



MARGARET WOOD HASSAN
Governor

STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

REPORT TO GOVERNOR HASSAN:

**Recommendations on
Health Care and Community Support Workforce**

December 16, 2016

The Governor's Commission on Health Care and Community Support Workforce

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Table 1:

Membership

The Governor's Commission on Health Care and Community Support Workforce

Dr. Susan Huard, Chair; President, Manchester Community College

Kathy Bizzaro-Thunberg, Executive Vice President of the New Hampshire Hospital Association

Lisa DiMartino, Parent of a child receiving long-term care services and support

Jon Eriquezzo, Vice President of Innovation of the Crotched Mountain Foundation

Todd Fahey, State Director of AARP New Hampshire

Dr. Mike Ferrara, Dean of the University of New Hampshire College of Health and Human Services

Margaret Franckhauser, Chief Executive Officer of Central New Hampshire VNA and Hospice

Dr. Yvonne Goldsberry, President of the Endowment for Health

Brenda Howard, Medication Nursing Assistant/Licensed Nursing Assistant at
Maplewood Nursing Home of Cheshire County

Dr. Judith Joy, Interim Nurse Executive Director of the New Hampshire Nurses' Association

Joelle Martin, Council for Youths with Chronic Conditions Board Member

Stephanie Pagliuca, Director of Bi-State Recruitment Center

Dennis Powers, Chief Executive Officer of Community Crossroads

Dr. Susan Reeves, Dean of the Colby-Sawyer College School of Health Professions and
Gladys A. Burrows Distinguished Professor of Nursing

Deborah Scheetz, Director, Integrated Health Care Reform of the New Hampshire Department of Health
and Human Services

The Staff of the Department of Health and Human Services provided exemplary support, assuring transparent access to information, as well as on-going administrative assistance to the Commission. Leslie Melby's support, as the Special Projects Administrator, is particularly appreciated.

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All agendas, minutes, and materials of the Commission dating from May 31, 2016 to November 22, 2016 are posted on Governor Hassan’s web page:

<http://www.governor.nh.gov/commissions-task-forces/health-care/index.htm>

**Table 2:
Individuals Who Gave Generously of Their Expertise**

| Date | Individual(s) | Organizations | Topics |
|-------------|---|--|--|
| 7/26/16 | Stephanie Pagliuca Alisa Druzba Dr. Mike Ferrara Dr. Susan Reeves Debbie Krider | Bi-State Primary Care Recruitment Center NH Dept of Health & Human Services UNH College of Health and Human Services Colby-Sawyer College School of Health Professions Granite State Independent Living | NH Provider Vacancies State Loan Repayment Program Educational Opportunities for Health Care & Community Support Workforce Home Care Attendants |
| 8/23/15 | Gina Balkus Dan Hebert | Home Care Association of New Hampshire Consumer | Challenges in Home Health Staffing Personal Care Programs |
| 9/27/16 | Suellen Griffin Patrick Miller Chris Callahan Peter Danles | West Central Behavioral Health and NH Community Behavioral Health Association Exeter Health Resources NH Office of Professional Licensing and Certification | Behavioral Health Workforce Trends Medical Assistant Training Initiative Health Professions Licensing |
| 10/25/16 | Kristina Fjeld-Sparks Nancy Frank Paula Smith Trinidad Tellez, MD Shawn Barry Jessica Santos, PhD Brendan Williams Kathryn Kindopp | NH AHEC Program Office Northern NH AHEC Southern NH AHEC Office of Health Equity, DHHS Office of Health Equity, DHHS Institute on Assets & Social Policy, Brandeis Univ. NH Health Care Association Maplewood Nursing Home, NH Assoc. of Counties | New Hampshire Area Health Education Center NH Health Profession Opportunity Project Long Term Care Facilities |
| 11/22/16 | Phil Przybyszewski | Workforce Solutions Project, Community College System of New Hampshire | NH Sector Partnerships Initiative |

EXECUTIVE SUMMARY

A robust health care workforce is essential to assure a stable health care system and a strong state economy. As the population of New Hampshire ages and becomes more diverse, citizen demands on the State's health care system are increasing. The Granite State is experiencing an unprecedented growth in demand for supports and services as its population ages. This is occurring just as the State is also experiencing an increasing rate of retirement among its supply of health care workers who are supporting children, adults and seniors. As a result of growing demand from aging baby boomers and a shrinking of the traditional caregiver labor pool, the future will be immeasurably worse without decisive action.

Today, New Hampshire faces a serious challenge in meeting its citizens' long term care needs in both community and facility-based settings. Workforce is not just an issue of concern to agencies or facilities, but to consumers and families. The State has identified shortages in critical healthcare fields that include: direct care provision, nursing (especially pediatric nursing¹), psychiatry and other mental health professionals, physical therapy, geriatrics, and primary care. These shortages threaten the ability of New Hampshire's health care system to meet the emerging needs of our population, particularly for services delivered at the community level.

In April 2016, in recognition of the healthcare and direct support workforce shortage facing New Hampshire, Governor Margaret Wood Hassan issued an Executive Order creating the Commission on Health Care and Community Support Workforce. Comprised of experts from aging and developmental services, nursing, health professions education, primary care, community care, and facility services, the Commission was charged with assessing the scope of the problem and making recommendations to address the State's long term and short term health care workforce needs. Specifically, the Governor charged the Commission to do the following:

- a. Project the short- and long-term needs for health care and direct care workers in New Hampshire;
- b. Examine and recommend methods for recruiting additional health care and direct care workers;
- c. Examine and recommend additional steps as necessary to expand training opportunities and the training pipeline for health care workforce;
- d. Examine barriers to education and employment and recommend remedial approaches;

¹ Final Report of the Commission to Study the Shortage of Nurses and Other Skilled Health Care Workers for Home Health Care Services and Post-Acute Care Services, SB 439, Chapter 252:1 Laws of 2016, November 1, 2016. Accessible online at <http://www.gencourt.state.nh.us/statstudcomm/reports/1277.pdf>

- e. Examine and make any recommendations for improvement on rate and pay structures that may prevent New Hampshire from attracting and retaining sufficient workforce to allow residents to receive high-quality care in their homes and communities;
- f. Identify any regulatory, credentialing or payment barriers to fully integrating care and support for those with chronic conditions living in the community;
- g. Examine and make any recommendations for improving rules, regulations or state laws that could help ensure New Hampshire residents have access to quality health and direct care; and
- h. Examine and make recommendations for any improvements to the structure of New Hampshire's loan repayment program and whether it is addressing current workforce needs.

Members of the Commission met monthly from May 2016 to November 2016, to discuss relevant publications, review data, and hear testimony from community stakeholders focused on workforce issues and concerns. Meetings were held May 31, June 28, July 26, August 23, September 27, October 25, November 22, 2016, and December 15, 2016 (via conference call). Meeting agendas in support of the Executive Order included expert testimony to identify the scope of the workforce shortage throughout the state, to identify recruitment and retention concerns, and to propose workable solutions. The Commission also solicited community input by encouraging public comment at each of its meetings and at its public listening sessions held during the autumn of 2016 (October 4 in Concord, October 5 in Portsmouth, October 14 in Keene, October 19 in Manchester, October 28 in Littleton, and November 17 in Nashua). The Commission maintained a webpage² to publicize its meeting schedule, regional public listening sessions, meeting agendas, and stakeholder presentations.

Testimony from industry experts, health care employers, consumers, and the public impressed the Commission with the urgency of the workforce shortage crisis in New Hampshire. The Commission learned from its regional public listening sessions and numerous stakeholder presentations that it has become increasingly difficult to recruit and retain workers at all levels of care in New Hampshire - whether for in-home care, long-term care facilities, or hospitals. The resulting lack of continuity of care is detrimentally impacting the health and safety of New Hampshire's citizens.

Long Term Services and Supports (LTSS) are provided on an ongoing basis to help people of all ages with disabilities, disease, and chronic conditions live independently and participate in their communities.³ However, the State's effort to meet its citizens' long term care needs is hampered by the severe shortage of health care and direct support providers. Inpatient health care facilities are limiting admissions or cannot open due to staffing shortages. On a community level, needs cannot be met and people cannot be cared for adequately and safely because of critical shortages and high turnover of both licensed and unlicensed caregivers. In

² Commission on Health Care and Community Support Workforce. Accessible online at: <http://www.governor.nh.gov/commissions-task-forces/health-care/index.htm>

³ Manatt Health, *Trends in Reforming Medicaid's Long-Term services and Supports (LTSS) System*

behavioral health, waiting lists and delays in care contribute to the increasing rate of unresolved substance misuse problems.⁴ Together, these unmet needs contribute to economic losses for the state as well as profound safety concerns for those who rely on timely care delivery. The growing need for health care providers is further evidenced by the most recent NH Employment Projections by Industry and Occupation report, which projects that 20-25% of all new jobs needed over the next decade, will be in the healthcare sector.⁵

Based on the information collected by the Commission, including testimony, data and review of relevant materials, the Commission proposes the following solutions to better address the current workforce shortage and impending workforce crisis in health care and direct support providers:

- Reduce government barriers and delays related to the State’s Licensure approval and criminal background checks;
- Create a robust mechanism to collect capacity data of the current health care workforce and use that data to project future health care and direct support workforce needs;
- Continue to enhance current educational programs, develop new and innovative training programs, and enhance retraining programs; and
- Raise Medicaid reimbursement rates to support wages that reflect the current and competitive wage scale for a healthy economy in New Hampshire.

The Commission’s findings are focused on the following priority areas:

1. **Licensure and Certification:** Issues around the State’s professional licensure and certification rules and regulations arose early and repeatedly in testimony submitted to the Commission. It is apparent that the variety of licensure rules and differing processing regulations and practices create inconsistencies and inefficiencies in staff recruitment and on-boarding new workers by health care and support services providers. In the State’s current economic environment, in which some health care worker wages are not competitive, delays in license processing are resulting in the loss of potential workers to other employment. Licensure rules also hamper billing for some services. In some cases, licensure actually prevents a qualified, vetted worker from providing services.
2. **Direct Support Professionals:** New Hampshire is experiencing a growing shortage of direct support professionals, which threatens the ability of individuals to remain in their homes and communities. Direct support professionals provide critical supports and services without which the State’s policy to strengthen its Long Term Services and Supports will

⁴ As of August 2016, there were 173 vacant postings solely within NH’s community mental health centers. This represents \$6.8-7.6 million in wages not entering the state’s economy. *Workforce Trends, Impacts and Solutions*, NH Community Behavioral Health Association. Accessible online at <http://governor.nh.gov/commissions-task-forces/health-care/documents/hc-09-27-2016-community-behavioral.pdf>

⁵ New Hampshire Department of Employment Security, *NH Employment Projections by Industry and Occupation, base year 2014 to projected year 2024*, June 2016. Accessible at <http://www.nhes.nh.gov/elmi/products/proj.htm>

likely not be achieved. In New Hampshire, direct support providers are plagued by low wages and poor benefits. The Commission heard repeated pleas for increased provider rates so that direct support providers can achieve a livable wage at hourly rates that recognize their level of responsibility, heavy workload, and high injury rates. The Commission calls attention to this workforce shortage area separately since unlicensed workers are an integral component of the support system.

3. **Data Collection and Analytics:** There is a paucity of data to document the size and capacity of the current health care workforce in New Hampshire, and to identify future workforce needs of the population. The Commission found that useful data on the healthcare and direct support workforce are scarce and, when available, are of poor quality. Discussion regarding the barriers to useful data collection pointed to the State's long tradition of privacy and reluctance to gathering and analyzing what some feel may be personal information. In addition, resources to analyze and disseminate data within the State are underfunded. Planning and decision making for future needs is exceptionally hampered by lack of meaningful historical and current data, and the lack of a state data analytics function to support gap analysis and predictive modeling.
4. **Education and Training:** Quality education supporting the health care and direct support workforce is available in the State, but elements are underutilized for a variety of reasons. Successful programs to support educational advancement at all health care provider levels have been developed in the State using grants and other funding sources, only to be terminated for lack of ongoing financial support. This, among other factors, has led to a shortage of training programs at the direct care provider, licensed nursing assistant, and practical nurse levels.

In addition, significant challenges are manifest into the foreseeable future as faculty retire and prospective faculty choose not to teach. At all levels of education, however, cost is a barrier for career development and advancement. The mismatch of costly educational preparation for an academic career and salary has also created a barrier for faculty recruitment, as salaries for educators often compare poorly to salaries for clinical practice. Given the aging of the faculty workforce, a critical shortage of academically prepared faculty is already taking place and anticipated to worsen.

