

**New Jersey State Employment and Training Commission  
Health Care Workforce Council  
Labor Education Center, Room 131  
Cook Campus, Rutgers University  
April 13, 2012**

**MINUTES**

**I. Welcome and Opening Remarks**

Robert Wise, Chairman

The meeting was called to order at 9:35 am by Chairman Wise. Introductions were made. A motion was made by Deborah Zastocki and seconded by Pat Barnett to approve the minutes of February 17, 2012 without revision. The motion passed unanimously by voice vote. Chairman Wise thanked Susan Schurman for the use of the facility.

Chairman Wise announced that there are exciting activities occurring in New Jersey with respect to workforce development. The SETC in partnership with the Health Care Talent Network has invited employers to participate in the SETC Health Care Employers Advisory Panel next week. We will be asking participants four critical questions, which will be emailed to Council members for any input you might have.

**II. Integrating Care Teams in a Family Medicine Residency Medical Home**

*Terry Shlimbaum, MD* – Delaware Valley and Phillips Barber Family Health Centers, Hunterdon Healthcare  
*Mary Whitlock, Ed.M,RN-BC, CDE* – Delaware Valley Family Health Center, Hunterdon Healthcare

Council member, Dr. Terry Shlimbaum and Mary Whitlock presented the innovative, data and research driven process used to integrate care teams into practice at the Delaware Valley Family Health Center. Dr. Shlimbaum has been involved in how “rethinking” primary care delivery using the team approach can transform practice. Although transformational change is not easy or inexpensive, with support from the institution the outcomes are overwhelmingly positive.

Mary Whitlock explained that the Patient Care Medical Home (PCMH) movement is gaining momentum nationally. Three states are major demonstration sites and seven sites throughout the country have been successful in implementing PCMH and demonstrated improvements in care and cost containment. Every state in the US has some activity going on in implementing PCMH. The Center for Medicaid/Medicare Services (CMS) is providing an incentive of \$20 per member per month. Chairman Wise indicated that, because New Jersey qualified as one of six locations in the country, a \$2 to \$3 per member increase make the difference in the survival sites. This kind of incentive has the potential to create a groundswell for team centered care in New Jersey. There are a number of organizations that are active in the PCMH movement in New Jersey, including the Patient Centered Primary Care Collaborative and organizations representing insurance, academia and the health care industry.

PCMH is a transformation from a traditional organization to a learning organization using a team approach. The process moves practices toward greater care coordination and care management, particularly with chronically ill patients to improve patient outcomes. Also in development are practice based care teams in a “learning organization” as opposed to the traditional “top down” hierarchical organization. The PCMH practice works best when incorporating open access, team care, and population management. Chairman Wise indicated that in this model, there excitement about the leadership role nurses can play, along with a more holistic approach to patient care, and that this may attract more nurses to primary care.

The definition of what a medical home is has generated some confusion among the health care community because of the focus on out-patient services. Changing the name is, therefore, under consideration. A name

change might eliminate some confusion for the consumer. PCHM is a nationally designated title, but Patient Centered Care Center might be a more accurate description.

It was asked if behavioral health is tied into PCMHs. Ms. Whitlock answered that the breakdown of the office staff into teams has helped to improve the care in behavioral health care. The team management approach encompassing behavioral health continues to evolve at the Delaware Valley Center. Currently there is one team that is gravitating toward managing behavioral health care needs. Including specialized billing issues. Additionally, there is work being done to bring an Advanced Practice Nurse specializing in behavioral health into the PCMH. There is also an interest in having two rotating behavioral health and pain management specialists on the team.

Chairman Wise added a mode that recognizes behavioral health and pain management is necessary and adds to the resources at the practice site that deflects costs and care from emergency departments across the state. Care related to chronic pain and drug addiction accounts for as much as 30% of emergency services in hospitals. Instead of seeing patients with these problems in the ED, the PCMH becomes the alternative and a lower cost resource for patients. \$1.5 billion is spent on charity care each year with only \$660 million being reimbursed to the hospitals. Treatment at the PCMH will help to alleviate some of this burden and becomes invaluable to the State.

The major components of a learning organization out-patient medical practice include the front desk, clinical teams, physician-nurse teams, and physician/providers - and in the future, possibly pharmacy and social work. This type of practice should be viewed on three levels – the individual, small group/team, and the entire practice. The Care Coordinator assists patients with all aspects of care saving money and cutting down on emergency department visits. A Medication Coordinator helps patients with their medication and the programs offered by Parma assists patients financially with prescriptions. Once the practice shifts to a team care approach access to care improves, the office runs more smoothly, and there is a reduction in emergency room visits by as much as 30%. A member pointed out that even though this model is expensive and initial start-up costs are high, ultimately it becomes a cost saving measure.

For success to occur, it is necessary to “think teams”. As team work improves - access improves. At Delaware Valley, the concept of culture was introduced to the staff before teams were created. The office was very physician driven so instituting change was difficult and it was learned that communication was the key to success. It is important to open a dialogue with the staff to overcome initial resistance, but by recognizing and working with the resistance, it can be resolved. As the concept catches on the teams strengthen.

A member asked how urgent visits are handled. Ms. Whitlock replied that urgent care visits are handled with reserved office appointment slots. Additionally, there is a physician assigned to handle acute care issues each day. The majority of urgent visits are for rashes, sore throats, and lower back pain.

