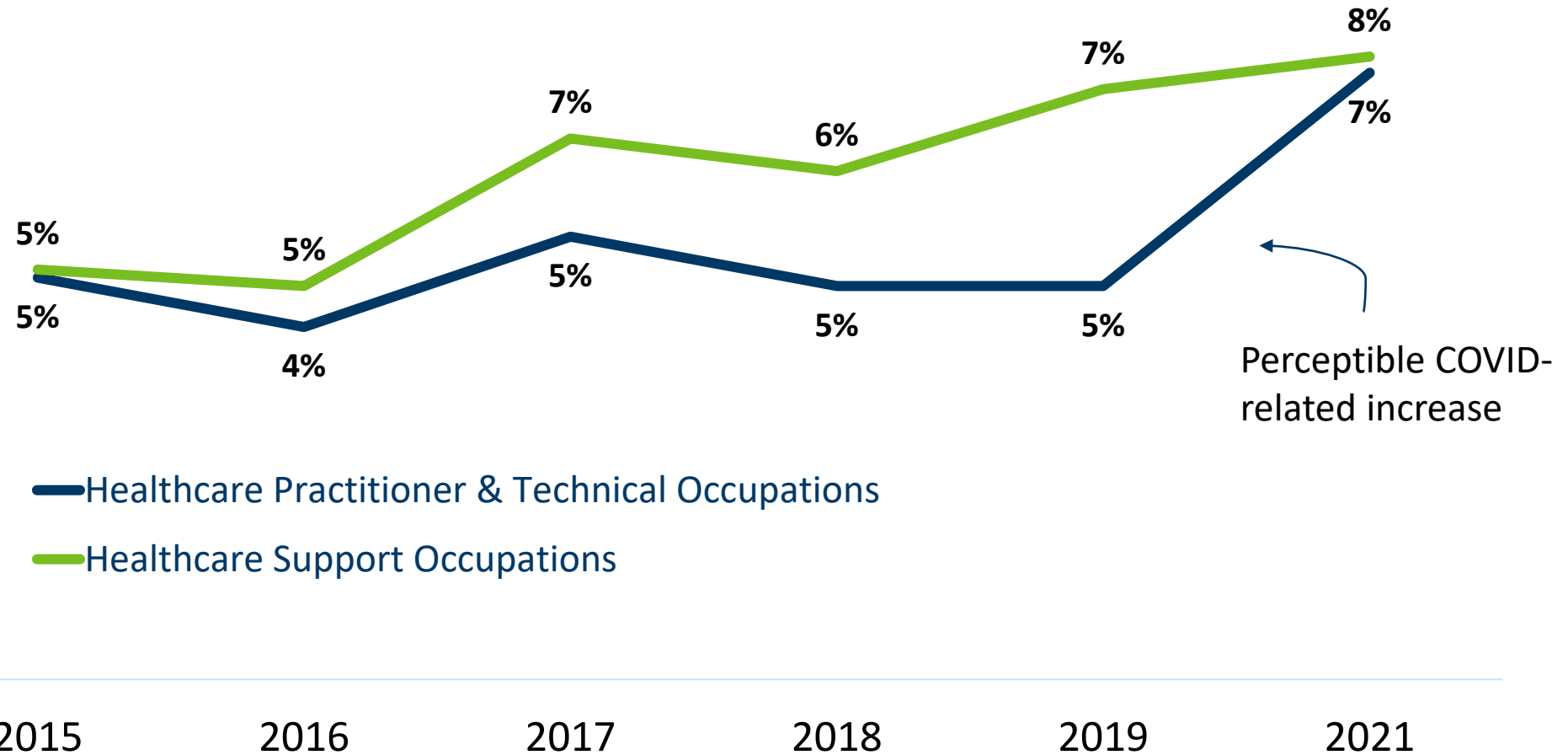




# MDH Health Care Workforce Update

Diane Rydrych, Acting Assistant Commissioner  
House Health Finance and Policy Committee  
February 8, 2022

# Statewide job vacancy rate in Minnesota's healthcare occupations



# MDH Emergency Staffing Pool for Hospitals, \$40M

**PROPOSAL** • Procure emergency staffing support for hospitals.

**PROBLEM** • The omicron surge further compromised the ability of hospitals to provide patient care because of higher need for hospital-level care and increased numbers of providers out due to illness or quarantine or isolation.

• There is an urgent need for additional nursing, respiratory therapy, and other clinical providers who can supplement existing hospital teams during what is anticipated to be a steep rise in hospitalizations over the coming weeks.

