

***VT Health Care Innovation Project
Health Care Workforce Work Group Sub-Committee on Long Term Care
Agenda***

**Monday, March, 24, 2014; 2:30-4:00pm
Pavilion 4th Floor Conference Room, 109 State St, Montpelier
Call-In Number: 1-877-273-4202; Passcode 7289626**

Item #	Time Frame	Topic	Relevant Attachments (describe document type: powerpoint, word, excel, etc...)
1	2:30-2:40	Welcome and Introductions	
2	2:40-3:00	SIM/VHCIP Workforce Committee and charge to the subcommittee	<ul style="list-style-type: none"> • Workforce Work Group Charter • Workforce Work Plan • Section L • VHCIP Workforce Funding • Subgroup Proposal
3	3:00-3:50	Discussion of subcommittee about process	
4	3:50-4:00 (or adjourn)	Next Steps, Wrap-Up and Future Meeting Schedule	

Vermont Health Care Innovation Project

HEALTH CARE WORKFORCE WORK GROUP CHARTER

EXECUTIVE SUMMARY

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

1. Provide statewide direction and planning for health workforce initiatives and activities;
2. Monitor health workforce trends and needs;
3. Develop strategic health workforce objectives and activities that could be pursued by state government and stakeholders;
4. 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;
5. Research and recommend to the Governor and the Secretary public and private opportunities for funding health workforce initiatives;
6. Serve as the workforce advisory group for the Vermont Health Care Innovation Project (a.k.a. State Innovation Model grant); and
7. 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.

PURPOSE/PROJECT DESCRIPTION

Scope of Work: Specific to the Vermont Health Care Improvement Project, the Work Group will seek to gather the data necessary to assess supply and demand in order to ensure the appropriate number and type of health care professionals to achieve the Project's goals. Once the data is obtained and analyzed, the Work Group will utilize it to develop, recruit, and retain the workforce needed. This will require intense and well-coordinated work that engages the entire health care and educational community, including state entities and external stakeholders.

Work Group Objectives/Success Criteria:

- In order to assess the adequacy of the workforce supply, the Office of Professional Regulation shall implement the requirement in Act 171 to survey all licensed health professions, adapting as needed national minimum data sets where they exist and

developing ones where they don't. Surveys will be conducted at the time of re-licensure of each profession with all professions initially being surveyed by the end of 2015.

- In order to project and plan for the demand for health professionals in concert with payment and delivery system reform, the Department of Labor shall lead the effort to develop and assess demand models related to health care workforce, taking into account regional variations and differences in service utilization caused by improved or worsened health status. An RFP for this work will be issued in 2014 and extend throughout the VHCIP term.
- Analysis of the supply surveys and demand metrics will occur throughout the term of the VHCIP grant period in order to inform and guide the implementation of the recommendations contained in the Health Care Work Force Strategic Plan during and subsequent to the term of the VHCIP.
- Based on this, the Work Group will annually set priorities for which Plan recommendations should be addressed and implemented and so advise the VHCIP Core Team, the Green Mountain Care Board, and the Secretary of Administration for their consideration in allocating resources to achieve them.

PROJECT JUSTIFICATION

Without an adequate and appropriate health care workforce, all other health reform efforts involving universal coverage and access, delivery system reform, and payment reform will be unsuccessful. Since workforce relates to and overlaps with all of the other elements of the VHCIP, this Work Group is essential since it includes representation from the broad spectrum of those affected by, and able to implement, reform - not only state government interagency members, but also members from health care employers, clinicians, membership organizations, and secondary and higher education.

RISKS

With such a diverse group and with a charter that includes open-ended tasks, retaining the interest and commitment of members could become a factor long term, particularly if certain professions or entities do not feel their issues are being addressed in a timely or favorable way. In addition, the achievement of certain Plan recommendations and goals will require new resources or the reassignment of existing resources. Addressing how to obtain them and who will be affected in any redistribution will not be without controversy.

DELIVERABLES

- Development and analysis of surveys for all licensed professions to assess supply
- Development and analysis of metrics that define demand and help determine the workforce needs across the state
- Coordination between and among external Stakeholders and all state agencies that influence workforce in education & training, recruitment, and promotion of health professions through the

Work Group members and in conjunction with the implementation of the Health Care Workforce Strategic Plan

- Annual recommendations to Vermont's policy and budget leaders on Work Group priorities for funding workforce development, recruitment, and retention.

