

Vermont Health Care Innovation Project Workforce Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, August 3, 2016, 3:00-5:00pm, 4th Floor Conference Room, Pavilion Building, 109 State St., Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	<p>Mary Val Palumbo called the meeting to order at 3:02pm. A roll call attendance was taken and a quorum was present.</p> <p>New members:</p> <ul style="list-style-type: none"> • Robert Davis replaces Lorilee Schoenbeck. • Jessa Barnard replaces Madeleine Mongan. 	
2. Approval of April 2016 Meeting Minutes	<p>Molly Backup made a correction to the June minutes:</p> <ul style="list-style-type: none"> • On Page 4 – Many early PAs were former medics or RNs (not APRNs). <p>David Adams moved to approve the June 2016 meeting minutes by exception. Mat Barewicz seconded. The minutes were approved with four abstentions (Monica Light, Stephanie Pagliuca, Mary Val Palumbo, Jay Ramsay).</p>	
3. Membership/Co-Chair Renewals	<p>Mary Val Palumbo reminded the group that Robin Lunge will not continue on as co-chair. Interested members should reach out to Mary Val, Georgia Maheras (georgia.maheras@vermont.gov), or Amy Coonradt (amy.coonradt@vermont.gov).</p> <ul style="list-style-type: none"> • Mat Barewicz asked whether the group required two chairs. Georgia Maheras clarified that the Executive Order under which the group was formed requires two co-chairs. Molly Backup commented that she sees benefit to having a State official serve as co-chair to provide State policy guidance. Mat Barewicz concurred. • Mary Val noted that Amy Coonradt’s support between meetings has been invaluable and reduces burden on the co-chairs and encouraged members to volunteer. 	
4. Updates	<p>Georgia Maheras provided two updates:</p> <p><i>Micro-Simulation Demand Modeling Update:</i> IHS Global is the contractor hired to do the micro-simulation demand model; they have developed similar models for HRSA and other states.</p>	

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	<p>Vermont stakeholders have been working with IHS Global to build a microsimulation demand model for projecting demand in an “ideal” health care environment for the state’s health care workforce. A kick-off meeting was held in May, with check-in meetings occurring every month. To date, IHS has completed population projections through 2025, which it will use to project demand for various healthcare professions through that time (or 2030, if we choose). IHS has also begun running preliminary demand projections for both RN and MD professions in Vermont, by different subspecialties and HSAs, and will be refining these projections and completing projections for APRNs and PAs, and several behavior health professions in the next month. Projections will be shared with this group at the October meeting, as well as via email, and will review projections at the November meeting. These are opportunities to provide feedback where data and projections look incorrect; we’ll also likely discover new information. Mat Barewicz added that this group will add unique information related to their profession or region.</p> <ul style="list-style-type: none"> • Molly Backup asked whether dental care and home health will be included. Georgia replied that both will. • Mary Val Palumbo asked whether this will incorporate information from provider training programs, or whether this is considered supply data. Georgia will check with IHS. • Paul Bengtson asked who works with IHS. The team is Georgia, Amy Coonradt, Mat Barewicz, Peggy Brozicevic, and Charlie MacLean. If others are interested in joining this group, please contact Georgia. • Paul Bengtson asked what modeling means. Mat Barewicz clarified that IHS has a national model that they are customizing for Vermont that incorporates various data sources. Paul commented that innovation means we’re trying new things – how are leading indicators developed? Georgia provided an example from New York, where IHS has also worked – IHS will be harnessing data from work in other states to inform Vermont’s modeling. Mat added that the RFP calls for a best case scenario for utilization, which allows us to talk about changes to care delivery and profession mix. He noted that if we add clinicians of one type, we may need fewer of other provider types. • IHS will look at both medical services and related services which impact social determinants of health. Georgia also noted that IHS has not yet incorporated claims data, but will do so soon (data through VHCURES). Paul Bengtson asked whether the model will include data such as nutrition/food access, transportation, or housing. • Mary Val commented that this is exciting, and she looks forward to reviewing drafts. • Georgia commented that we will send out additional materials to the group. Molly Backup requested this be sent in chunks and multiple documents so it is less overwhelming; start with most recent information. Georgia added that she will bring the group’s questions back to IHS so we can discuss them in the future. <p><i>SIM Update – CMMI Approval for Year 3:</i> We received CMMI approval for our final SIM performance year, Performance Period 3, which began on July 1, 2016. This means that our Operational Plan and timeline are in effect as planned; this document is available on the project website.</p> <ul style="list-style-type: none"> • Georgia also noted that the website (www.healthcareinnovation.vermont.gov) has relaunched and is much easier to navigate than in the past; we’ll be posting information from the Demand Modeling project as well as other projects there. 	

