

Legislative Health Care Workforce Commission

Meeting 3

September 17, 2015

10:00 – 12:00

200 State Office Building

Draft Minutes:

Attending: Sen. Michelle Benson, Sen. Tony Lourey, Sen. Melissa Wiklund, Sen. Greg Clausen, Rep. Tara Mack, Rep. Tony Albright (for Rep. Matt Dean), Rep. Joe Schomacker, Rep. Laurie Halverson, Rep. Jennifer Schultz

1. Call to order
2. General Commission Business

Lourey moves to adopt the minutes from August 18th – Motion prevails (voice vote)

Reviewed the draft 2015 Work Plan

Outstanding issues from last meeting – Mark Schoenbaum (MDH) brought the Commission's attention to two documents intended to address Sen. Benson's questions from the previous meeting. First, a memo of *State Jurisdiction Over Online and Out of State Higher Education Institutions* which indicates that private institutions, regardless of the location, are responsible for arranging placements for students and that students can request a refund for costs if their school does not arrange a placement. Second, Mr. Schoenbaum provided a *Summary of Volunteers at FQHC Survey – March 2015* which indicated that there are many factors that go into the use of volunteers to address workforce needs. [Both documents are available on the Commission website.]

3. Continued discussion of preceptor challenges and strategies

Anne G. Pereira, M.D., M.P.H., F.A.C.P., Co-Chair of Minnesota Medical Association/ University of Minnesota Medical School Preceptor Initiative – Individual Preceptor Issues. Through MMA stakeholder interviews across the state it became apparent that there was a need for more preceptors and training for preceptors. MMA and the U of M then partnered on the Preceptor Initiative in order to improve training and support of preceptors. The majority of physicians do not receive training, and the lack of time available to teach, lack of incentives, and lack of organizational support have been identified as the greatest barriers to increasing the number of preceptors. Additionally, it is becoming more difficult to find and retain preceptors. The MMA/U of M Preceptor Initiative is convening a group that will help identify strategies to effectively address these barriers.

Ray Christensen, M.D., University of Minnesota Duluth – Physician education program issues: The University of Minnesota – Duluth Medical program has difficulty finding sufficient preceptors for their students. Furthermore, since any payments for precepting work are typically made to the preceptor's organization, this type of payment incentive is not effective in encouraging individuals to precept because the benefit does not reach the individual preceptor.

Specifically in the rural setting, housing for preceptors can also be troublesome. [Dr. Christensen's testimony is *available on the Commission website.*]

Rep. Schultz inquired if the state was adequately funding the Duluth Medical School program. Dr. Christensen indicated he did not have specific details. Additional information regarding the funding will be submitted by Dr. Christensen.

Sen. Clausen inquired about why rural medical training sites are not being updated? Dr. Christensen indicated that it was a cost barrier.

Rebecca McGill, Associate Dean of Henrietta Schmoll School of Health, St. Catherine University – Advanced Practice Registered Nursing and Physician Assistant Programs education program issues. Dean McGill noted that 100% of the physician assistant education in Minnesota is provided by the private colleges.

Current challenges of advanced practice nursing providers include: the significant time in training, the large size of the system, the revenue system of the providers is changing rapidly but is still all about moving patients in and out quickly, changing demographics, and availability of clinical education. Areas of opportunity include: better facilitation of the on-boarding and orientation processes at clinical sites in order to reduce time and repetition, methods of assigning preceptors (relationship based vs. availability), greater recognition of regional disparities, look at options for compensation of preceptors (MERC and otherwise) that will not result in passing the cost onto students. [Also see Minnesota Private College Council handout entitled *Health Care Background* available on the Commission website.]

Rep. Mack inquired regarding MERC funding and whether the \$2.1million figure cited included administrative costs. Ms. McGill indicated it does not include administrative costs. She indicated that 4-5 people spend time handling MERC on the administrative side.

Rep. Mack inquired regarding the cost of school payments for placement. Ms. McGill indicated that it ranges from \$500 to \$1,200 depending on the system. In addition she indicated that she believed this did not go directly to the provider in most circumstances.

Sen. Clausen inquired whether the private institutions join together when contracting with organizations. Ms. McGill indicated that St. Catherine's works closely with other private institutions on these issues but all contracts are with the individual institutions.

Carolyn Wilson, E.V.P. & COO of Fairview Health Services, Fairview Health System – Preceptor employer issues. Fairview views itself as a supporter of education. In 2014, 6,400 students required 11,000 preceptors to complete the necessary hours. Fairview recognizes that providing preceptors is the right thing to do. However, Fairview faces financial challenges to its commitment to education. Most of their MERC funding typically goes to salaries for residents and other trainees but does not cover cost of training. Furthermore, there are barriers to scheduling and securing placements – both of these things requires resources from both the system and the provider which can be demanding. Fairview believes that the most effective strategy is to ensure adequate funding for the institutions providing training, and it's important

to keep the funding at a system level to maximize systems ability to use funds effectively. Fairview is also expanding its telehealth capacity.

