New Jersey State Employment and Training Commission
Health Care Workforce Council
Hunterdon Medical Center, Flemington
June 17, 2011

MINUTES

I. Welcome and Chairman's Remarks: Robert P. Wise, Chair, and 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 meeting. **Approval of minutes:** Joanne Fillweber made a motion to accept the minutes as presented. David Finegold seconded the motion and the minutes were unanimously approved with no abstentions. Chairman Wise introduced Michele Horst, the new State Employment & Training Commission (SETC) Executive Director.

II. SETC Vision and Talent Networks: Michele Horst, Executive Director, New Jersey State Employment and Training Commission

Ms. Horst presented an overview of the vision for the SETC and how it supports the goals of the Health Care Workforce Council. *See attached SETC PowerPoint.* Ms. Horst indicated that the New Jersey Department of Labor and Workforce Development (LWD) will be focusing on seven key industry sectors, which are the most robust and provide the most return on investment. LWD has awarded grants for Talent Networks to be created for six industries: Health Care, Bio/Pharma Life Sciences, Financial Services, Advanced Manufacturing, Transportation/Logistics/Distribution (TLD), and Technology Entrepreneurial. The seventh sector, Green, is not an industry on its own but Green initiatives will be integrated into the Talent Networks for other industries. The Talent Networks will identify employers' needs and more effectively match job seekers with employers in each industry. The SETC will have a leadership role in these Talent Networks. The two industry councils formed by the SETC – the Health Care Workforce Council and the State Energy Sector Partnership (SESP) Council - are a beginning of this work. These industry councils will be working in concert with the Talent Networks and guiding their efforts.

New Jersey Talent Network Grant for Health Care

David Finegold, announced that Rutgers School of Labor and Management Relations was awarded the LWD Talent Network grant for the health care sector.

Part of the genesis of the Talent Networks came out of the WIRED (Workforce Innovation in Regional Economic Development) grant (http://www.doleta.gov/wired/files/3g_Central_New_Jersey.pdf). Mr. Finegold was involved in the Bio-Tech part of the WIRED grant that focused on creating high-quality, high-paying jobs in the bio-science industry (http://www.bio-1stop.org/). It is recognized that public workforce development efforts are lacking a sectoral focus, for instance, addressing the specialized

needs of health care occupations. A goal of the Talent Networks is to take workforce information [in the six Talent Network sectors] and make it simple and accessible. Through the Council, key health care stakeholders in New Jersey will tie into the work of the Talent Network and inform the grant's efforts. This will leverage the existing efforts of the Council and avoid creating another body. Through a grant from Johnson & Johnson, the model of the Central New Jersey Health Care Network has already been created. The plan is to create similar groups encompassing the entire state. New Jersey currently ranks at the bottom for creating new jobs and this huge challenge is central to New Jersey workforce development. Reducing the number of unemployed and underemployed workers in the State by addressing core priority needs is a priority that will be addressed by the grant. *Information on the Health Care Talent Network and Mr. Finegold's contact information will be sent to Council members by SETC staff.*

Keeping nurses engaged in health care during cycles of unemployment:

- Concerns about the number of new graduate nurses that are unemployed were raised. If nurses are not kept engaged in the health care field the potential exists that they will be lost to nursing. This is troubling given the projected shortfall of 44,000 nurses over the next nine years. Members asked what programs and grant monies exist that could be used for short-term fixes. These short-term solutions might include using unemployed new nurse graduates in county health departments, immunization clinics, or to augment school nurses in underserved areas.

- An example from the Bio-1 grant's creation of internships was offered. The Bio-1 grant established fellowships/internships for new graduates from both community colleges and 4-year graduate programs. Because employers are reluctant to hire in the current economic cycle, these internships encouraged employers to take people on for a trial basis. The Bio-1 grant was well funded ($5 million over three years) and the grant provided some payment for these internships, although not as much as a full-time job. This type of creative leverage of resources could help in employing new graduating nurses who would otherwise be unemployed.

