

**MINUTES**  
**NEVADA HEALTH CARE SECTOR COUNCIL BOARD MEETING**  
**May 5<sup>th</sup>, 2011**  
*workforce* **CONNECTIONS**  
Conference Room---Suite 200  
7251 W. Lake Mead Blvd.  
Las Vegas, NV 89128

**Members Present**

Linda Johnson  
Jim Osti for Larry Sands  
Steven Knauss for Al Martinez  
Maurizio Trevisan, MD  
Steven Lebedoff  
Ann Lynch  
Lynn O'Mara  
Charles Perry  
R. Colosimo for Debra Scott  
Hyla Winters  
Mary-Ann Brown

**Members Absent**

Bobbette Bond  
Maggie Carlton  
Lawrence Mathias  
Margaret Covelli  
Maureen Peckman  
Janice Muhammad  
June Coleman  
Carolyn Yucha

**Others Present**

Rene Cantu  
Stacy Howell

**Members Present-Teleconference**

Laura Hale  
Joan Hall  
Randi Hunewill  
Deborah Moore-Jaquith  
LeRoy Walker  
Marissa Brown for Bill Welch  
Debra Toney

**Staff Present**

Cornelius Eason  
Sherri Lindloff  
Jonathon Begley  
Bill Anderson  
John Packham, PhD  
Veronica Dahir, PhD  
Douglas Geinzer  
Earl McDowell  
Debra Collins  
Kimberly Colagioia  
LeVerne Kelly  
Susan Ullrich  
Holly Balmer  
Venus Fajota  
Derrick Berry

\*It should be noted that all attendee may not be listed above.

**Agenda Item #1**

The meeting was called to order by the chair, Maurizio Trevisan, MD at 09:35 AM.  
It was noted that the meeting had been posted according to NRS 241.020.  
Roll call was taken and a quorum was present.

## **Agenda Item #2**

Housekeeping Issues

Those people attending the meeting by teleconference were reminded that when they place their phone on hold their organization may have piped in music that disrupts the meeting.

## **Agenda Item #3**

Hearing no changes to the posted agenda the agenda stood approved.

## **Agenda Item #4**

Corrections to the minutes of the April meeting were requested by Laura Hale

The corrections were noted and the minutes were approved as corrected.

## **Agenda Item #5**

The minutes of ad hoc meeting for objective #4 were moved for approval and seconded. The motion carried.

## **Agenda #6**

It was moved by Charles Perry and seconded by Ann Lynch to accept the Nevada Health Care Sector Council Logo as presented. The motion carried.

## **Agenda #7**

The State of Virginia was the only state to receive a HRSA Implementation Grant. Dr. Kathy Wibberly, Director, Division of Primary Care and rural Health, Virginia Department of Health provided a background of the meaning of health workforce. Dr. Wibberly also described the healthcare workforce pipeline that includes *supply* and *demand*. On the *supply* side it is necessary to expose and prepare students in K-12, to begin recruiting and retaining students in 2 and 4 year programs and to recruit and retain students in post-graduate program. On the *demand* side employer recruitment and employer retention must be addressed.

Dr. Wibberly discussed the significant infrastructure that Virginia already had in place prior to applying for the implementation grant including multiple organizations working together on this project, multiple active AHEC's throughout the state, a generalist initiative funded by a RWJ grant, a medical education consortium, and an advisory committee.

By identifying shortage of dental, mental and primary health care providers Virginia successfully devised incentive programs to serve in those areas. Dr. Wibberly discussed challenges faced including funding elimination and a lack of administrative funding for a recruitment and retention team. A rural health workforce council was established to make recommendations for improving the health care workforce in rural Virginia.

Dr. Wibberly provided an overview of the challenges that the state faced and then how they began addressing those challenges. Consensus was reached by over 70 individuals representing 50

organization/agencies. Through this work, legislation to establish a Health Workforce Authority was unanimously passed by both the House and Senate and signed into law on July 1, 2010.