**APPROACH** • A contracted vendor is supplying 199 RNs, 20 RTs as emergency support

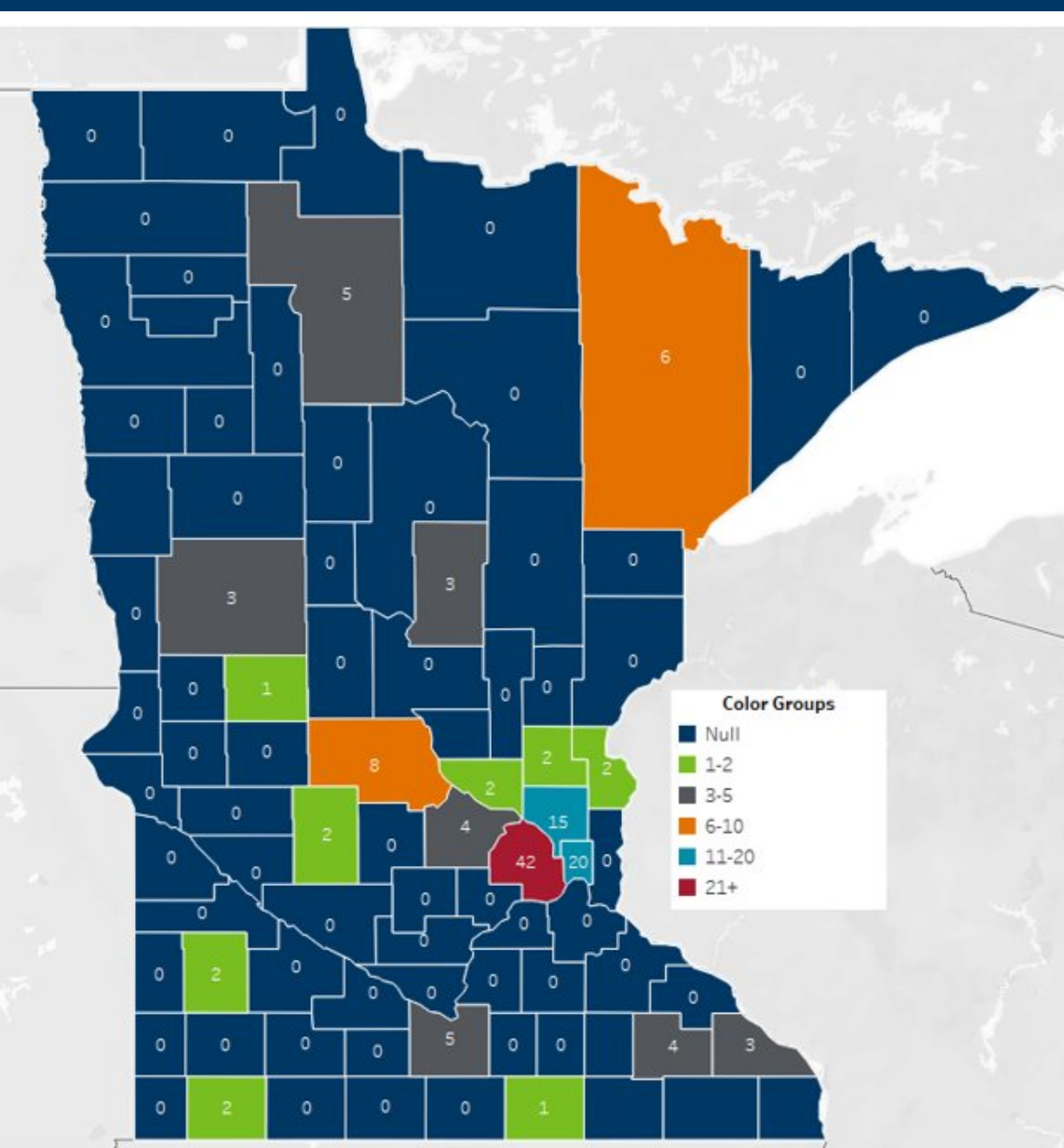
• Staff work 60 hours/week for 60 days (~330 FTEs)

• 25% hospital cost share

**STATUS** • Contract executed on 1/15/22

• 140 providers on the ground, providing care

# Regional distribution of emergency staff



- Regional allocation of emergency staff, based on recommendations from regional health care preparedness coordinators
- Likely 30-40 hospitals will ultimately receive emergency staff

# MDH/DHS Emergency Staffing Hospital Decompression, \$7.49M

**PROPOSAL** • Continue and expand the hospital decompression program with selected nursing facilities

**PROBLEM** • There is an urgent need for additional support to increase availability of post-acute care capacity for patients who no longer require hospital-level care

**APPROACH** • Private vendors provide RNs and CNAs  
• MN National Guard provide initial CNA/TNA support  
• Focus on lower-acuity patients

**STATUS** • Vendors have provided 80+ FTEs  
• National Guard soldiers no longer supporting initial 4 sites  
• New National Guard-only, 4-week site began operating on 1/31 for COVID-recovering patients  
• Total of 116 new beds available; 303 admissions to date  
• Transitioning to accept more higher-acuity patients for remainder of program  
• Exploring expansion to homecare support, for at-home care to COVID-recovering and complex patients no longer needing hospital-level care  
• Decompression sites will continue to operate through Spring 2022



# Revitalize Health Care Workforce Proposals

- Goal: Rebuild and support health care workforce post-pandemic.
- Proposals include:
  - Developing rural training tracks for family medicine physicians; clinical training for nurse practitioners, physician assistants, dental providers
  - Increasing funding for international immigrant medical graduate training for more culturally competent care around the state

# Revitalize Health Care Workforce Proposals (cont.)

- Expanding site-based clinical training for sites that don't significantly benefit from current Graduate Medical Education funding through MERC
- Providing funding for mental health occupation training, including covering supervision costs associated with licensure
- Funding additional workforce research to build an evidence base for data-driven solutions



# Public Health Workforce Trends

- Shrinking workforce pre-pandemic
- Need for new skillsets
- Increasing racial and ethnic diversity
- High stress and burnout, more resignations and retirements
- Competing with other sectors to fill vacancies; especially challenging in Greater Minnesota

# Public Health Workforce: Governor's Supplemental Budget

- Expansion of existing loan forgiveness to those working in local, tribal, or state health agencies
- Support for public health AmeriCorps program in MN to increase stipend to be living wage
- Educational stipends for students participating in a local, tribal, or state health department

**Thank you.**