Attachment 1 - Health Care Workforce Work Group Meeting Agenda 12-17-14

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

Wednesday, December 17, 2014; 3:00-5:00pm
Vermont State Colleges, Conference Room 101, Montpelier
Call-in Number: 1-877-273-4202; Conference ID: 420-323-867

Item #	Time Frame	Topic	Presenter	Decision Needed? (Y/N)	Relevant Attachments (describe document type: powerpoint, word, excel, etc…)
1	3:00-3:05	Welcome and Introductions	Mary Val Palumbo Robin Lunge	N	• Attachment 1: 12-17-14 Meeting Agenda
2	3:05-3:10	Approval of Meeting Minutes	Mary Val Palumbo Robin Lunge	Y	• Attachment 2: 10-22-14 Meeting Minutes
3	3:10 – 4:05	2014 Healthcare Workforce Symposium debrief and discussion; Strategic Plan process discussion	Charles Maclean Georgia Maheras	N	• Attachment 3a - Healthcare Workforce Symposium survey results • Link to: Health Care Workforce Strategic Plan
4	4:05 – 4:30	Community Health Workers Discussion	Mary Val Palumbo	N	• Attachment 4 – Community Health Workers Explained
5	4:30 – 4:40	Demand Modeling Update	Georgia Maheras	N	
6	4:40 – 5:00	Public Comment/Wrap Up/Next Steps Future Agenda Topics: February: - Presentations from other work groups - LTC Report Update - Strategic Plan Proposal Further discussion: Community Health Workers	Mary Val Palumbo Robin Lunge	N	

Attachment 2 - Health Care Workforce Work Group Meeting Minutes 10-22-14

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

Wednesday, October 22, 2014; 3:00-5:00pm
EXE - 4th Floor Conf Room, Pavilion Building, Montpelier
Call-in Number: 1-877-273-4202; Conference ID: 420-323-867

Topic	Notes	Next Steps
Welcome and Introductions	Mary Val started the meeting at 3:02.	
Approval of Meeting Minutes	Dawn Philibert made a motion to approve the minutes. There was no quorum, moved to end of the agenda.	
LTC Subcommittee Presentation - Recommendations	Brendan Hogan and Stuart Schurr presented their Long Term Care Subcommittee Report, the following were questions or comments to the presentation: • Burt Wilke asked about the percentage of Vermonters who were age 75-79. Brendan will find this number • Dawn Philibert asked what was included in the direct care workforce, ie registries such as 'Home Instead'. No, does not include registries or private pay direct care organizations. • Dawn Philibert asked why a private registry was excluded from the DCW definition. Brendan responded that the focus of this workgroup report was on the legislative definition. • Conversation around ADL IADL services, and how that played into this definition. Again, this report focuses on the legislative definition of direct care workforce • Madeleine Mongan wanted to know how ASPE works with ARIS Solutions. • Molly Backup asked if this program was through Medicaid or others as well and expressed concern that if program is only through Medicaid, there is a large portion of people being left out of this analysis. Brendan responded that this program is only covered through Medicaid. • It was asked if every DCW paid by Medicaid a member the union. Brendan and Stuart responded that no not necessarily – though they could be represented by it • Dawn Philibert asked how this will affect more friendly, non-contract arrangements of care that take place across the state. Stuart said that those types of arrangements will likely be subject to the Fair Labor Standards as any other employer/ employee	

