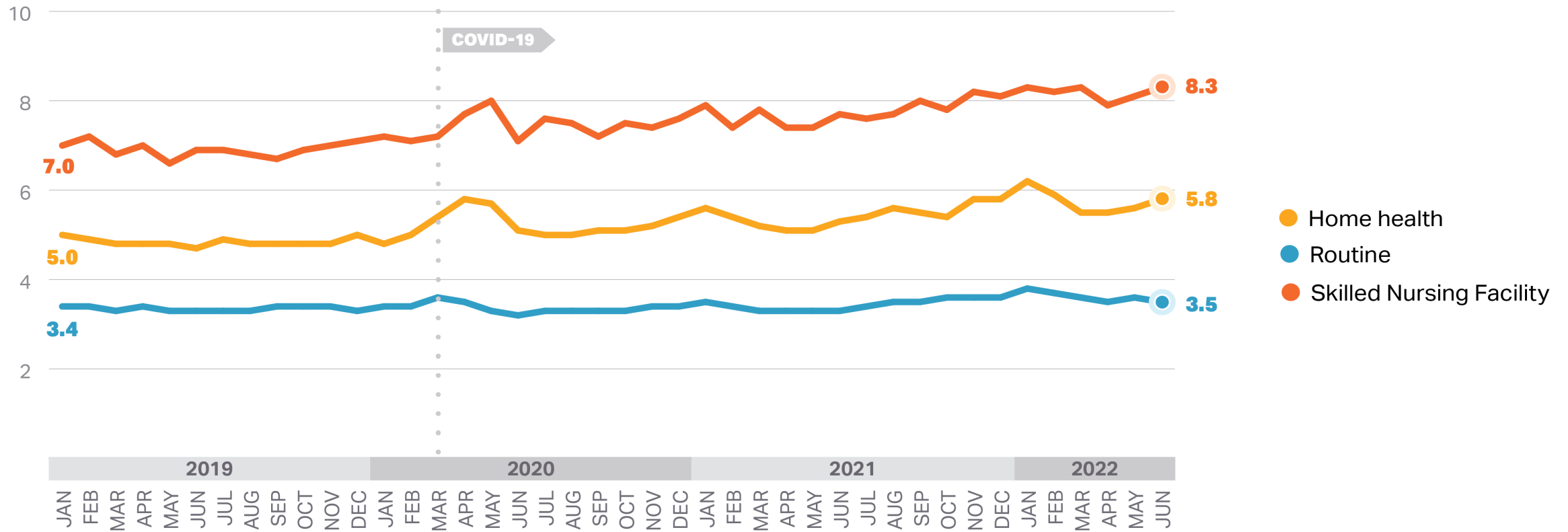
Notes: Employment refers to average monthly employment.

Sources: Quarterly Census of Employment and Wages, Bureau of Labor Statistics, Q2 2022

# Staff shortages in post-acute discharge settings leads to patients spending more time in the hospital than needed.



Average length of stay (days) for scheduled admissions and admissions from the ED (combined) by discharge setting, 2019-2022

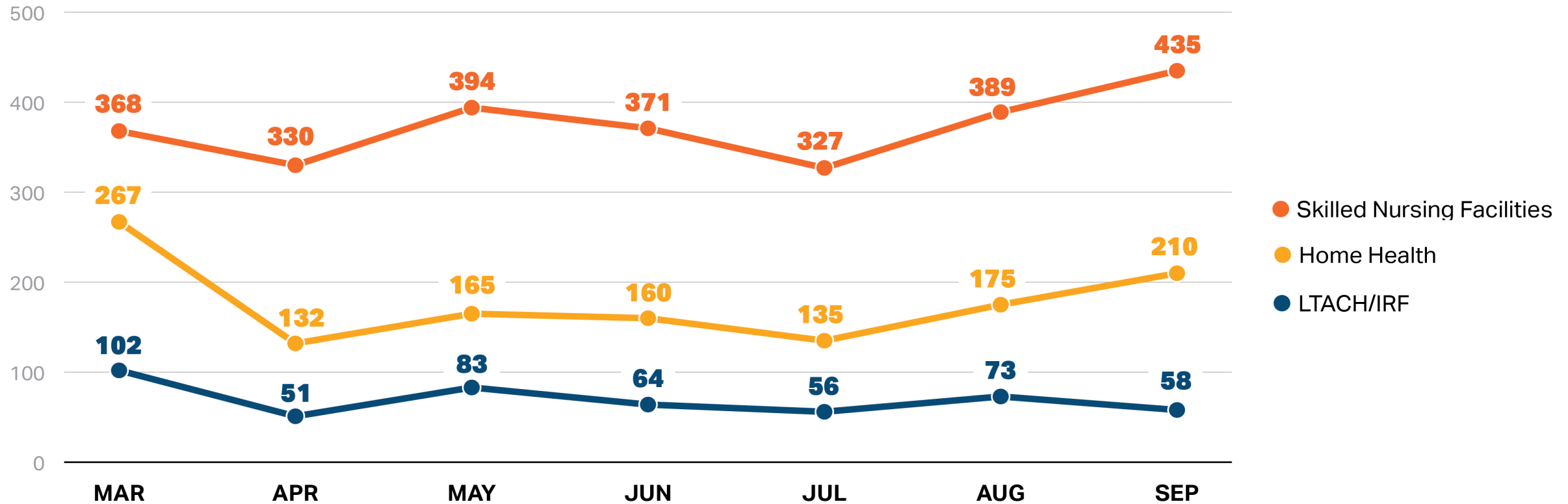


Notes: Based on patient discharge date and includes only admissions from the emergency department and scheduled admissions. COVID-related discharges are excluded. Excludes pediatric, maternity, BH, and rehabilitation admissions and admissions with length of stay greater than 180 days. The following hospitals were excluded for the entire study period due to missing data for one or more quarters: Melrose Wakefield Healthcare (Melrose-Wakefield Campus and Lawrence Memorial Hospital Campus), Lowell General Hospital (Main Campus and Saints Campus), Tufts-New England Medical Center, and Sturdy Memorial Hospital. In calendar year 2019, these hospitals accounted for 7% of all hospital inpatient discharges.

Sources: HPC analysis of the Center for Health Information and Analysis (CHIA) Hospital Inpatient Discharge Database, January 2019 to September 2021, preliminary data October 2021 through June 2022

# Hundreds of patients remained in hospitals awaiting discharge throughout 2022. This dynamic further strains hospital resources and staff.

Number of patients awaiting discharge from acute hospitals by discharge setting, March – September 2022



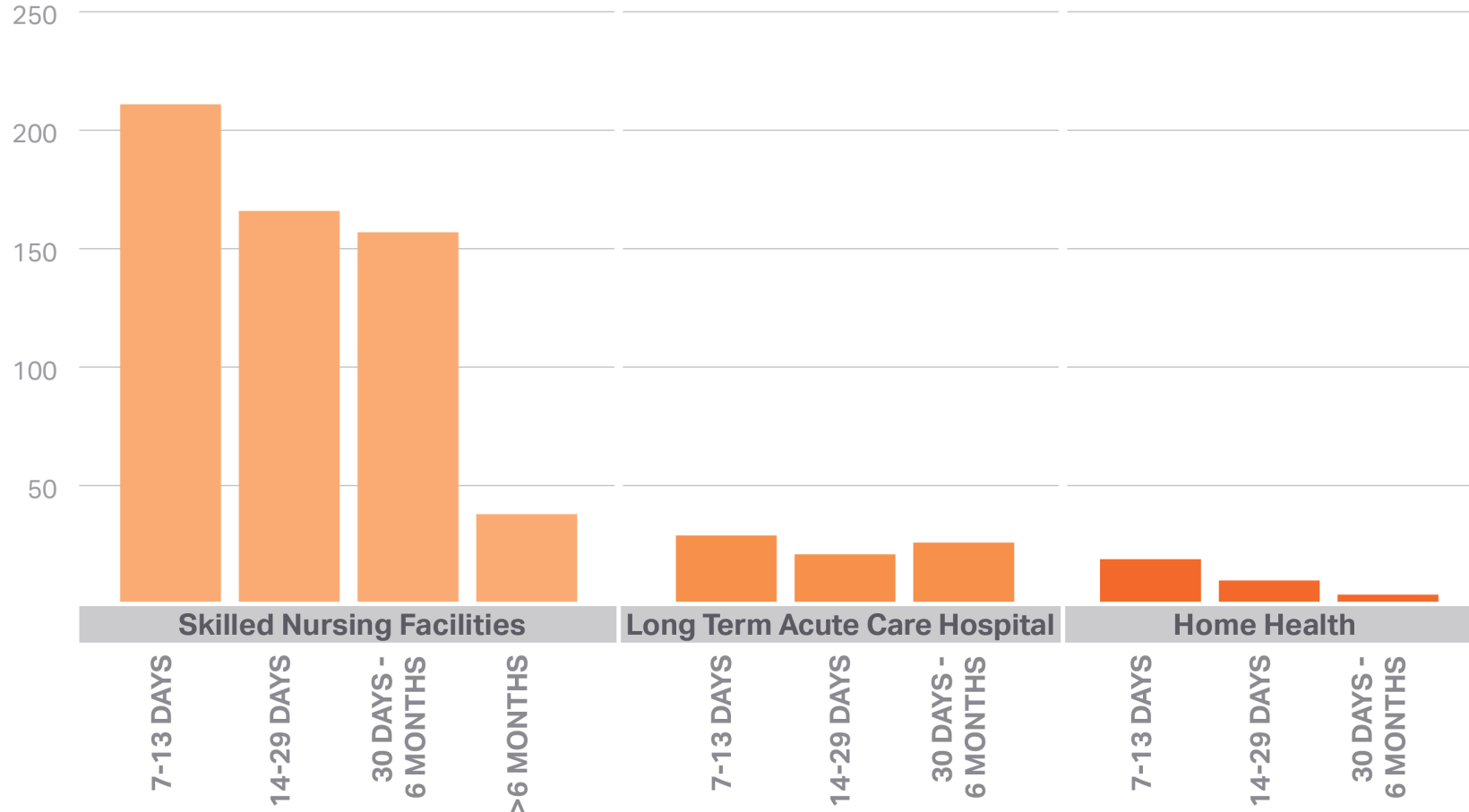
Notes: LTACH/IRF = Long term acute care hospital/inpatient rehabilitation hospital. Includes a consistent cohort of hospitals that responded to the survey each month, therefore not all hospitals are represented.

Sources: Throughput Survey Report, Massachusetts Health and Hospital Association, September 2022.

# In September 2022, there were at least 200 patients who had been awaiting discharge to a skilled nursing facility for longer than a month.



Number of patients awaiting discharge from acute hospitals by discharge setting and length of time waiting, September 2022



**Staffing constraints** at post-acute care facilities were a commonly-cited challenge to discharging patients

**Wait times for discharge vary by setting:** most patients discharged to home health waited under two weeks, while waiting periods for discharge to LTACH care were more variable

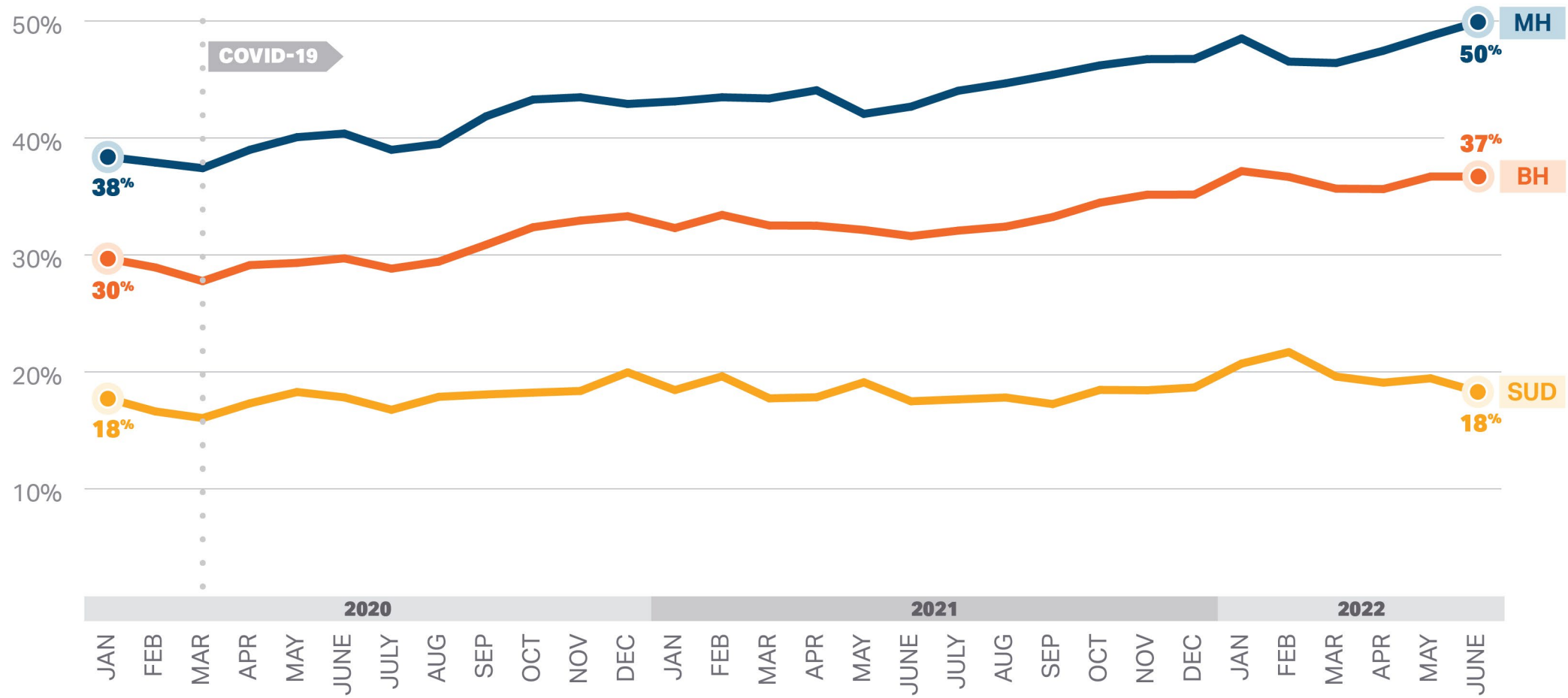
Notes: Patients awaiting discharge for less than 7 days are not included in this figure. Not all hospitals who responded to the survey answered every question, therefore data here reflect respondents that completed this question. It was unclear whether there were any patients waiting longer than 6 months to be discharged to long term acute care hospitals. There were no patients waiting longer than 6 months to be discharged to home health facilities.

Sources: Throughput Survey Reports, Massachusetts Health and Hospital Association, September 2022.

# By mid-2022, 50% of patients admitted to emergency departments for mental health conditions boarded for longer than 12 hours (up from 38% before the pandemic), partly due to staffing shortages in behavioral health facilities.



Behavioral health emergency department boarding by primary condition, 2020-2022



Notes: MH = Mental Health. BH = Behavioral Health. SUD = Substance Use Disorder. The HPC defines ED boarding as greater than or equal to 12 hours in the hospital ED. ED visits where patients were admitted to the same hospital were excluded. Behavioral health visits were identified using AHRQ's CCSR for the primary diagnosis (BH: MBD001-MBD034, Mental Health: MBD001-MBD013, Substance Use: MBD17-MBD34). The following EDs were excluded due to missing data or missing/irregular hours spent in the ED: Lowell General Hospital (Main and Saints campus), Tufts New England Medical Center, Sturdy Memorial, Metrowest (Framingham and Leonard Morse campuses) and Saint Vincent Hospital.

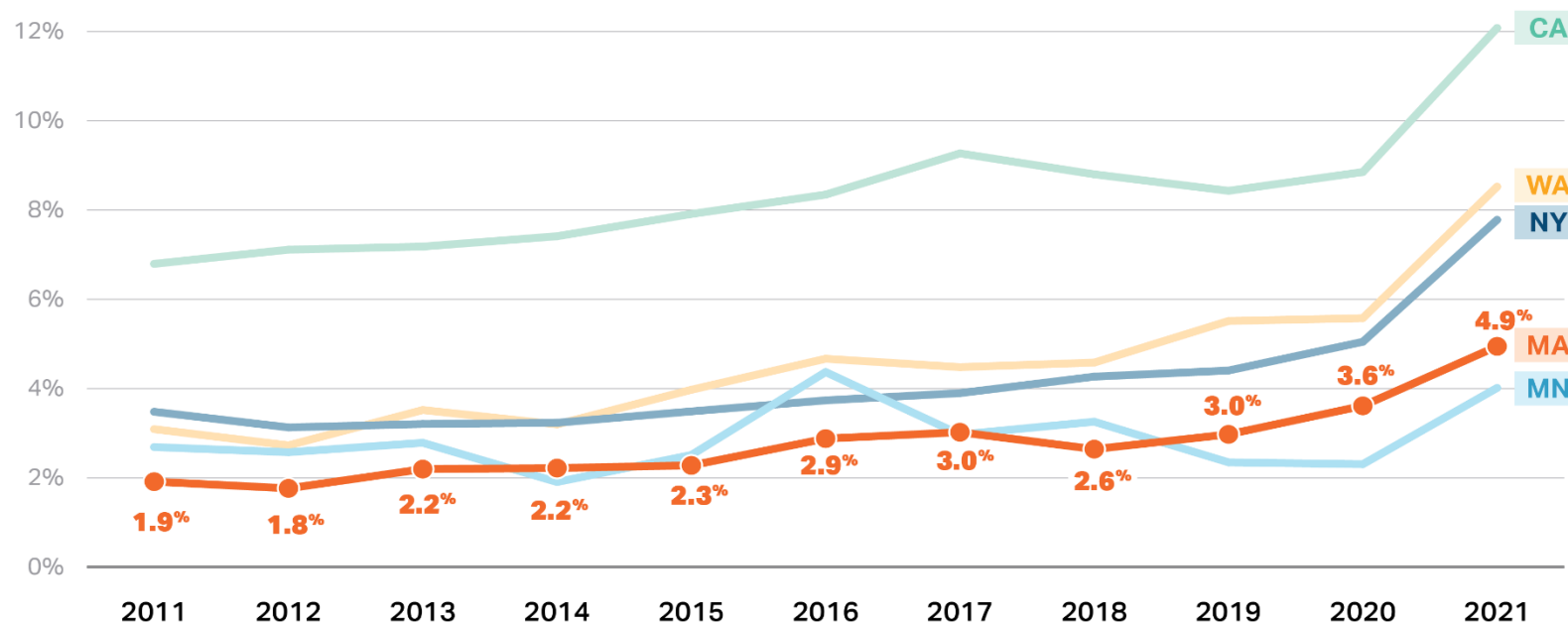
Sources: HPC analysis of the Center for Health Information and Analysis (CHIA) Hospital Emergency Department Discharge Database, January 2020 to September 2021, preliminary data October 2021 to June 2022.



# Similar to other states, MA hospitals have increasingly relied on contract labor to fill workforce gaps.



Contract labor as a percentage of hospitals' total patient care labor cost, Massachusetts, 2011 - 2021



Contract labor represented about 5% of hospital patient care labor cost throughout the Commonwealth as of 2021, ranging from 3% to 9% across most hospitals.

Recent estimates indicate that contract labor spending was 145% higher in FY2022 than FY2021, rising to \$1.5 billion.<sup>1</sup>

Notes: Years represent hospital fiscal years. CA = California; WA = Washington; NY = New York; MA = Massachusetts; MN = Minnesota. Direct patient care labor excludes other personnel not providing direct patient services, such as administration, maintenance, and other personnel not providing direct patient care. Labor costs include vacation, holiday sick leave, other paid time off, severance pay, bonus, and benefits. "Contractor" excludes physicians but includes all other contracted labor. 24 hospitals were dropped from this analysis due to missing or incomplete data.

