

Health Works Commission Minutes
 Tuesday, February 15, 2022
 10:00 a.m.
 via Virtual Zoom Meeting

Call to Order

Chair Demetrius Porche called the meeting of the Health Works Commission (HWC) to order at 10:01 a.m. on February 15, 2022 via virtual Zoom meeting.

Roll Call

The roll was called by Ms. Cara Landry, Executive Assistant. A quorum was established.

Members Present	Affiliation
Dr. Kathy Baldrige	LA Association of Nurse Practitioners
Dr. Bronwyn Doyle	Nursing Supply & Demand Council*
Staci Taylor	Southern University System*
Wes Hataway	Louisiana Nursing Home Association*
Jawanda Givens	Occupational Forecasting Conference
Dr. Dana Clawson	University of Louisiana System*
Dr. Kenya Messer	LAICU*
Rep. Chris Turner	House Committee on Health and Welfare
Dr. Susannah Craig	Louisiana Board of Regents*
Dr. Wendi Palermo	Louisiana Community and Technical College System*
Dr. Demetrius Porche	LSUHSC-New Orleans*
Dr. Sharon Dunn	LSUHSC-Shreveport*
Dr. Karen Lyon	Louisiana State Board of Nursing
Paul Salles	Louisiana Hospital Association*
Dr. Kristi Anderson	Senate Committee on Health and Welfare
Christina Costanza	Louisiana State Board of Practical Nurse Examiners (LSBPNE)
Jeffery Williams	Louisiana State Medical Society*

Members Not Present	Affiliation
Meg Bankston	Governor's Office
Dr. Ram Paragi	Medical Education Commission
Ragan LeBlanc	Family Physicians*
Dr. Chaquetta Johnson	Louisiana Department of Health
Kellie Taylor-White	Louisiana Workforce Commission
Ad-Hoc Member Not Present	Affiliation
Dr. Lisa Broussard	Simulation Council**

* Member of the Executive Committee

** Ad-Hoc (Non-Voting)

Approval of the November 2, 2021 Minutes

Chair Porche asked for a motion to approve the minutes of the November 2, 2021 meeting. On the motion of Dr. Karen Lyon, seconded by Dr. Kathy Baldrige, the Health Works Commission voted to approve the minutes.

2021 Nursing Supply and Demand Council Report

Dr. Porche introduced Dr. Bronwyn Doyle, Chair of the Nursing Supply and Demand Council, for an update on the annual report of the Council. Dr. Doyle gave an update on Council activity as well as the data from across the state. She highlighted some of the key elements that she believed would be of interest to the Commission including:

- A 29% increase in students applying for RN programs as well as a 25% increase in the number of qualified applicants to RN programs who are admitted.
- Since 2016, a 4% increase in RN graduates.
- A 7% increase in students enrolled in APRN programs, along with a 6% decrease in the number of graduates (may be attributed to COVID).
- Admission of 70% of qualified applicants into LPN programs (compared to 64% admittance last year), but with a high withdrawal from LPN programs.
- NCLEX pass rates continue to be high and above the national average.
- In terms of supply, a 5.1% decrease in the number of actively licensed RNs, a 7% increase in actively licensed APRNs, and a 4% increase in actively licensed LPNs.
- In terms of demand, the estimated number of RN vacancies has doubled in hospitals since 2014. The number of vacancies has increased by 149% in total.

