

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

**MEETING MINUTES
July 26, 2016
Legislative Office Building
Concord, NH**

Members Present: Susan Huard, Chair, Kathy Bizarro-Thunberg, Jon Eriquezzo, Todd Fahey, Mike Ferrara, Yvonne Goldsberry, Brenda Howard, Judith Joy, Stephanie Pagliuca, Dennis Powers, Susan Reeves, Deb Scheetz

Guests: Alisa Druzba, DHHS; Heather Donnell, CSNI; Laurie Harding, Commission on Primary Care Workforce; Pam Heckman, NEQIN QIO; Susan Paschell, The Dupont Group; Brendan Williams, NHHCA

Staff: Leslie Melby, DHHS

Commission members approved the minutes of the June 28, 2016 meeting.

PRESENTATION: NH State Loan Repayment Program and Recruitment Expansion

Alisa Druzba, DHHS; Stephanie Pagliuca, Bi-State Recruitment Center

NH's State Loan Repayment Program (SLRP) offers educational loan repayments to recruit providers to medically underserved areas of the state. In exchange for SLRP funds, health professionals are obligated to provide services to all patients, regardless of their ability to pay; accept Medicare and Medicaid; offer a sliding-fee schedule; and provide free care when indicated.

State funding of SLRP is shrinking. Despite a one-time contribution of \$1.6 million provided by the NH Medical Malpractice Joint Underwriting Association, the program is underfunded over the long term, thus limiting its ability to extend current contracts and grant future contracts.

The Bi-State Recruitment Center tracks health care workforce vacancies at community health centers, hospitals, and private practices. The Recruitment Center uses SLRP to recruit providers, and demand for the program is increasing. The J1 Visa program is another means by which foreign providers are recruited following their training in the US.

The Recruitment Center is presently contracting with the state to expand its recruitment efforts for behavioral health and substance use disorder services.

PRESENTATION: Higher Education to Meet Health Care Needs

Mike Ferrara, Ph.D., UNH; Susan Reeves, Ph.D., Colby Sawyer College

Dr. Ferrara discussed the colleges' and universities' approach to health care workforce education, informed by economic growth of the health care sector (17% of the GDP), the impact of payment reforms on delivery of care, workforce needs, payers, population health improvement, and use of data.

Dr. Reeves presented the "Lifecycle of the Health Professional," which can also be applied to Direct Service Professionals. The health professional lifecycle provides a big-picture view of professional job creation, maintenance, and retention. Health professional lifecycle stages are:

- **Professional Awareness:** Inform youth (pre-college) of the benefits of being a health care professional and available opportunities. Create educational pathways to support health care professions development by providing opportunities for health curricula and internships.

- **Professional Formation:** Create programs for college students and provide state-supported tuition for high-need professions; includes degree/accredited programs, structured curriculum, internships.
- **Professional Maturation:** Retain health professionals by developing educational (Masters level, fellowships, and clinical doctorates) and career progression tracks, address quality of the work environment, and invest in the long-term welfare of health professionals.
- **Professional Generativity:** Create meaningful work opportunities for senior health care professionals and use these untapped resources in educational institutions. Offer specialized training (post high school, Associates, Bachelors, Masters) to enhance clinical practice.

Recommendations to the Commission:

- Develop a registry for health care and community support professionals
- Support a loan repayment/tuition remission program
- Encourage doctoral education to develop faculty
- Review health care professions’ licensure and certification rules
- “Skill up” the existing workforce with the help of CCSNH, USNH and private colleges
- Provide incentives to offer clinical/field work experiences
- Ensure adequate quality of work and community environment
- Provide long term investment in health care and community support professionals
- Develop career ladders for professional development

PRESENTATION: Homecare Attendants: Workforce Challenges and Solutions

Debbie Krider, Granite State Independent Living (GSIL)

GSIL provides: (1) Long term support services - consumer-directed and agency-directed services, nursing home transition to home; (2) Community economic development and wrap-around employment services; and (3) opportunities for consumers with disabilities to go to college (College of America)

Recruitment and retention of personal care workforce are GSIL’s greatest challenges due to low wages; emotional, mental, and physical demands; lack of career ladder; employee isolation. Consumers unable to receive services at homes are at risk of hospitalization and institutionalization; delay of being discharged from hospitals and rehab facilities; and family burnout.

Recommendations to the Commission:

- Align regulatory requirements
- Expedite criminal background checks
- Eliminate reference checks for first-time employed
- Eliminate employee physicals if not critical to the job

Long term solutions:

- Increase the number of individuals with disabilities in the workforce. The state saves money when employers pay for health insurance.
- Increase employee wellness efforts.
- Increase the number of individuals accessing long term care (LTC) insurance, e.g. create a statewide LTC insurance program.
- Reimburse for technology.

