Vermont Health Care Innovation Project
Workforce Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, June 8, 2016, 3:00-5:00pm, 4th Floor Conference Room, Pavilion Building, 109 State St., 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.	
2. Approval of April 2016 Meeting Minutes	Tabled until next meeting due to lack of quorum.	
3. Updates	*Micro-Simulation Demand Modeling Update:* Amy Coonradt provided a brief update on Demand Modeling. The State had a kickoff at the end of May with contractor IHS Global. IHS will be working with staff and stakeholders to develop the micro-simulation demand model through early 2017 based on the scope of work drafted and approved by the Workforce Work Group in 2014. The Work Group will have numerous opportunities to give feedback during that period. Amy included a table of when Work Group members will be able to contribute feedback on various project activities. Staff will also perform outreach to Work Group members/professions to inform and refine the model. A final demand projections report will be presented in December 2016. NOTE: Staff are working to schedule an additional Work Group meeting in November 2016. • Janet Kahn noted that this is a 10-to-15-year projection based on existing data, which leaves out integrative health and emerging professions. Robin Lunge noted that this isn't the last modeling the State will ever do. Charlie MacLean added that IHS will also contribute knowledge from other states. A smaller future contract with IHS could add new inputs to the model. Mat Barewicz added that we should include an understanding of previous staffing patterns – the changes in staffing/replacing certain professionals with other professions will be informative data points. • Amy noted that we will be working with VHCURES data; the State is working with IHS to get a Data Use Agreement. • Rick Barnett noted that OPR is taking on the licensure of Licensed Alcohol and Drug Abuse Counselors. Peggy Brozicevic noted that there isn't yet a complete census of those providers but VDH is working with OPR to	

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	transfer information.	
4. Discussion: Workforce Supply Data – 2014 Physician Assistant Survey Deep Dive	Molly Backup introduced the discussion (see summary distributed at meeting). She highlighted high-level trends: • Primary care PAs practicing in primary care are more likely to be older and closer to retirement. • The profession is aging, but less so than MDs. *Education:* Marge Bower provided an overview of PA education. Key challenges are clinical rotations (burden on providers), lack of programs for part-time students. Clinical rotations require a variety of specialties, with a focus on primary care (family and internal medicine). Majority of PAs practice at the Masters level. Delegation agreement – an agreement between PA and physician at same practice to delegate responsibilities to PA and provide a support system, consultation, and supervision to allow PA to work at top of license and capabilities with support of a physician– is filed with Board of Medical Practice. • Will Hosner noted that the team approach is being modified at the national level. The American Academy of Physician Assistants has put out a modernization proposal; Vermont is one of only four states nationally that meet all conditions of this proposal. This is increasing PA accountability and supporting more effective team-based care. • Molly noted that Vermont's efforts in this area reflects national trends. She suggested that Vermont has room for more PAs working in primary care. • Janet Kahn asked whether some schools have higher rates of students graduating into primary care. Molly responded that this is the case, and that nationally there is a push toward moving more students to primary care, and helping them find rotations and jobs in primary care. Molly noted that it's very challenging to find rotations in primary care, and suggested this might be an area where Vermont can impact PA workforce. There are also PAs who are interested in primary care and qualified to work in primary care but can't find primary care jobs in Vermont, which is a disconnect. She suggested that practices with soon-to-retire doctors or PAs could open up for rotations as a way to support new PAs being hired into primary care in the state. She suggested that financial incentives could support practices in providing initial training and support needed in PAs first year-plus of practice. An underlying issue is comparatively low primary care salaries. • There had been a plan to launch a PA program at St. Joseph's in Rutland, but lack of contracts to guarantee rotations in part led to abandonment of this plan. • Rick Barnett asked about the role of larger health systems. Molly replied that UVM has considered launching a PA program multiple times, but has not come to fruition. Lack of rotation sites, in part due to competition among programs and providers, is a major barrier. Charlie MacLean noted that there is fierce competition for clinical sites across the country and across health professions; he also commented that sending students to different states provides a diversity of experience, which can be beneficial. *PA Demand in Vermont:* Mat Barewicz provided an Occupational Profile on Physician Assistants (distributed at meeting). DOL uses federal definitions of occupations and breaks the state down into Burlington region (boundaries are Northern Addison County, Southern Franklin County, and Waterbury); Northern Vermont Balance of State; and	**Additional handouts will be distributed via email.**