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	<ul style="list-style-type: none"> Staff: Jess Moore replaces Matt Bradstreet at VDH, and will be working on workforce supply data collection and analysis. Kate O’Neill replaces Annie Paumgarten at GMCB, and will be working on program evaluation. Julie Corwin replaces Mandy Ciecior at DVHA, and will be working on Medicaid Pathway and other projects. 	
<p>5. Follow-Up Discussion: 2014 Physician Assistant Supply Data</p>	<p>Mary Val Palumbo introduced this item, which is continued from our last meeting.</p> <ul style="list-style-type: none"> Molly Backup described reviewing the PA data to consider why some areas have more or fewer PAs. Some underserved areas have very low PA rates. Molly suggested that the State or other organizations could work with practices in underserved areas that did not have PAs. Mary Val added that loan repayment is a resource, but the loan repayment selection committee needs help knowing where to target funds. Charlie MacLean noted that parameters of loan repayment and factors for consideration are set in statute. This includes regional distribution. He noted that one idea might be for this work group, after a review of supply issues across professions, to develop a rubric the support the Legislature prioritizing where we spend scarce loan repayment funds. This could be a large project, though. Stephanie Pagliuca asked whether this includes possibly supporting new professions. Charlie replied that the group could provide medium-term guidance to provide a 3 to 5-year focus; data would be necessary to back up recommendations. Mary Val commented that the demand model could support this. Mat Barewicz asked about the patient-per-FTE column, which shows Barre as an outlier. Molly noted that this data does not include all practices and shouldn’t be considered complete: this data covers the 128 primary care practices that participate in the Blueprint for Health. She noted that anecdotally, the North and East areas of the State have few PAs; these areas have also been less willing to accept PA students on rotations, which may mean they are less likely to hire PAs. The Franklin Pierce program that serves VT and NH has requested this group provide support or incentive to practices that have not previously participated to participate and possibly open up future PA positions. Paul Bengtson commented that he believes this issue is more complex, and is skeptical of the numbers presented regarding primary care FTEs in the Northeast Kingdom. Miki Hazard from the Blueprint for Health provided some additional insight on the data presented: there are 140-150 total primary care practices in the state at any time, so this data is fairly complete but doesn’t capture every practice. Number of patients represents Blueprint-attributed individuals based on primary care utilization over two years. Regional Blueprint staff enter practice demographic information, including provider numbers and FTEs. The Blueprint collects vacancy data on community health teams and medication-assisted treatment staff, but not primary care practice staff. Stephanie Pagliuca asked whether this information would be included in the Demand Model. Georgia replied that it would. Paul Bengtson noted that in the Northeast Kingdom, many people are not attributed to a primary care practice at all. He added that adding a PA to a practice does not necessarily allow the practice or physician to make more money; he has worked with surgical practices to add PAs, which can be a positive business decision. He noted that NVRH has pushed MDs, DOs, and NPs because they require less supervision than PAs. Molly clarified that PAs now require less supervision than previously under State law, and work in the same role as an NP. She noted that she has a full panel of patients, prescribes independently, and mentors new NPs and PAs. She believes that many PAs want to work in primary care and can fulfill primary care needs. PAs still need 	