	situation. • Charlie Maclean asked if it would be correct to say that this report requires more understanding and research before any action can take place. Stuart agreed in the affirmative, and that there are some items proposed that need more research. • Molly Backup expressed concern with setting a standard, and that might drive people away because of increased hardship. Conversation occurred around the pros and cons of setting a minimum standard and how that might be implemented. • It was asked if there defined criteria for licensure and certification? Yes, different professions have different requirements. • Chris Winters said that OPR regulate 46 professions, about half have a board model and the rest are advisor model professions. Suggests there is a lot of grey area around this topic when going forward and considering requiring licensures for this group. • Charlie Maclean: Moving this direction, could it potentially lead to liability insurance requirement? Winters: no, has not happened in any other profession. • Mary Val Palumbo commented about family members working as DCW and doesn't feel that they should be exempt, this group still needs the appropriate skills • Burt Wilke: does this exemption take place in other professions? Chris Winters: if no compensation, then it is not considered 'practicing the profession'. Difference is if there is compensation occurring • Tom Alderman: considered having a licensed and unlicensed group – two levels of practice? No, the subcommittee did not consider that option • Madeleine Mongan: did you look at other states around licensure? Brendan, did not have time to look at other licensure regulations. However, other states and CMS have come out with best practices to expand on. • Madeleine Mongan asked about cultural competency, included in considerations? Yes – had representatives from those areas in subcommittee.	
Symposium Update	Amy Coonradt updated the group on symposium planning. Registration is open, please register and send to others who might be interested! UVM is handling registration and reimbursement. Agenda has been finalized. Reaching out to speakers to discuss content and logistics. Georgia Maheras updated the group on speakers, suggestion to send out a speaker bio sheet to the group. • Asked about the fee and who is exempt? This workgroup will not have their registration waived. Only those with financial challenges and State employees will get their registration fee waived.	

	• Conversation around places to distribute symposium information and who needs to be reached in order to increase registration • Suggestion again from Paul Bengtson to bring in a speaker from Dartmouth to a future WFWG meeting	
Strategic Plan Update – RFP discussion	Georgia Maheras updated the group on the Strategic Plan RFP SOW. Structured so that respondents will inform workgroup as to how they would choose to update the strategic plan, meaning this RFP is less prescriptive than usual. • Charlie Maclean asked why we need a new strategic plan. Georgia Maheras responded that we need to update the plan, this RFP is for someone who will lead a discussion with this group but also create an updated document. Good to have someone from the outside with a fresh perspective to complete this task instead of someone within this group. • Charlie Maclean asked how detailed this update will be. Recalled that the last two times the plan was updated things did not change much, would rather spend time implementing instead of just planning. Georgia Maheras responded that the existing plan is not concrete enough to be actionable. • Dawn Philibert asked if this is a status update, or more complete revision. Georgia – could be both. Discussion occurred around how broad or detailed this plan should be to be the most actionable. • Required by Act 48 to redo it? Yes, but the frequency was not specified, as the Act metioned "periodic updates." • Mary Val Palumbo feels that it would be a shame to completely re-do it but likes the idea of bringing in someone from the outside with a fresh perspective. • Charlie Maclean suggests this to be more of a priority list setting, instead of re-doing strategic plan • Last update done in January 2014 • Madeleine Mongan suggests figuring out where we are with the current task list, and identify where gaps are • Tom Alderman suggests keeping section 2.1 and eliminate 2.1a, which makes the Scope of Work sound like the group is looking for someone to completely redo the Strategic Plan.	Amy to redistribute priority matrix

Demand Modeling RFP Update	Georgia updated the group on this RFP. It is being finalized by the Department of Labor. Work will hopefully start in January.	
Public Comment/Wrap Up/Next Steps	Mary Val Palumbo spoke about some topics for the next meeting, including update from OPR. Dawn felt the VDH position would be filled by next meeting and gave an update on surveying. CMCM, PMWG, Pop Health WG have been invited to provide an update to the workgroup. • Peggy Brozicevic was supposed to update the work group on surveying in December – to be done through a written update instead. • Dawn Philibert asked about exempting the licensure data from public record – requires statutory change. Asked Georgia for thoughts on how to deal with this in coming weeks. • 2015 meetings coming soon. This group will meet potentially every other month as it was when this group first started. • Put symposium debrief on agenda for next meeting • Jackie Majoras commented that the LTC subcommittee does not want to see the report sit on a shelf, but suggests continued action. Mary Val said that discussions around the report will be added to future agendas. • Stuart Schurr introduced, Susan, a new staff member to DAIL	Next Meeting: Wednesday, December 17 3:00 PM – 5:00 PM. Eastern Standard Time EXE - 4th Floor Conf Room, Pavilion Building, Montpelier

