Vermont Health Care Innovation Project
Workforce Work Group Meeting Minutes

==Pending Work Group Approval==

Date of meeting: Wednesday, December 7, 2016, 3:00-5:00pm, Oak Conference Room, Waterbury State Office Complex

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Mary Val Palumbo called the meeting to order at 3:00pm. A roll call attendance was taken and a quorum was not present.	
2. Meeting Minutes	This agenda item was delayed due to lack of quorum.	
3. Project Updates	*Sustainability Plan*: This group was created by Executive Order. Though other SIM Work Groups wrap up this month, this group will continue until the Governor Elect makes a different decision. *Co-Chair Update*: Robin Lunge was appointed to the Green Mountain Care Board so can no longer serve as co-chair representing the Administration. The Governor-Elect appointed a new Secretary of Administration yesterday, and will likely select a new representative for this group in the coming weeks.	
4. Presentation and Discussion: Draft Health Care Workforce Demand Modeling Report	Terry West, Will Iacobucci, and Tim Dall of IHSMarkit presented draft study findings and modeling results from the Workforce Microsimulation Demand Model (Attachment 3). • This project has been ongoing for approximately 7 months. The goal is to quantify current and future demand for health professions in Vermont through 2030. Discussion: • Paul Bengtson noted that finding providers and professionals to fill open positions is a challenge, especially in fields like primary care. Mary Val suggested we would discuss this later in the meeting. • Mary Val noted a projection of 22% growth in hospital nursing, but later noted a lower demand in inpatient and ED nursing (slide 9). She noted that she and other researchers had previously expected a reduction in need for inpatient nursing following the implementation of the ACA. Terry replied that the aging population is resulting in higher intensity services for those admitted to the hospital, which requires higher nursing staff levels. He also expected a higher and more rapid shift from inpatient to community settings, but that this has not materialized; this might be due in part to preliminary results from new care models, or evaluations focused	

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	on financial results and care quality rather than workforce. Tim added that some of this might be an accounting issue in terms of how patient care is counted; a person who goes to the hospital for 23.5 hours uses the same amount of nursing care as a patient who goes to the hospital for 24 days, but they are counted differently. • Rick Barnett asked about slides 14 and 15 – are naturopaths, physical therapists, occupational therapists included on the health professions list? Terry commented that the professions chosen were selected in part because there is more robust data to allow for analysis and modeling. There is not enough data about naturopaths, for example, to do modeling, but it is identified in the report as a profession to watch. • Monica White agreed that Vermont has an aging population, and asked about the increase of 69% modeled for nursing home RNs. She noted that Vermont has succeeded in reducing nursing home utilization in favor of home- and community-based care over the past few years. Tim clarified that the oldest population bracket (>75) is growing rapidly, but it is possible that the estimate for nursing home and residential care are a bit too high and home health is a bit too low. Tim noted that inpatient is where most nurses are. Georgia noted that IHS is still waiting on the VHCURES dataset, and invited Monica to share additional non-claims data from DAIL if it could inform this calculation. Tim noted that IHS is currently working with HRSA to strengthen the long-term care component of these projections in its model. Monica will follow-up offline. • David Adams asked about the 2% predicted growth in need for dental care. Terry commented that this is consistent with overall population growth. David noted that supply is currently a constraint. • David also asked how Vermont might vary from national datasets because Vermont might be a unique environment. Georgia commented that when this project went out to bid, we considered whether we wanted a custom Vermont model (expensive, incomplete) or a model that adapts a national model with Vermont-specific data sources. We looked at population trends and other models that were Vermont specific (including from Department of Labor) to make sure this was responsive to Vermont's context. Also, this is a model and will never be perfect. This is another input for work group members and policymakers to use to support work on health care workforce supply. • Mary Val asked how IHS worked with supply data from Vermont's licensed health professions. Does this incorporate aging professionals? IHS did look at some of this data, but it is incomplete. Tim added, with respect to dentists, that we are modeling demand with respect to need, which for some services (dental, psych) is greater than need for reasons that include price/cost/coverage – increasing the number of dentists doesn't solve this financial access barrier. • Rick asked a question about Slide 36. Will noted that 2015 numbers are assuming that these care delivery interventions are already phased in as a "status quo". Tim added that the demographics of people who use mental health services are very different than people who use cardiology or other specialties. Rick noted that many mental health services are delivered by licensed counselors, master's and doctoral level psychologists, and many others – it is a complex mix of professionals. • Monica noted that many Vermonters are seen by providers in New Hampshire (Dartmouth-Hitchcock) or other states. Terry noted that this will be adjusted once IHS has VHCURES data.	