SUMMARY MILESTONES

- ✓ The licensure schedule appended to this charter includes the re-licensure schedule for the health professions. The mandatory surveys for each specific profession will be developed prior to each re-licensure date for completion in conjunction with the licensure application.
- ✓ Analysis of each profession's surveys will occur within ~~six~~ ~~three~~ months of its licensure deadline.
- ✓ Development, refinement, use, and modification of demand metrics will occur through the Project period with the first metrics completed by the end of 2014.
- ✓ Implementation of the Work Group's first recommended priorities from the Plan will occur by the end of 2014.

MEMBERSHIP REQUIREMENTS

As called for in Executive Order #07-13, membership on the Health Care Workforce Work Group will be appointed by the Secretary of Administration to assure representation from across state government departments and to be as inclusive as possible of health care employers, clinicians, membership organizations, and secondary & higher education along with other relevant interest groups. To be a truly "working group," the Work Group must be somewhat limited in size and not all professions will be members. Therefore, the expectation is that members will not just represent their own vested interests, but they must be able to think broadly about Vermont's health workforce needs and how to alleviate them. It is further expected that members will make every effort to attend the six bi-monthly meetings of the Work Group each year.

PARTICIPANT LIST (as of November 30, 2013)

The list of members of the Health Care Workforce Work Group at the time this charter was written is appended to this document.

RESOURCES AVAILABLE FOR STAFFING & CONSULTATION

Work Group Co-chairs:

Robin Lunge, Director of Health Care Reform

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802-828-2318

Mary Val Palumbo, DNP, APRN, GNP-BC

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Work Group Staff:

Christine Geiler, VHCIP Stakeholder Coordinator
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802-828-2177

Marisa Melamed, Executive Assistant
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802-828-2318

Nelson LaMothe, VHCIP Project Manager
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774-364-2732

WORK GROUP PROCESSES:

1. The Work Group will meet bi-monthly on the second Wednesday of the month.
2. The Work Group Co-chairs will plan and distribute the meeting agenda through Christine Geiler.
3. Related materials are to be sent to Work Group members, staff, and interested parties prior to the meeting date/time by Christine Geiler.
4. Work Group members, staff, and interested parties are encouraged to call the Work Group staff or Co-chairs in advance of the meeting if they have any questions related to the meeting materials that were received.
5. Minutes will be recorded at each meeting by Nelson LaMothe.
6. The Work Group Co-chairs will preside at the meetings.
7. Progress on the Work Group's work will be reported as the Monthly Status Report by the Co-chairs
8. The Work Group's Status Report and Recommendations are directed to the Steering Committee.

AUTHORIZATION

_____ **Date:** _____
Project Sponsor/Title

DRAFT 1/5/13 – Work Plan for Workforce Committee

Objectives	Supporting Activities	Target Date	Responsible Parties	Status of Activity	Measures of Success
Set priorities for which Health Care Work Force Strategic Plan recommendations are addressed.	<ul style="list-style-type: none"> Review and refine draft charter Review membership list for gaps Develop 2014 meeting schedule Identify resource needs 	March 2014	Staff; co-chairs; work group members	<ul style="list-style-type: none"> Draft charter Membership list developed Draft work plan 	<ul style="list-style-type: none"> Final Charter Comprehensive membership list 2014 meeting schedule Resources are adequate to accomplish objectives
Analysis of the supply surveys and demand metrics will occur throughout the term of the VHCIP grant period in order to inform and guide the implementation of the recommendations.	<ul style="list-style-type: none"> 	December 2014?	Staff; co-chairs; work group members		<ul style="list-style-type: none">
Obtain consultants to assist with selected work group activities	<ul style="list-style-type: none"> Identify activities that could benefit from consultant expertise Develop scope of work and RFP Issue RFP Review bids Select vendor Execute contract 	March 2014	Staff; co-chairs; work group members; Core Team		<ul style="list-style-type: none"> Contract in place
Coordinate and collaborate with other work groups	<ul style="list-style-type: none"> Identify activities led by other work groups that relate to activities of Workforce Work Group Develop mechanisms for reporting about related activities to other work groups, and for obtaining information about related activities from other work groups 	Ongoing	Staff; co-chairs; work group members; other work groups		<ul style="list-style-type: none"> Well-coordinated and aligned activities among work groups
Select proposals to implement, review projects In process	<ul style="list-style-type: none"> 		Staff; co-chairs; work group members	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Update Workforce	<ul style="list-style-type: none"> 	September-			<ul style="list-style-type: none">

Objectives	Supporting Activities	Target Date	Responsible Parties	Status of Activity	Measures of Success
Strategic Plan		December 2014			

Section L Workforce Capacity Monitoring

This section addresses Vermont's efforts around ensuring an adequate workforce to deliver care once the payment and delivery system reforms are complete.

