

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

Date: January 15, 2014 Time: 2:00 – 4:00 PM

Location: Vermont State Colleges Office, 575 Stonecutters Way, Montpelier, VT

Call in Option: 1-877-273-4202; Password: 9883496

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

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	2:00-2:10	Welcome and Introductions	Mary Val Palumbo Robin Lunge	
2	2:10-2:15	Review of 11/6/13 Meeting Minutes	Robin Lunge	Attachment 2: November 6 th Minutes
3	2:15-2:20	Conflict of Interest Policy	Georgia Maheras	Attachment 3: COI Policy
4	2:20-3:05	Draft Charter and Draft Work Plan Discussion	Mary Val Palumbo and Robin Lunge	Attachment 4a: Draft Charter Attachment 4b: Draft Work Plan
5	3:05-3:30	Funding Proposals	Mary Val Palumbo and individuals presenting proposals	Attachment 5a: Federal Allowable Spending Categories Attachment 5b: Work Force Budget as approved by CMMI Attachment 5c: Proposal to Contract for Data Collection Attachment 5d: Licensing Dates
6	3:30-3:40	Sub-Group Proposal	Jackie Majoros	Attachment 6: Sub-Group Proposal
7	3:40-3:50	Public Comment	Mary Val Palumbo	
8	3:50-4:00	Next Steps, Wrap-Up and Future Meeting Frequency Discussion	Mary Val Palumbo	

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

Date: November 6, 2013 Time: 2:00 – 4:00 PM

Location: Vermont State Colleges Office, 575 Stonecutters Way, Montpelier, VT

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

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action #
1	2:00	Welcome and Introductions	Mary Val Palumbo David Reynolds		
2	2:10	Review of 9/16/13 Meeting Minutes		9/16/13 Minutes	
3	2:20	Professional Survey development process & timeline	Chris Winters	Relicensure timeline	
4	2:35	Federal Minimum Data Sets (MDS) & their use in Vermont	Mary Val Palumbo	MDS power point	
5	2:50	Current methods of assessing workforce trends	Mat Barewicz		
6	3:05	Review of Work Group's initial priorities	David Reynolds	To be distributed at meeting	
7	3:20	Proposal for group process and meeting structure	Mary Val Palumbo		
8	3:35	Outline of advisory role on SIM workforce projects	Robin Lunge David Reynolds		
9	3:50	Transition of co-chair	Robin Lunge		
10	3:55	Next Steps, Wrap-Up and Future Meeting Schedule: 2nd Wednesday of each month? Next meeting: January 8, 2013?			

VT Health Care Innovation Project

Health Care Workforce Work Group Meeting Minutes

Date of meeting: November 6, 2013; @ VT State Colleges (VSC) Large Conference Room – 575 Stonecutters Way, Montpelier, VT

Attendees: David Reynolds, AOA; Mary Val Palumbo, UVM; Molly Backup, PA; Rick Barnett, VT Psych Assoc; David Blanck, DMD; Denise Clark, VT Pharmacy Assn; Dawn Philibert, AHS-VDH; Tim Donovan, Chancellor VSC; Lory Grimes, NE VT Regional Hospital; Ellen Grimes, VT Tech College; Nelson LaMothe, UMMS; Nicole LaPointe, NE VT AHEC; Charlie MacLean, UVM; Georgia Maheras, AOA; Marisa Melamed, AOA; Madeleine Mongan, VT Medical Society; Stephanie Pagliuca, Bi-State Primary Care; Stuart Schurr, AHS-DAIL; Beth Tanzman, AHS-DVHA; Deborah Wachtel, VPNA; Lori Lee Schoenbeck, Naturopath; Chris Winters, Vt Sec of State; Devon Green, AOA; Peggy Brozicevic, AHS; Nancy Metz, member of the public.

Agenda Item	Discussion	Next Steps
1. Welcome & Introductions	Mary Val Palumbo and David Reynolds, Co-Chairs of the VHCIP Workforce Workgroup opened the meeting with welcome and introductions of members and visitors. Two new members were introduced: Lory Grimes, representing hospitals, and Stuart Schurr from the Department of Disabilities, Aging, and Independent Living.	
2. Review of 9/16 Minutes	The Sep 16 th meeting minutes were briefly reviewed and accepted.	
3. Professional Survey Development	Chris Winters described the Office of Professional Regulation as the organization charged with licensure and surveying of medical professionals in Vermont. In 2009, the OPR began an online renewal system and in 2013 incorporated additions required by Federal Law including that of LicSW's, Physical Rehab Specialists, LPN's, and Psychologists. The purpose is to standardize collected information across the country, and Vermont's survey data will be provided to HRSA. The "E License System" is Vermont's repository for this survey. The SIM Grant aka VHCIP, has budgeted funds to analyze and report on the survey data. Clarification was sought about one of the survey questions regarding "hours worked" vs. the need to know "clinical hours worked" for health professionals who may engage in research or other non-clinical hours worked. This is broken out. Chris responded to questions about access. Access to the survey is public	

Agenda Item	Discussion	Next Steps
	<p>information and will likely be put on their website. A suggestion was made to marry this survey result with the All Payer Claims Database (APCD) although there is not always a direct correlation between services billed and the practitioner. After initially indicating that acupuncturists would not be surveyed this round, Chris agreed to reconsider this in response to concerns raised during the discussion.</p>	
<p>4. Federal Minimum Data Sets</p>	<p>Mary Val Palumbo discussed the elements of the HRSA power point on Minimum Data Sets (MDS). HRSA partnered with Medical Professional Organizations to develop standard questions. Mary Val noted the questions were not as "rich" as perhaps they could be, noting that questions about diversity were left out. The MDS is being used to develop our surveys and our info is pooled by HRSA with other states. Since some professions do not yet have an agreed upon MDS, it will be used as a guide for these professions in Vermont.</p>	
<p>5. Current methods of assessing workforce trends</p>	<p>Mat Barewicz, an economist representing Vermont's Dept of Labor (DOL), discussed the DOL's collection of health professionals data developed and analyzed by his office. The DOL is funded by the Feds and hence the data is oriented toward Federal requirements. There is a less than optimal definitional breakdown of professionals into sub-categories in terms of the Standard Occupational Classifications; designation of new professionals tends to lag.</p> <p>The Occupational Employment Wages System (OES) is the database used to collect wages paid by occupation. Data is reported quarterly: e.g.- number of employees by industry; and wage data by occupation. This data is analyzed and trends are projected. Filings are required only for businesses/sole proprietorships who insure for unemployment; hence, self-employed medical professionals, and mental health providers who are likely not buying unemployment insurance, do not report data to OES, so the data is incomplete, but consistently so.</p>	
<p>6. Review of WG initial priorities</p>	<p>David Reynolds had surveyed the members to assess their initial priorities among the recommendations of the Health Care Workforce Strategic Plan. See attached. Participants suggested that those related to the Blueprint (Recommendation #19), GMCB (#21), VT State College (#15), and Dept of Education (#9). David suggested that the Work Group might invite each of these entities to future meetings to discuss their views and progress concerning these recommendations.</p>	<p>Co-chairs to invite entities to report to Work Group on priority recommendations.</p>
<p>7. Proposal for group process and</p>	<p>Mary Val Palumbo briefly presented a process to steward meetings and discussed several roles that could be shared by different participants from meeting to meeting. The roles primarily work</p>	<p>Meeting process to be used at next</p>

Agenda Item	Discussion	Next Steps
meeting structure	to manage and ensure appropriate meeting behavior in a large group. It was agreed to try this at the next meeting and then evaluate its effectiveness and continuance.	meeting.
8. Outline of advisory role on SIM projects	<p>Georgia Maheras briefly discussed the tenets of the SIM Grant, now known as the Vermont Health Care Innovation Project, and the Workforce Work Group which was created by Executive Order. A public facing website will inform citizens of Vermont about VHCIP progress, and a UMass project management tool, Project Reporter (PR), will be available to all 7 Work Group participants. PR is a web-based tool intended as a data repository for VHCIP documents, minutes, and status reports. Given the inter-dependencies of the 7 Work Groups, read access to all 7 Work Groups is provided to all participants. Georgia also addressed the Workforce Work Group's need for analysis of the data being obtained through the re-licensure surveys and advised that the SIM budget has approximately \$2.1 million for hiring contractors for SIM-related Workforce activities.</p> <p><u>At this time, a motion was made by Molly Backup:</u></p> <p>To create a sub-group consisting of Molly Backup, Dawn Philibert, Chris Winters, and Peggy Brozovic to develop a scope of work intended to initiate the procurement of a contractor for the analysis of the Office of Professional Regulation surveys. The sub-group will circulate this scope of work proposal to all members and members will indicate their approval by email. In the event of disagreement, a decision will wait until the next Work Group meeting; otherwise, the work Group co-chairs will notify Georgia in order to allow the RFP/contracting process to proceed expeditiously. Tim Donovan seconded the motion. The motion was put to a yea/nay vote and it passed unanimously.</p>	Georgia to distribute template for the process for requesting funding of SIM projects
9. Transition of Co-chair	<p>David Reynolds announced he was leaving state government this month and that Robin Lunge, Director of Health Care Reform, would be the temporary co-chair working with Mary Val until his successor was hired.</p>	Sub-group to meet and develop scope of work for analyzing OPR surveys; To be distributed to members for input and concurrence.
10. Next steps	The next meeting of the Workforce Work Group was set for Jan 15, 2014; followed by bi-monthly meetings, the second Wednesday of the month; all will be held at the Vermont State Colleges administrative office.	

