

## Legislative Health Care Workforce Commission

### Draft Minutes: Meeting 5 November 18, 2015, 10:00 – 12:00 200 State Office Building

Participants: Sen. Clausen, Sen. Kiffmeyer, Rep. Mack, Sen. Wiklund, Rep. Schomaker, Rep. Albright, Sen. Benson (via phone), Rep. Schultz (via phone)

#### 1. Call to order – Co-Chair Sen. Greg Clausen

#### 2. General Commission Business

**Minutes** – Sen. Wiklund moves the minutes from the previous meeting – Motion prevails (voice vote)

#### Outstanding issues from last meeting

Mark Schoenbaum, Minnesota Department of Health, provided a handout on the Home and Community Based Services Scholarships and the Nurse Loan Forgiveness Expansion. He can provide additional information if requested.

**Review draft 2015 work plan** – Brief review of this and upcoming meetings

#### 3. Testimony and presentations

##### a) Home Care Nursing Issues:

**Susan Wingert, founder and CEO, Pediatric Home Service** – The nurses she employs must use the same level of care and skills as nurses in a hospital intensive care unit because they are solely responsible for their patient in the home. Bringing a child home is a cost savings and improves family life but nurses are needed. The supply of home nurses does not meet the demand of at home intensive child health care.

**Judy Giel, Chief Clinical Officer, Pediatric Home Service** – [*Handout Legislative Health Care Workforce Commission powerpoint*] Since Pediatric Home Services started their Home Nursing Division, they have had a 74% turnover rate. The high rate of turnover is costly, the cost of recruiting, orienting, and training is \$7,000 per nurse (\$658,000 per year cost overall). Home care nurses have many benefits. Growth in the area of home care nursing is expected to increase. They are not accepting new patients for past year because of nurse shortages. Additionally, they stopped serving the Rochester region because of the lack of staff. Applications have dramatically decreased in 2015. Serve 41 clients.

**Becca and Chad Wurgler, parents of Pediatric Home Service nursing patient** – Claire is their four year old daughter who was born with spina bifida and has

central apnea which requires the use of a ventilator at night. Becca is a full time student and Claire cannot go to daycare. Their family has to trust the nurse in their home to save Claire's life on a frequent basis. They effectively have a mini ICU in their home. Claire is thriving but would not be able to make this progress in a hospital. Children with serious health issues need these types of home care services in order to be a productive members of society and get the experiences to succeed.

Sen. Clausen inquired if enough people are being trained to meet workforce needs. Ms. Wingert indicated that the state is not training enough people. Schools do not have enough educators in nursing schools which in turn limits number of people in nursing school. Additionally, the phasing out of 2 year programs and move to 4 year degrees limits the frequency of the influx of new nurses. The state does not have the bodies to do the work.

Rep. Mack asked for details about the cost differential between hospital and in home care and whether there is data that gives a ball-park about how many people are sitting in hospital beds that want to go home. Ms. Wingert indicated that they do not have the data now but hoping to get this information in the next year or so.

Rep. Mack stated she would look forward to that data and inquired if this a regional issue. Ms. Wingert replied that it is an equally distributed problem. Most of their patients are in the metro but they also serve parts of rural Minnesota, where they have less nurses but also less need.

Rep. Mack inquired whether Pediatric Home Care maintains a waiting list. Ms. Wingert indicated they do not have a wait list but have a turn down rate of 20-25 people a month.

Sen. Kiffmeyer indicated that she felt this was an important issue but more independent data would be needed. She would like to see data regarding hospital cost v. home care cost. Savings data would also be helpful. She indicated that she believed data should come from part of our responsibility and work plan.

Ms. Wingert indicated that the study she mentioned is not going to be done by Pediatric Home Care. It is facilitated by hospitals and double blind study.

Sen. Kiffmeyer asked who is paying for that study. Ms. Wingert indicated that she did not know. Sen. Kiffmeyer indicated that that would be important information.

Sen. Clausen requested that Ms. Wingert provide contact information for people working on this study.

Rep. Albright asked for clarification regarding the costs of training, recruiting new nurses. Ms. Giel indicated that they employ a lot of new graduates so they

experience higher training costs and their training ROI is low because of their high rates of turn over.

Rep. Albright inquired regarding the level of accreditation or specialization do required for home care nurses. Ms. Giel indicated that they typically require RN license and sometimes LPN.

Rep. Albright asked about the compensation structure Pediatric Home Service provides to its nurses. Ms Giel indicated that pay + benefits are about \$30 hourly rate on average but did not have specific numbers with her. Starting wage for new graduate RN is about \$27/hour. Ms. Wingert indicated that they also makes shift differentials which makes it more difficult to pin point the exact costs.

