

Vermont Health Care Innovation Project Workforce Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, April 6, 2016, 3:00-5:00pm, 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 3:00pm. A roll call attendance was taken and a quorum was present.	
2. Approval of February, 2016 Meeting Minutes	Mat Barewicz moved to approve by exception the minutes from the February 2016 meeting. Jay Ramsey seconded the motion. The minutes from February were approved with the following abstentions: David Adams, Rick Barnett, Beth Tanzman.	
4. Discussion: Workforce Supply Data Proposal – Next Steps	<p><i>Change to accommodate Dawn Philibert, who needed to testify at the legislature at 3:30pm.</i></p> <p>Dawn Philibert provided a follow up from February meeting, and a proposal:</p> <ul style="list-style-type: none"> - In February, the group proposed to look at supply data from VDH, which currently only reports on what is analyzed, and does not have a process to draw conclusions from data to guide planning/policy development. Original proposal was to form subgroup to meet in odd-number months to examine the data by profession, but concerns about workload/burden of this, and whether it would lead to rapid analysis and response. - Current, revised proposal is to create a permanent agenda item to examine health department data, to speak about the demand side of the workforce equation (eventually incorporating demand model projections), and to come up with targeted professions that the group is most concerned about. Currently, no formalized structure exists to discuss demand, supply, and the state of the state’s healthcare workforce, and this would create that opportunity. <p>The group discussed the following:</p> <p>It was asked who would be in charge of structuring the data that would be presented. It will be something for the</p>	Staff to follow up and see what pipeline information is available, in terms of data/numbers – current numbers of students in each profession/in training

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	<p>group to decide, but suggested that the group could work in the sequence of the current relicensure schedule (professions are relicensed every two years in sequence). It was also suggested that a subgroup may be appropriate for helping to set up this work group process.</p> <p>Mary Val thanked Dawn for her proposal, stating that the group could develop a schedule to be aware of who was currently being relicensed and could be discussed at upcoming meetings, with additional subject matter experts (example of PAs: could bring in PA educators, providers employers of PAs, etc, to get full picture).</p> <p>Paul Bengtson asked about FTE maps and why they remain static year after year, though there seems to be geographic maldistribution. Further discussion of this tabled until strategic plan portion of agenda.</p> <p>Peggy Brozicevic and John Olson gave an update on current workforce supply data initiatives at VDH. The following were discussion points for this topic:</p> <ul style="list-style-type: none"> - Licensing boards were mandated by legislature to collect relicensure data beginning in April, 2013. - Minimum data sets are tweaked for different professions in an attempt to streamline them where they are not consistent. - A challenge has been to design surveys for professions that had not previously been surveyed, and on which little information had previously been collected by the state. - All licensed professions and relicensed on a two-year cycle, and tight deadlines in place to ensure relicensing schedule is adhered to. Follow up for missing data/providers is conducted by OPR (formerly conducted by VDH). - Detailed statistical reports are available on a rolling basis for dentists, PAs, and MDs, with more summary level detail in summary reports published on VDH website. - Data will be published in next year on psychologists, LNAs, dental hygienists/assistants, NPs, and acupuncturists, though this information will be in form of data briefs due to substantial amount of missing data for these datasets. - Current uses for data include assessment and planning, determining federal shortage designations, and prioritizing incentives for state/federal loan repayment program. <p>Discussion: Rick Barnett asked if DVHA has access to some of this information, as it is tied to reimbursement rates. If providers are dropping out of Medicaid and not taking new Medicaid patients into panel, this should be taken into consideration when setting reimbursement rates.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> - The work group will discuss at next meeting what kind of data will be helpful to have during discussion of this standing agenda item. 	

