

**New Jersey State Employment and Training Commission**  
**Health Care Workforce Council**  
**December 17, 2010**  
**Minutes**

**I. Welcome – Robert P. Wise, Chair, Health Care Workforce Council**

The meeting was called to order at 8:35 am by Chairman Robert Wise. Chairman Wise welcomed all members to the first meeting of the Council and provided an overview of the mission and goals of the Council. The overarching goal of the Council is to strengthen New Jersey's health care system for the good of our state and all of its residents.

**II. Goal/Mission of the Workforce Council – Robert P. Wise, Chair, Health Care Workforce Council**

Chairman Wise noted that there are significant tasks to be accomplished in a short time frame. The Council will focus on increasing the entry of new workers to health care professions and facilitating the upskilling of workers in various health care occupation pipelines. The Council also will explore retention strategies to address the loss of talented workers already trained in health care. The challenges will be to accurately identify population needs, address regulatory issues and identify resources. He noted that the acute care system in New Jersey is robust, but it is in a state of stress and reinvention. Demographics of emerging health care systems and coalitions is a new focus that many health care providers are exploring. The first step of the Council will be to select the occupation pipelines to be developed; this will be a key part of the Council's work.

Chairman Wise stated that the Council members were strategically selected. Each member has talents and experience that will be vital to the work of the Council. Chairman Wise then began roundtable introductions.

**HRSA Grant – Robin M. Widing, Acting Executive Director, New Jersey State Employment and Training Commission (SETC)**

Ms. Widing noted that the SETC has formed two industry councils in the last two years: the State Energy Sector Partnership Council, which deals with the renewable energy and energy efficiency, and now the Health Care Workforce Council.

Ms. Widing discussed the one-year planning grant awarded to the SETC on September 29, 2010 by the U.S. Department of Health, Human Resources and Services Administration (HRSA). She noted that the SETC was successful in receiving this grant due in large part to the quality and depth of this Council's membership, which created a positive impression with HRSA. The Council is the first to convene four state agencies - Labor, Health, Education and the Commission on Higher Education - and to bring these agencies together with employers and organized labor to create workforce solutions for the health care sector. The health care sector is a complex and rapidly changing

environment and the Council will need to quickly determine the best strategies for proceeding with this work.

### **III. Labor Market Overview – Frank Ferdetta, Chief, Labor Market Information, NJ Department of Labor and Workforce Development**

Mr. Ferdetta provided a PowerPoint presentation outlining labor market indicators for the health care sector. Health care employment has steadily increased in New Jersey, and has been responsible for much of the employment growth in the state over the last 20 years. A key factor for health care is the aging baby boomers: they accounted for 13% of the population of New Jersey in 1990, and will increase to include 19% of the population by 2028. Mr. Ferdetta also provided information regarding actual and projected employment for the health care sector. As an example, there are anticipated to be 1,000 new openings for registered nurses, and 1,400 replacement openings, by 2018.

One challenge noted is that the current count of Registered Nurses (RNs) includes the nurses who hold an associate's degree. It is generally acknowledged that most RN positions will in future, or already do, require a bachelor's degree. In this way, the data does not accurately reveal the true number of RNs in New Jersey.

As part of the data discussion, members asked for the definition of "professional degree" and "terminal degree". Chairman Wise requested unemployment data for those in the health care sector, and their education level. Members asked whether unemployed people with health care training were able to find jobs, and in what areas. Chairman Wise noted that it would be most helpful to find the unemployed by occupation and focus on getting them re-hired before training others in the same occupations. The challenge is that unemployment data is self-reported and may include only the job title of the individual, not their education or skill level. For example, unemployment insurance data may not include what type of nurse the person is, or what their education level is.

Members discussed the need for nursing faculty to train new nurses. They also discussed the problems with retention. New Jersey loses many of the doctors who complete their training here and also fails to "import" doctors from other areas of the country.

Dr. Susan Walsh provided the following data on the number of physicians in New Jersey:

- In 2008, there were 22,000 doctors licensed. Of these 8,200 were primary care physicians. About 14,000 were specialists.
- In 2015, there will be a shortage of 2,000 doctors. Of this shortage, 700 will be in the primary care field.
- In 2020, there will be a shortage of 3,000 doctors. There will be a shortage of 1,000 primary care physicians and 2,000 specialists.

Based on this data, Dr. Walsh indicated that training more primary care physicians was not the answer, but merely part of the solution. Likewise, advanced practice nurses (APNs), midwives and nurse practitioners are not the final answer, but are also part of the solution. She noted that APNs are not "mini-doctors" but often we use them this way. She encouraged the Council to explore the entire continuum of care and the alignment of all areas of support - the "underpinning"- for the system.

