



Vermont Health Care Innovation Project Workforce Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, October 5, 2016, 3:00-4:30pm, Vermont State Colleges, Montpelier, VT.

| Agenda Item | Discussion | Next Steps |
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| 1. Welcome and Introductions | <p>Mary Val Palumbo called the meeting to order at 3:00pm. A roll call attendance was taken and a quorum was present.</p> <p>The meeting agenda was reordered.</p> | |
| 2. Population Health Plan | <p>Tracy Dolan (VDH, also a co-chair of the Population Health Work Group with Karen Hein), presented on the Population Health Plan and led a discussion of the draft plan and its recommendations.</p> <ul style="list-style-type: none"> • Vermont’s State Health Improvement Plan (SHIP – a requirement for every state with an accredited Public Health Department) addresses specific health improvement goals for the state (e.g., addressing tobacco use or heart disease). The Population Health Plan (PHP – a requirement of the SIM grant) takes a systems approach and identifies levers to support population health improvement and change. • Key Principles: Developed by Population Health Work Group to guide efforts. (Slide 8) • Policy Levers: Builds on a framework from Center for Health Care Strategies (CHCS). Four levers to identify opportunities to move toward improved population health. The PHP makes recommendations for each of these levers at the State and regional levels. Tracy walked through examples of recommendations across each of the levers. <p>Discussion:</p> <ul style="list-style-type: none"> • Paul Bengtson commented that the County Health Rankings are very interesting. He noted that counties in Vermont that rank highly in health environment also rank highly in health outcomes. How do we invest in improving healthy environments to improve overall outcomes in counties with high need? He recommended a renewed focus on improving health in areas of greatest need. Caledonia County has ranked 12th of 14 in health environments, but has risen to 7th in health outcomes, but it is challenging to overcome things like changes to the DSH payment structure that move payments away from rural Vermont to more urban Vermont. He | |

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| | <p>commended investment by Community Development Financing Institutions to support economic development and community health.</p> <ul style="list-style-type: none"> • Charlie McLean noted that this plan is aspirational, and doesn't include specific recommendations about workforce. As we think more and more about population health and social determinants, we think less about health care. Medicalization increases cost of care, and we know we need to improve social supports, decrease poverty, and address other social determinants of health. Paul suggested a redesigned health care workforce could be part of this. Charlie asked what the most successful vertically integrated health care organizations have done (Scandinavian countries, Kaiser, Geisinger)? Tracy noted that the Accountable Communities for Health (ACH) concept builds on successful models elsewhere. • Molly Backup commented that this work group has discussed how the aging population could require workforce changes (e.g., increased home care workers), and suggested that aging population in Vermont's rural setting should be considered within this plan. Tracy noted that we need to find ways to help people see specific issues and population groups within this plan while still using a system-wide approach. • Mary Val Palumbo noted that one specific recommendation includes licensure, and asked more about Prevention Change Packets – who will implement these? She also asked for more information on code changes Tracy mentioned – how do codes get “turned on” or “turned off” to incentivize provide behavior change (e.g., tobacco screening)? Mary Val suggested specifics around this could support Workforce Work Group involvement in this plan in the future. Rick Barnett added that billing for new services (“turning on codes”) costs money, but it can also save money by avoiding other utilization and it can improve outcomes – this needs to be taken into account. Molly Backup noted that providers cannot code for services for obesity without a co-occurring disorder. Georgia Maheras replied that this is true under fee-for-service, but value-based payment models will allow providers flexibility to deliver the services that individual patients need (though codes are still important for documentation). <p>Mary Val thanked Tracy. Georgia encouraged Work Group members to read the full plan and provide comments, questions, or concerns to Tracy (tracy.dolan@vermont.gov), Georgia (georgia.maheras@vermont.gov), or Sarah (sarah.kinsler@vermont.gov) by November 2.</p> | |
| <p>3. Discussion: Workforce Supply Data – Mental Health Professions Deep Dive</p> | <p>Rick Barnett, Julie Tessler, and Peggy Brozicevic presented workforce supply data on mental health professions.</p> <p>Rick noted that he is not representing a particular provide group, and provided high-level background on mental health and substance abuse providers, services, and treatment locations. Mental health and substance abuse treatment occur in most provider settings by most provider types, and include a broad range of services from screening to outpatient treatment to emergency/crisis care.</p> <ul style="list-style-type: none"> • Workforce issues and questions: <ul style="list-style-type: none"> ○ Number of psychiatrists expected to decline as providers age, lack of educational pipeline to increase number of psychiatrists in Vermont as demand increases for traditional mental health providers (data from Southern NH University program working to train licensed alcohol and drug counselors). | |

