



Workforce Flexibility / Change of Scope of Practice Medicaid Redesign Team Work Group Meeting Summary

October 27, 2011; 10:00 a.m. – 3:00 p.m.
NYS Department of Health, 90 Church Street
Conference Room A/B, 4th Floor, NY, NY 10007

Members in Attendance: Co-chair: William Ebenstein, PhD; Co-chair: George Gresham; Penny B. Abulencia, RN, MSN; Karen Coleman; Thomas Curran, DDS; Moira Dolan; Joy Elwell, DNP, FNP; Tina Gerardi, MS, RN, CAE; Kathryn Haslanger, JD, MCRP; Fred Heigel; Robert Hughes, MD, FACS; David I. Jackson, MPAS, RPA-C; Tim Johnson; Lauren Johnston; Deborah King; Stephen Knight; Bruce McIver; Bryan O'Malley; Kathleen Preston; Bill Stackhouse PhD; Audrey Weiner, DSW, MPH; Douglas Wissmann, Mary Ellen Yankosky, RDH, BS

Members Not in Attendance: Valerie Grey; Jean Moore; Peggy Powell; Jean Heady

Summary of Key Meeting Content:

Following a reading of the charge issued to the Work Group by the MRT, members approved its adoption with one modification. The reference to the expectation that the Work Group would discuss the consequences of implementing recommendations was modified to a discussion of changes that could result from implementation.

DOH Staff introduced a survey tool that will be used to help the Work Group make better informed decisions regarding the relative priority of the proposals under consideration. The process, successfully used by the full MRT and another MRT Work Group, employs a modified Delphi technique to assess the degree to which each proposal could address goals of Medicaid Reform, i.e. cost, quality, efficiency, and overall impact on the Medicaid program. DOH will send the survey instrument and instructions to members on October 28. Members will complete it and send it to DOH by November 1. DOH will analyze the results and provide members with a summary prior to the Work Group meeting on November 7. Since proposals are still in draft form, this is a preliminary prioritization that will be helpful in developing final recommendations. DOH will only produce formal fiscal cost/benefit projections for the Work Group's final recommendations, so members are advised to use their "best judgment."

The following ground rules were established for this Work Group meeting:

- MRT is still accepting new proposals, but with a November 15 deadline for submission of final recommendations, any new proposal related to workforce flexibility or change in scope of practice would have to be particularly compelling to be considered by this Work Group.
- The Work Group as a whole will be able to amend proposals until they are finalized.
- Members who want to change their own proposal(s) following today's discussion were instructed to add "Subject to Modification" on the Proposal Information Sheet.
- A ten minute time limit was set for presentation and discussion of each proposal.
- Since proposals were previously debated within subgroups, vigorous debate at this meeting was discouraged.



The subgroups for non-licensed worker and licensed worker presented the results of their activities since the October 3 meeting. Closely related proposals were consolidated. Proposals that could be implemented in the short term were distinguished from longer term proposals that (a) were not sufficiently developed for legislative action, or (b) would take several years to implement. DOH staff presented proposals not fitting into the categories of licensed or non-licensed professionals. Some were referred to other MRT work groups. Readers requiring detailed information on the discussion of individual proposals or consolidated proposals should access the recording of the meeting on the DOH public web site under the MRT content area.

DOH Staff presented a newly developed proposal for a process and structure for objective assessment of all changes in workforce flexibility and change in scope of practice. The idea was originally proposed Center for Health Workforce Studies, and it is consistent with the emerging shift to evidence-based decision making. The Work Group was informed that another similar proposal had been received the day before the meeting from the Medical Society of the State of New York that called for the creation of an ongoing voluntary advisory committee with a broad based representation of stakeholders. This proposal was subsumed into the earlier proposal.

DOH staff also prepared a proposal to create a Primary Care Service Corps that would provide loan repayment for non-physician clinicians in exchange for a service obligation in a medically underserved area. State funding would be matched by federal State Loan Repayment Program funds.

Next steps / preliminary agenda for next meeting:

Members will submit Proposal Information Sheets to DOH by Friday October 28. Any new proposal must be submitted to the Work Group by November 3. DOH will provide members with all Proposal Information Sheets distributed at the October 27 meeting. DOH will develop the survey instrument for preliminary prioritization and send it to members by October 28. Members will complete the survey and return it to DOH by November 1. DOH will analyze the results and send them to Work Group members for their consideration.

Agenda for next meeting:

- Review the results of the preliminary priority scoring process completed by Work Group members;
- Finalize the wording of proposals;
- Use scoring results to help prioritize the proposals;
- Identify short term and long term candidate recommendations for consideration by the MRT;
- Reduce the list to establish final recommendations;
- Reach consensus on the final slate of proposals to recommend to the MRT;
- Review the MRT Work Group's Final Recommendations Form, and develop an action plan for completing and submitting one form for each final recommendation being advanced;
- Plan for distribution, review, and approval of final Work Group recommendations.

Next meeting date, time, location:

November 7, 2011; 10:00 a.m. – 3:30 p.m.; 90 Church St., Conference Room A/B, 4th Floor, NY, NY 10007