For students who are able to find appropriate education, effective transition to work is also compromised. Internships and apprenticeships in clinical facilities and in the community are scarce, and are leading to a delay in the development of "career ready" personnel. The shortage of opportunities for transitional education not only impacts quality of care directly, but also contributes significantly to role satisfaction, workforce recruitment, and workforce retention.

5. **Financial Supports:** Financial considerations are threaded throughout the Commission's findings and recommendations. However, one theme repeated throughout Commission deliberations was the failure of Medicaid provider reimbursement rates to keep pace with

cost of living. Medicaid reimbursement has been stagnant for many years, thereby suppressing wage growth. Non-competitive wages have created high turnover in direct service providers and skilled nurses caring for seniors and individuals, inclusive of children, with disabilities in their homes. Behavioral health and substance use disorder treatment providers have similarly been impacted with wage disparities, thus discouraging potential providers from entering the workforce.

An additional theme relates to the shared border with Massachusetts and its capital, Boston. The appeal of higher salaries, as well as the social atmosphere of a large city, is a factor in retention for many New Hampshire communities near the border and in rural areas of the State. The need to revitalize community life or present vital community environments that already exist to potential workforce was noted. Closely related was the need to consider improvements in reciprocity as a mechanism for future recruitment. Many individuals currently holding a license from another state who have sought licensure in New Hampshire, report that the requirements for reciprocity are too cumbersome for someone with experience/licensure.

The prevailing purpose of the Commission's recommendations is safety for the State's citizens. It is important to note that quality and safety concerns are implicit when examining health care workforce shortages. A shrinking workforce to serve a growing number of patients in community settings results in service access problems that seriously compromise the availability and quality of care.⁶ (See Appendix C, *Final Report of the SB 439*.⁷)

The Commission's work initiated a process of investigation that revealed a number of salient problems and solutions. However, a number of workforce issues remain for which this Commission did not have sufficient time to investigate. Therefore, the Commission has identified priority workforce issues for future consideration by the State's policymakers.

Unfortunately, there is no silver bullet that can solve today's shortages and meet future demand. Actions are required at many levels, on many different fronts. Confronting workforce shortages is inextricably related to all other aspects of acute health care and long-term care reform—from defining what the long-term care system is expected to do and how it should be financed, to how to promote quality, employ technology, and develop and implement new models of organization and service delivery. How New Hampshire chooses to meet the growing demand for long-term care in the future will have a significant impact on the number and types of personnel that will be needed, from where they will be recruited, how they should be compensated and trained, the nature of their work and the settings in which they work.

⁶NH Community Behavioral Health Association, *Workforce Trends, Impacts and Solutions*, September 27, 2016. Accessible online at <http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-09-27-2016-community-behavioral.pdf>

⁷*Final Report of the Commission to Study the Shortage of Nurses and Other Skilled Health Care Workers for Home Health Care Services and Post-Acute Care Services*, SB 439, Chapter 252:1 Laws of 2016, November 1, 2016, Accessible online at <http://www.gencourt.state.nh.us/statstudcomm/reports/1277.pdf>

Members of the Governor’s Commission on Health Care and Community Support are honored to have participated on the Commission and respectfully submit this report for the Governor’s consideration and implementation. Following is a summary problem definition with associated short and long term recommendations to improve the health care workforce landscape in New Hampshire to better meet the need of its citizens, and proposed viable solutions to address these problems.

LICENSURE AND CERTIFICATION

“We’re putting our elders at risk when we can’t get the right people to provide care. Nursing assistants who have passed their licensing exams are not allowed to continue working as assistants while they wait weeks and months to receive their licenses. Do something about these long delays in getting qualified health care workers licensed.”

Long Term Care Administrator

The licensing and certification of health care professionals in New Hampshire falls under the purview of the State’s Office of Professional Licensure and Certification (OPLC) within its Division of Health Professions. The Division of Health Professions includes 25 distinct boards, each of which focuses on the licensure or credentialing of health professionals in different disciplines, including physical and occupational therapists, alcohol and drug use professionals, psychotherapists, clinical social workers, mental health counselors, marriage and family therapists, nursing professionals physicians, dentists, among many others. These professionals work in a variety of settings including individual’s homes, community settings, nursing homes, skilled nursing facilities, community health centers, community mental health centers, private offices, and hospitals.

Prior to the formation of the Office of Professional Licensure and Certification in 2016, the health professions boards had no administrative links or relationship to one another. Each board maintained its own staff, rules, and processes to carry out the licensing and certification of the professionals under its direction. The lack of interactions between boards that regulate related professions, as well as the lack of consistency within the administrative structure that supports each board’s work, have long been criticized as negatively impacting the ability of individuals to become licensed and/or maintain licensure or certification, thus limiting the availability of the workforce in the State.

Several boards have had administrative staff vacancies that have impeded the ability of multiple boards to adjudicate applications and provide information to the public in a timely manner.

With the recent restructuring of the boards under one administrative unit, the boards are just beginning to examine ways to implement best practices and update their regulations to conform with how individuals are trained and how they practice in today’s health care environment. We recognize that the OPLC is just beginning to review its procedures, and in doing so, the Commission offers the following recommendations to incorporate into its strategic plan.

Finally, given the increasing demand throughout the State for a qualified workforce to provide direct support, home care, nursing, behavioral health and substance use disorder treatment and support services to individuals within a variety of settings, it is critical to have administrative rules and laws in place that allow individuals to practice at the top of their license and credentials, as well as to reduce and eliminate as many barriers as possible to licensure and certification. Taking these steps will help strengthen the current workforce and allow the State to attract and recruit from a broader pool of health care professionals who are interested in working in New Hampshire.

Licensure and Certification Recommendations:

The Commission recommends short and long term approaches to streamline and simplify the licensure process for all healthcare professions.

Short Term:

1. The Office of Professional Licensure and Certification should be directed to create a multi-stakeholder work group to advise the individual boards within its Division of Health Professions on ways to increase efficiencies and improve processes to expedite the licensure and certification of health professionals. Priority topics to be addressed by this work group include:
 - Expediting the licensure of health professionals who have been or are currently licensed in other states.
 - Expediting the processing of criminal background checks that are currently required to be completed by the New Hampshire State Police. Expand the requirements to allow a federal criminal record check to be done by outside vendors.
 - Setting timeline targets for granting a license upon the successful completion of a required licensure or certification exam.
 - Evaluating the need to require notarization for employee physicals in order to process licensure applications.
 - Empowering all boards within the Division of Health Professions to proceed with applications between regularly scheduled meetings to enable timely on-boarding of staff, particularly for professions demonstrating a shortage.
 - Requiring boards to send reminders for timely completion of licensure/certification renewals.
 - Allowing home care attendant experience to count toward LNA requirements.
 - Developing uniform data collection requirements among all healthcare boards relative to its licensees.
 - Expanding the workforce pool to include workers from foreign countries and those with disabilities through accommodations.

- Examine on-boarding requirements for individuals who currently hold a license from another state that seek licensure in New Hampshire; directly address the challenges of required reporting for supervision and original documentation.

Long Term:

2. The Office of Professional Licensure and Certification should request the introduction of legislation to implement improvements identified by the multi-stakeholder work group (see Recommendation #1 above).
3. The Board of Nursing should be directed to revise its training and practice regulations to reflect the increasing volume of services provided in patients' homes and community settings.
4. The Board of Allied Health Professionals should revise its scope of practice and supervisory regulations for physical therapy and occupational therapy assistants to reflect the increasing volume of services provided in patients' homes and community settings.

DIRECT SUPPORT PROFESSIONALS

“Aside from parents and siblings, a Direct Support Professional is the most important person in the life of the individual. It’s of critical importance that the funding agencies recognize the importance of this profession and provide a compensation structure that provides incentives to enter and remain in this field.”

A Parent of an Adult with Disabilities

Direct support professionals (DSPs) work directly with individuals with disabilities to assist them to lead a fulfilling life in the community through a diverse range of services, including but not limited to helping individuals get ready in the morning, take medication, go to or find work, or participate in social activities.^{8 9} Direct support positions are plagued by low wages and poor benefits. Low wages and lack of health care coverage among the paraprofessional direct care workforce are particularly problematic given their level of responsibility, heavy workloads, and high injury rates¹⁰. Direct care workers (3.4 million in 2014 and projected to reach nearly 5 million by 2022¹¹), deliver an estimated 70-80% of long term care nationally.

New Hampshire’s home care workers and direct support professionals are critical to an expanding system of home and community based long term services and supports in New Hampshire. But, appropriately skilled workers to meet the growing demand are making less than a livable wage at hourly rates well below the median wage for all US workers.

The Commission heard frequent testimony as well as survey results from the NH Chapter of the National Alliance of Direct Support Professionals, that the average wages of DSPs in New Hampshire is \$11.38 per hour, 34% of DSPs have never received a raise, 45% work a second job, 62% live in a household with two wage earners, 63% drive vehicles that are at least seven years old, and mileage reimbursement ranges on average between \$.37 and \$.46 per mile).¹² The direct support workers identified the greatest challenges as inadequate pay, wear and tear on vehicles and low mileage reimbursement, lack of training, and isolation.¹³

⁸ American Network of Community Options and Resources, *Addressing the Disability Services Workforce Crisis of the 21st Century* (draft), p.3.

⁹ National Alliance for Direct Support Professionals, *15 NADSP Competency Areas*. Accessible online at: https://www.nadsp.org/images/NADSP_Competency_Areas.pdf

¹⁰ CMS, *Coverage of Direct Service Workforce Continuing Education and Training within Medicaid Policy and Rate - Setting: A Toolkit for State Medicaid Agencies*, August 2013, p.7. Accessible online at: <https://www.medicaid.gov/medicaid/ltss/downloads/workforce/dsw-training-rates-toolkit.pdf>

¹¹ Goldman, L and Wolf, R, *How Can States Support an Aging Population? Actions Policymakers Can Take*, Milbank Memorial Fund, June 8, 2016, p.18.

¹² Robin Carlson, NH Chapter of the National Association of Direct Support Professionals, Presentation to the Commission, June 28, 2016.

¹³ NH Council on Developmental Disabilities, *RAP Sheet*, Winter 2016, pp. 11, 13.

Direct Service Provider Recommendations

Short Term:

1. The Legislature should provide for sustainable Medicaid reimbursement rate increases (including cost of living adjustments) for direct support providers (DSP and home care workers) to improve wages and benefits packages in order to improve recruitment and retention. The Department of Health and Human Services should vet tiered rate structures¹⁴ to provide enhanced reimbursement for services rendered to beneficiaries with more complex needs.
2. DHHS should expand the collection of workforce data to include unlicensed Home Care workers and Direct Support Professionals. It is imperative that the State better understand the supply and demand for unlicensed workers that support people in home and community based settings. Collection and analysis of this data will better inform more effective planning and policy making.
3. DHHS should be directed to develop a statewide open registry to connect beneficiaries with home care and direct support professionals and health care providers. Federal funding is available through the federal Medicaid administrative match available to states to develop and maintain a statewide registry for health care and community support professionals.^{15 16}

Long Term:

4. Develop new applicant pools through provision of English as a Second Language opportunities; employment waivers for refugees; and development of innovative training programs that strengthen job training through partnerships between community colleges and employers and funding mechanisms that will support a well-trained, high-quality health care workforce to help NH's most vulnerable children and adults remain in their homes.
5. DHHS and the Department of Education should collaborate to encourage school districts to inform high school students about direct support as a career choice including the opportunity for internships, apprenticeships, and mentorship programs.

¹⁴ CMCS Informational Bulletin, *Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce*, August 3, 2016, p.3

¹⁵ *Ibid*, p.2

¹⁶ CMS, *Questions and Answers: Administrative Claiming Related to Training and Registry Costs*, July 8, 2015. Accessible online at: <https://www.medicaid.gov/medicaid/financing-and-reimbursement/downloads/ga-training-registry-costs-071015.pdf>

6. The Legislature should fund and reinstate the *DirectConnect* workforce development program, previously funded through the American Recovery and Reinvestment Act (ARRA) and operationalized through the University of New Hampshire, for future funding to ensure that the State supports tuition scholarship programs to help support workers who enter training programs, as well as provide resources to promote peer mentoring, training programs, and long distance learning opportunities.