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| | <ul style="list-style-type: none"> ○ Many providers in independent practice won't accept Medicare and/or Medicaid, and some don't accept insurance at all. ○ Independent practitioners often see fewer patients than those practicing in DA/SSA, FQHC, primary care, or inpatient settings. ○ Unlicensed providers also play a role in the system. ● Areas to improve: <ul style="list-style-type: none"> ○ Integration and collaboration (RWJF pilot at UVM and other national sites) – some evidence of outcome improvements and cost reductions. Co-location is still a challenge (logistical, cultural between primary care and mental health), communication with outside providers. ○ Core Competency Training models to support workforce changes (focus on competencies rather than licensure level). ○ Telehealth is a promising strategy but still maturing, and reimbursement is maturing. Expansion of scope of practice and prescribing authority is also an emerging issue. <p>Peggy Brozicevic presented survey data. Note: All information collected at bi-annual relicensure. Data from 2014-2016. VDH works to get a census, rather than a sample, to calculate FTEs; but data is not complete for every provider type. Some providers have more than one license type (122 individuals, 11% of total FTEs); VDH has matched based on name and DOB. Survey data presented included the following provider types: psychiatrists, psychiatric nurse practitioners, physician assistants, alcohol and drug abuse counselors, social workers, marriage and family therapists, mental health counselors, psychoanalysts, psychologists (doctorate and master level), and psychotherapists.</p> <p>Julie Tessler provided a brief overview of the Designated Agency system. She highlighted turnover as a key challenge, with low salaries (pay differentials of \$10-15k compared to State and hospitals/other care settings), high caseloads, high patient acuity as contributing factors.</p> <ul style="list-style-type: none"> ● Molly Backup suggested that this issue feels overwhelming. Georgia suggested that AHS, in consultation with AOA, GMCB, and Vermont Care Partners, is submitting a report to the Legislature in January, so we may want to wait until this report is complete to continue this piece of this conversation. ● A letter from this group may be appropriate if members are interested. | |
| 4. Approval of Meeting Minutes | Charlie McLean moved to approve the August 2016 meeting minutes by exception. Molly Backup seconded. The minutes were approved with two abstentions (Rick Barnett, David Adams). | |
| 5. Updates | This agenda item was postponed for the November meeting; additional updates will be provided in writing. | |
| 6. Public Comment, Wrap-Up, Next Steps, Future Agenda Topics | <p>There was no public comment.</p> <p>Next Meeting: October 5, 2016, 3:00-5:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.</p> | |

VHCIP Health Care Workforce Work Group Member List

Charlie MacLean 10
Molly Backup 20

5-Oct-16

| Member | | Member Alternate | | August Minutes | Organization |
|-----------------|-------------------|------------------|--------------|----------------|--|
| First Name | Last Name | First Name | Last Name | | |
| David | Adams ✓ | | | | UVM Medical Center |
| Molly | Backup ✓ | Margery | Bower | | Physician Assistants |
| Mat | Barewicz ✓ | | | | Department of Labor |
| Jessa | Barnard ✓ | | | | Vermont Medical Society |
| Rick | Barnett ✓ | | | | Private-practice mental health & substance abuse providers |
| Colin | Benjamin | Lamy | Navins ✓ | A A | Office of Professional Regulation |
| Peggy | Brozicevic ✓ | | | | Department of Health |
| Wade | Carson ✓ | | | | Allied Health--Radiology |
| Denise | Clark ✓ | | | | Pharmacists |
| Robert | Davis | | | | UVM Integrative Medicine |
| Ellen | Grimes | | | | Dental hygienists |
| Tory | Grimes | | | | Hospitals (NVRH) |
| Lindsay | Herbert | | | | Dentists |
| Janet | Kahn | Cara | Feldman-Hunt | | Integrative Medicine |
| Monica | Light ✓ | Stuart | Schurr | | Department of Disabilities, Aging and Independent Living |
| Robin | Lunge | | | | Agency of Administration |
| Charlie | MacLean ✓ | Elizabeth | Cote | | University of Vermont Medical School |

