

Legislative Health Care Workforce Commission: Member Rankings, 2015 Potential Recommendations

		Member Rankings								Average	Co-Chair Comments
1	24. Address non-financial barriers to serving as a preceptor, such as approval by employers, accrediting standards that requires programs to document satisfactory progress of their students toward graduation, housing for students in small communities, etc.	4	4	4	4	4	3	2		3.57	Proposed 2016 Session priority, group with # 8 and 14
2	25. The legislature should identify and study expanding the scope of practice for health care professions.	3	4	4	4	3	3	3		3.43	Proposed 2016 Session priority
3	4. The legislature should support continuation 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. and expand such programs where additional investment would likely have a direct effect on improving workforce supply and distribution.	4	4	4	2	2	4	4		3.43	Categorize as Recommended Goals and Principles to Guide Legislative Action
4	10. 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, [STEM related programs such as Project Lead The Way] and other programs that prepare and recruit rural students and nontraditional students into medical school, nursing and other health careers.	3	4	3	4	4	3	3		3.43	Categorize as Recommended Goals and Principles to Guide Legislative Action
5	11. The legislature should encourage nursing schools to consider prior health care experience, such as nursing home employment, in admissions.	4	4	4	4	1	nv	3		3.33	Categorize as Recommended Goals and Principles to Guide Legislative Action
6	18. The legislature should direct DHS to examine the feasibility of seeking a waiver from the Centers for Medicare & Medicaid Services (CMS) that would provide for state management of Graduate Medical Education distribution in Minnesota.	4	4	4	4	1	nv	3		3.33	Proposed 2016 Session priority - group with #7
7	6. The legislature should assess the effectiveness of the current MERC distribution of funds in meeting high priority state workforce needs, supported by in depth data on the current distribution of MERC funds.	4	4	4	3	2	3	3		3.29	Proposed 2016 Session priority - group with #6
8	21. The legislature should consider preceptor incentives such as tax credits and other approaches that respond to challenges recruiting and retaining preceptors.	3	4	4	3	3	3	3		3.29	Proposed 2016 Session priority - group with #1 and 14
9	d. The Legislature should encourage nursing education programs to reinstate the requirement that Licensed Practical Nurse/ Registered Nurse students become certified as Certified Nursing Assistants. (re-written for clarity)	nv	4	3	4	4	1	?		3.20	Proposed 2016 Session priority
10	5. 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.	3	4	4	4	1	3	3		3.14	Categorize as Recommended Goals and Principles to Guide Legislative Action, and as long term recommendation
11	9. The legislature should invest in strategies that will lead to a more diverse health care workforce.	2	4	2	2	4	3	4		3.00	Proposed 2016 Session priority
12	b) Continue to support the PIPELINE/dual training grants to develop the Health Support Specialist occupation.	3	4	4	4	2	1	3		3.00	Categorize as Recommended Goals and Principles to Guide Legislative Action
13	c) Encourage or incentivize schools to keep their 2 year Registered Nurse degree programs.	4	4	2	4	4	1	2		3.00	Proposed 2016 Session priority
14	22. Continue to seek compete information on the number of health professions preceptors in Minnesota.	4	4	3	2	4	2	2		3.00	Proposed 2016 Session priority, group with # 1 and 8
15	26. 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.	4	4	4	4	2	1	2		3.00	Proposed 2016 Session priority
16	a) MDH should explore measurement approaches to documenting workforce shortages that capture indicators such as wait times for appointments, Minnesota scope of practice variations and better reflect the full range of professions in Minnesota's health workforce, in addition to using federal Health Professional Shortage Area indicators.	1	4	2	4	3	4	2		2.86	Recommendations for Additional and Future Consideration
17	8. The legislature should strongly consider the recommendations of the Mental Health Workforce Summit.	2	4	2	3	3	3	3		2.86	Recommendations for Additional and Future Consideration
18	13. 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.	4	4	4	3	1	1	3		2.86	Recommendations for Additional and Future Consideration
19	15. 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.	1	4	2	3	2	4	4		2.86	Recommendations for Additional and Future Consideration
20	17. The legislature should increase funding for Family Medicine residencies and similar programs, including both rural family medicine programs and those serving underserved urban communities. Funding should include support of APRN and physician assistant clinical placements in rural and underserved areas.	2	4	3	3	1	4	3		2.86	Recommendations for Additional and Future Consideration
21	20. The legislature, higher education institutions and health care employers should increase the number of available clinical training sites for medical students and advanced practice nursing, physician assistant and mental health students in Minnesota.	3	4	3	2	2	3	3		2.86	Recommendations for Additional and Future Consideration
22	23. Examine the role of state law and regulation in assuring students obtain required clinical experiences and precepting; Strengthen and/or enforce education program responsibilities for placements.	1	4	4	3	4	2	2		2.86	Recommendations for Additional and Future Consideration
23	14. Address barriers to more widespread use of volunteer health care providers, such as a deduction for charity care, addressing liability issues, etc.	4	4	4	2	2	1	?		2.83	Recommendations for Additional and Future Consideration

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24	2. Executive branch agencies, led by MDH, and other entities engaged in health workforce data collection, should establish a formal structure to coordinate and integrate the collection and analysis of health workforce data to provide the legislature and other policymakers integrated health workforce information and analysis.		2	nv	nv	3	2	4	3	2.80	Recommendations for Additional and Future Consideration
25	7. The legislature should explore public/private partnership opportunities to develop, attract and retain a highly skilled health care workforce.		4	4	3	4	2	1	1	2.71	Recommendations for Additional and Future Consideration
26	a) Encourage or require nursing schools to consider prior health care experience, such as nursing home employment, in admissions.		4	4	3	3	1	1	3	2.71	Recommendations for Additional and Future Consideration
27	e) Support creation of online Adult Basic Education (ABE) content to raise literacy and prepare more for Certified Nursing Assistant and other healthcare jobs.		1	4	2	4	4	1	3	2.71	Recommendations for Additional and Future Consideration
28	a) Remove reimbursement and other barriers to more widespread use of doulas in Minnesota.		1	4	3	2	4	3	2	2.71	Recommendations for Additional and Future Consideration
29	3. The legislature should secure an objective third party to document the challenges facing families with medically fragile children who need home nursing services, the costs to the state and to families for such care and for hospital care that must take place in its absence, and the savings opportunities available to state government from additional state action or strategies		4	2	3	nv	4	1	1	2.50	Recommendations for Additional and Future Consideration
30	12. Health professions education programs in all higher education sectors should inventory their online Masters programs in health fields and create additional online Masters Programs to provide rural residents with career ladder and advancement additional opportunities they may cannot find within a reasonable distance of their communities.		2	4	3	3	2	1	?	2.50	Recommendations for Additional and Future Consideration
31	16. The legislature, MDH and DHS should evaluate how health care homes and Accountable Care Organizations are working in all areas of the state and identify whether there are particular problems in certain places.		1	4	2	1	2	4	3	2.43	Recommendations for Additional and Future Consideration
32	1. 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 to coordinate efforts, enable better coordination among and of workforce training, pipeline strategies, investments and policies and ensure that recommendations to address the state's health care workforce needs are developed with the expertise and involvement of all stakeholders.		1	4	1	2	4	2	2	2.29	Recommendations for Additional and Future Consideration
33	19. 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.		1	4	1	2	1	3	3	2.14	Recommendations for Additional and Future Consideration