VHCIP Workforce Work Group Attendance 10-22-14

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	Workforce
David	Adams		Fletcher Allen Health Care	M
Tom	Alderman		Department of Education	M
Molly	Backup		Consumer Representative	M
Ena	Backus		GMCB	X
Mat	Barewicz		Department of Labor	M
Rick	Barnett		Vermont Psychological Association	M
Susan	Barrett		GMCB	X
Paul	Bengston		Northeastern Vermont Regional Hospital	X
Ethan	Berke		Dartmouth Institute.for Health Policy & Clinical Practice	M
David	Blanck		Consumer Representative	M
Peggy	Brozicevic		AHS - VDH	M
Amanda	Ciecior		AHS - DVHA	S
Denise	Clark	phone	Consumer Representative	M
Peter	Cobb		VNAs of Vermont	M
Amy	Coonradt		AHS - DVHA	S
Elizabeth	Cote		Area Health Education Centers Program	X
Karen	Crowley		AHS - Central Office - IFS	X
Kathy	Demars		Lamoille Home Health and Hospice	X
Tim	Donovan		Vermont State Colleges	M
Terri	Edgerton		AHS - Central Office - IFS	X
Erin	Flynn		AHS - DVHA	X
Lucie	Garand		Downs Rachlin Martin PLLC	X

Christine	Geiler		GMCB	S
Ellen	Grimes	phone	Vermont Technical College	M
Bryan	Hallett	BJ-C	GMCB	X
Karen	Hein			X
Lorraine	Jenne		HowardCenter for Mental Health	M
Joelle	Judge		UMASS	S
Janet	Kahn			M
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Nicole	LaPointe		Northeastern Vermont Area Health Education Center	M
Robin	Lunge		AOA	IC
Charlie	MacLean	CM	University of Vermont	M
Georgia	Maheras		AOA	S
Jackie	Majoros	JM	VLA/LTC Ombudsman Project	X
David	Martini		AOA - DFR	X
Mike	Maslack			X
John	Matulis			X
Angel	Means		Visiting Nurse Association of Chittenden and Grand Isle	X
Marisa	Melamed		AOA	A
Madeleine	Mongan		Vermont Medical Society	M
Brian	O'Connor		GMCB	X
Meg	O'Donnell		Fletcher Allen Health Care	A
Stephanie	Pagliuca		Bi-State Primary Care	M
Mary Val	Palumbo	here	University of Vermont	C
Annie	Paumgarten		GMCB	X
Dawn	Philibert	Dawn Philibert	AHS - VDH	M
Luann	Poirer		AHS - DVHA	X
Ken	Schatz		AHS - DCF	X
Lori Lee	Schoenbeck		Consumer Representative	M
Stuart	Schurr	here	AHS - DAIL	M
Julia	Shaw		VLA/Health Care Advocate Project	X

Nancy	Solis		Dartmouth Institute for Health Policy & Clinical Practice	A
Kara	Suter		AHS - DVHA	X
Joy	Sylvester		Northwestern Medical Center	X
Beth	Tanzman		AHS - DVHA - Blueprint	M
Tony	Treanor	phone	Northwestern Counseling & Support Services, Inc.	X
Deborah	Wachtel		Consumer Representative	M
Anya	Wallack		SIM Core Team Chair	X
Marlys	Waller	MW	Vermont Council of Developmental and Mental Health	X
Kendall	West			X
Burton	Wilcke		University of Vermont	M
Bradley	Wilhelm		AHS - DVHA	X
Cecelia	Wu		AHS - DVHA	X
Brendan	Hogan			
~~Tony~~	~~Tarino~~			
Chris	Winters			