Other work completed included the establishment of work groups centered around key areas of concern, such as:

- Academic Practice partnerships

- Best Practices for Retention of Nurses
- Diversity in the Workforce

Dr. Doyle provided specific data points and actions taken to address these key issues of concern. Mr. Paul Salles pointed out the low participation rate in the surveys collected regarding nursing supply and demand, speculating that we may not be capturing all the vacancies for nurses and allied health professionals that exist in hospitals and other facilities. Dr. Doyle agreed with Mr. Salles and mentioned that the workforce demand report was drafted in 2019, so it represents 2018 data, and added that the data are pre-pandemic. The current vacancy rate, she indicated, is likely significantly higher than this report showed. Mr. Wes Hataway pointed out the dramatic withdrawal rate of LPN students and he asked if the reason was known. Dr. Doyle answered that, historically, the reasons may be academic (failing courses) or financial constraints. Mr. Hataway acknowledged the increase in percentage and number of admissions and asked if these could be tied to the additional funding from the legislature. Dr. Doyle responded that she would love to make this connection to the funding but could not identify a way to track it directly to graduation rates. Dr. Doyle added that there has been a 5% increase in the number of budgeted full-time faculty, a 26% decrease in vacant faculty nurse positions, a 71% increase in the current recipients of the Board of Regents faculty stipend, and a 44% increase in those who were previous stipend recipients, which she believes may tie to the increase in the number of faculty. Dr. Doyle also mentioned the high proportion of RNs who are increasingly close to retirement and warned that we must work towards increasing the workforce to make up for this loss. Dr. Lyon noted that what has driven retirement is exhaustion from COVID-19 but added that we cannot say that those nurses who did not reinstate their licenses are going to stay out of the workforce permanently. Dr. Lyon added that of the 62,000 active Louisiana licensed nurses, 39,000 have renewed; she emphasized that this number has not declined.

Louisiana Healthcare Workforce Landscape Report Presentation

Dr. Porche introduced Dr. Alí Bustamante, Impact Econ Research, to provide an overview of the Louisiana Healthcare Workforce Landscape Report. Dr. Bustamante started the presentation by stating that it is important to look at the short-term as well as long-term deficits associated with labor shortages. He noted his concerns over the labor shortage, including how to address workers who quit and those who are not returning to work due to pandemic stressors. There is a broader issue of individuals missing from employment, even with the current low unemployment rate. In addition, healthcare will be in competition with other industries for labor. He indicated that the greatest labor shortage is in registered nurses, with shortages in other occupations as well. Some of the underlying rationales behind these labor shortages include:

- The Agency for Healthcare Research and Quality ranks Louisiana in the bottom 10 states in overall health care quality.
- High levels of need and demand for healthcare services in Louisiana are not being met and labor shortages are a major contributor to this deficit.
- 30 to 60 percent of completers in healthcare-related programs do not work in the Louisiana healthcare industry.

Dr. Bustamante stated that, due to the pandemic and burnout and comparing to broader trends, he believes that in the coming years will bring a significant drop in individuals in the healthcare workforce as well as completers in the healthcare-related programs remaining in the state. Dr.

Bustamante then provided data on the highest average monthly unique job postings from various years. This list highlighted the critical shortage of registered nurses, with an average 784 monthly job postings. He then compared the projected supply and demand in 2030, which shows troublesome trends including more than double the demand for registered nurses and physicians. He noted the increased shift in primary care access and a significant decline in emergency hospital usage and a large increase in individuals using outpatient services. Dr. Bustamante highlighted the trends of graduate, bachelor's degree, and non-degree completers, noting an increase in individuals completing healthcare programs. He highlighted that Louisiana is only keeping about 40% of these completers and added the importance of retaining those who may leave.

Dr. Bustamante provided an overview of the health professional shortage area scores from across the parishes in the state; these data provide a roadmap to where these shortages are the most concentrated. He then provided a list of strategies deployed in other states and feedback from stakeholders for the Commission to discuss and consider, including:

- Leverage federal funding for medically underserved areas and health professional shortage areas.
- Increase use of the Exchange Visitor Program and J-1 Visa waivers.
- Standardize and streamline roles and regulatory requirements for healthcare occupations.
- Examine the impact of healthcare service reimbursement rates on wages across healthcare occupations.
- Adopt reciprocity for out-of-state occupational licenses/credentials.
- Medicaid Trust Fund for the Elderly stabilization (Medicaid wage passthrough).
- Academic-practice partnerships to leverage public and private investments.