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

Date: September 16, 2013 Time: 1:00-3:00 p.m.

Location: Vermont State Colleges Offices, 575 Stone Cutters Way, Montpelier

NOTE: Please attach .pdf of Attendee sign in Sheet.

Item #	Topic	Minutes :	Action #
1	1:00 Welcome and Introductions (David Reynolds)	Members introduced themselves and their affiliations. Co-chair David thanked them for their willingness to serve and noted that there was 100% attendance today. He noted one resignation: hospital rep Sheryl Washburn, due to her moving out of state. She will be replaced by the next meeting.	
2	Charge to the Work Group (David and Robin Lunge)	<ul style="list-style-type: none"> • Ensure adequate workforce necessary for the success of health reform as outlined in Act 48. Membership chosen to be cross-cutting and the Work Group is housed within the Agency of Administration for maximum visibility and impact. Two charges: <ol style="list-style-type: none"> 1. Implement Health Care Workforce Strategic Plan 2. Serve as SIM grant advisory group 	
3	1:10 Role of Work Group vis-à-vis State Innovation Model Grant (Robin)	Goal today is to familiarize the group with the SIM grant and how the group fits in. There are several Work Groups for the SIM grant which report to the SIM Steering Committee. Ours is unique in that its purview is larger than the SIM project since this Work Group is involved with the implementation of the overall Health Care Workforce Strategic Plan, only some components of which are in the SIM Operational Plan. The SIM project will focus on delivery and payment reform models. Aside from SIM, Act 48 requires us to report regularly to the Green Mountain Care Board on progress and modifications to the workforce plan.	
4	1:25 Overview of Health Care Workforce Strategic Plan (Craig Stevens, JSI)	Craig provided background about his company JSI and his work on the workforce plan, approved by the Green Mountain Care Board in January, 2013. His presentation reviewed the plan development process, and challenges and recommendations in this plan. Discussion ensued and touched on the following issues: Coordination, oversight and resource allocation for workforce groups; data collection, analysis and forecasting; examination of workforce training, support, transitions and reductions; salary, debt, and school systems concerns, spousal employment opportunities; examinations of existing models; challenges in the mental health field; and impact of the Blueprint for Health.	1

5	2:35 Agenda Items for Next Meeting <ul style="list-style-type: none"> Professional Surveys Update Consideration of Strategic Plan Priorities 		2
6	2:50 Organizational Items <ul style="list-style-type: none"> Election of co-chair 	Chris Winters nominated Mary Val Palumbo. Deborah Wachtel seconds. Mary Val elected co-chair by unanimous approval.	
7	Establishment of Regular Meeting Date	.Next meeting set for Wednesday, November 6, 2:00-4:00, Vermont State Colleges. Wednesdays were preferred as the best day to meet.	
8	3:00 Adjournment		

OPEN ACTION ITEM LOG					
Date Added	Action Number	Assignee	Action /Status	Due Date	Date Closed
9/16	1	everyone	<ul style="list-style-type: none"> Please review the Health Care Workforce Strategic Plan http://www.leg.state.vt.us/reports/2013ExternalReports/285604.pdf 	11/1	
9/16	2	everyone	<ul style="list-style-type: none"> Email David 2 recommendations you see as your first priorities by 11/1 	11/1	
			<ul style="list-style-type: none"> 		
			<ul style="list-style-type: none"> 		

Health Care Workforce Workgroup

Sept. 16 - Please Sign In -

David Reynolds

Robin Lunge

Marisa Melamed

Mary Val Palumbo

DEBORAH WACHTEL

Lolly Backcup

Lorraine Jenne

DAN ADAMS

Dawn Philibest (for UDH Tracy Deane)

ETHAN BERKE

Lorilee Schoenbeck

Ellen B. Grimes

Burt Wilde

Peter Cobb

Melaine Mangan

Chris Winters

Tim Donovan

TOM ALDERMAN

John Olson, VDH

Nancy Metz,

Mat Barwick, VPOB

Stephanie Pagliuca, Bi-State
Primary
Care
Assoc.

BETH TANZMAN, BLUEPRINT

C. MACLEAN

Rik Barnett

Denise Clark

Nicole LaPointe

David Blanck

Devon Green

OFFICE OF PROFESSIONAL REGULATION
 BIENNIAL RENEWAL SCHEDULE
 2014 ONLINE LICENSE RENEWAL

We are pleased to announce the added convenience of renewing your professional license online. To find your profession hit Control "F" and type in the name of your profession or simply scroll down.

2014 ONLINE LICENSE RENEWAL

Profession	Expiration Dates	Mailing/Emailing of Renewal Notices with User ID and Password
Clinical Social Work	January 31, 2014	December 16, 2013
Acupuncture	January 31, 2014	December 16, 2013
Psychology	January 31, 2014	December 16, 2013
Licensed Practical Nurse	January 31, 2014	December 16, 2013
Real Estate Broker	March 31, 2014	February 21, 2014
Real Estate Offices	March 31, 2014	February 21, 2014
Motor Vehicle Racing	March 31, 2014	February 21, 2014
Nursing Home Administration	March 31, 2014	February 21, 2014
Real Estate Salesperson	May 31, 2014	April 18, 2014
Occupational Therapy	May 31, 2014	April 18, 2014
Dietetics	May 31, 2014	April 18, 2014
Osteopathy (Limited Temporary Only)	June 30, 2014	May 16, 2014
Engineering	July 31, 2014	June 20, 2014
Optometry	July 31, 2014	June 20, 2014
Opticianry	July 31, 2014	June 20, 2014
Boxing	July 31, 2014	June 20, 2014
Land Surveying	September 30, 2014	August 22, 2014
Tattooing and Body Piercing	September 30, 2014	August 22, 2014
Physical Therapy	September 30, 2014	August 22, 2014
Athletic Training	September 30, 2014	August 22, 2014
Chiropractic	September 30, 2014	August 22, 2014
Naturopathy	September 30, 2014	August 22, 2014
Osteopathy	September 30, 2014	August 22, 2014
Auctioneering	September 30, 2014	August 22, 2014
Barbering	September 30, 2014	August 22, 2014
Barber Shops	September 30, 2014	August 22, 2014
Real Estate Appraisal (Trainees Only)	October 31, 2014	September 19, 2014
Licensed Nursing Assistant	November 30, 2014	October 17, 2014
Respiratory Care	November 30, 2014	October 17, 2014
Psychotherapy	November 30, 2014	October 17, 2014
Marriage and Family Therapy	November 30, 2014	October 17, 2014

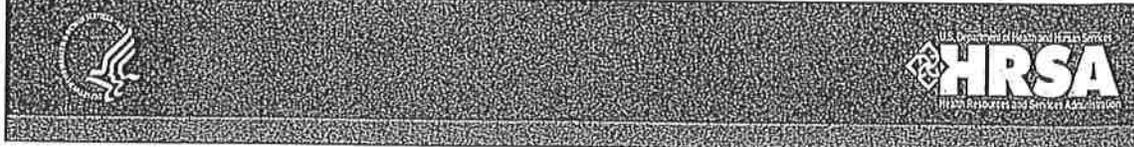
OFFICE OF PROFESSIONAL REGULATION
 BIENNIAL RENEWAL SCHEDULE
 2015 ONLINE LICENSE RENEWAL

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2015 ONLINE LICENSE RENEWAL

Profession	Expiration Dates	Mailing/Emailing of Renewal Notices with User ID and Password
Electrology	January 31, 2015	December 19, 2014
Midwifery	January 31, 2015	December 19, 2014
Architecture	January 31, 2015	December 19, 2014
Mental Health Counseling	January 31, 2015	December 19, 2014
Landscape Architecture	January 31, 2015	December 19, 2014
Registered Nurse	March 31, 2015	January 30, 2015
Advanced Practice Registered Nurse	March 31, 2015	January 30, 2015
Private Investigators and Security	May 31, 2015	April 17, 2015
Radiologic Technology	May 31, 2015	April 17, 2015
Ionizing Radiation Endorsement	May 31, 2015	April 17, 2015
Veterinary	May 31, 2015	April 17, 2015
Real Estate Appraisal	May 31, 2015	April 17, 2015
Osteopathy (Limited Temporary Only)	June 30, 2015	May 15, 2015
Funeral Service	July 31, 2015	June 19, 2015
Hearing Aid Dispensing	July 31, 2015	June 19, 2015
Accountancy	July 31, 2015	June 19, 2015
Pharmacy	July 31, 2015	June 19, 2015
Dental	September 30, 2015	August 14, 2015
Real Estate Appraisal (Trainees Only)	October 31, 2015	September 18, 2015
Cosmetology	November 30, 2015	October 16, 2015
Cosmetology Shops	November 30, 2015	October 16, 2015