32. Has the State designed, planned and begun to implement a program to address the future healthcare workforce requirements of its proposed innovation model, consistent with the objectives established by HRSA?

The State has designed, planned and begun to implement a program to address the future healthcare workforce needs. Act 48 Section 12a directed the State's Director of Health Reform to develop a workforce strategic plan. Working for nearly a year, the Director engaged in-state and external stakeholders to craft a plan and recommendations for approval by the Green Mountain Care Board. On January 9, 2013, the Green Mountain Care Board approved the Health Care Workforce Strategic Plan (see list of artifacts below) which outlines the recommendations to be accomplished in conformance with both Vermont's comprehensive health reform law, Act 48, and HRSA's workforce objectives. The Plan was subsequently reviewed and accepted by the key legislative health committees during the session that ended in May. The Plan is divided into four main sections, each with recommendations and indicators of success outlined. These are:

1. Oversight and Planning for Workforce development with 3 recommendations and 11 sub-recommendations;
2. Recruitment and Retention of the Workforce with 3 recommendations;
3. Improving, Expanding, & Populating the Workforce Educational Pipeline with 11 recommendations; and
4. 3 recommendations to the Green Mountain Care Board and the Blueprint for Health for their assistance in supporting the Plan's implementation.

The Plan also outlines current workforce capacity issues and calls for ongoing workforce assessments through surveys of all health professions as part of licensure and through the

development of Vermont-appropriate metrics for determining supply and demand. In fact, the Vermont legislature passed Act 79 (included among artifacts) that makes the completion of health profession surveys a mandatory part of licensure. This was a major recommendation in the Health Care Workforce Strategic Plan. The surveys are being developed as each profession comes up for their licensure renewal. Next up will be dentists in August. The complete licensure renewal schedule from the Office of Professional Regulation is attached as an artifact.

In addition to these surveys, another useful and timely document that will be utilized to assess need is the annual statewide report of the primary care workforce conducted by the Area Health Education Centers in Vermont. The 2012 report is included among the artifacts.

The first step in implementing our Health Care Workforce Strategic Plan has been to form a permanent Workforce Work Group with Stakeholders from the health professions and key institutions and state agencies, as called for in the first recommendation in the Plan. The Workforce Work Group is one of the working groups described in Section A, Governance of the Operational Plan. The Workforce Work Group will be guided charter outlining the key workforce components of the Workforce Plan and the SIM project that it will oversee and monitor, including the following:

- Development of surveys for all licensed professions using national minimum data sets if available to assess supply.
- Development of metrics that define demand and help determine the workforce needs across the state.
- Coordination between and among external Stakeholders and all state agencies that influence workforce in education & training, recruitment, and promotion of health professions.
- Development and analysis of supply, demand, and performance measures utilizing a team of data analysts, workforce experts, facilitators, and researchers that reach out to all health professionals across the state.

The Governor is issuing an Executive Order to appoint the Workgroup at the end of July. The academic medical centers serving Vermont and the State College system have committed to participating. The Work Group will include representatives of:

UVM College of Medicine
Fletcher Allen Health Care
Dartmouth Hitchcock Medical Center
Agency of Administration
Department of Labor
Department of Education
VT Department of Health
Office of Professional Regulation
Vermont State Colleges
Primary Care Physicians
Specialty Care Physicians
Hospitals
Federally Qualified Health Centers
Home Health Agencies
RNs/LPNs
Nurse Practitioners
Physician Assistants
Community Mental Health Agencies
Allied Health Professionals
Pharmacists
Mental Health/Substance Abuse Providers
Blueprint for Health
Complementary/Alternative Medicine
Area Health Education Centers

In implementing the Workforce Plan, we will build on the expertise and experience of the wide variety of health professional training and education programs offered throughout the state. Those offered in the State College System and at the University of Vermont are outlined in the artifacts below. In terms of State employment training programs, the Vermont Department of Labor was directed by the Legislature to develop a comprehensive review of all such programs offered by each agency/department of state government. This assessment, due by the end of 2013, will be important in guiding consideration of increasing offerings for direct service and community health workers, an identified interest of our Blueprint for Health and the SIM project.