Dr. Baldrige asked whether the projected 2030 number of nurse practitioners is referencing primary care or full practice in the state. Dr. Bustamante said a lot has to do with primary care services and is measured within the existing framework and with no substitutive effect between primary care physicians and nurse practitioners. He noted that while we lean on nurse practitioners to fill the roles of physicians, there are limitations to what they can do. Dr. Baldrige asked whether removing regulatory issues will help seed an increase in healthcare shortage areas. Dr. Bustamante said that this is a potential way to address the shortage. Dr. Dunn expressed excitement over the fourth recommendation regarding reimbursement rates on wages. She asked if there could be a collection of data on payer incentives to hold people accountable for paying healthcare providers their true value to systems and populations. Dr. Bustamante gave a brief breakdown of this recommendation and noted that this increasing level of demand has boosted wages and a clear conversation is needed for these reimbursement rates to be as dynamic as these healthcare rates.

Dr. Doyle noted that the third recommendation, streamlining roles and regulatory requirements, is an opportunity that Louisiana has, in nursing, to reinvent what nurses are allowed to do when looking at staff challenges. Ms. Christina Costanza reemphasized what Dr. Doyle mentioned: that LPNs are trained in various skills but that each facility's policies and procedures can restrict them from performing. Dr. Bustamante stated that the need for healthcare workers is a derived demand and these labor shortages are where we draw this line of practice of occupations. Ms. Lisa Deaton asked, regarding the shortage of MDs, whether we have a breakdown by primary care and/or specialty and Dr. Cynthia Bienemy asked about the data

related to the decreased projected demand of nurse practitioners by 2030. Dr. Bustamante responded that the shortage is largely concentrated in primary care and that this is where the oversupply of nurse practitioners comes into play as they are not considered substitutes. In terms of primary care, there does not seem to be a large number of specialty doctor shortages; the greatest need is in primary care. With regard to data, Dr. Bustamante analyzed job postings as well as typical rates of nurse practitioners for a given population size relative to other reference locations. He also looked at the recorded numbers of nurse practitioners who are part of the economic model that the Health and Human Resources Department uses to designate shortage and understaffed areas. The share of Louisiana's population with access to primary care services has grown from 30% to 45% within a decade, which has had a significant impact in reducing emergency room visits. Dr. Bustamante reiterated that the way we structure the healthcare industry in Louisiana has repercussions on the labor market.

On motion of Dr. Sharon Dunn, seconded by Dr. Karen Lyon, the Commission moved to accept the 2021 Nursing Supply and Demand Report and the Louisiana Healthcare Workforce Landscape Report.

Health Works Commission Recommendations & Priority Areas Work Group

Dr. Porche asked if any Commission members were interested in joining a work group to study data related to the recommendations suggested. Ms. Baker stated that the priorities of these work groups will be to look at these two reports along with short-term and long-term goals. She mentioned that work groups could identify priority areas to produce a Commission action plan that will help chart the next few years of work. Dr. Lyon stated that it will be important to have the main board of nursing and physicians participate in this group. Dr. Porche indicated that an invitation will be extended to two of these representatives who are not present. Dr. Doyle agreed to join this work group. Dr. Palermo suggested that it would be a good idea to invite an LDH representative to join this work group as well. Dr. Dunn asked Ms. Baker if there will be a work group for long-term planning in allied health. Ms. Baker stated that the subcommittee on allied health will continue to meet. She emphasized that the goal of the Commission is to take recommendations from Dr. Doyle and Dr. Bustamante and establish clear working groups on short and long-term goals to be presented at the May meeting. Dr. Dunn stated that she would be happy to join this workgroup. Mr. Salles noted that there is a need for more training of faculty and students and that it is important to think through communications to policy makers to show demonstrated needs and plan with a financial request. Dr. Porche listed the names of those who will be part of this regulatory group including:

- Dr. Karen Lyon
- Dr. Demetrius Porche
- Dr. Bronwyn Doyle
- Dr. Sharon Dunn
- Inviting representatives from the Board of Medical Examiners, LDH, and the LA Board of Practical Nurse Examiners

On motion of Dr. Doyle, seconded by Dr. Lyon, the Health Works Commission Recommendations and Priority Areas Work Group was formed.