AGENDA ITEM #4



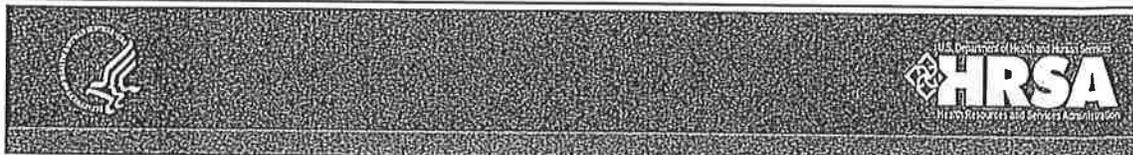
Area Health Resources Files (2013)

- County-level health resource information database
- Compiles data from over 50 different sources, with over 6,000 variables
- Data for over 20 health professions

New AHRF release in June 2013

- includes additional data on environmental indicators and NHSC sites/providers
- Improved web-based tools: Health Resources County Comparison Tool & Mapping Tool.
- State, national data coming soon

<http://arf.hrsa.gov>



Step 1: MDS Partners

<p><u>Physicians</u> Federation of State Medical Boards</p> <p><u>Nursing</u> National Council of State Boards of Nursing</p> <p><u>Physician Assistants</u> nccPA Health Foundation National Commission on Certification of Physician Assistants</p> <p><u>Pharmacy</u> American Association of Colleges of Pharmacy National Association of Boards of Pharmacy</p> <p><u>Dentists</u> American Dental Association</p> <p><u>Dental Hygiene</u> American Dental Hygienist Association</p> <p><u>Physical Therapy</u> American Physical Therapy Association Federation of State Boards of Physical Therapy</p> <p><u>Occupational Therapy</u> National Board for Certification in Occupational Therapy</p>	<p><u>Psychiatry</u> American Board of Psychiatry and Neurology, Inc.</p> <p><u>Psychology</u> American Psychological Association Association of State and Provincial Psychology Boards</p> <p><u>Social Work</u> Association of Social Work Boards National Association of Social Workers</p> <p><u>Licensed Professional Counselors</u> National Board for Certified Counselors and Affiliates, Inc.</p> <p><u>Substance Abuse Counselors</u> International Certification & Reciprocity Consortium NAADAC, the Association for Addiction Professionals</p>
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MDS Progress: Professions

- **11 completed or near-complete MDS**
- MDs: Performing stat outreach; developing IT infrastructure
- RNs: Partnering with nearly all states
- PAs: MDS data being cleaned and analyzed
- PTs: Finalized MDS; planning IT infrastructure
- Pharmacy: Incorporating into CPE Monitor
- DHs: Pilot tested MDS



MDS Progress: Professions

- OTs: Completed first renewal cycle with MDS questions
- Psychiatrists: Pilot testing MDS for future inclusion at MOC
- Psychologists: Finalized MDS; developing IT infrastructure
- SWs: Convening partners to finalize MDS
- LPCs: Finalized MDS
- SACs: Developing IT infrastructure; adding questions to initial certification



MDS Implementation: States

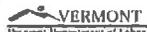
- DC: Physician Profile with MDS questions
- MA: MDS for seven professions
- MN, OR: MDS questions at re-licensure
- OH: Working with MD and RN boards
- VA: 9 professional surveys with MDS questions

AGENDA ITEM #5

Health Care Workforce Work Group

November 2013

Mathew Barewicz
Vermont Department of Labor
Economic & Labor Market Information Chief



Working Together for Vermont

Presentation Outline

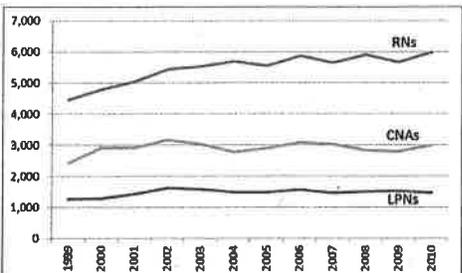
Current Methods of Assessing Workforce Trends

- Historical Trends: Looking Backwards via OES
- Projections: Taking a Look Forward
- Experimental: 'Real-Time' Indicators

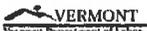


Working Together for Vermont

VT Employment Trend: Nursing



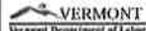
- Above average growth rates in all three major nursing occupations
 - RNs = 2.7%; LPNs = 1.3%; CNAs = 1.9%
 - versus 0.2% all covered employment between 1999 and 2010



Working Together for Vermont

Occupational Coding & the BLS

- Occupational Employment Statistics (OES) Program
- Standard Occupation Classification (SOC) Manual
- OES Collects:
 1. Prevalence (or count) of a particular occupation in a region
 - Region defined as nation, state, metropolitan areas and other sub-state regions like 'northern balance of state'
 2. Wage data by occupation
 - Mean, median, 'entry-level', 'experienced', etc.
 3. Staffing pattern information or occupational distribution by industry
 - Very interesting data; unsure of temporal uses



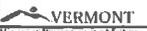
Working Together for Vermont

SOC Manual & the BLS (cont.)

Illustrative Example: OES Data Collection Schedule for 2012 Estimates

2010		2011		2012	
May Panel	Nov Panel	May Panel	Nov Panel	May Panel	Nov Panel

6 panels of data collected over 3 years produce one year's estimates of wages and employment. As two new panels are collected, they are added to the estimates and the oldest two panels drop off.

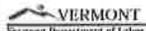


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SOC Manual & the BLS (cont.)

- In Vermont, VDOL LMI publishes estimates on over 500+ occupations
 - 45 occupations within the occupational family "Healthcare Practitioners and Technical Occupations" (29-xxxx)
 - 12 occupations within the occupational family "Healthcare Support Occupations" (31-xxxx)
- Here is a preliminary breakdown of the new Registered Nurse occupational code and the three breakout codes:

Occupational Title	Percent of Total
- Registered Nurses	95.7%
- Nurse Anesthetists	1.0%
- Nurse Midwives	0.4%
- Nurse Practitioner	2.8%



Working Together for Vermont

Initial Indication of Priorities for Consideration

**Health Care Workforce Work Group Meeting
November 6, 2013**

A preliminary poll of Workforce Work Group members was conducted to review the recommendations in the Health Care Workforce Strategic Plan and to allow members to indicate their initial priorities among the recommendations. 17 of the Work Group's 26 members responded (65%). Recommendations #1, #2, and #3 (establishing the Work Group, collecting workforce supply data, and making this a mandatory part of licensure, respectively) are underway, so this report concentrates on the other recommendations. Of the recommendations remaining, only 4 received more than 1 or 2 "votes." These are listed below.

Recommendation #	Recommendation	"Votes"
19	The Blueprint for Health shall establish systems of care re-engineering which identify workforce needs and enable professions to work to their highest clinical ability, and provide staff dedicated to ongoing re-engineering analysis.	7 (41% of responders)
21	In its movement toward payment reform, the Green Mountain Care Board should examine and be sensitive to its impact on health professional pay and the potential benefit a redesigned payment mechanism can have for recruitment and retention of health care professionals.	6 (35% of responders)
15	Within each Vermont State College, their departments should collaborate to develop coursework where health profession students can be educated together, allowing for interdisciplinary learning.	5 (29% of responders)
9	The Department of Education should accelerate efforts to align secondary education coursework with skills necessary for entry into the field of health care and to define career paths in terms of post-secondary education requirements. These efforts should consider coursework offered K-12.	4 (24% of responders)

These results will be communicated to entities affected by the recommendations. At future meetings of the Work Group, they will be asked to present on their thoughts and plans related to these recommendations.

Roles for the IPP Meeting

- **Facilitator**

Facilitate the discussion & insure the agenda is followed, action plans are developed & all team members participate.

- **Recorder**

Keep minutes for the meeting which are shared with all team members.

- **Recorder Checker**

Supports the recorder in getting down key information.

- **Time Keeper**

Insure time limits are set for agenda items, keep track of time on each item & help the team renegotiate times.

- **Jargon Buster**

Listen for jargon or unfamiliar terminology and ask for clarification for the group; invite others in the group to "jargon bust" as well.

Roles for the IPP Meeting

- **Equalizer**

Assure equal "air time" for all members of the student team.

- **Keeper of the Rudder**

Remind the group to get back "on topic."

- **Norm Prompter**

Prompt group to abide by the agreed upon norms or "rules of behavior" for the group.

- **Processor**

Evaluate the process of the mtg., whether or not the agenda was met, how respectful team members were, activities/discussions that went well, activities/discussions that were challenging, what should stay the same & what should be different, etc.

