

Arkansas Health Workforce

Strategic Planning Workgroup Meeting Minutes

Wednesday, September 21, 2011

4:00 – 5:30 p.m.

Convener: Susan Hanrahan
Attendees: Paul Halverson, Linda McIntosh, Mike Smets, Billy Tarpley, Suzanne McCarthy, Ed Franklin, Omar Atiq, Mike Moody, Mike Kennedy, Scott Smith (representing the AMS for David Wroten)
Invited Guests: Scott Pace - Arkansas Pharmacy Association
Drew Ramey - Arkansas State Dental Association
ACHI Staff: Hannah Vogler, Arlo Kahn, Craig Wilson, Pat Russell
Not Present: Dan Rahn, Joe Thompson, Ann Bynum, David Wroten, Jean Zehler, Mark Riley

Welcome and Agenda Review

Susan Hanrahan

Consensus Document

Susan Hanrahan

The Workgroup adopted the Agency for Healthcare Research and Quality (AHRQ): Definition of the Medical Home. It was noted that there are other definitions that reflect the same elements. We reviewed among other published documents the following:

- American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, & American Osteopathic Association. Joint principles of the patient-centered medical home, 2007.<http://www.acponline.org/advocacy/where_we_stand/medical_home/approve_jp.pdf>
- NCQA Patient Centered Medical Home Standards 2011
- JCHO Patient Centered Medical Home Standards 2011

Pharmacy Presentation

Scott Pace

- [110921 Pharmacist Workforce Presentation.pptx](#)
 - Current Pharmacist Workforce Data
 - Supply and distribution
 - Pharmacy Location Data
 - All counties but one have a retail pharmacy
 - Pharmacist Education Data
 - Training hours plus post-grad residencies/rigorous
 - Sample of Top of License Capabilities

- Includes prevention, wellness, chronic disease management, patient and caregiver education, immunization administration in addition to med management
 - Current Place in the Healthcare System
 - Distributive role, limited MTM, immunization services
- Recommendations for Workforce
 - System wide recognition of the training, capabilities, and location of pharmacists in Arkansas
 - Close the gap between current place in the healthcare delivery system and pharmacist's "top of license" capabilities
 - Educate physician and pharmacists about protocol capabilities that exist within the current scope of practice
 - Work to have pharmacists recognized as "practitioner" not just "supplier" in federal and state statute to create reimbursement model for cognitive services
- Comments/Discussion
 - Independents can compete with chains in Arkansas
 - Need for more hospital based pharmacists (lower pay)
 - Educational pipeline looks good
 - Pharmacist could play a valued role in: care coordination, patient education, illness prevention and chronic disease management
 - Reimbursement for services
 - Hold down costs while improving patient compliance
 - Pharmacists in the military – example of practicing at the top of their license
 - Question of the level of cognitive services the pharmacist can provide as well as progressive clinical experience similar to physician training
 - Suggestion to produce an overlay map of MDs and pharmacists
 - Accreditation, post-grad training , board certification (7 specialties) discussion

Oral Health Presentation

Drew Ramey

Oral Health Comments/Discussion

Billy Tarpley

[110921 Oral Health in Arkansas Presentation - Drew Ramey and Billy Tarpley.pptx](#)

- Patient Centered Homes
 - Medical Home: should include dental/oral health
 - Dental Home: includes general/pediatric dentist, oral surgeon, endodontist, prosthodontist, periodontist, orthodontist
 - Long history of patient centeredness
 - Using technology for leading the way for prior authorization
 - Electronic health record: provider and patient friendly
 - Don't have secure email yet.
 - Goal: Every patient should be in a dental home
- Values
 - Prevention is preferable to treatment

- Every Arkansan is entitled to the same quality of care
- Highest and best quality of care is run by a team and lead by a dentist
- Legislation
 - Past legislation aimed at prevention: fluoridation, sealants by non-dentists
 - Model for a collaborative practice
 - Hygienists go into schools, nursing homes (per training)
- Supply & Demand
 - About 80 percent cases performed by general dentist/generalists and the remaining 20 percent are by oral health specialists
 - Challenge will be access- transportation is a greater issue than distribution
 - Things have changed since the 2007 study prior to the economic downturn
 - Current information says there is “chair time” available
 - Dental coverage:
 - Most (90%) of children are covered
 - Adults are not covered like they should be – it will take years to catch up with adult backlog
 - Dentists provide a great deal of charity/compassionate care
- Survey Research
 - UALR will begin a dental provider workforce survey October12; end date in Jan.
 - Request by ACHI for contact information for project staff
- Recommendations
 - Maximize the use of HER
 - Address transportation issues
 - Institute coordination of services
 - Continue prevention efforts
 - Assure appropriate care through the dental team in clinically appropriate locations
- Comments/Questions:
 - Mobile dental units
 - limitations on distance
 - must have dentist in area for follow-up care
 - revenue issues
 - Care coordination for medical and dental similar to CHCs

Strategic Plan

- The group was asked to look over the Workforce Solutions document and determine:
 - what is missing
 - what should be deleted
 - what should be changed
 - what details should be added
 - what additional questions should be asked
 - what to align differently

Meeting Dates/Deadlines

- September 27th – Community (Lavaka) School-Based Clinic at Clinton School
- October 5th - Email responses to the Workforce Solutions document are due
- October 11th – Health Benefits Exchange Summit (notice will be sent)
- October 19th – next Workgroup Meeting at ACHI – McKinsey staff will present
- November 7th - Health Systems Change Summit at Arkansas Children’s Hospital
- November 8th – Health Workforce Stakeholders Meeting at Arkansas Dept. of Health