To: Mary Val Palumbo and Robin Lunge, Co-Chairs Workforce Work Group
 Fr: Georgia Maheras
 Date: January 7, 2014
 Re: VHCIP Workforce funding

VHCIP provides certain financial resources to support implementation of the Workforce Strategic Plan. The VHCIP Core Team approved a funding allocation process that allows the Workforce Work Group to make recommendations regarding spending of certain SIM funds. The Core Team approved the following line items as within the Workforce Work Group purview:

Budget Line Item Title	Year one	Year two	Year three	Total for three years
Workforce- base consulting funds to support work group activities	\$ 43,000	\$ 43,000	\$ 43,000	\$ 129,000
Workforce consulting items (in detail below)				
Surveys	\$ 80,000	\$ 80,000	\$ -	\$ 160,000
Data analysis	\$ -	\$ 150,000	\$ 150,000	\$ 300,000
System-wide analysis	\$ 546,666	\$ 546,666	\$ 546,667	\$ 1,639,999

Approved text from the federally-approved budget¹:

The State of Vermont has recently developed a Workforce Strategic Plan (<http://www.leg.state.vt.us/reports/2013ExternalReports/285604.pdf>) that identified lack of data on Vermont’s workforce as the major stumbling block to ensuring the State has the right number and type of providers for a high performing health system. While the State has some data on physicians, that data is limited. For example, it is unclear how FTEs are calculated by various providers. Additionally, the State has little or no data on non-physicians, especially those provider mental health and substance abuse services. The workforce components of the SIM application start with a data collection effort. Once those data are collected, the State will engage in an effort to assess supply versus demand. For example, if clinicians who currently work 60 hours per week are retiring and being replaced by clinicians who work 40 hours per week, we need to replace at a rate of 1.5:1. The supply/demand models will develop methods by which we can ascertain the supply and demand. The final component of our workforce efforts involve coordination, communication and system-wide analysis. The State’s efforts in workforce analysis, recruitment and development have not been ideally designed up until this

¹ Note that CMMI has only approved the Year One funding, not subsequent years.

point. The SIM application contemplates a highly coordinated effort that cuts across multiple State agencies and external entities. For successful deployment of care teams, the State and providers need to work together to recruit providers and track provider behavior in the State. This component will allow for that coordination and create a process that is not fragmented. Advancing and sustaining this agenda will require intense and well-coordinated work among numerous parties. The entire health care community must be involved in developing and implementing these changes. Workforce is a highly controversial topic in Vermont as salary and provider satisfaction are important to the health care workforce. Therefore the State needs to ensure the process around this topic is robust and clinicians all around the State understand that process. This will increase the amount of time spent by contractors on this component. Our estimate is that the State will need the equivalent of 2.0FTE per year for the final two years of the grant period, to complete this component at a blended rate of \$225/hour.

Workforce Assessment: Survey Development	
Organizational Affiliation	Office of Professional Responsibility (OPR)
Scope of Project/Services to be Rendered	Develop a series of surveys in conjunction with health professional licensing boards which are based upon national minimum data set recommendations. Up to 40 surveys will be developed, one for each profession.
Relevance of Project/Service to SIM Grant implementation	Health care workforce planning requires the collection of a minimum set of data across professions which will provide adequate insight to health care workforce supply. While recommendations for a minimum data set exist at a national level, data elements and the associated questions may need to be adapted to be relevant to a wide array of professions. This includes programming and data extraction. This will need to be done in conjunction with individual professional licensing boards.
Name of Consultants	The State of Vermont will issue an RFP for these services.
Number of Days in Consultation	Approximately 32 hours per survey over the course of three years: 1,095 days.
Expected Budget or Rate of Compensation	Total Budget of \$160,000; \$53,333 for each year of the grant once past the planning phase. The estimate for this budget amount is based on surveys conducted in recent years through OPR. The expectation is that 1,280 hours will be spent on this project. Existing State contracts indicate that contractors familiar with the various professions, who are also skilled at survey development charge between \$125-\$150 per hour.
Method of Accountability	OPR Director/GMCB

Workforce Data Analysis	
Organizational Affiliation	Department of Labor
Scope of Project/Services to be Rendered	Includes the development of workforce demand models to enable the State to identify measures by which we can determine what workforce is needed across the state.
Relevance of Project/Service to SIM Grant implementation	There is a paucity of metrics which define health care workforce demand. Those that exist are not responsive to changing workforce needs based upon reform efforts, regional variations nor differences in health care services demands because of increased or decreased health status.
Name of Consultants	The State of Vermont will issue an RFP for these services.
Number of Days in Consultation	Approximately 445 hours annually during the grant period: 1,095 days.
Expected Budget or Rate of Compensation	<p>Total Budget of \$300,000; \$100,000 for each year of the grant once past the planning phase.</p> <p>The State of Vermont anticipates that we will need \$100,000 per year to perform this work. This estimate is based on recent efforts to develop metrics for health care workforce measurement. The State engaged a vendor to assist in development of a Workforce Strategic Plan. In that effort, the state recognized that development of workforce demand models is a complex activity and required those experienced in model development, knowledge of workforce supply and demand, understanding of Vermont's current workforce landscape as well as an ability to identify the future needs of Vermont in a reformed system. Recent State contracts indicate that contractors with this level of expertise charge between \$200 and \$250 per hour.</p>
Method of Accountability	DOL/GMCB