- **Wellness Provider**

Provide something to ends the meeting on a high note. (For example: Weather report, stretch, poem, reading, music, personal reflection, or appropriate joke).

Vermont Health Care Innovation Project Member List - Workforce

Member	M
Chair	C
Interim Chair	IC
Member Assistant	MA
Staff/Consultants	S
Interested Party	X

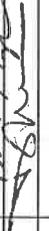
	Last Name	First Name	Title	Organization	Sign In :
1	Adams	David	Associate Dean	Fletcher Allen Health Care	
2	Alderman	Tom	Deputy Commissioner	Department of Education	
3	Backup	Molly	Physician Assistant	Physician Assistant at UT	<i>Unbacked</i>
4	Barewicz	Mat	Economic & Labor Market Info. Chief	Department of Labor	<i>R.T. Bant</i>
5	Barnett	Rick	President	Vermont Psychological Association	
6	Berke	Ethan	Associate Professor	Dartmouth Institute for Health Policy & Clinical Practice	
7	Blarck	David	Dentist		<i>David Blarck</i>
8	Clark	Denise	Pharmacist	Vermont Pharmacy Assoc.	<i>Denise Clark</i>
9	Cobb	Peter	Executive Director	Vermont Assembly of Home Health and Hospice Agencies	
10	Deban	Phyllis	Deputy Commissioner	AHS - VDH	<i>Phyllis Deban</i>
11	Donovan	Tim	Chancellor	Vermont State Colleges	<i>Tim Donovan</i>
12	Geller	Christine	Grant Manager & Stakeholder Coordinator	SIM - GMCB	
13	Grimes	Lory	Director of Physician Practices	Northeastern Vermont Regional Hospital	<i>Lory Grimes</i>
14	Grimes	Ellen	Dental Hygiene Program Director	Vermont Technical College	<i>Ellen Grimes</i>
15	Hein	Karen	Board Member	GMCB	
16	Jenne	Lorraine	Director of Human Resources	Howard Center for Mental Health	<i>Lorraine Jenne</i>
17	Lamothe	Nelson		UMASS	
18	LaPointe	Nicole	Executive Director	Northeastern Vermont Area Health Education Center	<i>Nicole LaPointe</i>
19	Lunge	Robin	Director of Health Care Reform	AOA	
20	MacLean	Charlie	Associate Dean	University of Vermont	<i>Charlie MacLean</i>
21	Maheras	Georgia		SIM - AOA	
22	Melamed	Marisa		AOA	<i>Marisa Melamed</i>
23	Mongan	Madeleine	Deputy Executive Vice President	Vermont Medical Society	<i>Madeleine Mongan</i>
24	O'Donnell	Meg			<i>Meg O'Donnell</i>
25	Pagliuca	Stephanie	Director	Bi-State Primary Care	<i>Stephanie Pagliuca</i>
26	Palumbo	Mary Val	Associate Professor	University of Vermont	<i>Mary Val Palumbo</i>
27	Reynolds	David		AOA	<i>David Reynolds</i>
28	Schoenbeck	Lori Lee	Naturopath		<i>Lori Lee Schoenbeck</i>

Denise Clark Health Policy Analyst AOA
Nancy Metz MEMBER OF THE PUBLIC

Peggy Brozian

Vermont Health Care Innovation Project Member List - Workforce

Member	M
Chair	C
Interim Chair	IC
Member Assistant	MA
Staff/Consultants	S
Interested Party	X

	Last Name	First Name	Title	Organization	Sign In:
29	Schurr	Stuart	Deputy Commissioner	AHS - DAIL	
30	Solis	Nancy			
31	Tanzman	Beth	Assistant Director of Blueprint for Health	AHS - DVHA	
32	Wachtel	Deborah	Nurse-Practitioner	VNPA	
33	Wallack	Anya	Chair	SIM Core Team Chair	
34	Wilcke	Burton	Associate Professor	University of Vermont	
35	Winters	Chris	Director	MA - OPR SOS - Secy of State	

CONFLICT OF INTEREST POLICY

For

VERMONT HEALTH CARE INNOVATION PROJECT (VHCIP) CORE TEAM, STEERING COMMITTEE AND WORK GROUPS

I. PURPOSE

The purpose of this Conflict of Interest Policy is to ensure the independence and impartiality of the VHCIP Governance Structure, including the Core Team, Steering Committee and Work Groups (“the Committee”) when it is contemplating entering into a transaction or arrangement that might benefit the private interest of any Core Team, Steering Committee or work group member. Nothing in this policy shall relieve any person from compliance with additional conflict of interest policies such as the Executive Code of Ethics, state personnel policies, and Agency of Administration bulletins, including but not limited to Bulletin 3.5, Contracting Procedures.

II. DEFINITIONS

1. Interested person: Any member or subcommittee member or other individual in a position to exercise influence over the affairs of the Committee who has a direct or indirect interest, as defined below, is an “interested person.”
2. Interest: A person has an “interest” if the person has, directly or indirectly, through business, investment, or family:
 - a. An ownership or investment interest in any entity with which the Committee has a transaction or arrangement or is negotiating a transaction or arrangement, or
 - b. A compensation or other pecuniary arrangement with the Committee or with any entity or individual with which the Committee has a transaction or arrangement or is negotiating a transaction or arrangement, or
 - c. A potential ownership or investment interest in, or compensation or pecuniary arrangement with any entity or individual with which the Committee is negotiating a transaction or arrangement, or
 - d. Any other relationship that the person determines may compromise his or her ability to render impartial service or advice to the Committee.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

An interest is not necessarily a conflict of interest and a conflict of interest does not arise where an individual’s interest is no greater than that of other persons generally affected by the outcome of the matter.

III. PROCEDURES

1. **Duty to Disclose:** Any interested person must disclose the existence of his or her interest to the Committee and shall be given the opportunity to disclose all material facts to the Committee.
2. **Duty to Voice Concerns:** In the event any member becomes concerned that an interested person has an undisclosed interest or is exerting inappropriate influence related to an interest, this concern shall be raised with the Chair of the Core Team and the VHCIP Project Director.
3. **Determining Whether a Conflict of Interest Exists:** After disclosure of the interest and all material facts, and after any necessary discussion with the interested person, the Core Team shall determine whether the person has a conflict of interest that requires the interested person to remove him or herself from the matter under consideration. In no event shall an interested person participate in the deliberation and/or determination of any matter in which he or she will receive any compensation from the Committee for employment, professional contract, or otherwise.
4. **Restriction on Participation:** It shall be the responsibility of the Project Director to instruct an interested person on any restriction on his or her participation in any consideration of the subject matter of the conflict of interest, and it shall be the responsibility of the Project Director and all non-interested members of the Committee to enforce such restrictions.
5. **Procedures for Addressing the Conflict of Interest:**
 - a. An interested person shall leave any Committee meeting during discussion of, and the vote on, any transaction or arrangement that involves a conflict of interest and shall otherwise not participate in the matter in any way.
 - b. If necessary, the Chair of the Core Team shall appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
 - c. After exercising due diligence, including consideration of independent comparability data, valuations, estimates, or appraisals, the Committee shall determine whether the Committee can obtain a more advantageous transaction or arrangement with reasonable effort from a person or entity that would not give rise to a conflict of interest.
 - d. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Core Team shall determine by majority vote (or quorum) of all of the disinterested members (regardless of the number present at the meeting): (1) whether the transaction or arrangement is in the public's best interest, (2) whether the transaction or arrangement is fair and reasonable to the Committee, and (3) whether to enter into the transaction or arrangement consistent with such determinations.

6. Records of Proceedings: The minutes of the Committee or affected sub-committee shall contain:
 - a. The names of the persons who disclosed or otherwise were found to have an interest in connection with an actual or possible conflict of interest.
 - b. The names of the persons who were present for the discussion and votes relating to the transaction or arrangement, the content of the discussion, including a summary of any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the discussion.
7. Violations of the Conflict of Interest Policy:
 - a. If the Committee has reasonable cause to believe that an interested person has failed to disclose actual or possible conflicts of interest, it, through the Co-Chairs, shall inform the Core Team and the Core Team shall afford him or her an opportunity to explain the alleged failure to disclose.
 - b. If, after hearing the response of the person and making such further investigation as may be warranted under the circumstances, the Core Team determines that he or she has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate action.

IV. ANNUAL STATEMENTS

- a. Each Committee member shall annually sign a statement which affirms that he or she has received a copy of this Conflict of Interest Policy, has read and understands the Policy, and has agreed to comply with the Policy (Attachment A).

V. COMPLIANCE AND PERIODIC REVIEWS:

The Core Team shall make periodic reviews of compliance with this policy.

Adopted by the VHCIP Core Team

Date: 12.9.13

Attachment A:
CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT

I, _____, a participant in the Vermont Health Care Innovation Project (VHCIP) Grant governance process, acknowledge having received, read, and understood the VHCIP Grant Conflict of Interest Policy dated _____, and agree to adhere to it.