DATA COLLECTION AND ANALYTICS

“When the Board of Medicine informed licensees that a workforce survey would be required upon renewal of their licenses, 80.5% of physicians completed the survey. When the survey was voluntary the following year, only 7.3% completed the survey.”

Office of Rural Health and Primary Care

The Commission recognizes that in order to strengthen New Hampshire’s health care and direct support workforce, the State must identify current and anticipated workforce shortages. Throughout the Commission’s meetings and public listening sessions, members learned New Hampshire lacks a robust systemic approach to data analytics for workforce analysis that is needed to coordinate analysis of workforce data and trends to inform short and long term policy making. The absence of data on health professionals working in New Hampshire is crippling the State’s ability to inform workforce policy and resource allocation.

New Hampshire needs a coordinated and effective system to collect and analyze key practice and capacity data from all practicing health care and direct support providers in the state e.g., required skills and competencies, staff recruitment challenges, staff retention challenges, training challenges, and caseloads. Presently, information collected by the Health Professions Data Center (HPDC) on primary care providers is carried out for the sole purpose of exploring or renewing federal shortage designation for a specific geographic area. This process is inefficient and the data collected is not of use for broader statewide analysis and planning for program development, as well as recruitment and retention of health care providers.

Although information on workforce is available from licensing lists provided by the health professions boards, these lists are difficult to use for the following reasons: (1) providers are listed at a single location, though many split their time across multiple locations; and (2) there is no indication as to whether the provider works full-time/part-time, is retired but maintains an active license, or whether their practice is non-clinical (e.g. teaching, legal, administrative).

As the State’s health care system moves toward a model centered on care provided in the home and community, unlicensed staff will assume greater levels of responsibility. The need for direct support providers will significantly increase due to the unprecedented projected growth in New Hampshire’s elder population.¹⁷ There is presently no consistent, reliable system of data collection for this portion of the workforce.

Data Collection and Analytics Recommendations:

¹⁷ New Hampshire Center for Public Policy Studies, *New Hampshire’s Demographic Challenges and the Role of State Government*, February 18, 2016. Accessible online at: http://www.nhpolicy.org/UploadedFiles/Reports/Demography_Final_218.pdf

Short Term:

5. The Office of Professional Licensure and Certification should be directed to expand the collection of workforce data through the State's licensing and certification boards to include physicians, psychiatrists, physician assistants, APRNs, dentists, psychologists, behavioral health practitioners, and substance use disorder treatment providers through an electronic survey process. Each of these Boards should revise their rules to require the collection of New Hampshire's health care workforce data through licensing and certification procedures. The rules should be uniform among the Boards to facilitate the use of a single survey instrument.

Long Term:

6. The Legislature should provide ongoing funding to develop and manage data analytics system at the Department of Health and Human Services to inform short- and long-term policy making. The data analytics function will include the collection, monitoring, and analysis of data on required skills and competencies of the workforce; staff recruitment challenges, staff retention challenges, training challenges, and caseloads within the Department of Health and Human Services.

The collection of workforce data should include unlicensed Home Care workers and Direct Support Professionals so that the State can better understand the supply and demand for unlicensed workers that support people in home and community based settings. Collection and analysis of this data will better inform more effective planning and policy making. The areas to be measured include:

- Number of positions
- Types of positions and naming conventions for the positions
- Caseloads
- Required educational levels for various positions
- Required skills, competencies, and responsibilities for each position
- Wages and benefits
- Geographic distribution of staff (where they live and where they work)
- Race, ethnicity, and languages spoken
- Training provided
- Vacancies and turnover

EDUCATION AND TRAINING

"I am shocked that New Hampshire isn't supporting LPN programs, so that we're left with only two programs in the entire state to fill a huge staffing gap for community-based and facility care. That's why we're losing people to other states."

Assisted Living Facility Director of Nursing

"Area Health Education Centers continually evaluate the state's needs for health professions' training, and identify the funding necessary to create training programs. For example, the state's growing opioid crisis led to developing training for Screening, Brief Intervention, and Referral to Treatment (SBIRT)"

NH Area Health Education Center Director

The Commission heard extensive testimony from the health care professional sector and direct support professional groups. Though the composition of these groups varies considerably, the issues, challenges, and needs faced by both are strikingly similar.

Both health care and direct support provider groups would benefit from efforts to heighten student awareness of the available fields in the pre-preparation high school years. By and large, the State's youth are unaware of the broad range of health career opportunities. The availability of career fairs and work "shadow" opportunities would help to highlight the benefits of working in the health related fields. The development of New Hampshire-specific marketing and public awareness campaigns would further nurture this goal.

Health professions and direct support students require financial and other supports to assure their successful completion of their programs. However, much needed sources of tuition assistance, including scholarships, grants, and traineeships are lacking. In addition, the lack of experiential training opportunities is impacting the workforce's transition between educational programs and the workplace.

The Commission also heard frequent concerns about the lack of students' preparation to work in community and home settings. Despite the increasing use of home and community based services, education and training programs continue to be focused on acute care.

Faculty shortages are of great concern in New Hampshire, since this significantly restricts educational institutions in their efforts to expand programs. Faculty shortages are a result of wage compression and low numbers of qualified individuals to serve in faculty roles. Increasing faculty wages for those teaching in the health professions programs, and expanding

access to doctoral education for health professionals in New Hampshire is necessary to increase the faculty workforce.

Lastly, once working in the field, all health professionals and direct support providers can benefit from career progression pathways, such that it is well-understood how professional growth and development in the field is obtained. Employer-sponsored tuition repayment programs assist in this effort as well as build retention opportunities for the employer. For new professionals working in the field, intensive onboarding programs (e.g. residencies and preceptor programs) should be established to support new professionals with the transition from education to practice.

Education and Training Recommendations:

Short Term:

1. The University System of NH and the NH Community College System, in concert with the New Hampshire Sector Partnerships Initiative (SPI)¹⁸, should be encouraged to convene the SPI Health Care Sector work group to create partnerships between health care providers and educational institutions that: implement Internship (Preceptor, Apprentice) Programs for college students while providing incentives for employers to offer clinical/field work experiences; and
2. New Hampshire's colleges and universities should be encouraged to offer tuition and fee support specifically targeted for health programs. Further, training programs could improve quality by offering more experiential training opportunities that are free of access barriers. Partnerships between educational institutions and health care organizations are necessary to create innovative, cost-effective and timely transitions between education programs and the workplace. Apprenticeship models, such as those supported by the US Department of Labor should be developed, as well as centralized resources to match interested students with available experiential opportunities.
3. New Hampshire's colleges and universities should be encouraged to carefully review educational curricula for health professions and direct support professionals to assure that they reflect current knowledge, skill and competencies expected by today's evolving health care system. This will require expanding the skill sets of the existing and emerging workforce and investing in training. A particular focus on training of students in health professions will necessarily include training in homes and community agencies. Financial support is needed to enable these efforts.

¹⁸ The Sector Partnerships Initiative (SPI) is an industry-driven statewide initiative to help employers in targeted industries address their workforce needs, while helping workers prepare for and advance in careers in these critical sectors. Health care is one of four industries in which SPI is initially focusing. For more information, see <http://www.nhworks.org/Sector-Partnership-Initiative/Overview/>

4. Ask the Chancellor of the NH Community College System to review reinstatement of Licensed Practical Nurse training programs at the State's community colleges.
5. It is recommended that the Home Care Association of New Hampshire and GSIL consider convening the appropriate group of Deans and Directors of programs that prepare home care professionals to design, pilot and implement programs that expand the education of students in home-delivered, technology-enabled health care services.

Long Term:

6. Additional primary care residencies are needed in addition to those that currently exist. Ask the Geisel School of Medicine at Dartmouth College to consider developing a plan to expand its Family Medicine Residency Program capacity to improve access to primary care and increase the number of family physicians in the State of New Hampshire.

FINANCIAL SUPPORTS

"I live in constant fear and stress because it's getting increasingly more difficult to hire and retain Direct Support Workers (DSW). ... If society does not care about my DSW, then society does not care about me."

An Individual with Disabilities

The Commission first sought administrative solutions to mitigate the need for financial expenditures in the recruitment and retention of healthcare workers. Throughout its meetings and public listening sessions, it became clear from stakeholder presentations and testimony, that investments will also be required to ensure an adequate healthcare workforce now and in the coming years.

Consistent testimony indicated that Medicare and Medicaid reimburse services for less than cost, thereby leaving providers unable to adequately reimburse staff. Some direct service providers are at paid \$2.56/15-minute unit. Personal Care Attendants do not earn a livable wage and direct care workers earn an average of \$11.38 an hour, often without benefits.¹⁹

Some Medicaid reimbursement rates have not been increased in the last ten years. Service providers testified that they are no longer able to support their programs or their workers on these rates. This is especially true for behavioral health services, community based settings, and long term care facilities. The State reimburses less for Medicaid than most other states. The Medicaid daily rate for 24/7 assisted care is \$49.²⁰

Low rates lead to a high staff turnover as workers leave the field completely or move to a higher paying facility. Institutional providers are better able to recruit workers, leading to serious shortages in the community workforce.²¹ (See Appendix D, *Workforce Trends, Impacts and Solutions*.) Providers report that New Hampshire workers are also being recruited to neighboring states for higher salaries.

The Commission considered the stagnation of Medicaid reimbursement rates and their economic impact. For example, in 2016, home health care providers serving Medicaid clients are paid the same rates they were paid in 2010. Using the US Bureau of Labor

¹⁹ Robin Carlson, NH Chapter of the National Association of Direct Support Professionals, Presentation to the Commission, June 28, 2016.

²⁰ Brendan Williams, CEO/President, NH Health Care Association, WMUR NH Business, December 11, 2016

²¹ NH Community Behavioral Health Association, *Workforce Trends, Impacts and Solutions*, Presentation to the Commission, September 27, 2016. Accessible online at <http://governor.nh.gov/commissions-task-forces/health-care/documents/hc-09-27-2016-community-behavioral.pdf>

Statistics' Inflation Calculator and the Consumer Price Index (CPI)²², the Commission calculated the 2016 equivalent of New Hampshire Medicaid's 2010 home health fee-for-service rates and associated reductions in payment:

- Adjusting for inflation, the 2010 Medicaid Skilled Nursing rate of \$90.16 per visit has a dollar value of \$81.33 in 2016. To keep pace with the CPI, the skilled nursing rate of \$90.16 set in 2010 should be \$99.96 in 2016. This represents a 9.81% reduction in payment.²³
- Adjusting for inflation, the 2010 Medicaid Licensed Nursing Assistant rate of \$29.60 per visit has a dollar value of **\$26.70** today. To keep up with the CPI, the licensed nursing assistant rate of \$29.60 set in 2010 should be \$32.81 in 2016, a 9.81% difference.²⁴

Beyond the need for livable wages, fiscal allowances are needed to improve low mileage reimbursement, training and/or educational supports, as well as improved working conditions. The state also needs to consider supporting higher education initiatives that will draw needed teaching staff for these professions and to develop internships and preceptorships. (See also Education and Training Recommendations 1 and 3.)

Many of the investments in our workforce will be offset by reduction or diversion of admissions to hospitals and long term care facilities. Nationally, over 63,000 people with chronic conditions and disabilities have transitioned from institutions back into the community through *Money Follows the Person* programs as of December 2015.²⁵ In New Hampshire, the Business and Industry Association has identified adequate Medicaid funding of health care providers as a policy priority to reduce cost-shifting to the business community and slow the growth of total health care costs for employers and the state.²⁶

Financial Recommendations

Short Term:

1. The Legislature should provide for sustainable Medicaid reimbursement rates increases (including cost of living adjustments) to improve recruitment and retention. The Department of Health and Human Services should vet tiered rate structures²⁷

²² US Department of Labor, Bureau of Labor Statistics, *CPI Inflation Calculator*. Accessible online at: http://www.bls.gov/data/inflation_calculator.htm

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ Medicaid.gov, *Money Follows the Person (MFP)*. Accessible online at:

<https://www.medicaid.gov/medicaid/ltss/money-follows-the-person/index.html>

²⁶ Business and Industry Association, *2017/2018 Public Policy Priorities*. Accessible online at:

<http://www.biaofnh.com/priorities.html>

²⁷ CMCS Informational Bulletin, *Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce*, August 3, 2016, p.3

2. The Legislature should support higher education through tuition reimbursement, scholarships, low interest loans and loan forgiveness for all individuals pursuing health care professions. See also Education and Training Recommendation 2.
3. The Legislature should (1) budget additional general funds necessary to support the State Loan Repayment Program (SLRP) to a level that meets the demand for providers in New Hampshire; and (2) create new health care workforce-focused loan repayment programs to address provider types that would benefit from the SLRP model of recruitment and retention.

