

New Jersey State Employment and Training Commission
Health Care Workforce Council
NJ Department of Labor Building, Trenton
October 21, 2011

MINUTES

I. Welcome and Opening Remarks: Robert Wise, Chair

The meeting was called to order at 9:30 am by Chairman Wise. The minutes of September 16, 2011 were approved without revision. Roundtable introductions were made.

Chairman Wise reported that the HRSA grant that funds the Council has been granted a no-cost extension through June 2011. This allows the work of the Council to be built upon. The October meeting will summarize the Council's accomplishments and recognize the efforts of the Council to date. There will be a report on the external evaluation of the Council conducted by the Center for State Health Policy and reports from the data and education task force committees. There will also be discussion on the Council's mission and future direction.

II. Evaluation of the Health Care Work Force Development Project – Margaret Koller, Executive Director, and Heather Allen, Project Consultant, Rutgers Center for State Health Policy.

Ms. Koller explained that the external evaluation is part of the HRSA grant reporting requirements. The evaluation effort was begun in the spring of 2011. Initially, it was planned to administer an online survey to Council members; however after further consideration it was decided to interview key informants. Heather Allen conducted 11 interviews representing a cross-section of Council members with the aim of providing an impartial assessment of the adequacy of the planning process and to identify lessons for the implementation of workforce development initiatives that might emerge from the planning process. The research was funded by SETC's HRSA grant.

Ms. Allen summarized key findings of the report. Eleven interviews were conducted consisting of eight questions in three areas: 1) goals and objectives of the Council; 2) the process and organization of the meetings; and 3) the alignment and positioning for future implementation activities. In general, there was consensus among the group that the Council was addressing appropriate and priority issues within the context of the NJ health care environment and that members were able to voice opinions and make contributions during meetings. It was felt the meetings were a valuable use of time and that the demands of participation were consistent with the members' expectations. It was felt that the data and education subcommittees were useful in meeting objectives. A few comments were made that the group was large - but necessarily so given all of the perspectives that needed to be brought to the table. A few people said that physician membership on the Council was "light" but recognized that this issue was being worked on. It was felt that as membership gaps are recognized actions were being taken to remedy them. In terms of

expectations, the group as a whole felt their expectations have been met. Desired outcomes of the Council's work are detailed in the final report.

In conclusion, the group felt the work of the Council is a worthwhile endeavor and is focused on appropriate objectives and priorities, but that the work has just begun. Four recommendations that emerged from the interviews: 1) to look at supply and demand of the health care workforce; 2) to explore retention strategies; 3) to focus on increasing the number of workers in health care professions; and 4) address the need to facilitate the up-skilling of those that are already in health care positions.

Asked if she had any recommendations to improve the Council from her perspective as the evaluator, Ms. Allen responded that based on the responses of the group she would recommend to keep on the track the Council is on.

Chairman Wise posed the question of how academia can play a key role in helping the transition from a hierarchical health care process to a team approach. How do you introduce a developing a curriculum so that as skills are learned, they are applied in a way that delivers care from a team perspective. He added that Dr. Schlimbaum uses a team approach in a clinical environment that retains personnel, shares responsibility for patient needs, and distributes authority. This results in the kind of professional self-satisfaction that encourages people to go into health care professions.

Dr. Schlimbaum added that the movement from the individual practitioner to the team approach can be daunting, particularly for those who have practiced for years and are faced with the idea of doing things differently, but that concern can be quickly eliminated when you see the benefits of the team approach, however this is a hard message to get out.

One of the things looked at by the Physician Workforce Study was if any of the team-based educational models were being used in the state. The task force found that the School of Osteopathy had led the nation years ago in the team-based education of physicians, nurses and pharmacists. The College ultimately ceased the program because it was so challenging to bring all the players into the same classroom across different campuses, and other challenges. It was suggested that because the College of Osteopathy has the expertise and the experience in team-based education that the Council invite Dr. Cavalieri, Dean of UMDNJ's School of Osteopathic Medicine to talk about what the school did and what lessons were learned about the challenges of team-based learning.

It was contributed that if you have been to college or university there are no disciplines in which the mechanism in place to do what team-based learning requires - to master your own discipline and then to bring it to bear in a group where people have different types of training. There are well developed methodologies that haven't penetrated outside the social sciences; these skills don't have to be taught in the classroom, for instance, exercises and simulations are effective team training methods.

Ms. Allen was asked what she thought should happen next with this report. Ms. Allen responded that the report can be used for the HRSA progress report and can also inform the Council's strategic planning process, but that it was not generalizable research. If the report validates some of the things Council members have observed over the year then it has served its purpose. Chairman Wise observed that the report would serve the purpose at the meeting to help in focusing and guiding the conversation about next steps and moving to action steps.

