

Vermont Health Care Innovation Project Workforce Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, February 18; 3:00-5:00pm, EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Robin Lunge called the meeting to order at 3:03pm. A roll call attendance was taken and a quorum was not present. A quorum was achieved after the second agenda item.	
2. Approval of December meeting minutes	Dawn Philibert moved to approve the December 2014 minutes, Lori Lee Schoenbeck seconded. A roll call vote was taken and the minutes passed unanimously.	
3. Demand Model Update; Community Health Worker Discussion/Update (cont'd)	<p>Robin Lunge noted that the Demand Modeling RFP has been posted; a link was included in the meeting materials.</p> <p>Mary Val Palumbo provided an update on the Community Health Worker (CHW) discussion. The Center on Aging is working on a draft definition for Community Health Workers; there is not yet consensus on a definition. A grant-funded program in Vermont is also considering offering a CHW certification program.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • How long does it take to get a certificate? Mary Val Palumbo was not sure, but estimated 6 months. • Is a CHW definition necessary for demand modeling? The Department of Labor already tracks CHWs. As of 2010 Occupational Coding changes, DOL does track CHWs directly (2013 was the first year for observations). DOL is currently finalizing 2014 estimates. DOL estimated 480 CHWs in Vermont in 2013, with a higher concentration in Burlington. Mat Barewicz described the process DOL uses, including data collection and occupational coding, to create these estimates. <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Rapid changes in health care workforce will require different survey techniques to collect accurate data. 	

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	<ul style="list-style-type: none"> • Some job titles, such as Panel Manager, may include a broad range of skills, roles, and responsibilities, even within one organization. There is no federal guidance on education, responsibilities, pay, or other data for Panel Managers – different states are using very different definitions. • How does this survey capture independent or self-employed CHWs? This would be outside of DOL's data collection in terms of historical data; however, DOL does collect data on self-employed individuals for future projections. • 480 CHWs represents jobs, not FTEs - could be a full- or part-time position. CHWs are currently concentrated in the Burlington area (over 50%). • CHWs necessarily come from the communities they serve and act as a bridge to medical services; concentration in Burlington may stem from the diversity of that community's population, as well as size. • The federal Bureau of Labor Statistics definition is for statistics purposes, not for licensing or scope of practice. From the Bureau of Labor Statistics page on Health Educators and Community Health Workers: "Community health workers provide a link between the community and health educators and other healthcare workers and develop and implement strategies to improve the health of individuals and communities. They collect data and discuss health concerns with members of specific populations or communities. Community health workers do the following: Provide outreach and discuss health care concerns with community members; educate people about the importance and availability of healthcare services, such as cancer screenings; collect data; report findings to health educators and other healthcare providers; provide informal counseling and social support; conduct outreach programs; ensure that people have access to the healthcare services they need; and advocate for individual and community needs." (From http://www.bls.gov/ooh/community-and-social-service/health-educators.htm#tab-2). <p>Robin Lunge suggested that we should revisit this conversation once we have a Demand Modeling proposal.</p>	
4. Presentation: VDH/OPR Survey Reports	Peggy Brozicevic is sick; this item will be rescheduled for next meeting.	Reschedule presentation for next meeting.
5. Strategic Plan Status Report/Discussion	<p>Robin introduced a table developed by VHCIP staff and co-chairs to track progress on recommendations from the Workforce Strategic Plan. Robin Lunge and Mary Val Palumbo requested Work Group member comments and feedback on progress.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Recommendation #1: It would be helpful to track progress on the 11 sub-recommendations. <ul style="list-style-type: none"> ○ One of these items, loan repayment, is currently an actionable item. Robin Lunge suggested we wait for the relevant agenda item later in the meeting to discuss loan repayment. • A rolling, continually updated Strategic Plan would be most accurate and actionable; could this group for a sub-group to continually work on this? 	Mary Val Palumbo will convene a small group to support updates to the Strategic Plan.