Long Term:

4. The Legislature should provide Medicaid general funds to reimburse in-home programs for the technology that enable clients to live in their homes and avoid costly and unnecessary hospitalizations and/or admissions to nursing facilities. The Department of Health and Human Services should amend its Medicaid payment rules to allow reimbursement for the purchase, installation, and monitoring of in-home technological supports. For example, Medicaid does not pay for an alert system that monitors consumers (taking medication as directed) and alerting caregivers.

RECOMMENDATIONS FOR FURTHER CONSIDERATION

I. Integrated Care

Since the Commission focused attention on the current shortage of health care workers and the impact of this shortage on access to care, the Commission spent very limited time addressing workforce needs for integrated care. The Commission heard public comments about the need to think proactively about the integrated care models that are beginning to develop across the State, as their focus on collaborative care requires different skills, competencies, and training programs.

Many New Hampshire primary care providers are working hard to integrate a variety of services into their practices, including chronic disease management, behavioral health, social services, community health, and wellness coaching. These efforts are emerging in response to expanding value-based payment models from both commercial payers and Medicare that focus on improving quality and lowering cost. New Hampshire health care providers are engaged in a variety of practice improvement initiatives to advance capability in integrated delivery. These efforts are beginning to identify new workforce requirements and functions for nurses, physicians, behavioral health specialists, and other practitioners. In addition, new types of workers such as wellness coaches and collaborative care managers are needed to promote overall health.

On January 5, 2016 the Centers for Medicare and Medicaid Services (CMS) approved New Hampshire's Section 1115 Research and Demonstration Transformation Waiver that focuses on delivering integrated physical and behavioral health care. This program is developing regional Integrated Delivery Networks (IDN) across the state. It is anticipated that the IDNs will expand access to needed behavioral health and substance abuse services, while tightly coordinating these services with the physical health and social service needs of individuals. The Commission acknowledges the need to begin to plan proactively for the future health care and community support work force. The Commission further recognizes the many ongoing efforts of New Hampshire's health care providers to shift care to fully integrated delivery systems. The Legislative Commission on Primary Care Workforce Issues (per RSA 126-T:1) should assess the future workforce needs in an integrated care environment.

II. Opportunities for Innovation and Removing Barriers to Workforce Supply

The Commission wanted to highlight opportunities to maximize the human and other resources New Hampshire already has by identifying innovative solutions to address the workforce shortage.

Licensure and Certification

New Hampshire is an aging state with a growing number of retired workers, both in health care and direct support. While continuing efforts to attract and retain younger workers, the State could incentivize older workers and/or retirees to remain in the workforce on a full- or part-time basis by removing barriers to entry into the workforce. Doing this would serve the dual purpose of staffing a shortage of workers, and providing older workers with the opportunity to (a) contribute and remain productive and; (b) continue working to augment retirement savings and to partially fund their retirement years.

The State could incentivize participation by older/retired workers by relaxing certain licensing standards and requirements. These could take the form of professional licensing fee waivers and provision (and publication) of the availability of a “retired/part time” licensure status (or some variation thereof) after age 65 to (a) take advantage of retiring nurses and (b) other health professionals who may want or need to work beyond 65 years of age. New Hampshire could benefit from these incentives with its existing cohort, and market this as yet another competitive advantage to individuals seeking to retire in the state.

Some qualified individuals may be disqualified due to prior/old minor (non-violent and not involving crimes of fraud and dishonesty) criminal convictions. The law and policy of New Hampshire permits annulment of some crimes. Doing this may make otherwise ineligible workers eligible for licensure and related gainful employment. The licensing boards could provide hyperlinks on their websites to appropriate resources about getting criminal offenses annulled along with an explanation that not all prior criminal offenses do, or should, preclude securing gainful employment or providing needed services (e.g., alcohol charge while a minor, etc.)

The State could consider relaxing standards that are more stringent than required by Federal authorities with an automatic sunset provision to return to a more robust standard when and if workforce shortages abate. Hours of training required by New Hampshire licensing boards that are more stringent than similar Federal standards could be temporarily relaxed to ease (a) burdens of licensure, and (b) make recognition of licensure by other licensing jurisdictions more readily achieved.

Education & Training

Not all individuals interested in health care are able to pursue college degrees because of academic, preferential or economic reasons. New Hampshire should recognize that the high cost of education and the burden of student loan debt are major barriers to obtaining required training, and may actually keep talented people out of the health care workforce. Instead, people with unique gifts and talents may be channeled in a different direction and unlikely to fill the growing need for qualified staff New Hampshire could establish one or more health

education charter schools in the state as a feeder to provider organizations (similar to the vocational schools), and celebrate such schools as noble and worthy ends in themselves, or a step in a career path to advanced education to focus on training to become a direct support worker/professional, LNA or one of many career options.

Innovative Financial Solutions

The state should encourage full use of existing privately held housing stock by incentivizing (perhaps through local property tax credits) property owners seeking to rent out accessory dwelling units to certain health care workers who qualify for affordable housing based upon their earnings. Local municipalities should be encouraged to partner with tax exempt health care entities within their jurisdictions to offer and to manage local property tax credits to owners who are willing to rent to such workers at 50% of prevailing market rents (for equivalent space). This model would address the housing shortage, provide eligible workers additional disposable income, provide the local health care facility with more workers, potentially reduce commuting costs, all while providing property owners with another source of income and the ability to maximize productive use of their property. A survey of 2016 residential rental costs, conducted by the New Hampshire Housing Finance Authority, documents the cost of housing in the state.²⁸

²⁸ New Hampshire Housing Finance Authority, *2016 Residential Rental Cost Survey*, June 2016. Accessible online at <http://www.nhhfa.org/assets/pdf/RentSurvey.pdf>

Appendix A:

Governor's Executive Order 2016-02, *An Order Establishing the governor's Commission on Health Care and Community Support Workforce*

Accessible at: <http://www.governor.nh.gov/media/orders/documents/eo-2016-02.pdf>

STATE OF NEW HAMPSHIRE OFFICE OF THE GOVERNOR

STATE OF NEW HAMPSHIRE MARGARET WOOD HASSAN EXECUTIVE ORDER 2016-02

An Order Establishing the Governor's Commission on Health Care
and Community Support Workforce

WHEREAS, New Hampshire is facing a growing shortage in all areas of health care workers in all categories, including physicians, nurses, psychiatrists, mental health workers, substance abuse counselors and home-care providers; and

WHEREAS, this workforce shortage increasingly threatens New Hampshire's ability to meet the health care needs of our citizens; and

WHEREAS, this workforce shortage is making it harder to provide home- and community-based care to New Hampshire residents, which limits the choices of our citizens and results in higher cost of care; and

WHEREAS, in the 2016-2017 budget, the Governor and General Court appropriated dollars to the Department of Health and Human Services to study health care and direct care workforce needs;

NOW, THEREFORE, I, MARGARET WOOD HASSAN, GOVERNOR of the State of New Hampshire, by the authority vested in me pursuant to Part II, Article 41 of the New Hampshire Constitution, do hereby establish, effective April 29, 2016, the Governor's Commission on Health Care Workforce;

FURTHER, the Commission shall include members appointed by the Governor representing consumers, health care providers and employers, the education community, organizations, and state government;

FURTHER, the Governor shall appoint the chair;

FURTHER, the Governor's Commission on Health Care Workforce shall:

- a. Project the short- and long-term need for health care and direct care workers in New Hampshire;
- b. Examine and recommend methods for recruiting additional health care and direct care workers;
- c. Examine and recommend additional steps as necessary to expand training opportunities and the training pipeline for health care workforce;
- d. Examine barriers to education and employment and recommend remedial approaches;
- e. Examine and make any recommendations for improvement on rate and pay structures that may prevent New Hampshire from attracting and retaining sufficient workforce to allow residents to receive high-quality care in their homes and communities;
- f. Identify any regulatory, credentialing or payment barriers to fully integrating care and support for those with chronic conditions living in the community;
- g. Examine and make any recommendations for improving rules, regulations or state laws that could help ensure New Hampshire residents have access to quality health- and direct-care; and
- h. Examine and make recommendations for any improvements to the structure of New Hampshire's loan repayment program and whether it is addressing current workforce needs.

FURTHER, the commission shall report regularly to the Governor on its work and recommendations;

FURTHER, the commission shall submit a final report by December 15, 2016.

Given under my hand and seal at the Executive Chambers in Concord, this 29th day of April, in the year of Our Lord, two thousand and sixteen, and the independence of the United States of America, two hundred and forty.

GOVERNOR OF NEW HAMPSHIRE

Appendix B:

Presentations to the Commission

GSIL, *Homecare Attendants Workforce Challenges and Solutions*, July 26, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-07-26-2016-gsil-home-care-attendants.pdf>

Mike Ferrara and Susan Reeves, *Educational Opportunities for Health Care and Community Support Work Force*, July 26, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-07-26-2016-educational-opportunities.pdf>

New Hampshire State Loan Repayment Program (SLRP), July 26, 2017

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-07-26-2016-state-loan-repayment.pdf>

New Hampshire/Vermont Recruitment Center, Matching Primary Care Providers with Opportunities in New Hampshire and Vermont, July 26, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-07-26-2016-recruitment-banners.pdf>

New Hampshire Provider Vacancies Reported to the Recruitment Center, July 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-07-26-2016-nh-vacancy-map.pdf>

Daniel Hebert, *Personal Care Services*, August 23, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-08-23-2016-personal-care.pdf>

Home Care Association of NH, *Challenges in Home Health Staffing*, August 23, 2017

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-08-23-2016-personal-care.pdf>

Exeter Health Resources, *Medical Assistant Training Initiative*, September 27, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-09-27-2016-exeter.pdf>

NH Community Behavioral Health Association, *Workforce Trends, Impacts and Solutions*, September 27, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-09-27-2016-community-behavioral.pdf>

NH Area Health Education Center, October 25, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-10-25-2016-area-health-education.pdf>

Office of Health Equity/Office of Minority Health & Refugee Affairs, *NH Health Profession Opportunity Project, Lessons Learned*, October 25, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-10-25-2016-project-lessons-learned.pdf>

NH Health Care Association, Long Term Care Facilities, October 25, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-10-25-2016-health-care.pdf>

New Hampshire Sector Partnerships Initiative, November 22, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-11-22-2016-sector-partnership.pdf>

Commission Meeting Minutes

May 31, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-05-31-2016-minutes.pdf>

June 28, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-06-28-2016-minutes.pdf>

July 26, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-07-26-2016-minutes.pdf>

August 23, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-08-23-2016-minutes.pdf>

September 27, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-09-27-2016-minutes.pdf>

October 25, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-10-25-2016-minutes.pdf>

November 22, 2016

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-11-22-2016-minutes.pdf>

Commission Public Listening Session Testimonies

<http://www.governor.nh.gov/commissions-task-forces/health-care/documents/hc-12-16-2016-workforce-testimonies.pdf>

Appendix C:

FINAL REPORT OF THE COMMISSION TO STUDY THE SHORTAGE OF NURSES AND OTHER SKILLED HEALTH CARE WORKERS FOR HOME HEALTH CARE SERVICES AND POST-ACUTE CARE SERVICES

(SB 439, Chapter 252:1 Laws of 2016)
November 1, 2016

Commission Members:

| | |
|---|--|
| Senator Jeff Woodburn | Rep. Stephen Schmidt |
| Rep. James MacKay | Rep. John Fothergill |
| Nancy VanVranken- NH Pediatric Society | Audrey Gerkin- Parent Advocate |
| Amy Schwartz- USNH | Tyler Brannen- NH Insurance Dept. |
| Mike Ferrara- UNH | Heather Donnell- Parent Advocate |
| Alisa Druzba- DHHS | Brendan Williams-NH Health Care Assoc. |
| Julie Reynolds- NH Health Agency | Nancy Wells- Department of Education |
| Janice McDermott-Found. for Healthy Communities | Deb Scheetz- DHHS |
| Elizabeth Collins- DHHS | Jonathan Routhier- CSNI |
| Mary Jean Byer-Chair of NHTI Nursing Dept. | Briana White- NH Nurses Association |
| Gina Balkus-Granite State Home Health Association | Matthew Lagos- NHAC |
| Sandra Poleatewich- Home Care Association of NH | |

FINAL REPORT

Introduction

This is the final report for Senate Bill 439, relative to establishing a commission to study the shortage of nurses and other skilled health care workers for home health care services and post-acute care services. Our first meeting was on September 22, 2016. We met a total of five times as a full commission. There were four parts to the bill. We broke into three sub-committees that included Recruitment and Retention, Workforce Demands, and Education. The final and fourth part to the bill was to find solutions to the shortage of nurses and other skilled health care workers for home health care services and post-acute care services. The recommendations from each sub-committee helped to address the solutions. The findings and recommendations of the three sub-committees are outlined below:

Recruitment and Retention Sub-Committee

Chaired by Brendan Williams

Responsibility number 2: Recruitment and Retention

Recruitment and Retention Findings

The Commission has heard from providers – and those needing care – who are experiencing difficulty recruiting, and retaining, caregivers. These challenges have been driven by such factors as strength in the competing service economy, with the state’s unemployment rate recently as low as 2.9%; Medicaid reimbursement, which often bears heavily upon caregiver compensation, being limited by state budget decisions over the past several years; procedural challenges in the processing of licensure applications, specifically criminal background checks; and a lack of educational opportunity and incentives for many who might otherwise choose to go into caregiving.

