

Rural Health Services Task Force
Unapproved Meeting Notes
October 25, 2019

Members Present:

Robin Lunge, Member, GMCB
Ena Backus, Director of Health Care Reform, Agency of Human Services
John Olson, Chief, State Office of Rural Health & Primary Care, VT Dept. of Health
Mike Fisher, Office of the Health Care Advocate
Jodi Stack, VP of Patient Care Services and CNO, Brattleboro Memorial Hospital (Designee for Steve Gordon)
Tony Morgan, Executive Director, The Rutland Free Clinic
Dillon Burns, Director, Mental Health Services of Vermont Care Partners
Dr. Rick Barnett, Licensed Psychologist-Doctorate, Licensed Alcohol/Drug Counselor
Jill Olson, Executive Director, VNAs of Vermont

Members by Phone:

Dan Bennett, President and CEO, Gifford Medical Center
Laura Pelosi, Vermont Health Care Association
Dr. Melissa Volansky, MD, Stowe Family Practice, Executive Medical Director, CHSLV
Dr. Paul Parker, Richmond Pediatric & Adolescent Medicine

Absent Members:

Kate Burkholder, LADC, Treatment Associates, Inc

Public Present and by Phone:

Rep. Mollie Burke; Senator Becca Balint; Lucie Garand, Downs Rachlin Martin PLLC, Toby Howe, Downs Rachlin Martin PLLC; Devon Green, VP of Government Relations, VAHHS; Helen Labun, Director, Vermont Public Policy, Bi-State Primary Care; Julie Tessler, Vermont Care Partners; Howard Weiss-Tisman, VPR; Jennifer Kaulius, Government and Community Relations, UVMCMC; Jill Sudhof-Guerin; Robin Miller, Oral Health Director, VT Dept. of Health; Lauren Hibbert, Director, Office of Professional Regulation

I. Minute Approval

The Task Force approved minutes from the October 8, 2019 meeting.

II. Draft White Paper

Taskforce member Laura Pelosi led the group through the proposed workforce recommendations and draft white paper. The Taskforce generally discussed the draft white paper and have until **Friday, November 15th to submit comments** directly to Laura Pelosi. The group discussed:

- Mental health and addiction treatment: whether there is a definition for geriatric psychiatry; telehealth reimbursement for mental health services limited to health care facilities; and credentials required for Medicaid reimbursement. Dr. Rick Barnett offered to provide additional information on mental health and addiction. John Olson offered to provide additional information about loan repayment for substance abuse and mental health professionals.
- Hospital-led initiatives: Taskforce member Dan Bennett offered to provide additional examples of hospital-led initiatives to address workforce issues.

- Full time equivalents: the importance of quantifying workforce in terms of FTEs to more accurately depict supply.
- Oral Health: Robin Miller from the Department of Health offered to provide data on oral health.

III. Recommendations

The Group gave preliminary approval of the following recommendations:

- Loan Repayment, tuition assistance, grants and scholarships- the Group discussed the prevalence and typical amount of a sign-on bonus, recognizing that this is an institutional-led initiative. The Group further discussed scholarship incentives tied to a commitment to practice in Vermont. The Group agreed to propose loan repayment, tuition assistants, grants and scholarships as a general recommendation, leaving it up to the Legislature to determine a specific dollar value. During public comment, Devon Green from VAHHS shared that AHEC loan repayment feels tenuous and far away from the provider perspective.
- Tax Incentives: the Group discussed tax incentives as a tool to support the health care workforce that may not have student loans. For example, the long-term care workforce is predominantly unskilled and unlicensed. This workforce population would not likely benefit from a tuition-based incentive. Providing additional support to entry level staff allows licensed professionals to delegate and practice at the top of their license. The Group agreed that consultation with the Department of Taxes is necessary and that “health care workforce” should be defined broadly. The Group agreed to propose tax incentives as a recommendation, identifying consultation with the Department of Tax and defining “health care workforce” as follow up.
- Prioritize health care sector for state workforce funding: the Group recognized that although other industries are in need of workforce funding, the health care sector should be prioritized given the direct cost implications for Vermonters and the State by underinvesting in the health care workforce. The Group agreed to pursue this as a recommendation.

The Group agreed that the following recommendations have merit, but require further follow up with the Office of Professional Regulation (OPR):

- Clinical nurse educator qualifications- OPR is actively reviewing modification of Board of Nursing Rules regarding clinical nurse educators and have stakeholder meetings scheduled. The Taskforce agreed to revisit this topic after OPR’s report is submitted to the Legislature on December 15th.
- Military Medic to LPN bridge program- OPR Regulation is interested in this proposal but needs an educational partner to implement. Lauren Hibbert, Director of OPR, shared that her office plans to work out the next steps in the coming weeks.
- Streamline mental health clinician licensing requirements- OPR’s January 15th report to the Legislature addresses streamlining mental health clinician licensing requirements.

The Group agreed that the following recommendations have merit, but require additional information:

- Telehealth- the Group discussed limits of telehealth reimbursement and identified VPQHC, VAHHS and DVHA as resources for future discussion
- Payment for preceptors

- Prior Authorizations: the Group discussed proposals to reduce/eliminate prior authorizations like the gold card program. The Group also discussed value-based payment models as important context for current work in this area. The GMCB Primary Care Advisory Group submitted recommendations on prior authorizations to the GMCB in 2017 ([slides 6 - 8](#)).
- VISA hub: the group identified the Department of Labor or the Agency of Commerce and Community Development as potential administrators. The Group recognized that increased diversity in the health workforce is an access to care issue. The Group discussed licensing challenges when foreigners cannot get licensing in Vermont, identifying language barriers as a common challenge. OPR Director Lauren Hibbert is in the process of developing uniform standards as required by H.427.
- State supported targeted marketing- external facing, focus for the Vermont State Dental Society, BI-State workforce recruitment center

The following recommendations are in the process of implementation or already addressed:

- Interstate Nurse Compact- OPR is moving forward with the Nurse Compact. Taskforce member Dr. Rick Barnett shared that a similar compact for Psych exists with 9 other states.
- Streamlining quality measures: the Group discussed that on a state-level, streamlining of quality measures has already been undertaken, and that the challenges are on the federal level and self-insured population where the state does not have authority. The GMCB produced a report in 2016 related to state-level streamlining, titled "[Report on the Green Mountain Care Board's Plan to Align Performance Measures Across Programs that Impact Primary Care.](#)"

III. Follow up and Next Steps

During the course of the October 25th meeting, several people offered to provide additional information:

- Dr. Rick Barnett: provide additional information on mental health and addiction
- John Olson: provide additional information about loan repayment for substance abuse and mental health professionals
- Dan Bennet: provide additional examples of hospital-led initiatives to address workforce issues
- Robin Miller: provide data on oral health
- Lauren Hibbert: follow up on OPR initiatives

Senator Becca Balint inquired about the net impact of the \$57 million in hospital-based travelers in FY19.

The next meeting is scheduled for November 5th in Montpelier.