

**MINUTES**  
**NEVADA HEALTH CARE SECTOR COUNCIL BOARD MEETING**  
**January 25, 2011**

Department of Employment, Training and Rehabilitation (DETR)  
Conference Room  
2800 East St. Louis Avenue  
Las Vegas, NV 89104

**Members Present**

**Phone Conference**

Mary-Ann Brown  
Bobbette Bond  
Margaret Cavelli  
Deborah Moore  
Leroy Walker  
Randi Hunewill

Lynn O'Mara  
John Packham, PhD  
Maureen Peckman  
Debra Scott  
Bill Welch

**Members Present-DETR**

James Arellano for Steve Lebedoff  
Holly Balmer  
Veronica Dahir, PhD  
Ann Lynch  
Griselda Mariscal for Al Martinez  
James Osti for Lawrence Sands, DO  
Maurizio Trevisan, MD  
Hyla Winters, PhD

**Members Absent**

Maggie Carlton  
Robin Keith  
Debra Toney  
Patricia Wade

**Staff Present**

John Ball  
Kim Colagioia  
Debra Collins  
Douglas Geinzer  
William Anderson

Heather DeSart  
Venus Fajota  
Ardell Galbreth  
Taniesha Gibson

Cornelius Eason  
Linda Yi  
Earl McDowell  
LaVerne Kelly

**Agenda Item 1**

The meeting was called to order by Debra Collins at 1:35pm. Roll call was taken beginning with phone participants. A quorum was present.

**Agenda Item 2**

Agenda item 2 was tabled until later in the meeting.

### **Agenda Item 3- Presentations**

#### **Mr. William Anderson**

Mr. William Anderson, Chief Economist for DETR (Department of Employment, Training, and Rehabilitation) was introduced by Debra Collins. Mr. Anderson explained that he hoped to achieve two goals during his presentation. They include providing an overview of healthcare occupations within Nevada and a common set of background information allowing the Board to move forward to meet the grant objectives.

Mr. Anderson provided a copy of the most recent (December 2010) DETR press release packet reviewing Nevada's current unemployment and job growth rates. The report shows that Nevada's economy has stabilized within the last six months with a current unemployment rate of 14.5% placing Nevada with the highest rate in the nation.

Mr. Anderson presented a report entitled:

#### **Labor Market Information: A Technical Report for the Health Care Sector Council**

The hope is that this report will become a "living document" that with updating allow the Board to look at an alternative prospective as they move forward with their mission. The report was divided in five sections: (1) a broad overview, (2) an industry overview, (3) staffing patterns, (4) top ten occupations and (5) a look forward. The tool used to assimilate this date was EMSI (Economic Modeling Specialists, Inc.) which provides instantaneous access to labor information.

Under section one, *broad overview*, the data showed that there are 1.1 million industry jobs currently in the state of Nevada representing a 6% growth since 2002. In 2010 the average earning per worker was \$42,500. Further data shows food and services provide the largest number of jobs within the state. Healthcare and social assistance is the fourth largest employer in Nevada with currently 91,000 Nevadans employed in this category.

In section two of the report, *industry overview*, location quotient was utilized to assemble the data. Location quotient is a way of quantifying how concentrated a particular industry, cluster, occupation or demographic group is in a region as compared to the nation. Currently the location quotient shows healthcare occupations in Nevada well below (approximately 1/3) the national average. (see page 3 of report)

The second tool used to compile this report was "shift share analysis" which attempts to determine how much of regional job growth can be attributed to national trends and how much is due to unique regional factors. The report shows there was rapid job growth in healthcare jobs with approximately 10,000 jobs above and beyond the expected job growth. Conversely the construction and the hospitality job share decreased significantly in Nevada vs. the nation.

A question arose from the group asking if it would be possible to look at the data from 2007 vs. 2002 and compare it to 2010. Mr. Anderson agreed to provide this data at the next meeting feeling it will paint a more realistic picture and things will appear even worse than the data from 2002 vs. 2010. Mr. Anderson will replicate his analysis using 2007 data as to narrow the time focus for structural analysis.

In section three of the report, *staffing patterns*, mapping was generated for industries according to NAICS codes. The report shows that registered nurses, home health aides, personal and home care aids and medical assistants are the fastest growing occupations in the state. Registered nurses led the field with a 38% increase in jobs. It was noted by a Board member that some nurses hold more than one job. The clarification was made that this report is counting positions not people.

In section four of the report, *top ten occupations*, an occupational change summary was included showing that the national economy as a whole grew by 14% while the regional total grew by 22%, probably attributable to population growth. It was noted in the report that although there are 15,820 registered nursing jobs there are about 23,000 nurses holding active RN licenses in the state of Nevada. Further surveying will need to be done as we are comparing “apples and oranges” resulting in a discrepancy.

