Attachment 1 - Health Care Workforce Work Group Meeting Agenda 8-20-14

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

Wednesday, August 20, 2014; 3:00-5:00pm
EXE - 4th Floor Conference Room, Pavilion Building, Montpelier
Call-In Number: *1-877-273-4202*; Passcode *9883496*

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: 8-20-14 Meeting Agenda
2	3:05-3:10	Approval of Meeting Minutes	Mary Val Palumbo Robin Lunge	Y	• Attachment 2: 7-9-14 Meeting Minutes
3	3:10-3:20	LTC Subcommittee Update	Brendan Hogan Stuart Schurr	N	
4	3:20-3:25	Symposium Update	Amy Coonradt	N	
5	3:25-3:30	Budget Update	Georgia	N	
6	3:30-3:50	HRSA Workforce Grant Update/Discussion	John Olson	N	
7	3:50-4:15	Demand Modeling Update: RFP/SOW presentation	Mat Barewicz/Bryan O'Connor	Y	• Attachment 7:Demand Modeling RFP/Scope of Work
8	4:15-4:40	Demand Study Proposal: Nursing and Healthcare Workforce 2015	Mary Val Palumbo	Y	• Attachment 8: Demand Study of Nursing and Healthcare Workforce 2015
9	4:40-4:55	Discussion: Prioritizing Budget Requests to the Governor	Mary Val Palumbo Robin Lunge	Y	• Attachment 9: Description of Need
10	4:55-5:00	Public Comment/Next Steps/Wrap Up	Mary Val Palumbo Robin Lunge	N	

Attachment 2 - Health Care Workforce Work Group Meeting Minutes 7-09-14

VT Health Care Innovation Project
Work Force Work Group Meeting Minutes

Date of meeting: Wednesday, July 9th 2014; 2:00 PM to 4:30 PM EXE - 4th Floor Conference Room, Pavilion Building, Montpelier, VT

Attendees: Mary Val Palumbo and Robin Lunge, Co-Chairs; Georgia Maheras, AoA; Dawn Philibert, VDH; Peter Cobb, VNAs of VT; Stephanie Pagliuca, Bi-State Primary Care; Tom Alderman, Dept. of Education; Rick Barnett, VT Psychological Assoc.; Charlie MacLean, UVM; Madeline Mongan, VMS; Chris Winters, OPR; Mat Barewicz, Dept. of Labor; Bryan O'Connor, Annie Paumgarten, GMCB; Lori Lee Schoenbeck, Molly Backup, David Blanck, Consumer Representative; Amy Coonradt, Amanda Ciecior, Beth Tanzman, DVHA; Marlys Waller, VT Council of Developmental and Mental Health Services; Jennifer Woodard, DAIL; Janet Kahn, CAHCIM; David Adams, FAHC; Nelson Lamothe, Project Management Team.

Agenda Item	Discussion	Next Steps
Welcome and Introductions	This meeting was called to order at 3:04 by Robin Lunge.	
Approval of Meeting Minutes	Stephanie Pagliuca moved to approve the minutes from the June 18th meeting and Mat Barewicz seconded.	
Presentation: Vermont Blueprint for Health	Beth Tanzman presented on the Blueprint from Health. The following were questions in reference to Attachment 3: • Discussion around who is benefiting from work done in the State around health IT infrastructure, and the difference between those practice that are a PCMH and those that are still independent physician practices. • Mat Barewicz asked about panel size for practices and how they determine what the right number of patients at their practice is – and how large the CHT needs to be in the area. There is no quantitative data around that right now, more just looking at how many	

Agenda Item	Discussion	Next Steps
	attributed patients there are in general. As more practices become enrolled, Blueprint scales up the number of community care teams. • Question about who hires the community care teams. Local administrative entities do, or allow individual practices or hospitals to hire their own. However, individually hired care teams must still work toward state wide goals and initiatives • Question on slide 6 about how many practices the providers shown are attributed to, Beth answered that they all belong to the 121 practices with Blueprint. • The only payer for the hub and spoke model around Opioid dependence in the State is Medicaid. • Stephanie Pagliuca asked how staffing is done in communities and for the CHTs. There is no set of requirements from the Blueprint, it is decided at the community level what they need. • Question about where the funding is coming from to support the program leaders and extenders in place. There are a number of funders being used to run this program, although it does not limit providers in their ability to care for individuals. • Madeline Mongan asked about practice facilitators and where they operate. They are a combination of hired by Blueprint as contractors and hired by the central administrative entities. The positions are ongoing, and will not have their funding phased out. • David Adams asked about coordination with OneCare, Beth explained to the group how there are constant coordination and collaboration efforts in place as new information and protocols are released, in order to avoid duplication of efforts between ACOs and the Blueprint. • Question about future relationship between ACOs and Blueprint. Beth responded that there is so much integration of health care entities in the state that it is difficult to differentiate where the line in provider networks and healthcare systems is. Robin Lunge agreed that the structure of care is evolving and participation in leadership has been strong. • Molly Backup requested that there are more efforts made to streamline processes between ACOs and Blueprint. • Georgia Maheras asked about gaps in service and how they are trying to remedy it, ie	

