

SustiNet Health Partnership

Healthcare Workforce Task Force

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Healthcare Workforce Task Force Meeting

April 15, 2010

Meeting Minutes

Task Force Attendees: *Ellen Andrews, Co-chair; David Henderson, Co-chair; Kristin Sullivan; Tanya Court; Sal Luciano; Marc Herzog; Mark Dewaele; Jill Zorn*

Comptroller's Office: *David Krause*

Absent: *Bonnie Bartolotta; David Carter; Pamela Coleman; Carmen Diaz; Rosa Ficocelli; Michael Hogan; Lazaros Lazarides; Joan McDonald; Joseph Oros; Peggy Sayers; Lynn Zayachkiwsky*

Ellen Andrews opened the meeting by welcoming Task Force members and attendees.

Ellen began by reviewing the charge to the Task Force and revisiting the valuable information that has been collected. The Task Force report is due to the Board of Directors and the Joint Standing Committee of the General Assembly on 7/1/10. The Board of Directors will be providing a template for the report. All reports and presentations that have been done can be appended to the report and will be part of the record. Ellen provided an outline of issues the Task Force has reviewed.

An unidentified speaker said that there could be one recommendation about planning and data collection. The other recommendations are better suited to be included in strategic planning. The same speaker said that data collection should be a periodic enumeration of the work force. On the public health side, there hasn't been a national enumeration since 2001, and much has changed since then.

David Henderson commented about the format and organization of the report. He said he feels there are four basic domains to be covered: 1. pipeline issues, 2. professional training, 3. professional actions and practices, and 4. population issues. He suggested organizing identified problems and proposed solutions under these domains. He said that professional actions and practices would include quality of life issues, practice transformation and support for a career ladder. An unidentified speaker asked how the recommendations should be segmented, saying it is

Members

Kristin Sullivan • Peggy Sayers • Mark Dewaele • Larry Lazarides

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important to emphasize efficiencies without costs. He said that there may be state or federal seed money, but the plan will need to include measures on sustaining itself. The same speaker said that in view of the current economic climate, it might be wise to prioritize recommendations without losing sight of other good recommendations that could be put into place when the economy turns around. Sal Luciano said there are new federal funds available to states specifically for this type of effort. He said that initial investment can bring great return, and gave the nursing program in CT as an example. Ellen said each Task Force will be competing for funds, so this Task Force needs to make its case clearly. Tanya Court said that it is very important to outline an evaluation component to recommendations. An unidentified speaker said that he hadn't known this effort would involve a budget request. He said the first step is to identify work force needs in CT. This should be the basis of the plan but there is also a need for an ongoing evaluation of work force needs. Ellen said this Task Force doesn't have the resources to determine costs, but it makes sense to apply for certain federal funds. An unidentified speaker said she has worked on work force issues before and sees the need for a plan that's more stable than previous efforts were. She mentioned a model from the Minnesota Office of Strategic Planning as a good one to emulate. Ellen said that NY and NJ also have such plans.

Ellen opened the discussion on scope of practice, and asked whether there are actual shortages or if people are not working to the full level of their training. An unidentified speaker said that this is controversial and she doesn't think the Task Force should focus on this. Ellen said the Task Force could briefly mention this and refer to the efforts of a group that's already working on this, PRI. An unidentified speaker wanted to know how one takes refresher courses and obtains the necessary training when the scope of practice changes. Ellen said she didn't see that addressed in the PRI report, so she suggested that this may be something this Task Force can address. An unidentified speaker said that as technology evolves there are new jobs that didn't exist previously, and there are also structural issues that are not conducive to rapidly changing times. The same speaker said that some accreditation processes take a long time, and that maybe these processes could be tightened up. Ellen said that certain things may need to go through a CON process which requires a lengthy and thorough scrutiny. She said that perhaps this Task Force could look at the process to ensure that it is meaningful. An unidentified speaker said she would check with DPH to learn facts on this process. Another unidentified speaker said that sometimes as part of the accreditation process a proposal must go through several different agencies and board. This is a useful process, making sure that community needs are filled and meeting standards of quality. This is bureaucratic but it's necessary to avoid duplication of effort, to ensure resources are available, and to ensure that quality is there. It's actually a much shorter and better process than it's ever been. Ellen said that perhaps this should be considered as a possible recommendation and not a primary focus.

