

# Healthcare Workforce Strategic Planning Taskforce

July 13, 2011 – Minutes

ACHI – Lake Ouachita Conference Room

Leaders: Dan Rahn - UAMS, Joe Thompson - SG, Paul Halverson - ADH  
Invited Guest: Alicia Berkemeyer - BCBS  
Attendees: Omar Atiq - AMS, Ann Bynum-UAMS-Regional Programs, Ed Franklin – AATYC, Susan Hanrahan – ASU, Linda McIntosh-ANA, Mark Riley-APA, , Jean Zehler-ANA.  
Not Present: David Wroten - AMS, Mike Smets - APA, Artee Williams- DWS, Bob Mason – ASDA, Suzanne McCarthy – ACHI, Billy Tarpley – ASDA,  
ACHI Staff: Shanoa Miller, Craig Wilson, Hannah Vogler (consultant), Kevin Ryan, Pat Russell

---

Welcome and Introduction of Guest: Dr. Dan Rahn and Craig Wilson

2014 Reality Presentation: Dr. Joe Thompson

- PowerPoint Presentation: [110713 Workforce JWT.pptx](#)
- Topics Covered:
  - Four Legs of Health System Change – overview and updates
    - Health Information Technology
    - Payment Reform
    - Health Insurance Exchange
    - Workforce
  - Patient Centered Medical Home (PCMH)
    - Shared Principles and accreditation
    - Mercy Hospital System Model
    - BCBS Two Year Pilot Program
    - CHC model

Strategy Development Sessions: County Scenarios

- Instructions:
  - To identify a short-term health workforce strategy, achievable in two to three years, that also supports Arkansas' long term workforce growth and changes.
  - Use the PCMH concepts to advance the strategies
- Assumptions: no change in available workforce, spotty HIT capabilities, low health literacy, low cultural competence and funding limitations.
- Strategy Questions: How do we?: meet access for 2014+, resolve geographic maldistribution, more effectively utilize physician extenders, recruit new workforce and retain existing workforce, create team based culture with care coordination, optimize telemedicine, identify and support new roles for the workforce.
- See next page for County Summaries

**Next Meeting : Wednesday, August 17, 2011, 4:00-5:30 p.m., ACHI Office.**

## Ideas Advanced for Short-term Workforce Strategy in each County

- Sevier County – large Latino population, Pilgrim’s Pride is major employer
  - Explore worksite Advanced Practice Nurse Opportunities for:
    - Health promotion,
    - screening/referrals
    - clinical treatment
  - Encourage doctors to build on existing personal and professional relationships (become a PCMH?):
    - Leadership
    - Business model
    - Transition plan
  - Education suggestions
    - Redirect non-nurses into additional/other health professions
    - Marketing strategy to recruit health care workers to “train up”
- Prairie County – has four clinics, a large elderly population and 50%+ on Medicaid or Medicare
  - Expanded telemedicine
  - Redefine physician connection with APNs in PCMHs/APN leads
  - Increase payment for primary care utilization
  - Tie Health Department Units with Preventive Services
  - Tie population medical conditions by practice location data
  - Focus on prevention/apply for chronic illness collaborative grants
- Newton County – isolated, population 8,000-many elderly, 1physician/1 pharmacist
  - Expand International Medical Graduates (IMGs) recruitment program
  - Utilize mobile clinics for treatment and triage with APN presence when mobile unit is not in town
  - Try alternative practice/clinic sites, e.g. grocery store, church
  - Coordinate patient care/chronic disease management through a pharmacist/physician collaborative relationship.

### Discussion:

- Expenditures on disease management:
  - Put money into identification of preventable/manageable diseases, ways to provide care, roles that the community can play and educational applications.
  - Information is known but the inflexible system does not allow for money to be spent in advance of disease progression.
  - Value of the early identification of illness, needed services, getting to provider for low cost treatment and medications to avoid the “train wreck” that happens later (health and financial).
  - View from a system perspective: financial, transportation and literacy barriers.

- Transportation as a factor in access to care:
  - Mobile clinics
  - Gas vouchers