

APPENDIX C

NV Health Care Workforce Summit

ROUNDTABLE DISCUSSION TOPICS

Please choose a person at your table to serve as your flipchart “recorder” and discuss the following items:

- Share three areas of workforce demand
- Share three challenges to meeting these demands
- Share three strategies to resolve these demands

At the conclusion of the Roundtable discussions, each table will choose a representative to report their ideas to the entire audience.

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 NV Health Care Workforce Summit – April 8, 2014
 Summarization of Round Table Discussion Topics and Answers**

Note:

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- Items color coded **blue** were mentioned more than once in question 2
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Question 1 AREAS OF WORKFORCE DEMANDS	Question 2 CHALLENGES TO MEETING THESE DEMANDS	Question 3 STRATEGIES TO RESOLVE THESE DEMANDS
<ul style="list-style-type: none"> ❖ Need more clinically trained Specialty/employees • Aging management/Workforce • Work ethics ❖ P.T., Nurses ❖ Mental/Behavioral Health Techs ❖ Physicians, O.T.'s, HIT • Leadership/Health Administrators ❖ Critical Care Nurse ❖ Behavioral Health, Navigator • Clinical Informatics • CAN's, LPN's, MA-C ❖ Mental and Behavioral Health Professionals ❖ P.T.'s, O.T.'s, S.T. ❖ Primary community and Specialty Physicians ❖ Lack of MD granting institutions in Nevada • Science, Technology, Engineering Math (STEM), educational opportunities, experiential learning • Integrated Education System that establishes pipelines from Pre-K-Clinical supervision, staffing in higher education = Community Colleges ❖ Behavioral Health Program Funding = Doctors 	<ul style="list-style-type: none"> ➤ Not a progressive work environment (ten years behind) • Federally Regulated on Non-productive time (FMLA) ➤ Disconnect between requirements job and education • Reimbursement ➤ Opportunities for training and education ➤ Early opportunities for educating students and Career Counselors • Orientation of entry level positions ➤ Career guidance and support ➤ Lack of skilled workforce ➤ Getting people early on in a career into entry level positions ➤ Lack of M.D. granting Institutions in NV • STEM • Education and opportunities, experimental learning • Limited educational capacity (recruitment) ➤ Money, funding and retention 	<ul style="list-style-type: none"> • Increase Medicaid funding For reimbursement ✓ Flexibility-work environment ✓ Career Technical Education • Specialty tracks • Collaboration with the School Districts and Chambers ✓ Marketing health professionals, Ex: Robert Wood Johnson's campaign, diversity, internships, residency programs for all allied health care & specialty ✓ Target young adults/ Vocational High School • Building apprenticeship Programs for new entry Level professionals • Integrated education system establishes pipeline from Pre-K = Clinical supervision • Staffing Higher Ed/CSN • Behavioral Health Program Funding ✓ Telemedicine/raise & retrain own professionals

*This report is being referred to the Governor's Workforce Investment Board (GWIB), GWIB Health Care and Medical Services Sector Council, Governor's Office of Economic Development (GOED), Nevada Department of Health and Human Services, the Legislative Committee on Health Care, Governor's Behavioral Health and Wellness Council, Governor's Graduate Medical Education (GME) Task Force, and other health workforce related entities.

**This summarization of Roundtable Discussion Questions and Answers are based on flipchart notes of the responses in no particular order. Audio recording available upon request to the NV Dept. of Employment, Training and Rehabilitation, Workforce Solutions Unit, 2800 E. St Louis Ave, Las Vegas, NV 89104, (702) 486-0523.

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<ul style="list-style-type: none"> • Licensed Clinicians ❖ RN's trained • Seasoned Staff • Language barriers • Culture diversity • Rural/Northern Specialty MD's and NP's ❖ Mental Health Workers/across the life span ❖ Nurses & Nursing Faculty ❖ Experienced RN's, Specialty areas, i.e., L & D, ICU, ER, etc., O.T./P.T. • Managers • Directors • Health Care Leaders ❖ Need more Behavioral/Mental Health providers • Access to preventive care • Continuum of care – fill in gaps in System (reintegration into Community more placements needed for ER) • Nurse Practitioners • Pediatric Specialties • Non-reimbursable occupations, i.e. Patient Advocates, Navigators, 	<ul style="list-style-type: none"> • Difficulty with reciprocity/licensing professionals across states ➤ Employer support for higher educated Nurses and MD workforce – RN vs. BS pay • Negative environment for students, preceptors • Ease of transition from non-Nurse role to higher level Nurse roles • Enhanced hands on clinicals for Specialties (Peds, Psych, etc.) ➤ Cost of Education and Programs ➤ Tuition Costs • Quality of Education Programs • Internal drive to exceed and meet the needs of healthcare of the individual • Clinical Preceptors (not enough) ➤ Caseload must be large enough for them to live here. Telemedicine could be useful here. ➤ Barriers to Telemedicine – Licensing across Statelines and reimbursement • Not reimbursable, how will it be paid for 	<ul style="list-style-type: none"> • TORT Reform/Legislative Support ✓ Allocation of money differently focusing on prevention and wellness • Reintegration into Community/adequate step-Down placements • Public Health Nurses in every public school and every Community ✓ Innovative Health Care delivery strategies, example; Tele Health, Mobile delivery • State Official Organization – need representation of all Types of healthcare workers (EMTs, Social Workers, Nurses, Radiology Techs, etc.) ✓ Develop a marketing/ Recruiting program to Attract out of State <u>experienced</u> Healthcare workers ✓ Consider requiring BSN Degrees ✓ Develop an assessment tool – Middle School/ High School students that measure their likelihood of success in Healthcare

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	<ul style="list-style-type: none"> ➤ Salaries/equity ➤ Basic skill level (education) • Age diversity • Regulations/documentations • Demonstrate ROI (training) • Management buy-ins • Regulatory changes, e.g. ICD 9/10 • Funding for training ➤ Faculty (specialty) – recruitment & retention (salary) • Clinical sites ➤ Retention of locally trained physicians 	<ul style="list-style-type: none"> • Non-traditional preceptor sites (Doctor’s offices, large medical groups) ✓ To address Telehealth needs - National licenses for physicians that might be providing care across stateliness or some reciprocal arrangements ✓ Possible opportunities with the Medicaid/Affordable HealthCare, expansion and program changes • Wellness now covered more savings in this • Changes in data Management • Wellness counseling • Mentor/Training/Level System/Executive Management - feedback Sessions ✓ Braided funding to support Mental and behavioral Health training ✓ Integration between education and industry • LRP – Loan Repayment Programs for health workers • Public Health Corp = in Nevada

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		<ul style="list-style-type: none"> • Partner with Intern coordinators during practice at six months to one year for feedback curriculum and clinical ✓ Flexible work schedule and job sharing • Employer Retention Program • Loan repayment program • Housing/other incentives to stay • State image campaign • Leverage alumni of schools (to come back) • Improve practice environment

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