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	Southern Vermont Balance of State. Mat noted that DOL tries to account for students and residents in reviewing compensation rates. DOL projects very high growth compared to other fields (2% annually – 2.5x greater than average growth – doesn't reflect intra-professional churn which also results in job growth). • Molly Backup asked how or whether this reflects changes in practice or movement from physician to PA/NP within practices. Mat noted that this is a job forecast for the field. He suggested that these forecasts likely do less of a good job at predicting staffing patterns in fields like health care where national Bureau of Labor Statistics job categories are relatively broad. • Peggy Brozicevic asked whether providers who practice at multiple sites are de-duplicated. Mat replied that this is based on employer surveys regarding unique individuals, not FTEs, so likely reflects duplicates. • Stephanie Pagliuca contributed via email: The Bi-State Recruitment Center would be happy to work with others to support getting more PAs into primary care in areas of need. Janet Kahn suggested identifying disincentives and barriers to providing clinical sites for PAs, or hiring PAs. • John Olson asked how many Federally-Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) are providing clinical settings or hiring PAs. Marge noted that the first year of PA practice is often an unofficial residency; official residency requires accreditation, charging money, etc. • Molly Backup and Marge Bower identified a few issues: 1) Older, later career physicians, especially in solo practice, have limited exposure to PAs (who could help to replace them as they retire); 2) Many physicians are afraid of legal supervision aspect of working with PAs. • Charlie MacLean suggested looking at what proportion of practices of various sizes have PAs, NPs, or none, and tracking trends over time; this might give insight on whether there are cultural barriers. Molly Backup noted that PAs in primary care have plateaued; numbers are increasing slightly in primary care, but FTEs are decreasing slightly. Peggy Brozicevic added that primary care FTEs are growing very slowly, and that VDH is starting to map NPs and PAs. Beth Tanzman noted that the Blueprint tracks practice staffing and credentials within practices. **Charlie requested Beth or someone else at the Blueprint develop a report on this at the next meeting, and offered to help.** Molly believes this would be helpful. • John Olson noted that he hears from small practices that are struggling with low Medicare and Medicaid reimbursement rates in comparison to commercial rates, and are interested in becoming Rural Health Clinics to qualify for enhanced reimbursement. RHCs are required to employ mid-level providers; this could support transition and succession planning for small practices. Molly believes this would be a good strategy. • Rick Barnett suggested partnerships with nursing homes that work with primary care practices to do geriatric care within nursing homes. This is a learning environment with very complex needs. Many nursing homes are near medical practices or hospitals that could embed and supervise a practitioner in the nursing home. Feedback on process/presentation format: All agreed this was very helpful and it was nice to have a summary sheet to inform people on basics on the profession. Robin suggested that this could be a template for future presentations.	
5. Discussion: Workforce Strategic	*Recommendations #7-#17: Improving, Expanding, and Populating the Educational Pipeline:* Previously discussed #7. • Recommendation #8-11: Nicole LaPointe discussed the AHEC's role in providing health education. Vermont has	

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Plan	three regional AHECs, linked to the UVM system. Early in the education pipeline: The AHEC is currently focusing on high-school students who have identified health sciences as an interest to encourage them and help them prepare to be competitive in post-secondary opportunities. Linking to Vermont education quality standards focused on measurable competencies and skills. The AHEC is working to bring post-secondary students on the pathway to certification to underserved rural areas to expose them to areas with need and encourage team-based practice, with the goal of encouraging students to consider careers in these areas. Students are also working with inter-professional mentors. The AHEC has observed an increase in interest in working in Vermont and with rural and underserved populations due to these efforts. There are still opportunities to do more, especially for those who face barriers to post-secondary education. Pathways that include stepped credentialing (e.g. nursing) is a key strategy. Two recommendations: 1) Support students in the lower half of the pipeline (secondary students, and undergraduates in pre-health programs) to help them to explore, build professional networks, and earn certifications that augment education and increase earning potential; and 2) Work to support well-coordinated stepped pathways (Certification-Associates-Bachelors-Masters, etc.). o VSC and AOE are represented on this Work Group but those members are not here today. o Charlie MacLean noted that we're constrained by available funding for AHEC. He suggested this group encourage continued conversations on Nicole's two recommendations with VSC and AHEC and continue to submit grants for additional funding. o Nicole added that the New Skills for Youth planning project includes the possibility of using health careers as the focus cluster/model for piloting, to build a technical education system that allows students to graduate from high school with certification or Associates Degrees to be a Medical Assistant (MAs) or Licensed Practical Nurse (LPNs). Molly Backup suggested that PA certification developed based on people with skills but without certifications (former medics, APRNs), and many people still come to PAs with previous skills and experience. This could be a good model for other professions. Molly also suggested that mentoring in-practice can be a good opportunity for mature high school students or older students. o Robin commented that we need to get key members at meetings at the same time to ensure conversations and updates can happen. This Strategic Plan is focused on visioning, rather than actual tasks. She suggested that we identify key people for each area and make sure they're at meetings. Charlie MacLean noted that recommendations #7-11 are relevant to a specific group of individuals and suggested that these players meet together one or two times per year to ensure coordination. Molly suggested members could either attend the next meeting or have the option of coordinating and developing a report prior to the meeting to inform the group. o Marge and Molly suggested the AHEC could partner with Franklin Pierce's PA program.	
6. Public Comment, Wrap-Up, Next Steps, Future	There was no public comment. **Next Meeting:** August 3, 2016, 3:00-5:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.	

