New Jersey State Employment and Training Commission
Health Care Workforce Council
NJHA Boardroom, Princeton
January 21, 2011

Minutes

I. Welcome & Chairman's Remarks – Robert P. Wise, Chair, Health Care Workforce Council

The meeting was called to order at 10:05 am by Chairman Robert Wise. Chairman Wise welcomed all members to the meeting. Roundtable introductions were initiated, including members attending by phone.

The minutes of the council meeting held on December 17 were introduced. Chairman Wise noted he would provide two minor corrections to his remarks. Bob Rosa made a motion for the minutes to be accepted with corrections. Bill Dwyer seconded the motion and the minutes were unanimously approved with no abstentions.

II. HRSA Grant Evaluation Project – Margaret Koller, Executive Director, Rutgers Center for State Health Policy

As part of the grant received by the SETC from the U.S. Department of Health, Human Resources and Services Administration (HRSA), the Rutgers Center for State Health Policy (CSHP) will conduct an evaluation of the grant. The evaluation will be conducted using a web-based survey, to be completed by the Council members. The survey will be comprised of 20 to 30 closed-end questions, and will evaluate the planning process and the implementation of the grant. The survey will be launched in May and findings will be reported to the Council in June/July. The findings will assist in the application for, and inform the process of, the next HRSA grant, which focuses on implementation of health care workforce strategies and recommendations. Dr. Joel Cantor, Director of Rutgers CSHP, will be the principal investigator on this project, working with Ms. Koller.

Ms. Koller indicated that this project aligns well with other projects administered by the Rutgers CSHP. These include a Robert Wood Johnson health reform exchanges project, Legislative policy briefs, and a HRSA exchange planning grant with the Department of Banking and Insurance. This last project has an advocacy and networking focus, which may result in helpful information that the Rutgers CSHP can bring to the Health Care Workforce Council.

Ms. Koller noted that a summary report on the October 25th meeting hosted by Rutgers CSHP and the Heldrich Center for Workforce Development, "Preparing the Workforce for a Reformed Health Care System: Toward a Research Agenda," will be published shortly. This report will be provided to the Council members.

III. Camden Coalition of Healthcare Providers – Dr. Jeffrey C. Brenner, Medical Director, Camden Coalition of Healthcare Providers

Dr. Brenner's PowerPoint presentation, "A Demonstration Project to Build Medicaid Accountable Care Organizations (ACO's) in New Jersey," highlighted several challenges and trends that are increasing the demand for health care services and for health care workers, and contributing to increased costs for health care. Dr. Brenner noted the current lack of primary care physicians and nurses. It is predicted that a large number of nurses will be needed in the future: they will be providing disease management in offices, nurse practitioners will be providing in-home services and nurse practitioners will be working in buildings where patients are collected.

Health spending in the U.S. increases each year by about 10 percent. The aging of the baby boomers will add to the increase in spending. Medicare and Medicaid costs are increasing rapidly and unpredictably. National health spending accounts for one-fifth of the U.S. economy right now. In the future, it is predicted that health spending will account for one-fourth of the national economy. In a 2006 Dartmouth Atlas of Healthcare, New Jersey had the highest Medicare spending, with $39,810 spent on Inpatient and Part B per decedent during the last two years of life. New Jersey is the first of 50 states for the number of patients visiting the intensive care unit in the last few months of life and in the total number of doctor visits for patients in the last two months of life. New Jersey has lower usage rates for hospice and primary care than other states.

Dr. Brenner discussed the location of health care services and how this can influence the demand for services. In some areas, there is an excess capacity, or over-supply, of very expensive services which are then offered to a wider population in order to spread out the costs. This artificially inflates the demand for these services. As an example, arthroscopy, a scope for the knee, is a service performed extensively in the U.S. – 600,000 are performed each year. However, there is no difference in recovery rates for those patients who have arthroscopies performed and those who do not.

Chairman Wise noted that the Council will need to exercise caution when considering the human resources needed to meet the demand for health care services. The need for health care workers should be derived from the real needs for health care services, not from an artificially inflated model of supply and demand.

Members discussed the need for more nurses, and the training of lay people for patient intake and social service/counseling roles. Dr. Brenner noted that medical assistants play an important role in primary care facilities. A medical assistant's duties can include checking patients in at the door, taking blood pressure, and giving shots. Dr. Brenner indicated that, in the Camden model, a 9-month training program is used to prepare these workers; they are trained, observed and mentored by the health care providers. AHECs also are involved in medical assistant training. This type of occupation presents an opportunity for Welfare-to-Work program participants, especially women, who can work

in their own neighborhood where they are familiar with the community and the culture. Members discussed the advantage of an employee who speaks the language of the population being served, thereby providing more effective counseling and encouraging better patient compliance with medical instructions. Andrea Daitz noted that the Robert Wood Johnson Foundation's Jobs to Careers program allows participants to learn on the job, for the next job, resulting in better retention rates.