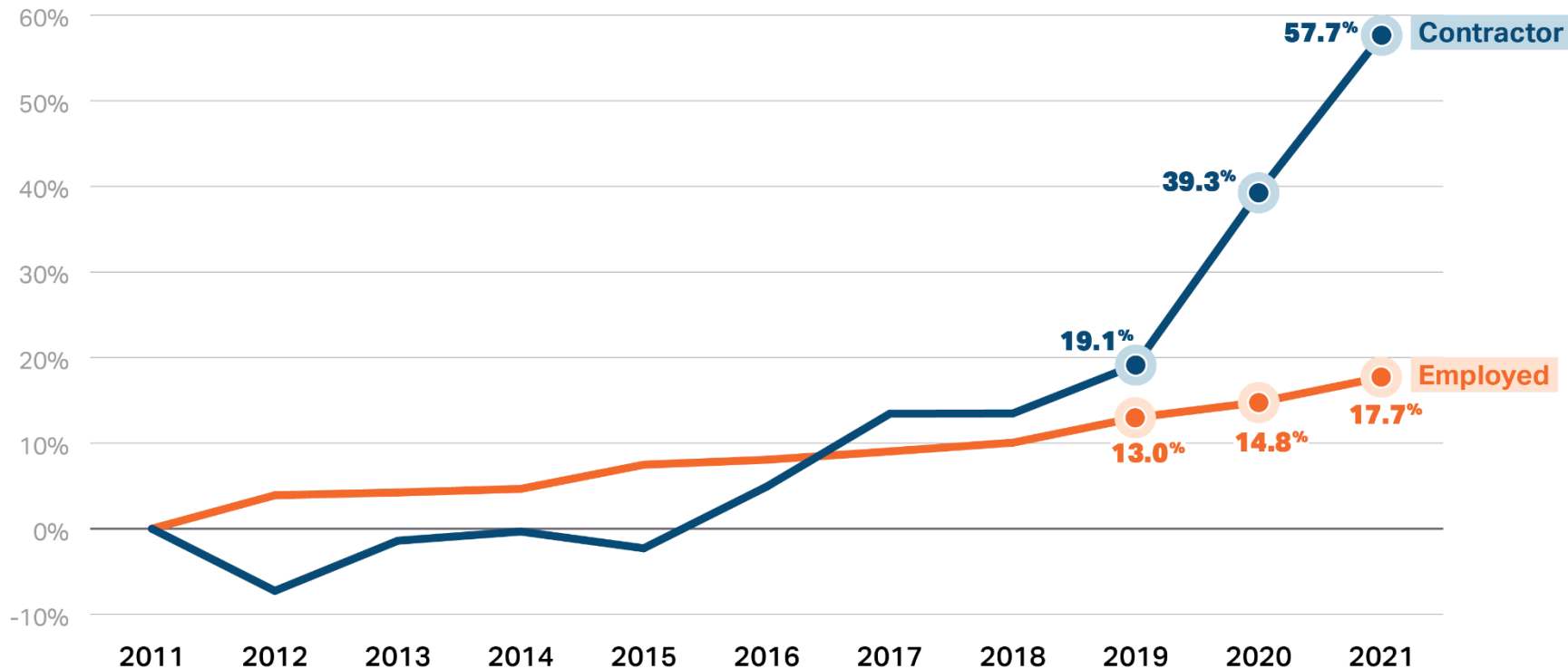
<sup>1</sup> Massachusetts Health & Hospital Association. Hospital Temporary Labor Costs: A Staggering \$1.52 Billion in FY2022. March 13, 2023. Available at [https://www.mhalink.org/MHA/MyMHA/Communications/PressReleases/Content/2023/Hospital\\_Temporary\\_Labor\\_Costs\\_2023.aspx](https://www.mhalink.org/MHA/MyMHA/Communications/PressReleases/Content/2023/Hospital_Temporary_Labor_Costs_2023.aspx)

Exhibit source: National Academy for State Health Policy, Hospital Cost Tool Data, 2022.

# Wages for contract workers spiked in 2020 and 2021, adding strain to hospital finances.



Change in average wages for patient care labor for contractor vs employed hospital staff, Massachusetts, 2011-2021



As of 2022, average wages for contract nurses in MA were 189% of average wages for employed nurses.<sup>1</sup>

Notes: Years represent hospital fiscal years. Wages refer to average hourly rates. Direct patient care labor excludes other personnel not providing direct patient services, such as administration, maintenance, and other personnel not providing direct patient care. Labor costs also include vacation, holiday sick leave, other paid time off, severance pay, bonus, and benefits. Percent changes are relative to 2011. "Contractor" excludes physicians but includes all other contracted labor, including, but not limited to, nursing, diagnostic, therapeutic, and rehabilitative services. 24 hospitals were dropped from this analysis due to missing or incomplete data.

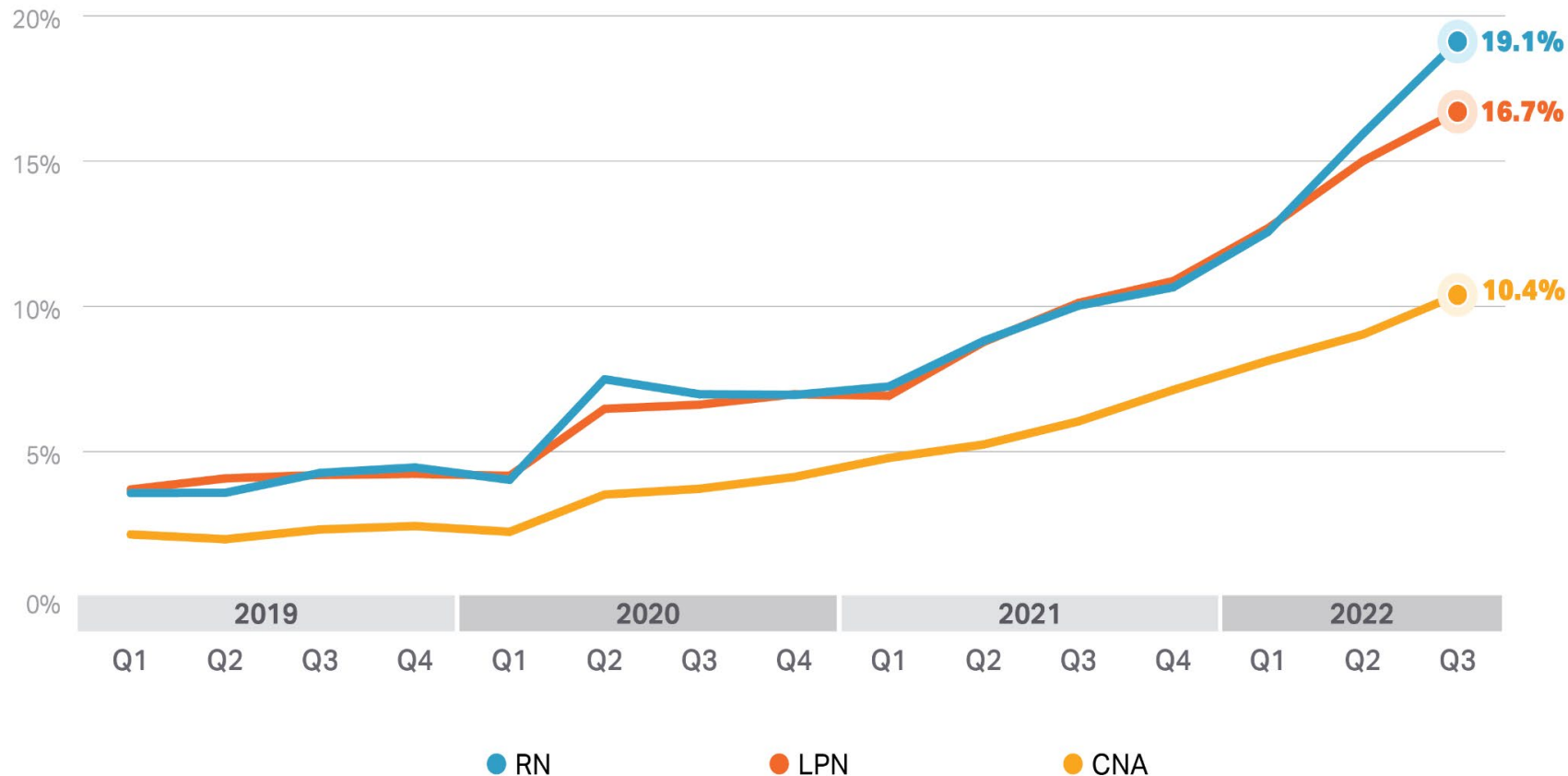
<sup>1</sup> Robertson M. Average nurse pay vs. travel nurse pay for all 50 states. Becker's Hospital Review. December 15, 2022. Available at <https://www.beckershospitalreview.com/compensation-issues/travel-nurse-vs-rn-pay-gap-for-all-50-states.html>. Data are not necessarily specific to the hospital setting. Massachusetts has the 9th lowest ratio of contract to employed nurse pay of any U.S. state.

Exhibit sources: National Academy for State Health Policy, Hospital Cost Tool Data, 2022.

# Long-term care facilities have also increasingly relied on contract workers to fill staffing gaps in multiple roles.



Contract hours as a percent of total hours for registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs) in long-term care facilities, Massachusetts, Q1 2019 – Q3 2022



As of Q3 2022, **total RN hours** in long-term care facilities were **down 20.6%** relative to Q1 2019, and **employed (non-contracted) RN hours** were **down 33.4%**

Notes: Hours for workers with administrative duties and hours for directors of nursing were not included in this analysis.  
Sources: Centers for Medicare and Medicaid Services, Payroll Based Journal Daily Nurse Staffing Data, Q1 2019 - Q3 2022.

# Workforce shortages and changing health care worker career trajectories are felt across roles and settings of care.



- **RN vacancy rates in MA acute-care hospitals doubled** from 6.4% in 2019 to 13.6% in 2022, with especially high vacancy rates in community hospitals.<sup>1</sup>
- Health care workers at all levels are finding **alternatives to direct patient care**:
  - **Many nurses have left patient care for administrative or research roles** within health care, such as at insurers or on clinical trials.
  - Health care providers in many roles have moved from **lower- to higher-resourced providers and care settings**.
  - Rising wages in sectors such as retail and food service have led some **lower-wage health care workers, such as direct care workers, to leave health care entirely**.
- In MA, in addition to staffing challenges, **nursing facility closures** may have contributed to a shortage of post-acute care beds.<sup>2</sup> **Nationally, long-term care facilities report staffing shortages** and difficulty hiring.<sup>3</sup>
  - 70% of MA nursing facilities in January 2022, and 65% in April 2022, reported closing admissions due to staffing shortages.<sup>4</sup>
- **Inpatient mental health roles in MA continue to have high vacancies**, with over 500 beds offline due to staffing as of August 2022.<sup>5</sup>
- **Community health centers have faced unprecedented workforce attrition nationwide** during the pandemic, with 68% of health centers losing 5-15% of their workforce, and 15% losing between a quarter and half of their staff.<sup>6</sup>
- **Workplace violence against health care workers** has been on the rise in MA since 2020.<sup>7-9</sup>

1 Massachusetts Health and Hospital Association. MHA Survey on Staffing Vacancies and Temporary Staffing. August 2, 2022

2 Wade CM. Report: Hundreds waiting for nursing home beds. The Salem News. Feb 18, 2023. Available at [https://www.salemnews.com/news/report-hundreds-waiting-for-nursing-home-beds/article\\_bbf9418e-ad47-11ed-9521-1b4afad0284a.html](https://www.salemnews.com/news/report-hundreds-waiting-for-nursing-home-beds/article_bbf9418e-ad47-11ed-9521-1b4afad0284a.html)

3 State of the long-term care industry: Survey of nursing home and assisted living providers show industry facing significant workforce crisis. American Health Care Association & National Center for Assisted Living. September 2021. Available at: <https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/Workforce-Survey-September2021.pdf>

4 Mass Senior Care Association & Mass Senior Care Foundation. Quarterly Workforce Survey. Quarterly Update April 2022.

5 Massachusetts Health and Hospital Association and Massachusetts Association of Behavioral Health Systems. The crisis continues: The effect of behavioral workforce shortages on the availability of inpatient psychiatric services. September 2022.

6 Current State of the Health Center Workforce: Pandemic Challenges and Policy Solutions to Strengthen the Workforce of the Future. National Association of Community Health Centers. 2022. Available at: <https://www.nachc.org/current-state-of-the-health-center-workforce/>

7 Massachusetts Health and Hospital Association. An Acute Crisis: How Workforce Shortages are Affecting Access & Costs. October 2022.

8 Massachusetts Nurses Association. Massachusetts Nurses Warn of Rapidly Deteriorating Patient Care Quality and Widespread Unsafe Conditions as they Call for Improvements to Staffing, Pay and Benefits in Latest "State of Nursing" Survey Released for National Nurses Week. May 5, 2022.

9 Workplace violence at Massachusetts healthcare facilities: An untenable situation & a call to protect the workforce. Massachusetts Health & Hospital Association. January 2023. Available at: <https://mhalink.informz.net/mhalink/data/images/A%20Call%20to%20Action%20-%20MHA%20Workplace%20Violence%20Report.pdf>



- Introduction
- Broad Workforce Trends
- Current Workforce Challenges
- **FOCUS ON NURSING, DIRECT CARE, AND BEHAVIORAL HEALTH**
  - Registered Nurses
  - Direct Care Workers
  - Behavioral Health Providers
- Recommendations and Possible Solutions
- Data and Methods.
- Appendix

- The following section includes a deep dive into workforce trends and challenges for **registered nurses, direct care workers, and behavioral health care providers.**
- **These roles make up approximately two-thirds of the Massachusetts health care workforce,** and provide care in all sectors and settings, including emergency departments, ambulatory care, acute inpatient care, inpatient psychiatric, post-acute care, nursing and residential care, and home health.
- While challenges persist throughout the Commonwealth's health care workforce, with implications for patient care – for example, there are numerous parts of Massachusetts with limited availability of primary and dental care<sup>1</sup> – **trends in nursing, direct care, and behavioral health capture particularly acute crises across numerous care settings** from recent years, as well as a majority of all health care workers in the Commonwealth.

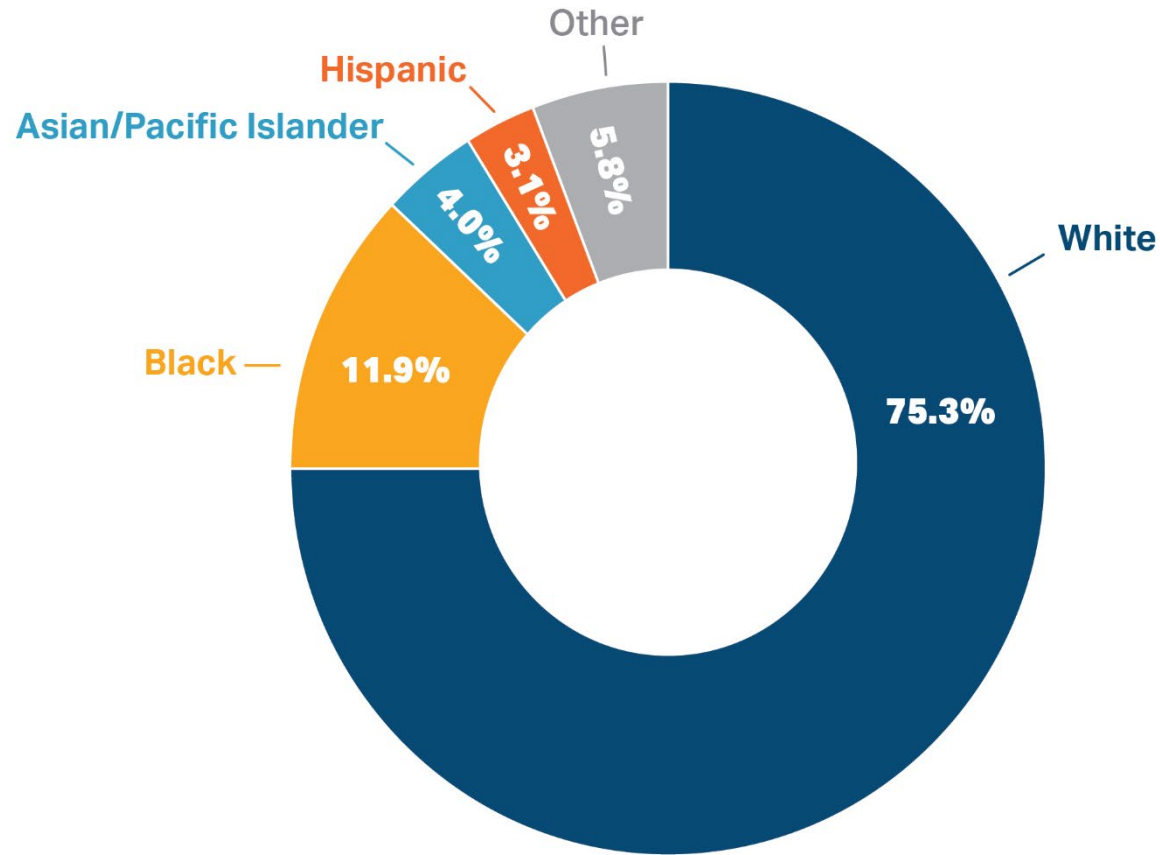
<sup>1</sup> See Massachusetts Health Professional Shortage Areas from the federal Health Resources and Services Administration (HRSA): <https://data.hrsa.gov/tools/shortage-area>



- Introduction
- Broad Workforce Trends
- Current Workforce Challenges
- **FOCUS ON NURSING, DIRECT CARE, AND BEHAVIORAL HEALTH**
  - **Registered Nurses**
  - Direct Care Workers
  - Behavioral Health Providers
- Recommendations and Possible Solutions
- Data and Methods.
- Appendix

# As of 2021, nearly 90% of Massachusetts registered nurses were women, and 75% were White.

Massachusetts registered nurses by race and ethnicity, 2021



**87%** Female



**\$96,630** Median Annual Income



**15%** Immigrant



**43** Median Age

Notes: Immigrants include naturalized citizens and non-citizens. Hispanic includes all races.

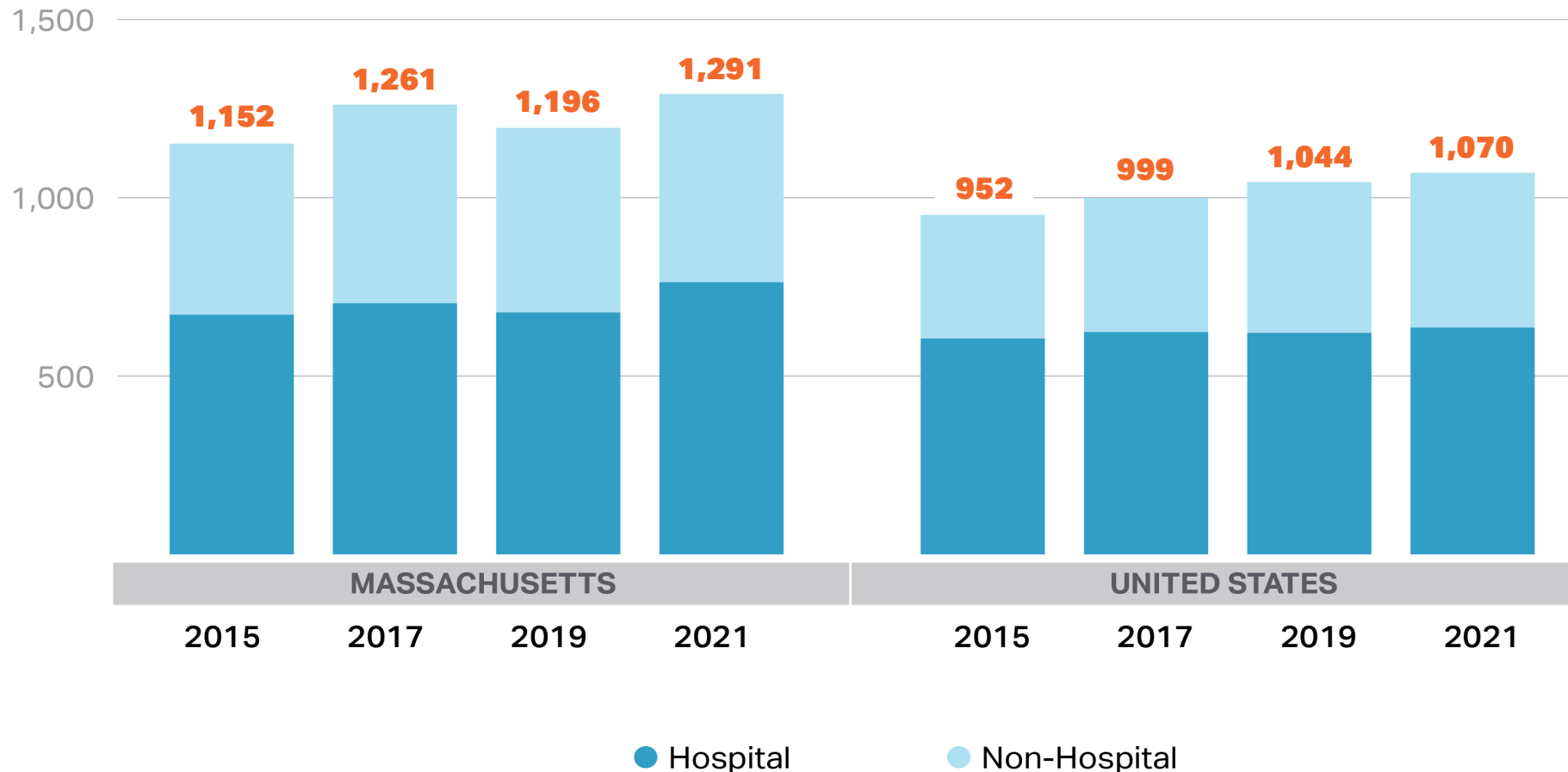
Sources: American Community Survey, 1-year Sample, 2021. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment and Wage Statistics, 2021.