Agenda Item	Discussion	Next Steps
	using telemedicine. The Blueprint is pretty limited in any new concepts such as telemedicine and their ability to buy the time of a provider needed to do that. • Stephanie Pagliuca asked if communities are reshaping workers to fill in the gaps in care. Responded that yes, many communities are doing this and creating their own healthcare professional types to meet community needs. Mary Val Palumbo spoke about the need to train nurses for the future, and that is a large concern for the nursing population. • Molly Backup spoke about bringing in a psychiatrist to her practice for a short period each month to see patients and speak with providers about any questions they might have regarding mental illness. They have found it helpful to bring in a mental health professional to speak with staff, even for short period of time. • David Blanck asked if the FQHCs have dental workers. Not all but many do. David suggested using the care coordinators to help Medicaid patients make sure they attend their dental appointments, and that it could help reduce the very high no show rate of Medicaid patients to dental appointments. • Marlys Waller asked about the lack of Washington County Mental Health on slide 10. Beth reported that there could be a number of reasons as to why it was left off the map.	
Symposium Subcommittee Update	Amy Coonradt updated the group on the workforce symposium. The date for the event will be sometime in November, the proposed speakers are Erin Fraher, Tom Lee or someone from CMMI. Topics being discussed are around re-engineering the workforce and the future skill sets needed. It will most likely half a day-long session with two speakers. The whole group with then break off into workgroups to discuss what is working so far in communities, what isn't working and what the group thinks workforce needs in terms of skillsets will be in the future. Workgroups will then issue recommendations to group as a whole and include these recommendations in the required report to legislature.	
Discussion: prioritizing budget requests to the Governor	Robin Lunge laid out the foundation of this discussion to give comments around the current budget expenditures related to healthcare workforce. Workgroup is to look at pros and cons of asking for a lump sum of money for the workgroup to fund proposals as they see fit or recommend that specific proposals be funded. • Madeleine Mongan requested that workgroup members get the materials package one week ahead of time and that voting items be made clear to workgroup members.	

Agenda Item	Discussion	Next Steps
	• Molly Backup asked when the recommendations need to be made by. Robin Lunge said the sooner the better, but the work group could push a vote to next month's meeting and still be able to get recommendations in for consideration for next year's budget. • All proposals are 'new money' to this workgroup. The budget is a "zero sum" game, in which we will have to take money away from something else in order to fund any of these proposals. Mary Val Palumbo voiced that workgroup has been asked to recommend some options to the governor and there will be a strong consideration of anything put forth. • Madeline Mongan asked for clarification around the current package of proposals distributed for this meeting. Response was that these proposals have all come before the group before—there are no new proposals represented here. • Lori Lee Schoenbeck expressed concern that there was not a representative request for proposals sent out. Dawn Philibert presented on Workforce line items currently in FY 2015 budget, the following comments were made: • Robin Lunge asked about loan forgiveness, if it is written in statute. Charlie MacLean said she was correct and gave a brief overview of the history and details of this statue. Beth asked if the funds are used every year. Yes, they are with perhaps very little carry over for the next year if next year is anticipated to be a tough recruiting year. This fund is also for any type of provider in the healthcare field, not just physicians. • Tom Alderman felt that the workgroup is not equipped to do a cost benefit analysis and take money from other programs. Robin Lunge said that the workgroup does have a charge to provide recommendations. Molly Backup felt it would be foolish to speak poorly of any other program, and instead to recommend expanding all current funding as well as workgroup suggestions. • Stephanie Pagliuca reported that Bi-State has been in support of current line items, and does not feel like they should be reduced in funding. • Charlie MacLean supports the educational funding • J-1 Visa waivers are underused in Vermont – each state is allotted ~30, and Vermont rarely uses more than 5 of them per year. • Madeline Mongan asked if the number of Vermonters for the NHSC could be expanded.	

