

**The Joint Select Committee on Health Reform Implementation**  
**Workforce Advisory Group**  
**Final Report**  
November 22, 2010

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## **Introduction**

The Workforce Advisory Group (WAG) was convened by the Joint Task Force on Health Reform Implementation (the Joint Task Force). The purpose of the WAG was to advise the Joint Task Force on ways to address the current workforce shortage, which is expected to increase due to federal health care reform and is already problematic due to demographic changes and projections in Washington. The WAG was co-chaired by Senator Randi Becker and Representative Dawn Morrell and consisted of various stakeholders including representatives of health care professionals, hospitals, educational institutions, labor, and workforce training and development agencies.

During the 2010 legislative interim, the WAG held three public meetings. At these meetings, the members of the WAG agreed to focus on specific legislative, budget-neutral proposals to increase Washington residents' access to primary care and dental care and to differentiate between short-term and long-term solutions. In addition, the WAG discussed providing primary care in an integrated, team-oriented setting.

The WAG decided to concentrate on three main areas: utilizing Washington's existing primary care workforce more efficiently, increasing the supply of health care professionals with the ability to provide primary care, and addressing dental care issues. The WAG divided into three break-out groups to discuss each of these issue areas.

The following table contains a list of ideas presented to the WAG.

## Ideas Presented to the Workforce Advisory Group<sup>1</sup>

	Short-Term	Long-Term
<b>I. Efficient Use of Existing Primary Care Workforce</b>		
Require payers to reimburse for care management/coordination.	X	
Require persons enrolled in PEBB programs to have a primary care provider.	X	
Expand collaborative care models such as medical homes in other areas, both urban and rural.		X
Allow practitioners to be reimbursed for remote services (such as tele-health, virtual visits, and home monitoring) in a manner that incentivizes outcomes.	X	
Ensure that behavioral health is a component in collaborative care models.		X
Allow naturopaths to be primary care practitioners for purposes of Medicaid.	X	
Fully support existing Community Health Centers to expand capacity by developing new service areas/access points under federal health care reform.		X
Add naturopaths to the list of provider types covered by Medicaid.	X	
Modernize the scope of practice of naturopaths to allow all minor office procedures and increased prescriptive authority (to include schedule II-V controlled substances).	X	
<b>II. Increasing the Supply of Primary Care Providers</b>		
<b>A. Recruitment</b>		
Require all school districts to develop policies/programs on exposing high school students to health career options and opportunities to prepare for those careers.		X
Recruit primary care and dental students to practice in underserved areas.		X
Maximize the use of federal funds and programs; e.g., the National Health Service Corps and federally-funded residency programs in under-served areas.		X
When possible, re-allocate scholarships to focus on primary care and dental students.		X
Expand community health residency programs to increase residents' exposure to primary care.		X
Fund health care data collection and analysis systems to improve targeted recruitment and other programs.	X	
Require state institutions of higher learning to give admissions priority to qualified Washington state residents.	X	
Re-establish funding for the state loan repayment program, especially for those professions and areas not fundable by the National Health Service Corps.	X	

<sup>1</sup> The recommendations in this table do not necessarily reflect the unanimous opinion of the advisory group. The order of the recommendations in the table does not reflect the relative importance of the recommendations to the advisory group.

	Short-Term	Long-Term
Support employers and labor-management partnerships that are investing in incumbent health care workers who are interested in career ladders and going to school.		X
Ensure outreach so that primary care providers represent a broad and diverse group of stakeholders.		X
Establish a "Primary Care Physician Conditional Waiver Program" to incentivize medical students to choose a primary care career at the beginning of their training.		X
<b>B. Educational System Efficiency</b>		
Expand/create interdisciplinary training; e.g., require different disciplines to take common curricula together.		X
Explore the availability of "credits for prior learning."		X
Explore recognition of military training in health care educational programs.		X
Establish uniform prerequisites for health care education programs.		X
Expand the use of online education models and best practices curricula.		X
Explore ways to maximize efficiency of program delivery.		X
Incentivize efficient use of educational space and equipment.		X
Create a single portal for processing applications to health care professions education programs.		X
<b>C. Educational System Capacity</b>		
Require institutions of higher education to develop a plan to increase the supply of primary care professionals, including "entry level" professionals, despite funding challenges. This could include requiring these institutions to re-allocate resources.	X	
Continue to allocate state FTE funding via "high demand" funding, work retraining, or other methods.	X	
Re-task GME and Medicaid dollars to expand residency training opportunities.	X	
Create more incumbent workforce career pathways/laddering.		X
Utilize existing professionals as faculty. Eliminate barriers to utilizing agency staff as faculty.		X
Expand the use of simulation for clinical work, labs, and critical thinking.	X	
Maximize faculty expertise to teach common courses such as Anatomy and Physiology.		X
Create incentives for people to become faculty and find ways to increase faculty compensation in line with clinical work compensation.		X
Address faculty workload disparities in professions such as nursing in order to retain faculty.		X
Allow institutions of higher education to cover student liability for clinical training, similar to the authority already granted to the University of Washington.	X	
For clinical placements in nursing and other professional/allied health occupations, supply infrastructure for a system to ensure effective utilization of clinical sites.		X