Nurse & Allied Health Capitation Update

Ms. Mellynn Baker provided a brief overview of work to date of the 2021 Commission Recap, including nurse and allied health capitation, as well as work groups of the Nursing Supply & Demand Council and the Simulation Medical Training & Education Council of Louisiana (SMTEC-LA). She also gave an update on the FY 2022-2023 HWC funding, including from the State General Fund and H.E.R.O Fund. She provided a breakdown of the timeline and funding allocation for nurse capitation as well as other funding opportunities within the State General Fund.

Ms. Baker then provided a breakdown of the H.E.R.O. Fund and a timeline of allied health capitation, with the funding broken down by system. The remaining funds after the use of allied health in 2021-2022, is around \$4.2 million. Allied health programs were polled in their original application if they would be interested in the capitation program for the following year and there was greater interest than previously expected. If all the allied health programs that expressed interest in 2022-2023 were funded, then the remaining H.E.R.O. Fund balance for 2023 would be a little over \$2,000,000. She acknowledged that Regents requested \$3.6 million in the FY 23 allocation for nurse capitation and this money combined with the remaining H.E.R.O. fund allotment would bring the HWC FY 23 budget to \$5,674,000. Nurse capitation programs were polled, and the tentative FY 23 capitation funding would be \$4,816,000 along with the standard \$868,000 allotment for the tuition forgiveness programs, LACANE grant, SMTECH, and Nurse Aid Testing. Ms. Baker provided options for how funding could be utilized if additional monies were secured through the legislature.

Mr. Wes Hataway expressed concern with a potential \$2.17 million going to allied health capitation in FY 23 as he sees the critical shortage being in nursing. Ms. Baker asked for further advice from the Health Works Commission and emphasized that capitation for nursing and allied health is in line with the legislation. Dr. Dunn cited the November 2021 presentation from Dr. Bustamante, which outlined other shortage areas in Louisiana that include allied health. Funding in this area would assist with the overall health infrastructure, which is the rationale behind allied health capitation opportunities. She noted that there was no significant time to look at long-term planning for this cycle of funding but hoped that long-term projections can be considered in reviewing the nursing-allied health balance. Ms. Baker noted that nurse capitation numbers are submitted by institutions are based on their ability to increase enrollment judging from July 2021 information. Mr. Salles agreed with Mr. Hataway and hoped that all programs and capitation programs can be funded. He added that the Council should be able to lay out information to the legislature to show that the funding is being expended and that there is potential for increased enrollment.

Ms. Doreen Brasseaux raised the point that the smaller amount of allied health funding allocated in FY 22, compared to the large increase in FY 23, shows that these programs are gearing up to use this funding for the coming fiscal year instead of increased use at the beginning of the program. She asked Ms. Baker to address the nurse capitation interest and emphasized that funding can only be allocated to programs that can increase their capitation size. Ms. Baker confirmed Ms. Brasseaux's point that the majority of the allied health programs are gearing up for a larger FY 23 capitation. It is hoped that, with the increase of nurse capitation funding in the Board of Regents budget, nursing programs will be able to plan over the long term and utilize this funding to its full potential. Mr. Hataway asked what specific programs within allied health

