

Healthcare Cabinet Meeting Minutes

November 9, 2021

Meeting Date	Meeting Time	Location
November 9, 2021	9:00 a.m. - 11:00 a.m.	Webinar and Conference Call

Participant Name and Attendance

Healthcare Cabinet Members					
Victoria Veltri	X	Hussam Saada	X	Valencia Bagby Young	X
Claudio Capone	X	Alan Kaye	X	James Michel	X
Rev. Robyn Anderson	X	Paul Lombardo	X	David Whitehead	X
Patricia Baker	X	Heather Aaron	X	Claudio Gualtieri	X
Nicole Taylor	X	Nichelle Mullins	X	Margherita Giuliano	X
Shelly Sweatt	X	Danielle Morgan	X	Deidre Gifford	X
Nancy Navarretta	X	Cassandra Murphy	X	Ellen Andrews	X
Ted Doolittle	X	France Padilla	X		
Others Present					
Paul Kidwell		Matthew Barrett			
Mag Morelli		Ken Lalime			
Tracy Wodatch					
Members Absent					
Joshua Wojcik					
Kurt Barwis					
William Handelman					

	Agenda	Responsible Person(s)
1	Call to order and Introductions	Victoria Veltri
	The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, December 14, 2021 via Zoom. The meeting convened at 9:00 a.m. Victoria Veltri presiding. Attendance taken by roll call.	
2	Public Comment	Victoria Veltri
	There was no public comment.	
3	Approval of the September 21, 2021 Meeting Minutes	Victoria Veltri
	The motion was made by Ted Doolittle and seconded by Claudio Capone to approve the September 21, 2021 Healthcare Cabinet meeting minutes. Motion carried.	
4	Interstate Licensure Compact Review	Claudio Gualtieri, OPM

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Ms. Veltri introduced Claudio Gualtieri from the Office of Policy and Management who gave a brief review of the Interstate Licensure Compact.

Below are the highlights from the review.

PA 21-152 (HB 6449) an act expanding economic opportunity in occupations licensed by the department of public health and consumer protection makes it easier for health care and certain licensed professionals in other states to obtain a credential if they move to Connecticut.

Effective October 1, the Connecticut Department of Public Health and Connecticut Department of Consumer Protection will be required to issue the appropriate license or credential to a state resident, or the spouse of an active-duty service member stationed in Connecticut that meets specific experience and background requirements:

- Individual practiced safely in another state for at least four years;
- Meets Connecticut's examination requirements; and
- Completes the necessary background checks

Agencies continue to have the discretion to deny a request if they find it to be in the state's best interest. Required Department of Public Health to convene working groups to examine whether Connecticut should join any of the interstate licensure compacts. The Department must report its recommendations by January 15, 2022.

CT Multistate Compact Working Group

- The working group met for a plenary session convened by DPH on October 18, 2021.
- Smaller groups established for each professional compact under review:
 - Physician
 - RN
 - APRN
 - Physical Therapy
 - Psychologist

Participation & Process

- Plenary session - "Compact 101"
- Small groups to hear from relevant compact governing bodies, experts, Q&As.
- Representative set of constituent groups meet to build consensus (hospitals/health care providers, practitioners, consumer advocates, labor, state agencies).
- Recommendations to legislature: **January 15, 2022.**

Potential Benefits

- Seamless pathway for mobility; regulatory certainty.
- Facilitates the use of telehealth.
- Supports families that move or wish to relocate to the state (e.g. military spouses).
- Protects public health and safety.

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- Increase access to highly qualified practitioners.
- Strengthens labor markets; workforce development.

Ms. Veltri thanked Mr. Gualtieri for the update. Several discussions ensued for more information please see the meeting recording link below.

6	Community Health Work Force Update	Ken Lalime, CHCACT
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Ms. Veltri introduced Ken Lalime who gave an update on the Community Health Work Force to the cabinet members.

Below are the highlights from the presentation:

Community Health Overview

- 17 Community Health Centers (FQHCs) in the State..
- Provide Primary Care, Behavioral Health, and Dental services.
- More than 300 locations serving over 400,000 patients.
- Serve over 10% of the population in Connecticut.
- Required to see anyone regardless of their ability to pay.
- Serve 65% +/- of the Medicaid population.

Observations

- Data Collection:
 - 25% minimum increase in time-to-hire (position dependent).
 - Minimum 30% increase in number of open positions as compared to one year ago.
 - Sharp increase of up to 10% in already high turnover rates.
 - Not uncommon for positions to go unfilled for 12 months or longer.

Market Impact

- Impact of Supply Shortage
 - Retention Costs Increasing
 - Turnover Rates Increasing
 - Higher Cost for Less Experience and Knowledge
 - Less Leverage in Negotiations/Work Conditions
 - Higher Demand for Work-from-Home
 - Increased Cost to Ancillary Benefits:
 - Sign-on bonuses
 - Retention Bonuses
 - Cost of Living Adjustments
 - Increased Investment in “Perks” and Other Efforts
- Upward Pressure on Salaries Across the Board
- Pressure to Keep What You Have
- Pressure to Add/Improve Engagement Programs