Agenda Item	Discussion	Next Steps
	The workgroup said that is not likely because of VT size and overall health status. • Charlie MacLean spoke about how successful the Freeman gift has been for physicians in VT, perhaps finding a way to extend this program or come up with something similar would be beneficial. Discussion of average loan debt for providers then took place. Robin Lunge asked about other recruitment tools that work well: • There is a strong relationship to where residency is completed. Desire to expand medical education in the state as much as possible • Mary Val Palumbo said the current list is lacking any k-12 initiatives. Previous discussions revolved around getting kids certified at an early age, or interested in healthcare. 'Pipeline' or Career and Technical Education activities could be better funded • Charlie MacLean questioned how to retrain current workforce, and sees that as a potential solution • Madeline Mongan asked about TAACCCT funding from the Dept of Labor. This funding is not specific to healthcare but could be used for it. Money is awarded to post-secondary school to team up with local training centers. Mat Barewicz reported that information about available workforce money in the state is difficult to compile and attain. Madeline Mongan would like to know what certificate programs VT has in place right now. Workgroup felt certification for health coaches, community health workers or medical coders would be a great benefit to state. Further discussion around how to tap into this potential career realignment area took place. • Beth Tanzman asked about any businesses and their need to reinvest in the community, if there is anything to leverage there. • Molly Backup felt that the discussion needs to be fleshed out more, but would like to see proposals to provide students with a positive experience directly at a site that needs healthcare workers. Also, likes the idea of having shorter training programs to directly train healthcare workers for areas needed. • Mary Val Palumbo reminded the group to follow predecessors and their recommendations around workforce issues. If asking for a pot of money, there needs to be some discussion around how educated the workgroup has become on the topic and an outline of how proposals would be evaluated.	

Agenda Item	Discussion	Next Steps
	• Tom Alderman likes the idea of writing a proposal to the governor and requesting a pot of money. We can then start an RFP process, stating grants available pending funds so when the workforce receives any money, the workgroup will already be ahead of the game. • Dawn Philibert reminded the group request should be over and above current budget healthcare workforce line items Robin Lunge summarized the decisions of this workgroup. It was decided that the workgroup would like to apply for a pot of money out of the budget for the next fiscal year, and will not take away from any existing funding. A brief draft will be written and voted on at the next meeting. • Mat Barewicz made a disclaimer that there is Dept of Labor funding available now and will be happy to give more information to anyone if interested. • Workgroup will have to eventually discuss current proposals submitted. Mary Val Palumbo suggested piloting the tool created to score proposals. Scores for pilot test will only be used internally, and currently existing proposals will be included in any final evaluation of proposals if another RFP goes out. • Additionally, it was discussed that a letter should be drafted to those proposers who had submitted the current proposals, informing them that the work group is not at a stage where it can fund proposals yet and also to inform them of the process the work group has devised for these and future proposals/asks.	
Public Comment/ Next Steps/ Wrap Up	There was no public comment The next meeting will be Wednesday, August 20, 2014 3:00 PM – 5:00 PM at EXE - 4th Floor Conf Room, Pavilion Building, Montpelier	Staff - Formal letters will be sent to first round proposals Staff - Draft of request for portion of FY 2016 budget All - Test the scoring guide on the three proposals available

Agenda Item	Discussion	Next Steps
		Mat Barewicz – Will send out information on WET/ACCDfund

Attachment 7 - Demand Modeling Scope of Work

2. Scope of Work

2.1 Professional Services to be Rendered

2.1a Modeling and Analysis

The consultant will assist the Administration by conducting the following modeling and analysis. It is expected that the modeling and Analysis will be conducted within six months from allotment of the grant.

- Construction of a micro-simulation medical needs model for the state of Vermont. The model should be able to assess and forecast the medical requirements of Vermont residents on an individual scale to aid the state in the understanding of workforce requirements under an ideal, universal, healthcare delivery system.
    - The model should be able to account for multiple aspects of a professionally staffed health workforce, these include but are not limited to:
        - Primary care physicians currently defined as Family Medicine, General internists, OB/GYN, and Pediatrics.
        - Specialty care
        - Surgeons
        - Non-physicians clinicians (NPCs), e.g. Nurse Practitioners, Physicians assistants
        - Registered nurses
        - Naturopathy
        - Mental health
        - Dental
        - Healthcare support staff, such as home care workers, social workers, and nutritionists.
    - The model should take into account population growth and aging, Vermont's high degree of fund migration, and the various reform measures being implemented.
    - The model should have an assessment of the state's projected economic growth, and its expected contributions to an expanding health delivery system.