**Nursing workforce challenges do not appear to stem from an overall decrease in the RN workforce. Massachusetts has more RNs per capita than the U.S. and has seen 12% per capita growth since 2015.**



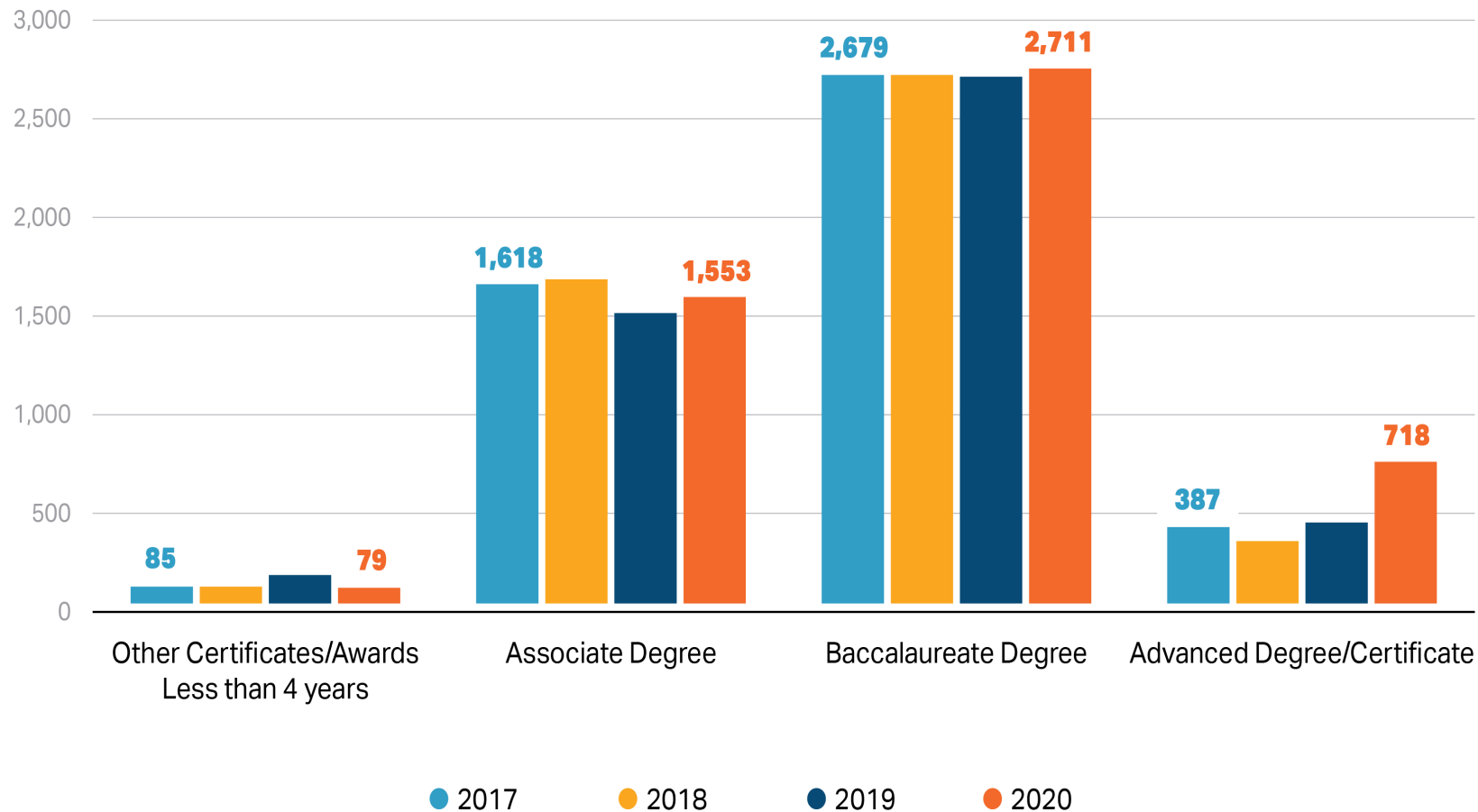
*RN employment per 100,000 population by setting, Massachusetts vs United States, 2015 - 2021*



Notes: Occupations and population weighted using the ACS person weight. Total growth in Massachusetts RN supply (not per capita) from 2015 to 2021 is 15%.  
Sources: American Community Survey, 1-year Sample, 2021.

# The total number of people completing nursing programs in Massachusetts has remained steady into the pandemic, suggesting a relatively steady pipeline.

Number of awards conferred by Massachusetts postsecondary institutions for registered nursing programs, 2017-2020



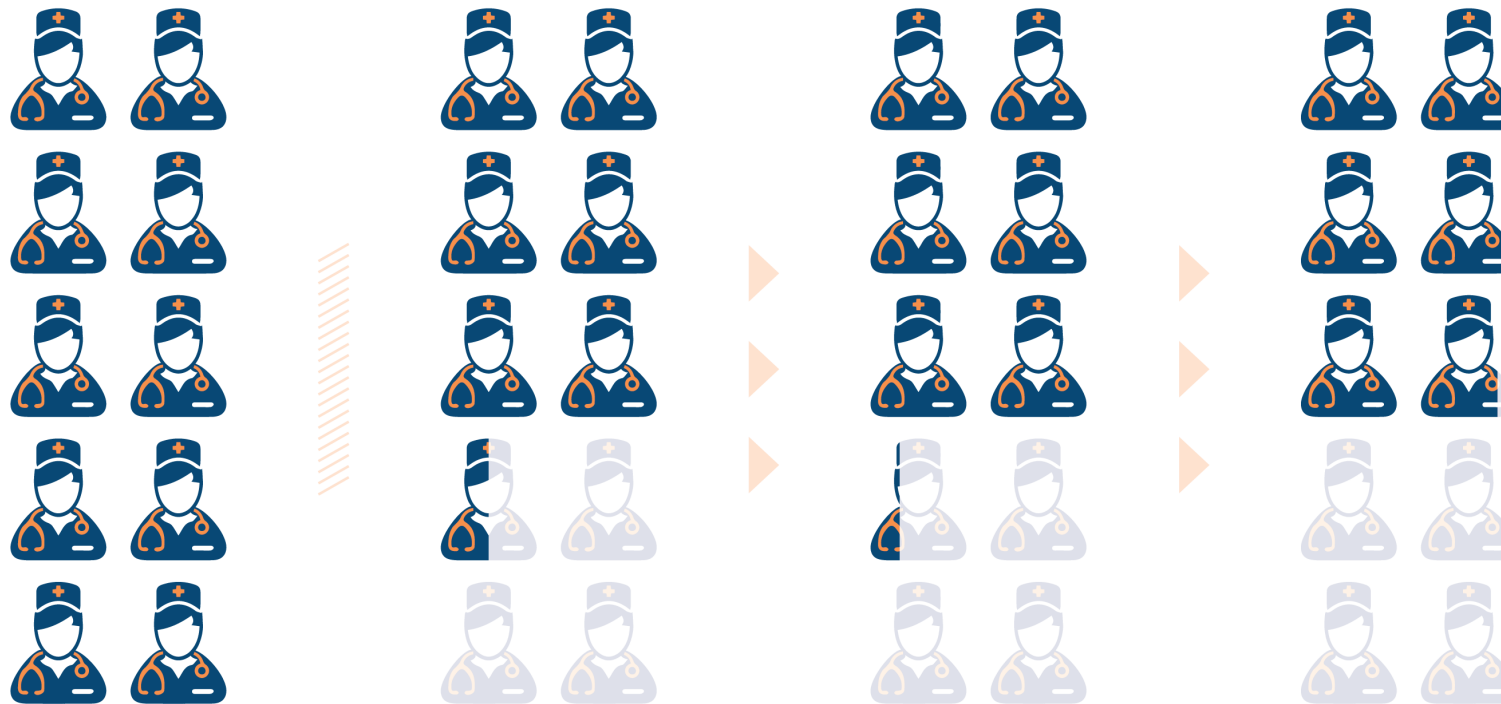
- The pandemic did not appear to affect the number of people completing nursing programs, and there was an **increase in advanced degrees in 2020.**
- The number of people who passed the NCLEX-RN licensing exam increased by 3% from 2019 to 2020, and declined 1% in 2021

Notes: "Advanced Degree/Certificate" group includes all degrees and certificates above the baccalaureate level.

Sources: Degrees and Certificates Conferred (Completions), U.S. Department of Education. Institute of Education Sciences, National Center for Education Statistics.

# One third to half of RNs educated in Massachusetts ultimately move on to work in other states, limiting the return on investment in the nursing education pipeline.

Share of RNs who completed basic nursing education in Massachusetts and working in other states, by years since graduating, as of 2018



For **every 100** RNs educated in MA...

Only about **65** remain in practice in MA after 5 years

After 15 years, even fewer remain - about 63 nurses

After 25 years, only **58 RNs** remain

- Massachusetts has a **similar rate of attrition** as other states.
- Similarly, a third (33%) of RNs working in Massachusetts in 2018 obtained their nursing degrees in other states.

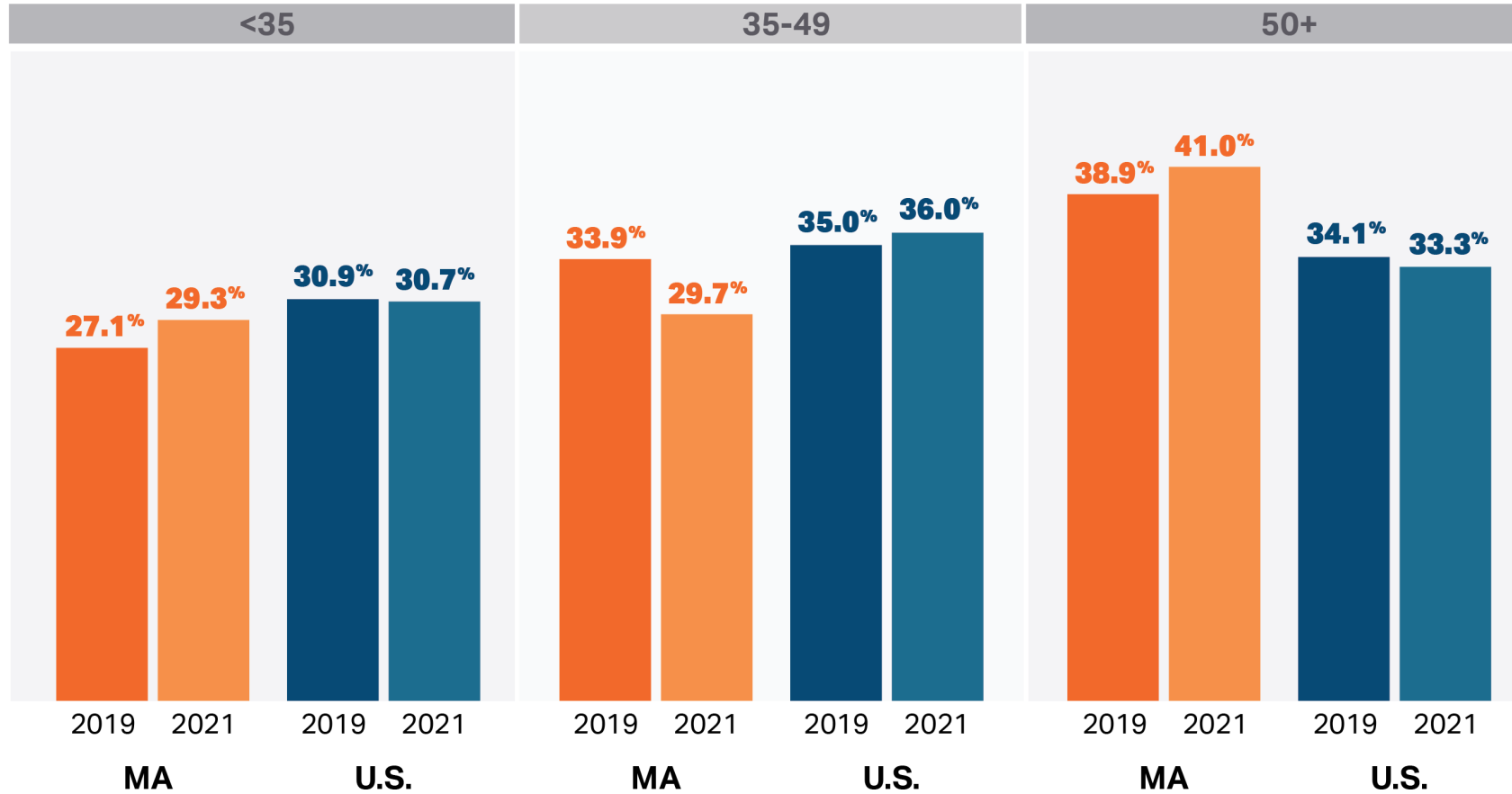
Notes: Exhibit reflects the unweighted NSSRN sample. MA total sample size is 452 RNs. 46% of all nurses educated in Massachusetts continued working in-state, compared to 52% in California, 53% in Maryland, and 37% in New York.

Sources: National Sample Survey of Registered Nurses, U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2018..

# Massachusetts has a relatively high proportion of RNs over 50 compared to the U.S. average, contributing to more frequent retirements and turnover.



Age Distribution of RNs, Massachusetts vs U.S. average, 2019-2021



Notes: Results are weighted using a full-time equivalent weight.  
Sources: American Community Survey 1-year Sample, U.S. Census Bureau. 2021.

## Both nationally and in Massachusetts, working conditions contributed to nurse retention challenges prior to the pandemic.



- **According to a national survey of RNs, in 2018, 88% of MA RNs were considering leaving their positions,** over a quarter of whom were considering leaving nursing altogether.
- **Both nationally and in MA,** nurses cited similar reasons for leaving or considering leaving their current roles, mostly related to **work environment and job characteristics**, such as stress, scheduling difficulties, and lack of good management.

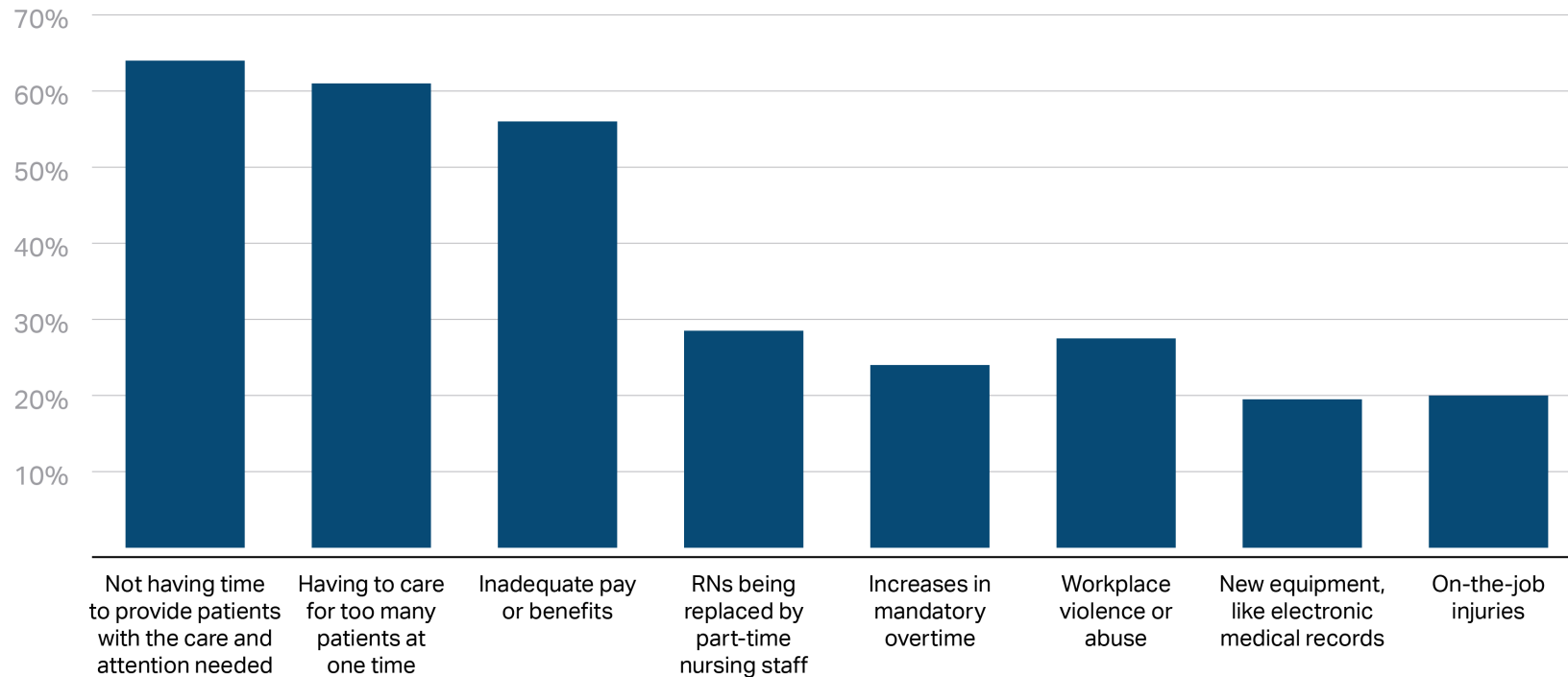
Notes: Responses are weighted using the sample weight. Excludes retirements and lay-offs. 8.5% were considering retirement and 15.6% had retired from their most recent roles; 7.8% were laid off from their most recent roles. Of those who considered leaving their positions, 38% cited stress, 6% cited scheduling difficulties, and 11% cited lack of good management. Of those who left their roles, 40% cited stress, 6% cited scheduling difficulties, and 5% cited career advancement. MA unweighted sample size is 452 RNs.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2018. National Sample Survey of Registered Nurses, Rockville, Maryland.

# Nurses continued to report workplace challenges throughout the pandemic.



Average share of RN survey respondents identifying major challenges in nursing, Massachusetts, 2021-2022



Some challenges, such as insufficient time for patients, relate to high turnover and use of contract labor. While needed to fill staffing gaps during times of crisis, heavy reliance on contract labor can strain incumbent employed nurses, who may need to orient them and/or take on added administrative responsibilities not assigned to contract workers. This strain may lead additional experienced nurses to leave, exacerbating turnover loss of institutional knowledge, and raising replacement costs.

# The experience with COVID-19 and the reliance on contract nurses have contributed to a cycle of turnover in many hospital nursing units.

A **unit of nurses** cares for their patients



COVID adds to already **difficult** work conditions, and nurses **leave** hospital employment or **retire** earlier than planned

Difficulty attracting experienced RNs leads the hospital to **backfill** with a combination of **recently graduated nurses** who need support and mentorship, and with **contract nurses** who may have less cohesion with other staff



Another experienced nurse **leaves**, which, combined with **high turnover** among newer nurses, creates a **turbulent work environment**

## RESULTING STAFFING SHORTAGE



More nurses leave in a **cycle of turnover** that creates a **challenging** work environment, **depletes** institutional knowledge, **raises** costs, and **worsens** continuity of patient care

# Surveys of nurses and other reports support the finding that the current nurse shortages reflect increasingly difficult work environments rather than lack of nurses.



- While the nursing education pipeline remains strong, there are opportunities for further improvement. **Limited precepting capacity** in clinical education, **exacerbated by shortages of experienced nurses**, can limit the number of new nurses who can be trained.<sup>1</sup>
- However, given a steady pipeline and growing supply, shortages more likely reflect **increasingly difficult work environments**<sup>2</sup> rather than a lack of nurses.
- Work environments were the most common challenges reported among nurses surveyed in 2022.<sup>3</sup> with nurses across settings of care reporting **burnout, stress, and workplace disruptions related to reliance on non-permanent staff**.<sup>4-6</sup>
- Experienced nurses are **reducing their hours and retiring** early, and there is **high turnover among nurses newer to the field**.<sup>4,7</sup> Some nurses may move from inpatient to outpatient roles or may leave direct patient care entirely.
- Nurses increasingly report **deteriorating quality of care**, with the share of nurses who report worsening quality of care in MA hospitals rising from 39% in 2019 to 83% in 2022.<sup>8</sup>
- Nurses also report a **need for administrative support** in areas such as scheduling, IT, and environmental services.

1 Massachusetts Health and Hospital Association. Caring for the Caregiver Task Force Report. Winter 2021.

2 Massachusetts Nurses Association. Massachusetts Nurses Warn of Rapidly Deteriorating Patient Care Quality and Widespread Unsafe Conditions as they Call for Improvements to Staffing, Pay and Benefits in Latest “State of Nursing” Survey Released for National Nurses Week. May 5, 2022.

3 A survey of Massachusetts registered nurses. Beacon Research. April 2022.

4 The Nursing Workforce: Challenges and Solutions During the COVID Era. Organization of Nurse Leaders. January 2022.

5 Workforce Challenges and Solutions from the Frontlines of Nursing. Massachusetts Health & Hospital Association. Conference materials, October 19, 2021.

6 American Nurses Foundation, Pulse on the Nation’s Nurses COVID-19 Survey Series: COVID-19 Impact Assessment Survey – The Second Year, January 2022. Available at: <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-impact-assessment-survey—the-second-year/>

7 Taube, S, Lipson, R. COVID-19 and the Changing Massachusetts Healthcare Workforce. The Project on Workforce at Harvard & The Massachusetts Healthcare Collaborative. Available at: <https://www.pw.hks.harvard.edu/post/ma-healthcare-workforce>

8 Beacon Research. A Survey of Massachusetts Registered Nurses. April 2022.



# Challenges for the nursing workforce are concentrated around employment and retention.

*Limited precepting capacity restricts the pipeline*

*Difficult working conditions contribute to turnover and attrition*

*Many nurses are seeking advanced degrees*



Lower salaries for nursing faculty and the limited pool of preceptors for clinical education can limit the nursing education pipeline.