Recommendation 1: Medicaid reimbursement should be sufficient to pay the Medicaid share-of-cost of living wages that will assist in recruiting, and retaining, caregivers in both the facility-based and in-home care long-term care settings.

Background: The Commission recognizes that continuity of care is essential to quality care, and respects the dignity of Medicaid clients who are served in long-term care settings and those who serve their needs. The Commission believes that caregiving should be a viable profession.

Recommendation 2: Steps should be taken to expedite the processing of criminal background checks, including, but not limited to, such ideas as allowing electronic submission by prospective employers; dedicating a Department of Safety position to the processing of health care background checks; and -- to mitigate the effects of delay -- allowing, as do other states, provisional practice by licensed nursing assistants awaiting only background check results to begin work; provided, however, that such provisional practice occur only under the direct supervision of licensed staff.

Background: The Commission respects the necessity of criminal background checks for those serving vulnerable populations, but understands that delay in processing such background checks for a variety of professions can deter those willing, and trained, to enter the caregiving workforce.

Recommendation 3: The state consider ideas such as targeted state funding for higher education sufficient to recruit prospective nursing instructors from clinical placement settings in order to meet unmet educational demand; the state loan repayment program, which does exist already and could be funded to expand to additional practice settings, as an incentive for caregivers to stay in New Hampshire post-graduation; a state loan forgiveness program, which would need to be established and funded, requiring practice in New Hampshire post-graduation; state scholarship program, which would need to be established and funded, for New Hampshire students and state nursing programs working in partnership with agencies on mentoring, and training, those wanting to enter the field of home health care.

Background: The Commission understands that educational opportunities are essential to growing New Hampshire’s caregiving workforce.

Workforce Demands Sub-committee
Chaired by Deb Scheetz and Alisa Druzba
Responsibility number 3: Workforce Demands

Workforce Demand Findings

The SB 439 Commission acknowledges that the State of New Hampshire needs a uniform mechanism to better collect key practice and capacity data from all practicing, licensed healthcare providers supporting individuals through both facility and home and community based settings. Robust, effective data collection will help provide support for local, regional, and statewide resource decisions relative to healthcare workforce policy and investment. Closely related, the Commission recognizes that the State’s historical reliance on the voluntary submission of information, to inform predictive analysis and gaps in capacity relative to projected need, has demonstrated to be unreliable and inefficient. The State needs the ability to anticipate healthcare workforce shortages before they hit the crisis level providing timely data to state supported programs and policy discussions affected by health workforce dynamics. A forum, or mechanism, for understanding the changing health system, and how those changes intersect with existing educational options and regulatory systems, is mission critical to the state’s evolving needs. In addition, the State should provide support to people who need access to healthcare and home workers by considering how best to improve beneficiary awareness of available, qualified resources. The Commission recommends that the State thoughtfully consider the following three approaches to better track and predict workforce gaps, as well as better connect beneficiaries to resources:

Recommendation 1: Allocate funding to increase the capacity, and expand the scope, of the Health Professions Data Center (HPDC) to include data collection for providers outside of primary care, specifically those that provide home health care and other post-acute services.

Background: New Hampshire must develop a system of data collection to define, quantify, and analyze the workforce shortage. The analysis should include all areas geographically, sites of employment, and other demographic indicators. The Division of Public Health Services, Rural Health and Primary Care Section (RHPC) developed the Health Professions Data Center (HPDC) to collect key practice and capacity data from all practicing, licensed providers in New Hampshire. The HPDC is the first coordinated approach to the collection of NH’s primary care workforce data on a consistent basis. It will collect provider data by implementing provider surveys with the respective licensing boards. A Health Professions Data Center helps provide support for local, regional and state resource decisions related to health workforce issues new program start-ups, recruitment/retention programs, etc. It provides the ability to anticipate health workforce shortages before they hit crisis level providing timely data to state supported programs and policy discussions affected by health workforce dynamics. It also creates a forum for understanding the changing health system and how those changes intersect with existing education and regulatory systems.

Recommendation 2: Identify specific legislative strategies, in cooperation with NH Primary Care Workforce Issues Commission, and sponsors, to require the collection of the state health care workforce data through state licensing boards.

Background: The Division of Public Health Services, Rural Health and Primary Care Section (RHPC) worked with the Board of Medicine (BOM) to implement the survey for physicians and psychiatrists beginning in the 2015 license renewal cycle. The BOM planned to change their rules to include the survey requirement as a condition of license renewal but learned they did not have the statutory authority to do so. During the 2015 survey when we stated it would be required – 2,564 (80.5%) of 3,187 physicians due to renew their license completed the survey. 88.6% of those actively practicing completed it. When the survey was voluntary in 2016 - 235 (7.3%) of 3,235 physicians due to renew their license completed the survey. 4.9% of these physicians reported to be actively practicing.

Recommendation 3: Explore establishing a statewide open registry of workers for public use that improves beneficiary awareness of available, qualified home and health care workers. The Department of Health and Human Services should consider the Medicaid administrative match that is available to states to help fund the development and maintenance of the registry. The vetting of such a service should be done in cooperation with providers and take into consideration other states that have built registry services to better connect beneficiaries with home and healthcare workers.

Background: Establishing an open registry of workers for public use can help strengthen the identity of the workforce and improve beneficiary awareness of available, qualified home and health care workers. To be most effective, the registry should include individuals who have attained any required educational or training standards, but states can use registries in different ways, including offering it as an option, but not requiring beneficiaries to select home or health care workers from it. Medicaid beneficiaries, and in some instances agencies, could be able to access these registries not only to identify workers but to also add workers, including those who are available for service provision under self-directed service models. Registry(ies) should align with state law and policy with respect to criminal history. Such activities are appropriate to be reimbursed as administrative costs under the Medicaid program. Administrative costs are reimbursed for all states at a 50% FMAP rate. To the extent that the registry is used by non-Medicaid eligible individuals, or non-Medicaid providers, the costs of its establishment and maintenance would need to be allocated between Medicaid and non-Medicaid funding streams.

Education Sub-Committee

Chaired by Nancy Wells

Responsibility number 4: Training and Professional Development

Education Findings

Nursing education in New Hampshire continues to increase enrollment in all programs with the exception of those preparing for Practical Nurse licensure. Efforts have been made to have

students from the Community College system move seamlessly into the baccalaureate programs providing a well prepared qualified nursing workforce. Challenges remain in recruitment of nursing faculty and clinical experience in the areas of home health care and community nursing.

Recommendation 1: Develop a nursing workforce providing comprehensive school nursing services, including direct 1:1 nursing services for medically complex children and substitute school nurses.

Background: The children and youth of New Hampshire benefit from school health services by the management of chronic diseases during the school day, allowing full participation in school activities and improving attendance and graduation rate. Although the state wide average ratio of school nurse to student is ranked 4th in the nation, the coverage is unequal and inequitable in terms of need. The school nurse to student ratio would need development for New Hampshire to reflect student population, chronic health care issues in a given school, and the population of students with complex medical conditions requiring constant nursing care during the school day. This necessitates the development of a rubric to determine requirements for need and qualifications of 1:1 nurses.

We urge the collaboration with home care agencies, staffing agencies, school administrators, and school nursing professional organizations to review and/or propose legislation to address the barriers, salary reimbursement and the parent involvement in choice and work day of 1:1 nurses. We would look to these agencies in developing a school substitute registry to provide for nursing coverage.

We also recommend the collaboration with home care staffing agencies or other entities to develop and propose potential legislation that allows for school nurses to travel seamlessly from student's home to school environment for a consistent care plan and allowing parents to assist in the hiring a nurse for their child.

Recommendation 2: Develop a partnership of nursing education, associations of community care (home care, long term care, schools), and economic forecasters.

Background: Curriculum for nursing education reflects the basic knowledge, skills, and specialty areas required to succeed at passing the NCLEX licensing examination. Addressing the preparation of nurses for the future requires insight into what is currently imbedded in the nurse preparation and what future needs could be. Discussion of New Hampshire specific needs would support incorporating didactic and clinical instruction in the areas of community care.

Recommendation 3: Develop a nursing workforce development program by specifically addressing preparation in the area of community health nursing and opportunities.

Background: It is the area of clinical opportunities for nursing students that is challenging. We support the requirement of community clinical experience for all nursing education institutions by identifying appropriate and willing community clinical placement sites, increasing faculty and potential housing for nursing students, and providing financial support to agencies who serve as clinical preceptors for all levels of nursing students.

We urge the New Hampshire state loan repayment program expansion to include nurse educators as an eligible provider. Student to educator ratios require an increase in the need for faculty prepared and knowledgeable in this area. By promoting a loan repayment opportunity, we could increase the number of nursing faculty which in turn provides the support necessary for clinical learning experiences.

The development of residency programs for newly graduated Registered Nurses and Bridge programs for Licensed Nursing Assistants in the community setting can provide seamless transitions to specific workplaces. These would reduce the cost of providing training for a nurse new to the community setting, provide institution specific orientation, and offer an employment opportunity here in New Hampshire. These programs exist for acute care institutions and can serve as a model for community agencies.

Recommendation 4: Review the current Licensed Practical Nursing programs and the future need for this level of nursing preparation.

Background: Currently the number of institutions preparing this level of nursing personnel has decreased. LPN programs require funding. NHTI- Concord's Community College closed their LPN program due to lack of financial resources, clinical sites and faculty. Under the NHBON Rules and Regulations, NUR 602.12 Curriculum- PN programs need to provide concurrent theoretical and clinical practice instruction to care for individuals, families, groups and communities during various developmental stages across the life span. Under NUR 602.18 Comparable Education- each person seeking licensure as an LPN by comparable education shall provide, prior to sitting for the NCLEX-PN licensing exam, evidence of course completion of: Fundamentals of Nursing, Medical/Surgical Nursing, Mental Health Nursing, Maternal and Child Health, and Pediatric Nursing. The local hospitals do not have clinical placements for LPNs. However there continues to be a need for other community agencies.

The Long Term Care Industry has always used a mix of LPN's and RN's. It is vital that LPN programs remain throughout the state as separate programs in order to best serve the residents of New Hampshire. LPNs can and do become great RNs. Nursing Homes can be the first step in someone's nursing career and LPNs are appreciated and valued in our industry. Lastly, there are economic reasons for using the LPN and RN mix. Medicaid costs tend to be roughly half of actual costs and entry level LPNs fit into the tight budget constraints of the Long Term Care industry.

Consideration should be given to the emerging requirement for nurses to be prepared at the Registered Nurse level. LPN programs have served as a career ladder for LNAs who then pursue their LPN and then move on to their RN. This allows nursing students who must work while following the path towards full RN licensure have a marketable skill and employment opportunity. This creates a bridge and can work to ensure that there are fewer chances for work shortages in the future. LPN to RN pathways do exist within the state and most meet the RN accreditation requirements.