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	<p>to work collaboratively with physicians, but experienced PAs do not require on-site supervision. In the first year of practice, PAs and NPs both require supervision and training; after a year, PAs and NPs are likely to bring in additional practice revenue. She believes the initial training period is a barrier for many practices and would like to facilitate that period. Paul will take that message back to his community. Molly offered to come to the community and speak with providers to describe what she does. Stephanie Pagliuca added that this discussion is borne out in data from practices that have introduced PAs. She encourages practices to consider both NPs and PAs to find an individual who is a good fit for their practice, but that practices who have worked with NPs in the past are most comfortable continuing to work with NPs, and vice versa, and she works with practices to encourage them to consider both. Molly added that some practices may not think they want to hire NPs or PAs, but that in fact may be a good solution for them. She hopes that increasing awareness could support an increase in openings for PAs and NPs. Stephanie noted that it takes a long time to recruit primary care physicians.</p> <ul style="list-style-type: none"> • Molly commented that she believes NPs and PAs both work best in a team with physicians who can be available for consultation, but that by utilizing NPs and PAs, we can expand the number of patients receiving high-quality primary care. Mary Val commented that the ratio question is interesting; she has seen a ratio of 4 doctors to one advanced practice provider, but commented that this ratio could be out of date. Charlie MacLean noted that the UVM Office of Primary Care has been developing an annual report on primary care workforce for years. Currently, we have approximately 500 FTE MDs/DOs providers in the State, and about 200 FTE NPs/PAs; this equals panel sizes of about 1,000/provider. It includes all practices (not just Blueprint data) but does not drill down by region; Charlie noted that panel sizes and ratios vary significantly by region. • Feel free to call or email Molly with any questions or additional comments. Mary Val thanked Miki and the Blueprint for providing data. <p>Mary Val commented that the group is ready for a deep dive into another profession.</p> <ul style="list-style-type: none"> • Paul Bengtson requested we look at the mental health sector, including a variety of professions. He hears frequently that there isn't adequate access to psychiatry services or basic mental health services, and that there is high turnover in this sector. Stephanie Pagliuca commented that she is hearing similar things. • Peggy Brozicevic commented that she has recent supply data on psychiatrists and some other mental health professions. Mary Val suggested a presentation on psychiatrists and any other current mental health professions would be helpful. We will form a smaller group of interested parties for further study. David Adams commented that there are many other professions providing mental health services. • Georgia Maheras commented that VCN is currently working on their annual vacancy report, which is expected to be completed in September. Molly Backup suggested that this conversation would be most helpful if Rick Barnett and others did some significant thinking about the data Peggy supplies to provide some interpretation to the group; without this, the data is not as meaningful to the group. Stephanie suggested that it would be helpful to pull someone from additional mental health professions depending on what data Peggy provides. 	

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<p>6. Discussion: Strategic Plan</p>	<p><i>Recommendations #7-#17: Improving, Expanding, and Populating the Educational Pipeline: Previously discussed #7-11.</i></p> <ul style="list-style-type: none"> • Jay Ramsay distributed a handout on the Vermont’s New Skills for Youth Initiative (NSYI). Previously, Nicole LaPointe mentioned this grant, and a priority programs of study initiative. • Two phases: <ul style="list-style-type: none"> ○ Phase 1 is six months, \$100,000 to support planning. In Vermont, working to move closer to goal by implementing career readiness plans through strategies such as a Career Readiness Council. ○ Statewide program of study: Includes Health science/allied health programs. Reevaluating offerings in technical centers so that there are similar offerings and assessments across the State; in addition, allowing groups like this to help guide this work to develop future workforce. ○ Plan will feed application for Phase 2 of this grant, which would be for three years. Will be presenting grant plan in Washington, DC, in October. • Jay requested support and advice from this group and others to inform the vision for a modernized health education system so that this process is driven by the needs of the health care system, rather than by the education system. • Molly Backup suggested that the Demand Model data could support the grant. Jay clarified that there is another process around the priority programs of study efforts, and that the process is already including health careers broadly; but that this data could support future efforts. • Jay clarified that a broad range of professions and areas are included within the human services sector. The current focus on health services reflects limited funding available. He also clarified that there are other programs which focus on other sectors and job types. Molly Backup asked whether funds go to support LPNs or RNs. Jay clarified that some programs do. <p><i>Recommendation #17: State programs, such as those within the Agency of Education, Department of Labor, Refugee Resettlement Program and others should work with state colleges and Regional AHEC Programs to increase representation of disadvantaged and under-represented populations in health.</i></p> <ul style="list-style-type: none"> • Nicole LaPointe noted that AHEC is working on an LNA course for English language learners. She believes this would be an attractive project for funders. Jay will connect with Nicole after this; he believes the Burlington technical center could be a good place to pilot this. Mary Val noted that this may already be funded; Robin Lane in Essex has had a lot of interest in LNA training for New Americans, and found some funding for New Americans to attend LNA courses with a tutor. Nicole commented that some students in her area could benefit from this; language creates an artificial barrier for some. Mary Val will connect Nicole with Robin. Mary Val also noted a recent CCV course for New Americans to become community health workers with thirteen graduates; three are now embedded at the VNA in a program that is about to launch. CCV is looking to run an additional course with grant funding. • Nicole also recommends continuing ELL development at the post-secondary level to support ELL students in engaging in different types of careers. Nicole and Jay will connect on this topic after the meeting. 	