- It was asked if New Jersey has an inventory of health care systems and hospitals with an interest in nursing internships and fellowships. If there is a known impending nursing shortfall related to retirements, such internships could be an opportunity to employ newly graduated, unemployed nurses across the state in transitional opportunities. Because it is unknown if these types of efforts are being done in New Jersey, it was suggested that queries could be made to determine if hospitals would be interested in this type of program if partial funding from a secondary source could be found. Whether programs like this exist and whether they can be replicated or created will be explored.

- There is an interest on the part of directors' of nursing to take some action, but hospital budgets have not set aside money to do so. Grant funding or assistance from the State of New Jersey would be helpful here. An example was given of a hospital where the Director of Nursing (DoN) became concerned because a quarter of the operating room staff are now 65 years or older. Because the DoN knew that many staff would be retiring she was able to get a few extra positions, but projections are that 20 – 25% of nursing staff this operating room could be brand new nurses in the future. Because it generally takes six months to a year for nurses to be really skilled in this

area, the DoN is looking at a huge problem that has implications for patient care as well as for staffing.

- It was asked if hospitals are considering or creating a "transitional replacement plan". For instance, a survey of organizations of nurses and other professionals with well identified retirement plans – data that could indicate where positions will be needed and when. Such a survey may yield soft numbers but could be a starting point for an assessment.

- It was suggested that ONE-NJ (Organization of Nurse Executives New Jersey) may have this type of data and has been working on something similar. There are models developed and evaluated that can be examined. In addition to the benefit of retaining new graduates who might otherwise leave New Jersey, there is an additional opportunity for nurses to develop extra skills beyond what they possess upon graduation - skills that will also make them more employable. Within the context of new models of care, there is an opportunity to place new nurses in experiences that will prepare for emerging care models. This would give New Jersey an advantage in both planning and effective future placement.

- It was observed that one of the problems with nursing education is that it takes place in the hospital setting and many of the emerging health care models take place in the community. If nurses could be placed in the community, for instance, with the Visiting Nurse Association, elder care, public health, developing ACO models, or population-based health care facilities, it would be a strategic investment in the types of experiences that span the full spectrum of health care models.

- There is a growing transition in medical offices and doctors' practices to use mid-level professionals; whether driven by economic issues or limited professional resources. The departure of two thirds of New Jersey's medical education program graduates from the state is of growing concern to the Commissioner of Health and the State Legislature. It may be that there is a replacement process going on using Nurse Practitioners and Physician Assistants; which may be an opportunity to connect with and build nursing programs.

- The NJ SEARCH (New Jersey Student/Resident Experiences and Rotations in Community Health) Program was explained. SEARCH is a community-oriented health program that offers students opportunities to have clinically based experiences in underserved communities. In New Jersey, there is a placement process to link nursing professionals and doctors in FQHCs (Federally Qualified Health Centers) and other access points in the state. There is an opportunity for new graduates to be placed through this program. NJ SEARCH website: http://www.njpca.org/programs/nhsc.aspx

- If a nurse or other health care professional wants to stay in a region, it is reasonable that a registry should exist that contains regional opportunities. This is aligned with the interests of the Reinhardt Report and other studies in regionalization of care. This effort could be linked to existing efforts like Johnson & Johnson's Central New Jersey Health Care Network (http://www.njhealthjobs.org/). It was added that the Health Care Talent Network aims to expand on this type of registry creating a central site where any employer can post job opportunities for free and where people can search by geography or occupation. The Talent Network grant is for

$385,000, but there is also a consortium of funders who recognize the urgency of health care needs and the need for employment. This concern can be leveraged for significant additional funding. The Council has the potential to be very influential if it has a collective vision focused on issues such as new graduates being able to find employment in New Jersey coupled with the needs in primary care.

- This point was supported by the Newark Alliance. The Greater Newark Workforce Funders Collaborative (http://nfwsolutions.org/locations/newark) consists of funders from around the country who recognize workforce needs and are providing additional training funds to enhance state funding. This support is coming from all over the country – not just the usual New Jersey sources. There are funds in Northern NJ that will be focused on health care and transportation, logistics and distribution. The Newark Alliance wants to collaborate with other efforts to support unemployed workers as well as incumbent workers.