With regard to the way teams communicate to their patients, there was a need to coach staff about adopting more effective communication styles. Teams must communicate with all team members to insure proper care. There was some re-training of the workforce and some cross-training of positions. Nurse Practitioners were particularly useful in this aspect of building the PCMH.

Broadening job descriptions was important in hiring new staff and current roles needed to be redefined. In addition, employees had to expand their skill sets. Current curriculum may not cover some of the needs for the PCMH.

One member reported she is working with care managers, most of whom are RNs. Currently, many of the ideas and issues discussed today are built into the BSN curriculum, such as the relationship issues, analytic ability, managing relationships, and diagnostics. There is a move toward getting the RNs into the BSN programs.

For additional information, this presentation will be available on the SETC website after June 18<sup>th</sup>.

### **III. Health Care Talent Network Update**

*Susan J. Schurman*, Dean, Rutgers School of Management and Labor Relations

*Sandy Lopacki*, Coordinator, New Jersey Health Care Talent Network

Ms. Schurman announced that Sandy Lopacki will be leaving the New Jersey Health Care Talent Network and that SMLR is searching for a replacement. Please contact Ms. Schurman or the Rutgers employment website (where the Research Project Management position is posted), if you have recommendations for a replacement.

Ms. Lopacki gave a brief six month report on the progress of the Health Care Talent Network. She reported Labor and Workforce Development has changed their industry strategy from geographic to a sector strategy. There are six talent networks addressing critical sectors, including the health care industry.

Ms. Lopacki's PowerPoint presentation will be available to Council members at the SETC website after June 18.

It was observed that the work being done by the Council is closely aligned with the Talent Networks. The Council's focus on health care workforce data is central to the advancement of health care talent within New Jersey for the next ten years. It was further pointed out that with movement toward ACOs, there will be a real need to better understand workforce supply and rapidly changing demand – particularly in the delivery of primary care.

A member asked Ms. Lopacki where her new job would be. She will be working with an early intervention program for vulnerable children and families in Connecticut. Most of the work will be outside of Connecticut, so position is virtual. She will not be relocating.

A member summarized that three interesting and important issues were examined today: 1) innovation and transformation Dr. Shlimbaum and Ms. Whitlock's presentation; 2) ACO federally mandated model that will change the expectations of certain personnel and programs; and 3) the interest the Council has in wanting to improve health care pathways.

### **IV. HRSA Final Grant Report**

*Ashley Conway*, SETC

*Sheryl Hutchison*, SETC

June 30<sup>th</sup> is the end of the HRSA grant extension that funded the formation and running of the Council. A final report will be made to HRSA including the recommendations the council will be sending to the SETC. These recommendations will be discussed at the June Council meeting. Additionally, at the June meeting the future of the Council will be discussed.

A handout was distributed to members that contained information on unemployment claims of RNs and LPNs produced by Labor Planning and Analysis. HRSA's focus for the planning grant was largely about data, streamlining data, and getting longitudinal data in place. Working with the New Jersey Action Coalition on data issues was very helpful and helped shape the Council's draft recommendations on the need for a central repository for the collection and analysis of health care workforce data.

### **V. Comments, Next Meeting and Closing Remarks**

Robert Wise, Chairman

Chairman Wise thanked the members. The meeting was adjourned at 11:35 am.

The next Council meeting will take place on Friday, June 15, 2012, at 9:30am at the Labor Education Center at Rutgers, New Brunswick.

**Member Attendees – April 13, 2012**

Barnett, Pat, NJ State Nurses Association  
Briggs, Deborah, NJ Council of Teaching Hospitals  
Cimiotti, Jeannie, NJ Collaborating Center for Nursing  
Cooper, Belinda, NJ Hospital Association (for Betsy Ryan)  
Daitz, Andrea, Robert Wood Johnson Foundation (for Maryjoan Ladden)  
Fillweber, Joanne, Johnson & Johnson  
Finegold, David, Rutgers Lifelong Learning and Strategic Growth  
Garlatti, Betsy, NJ Higher Education (for Rochelle Hendricks)  
Harrington, Laurie, Heldrich for Workforce Development (for Kathy Krepcio)  
Lamothe-Galette, Colette, NJ Dept. of Health and Senior Services (for Cathleen Bennett)  
Mertz, Lynn, Robert Wood Johnson Foundation (for Susan Bakewell-Sachs)  
Schurman, Susan, School of Labor and Management Relations, Rutgers University  
Seligman, Sid, Barnabas Health  
Shlimbaum, Terry, Delaware Valley and Phillips-Barber Family Health Centers  
Sperling, Deanna, Organization of Nurse Executive, ONE/NJ  
Weaver, Kathy, Newark Alliance  
Wise, Robert, Hunterdon Healthcare  
Zastocki, Deborah, Chilton Memorial Hospital

**Guest and Staff Attendees – April 13, 2012**

Conway, Ashley, NJ State Employment and Training Commission  
Hart, Laura, Health Care Talent Network - Rutgers  
Ferdetta, Frank, NJ Dept. of Labor and Workforce Development  
Hutchison, Sheryl, NJ State Employment and Training Commission  
Kocsis, Violet, Hunterdon Healthcare  
Lopacki, Sandra, New Jersey Health Care Talent Network, Rutgers  
Timian, Jason, NJ Dept. of Labor and Workforce Development  
Vetterl, Susan, NJ State Employment and Training Commission