High levels of stress as a result of the pandemic

Fewer administrative support staff

Inflexible scheduling

Loss of institutional knowledge related to high turnover

Lack of capacity for mentoring new nurses

More experienced nurses retiring early

Newer nurses getting burned out

Nurses leaving employment for contract work

Nurses leaving patient care for other health care roles

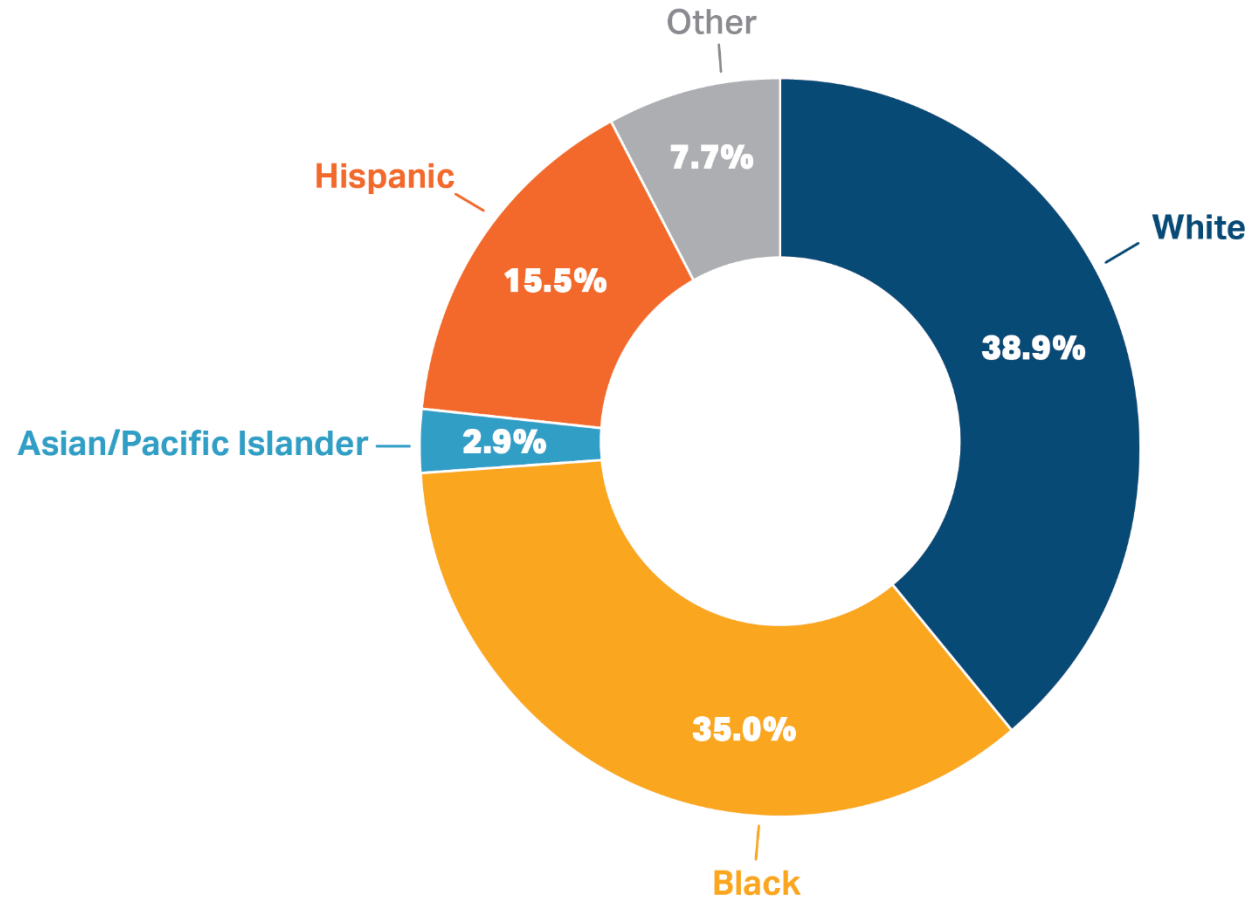
Completion of APRN and other advanced degree programs is rising, which may be beneficial for access to care, but may also contribute to turnover as nurses leave the bedside to pursue further education



- Introduction
- Broad Workforce Trends
- Current Workforce Challenges
- **FOCUS ON NURSING, DIRECT CARE, AND BEHAVIORAL HEALTH**
  - Registered Nurses
  - **Direct Care Workers**
  - Behavioral Health Workers
- Recommendations and Possible Solutions
- Data and Methods
- Appendix

# As of 2021, about 90% of Massachusetts direct care workers were women, 61% were people of color, and nearly half were immigrants.

Massachusetts direct care workers by race and ethnicity, 2021



**89%** Female



**\$37,015** Median Annual Income



**48%** Immigrant



**49** Median Age

Notes: Direct care workers include certified nursing assistants (CNAs), home health and personal care aides, psychiatric aides, and orderlies. Immigrants include naturalized citizens and non-citizens. Hispanic includes all races. Sources: American Community Survey, 1-year Sample, 2021. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment and Wage Statistics, 2021.

- Many MA health care roles were low-wage occupations before the pandemic, especially direct care roles.<sup>1</sup>
- Nationally, **44% of direct care workers lived below 200% FPL**, and 42% received public assistance.<sup>2</sup>
- From 2017-2018, the national median annual turnover rate for certified nursing assistant (CNA) care hours in nursing homes was 99%.<sup>3</sup> Adequate staffing and training for CNAs working in nursing facilities has been found to be related to lower turnover and improved patient safety.<sup>4</sup>

1 Taube, S, Lipson, R. COVID-19 and the Changing Massachusetts Healthcare Workforce. The Project on Workforce at Harvard & The Massachusetts Healthcare Collaborative. Available at: <https://www.pw.hks.harvard.edu/post/ma-healthcare-workforce>

2 Campbell, S, Del Rio Drake, A, Espinoza, R, Scales, K. Caring for the Future: The Power and Potential of America's Direct Care Workforce. PHI. 2020.

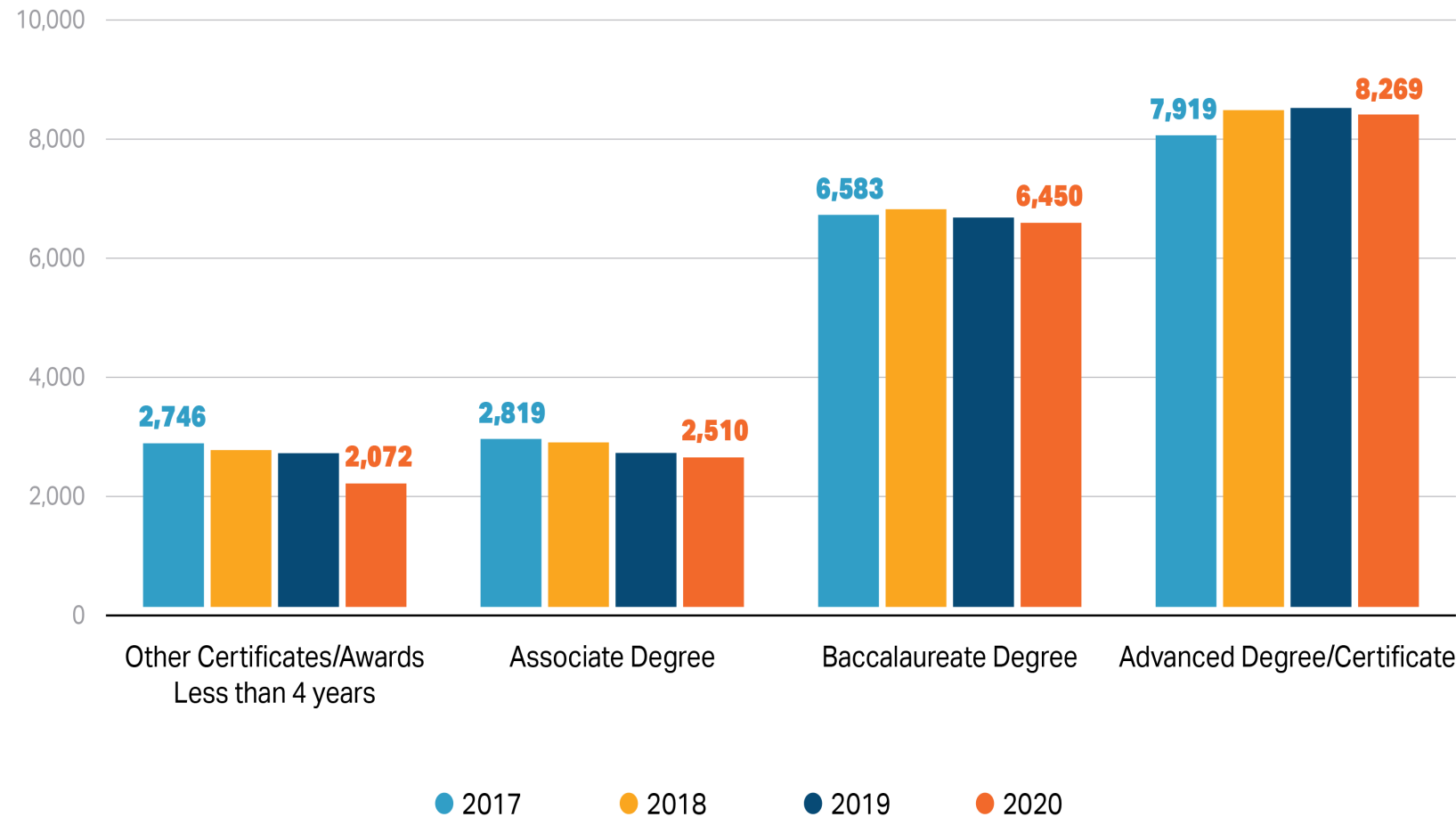
3 CNA nursing home turnover measured in terms of care hours, not individual staff members. See Ghandi A, Yu H, Grabowski DC. High Nursing Staff Turnover In Nursing Homes Offers Important Quality Information. Health Affairs. 2021;40(3). <https://doi.org/10.1377/hlthaff.2020.00957>

4 Temkin-Greener H, Cen X, Li Y. Nursing Home Staff Turnover and Perceived Patient Safety Culture: Results from a National Survey. The Gerontologist. 2020;60(7):1303-1311. <https://doi.org/10.1093/geront/gnaa0153>

# Completion of baccalaureate and advanced health profession degrees has been stable or rising in MA, but completion of shorter programs, including direct care certifications, has fallen.



Number of awards conferred by Massachusetts postsecondary institutions for all health professions and related clinical sciences, 2017-2020



Award totals over time:

➤ **2017:** 20,067

➤ **2018:** 20,413

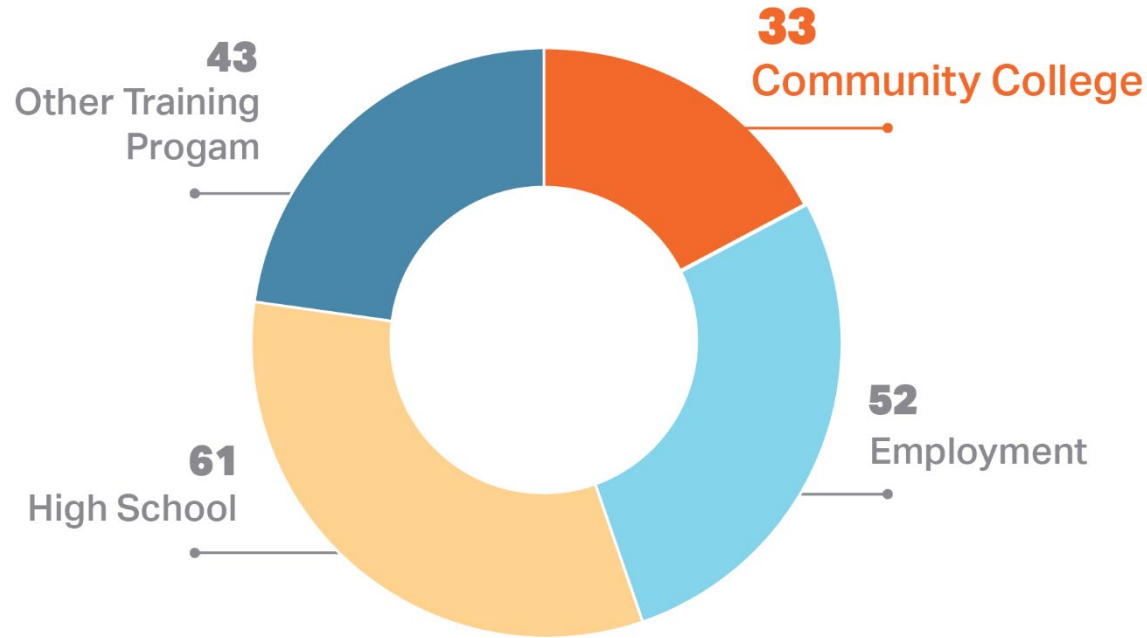
➤ **2019:** 20,080

➤ **2020:** 19,301

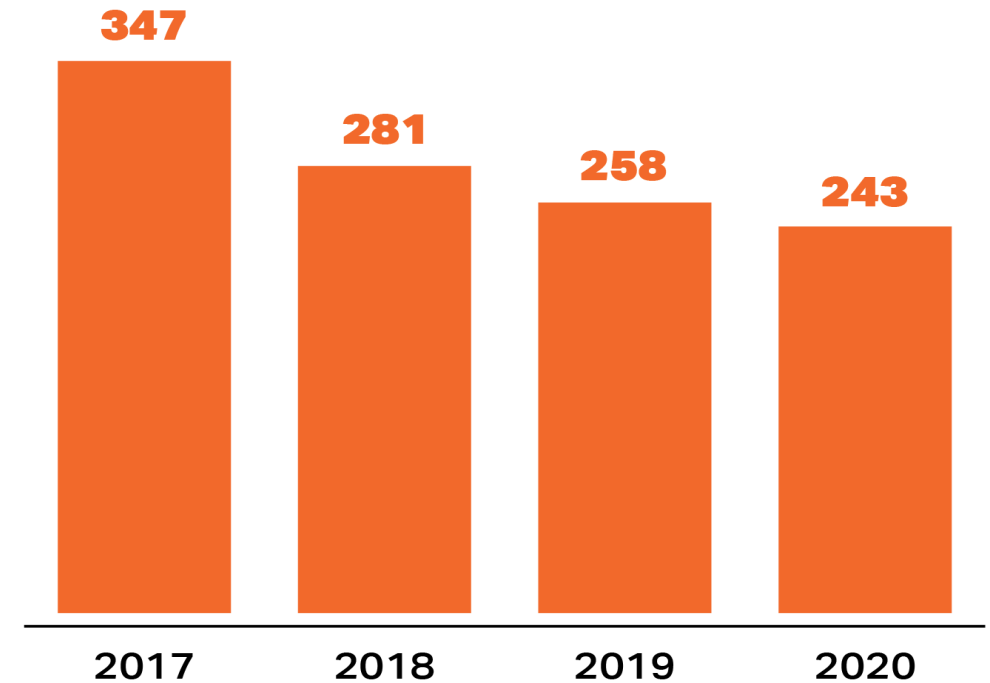
Notes: "Advanced Degree/Certificate" group includes all degrees and certificates above the baccalaureate level. Excludes dental and veterinarian degrees  
Sources: Degrees and Certificates Conferred (Completions), U.S. Department of Education. Institute of Education Sciences, National Center for Education Statistics.

# An example of declining completion of CNA training is the falling number of graduates from community college CNA programs.

Number of active certified nursing assistant training programs by setting, Massachusetts, 2022



Number of awards conferred by Massachusetts colleges for certified nursing assistant programs, 2017-2020



CNA training involves completion of a Commonwealth-approved training program over the course of about 4-15 weeks, at a cost of about \$2,000, and passing a certification exam.<sup>1,2</sup>

Notes: 'All awards are other awards/certificates of less than four years, except for five associate degrees awarded in 2020. Mass.gov lists 189 CNA training programs as of December 2022. In 2020 IPEDS listed 25 postsecondary institutions where CNA awards were given, of which 13 are colleges and 12 are high schools.

Sources: Degrees and Certificates Conferred (Completions), U.S. Department of Education. Institute of Education Sciences, National Center for Education Statistics.

State of Massachusetts Active Nurse Aide Training Programs, Mass.gov. Dec. 2022.

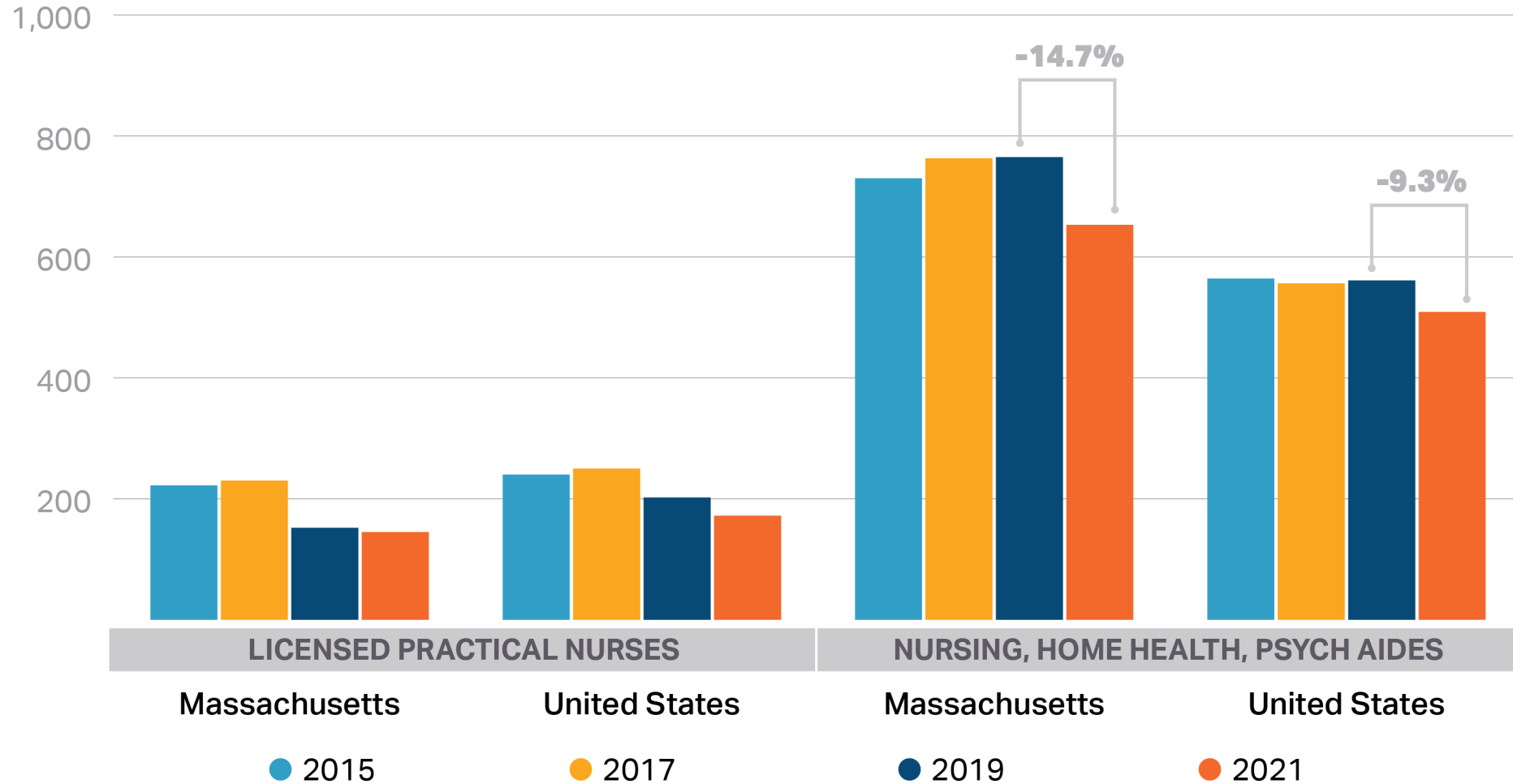
1 Massachusetts Department of Public Health. Learn how to become a certified nurse aide in Massachusetts. Available at: <https://www.mass.gov/info-details/learn-how-to-become-a-certified-nurse-aide-in-massachusetts>

2 e.g., Healthcare Workforce Partnership of Western Mass. Certified Nursing Assistants and Home Health Aides

Training Programs, Hampden, Hampshire, and Franklin County. October 2021. Available at [https://westernmasshealthcareers.org/wp-content/uploads/CNAs-HHAs-Training-Programs-West\\_MA.pdf](https://westernmasshealthcareers.org/wp-content/uploads/CNAs-HHAs-Training-Programs-West_MA.pdf)

# MA has more direct care workers per capita than the U.S. overall, but employment of these roles declined more quickly in MA from 2019-2021.