In the final section of the report, *a look forward*, 2010 vs. 2020 projections show that there will be a 21% growth of healthcare positions in the nation while Nevada will have a 17% growth. This will result in a need for 18% more nurses, 44% more home health aides, 23% more medical assistants, 40% more personal and home care aides and 16% more physicians and surgeons. These positions will be population driven. Although Nevada’s population is projected to continue to slow the State population growth has fallen below growth in the nation resulting in an under representation in healthcare employment needing to be addressed.

### **John Packham, PhD**

Debra Collins recognized John Packham, PhD Director of Health Policy Research at the University Of Nevada School Of Medicine... Dr. Packham stated that he had several objectives for his presentation to the group. They include a discussion of the key health workforce questions and needs in Nevada, some physical reports from the Center, a report on current projects and identification of gaps and challenges requiring further research.

Some of the key workforce questions and needs in Nevada include the (1) supply and demand of health personnel, (2) health workforce composition-particularly age and cultural competency, (3) geographic distribution, (4) state training capacity and output of physicians, nurses and other healthcare workers, (5) monitoring the impact of change in health systems and public policy on health workforce supply and demand, particularly, insurance coverage expansions contained in

the ACA (Affordable Care Act) and (6) conversely assessing the impact of the current and projected health workforce on healthcare access, cost, and quality in Nevada.

The Center for Education and Health Services Outreach (CEHSO) at the UNSOM undertakes a wide range of health workforce research and policy analysis aiming to become a trusted source of date and information on the health workforce in Nevada.

Some focal areas of research include: (1) biennial production of the Nevada Rural and Frontier Health Data Book, (2) an annual survey of physicians completing UNSOM residencies and fellowships, (3) ongoing surveys of incoming and graduation student of NSHE nursing programs, (4) analysis of the physician, nursing, and oral health workforce in Nevada, analysis of the economic impact of hospitals and the health sector on local, regional, and state economies, (5) community health needs and financial health service feasibility assessments for rural hospitals and communities, and a wide range of technical assistance to hospitals and other healthcare providers.

Data was also presented data on the number of licensed health professionals per 100,000 population in Nevada-2010, location of the safety net hospitals and clinics throughout the state, physician supply in Nevada (2008), Nevada's ranking nationally in physician supply (45th) and data regarding the post-residency plans of UNSOM Residents and Fellows.

Dr. Packham also discussed current projects and collaborations including his work with the Nevada Healthcare Sector Council Board. He ended his presentation with a discussion of the research challenges in Nevada, and the forces and wild cards influencing the demand for physicians in Nevada. Dr. Packham concluded by asking that the Board direct any information that he or Mr. Anderson may have missed in addressing the grant objective to them via email.

Dr. Packham stated that he and Mr. Anderson will share drafts of their work with the Board for input and that Nevada is well positioned to receive an implementation grant, which would be enormously beneficial to the State for the work and activity it would support.

**Veronica Dahir, PhD**

Debra Collins recognized Veronica Dahir PhD, Senior Survey Manager-Center for Research Design & Analysis. Dr. Dahir is responsible for the evaluation component of the grant. However, the entire Board has a part in meeting the seven objectives of the grant as outlined on pages 7-10 of the grant proposal found at the back of the binder. The following are responsible for:

Objective #1 William Anderson

Objective #2 John Packham, Veronica Dahir, and William Anderson

Objective #3 Debra Collins

Objective #4 Maurizio Trevisan

Objective #5 Maurizio Trevisan

Objective #6 Debra Collins

Objective #7 John Packham, Veronica Dahir, Linda Yi

Dr. Dahir reminded the Board that in the grant proposal HRSA was advised the objectives would be completed by 6-15-11 but the real deadline is one month prior in order to assimilate the data and prepare the report. The RFP for the implementation grant will be released in late spring or early summer and although the grant extends through the end of September all data for the planning grant will need to be collected by 5-15-2011.

**Maurizio Trevisan, MD**

Dr. Trevisan was asked by Dr. Dahir to outline the help he needs in order to meet the objectives of the grant for which he is responsible.

Dr. Trevisan began by outlining the objectives for which he is responsible. These include: objective 4--*describe the academic and healthcare industry skill standards for high school graduation, for entry into postsecondary education, and for various credentials and licensure* and objective 5—*describe State secondary and postsecondary education and training policies, models, or practices for the health care sector, including career information and guidance counseling.*

The information required for the objectives is not in a system repository. The challenges these objectives present is that the definition of “health profession” is very broad and that 150 healthcare professions exist within the system. (see attached handout) Dr. Trevisan recommended the establishment of a task force to work on this issue which would have double value. This will allow the Board to focus on specific healthcare professions and then contact each individual program to obtain the necessary information, an extremely labor intensive process.

