



## MRT Work Group Meeting Summary

### Work Group Name:

Workforce Flexibility / Change of Scope of Practice Work Group

### Meeting Date, Time, Location:

November 7, 2011; 10:00 a.m. – 3:00 p.m.; NYS Department of Health, 90 Church St., Conference Room A/B, 4<sup>th</sup> Floor, NY, NY 10007

### Members Participating or Represented:

Co-chair: William Ebenstein, PhD; Co-chair: George Gresham; Lauren Johnston; Peggy Powell; Bryan O'Malley; Robert Hughes, MD, FACS; Jean Moore, BSN, MSN; Thomas Curran, DDS; Deborah King; Joy Elwell, DNP, FNP; Mary Ellen Yankosky, RDH, BS; Kathryn Haslanger, JD, MCRP; Bill Stackhouse PhD; Deborah Elliott, MBA, RN; Douglas Wissmann; Moira Dolan; Fred Heigel; Audrey Weiner, DSW, MPH; Valerie Grey represented by Douglas Lentivech; Tim Johnson; Stephen Knight; Jean Heady; David I. Jackson, MPAS, RPA-C;

**Participating MRT Member:** Assemblyman Richard Gottfried

### Members Not Attending or Represented:

Penny B. Abulencia, RN, MSN; Karen Coleman; Bruce McIver; Kathleen Preston

### Summary of Key Meeting Content

The State Education Department provided an overview of the organization's disciplined approach to consideration of proposed changes in the scope of practice for health professions. The avoidance of unintended consequences was highlighted as a significant area of agency concern. SED always welcomes input from stakeholders and is committed to addressing issues related to professional services, including those that may impact workforce flexibility, in an open and collaborative manner. The work group discussed changes in a proposal for a process and structure to develop objective evidence regarding changes in health care workforce policies related to workforce flexibility and changes in scope of practice. As an advisory committee to the State Education Department's Office of the Professions, the proposed entity would provide (1) policy analysis and research, (2) an impartial assessment of the impacts of policy changes on cost, quality, access, and patient safety, and (3) a venue for time-limited demonstration programs to test new ideas. Using a collaborative, comprehensive, and systematic process, input would be solicited from a broad range of stakeholders. This proposal carries special significance to the work group because the entity being proposed would be a mechanism

- to assess the results of recommendations which are advanced to the full MRT and subsequently implemented,
- to study proposals not advanced to the full MRT at this time, but recommended by the work group for consideration over the long term, and
- to study new proposals submitted in the future.



The proposal would satisfy the MRT's call for a multi-year strategy from this work group. After considerable deliberation, the author agreed to incorporate input from work group members and to redistribute the revised proposal. Members will vote via email by Monday November 14 on whether to advance the revised proposal as a recommendation to the full MRT.

The Co-Chairs reviewed the results of the preliminary priority scoring process completed by work group members for the full set of 17 proposals under consideration. Members scored each proposal on its potential to achieve cost savings for the Medicaid Program, to improve efficiency in health care services, to improve quality of care, and to have a positive overall impact on Medicaid. Revisions to individual proposals were presented to the work group. In response to member input, several proposals were referred back to their author for revision. Considerable discussion followed on the number of proposals to be advanced to the MRT and how they would be selected. The workgroup voted to advance the 12 highest scoring proposals in the preliminary prioritization exercise. If the proposal for the advisory committee to the State Education Department is approved by a supermajority vote, it will also be advanced to the MRT. Proposals not being advanced to the MRT at this time will be submitted to the SED advisory committee as priority items for analysis and consideration over a longer term. Additionally, work group members advanced two long term proposals relative to a recommendation that the Department of Health study (1) the Community Health Worker/care management field and make specific recommendations for implementation in Fall of 2012 regarding training, certification, and career pathways for community health workers and related titles; and (2) the training and roles of other direct care workers across long term care settings.

### Next steps

DOH staff will develop MRT Final Recommendations Forms for each proposal being advanced and distribute them to all work group members. DOH staff will also prepare a draft of the final report the MRT using the specifications provided. The Co-Chairs will advance the work group's final report to the MRT for their consideration on November 15. Any questions or changes requested by the MRT will be processed over the following two weeks. After review and comment by the full MRT membership, final modifications will be made as appropriate and the slate of recommendations will be advanced to the full MRT for a vote at the December 13, 2011 meeting.