Employment in health care occupations per 100,000 population, Massachusetts vs United States, 2015 - 2021

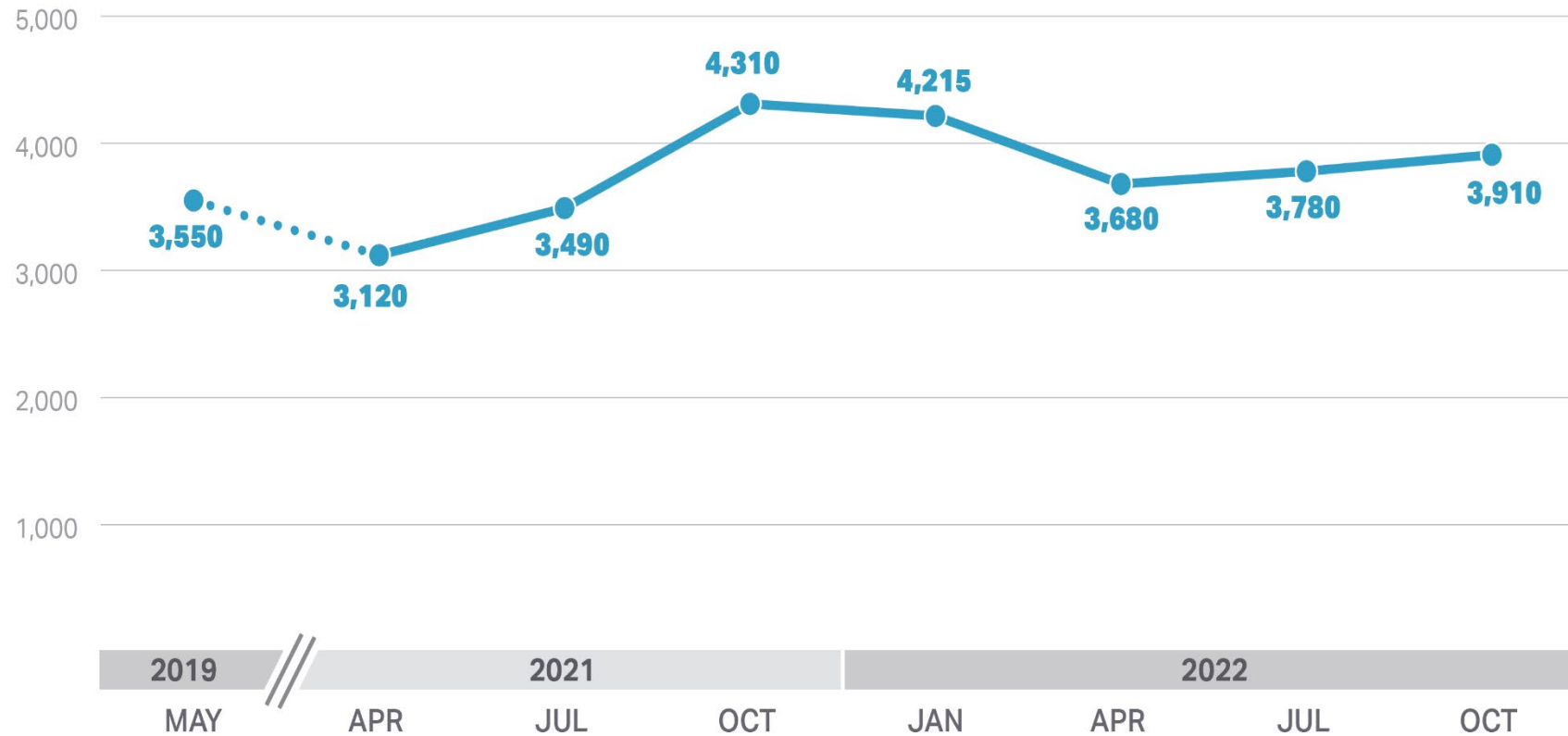


Notes: Occupations and population weighted using a full-time equivalent (FTE) weight. Massachusetts had 765 FTE nursing, home health, and psychiatric aides per capita in 2019, which fell to 653 (percent change represented in bracket).  
Sources: American Community Survey, 1-year Sample, 2021.

# The number of vacant CNA positions in long-term care facilities has risen above pre-pandemic counts since mid-2021.



Certified nursing assistant position vacancies long-term care facilities, Massachusetts, 2019, 2021, 2022

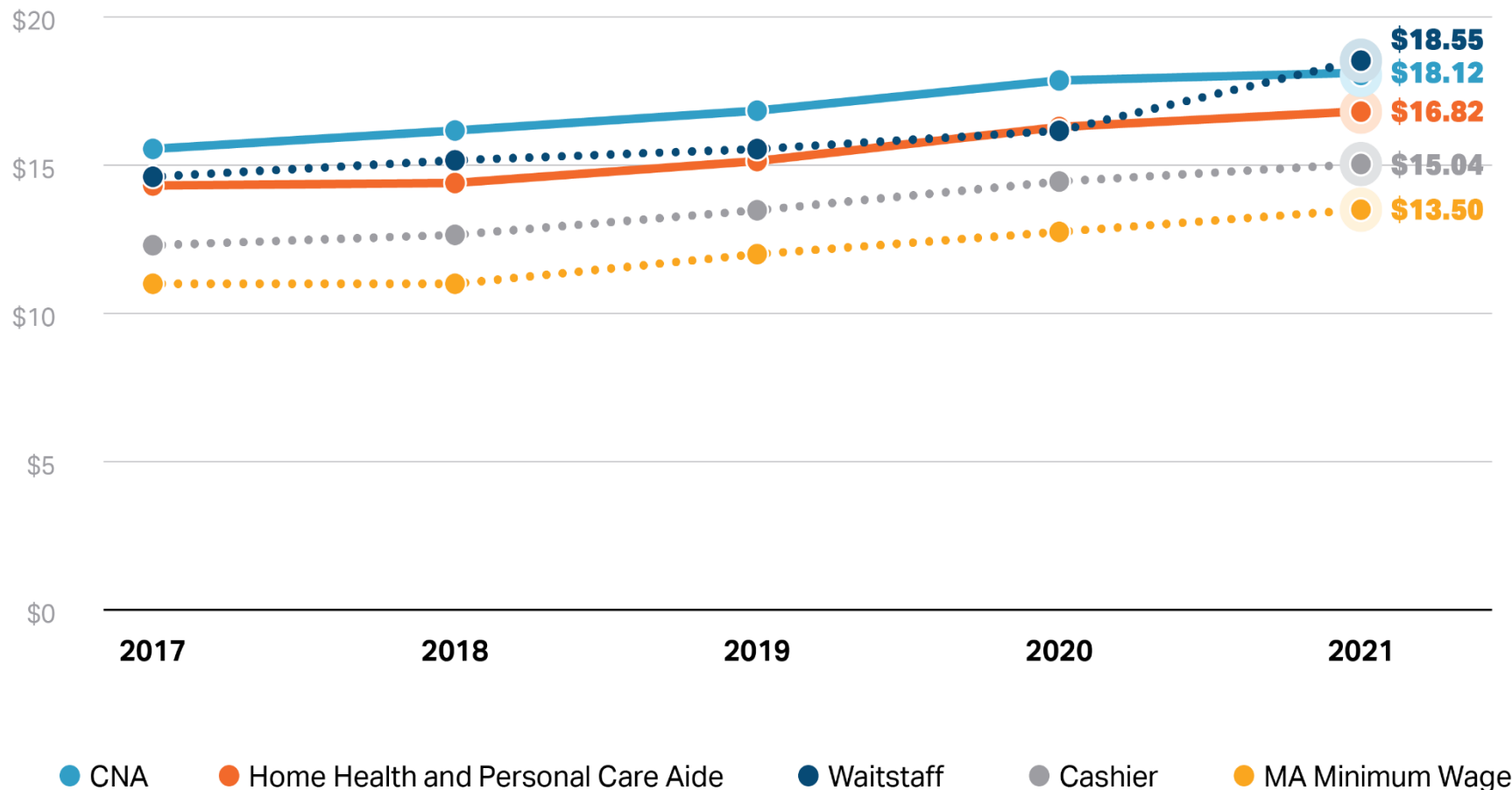


- There were 21% more CNA vacancies in October 2021 than in May 2019.
- While the number of CNA vacancies fell in 2022, as of October the number of vacancies was still 10% higher than in 2019.



# Lower-wage workers may leave health care occupations for alternatives with fast-growing wages in sectors such as retail or hospitality.

Minimum wage and average hourly wages for selected occupations, Massachusetts, 2017-2021



- The Massachusetts minimum wage as of January 2023 is \$15 per hour.
- A living wage for a single adult with no children in Massachusetts is estimated to be \$21.88 per hour.<sup>1</sup>
- Some large retailers offer starting wages as high as \$24 per hour or more.<sup>2</sup>

Notes: Waitstaff includes servers and bartenders. Cashier wages represent all employer sizes; however, large retailers may pay higher starting wages, e.g. Target raising its minimum wage to as much as \$24 an hour.; see citation 2 below. The hourly wage for PCAs employed by MassHealth was \$17.01 as of 2021.

1 Living Wage Calculation for Massachusetts, Massachusetts Institute of Technology, 2022. Available at <https://livingwage.mit.edu/states/25>.

2 Torchinsky R. Target is raising its minimum wage to as much as \$24 an hour. WBUR, March 1, 2022. Available at <https://www.wbur.org/npr/1083720431/target-minimum-wage>

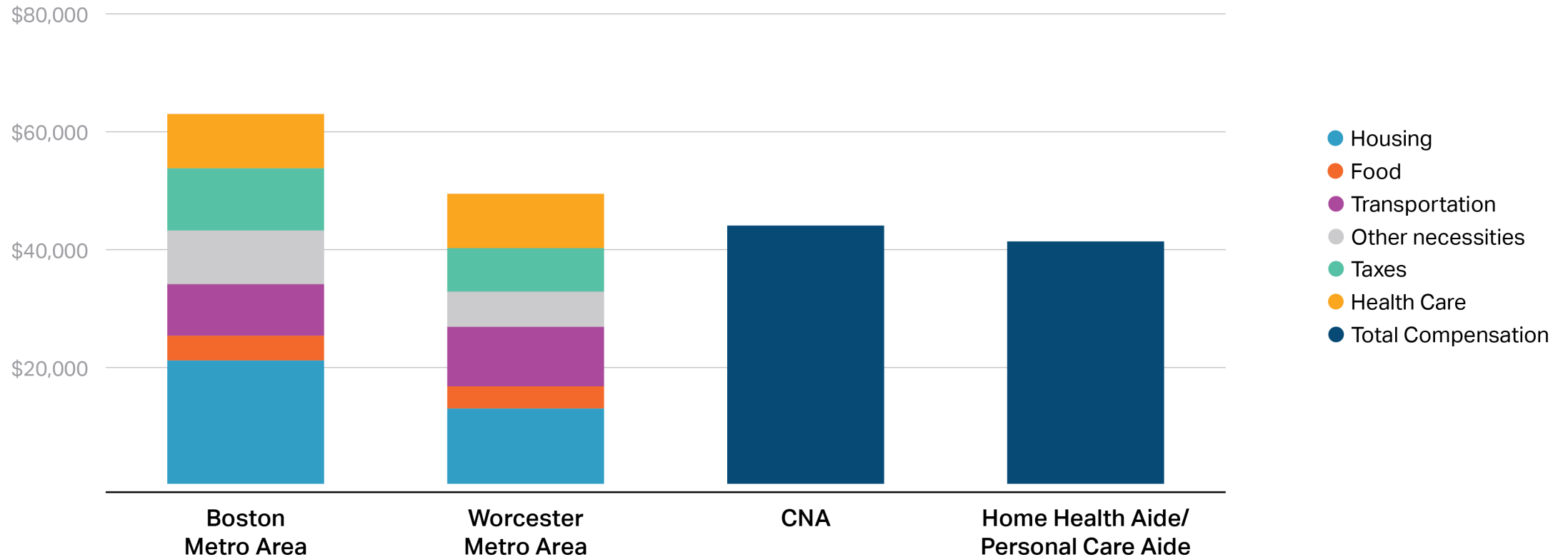
Exhibit sources: Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment and Wage Statistics, 2017-2021.

State Minimum Wage Rate for Massachusetts, U.S. Department of Labor, retrieved from Federal Reserve Bank of St. Louis (FRED), 2017-2021.

# The high cost of living in Massachusetts can be challenging for lower-wage health care workers, many of whom receive public assistance or have multiple jobs.



Total cost of living for a single adult and average compensation for selected occupations, Massachusetts, annual, 2021



Notes: Costs and compensation are in annual terms and for single adults with no children.

Sources: American Community Survey 1-year sample, U.S. Census Bureau. 2019-2021. Occupational Employment and Wage Statistics, Bureau of Labor Statistics. 2017-2021. State Minimum Wage Rate for Massachusetts, U.S. Department of Labor, retrieved from Federal Reserve Bank of St. Louis (FRED). 2017-2021. Family Budget Calculator, Economic Policy Institute. Medical Expenditure Panel Survey. 2021. Taube, S, Lipson, R. COVID-19 and the Changing Massachusetts Healthcare Workforce. The Project on Workforce at Harvard & The Massachusetts Healthcare Collaborative. Available at: <https://www.pw.hks.harvard.edu/post/ma-healthcare-workforce>

Boston Indicators and Skillworks. Care work in Massachusetts: A call for racial and economic justice for a neglected sector. September 2022. Available at: [https://www.bostonindicators.org/-/media/indicators/boston-indicators-reports/report-files/care\\_report\\_083122.pdf](https://www.bostonindicators.org/-/media/indicators/boston-indicators-reports/report-files/care_report_083122.pdf)

# Stakeholder reports and literature indicate that low wages without clear opportunities for advancement contribute to recruitment and retention challenges in direct care.



- Training for direct care roles can be costly for those paying out of pocket,<sup>1</sup> and workers receive **low wages for strenuous, high-responsibility work.**<sup>2,3</sup>
- CNAs, home health aides, and long-term care workers had **high turnover rates in 2020 and 2021,**<sup>4</sup> and employment in long-term care was far below pre-pandemic levels by the end of 2022.<sup>5</sup>
- High turnover in post-acute, long-term, and home health care is related to **wage discrepancies compared to acute care settings** and pervasive attitudes that acute care careers are preferable.<sup>1,6</sup>
- **Some direct care workers also leave health care for lower-pressure sectors** with similar wages, such as retail or food service.<sup>7</sup>
- Recruitment and retention challenges are related to **low wages without clear advancement opportunities.**<sup>1,3,8</sup> Upskilling on the job or tuition assistance for additional training could support direct care workers' ability to stay in patient care.<sup>2,9</sup>

1 Massachusetts Health and Hospital Association. Caring for the Caregiver Task Force Report. Winter 2021.

2 Taube, S, Lipson, R. COVID-19 and the Changing Massachusetts Healthcare Workforce. The Project on Workforce at Harvard & The Massachusetts Healthcare Collaborative. Available at: <https://www.pw.hks.harvard.edu/post/ma-healthcare-workforce>

3 Calef A, Schuster L. Care work in Massachusetts: A call for racial and economic justice for a neglected sector. Boston Indicators & SkillWorks. September 2022. Available at [https://www.bostonindicators.org/-/media/indicators/boston-indicators-reports/report-files/care\\_report\\_083122.pdf](https://www.bostonindicators.org/-/media/indicators/boston-indicators-reports/report-files/care_report_083122.pdf)

4 Frogner BK, Dill JS. Tracking turnover among health care workers during the COVID-19 pandemic. JAMA Health Forum. 2022;3(4):e220371. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2790961>

5 Long term care jobs report. American Health Care Association and National Center for Assisted Living. January 2023.

6 Nursing Call to Action: Building a Nursing Workforce to Deliver Complex Care at Home Report & Recommendations. Home Care Alliance of Massachusetts & Northeastern Bouvé College of Health Sciences School of Nursing. 2019.

7 National Governors Association. Addressing Wages Of The Direct Care Workforce Through Medicaid Policies. Nov 1, 2022. Available at <https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/>

8 Gingerelli A, Mulhern M. The Future of the Certified Nursing Assistant Workforce in Massachusetts. The Project on Workforce at Harvard. Available at: [www.pw.hks.harvard.edu/post/the-future-of-the-cna](http://www.pw.hks.harvard.edu/post/the-future-of-the-cna)

9 Aiken, KL. Mass Senior Care Association & Mass Senior Care Foundation. Recruiting and retaining frontline workers: Promising practices from across industry sectors. 2022.

# For the direct care workforce, low wages are the crux of challenges at all stages.

*Lack of clear opportunities for advancement contribute to attrition*

*Financial challenge of training*

*Low wages for high-responsibility work relate to turnover*



The upfront cost of training for direct care roles may be burdensome for those paying out of pocket, and it may be difficult to lose wages while training

The prospect of low wages may limit the pipeline

Direct care roles are often not paid a living wage considering the high cost of living in MA

The MA minimum wage has grown more quickly than direct care wages in recent years

Turnover is especially high in lower-resourced settings, such as long-term care

Comparable wages for less stressful work are available outside of health care

Without clear opportunities and financial support for upskilling, direct care careers may be difficult to maintain



- Introduction
- Broad Workforce Trends
- Current Workforce Challenges
- **FOCUS ON NURSING, DIRECT CARE, AND BEHAVIORAL HEALTH**
  - Registered Nurses
  - Direct Care Workers
  - **Behavioral Health Providers**
- Recommendations and Possible Solutions
- Data and Methods.
- Appendix

# A shortage of behavioral health providers and related challenges with accessing behavioral health care in the Commonwealth existed prior to the pandemic.



- The behavioral health workforce includes roles such licensed **social workers, counselors, therapists, and psychiatrists** and **nurses**, as well as **aides, and other health care providers in behavioral health facilities**.
- Behavioral health services are provided in a **variety of settings depending on patient acuity**, from community and office-based settings to intensive outpatient, acute inpatient, and residential care. Although MA has the most providers per capita of any state in the nation,<sup>1</sup> there were insufficient **services relative to patient need for care** across the behavioral health care continuum.<sup>2</sup>
- For example, **emergency department boarding for behavioral health issues was on the rise**,<sup>3</sup> possibly related to a **limited supply of outpatient and inpatient behavioral health services**, especially for children.<sup>4</sup>
- One source of limited behavioral health care access has been the **limited supply of psychiatrists in MA accepting insurance**, which may be related to administrative burden, and low reimbursement rates in the commercial insurance market.<sup>2,5,6</sup> Psychiatrists nationally, including in MA, also have a **relatively low likelihood of accepting new Medicaid patients**.<sup>7</sup>
- As of 2019, **6.3% of MA adults reported an unmet need for mental health treatment**.<sup>8</sup>

1 Mental Health America. Access to Care Ranking 2023. Available at <https://www.mhanational.org/issues/2023/mental-health-america-access-care-data>

2 Anthony S, Boozang P, Chu B, Striar A. Ready for Reform: Behavioral Health Care in Massachusetts. Blue Cross Blue Shield Foundation Massachusetts and Manatt Health. Available at [https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-09/Model\\_BH\\_Report\\_January%202019\\_Final.pdf](https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-09/Model_BH_Report_January%202019_Final.pdf)

3 Health Policy Commission. Behavioral Health-Related Emergency Department Boarding in Massachusetts. Nov 2017. Available at: <https://www.mass.gov/doc/behavioral-health-related-emergency-department-boarding/download>

4 Committee on Pediatric Emergency Medicine. Pediatric and adolescent mental health emergencies in the emergency medical services system. Pediatrics. 2011 May 1;127(5):e1356-66

5 Benson NM, Myong C, Newhouse JP, Fung V, Hsu J. Psychiatrist Participation in Private Health Insurance Markets: Paucity in the Land of Plenty. Psychiatric Services. 2020. <https://doi.org/10.1176/appi.ps.202000022>

6 Mark TL, Olesiuk W, Ali MM, Sherman LJ, Mutter R, Teich JL. Differential Reimbursement of Psychiatric Services by Psychiatrists and Other Medical Providers. Psychiatric Services. 2017. <https://doi.org/10.1176/appi.ps.201700271>

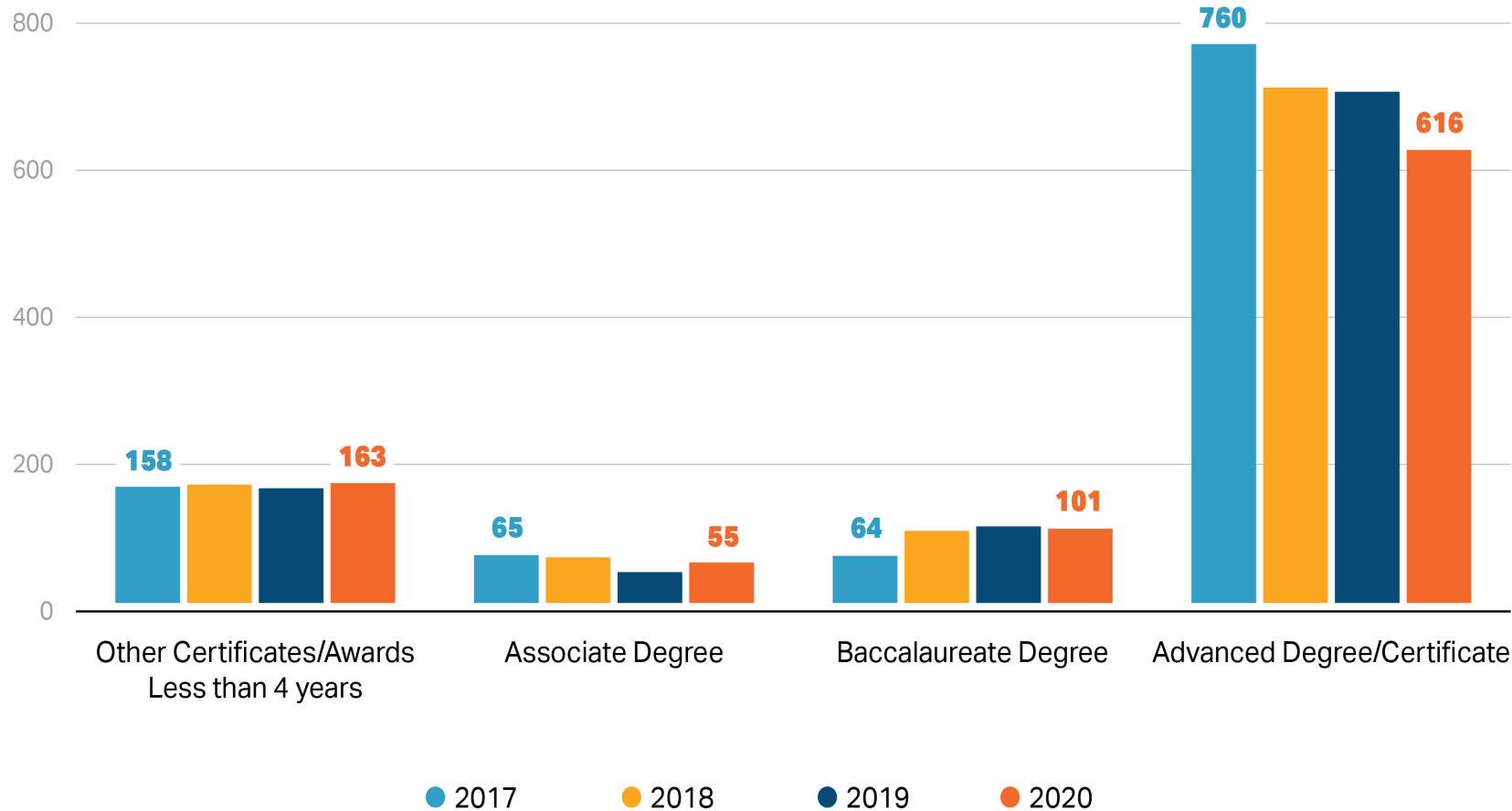
7 Wen H, Wilk AS, Druss BG. Medicaid Acceptance by Psychiatrists Before and After Medicaid Expansion. JAMA Psychiatry. 2019;76(9):981-983. <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2735109>

Psychiatrists also had a low likelihood of accepting new Medicaid patients.