### **Virginia Health Workforce Authority**

The mission of the Authority is to facilitate the development of a statewide health professions pipeline that identifies, educates, recruits, and retains a diverse, appropriately geographically distributed and culturally competent quality workforce. Eight core functions were identified to succeed.

About this time the U.S. Department of Health and Human Services, Health Resources and Services Administration, released a Funding Opportunity Announcement (FOA). Dr. Wibberly realized that the state of Virginia had the infrastructure in place that allowed them to apply. They applied and received the only implantation grant awarded.

Dr. Wibberly described the organizational chart of the Health Workforce Development Authority and described the process of how regional pilot projects are awarded grants. The proposals for these funds are sent to the Virginia health Care Foundation for final funding decisions.

### **Multiple goals were also established with the anticipated outcome of:**

- Increasing the primary care health care workforce FTE's by between ten to twenty-five percent over ten years.
- To improve the geographical distribution and diversity of a culturally and linguistically competent health care workforce to areas within the Commonwealth where they are most needed
- To reduce hospital admissions for ambulatory care sensitive conditions as measured by Prevention Quality indicators and health care expenditures, ultimately improving the disability adjusted life years (a measure of disease burden) for Virginians.

### **Answers to questions from the Council to Dr. Wibberly**

1. It will be difficult to complete the work of the implementation grant during the two year grant period. Dr. Wibberly is hoping for liberal no-cost extensions.
2. Access to Care patterns were examined (work vs. home) and in Virginia vs. another State as other states are in such close proximity.
3. Retails clinics are cropping up as well in Virginia in Wal-Mart and drug stores but Dr. Wibberly is unsure of their effect on health care reform as they will be unable to meet the 2014 standards.
4. A question regarding non-clinical personnel generated a response that non-clinical non-health care oriented people are part of their ad hoc committee members. Virginia has not addressed the need for non-clinical staff in the HRSA implementation grant because funding is limited to primary care providers.
5. The goal to provide care to all geographic areas is currently being met with telemedicine. Mid-level providers are more attracted to rural areas and they are being supported by telemedicine from two Virginia universities either in the form of telemedicine or more frequently videoconferencing.
6. Advanced practitioners of Nursing require physician collaboration and independent practice remains a political issue in Virginia. Currently a pilot project involving dental

hygienists is underway involving remote supervision with hopes that it will expand.

7. Details of the grant process include that there is only one cycle; planning grants are awarded for \$60-80,000 and implementation grants are awarded in amounts of \$200,000-400,000 for pilot projects. 43% of the funding is appropriated for pilot projects and approximately 40% is being used to develop infrastructure.

### **Agenda Item #8**

Mr. Earl McDowell, Deputy Administrator, Department of Employment, Training and Rehabilitation discussed AB449 currently being debated in the Legislature.

AB449 would establish the following:

- Create an Advisory Council on Economic Development
- Create a Board of Economic Development
- Create the Office of Economic Development
- Establish a fund to provide grant to local governments for the purpose of economic development
- Establish a fund to provide financial assistance to research institutions within the NSHE for the development and commercialization of new technologies

The Advisory Council has identified the need for four sector councils:

- Health Care
- Manufacturing & Mining
- Leisure and Hospitality
- Green and Renewable Energy/Energy Efficiency

Based on data from the Department of Employment, Training and Rehabilitation information will be provided to the Sector councils of the industries needing jobs as well as the job descriptions.

As an example the health care sector council would identify the skills and training that a specific health care occupation requires, a grant person would address those needs by attempting to secure funds in order to recruit and train for that position. A dashboard report would be issued each quarter to measure success.

Charles Perry questioned *how* all the various independent economic development boards in private as well as public organizations in the state would be brought to the table but felt that a centralized division would assist the state in working toward “what is good for *Nevada* and diminish competition between the Northern, Southern and Rural areas.”