Attachment 3a- Healthcare Workforce Symposium survey results

MAY THE WORKFORCE BE WITH US SYMPOSIUM SURVEY

Vermont Health Care Innovation Project

1. Primary Affiliation (please choose the one that is most appropriate):

Answer Choices		Responses	
State Agency		19.05%	8
Commercial Payer		2.38%	1
Social Service Agency		4.76%	2
State Contractor		0.00%	0
Provider Advocacy Group		2.38%	1
Primary Care Org		4.76%	2
Hospital		4.76%	2
Educational Institution		11.90%	5
Consumer Advocacy Group		0.00%	0
Specialist Care Org		0.00%	0
Consumer		2.38%	1
Long Term Services & Supports Organization		0.00%	0
Behavioral Health		7.14%	3
Oral Health Org		0.00%	0
Other (please specify)	Responses	40.48%	17
Total			42

2. Reason for Attendance (please select all that apply):

Answer Choices		Responses	
Speakers		40.48%	17
Symposium Topics		47.62%	20
Concern re: Future of the Healthcare Workforce in VT		78.57%	33
Representing an Organization or Constituency		59.52%	25
Other (please specify)	Responses	7.14%	3
Total Respondents: 42			

"Other" Responses:

- my boss signed me up!
- to learn,, communicate with others.
- On Workforce Committee

3. How did you hear about the symposium?

Answer Choices		Responses	
Email		54.76%	23
Website		2.38%	1
Flyer		2.38%	1
Phone		0.00%	0
Word of Mouth		30.95%	13
Other (please specify)	Responses	23.81%	10
Total Respondents: 42			

4. Please rate the following statements: Disagree 1—2—3—4—5—6—7 Agree

	Disagree (1)	2	3	4	5	6	Agree (7)	Total
The symposium adequately addressed reengineering of the healthcare workforce.	4.88% 2	2.44% 1	0.00% 0	7.32% 3	31.71% 13	31.71% 13	21.95% 9	41
The symposium adequately addressed perspectives in transformations in care.	2.38% 1	0.00% 0	0.00% 0	7.14% 3	33.33% 14	30.95% 13	26.19% 11	42
The symposium adequately addressed creation of highly integrated systems of care.	2.38% 1	0.00% 0	7.14% 3	11.90% 5	21.43% 9	38.10% 16	19.05% 8	42
The symposium adequately addressed emerging models and the changing workforce.	2.44% 1	0.00% 0	0.00% 0	7.32% 3	29.27% 12	31.71% 13	29.27% 12	41
I will take what I learned at the symposium and apply it to my work.	2.50% 1	0.00% 0	7.50% 3	20.00% 8	15.00% 6	30.00% 12	25.00% 10	40
The symposium fully met my expectations.	2.38% 1	0.00% 0	4.76% 2	16.67% 7	16.67% 7	28.57% 12	30.95% 13	42

5. Future Topics:

Please rate the importance of ***EACH*** of these topics to be considered for future symposiums. For topics of the least importance, choose a low number on the scale and write in the space provided. If it's very important, choose a higher number from the scale.

Unimportant—1—2—3—4—5--Very Important

	Unimportant (1)	2	3	4	Important (5)	Total
Payment Reform & Workforce Issues	0.00% 0	2.44% 1	12.20% 5	24.39% 10	60.98% 25	41
The Future Healthcare Landscape	0.00% 0	0.00% 0	11.90% 5	35.71% 15	52.38% 22	42
Professional Team-ness	2.44% 1	4.88% 2	14.63% 6	36.59% 15	41.46% 17	41
Loan Repayment Opportunity	9.76% 4	4.88% 2	34.15% 14	26.83% 11	24.39% 10	41
New and Adapted Licensure Categories	2.44% 1	7.32% 3	31.71% 13	34.15% 14	24.39% 10	41
Scope of Professional Practice/Working at the top of Licensure	0.00% 0	10.00% 4	12.50% 5	45.00% 18	32.50% 13	40
Vermont's Current Healthcare Workforce	0.00% 0	2.63% 1	13.16% 5	34.21% 13	50.00% 19	38
Demand Modeling	2.50% 1	12.50% 5	27.50% 11	42.50% 17	15.00% 6	40
Integrated Healthcare Systems	0.00% 0	0.00% 0	10.26% 4	43.59% 17	46.15% 18	39
Effects of Care Delivery System Changes on Workforce	0.00% 0	0.00% 0	9.76% 4	41.46% 17	48.78% 20	41
New/Renewed Knowledge, Skills & Abilities	0.00% 0	4.88% 2	14.63% 6	39.02% 16	41.46% 17	41
Transforming Care	0.00% 0	2.44% 1	17.07% 7	31.71% 13	48.78% 20	41