	Short-Term	Long-Term
Require institutions of higher education to produce more primary care practitioners; impose penalties on individual institutions if this goal is not met.	X	
<b>D. Removing Barriers to Licensure and Practice</b>		
Remove licensing requirements that create impediments to licensure or re-licensure for which there is no evidence of improving quality of practice.	X	
Review reciprocity with other states and countries.	X	
Increase options for internationally-educated nurses and other health care professionals to become licensed in Washington.		X
Create incentives for ARNPs in "extender" roles to move to an independent primary care role.		X
Recognize clinical nurse specialists as advance practitioners capable of providing primary care.	X	
<b>III. Dental Care</b>		
<b>A. Reducing the Need for Dental Care</b>		
Continue to support early prevention efforts such as the Access to Baby and Child Dentistry Program.	X	
Engage primary care medical providers in providing anticipator guidance and other prevention services so that children are able to access dental care beginning at an earlier age and with greater frequency.	X	
<b>B. Efficient Use of Existing Dental Workforce</b>		
Take full advantage of opportunities to ensure that primary care providers consider, assess, and refer at-risk individuals for dental care early.		X
Increase the use of risk assessment and the tailoring of dental care based on risk through the use of pilot projects.		X
Provide incentives to dental offices to use technology that will increase efficiency.		X
<b>C. Increasing the Supply of Dental Providers</b>		
Fully support the training and use of the Expanded Function Dental Auxiliary.		X
Systematically recruit dentists from other states.		X
Consider legislation to create a new mid-level dental provider in order to increase access to care for underserved populations	X	
Fully support the Community Health Centers, including maximizing the availability of loan repayments.		X
Increase the number of dentists that are interested in practicing in Eastern Washington in rural areas by expanding the number of dental students in the RIDE program.		X

### Members of the Workforce Advisory Committee

Name	Organization
<b>Senator Randi Becker</b>	Washington State Senate
<b>Representative Dawn Morrell</b>	Washington State House of Representatives
Jennifer Booker, ND	Washington Association of Naturopathic Physicians
Tony Butruille, MD	Washington Academy of Family Physicians
Bob Crittendon, MD	University of Washington Medical Center
Mark Doescher, MD	University of Washington
Jaime Garcia	Health Workforce Institute, Washington State Hospital Association
Mary Sue Gorski, ARNP, PHD	Chair, Gonzaga University Department of Nursing
Mark Guthrie, PHD	University of Washington Department of Physical Therapy
Mary Looker	CEO, Washington Association of Community and Migrant Health Centers
Cindy Mayo, RN	Chief Executive Officer, Providence Centralia Hospital
Lisa Nisenfeld	Executive Director, Southwest Washington Workforce Development Council
Laura Smith	Washington State Dental Service Foundation
Diane Sosne, RN, MN	President, SEIU Healthcare 1199NW
Rupin Thakkar, MD	Washington Chapter of the American Academy of Pediatrics
Maddie Thompson	Health Care Personnel Shortage Task Force, Workforce Training and Education Coordinating Board
Linda Tieman, RN, MN	Washington Center for Nursing
Sally Watkins, RN, MS, PHD	Washington State Nurses Association
Laurie Wylie, MA, RN, NP	CEO, Executive Director, Western Washington Area Health Education Center

**Staff:**

Kathy Buchli, Senate Health and Long-Term Care Committee  
 Rhoda Donkin, Senate Health and Long-Term Care Committee  
 Jim Morishima, House Health Care and Wellness Committee

## **Workforce Advisory Committee Meeting Summaries**

**Joint Select Committee on Health Reform Implementation  
Workforce Advisory Group**

July 30, 2010 Meeting Summary

Representative Morrell and Senator Becker agreed to serve as Co-Chairs.

Rep. Morrell presented her draft guiding principles to the group.

"The advisory group will focus on developing budget-neutral (or budget saving) legislation that will help establish a statewide workforce policy designed to increase Washington residents' access to primary care by:

- Using interdisciplinary teams to provide primary care;
- Adjusting the scope of practice of providers to make a team approach to primary care as efficient as possible;
- Focusing on quality management; and
- Ensuring that providers are adequately trained in providing primary care in a team setting."

Sen. Becker added that she would like the group to focus on the different levels of staff necessary to support primary care physicians to assist them in seeing patients in a meaningful way.