It was asked about what was being done in other states and if findings and conclusions would be different and if so why? It was answered that HRSA is interested in learning what is being done in the councils of the states that were awarded planning grants and are looking closely at outcomes. In most states health departments lead the state's efforts. These grants were the first time that the Department of Labor, Employment and Training, and the Department of Health and Human Services jointly worked on a grant. State WIBs were required to be involved in some way, but New Jersey is in the minority for being lead by a WIB. There was one conference that brought the grantees together in Washington and there is the possibility there will be another at the end of the planning grant extensions. Also, there are online mechanisms being worked on so that states with planning grants can share that they are doing and what they have learned.

Chairman Wise thanked Ms. Koller, Ms. Allen, and the Center for State Health Policy for the excellent work done on the evaluation.

III. Mission Statement Revisited - Michele Horst, SETC Executive Director.

Because health care issues are so large, the Council needs to make sure that it has a touchstone for the work being done in order not to get lost or off track. Working from a draft mission statement, members discussed points of the draft and made suggestions for improving the mission statement including:

- More inclusive language e.g. job seeker, incumbent worker, unemployed worker
- The health care workforce system should benefit the patient as well as the employer and worker
- Add a piece that addresses the quality of care
- Recommendations that are made may be other than policy
- Insure quality workforce investment
- Support the excellence of a quality health care system
- Galvanizing the health care and workforce expertise
- Tie in the education and training component, because we are such a diverse group
- Create a permanent state of goodness

- Continuous improvement and the elevation of the workforce in delivery of care and service

Ms. Horst observed that what emerged from the discussion are a mission statement as well as core values that guide the work of the Council. She added that at the end of the process of crafting the right mission statement the result should be a “30 second elevator speech” explaining the work of the Council.

A member reported that the national advisory committee of the New Jersey Nursing Initiative met yesterday, and one question they had was if the Council would be recommending adequate funding of the workforce to do what needs to be done.

It was pointed out that the Health Care Talent Network needs to be incorporated into what the Council is doing. Ms. Horst related that there is consensus that the Council should be the advisory group for the Health Care Talent Network. There are conversations between the Department of Labor and SETC to align the work of the Council and the work of the Health Care Talent Network. Ms. Horst noted that with the Talent Network there is the opportunity to be a laboratory to operationalize the policy recommendations that come out of the Council.

The advisory was made that at some point there has to be multiple year capacity building funding in order for the state to send a message that there is a long-term commitment on the part of the state to the concept of talent networks. Ms. Horst stated that she will take that feedback to the Department of Labor.

The next step for the mission statement is for a revised draft to be circulated electronically to members for feedback.

IV. Report from the Data Task Force – Sheryl Hutchison, Policy Analyst, SETC.

Ms. Hutchison began her presentation by explaining that the challenge is not the dearth of health care workforce data, but the overwhelming amount of data that exist, the need to break that data into manageable pieces, and creating a framework to use for examining data. Ms. Hutchison explained the various sources of health care workforce data available and the Labor Planning and Analysis plan for the baseline data. Initial consideration of establishing a statewide data center is also being in progress. SETC has been collaborating with the “Data Pillar” of the New Jersey Action Coalition (a group that is an outgrowth of the New Jersey Nursing Initiative) and has completed a survey of states’ efforts to create health care workforce data centers. Ms. Hutchison explained that there are states that have been successful in establishing data centers and went on to describe Virginia’s model.

In a departure from collecting data from the usual sources, a wider net is being cast to include data from associations, employers, health IT data, Health and Senior Services’ epidemiological data, health care workforce grant program outcomes, insurance data, and other valuable sources. It is HRSA’s hope for states to establish a set of uniform questions (a Minimum Data Set or MDS) that would be asked of licensed and certified professionals upon licensure and relicensure. The effort to

establish a MDS has been led by nursing, but the hope is for all licensed and certified occupations to have an MDS. HRSA recognizes that there are significant challenges to collecting MDS data, including concerns about privacy.

Ms. Hutchison described the state data plan that has been developed with Labor Planning and Analysis that will include quantitative as well as qualitative data. SETC, LPA and the Health Care Talent Network will be moving forward on the state data plan and also with creating a business case for the establishment of a state data center.

It was raised that the state workforce system only considers occupations that are on the demand list. An occupation cannot be on the demand list if there are less than 2,000 people engaged in an occupation in the state. The demand occupation list determines what training people can be sent to. There are jobs that may well be in demand but that are not on the list. It was suggested that the council could advocate for a new way of interpreting demand based on industry need, particularly because it is important to train for the needs of the future. It was suggested that if jobs have overlapping roles and responsibilities, perhaps they could be considered a cluster, that way an occupation that otherwise would not make the demand list could reach the 2,000 mark. The problems of meeting the criteria for reaching the threshold of a demand occupation were further discussed.

The controversy of the relevance of LPNs and RNs other than BSNs was raised. It was pointed out that this controversy should continue to be raised and discussed in order to determine what jobs will be available to graduates. There is an obligation to educate individuals for jobs that exist.