Workforce Assessment: System-wide capacity	
Organizational Affiliation	Green Mountain Care Board and Agency of Administration

<p>Scope of Project/Services to be Rendered</p>	<p>Utilizing data collected through surveys and licensure, deliverables in this section include:</p> <ul style="list-style-type: none"> • Convening clinicians, educators, and state officials to work together to develop a plan for creating and sustaining the needed workforce in a reformed system; • Advancing and sustaining this agenda will require intense and well-coordinated work among numerous parties. The entire health care community must be involved in developing and implementing these changes. • Implementing Vermont’s Workforce Strategic Plan, found here: http://www.leg.state.vt.us/reports/2013ExternalReports/285604.pdf
<p>Relevance of Project/Service to SIM Grant implementation</p>	<p>Workforce planning is about getting the right staff with the right skills in the right place at the right time. This is a complex undertaking. In Vermont, health workforce planning becomes even more difficult, given that payment and delivery system reform is a work in progress. While such planning is difficult, it is also urgently needed if Vermont’s movement toward universal health care is to be successful. <i>Coverage</i> for care without an adequate workforce to assure <i>access</i> will result in a failure of reform.</p>
<p>Name of Consultants</p>	<p>The State of Vermont will issue an RFP for these services.</p>
<p>Number of Days in Consultation</p>	<p>Years two and three of the grant period: 730 days.</p>

<p>Expected Budget or Rate of Compensation</p>	<p>Total Budget of \$1,640,000; \$546,667 for each year of the grant once past the planning phase.</p> <p>The State of Vermont is committed to ascertaining system-wide capacity for its health care workforce. The recent State discussion about a Workforce Strategic Plan highlighted the challenges in identifying this capacity. A core challenge is the need to reach out to all of the health care professionals across the State. Given its rural nature, the number of independent practices and the fragmentation of various professions, the State will need a contractor who spends a significant amount of time communicating with health care clinicians. The State will also need resources to compile the information gathered and brief policymakers, those at the academic medical center and various payers. Additionally, the State recognizes that workforce discussions are complex and bring numerous challenges. Our estimate assumes that a team of data analysts, workforce experts, facilitators and researchers will work together to perform these tasks. We also anticipate needed to do some Statewide and regional convenings on the topic of workforce. Recent State contracts indicate that contractors with this level of expertise charge between \$200 and \$250 per hour.</p>
<p>Method of Accountability</p>	<p>GMCB/AOA</p>

Proposal for Workforce Strategic Planning Committee Sub-Group Related to Direct Service Workers

January 5, 2014

This proposal discusses the need for the creation of a sub-group to the Workforce Strategic Planning Committee (Committee). The sub-group would do in-depth analysis and policy development around key health care professions providing recommendations to the Committee that would help guide decision-making and planning. The Committee will select sub-group members with expertise and experience in specific health care professions. The composition of the sub-group may change with each health care profession. For the sake of continuity, the committee may decide to select several permanent sub-group members who will remain on the sub-group regardless of its focus. The remaining members can be drawn from those outside of the Committee.

This sub-group would have the following tasks:

1. Review any existing analyses and recommendations about a particular health care profession including, but not limited to: number of FTEs, expected need for this service and other predictive labor modeling
 - a. If no analyses exist, recommend what analyses would be appropriate for that profession
2. Analyze the future needs of a particular health care sector and how this profession can support that sector. For example, analyze home care to determine if there are enough geriatricians for an aging Vermont population.
3. Make recommendations to the Committee regarding this profession including:
 - a. Recruitment
 - b. Retention
 - c. Suggestions for the Workforce Strategic Plan
 - d. Training

While this sub-group can and will review several different health care professions, we recommend that the sub-group begin with reviewing workforce issues related to direct service workers providing long term services and supports. When choosing members for the first sub-group, the committee should look to H.301 and any other relevant state and federal bill and statutes for guidance.