Conclusion:

There is still so much work that needs to be done in order to strengthen the education and workforce demands for nursing and other home health care and post-acute care services in NH. This is an issue that has been evolving and affecting New Hampshire families for many years. Through collaboration we have created a foundation to begin to solve some of the issues. The sub-committees worked diligently in their groups to create recommendations on how to address some of the issues in each category. We hope that the work of the commission members continues past the end date of this commission. This report will be shared with the Governor's Commission on Health Care and Community Support Workforce, which is continuing until December 15, 2016. We would like to thank the legislature for the opportunity to address this challenge and hope that we are able to collectively move forward with all of the recommendations of the subcommittees.

Respectfully submitted by:

Audrey Gerkin: Chair

Heather Donnell: Vice-Chair, Clerk

Presentations and Parental Statements from Commission Attached

Challenges in Home Health Staffing by Gina Balkus, CEO, Home Care Association of NH, October 6, 2016

Nursing Data and Process Map of NH Nursing Licensing by Briana L. White MSN, RN, CPN, NH Nurses Association, October 6, 2016

Student Loan Repayment Program and Health Professions Data Center discussion by Alisa Druzba, Department of Health and Human Services, see October 12th meeting minutes

Criminal Background Checks discussion by Russ Conte, Department of Safety, see October 20th meeting minutes

Nursing Education in NH by Gene Harkless and Mike Ferrara, University of New Hampshire, October 20, 2016

Learning to Date-Emergent Support Initiative & Private Duty Nursing Rate Increase by Deb Scheetz, Director of Integrated Healthcare Reform, Department of Health and Human Services, October 27, 2016

Understanding Palliative Care by Janice McDermott, Foundation of Healthy Communities, October 27, 2016

Appendix D:

Workforce Trends, Impacts and Solutions
NH Community Behavioral Health Association
September 27, 2016



NH Community Behavioral Health Association Workforce Trends, Impacts and Solutions

Governor's Commission on Health Care Workforce
September 27, 2016, 1:30pm

Suellen Griffin, CEO
West Central Behavioral Health &
Patrick Miller, Founder and Principal
Pero Consulting Group, LLC



Topics of Discussion

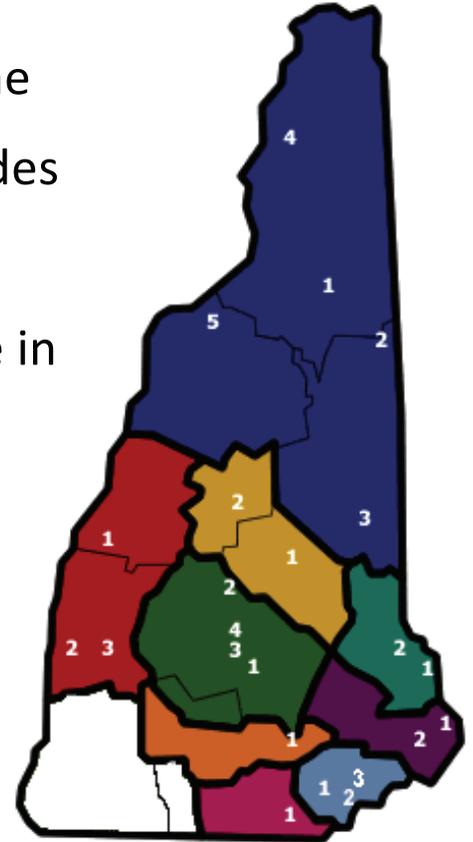
1. NHCBHA Overview (Suellen Griffin)
2. Community Mental Health Center Workforce Trends (Patrick Miller)
3. Impacts and Proposed Solutions (Suellen Griffin)
4. Questions (All)



1. NHCBHA Overview

The Association

- Nine Community Mental Health Centers
 - Northern Human Services
 - West Central Behavioral Health
 - Genesis Behavioral Health
 - Riverbend Mental Health Center
 - Greater Nashua Mental Health Center at Community Council
 - Center for Life Management
 - The Mental Health Center of Greater Manchester
 - Seacoast Mental Health Center
 - Community Partners
- Mission
 - CBHA advocates for the priorities of our members which includes the sustainability of a high quality and effective system of behavioral health care in each of our NH communities.
- Serves nearly 50,000 adults and children annually
 - Primarily those with severe and persistent illness
 - Majority are NH Medicaid eligible





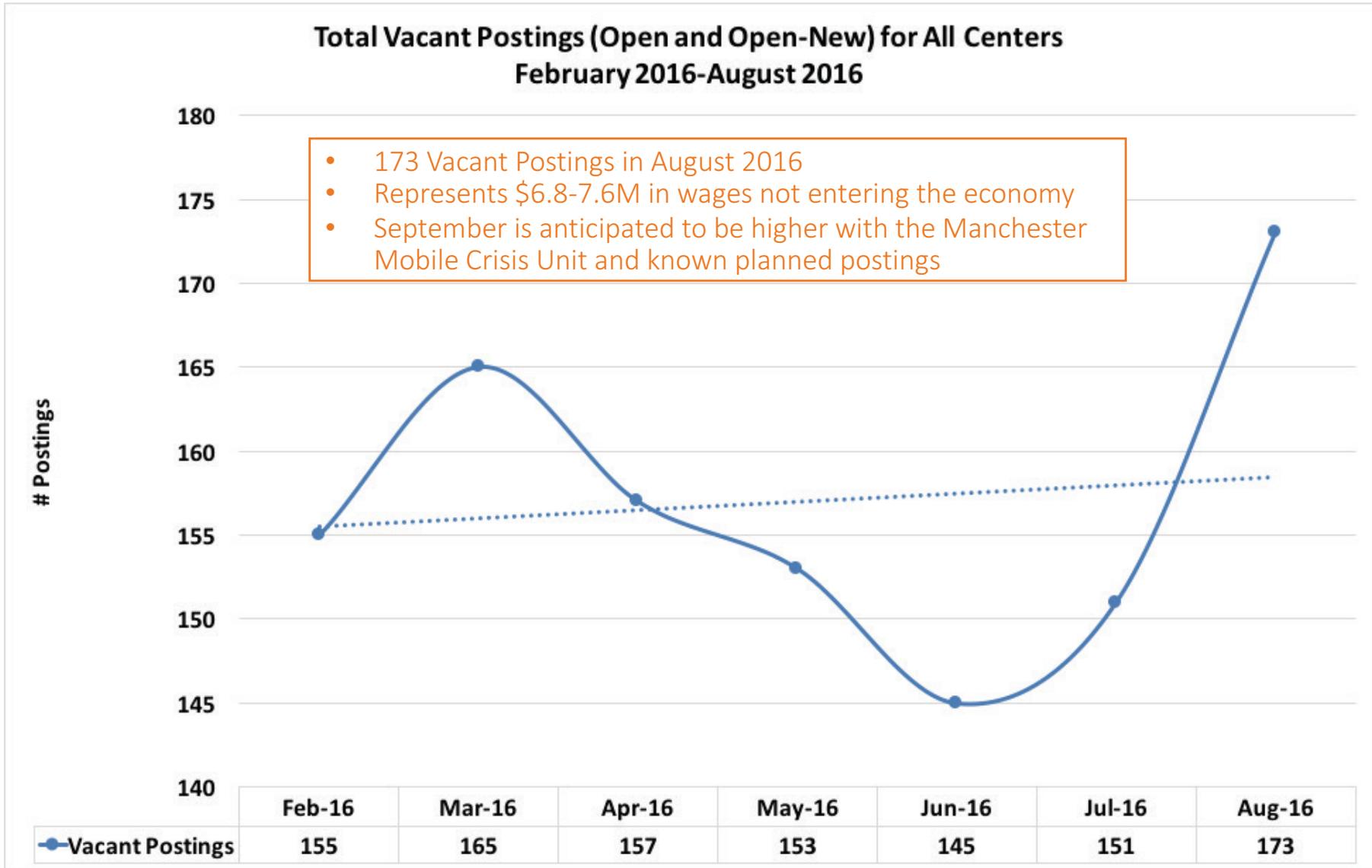
2. Community Mental Health Center Workforce Trends



Data Collection Summary

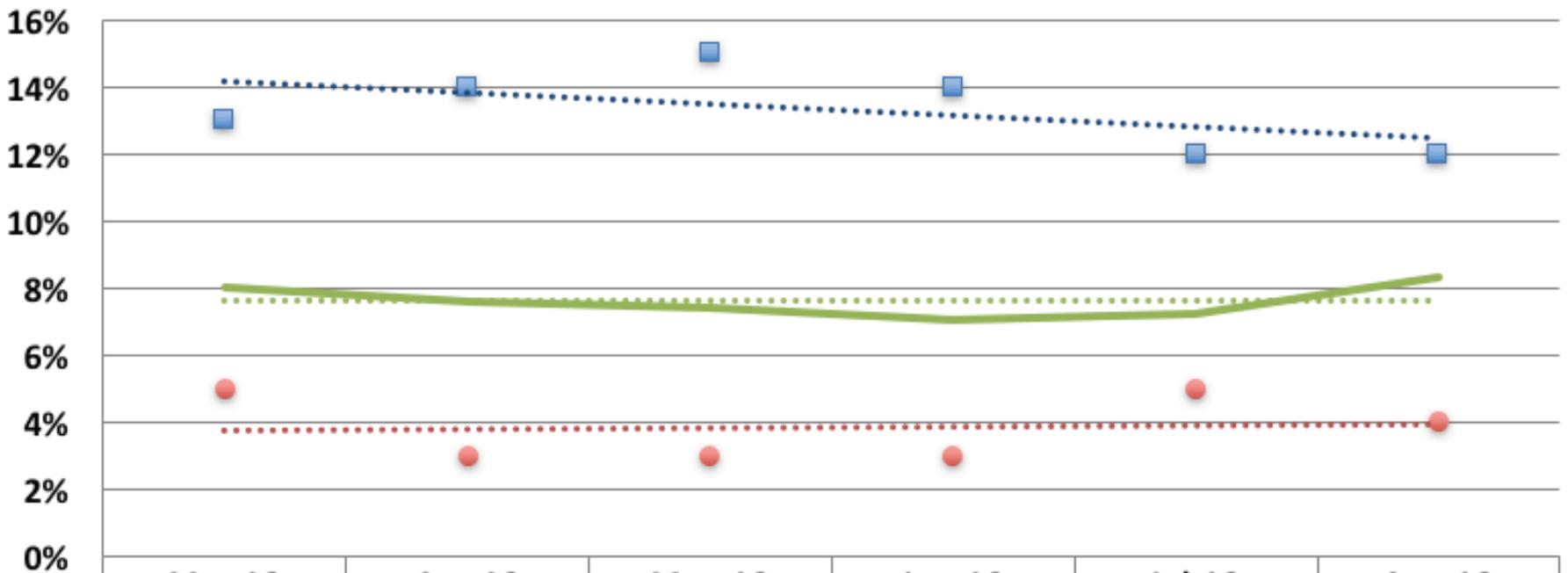
- Nine of the ten CMHCs participate in monthly data collection
- Began in Dec 2015 as a way to learn more about Assertive Community Treatment (ACT) and Supported Employment (SE) postings under the Community Mental Health Agreement (CMHA)
- Expanded to all postings
- Data set elements have evolved
- Monthly reports are generated
- This is the first longitudinal reporting summary