Ellen spoke of the primary care shortage, saying that there is a CT Medical Society report that addresses this. Jill Zorn said that a recent UConn study made geographic comparisons around CT, but focused on the future rather than current conditions. The study was based on self-reporting by physicians, and it was clear that the average age of the primary care workforce is rising. Ellen said that there will be a need for more primary care doctors with the expansion of Medicaid. Jill said the

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report contained questions that provided useful data, such as how long patients wait to get appointment. An unidentified speaker said that looking at this from a patient's perspective would prove helpful, because significant portions of the population don't have a source of care and there are significant geographic areas that are underserved. Ellen said that the federal reform bill addresses primary care and the need to increase the primary care work force. David H. said that there will be uncertainty in the next few years. An unidentified speaker said that nationally there will be 30,000 medical school graduates next month, with larger numbers coming behind them. There are many new medical schools and many existing schools have expanded enrollment. There will be many new physicians but it's uncertain what type of practice they will choose. The same speaker said there has been a trend away from primary care, although this year there was an uptick in family and internal medicine. He said it is unknown if this is the start of a trend.

An unidentified speaker said that three new programs have begun to expand the health service corps, the first a search project for students done in conjunction with CT Community Health Centers Association that has students job shadowing and working in teams. The second is a part time loan repayment program and the third is a service extension. Another unidentified speaker said that an additional domain to the Task Force's report could be retention, looking closely at areas of dissatisfaction. An unidentified speaker said that malpractice insurance has affected many physicians' choices not to practice. An unidentified speaker said that the Office of Management and Budget has calculated that medical malpractice adds about 2% to the cost of healthcare, so from a perception perspective, this is a big issue. Premiums rise faster than incomes rise, creating a significant impediment and a decrease in the levels of satisfaction. If this is looked at more structurally, it's not that big an issue. A different speaker said that specialty practices pay so much for premiums that it causes many physicians to retire early. He said that primary care premiums are far lower. Ellen noted that this shouldn't be addressed here because this Task Force is mostly concerned with primary care. An unidentified speaker added that federal healthcare reform addresses medical malpractice. Another unidentified speaker said that maybe malpractice insurance could be identified as an area needing examination that is not specifically tackled here. An unidentified speaker said that perhaps the Task Force should look at shortages of subspecialties because there is definitely an issue with access to subspecialty care based on third party payors.

Ellen opened the discussion on maximizing federal resources, saying perhaps there should be a study across the state to designate Health Shortage Areas. She feels that there are many areas not currently designated that should be. Sal said that in the federal bill, the first bullet point on public health and work forces calls for the establishment of a National Healthcare Work Force Committee that would report on the state of the existing healthcare work force and identify future needs and goals.

Ellen opened the discussion on the nursing shortage. Tanya said that she sees the need for targeted goals for nursing, which requires good data. Ellen said that the state has levers to use to help create support for teaching institutions and better understand the barriers and challenges they face. An unidentified speaker said that nurses with master's degrees can teach but make less money than they would as clinical nurses, so there isn't much incentive to teach. The same speaker said this

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Task Force's work on the nursing shortage needs to mesh with ongoing efforts already in place, such as the one being done by the Allied Health Policy Board. Sal said that the federal bill directs the Surgeon General to establish a US Public Health Scientists track to train healthcare professionals and increase funding to strengthen nursing education and training programs. This is in addition to creating a state grant program that awards funds to providers who treat high populations of the medically underserved.

An unidentified speaker asked if this Task Force report is meant to define shortage areas in CT or define CT's public policy to define shortage areas. He said that it's difficult to align an educational component with the numbers of workers that need to be produced. Without the ability to evaluate the current nursing work force it's difficult to analyze. Because of the aging work force, this Task Force needs to grasp the replacement numbers; however a database of these numbers doesn't exist. Ellen said this Task Force is dealing with public policy about shortages, but there can be qualitative pieces put around it. Tanya said she thinks there is existing data from the Department of Labor that shows shortages. An unidentified speaker said that a fundamental problem is that community college graduates are counted as RNs, but if these same people graduate from baccalaureate institutions they are counted again as RNs. Sal said that from the patient's perspective, there is a shortage because physicians spend so little time with patients. If the delivery system needs to be changed to provide better outcomes and to have physicians spend more time with patients, then it appears there is a shortage. Ellen said that this would be discussed in the next meeting as part of practice transformation. Sal said that if Sustinet is set up the way the Task Force would like, there will be less people handling paperwork and more people following up with patients.

Meeting was adjourned.

Next meeting date to be determined.