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	<ul style="list-style-type: none"> - June meeting will be pilot to discuss PAs, and Molly Backup to arrange for other PA subject matter experts to be present. - Co-chairs, staff to coordinate with Molly/VDH for this portion of meeting. 	
3. Updates	In interest of time, staff will send out email updates after the meeting.	Staff to send group email with updates
5. Discussion: Barriers to Licensure – Mental Health Clinicians	<p>Bryan Hallett presented about regulatory practices in Vermont and other states for mental health clinicians:</p> <ul style="list-style-type: none"> - Began with questions about the state of mental health in VT (specifically the Northeast Kingdom), where we are and where we’re going. - Focus has been on individuals receiving masters level degrees and having trouble obtaining supervisory relationships. Have identified several barriers to this relationship in Vermont. - Lack of clarity on how to engage in supervisory role, especially from a legal standpoint. Many potential supervisors are told to have legal representation, and one current goal is to help potential supervisors seek this role without fear of legal ramifications. - Third party clinical supervision is common, but comes at expense of supervisee, and is prohibited by some states, such as NH. - Ideal place to get supervision in Vermont is through the Designated Agencies. However, the DAs are being seen as a training ground, and are experiencing a high level of turnover (detailed further in white paper from VT Care Partners). - One short term goal to aim for includes creating a culture of supervision, such as in Connecticut’s model. - One large regulatory barrier in VT relates to section 4.1.1 administrative rule, excluding individuals from supervising to avoid potential financial conflicts of interest (for example, sole practitioners cannot take on supervisees), which is not consistent with neighboring states. <p>Discussion:</p> <p>Larry Novens stated that more perspective was needed before this group issued a recommendation. In last three years, 369 mental health counselors/psychologists/social workers were licensed, and all were able to find supervision. Additionally, there is a provision where professions can come to OPR and ask for assistance, but to date no one has come forward. Furthermore, rationale for exclusion of some supervisors is ethical – “dual” relationship between supervisor (employer) and supervisee (employee) – wearing different hats. Need more information before we take next steps.</p> <p>Molly Backup stated that many practitioners are taking supervision in area other than preferred specialty in order to</p>	Staff to draft letter to governor encouraging support for 2% Medicaid increase

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	<p>satisfy requirements for practice, but end up having less supervision than they feel they need. Supervisors are overwhelmed and cannot give the level of supervision necessary.</p> <p>The work group recognizes this as an important issue and request to be updated on how the board of Mental Health Workers proceeds</p> <p>Molly Backup moved that group should send a letter to the governor encouraging him to support the 2% increase in Medicaid funding for designated agencies that is included in the House passed budget. The group is concerned about access to mental health care caused by a lack of workforce supply and retention issues, which this funding increase would help to alleviate. Madeleine Mongan seconded, and the motion passed with the following abstentions: Robin Lunge, Monica Light, Jay Ramsey, Mat Barewicz, Beth Tanzman.</p> <p>Next steps: staff to draft a letter and circulate to work group for approval.</p>	
<p>6. Discussion: Strategic Plan – Improving, Expanding, and Populating the Educational Pipeline</p>	<p>Discussion on this agenda item focused on Recommendation #7 in the Work Force Strategic Plan (preparing students for practice in a health care reform environment through post-secondary curriculum redesign):</p> <ul style="list-style-type: none"> - Mary Val Palumbo provided an update on UVM’s initiatives in nurses pursuing baccalaureate-level degrees; interprofessional practice (gave example of SBIRT), noted that interprofessional practice curriculum difficult to coordinate due to number of different professions and differing schedules/demands; and Future of Nursing Grant - Wade Carson noted that radiation department at UVM is involved with this topic, and is working with CCV on direct admissions transfers to UVM College of Health Sciences, and that there is discussion throughout the college on pursuing interdisciplinary education. - Janet Kahn added that there will be a minor to starting in Fall 2017, pertaining to the national center for integrative primary care course – foundations in integrative primary care. - Nicole LaPointe noted that AHEC has added elements to competencies in interprofessional team based practice. (post-secondary). 	
<p>7. Public Comment, Wrap-Up, Next Steps, Future Agenda Topics</p>	<p>There was no public comment.</p> <p>Next Meeting: June 8, 2016, 3:00-5:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.</p>	

VHCIP Workforce Work Group Member List

Roll Call: | 4/6/2016

Member		Member Alternate		Minutes		Organization
First Name	Last Name	First Name	Last Name			
	1		0			
David	Adams				X	UVM Medical Center
Molly	Backup	Margery	Bower		X	Physician Assistant
Mat	Barewicz				X	Department of Labor
Rick	Barnett				X	Vermont Psychological Association
Colin	Benjamin	LARRY	NOVINS NUNBKS		X	Office of Professional Regulation
Ethan	Berke				X	Dartmouth Institute for Health Policy & Clinical Practice
Peggy	Brozicevic				X	AHS - VDH
Wade	Carson				X	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				X	Dentist
Janet	Kahn	Cara	Feldman-Hunt		X	UVM College of Medicine, Integrative Health
Nicole	LaPointe				X	Northeastern Vermont Area Health Education Center
Monica	Light	Stuart	Schurr		X	AHS - DAIL
Robin	Lunge				X	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		X	UVM - College of Nursing and Health Sciences
Dawn	Philibert				X	AHS - VDH
Jerry	Ramsey				X	Agency of Education
Roland	Ransom				.	DA - Howard Center
Lori Lee	Schoenbeck	Robert	Davis		.	UVM Integrative Medicine
Nancy	Shaw				X	Vermont State Colleges
Beth	Tanzman				X	AHS - DVHA - Blueprint
Deborah	Wachtel				.	Nurse Practitioner
Total	28					

Paul