are selected. Ms. Baker provided the list of programs identified by the subcommittee to targeted including: occupational therapists, physician assistants, physical therapy assistants, speech-language pathologists, medical assistants, respiratory care technologists, radiologic technicians, and one nurse practitioner program. She noted that institutions do not receive funding until they share with BoR their actual enrollments. Dr. Doyle asked for clarification on whether this \$3.6 million is built into the Board of Regents budget. Ms. Baker responded that this allocation has been added to the FY 23 Board of Regents budget base. Dr. Doyle asked if there is a possibility for Regents to increase this base funding to \$5 million so that the H.E.R.O. Fund can be utilized for other areas of need, such as matching funds for public-private partnerships, etc. She also asked to clarify if the H.E.R.O. Fund was set to be spent in five years. Ms. Baker responded that she would look at the legislation but her understanding was that the fund was to be spent within five years and the Commission made the decision to designate the spending patterns in FY 22 and FY 23. Ms. Baker also stated that an increase in funding for the Regents base could be explored but such a request could not be put forth until the next legislative session.

Dr. Lyon asked if a nurse practitioner program is included in the allied health capitation. Ms. Baker responded that this was a quick solution as the program had already started so H.E.R.O. Fund had to be utilized to include this program; moving forward nurse practitioners will be included in nurse capitation. Ms. Brasseaux stated that there may be interest in using one-time money and putting it where it needs to be used and stated that if there were to be money put in the H.E.R.O. Fund the work groups would prioritize how to spend that. She noted interest in trying to utilize money for workforce and nursing is highest on the list, given the state's workforce needs. Mr. Salles agreed and added that there may be different types of asks of policy makers including increasing the baseline funding to the Commission and refilling depleted H.E.R.O. Funds so to add flexibility in funding programs. He added that including Rep. Turner's thoughts on this topic is a good idea as he has been a champion of health care needs. Dr. Dunn stated she has heard from legislators regarding the need for allied health that the need is not seen in urban areas but only in rural communities with no allied health providers. She asks whether the Commission could create a system in which students from these communities who will commit to serving these high-need areas are "scholarshipped" into these programs. She added that this may be a long-term goal and that the Commission can work with public-private partnerships to help make it happen. Mr. Hataway stated that though he understands the statute and the need in healthcare, including allied health, and the language was included for allied health, the intent was to provide a solution for nursing. He noted that referencing the Nursing Supply & Demand Report, the number of qualified nursing students that are being turned away is due to funding and he hoped that a significant percentage of the dollars would address this issue. Dr. Doyle agreed and added that if we inform the legislature that half of the H.E.R.O. Fund was used for allied health, this may not be perceived as a big win. Ms. Brasseaux added that, when discussing funding, the Commission is going to look at this pipeline and, if problems cannot be solved overnight, then consider solutions such as public-private partnerships to close the short-term gap, as has happened with nurse educators. Ms. Baker reiterated that these capitation numbers reflect increases the nursing education programs are saying they can achieve and funding numbers are based on applications to the program.

Public Comments

Ms. Baker acknowledged public comments made via chat. She notes that Dr. Bienemy stated that nursing students are turned away due to a lack of nurse education staff. Dr. Bienemy also suggested that, instead of slowly allocating funds to simulation, a miscellaneous fund should

be created that would allow the Simulation Council and the Nursing Supply & Demand Council the opportunity to request funding for projects and research. Dr. Bienemey stated that support services are key to the retention and completion of nursing students. Ms. Costanza noted that faculty turnover is a big part of the LPN program's attrition rate problems and that she believes this turnover is due to nurses being paid more to travel and work in other states. Attrition rates are of concern, along with NCLEX scores, because the retention of students is part of the accreditation of the program. She discussed dropout rates and noted that students are struggling to pass Pharmacology and that math skills are not present, so more must be done to help students obtain these skills prior to the program.

Organizational Announcements, Next Steps & Adjournment

The next Health Works Commission meeting will be held on May 18, 2022 at 10 a.m. Dr. Porche noted the Simulation Expo will occur on April 29, 2022 at the University of Louisiana at Lafayette.

On motion of Dr. Lyon, seconded by Dr. Doyle, the meeting was adjourned at 11:46 a.m.