Lynn O’Mara remarked that this bill has bi-partisan support and expected to be the blue print going forward.

A discussion about Silver State Works ensued following Mr. McDowell’s presentation. The Silver State Works initiative was designed to create an opportunity for employers to help strengthen Nevada’s economy while receiving incentives to hire pre-screened qualified workers to staff their businesses. The kick-off for this program is scheduled for July 1, 2011. Dr. Trevisan remarked that this information needs to be included in our implementation grant proposal. More information about Silver State Works will be brought to this Council at a later meeting.

## **Agenda # 9 & 10**

Dr. Trevisan provided a progress update on objectives 4 & 5. The ad hoc committee continued to meet to collect and analyze data in order to meet the requirements of the grant application. Dr. Trevisan presented highlights from the Preliminary Survey Data. The survey was designed to answer three specific questions from the grant objectives from the perspective of program directors/deans. These questions were divided into the following categories:

- Barriers prospective students experience upon entering post-secondary educational health sciences programs
- barriers students encounter during their post-secondary educational health sciences degree programs
- barriers students encounter transitioning from graduation into the employment sector

In order to receive the required information an inventory was taken of targeted health care professions programs at public and private institutions of higher education in the state of Nevada.

109 surveys were sent out and 89 surveys were returned.

The primary care health education programs targeted included:

- Primary Care Providers: MD, DO, PA, APN
- Mental Health Professionals: Psychology, Social Work and Addiction
- Nursing
- Health Information Technology
- Oral Health

The survey requested information concerning:

- enrollment
- capacity
- formal recruitment
- additional recruitment strategies
- barriers to recruitment
- diversity recruitments strategies
- types of financial assistance available
- educational requirements
- changes in educational requirements that could facilitate entrance into the program
- educational requirements that students lack
- distance learning
- plans for future health sciences programs
- articulation agreements
- barriers to degree completion
- barriers to finding jobs
- barriers to job placement

An extensive question, answer and comment period followed Dr. Trevisan's presentation. Dr. Packham requested that some of the data be further reviewed to determine differences between public and private responses.

Dr. Trevisan thanked Drs. Dahir and Packham for their help as well as Holly Balmer who was invaluable in helping obtain participation in the survey. Dr. Dahir stated that she wanted to publicly thank her graduate student, Victoria Springer, for her work on compiling the results of the survey.

### **Agenda # 11**

Debra Collins discussed the meetings scheduled to summarize the grant objectives. All Council members are invited to attend the meetings. Debra discussed current grant opportunities and will be bringing additional opportunities to the Board for review.

Debra also discussed development of the Nevada Health Care Sector Council web site, answered questions about linkage and asked Council members to consider what they would like added to the site.

### **Agenda #12**

Lynn O'Mara is tracking health care bills currently in the Legislature pertinent to the work of the Board. Lynn reported on those bills and answered questions.

### **Agenda #13**

Debra Toney led a discussion on an article recently released by the Institute of Medicine on "*The Future of Nursing: Leading change, Advancing Health*". Dr. Toney explained that this is a landmark report that is the biggest policy change affecting not only nursing but health care reform and ultimately quality care. There are more than 3 million nurses nationwide making them the largest group of health care providers. The Institute of Health together with the Robert Wood Johnson Foundation developed four key messages that structure the recommendations presented in the report. They are:

- Nurses should practice to the full extent of their education and training
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

### **Agenda #14**

The next meeting of the Nevada Health Care Sector Council will be held on Thursday, June 2, 2011 from 09:30 – 12:30 pm at *workforce CONNECTIONS*.

### **Agenda #15**

There was no public comment.

**Agenda #16**

Adjournment Dr. Trevisan asked if there was any further business to come before the Council, hearing none the meeting was adjourned at 1:09pm.

Corrections to the minutes completed on 7/6/11 (Holly Balmer-corrections)