

## **Healthcare Workforce Strategic Planning Taskforce**

### **Minutes – March 24, 2011**

Convener: Joe Thompson  
Leaders: Paul Halverson, Dan Rahn  
Attendees: Omar Atiq - AMS, Ann Bynum-AHEC, Fred Knight-ASBN, Linda McIntosh-ANA, Mark Riley-APA, Mike Smets-APA, Billy Tarpley, ASDA, David Wroten-AMS, Jean Zehler-ANA.  
ACHI Staff: Suzanne McCarthy, Kenley Money, Pat Russell

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#### I. Welcome and Initial Discussion

- a. Task of this group is to develop recommendations for a health care workforce as one component of the health system change.
- b. Timeline: due to Executive and Legislative Fiscal Session next year, the workforce planning needs to be completed in approximately six months.
- c. Goal for today: Create a framework for the plan.
- d. Overall Goal for health system change is to transform our current “sick care” system and turn it into a “health care” system.
- e. Key questions posed and discussed by the group included:
  - i. Does everyone agree that the U.S. and Arkansas health system is not sustainable?
  - ii. Will everyone join in early in shaping the system to have a sustainable model in the future?
  - iii. If there is agreement, is there a general consensus on what is needed to populate the system?
- f. Belief that an overall vision of moving toward a more inclusive view of health delivery includes:
  - i. 8-10 year timeline for infrastructure
  - ii. Education pipeline (long term) vision
  - iii. Populate the system with manpower
  - iv. Interface of public health and medical practice
  - v. Revenue stream to activate health educators
- g. The current status of the Nursing, Oral Health and Pharmacy components of health care workforce was discussed with a focus on:
  - i. Roles in prevention and patient education
  - ii. Access in rural areas and schools
  - iii. Collaborative practice agreements to provide primary care
  - iv. Reimbursed for primary care services
  - v. Physician malpractice is a factor in APN primary care practice
  - vi. Historical overview of Pharmacy delivery service models

II. Data Presentations included:

- a. 2008 Health Professions Survey – Ann Bynum : a description of the vacancy survey for health care facilities. A new survey to be conducted in July, 2011 (will provide valuable comparative data).
- b. 2010 Current Arkansas Workforce – Kenley Money
- c. Minimum standards of population to provider ratio – Kenley Money
- d. PCP/Specialists Ratio – Kenley Money

III. Arkansas and Health System Change

- a. Questions:
  - i. What is the most valuable scope of work for the health workforce?
  - ii. Can we think of a sensible system design with 4 billion dollars? Would you leave the system the same or spend the money differently?
- b. Two emerging trends that will shape workforce transformation:
  - i. Workforce to practice at the top of their licensure
  - ii. Move from “cottage industry” professionals to working as a team
- c. Arkansas’ advantages for system change:
  - i. Centered geographically in US , located on interstate, not more than 2.5 hr from cities with range of health care services
  - ii. Single, centralized health department
  - iii. Single medical school
  - iv. Second best AHEC in the U.S.
- d. Comments:
  - i. Arkansas has a lot to build on but little time to build it.
  - ii. There is a vision out there that can be implemented, will change over time, will be in phases and will involve technological uses and additions.
  - iii. As we redesign the system, can’t replicate a system that is convenient only to providers.
  - iv. There are gaps in workforce, payment reform and Medicaid expansion but this also presents a golden opportunity.
  - v. We must get into scope of practice and look at all health care providers.
  - vi. Must move the process despite differences of opinion.
  - vii. The attractiveness for an MD practicing in a rural area will be using the skills of a team.
  - viii. Huge costs avoidable if a team approach can assure adequate hospital discharge care.
  - ix. The goal is not to cut money just to cut the rate of growth – the money is in the system but is being poorly spent.

- x. Build a workforce model to include members of the team working together effectively.
  - e. Medical Home
    - i. Assume specialist care continues as it currently exists, what should the Primary Care design be? In the health care system and in other settings?
    - ii. What are the roles of the team members in the Medical Home?
    - iii. What are the payment implications?
- IV. Plan for this Group:
- a. This will be the core group for the workplan; others will be brought in later.
  - b. At this time, the extended group (board members and buyers of services) will not be part of the core workplan group.
  - c. Meet regularly/monthly, prefer later in the week, Thursday better than Friday and afternoons.
  - d. Next Steps:
    - i. Dan Rahn, Paul Halverson with the assistance of ACHI, list the questions, goals and draft a work plan as a starting point.
    - ii. Keep this as an open process with an articulated vision and clear steps along the way.
    - iii. Focus on the things that can be changed.
  - e. Data
    - i. "Vacancy" data is most relevant. Suggest Ann and Kenley work together on demand and labor data.
    - ii. Will get Medicaid data and have EBD data.
    - iii. Look at where providers are located and where services are delivered.