Total Vacant Postings by Month



Vacancy Rate Variation

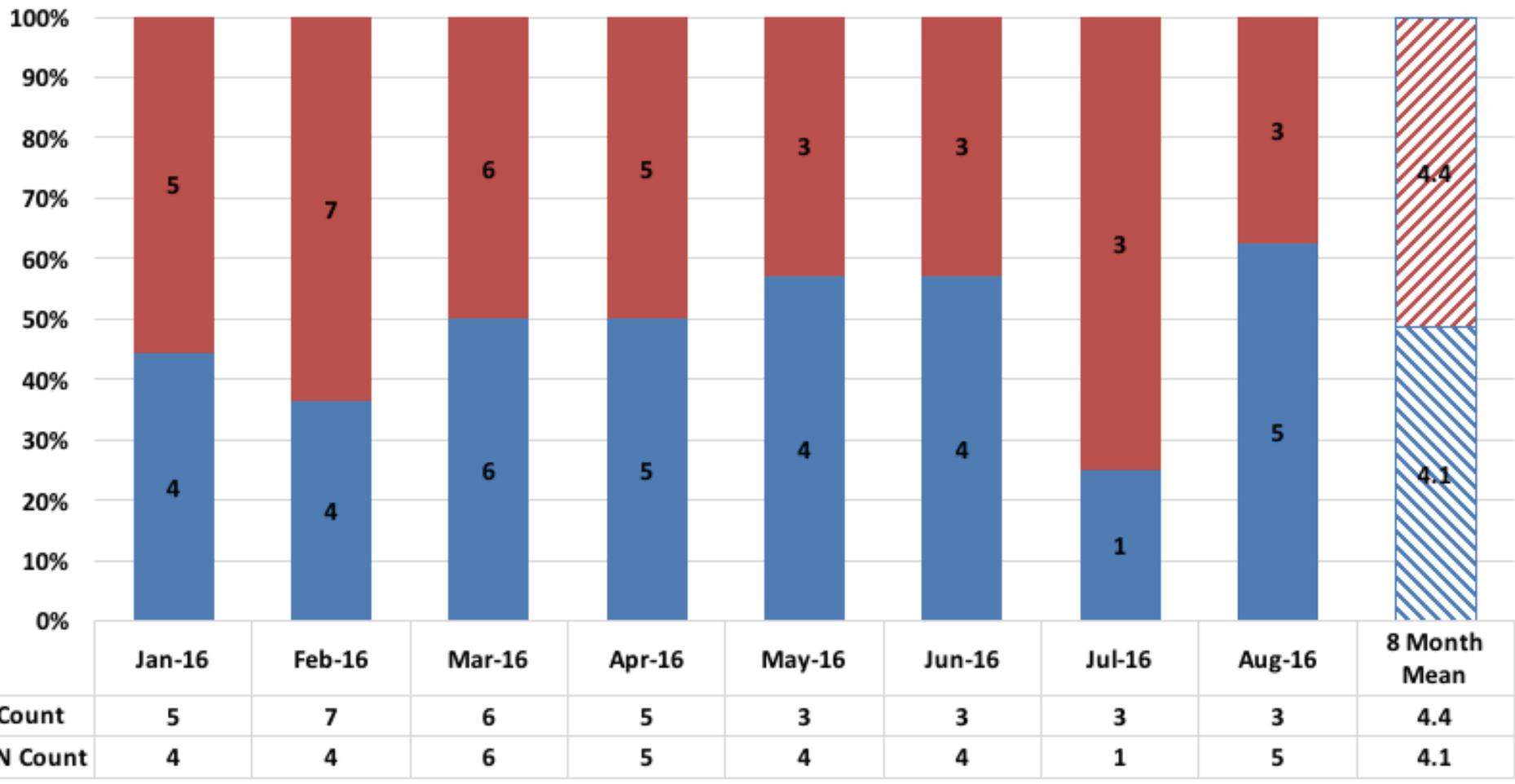
**Vacancy Rates of Open and New Postings to Budgeted Postings for All Centers
February 2016-August 2016**



| | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 |
|---------------------|--------|--------|--------|--------|--------|--------|
| Ratio | 8.01% | 7.61% | 7.41% | 7.04% | 7.22% | 8.32% |
| Monthly High | 13% | 14% | 15% | 14% | 12% | 12% |
| Monthly Low | 5% | 3% | 3% | 3% | 5% | 4% |

APRN and MD Vacancies

and % Vacant APRN and MD Postings All Centers
January 2016-August 2016

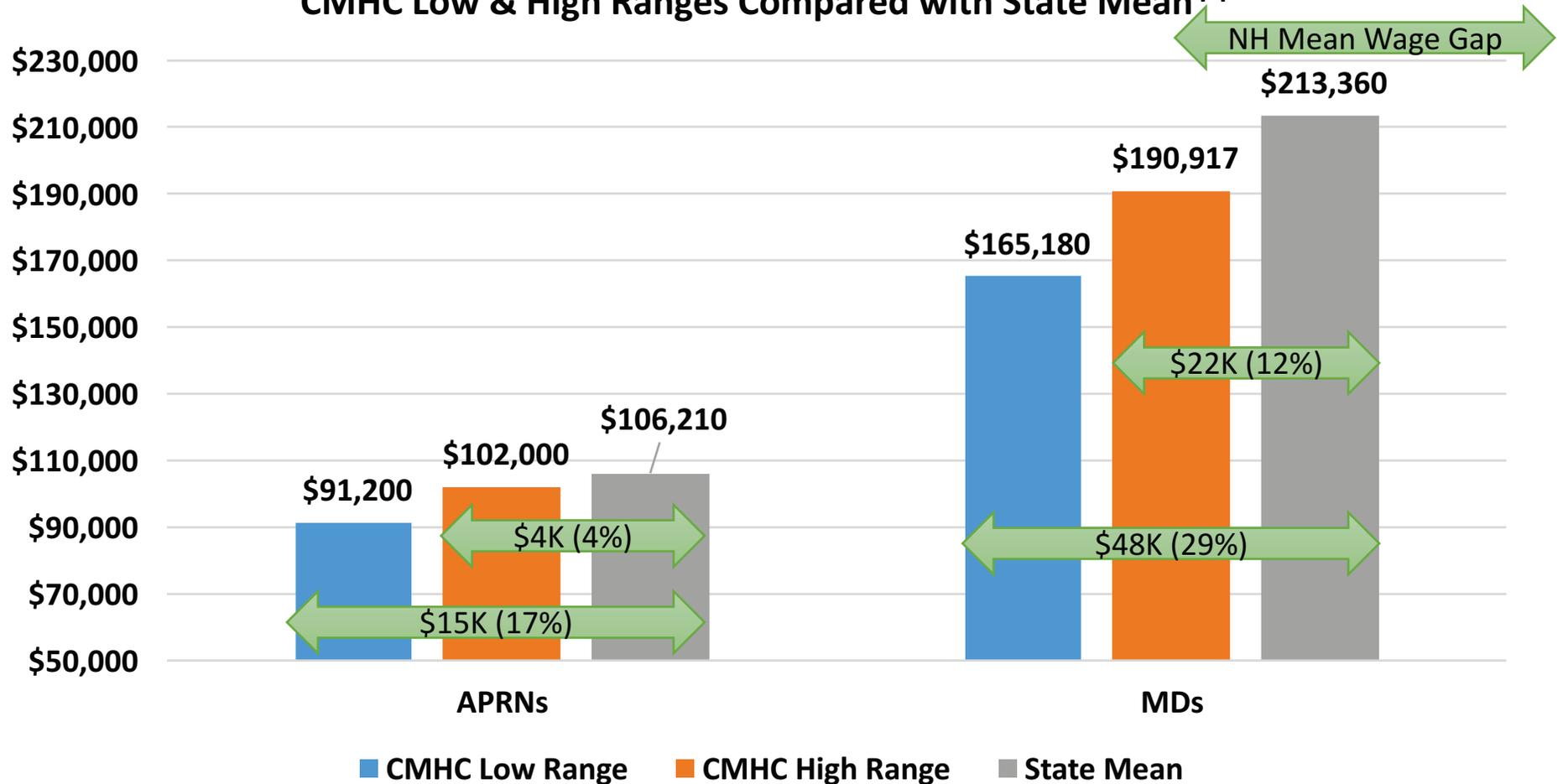




Wage Gap

CMHCs Lag Behind State Wage Means for APRNs & MDs

APRN and MD Mean Wages* 2016 YTD
CMHC Low & High Ranges Compared with State Mean**



* Postings opened or filled in CY 2016.

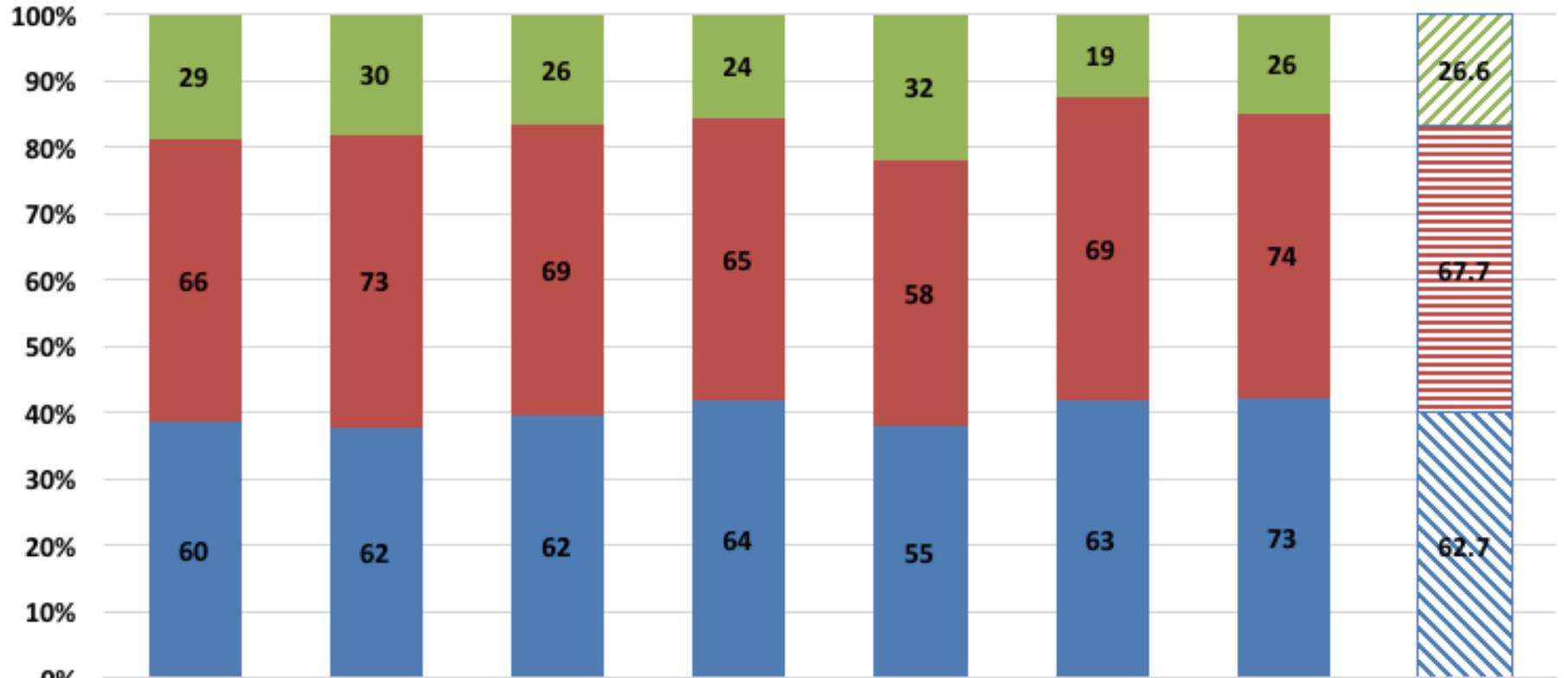
** State mean from US Bureau of Labor Statistics: http://www.bls.gov/oes/current/oes_nh.htm, May 2015



Bachelors, Masters and Other Vacancies by Month

In YTD 2016 ~83% of All Center Postings are Bachelors and Masters-level Postings

and % Vacant Bachelors, Masters, and Other Postings All Centers
February 2016-August 2016

