

# 1<sup>st</sup> Draft - to begin Commission discussion at 10/21/14 meeting

## LEGISLATIVE HEALTH CARE WORKFORCE COMMISSION

### Recommendations Worksheet

The Legislative Health Care Workforce Commission is created to study and make recommendations to the legislature on how to achieve the goal of strengthening the workforce in health care.

<b>Charge 1: identify current and anticipated health care workforce shortages, by both provider type and geography</b>	<p>Short term, for 2014 Report:</p> <ul style="list-style-type: none"><li>• State government and relevant partners should continue to track health care workforce supply and demand on an ongoing basis, identify shortages and analyze how changes in health care delivery affect workforce needs.</li></ul> <p>Directions for 2015 -16 work plan, and longer term recommendations:</p> <ul style="list-style-type: none"><li>• Create a state medical education council that includes a representative from each of the state's medical schools, representatives from teaching hospitals and clinical training sites, and other relevant stakeholders. (MMA)</li><li>• The Commission should continue to compile information on state government's spending on health professions education and training to improve the legislature's ability to analyze the role of its investments in addressing the state's health workforce needs.</li></ul>
<b>Charge 2: evaluate the effectiveness of incentives currently available to develop, attract, and retain a highly skilled health care workforce</b>	<p>Short term, for 2014 Report:</p> <ul style="list-style-type: none"><li>• Support continuation, and growth where warranted, of proven programs like loan forgiveness, Rural Physicians Associate Program, etc.</li></ul> <p>Directions for 2015 -16 work plan, and longer term recommendations:</p> <ul style="list-style-type: none"><li>• Regularly review the portfolio of state investments in health professions programs and institutions to assess the nature, scale and effectiveness of the state's contribution to meeting health workforce needs.</li></ul>

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**Charge 3: study alternative incentives to develop, attract, and retain a highly skilled and diverse health care workforce**

Short term, for 2014 Report:

- Explore public/private partnership opportunities to develop, attract and retain a highly skilled health care workforce.
- Target loan forgiveness and loan repayment programs specifically to primary care, and restore funding to levels equal to or greater than those of 2008 (MMA)
- Authorize funding to support the implementation of the Project Lead the Way science, technology, engineering, and math (STEM) program in the form of grants, administered by the MN Department of Education, to school districts. Priority would be given to school districts implementing the biomedical series of courses.
- Support the recommendations of the Mental Health Workforce Summit and the Foreign Physicians Task Force.
- Consider the recommendations of the Blue Ribbon Committee on the University of Minnesota Medical School.

Directions for 2015 -16 work plan, and longer term recommendations:

- Consider a range of state response to meeting the workforce needs of the long term care and home and community based services sectors.
- Analyze and respond to any state barriers, such as regulatory or reimbursement issues, that may be slowing the growth of telehealth to meet workforce needs.
- Monitor and evaluate the effects of the growth of team models of care, Accountable Care Organizations, health care homes, and other new developments on the state's workforce supply and demand. Data is becoming available on the cost effects of these new models, but little analysis is yet being conducted on the workforce effects.
- Evaluate how health care homes and Accountable Care Organizations are working in all areas of the state; identify whether there are particular problems in certain places.

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<b>Charge 4: identify current causes and potential solutions to barriers related to the primary care workforce, including, but not limited to: (i) training and residency shortages; (ii) disparities in income between primary care and other providers; and (iii) negative perceptions of primary care among students</b>	<p>Short term, for 2014 Report:</p> <ul style="list-style-type: none"><li>• Increase funding for Family Medicine residencies and similar programs.</li><li>• Examine the feasibility of seeking a waiver from the Centers for Medicare &amp; Medicaid Services (CMS) that would provide for state management of GME distribution in Minnesota. (MMA)</li><li>• Sustain beyond 2014 the ACA-required Medicaid payment bump for primary care, which increases primary care Medicaid rates to Medicare levels for 2013-2014 (MMA)</li><li>• Increase the number of available clinical training sites in Minnesota, and examine ways to remove barriers that exist in allowing medical students to have more meaningful experiences. (MMA)</li><li>• Assess the effectiveness of the current MERC distribution of funds</li></ul> <p>Longer term:</p> <ul style="list-style-type: none"><li>• Identify and study expanding the scope of practice for health care workforce professions.</li></ul>
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