6. What should Vermont do to position its healthcare workforce for the future?

- Expand Mental Health Providers Scope of Practice (prescription privileges for appropriately trained doctoral psychologists). Include Naturopathic Practice and Independent Practice in the mainstream of workforce planning.
- Quickly evolve the professional curriculums and be open to non-licensed para professionals like community health workers
- Integrate at the level of education: create ways of bringing together students across health care disciplines and engage them in collaboration early on.
- Start with acknowleding that provider roles have changed and address that we may not really haev a shortage of primary care but a shortage of skills. I continue to hear about the shortage of PCPs and how we are losing doctors because of reform in Vermont. However, I rarely see the data to support that.
- Look where the puck is going. Focus on skills not professions. Whatever form our HC takes we can see what Vermonters ail and die from. Plan for care for this. Deploy all professions licensed for first contact and primary care.
- Integrate complementary and alternative providers more fully, establish insurer arrangements to support payment for CAM services; shift system expectations and delivery system from ill-model to well-model - not easy to do... needs teamwork!
- Pilot different models to the extent possible. No one has the answers. We heard different perspectives from the speakers (cannot do without payment reform; have done without payment reform). Perspective of how nicely things have gone; then examples of how some things are falling through the cracks.
- Educate our youth. Re-tool those who are already invested and employed in healthcare. Re-consider who is eligible for loan repayment (to include more healthcare providers).
- Consider a broad range of existing professionals that are not currently working to the full capacity of their education, as well as how to adapt existing curriculum to better prepare employees for the modern/future health care system.
- Stabilize the system with universal healthcare for all Vermonters - while shifting to a more patient centered approach, including enhancing community based services. The silos created by fee-for-service payment are detrimental to achieving world-class, truly integrative care for our patients.
- Continued collaboration of integrating health care
- Train the current staff in new models.
- Support pilot projects that propose comprehensive integrated ecological models and provide T.A. on the payment reform approaches to integrated care, which is a most challenging part of putting a pilot project together. In addition. From the pilot project we can learn more about workforce development and pilot some educational models.
- Get rid of fee for service and the market will respond
- A symposium is an exchange of ideas, and is a great idea for working on many aspects of health care reform. But, while we did have longer question periods than is usual at a conference, we did not have dialogue. If we had an actual symposium, with all the expertise you had in that room that day, we could have done some real work on issues re the healthcare workforce. Foundations in Dialogue is a powerful way to accomplish just that. Hire Peter Perkins (google him or Foundations In Dialogue), to design the next symposium, and we'll make real progress.
- One of the things that might help is having Vermont join the Nursing Compact to open the pool of nurses available to more immediately work in Vermont and to allow nurses in Vermont to assist Vermont consumers no matter where they are seeking care.
- learn well, how to deliver healthcare to the person and their environment.
- Policy changes around new models of care that are not fee for service Education and resources for current workforce to work differently in collaboration and with more

prevention based strategies Integrate these new models into the curriculum of health care professionals schooling and more interaction with workforce and education.

- Take some pages from the Alina Health playbook. They are successfully integrating complimentary medicine into their practices, and are experiencing exceptional outcomes. I practice and use complimentary medicine in my own life, and have for years, and can vouch for its efficacy. For VT to begin adopting these practices would be truly transformative.
- Some type of survey or focus group with the larger practices such as hospital affiliated and FQHCs to find out what steps they are already taking to transform the current workforce and to find out if they can articulate where they will need support and future training or TA to get to their next steps of transformation.
- Encourage a level playing field regarding payment reform that is not MD-centric. Funneling so much of the care through an MD first forces higher costs. So much of primary care should be directly accessed through a larger panel of provider types: home health, RNs, MAs, NDs, community care workers, educators, PAs etc. A bottom-up approach rather than a 'top down' model should be developed.
- Make sure nurses are part of the discussion.
- Dr. Fraher's presentation needed to be followed by presenters talking about what/how they are doing to re-tool the current workforce.