- The model should have measures in place to account for the changing degree of substitutability between physicians, and mid-level care givers. There has been significant growth in NPC workforces over the past decade. While NPCs are traditionally complements of the physician work force, an increase in NPC responsibilities may mean a competitive relationship in the future.

- The model should use information at the county level to help develop a better understanding of the variance of healthcare utilization throughout the state.

- The model should be suited for annual updates to track longitudinal changes throughout a period of healthcare reform.

- Providing the ability to adjust the model to a demand-based micro-simulation in order to capture the actual utilization of healthcare providers by Vermonters. It should include the effects of economic, social, and other barriers to access in order to provide an accurate depiction of the usage of health services.

- In the process of assessing and identifying a future ideal level of healthcare utilization by provider type, a baseline or current level of healthcare utilization will be identified based on existing factors currently influencing the Vermont population.

- An assessment of complex demand determinates, such as developments in science and technology, and projected changes in disease and chronic illness rates that accompany shifting demographics.

- The model should be detailed but flexible, and allow policy makers to apply assumptions and expectations and observe various outcomes.

The Contractor will be required to engage Vermont's health care workforce stakeholders. The Contractor should expect to participate in monthly meetings with the State and various stakeholders as well as at least one in-person meeting. The Contractor should provide a plan for engaging Vermont's stakeholders on this issue as part of the bid.

- Proposals will be accepted for models that are maintained by the vendor and for models that will be delivered to the State for updates.
    - If the modelis to be delivered to the State , it should include sufficient supporting material related to the project for future state usage. Additionally, the consultants will provide ample training to select state employees so as to maintain and adjust the model in the future, as Vermont moves through this period of health reform.If the model is to be

maintained by the vendor, the vendor should provide cost estimates that allow for annual updates for a period of five years.

Attachment 8 - Demand Study of Nursing and Healthcare Workforce 2015

Demand Study of Nursing and Healthcare Workforce 2015

Description of need: (*Please provide appropriate background detailing the necessary services requested, how they support the VHCIP project's goals and why the services required cannot be obtained through existing state agency support and/or WG staff).*

The demand for nurses and other healthcare professionals in the changing landscape of our health care system is difficult to predict. One measurement method is to take a snapshot of demand across the healthcare workforce employed in hospitals, home health agencies, and long term care facilities. Since nurses represent the largest workforce, identification of the current shortage areas is important for educational planning and allocation of resources (for example, loan repayment). Other professions will also benefit from identification of short falls in current employment settings, so that adjustment can be made in the preparation of the future workforce. Fortunately, a survey instrument was developed and pilot tested in Vermont (Reinier et al., 2005) and data from 10 years ago exists for a comparison. This study may inform further demand modeling projects that need an updated status of the post-recession nursing and healthcare workforces in the hospital, home health, and nursing home settings. The Department of Labor does not currently collect this information.

(See attachments of previously developed survey, survey returns and journal article written on methodology)

Scope of Work: *Please explain the required contract services: brief scope of work, deliverables, timeline, and measurable results.*

A 0.5 FTE position x 12 months hired to work under the supervision of the UVM AHEC Nursing Workforce and would:

1. Validate the previously used survey, update and pilot test as needed

   (Nov, Dec 2014)

2. Obtain IRB consent (by Dec 2014)

3. Put the survey online and also make available on paper, (by Feb 1, 2015)

4. Administer the survey using the Dillman method, (March 1 to March 30 2015)

5. Analyze results and compare to previous results and national studies (April 2015)

6. Prepare findings for dissemination (April – August 2015)

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Measureable results – surveys completed by 75% of employers in hospitals, home health and nursing home settings, one page summaries written and disseminated to stakeholders.

> **Benefits derived:** *Please describe how the contracted services will inform, enable, and assist the WG's mission, and ultimately benefit the WG's recommendations to the Core Team and the overall realization of the goals of the VHCIP.*

The proposed study is in line with the charges of the Governor's Healthcare Workforce Work Group and specifically meet recommendation #1 from the Healthcare Workforce Strategic Plan (reported to the Vermont Legislature on January 15th, 2013):

Recommendation #1: Under the auspices of the Agency of Administration, the Secretary of Administration shall convene and staff from within the Agency a permanent health care workforce working group (Workgroup) to monitor workforce trends, develop strategic objectives and activities, direct and pursue funding for health care workforce development activities, and advise and report to the Secretary on its efforts.

