

2nd Draft - for discussion at 11/18/14 Commission 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.

Charge 1: identify current and anticipated health care workforce shortages, by both provider type and geography	<p>Short term, for 2014 Report:</p> <ol style="list-style-type: none">1) The Minnesota Department of Health (MDH), other state agencies such as the Department of Employment and Economic Development and the Office of Higher Education 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. <p>Directions for 2015 -16 work plan, and longer term recommendations:</p> <ol style="list-style-type: none">2) The legislature should create a state health professions council that includes representatives from health professions schools, clinical training sites, students, employers and other relevant stakeholders. (MMA, revised to reflect Commission discussion)3) The Legislative Health Care Workforce 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.
Charge 2: evaluate the effectiveness of incentives currently available to develop, attract, and retain a highly skilled health care workforce	<p>Short term, for 2014 Report:</p> <ol style="list-style-type: none">4) The legislature should support continuation, and growth where warranted, of proven programs with measurable outcomes like loan forgiveness for physicians, advanced practice nurses, physician assistants, pharmacists, dentists and health faculty; Rural Physicians Associate Program, etc.5) State agencies that administer health workforce programs should evaluate and propose discontinuing programs that have served their purpose and consider redirecting funds towards more urgent current needs. <p>Directions for 2015 -16 work plan, and longer term recommendations:</p> <ol style="list-style-type: none">6) The legislature should 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.7) The legislature should assess the effectiveness of the current MERC distribution of funds

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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:

- 8) The legislature should explore public/private partnership opportunities to develop, attract and retain a highly skilled health care workforce.
- 9) The legislature should 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)
- 10) The legislature should 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.
- 11) The legislature should support the recommendations of the Mental Health Workforce Summit.
- 12) The legislature should support the recommendations of the Foreign Physicians Task Force.
- 13) The legislature should support the recommendations of the Minnesota PIPELINE Project.
- 14) The legislature should consider the recommendations of the Blue Ribbon Committee on the University of Minnesota Medical School.
- 15) The legislature should invest in strategies that will lead to a more diverse health care workforce.
- 16) The legislature should support programs that expose K - 12 students to health careers, such as the state Summer Health Care Intern Program, HealthForce Scrubs camps, summer enrichment programs and other programs that prepare and recruit rural students and nontraditional students into medical school and other health careers.
- 17) MNSCU should create online Masters programs in health fields to provide rural residents with career ladder and advancement opportunities they may cannot find within a reasonable distance of their communities

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

- 18) The legislature should consider a range of state responses to meeting the workforce needs of the long term care and home and community based services sectors.
 - o Encourage or require nursing schools to consider prior health care experience, such as nursing home employment, in admissions.
 - o Promote and consider increasing the state's Registered Nurse Loan Forgiveness Program, which is an incentive for nurses to work in nursing homes for at least 3 - 4 years.
 - o Evaluate the effectiveness of the state's Nursing Facility Employee Scholarship Program administered by the Department of Human Services

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- 19) The legislature should 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.
- 20) The legislature, MDH, DHS and other relevant state agencies should 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.
- 21) The legislature, MDH and DHS should 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.

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

Short term, for 2014 Report:

- 22) The legislature should increase funding for Family Medicine residencies and similar programs, including both rural family medicine programs and those serving underserved urban communities.
- 23) The legislature should direct the Department of Human Services to examine the feasibility of seeking a waiver from the Centers for Medicare & Medicaid Services (CMS) that would provide for state management of GME distribution in Minnesota. (MMA)
- 24) The legislature should 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)
- 25) The legislature, higher education institutions and health care employers should 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)
- 26) The legislature should consider an incentive similar to the Georgia preceptor tax credit to retain and attract primary care preceptors for medical, advanced practice nursing and physician assistant students.

Longer term:

- 27) The legislature should identify and study expanding the scope of practice for health care workforce professions.