4. Governance discussion and update on NGA project

Recap of 2015 Comprehensive Health Care Workforce Planning proposal, SF 1246/HF1447 – Sen. Clausen

Update on Governance discussions included in 2014-2015 NGA Health Workforce Policy Academy - Nitika Moibi, Policy Academy Administrative Coordinator, MDH. Ms. Moibi discussed the results from the National Governors Association Policy Academy on building a transformed healthcare workforce. [See *Building a Transformed Healthcare Workforce: Moving from Planning to Implementation* available on the Commission website.] She also reported that Minnesota is one of six states that was selected to participate in a scope of practice program. [See *Aligning Policies to Practices Technical Assistance Program* available on the Commission website.] Ms. Moibi reviewed the goals of this program and process.

Sen. Clausen inquired regarding the major challenges in developing the plan. Ms. Moibi indicated that it was difficult to plan implementation when a variety of entities are conducting different components of workforce training, data collection and development across the state.

Jeremy Springer, M.D., Chair, Minnesota Medical Association Primary Care Physician Workforce Expansion Advisory Task Force. A state-level, multi-sector workforce commission would be beneficial to coordinate efforts in this area and the Legislative Health Care Workforce Commission's current suggestions are in line with MMA's vision. Health care access is currently being threatened and creating a state entity to ensure effective assessment of supply and demand, education options available, and provide necessary recommendations to address the state's health care needs would be beneficial.

Sen. Clausen noted that there was significant interest from different health care professionals who wanted to be included in the proposed commission included in SF 1246.

John Andrews, M.D., Metro Minnesota Council on Graduate Medical Education (MMCGME). Physicians are struggling with how to apply limited resources to meet workforce needs and coordinating efforts to analyze workforce data. Currently, medical school program slots are driven by the number of applicants rather than workforce needs, which is leading to an imbalance.

Sen. Clausen inquired about areas that we are over producing doctors. Dr. Andrews indicated that there is no data for Minnesota that can answer that question; however, looking at where health systems have difficulty recruiting can answer the inverse of the question to a certain extent.

Sen. Benson requested an example of a change that's happening where a medical student might be influenced by workforce demands. Dr. Andrews was hesitant to point to a specific example but indicated that radiology slots are becoming harder to fill because this service is changing.

with technology and can now be completed remotely much more easily. Sen. Benson inquired why those residency slots in this type of situation are not shifted to a different specialty. Dr. Andrews indicated that the size of programs is generally dictated by the historical size and the medical services the training site needs to supply to patients.

Sen. Benson inquired regarding whether there is a pipeline developing for geriatric residencies. Dr. Andrews indicated that this is a looming need, and training in geriatrics requires additional training after residency, and typically geriatric positions do not pay as well. Current programs are generally small but the growing demand is a valid reason to expand them.

Sen. Lourey inquired whether students would be interested in additional geriatric spots and whether these programs would actually get filled by students. Dr. Andrews indicated that this is a particularly tricky area because most people enter this type of specialty due to a personal connection, and the pay is typically not commensurate with the additional training necessary.

Sen. Clausen noted that the residency expansion passed in the 2015 legislative session included two slots for geriatric medicine.

5. Scope of practice discussion

Overview of Scope of Practice – Shirley Brekken, Executive Director, MN Board of Nursing. Ms. Brekken presented a scope of practice overview from the regulatory perspective. State law defines scope of practice, most commonly in state practice acts enacted by the legislature. The stated purpose of licensure is to protect the public. Aspects of scope of practice include the education and training of health professionals, the authority and regulation conducted by states and the extent to which institutions and employers allow professionals to practice. are the primary source of governance. States should allow for professional to practice to the full extent of their demonstrated knowledge and competence and allow for the ongoing evolution of roles and overlapping scopes of practice. . However, as the medical profession continues to not all practitioners are competent to provide new services. Therefore, scope of practice regulations should be viewed in terms of consumer protection.

Ms. Brekken presented an excerpt from Changes in Healthcare Professions Scope of Practice: Legislative Considerations, a national consensus document produced by six national associations of state health licensing boards. Consensus principles from that report include:

- The purpose of regulation – public protection – should have top priority in scope of practice decisions, rather than professional self-interest
- Changes in scope of practice are inherent in our current healthcare system
- Collaboration between health care providers should be the professional norm
- Overlap among professions is necessary
- Practice acts should require licensees to demonstrate that they have the requisite training and competence to provide a service

Factors to consider in proposals to change scopes of practice include a basis in evidence, appropriate and accredited training and assessment, potential to promote access to care, and involvement of the regulatory board.

Doula issues – Debbi Prudhomme and Mary Williams, Executive Directors, Everyday Miracles.

Everyday Miracles employs 75 doulas at their locations in the Twin Cities and Duluth. Ms. Prudhomme and Ms. Williams reported on experiences since enactment of Medicaid payment for doula services in 2014. Issues inhibiting their ability to provide services to their clients are the challenges for doulas to obtain National Provider ID (NPI) numbers or collaborating providers under whose NPI they can bill, challenges and delays becoming credentialed by payers, reimbursement rates they believe are too low to cover costs.

Overview of new NGA scope of practice technical assistance project – Mark Schoenbaum.

MDH is beginning to work on a NGA scope of practice technical assistance project. The cohort group is representative of many different professions and stakeholders in the health care sector. The project formally starts later this fall. [See *Aligning Policies to Practices Technical Assistance Program* available on the Commission website.]

6. Adjourn 11:40

Background information on the Commission is posted on its website, under meeting materials:
<http://www.lcc.leg.mn/lhcwc/meetings.html>