Date: _____ Signature: _____

Name: (print) _____

DRAFT 11/27/13

Vermont Health Care Innovation Project

HEALTH CARE WORKFORCE WORK GROUP CHARTER

EXECUTIVE SUMMARY

The Health Care Workforce Work Group, created in Governor's Executive Order #07-13, was charged to:

1. Provide statewide direction and planning for health workforce initiatives and activities;
2. Monitor health workforce trends and needs;
3. Develop strategic health workforce objectives and activities that could be pursued by state government and stakeholders;
4. Advise the Secretary of Administration and relevant state agencies on the development of short and long term workforce supply, demand, and performance measures in order to provide the information needed for strategic workforce development and investment;
5. Research and recommend to the Governor and the Secretary public and private opportunities for funding health workforce initiatives;
6. Serve as the workforce advisory group for the Vermont Health Care Innovation Project (a.k.a. State Innovation Model grant); and
7. Report at least annually to the Governor and the Secretary on progress in developing a health workforce and provide workforce recommendations to ensure health care reform success.

PURPOSE/PROJECT DESCRIPTION

Scope of Work: Specific to the Vermont Health Care Improvement Project, the Work Group will seek to gather the data necessary to assess supply and demand in order to ensure the appropriate number and type of health care professionals to achieve the Project's goals. Once the data is obtained and analyzed, the Work Group will utilize it to develop, recruit, and retain the workforce needed. This will require intense and well-coordinated work that engages the entire health care and educational community, including state entities and external stakeholders.

Work Group Objectives/Success Criteria:

- In order to assess the adequacy of the workforce supply, the Office of Professional Regulation shall implement the requirement in Act 171 to survey all licensed health professions, adapting as needed national minimum data sets where they exist and

developing ones where they don't. Surveys will be conducted at the time of re-licensure of each profession with all professions initially being surveyed by the end of 2015.

- In order to project and plan for the demand for health professionals in concert with payment and delivery system reform, the Department of Labor shall lead the effort to develop and assess demand models related to health care workforce, taking into account regional variations and differences in service utilization caused by improved or worsened health status. An RFP for this work will be issued in 2014 and extend throughout the VHCIP term.
- Analysis of the supply surveys and demand metrics will occur throughout the term of the VHCIP grant period in order to inform and guide the implementation of the recommendations contained in the Health Care Work Force Strategic Plan during and subsequent to the term of the VHCIP.
- Based on this, the Work Group will annually set priorities for which Plan recommendations should be addressed and implemented and so advise the VHCIP Core Team, the Green Mountain Care Board, and the Secretary of Administration for their consideration in allocating resources to achieve them.

PROJECT JUSTIFICATION

Without an adequate and appropriate health care workforce, all other health reform efforts involving universal coverage and access, delivery system reform, and payment reform will be unsuccessful. Since workforce relates to and overlaps with all of the other elements of the VHCIP, this Work Group is essential since it includes representation from the broad spectrum of those affected by, and able to implement, reform - not only state government interagency members, but also members from health care employers, clinicians, membership organizations, and secondary and higher education.

RISKS

With such a diverse group and with a charter that includes open-ended tasks, retaining the interest and commitment of members could become a factor long term, particularly if certain professions or entities do not feel their issues are being addressed in a timely or favorable way. In addition, the achievement of certain Plan recommendations and goals will require new resources or the reassignment of existing resources. Addressing how to obtain them and who will be affected in any redistribution will not be without controversy.

DELIVERABLES

- Development and analysis of surveys for all licensed professions to assess supply
- Development and analysis of metrics that define demand and help determine the workforce needs across the state
- Coordination between and among external Stakeholders and all state agencies that influence workforce in education & training, recruitment, and promotion of health professions through the

Work Group members and in conjunction with the implementation of the Health Care Workforce Strategic Plan

- Annual recommendations to Vermont's policy and budget leaders on Work Group priorities for funding workforce development, recruitment, and retention.

SUMMARY MILESTONES

- ✓ The licensure schedule appended to this charter includes the re-licensure schedule for the health professions. The mandatory surveys for each specific profession will be developed prior to each re-licensure date for completion in conjunction with the licensure application.
- ✓ Analysis of each profession's surveys will occur within ~~six~~ ~~three~~ months of its licensure deadline.
- ✓ Development, refinement, use, and modification of demand metrics will occur through the Project period with the first metrics completed by the end of 2014.
- ✓ Implementation of the Work Group's first recommended priorities from the Plan will occur by the end of 2014.

MEMBERSHIP REQUIREMENTS

As called for in Executive Order #07-13, membership on the Health Care Workforce Work Group will be appointed by the Secretary of Administration to assure representation from across state government departments and to be as inclusive as possible of health care employers, clinicians, membership organizations, and secondary & higher education along with other relevant interest groups. To be a truly "working group," the Work Group must be somewhat limited in size and not all professions will be members. Therefore, the expectation is that members will not just represent their own vested interests, but they must be able to think broadly about Vermont's health workforce needs and how to alleviate them. It is further expected that members will make every effort to attend the six bi-monthly meetings of the Work Group each year.

PARTICIPANT LIST (as of November 30, 2013)

The list of members of the Health Care Workforce Work Group at the time this charter was written is appended to this document.

RESOURCES AVAILABLE FOR STAFFING & CONSULTATION

Work Group Co-chairs: **Robin Lunge, Director of Health Care Reform**
robin.lunge@state.vt.us
802-828-2318

Mary Val Palumbo, DNP, APRN, GNP-BC
mpalumbo@uvm.edu
802-656-0023

Work Group Staff:

Christine Geiler, VHCIP Stakeholder Coordinator
christine.geiler@state.vt.us
802-828-2177

Marisa Melamed, Executive Assistant
marisa.melamed@state.vt.us
802-828-2318

Nelson LaMothe, VHCIP Project Manager
Nelson.LaMothe@umassmed.edu
774-364-2732

WORK GROUP PROCESSES:

1. The Work Group will meet bi-monthly on the second Wednesday of the month.
2. The Work Group Co-chairs will plan and distribute the meeting agenda through Christine Geiler.
3. Related materials are to be sent to Work Group members, staff, and interested parties prior to the meeting date/time by Christine Geiler.
4. Work Group members, staff, and interested parties are encouraged to call the Work Group staff or Co-chairs in advance of the meeting if they have any questions related to the meeting materials that were received.
5. Minutes will be recorded at each meeting by Nelson LaMothe.
6. The Work Group Co-chairs will preside at the meetings.
7. Progress on the Work Group's work will be reported as the Monthly Status Report by the Co-chairs
8. The Work Group's Status Report and Recommendations are directed to the Steering Committee.

AUTHORIZATION

_____ **Date:** _____
Project Sponsor/Title

OFFICE OF PROFESSIONAL REGULATION
BIENNIAL RENEWAL SCHEDULE
2014 ONLINE LICENSE RENEWAL

2014 ONLINE LICENSE RENEWAL

Profession	Expiration Dates	Mailing/Emailing of Renewal Notices with User ID and Password
Clinical Social Work	January 31, 2014	December 16, 2013
Acupuncture	January 31, 2014	December 16, 2013
Psychology	January 31, 2014	December 16, 2013
Licensed Practical Nurse	January 31, 2014	December 16, 2013
Real Estate Broker	March 31, 2014	February 21, 2014
Real Estate Offices	March 31, 2014	February 21, 2014
Motor Vehicle Racing	March 31, 2014	February 21, 2014
Nursing Home Administration	March 31, 2014	February 21, 2014
Real Estate Salesperson	May 31, 2014	April 18, 2014
Occupational Therapy	May 31, 2014	April 18, 2014
Dietetics	May 31, 2014	April 18, 2014
Osteopathy (Limited Temporary Only)	June 30, 2014	May 16, 2014
Engineering	July 31, 2014	June 20, 2014
Optometry	July 31, 2014	June 20, 2014
Opticianry	July 31, 2014	June 20, 2014
Boxing	July 31, 2014	June 20, 2014
Land Surveying	September 30, 2014	August 22, 2014
Tattooing and Body Piercing	September 30, 2014	August 22, 2014
Physical Therapy	September 30, 2014	August 22, 2014
Athletic Training	September 30, 2014	August 22, 2014
Chiropractic	September 30, 2014	August 22, 2014
Naturopathy	September 30, 2014	August 22, 2014
Osteopathy	September 30, 2014	August 22, 2014
Auctioneering	September 30, 2014	August 22, 2014
Barbering	September 30, 2014	August 22, 2014
Barber Shops	September 30, 2014	August 22, 2014
Real Estate Appraisal (Trainees Only)	October 31, 2014	September 19, 2014
Licensed Nursing Assistant	November 30, 2014	October 17, 2014
Respiratory Care	November 30, 2014	October 17, 2014
Psychotherapy	November 30, 2014	October 17, 2014
Marriage and Family Therapy	November 30, 2014	October 17, 2014