**IV. Update from the NJ Department of Health: Commissioner’s Priorities – Dr. Susan Walsh, Deputy Commissioner, Public Health Services, NJ Department of Health and Senior Services**

Dr. Walsh reported that New Jersey is up to speed with its Health Information Technology (HIT) projects, which includes the implementation of meaningful use of Electronic Health Records (EHRs) by physicians’ offices and hospitals. The agency is also focusing on regional planning, to find solutions for hospitals and medical centers in crisis by working with all stakeholders in the impacted region.

In regards to the physician workforce and nursing workforce issues, Dr. Walsh indicated that a wealth of data had been collected and now it was time to find solutions. The Department of Health has created a Council of Physician Access and Development (CPAD). It is exploring issues such as why physicians leave the state, and why primary care physicians are having difficulty finding specialists for patient referral. Members noted that although 22,000 doctors are licensed in New Jersey, not all are practicing.

Specific areas of focus and concern for the Department of Health include:

- Graduate Medical Education (GME) funding
- loan redemption programs in the state
- the need for dentists
- licensing reform
- licensing of foreign doctors to practice in the state
- malpractice insurance
- physician re-entry programs
- the pharmaceutical and biotech industries
- volunteer initiatives
- aligning incentives
- Accountable Care Organizations
- team building to improve the trust doctors have in “the system”

Members inquired about regional planning efforts, and how to get competitive stakeholders to work together. Dr. Walsh indicated that in two regions so far, Trenton and Newark, regional planning entities had been created as corporations with by-laws. The by-laws establish that all members are equal partners. As an entity, the regional planning corporations seek grant funding and provide assistance with the strategic distribution of resources. Through better alignment of resources, regional planning helps all to succeed. Two regional entities which have been formed are the Trenton Health Plan and the Greater Newark Health Care Coalition. Camden is another area being focused on for regional planning. The Hudson County area will be next; urban areas are being addressed first. Southern New Jersey and suburban areas, such as Hunterdon County, will be addressed as well. Dr. Walsh noted that the regional planning efforts will have deliverables, metrics and outcomes, and will include Federally Qualified Health Centers, hospitals and other care providers.

Members discussed the need for sharing claims data, to address overutilization and underutilization of services in communities. Dr. Walsh indicated that, as an example,

greater case management was needed to address social needs, not just more doctors and nurses, in order to reduce emergency room usage. Members also discussed the need for mental health services; this system is seen as being in disarray. While Dr. Walsh agreed that the mental health system in New Jersey is not robust, she noted that regional planning was tackling this issue in some areas; the SOAR program at the Nicholson Foundation in Trenton, as well as the Visiting Nurses Association program in Newark, are doing some behavioral health work.

Members noted that there are only 5,000 APNs in New Jersey. There is a need for nurse coaches and case managers. Dr. Walsh indicated that the challenge is to be able to pay for such services without taking resources away from primary care physician funding. We need to determine how to make this role fit and how to pay for it. Dr. Walsh emphasized that the ultimate goal is to ensure quality care; all stakeholders want the best outcomes for patients.

Members discussed the work being done by Dr. Jeff Brenner in Camden, whose project works to reduce emergency room usage through case management and social service support. Chairman Wise indicated that Dr. Brenner would be invited to present at a future Council meeting.

Ms. Widing noted that regional planning would be a focus of the HRSA health care implementation grants, anticipated to be offered next year. This year's health care planning grant from HRSA was funded under the Affordable Health Care Act, and the benchmarks set for grantees were derived from the law. HRSA has provided technical assistance and has indicated that grantees can be as broad or as narrow in their scope of occupations as they see fit, depending on their state's needs. However, in order to successfully apply for a second round implementation grant, anticipated to be approximately \$2 million, grantees must demonstrate that they have considered the entire spectrum of health care occupations and issues. So the goal is to not only achieve this year's grant benchmarks but also to successfully prepare for a second round grant. Ms. Widing reported that HRSA's focus in this planning grant is on primary care. But the grant is also to be directed to each state's specific needs. Ms. Widing asked the Council to consider the following questions: What does New Jersey want its health care system to look like? What is our outlook for transforming the health care system over the next 10 years?

#### **V. Discussion: Survey of Members - Robert P. Wise**

Chairman Wise noted that the HRSA grant benchmarks will require that Council members agree on priority needs at some point in the near future. He thanked the members for the wealth of information they shared in the health care survey collected prior to the meeting. A brief summary of the survey responses was included in the meeting packets. The responses will be distilled to identify the most critical issues, strategies to address these issues, and any potential barriers.

Chairman Wise indicated that New Jersey needs to consider a future with different settings for health care. There will be fewer beds in hospitals but more acuity. There will be more care delivered in the home. We need to agree as a community about the

resources we have and how to deploy them. Chairman Wise stressed that we must agree on the future state of our population and the future health care workforce needs, before we can proceed with plans to address these needs.

