

**Engage Montanans in understanding and addressing the State's healthcare workforce needs.**

Strategies	Resources/Organizations	Measures/Outcomes
A) Increase capacity to analyze the state's healthcare workforce and develop data sets to provide clear, comprehensive and actionable information about Montana's healthcare workforce		
1. Document current healthcare employment, across professions, with regional breakdowns (i.e. by county, urban/rural/frontier, AHEC or DOLI region)		
2. Document current and projected shortages of key professionals, to include HPSAs and MUAs		
3. Develop supply and demand projections for healthcare workforce by profession and region		
4. Analyze capacity of postsecondary health professions and training programs.		
5. Analyze capacity of rural community teaching sites (for rural clinical practicum and rotation opportunities).		
6. Develop tracking methodology of students involved in Healthcare professions programs. Track from high school to college to employment. Determine impact of AHEC, OPI, HOSA and other programs to employment.		
B) Engage Montanans in understanding and supporting local, regional and statewide healthcare workforce efforts.		
1. Prepare local, regional and state reports on the economic impact of healthcare and the healthcare workforce		
2. Annually distribute a summary report that provides clear information and strategies that can strengthen the workforce in communities, regionally and across the entire state.		
3. Through local, regional and statewide forums, build an understanding of how Montana can support and develop the healthcare workforce.		
4. Do no harm—continually improve understanding and develop support for the existing programs that are educating		

Montana’s physicians, nurses, and allied health professionals		
5. Create a Montana Healthcare Workforce Data Collaborative, providing a forum for public/private sector analysis of the multi-faceted data around the workforce		
C) Create and cultivate partnerships		
1. Utilize the Montana Healthcare Workforce Advisory Committee to link employers, higher education, state agencies, the business community, local government and workforce training programs		
2. Utilize partnerships to target funding and grant-writing opportunities to clearly identified shortages and underserved areas a) Develop joint grant proposals b) Engage in ongoing strategic planning c) Evaluate the most effective strategies by region and by profession		
<b>Educate and train Montana’s healthcare workforce.</b>		
Strategies	Resources/Organizations	Measures/Outcomes
A) Develop and support the healthcare workforce pipeline in order to “Grow Our Own.” Support our own residents to become the healthcare workforce of the future.		
1. Prepare the next generation to succeed in health professions education: academics, exposure to health careers, career guidance and bridges to post-secondary education		
2. Expand health occupations programs in Montana high schools through Office of Public Instruction Health Career Pathways a) Support the state health careers program specialist to coordinate program development and implementation b) Provide assistance to schools in implementing curriculum, utilizing state/federal funding, and teacher certification c) Assure local programs are approved and eligible to receive funding and resources d) Provide teacher training and support with curriculum resources e) Link curriculum to graduation requirements and entry into health professions programs		

<p>3. Provide academic and career exploration enrichment programs to students from rural and underserved populations through AHEC, HOSA, OPI and local health providers</p> <ul style="list-style-type: none"> <li>a) Great Hospital Adventure</li> <li>b) In-A-Box Curriculum</li> <li>c) Hands-On-Health</li> <li>d) Chicks in Science</li> <li>e) REACH camp</li> <li>f) MedStart camp</li> <li>g) Pathways in Health brochure</li> <li>h) Oral Health careers brochure</li> </ul>		
<p>4. Provide credential to high school student from health career programs and HOSA that relate to admission into post-secondary education</p>		
<p>5. Support and expand existing HOSA chapters, and work to create new chapters</p> <ul style="list-style-type: none"> <li>a) Support HOSA students to participate in state and national events</li> <li>b) Link local healthcare organizations to HOSA programs in the community</li> <li>c) Increase post-secondary understanding of HOSA</li> </ul>		
<p>6. Target outreach for health career programs and HOSA to Class C and Tribal high schools with the goal of better preparing those students for college level academics and experience</p> <ul style="list-style-type: none"> <li>a) Teacher recruitment and training</li> <li>b) Specific curriculum materials ideally suited to small schools</li> <li>c) Distance education delivery for small cohort of students (i.e. the Digital Academy)</li> <li>d) Financial support for travel and other expenses to allow students to participate in regional and national events</li> </ul>		
<p>B) Support post-secondary health profession programs through adequate funding, faculty development, clinical sites, classroom resources, partnerships with healthcare organizations and state agencies, and outreach to rural and underserved areas</p>		
<p>1. Provide the state with comprehensive information.</p>		