The group was questioned on goals. The group discussed these areas in general:

- Altering care delivery/reimbursement models.
- Models from other states.
- Integrated systems of care such as the Medical home model.
- Education.
  - Degree creep. Is an advanced degree necessary?
  - Lack of qualified faculty.
  - Cost of education.
  - Preparing high school students for health careers.
- Behavioral health component. How can this be supported?
- What kind of providers do we need?
- Pilot models currently operating in Washington.
- Definition of primary care.
- Medical malpractice reform.
- Ensuring that professionals are practicing at the "top" of their current scopes of practice/licenses.
- Expanding scope of practice.
- Dental issues.
- Institutional licensure.

Next meeting. August 24.

- The group is to send their goals to staff for review by the Co-Chairs.
- HCA is to present reports on pilot projects.
- Maddie Thompson is to present data on primary care providers.

**Joint Select Committee on Health Reform Implementation  
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August 24, 2010 Meeting Summary

Statistics relating to primary care providers

Maddy Thompson from the Workforce Training and Education Coordinating Board gave a presentation on the numbers and geographic distribution of primary care providers in Washington, including physicians, physician assistants, advanced registered nurse practitioners, dentists, and dental hygienists.

Group discussion

- The advisory group brainstormed on how to utilize existing workforce more efficiently. Ideas included:
  - The use of, and incentives for, team-based, coordinated care such as medical homes and medical neighborhoods.
  - Obtaining more data on primary care providers at the point of licensing.
  - Creating a new dental profession for underserved areas.
  - Expand the use of dental auxiliaries.
  - Require all public employees to have a primary care provider.
  - Reimbursement.
  - Scope of practice/practicing at the top of one's license.
  - The inclusion of behavioral health, naturopaths, clinical nurses, and other professions that can contribute to primary care.
  - Joint support services for small practices.
  - More efficient use of technology.
  - The adoption of evidence-based clinical practice standards.
  - Tort reform.
  - Linkages between primary care and home care.
  - Community-based wellness and prevention.
  - Long-term care.
- The advisory group brainstormed on how to increase the supply of primary care workers. Ideas included:
  - Re-tasking GME dollars.
  - Reallocating scholarship dollars.
  - Developing and delivering curricula in a manner that encourages best practices and a team approach.
  - Delivering curricula more efficiently to students.
  - Providing academic credit for military or life experience.
  - Indemnifying hospitals that provide clinical training.
  - Utilizing the National Health Service Corps.
  - Removing unnecessary re-licensing requirements.
  - Recruiting and licensing providers from other states and countries.
  - Providing career pathways for incumbent workers.
  - Exposing high school students to health care career options.
  - Creating community health residency programs.

Division into sub-groups

- The advisory group divided into three smaller groups, one to develop ideas relating to using the existing workforce more efficiently, one to develop ideas relating to increasing the supply of primary care workers, and one to develop ideas relating to dental care.

Next meeting

September 15, 2010, 2:00 PM to 5:00 PM (location TBA)

**Joint Select Committee on Health Reform Implementation  
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September 15, 2010 Meeting Summary

The advisory group discussed recommendations for the final report. Issues discussed included:

- Reserving admission slots for in-state students and the need to collect more data on this issue;
- Credential creep and the pending Doctor of Nursing Practice degree;
- Recognizing clinical nurse practitioners as advanced practice nurses;
- Allowing institutions of higher education to cover student liability for clinical training, similar to the authority already granted to the University of Washington;
- Whether it is necessary to create new mid-level profession or whether allowing practitioners to practice at the top of their licenses would be sufficient;
- Making primary care an attractive career for students;
- Expanding the use of collaborative care models such as medical homes, including allowing practitioners to be reimbursed for care coordination/management;
- Mandating medical schools to produce more family practice physicians (the group acknowledged that this may be difficult given that students choose their own specialties);
- Requiring the state to coordinate federal grant applications;
- Helping to ease the debt burden on medical students before match day;
- Increasing residency slots in Washington;
- Mapping out where the state should be by 2014 in order to attract students into primary care careers;
- Requiring interdisciplinary education;
- Promoting remote health care services like telemedicine, e-mail consultations, and health buddies;
- Re-allocating resources to primary care from other disciplines;
- Re-establishing funding for the state loan repayment program;
- Expanding educational opportunities for entry-level professions;
- Requiring PEBB enrollees to have a primary care physician;
- Changing the certificate of need process to require hospitals to provide a workforce plan;
- Maximizing federal funding for residencies in underserved areas;
- Eliminating impediments to continuing licensing that are impediments for which there is no evidence for quality;
- Recognizing the need to include dental care, allied health, and behavioral health in the work group's recommendations;
- Supporting employers who are trying to get people into school;
- Recognizing naturopaths as primary care providers for purposes of Medicaid; and
- Emphasizing that increasing the primary care workforce will create jobs, which will help the economy.

The advisory group has no plans to meet again. The members of the group will finalize their recommendations electronically and will present them to the Joint Select Committee on Health Reform Implementation at its next meeting.