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|-----------|-----------|-------|-----------|--|------------------------------------|
| Stephanie | Pagliuca | | | | Federally-qualified health centers |
| Mary Val | Palumbo ✓ | Jason | Garbarino | | Nurses |
| Jay | Ramsey | | | | Agency of Education |
| Roland | Ransom ✓ | | | | Designated Agencies |
| Nancy | Shaw ✓ | | | | Vermont State Colleges |
| Beth | Tanzman ✓ | | | | Vermont Blueprint for Health |
| Deborah | Wachtel | | | | Nurse Practitioners |
| | 24 | | 5 | | |

QV ✓

VHCIP Workforce Work Group Participant List

Attendance:

10/5/2016

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

| First Name | Last Name | | Organization | Workforce |
|------------|------------|------------|---|-----------|
| David | Adams | phone | UVM Medical Center | M |
| Susan | Aranoff | | AHS - DAIL | S |
| Molly | Backup | here | Consumer Representative | M |
| Ena | Backus | | GMCB | X |
| Mat | Barewicz | | Department of Labor | M |
| Jessa | Barnard | here phone | Vermont Medical Society | M |
| Rick | Barnett | here | Vermont Psychological Association | M |
| Susan | Barrett | | GMCB | X |
| Paul | Bengston | here | Northeastern Vermont Regional Hospital | X |
| Colin | Benjamin | here | Director, Office of Professional Regulation | M |
| Charlie | Biss | | AHS - Central Office - IFS / Rep for AHS - DMH | X |
| David | Blanck | | Consumer Representative | M |
| Peggy | Brozicevic | here | AHS - VDH | M |
| Wade | Carson | phone | Asst Professor, UVM Dept of Med. Lab & Radiation Svcs | M |
| Denise | Clark | phone | Consumer Representative | M |
| Amy | Coonradt | here | AHS - DVHA | S |
| Elizabeth | Cote | | Area Health Education Centers Program | X |

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|-----------------|-------------------|--------------|--|----|
| 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 | S |
| Lucie | Garand | | Downs Rachlin Martin PLLC | X |
| Christine | Geiler | | GMCB | S |
| Ellen | Grimes | | Vermont Technical College | M |
| Lory | Grimes | | Northeastern Vermont Regional Hospital | M |
| Karen | Hein | <i>phone</i> | UVM | X |
| Lindsay | Herbert | | Dentist | M |
| Deanna | Howard | | Dartmouth | X |
| Joelle | Judge | <i>here</i> | UMASS | S |
| Janet | Kahn | | UVM - Integrated Medicine | M |
| Sarah | Kinsler | <i>here</i> | AHS - DVHA | S |
| Nicole | LaPointe | | Northeastern Vermont Area Health Education Center | M |
| Monica | Light | <i>phone</i> | AHS - DAIL | M |
| Robin | Lunge | | AOA | IC |
| Charlie | MacLean | <i>here</i> | University of Vermont | M |
| Carole | Magoffin | | AHS - DVHA | S |
| Georgia | Maheras | <i>here</i> | AOA | S |
| Angel | Means | | Visiting Nurse Association of Chittenden and Grand Isle Counties | X |
| Sarah | Merrill | | DNH | X |
| Jess | Moore | | VDH | X |
| Meg | O'Donnell | | UVM Medical Center | A |
| Kate | O'Neill | | GMCB | X |
| Stephanie | Pagliuca | | Bi-State Primary Care | M |
| Mary Val | Palumbo | <i>here</i> | University of Vermont | C |
| Luann | Poirer | | AHS - DVHA | S |
| Jerry | Ramsey | | Agency of Education | M |
| Roland | Ransom | <i>phone</i> | DA - HowardCenter for Mental Health | M |
| Lori Lee | Schoenbeck | | Consumer Representative | M |
| Julia | Shaw | | VLA/Health Care Advocate Project | X |
| Nancy | Shaw | <i>here</i> | Vermont State Colleges | M |
| Nancy | Solis | | Dartmouth Institute for Health Policy & Clinical Practice | A |

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|---------|-----------|------|--|----|
| Joy | Sylvester | | Northwestern Medical Center | X |
| Beth | Tanzman | here | AHS - DVHA - Blueprint | M |
| Tony | Treanor | | DA - Northwest Counseling and Support Services | X |
| Deborah | Wachtel | | Consumer Representative | M |
| Marlys | Waller | | DA - Vermont Council of Developmental and Mental Health Serv | X |
| Ben | Watts | | AHS - DOC | X |
| Kendall | West | | Bi-State Primary Care/CHAC | X |
| James | Westrich | | AHS - DVHA | S |
| | 60 | 0 | 60 | 60 |

Julie Tessler - vt care partners