Rep. Alrbight indicated that from a cost disadvantage bases he would hope that they can provide that information so the Commission can better understand the situation. Ms. Giel indicated they would be happy to provide additional details. As business the cost of providing a homecare nurse is \$65 an hour.

Sen. Clausen inquired about clinical site availability and its impact on Pediatric Home Service's hiring practices. Ms. Wingert stated that they are a clinical site and are looking at providing that opportunity for nurses. But the liability with brining in student nurses is great. As a business they have to weigh the positives and negatives. Additionally, home care is often not perceived as ideal site. Ms. Giel stated that only 50 % of families have agreed to have in home clinical training.

Sen. Clausen asked how many students they take. Ms. Wingert said she would provide that additional information.

**a. Home Care Workforce Issues:**

**Bruce Nelson, ARRM** – Home and community based services are part of the continuum of care for older and disable adults. ARRM is working on compiling data now on a county by county basis of job openings. The data will confirm that there is a crisis and DHS will confirm as well. People seeking placement in services and they are having difficulty placing them. Part of the cause is that person centered services from Olmstead is a new emphasis, which adds to the shortage/increase workforce needs. This all comes down to humans caring and providing services to others.

**Pam Gonnella, Parent, Co-chair of The 5% Campaign** – Ms. Gonnella is the mother of 33 year old daughter, Sarah, with severe disabilities caused by a viral brain injury. She cannot speak, has seizures, needs constant monitors, and is partially blind. She cared for her daughter at home for 25 years had two nurses that stayed for 17 and 20 years respectively. Her daughter now lives in an ICFDD

with 5 other people with severe disabilities. All the residents need assistance in all activities of daily living. The staff must be highly trained and must constantly monitor safety needs and other needs of their clients. In addition to training we also need continuity of care. Staffing situation has deteriorated in the last few months. There has been high turnover. There are sometimes workers from temp agency with inadequate training. Another mother stated that the turn over recently has been the worst in 23 years her child has been in that group home. Additionally, she has felt that there has not been sufficient staff given the needs of the residents. Staff members indicate that there are low wages and high pressure and long hours. Without reasonable compensation staffing is becoming more difficult. Ask to support and pass the %5 campaign initiatives.

**Collin Chambers, Direct Support Professional, REM-heartland Mankato** – REM Heartland is an adult foster care provider serving people with developmental disabilities, mental health issues, autism etc. He started working as a DSPD 8 years ago. Now he supervises 4 houses serving 17 people with disabilities. It has become rare for people to stick with and rise in this field. Many people leave early because of cost because pay does not increase with a person's expertise. People do not understand what direct service providers do. While he felt fulfilled in job struggled to pay bills and ultimately had to quit just to pay his bills. He went to a job where he was paid more to do things that pleased him less. Went back to doing a DSPD part time because he missed the caring aspect of his prior job. DSPD's do simple things like asking about someone's day or checking medication or containing dangerous situations. Eventually he went back to being a DSPD even though it meant making less. Many of his colleagues were not able to make that math work.

**Kris Neff, Vice President & Chief Operating Office, Guardian Angels Senior Services, Long Term Care Imperative** – Guardian Angels Senior Services serves over 500 clients in Anoka, Sherborn, and Wright counties. Work force remains the most pressing concern for home and community based services and long term care. They appreciate recent legislative efforts on this issue but there is still a lot of work to be done. They are unable to pay most employees competitive rates because of waiver program funding is not sufficient. Also, they know that funding is not the only issue. Statewide shortage of direct care workers including nursing assistances and the inability of many elderly to get into programs is also very significant. Currently they have 45 open positions and many of them are in the nursing profession. As result of staff shortage people are being turned away for care. They believe we need to elevate the profession of caregiving, better wages, and better education options. Asks the Commission support 5% and pursue initiatives to grow pipeline such as partnerships with higher education and apprenticeship.

Sen. Clausen asked about how many people they employ. Ms. Neff indicated they employ about 400 and about 50% are registered or licensed nursing professionals.

Sen. Kiffmeyer noted that student nurses use to be a big source of the workforce. Now schools seem to no longer favor this. She requested that someone come before the Commission to address the 2 year program phase out. Sen. Clausen agrees that this is an important question.

Sen. Wiklund inquired about whether there is a breakdown by job category available. Mr. Nelson indicated they do have a break down by category and he will provide it to the Commission. Sen. Wiklund notes that that data would be very helpful to see where the shortages are in what categories.

- b) **Overview of MERC Program, Mark Schoenbaum, MDH** – [*Handout MERC powerpoint*] Mr. Schoenbaum briefly reviewed MERC, its history, formula, sources and uses of funds, and distribution process. Detailed information is available in the handouts.

