

# SustiNet Health Partnership

## Healthcare Workforce Task Force

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### Healthcare Workforce Task Force Meeting by Webinar February 8, 2010 Meeting Minutes

Webinar Participants: *Ellen Andrews, Co-chair; David Henderson, Co-chair; David Gasior; Kristin Sullivan; Tanya Court; Amy Miller; Carol Dingeldey; Mark DeWaele*

Office of the Healthcare Advocate: *Africa Hinds-Ayala*

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Ellen Andrews and David Henderson opened the meeting by welcoming Task Force members and thanking them for participating in this effort. Ellen said that today's webinar includes representatives of critical healthcare provider and professional organizations in CT.

Marcia Proto from the CT League for Nursing gave this presentation.  
[http://www.cthealthpolicy.org/webinars/20100208\\_mproto\\_workforce.pdf](http://www.cthealthpolicy.org/webinars/20100208_mproto_workforce.pdf)

David (Gasior or Henderson) asked if the nursing shortage could have been caused by employers setting wages below competitive levels. He also said that there is a large transaction cost theory for nursing because most nurses travel long distances to work, and he asked if this could be contributing to the shortage. Marcia said that the shortage is due to the limited capacities of nursing schools and the shortage of masters and doctoral prepared nurses who are willing to teach. As a result of this, enrollments cannot be expanded. CT has been fortunate in that student nurses primarily do clinical rotations in hospitals and long term facilities. There are over 250 long term care facilities and 31 hospitals in CT, so traveling distance is not a factor. In the nursing field, the poor economy has actually helped, because many older nurses who were planning to retire have decided to continue working.

Matt Katz from the CT State Medical Society gave this presentation.  
[http://www.cthealthpolicy.org/webinars/20100208\\_mkatz\\_workforce.pdf](http://www.cthealthpolicy.org/webinars/20100208_mkatz_workforce.pdf)

John Davis asked why CT is not a good place for physicians to practice.

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#### Members

Kristin Sullivan • Peggy Sayers • Mark Dewaele • Larry Lazarides

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Matt replied that he doesn't feel that CT isn't a good place to practice; however, there are many factors that impact or influence physicians' decisions to practice here or not. These factors include the high administrative costs tied into managed care plans and one of the highest liabilities rates in the nation for many specialty, subspecialty and internal medicine practices. Additionally, CT has a higher cost of living than other states, so it costs more to practice here, whereas the pay is the same or less than in other parts of the country. CT's academic institutions haven't done a good job in keeping medical students and residents in the state. CT has very few young physicians; more physicians leave CT than move here. In spite of this, CSMS feels that CT is a great place to practice medicine, especially for physicians who wish to practice in solo or small practice environments.

Scott Selig asked Matt what he thinks the potential is for a medical school at Quinnipiac University and how it would impact the workforce.

Matt said that CSMS is cautiously optimistic about this. The QU medical school will be focusing on primary care, which is needed across the country, but CSMS is hoping that it focuses on CT based care needs. Hopefully QU is looking at needs based on geography and demographics. David Gasior said that there are enough physicians, but it is essential to have them practicing where there is the greatest need. Matt said that many physicians go into practice because they care and want to help others, but due to the high debt incurred by school and the liability issues, many physicians make their decisions for financial reasons. In CT, there is a push for loan forgiveness or forbearance programs that would incentivize medical students and residents to stay here. There is also a need for incentive programs for certain geographic locations in CT. Massachusetts and Minnesota have good models for such programs.

Rashad Collins and Scott Selig from the Community Health Center Association of CT gave this presentation.

[http://www.cthealthpolicy.org/webinars/20100208\\_sselig\\_workforce.pdf](http://www.cthealthpolicy.org/webinars/20100208_sselig_workforce.pdf)

John asked Scott if salaries will allow recent graduates leaving school with high debts to work for an FQHC. He also asked how many openings there are currently in FQHCs for dentists.

Scott said that the federal government has provided more funds to allow for an expansion of the National Health Service Core. As a result of this, there are now more opportunities for medical, dental, nursing and other healthcare professionals to get reimbursed for their work and for their educations by working in FQHCs and other similar settings. It is hoped that professionals working in those settings would choose to remain there, but there is a need to make those settings attractive and to retain good preceptors and mentors. In answer to the second question, Scott that there are two positions currently being posted, but that there are two dental suites under construction, that when completed will present several job opportunities.

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David asked Scott how students are recruited for the SEARCH Program. Scott said that SEARCH has a website that will go live at the end of the week that will provide links to all of their academic partners. Scott said that he and Rashad meet with these partners to recruit students. They are getting calls from students from all around the country who wish to participate.

There were two additional comments made. Marcia said that many of the nurses who have been mentioned aren't going to practice in CT. Matt said that Kentucky medical students get extra training in rural health care.

John Davis from the CT State Dental Society gave this presentation.  
[http://www.cthealthpolicy.org/webinars/20100208\\_jdavis\\_workforce.pdf](http://www.cthealthpolicy.org/webinars/20100208_jdavis_workforce.pdf)

Kristin Sullivan asked if there was a shortage of dentists, and if so, could dental hygienists be utilized for children's dental health.

John said that there is a bill that has been introduced to the legislature for the past three years, regarding Advanced Dental Hygiene Practitioners. At this time, there probably isn't a need for this, because CT has made great strides in recruiting dentists to treat Medicaid and Husky children. CSDS's next big focus will be on providing dental care in school based settings.

Meeting was adjourned.

**Next meeting will be a webinar on 2/22/10 at 3:00 pm.**