OFFICE OF PROFESSIONAL REGULATION
 BIENNIAL RENEWAL SCHEDULE
 2015 ONLINE LICENSE RENEWAL

2015 ONLINE LICENSE RENEWAL

Profession	Expiration Dates	Mailing/Emailing of Renewal Notices with User ID and Password
Electrology	January 31, 2015	December 19, 2014
Midwifery	January 31, 2015	December 19, 2014
Architecture	January 31, 2015	December 19, 2014
Mental Health Counseling	January 31, 2015	December 19, 2014
Landscape Architecture	January 31, 2015	December 19, 2014
Registered Nurse	March 31, 2015	January 30, 2015
Advanced Practice Registered Nurse	March 31, 2015	January 30, 2015
Private Investigators and Security	May 31, 2015	April 17, 2015
Radiologic Technology	May 31, 2015	April 17, 2015
Ionizing Radiation Endorsement	May 31, 2015	April 17, 2015
Veterinary	May 31, 2015	April 17, 2015
Real Estate Appraisal	May 31, 2015	April 17, 2015
Osteopathy (Limited Temporary Only)	June 30, 2015	May 15, 2015
Funeral Service	July 31, 2015	June 19, 2015
Hearing Aid Dispensing	July 31, 2015	June 19, 2015
Accountancy	July 31, 2015	June 19, 2015
Pharmacy	July 31, 2015	June 19, 2015
Dental	September 30, 2015	August 14, 2015
Real Estate Appraisal (Trainees Only)	October 31, 2015	September 18, 2015
Cosmetology	November 30, 2015	October 16, 2015
Cosmetology Shops	November 30, 2015	October 16, 2015

HEALTH CARE WORKFORCE WORK GROUP MEMBERS: 2013**Revised: 11/30/13**

Name	Title/Affiliation	Representing
David Adams, MD	Associate Dean of Graduate Medical Education, Fletcher Allen HealthCare david.adams@vtmednet.org	Fletcher Allen Health Care
Tom Alderman	Deputy Commissioner of Secondary & Adult Division, Dept. of Education tom.alderman@state.vt.us	Department of Education
Molly Backup	Physician Assistant in private practice mollybackup@aol.com	Physician Assistants
Mat Barewicz	Economic & Labor Market Information Chief, Dept. of Labor mathew.barewicz@state.vt.us	Department of Labor
Rick Barnett	Doctor of Psychology in private practice; President of Vermont Psychological Association dr.rickbarnett@gmail.com	Private-practicing mental health & substance abuse providers
Ethan Berke, MD	Associate Professor, Dartmouth Institute for Health Policy & Clinical Practice Ethan.M.Berke@dartmouth.edu	Dartmouth Hitchcock Medical Center
David Blanck, DDS	Dentist in private practice drblanck@gmavt.net	Dentists
Denise Clark	Pharmacist & lawyer deniseaclark@aol.com	Pharmacists
Peter Cobb	Executive Director, Vermont Assembly of Home Health Agencies vahha@comcast.net	Visiting nurse & hospice agencies
Tracy Dolan	Deputy Commissioner of Health, Dept. of Health tracy.dolan@state.vt.us	Department of Health
Tim Donovan	Chancellor, Vermont State Colleges tim.donovan@vsc.edu	Vermont State Colleges
Ellen Grimes	Dental Hygiene Program Director, Vermont Technical College EGrimes@vtc.vsc.edu	Dental hygienists
Lory Grimes	Director of Physician Practices Northeastern Vermont Regional Hospital l.grimes@nvrh.org	Hospitals

Name	Title/Affiliation	Representing
Lorraine Jenne	Director of Human Resources, Howard Center LorraineJ@howardcenter.org	Designated community mental health agencies
Nicole LaPointe	Executive Director, Northeastern Vermont Area Health Education Center nlapointe@nevahec.org	Area Health Education Centers
Robin Lunge Work Group Co-chair	Director of Health Care Reform, Agency of Administration robin.lunge@state.vt.us	Agency of Administration
Charlie MacLean	Associate Dean for Primary Care, University of Vermont Medical School charles.maclean@uvm.edu	University of Vermont Medical School
Madeleine Mongan	Deputy Executive Vice President, Vermont Medical Society mmongan@vtmd.org	Primary and specialty physicians
Stephanie Pagliuca	Director, VT/NH Recruitment Center, Bi-State Primary Care Association SPagliuca@bistatepca.org	Federally-qualified health centers
Mary Val Palumbo Work Group Co-chair	Associate Professor, UVM College of Nursing & Health Sciences mpalumbo@uvm.edu	Nurses
Lori Lee Schoenbeck, ND	Naturopath in private practice lschoenbeck@comcast.net	Complementary & alternative medicine providers
Stuart Schurr	Deputy Commissioner of Dept. of Disabilities, Aging & Independent Living stuart.schurr@state.vt.us	Department of Disabilities, Aging, & Independent Living
Beth Tanzman	Assistant Director, Blueprint for Health, Dept. of Vermont Health Access beth.tanzman@state.vt.us	Blueprint for Health
Deborah Wachtel	Practicing Nurse Practitioner otter@smalldog.com	Nurse Practitioners
Burton Wilcke, Jr.	Associate Professor, UVM Dept. of Medical Laboratory & Radiation Sciences bwilcke@uvm.edu	Allied Health
Chris Winters	Director, Office of Professional Regulation, Secretary of State chris.winters@sec.state.vt.us	Office of Professional Regulation

DRAFT

DRAFT 1/5/13 – Work Plan for Workforce Committee

Objectives	Supporting Activities	Target Date	Responsible Parties	Status of Activity	Measures of Success
Set priorities for which Health Care Work Force Strategic Plan recommendations are addressed.	<ul style="list-style-type: none"> Review and refine draft charter Review membership list for gaps Develop 2014 meeting schedule Identify resource needs 	March 2014	Staff; co-chairs; work group members	<ul style="list-style-type: none"> Draft charter Membership list developed Draft work plan 	<ul style="list-style-type: none"> Final Charter Comprehensive membership list 2014 meeting schedule Resources are adequate to accomplish objectives
Analysis of the supply surveys and demand metrics will occur throughout the term of the VHCIP grant period in order to inform and guide the implementation of the recommendations.	<ul style="list-style-type: none"> 	December 2014?	Staff; co-chairs; work group members		<ul style="list-style-type: none">
Obtain consultants to assist with selected work group activities	<ul style="list-style-type: none"> Identify activities that could benefit from consultant expertise Develop scope of work and RFP Issue RFP Review bids Select vendor Execute contract 	March 2014	Staff; co-chairs; work group members; Core Team		<ul style="list-style-type: none"> Contract in place
Coordinate and collaborate with other work groups	<ul style="list-style-type: none"> Identify activities led by other work groups that relate to activities of Workforce Work Group Develop mechanisms for reporting about related activities to other work groups, and for obtaining information about related activities from other work groups 	Ongoing	Staff; co-chairs; work group members; other work groups		<ul style="list-style-type: none"> Well-coordinated and aligned activities among work groups
Select proposals to implement, review projects In process	<ul style="list-style-type: none"> 		Staff; co-chairs; work group members	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Update Workforce	<ul style="list-style-type: none"> 	September-			<ul style="list-style-type: none">

Objectives	Supporting Activities	Target Date	Responsible Parties	Status of Activity	Measures of Success
Strategic Plan		December 2014			

To: All VHCIP Participants
Fr: Georgia Maheras, Project Director
Date: January 8, 2014
Re: Federal Restrictions on VHCIP/SIM Expenditures

Federal Restrictions on VHCIP/SIM Expenditures:

At a high level, the grant funds can only be used for purposes approved in the state's Notice of Award-tasks related to Vermont's approved grant. This is a specific release of funds to be spent on personnel, travel, equipment, space, and contractors. Vermont will receive a new Notice of Award with each year of the grant program releasing funds annually. Vermont must also receive federal approval for all contractors hired by submitting contracts to CMMI for approval before final execution. The Notice of Award includes several restrictions for how Vermont can spend funds. These are listed below for your information.