Members discussed the recent report released by the Robert Wood Johnson Foundation and the Institute of Medicine, *The Future of Nursing: Leading Change, Advancing Health*. This report highlights key nursing issues. Members acknowledged that considerable work has already been done in the nursing occupations area; this information should be leveraged, not duplicated, by the Council.

Members discussed types of data that should inform the Council's work, such as assessments of health behaviors, demographic data and associated health care needs of the population, and the current deployment of resources. They also discussed the need to identify any areas of chronic diseases not being addressed. Members suggested various data sources to be explored, including:

- Community needs data
- Unemployment Insurance claims data, including unemployed health care workforce professionals and their education levels
- Data on the geographic distribution of health care resources
- Demographic data, including health population needs and chronic disease rates
- Charity care population data
- State epidemiology reports
- Database reports from the Department of Health, Medicaid, and the Department of Human Services
- Salary reports for various types of physicians, nurse occupations, etc.

Members noted that challenges had arisen in the past when trying to access data from various state departments, especially concerning health records. Chairman Wise indicated that one role of the Council will be to overcome state agency silos.

## **VI. Council Framework: How the Council Will Work - Robert P. Wise**

Chairman Wise concluded that a key activity will be for the Council members to agree on critical assumptions for the population of New Jersey, to inform our future health care demands and needs. He indicated the need for a "team" medicine approach, and seconded Dr. Walsh's assertion that there is not just one answer, but rather many critical solutions to this challenge.

## **VII. Next Steps - Robin M. Widing**

Robin Widing summarized the work to be done by the Council; it will focus on the demand side of the health care occupations, determine the current supply of the workforce for that demand, find the gaps in the supply and develop pipelines of occupations to fill the gaps. This will include upskilling existing health care workers, especially with increased technical knowledge, and training new workers.

The next steps will be to use the Council's survey responses to organize the Council's priorities and then to develop task forces to address those issues. The task forces will be formed of Council members to address issues around the benchmarks. For example, the fourth benchmark concerns education pipelines. A task force of K-12 Education and Higher Education members can be formed to tackle this issue in depth.

#### **VIII. Conclusion and Next Meeting**

Chairman Robert Wise thanked Council members and concluded the meeting at 10:45 am.

The next Council meeting will be held **Friday, January 21, 2011 at the NJ Hospital Association in Princeton.**

## **Member Attendees – December 17, 2010**

Barnard, Susan, Bergen Community College (for Dr. Ryan)  
Barnett, Pat, NJ State Nurses Association  
Barry, Marie, NJ Department of Education  
Brady, Jane, Middlesex County Workforce Investment Board  
Briggs, Deborah, NJ Council of Teaching Hospitals  
Ceserano, Justine, NJ Primary Care Association (for Ms. Grant-Davis)  
Dickson, Geri, Rutgers NJ Collaborating Center for Nursing  
Dwyer, William, PSE&G Children's Specialized Hospital  
Egreczky, Dana, NJ Chamber of Commerce Foundation  
Fillweber, Joanne, Johnson and Johnson  
Finegold, David, Rutgers School of Management and Labor Relations  
Harz, John, Visiting Nurse Association of Central Jersey  
Krepcio, Kathy, Heldrich Center for Workforce Development  
Ladden, Maryjoan, Robert Wood Johnson Foundation  
McDermott, Matthew, NJ Dept of Labor & Workforce Development (for Commissioner Wirths)  
Mertz, Lynn, Robert Wood Johnson Foundation-NJ Chamber of Commerce, NJ Nursing Initiative  
Orchard, Patricia, Horizon Blue Cross Blue Shield of New Jersey  
Rosa, Robert, NJ Council of County Colleges (for Dr. Nespoli)  
Ryan, Elizabeth, NJ Hospital Association  
Salmond, Susan, UMDNJ School of Nursing  
Savage, Judy, NJ Council of County Vocational-Technical Schools  
Sperling, Deanna, Organization of Nurse Executives, ONE/NJ  
Treacy, Virginia, District Council 1, IUOE/AFL-CIO  
Walsh, Susan, NJ Department of Health and Senior Services (for Commissioner Alaigh)  
Weaver, Kathy, Newark Alliance  
Wise, Robert, Hunterdon Healthcare  
Zastocki, Deborah, Chilton Memorial Hospital

## **Guest/Staff Attendees – December 17, 2010**

Ferdetta, Frank, NJ Department of Labor and Workforce Development  
Hutchison, Sheryl, NJ State Employment and Training Commission  
Kocsis, Violet, Hunterdon Healthcare  
Shlimbaum, Terry, Hunterdon Healthcare  
Widing, Robin, NJ State Employment and Training Commission