ADDITIONAL COMMENTS

- I received an invitation because I am a member the the Governor's Business Committee on Health Care Financing. I learned a lot.
- In addition to my interest from the perspective of a staff employee in the UVM Nursing Dept., I am a graduate student working toward licensure as a clinical mental health counselor. I really appreciated your representation of the person-centered care model and the value of both integrated and integrative care. Thank you for a conference that exceeded my expectations.
- Nice job. I learned a lot.
- I would have loved an audio of the symposium. The closing remarks were beautiful and I would love to embrace them again.
- The speakers were great! It was very educational to hear their respective view points on the ever- changing world of healthcare. Thanks for a very informative and worthwhile conference.
- Center for Health and Learning has developed an ecological systems model for advancing community health outcomes and educational achievement which we would like to get feedback on and create a pilot project for. Thank you for a very well put together and informative event. It was a great opportunity to learn from national and VT speakers on the cutting edge of this work. JoEllen Tarallo-Falk, Ed.D., MCHES, FASHA Executive Director Center for Health and Learning joellen@healthandlearning.org 802 251-0488
- Second set of lectures were very MD centric even though they thought they were addressing interprofessional practice. I noticed all the MD were late to join the next lectures on alternative therapies or left completely.
- Health care reform in Vermont continues to focus almost exclusively on the medical field. If we are going to change outcomes we need to do things differently than we have in the past - not just do more of the same, more intensively. A large body of research makes it clear that prevention and health promotion are what is needed to improve the health of Americans. We need leadership on this from our office of health care reform.
- so enjoyed the learning experience, interaction, fantastic experience,, and with my new hearing aids, heard the speakers in a way i literally had not experienced in years, almost no lip reading required.

- Excellent conference. Job well done.
- The symposium was excellent. Good mix of participants although I was surprised we did not have a greater legislative presence. The speakers and topics were excellent.
- It was a fantastic conference. All the speakers were experts and offered enormous insight. Why the larger FAHC physician contingency did not stay for presentations beyond their own was unfortunate. It also would have been nice to see more of the GMCB and parallel workgroup members present. Can we make the presentations, or a summary, available to the other workgroups?
- David Reynolds suggestion that the workforce survey his group did needs to be taken off the shelf and used to help in this effort.

Attachment 4 – Community Health Workers Explained

The UNIVERSITY of VERMONT

Center on Aging

The role of the Community Health Worker is recognized in the Patient Protection and Affordable Care Act as an important member of the health care workforce. Across the country states are working to initiate comprehensive policy and education requirements to promote the role of the CHW and to allow the services of these workers to be reimbursed through Medicare, Medicaid and private payers.

Nationally, CHWs are known to be the bridge between primary care and public health. With health care focused on the triple aim of better health, better care and lower costs, health care entities around Vermont will be looking for ways to connect clinical services to population health improvement.

For the past few months, the Center on Aging has led a statewide discussion about Community Health Workers in Vermont. The discussions have addressed three points:

1. What is the definition/job description of a CHW?
2. What would certification of a CHW look like in Vermont?
3. Should legislation be sought for state level certification?

At our last meeting we invited Barbara Ginley the Director of the Office of CHW in Maine and Gail Hirsch, Director of the Office of CHW in Massachusetts. Gail and Barbara shared with us the initiatives in their states around education, career ladder planning and legislation for CHW. In both states the certification of CHW was key in professional identity and also clarified the scope of practice/roles of a CHW.

It became clear at this last meeting that leaders in Vermont are eager to pursue these same initiatives. Next steps agreed upon include

- inventory of Community Health Workers in Vermont
- establishment of a CHW Stakeholder group that includes CHW
- introduce legislation calling for a Study Committee that would lead to definition and scope of practice for CHW
- evaluating whether certification is the best path for Vermont and clarification of how certification would be implemented and if it would be mandatory