<ul style="list-style-type: none"> <li>a) Health professions and career training program enrollments, graduates and employment in Montana</li> <li>b) Document the economic impact and value of health professions and training to Montana communities, regions and the entire state</li> <li>c) Document the value of clinical education provided by health organizations in Montana</li> </ul>		
<p>2. Provide training and education in frontier/rural and underserved communities through clinical rotations, distance education, cohorts and onsite programs</p>		
<p>3. Initiate clinical rotations tracking (in association with HealthCARE MT and Allied Health Network) to inventory existing clinical education and coordinate new clinical training opportunities in rural and underserved settings</p>		
<p>4. Post opportunities for rural/underserved clinical rotations/training; match educational program clinical needs to rural/underserved locations</p>		
<p>5. Provide onsite and distance education programs to provide health professionals with training to serve as faculty</p>		
<p>6. Support rotations of high demand professions (dental, pharmacy, physical therapy, clinical psychology, speech pathology, etc.) in rural and underserved areas</p>		
<p>7. Support opportunities for nursing students in rural settings (e.g. Rural Nurse Residency program, clinical rotations, distance education, cohort programs)</p>		
<p>8. Provide onsite training for place bound residents via cohorts or distance ed.:</p> <ul style="list-style-type: none"> <li>a) Degree programs</li> <li>b) Graduate education</li> <li>c) Incumbent workers</li> <li>d) Certificate programs</li> </ul>		
<p>9. Link graduate programs in Pharmacy, Physical Therapy, Clinical Psychology, Speech Pathology, Nursing, Healthcare Administration and Dentistry to rural and underserved areas</p>		

through clinical rotations, residency programs and rural/underserved experiences		
C) Support experiences of medical school students with ties or strong interest in Montana through AHEC placements. Support rotations of WWAMI medical student through: <ol style="list-style-type: none"> <li>1. Rural Underserved Opportunities Program (RUOP) 1<sup>st</sup> year summer experiences</li> <li>2. 3<sup>rd</sup> and 4<sup>th</sup> year clinical education</li> <li>3. Targeted Rural Underserved Track (MT WWAMI TRUST) experiences and education throughout medical school</li> </ol>		
D. Support the MT Graduate Medical Education Council in strategic planning and funding development of GME in Montana.		
1. Do no harm – assure that existing state funding for existing residency is protected		
2. Support efforts to attain equitable funding mechanisms through Federal resources		
3. Support state legislative efforts to expand funding opportunities		
4. Support thoughtful expansion of Montana’s current GME programs: <ol style="list-style-type: none"> <li>a) Montana Family Medicine Residency</li> <li>b) Family Medicine Residency of Western Montana</li> <li>c) Billings Clinic Internal Medicine Residency</li> </ol>		
5. Consider and develop new and innovative methods to achieve rural experiences		
6. Develop funding mechanisms for rural/frontier Critical Access Hospitals to participate in rural residency rotations		
7. Develop marketing materials for the general public and state legislators to demonstrate the pathway to becoming a physician and the importance of rural practicum		
<b>Recruit Health Professionals to Montana’s Health Professionals Shortage Areas</b>		
Strategies	Resources/Organizations	Measures/Outcomes
A. Develop a “culture of learning” in rural/ frontier healthcare communities.		
1. Encourage leadership to embrace and institutionalize a learning/teaching environment in their facilities. Recognize and acknowledge that student opportunities raise the bar for all		