Agenda Item	Discussion	Next Steps
Agenda Topics		

VHCIP Workforce Work Group Member List

Roll Call: | 6/8/2016

Member		Member Alternate		Minutes		
First Name	Last Name	First Name	Last Name			Organization
	1		0			
David	Adams ✓					UVM Medical Center
Molly	Backup ✓	Margery	Bower ✓			Physician Assistant
Mat	Barewicz ✓					Department of Labor
Rick	Barnett ✓					Vermont Psychological Association
Colin	Benjamin	Laura	Nelson ✓			Office of Professional Regulation
Ethan	Berke					Dartmouth Institute for Health Policy & Clinical Practice
Peggy	Brozicevic ✓					AHS - VDH
Wade	Carson					Allied Health - Radiology, UVM
Denise	Clark					Pharmacist/Attorney
Peter	Cobb ✓					VNAs of Vermont
Ellen	Grimes					Vermont Technical College, Dental Hygiene Program
Lory	Grimes					Northeastern Vermont Regional Hospital
Lindsay	Hebert ✓					Dentist
Janet	Kahn ✓	Cara	Feldman-Hunt			UVM College of Medicine, Integrative Health
Nicole	LaPointe ✓					Northeastern Vermont Area Health Education Center
Monica	Light	Stuart	Schurr			AHS - DAIL
Robin	Lunge ✓					AOA, Co-Chair
Charlie	MacLean ✓	Elizabeth	Cote			University of Vermont
Madeleine	Mongan					Vermont Medical Society
Stephanie	Pagliuca					Bi-State Primary Care
Mary Val	Palumbo	Jason	Garbarino			UVM - College of Nursing and Health Sciences
Jerry	Ramsey					Agency of Education
Roland	Ransom					DA - Howard Center
Lori Lee	Schoenbeck	Robert	Davis			UVM Integrative Medicine
Nancy	Shaw ✓					Vermont State Colleges
Beth	Tanzman ✓					AHS - DVHA - Blueprint
Deborah	Wachtel					Nurse Practitioner
Total	27					

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VHCIP Workforce Work Group Participant List

Attendance: 6/8/2016

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	here	Department of Labor	M
Rick	Barnett	here	Vermont Psychological Association	M
Susan	Barrett		GMCB	X
Paul	Bengston		Northeastern Vermont Regional Hospital	X
Colin	Benjamin		Director, Office of Professional Regulation	M
Ethan	Berke		Dartmouth Institute for Health Policy & Clinical Practice	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		Asst Professor, UVM Dept of Med. Lab & Radiation Svcs	M
Denise	Clark		Consumer Representative	M
Peter	Cobb	Phone	VNAs of Vermont	M
Amy	Coonradt	Here	AHS - DVHA	S

Laura Nelson

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		GMCB	S
Ellen	Grimes		Vermont Technical College	M
Lory	Grimes		Northeastern Vermont Regional Hospital	M
Karen	Hein		UVM	X
Lindsay	Herbert	here	Dentist	M
Deanna	Howard		Dartmouth	X
Joelle	Judge	here	UMASS	S
Janet	Kahn	here	UVM - Integrated Medicine	M
Sarah	Kinsler	here	AHS - DVHA	S
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Nicole	LaPointe	here	Northeastern Vermont Area Health Education Center	M
Monica	Light		AHS - DAIL	M
Robin	Lunge	here	AOA	IC
Charlie	MacLean	here	University of Vermont	M
Carole	Magoffin		AHS - DVHA	S
Georgia	Maheras		AOA	S
Jackie	Majoros		VLA/LTC Ombudsman Project	X
Angel	Means		Visiting Nurse Association of Chittenden and Grand Isle Counties	X
Sarah	Merrill		DNH	X
Madeleine	Mongan		Vermont Medical Society	M
Meg	O'Donnell		UVM Medical Center	A
Stephanie	Pagliuca		Bi-State Primary Care	M
Mary Val	Palumbo		University of Vermont	C
Annie	Paumgarten	here	GMCB	S
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

Will Hoerner - PA

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	Phone	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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