GATEWAY TO WORK - REPORT ON GOVERNOR'S VISIT TO EXETER HOSPITAL

Mike Ferrara and Deb Scheetz reported on Governor Maggie Hassan's July 25th visit to Exeter Hospital. The Governor commended the partnership between Exeter Health Resources (EHR) and Great Bay Community College to address the workforce shortage via their Medical Assistant (MA) Accelerator Program, a 3-week program training students who are immediately work-ready for jobs at EHR. The Governor promoted the Gateway to Work program to use TANF (welfare) reserve funds to strengthen NH's workforce in high-need areas by creating apprenticeships through partnerships between community colleges and businesses. The program is stalled, however, pending approval by the Legislative Fiscal Committee.

Recommendation: The Commission will send a letter to the Legislature urging their approval of the use of these funds for this innovative program.

Recommendation: Identify other disciplines for accelerator programs.

COMMISSION MEMBERS' COMMENTS

- **Establish a Workforce Entity:** NH needs a stable entity focused on workforce issues (rather than responding to crises) whose work is informed by a state health plan for workforce development.
- **Licensing:** The state's licensing process has become increasingly challenging for health care workers and employers due to extensive changes in the boards' operations.
- **Recommendation:** Invite the Executive Director of the NH Office of Professional Licensure and Certification to a Commission meeting to explain board operations.
- Other areas the Commission might explore: Rhode Island health professions charter school; Vermont HITEC employer-partner educational programs for medical coders, pharmacy techs, phlebotomists; use of senior/retired health care professionals

OTHER BUSINESS

Chair Huard informed members of a letter she received in her capacity as Commission Chair from a former employer. Due to the nature of the complaint, the letter has been referred to the appropriate state agency to be addressed.

Governor's Charge: The charge to the Commission is summarized in a handout to guide the Commission's work.

NEXT STEPS

Regional Meetings: The Commission will convene public regional meetings in October for the purpose of sharing preliminary recommendations with the public to ensure that regional concerns inform the Commission's final recommendations. Recommendations will be developed and refined by small working groups of the Commission.

Recommendations: Dennis Powers, Jon Erequazzo and Deb Scheetz presented a draft "Synopsis and Recommendation" based on the June 28th presentation on Direct Service Professionals (DSP). This one-page document summarizes the problem; identifies gaps; presents available data; and makes short- and long-term recommendations. Data cited includes DSP low wages and poor benefits. Recommendations on DSPs include: (1) develop a reimbursement rate structure for DSPs and home care workers that provides sustainable cost of living adjustments; (2) convene stakeholders to project long term needs; (3) look at the work environment including the training and support provided.

Future Presentations

August 23, 2016:

Home Care workforce:- Gina Balkus, CEO, Home Care Association of NH

September 27, 2016:

NH Community Behavioral Health Association - Suellen Griffin, CEO, West Central Behavioral Health
Workforce Data: Deb Scheetz and Alisa Druzba

Licensing : NH Office of Professional Licensure - Peter Danles

Additional suggestions: Gateway to Work; Medical Assistant Accelerator Program; Vermont HITEC;
Rhode Island Health Professions Charter school; NNE Practice Transformation Network

PUBLIC COMMENTS

Laurie Harding, Primary Care Workforce Commission:

- Licensing: LNAs let their licenses lapse due to lack of access to CNEs. Suggest inquiring the Board of Nursing on how to assist LNAs to become re-licensed.
- Background Checks: Obtaining criminal background checks through the State Police is an onerous process and creating months' long delays to onboard staff.

Debbie Krider, GSIL:

- Licensing: Current rules prohibit licensees from obtaining "inactive" status due to unreasonable requirements, such as maintaining a caseload.

Gina Balkus, Home Care Association of NH:

- Licensing: Many of NH's licensing requirements are driven by federal Medicare (CMS) which in some instances, exceed federal standards.
- Background checks: Providers should not be limited to one source (State Police). Home health agencies are augmenting their procedures with the use of private vendors which provide immediate results.

Brendan Williams, Health Care Association of NH:

- Medicaid Reimbursement: The State's payments to long term care facilities fall short of payroll. Facilities' wages are not competitive with the rest of the service economy.

Pam Heckman, New England Quality Improvement Organization (QIO):

- Quality of Care: Quality is impacted by staffing problems in nursing facilities that are having difficulty hiring qualified employees, as well as staff burnout.

There being no further business, the meeting was adjourned.

NEXT MEETING

August 23, 2016, 1:00-4:00 pm

Philbrook Building, Room 110

121 S. Fruit St, Concord, NH

Agenda:

- Presentation: Home Care
- Commission work session on workforce issues and recommendations