Leading discussion items for Healthcare Workforce Recommendations

NURSING

The largest need on the nursing front – in terms of what we can concretely affect – is the inability to expand nursing education in Vermont due to a shortage of nurse educator and "clinical education preceptors" (titles vary). Students are being turned away. We also need ongoing, reliable support for scholarship programs, though the governor's budget for this year meets the resource needs.

To address these obstacles, potential proposals are focusing around:

1. Emergency interim 4-year grants to nursing schools for nurse educators (w/expectation on education programs to plan for longer term sustainability) How to achieve this on a practical level is under discussion with legislative counsel. Waiting for full numbers from schools, but it may be about 50 positions.

2. Scholarships and/or loan repayment program for RNs seeking Master's, or who is repaying for Master's, in exchange for nurse educator term of service (through VSAC under same terms as current LPN/RN program); this would be a supplement to support for the $5m proposed in the administration's budget for the LPN/RN scholarships

3. Wage differentials and/or funding for replacement/backfill nursing hours to free up clinical supervision hours. (Inclusion of independent practices, FQHCs, DAs, etc?) [$?]

We are still grappling with best approaches. Create a college-hospital-LTC work group to address relative responsibilities for institutionalizing funding? *[Meeting potentially planned for later this week]*
Must find a way to include placements outside of facilities: nurse practitioners; primary care; designated agencies; schools

4. Seed money (grants) to fund additional facility-based pathway/pipelines programs for PCA/LNA/LPN/RN under criteria for prioritization: degree of facility financial participation; degree of facility commitment to sustaining program, including preceptor positions/differentials; utilization of scholarship and wrap-around supports; geographic access; targeting of marginalized students, especially those historically disadvantaged at accessing medical professions (based in AHS?)

5. Place nursing scholarship program in statute to create base budget expectation/sustainable funding (Peter Fagan bill) (As related to the $3m in the Governor's recommend)

6. Include advance practice registered nurse eligibility for scholarships (see #5)

7. Funds for capital grants by application for simulation lab upgrades and expansion to add student capacity

8. Support Gov's recommend of $3m and $2m for scholarships and loan repayment nurse programs

9. Do not support tax credit: no testimony in support; Ways & Means opposition

Second issue regarding nursing is issue of salary levels. We have less clear evidence regarding this as a barrier over the longer term (apart from the immediate retention opportunities in BAA), or our ability to influence it

Potential tool: In budget review process, GMCB shall consider:
- hospital salary spreads in budget reviews (require "real time" numbers for executive leadership in budget submissions)

Request preliminary feasibility review from Treasurer's Office for access to state pensions, with report next year making recommendations for additional actuarial analysis

MENTAL HEALTH/SUD – drastic staffing shortfall and urgent care needs

1. Salaries/ public payer dependence [$ x recommendation]

2. Continuation of scholarship/ loan repayment program: current fund depleted

3. OPR to evaluate barriers to licensure for MH/SUD professionals and report back next year (see SP #27; this needs to be immediate, not over the next five years)

4. Support for peer certification

OTHER

1. Continuation of primary care MD scholarship program (verify budget status)

OVERARCHING HC WORKFORCE:

Urgent need to have coordination of efforts and data in a comprehensive, systemic way, to pursue among multiple strategic plan recommendations if long term building of workforce is to occur:

1. Fund a limited-service position based in the AHS central office under the Director of Health Reform to support the initiatives presented in the Health Care Workforce Strategic Plan with particular emphasis on building educational, clinical, and housing partnerships and support structures to increase training, recruitment and retention. Provide start-up resources to ensure funding for program development.

2. Have GMCB, working with DOL, use workforce resources inventory in HRAP and recommend an ongoing process and necessary funds for health care workforce supply and demand modeling for use by health care employers, health care educators, and policy makers. [Need to move from siloed needs and reactive measures to understanding systemic needs. What are the pending crises and gaps that we can intercept when we have a bigger picture?] see SP #3 and 4

Other overall workforce support tools:

1. Continue critical occupations scholarship program

2. GMCB include review of investments in "pipeline" collaborations with educational institutions, wage differentials for preceptors as part of hospital budget review, etc (and exclude from budget caps?)[pending discussion next week with hospital CFOs & colleges]

3. Administrative cost reductions: GMCB and DFR re: prior authorization

"DFR shall explore requiring insurers and their prior authorization vendors to request clinical data from the VHIE whenever possible to support prior authorization requests in situations where a request cannot be automatically approved, and has the authority to require participation."
"Health insurers shall provide prior authorization data to the GMCB in the format as directed by the GMCB such that the GMCB can complete the analysis on alignment required under Actxx/2020".