- New Jersey Nursing Initiative (NJNI) and the New Jersey Regional Action Coalition (NJ RAC) have been working on the need for nurse residencies that give new graduates experience. This discussion sounds like a funding opportunity to help nurses transition to new roles and give them employment. It is overwhelming to go from nursing school into the workplace and this is an opportunity to help nurses who are transitioning into new roles and keep them in nursing.

- The problem of feeling alone and being isolated when searching for employment was raised. If a "lifeline" were in place it could keep job seekers involved in professional initiatives until a job opens up. Some job seekers get lost in the system in their search and abandon New Jersey or the profession. Such an effort should be visible and have a public image. It was added that the New Jersey Hospital Association (NJHA) will be instrumental in this undertaking and that the organization has good information on work already being done in this area. For instance, NJHA has done a recent survey on how tuition reimbursement dollars are being spent across the state.

- There is a lot of money being spent on workforce development by hospitals and institutions that isn't connected to a larger regional effort. If individual institutions are spending the money without connecting to the opportunities available or the needs and can't find the additional funding to take their efforts further – that spending may be a waste. This is where regional and institutional planning needs to help out to maximize the effectiveness of these efforts while allowing individual institutional choice and planning.

- It was stated that this discussion was useful for identifying potential strategies and key health care workforce needs. With the Central New Jersey Health Care Network website in place and an existing strategic pool of resources, the New Jersey Health Care Talent Network can work with the Council, the State, and the SETC to identify where efforts should be targeted to be most beneficial and to have the maximum impact with the most built-in flexibility.

III. SETC staff, Ashley Conway and Sheryl Hutchison, presented a retrospective of the Council's work since December 2010. *See the attached "What We Know Now" PowerPoint.*

School to Work Transition (slide #3):

- It was raised that it is important for individuals embarking on health care careers to view and understand the larger health care environment and trends that impact that environment in order to make good short and long-term career choices. It was asked how the individual can be given a sense of future opportunity, so that they do not just consider current job openings but their ultimate career path.

- A response was that on the educational side there is a focus on the larger career, but when actually looking for a job that focus becomes much narrower as graduates try to get a "foot in the door." In the current economy, it is more difficult for job seekers to connect to the overall model. There have been more predictable career trajectories than there are right now. While individuals may see opportunity, there are concerns about paying back student loans. You can provide wonderful destinations for people but if they don't know how to get there – if they don't know how to look for them - the entire infrastructure is relatively meaningless. Pathway models assume that workers will continue their education at various points in their careers. However, tuition reimbursement programs are dependent upon the initiative of the employers, to ensure employee development and retention. If we can build pathways through the education experience itself, e.g. internships, it will give students a realistic preview and an opportunity to explore possible career paths, of which they might otherwise be unaware.

- Residency models currently being discussed in NJ Regional Action Coalition (NJ RAC) include a credit-bearing portion for the individual's next degree. The Future of Nursing Initiative specifically focuses on nursing careers. The work of the NJ Health Care Talent Network will include other health care occupations. An additional statement was that that nursing is not the only profession where there is a need for advancement in degree holders. Hunterdon's PharmD (Doctor of Pharmacy) residency program and its success (including improved patient outcomes, cost savings, increased learning and interdisciplinary collaboration) was discussed (http://www.hunterdonhealthcare.org/news/pharmacy-recognition.asp) . The PharmD Fellowship program at Rutgers (http://pharmafellows.rutgers.edu/home/index.php) and the success the program has had in placing participants was also discussed.

- A website that maps health care career pathways would help individuals understand options. It was asked if there is a "clinical clearinghouse" for job opportunities. Currently there are multiple websites for job seekers, and word-of-mouth sharing of opportunities, but the average new graduate doesn't know what is available outside of their own institution. It would be extremely helpful if this type of clearinghouse were to exist.

- Innovation NJ is a public/private initiative embraced by the Lt. Governor that seeks to improve the economy and employment environment in NJ through innovation. The core focus is investment attraction and retention.