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	<ul style="list-style-type: none"> ○ Mary Val Palumbo noted that the group had intended to hire a facilitator for this; alternately, we could form a small sub-group of members to support VHCIP staff in keeping this plan up-to-date. ● Recommendation #2: This recommendation technically completed and could be adapted to reflect new goals and build on progress. <ul style="list-style-type: none"> ○ Does VDH have a list of all data elements included in Recommendation #2? Peggy Brozicevic would know this information and can report on it at the next meeting. ○ The increase in PAs is mostly in specialty care, not primary care. PAs may struggle to get jobs in primary care due to significant initial investment in practice-based training necessary for PAs to practice in primary care settings; if financial support for this early training and support were available, more practices might be willing to hire PAs and make the initial training investment. (This could also fit into Recommendations #10 and #11.) ● Can this Strategic Plan be continually updated? This is possible, but changes must be approved by the Secretary of Administration and GMCB. Robin suggested thinking about this in two layers - a strategic plan at a high level, and a work plan with discreet tasks for this workgroup that is more specific to guide day-to-day work. <ul style="list-style-type: none"> ○ The Strategic Plan also indicated that this group would present an updated plan to GMCB, though it has never been invited to do so. ○ The Legislature expects occasional updates to the Strategic Plan, but there is no specific timeline. ● Recommendation #4: The Secretary of Administration may no longer be the right person to educate Vermont's congressional delegation. The VDH Office of Primary Care could be a good resource for this. Part of the issue is the specifics of the Health Professional Shortage Area designation at a federal level; Bi-State has communicated with Bernie Sanders' office about this, but Vermont is one of the only states impacted so action on this at the federal level is unlikely. Bi-State is regularly in touch with the congressional delegation on this issue and could pass along any recommendations from this group. <ul style="list-style-type: none"> ○ The group recommended removing the Secretary of Administration from this item and inserting VDH/AHEC/Bi-State. ● Recommendation #12: There's a PA program about to start at College of St. Joseph's in Rutland that could fit the intent of this recommendation; however, the recommendation is currently limited to Vermont State Colleges and Universities. Members suggested broadening this recommendation to include private institutions. <ul style="list-style-type: none"> ○ The program at College of St. Joseph's may need some help securing clinical rotation sites for students; clinical rotation spots are challenging for institutions to secure, although the Rutland area has less saturation around this. This group may be able to offer support for this new program. The program is currently looking for letters of support; this group could invite the program to come and present. ○ A new PA program could adversely impact the state's Nurse Practitioner training program if the 	

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	<p>PA program takes residency spots away from NP students.</p> <ul style="list-style-type: none"> ○ This group’s goal should be to develop more sites, or to place more students at the sites that exist. This is the limiting step for training MDs, PAs, and NPs, as well as naturopaths. ○ Could clinical rotation spots be coordinated and developed across designations and across institutions? This is not currently the case; the current system is very competitive. No, and it's very competitive. Computerized systems to match sites and institutions do exist, but initial implementation is costly and there are ongoing costs to sustain. New training programs have to prove availability of sites to train students; this work could be a good fit for Recommendation #12. There would not enthusiasm among schools at having another entity (for example, the State) coming into this process; sites are based on personal relationships and are competitive between institutions. ○ Some providers have been involved in supporting clinical rotation and residency for years: Northeast Vermont Regional Hospital has been involved in this for years, and funds the local nursing program with about \$100,000 per year. Would like someone to get a rural primary care residency going in the Connecticut River valley. <p>Mary Val Palumbo suggested the group needs to either form a sub-committee or hire a facilitator to update the Strategic Plan. The Work Group has SIM funds to hire a facilitator, could likely expedite this process via sole source contract since it will not be a large contract.</p> <ul style="list-style-type: none"> ● Paul Bengtson, Madeleine Mongan, Mary Val Palumbo, Stephanie Pagliuca, and Charlie MacLean volunteered to participate in a small group to provide updates. Mary Val will launch within a month. ● Currently, over half of the recommendations have seen major progress; this may not need major changes, but more fully documenting what we've already done would be a good first step. 	
<p>6. Discussion: Governor's Budget and Workforce Items</p>	<p>Mary Val Palumbo introduced Tracy Dolan, Deputy Commissioner at VDH, for a discussion of the Governor's budget and workforce items. She also noted that AHEC has created a resource on loan repayment.</p> <p>Tracy Dolan described VDH’s process for drafting its proposed budget. VDH suggested the loan repayment program be eliminated in response to Governor's request for a reduced budget. VDH was required to find cuts within programs funded by state funds (much of VDH’s budget consists of federal funds of funds that are tied to specific programs). To prioritize activities for cuts, VDH looked to the priorities described in the State Health Improvement Plan and related activities. VDH’s first budget did not fully cut the loan repayment program, but when lower than expected State revenues made further cuts necessary, the loan repayment program was eliminated. This was one of many hard decisions and cuts for VDH.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> ● How do the State Health Improvement Plan priorities map to cuts? There were cuts in priority areas like 	<p>Mary Val Palumbo will share a draft of the letter to the Governor on Thursday. She requests edits by Friday.</p>