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	• Monica asked about avoidable ED visits. Falls prevention, seniors nutrition, and other initiatives that might be outside the scope of usual modeling will be important for reducing ED visits in the future – how can they be incorporated into this model? Terry agreed that this is a challenge; IHS focused on avoidable ED visits based on Lewin Group algorithm. • David asked how this model responds to evolving care models that might not be explicit, or through emerging technologies. Terry replied that this can be modeled as scenarios if there is data, but they can't always be modeled. Georgia added that it could be possible to do updates to respond to scenarios like this in the future when there is more data (e.g. slide 37). • Slide 39 – Mat Barewicz asked whether these numbers can be added to get a total change across all professions/care settings. Will noted that shifting utilization out of the ED would not necessarily reduce overall workforce needs, but would require additional ambulatory care services to offset (though this is a much less expensive setting). Mary Val asked about emerging occupations within this slide; Terry added that IHS is going to look at health navigators in the coming weeks. • Slide 28 – Stephanie Pagliuca asked whether dental pain is reflected here. Will and Terry will check and let us know. • David asked how scope of practice informs modeling. Terry commented that IHS tracks these developments and updates the model annually to reflect these changes, though they may take a few years to show in modeling. Georgia noted that the State talked with IHS about the new dental therapist law passed last year. • Mary Val asked how aging workforce and educational pipeline fit into this modeling. Terry commented that those are supply questions and are recommended areas for future research. • Paul Bengtson commented that there are obvious trends in this data, and asked how the state could go about developing an action plan to address these issues. Mary Val agreed and noted that Paul's region deals with serious shortages as a result of maldistribution within the state. David agreed, noting that Chittenden County may not need another dentist. Georgia commented that VHCURES data will help look at this. Next Steps: This contract has been extended so that IHSMarkit can use VHCURES data. Modeling should be done by March, but we can expect a new set of information in January or early February. The State has received a draft report from IHSMarkit to which a great deal of detail will be added. If members wish to send additional data, please do so within the next month. Please submit additional questions to Amy Coonradt (amy.coonradt@vermont.gov) by the end of December.	
5. Public Comment, Wrap-Up, Next Steps, Future Agenda Topics	There was no public comment. **Next Meeting:** TBD – February 2017.	**February meeting to be scheduled**

VHCIP Health Care Workforce Work Group Member List

Member		Member Alternate		October ~~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				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
		(vacant)			Hospitals (NVRH)
Lindsay	Herbert ✓				Dentists
Janet	Kahn	Cara	Feldman-Hunt ✓		Integrative Medicine
Monica	White ✓	Stuart	Schurr		Department of Disabilities, Aging and Independent Living
		(vacant)			Agency of Administration
Charlie	MacLean ✓	Elizabeth	Cote		University of Vermont Medical School

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
	22		5		

Quorum not maintained

VHCIP Workforce Work Group Participant List

Attendance: 12/7/2016

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	here	UVM Medical Center	M
Susan	Aranoff		AHS - DAIL	S
Molly	Backup		Consumer Representative	M
Ena	Backus		GMCB	X
Mat	Barewicz	here	Department of Labor	M
Jessa	Barnard	Webinar	Vermont Medical Society	M
Rick	Barnett	here	Vermont Psychological Association	M
Susan	Barrett		GMCB	X
Paul	Bengston	Webinar	Northeastern Vermont Regional Hospital	X
Colin	Benjamin		Director, Office of Professional Regulation	M
Charlie	Biss		AHS - Central Office - IFS / Rep for AHS - DMH	X
David	Blanck		Consumer Representative	M
Peggy	Brozicevic	Webinar	AHS - VDH	M
Wade	Carson		Asst Professor, UVM Dept of Med. Lab & Radiation Svcs	M
Denise	Clark	Webinar	Consumer Representative	M
Amy	Coonradt	here	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	S
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler	here	GMCB	S
Ellen	Grimes		Vermont Technical College	M
Lory	Grimes		Northeastern Vermont Regional Hospital	M
Karen	Hein	AF	UVM	X
Lindsay	Herbert	Webinar	Dentist	M
Deanna	Howard		Dartmouth	X
Joelle	Judge	here	UMASS	S
Janet	Kahn		UVM - Integrated Medicine	M
Sarah	Kinsler	here	AHS - DVHA	S
Nicole	LaPointe		Northeastern Vermont Area Health Education Center	M
Monica	White	here	AHS - DAIL	M
Robin	Lunge		AOA	IC
Charlie	MacLean	Webinar	University of Vermont	M
Carole	Magoffin		AHS - DVHA	S
Georgia	Maheras	here	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	here	GMCB	X
Stephanie	Pagliuca	Webinar	Bi-State Primary Care	M
Mary Val	Palumbo	here	University of Vermont	C
Luann	Poirer		AHS - DVHA	S
Jerry	Ramsey		Agency of Education	M
Roland	Ransom		DA - HowardCenter for Mental Health	M
Lori Lee	Schoenbeck		Consumer Representative	M
Julia	Shaw		VLA/Health Care Advocate Project	X
Nancy	Shaw		Vermont State Colleges	M
Nancy	Solis		Dartmouth Institute for Health Policy & Clinical Practice	A

Joy	Sylvester		Northwestern Medical Center	X
Beth	Tanzman		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
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Venesa Day - Meyers & Stauffer
Terry West
Tim Dall   } IHS Markit
Will Iaceobucei
Josh Plavin - BCBSVT
Steven Moore -
Pat Jones