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	<ul style="list-style-type: none"> • David Adams noted that UVMHC is working on a project called Inclusive Excellence with its human resources department in departments as well as within the medical school. • Nancy Shaw noted that VTC has an interim president, as does Lyndon State. <p><i>Recommendation #12: Vermont higher education institutions should evaluate the potential to expand enrollment in health profession education, training and residency programs.</i></p> <ul style="list-style-type: none"> • Molly Backup noted that the PA program that was being considered in Rutland is not happening. • Ellen Grimes commented that the Dental Therapy bill did pass this year, and VTC is looking for funding mechanisms to begin the implementation of that program at the Williston campus. Mary Val asked how this will be captured in the relicensure survey since there are none at this time. They will be licensed; the Board of Dental Examiners is beginning to consider rules for licensure. There are not expected to be dental therapists for at least two years unless some come in from Minnesota, the only state where they are currently licensed. Educational requirements for this is dental hygienist training, plus an additional 12 months of education; it will be a baccalaureate degree. VDH will do a survey that is slightly different than for dental hygienists. Mary Val clarified that dental assistants receive a technical degree or on-the-job training. Some dental assistants (2-4 of 24 total in the VTC class) go on to become dental hygienists. <p>The Workforce Strategic Plan does not need to go back to GMCB annually; Robin provides periodic updates to the Board. Georgia suggested updating GMCB in November/December and will loop back with Robin on this.</p>	
7. 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

*David Adams 10
Mat B 20*

3-Aug-16

Member		Member Alternate		April Minutes	June 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
Rick	Barnett					Private-practice mental health & substance abuse providers
Colin	Benjamin					Office of Professional Regulation
Ethan	Berke					Dartmouth Hitchcock Medical Center
Peggy	Brozicevic ✓					Department of Health
Wade	Carson					Allied Health--Radiology
Denise	Clark					Pharmacists
Robert	Davis					UVM Integrative Medicine
Ellen	Grimes ✓					Dental hygienists
Lindsay	Herbert ✓					Dentists
Janet	Kahn	Cara	Feldman-Hunt			Integrative Medicine
Nicole	LaPoint ✓					Northeastern Vermont Area Health Education Center
Monica	Light ✓	Stuart	Schurr		HA	Department of Disabilities, Aging and Independent Living
Robin	Lunge					Agency of Administration
Charlie	MacLean ✓	Elizabeth	Cote			University of Vermont Medical School
Stephanie	Pagliuca ✓				HA	Federally-qualified health centers
Mary Val	Palumbo ✓	Jason	Garbarino ✓		A	Nurses

Jay	Ramsey ✓				A	Agency of Education
Roland	Ransom					Designated Agencies
Nancy	Shaw ✓					Vermont State Colleges
Beth	Tanzman	Miki	Haegrod ✓			Vermont Blueprint for Health
Deborah	Wachtel					Nurse Practitioners
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Jessa Barnard ✓
IH Q ✓

Vermont Medical Society

VHCIP Workforce Work Group Participant List

Attendance:

8/3/2016

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	here	Consumer Representative	M
Ena	Backus		GMCB	X
Mat	Barewicz	here	Department of Labor	M
Rick	Barnett		Vermont Psychological Association	M
Susan	Barrett		GMCB	X
Paul	Bengston	here	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	phone	AHS - VDH	M
Wade	Carson		Asst Professor, UVM Dept of Med. Lab & Radiation Svcs	M
Amanda	Ciecior		AHS - DVHA	S
Denise	Clark		Consumer Representative	M
Peter	Cobb		VNAs of Vermont	M

Amy	Coonradt		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
Gabe	Epstein		AHS - DAIL	S
Erin	Flynn		AHS - DVHA	S
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Ellen	Grimes	here	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		UVM - Integrated Medicine	M
Sarah	Kinsler	here	AHS - DVHA	S
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Nicole	LaPointe	phone	Northeastern Vermont Area Health Education Center	M
Monica	Light	here	AHS - DAIL	M
Robin	Lunge		AOA	IC
Charlie	MacLean	phone	University of Vermont	M
Carole	Magoffin	phone	AHS - DVHA	S
Georgia	Maheras	here	AOA	S
Jackie	Majoros		VLA/LTC Ombudsman Project	X
Mike	Maslack		Consultant	X
John	Matulis		Consumer Representative	X
Angel	Means		Visiting Nurse Association of Chittenden and Grand Isle Counties	X
Marisa	Melamed		AOA	S
Sarah	Merrill		DNH	X
Madeleine	Mongan		Vermont Medical Society	M
Meg	O'Donnell		UVM Medical Center	A
Stephanie	Pagliuca	here	Bi-State Primary Care	M

Mary Val	Palumbo	here	University of Vermont	C
Annie	Paumgarten		GMCB	S
Dawn	Philibert		AHS - VDH	S/M
Luann	Poirer		AHS - DVHA	S
Jerry	Ramsey	here	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	here	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
Kendall	West		Bi-State Primary Care/CHAC	X
James	Westrich		AHS - DVHA	S
	68	0	68	68

Jess Moore - VDH

~~Brian Barrett~~

~~Beth OB~~

Jessa Barnard - VMS

Kate O'Neill - GMCB