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	<p>tobacco cessation. Tracy noted that a large budget reduction was required; even priority areas got hit.</p> <ul style="list-style-type: none"> • How long has the loan repayment program been active? Almost 20 years. • Previous loan repayment funds were matching funds; this leaves federal dollars on the table. • Will this impact AHEC student loan forgiveness aid for recruitment? Yes, this eliminates those funds. • This may increase recruitment competition with states that do have loan repayment. • A new federal grant will still support student loan repayment over the next few years. VDH had hoped that this grant would add to loan repayment funds but instead it replaces some of those funds. The new federal HRSA grant, called SLRP, is also matched with state funds. Only FQHCs are eligible to receive funding; it would be available for all Health Professional Shortage Areas, but because Vermont has trouble getting these it falls to FQHCs as the only eligible entities. Madeleine notes that SLRP will have 25 recipients statewide (PCPs or dentists), previous awards averaged 106 recipients per year. <p>Mary Val Palumbo suggested that it would be appropriate for this group to send a letter to the Governor or the House Appropriations Committee on this topic.</p> <ul style="list-style-type: none"> • A draft letter was included in meeting materials which recommends loan repayment funds be restored. • This is a Governor’s advisory committee - it might be disrespectful to send to the Appropriations Committee before the Governor; perhaps send to the Governor and CC Appropriations. • Completely eliminating a program can make it more challenging to re-launch, compared to cutting funds to almost nothing. • How does this relate to this group’s role in VHCIP, and would this letter need to go through VHCIP governance to move forward? This group receives some funding through VHCIP but originated outside the project; it is not entirely part of VHCIP and a letter would not have to go to the VHCIP Steering Committee and Core Team for approval. • Loan repayment funds are critical for practices that depend on them to stay competitive in the current recruiting environment; state funds can be more responsive to local needs than new the SLRP funds. • Bi-State has created a map showing current primary care vacancies which could be included with the letter. Members expressed mixed views on including this. • House Appropriations will vote on the budget soon. Robin Lunge recommended sending by the end of this week if the Work Group voted to send a letter. <p>Charlie MacLean moved to send this letter; Peter Cobb seconded. A roll call vote was taken and the motion carried with four abstentions. Mary Val Palumbo will send a draft on Thursday, and requests edits by Friday.</p>	
<p>7. Presentation: Integrated Communities Care Management</p>	<p>Erin Flynn from VHCIP and Pat Jones from GMCB gave an update on the Integrated Communities Care Management Learning Collaborative. The following were comments or questions that arose from the presentation:</p> <ul style="list-style-type: none"> • The use of integrated community teams made up of different types of providers resonates well with 	

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Learning Collaborative	<p>points from the November symposium’s keynote address , specifically to stop focusing on the number of each type of provider, and concentrate on areas such as care coordination and team-based care.</p> <ul style="list-style-type: none"> • What proportion of the beneficiaries under these pilots are covered by Medicaid? If Medicaid already has case management practices in place, is this work duplicative? No, all beneficiaries require different levels of care coordination and case management and the team approach in these pilots will identify a lead case manager for each beneficiary, so as not to duplicate services and coordinate care more efficiently. • Are the learning collaboratives focusing on duals? All three communities identified a cohort by using data to identify at-risk people; looked at ED usage and inpatient utilization. There are similarities between the cohorts, and differences. • What measures are being used to evaluate? The Learning Collaborative is using an incremental approach to measure improvements in care. Starting with a baseline of 0, and then the data collection tool begins by identifying the lead coordinator, whether the shared care plan is being shared across organizations. More macro-level measures include examining impact on ED usage, cost, utilization, as well as patient experience measures such as focus groups and interviews. However, the PDSA model is not intended to overload the project with measures. 	
8. Public Comment	No further comments were offered.	
9. Next Steps, Wrap Up and Future Meeting Schedule	Next Meeting: Wednesday, March 25, 2015 1:00 pm – 3:00 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.	