8 KFF. Adults reporting unmet need for mental health treatment in the past year, 2018-2019. Available at <https://www.kff.org/other/state-indicator/adults-reporting-unmet-need-for-mental-health-treatment-in-the-past-year>

# The overall number of mental and behavioral health degrees and certificates have declined, mostly due to declining completion of advanced degrees.

Number of awards conferred by Massachusetts postsecondary institutions for mental and behavioral health studies, 2017-2020



Notes: "Advanced Degree/Certificate" group includes all degrees and certificates above the baccalaureate level. Includes all CIP codes in the "Mental and Social Health Services and Allied Professions" category except for "Genetic Counseling." "Counseling" includes substance abuse, marriage and family, clinical pastoral, trauma, mental health. "Family services" includes infant and toddler mental health services, medical family therapy. Different roles in these professional areas are available based on level of education. Typically, counseling, clinical social work, and psychoanalysis/psychotherapy professions require master's or other advanced degrees. Psychiatric services technician roles can require a certificate or associate's degree in a relevant field.

<sup>1</sup> Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Employment and Wage Statistics*, 2020-2021.

Exhibit source: Degrees and Certificates Conferred (Completions), U.S. Department of Education. Institute of Education Sciences. National Center for Education Statistics. CY 2017 - 2020

► **Professional areas may include:**

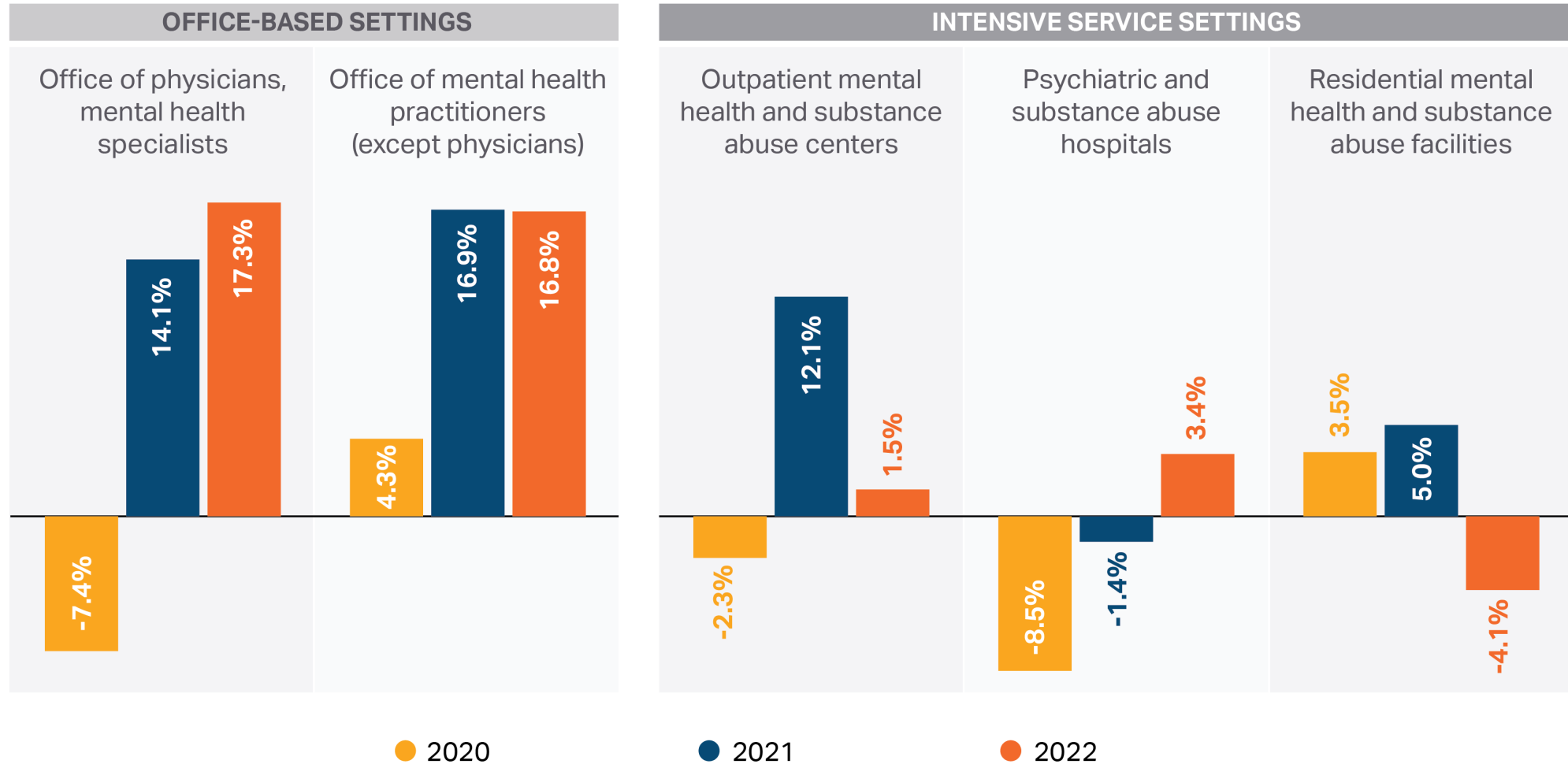
- Counseling
- Clinical social work
- Psychoanalysis and psychotherapy
- Family services
- Psychiatric services technician

► **Likewise, employment has fallen in some roles requiring advanced degrees:** for example, employment of mental health and substance use social workers **fell in MA by 15.7%** from 2019-2021.<sup>1</sup>

# Behavioral health employment trends vary by setting, with rapid employment growth in settings adaptable to telehealth, and slower growth or falling employment in intensive outpatient, inpatient, and residential settings.



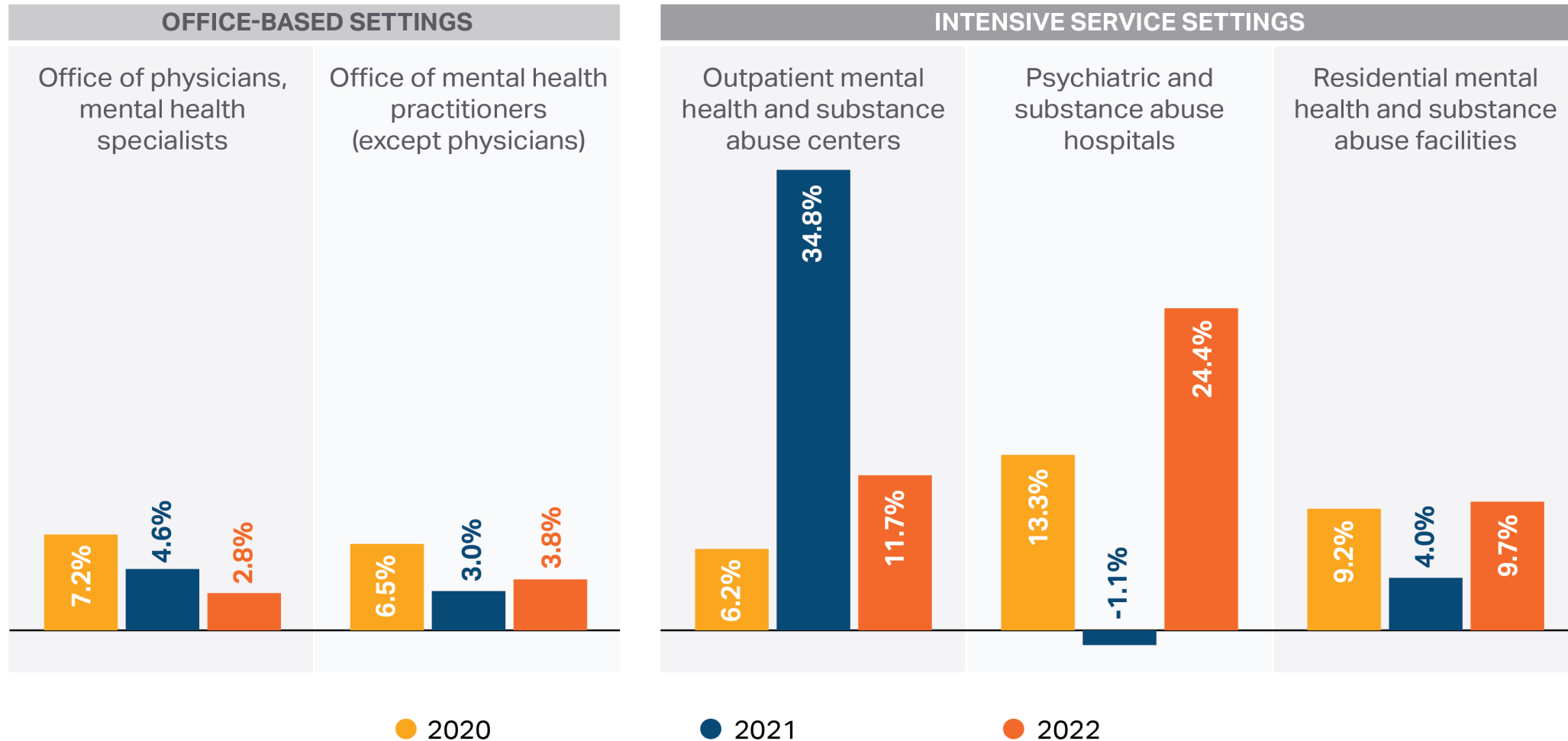
Year to year percent change in average monthly employment (Q1-Q2 average) in behavioral health settings, Massachusetts, 2020-2022





# Wages have grown rapidly in intensive outpatient and inpatient psychiatric settings, suggesting high demand for providers.

Year to year percent change in average weekly wages (Q1-Q2 average) in behavioral health settings, Massachusetts, 2020-2022



Notes: Average weekly wages are adjusted for quarterly variation.  
Sources: Bureau of Labor Statistics. Quarterly Census of Employment and Wages CY 2019-2022

# Stakeholder reports and other data suggest that high turnover in behavioral health settings is often related to compensation, and results in delayed patient care.



- There is **high turnover** and a shortage of workers in some settings of care, risking **overwork and burnout** for remaining staff.
  - **Clinicians are leaving faster than they can be hired** at MA outpatient facilities, with 13 exits for every 10 hires in 2021,<sup>1</sup> while inpatient facilities report **shortages** of RNs, mental health workers, social workers, and psychiatrists.<sup>2</sup>
  - Behavioral health services via telehealth have supported continued access to care,<sup>3</sup> and office-based employment rose nationally. However, **employment in intensive, inpatient, and residential settings had not recovered** to pre-COVID levels nationwide by the end of 2021.<sup>4</sup>
- **Compensation is the most-cited reason for recruitment and retention difficulties.**<sup>1,2</sup>
  - Behavioral health roles at all levels in MA are **compensated more highly in acute inpatient settings** than outpatient clinics,<sup>5</sup> possibly contributing to turnover.
  - For roles requiring higher education and licensure, workers may carry student loans and are often **ineligible for insurance reimbursement and paid low wages while completing their years of full-time clinical work** prior to licensing.<sup>6,7</sup>
- **Limited staffing delays patient care** and has led to longer wait times and fewer people receiving treatment in the Commonwealth, especially children.<sup>1</sup> 568 inpatient beds were unavailable due to staffing shortages in August 2022, and **as of December, 666 patients were boarding in acute care EDs** awaiting inpatient psychiatric placement.<sup>2</sup>

1 Outpatient Mental Health Access and Workforce Crisis Issue Brief. Association for Behavioral Healthcare. February 2022.

2 Psychiatric patient access to continuing care services. Massachusetts Health & Hospital Association & Massachusetts Association of Behavioral Health Systems. January 2023. Available at <https://mhalink.informz.net/mhalink/data/images/22-01-12ADVPsychiatric%20Patient%20Access%20to%20Continuing%20Care%20Services.pdf>

3 What eliminating barriers to interstate telehealth taught us during the pandemic. Bipartisan Policy Center. November 2021. Available at [https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/11/BPC-Health-Licensure-Brief\\_WEB.pdf](https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/11/BPC-Health-Licensure-Brief_WEB.pdf)

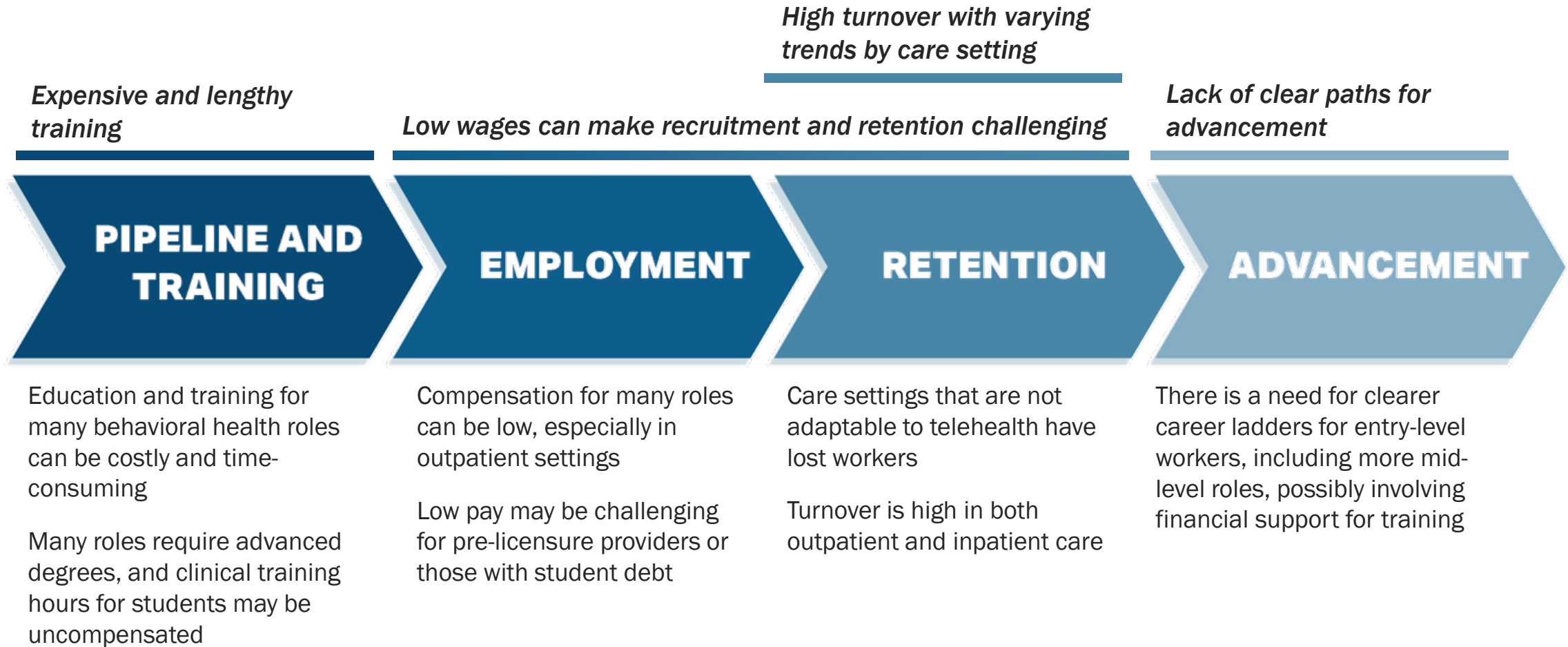
4 Eisenberg MD, Eddelbuettel JCP, McGinty EE. Employment in office-based and intensive behavioral health settings in the US, 2016-2021. JAMA. 2022; 328(16):1642-1643. <https://jamanetwork.com/journals/jama/fullarticle/2796660>

5 Behavioral Healthcare Compensation versus Hospital Compensation. Association for Behavioral Healthcare & Arthur J. Gallagher & Co. 2020.

6 Executive Office of Health and Human Services Bureau of Health Professions Licensure. Allied mental health applications and forms. Available at <https://www.mass.gov/lists/allied-mental-health-applications-and-forms#application-checklists->

7 Lane N, Chiramida S, Sonwane B, Foley E, Pellegrini L, Raymond A. Massachusetts responds to the crisis in children's behavioral health. Massachusetts Association of Health Plans. January 2023.

# Challenges for the behavioral health workforce relate to the high cost of training and the division between in-person and telehealth care.





- Introduction
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- **RECOMMENDATIONS AND POSSIBLE SOLUTIONS**
  - **Recommendations**
  - Workforce Initiatives and Policy Review
- Data and Methods
- Appendix

- Given relatively **tight labor markets** today and in the future, **rebalancing health care worker supply and demand** will require adjustments that ultimately **enhance the attractiveness** of health care positions for which there are workforce gaps.
- **Job attractiveness must be considered relative to alternatives.** For example, hospital RNs may leave for non-hospital or non-patient care positions, while direct care workers may exit health care entirely in favor of comparably or higher paid positions in other sectors. Behavioral health settings often lose employees to better-resourced settings of care.
- **Targeted government investments** can help in certain cases such as reducing entry bottlenecks, seeding innovations and initiatives, and enhancing wages for under-resourced sectors.
- **Health care delivery organizations should invest in their workforce and implement care delivery innovations** to provide attractive schedules, improved work environments, and career advancement opportunities.
- **Clear and accessible career ladders** may help to support **increased health care workforce diversity.**
- **Reducing the burden of avoidable care** requires a broad multi-sector approach including investments in primary care and behavioral health care, care transitions, and payment reform in accordance with value.

Massachusetts enjoys a relatively **steady nursing education pipeline and a nursing workforce that grew 15% in size from 2015 to 2021** and is **20% larger** (per capita) than in the US overall. Nevertheless, **high turnover**, especially in hospitals, has destabilized health care work environments.

## HEALTH CARE DELIVERY ORGANIZATIONS

- Care delivery organization-based solutions to improve the stability of the RN workforce and reduce vacancy rates and turnover should **focus on job quality and retention**, including improvements in **mentoring and coaching for new nurses, support for preceptors, administrative support, effective use of paraprofessionals, compensation and schedule flexibility, and increased support around incidents of workplace violence.**<sup>1</sup>

## THE COMMONWEALTH

- The Commonwealth could support further strengthening the supply of nurses by supporting nursing schools in **streamlining their clinical education requirements**, and by continuing to support and collaborate with the Nursing Council on Workforce Sustainability in their work on this issue.
- Changes that could help improve hospital staffing include joining the **Nurse Licensure Compact** to facilitate permanent hires from other states.