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

1. Monitor health workforce trends and needs;
2. 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;
3. Research and recommend to the Governor and the Secretary public and private opportunities for funding health workforce initiatives;
4. Serve as the workforce advisory group for the Vermont Health Care Innovation Project (a.k.a. State Innovation Model grant); and
5. 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.

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Position Details

Posting Number:	
Department:	Nursing/AHEC
Position Title:	RESEARCH PROJECT ASSISTANT
Advertising Title:	Research Project Assistant
Position Type:	Staff
Advertising Copy:	
Advertising Copy continued:	
Job Summary/Basic Function:	Implement detailed protocols for a federally funded research project involving healthcare workforce research. Work with the guidance of the principal investigator to replicate a previous demand survey. This will involve pilot testing, creating an online survey, utilizing survey techniques to enhance response rate, data entry, analysis of results, preparation of dissemination materials and perform general office tasks. Report to principal investigator on a regular basis.
Minimum Qualifications: (or equivalent combination of education and experience)	Bachelors degree in business administration or related field plus one-two years' experience with human subjects research, customer service, and/or telephone recruitment/sales. Effective interpersonal/human relations skills. Facility with various software programs, including word processing, spreadsheets, relational databases and internet browsers. Demonstrated ability to attend to detail and follow instructions.
Desirable Qualifications:	Interest/experience in technological applications to health care delivery is desirable. Experience with Survey Monkey, Lime, SSPS or Excel software for research management and Endnote is desirable. Graphic design abilities, and internet communication skills are also desirable. Ability to effectively and efficiently prioritize tasks. Ability to work independently within a team environment.
Other Information:	Grant funding for increased or continued employment may be possible The University is especially interested in candidates who can contribute to the diversity and excellence of the institution. Applicants are encouraged to include in their cover letter information about how they will further this goal.
Special Conditions	Contingent on continued funding A probationary period may be required External candidates must complete a 4-month probationary period A probationary period may be required for current UVM employees
Staff Hiring Band:	Hiring salary budgeted at mid-range of pay band

(Salaries are set within the band based on each candidate's education and experience, job responsibilities internal equity, and/or available department funding.)	
Payband Min: Represents full-time (12 months, 1.0 FTE) equivalent salary. Must be prorated for jobs less than 12 months or 1.0FTE (Salary/12 x # of months x FTE)	27,000
Payband Max: Represents full-time (12 months, 1.0 FTE) equivalent salary. Must be prorated for jobs less than 12 months or 1.0FTE (Salary/12 x # of months x FTE)	51,300
Full Time Equivalency	0.5
Term (months per year)	12 months - September 1, 2014 to August 31, 2015
Job Open Date: (Position will be posted for a minimum of one week, after which it is subject to removal without notice)	
Job Close Date: (Jobs close at 4:30 PM EST)	
Job Category:	Staff/Exec-Rsrch (Lab/Non-Lab)
Job Type:	Part-Time
Staff Union Code:	NU
Exempt / Non-Exempt:	Non-Exempt
EEO/AA Statement	The University of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, veterans and people from diverse racial, ethnic, and cultural backgrounds are encouraged.

Reinier, K., Palumbo, M. V., McIntosh, B., Rambur, B., Kolodinsky, J., Hurowitz, L., & Ashikaga, T. (2005). Measuring the nursing workforce: clarifying the definitions. *Med Care Res Rev, 62*(6), 741-755. doi: 62/6/741 [pii] 10.1177/1077558705281073 [doi]

Attachment 9 - Description of Need

Description of Need:

We, the members of the Governor's Health Care Work Force Work Group, have been tasked with providing recommendations around health care work force initiatives for consideration as part of the State of Vermont's annual budget process. This letter includes those recommendations for the State of Vermont's budget for Fiscal Year 2016 (FY 2016).

We have identified the need to allow for flexibility in funding to support health care work force initiatives. The need for flexibility is a direct result of the fast-pace of Vermont's payment and delivery system reforms. Our work force support should be nimble enough to work within the changing payment and delivery system landscape. In order to maximize flexibility we recommend that some FY16 funds be set aside for management by this group. This group would release an RFP and review proposals emphasizing the need to support Vermont's work force in the changing landscape.