

**Governor's Commission  
on Health Care and Community Support Workforce**

**MEETING MINUTES  
June 28, 2016**

**New Hampshire Hospital Association  
Concord, NH**

Susan Huard, Chair, called the meeting to order at 1:00 p.m.

**Members Present**

Susan Huard, Chair; Joelle Martin, Kathy Bizarro-Thunberg, Kathy Sgambati, Margaret Franchauser, Mike Ferrara, Dennis Powers, Judith Joy, Deb Sheetz, Susan Reeves, Todd Fahey, Jon Eriquezzo, Stephanie Pagliuca

**Guests:** Danielle Weiss, DPHS; Nick Toumpas, Kristen Schmidt, NHHCA; Brendan Williams, NHHCA; Nicole Mercuri, DOS-BEMS; Gina Balkus, Home Care Assn. of NH; Audrey Gerkin, One Sky; Heather Donnell, CSNI; Susan Paschell, The Dupont Group; Kathryn Kindopa, NHAC; Cathy Gray, Cedarcrest Center for Children with Disabilities; Monadnock Region Healthcare Workforce Group; Robin Carlson, NH Chapter of National Alliance of Direct Support Professionals; Stephanie Wolf-Rosenblum, M.D., Southern NH Health Center

**Presentation: Laurie Harding, Chair of the Primary Care Workforce Commission**

The purpose of the Primary Care Workforce Commission (the Commission) as stated in state law, RSA 126-T:3, is to plan and advocate for policy changes to strengthen New Hampshire's primary care workforce, with special concern for rural and other underserved areas. The Legislature recently added new members to the Commission and extended its term through 2019.

The Primary Care Workforce Commission has been working to obtain better data on the state's primary care workforce using professional licensing boards to survey licensees upon re-licensure. There is no mandate to collect this data, thus surveys are voluntary and response rates are low. The Commission might work with legislators next year to propose legislation authorizing boards collect data from licensees.

At one time physicians were required to submit the NH Physician Licensure Survey. This survey was distributed to members.

Danielle Weiss of the Division of Public Health Services discussed data compiled by the Health Professions Data Center. Data includes designation of medically underserved areas. Information on Nurses, PAs, dentists and behavioral health professionals is not collected. The Commission was asked to consider recommending the addition of other health care professionals to the data. Data analysis is a critical need.

**Presentation: Robin Carlson, NH Chapter of the National Association of Direct Support Professionals (NADSP)**

Information distributed includes:

1. *Direct Support Workforce* presentation
2. *Strategies to Invest in the Future of the Direct Care Workforce*, by the NH Coalition for the Direct Care Workforce September 2009
3. *NH RAP Sheet, Disability Research, Advocacy, Policy, and Practice*, Winter Issue 2016

Ms. Carlson spoke of the many challenges Direct Support professionals face as documented in NADSP's 2014/2015 survey of direct support workers in New Hampshire. Challenges include inadequate pay, low mileage reimbursement, lack of training, working conditions, professional development, need for opportunities to be heard, and high turnover. Data from the Paraprofessional HealthCare Institute (PHI) revealed that direct support workers rely on public assistance themselves.

Ms. Carlson shared her experience of caring for a gentleman as an example of how the care and support provided significantly reduced his hospitalizations over a period of years.

Career Lattices were discussed as a tool to improve employee retention. Unlike traditional career ladders, Career Lattices are characterized by lateral movements within a career path as much as upward movement. A career lattice provides a visual representation of jobs within an organization to inform people about potential career paths, as well as training, education and developmental experiences to achieve their career objectives.

Suggested reading: *Nickel and Dimed – On Getting By in America* by Barbara Ehrenreich. This book is based on research on low paying jobs.

Recommendations to the workforce issues discussed include:

- Assistance organizing Direct Service Professionals
- Assistance in raising their concerns with legislators
- Development of career lattices.

**Commission Member Comments**

Susan Reeves: Licensing is an organizing framework; should direct service professionals consider licensing of their profession?

Jon Eriquezzo: Lack of standardization of licensing requirements and criminal background checks

Margaret Franckhauser: Referred to PHI (Professional Healthcare Institute) as a resource to bring people together.

Kathy Bizzaro-Thunberg: Shared her letter to Dr. Huard outlining workforce issues identified by the Healthcare Human Resource Association of NH (HHRANH) including difficulty in recruiting and retaining a strong workforce. Areas of opportunity include a state loan repayment program, training/internships.

## **Defining the Issue**

Members were asked to share ideas to define the issue. The following items were raised:

- Need to build and prioritize the talent pool
  - Tap into the immigrant population
  - How to develop common Direct Support Personnel skill sets. For example, qualifications are similar for various settings
- State rules and regulations should be reviewed for improvements, e.g. licensing boards
  - Review scopes of practice for various healthcare professions. Are skill sets appropriate?
- Need internships and preceptorships
  - How to pay for this type of training
  - Need a uniform approach for preceptor training
- Strategies for retention of workforce
  - Strengthen the state's loan repayment programs
  - Funding – LENDD
  - Funding preceptorships
  - Connect academics to work environment – Direct Care/Nurses
  - Place of Honor – How to honor workers' work
  - Cross-team training

At the conclusion of the meeting, Dr. Huard asked each of the Commission members to draw a vision of care coordination that integrates workforce issues to discuss at the next meeting.

## **Public Comments**

Gina Balkus, Home Care Association of NH

- Regulations include federal as well as state regulations.
- Suggest expansion of duties of the LNAs through training and scope of practice. For example, LNAs could be trained to give wound care under the direction of an RN. Commission member Judith Joy referred Ms. Balkus to the "The Tool Kit for Delegation" developed by the NH Nurses Association.

Cathy Gray, Monadnock Region Healthcare Workforce Group

- The tuition for the LNA class \$1,500.
- There is a 4 to 6-week delay in the licensure process which is a problem for LNAs.

Nick Toumpas, Private citizen

- Discussed New Hampshire's 1115 Transformation Waiver and its potential impact on the the Commission's work.

Audrey Gerkin, Parent

- Mentioned transportation issues
- Impact of rules and regulations on nurses' ability to serve students' needs.

Susan Paschell, The Dupont Group

- Asked to speak about behavioral health.

Stephanie Wolf-Rosenblum, MD, Chief Medical Officer, Southern NH Health

- Raised issues of training needs of new physicians including their lack of training on how to teach other healthcare professionals. She also raised the fact that paperwork requirements limit doctors' time to assist other healthcare professionals.
- Dr. Wolf-Rosenblum advocated for change and suggested preceptorships via telehealth and the use of simulations.

Members suggested possible topics/speakers for future meetings:

Licensing

Gina Balkus, Home Care Association

Alisa Druzba, DHHS Primary Care and Rural Health

Christina Fields and Paula Smith, Southern NH Area Health Education Center

There being no further business, the meeting was adjourned.