Members discussed whether curricula were being established to train for specific diseases, such as a "diabetes technician" or "cardiovascular technician." The trend now seems to be to train medical technicians on the most prevalent diseases in the community, since there are not enough resources to specialize training in only one disease area for these technicians.

Dr. Brenner noted that some education "tracks" are too limiting, such as training for medical coding. For this type of work, it is more useful to have a medical worker trained with a generic set of skills, with added certifications in specific areas. Community medical assistants who are accustomed to working in doctor's offices, and who have been mentored in this role, are very useful in community care centers.

Members discussed the future vision of the health care system: hospitals should be focused on their strengths of providing acute care, while other health care centers will be needed to provide preventative care in the community.

Members discussed the need for clarity of health care professional roles, without limiting those roles too tightly. With regards to education, there is a need for career programs in secondary schools to interest younger students in these fields. In addition, immediate benefits could be achieved through the upskilling of incumbent workers. Members discussed accreditation requirements as a possible roadblock to the pipeline of workers; in some areas, too many hours are required for accreditation.

Dr. Brenner outlined the Camden Coalition's efforts. The Coalition includes three hospitals and a number of Federally Qualified Health Centers (FQHCs). The Coalition focuses on fixing processes for delivery of care. The Coalition targets the "worst of the worst" patients, who are over-utilizing emergency rooms. Coalition staff visits these individuals at hospitals and shelters, providing "concierge" medical attention. In this work, nurse practitioners and social workers play a vital role. The Coalition provides clinical services only when such services are not readily available elsewhere.

Dr. Brenner described a perfect health care model that may be years away from realization. Each person has a "medical home," a medical office that is not crowded, where it is easy to get an appointment, and where those appointments are for half an hour, rather than 10 or 15 minutes. Advance reminders are sent to patients to schedule regular exams and tests. These reminders and scheduling are done by office staff, rather than by the physician during the appointment, maximizing the physician's time with the patient. Doctors are available for consultation by phone. If hospitalized, a patient has a nurse

coordinator who works with the discharge team to coordinate care. Electronic health records provide instant access to a patient's history and plan for services.

In successful examples of coordinated care, like the Group Health Cooperative and the Geisinger Health System, the system can realize a 5 to 20% reduction in emergency room usage and a 30% decrease in re-admission rates. Members discussed the state's current plans for a reduction in acute care providers, citing the over-availability of hospital beds in New Jersey. This was outlined in the "Reinhardt Report," which Dr. Brenner recommended as an excellent guide for the Council. The convergence of pressures - rising health care costs for employers and government, and the overburdening of the Medicare/Medicaid programs - will drive the re-tooling of the state's health care system.

In his examination of data on "high flier" patients in the Camden area, Dr. Brenner found that 300 people had together accounted for more than $1 million per year in Medicare costs. He also found that areas with younger populations were typically "hot spots" in the number of visits to the ER, while older populations were "hot spots" for higher costs. This is not just a Camden issue: data revealed that Trenton and Newark also have "high utilizers" of emergency rooms (ERs). In 2007, the top 1% of "high utilizer" patients in Camden averaged 13 ER visits per patient in that one year. In Trenton and Newark, the average was 15 ER visits per patient, for the top 1% of ER users in 2007. Additionally, most of these patients visited more than one hospital, with 80.6% doing so in Camden, 78.2% in Trenton, and 71.1% in Newark.

Members discussed the need for nurse practitioners who work in community health. There are 5,000 APNs in New Jersey, but many are practicing in a variety of specialty areas, very few are in community health settings. Members discussed the need for leadership to establish and sustain medical homes and accountable care organizations in the communities.

Dr. Brenner emphasized the need to train doctors and nurses side by side; currently medical and nursing schools run on totally separate programs and schedules. Also, members noted that managed care concepts have not yet been integrated into the educational curricula. Members discussed programs which provide service learning and experiential learning, such as AmeriCorps.

Chairman Wise thanked Dr. Brenner for the informative presentation and discussion. The presentation exposes the shortcomings of the current delivery system. Chairman Wise indicated that the work of the Council will be to fill the gaps - not for the current system, which is expensive and less effective than it should be - but to prepare a health care workforce for a better system of care.

IV. Future Re-Structuring of Health Care System – Robert P. Wise and Robin M. Widing, Acting Executive Director, New Jersey State Employment and Training Commission (SETC)

Robin Widing outlined the Health Resources and Services Administration focus, to provide access for more new workers to the health care professions and to upskill the incumbent workers to meet the needs of employers. Today, a broader issue was brought forward, that the future health care system may be dramatically different from the current model. Input from council members will be vital as we plan to meet both the short-term and long-term workforce needs.