<sup>1</sup> Specific examples of workforce innovations and programs along these lines can be found Massachusetts Health & Hospital Association. Innovations in Care: A Compendium of Care Innovations and Strategies. January 2023. Available at <https://mhalink.informz.net/mhalink/data/images/MHA%20Innovations%20in%20Care%20Compendium%20-%20January%202023.pdf>

The direct care workforce in Massachusetts is characterized by an **acute worker shortage, including declining entry into educational programs, declining employment, and exit from patient care to non-health care sectors with increasingly competitive wages. Low wages without clear opportunities for advancement** contribute to recruitment and retention challenges, particularly given the high cost of living in MA.

## HEALTH CARE DELIVERY ORGANIZATIONS

- Care delivery organization-based solutions should focus on **supporting workers in transitioning from training to employment and offering opportunities for professional development and advancement.**
- Given the demographics of the Commonwealth's direct care workforce, **clear and accessible career ladders for direct care workers will help increase the diversity of the Commonwealth's health care workforce, and help it better resemble the patients it serves.**

## THE COMMONWEALTH

- The Commonwealth can reduce barriers to entry and support retention by expanding **upfront financial support for training and education** and with **policy changes to enhance wages**,<sup>1</sup> and could consider creating additional avenues for career advancement.<sup>2</sup>

<sup>1</sup> For example, by setting a wage floor at a percentage or dollar amount above minimum wage, or by providing supplemental payments to facilities to increase workers' hourly wages commensurate with their tenure. See National Governors Association. Addressing Wages Of The Direct Care Workforce Through Medicaid Policies. Nov 1, 2022. Available at: <https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/>

<sup>2</sup> For example, by creating intermediate roles that involve skills training that is transferrable to licensed roles, e.g., the advanced aide role in NY. See New York State Education Department Office of the Professions. Advanced Home Health Aides General Information. Available at <https://www.op.nysed.gov/professions/clinical-nurse-specialists/advanced-home-health-aides>

Even prior to the pandemic, **the supply of behavioral health care providers was insufficient** to meet patients' care needs. **Completion of behavioral health training and education programs has steadily declined** over time – especially completion of advanced degree programs – and there is high turnover and a shortage of care providers across settings of care, often related to wages. However, with the adaptability of office-based care to telehealth, **the need for behavioral health providers has become increasingly concentrated in higher-intensity, inpatient, and residential settings.**

### HEALTH CARE DELIVERY ORGANIZATIONS

- Care delivery organization-based solutions should focus on **reducing turnover through higher wages and opportunities for professional development and advancement**, particularly for entry-level workers and in especially in higher-intensity settings.

### THE COMMONWEALTH

- The Commonwealth should provide **upfront support to alleviate the financial burden of education and training**, including for advanced degrees and for the period between education and licensure for licensed roles, and should otherwise reduce barriers to entry.
- Upfront funding for education and training may also support **increasing the diversity of the behavioral health workforce.**



- Work with the Commonwealth to offer **pre-apprenticeship learning opportunities** to employees, to facilitate career pathways within their organizations.
- Use **innovative approaches to staffing to help alleviate shortages and transform care delivery** while reducing reliance on contract workers, such as internal travel programs, flexibility in shift lengths, or innovative use of roles such as LPNs and advanced-practice providers.<sup>1</sup>
- Invest in **support staff** to alleviate nurses and direct care workers of administrative responsibilities and support appropriate allocation of tasks and use of these roles, and **streamline processes to reduce administrative complexity** and staffing resources devoted to tasks that do not improve patient care.
- Invest in **supporting and retaining health care workers from historically marginalized backgrounds**, including identifying and addressing bias and barriers faced by clinicians and other health care workers of color.<sup>3</sup>
- Collaborate across delivery organizations and sectors to **reduce avoidable hospitalizations**, which are among the highest in the nation.
- Consider subsidizing or **offering childcare on-site**.<sup>2</sup>

<sup>1</sup> Other innovative approaches discussed in Massachusetts Health & Hospital Association. Innovations in Care: A Compendium of Care Innovations and Strategies. January 2023. Available at <https://mhalink.informz.net/mhalink/data/images/MHA%20Innovations%20in%20Care%20Compendium%20-%20January%202023.pdf>

<sup>2</sup> Barddock M, Malm-Buatsi E, Hicks S, Harris G, Alafaireet P. Healthcare workers' perceptions of on-site childcare. Journal of Healthcare Management 68(1):56-67. Available at: [https://journals.lww.com/jhmonline/Abstract/2023/01000/Healthcare\\_Workers\\_\\_Perceptions\\_of\\_On\\_Site.7.aspx](https://journals.lww.com/jhmonline/Abstract/2023/01000/Healthcare_Workers__Perceptions_of_On_Site.7.aspx)

<sup>3</sup> Caraveo CA, Allen EH. Diversifying the US Health Care Workforce Isn't Enough on Its Own. Urban Institute. July 20, 2022. Available at <https://www.urban.org/urban-wire/diversifying-us-health-care-workforce-isnt-enough-its-own>

In addition to existing programs and investments (see appendix), the HPC recommends that the Commonwealth:

- **Continue educating health care delivery organizations about health care apprenticeship opportunities** and programs and streamline the process of registering apprenticeships.
- **Provide increased funding for training programs and other workforce initiatives**, including supporting training for a wider variety of health care roles, and consider offering statewide standardized training resources.
- **Field certification exams in multiple languages**, particularly for direct care roles, to support care for residents whose primary language is other than English.
- **Pursue policy change to support the shift in site of care from hospital settings** to reduce avoidable hospitalizations.
- Provide funding and support for **senior or retired health care workers to serve in mentorship roles**.
- **Improve coordination among the many state agencies** working to support the Commonwealth's health care workforce.
- Support the **availability and affordability of childcare**.
- **Conduct an annual survey of health care workers** to better understand issues such as staffing, turnover, wages, recruitment, retention, and workforce diversity.
- Incorporate more sectors into and expand access to the **Department of Public Health's Health Professions Data Series** to facilitate a more comprehensive understanding of the Commonwealth's health care workforce.

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- Appendix

The workforce initiatives and policy review focus on each stage of the workforce life cycle.

**Mass Senior Care**

Pipeline for direct care workers: recruiting resident care assistants and training and certifying them as CNAs

**MGB Home Care**

Creation of a home phlebotomy team to support retention of home health nurses

**Baystate Health**

Programs to train, retain, and advance entry-level clinical support staff



**1199 SEIU**

Apprenticeship training and employment for hospital sterile processing technicians

**HPC Policy Review**

Review of nursing and direct care practice policies

**South Shore Hospital**

Programs training hospital medical-surgical floor nurses for specialty care, for specialty nursing retention and advancement

# Qualitative inquiry into workforce initiatives across the workforce life cycle: exploring how several examples of current health care workforce initiatives work.



- To further ensure a robust health care workforce in Massachusetts, and because many of the recommendations of this report are **within the purview of individual employers of health care workers**, we highlight five interventions, each with lessons that can be learned from and applied to other organizations and settings.
  
- **Five sites:**
  - Mass Senior Care
  - 1199 SEIU Training and Upgrading Fund
  - MGB Home Care
  - South Shore Hospital
  - Baystate Health
  
- **Conducted with Mathematica Policy Research**
  - Four interviews per site: two with leadership, two with participants with “on the ground” experience of the program
  - Qualitative analysis to describe the goals, successes, facilitators, challenges, and lessons-learned of each initiative.

# Mass Senior Care Resident Care Assistant and Certified Nursing Assistant Pipeline and Training Program



## Pipeline

- **Program:** Recruitment of Resident Care Assistants (RCAs), and training and certification of RCAs as CNAs
  - RCA is a non-certified entry-level role providing many of the same services as CNAs<sup>1</sup>, with scope and autonomy varying by facility
- **Workforce challenge:** COVID-related exacerbation of shortages of nursing staff in long-term care facilities
- **Goal:** Bring new CNAs into the field to address staffing shortages, while mitigating financial and time barriers to training

ENTITIES INVOLVED	BACKGROUND	COMPONENTS	PARTICIPANTS
<ul style="list-style-type: none"> <li>• Massachusetts Senior Care Association and 150 member facilities</li> <li>• MIT Sloan School of Management</li> <li>• MA Executive Office of Elder Affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Funded by Mass Senior Care</li> <li>• Elder Affairs helped identify prospective RCAs</li> <li>• MIT supported regulatory compliance, synthesized protocols, marketed the RCA role via online job boards, and provided information and supplies to Mass Senior Care</li> <li>• Relaxed regulations allowing CNA training to be completed asynchronously online due to the pandemic facilitated the program by allowing greater flexibility for participants</li> <li>• Some Mass Senior Care member facilities had used this model prior to its broader adoption</li> </ul>	<ul style="list-style-type: none"> <li>• 8-hour online RCA training course</li> <li>• Paid RCA work while concurrently completing CNA training at a Mass Senior Care facility</li> <li>• Mass Senior Care members pay the \$2,000 CNA training program cost for participants</li> <li>• Participants must take CNA certification exam within 120 days of starting RCA work; if they pass, they start work as a CNA at an increased wage</li> </ul>	<ul style="list-style-type: none"> <li>• Program kicked off in Spring 2020</li> <li>• 1,500 RCAs have been trained across 150 participating Mass Senior Care member facilities</li> </ul>

<sup>1</sup> There are four tasks CNAs may do that RCAs may not: operate lift systems, move, position, and transport patients, perform restorative and rehabilitative services, and measure and record vital signs

## Pipeline

- **The program facilitates entry into the CNA role and has alleviated staffing shortages.**
  - “[The program] enabled you to see if they were going to be good CNA candidates early on. So, it was never a permanent position, really, but it was a way to not lose them while certification might have been either pending or even just being considered.” – *Broad Reach Health leadership*
  - “We have 30 people now that we wouldn’t have otherwise.... Given how challenging staffing is, I can only imagine what it would look like with 30 less people in the organization.” – *Legacy Lifecare leadership*
- **Partnerships have helped facilities get involved.**
  - “The partnership between the [private] sector and government [was] so critical so that we were all singing off of the same songbook, that yes, this is a program that nursing facilities should implement.” – *Mass Senior Care leadership*
- **Participants appreciate the opportunities for learning and career growth.**
  - “I learned a lot of things...I like to be with people and help them and take care of them, and it makes you feel good.” – *RCA-to-CNA program participant*

## Pipeline

### ➤ **Facilitators and Strengths**

- Helps quickly fill staffing needs: the program reduced Mass Senior Care facility nursing vacancy rates from 50% to 22%.
- Allows participants to test out their roles before committing to CNA certification and without needing to pay for training.

### ➤ **Challenges**

- Not all facilities are comfortable having RCAs work with patients, and 206 facilities have not participated in the program.
- The program is costly to run, and many CNAs leave Mass Senior Care facilities once trained.
- Short-staffed facilities are further strained by training RCAs.

### ➤ **Lessons Learned**

- It is worth investing time in carefully selecting participants, to identify candidates who are likely to complete the program and stay at the organization.
- It is important to be flexible, including with program planning – and identifying strategies for retention is necessary.
- Given the need for clear career ladders, the program aims to expand to include pathways for RCN to CNA to LPN to RN.



## Training and Employment

- **Program:** Sterile processing technician apprenticeship program in partnership with Steward Health Care
  - Sterile techs are responsible for sterilizing and organizing equipment used in hospital operating rooms
- **Workforce challenge:** Staffing shortages in the sterile processing departments of Steward hospitals
- **Goal:** Train, hire, and retain full-time high-quality sterile technicians for the Steward system

ENTITIES INVOLVED	BACKGROUND	COMPONENTS	PARTICIPANTS
<ul style="list-style-type: none"> <li>• 1199 SEIU</li> <li>• SEIU Training and Upgrading Fund</li> <li>• Steward hospitals North Shore Community College</li> <li>• MA Division of Apprentice Standards (EOLWD)</li> </ul>	<ul style="list-style-type: none"> <li>• Staffing shortages came to light during management meetings between SEIU and Steward</li> <li>• SEIU Training and Upgrading Fund funded and sponsored the program and led the accreditation process, registering the program with the Commonwealth and with the U.S. Department of Labor</li> </ul>	<ul style="list-style-type: none"> <li>• 1,000-2,000 hours of paid on-the-job training with mentorship<sup>1</sup></li> <li>• 150 hours of Related Technical Instruction (RTI) on decontamination, assembly, and packaging, offered virtually in the evenings in partnership with North Shore Community College</li> <li>• Mastery of a competency-based checklist required for graduation</li> <li>• Apprentices train for about 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• One cohort so far, which kicked off September 2021</li> <li>• 16 apprentices from prior Steward roles</li> <li>• 15 completed the program</li> <li>• 7 or 8 hired as sterile techs at Steward hospitals</li> </ul>

<sup>1</sup> Apprentices need 2,000 hours of on-the-job training; however, they can receive credit for 1,000 hours for prior health care experience. Because many apprentices in this program came from prior health care roles, they needed to complete only 1,000 hours of on-the-job training to complete the apprenticeship.

# 1199 SEIU Training and Upgrading Fund Sterile Processing Technician Apprenticeship – Respondent Perspective: “A win-win situation.”



## Training and Employment

- **Program champions are key to successful implementation.**
  - “If you have a champion on the inside working on moving the program along [it] can be the difference between something being successful or not.” – *1199 SEIU training fund leadership*
- **The program helped hospitals address understaffing in this relatively less-known field.**
  - “Having some kind of program like this kind of helps us provide opportunities for staffing long term...there’s not an excess amount of sterile processing professionals out here.” – *Hospital sterile processing manager & program mentor*
- **Mentoring and on-the-job training facilitated career advancement for apprentices.**
  - “If given the opportunity, yes, I think I would do it again because...it was a good situation, got me to accomplish the goals that I was hoping it would...this program in particular was a great example of how you learn.” – *Program graduate and current sterile tech*
- **More graduates than roles to fill.**
  - “If 15 completed and there were 7 or 8 who landed a position, that meant that 7 or 8 folks did not....[but] for the folks who landed positions, it was a really great opportunity” – *1199 SEIU Leadership*

## Training and Employment

### ➤ Facilitators and Strengths

- Apprentices valued hands-on, on-the-job training, and respondents spoke highly of the mentors, the management team, and their critical role in making the initiative work
- The program addressed Steward's shortage of sterile techs

### ➤ Challenges

- Already short-staffed departments were strained by needing to train apprentices
- Registering new apprenticeship programs with the Commonwealth is time-consuming

### ➤ Lessons Learned

- Need for better alignment between the RTI and hands-on portions of the program
- Need for improved communication across the entities involved in the initiative, exacerbated by staff turnover
  - E.g., missed opportunities for coordination between program implementers and newer hospital human resources staff meant some human resources staff were unaware of the program and filled open sterile tech roles from outside the system, leaving fewer job openings than program graduates

# Mass General Brigham Home Care Phlebotomy Team Program, Supporting Home Care Nurse Retention



## Retention

- **Program:** MGB Home Care phlebotomy team for at-home blood draws for home care patients
- **Workforce challenge:** Home care nurses were stretched thin and lacked time for patients' complex care needs
- **Goal:** Improve home care nurse bandwidth and retention, and decrease burnout

ENTITIES INVOLVED	BACKGROUND	COMPONENTS	PARTICIPANTS
<ul style="list-style-type: none"> <li>• MGB Home Care, including leadership, nurses, phlebotomists, and schedulers</li> </ul>	<ul style="list-style-type: none"> <li>• Grew out of a 2019 work-life balance committee</li> <li>• Prior to this program, home care nurses did at-home blood draws, which required multiple trips to drop off samples at labs between patient home visits. This was time-consuming and limited their capacity for care requiring nursing expertise</li> </ul>	<ul style="list-style-type: none"> <li>• Four phlebotomists support each of the four branches of MGB Home Care, covering distinct geographies</li> <li>• Schedulers manage scheduling of nursing and phlebotomy services</li> <li>• Phlebotomists travel with portable centrifuges so they can prepare blood samples and avoid multiple lab drop-offs</li> <li>• Patients are eligible for at-home phlebotomy if receiving other MGB Home Care services, enrolled in the MGB anticoagulation clinic, or in MGB clinical trials</li> <li>• MGB Home Care covers home phlebotomy with overhead funds</li> </ul>	<ul style="list-style-type: none"> <li>• Started 2019</li> <li>• Piloted the program with two phlebotomists, and scaled up to four after receiving nurse, phlebotomist, and leadership feedback</li> </ul>

# Mass General Brigham Home Care Phlebotomy Team Program – Respondent Perspectives: “I would have had it rolled out years earlier.”



## Retention

- **Extensive planning and piloting was key.**
  - “We did our homework before we rolled out the program. And so, we felt really comfortable that it was going to be successful.” – *MGB Home Care business and clinical operations leader*
  - “[Leadership was] very good about trying things out on one team, not just going organization-wide.” – *Case management nurse*
- **The program has allowed nurses to focus on care requiring nursing expertise.**
  - “They realized that how much time it freed up for us because drawing a lab is sometimes simple thing, but it’s extremely time consuming.” – *Case management nurse*
  - “We did reduce the number of nursing visits needed for each patient and that the quality of the nurses’ day did improve.” – *MGB Home Care clinical manager*
- **The program is costly to run.**
  - “In a smaller agency, it would be cost prohibitive for them to ever even try to do something like this.” – *MGB Home Care clinical manager*

## Retention

### ➤ **Facilitators and Strengths**

- Extensive planning, including piloting the initiative at small scale for feasibility, buy-in, and to incorporate feedback
- The program has successfully improved nurses' working conditions, facilitated adequate time for complex patient care, and reduced nurse turnover. The program has also improved the efficiency of blood draw scheduling for patients
- Offers a new kind of employment opportunity for phlebotomists

### ➤ **Challenges**

- It was initially challenging to secure internal financial support for the program because home phlebotomy is not a billable service and must be covered out of MGB Home Care overhead
- Filling phlebotomy roles can be difficult because most phlebotomists lack home care experience, and there is currently no coverage if one of the four phlebotomists is out
- Recruitment and retention is challenging for home care in general

### ➤ **Lessons Learned**

- Piloting the program and getting input and support from a variety of key players and departments was essential
- Phlebotomist onboarding has been refined to include shadowing of a more experienced home phlebotomist

## Retention and Advancement

- **Program:** Multiple programs training medical-surgical (med-surg) floor nurses for specialty practice
  - Specialties include labor and delivery, emergency department, critical care, and operating room
- **Workforce challenge:** Staffing shortages in specialty nursing areas, and broader retention issues in nursing

ENTITIES INVOLVED	BACKGROUND	COMPONENTS	PARTICIPANTS
<ul style="list-style-type: none"> <li>• South Shore Hospital, including professional development, nursing leadership, and human resources</li> <li>• Curry College (operating room program)</li> </ul>	<ul style="list-style-type: none"> <li>• South Shore professional development team uses employment data to select focus, timing, and cohort sizes for upcoming programs</li> <li>• Transition to practice programs have existed at South Shore since 2005. Recent additions include Critical Care Unit (2015), Emergency Department (2016), and Birthing Unit (2020)</li> </ul>	<p>Program structure varies by specialty. In general:</p> <ul style="list-style-type: none"> <li>• Participants can be invited by nursing leadership or can apply</li> <li>• Day-of mentorship/shadowing to confirm interest</li> <li>• Didactic classroom portion offered at the hospital or a local community college; the hospital covers the cost of any community college coursework and pays participants for class time. As long as nurses continue working at South Shore for at least two years after completing the program, they are not required to reimburse the cost of coursework</li> <li>• Clinical training in which participants work with preceptors</li> <li>• Certification exam, if applicable</li> <li>• Programs last 20 weeks to 14 months, depending on specialty and participants' prior experience</li> </ul>	<ul style="list-style-type: none"> <li>• Med-surg nurses working at South Shore Hospital</li> <li>• Recent program updates have been made to facilitate inclusion of new nursing graduates</li> <li>• Programs recently opened to nurses outside of South Shore; the program aims for 2/3 current and 1/3 new nurses</li> </ul>

# South Shore Hospital Transition to Practice Programs – Respondent Perspective: “When I came down here and started learning again... I felt rejuvenated.”