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	<ul style="list-style-type: none"> • Pressure to Add/Improve Training Programs • Fear of Losing Your Investment <p>Ideas/Concepts</p> <ul style="list-style-type: none"> • Healthcare Talent Attraction/Retention through: <ul style="list-style-type: none"> ○ Training & Workforce Development Opportunities ○ Increased Exposure to Role Models for Youth ○ Competitive State Policies (Loan Repayment, etc.,) ○ Healthcare Workforce Incubator Programs ○ Peer and Mentor Support Programs <p>Ms. Veltri thanked Mr. Lalime for the presentation. Several discussions ensued for more information please see meeting recording link below. https://ctvideo.ct.gov/ohs/HCC_20211109_Recording.mp4</p>
7	<p>The Healthcare Workforce Crisis</p> <p>Matthew Barrett, President & CEO, CAHCF/CCAL Paul Kidwell, Senior Vice President, Policy, Connecticut Hospital Association Mag Morelli, President, LeadingAge Connecticut Tracy Wodatch, President & CEO, Connecticut Association for Healthcare at Home</p>
	<p>Ms. Veltri introduced the group who presented to the cabinet members the Healthcare Workforce Crisis.</p> <p>Below are some of the highlights from the presentation.</p> <ul style="list-style-type: none"> • Severe workforce shortages across the continuum of care. • Whole sector solutions required to meet breadth of need. • Shortages impact patient movement and care across settings. <p>Connecticut's Healthcare Providers</p> <p>Hospitals/Health Systems</p> <ul style="list-style-type: none"> • 1.8 million days of inpatient care (331,000 admitted patients) • 8.3 million outpatient services • 1.1 million emergency department visits <p>Nursing Homes</p> <ul style="list-style-type: none"> • 209 nursing homes across the state • 18,000 residents • Over 70% of residents are Medicaid beneficiaries <p>Home Care</p> <ul style="list-style-type: none"> • 90 home health care agencies serving 15,000 patients. • 700 homemaker/companion agencies serving 25,000 LTSS clients. • 7500 PCAs (self-directed) services nearly 5,000 clients.

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Pre-pandemic Workforce Challenges

- Workforce challenges preceded the COVID-19 pandemic.
- Data pointed to a growing need for skilled professionals, most especially nurses.
- Governor's Workforce Council (GWC) identified need to produce approximately 7,000 new workers a year.
- GWC identified 2,500 CNA open positions at nursing homes alone.
- GWC highlighted need for:
 - Nurses
 - Skilled Technicians
 - Home Health Aides

Pandemic's Strain on Workforce

- Significant toll on workforce after 20 months of combatting the virus
 - 6 in 10 indicating that it has impacted their mental health
 - 3 in 10 considered leaving profession
- Clinical professionals choosing opportunities off of the front lines of clinical care
- Employees looking for opportunities outside of healthcare
- Many considering or opting for retiring early

Focus on Retention

- Focus on wellness and creating a culture that promotes self-care and assists with resilience
- Continue to build workplaces where employees feel safe, valued and engaged
- Offer opportunities to build skills and grow into new roles

Focus on Equity and Diversity

- Extending the focus on equity to the workforce
- Imperative to adopt diversity, equity and inclusion initiatives in clinical education, recruitment and retention

Partnership Required

State Support Needed to Maintain Patient Access to Services

- Financial assistance to bridge the gap; address immediate workforce shortage
 - Per diem, locum tenens, travelers
 - Incentives for remaining or returning to the healthcare sector
- Reimbursement needs to fully support care delivery
- Expansion of education and training opportunities

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- Fund additional faculty positions and placements
- Loan forgiveness
- Tuition assistance
- Online training opportunities
- Review staff intensive laws/regulations
 - Workforce supply inadequate to meet staffing ratios
 - Mandated staffing roles issued without regard to workforce availability
- Elevated partnership with state economic development and workforce officials
- Public awareness campaign to inspire job seekers to look at healthcare employment

Ms. Veltri thanked the group for presenting to the cabinet today. Several discussions ensued for more information, please see the meeting's recording link below.

https://ctvideo.ct.gov/ohs/HCC_20211109_Recording.mp4

Group Practice Dashboard

Olga Armah, OHS

Ms. Veltri introduced Olga Armah who will be presenting the Group Practice Dashboard.

Summary of the highlight of the presentation are below.

- Group Practices Statutory Requirements
- Purposes of the Requirements
- Sample of Filing
- Observations
 - Dashboard Overview
 - How to Access Large Medical Group Practice Information

Medical Group Practice Statutory Requirements

- Connecticut General Statutes (C.G.S.) § 19a-486i (g) and (h), requires:
 - each hospital, hospital system, non-hospital owned/affiliated group medical practices comprised of **30+ physicians** to submit an annual report to the Attorney General and Office of Health Strategy ("OHS") by January 15th.
- The filings include the following:
 - Medical group practice and its affiliation to a hospital or health system;
 - A list of the practice's physicians and their specialties;
 - Practice location, primary service area zip codes and specialty services provided at the location.

Purposes of the Requirements:

- For Certificate of Need
- To enable the CT Attorney General's Office to review issues related to monopoly and their impact on consumers.

OBSERVATIONS

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- The group practice filings are not a comprehensive list of group practices in the state,
- Limited to only group practices and providers that have 30+ physicians,
- A group practice may have a wide primary service coverage area, but not all specialty services are provided at all the locations.
- Most CT large medical group practices:
 - are affiliated to a health system;
 - provide multispecialty services;
 - tend to acquire single specialty small group practices that offer relatively similar specialty services.

Ms. Veltri thanked Ms. Armah for the presentation. Several discussions ensued for more information, please see the meeting's recording link below.

https://ctvideo.ct.gov/ohs/HCC_20211109_Recording.mp4

Adjourn

Victoria Veltri

The motion to adjourn the meeting was made by Allan Kaye and seconded by Nicole Taylor. The motion passed.

The meeting adjourned at 11:00 a.m.