Members discussed the current and projected health care system trends, taken from the survey of Council members conducted in December. It is unclear how the Affordable Care Act will unfold. Population needs must be considered, including the ethnic and cultural diversity of our state. Members indicated that the use of "telemedicine" and distant care delivery should be included in the planning.

Members discussed the regionalization of care and the need for the appropriate alignment of resources, which are not duplicative and avoid the over-supply of certain services. The geographic distribution of services should be examined. Members emphasized the need for value, rather than volume, of services. Care should be equalized, with more preventative focus to avoid the need for acute care and more supportive care provided as we age. Members predicted that as costs increase, successful primary care models will be replicated. Mental health services must also be addressed. Members also emphasized the need for shared data systems and discussed the impact of Electronic Health Records (EHRs).

Members discussed educational mismatch between the training provided and the requirements for accreditation and employment. A solution may be to look at Dr. Brenner's Camden model and the Geisinger model, and explore ways to link these models with education. As an example, Camden County College is working with Lourdes Health System to develop career ladders: the medical assistant role has not been utilized for in-patient settings in the past, but they are now seeking to bridge this gap by training medical assistants to work in both in-patient and out-patient settings. Dr. Brenner suggested that the Council's work include a mapping of each job and its skills, and any overlap between occupations.

Dr. Brenner also recommended that the Council select one of its recommendations to become model legislation, as a small start to fixing the system. He emphasized the need to follow the "trail of money" and to explore the redistribution of resources; cuts to one area may present an opportunity to pickup that discarded funding.

Chairman Wise reported that approximately $660 million is spent on charity care in the state and there is no accountability for its use. He asked Council members to consider whether high-cost services are absorbing too much of the charity care model's resources. The system may need an incentive to make the model more efficient.

The Council will be making strategic recommendations, and will need to consider the short-term, intermediate and long-term system needs. To begin this effort, an e-mail will be sent to members with the list of hard-to-fill occupations identified in the survey of

members. Members will be asked to identify which occupations will be needed in the short/intermediate/long-term timeframes and then to prioritize the occupations that will be most needed. Robin Widing indicated that the Council's next steps will include the gathering and analysis of labor market data and education information. The Council will also look to leverage the resources of other agencies' work in the state, including the $25 million grant to the consortium of northern community colleges, including Bergen Community College and nine others, to provide entry-level health care training for 5,000 TANF recipients.

In conclusion, Chairman Wise stated that the Council is not just examining the health care workforce needs, but also will be delving into strategic issues and making recommendations to support a sustainable and accountable system of health care.

V. Conclusion and Next Meeting

Chairman Robert Wise thanked Council members and concluded the meeting at 12 pm.

The next Council meeting will be held **Friday, February 18, 2011 at the NJ Hospital Association in Princeton, starting at 8:00 am.**

Member Attendees – January 21, 2011

Bakewell-Sachs, Susan, Robert Wood Johnson Foundation, NJ Nursing Initiative [phone]
Barnett, Pat, NJ State Nurses Association
Barry, Marie, NJ Department of Education [phone]
Briggs, Deborah, NJ Council of Teaching Hospitals
Ceserano, Justine, NJ Primary Care Association (for Ms. Grant-Davis)
Daitz, Andrea, Robert Wood Johnson Foundation (for Dr. Ladden)
Dickson, Geri, Rutgers NJ Collaborating Center for Nursing [phone]
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 [phone]
Franzione, Anita, Parker Memorial Home Inc., Nursing Care Residence
Garlatti, Betsy, State of NJ Commission on Higher Education
Holmes, Aline, Ryan, NJ Hospital Association (for Ms. Ryan)
McDermott, Matthew, NJ Dept of Labor & Workforce Development (for Commissioner Wirths) [phone]
Moran, Janet, Lourdes Health System [phone]
Orchard, Patricia, Horizon Blue Cross Blue Shield of New Jersey
Rosa, Robert, NJ Council of County Colleges (for Dr. Nespoli)
Ryan, G. Jeremiah, Bergen Community College
Treacy, Virginia, District Council 1, IUOE/AFL-CIO
Walsh, Susan, NJ Department of Health and Senior Services (for Commissioner Alaigh) [phone]
Weaver, Kathy, Newark Alliance [phone]
Wise, Robert, Hunterdon Healthcare
Zastocki, Deborah, Chilton Memorial Hospital [phone]

Guest/Staff Attendees – January 21, 2011

Barnard, Susan, Bergen Community College
Brenner, Jeffrey, Camden Coalition of Healthcare Providers
Ferdetta, Frank, NJ Department of Labor and Workforce Development
Hutchison, Sheryl, NJ State Employment and Training Commission
Kocsis, Violet, Hunterdon Healthcare
Koller, Margaret, Rutgers Center for State Health Policy [phone]
Shlimbaum, Terry, Hunterdon Healthcare
Timian, Jason, NJ Department of Labor and Workforce Development
Widing, Robin, NJ State Employment and Training Commission