## Retention and Advancement

- **The program requires, and benefits from, full-organization buy-in.**
  - “We really do need finance and HR and data to drive the decisions, the educators, the space, a lot to make it work. But when you see the people move and grow in their specialties, it really is pretty amazing”  
– *Professional development program leader*
- **The program supports nurses in their career goals without having to seek new employment.**
  - “I'm grateful that the hospital has these programs...I would have had to leave the organization in order to ...become an OR nurse if they didn't have it” – *Current OR Transition to Practice program OR nurse in training*
- **Retention varies by specialty.**
  - “[The OR has] been the only department that hasn't lost any of our [Transition to Practice graduates], so we are proud of that” – *Clinical nursing coordinator and OR Transition to Practice graduate*
  - “We're not getting the longevity. The people that we've trained, I would say more people left than have remained” – *Clinical professional development specialist*



## Retention and Advancement

### ➤ **Facilitators and Strengths**

- South Shore has thoroughly supported the program with space for classes, schedule flexibility for nurses participating in the program, and by updating trainings in response to participant feedback

### ➤ **Challenges**

- Clinical training can be burdensome for preceptors, who are few in number and not compensated for their precepting role, and may leave staffing gaps on the med-surg floor
- Hands-on clinical experience can be limited by space constraints (such as OR size) and unpredictable patient acuity
- Long-term retention of program graduates remains a challenge

### ➤ **Lessons Learned**

- As new nursing graduates are increasingly interested in specialty care, program onboarding has been adapted to allow for training of less-experienced nurses
- Importance of communication about long-term goals and growth opportunities with nurses

## Retention and Advancement

- **Program:** Multiple initiatives to train, retain, and advance clinical support staff
  - Roles include operations associate/cardiac monitoring technician (OA/CMT)<sup>1</sup> and pharmacy technician (pharm tech)
- **Workforce challenge:** Staffing and retention challenges in clinical support roles
- **Goal:** Career development and advancement for current employees

ENTITIES INVOLVED	BACKGROUND	COMPONENTS	PARTICIPANTS
<ul style="list-style-type: none"> <li>• Baystate Health</li> <li>• MassHire Hampden County Workforce Board</li> <li>• MA Division of Apprentice Standards (EOLWD)</li> <li>• Holyoke Community College</li> <li>• Western New England University</li> </ul>	<ul style="list-style-type: none"> <li>• “Inside-up” initiatives train existing Baystate employees for more advanced roles</li> <li>• Baystate used a grant to fund the <b>OA/CMT</b> program, and MassHire Workforce Board helped align the OA/CMT apprenticeship program with Department of Labor’s apprenticeship standards</li> <li>• The <b>pharm tech</b> program came from a Baystate-Holyoke Community College partnership, with the first round funded by a Commonwealth Corporation Digital Innovation for Lifelong Learning grant at Holyoke Community College</li> </ul>	<p><b>OA/CMT</b></p> <ul style="list-style-type: none"> <li>• Participants are recruited from among Baystate Level I OA/CMTs, and train and are certified to advance to Level II</li> <li>• One year of Related Technical Instruction (RTI) and hands-on training; participants are paid for training time</li> </ul> <p><b>Pharm tech</b></p> <ul style="list-style-type: none"> <li>• Five-month program preparing existing Baystate nonclinical staff to pass the Pharmacy Technician Certification Board exam</li> <li>• Holyoke Community College provided hybrid in-person and virtual learning, with hands-on lab training at Western New England University</li> <li>• The program covered all training and exam costs; participants worked in their original roles at Baystate while training</li> </ul>	<ul style="list-style-type: none"> <li>• The OA/CMT program launched in 2020, with one cohort so far</li> <li>• The pharm tech program launched in 2021, with two cohorts so far</li> </ul>

<sup>1</sup> The combined operations associate/cardiac monitoring technician role involves administrative responsibilities as well as monitoring patients’ cardiac activity on a telemetry monitor

# Baystate Health Inside-Up Initiatives – Respondent Perspectives: “The accomplished feeling when [I was] done was something to be proud of.”



## Retention and Advancement

- **Flexibility in program design and implementation is beneficial.**
  - “I feel as though there’s quite a bit of flexibility in [designing an apprenticeship program]...it’s not like set in stone of you have to do it this way.” – *Senior workforce planning partner, OA/CMT program*
- **Paid training and support from leadership helps participants feel valued.**
  - “[Leadership is] very fair when it comes to that kind of stuff, like paying you for things you feel you should be compensated for.” – *OA/CMT apprenticeship program graduate and current Level II OA/CMT*
- **In-house training benefits workers seeking opportunities for career growth.**
  - “There’s plenty of people who want to do better and get better jobs, but for whatever reason, they just can’t. Programs like this will be perfect for them. I think just getting the word out...I feel like a lot of opportunities are missed, because people just don’t know about them“ – *Pharm Tech Training Program graduate and current pharm Tech*

## Retention and Advancement

### ➤ **Facilitators and Strengths**

- Strong support from Baystate leadership
- Successful partnerships, as well as extensive planning, including using other organizations' programs as models

### ➤ **Challenges**

- Difficulties with participant recruitment and retention due to external challenges, such as the onset of the pandemic, limited childcare, and unreliable transportation
- “Growing pains” for initial cohorts, including pacing, a need for clearer expectations about training milestones, and the challenges of virtual training and a need for additional hands-on work

### ➤ **Lessons Learned**

- Adjusting cohort sizes to facilitate sufficient support for all participants, and to provide increased resources such as study sessions, check-ins, and documented training expectations
- Successfully advancing internal staff has created new vacancies in their former roles, and led to developing an “outside-in” program to recruit new workers

- **Collaboration and planning across teams and organizations** is important for successfully launching, running, and expanding programs, and for retaining newly-trained workers.
- **Hands-on learning** is important for preparing trainees for their future roles and is often more engaging than the classroom component of training programs.
- **Training programs often strain existing staff** who serve as mentors, and who may already be stretched thin due to the workforce shortages the training programs seek to address – particularly because **mentors and preceptors are rarely compensated** for their mentorship work.
- Successful advancement initiatives create the **challenge of backfilling newly-vacated roles**, which are often lower-wage positions for which recruitment remains difficult.
- **Workforce initiatives are often expensive** for organizations to run, and funding support from the Commonwealth could ensure their sustainability or help expand them to less well-resourced organizations.
- **Educating organizations about health care apprenticeships** may support expansion of training programs into new roles and organizations.

- Massachusetts and three geographically diverse comparison states with relatively comparable policy dynamics to the Commonwealth: Minnesota, New York, and Washington
- Focus on nursing, CNAs, and home health
- With the Philip R. Lee Institute for Health Policy Studies at the University of California San Francisco

- **LPN** scope of practice (SOP) in MA is broadly specified, which can give facilities discretion in which tasks LPNs can perform.
- **RN** SOP in MA similarly broad and is comparable to the three comparison states.
- For **NPs**, MA and all three comparison states allow full practice authority<sup>1</sup>
  - MA expanded scope of practice for NPs and other advanced-practice RNs in January 2021<sup>3</sup>
  - MA allows NPs to engage in independent prescriptive practice after completing at least 2 years of prescriptive practice supervised by a qualified healthcare professional.<sup>2</sup>

<sup>1</sup> i.e., independent practice, without a written practice agreement with a physician. See Nurse Practitioner Practice Authority: A State-by-State Guide. NurseJournal. Nov 29, 2022. Available at <https://nursejournal.org/nurse-practitioner/np-practice-authority-by-state/>

<sup>2</sup> 244 CMR 4.00: Advanced Practice Registered Nursing. available at <https://www.mass.gov/doc/244-cmr-4-advanced-practice-registered-nursing/download> (see 244 CMR 4.07)

<sup>3</sup> Chapter 260 of the Acts of 2020: An Act promoting a resilient health care system that puts patients first. Commonwealth of Massachusetts. Jan 1, 2021. Available at <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter260>

- Each state allows licensed health care professionals (such as nurses) to delegate tasks to CNAs, home health aides, and other unlicensed providers<sup>1</sup>
- In MA, delegation of tasks depends on whether a nurse believes the unlicensed provider is capable of performing the task, the nurse teaching the task, and the nurse supervising the task. Some states, including MA, require documented competencies to show that unlicensed providers are able to perform the delegated task<sup>2</sup>
  - NY and WA require formal training for CNAs and home health aides to perform delegated tasks, which may limit the number of workers able to perform delegated tasks due to the time commitment and cost of training,<sup>3,4</sup> but may also support unlicensed providers in learning skills that could be transferrable to licensed roles
  - For example, NY specifies that tasks commonly performed by LPNs in a patient’s home can be delegated only to Advanced Home Health Aides,<sup>4</sup> who must be certified as home health aides, complete training and competency exams, and meet work experience requirements

<sup>1</sup> Terminology for these roles varies by state

<sup>2</sup> 244 CMR 3.00, Registered Nurse and Licensed Practical Nurse, available at <https://www.mass.gov/doc/244-cmr-3-registered-nurse-and-licensed-practical-nurse/download> (see 244 CMR 3.05)

<sup>3</sup> e.g. in NY, a minimum of 125 training hours with a fee of up to \$100, see New York State Department of Education Office of the Professions and New York State Department of Health Division of Home and Community Based Services. Advanced Home Health Aide Training Program Guide. December 2018. Available at [https://www.health.ny.gov/facilities/home\\_care/advanced\\_home\\_health\\_aides/](https://www.health.ny.gov/facilities/home_care/advanced_home_health_aides/)

<sup>4</sup> New York State Education Department Office of the Professions. Advanced Home Health Aides General Information. Available at <https://www.op.nysed.gov/professions/clinical-nurse-specialists/advanced-home-health-aides>



**The Commonwealth and health care delivery organizations can consider changes to policy and practice that could provide additional flexibility in areas of high need and provide career pathways for direct care workers.**



- While it is likely that Commonwealth regulations do not hinder nursing and direct care practice, **health care delivery organizations can consider updating their policies and practices to facilitate using these roles more effectively.**
- The Commonwealth can also consider policy change on direct care practice to offer **additional training and certification opportunities for direct care workers**, which may increase workforce capacity and support career advancement pathways.

- Introduction
- Broad Workforce Trends
- Current Workforce Challenges
- Focus on Nursing, Direct Care, and Behavioral Health
- Recommendations and Possible Solutions
- **DATA AND METHODS**
- Appendix

- ▶ Center for Health Information and Analysis  
Hospital Inpatient and Hospital Emergency  
Department Discharge Databases
- ▶ Centers for Medicare & Medicaid Services  
Chronic Conditions Data Warehouse (CCW) and  
Payroll Based Journal Daily Nurse Staffing
- ▶ Economic Policy Institute
- ▶ HRSA National Sample Survey of Registered  
Nurses
- ▶ Medical Expenditure Panel Survey
- ▶ National Academy for State Health Policy  
Hospital Cost Tool Data
- ▶ National Council of State Boards of Nursing  
NCLEX Examination Statistics
- ▶ U.S. Bureau of Labor Statistics Occupational  
Employment and Wage Statistics
- ▶ U.S. Bureau of Labor Statistics Quarterly  
Census of Employment and Wages
- ▶ U.S. Census American Community Survey
- ▶ U.S. National Center for Education Statistics

- Review of existing research and reporting
- Discussions with stakeholders
- Original analysis of workforce trends
- Review of selected workforce initiatives addressing each stage of the workforce life cycle
- Review of relevant policy affecting workforce flexibility in the Commonwealth and three comparison states

The Massachusetts Health Policy Commission (HPC) is an independent state agency charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC's mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC's goal is better health and better care – at a lower cost – for all residents across the Commonwealth.

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- Mass Senior Care Association
- Organization of Nurse Leaders
- South Shore Hospital
- UMass Boston Manning College of Nursing and Health Sciences

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- Data and Methods
- **APPENDIX**

There are many existing Commonwealth programs and resources supporting the health care workforce, most of which are focused on pipeline and training.





# Numerous Commonwealth workforce programs are focused on pipeline.



## ➤ Education and Training

- EOLWD offers health care apprenticeships and pre-apprenticeship education<sup>1</sup>
- The Commonwealth has offered funding for expanded nursing pathways programs at public institutions<sup>2</sup>
- Chapter 268 of the Acts of 2022 included \$50 million for higher education scholarships, including for nursing and other health care education<sup>3</sup>
- MassHire provides connections to training and employment opportunities for a variety of health care roles,<sup>4</sup> including in partnership with Commonwealth Corporation regional workforce hubs<sup>5</sup>
- Workforce development funding to build and enhance competencies of roles such as community health workers and peer specialists at participating organizations<sup>6,7</sup>
- MassStep provides education, training, and credentialing for adult learners<sup>8</sup>
- The proposed MassReconnect program would cover the cost of community college for residents over age 25 without college degrees or industry credentials<sup>9</sup>
- The Executive Office of Elder Affairs provides no-cost Personal and Home Care Aide training<sup>10</sup>
- Department of Elementary and Secondary Education offers Chapter 74 programs for Vocational Technical Cooperative Education, including health care roles<sup>11</sup>

- The Commonwealth's community colleges provide LPN training and for numerous allied health roles<sup>12</sup>
- The Department of Higher Education offers TRAIN grants for unemployed, under-employed, and new entrant workers, including in health care roles<sup>13</sup>

## ➤ Loan Repayment

- EOHHHS provides loan repayment for behavioral health and primary care workers at community health centers, community mental health centers, psychiatric units in acute care hospitals, inpatient psychiatric hospitals, or substance use treatment programs<sup>14</sup>
- Chapter 102 of the Acts of 2021 provides funding for loan repayment for behavioral health workers at all levels<sup>15</sup>
- Under the latest 1115 demonstration, MassHealth will invest \$43 million over five years loan repayment programs focusing on behavioral health and primary care<sup>16</sup>
- The Department of Higher Education offers loan repayment of up to \$50,000 for many types of health care workers, including mental health professionals in return for practicing two years full-time in underserved communities<sup>17</sup>
- The Department of Public Health supports National Health Service Corps (NHSC) sites, which offer federal scholarships and loan repayment<sup>18</sup>

- Other **workforce development and loan repayment programs** are offered under the Commonwealth's Primary Care and Behavioral Health Statewide Investments<sup>19</sup>

Note: Includes only current or upcoming programs.

1 Division of Apprenticeship Standards. Apprenticeship for Jobseekers. [mass.gov/info-details/find-an-apprenticeship](https://www.mass.gov/info-details/find-an-apprenticeship); 2 Executive Office of Energy and Environmental Affairs and Executive Office for Administration and Finance. Governor's Press Office. Baker-Polito Administration Files \$1.7 Billion Fiscal Year 2022 Supplemental Budget. May 18, 2022. <https://www.mass.gov/news/baker-polito-administration-files-17-billion-fiscal-year-2022-supplemental-budget>; 3 Chapter 268 of the Acts of 2022. An Act Relating to Economic Growth and Relief for the Commonwealth. November 10, 2022. <https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter268>; 4 MassHire JobQuest. <https://jobquest.dcs.eol.mass.gov/jobquest/LandingPage.aspx>; 5 Commonwealth Corporation. Behavioral Health Workforce Hubs: Behavioral Health Partnership Expansion Grants. <https://commcorp.org/program/behavioral-health-workforce-hubs>; 6 Participating organizations include ACOs and community-based provider organizations. See The Commonwealth Medicine Research and Evaluation Unit and The Department of Population and Quantitative Health Sciences at The University of Massachusetts Medical School. DRAFT Independent Evaluation Interim Report Massachusetts Medicaid 1115 Demonstration Extension 2017-2022. <https://www.mass.gov/doc/1115-demonstration-interim-evaluation-report/download>; 7 Executive Office of Health & Human Services. MassHealth 1115 Demonstration Extension, 2022-2027. October 2022. <https://www.mass.gov/doc/1115-masshealth-demonstration-extension-summary-1/download>; 8 Department of Elementary and Secondary Education. Adult and Community Learning Services (ACLS). MassStep. <https://www.doe.mass.edu/acsls/MassSTEP/default.html>; 9 Executive Office for Administration and Finance, Executive Office of Labor and Workforce Development. Ahead of FY24 Budget Filing, Governor Healey and Lieutenant Governor Driscoll Announce MassReconnect, Workforce Development Investments. Mar 1, 2023. <https://www.mass.gov/news/ahead-of-fy24-budget-filing-governor-healey-and-lieutenant-governor-driscoll-announce-massreconnect-workforce-development-investments>; 10 Executive Office of Elder Affairs. Take the first step to prepare for a career in the home care industry. <https://www.mass.gov/how-to/take-the-first-step-to-prepare-for-a-career-in-the-home-care-industry>; 11 Massachusetts Department of Elementary and Secondary Education. Chapter 74 Programs. <https://www.doe.mass.edu/ccte/cvte/programs/>; 12 e.g. North Shore Community College. Nursing and Allied Health Pathway. <https://www.northshore.edu/academics/areas/nursing-allied-health.html> and Greenfield Community College. Practical Nursing Certificate Program. <https://www.gcc.mass.edu/academics/programs/practical-nursing/>; 13 Massachusetts Department of Higher Education. Training Resources and Internship Networks (TRAIN) Program. [https://www.mass.edu/strategic/work\\_train.asp](https://www.mass.edu/strategic/work_train.asp); 14 Executive Office of Health and Human Services. Baker-Polito Administration Announces Historic \$130 Million Workforce Loan Repayment Program for Health Care Workers. Nov 17, 2022. <https://www.mass.gov/news/baker-polito-administration-announces-historic-130-million-workforce-loan-repayment-program-for-health-care-workers>; 15 Blue Cross Blue Shield Massachusetts Foundation and Massachusetts Budget and Policy Center. Health Care in the ARPA Bill: Selected Highlights from Chapter 102 of the Acts of 2021. March 2022. [https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2022-03/ARPA\\_Bill\\_report\\_Feb2022\\_FINAL\\_0.pdf](https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2022-03/ARPA_Bill_report_Feb2022_FINAL_0.pdf); 16 Executive Office of Health & Human Services. MassHealth 1115 Demonstration Extension, 2022-2027. October 2022.; 17 Department of Higher Education. Massachusetts Loan Repayment Program (MLRP) for Health Professionals. [mass.gov/info-details/massachusetts-loan-repayment-program-mlrp-for-health-professionals](https://www.mass.gov/info-details/massachusetts-loan-repayment-program-mlrp-for-health-professionals); 18 Department of Public Health. National Health Service Corps (NHSC). <https://www.mass.gov/service-details/national-health-service-corps-nhsc>; 19 MassHealth. Building and Training Primary Care and Behavioral Health Workforce. <https://www.mass.gov/info-details/building-and-training-primary-care-and-behavioral-health-workforce#workforce-development-grant-program>

# The Commonwealth also offers funding and resources to support employment, retention, and advancement.



## ➤ Employment

- Use of ARPA funding to support Medicaid rate increases for providers of certain behavioral health services and for home and community-based services and supports<sup>1,2</sup>
- Policy change permitting independent social workers and psychologists to bill MassHealth<sup>3</sup>

## ➤ Retention

- The Betsy Lehman Center offers a virtual peer support network for health care workers<sup>4</sup>
- The Commonwealth has provided \$46 million in home and community-based and human services grants to reduce burnout and support retention<sup>5</sup>
- Chapter 102 of the Acts of 2021 offered primary care and psychiatric mental health nurse practitioner recruitment and retention funding for community health centers, and funding for nursing home workforce recruitment and retention<sup>2</sup>
- Chapter 268 of the Acts of 2022 included hiring and retention funds for community health centers<sup>6</sup>

## ➤ Advancement

- Chapter 138 of the Acts of 2022 seeks to establish an incumbent health care worker certified nursing assistant (CNA) certification pilot program,<sup>7</sup> to train and advance existing health care workers
- Commonwealth Corporation offers Donnelly Success Grants for workforce training, including incumbent worker upskilling<sup>8</sup>

Note: Includes only current or upcoming programs.

1 Massachusetts Home and Community-Based Services (HCBS) Quarterly Spending Plan Narrative. American Rescue Plan Act (ARPA) Enhanced Federal Funding October 2021. Executive Office of Health and Human Services. <https://www.mass.gov/doc/october-2021-quarterly-spending-plan-and-narrative-submitted-to-cms-on-october-15th-2021-0/download>

2 Blue Cross Blue Shield Massachusetts Foundation and Massachusetts Budget and Policy Center. Health Care in the ARPA Bill: Selected Highlights from Chapter 102 of the Acts of 2021. March 2022. [https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2022-03/ARPA\\_Bill\\_report\\_Feb2022\\_FINAL\\_0.pdf](https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2022-03/ARPA_Bill_report_Feb2022_FINAL_0.pdf)

3 Lane N, Chiamida S, Sonwane B, Foley E, Pellegrini L, Raymond A. Massachusetts responds to the crisis in children's behavioral health. Massachusetts Association of Health Plans. January 2023.

4 Betsy Lehman Center for Patient Safety. Virtual Peer Support Network. <https://betsylehmancenterma.gov/initiatives/clinician-support/virtual-peer-support-network>

5 Executive Office of Health and Human Services. Baker-Polito Administration awards \$46 Million to Support Provider Home- and Community-based Services (HCBS) and Human Services Workforce Development. Dec 28, 2022. <https://www.mass.gov/news/baker-polito-administration-awards-46-million-to-support-provider-home-and-community-based-services-hcbs-and-human-services-workforce-development>

6 Chapter 268 of the Acts of 2022. An Act Relating to Economic Growth and Relief for the Commonwealth. Nov 10, 2022. <https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter268>

7 Chapter 138 of the Acts of 2022. An Act to Establish an Incumbent Health Care Worker Certified Nursing Assistant (CNA) Certification Pilot Program. Aug 3, 2022. <https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter138>

8 Commonwealth Corporation. Senator Kenneth J. Donnelly Grants. Available at <https://comcorp.org/program/senatordonnellygrants/>