The Board agreed to focus on the data received from Dr. Packham and Mr. Anderson to select the healthcare professions to investigate. The ad hoc committee will be composed of Drs. Trevisan, Winters, and Packham, Douglas Geinzer, Lawrence Mathias, Debra Collins and Linda Yi. The group will meet tomorrow morning at 0900.

**Debra Collins**

Debra Collins was asked by Dr. Dahir to outline the help she needs to complete objectives 3 and 6 of the grant.

Debra Collins is responsible for objective 3-*identify existing Federal, State and private resources to recruit, educate or train, and retain a skilled healthcare workforce* and objective 6-*identify Federal or State policies or rules to developing a coherent and comprehensive healthcare force development strategy and barriers and a plan to resolve these barriers.*

The tasks under objective 3 include the *development of a recruitment, retention and education task committee*. The following Board members volunteered to be on this committee: Debra Scott Randi Hunewill, Deborah Moore, Douglas Geinzer and Mary Ann Brown. (recruitment portion) It was also suggested that Katherine Cylke or Dr. Sue Ullrich's expertise would be valuable to the committee.

The tasks under objective 6 *include the development of a subcommittee to research and identify state policies that are barriers to the streamlining of health professional licensure and credentialing procedures*. Debra Scott, Lawrence Mathias, Ann Lynch and Maureen Peckham all volunteered to be on this subcommittee.

Meetings for these two subcommittees will be convened shortly.

### **Linda Yi**

Linda Yi was introduced by Debra Collins as the Project Director for the HRSA Planning Grant.

### **Lynn O'Mara**

Lynn O'Mara, State HIT Coordinator of the Department of Health and Human Services discussed the Health Information Technology for Economic and Clinical Health (HITECH) Act.

This purpose of this act as part of the stimulus funding is to provide total electronic management of health information and its secure exchange among and between health care consumers, providers and payers. Nevada received a \$6 million grant for the development and advancement of infrastructure for HIE across health care systems, providers and payers.

A 20 member HIT Task Force was established to provide important feedback from a diverse group of HIT/E stakeholders. Two critical human resources components for successful HER adoption and HIE sustainability include the readiness of healthcare providers to use the systems and a labor pool of trained IT and Health IT professionals to services and maintain the necessary network systems, hardware and software.

Toward that end the College of Southern Nevada has a HIT Associate Degree in place and has received a two year sub grant to recruit and enroll 150 students/year to provide ONC (Office of the National Coordinator for HIT) approved training.

Federal estimates indicate that 50,000 additional IT and Health IT professionals/workers will be needed over the next five years to implement and maintain HIE and HER systems. By 2016 Nevada will require an IT workforce of approximately 5,500 workers. The size of the current workforce is unknown but is estimated at 1/3 of the 2016 projections.

Some challenges include lack of funding, limited faculty expertise, limited HIT educational curriculum and resources, a decline in computer science and IT programs, lack of interest by high school students to qualify for Health IT positions and the labor force reductions due to Baby Boomer retirements.

Nevada System of Higher Education opportunities in this field include the Division of Health Sciences, College of Business, College of Engineering as well as the Community Colleges.

Some recommendations include fostering closer partnerships between industry and education to develop a Health IT workforce, structure incentives to attract IT service and support businesses that train and retain health IT workers and increase access to Web-based training and education to expedite health IT workforce development and growth (NHSE and other online education providers)

The creation of a position, Chief Medical Information Officer, within healthcare institutions answering to either the CEO or the Chief Information Officer has been seen as an emerging trend.

Mr. Anderson stated that he had data that would be helpful to Ms. O'Mara and offered to get in contact her and share it.

#### **Earl McDowell-Agenda Item 20**

Debra Collins recognized Earl McDowell, Deputy Administrator for the Department of Training, Education and Rehabilitation. Mr. McDowell thanked everyone on the Board for participating and said that the state's role was providing administrative support to the Board. He also noted that a chair and co-chair cannot be elected for the Nevada Health Care Sector Council until elections for the Chair of the Governor's Workforce Board have been completed. Once that has been completed this meeting will require posting pursuant to the open meeting law.

#### **Final Discussion and Adjournment**

A discussion regarding future meetings ensued. The Board will meet monthly due to the short timeline remaining to meet the objectives by 5-15-2011. Meeting notices will be sent to Board member calendars. The meeting was adjourned by Debra Collins at 4:20 pm.

Respectfully submitted,

Linda Yi  
Project Director, HRSA Planning Grant

Cc: file