Funds may not be used for the following:

- 1.** *Food, alcohol, entertainment, honoraria;*
- 2.** *Smart phones (unless receiving express CMMI permission);*
- 3.** *To reimburse preaward costs;*
- 4.** *To provide individuals with services that are already funded through Medicare, Medicaid, and/or CHIP;*
- 5.** *To match any other Federal funds;*
- 6.** *To provide services, equipment, or support that are the legal responsibility of another party under Federal or state law (e.g., vocational rehabilitation, criminal justice, or foster care) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party;*
- 7.** *To supplant existing Federal, state, local, or private funding of infrastructure or services;*
- 8.** *To be used by local entities to satisfy state matching requirements;*
- 9.** *To pay for the use of specific components, devices, equipment, or personnel that are not integrated into the entire service delivery and payment model proposal;*
- 10.** *To lobby or advocate for changes in Federal and/or state law;*
- 11.** *To support or oppose gun control;*
- 12.** *To carry out any program of distributing sterile needles or syringes for hypodermic injection of any illegal drug;*
- 13.** *Coordinate with and build upon other CMS, HHS, and Federal and local initiatives taking place within the state without duplicating funding requests. Federal funding cannot be claimed for duplicative activities, or to supplant federal or state funding.*
- 14.** *Expend no SIM funds in the following areas which are out of the scope of the State Innovation Models initiative:*

- i. Medicare or Medicaid eligibility changes;*
- ii. Coverage or benefits reductions in Medicare or Medicaid or any changes that would have the effect of rationing care;*
- iii. Increases in premiums or cost sharing;*
- iv. Increases in net federal spending under the Medicare, Medicaid or CHIP programs;*
- v. Medicare payments directly to states, including shared savings;*
- vi. Medicaid Federal Medical Assistance Percentage formula changes;*
- vii. Changes to the EHR incentive program for eligible professionals and eligible hospitals;*
- viii. Changes in State Financial Alignment Models;*
- ix. Reductions in Medicare beneficiary choice of provider or health plan, or Medicaid choice of provider or health plan beyond those allowed today; or changes to maintenance of effort requirements;*
- x. Changes to CMS sanctions, penalties, or official denial of participation currently in effect.*

To: Mary Val Palumbo and Robin Lunge, Co-Chairs Workforce Work Group
 Fr: Georgia Maheras
 Date: January 7, 2014
 Re: VHCIP Workforce funding

VHCIP provides certain financial resources to support implementation of the Workforce Strategic Plan. The VHCIP Core Team approved a funding allocation process that allows the Workforce Work Group to make recommendations regarding spending of certain SIM funds. The Core Team approved the following line items as within the Workforce Work Group purview:

Budget Line Item Title	Year one	Year two	Year three	Total for three years
Workforce- base consulting funds to support work group activities	\$ 43,000	\$ 43,000	\$ 43,000	\$ 129,000
Workforce consulting items (in detail below)				
Surveys	\$ 80,000	\$ 80,000	\$ -	\$ 160,000
Data analysis	\$ -	\$ 150,000	\$ 150,000	\$ 300,000
System-wide analysis	\$ 546,666	\$ 546,666	\$ 546,667	\$ 1,639,999

Approved text from the federally-approved budget¹:

The State of Vermont has recently developed a Workforce Strategic Plan (<http://www.leg.state.vt.us/reports/2013ExternalReports/285604.pdf>) that identified lack of data on Vermont’s workforce as the major stumbling block to ensuring the State has the right number and type of providers for a high performing health system. While the State has some data on physicians, that data is limited. For example, it is unclear how FTEs are calculated by various providers. Additionally, the State has little or no data on non-physicians, especially those provider mental health and substance abuse services. The workforce components of the SIM application start with a data collection effort. Once those data are collected, the State will engage in an effort to assess supply versus demand. For example, if clinicians who currently work 60 hours per week are retiring and being replaced by clinicians who work 40 hours per week, we need to replace at a rate of 1.5:1. The supply/demand models will develop methods by which we can ascertain the supply and demand. The final component of our workforce efforts involve coordination, communication and system-wide analysis. The State’s efforts in workforce analysis, recruitment and development have not been ideally designed up until this

¹ Note that CMMI has only approved the Year One funding, not subsequent years.

point. The SIM application contemplates a highly coordinated effort that cuts across multiple State agencies and external entities. For successful deployment of care teams, the State and providers need to work together to recruit providers and track provider behavior in the State. This component will allow for that coordination and create a process that is not fragmented. Advancing and sustaining this agenda will require intense and well-coordinated work among numerous parties. The entire health care community must be involved in developing and implementing these changes. Workforce is a highly controversial topic in Vermont as salary and provider satisfaction are important to the health care workforce. Therefore the State needs to ensure the process around this topic is robust and clinicians all around the State understand that process. This will increase the amount of time spent by contractors on this component. Our estimate is that the State will need the equivalent of 2.0FTE per year for the final two years of the grant period, to complete this component at a blended rate of \$225/hour.

Workforce Assessment: Survey Development	
Organizational Affiliation	Office of Professional Responsibility (OPR)
Scope of Project/Services to be Rendered	Develop a series of surveys in conjunction with health professional licensing boards which are based upon national minimum data set recommendations. Up to 40 surveys will be developed, one for each profession.
Relevance of Project/Service to SIM Grant implementation	Health care workforce planning requires the collection of a minimum set of data across professions which will provide adequate insight to health care workforce supply. While recommendations for a minimum data set exist at a national level, data elements and the associated questions may need to be adapted to be relevant to a wide array of professions. This includes programming and data extraction. This will need to be done in conjunction with individual professional licensing boards.
Name of Consultants	The State of Vermont will issue an RFP for these services.
Number of Days in Consultation	Approximately 32 hours per survey over the course of three years: 1,095 days.
Expected Budget or Rate of Compensation	Total Budget of \$160,000; \$53,333 for each year of the grant once past the planning phase. The estimate for this budget amount is based on surveys conducted in recent years through OPR. The expectation is that 1,280 hours will be spent on this project. Existing State contracts indicate that contractors familiar with the various professions, who are also skilled at survey development charge between \$125-\$150 per hour.
Method of Accountability	OPR Director/GMCB

Workforce Data Analysis	
Organizational Affiliation	Department of Labor
Scope of Project/Services to be Rendered	Includes the development of workforce demand models to enable the State to identify measures by which we can determine what workforce is needed across the state.
Relevance of Project/Service to SIM Grant implementation	There is a paucity of metrics which define health care workforce demand. Those that exist are not responsive to changing workforce needs based upon reform efforts, regional variations nor differences in health care services demands because of increased or decreased health status.
Name of Consultants	The State of Vermont will issue an RFP for these services.
Number of Days in Consultation	Approximately 445 hours annually during the grant period: 1,095 days.
Expected Budget or Rate of Compensation	<p>Total Budget of \$300,000; \$100,000 for each year of the grant once past the planning phase.</p> <p>The State of Vermont anticipates that we will need \$100,000 per year to perform this work. This estimate is based on recent efforts to develop metrics for health care workforce measurement. The State engaged a vendor to assist in development of a Workforce Strategic Plan. In that effort, the state recognized that development of workforce demand models is a complex activity and required those experienced in model development, knowledge of workforce supply and demand, understanding of Vermont's current workforce landscape as well as an ability to identify the future needs of Vermont in a reformed system. Recent State contracts indicate that contractors with this level of expertise charge between \$200 and \$250 per hour.</p>
Method of Accountability	DOL/GMCB

Workforce Assessment: System-wide capacity	
Organizational Affiliation	Green Mountain Care Board and Agency of Administration

<p>Scope of Project/Services to be Rendered</p>	<p>Utilizing data collected through surveys and licensure, deliverables in this section include:</p> <ul style="list-style-type: none"> • Convening clinicians, educators, and state officials to work together to develop a plan for creating and sustaining the needed workforce in a reformed system; • Advancing and sustaining this agenda will require intense and well-coordinated work among numerous parties. The entire health care community must be involved in developing and implementing these changes. • Implementing Vermont’s Workforce Strategic Plan, found here: http://www.leg.state.vt.us/reports/2013ExternalReports/285604.pdf
<p>Relevance of Project/Service to SIM Grant implementation</p>	<p>Workforce planning is about getting the right staff with the right skills in the right place at the right time. This is a complex undertaking. In Vermont, health workforce planning becomes even more difficult, given that payment and delivery system reform is a work in progress. While such planning is difficult, it is also urgently needed if Vermont’s movement toward universal health care is to be successful. <i>Coverage</i> for care without an adequate workforce to assure <i>access</i> will result in a failure of reform.</p>
<p>Name of Consultants</p>	<p>The State of Vermont will issue an RFP for these services.</p>
<p>Number of Days in Consultation</p>	<p>Years two and three of the grant period: 730 days.</p>

Expected Budget or Rate of Compensation	<p>Total Budget of \$1,640,000; \$546,667 for each year of the grant once past the planning phase.</p> <p>The State of Vermont is committed to ascertaining system-wide capacity for its health care workforce. The recent State discussion about a Workforce Strategic Plan highlighted the challenges in identifying this capacity. A core challenge is the need to reach out to all of the health care professionals across the State. Given its rural nature, the number of independent practices and the fragmentation of various professions, the State will need a contractor who spends a significant amount of time communicating with health care clinicians. The State will also need resources to compile the information gathered and brief policymakers, those at the academic medical center and various payers. Additionally, the State recognizes that workforce discussions are complex and bring numerous challenges. Our estimate assumes that a team of data analysts, workforce experts, facilitators and researchers will work together to perform these tasks. We also anticipate needed to do some Statewide and regional convenings on the topic of workforce. Recent State contracts indicate that contractors with this level of expertise charge between \$200 and \$250 per hour.</p>
Method of Accountability	GMCB/AOA

Re: Proposal to contract for services supporting the collection of data on the Vermont Health Care Workforce

The anticipated term of the contract is the length of the grant.