professionals and encourages everyone to a maintain a higher level of performance		
2. Support clinical mentors/preceptors with learning opportunities, i.e. WWAMI Faculty Training, on-line preceptor course developed through APIN, tool-kits		
3. Offer incentives for clinical preceptors— faculty appointment at UW, professional association, CEUs, learning opportunities, adjusted time schedules to allow for teaching opportunities		
4. Participate in AHEC-based (and other) hands-on learning opportunities, i.e. REACH camps, MedStart Camps, student shadowing		
5. Develop resources in the community to offset student clinical practicum expenses, i.e. student housing/lodging, travel stipends, etc.		
<p>B. Recruit health professions students from rural and underserved areas of Montana</p> <ol style="list-style-type: none"> <li>1. TRUST model</li> <li>2. CO-OP and other American Indian Programs</li> <li>3. Summer camps and mentorship programs</li> <li>4. Continued linkages to back to the community</li> </ol>		
<p>C. Provide extensive opportunities for health professions students to experience rural and underserved settings throughout their education.</p> <ol style="list-style-type: none"> <li>1. TRUST Model</li> <li>2. Clinical rotations</li> <li>3. Mentorships</li> <li>4. Rural/underserved experiences</li> </ol> <p>Include non-traditional practicum settings, i.e. Community Health Centers, long-term care/home health, nursing homes, public health offices, etc.</p>		
<p>D. Provide financial incentives for practice in rural and underserved areas</p> <ol style="list-style-type: none"> <li>1. MRPIP Loan Repayment Program for primary care physicians in rural and underserved communities (administered by OCHE)</li> <li>2. National Health Service Corps Programs, promoted by the Office of Primary Care and the Montana Hospital Association,</li> </ol>		

<p>are well understood by the communities that can use them</p> <ol style="list-style-type: none"> <li>3. Seek an NHSC Pilot project that will target NHSC scholarship or loan programs to primary care providers at the beginning of their education, with a requirement to stay in Montana</li> <li>4. Develop MRPIP style loan repayment fund for nursing and allied health practitioners who serve in rural and underserved communities</li> </ol>		
<p>E. Provide guidance to communities in structuring effective recruitment programs to attract the needed health professionals. Resources include: APGAR, 3RNet, Community Health Needs Assessment data, Department of Labor and Industry, SWIB, Montana Hospital Association, NHSC</p>		
<b>Retain a Skilled Healthcare Workforce</b>		
Strategies	Resources/Organizations	Measures/Outcomes
<p>A. Strengthen leadership and quality in healthcare settings. Support leadership learning opportunities through professional associations and organizations.</p>		
<p>B. Support continuing education and professional development programs for administrators and clinical leaders, through membership and professional organizations, and partnerships with postsecondary programs.</p>		
<ol style="list-style-type: none"> <li>1. Link healthcare organizations to education and training             <ol style="list-style-type: none"> <li>i. in quality improvement</li> <li>ii. Performance Improvement Network</li> <li>iii. AHRQ</li> <li>iv. Use of health information via electronic health records and HealthShare Montana for use in quality improvement and improved health outcomes</li> <li>v. LEAN</li> <li>vi. Community assessments</li> </ol> </li> </ol>		
<ol style="list-style-type: none"> <li>2. Link clinical leaders and administrators to mentors and leadership training programs</li> </ol>		

available through their associations and national resources		
3. Develop succession plans for critical staff positions		
C. Reduce professional isolation by providing opportunities for professional development and continuing education		
1. Participate in the Montana Healthcare Continuing Education Advisory Council a) Provide a coordinated approach b) Publish monthly calendar and newsletter of CE and Training Opportunities c) Identify gaps in offerings d) Work with partners to develop required and/or lacking CE and training via appropriate delivery (distance, onsite, regional, statewide)		
2. Identify opportunities for rural practitioners to engage with peers for skill development and quality improvement a) Performance Improvement Collaborative of MHREF b) Support for speakers and offerings at statewide meetings and conferences c) Training for rural practitioners to serve as clinical faculty and preceptors		
3. Provide opportunities for rural practitioners to participate in research efforts a) PIN b) Clinical trials c) Partnerships with MUS d) LEAN process improvement projects e) INBRE		
D. Develop Career Ladder and Skill Development Programs that allow rural healthcare workers to obtain degrees and certificates or to advance in their career		
1. Establish state and regional partnerships among workforce development programs, employers, and education to identify career training opportunities		
2. Deliver training programs that meet identified employment needs with opportunities for increased wages to rural		