Data (slide #9):

- Loan repayment incentives were discussed as a way of increasing the retention rates of graduates. This might be cost effective if the cost of talent searches were taken into account. This type of

cost analysis was quantified by the New Jersey Council of Teaching Hospitals and will be presented later in this meeting.

- It was asked if there was a minimum data set (MDS) collected. The New Jersey Collaborating Center for Nursing is collecting MDS for nursing. Currently there are many shortcomings in collecting MDS data through the 20 licensing boards for health care.

- The importance of avoiding the creation of another group or entity to collect and analyze data was raised. A suggestion was made that data collected should be housed in the Department of Labor (LWD). It was explained that in moving ahead, Labor Planning and Analysis at LWD will be working with SETC on health care data issues. NJ Talent Network will also be using the data LWD already has. Part of the Talent Network's efforts will be to determine what additional data would be most useful to have (without re-creating it) and how to fill in the data gaps. Edward Salsberg, Director of the new National Center for Health Workforce Analysis (http://www.hwic.org/news/feb11/salsberg.php) was mentioned as a person knowledgeable about health workforce data. The Council may want to consider having Mr. Salsberg as a guest speaker. It is important, as New Jersey organizes its own data, to be cognizant of what is being done at the national level.

- The gaps in health care data leads back to the need to get information from the licensing boards. Two things need to happen: 1) a minimum data set needs to be established for each occupation with questions coming from the national level and 2) the use of databases that can "talk to each other." This will enable New Jersey to feed its data to a national entity, thus allowing national data to be given back to New Jersey. It was raised that this may not be practical due to the competitive nature of some private businesses and the public watchdogs that occupy government. And it was suggested that the nature of the data utilized will have to be selective.

- It may be a good idea to focus on the licensing board data. In higher education data gets collected because it is linked to financial aid which is the motivator. Data that comes from employers is more difficult to gather. The difficulty of obtaining data from government agencies and strategies to do so were discussed. The idea of using incentive dollars to ensure that providers are using the same platform to collect data was raised.

- It was brought up that K – 12 data needs to be considered in workforce supply projections.

Geriatrics and Mental Health (slide #10)**:**

- It was suggested that geriatric and mental health be the topic of a future Council meeting. Mental health absorbs the highest percentage of Charity Care in the state; this means there is a significant financial impact on the budgets of the state and institutions in meeting these needs. There tends to be an aversion on the part of institutions to respond to mental health needs because of these high costs. This creates an interesting conflict of interest in this category alone. Geriatrics runs across

the life spectrum from primary care to end-of-life care and in the middle are the Medicare and intensive care unit costs for the last 30 days of life issues. Data show a prevalent high cost incurred in treating people during this time. This is important to address from the workforce needs point-of-view because it is happening now. In this model (slide #10), the priority patient is placed on top as a focus, using the workforce to respond to the biggest health care needs issues in the state, turning the perspective on its side. For instance, when you say we need more nurses and ask why, if you point to the pie graph and say two-thirds of the pie are in the area of geriatric and mental health care, it will help clarify "why".

- There was agreement on this point, but it was cautioned that because geriatrics and mental health issues have been so difficult, they tend to be carved out, which is the wrong way to go. People needing geriatric and mental health care need to be counted as part of the general health care demand pool. Considering that 30 to 40 percent of primary care involves managing behavioral health issues, we to need to bring the patients back into the fold, in order to continue to identify them. Keeping these patients separated from the rest is a real issue.

IV. Defining NJ Primary Care Physician Needs and the Challenges in Addressing Specific Shortages, Deborah Briggs, Senior Vice President, Health Policy, New Jersey Council of Teaching Hospitals

Three years ago New Jersey Council on Teaching Hospitals (NJCTH) embarked on a project to understand physician supply and demand issues. NJCTH worked with the Center for Health Workforce Studies, located at SUNY Albany, to conduct an analysis of New Jersey's physician workforce. Ed Salsberg was the CHWS Director at that time; he left this post to become director of the National Center for Health Workforce Analysis, as previously discussed. The analysis involved discussions with public and private members, including medical residents, who met over one and one-half years. The type of workforce data needed for this project was sorely lacking in New Jersey. The CHWS staff utilized information from the American Medical Association database and from the license information collected by the Board of Medical Examiners (BME), although the BME records did not relate to scope of practice. Ms. Briggs described the BME's current efforts to conduct a physician survey as part of the license renewal process this year. She also discussed how data for the NJCTH report was collected, and the challenges encountered.