The anticipated amount of the contract is \$110,000

Proposal:

Description of Need: The Vermont Department of Health has been collecting, analyzing and publishing health care provider workforce data since 1994. The data have historically been collected in conjunction with the relicensing process, and included physicians, dentists and physician assistants. Among other uses, the information has been essential to designating geographic regions within the state as medically underserved; for this purpose a complete census of licensed providers, rather than a partial survey is required. Despite there being interest in performing analyses of other health professions beyond those listed above, the VDH has not had adequate staff to take on this work.

In 2013, Act 79, Sec.44 mandated the collection of these data for all health professions in order to assist with health care planning. At the same time, at the national level the National Center for Health Workforce Analysis has been collaborating with national professional organizations and state licensure boards to develop Minimum Data Sets (MDS) to answer questions on the supply and distribution of the U.S. healthcare workforce. In general the MDS consists of health professional demographic information, educational pathway, specialization, location of practice, and percent effort. The MDS will provide comparable data across states.

The data to be collected in Vermont will need to meet these related, but distinct needs: provide information needed for workforce development planning; determine medically underserved areas ; and collect information consistent with the national Minimum Data Set. For those professions that have been surveyed in the past, it will also be important to collect information that is consistent with prior years to allow for comparisons across time. For newly surveyed professions, in addition to the standard questions included in the MDS, there will be other questions that may be unique to that profession.

In order to respond to this increase in the number of health care professions surveyed additional support will be needed to design the forms, analyze the data, produce reports and respond to requests for special analyses.

Scope of Work: The Contractor will provide the following activities and deliverables:

- For each of the health professions: Familiarize themselves with the information needed for planning purposes, for purposes of determining medical underservice,

the MDS for that profession, if one exists, and any previous surveys conducted for that profession, and the relicensing schedule.

- Design a set of questions to meet the various requirements and review with interested parties.
- Collaborate with the appropriate Licensing Organization to incorporate the form into the relicensing process. This might include working with the Licensing Organization who will incorporate the questions directly into the relicensing forms, or developing a separate survey that is linked to the relicensing form.
- If needed, prepare paper forms using the software determined by the Department of Health, for individuals who do not relicense on-line.
- Analysis of the survey data, including identifying any limitations of the data.
- Produce one or more reports for each health care profession that can be used for planning purposes and to provide summarized data for the public.
- Provide special analyses as needed for interested parties such as the *Workforce Development Committee*, or the *State Office of Primary Care and Rural Health*.

Benefits Derived: As a result of this contract detailed information about the current health care workforce will be available and can be used for workforce development planning. In addition the information will be used to determine if there are areas of the state that are medically underserved, and if so will be used to obtain a designation of medical underservice which can be used to develop assistance such as Federally Qualified Health Centers and Rural Health Centers. The information will be collected in a manner that is consistent with national standards, and therefore can be compared to other states and the nation.

Process Background:

- c. A competitive RFP will be required to contract for services.

Review Criteria:

Training in survey design and analysis

Experience with survey design

Experience with analysis of survey data

Ability to produce reports that are accurate, clear and are appropriate for various audiences.

Ability to complete work within specified timeframes.

Ability to communicate and work with interested parties.

Performance Measures:

For each health care profession

- Complete the design of the questions within the time needed to incorporate into the relicensing process
- Analyze the data and identify limitations
- Produce reports within specified timeframes

Note – the timeline for the analysis and reporting is out of the control of the contractor. It will depend on (1) receiving the dataset and (2) whether forms need to be designed for other professions with the relicensing deadline taking precedence. In addition – we already have multiple surveys in the field, so they can't all be analyzed and reports produced at the same time.

Licensed Health Care Professions					
Date of Renewal	Profession	Licensing Organization	Minimum Dataset	Needed for Designations	Comments
2013					
September 30, 2013	Dentists	Secretary of State-OPR	not available	Y	MDS in development
September 30, 2013	Dental Hygienists	Secretary of State-OPR	Y	N	
September 30, 2013	Dental Assistants-certified	Secretary of State-OPR	N	N	
September 30, 2013	Dental Assistants	Secretary of State-OPR	N	N	
2014					
January 31, 2014	Clincial Social Worker	Secretary of State-OPR	not available	Y	MDS in development
January 31, 2014	Psychologist	Secretary of State-OPR	Y	Y	
January 31, 2014	Acupuncturist	Secretary of State-OPR	N	N	
January 31, 2014	Licensed Practical Nurse	Secretary of State-OPR	Y	N	UVM surveys nursing professions
January 31, 2014	Physicians Assistants	Dept of Health - BMP	Y	N*	
January 31, 2014	Anesthesiology Assistants	Dept of Health - BMP	N	N	new license type
January 31, 2014	Radiology Assistants	Dept of Health - BMP	N	N	new license type
March 31, 2014	Nursing Home Admin.	Secretary of State-OPR	N	N	
May 31, 2014	Occupational Therapists	Secretary of State-OPR	N	N	
May 31, 2014	Dieticians	Secretary of State-OPR	N	N	
June 30, 2014	Osteopaths - Limited Temporary	Secretary of State-OPR	N	N	
July 31, 2014	Optometrists	Secretary of State-OPR	N	N	
July 31, 2014	Opticianry	Secretary of State-OPR	N	N	
September 31, 2014	Physical Therapists	Secretary of State-OPR	Y	N	
September 31, 2014	Athletic Trainers	Secretary of State-OPR	N	N	
September 31, 2014	Chiropractors	Secretary of State-OPR	N	N	

September 31, 2014	Naturopaths	Secretary of State-OPR	N	N	
September 31, 2014	Osteopaths	Secretary of State-OPR	Y	Y	
November 30, 2014	Licensed Nursing Asst.	Secretary of State-OPR	Y	N	UVM surveys nursing professions
November 30, 2014	Respiratory Care	Secretary of State-OPR	N	N	
November 30, 2014	Psychotherapy	Secretary of State-OPR	N	Y	
November 30, 2014	Marriage & Family Therapy	Secretary of State-OPR	N	Y	
November 30, 2014	Physicians	Dept of Health - BMP	Y	Y	
2015					
January 31, 2015	Midwives	Secretary of State-OPR	N	N	
January 31, 2015	Mental Health Counselors	Secretary of State-OPR	Y	Y	
January 31, 2015	Alcohol & Substance Abuse Counselors	Dept of Health - ADAP	Y	N	
March 31, 2015	Registered Nurse	Secretary of State-OPR	Y	N	UVM surveys nursing professions
	Advanced Practice Registered Nurse	Secretary of State-OPR	Y	Y*	UVM surveys nursing professions
May 31, 2015	Radiologic Technology	Secretary of State-OPR	N	N	
June 30, 2015	Osteopaths - Limited Temporary	Secretary of State-OPR	N	N	
June 30, 2015	Podiatrists	Dept of Health - BMP	N	N	
July 31, 2015	Hearing Aid Dispensing	Secretary of State-OPR	N	N	
July 31, 2015	Pharmacy	Secretary of State-OPR	N	N	
September 30, 2015	Dentists	Secretary of State-OPR	not available	Y	
September 30, 2015	Dental Hygienists	Secretary of State-OPR	Y	N	
September 30, 2015	Dental Assistants - certified	Secretary of State-OPR	N	N	
September 30, 2015	Dental Assistants	Secretary of State-OPR	N	N	

2016					
June 30, 2016	Speech Language Pathologists/Audiologists	Dept of Education	N	N	relicense every 3 years
All professions <u>except</u> Speech Language Pathologists/Audiologist relicense every 2 years					
Psychiatric nurse practitioners are needed for Mental Health Designations					
In the future - PAs and APRNs may be needed for primary care designations					

Proposal for Workforce Strategic Planning Committee Sub-Group Related to Direct Service Workers

January 5, 2014

This proposal discusses the need for the creation of a sub-group to the Workforce Strategic Planning Committee (Committee). The sub-group would do in-depth analysis and policy development around key health care professions providing recommendations to the Committee that would help guide decision-making and planning. The Committee will select sub-group members with expertise and experience in specific health care professions. The composition of the sub-group may change with each health care profession. For the sake of continuity, the committee may decide to select several permanent sub-group members who will remain on the sub-group regardless of its focus. The remaining members can be drawn from those outside of the Committee.

This sub-group would have the following tasks:

1. Review any existing analyses and recommendations about a particular health care profession including, but not limited to: number of FTEs, expected need for this service and other predictive labor modeling
 - a. If no analyses exist, recommend what analyses would be appropriate for that profession
2. Analyze the future needs of a particular health care sector and how this profession can support that sector. For example, analyze home care to determine if there are enough geriatricians for an aging Vermont population.
3. Make recommendations to the Committee regarding this profession including:
 - a. Recruitment
 - b. Retention
 - c. Suggestions for the Workforce Strategic Plan
 - d. Training

While this sub-group can and will review several different health care professions, we recommend that the sub-group begin with reviewing workforce issues related to direct service workers providing long term services and supports. When choosing members for the first sub-group, the committee should look to H.301 and any other relevant state and federal bill and statutes for guidance.