Sen. Clausen inquired about what incentives are there to grow MERC? Has there been a growth in the number of sites or has it remained steady? Mr. Schoenbaum stated that it has remained steady in numbers but dynamic in sites that participate. Level remains constant but individual participants change.

Sen. Kiffmeyer asked about the impact that tying MERC to Medicaid is and whether hospitals like Mayo get significantly less in MERC funding because of this? Mr. Schoenbaum indicated that hospitals like Mayo do get less MERC funding because of the tie to Medicaid.

- c) **Update on state health professions education and training spending, Mark Schoenbaum, MDH** – [*Handout State Government Spending on Health Professions Education and Development, 2015 Update*] Mr. Schoenbaum reported that the Office of Higher Education (OHE) has not received the latest round of numbers so we have no new information from last year. The table comes from Commission's interest in being a place that pulls together what the state is spending on health workforce education and development. MDH has updated and found more accurate data for a number of the entries. Overall the total went down. There are also other state level activities that are not quantifiable and are listed on the back of the table.

#### **4. Initial member discussion of potential recommendations and ranking process**

Ranking document based on values of commission members and how to rank them in priority as look forward to 2016 session

**Discussion of Charge 1: Identify current and anticipated health care workforce shortages, by both provider type and geography**

Sen. Kiffmeyer indicated that she would like to address the shortage of CNA nurses and the study of cost between pediatric in home care and in hospital care.

Mr. Schoenbaum indicated the study would likely fall under Charge 1.

Sen. Clausen indicated that the cost issue is an important question which reinforces the need to develop a Council to develop those types of questions and research answers.

Sen. Kiffmeyer agreed but wants to make sure that happens soon.

Sen. Clausen indicated establishing council to keep an eye on a number of these topics. This group can monitor issues and would advise legislators. These would be people who are actually in the field.

Mr. Schoenbaum pointed out that under current law this Commission sunsets at the end of next year.

Sen. Kiffmeyer indicated that as legislators she believes it has a benefit to hear from some many people and going through a council can remove legislators from the process.

Sen. Benson indicated she does not necessarily see the need for another council. MDH can collect the data.

Sen. Kiffmeyer indicated she would like the shortage of CAN's at nursing homes and 2 year education trend put on the agenda for next month to get more information. Would like to get testimony and ideas on solutions.

Sen. Clausen indicated that the Commission will try to get information for next meeting.

**Discussion of Charge 2: Evaluate the effectiveness of incentives currently available to develop, attract, and retain a highly skilled health care workforce**

Sen. Kiffmeyer indicated that she thinks MERC should be a higher priority. Not necessarily increasing amount but possibility of better matching needs with distribution of money. She asked if MDH staff be able to take a look at that.

Mr. Schoenbaum indicated that the MERC handout included some staring information. Believes staff can get a little bit deeper with data currently collected but will certainly see what information we can provide before the next meeting.

Rep. Mack inquired if there is a dedicated number of staff at MDH that work specifically just on facilitating MERC.

Mr. Schoenbaum indicated that there is one FTE and some PTE that work on MERC.

Rep. Mack indicated that she and Sen. Kiffmeyer would love to see the breakdown of the medial resident bar graph in the MERC handout. She asked about what possibilities are there to change the formula to address this distribution by need idea.

Mr. Schoenbaum indicated that the variation of what someone can do by law is endless, there is significant flexibility. MDH can do modeling on impacts on various formal changes when proposals are brought to the legislature. If you provide direction as to what type of goals you would like to look at accomplishing differently MDH can run those models.

**Discussion of Charge 3: Study alternative inventive to develop, attract, and retain a highly skilled and diverse health care workforce**

Sen. Kiffmeyer noted that the two year education track is already reflected in the recommendations. She is willing to make the legislation but needs more input. Items themselves are fine but need additional information to determine how to do it.

**Discussion of 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.**

Rep. Mack indicated that she has had several conversations regarding telehealth. She asked about how this relates to workforce needs.

Mr. Schoenbaum indicated that this is a broad issue and telehealth has potential in a wide variety of areas across health care providers. The Commission has handled telehealth in the traditional telehealth approach with a physician at a hub and a patient someplace else.

Rep. Mack reported a recent conversation with Medtronic on remote cardiac monitoring.

Sen. Clausen indicated that the Mental Health Workforce Workgroup studied telehealth and its benefits as well. In the area of mental health it was determined as something that would be very helpful and was discussed at length during that study. Sen. Rosen and Sen. Clausen also had bill last session that was passed dealing with telehealth.

Sen. Kiffmeyer indicated that the legislature has made some changes, particularly in skilled nursing and mental health. Some of these changes are really substantial but won't necessarily see effect.

**5. Adjourn – 11:58**

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