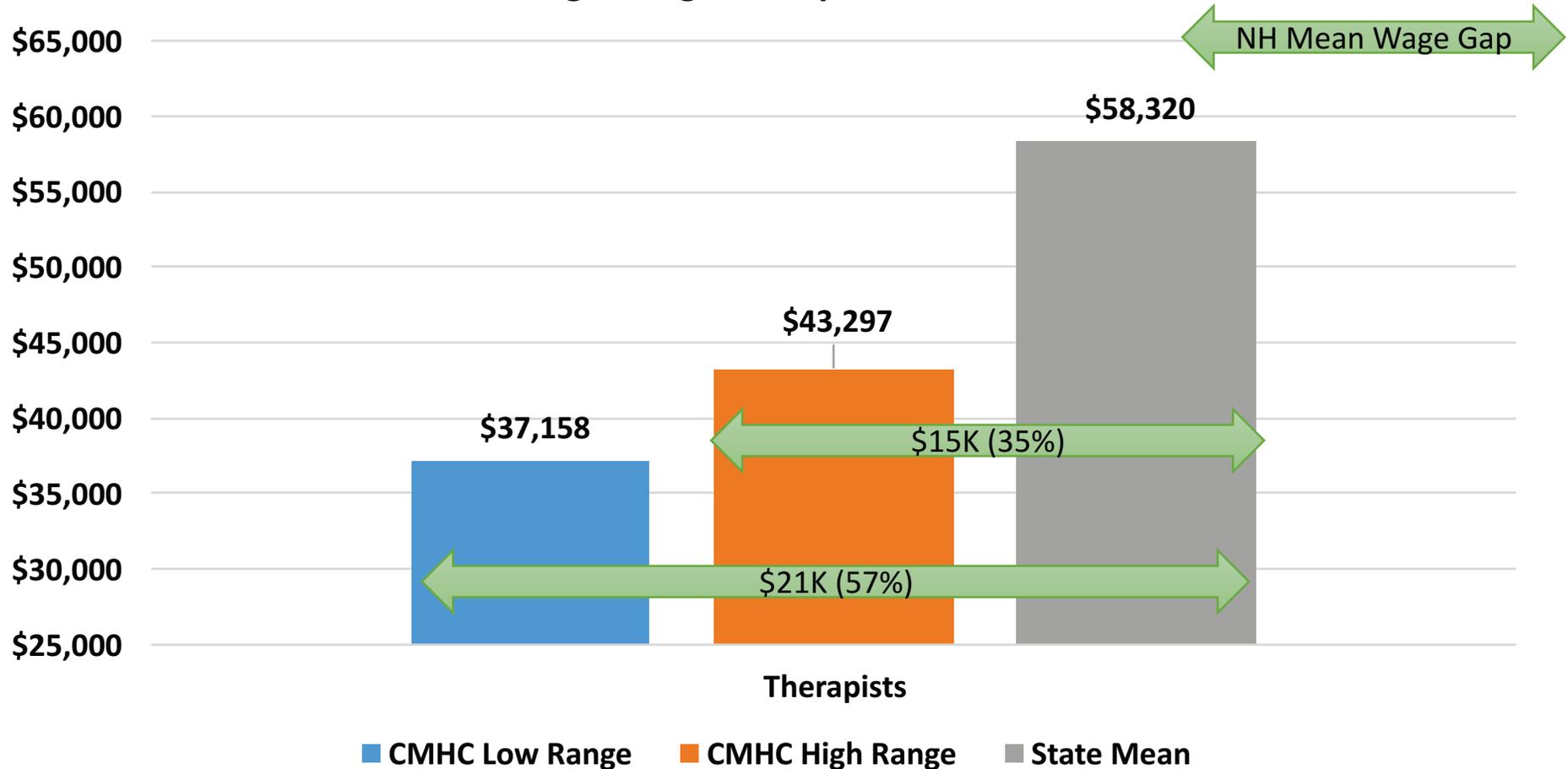




Wage Gap

CMHCs Lag Behind State
Wage Means Therapists

Masters Licensed or Licensable Therapist Mean Wages* 2016 YTD
CMHC Low & High Ranges Compared with State Mean**

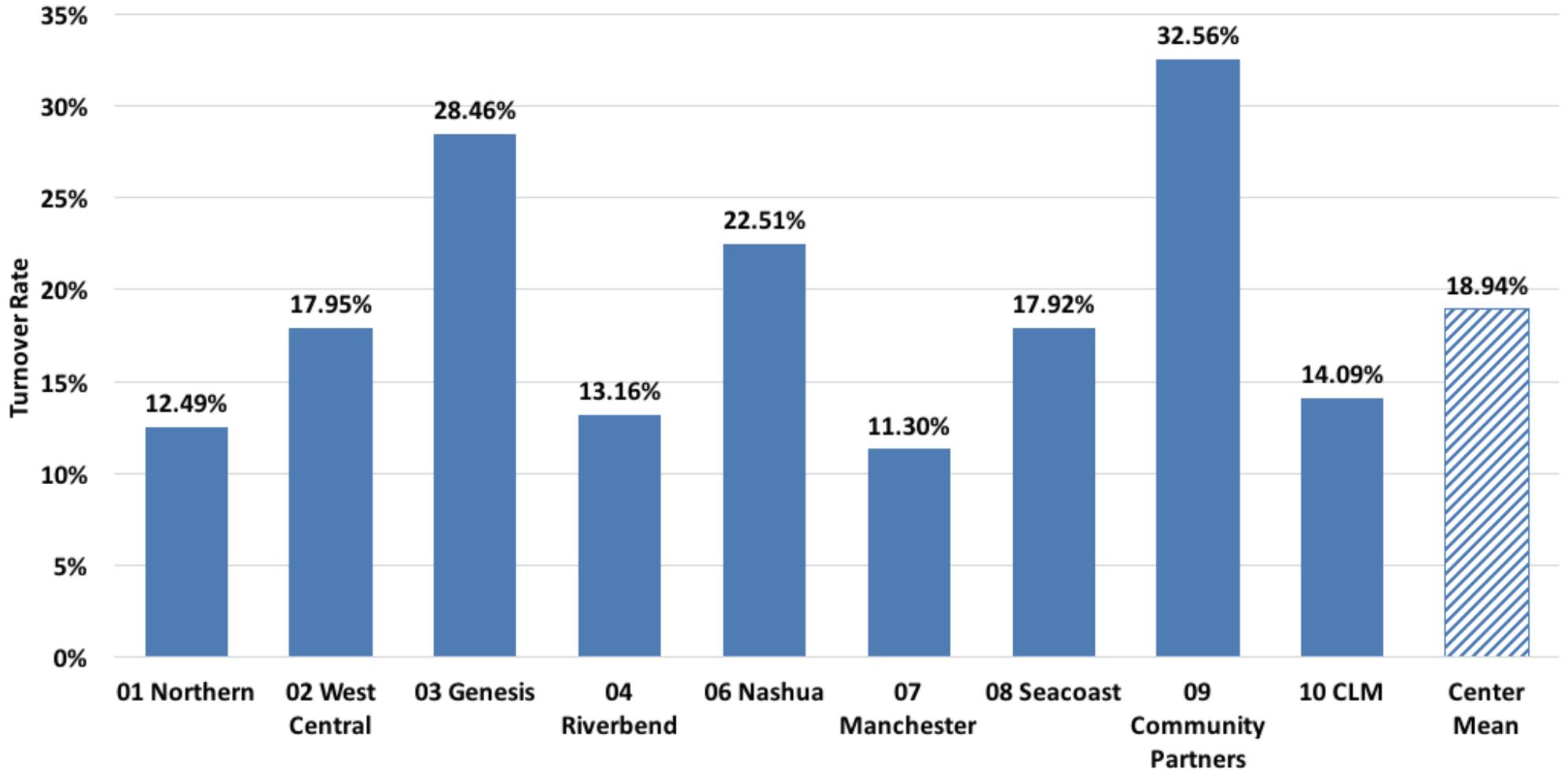


* Postings opened or filled in CY 2016.

** State mean from US Bureau of Labor Statistics: http://www.bls.gov/oes/current/oes_nh.htm, May 2015

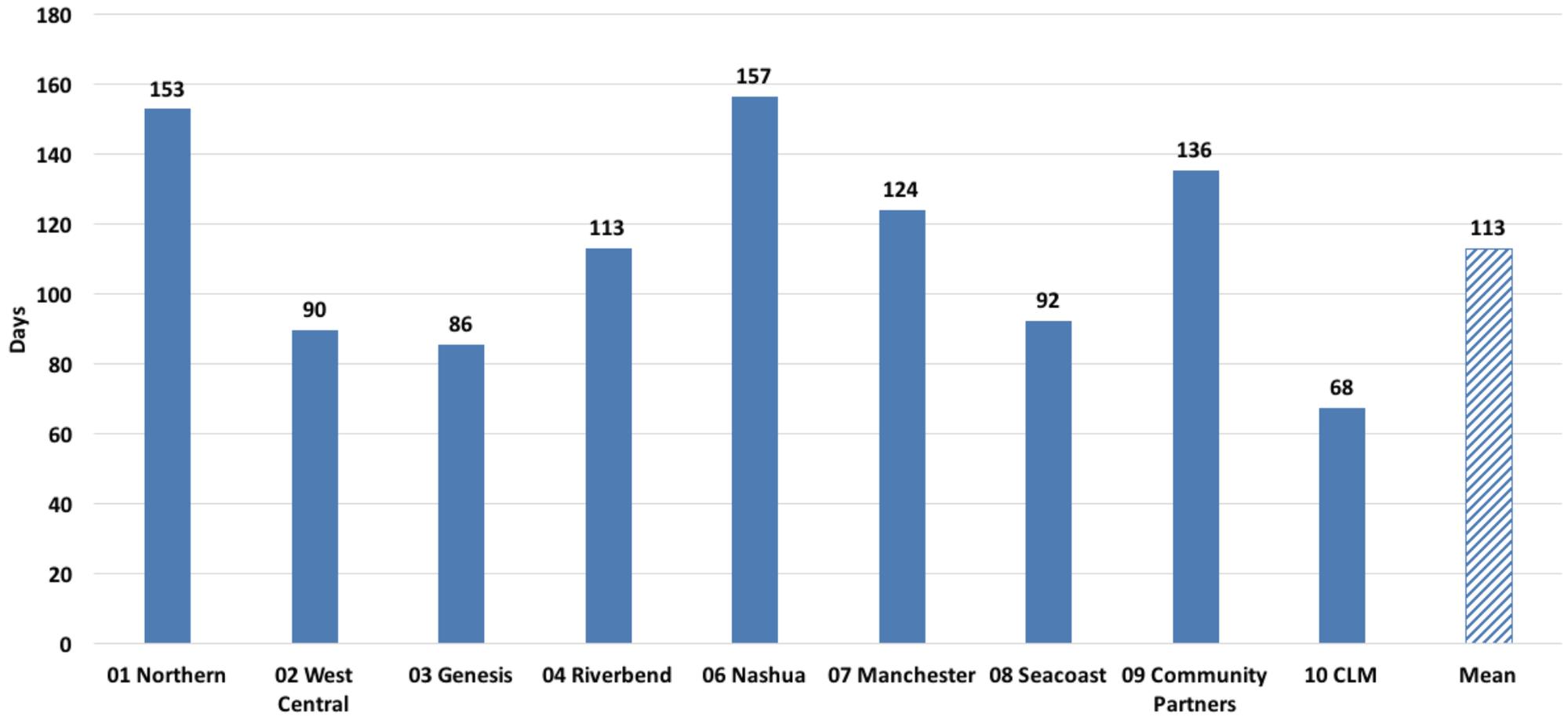
YTD Turnover Rate Variation

January-August 2016 Rolling Turnover Rate by Center



Length of Time to Fill Postings

Average Days to Fill Open Postings for Postings Filled Between January-August 2016 by Center





3. Impacts and Proposed Solutions

Patient and Center Impacts

Patients

- **Individualized care**
- **Risk of decreasing timely access due to staff vacancies**
- **Increased wait list for particular services**
- **Reduced continuity of care and EBPs due to turnover**
- **Risk to patient quality of care due to turnover**
- **Jeopardizes ability to meet CMHA requirements**

Centers

- **Lower staff morale**
- **Increased turnover**
- **Increased locums and overtime**
- **Increased overall cost of recruitment activities**
- **Increased training costs**
- **Decreased Center reputation**
- **Decreased FFS revenues**
- **Risk of losing capitation due to not meeting Maintenance of Effort**
- **Jeopardizes ability to meet CMHA requirements**

Proposed Solutions

Financial policies

- Increase Medicaid rates beyond 2006 levels
- Expansion of student loan forgiveness programs
- Provide incentives for graduate education
- Provide funding for Fair Labor Standards Act (FLSA) regulation

State policies

- Remove impediments to licensing of out-of-state providers such as allowing reciprocity
- Reduce administrative burden (e.g., mandated Center paperwork vs. private practice) for patient intake and other reporting functions
- Eliminate silos within NH DHHS (e.g., SUD clinician paperwork)

Federal policies

- Ask Centers for Medicare and Medicaid Services (CMS) to allow licensed professionals to sign treatment plans for services within credential scope; State would then update its rules
- Modify telehealth payment rules to reflect physician shortages in all geographies, not just rural
- Eliminate "incident to" Medicare billing requirements for physician on-site

Shared CMHC practices

- Assertive Community Treatment (ACT) and Supported Employment (SE) learning collaboratives
- Online training programming
- Work with the State to develop a plan for ensuring state competitiveness
- Ongoing data collection and benchmarking



Thank you! Questions?

- Contact Information:

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- 603-536-4265, patrick@perogroup.com