V. Report from the Education Task Force – Ashley Conway, Sr. Policy Analyst, SETC

Members of the education task force represent vocational-technical schools, community colleges, four-year universities, Workforce Investment Boards, unions, professional associations, and employers. The premise that there needs to be communication and linkages between the demand side of the workforce equation (employers) and the supply side (educators) was central to the discussions at the three task force meetings that have been held. Of the issues considered by the larger council, the education task force focused on three main areas: 1) the need for clear health care career pathways and improved career entry and up-skilling; and 2) the need for greater alignment of training and education with current and future workplace needs; and 3) the need for health care education that imparts “knowledge economy” skills of collaboration and the ability to work effectively in teams.

Ms. Conway presented a conceptualization of a therapeutic pathway that illustrated why individuals managing their career need more information than they did in past decades – information that is not always available (or available in an understandable way) in order to make good choices and decisions.

Desired targets and next steps identified by the task force were:

- Recommend and support a state pathways mapping project of health care careers.
- Support the continuation and further development of a web-based clearinghouse for health care careers. This is also a goal of the Health Care Talent Network, which will be building on the accomplishments of the Central New Jersey Talent Network, a project of the Heldrich Center for Workforce Development.
- If data support the anecdotal information that there are newly licensed nurses who are unemployed, to explore the feasibility of transitional positions, such as a paid internship that would keep the new nurse connected to the nursing profession and provide experience to facilitate moving into full employment . Additionally, this could be an opportunity to place nurses in work environments where new graduate nurses are less likely to work such as public health, rural health and FQHCs.
- Explore the use of job-based training (internships or apprenticeships) in entry level, high-priority occupations.

The question was asked if hospital interviews include asking candidates if they are taking a job or starting a career. If hospitals throughout New Jersey asked that question it would result in better data to project need based on where employees and potential employees say they want to go – this would combine the needs of the future with the aspirations of today. If these questions were hard-wired in employment questions it could help to predict the education needs of the future.

It was observed that there needs to be a cultural shift in organizations to promote advancement - not just by HR, but by managers at all levels. Outward and upward movement of employees needs to be seen as positive in order to retain individuals in the organization as well as in the state. Working with individuals to meet their career goals can foster organizational loyalty. Employee development was discussed and the importance of encouraging continuing education.

It was raised that it is important for website users to get to where they want to get to with only two clicks. It is important to figure out where to people go to get information and what do they want to know. “Jobs for Jersey” and employee/employer matching portals were briefly presented (jobs4jersey.com). The point was made that we need to build on what already exists rather than creating multiple websites that create a confusing and difficult-to-navigate landscape. The internet should not be a frustrating maze; rather a double click should help get the individual to the right career and a support system that can help them.

VI. Next meeting and adjournment – Robert Wise, Chair

It was suggested and agreed to cancel the November council meeting. Chairman Wise will be presenting the work of the Council to the SETC in November. Chairman Wise thanked the task force members for their fine work. The meeting was adjourned at 11:40 am.

Member Attendees – October 21, 2011

Baron, Maria, NJ Dept. of Health and Senior Services (for Commissioner O’Dowd)
Brady, Jane, Middlesex County WIB
Briggs, Deborah, NJ Council of Teaching Hospitals
Ceserano, Justine, NJ Primary Care Association (for Ms. Grant-Davis) (phone)
Cimiotti, Jeannie, NJ Collaborating Center for Nursing
Cooper, Belinda, NJ Hospital Association (for Ms. Ryan)
Daitz, Andrea, Robert Wood Johnson Foundation (for Ms. Ladden)
DiSandro, Kristin, JNESO (for Ms. Treacy)
Fillweber, Joanne, Johnson & Johnson
Finegold, David, Rutgers Lifelong Learning and Strategic Growth (phone)
Krepcio, Kathy, Heldrich Center for Workforce Development
Moran, Janet, Camden County WIB (phone)
Orchard, Patricia, Horizon Blue Cross Blue Shield of New Jersey (phone)
Rieti, Dante, Cumberland County Workforce Investment Board
Savage, Susan, NJ Council of County Vocational-Technical Schools
Schurman, Susan, School of Labor and Management Relations, Rutgers University
Seligman, Sidney, Saint Barnabas Health Care System (phone)
Shlimbaum, Terry, Phillips-Barber Family Health Center, Hunterdon Medical Center
Weaver, Kathy, Newark Alliance (phone)
Wise, Robert, Hunterdon Healthcare
Zastocki, Deborah, Chilton Memorial Hospital

Guest and Staff Attendees – October 21, 2011

Allen, Heather, Rutgers Center for State Health Policy
Conway, Ashley, NJ State Employment and Training Commission
Harrington, Laurie, Heldrich Center for Workforce Development (phone)
Horst, Michele, NJ State Employment and Training Commission
Hutchison, Sheryl, NJ State Employment and Training Commission
Kocsis, Violet, Hunterdon Healthcare
Koller, Margaret, Rutgers Center for State Health Policy
Lopacki, Sandra, New Jersey Health Care Talent Network, Rutgers
Timian, Jason, NJ Dept. of Labor and Workforce Development