Primary care for certain chronic conditions cannot be served by primary care physicians. This, along with epidemiologic data, expands the definition of primary care. The analysis of the physician workforce must include looking at pipeline and the mix of primary care and specialties, and the addition of new physician graduates. The retention rate of new graduates in New Jersey has declined and is well below the national average. As we look at workforce needs, how to better retain new graduates in NJ must to be examined. The NJCTH annual resident exit survey asks the new graduates to identify the reasons why they are leaving our state (see the attached summary of NJCTH 2011 survey). The reasons are varied and sometimes surprising. We need to change this trend, to make New Jersey a destination state and competitive with other states. This requires a partnership with the state, and may require legislation for tax credits and more state funding for Graduate Medical Education (GME).

Chairman Wise requested that Ms. Briggs continue this presentation at the next meeting, so that members may have a fuller discussion of the physician workforce needs. Ms. Briggs graciously agreed, and will be first on the agenda for next month's meeting.

V. Next Steps:

- Members decided that the Council should continue to meet monthly in order to keep the momentum that has been created. It was added that the group has been "storming" and is headed into the "norming" phase of group development; therefore, it is important to continue to meet monthly. Additional observations were that Council members are working as a team; that the work of the Council is going beyond the original scope described in the HRSA grant; and that the Council is beginning to coalesce in its thinking and important work.

- HRSA Grant update: funding of the HRSA implementation grant has been cut from the 2011federal budget, however, a one-year, no-cost extension will be applied for.

- Members were advised that the Center for State for Health Policy is conducting the external evaluation of the Council and will be contacting ten Council members to request their participation in a 30 – 45 minute phone interview. *Please refer to the letter from Chairman Robert Wise contained in the meeting packet for additional information on the evaluation process.*

The next meeting of the full Council will be held on July 22, 2011. Chairman Wise thanked all members who attended in person and on the phone. The meeting was adjourned at 11:45 am.

Member Attendees – June 17, 2011

Bakewell-Sachs, Susan, NJ Nursing Initiative
Barnett, Patricia, NJ State Nurses Association
Briggs, Deborah, NJ Council of Teaching Hospitals
Daitz, Andrea, Robert Wood Johnson Foundation (for Dr. Ladden)
DiSandro, Kristin, JNESO (for Ms. Treacy)
Dwyer, William, PSE&G Children's Specialized Hospital (phone)
Egreczky, Dana, NJ Chamber of Commerce Foundation
Fillweber, Joanne, Johnson & Johnson
Finegold, David, Rutgers School of Labor and Management Relations
Garlatti, Betsy, NJ Commission on Higher Education (phone)
Haq, Selena, NJ Primary Care Association (for Ms. Grant-Davis)
Holmes, Aline, New Jersey Hospital Association (for Ms. Ryan) (phone)
Moran, Janet, Camden County WIB Chairperson
Rosa, Robert, NJ Council of County Colleges (for Dr. Nespoli)
Salmond, Susan, UMDNJ School of Nursing (phone)
Shlimbaum, Terry, Hunterdon Healthcare (phone)
Weaver, Kathy, Newark Alliance (phone)
Wise, Robert, Hunterdon Healthcare
Zastocki, Deborah, Chilton Memorial Hospital (phone)
Zavaglia, Frederick (for Commissioner Wirths)

Guest and Staff Attendees – June 17, 2011

Conway, Ashley, NJ State Employment and Training Commission
Horst, Michele, NJ State Employment and Training Commission
Hutchison, Sheryl, NJ State Employment and Training Commission
Kocsis, Violet, Hunterdon Healthcare
Mertz, Lynn, NJ Nursing Initiative
Timian, Jason, NJ Department of Labor and Workforce Development (phone)
Verkem, Kelly, Bergen County College (phone)